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University Health Board

ABM

ABERTAWA BRO MORGANNWG UNIVERSITY HEALTH BOARD

IT'S ALL  
ABOUT....



ANNUAL QUALITY STATEMENT 2015



# FOREWORD

It gives us great pleasure to introduce our third Annual Quality Statement (AQS) which has been written for those who use our services and live in the communities we serve. It tells you about the services we provide and what we are doing to make them of a high quality.

Over the past 12-months a huge amount of work has been undertaken, not only to meet the challenges set out in the “Trusted to Care” report, but to go even further and improve the quality of all our services. We still have a lot more to do, but we are committed to providing services that are consistently of the highest quality; by this we mean safe, effective, person-centred, caring and compassionate services that respect people’s needs and empowers them to make informed decisions and choices.

A crucial part of the past twelve months has been the development and launch of our core values; which we have placed at the very heart of all the changes we’re making. We have also taken significant steps to strengthen our quality assurance, patient feedback, quality improvement and management arrangements. We are proud of what we have achieved and are pleased to report that we are already seeing improved outcomes for our patients.

In the year ahead we will make even further improvements, but to get our services right for you we need your feedback and engagement in their development. Towards the end of this Statement we provide details of how you can contact and feedback to us. Please get in touch with us as your views are important - we will only achieve quality consistently with your help.



Andrew Davies



Paul Lewis

Children and young people from Bridgend, Neath Port Talbot and Swansea took up the challenge to become involved in developing our services. Last year they led the way in developing a Children’s Charter that sets out the rights of young people using our health services. This will lead to fundamental changes in the way we care, communicate with and empower children and young people. At the back of this statement we have included a children and young people’s supplement which highlights some of the things that our talented young people have done to help develop and support our services as well as some of the services we provide specifically for them.

If you want to know more about our management and governance arrangements you may wish to read our Annual Report and Annual Governance Statement which can be found at [http://bit.ly/abm\\_key\\_docs](http://bit.ly/abm_key_docs). In addition all our Board and Quality and Safety Committee papers can be found at [http://bit.ly/ABM\\_Board\\_papers](http://bit.ly/ABM_Board_papers) and [http://bit.ly/QandS\\_papers](http://bit.ly/QandS_papers)

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**CHILDREN AND YOUNG PEOPLES' SUPPLEMENT**

# AN INTRODUCTION TO YOUR HEALTH BOARD:

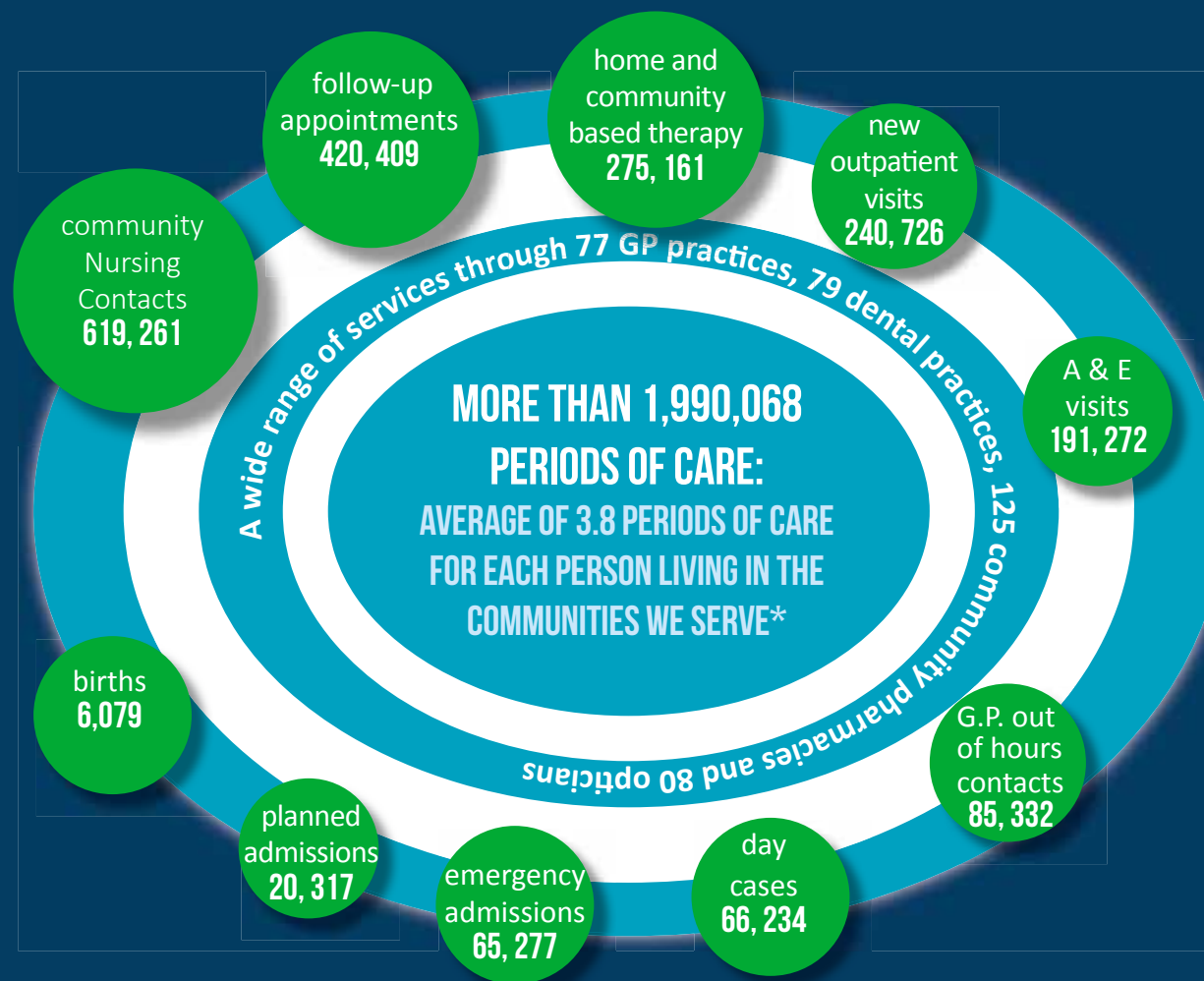
## WHAT WE DO AND HOW WE DO IT



DURING 2014-15 YOUR HEALTH BOARD WAS INVOLVED IN PROVIDING :

**Abertawe Bro Morgannwg University Health Board (ABMU) is responsible for improving the health of the 500,000 people who live in the communities of Bridgend, Neath Port Talbot and Swansea.**

We commission, plan and provide primary care (General Practitioner (GP), Opticians, Pharmacy and Dental services), community based services and secondary care (Hospital) services. We also provide Mental Health and Learning Disability services and a range of very specialist (tertiary) services such as Burns and Plastic Surgery (for South Wales and the South West of England), Forensic Mental Health Services (for the whole of South Wales) and Learning Disability Services (for Swansea, Cardiff and the Rhondda Cynon Taf and Merthyr Tydfil



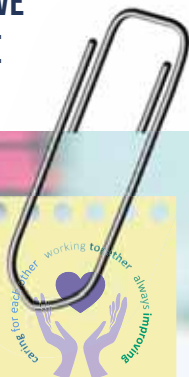
(\*based on currently available catchment area population statistics)

THERE IS CLEAR EVIDENCE THAT POSITIVE CHANGES ARE TAKING PLACE. HERE ARE JUST SOME OF THE INDICATORS:

At the **Princess of Wales Hospital:**

- complaints have almost halved.
- the number of positive responses received as part of the Friends and Family Test (*which asks patients and relatives if they would recommend a ward or unit*) has gone up from 90% to 95%.

Over 2,400 complimentary reviews about the Princess of Wales Hospital have been published on the **iWantGreatCare** website. The hospital has been given an overall maximum 5-star rating.



## WHAT WE SAID IN LAST YEAR'S ANNUAL QUALITY STATEMENT (AQS)

In last year's AQS we said we had big challenges to overcome if we were to meet your health needs and **deliver person-centred, safe, caring and compassionate care every time**. We also said that to succeed we must work with those living in the communities we serve and our partners to provide more care in community, primary care or home-based settings.

During the last twelve months we have worked hard to regain your confidence after the publication of **"Trusted to Care"**. As we promised we have taken many steps to improve the quality of our services and to ensure we get regular feedback from you. Further work is needed and we must continue to improve how we work, and place people at the centre of the services we provide.

During 2014-15, we carried out a series of **"In Your Shoes"** workshops. These workshops provided an opportunity for patients, their families and carers to influence how we deliver safe, compassionate and high quality health care consistently. They provided an important chance for us to listen, and learn from the experiences of our patients.

With our staff, patients and carers, we developed the values and behaviours that will **create a culture of person centered care**, which is built on involving our patients in everything that we do and the choices about care and treatment that have to be made.

Feedback from patients, carers, family and staff also influenced the focus of our Quality Strategy which was agreed in January this year. The strategy gives a clear direction to everyone who works for, or on behalf of, ABMU Health Board and emphasises the importance we place on quality and the experiences of our patients. It provides a vision of what we can, and must achieve, and a plan of how we will do it.

In the following sections we provide a summary of what we did during the last year to improve the quality of our services, as well as information about the areas where we didn't do so well.

# LOOKING BACK OVER THE PAST YEAR:

HOW WELL DID WE DO  
AND DID WE IMPROVE?



# PROMOTING GOOD HEALTH:

## HOW WE HELPED YOU TO STAY HEALTHY



One of our key aims is to support the communities of Swansea, Bridgend and Neath Port Talbot to become healthier and so our 'Staying Healthy Project' is focused on supporting you to make lifestyle choices that help you to stay healthy. During the year we continued to focus on reducing smoking rates, reducing unhealthy eating and increasing vaccination and immunisation rates; these are the things that we know have the biggest impact on health and wellbeing.

### SMOKING CESSATION

If you are keen to quit smoking; you can now receive free support closer to home at selected pharmacies. 40 community pharmacies across the Neath Port Talbot, Swansea and Bridgend area offer one-to-one support which can be accessed without a referral. **You can get support from your GP or pharmacist or you can phone Stop Smoking Wales on 0800 085 2219 for advice and to book in to a support group — thousands of people stop smoking every year. It can be done and it's never too late to try.**

Lee Richards, aged 46, gave up smoking with the help of the Pontycymmer pharmacy some two years ago:

*"I saw the sign up in the window about stopping smoking and asked them over the counter about it"*

Number of  
Smokers Treated

1,572

2014-2015



**Our Hospital  
Stop Smoking Service  
Call: 01639 684532**

*Offers support  
throughout your hospital stay*

*Gives one to one support*

*Gives advice  
on nicotine replacement therapy*

*Gives advice  
on withdrawal symptoms*

*Uses carbon monoxide testing*



The flu vaccine is free to anyone in any of the following at-risk groups:



Pregnant women



People 65 years and over



Babies aged 6 months or older with a chronic condition



Immunosuppressed or living with someone who is



Health and care staff



Long stay care residents



Carers



Community First Responders



Children aged 2,3 and 4 years



All children in school year 7 (school vaccination sessions)

## FLU VACCINATION

For some people the 'flu' can be very serious and it is important that those in "at risk" groups take up the opportunity to be vaccinated.

As we said we would in last year's AQS, we worked really hard with the help of GPs and local pharmacies to make it easier for you to get your flu jab.

Saturday flu jab clinics were held during the winter months and selected GP surgeries in the Neath Port Talbot and Bridgend areas also held Saturday or evening clinics. Additionally, the 'Flu Busters' project developed in partnership with the voluntary/third sector recruited 'Flu Busters' (people from the community who have training to understand the benefits and risks of flu vaccination) in local community, social, leisure and work related groups to disseminate key influenza vaccination messages and improve access to vaccination.

Despite our efforts, the number of people receiving the 'flu jab' fell compared with last year. Although we were pleased to see an increase in the number of pregnant women taking the opportunity to have their jab.

Sketty resident Sue Davies, aged 66, was among those taking advantage of the Saturday morning clinics. Sue said:

*"I have a chest condition so I have the flu jab every year. I've never had any trouble with it - no after-effects at all. It's an excellent service. I would highly recommend it to anybody who has chest problems."*

## % COVERAGE LEVEL OF FLU VACCINE

(<65 @ risk / 65+ uptake)

45.3% / 65.6%



2013-2014

2014-2015

in Pregnant Women



80.9%

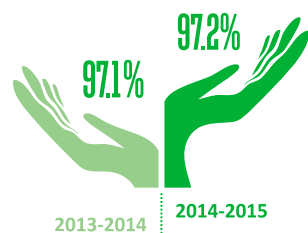
in Healthcare Workers



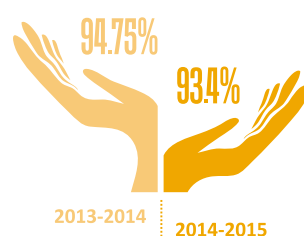
42%

2014-2015

% Coverage Level of MMR at Age 2



% Coverage Level of MMR at Age 5 (2 Dose)



## MEASLES, MUMPS AND RUBELLA VACCINATION (MMR)

Measles, mumps and rubella are unpleasant and potentially serious illnesses that can easily be prevented by the MMR vaccine. Last year we reported that we had achieved a key milestone with over 95% of young people living in Swansea, Bridgend and Neath Port Talbot having had at least one dose of the vaccine. While we have maintained a high level of uptake for children aged 2, we have seen a fall in the number of children aged 5 who have received 2 doses of the vaccine. We have plans in place to prevent the uptake rate at aged 5 from falling further.

## HEALTHY EATING

Our clinicians have been involved in the 'Nutrition Skills For Life Programme' developed by clinicians from across Wales. They have been working with local organisations and communities to deliver healthy eating messages.

During the year over 900 people attended courses run by our dietitians, catering teams, patient representatives, speech and language therapists and nursing services. Our staff also held a week of special activities to raise awareness of good nutrition and hydration.

*"We have seen a significant improvement in the overall health and well-being of those who have taken part in the nutrition skills for life programme"*

[Lisa Jones, National Exercise Referral Service Co-ordinator, Neath Port Talbot]

## BREAST FEEDING

Having a baby is an exciting time for all new mums and dads. But there is one special gift only a mum can give, which is the best a new baby can have - the gift of breast milk. Midwives across Bridgend, Swansea and Neath Port Talbot launched a campaign to promote breast feeding called 'Your Baby's First Gift.'

# SAFE CARE:

## DID WE KEEP YOU SAFE WHEN YOU ACCESSED OUR SERVICES?



### WERE THERE ANY PATIENT SAFETY INCIDENTS?

We encourage our staff to report things that go wrong so that we can investigate, learn and improve. As result of improved reporting arrangements and the work we have done to increase awareness amongst our staff of the need for all incidents to be reported, we had more incidents reported this year.

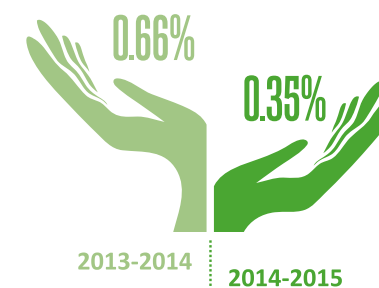
The effort we have put in to learning from incidents has resulted in a reduction in the number that caused severe harm. We will continue our efforts to reduce this number further over the next 12 months.

During the year three incidents occurred that we call 'Never Events.' These are incidents that all NHS organisations should have robust systems and processes in place to prevent. All three events have been fully investigated and as a result changes were made to the way we work. Two of these events related to the use of the wrong size surgical part and the third to an item that was left inside a patient following surgery. These were unacceptable errors and we have made the patients involved fully aware of the errors we made and have done all we can to put things right.

### Number of Patient Safety Incidents



### Percentage of Incidents Resulting in Severe Harm



## ARE WE GETTING BETTER AT LISTENING?

It was clear from the feedback you gave us during 2013-14 that we did not always listen or act quickly enough to deal with the concerns you raised. During the year we did a number of things to make it easier for you to raise your concerns with us and to get them addressed quickly:

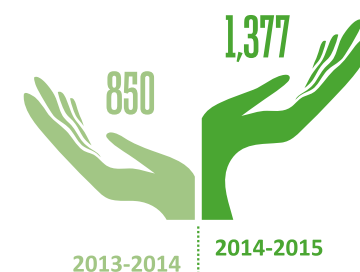
- We held 'Concerns Clinics' so that patients, families or carers with concerns could meet with senior staff and clinicians.
- We introduced a new 'Patient Advice and Liaison Service' (PALS), at the Princess of Wales Hospital. The PALS team listens to concerns, suggestions and queries, and takes immediate action to help sort out problems. They also encourage patients and families to 'tell their story' so staff can learn from their experiences. The PALS service will be rolled out to Neath Port Talbot, Morriston and Singleton hospitals during the year ahead.
- We launched a new campaign to make it as simple as possible for patients, visitors and staff to report concerns about poor care. The 'See It Say It' Campaign was just one of the actions taken by the Health Board following publication of the Andrews Report – 'Trusted to Care'.
- We are working with GPs to explore how we can improve the way complaints and incidents related to primary and community care are managed.

## IMPLEMENTING PATIENT SAFETY ALERTS AND NOTICES

We get alerts and notices about safety issues that have been identified by other health organisations and work hard to make sure that we comply with them. Details of these notices and alerts and our level of compliance can be found at <http://www.patientsafety.wales.nhs.uk/safety-solutions-compliance-data>

*If  
someone sees  
what they think is poor care,  
we want to know about it, so we can look into it as quickly  
as possible. We are determined to do all we can to tackle poor care,  
and everyone who uses, visits or works in our hospitals can now  
be our eyes to help us do this.*

### Number of Informal Complaints





## WHAT CONCERNS DID YOU RAISE WITH US?

We received 18% less formal complaints during 2014-15 and 60% more informal complaints. This is because we are encouraging patients and their families to raise their concerns with us as soon as a problem arises and we are responding and taking action quickly.

### Most complaints are about:



## DID WE MAKE THINGS SAFER?

### • Did we prevent falls?

During the year more falls were reported than in the previous year. Falls accounted for 27% of all patient safety incidents. We undertook a review of the falls that were reported and found that there were a number of areas where improvements could be made. Action is being taken to ensure that we do all that we can to prevent falls from occurring, and we will let you know what we have done in next year's Quality Statement.

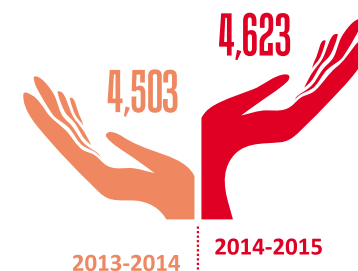
The steps we have already taken include:

- development of a community falls prevention programme
- strengthening our approaches to prevent patients falling in our hospitals
- introduction of appropriate flooring in our hospitals
- provision of automatic alarms to alert staff when those who are at high risk of falling are in a vulnerable situation
- The circulation to GPs of a 'falls resource pack' produced by the Council of Voluntary Services

### Number of Formal Complaints



### Number of Reported Falls



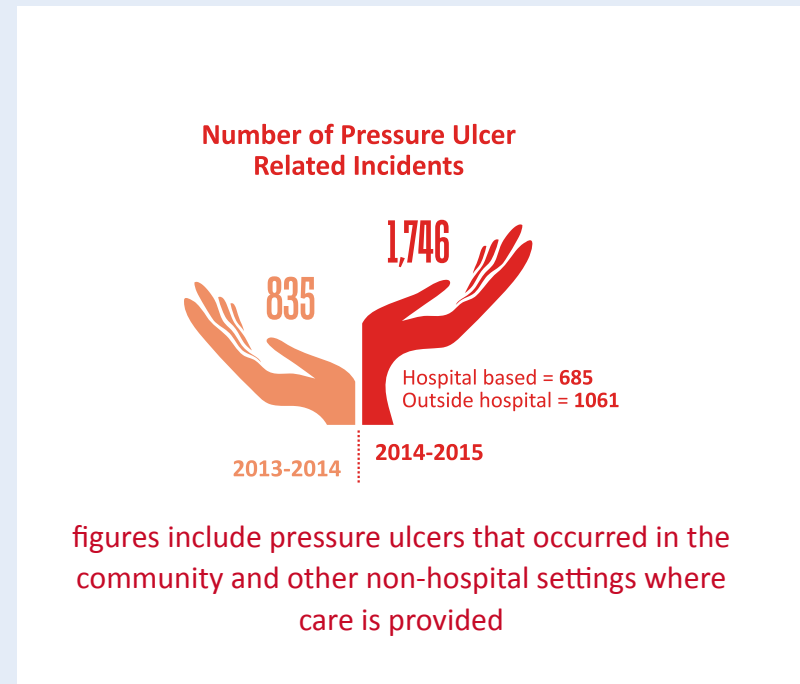
figures include falls that occurred in the community and other non-hospital settings where care is provided

- **Did we prevent pressure ulcers?**

For a number of years we have led the way in Wales in stopping patients in hospital getting pressure ulcers and have won awards for our work. However, over the last twelve months we have seen an increase in the number of pressure ulcers being reported.

While the numbers have increased, in many areas due to improved reporting, we are still not satisfied that we are consistently doing all that we can to prevent pressure ulcers. We have a 'zero tolerance' of pressure ulcers and are determined to protect our patients from developing tissue damage.

***“Nearly all pressure ulcers are preventable. It is essential people know the causes and recognise the pressure caused by the weight of the body over a bony area. The important thing is to relieve that localised pressure whenever possible.”*** [Clinical Scientist, Dr Mark Bowtell]



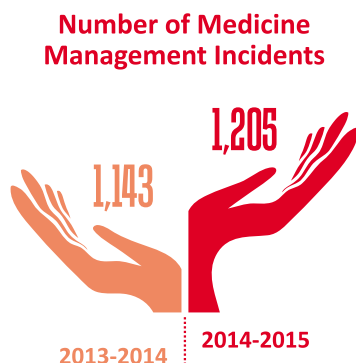
As part of the targeted work we are taking forward, we:



- held a “Stop pressure ulcer” day where patients, visitors and staff were offered advice in what they can do to stop themselves, or a person they care for from developing a pressure ulcer
  - provided training to care home providers and staff
  - enhanced the training we provide to the staff working in the community and on our wards
  - improved our reporting mechanisms so that pressure ulcers are identified earlier and cause less harm to our patients
- **Did we administer medicines safely?**

During the year we adopted a “zero tolerance” approach to the improper administration of medicines. Alongside this we undertook a major piece of work to address the prescribing and giving of medicines issues identified in the ‘Trusted to Care’ report.

The work we have taken forward to raise awareness of medicines management safety issues and incident reporting requirements has led to a slight increase in the number of incidents reported. However, there has been a fall in prescribing errors and in incidents related to the storage of medicines.



This year we participated in a research project with Cardiff University to see whether our patients are satisfied with how we manage their medicines when they are in hospital. We found that the majority of patients were satisfied or very satisfied with how we managed their medicines, but we need to get better at: Discussing medicines with inpatients and letting patients and GPs know what changes we have made to medicines, and why, so that they know what to do when they go home.

#### • Did we prevent infections?

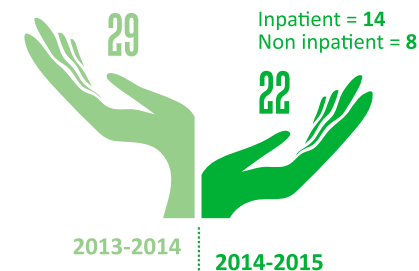
We continue to work hard to keep you safe from infections during your hospital stay. This year there was a reduction in the number of MRSA infections. However, despite our efforts, during the year we had 23% more cases of Clostridium difficile (C. difficile) than last year.

We currently have the highest incidence of C. difficile of all Health Boards in Wales. C. difficile rates are related to high levels of antibiotic prescribing and pharmacists are working with GP's to ensure that you are prescribed antibiotics only when you really need them.

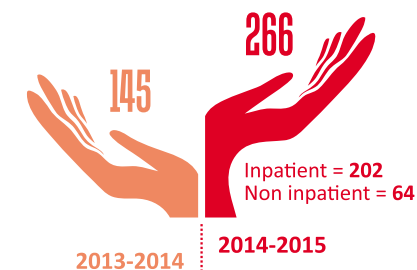
We have strengthened infection control arrangements across our hospitals by:

- introducing new evidence based ways of preparing patients skin prior to inserting a drip
- enhancing cleaning arrangements and increasing the amount of time that our staff spend on cleaning duties
- strengthening our infection control team by appointing additional experts

#### Number of MRSA Infections



#### Number of C. Difficile Infections



- **Did we prevent harmful blood clots?**

In last year's AQS we said that by the end of 2014 every patient admitted to our hospitals would be risk-assessed for how likely they are to get a blood clot while in hospital. While we increased the number of patients who were risk assessed we did not achieve our target which was disappointing. Although the number of patients having a hospital acquired blood clot was low, we will not be satisfied until we get it to zero.

During the year we encouraged and supported you to take part in a deep vein thrombosis study at Morriston Hospital. This ground-breaking study could lead to new and improved treatments to prevent harmful blood clots in the future.

## NUMBER OF HOSPITAL ACQUIRED BLOOD CLOTS = 10

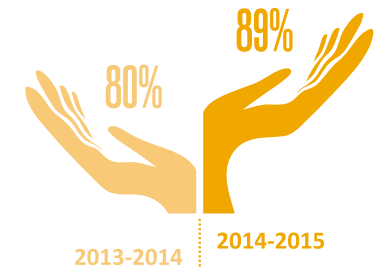


During the year Healthcare Inspectorate Wales (HIW) undertook visits to mental health wards at Cefn Coed hospital, Princess of Wales hospital and Neath Port Talbot hospital. While the reports of these visits complimented staff on their commitment to the provision of safe and quality services, they did raise concerns in relation to:

- the quality and suitability of some of the environments in which care was provided
- staffing levels on some of the wards
- quality of food
- staff attendance at mandatory training

We took immediate action to address these concerns and have recruited an additional 17 staff across our older peoples mental health services. Full details of HIW's finding and the actions we put in place can be found at [http://bit.ly/abm\\_performance](http://bit.ly/abm_performance)

### Percentage of Patients Risk Assessed for Blood Clots



<http://bit.ly/1g1QBB1>



# EFFECTIVE CARE:

## WAS THE CARE WE PROVIDED EFFECTIVE?



The information and feedback you provide to us is really important as we use it, together with the results of studies, audits, inspection visits and research, to constantly improve the care and treatment we provide so that it is more effective in making you better, or managing your condition. Our aim is to always achieve the best outcome for you in a way that is best for you.

### Mortality Reviews

Like all Health Boards in Wales, we review the care provided to those people who died in our hospitals. These reviews provide an opportunity for our clinical teams to make sure that they provided effective and safe care. The learning from these reviews is used to make improvements where necessary. During the year we developed a way of looking at deaths in primary and community care settings as in future more care will be delivered outside of our hospitals.

### Clinical Audit

During the year we took part in 35 national clinical audits and 84 locally initiated projects, as a result of such audits, we have:

- increased the level of support to mums who wish to breast feed their babies. We hope to achieve Baby Friendly Status over the coming year
- taken steps to improve access to Child and adolescent mental health services for young people with diabetes

- introduced open access to psychological services so that people with mental health issues can receive the support they need when they need it.

More information can be found in our Clinical Audit Annual Report at:  
[http://bit.ly/Clinical\\_audit](http://bit.ly/Clinical_audit)

### Our primary care dashboard

We are working with our primary care colleagues to enhance the information that is collected and reported on primary care. Bringing together information from across primary and secondary care will help us improve the effectiveness of our services.

**Professor Harris  
the trial lead said:**

There are major long-term problems during and after radiotherapy, such as chronic pain, sexual dysfunction, bowel and bladder problems, and there is a cost implication — Even when the disease is locally advanced, we prefer to perform a high quality operation without radiotherapy, ensuring the entire tumour is removed.

As a result of our university health board status and our Joint Clinical Research facility, a partnership with the College of Medicine at Swansea University, we were able to take part in clinical trials and research that lead to improvements in the effectiveness of the care and treatments we provide. In the last twelve months we took part in 35 national clinical audits and 130 research studies. We also undertook our own research and improvements locally, many of which have been recognised nationally and internationally.

A summary of some of the improvements made to the effectiveness of the care and treatments we provide follows:

**Singleton Hospital** led on a **rectal cancer trial** that could transform treatment worldwide. The trial, looked at whether, given advances in

imaging and surgical techniques, it is necessary for all patients to have a course of radiotherapy.

The trial involved Singleton Hospital, Swansea University, St Mark's Hospital, London, St Vincent's University Hospital, Dublin, Western General Hospital, Edinburgh, and Betsi Cadwaladr Cancer Treatment Centre in Rhyl.

**Surgery** is being carried out at Morriston Hospital to cure patients from across Wales with a previously incurable condition.

Lymphoedema is caused by the accumulation of lymph fluid. It can lead to massively swollen limbs that leak fluid, decreased mobility, pain, anxiety and depression and frequent admission to hospital.

The Morriston service, which is the only one of its kind in Wales and one of only two in the UK, could potentially "cure" an estimated 42 patients a year at first but with the number increasing over time.

*Patients who now need compression garments will either not need them at all or need them far less. For these patients, this is a cure.*

**Mr Ghattaura,** the surgeon leading on this project said the benefits of the new service would be enormous.

*There will also be less infection, if any, so they will not have to keep going to their GP for antibiotics. There will also be a reduced risk of skin problems like ulceration.*

**In June 2014** cardiac surgeons at Morriston Hospital were cited as amongst **the best-performing in the UK**. Figures produced by the Society for Cardiothoracic Surgery showed patients were more likely to survive major surgery at Morriston. One Morriston cardiac surgery patient, Alan Goodwin, said:

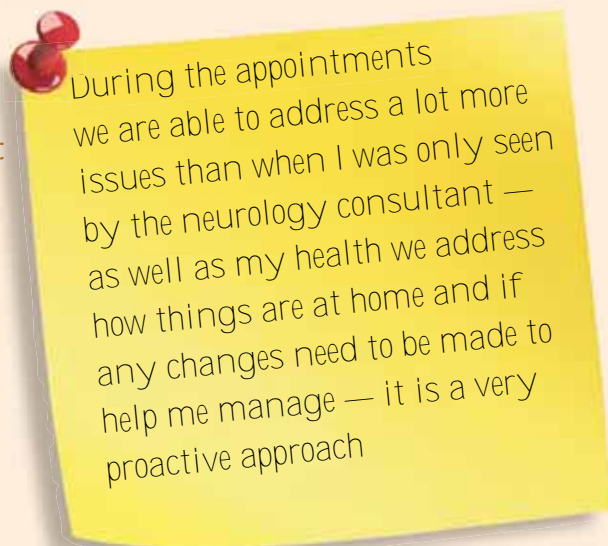
*"I had the operation and it went like clock-work. It was incredibly well organised and the care I received from everyone was superb."*

New “one stop shop” clinics are helping people with motor neurone disease (MND) prepare for the future. The one stop shop clinics have been co-ordinated by the South Wales MND Care Network with funding from the Motor Neurone Disease Association and its local branches.

Previously people with MND had to make several trips to hospital to see health care professionals at different times or travel to Cardiff for a clinic. Some patients didn't do either, and ended up in hospital as their illness progressed. Now they have just one appointment where they see a range of specialists including consultants, physiotherapists, occupational therapists, dietitians, speech and language therapists and the MND co-ordinator.

Eddie Thomas was diagnosed with the condition in 2010 and, to begin with, he saw a neurology consultant every three months at Singleton Hospital,

Eddie, from Parc Gwernfadog, said:



During the appointments we are able to address a lot more issues than when I was only seen by the neurology consultant — as well as my health we address how things are at home and if any changes need to be made to help me manage — it is a very proactive approach

A crucial test for cancer patients has become less distressing thanks to research carried out at Singleton Hospital.

The work of the Nuclear Medicine team has led to a reduction in the number of times patients have to be injected while clinicians make sure their chemotherapy treatment is not affecting their heart.

The research involved almost 100 men and women. Monica, who led the project, said:

“Unfortunately, patients having chemotherapy have very poor veins and it can be quite difficult to inject them at the first attempt — It’s miserable for the patient if there have to be several attempts — our research showed it is clinically acceptable to use modern cannulae to do this test — we are now using the cannulae in Singleton. It makes the test more comfortable for the patient because we do not have to inject them so many times.

Patients at Morriston Hospital are benefiting from **high-tech orthopaedic surgery**, which is reducing the risk of infection and helping to cut waiting times.

Surgeons at Morriston Hospital are using a new technique — an MRI or CT scan is taken of the patients joint which is used to customise the size and position of the implant.

The **benefits** for patients include **reduced surgical stress and blood loss**, a **reduced risk of suffering a deep vein thrombosis (DVT)** and **risk of infection** and **less time in hospital**.

Morriston Hospital consultant orthopaedic surgeon David Woodnutt, who is leading the project, said:

*“This is a feather in the cap for Morriston Hospital and for Wales and has been made possible by enthusiastic team involvement, particularly in theatre — we are really ahead of the game here and it is something for Wales to shout about.”*

# Primary and Community Care

Most of the health care and treatment we provide is delivered by primary and community teams. Over the last 12 months, these teams have worked hard to:

- improve services for pain management, continence, mental health and sexual health

Such developments have improved the effectiveness of the care we provide .

Morrison Hospital has **transformed the aftercare** provided for people from across south west Wales who have had kidney transplants – ***with the help of the patients themselves.***

Previously, a hospital consultant would have asked the patient's GP to prescribe anti-rejection medicines for collection from a local pharmacy. But because the patients come from a large geographical area, there was the potential for problems such as delays in changing their treatment if the need arose.

Now the Renal Medicines Service, based in the Morrison unit, is responsible for the prescribing, supply and monitoring of anti-rejection medication for kidney transplant patients. This is not only better for patients – who were involved in designing the new

- establish, in partnership with third sector organisations, mental health drop in clinics
- setup phone and email advice lines for a range of conditions including dermatology, ear, nose and throat concerns, respiratory issues and diabetes
- developed strong partnerships with the third sector. 54 voluntary sector organisations are now working with 29 of our GP practices.

approach – but has resulted in savings that will be invested in renal services.

Janet Williams and Lisa Morgan both had kidney transplants eight years ago. They were part of a group of patients consulted when a bilingual information booklet on the new medication service was being drafted – and said their comments were taken on board.

**Janet, from Abercrave, said:**

"The standard of care has been absolutely excellent. It has been first class — everyone in the unit has been supportive and informative. They have all been absolutely wonderful. I cannot praise them enough."

Lisa, from Llanelli, also praised the care provided by the Morrison team, saying it meant she could continue with her job as head of the infants' unit at Swiss Valley County Primary School.

**Lisa felt the new approach to prescribing, supplying and monitoring medication had its advantages. She said:**

"It is better this way. If you have any questions you can ask someone face to face."

# DIGNIFIED CARE:

## DID WE CONSISTENTLY MAINTAIN YOUR DIGNITY?



“Trusted to Care” was published a year ago. While the report included examples of very good practice it pointed out areas where we needed to do better so that everyone is treated with kindness and compassion every time they use our services or come in to contact with a member of our staff.

Some of the main concerns highlighted in the report were:

- Poor or variable care of frail, older people
- A care culture which lacked respect for, or involvement of, relatives
- Lack of suitably qualified and motivated staff, particularly at night
- Unacceptable limitations to essential services 24/7
- A slow complaints system


In response, we set up a dedicated ‘Action after Andrews’ taskforce and over the past twelve months a huge amount of work has been undertaken to address the recommendations made in the report. Here are some of the main things we did.

caring for each other	working together	always improving
in every human contact in all of our communities and each of our hospitals.	as patients, families, carers, staff and communities so that we always put patients first.	so that we are at our best for every patient and for each other.
We are <b>friendly, helpful</b> and <b>attentive</b> . We <b>welcome others</b> with a smile.	We <b>communicate openly</b> and <b>honestly</b> and <b>explain things clearly</b> .	We keep people <b>safe</b> and provide an <b>efficient</b> and <b>timely</b> service.
We <b>see people as individuals</b> . We do the right thing for every person and treat everyone with <b>dignity and respect</b> .	We take time to <b>listen, understand</b> and <b>involve people</b> . We <b>value everyone’s contribution</b> and we work with our partners to join things up for people.	We are <b>professional</b> and <b>responsible</b> and <b>hold ourselves and each other to account</b> .
We are <b>kind, compassionate, patient</b> , and <b>empathetic</b> to the needs of others.	We are <b>open to, and act on, feedback</b> . We <b>speak up</b> if we are concerned.	We <b>choose a positive attitude, seek out learning</b> , and <b>continually develop</b> our skills and services.
We won’t ignore people, be dismissive, rude, abrupt or leave anyone to suffer or feel neglected.	We won’t let each other down, exclude or criticise people.	We won’t accept second best or choose a negative attitude.

## OUR VALUES

More than 6,000 staff, patients, families and carers helped us to develop our values and behaviour framework. This set out the values and behaviours that we expect everyone who works for us to follow. The behaviours we expect can be seen at [http://bit.ly/abm\\_values](http://bit.ly/abm_values). Work is now underway to embed the values in all we do.





These new standards are our pledge to older patients, and make it absolutely clear what they should expect when they come to hospital.

ABMU's Director of Nursing and Patient Experience, Rory Farrelly.

## **STANDARDS OF CARE FOR OLDER PEOPLE**

Patients sat down to talk to hospital staff about their real-life experiences to help us drive up standards of care. Working with staff, patients and voluntary groups we developed 12 standards of care for older people. The standards give a clear understanding of what every older person attending one of our hospitals can expect across all our wards and departments.

We also began regular unannounced visits to wards out of hours and at weekends to ensure that the standards are being followed.

## STANDARDS OF CARE FOR OLDER PEOPLE IN HOSPITAL

- I will be treated with dignity, care, and compassion; and supported to feel safe at all times.
- I will have choice about what I can eat and drink any time I wish, and will be given support with eating and drinking if I need it.
- I will be able to get to the toilet when I need it; but if I am incontinent, I can expect to feel clean, comfortable and dry promptly.
- I will have the right medicine at the right time
- If I have carers, their needs will be taken into account; and they will be involved in my care and discharge planning with my consent.
- My skin will be looked after and not damaged.
- If I have difficulty understanding or expressing myself, this will be recognised. I will be listened to and supported, to make choices and decisions by appropriately trained staff.
- My care will take account of any disability, sight or hearing loss I may have.

- If I am in pain or discomfort, it will be recognised, and I will have help to manage it.
- If I am anxious or depressed, staff will recognise my mood, listen to me, and my carers, and support me to feel as well as possible.
- I will be able to move about easily and safely, or to be helped to do this as comfortably as my condition allows.
- If I am at the end of my life, my wishes and spiritual beliefs, and those of my carers, will be assessed and met wherever possible.

### Older People's Commissioner for Wales requirements

In February 2015, the Older People's Commissioner for Wales wrote to all health boards and trusts in Wales setting out that she expects NHS organisations to publicly report against twelve key areas. These areas are central to safe, dignified and compassionate care.

We look forward to working with the Commissioner over the coming months to take these requirements forward.



## DEMENTIA AWARENESS TRAINING

Many of our patients are elderly, frail and have dementia and need additional support and care to make them feel safe. So over 10,000 staff across all our hospitals have received dementia awareness training. Our aim is to train our entire workforce by the end of next year.

Our dementia training has been recognised by the Alzheimer's Society, which has awarded us with 'Working to become dementia friendly' status, with the aim of achieving full dementia friendly status next year. **We are the first health board in Wales to achieve this.**

We have already spent £200,000 on improving ward environments to make them more dementia-friendly, and work is ongoing to replace signage at all our hospitals with clearer, easier to understand signs.

## ON OUR WARDS



We have introduced flexible visiting to our adult wards, allowing relatives, carers and friends to visit any time between 11am and 8pm seven days a week. Initial feedback has been excellent, with families reporting it has helped with communication.

Relatives and carers are encouraged to help their loved ones with eating and drinking if they wish. Patients tell us they are happier and less bored. Staff also see the benefits of this move. We will be carrying out a full evaluation shortly.

Ward hostesses have been introduced to manage mealtimes, and ward administrators to deal with paperwork and free up nurses to spend more time with patients. These pilot schemes are being assessed before being rolled out.

Ward-based pharmacists are in place, monitoring medicines management, and a dedicated continence nurse has been recruited to the Princess of Wales Hospital.



**Neath Port Talbot Hospital** has introduced:

- An activities room offering complementary therapies; a juke box with old-time music; reading groups and creative therapies
- Cwtch – a quiet room on Ward E offering a peaceful environment
- A memory walk on Ward C, with images of local scenes from the past
- A clerking system which gathers information about the patient's life outside of hospital, to help staff offer more person-centred care
- Dedicated work to reduce falls

If you would like any further information about the work we are doing, please feel free to contact us on: Email: [abm.letstalk@wales.nhs.uk](mailto:abm.letstalk@wales.nhs.uk) Telephone: 01639 684440. You may also be interested in reading our Fundamentals of Care Annual Report 2014: <http://bit.ly/FoC2014>

In the **Princess of Wales Hospital** staff have introduced a number of improvements, for example:

- An activities programme for patients, e.g. afternoon tea; musical entertainment
- Story time sessions on Ward 2 each week
- Ward upgrades to improve the environment for dementia patients including better lighting, new furniture, new call bell systems and a more homely feel to the lounges (day rooms)

### **SUPPORTING DIGNITY AT THE END OF LIFE**

We want to ensure that we support people and their families to make the decisions that are right for them when they near their end of life. We care for people who are nearing their end of life at home, in specialist units and on the wards of our hospitals.

To give them the skills they need, healthcare support workers from the hospital, community and social services have been provided with additional support and training



During the year HIW undertook 6 Dignity and Essential care inspections. These inspections focused on the key issues that contribute to the provision of dignified and compassionate care. They highlighted that:

- generally patients were satisfied with the care they had received
- staffing levels on wards within our general hospitals were appropriate to meet the needs of patients
- there were inconsistencies in the way that care risk documentation was completed
- staff on general wards needed more training on the care of older people

We took the findings of these reports very seriously and put plans in place for improvement where needed. The reports produced by HIW and the actions we put in place can be found at: [http://bit.ly/abm\\_performance](http://bit.ly/abm_performance)

# TIMELY CARE:

DID WE PROVIDE THE CARE AND TREATMENT YOU NEEDED QUICKLY ENOUGH?

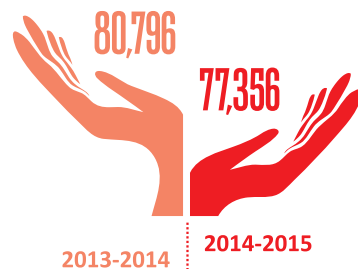


## DID YOU HAVE TO WAIT LONG TO ACCESS OUR SERVICES?

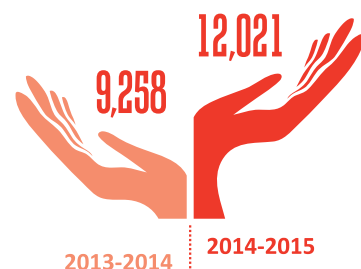
- Elective (Planned) Care Treatment

As we said last year reducing waiting time for elective care is a priority for us. During 2014-15, 84.46% of our patients were seen for their first outpatient appointment within 26 weeks of being referred to us. The figures below show that the number of people waiting over 26 and 36 weeks has increased over the last 12 months. We have been working hard to reduce the time that you have to wait for assessment, care and treatment. In 2014-15, you were likely to have had to wait longer for oral surgery than any other type of care and treatment.

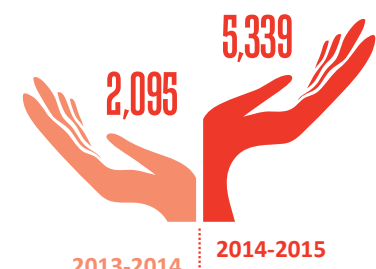
Number of People Waiting to Start Treatment (as at March)



Number of People Waiting Over 26 weeks for Treatment

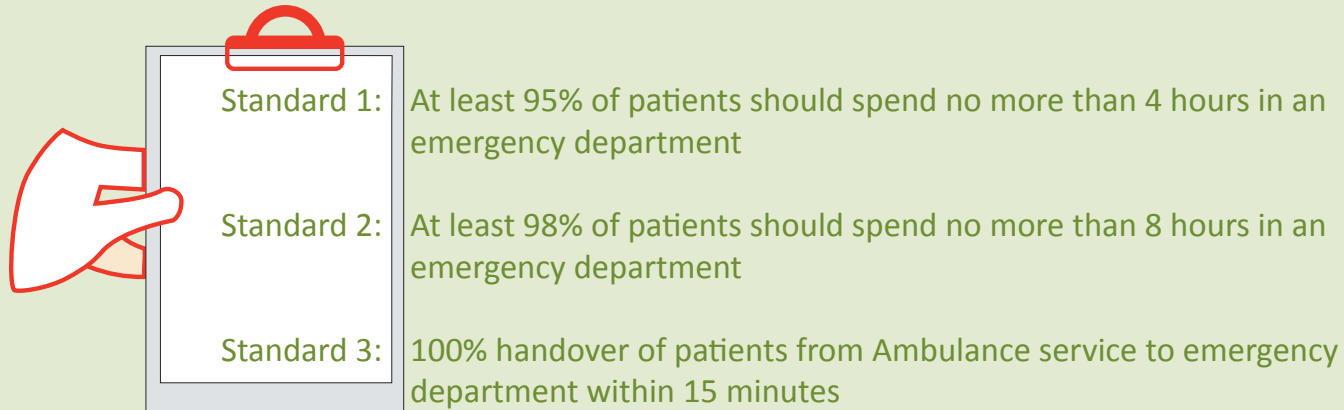


Number of People Waiting Over 36 weeks for Treatment



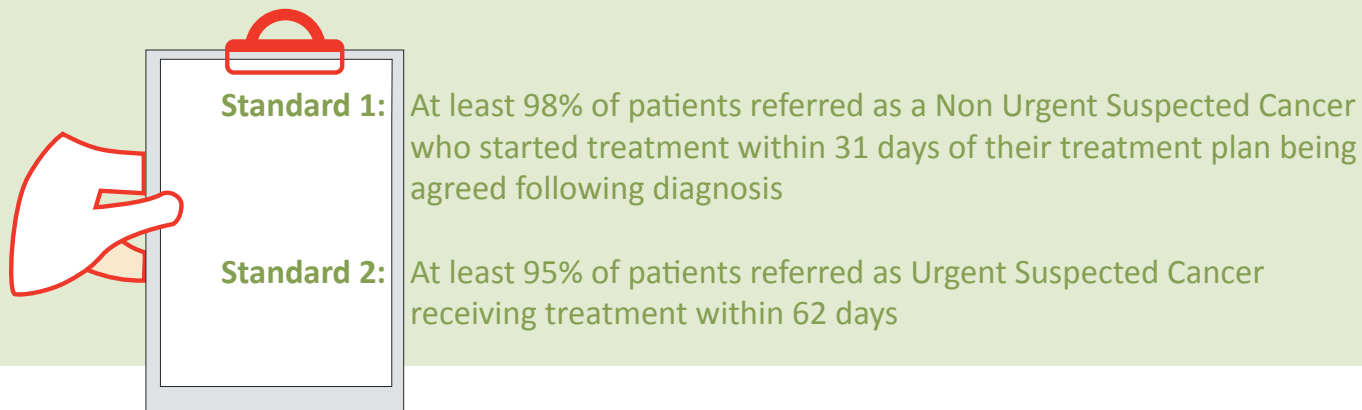
- **Unscheduled (Emergency) Care**

There was a 6% increase in the number of people visiting our emergency care facilities (Emergency Departments and Minor Injuries Units) from 180,190 in 2013/14 to 191,272 this year. Our staff worked hard to ensure that people were seen and treated as quickly as possible but as can be seen from the figures shown opposite, despite the efforts of our staff, our performance against the standards set by Welsh Government dropped.

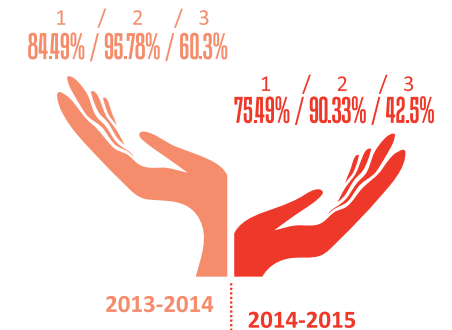


- **Cancer Care and Treatment**

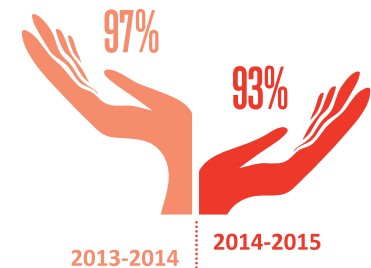
We are still not meeting the Welsh Government's standards and while we slightly increased the number of patients referred as Urgent Suspected Cancer receiving treatment within 62 days, our performance against the non urgent suspected cancer **Standard** fell.



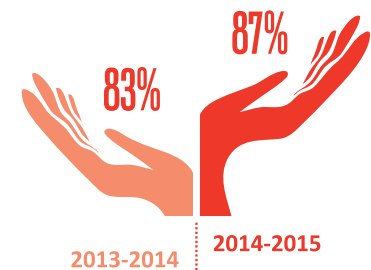
### Performance Against Emergency Standards (1,2,3)



### Performance Against Cancer Standard 1



### Performance Against Cancer Standard 2



## WHAT ARE WE DOING TO ENSURE THAT YOU CAN ACCESS CARE AND TREATMENT WHEN YOU NEED IT?

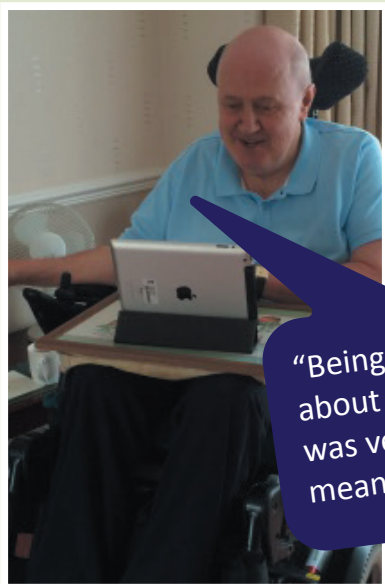
We are committed to ensuring that you receive the care you need when you need it. So we have been developing services and approaches that will help you access care quickly, avoid a hospital visit or, if you do need to come in to hospital, get home quickly. Here are a few examples of the services we have put in place.

We have:

1. Used technology, like video conferencing, so that if you have a condition like Multiple Sclerosis (MS) you can be seen in our clinics without leaving your home.

John Davies was diagnosed with MS in 1980 and has been in a wheelchair for 22 years.

He and his wife Sue took part in a virtual clinic at their Upper Killay home (John pictured).



"Being able to speak to someone about the wheelchair from our home was very helpful, especially as it meant no car travel."

2. Worked with our local authority partners to expand our Community Resource team (CRT). The CRT helps adults who need support to stay independent in their homes - resulting in fewer care home and hospital admissions.

The CRT team helped 86 year old Isobel to stay in her home when she became ill, she said



"I didn't want to go back into hospital. I wanted to stay home and I couldn't have had better treatment."

3. Invested in a multi-million pound package of services to support older people, particularly the frail elderly to remain in their home. The investment will support projects where health, housing, social services and the third and voluntary sectors will work together.

CLlr Ali Thomas, Leader of Neath Port Talbot Council, added:

*"By working together in integrated teams health and social care services in the Western Bay area will be better placed to deliver the sort of care at home which people tell us they want."*



**Caring Together  
Western Bay**  
Health and Social Care Programme  
**Gofalu Gyda'n Gilydd  
Bae'r Gorllewin**  
Rhaglen Iechyd a Gofal Cymdeithasol





4. With local GPs and Dentists we designed and built primary care centres across Bridgend, Neath Port Talbot and Swansea. These not only provide modern, purpose built accommodation for GP surgeries and dental services, but also space for additional services in the community which traditionally patients would have had to travel to a hospital to receive.
5. Supported GPs to increase their availability. Now 97% of GP practices offer appointments after 5pm at least two nights a week and at least 81% of practices are open a minimum of 47.5 hours per week.
6. Introduced a community based vasectomy service, which means these procedures can be carried out without a hospital visit.

7. Launched a self-referral physiotherapy service in Morriston hospital for local people with joint and muscle problems. Dave Graham-Woollard, outpatient physiotherapy clinical team lead, said:

***“The new clinic is part of the modernisation of physiotherapy outpatient services to improve patient access — early intervention can stop a problem becoming severe. The clinic enables people to come directly to us, rather than see their GP first.”***

8. Developed a new scheme to create a better community dental services for those of you waiting for complex treatment.

Mr James Owens, Consultant in Restorative Dentistry said:

***“This is a new and exciting opportunity for us to pilot a new way of working and to enable us to provide patients with excellent quality care in a community based setting.”***



9. Invested in high-tech theatres so that we can treat more people through minimally invasive keyhole surgery than

ever before. This will means that patients will have less pain after surgery and spend less time in hospital.

ABMU consultant surgeon Mark Davies said:

***“Having the best possible equipment will make more operations, and more complicated operations, possible with all the inherent benefits to patients.”***

10. Worked with Swansea University to open a new clinic that will enable patients with musculoskeletal conditions to have timely access to assessment and treatment and reductions in their referral to treatment (RTT) times for hospital consultations and treatment. It is envisaged that the clinic, which will form part of AMBU’s Musculoskeletal Clinical Assessment Service, will be able to manage in excess of 400 new patients during the year.



# INDIVIDUALISED CARE:

## WAS THE CARE WE PROVIDED RIGHT FOR YOU?

When you use our services we will do all that we can to meet your individual needs. We want you to tell us what you want your care to be like and share with us your concerns and worries so that we can provide care and treatment that is right for you.

Here are some examples of how the feedback received from patients, families and carers has helped us to make the care and treatment we provided unique to them and their experience a good one.

**Soothing Patients', Anxiety**  
A personalised experience built around your needs and what you enjoy

The SPA **"Soothing Patients' Anxiety"** Experience.

At the Princess of Wales Hospital every patient with a learning disability requiring dental treatment under a General Anaesthetic receives a personalised experience. The SPA (Soothing Patients' Anxiety) experience is about listening to the patient and their carers and working with them to use the things the individual enjoys and finds comfort in to help reduce their anxiety.

An example of such an experience is the "Top Gun" themed anaesthesia.



A patient remarked that he thought the mask used for the anaesthetic was like a fighter pilot mask in Top Gun. He watched Top Gun the movie prior to coming into the theatre. He gave the thumbs up when we asked to give him the facemask to breathe from whilst we drifted him off to sleep whilst watching a video of a Top Gun fight sequence streamed via an ipod in front of his eyes. On waking he received a Top Gun Pilot certificate.

Patients and carers have told us how much of a difference this has meant to have their voice heard and how the SPA approach has contributed to a very unique day.





It was important to produce a DVD for deaf British Sign Language users.

Deaf people use BSL which is very different to English and therefore it is important they receive information in their first language.

To find out more about Education Programmes for Patients go to:  
<http://bit.ly/1fXEn03>

## UNIQUE DVD FOR DEAF PEOPLE

We want to make sure that everyone can access our services and benefit from the expertise of our staff. So we have been looking at ways to make access to advice easier for those with communication issues.

A unique DVD made for deaf people with the help of deaf people called **'Take Time for Yourself'** helps them deal with stress and relax in their own homes. It has broken new ground by being the first of its kind to feature British Sign Language (BSL).

The DVD was produced in partnership with British Deaf Association advocacy officer Michelle Fowler-Powe, filmmakers Steve Williams and Nico Burgui and BSL interpreter Sue Williams — all of whom gave up their time for free.



AWARD WINNER 2014

## HELPING YOU WORK YOUR WAY BACK TO HEALTH



**We provide more than just medical care.**

Our rehabilitation services also help you to recover.

Richard Mulvany is just one of the many patients to benefit from the help of medical staff, speech therapists, the lymphoedema team, dieticians and the Macmillan Therapy Team at Swansea's Singleton Hospital.

Richard loves the outdoor life and is an enthusiastic runner. But when doctors discovered a tumour which led to him having 60 per cent of his tongue removed, everything changed.

When Richard was introduced to the rehabilitation services they

started to help him recover, particularly the Macmillan Therapy Team and Macmillan advanced practitioner occupational therapist Wendy Wilkinson.

**WE ARE  
MACMILLAN.  
CANCER SUPPORT**





One of the things that we helped Richard with was a seemingly unconnected problem with his cancer. A person will deal with stress in different ways and Richard would manage stressful emotions by running. So it was really important for us that we found a way of getting him back to running.

## VETERANS' SERVICES



ABMU has two veterans therapists – who can accept referrals from health staff, GPs, veterans charities and self-referrals from ex-services personnel.

Grandad Allan Morgan (*married with two sons and two grandsons, who was with the Royal Welsh Fusiliers and served around the World, including 18 months in Northern Ireland*) was, by his own admission, an angry man who drank and fought and suffered sleepless nights. That was before he found out about the Health Board's Veterans Service.

## DIFFERENT WAYS OF COMMUNICATING WITH PATIENTS

Staff at Gorseinon Hospital have been trying out a different way of communicating with elderly patients who have hearing problems.

As a short-term solution ABMU's mental health liaison psychiatry for older people's team recommended staff tried using hearing amplifiers – devices which boost the volume of all sounds – when they talked to these patients.

We have found that an inexpensive device like this has improved the quality of the service we provide for our patients.

## NEW MENUS FOR PATIENTS WITH SWALLOWING DIFFICULTIES

Patients with a swallowing difficulty told us that we needed to improve the meals we provided for them to help make swallowing easier and safer. After listening to their concerns we introduced the new diets – called **Simply Puree**.

Mrs Courtier (*part of the menu planning taskforce made up of patients catering, nursing, dietetic and speech and language therapy staff*) tried out and rated the different meals, said:-

These are excellent and really taste like food. It's good to have a choice



These specialist diets combat swallowing problems which can lead to difficulties with nutrition and chest infections both of which can result in patients needing to remain in hospital for longer.

We are also working on producing a pictorial menu so patients can look at the pictures of the meals to help them choose.

I'm a different person now. I feel confident. I'm not nasty and rarely lose my temper. All my mates have commented on how much I have changed



# OUR STAFF



We have begun to reorganise the way the Health Board is managed. In future each hospital will have its own senior team and as well as strengthening our quality and safety arrangements, this will make it easier for you to get answers to your queries and concerns. We are appointing to the key management posts now, and these changes will be in place shortly.

We started the reorganisation by strengthening our senior leadership team. Such appointments were key to making sure that we have the capacity and capability to drive further improvement and change in the year ahead. The biographies of all our executives and non-officer members can be accessed on [http://bit.ly/abm\\_exec\\_biographies](http://bit.ly/abm_exec_biographies)

## WE APPOINTED:



Hamish Laing as our Medical Director.



Sian Hârrop-Griffiths who joined us as Director of Strategy in the Autumn of 2014.



Professor Rory Farrelly who took over as Director of Nursing and Patient Experience in June, 2014.



Bev Edgar as our Director of Workforce and Organisational Development in late 2014.

**We have been actively recruiting** both doctors and nurses over the past year. This has been challenging, because of clinical staff shortages across the UK. Social media is being used widely to promote vacancies and four nurse recruitment open days have been held.

We have recruited 80 nurses to the Princess of Wales Hospital and the open days for all our hospitals have resulted in a lot more nurses being appointed, or planning to join us.

If you are interested in joining us you can look on our medical and nursing recruitment web pages: [http://bit.ly/abm\\_nurse\\_recruit](http://bit.ly/abm_nurse_recruit) and [http://bit.ly/abm\\_welcome](http://bit.ly/abm_welcome). You may also be interested in our recruitment-focused video, All about ABMU which can be accessed via YouTube and Facebook.



## Closer working with our universities and partners



To ensure that we are always improving and using the latest approaches and treatments we work closely with Swansea and Cardiff universities. We now have plans and a shared commitment to ensure excellent health, medical and nursing care, research, innovation and healthcare education. We are taking a joint approach to recruitment, improving and expanding educational placements and maximising economic development through access to EU and other regeneration funding.

Patients requiring musculoskeletal services have already benefitted from our partnership with Swansea University, this collaborative venture will encompass research and cross-learning components – with the aim of generating improved patient outcomes.

Volunteer Anne Marie said;

"The hospital has served my family for quite some years and so it's a way of giving back. I enjoy meeting the public and hopefully make somebody's experience in the hospital a little less stressful. It does wonders for your self-esteem when somebody thanks you – and they do that most often."



### Our Volunteers

We presently have 595 volunteers who work tirelessly to support our patients and staff.

"Without their invaluable work, we wouldn't be able to deliver the services that we do, our volunteers help patients, their families and their friends through often very difficult times."

### Working with the Red Cross

Workers and volunteers from the British Red Cross have been supporting both patients and staff by providing services such as transporting patients home, making sure they are comfortable and settled with enough supplies to last them until further support arrives, and referring them to other services where appropriate.

Roxane Dacey, Morriston Red Cross Service Development and Engagement Co-ordinator explained the charity did not duplicate jobs already carried out by hospital staff but helps out where there is a need. She said:

**"The role of the Red Cross volunteer is to help ease some of the pressure on those staffing the Emergency Department at Morrison Hospital."**





# CELEBRATING SUCCESS

The services, care and treatments that you need could not be provided without the hard work and commitment of our staff and independent contractors. We have a lot to be proud about and a lot to celebrate.

During the year many of our staff won awards and received recognition for their hard work and the contribution they make to providing safe, quality care. Here are just a few examples of their achievements:



Ysbryd y Coed a 60-bed inpatient unit at Cefn Coed Hospital providing assessment and treatment facilities for older people with dementia was runner-up for the UK-wide Constructing Excellence Value Award, having already won the Welsh equivalent earlier in the year.



Dennis Barnes, a speciality doctor based at Singleton and Morriston hospitals, won the Clinical Services Innovation Award at the annual Wales Deanery BEST Awards.



A Port Talbot GP surgery was crowned Practice Administration Team of the Year by the Royal College of GPs Wales. Based at the Port Talbot Resource Centre, King's Surgery was nominated by its patients as a thank you for the high level of care and service they provide.



Our Dementia Care Training Team won two awards for their specialist training.



Sue Jones responsible for co-ordinating the schools MMR vaccination programme during last year's measles outbreak, was awarded the MBE in the Queen's Birthday Honours List in June, along with Julie Harvey, ABMU's Head of Paediatric Physiotherapy.



Princess of Wales Hospital's Louise Ebenezer won the Carer of the Year Award in this year's Bridge FM Local Hero Awards after her patients put her name forward.

Each year the Chairman's Awards recognise and celebrate the invaluable work of individual staff and teams throughout the health board area. ABMU Chairman Andrew Davies said:

*"Exemplary care doesn't happen by accident, It is driven by outstanding leadership, exceptional teamwork, motivated and committed staff who go the extra mile to continuously improve and provide first-class services for our patients, their families and communities".*

## **The commitment of our staff continues out of work hours**

Many of our staff including our Chief executive took part in fund raising events outside of their working day to raise money to improve services and care. Here are a few of those who helped, there are many more that we could have included....

- Paul Roberts our Chief Executive, joined in the Ice Bucket Challenge.
- Paula Wilfort, who is based at Glanrhyd Hospital, took part in the INVNCBL race series at Margam Park.
- Janet Keaiffling and Pat Dwan, two specialist nurses in Swansea launched a pilot Winter Homeless Appeal.
- Cardiac staff and patients from Morriston Hospital stepped out on a sponsored walk.
- Belinda Harris, a nurse on the Oakwood Ward at Morriston Hospital, took part in the Cardiff Half Marathon.
- Staff at a mental health centre gave up their own celebrations to make sure vulnerable people in Neath and Port Talbot have a cracker of a Christmas Day.
- Hospital worker Susan Thomas took to the skies to celebrate her 60<sup>th</sup> birthday.
- Speech and language therapists, physiotherapists and consultants from ABMU took on the Men's Health Survival of the Fittest in Cardiff.
- Mandy Town, speciality manager for cancer services and Sarah Algie, administration officer, ran the Swansea 10K.
- Pat Howells who works on Singleton Hospital's oncology ward, caring for patients with cancer shaved her head.
- Staff at Singleton Hospital got on their bikes to raise awareness of sepsis.
- Richard Johnson, consultant breast surgeon at Neath Port Talbot and Princess of Wales hospitals, completed the Arch to Arc cycle ride from London to Paris.
- Sarah Pritchard, a staff nurse in Princess of Wales Hospital's eye theatres, raised money for the Alzheimer's Society.
- Paul Flynn, consultant obstetrician and gynaecologist at Singleton Hospital, swapped his stethoscope for a kayak to take part in Ireland's Coast to Coast competition.
- Staff at the Welsh Centre for Burns and Plastic Surgery in Morriston Hospital teamed up with a local photographer and a couple of mums to produce a 2014 Tea and Strumpets calendar.
- ABMU's Christopher Hampson and team took on the Swansea All Stars in a charity football match for the Lullaby Trust.

## IMPROVING QUALITY TOGETHER (IQT)

IQT is the national quality improvement learning programme for all NHS Wales. It gives staff the opportunity to develop skills and gain accreditation in quality improvement.

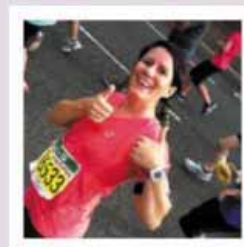
We currently have 1,753 trained to Bronze level and 16 to Silver.

The Foundations of Improvement Science in Healthcare (FISH) on-line course introduces the core techniques and tools of process improvement. The training has been adopted by the 1000 lives+ National Flow Programme to train staff in the basic principles of diagnosing patient flow solutions. We are currently using the approach to help improve the waiting times, assessment, care and discharge arrangements for patients who access our services as an emergency.

We currently have 53 staff trained in FISH techniques

### Our patients and their families

The support we receive from our patients and families makes a big difference. Many of them have also supported us through volunteering or raising funds and have taken the time to say 'thank you' which means a lot to us.



If you want to know more about the fund raising activities of our staff, patients and their families please see the news pages of our website available at [http://bit.ly/c4better\\_news](http://bit.ly/c4better_news)

We would like to take this opportunity to give **a big thank you to each and every one of you.**



# LOOKING FORWARD:

WHAT WE WILL DO TO MAKE SURE  
THAT THE SERVICES WE PROVIDE  
CONTINUE TO IMPROVE

OUR KEY SAFETY AND QUALITY PRIORITIES FOR 2015-16  
ARE TO;

- Improve the way we collect and use Patient Reported Experience Measures (PREMs)
- Improve the way we collect and use Patient Reported Outcomes Measures (PROMs)
- Further develop our stroke services by reconfiguring the patient pathway.
- Improve the way we identify and manage a patient whose condition deteriorates by rolling out across all hospitals and wards the ‘spot the sick patient’ initiative.
- Implement the new all-Wales Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) policy.
- Implementing an Electronic prescribing and administration system in outpatients.
- Roll-out the “Big Fight” campaign – Targeting Clostridium difficile infection and antibiotic resistance in primary care.
- Improve risk assessment and support mechanisms to prevent those who are known to our mental health services from attempting or completing suicide.

# LOOKING FORWARD:

## WHAT WE WILL DO IN THE YEAR AHEAD SO THAT THE SERVICES WE PROVIDE CONTINUE TO IMPROVE

Our first and main priority is to deliver health services that are consistently of the highest quality; by this we mean safe, effective, person-centred, caring and compassionate services that respect people's needs and empowers them to make informed decisions and choices.

Over the last twelve months we engaged widely and took our time to consider what people told us is important. Discussions with patients and their families about their experiences of using our services helped us develop our Quality Strategy, which was published in January 2015. The Quality Strategy gives a clear direction to everyone who work for, or on behalf of, ABMU Health Board and demonstrates the importance we place on quality and the experiences of our patients. It provides a vision of what we can, and must achieve, and a plan of how we will do so. A copy of our Quality Strategy can be found at: [http://bit.ly/abm\\_qualitystrategy](http://bit.ly/abm_qualitystrategy)

The Strategy applies to all our services (health promotion and prevention as well as primary, community, secondary and tertiary care) provided and commissioned by the Health Board; it provides a shared vision of how we will:



Put the people of Bridgend, Neath Port Talbot and Swansea, our wider communities and the experiences of all our patients at the heart of our services by promoting and encouraging patient and carer decision-making and involvement in everything that we do ("**Working together**").



Support and enable our staff to deliver high-quality, evidence-based care and prevention compassionately by making it easier for them to consistently do the right thing ("**Caring for each other**").



Make tangible, continuous and measurable improvement to the aspects of quality that people have told us are important to them ("**Always improving**").



Ensure vibrant research and education collaborations aligned to help us excel as a provider of healthcare.



Learn from when the patient experience is poor or we cause harm so that we do better in the future.



Become a 'high reliability' organisation that has consistent quality and improving the experiences of our patients at the core of all our services.



## DURING THE COMING YEAR WE WILL START TO IMPLEMENT OUR QUALITY STRATEGY AND WILL FOCUS ON:

Helping make the communities we serve healthier.

- ✓ We will continue to work to reduce health inequalities by:
  - ✓ Reducing smoking rates
  - ✓ Reducing unhealthy eating and increasing physical exercise
  - ✓ Increasing vaccination and immunisation rates

Ensuring that our patients have excellent outcomes and experiences. We will

- ✓ Develop and implement Patient Reported Outcome Measures (PROMs).
- ✓ Start to replace guidelines with Standard Operating Procedures and automated pathways.
- ✓ Address the delivery priorities set out by Welsh Government for stroke services.
- ✓ Embed national and professional standards to reduce inappropriate variation and increase reliability.
- ✓ Develop our Digital Strategy.

Making sure that our services are sustainable and accessible

- ✓ We will take further steps to make sure that we provide as many services as we can through primary and community care.
- ✓ Develop sustainable unscheduled (unplanned) care services.
- ✓ Have a sustainable plan to meet our planned care requirements.
- ✓ Have clear roles and functions for all of our hospitals.
- ✓ Improve our services for Women, Children and Families.
- ✓ Implement the priorities from the National Delivery Plans.
- ✓ Optimise benefits of investment in the Community Resource Teams to support frail older people.

Developing strong partnerships

- ✓ Develop proposals for the future role of Morriston and Singleton hospitals as part of a network of care and innovation – ARCH (A Regional Collaboration for Health).
- ✓ Implement seamless community based models of care with partner organisations.

- ✓ Develop a comprehensive and joint mental health service and estates strategy with our partners.
- ✓ Develop managerial and clinical leaders across ABMU in partnership with education providers.
- ✓ Develop ABMU wide links with partner organisations across the health economy to develop consistent and common goals.

#### Having a fully engaged and qualified workforce

- ✓ Develop a joint strategic approach to the recruitment and retention of those staff groups where recruitment is a challenge.
- ✓ Develop new and extended roles to support service redesign.
- ✓ Develop an overarching People Strategy that will reflect our values and create a culture for people to achieve their full potential.

#### Effectively governing our organisation

- ✓ Develop our organisational strategy to set out a clear 10 year vision with clear outcomes, milestones and performance measures to ensure all plans are aligned and consistent.
- ✓ Implement new management arrangements and new ways of working.

For further information about our priorities for the next three years you might like to read our Integrated Medium Term plan that can be accessed at: [http://bit.ly/abm\\_imtp\\_2014-17](http://bit.ly/abm_imtp_2014-17). Progress against the delivery of these priorities will be delivered through the Board and our Quality and Safety committee. The agenda and papers for these meetings can be accessed at [http://bit.ly/ABM\\_Board\\_papers](http://bit.ly/ABM_Board_papers) **and** [http://bit.ly/QandS\\_papers](http://bit.ly/QandS_papers)

# APPENDIX 1

## LIST OF REPORTS AND DOCUMENTS

This list has been created to provide easy reference to the reports and documents referenced in this Annual Quality Statement.

**Annual Governance Statement 2014-15** — this sets out details of the arrangements that ABMU Health Board had in place during 2014-15 to ensure that it did the right things, in the right way, for the right people, in a manner that upholds the values set for the Welsh public sector.

**Annual Quality Statement 2013-14** — an overview of the quality improvements we made in 2013-14.

**Annual Report 2014-15** — this provides an overview of the work that ABMU Health Board undertook during 2013-14 and our plans over the longer term.

**Fundamentals of Care Annual Audit Report 2014** — this provides information on how well we performed against the Fundamentals of Care Standards in 2014.

**Integrated Medium Term Plan** — Abertawe Bro Morgannwg University Health Board's Integrated Medium Term Plan (IMTP) sets out our strategy to fulfil our civic duty, both as a commissioner and provider of services, to meet local health needs. This includes our responsibilities to deliver high quality effective and efficient services and as a major employer and contributor to the local health economy.

**Quality Strategy** — Our Quality Strategy sets out the Health Boards definition of quality and quality objectives for the next three years (2015-2018) and the steps that we will take to improve the quality of our services and achieve excellence consistently.

**Trusted to Care (2014)** — A report of an external independent review of the Princess of Wales Hospital and Neath Port Talbot Hospital at Abertawe Bro Morgannwg University Health Board.

There are a range of other reports and information that you may find of interest as they provide further information on the improvements we are taking forward and the quality of our services, these include:

## 1. DELIVERY PLANS AND PROGRESS REPORTS, INCLUDING:

**Cancer:** Cancer Annual Report October 2014

**Cardiac:** Heart Disease Delivery Plan 2014; Coronary Heart Disease Progress Report 2014

**Critically Ill:** Critically Ill Delivery Plan 2014; Critically Ill Annual Report 2015

**Diabetes:** Diabetes Implementation Plan with delivery action plan

**End of life:** End of Life Care Delivery Plan

**Neurology:** Neurological Conditions Delivery Plan

**Oral health:** Oral Health Plan 2014

**Respiratory:** Respiratory Delivery Plan

**Stroke:** Stroke Delivery Plan 2013-16

Changing for the better Integrated Medium Term Plan (IMTP)

Director of Public Health Report 2013-14

These documents can be found at: [http://bit.ly/abm\\_reports](http://bit.ly/abm_reports)

## 2. CHANGING FOR THE BETTER

Copies of all documents and updates on the Changing for the Better project can be accessed at <http://bit.ly/C4Better>

In addition our news page is regularly updated with information on new services and developments. [http://bit.ly/c4better\\_news](http://bit.ly/c4better_news)

## 3. TRUSTED TO CARE: THE IMPROVEMENTS WE CONTINUE TO MAKE

Regular updates on the improvements we continue to make and the consultation events that you may like to be involved in can be found at [http://bit.ly/A\\_after\\_A](http://bit.ly/A_after_A)

## 4. QUALITY AND PERFORMANCE INFORMATION

In order to continue to provide high standards of patient care, we constantly audit the quality and performance of our services.

From [http://bit.ly/abm\\_performance](http://bit.ly/abm_performance) you will find links to the various quality and performance audits, reports and reviews carried out by us and external organisations. The information we regularly update includes:

- Mortality Information.
- Healthcare Associated Infection (HCAI) data.
- Referral to Treatment (RTT) Published Waiting Times (link to StatsWales website).
- Our Corporate Risk Register.
- Healthcare Inspectorate Wales Reports.

You can also access the agendas, minutes and papers for our Board and Quality and Safety Committee meetings at [http://bit.ly/ABM\\_Board\\_papers](http://bit.ly/ABM_Board_papers) and [http://bit.ly/QandS\\_papers](http://bit.ly/QandS_papers)

## 5. MY LOCAL HEALTH AND SOCIAL CARE

My Local Health and Social Care presents information on the NHS and Social Care providers in a user friendly way so everyone can see how the services are performing for the population. Information on how ABMU Health Board is performing against key measures can be found on the site. [http://bit.ly/my\\_local\\_health](http://bit.ly/my_local_health)

## 6. PATIENT SAFETY ALERTS AND NOTICES

details of the notices and alerts that have been issued and our level of compliance can be found at [HTTP:\\www.patientsafety.wales.nhs.uk\\safety-solutions-compliance-alert](http://www.patientsafety.wales.nhs.uk/safety-solutions-compliance-alert)



# CHILDREN AND YOUNG PEOPLES' SUPPLEMENT



We wish to put children and young people at the centre of the design and the delivery of our services and make sure that everything we do is in line with the United Nations Convention Rights of the Child. Our Chair Andrew Davies made a commitment to do this over a year ago.

This Children and Young Peoples' supplement provides an overview of the work we have taken forward during the year with the help of young people and some examples of how they have contributed to improving the services we provide. We hope that you will find it useful and would welcome your feedback on what you would like it to cover next year.

## New Children's Charter

During the year children and young people from Bridgend, Neath Port Talbot and Swansea helped design a new charter setting out the rights of young people using ABMU health services. The charter is based on the United Nations Convention Rights of the Child.

The draft charter was launched at ABMU's second annual Children's Conference on Monday 17th November 2014 and it is a key part of making sure that ABMU becomes a **rights-respecting organisation**. We will finalise and publish the Charter later in 2015.

A short video about the Children's Conference and draft charter can be found at:  
[http://bit.ly/abm\\_c\\_conf-2014](http://bit.ly/abm_c_conf-2014)



some of the young people who helped prepare the new charter



Neath Port Talbot Youth Council member Catrin Davies said being involved in one of the charter workshops was an amazing opportunity

Catrin added:  
"When we saw the draft of the charter it was awesome to see your own work on display."



We have some amazing young people living in Bridgend, Swansea and Port Talbot who were willing to give up their time to help improve the health and care we provide. Here are some of them:

### Fund Raiser Aiden

After spending the best part of a month in Morriston Hospital, 10-year-old Aiden Daniel decided to do something to cheer up future patients.

He held an amnesty at his school and rugby team to collect toys and games, and completed a five mile sponsored swim with his friends Hannah Barron and Lowri Myles. Aiden raised £1,000, which he used to buy toys and games, as well as bigger items such as DVD players and games consoles for the childrens ward.



Aiden and his sister Amelia present the new toys to ward staff (l-r) Madeline Jones, nursery nurse; Linda Wright, ward sister; Jan Williams, nursery nurse; Monica Woolfit, student nurse



Porthcawl resident Jane Maine gets some hand-washing tips from the Brownies. A short video of this story can be seen at: [http://bit.ly/jane\\_maine](http://bit.ly/jane_maine)

### Cubs and Brownies Tackle Hand Hygiene

As part of international Infection Prevention Week, Cubs from Brackla and Brownies from Coity were invited into Princess of Wales Hospital to find out how to wash their hands like health professionals do.

Not only did they earn badges for their efforts but the children went to the main entrance and encouraged visitors to be hand hygiene aware too.



## Children's Artwork Helps Brighten Up Hospital

A new art exhibition created by local schoolchildren is brightening up the walls of Singleton Hospital. Pupils from Terrace Road Primary School, Mount Pleasant, each chose a portrait by French artist Paul Cezanne to paint for the hospital's Schools' Gallery.

Pupils from Terrace Road Primary School unveil their exhibition with (l-r) Fiona Edwards, Property Manager, and Alison Kingdom, Assistant Head of Operations



10-year-old Jorja Barrett from Townhill added:

"I like the thought of our paintings cheering patients up when they feel unwell."

When you come in to hospital we will do all that we can to make your experience a good one. However, your feedback about what your experiences have been and what you want your care to be like are important. Here are some of the improvements we made over the last year and some of the things our staff did to cheer up patients after listening to what children and young people had to say.



## Swansea's Children's Centre is Completed

Last December the finishing touches were made to Singleton Hospital's children and young people's centre. If you or your siblings have special health needs the centre is able to help and support you better than we could before.

Images from Swansea Children's Centre





The centre has an all-inclusive play-ground and sensory garden that can be used by the children and by their brothers and sisters. The playground and garden were paid for by the Swansea Children's Therapy Centre Support Group. It is made up of staff, parents and other supporters who aim to raise money for equipment and improve the children's quality of life.

### Easter Fun

Children spending time in hospital over the Easter holidays enjoyed special activities and treats to brighten up their stay. These included a name the bunny competition, raffle and cake stalls, card making, games, colouring Easter eggs and easter egg hunts.

Mark Fletcher's five-year-old son Daniel attends Hafan y Môr. Mark, from Gorseinon, said:

**"The facilities are spot on. It is completely purpose built and it is much better than what we had before."**

**"All the equipment is to hand and it is a bright, child friendly place. It really does make a difference for every parent and child that uses the facility."**



**We have had the privilege of helping and supporting many truly inspirational children and young people. The help we provide is not just about operations and giving medicines:**

A schoolgirl who had both feet amputated when she was a baby is on track for athletics success after being fitted with her first running blades.

Sports-loving Molly Hopkins is already an international swimmer. Now the 11-year-old from the Swansea Valley also aims to compete with the best on dry land thanks to expert craftsmen at Morriston Hospital.

You can see a short video about Molly and her running blades at: <http://bit.ly/mollysblades>



Molly said:

"I've always wanted blades because I thought it would make me faster at running.

...I found them really easy to run in. Me and my father went running to see my grandma – which is about two miles"

**Youngsters aged from four to 14 have celebrated their achievements at a graduation ceremony with a difference held in Morriston Hospital. They were all born with a cleft lip and or palate.**

The speech graduation event was all about celebration. To watch a short video about the speech graduation event, please visit: [http://bit.ly/abm\\_cgrad\\_2014](http://bit.ly/abm_cgrad_2014)



The youngsters receive their certificates from consultant cleft surgeon David Drake and the cleft speech and language therapy team

"We wanted to celebrate the fact that the children can now speak clearly and be understood really well.

...It was also to thank their parents for bringing them to speech therapy and engaging with the service.

...We were delighted so many families from across South Wales joined us on the day"

## LET US KNOW IF YOU WANT TO LEARN MORE ABOUT HEALTH AND THE SERVICES WE PROVIDE

We would love to hear from you if you want to know more about ABMU Health Board. Also look out for special events that we run. Last year ABMU speech and language therapists held an observer day for students who wish to learn more about the role.

The therapists work with a wide variety of people, from young children who stammer to older people recovering from stroke and other brain injuries.

They aim to help give them a 'voice' by improving their communication abilities and addressing their swallowing, eating and drinking difficulties.

The day was open to sixth form students who were interested in the role.



**Contact us if you want to help design and write next year's children's AQS. We would love to have you work with us.**



**01639 683172**



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**[facebook.com/abm.healthboard](https://facebook.com/abm.healthboard)**



**ABMU Health Board Headquarters,  
1 Talbot Gateway, Baglan Energy Park,  
Baglan, Port Talbot, SA12 7BR**



One student who attended one of these days said;

**"I found your open day fantastically useful, informative and inspiring. It covered such a varied range of speech and language therapy roles."**



# APPENDIX 2

## GLOSSARY

This glossary has been created to give easily understandable definitions of common terms used in this Annual Quality Statement. These definitions are not exhaustive and may not be suitable as technical definitions. We wish to acknowledge that a number of the definitions we have used have been taken from The Annual Quality Statement Guidance issued by the 1000 lives improvement team.

**1000 Lives Improvement** — A national service, supporting organisations and individuals in NHS Wales to deliver improved health, healthcare outcomes and user experience. More information is available at [www.1000lives.wales.nhs.uk](http://www.1000lives.wales.nhs.uk)

**Annual Quality Statement** — A report that every NHS Wales health board and trust is required to produce in order to provide assurances regarding the quality of care being provided.

**Blood clot** — Clots of blood that develop inside a vein and can travel through the bloodstream to the heart or lung causing serious illness. A thrombosis often forms in the 'deep veins' in legs, and is referred to as a deep vein thrombosis or DVT. If a blood clot travels to a lung it can cause a Pulmonary embolism.

**Carer** — Anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. (Definition from Carers Trust).

**C. Difficile** — A type of bacterial infection that can affect the digestive system. It most commonly affects people who have been treated with antibiotics.

**Clinical Audit** — A quality improvement process that seeks to improve patient care through a systematic review of care and the implementation of change.

**Dementia** — A condition caused by a number of brain disorders which cause memory loss, decline in some other aspect of cognition, and difficulties with activities of daily living.

**Diagnosis** — An explanation of nature or cause of an illness.

**Elective care** — care that is planned in advance because it does not involve a medical emergency.

**Fundamentals of Care** — A Welsh Government initiative that aims to improve the quality of aspects of health and social care for adults.

**Health board** — A regional organisation in NHS Wales providing both Primary care and Secondary care. There are seven health boards in Wales.

**Healthcare associated infections (HCAI)** — Infections that are the result of receiving treatment, for example, a urinary tract infection

as a result of a catheter being inserted without proper hygiene procedures being followed. Health inequalities - differences in the quality of health and healthcare across different populations. For example, on average, people living in communities with higher levels of poverty and deprivation tend to die younger than people living in communities that are less deprived.

**Improving Quality Together** — The national learning programme for all NHS Wales staff and contractors. It provides a common and consistent approach to improving the quality of services in NHS organisations across Wales. Incidence - the occurrence, rate, or frequency of a disease.

**Infection control** — Staff who concentrate on making sure procedures are followed correctly to protect people from possible infection caused by the healthcare they receive.

**iWantGreatCare** — A website that lets patients leave meaningful feedback on their care. More information is available at <http://www.iwantgreatcare.org/>

**Medicines management** — Ensuring medicines are used correctly and safely.

**Medicines review** — A quick check with your GP or pharmacist that you still need all the medicines you have been prescribed. This is important for people who collect a regular (repeat) prescription.

**Mortality reviews** - Analysing the patient care records of patients who have died to make sure that they received the best care possible.

**Motor neurone disease** — A rare condition where parts of the nervous system become damaged causing weakness and difficulty with day to day activities such as walking and talking.

**MRSA** — A type of bacteria that is resistant to a number of antibiotics

**Multiplesclerosis** — A serious progressive disease of the central nervous system.

**Musculoskeletal conditions** — Conditions that affects the muscles, ligaments, tendons and bones.

**Oral and maxillofacial surgery** — Deals with the diagnosis and treatment of diseases affecting the mouth, jaws, face and neck.

**Orthopaedic Surgery** — The treatment of bones and joints following an accident or disease.

**Physiotherapy** — The treatment of injuries or illnesses by physical methods such as massage or exercise.

**Pressure ulcer** — Often called bedsores, these are damage to the skin and underlying tissue of pressure applied to soft tissue that completely or partially obstructs blood flow to the soft tissue. Pressure ulcers most commonly happen to people who are not moving about or are confined to wheelchairs.

**Primary care** — Healthcare provided in the community, where people make contact with clinicians for advice or treatment. For example, visiting a GP surgery if you are ill.

**Public health** — Work to prevent disease, disability and illness, and to promote healthy lifestyles. Public health work includes monitoring environmental danger to health such as pollution, the spread of diseases like measles, and encouraging people to live more healthily, for example by not smoking cigarettes.

**Putting Things Right** — The Welsh Government's guidance for

members of the public who are raising a concern or making a complaint about the healthcare they receive from NHS Wales.

**Quality improvement** — A systematic approach that uses specific techniques to improve quality. More information is available in the Quality Improvement Guide published by 1000 Lives Improvement.

**Secondary care** — Specialist medical care, often provided after referral from a primary care clinician because treatment requires more knowledge, skill, or equipment than is available in community. For example, a GP may refer a person with chest pains to a cardiologist in a hospital.

**Sepsis** — A potentially life-threatening effect of an infection. Chemicals released into the bloodstream to fight the infection trigger inflammation throughout the body, which can damage organs, causing them to fail.

**Severe harm** — Harm that has life changing consequences and can on occasion contribute to the death of a patient.

**Specialist rehabilitation** — Assists patients in their recovery from physical injuries or mental illness. Physical therapists, occupational therapists, psychiatrists, social workers are all specialists in rehabilitation. Respiratory therapists and speech-language pathologists also do rehabilitative work with patients.

**Spot check** — An inspection carried out at random and without prior notice.

**Standard Operating Procedure** — A detailed written instruction.

**Stop Smoking Wales** — A service delivered by Public health Wales that provides guidance; advice; information; and free access to

counseling and support groups across Wales for those who want to stop smoking.

**Surgical complications** — Unintended consequences arising as a result of surgery. For example, a blood clot (Thrombosis) forming after surgery that then needs treatment.

**Vasectomy** — A surgical procedure for male sterilisation.

**Veteran** — A person who has served in the armed forces.

## WHAT DO YOU THINK ABOUT THE ANNUAL QUALITY STATEMENT

We want to know what you think about this Annual Quality Statement:

- have we covered the issues that you want to know about
- are the priorities we have set for next year the right ones?

Please contact us if you have any ideas and views in relation to what should be included in next year's Annual Quality Statement or want to help us prepare it. You can contact us on:



01639 683172



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ABMU Health Board Headquarters,  
1 Talbot Gateway, Baglan Energy Park,  
Baglan, Port Talbot, SA12 7BR

## ACKNOWLEDGEMENTS

We would like to thank all our staff for their hard work and commitment to delivering quality care in a way that is kind and compassionate.

During the year many of you shared your experiences with us and helped us develop our values and standards for older, frail patients. We would like to take this opportunity to thank you for the enormous contribution you made to helping us improve the care we provide.

We also wish to acknowledge the support that our Community Health Council continues to provide by monitoring the quality of our services and ensuring that we respond to any concerns that our citizens have.

A big thank you also goes to those who sit on our Stakeholder Reference Group for guiding and helping us to prepare this Annual Quality Statement

We are pleased to give our support to this year's Annual Quality Statement (AQS). We consider it to provide important information on the quality of the services provided by ABMU Health Board, the developments it is taking forward and the areas where further work is needed.

We are content that the AQS addresses many of the issues that are of key concern to those of us who use the services of the Health Board such as waiting times, infection control and the need for more services to be provided in primary and community settings. The Health Board has been open and honest about those areas where further work is needed and where national targets are not being met.

We look forward to providing input to and guidance on the development of next year's AQS and hope that there will be even greater opportunities for us to be engaged in all stages of its drafting.

**Alison James,  
Chair of ABMU Health Board's  
Stakeholder Reference Group.**