



# **Annual Quality Statement 2014/15 Powys Teaching Health Board**





### Statement from the Chair and Chief Executive of Powys Teaching Health Board

As the new Chair and Chief Executive for Powys Teaching Health Board, we are pleased to be able to report the progress being made in improving services for Powys residents. It has been a period of change, not just in the management of our Health Board, but in the way we deliver our services to ensure the best possible care is provided closer to home.

We are pleased to be able to share the innovative ways in which the Health Board is providing care, whilst also recognising the challenges faced along the way. We have placed greater focus on monitoring the quality and safety of all our services, including those that we buy in from outside Powys, ensuring that you receive the same level of care wherever you live.

Unlike other health boards in Wales, we are unique in that we share our boundary with one local authority. This has allowed us to work closely with Powys County Council on a number of projects, including a single visionary plan for working together for the benefit of the community. The Powys One Plan was launched this year and commits to sharing one set of shared outcomes and priorities for the local population.

We have placed a greater focus on improving the mental health and wellbeing of people by agreeing to take over direct management of mental health services provided in Powys. This process has just begun and will be complete by the end of 2015.

We have also invested in our staff, alongside our services, to ensure that we are able to support the high quality care and excellence we strive to achieve. We are on a journey to embed strong values and behaviours, and set out the things that we believe are important in the way we live and work. We want to make Powys a great place to work and somewhere that makes a real difference for our patients and staff.

We pledge to work with you throughout the coming year to make this happen by transforming our services to bring better healthcare closer to home.



Chair Viv Harpwood



Chief Executive

Carol Shillabeer

# Statement from the Chair of the Quality and Safety Committee

During 2014/15, the Quality & Safety Committee sought assurance on all aspects of care and treatment, from the prevention of pressure ulcers through to the provision of Home Care Services for the population of Powys. Our focus included services provided by our partners outside of Powys equally with those provided within the county.

In 2015/16 our focus will maintain on the vision and ambition of the Health Board to enable 'truly integrated care, centred on the individual' through continuous monitoring of the significant quality and safety agenda needed to underpin the delivery of high quality services.

We are eager to hear from patients and users of our health services, we would welcome comments and feedback on this report and more generally how we can readily capture the views of those using our services.



Chair of Q&S
Roger Eagle



What we provide for you in Powys

Rheumatology Acade and Throat services

General surgery formation of pladder disorders

Gynaecology Childrens services

Gynaecology Gynaecology formation of bladder disorders

Management of bladder disorders

General Medicine

Urology for a services

General Medicine

What we pay other Health Boards to provide for you

#### Powys Teaching Health Board

#### - Providing truly integrated care, centred on the individual

#### Our values and aims are:

- Improving health and wellbeing
- Ensuring the right access to the right services at the right time in the right place
- Striving for excellence
- Involving the people of Powys
- Making every pound count
- Valuing, supporting and developing our staff

#### What we do

As a rural health board with 133,000 people living across an area that is a quarter of Wales we provide as many services as possible locally.

This is mainly through General Practitioners (GPs) and other primary care services, community hospitals and community services.

As we don't have a District General Hospital, we work closely with other organisations in Wales and England to provide services for the people of Powys.

We are always striving to bring as many services back into Powys as possible, including assessments and follow ups after treatment.

#### Who do we care for?

We have already seen a 20% increase in the number of people aged 65 and over since 2008 and we anticipate a further increase of 60% by 2033. By 2033 almost 14% of people in Powys will be over the age of 80 and the health needs of older people will drive a growing demand for services.

However, whilst the population of Powys is growing older, there is still a need for robust care for many others including, in particular, those under 18 and pregnant women. Around 13% of children in Powys are living in poverty, which brings with it additional needs and challenges in promoting wellbeing and achieving better health outcomes for everyone.

### Did you know?

Powys has:

17 GP Practices over 29 sites

**5 Community Dental Services** 

24 Dental Practices

21 Optometry Practices

23 Community Pharmacies

Powys has 107 General Practitioners, and as at March 2015 there were six GP vacancies across Powys. There are 67
Practice Nurses and four vacancies.

#### How we spend our money

We had an annual budget for 2014/15 of £281million.

We spent £60 million of this on Primary Care (GPs, pharmacists, dentists and opticians are all self-employed and we buy services from them on your behalf).

The amount we spent buying secondary care (care in hospitals) from other providers increased from £139 million in 2013/14 to £147 million in 2014/15.

We then spend £74 million running services in Powys, both community and hospital based.

#### What have we been doing?

Throughout 2014/15 we have continued to plan and develop our services to enable people to access care closer to home. We have looked at how we can reduce pressures on our local Community Hospitals by developing new roles for staff to enable them to work in new ways. One example is the Integrated Clinical Team Manager who will provide leadership and management of clinical services provided by community clinical staff, including community hospitals, monitoring and improving the patient and carer's experiences of care. We have continued to forge strong working relationships with our General Practice colleagues, as well as other service providers and the Third (voluntary and private) Sector. This approach ensures our residents receive safe, timely and effective care that promotes dignity and respect, and is provided by skilled staff who are experts in their fields.

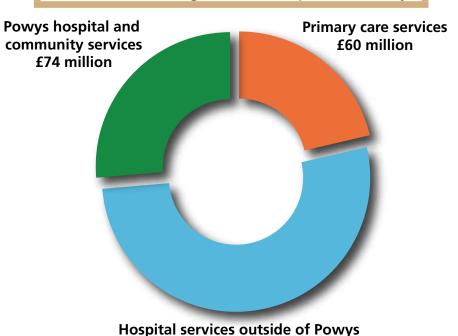
#### How did we do?

In last year's report we set out the targets that we wanted to meet this year. Some of these targets are set by Welsh Government and some we set ourselves. You will see from this report that we have met some of the targets but missed others.

We will be continuing to work towards further improvements during the coming year.

# As well as services in hospitals, residents of Powys also access services at:

Hereford County Hospital, Hereford
Nevill Hall Hospital, Abergavenny
Royal Gwent Hospital, Newport
University Hospital of Wales, Cardiff
Prince Charles Hospital, Merthyr Tydfil
Morriston Hospital, Swansea
Singleton Hospital, Swansea
Bronglais Hospital, Aberystwyth
Wrexham Maelor Hospital, Wrexham
Royal Shrewsbury Hospital, Shrewsbury
Princess Royal Hospital, Telford
Robert Jones and Agnes Hunt Hospital, Oswestry



£147 million



#### **Healthy Schools**

Four Powys schools have become the first in the county to gain a Healthy Schools Award following intensive assessment from Welsh Government.

The Healthy schools award is a national quality award scheme overseen by Welsh Government. It recognises the contribution schools make with regard to health promotion/public health performance measures.

The successful schools are Llanfyllin High School - the only successful secondary school, Llangorse Church in Wales School, Newbridge on Wye Church in Wales School and Carreghofa Primary School. All schools received training, workshops and intensive support from the Healthy Schools team who worked with them to gain the Powys Excellence Award before applying for the national award.

#### **Mental Health training**

We now have 92 people trained in mental health first aid including Youth Mental Health First Aid or Applied Suicide Intervention Skills Training, enabling them to identify and support others. This provides a valuable resource for Powys communities, families, workplaces and schools. Similarly, the roll out of 'Powys 5 Ways to Wellbeing' and 'Time to Change' are contributing to providing support and reducing the stigma associated with mental ill health.

#### **Partnerships for health**

Partnership working is key for our health board and we are pleased to have worked with the following organisations this year to make improvements to our care and services;

- Powys Association of Voluntary Organisations (PAVO) – delivered a number of sessions around the county using the 5 Ways to Wellbeing approach to encourage men to talk about their mental health and find ways to strengthen it.
- Powys Armed Forces Community
   Covenant Group worked with
   organisations to improve community
   facilities to support the wellbeing of
   Forces personnel.
- Newtown Neighbourhood
   Management Partnership developed a community questionnaire about services available locally that was completed by 100 Newtown residents.

### Promoting health within the community

A team of nurses from Ystradgynlais set up mobile blood pressure and information stations at various locations throughout the community. Locations included local garages, the community hall, factories and the supermarket as well as the hospital foyer and Minor Injuries Unit.

Supported by the Blood Pressure Association UK, the aim was to raise awareness of the problems associated with high blood pressure.

They provided an opportunity for staff to engage with and educate members of the public on the symptoms associated with high blood pressure whilst offering lifestyle advice on keeping healthy.

One District Nurse explained that "people can often feel well with no symptoms, yet have high blood pressure. This increases their chance of heart disease and stroke. By taking blood pressure stations into local factories and workplaces we were able to reach those that may not have time or availability to attend their GP surgery for a blood pressure check"

Of the 339 people tested in one week, 88 were referred to their GP practice for further treatment or monitoring.

### Keeping our children and young people healthy to fulfil their potential

Early intervention is key to successful outcomes for babies, children and young people and we try to ensure effective and timely access to a wide range of services across Powys. Here are some of the highlights from our work in 2014/15;

- Our physiotherapy team is now able to offer specialist therapy to premature babies as soon as they are taken home.
   The Children's Community Nursing Teams also offer support to these families.
- An inclusive sports club has been established for children and young people with disabilities thanks to a partnership project with Disability Wales.
- The Children and Adolescent Mental Health Service (CAMHS)
  has developed a plan for community assessment and
  treatment teams across the county covering out of hours,
  weekends and bank holidays. We are currently recruiting
  staff and hope to have this service in place by September
  2015.
- Our Speech Therapists attended the Powys hosted Parent Child Interaction course run by the Specialist Michael Palin Centre for Stammering. This has a significant positive impact on evidence based practice therapy approaches.
- Flying Start, the Welsh Government programme for families with children under four in deprived areas, has increased capacity across Powys with new schemes in Brecon and Llandrindod Wells.
- Our Child Measurement Programme highlighted that levels of healthy weights in four to five year olds increased to 75.6% from 71% in the previous year.
- All our midwives have completed nutrition training aimed at supporting pregnant women to eat healthily and improve their physical activity.
- Designed to Smile, the Welsh Government programme to help children have healthier teeth, has continued to

increase with 2,709 children participating in supervised tooth brushing sessions in 39 places across Powys. Around 1500 children have also received Fluoride varnish application aimed at preventing tooth decay.

#### Working with older people

Falls are a major cause of disability and admission to hospital for many older people and preventing them happening is a continued focus for our Health Board.

There are nurse led falls prevention services across Powys. With open referrals, the clinics are available to any one at risk or with a fear of falling. The clinics offer assessments, advice, signposting and referral to appropriate services for intervention. The service looks at the big picture and supports people to remain safe and independent in their own home.

Nurses work alongside the physio and occupational therapy teams to provide falls prevention programmes.

### Did you know?

The dental service carried out 250 domiciliary visits for patients aged 65 plus and reported 1,000 contacts for patients in this age group.

#### Childhood **Vaccination**

85% of 4yr olds are up to date with routine vaccinations

This is higher than the all Wales average.

#### **Smoking cessation**

Around 2% of current smokers were treated by 10 **NHS** smoking cessation services in

2014/15.

Target=5%

Staying healthy in Powys

#### Healthy **Schools**

99 out of 103 schools (96%) engaged in the **Healthy Schools** Scheme in 2014/15.



Flu vaccines

With exception of pregnant women, the rate of flu vaccination among eligible groups remained below the Wales average.

#### **Breast** Screening

72% of eligible women took up the offer of breast screening in 2013/14.



#### **Cervical Screening**

81% women attended their cervical screening appointment in 2013/14.

This is an increase

of 1.3% over 2012/13.



**Bowel** Screening

Just over half (54%) of eligible 60-74yr olds participated in screening in 06 2013/14. This is

> an increase of 3.3% over 2012/13.



23.9% of children aged 4/5vrs are overweight

or obese. This is 2.6% lower than the all Wales average.

#### Alcohol

366 staff

have been trained to deliver alcohol advice to Powys residents since 2010.

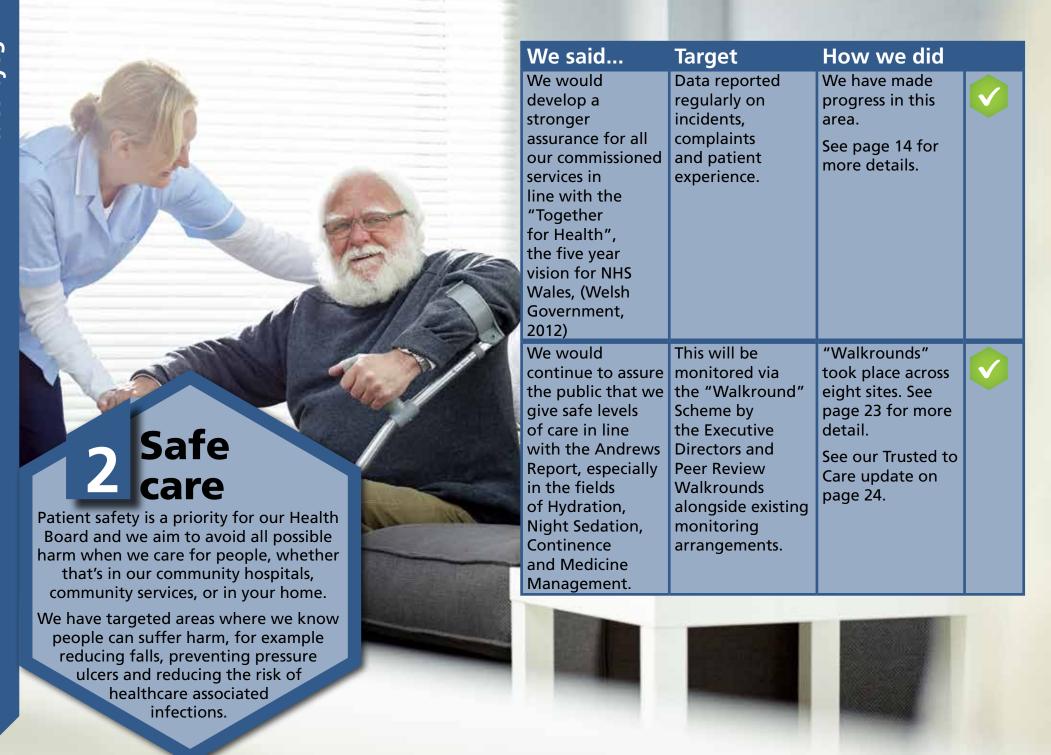
#### **Smoking**

19% of the adult population

05

are estimated to be current smokers. This is the lowest smoking rate in Wales.





#### **Preventing patient falls**

Many of the patients in our hospitals are frail and it is important that we take measures to reduce their risk of falling whilst not restricting their movement.

The actions we have taken to reduce falls include:

- buying ultra low beds
- purchasing 'Roam Alert' for patients who are likely to wander aimed at supporting their safe management
- using alarm mats for patients
- improving staff awareness of falls and the actions they have to take when a patient falls
- introducing new documentation for assessing patients at risk of falls

The number of patient falls in our hospitals reduced from 449 in 2013/14 to 432 in 2014/15. These numbers include patients who fell on more than one occasion.



In the same period we had an increase in admissions from 4,738 to 5,045.

#### **Pressure ulcers**

We have put in a lot of work to reduce the incidence of pressure ulcers in patients in our community hospitals and have seen a reduction in the number of ulcers this year from 86 in 2013/14 to 58 in 2014/15. Although this is good, we are aware we still need to do more.

Pressure ulcers are categorised into four grades of seriousness, with Grade 1 being the least severe and Grade 4 the most severe.

We have also gathered information on pressure damage in patients who are looked after in District General Hospitals outside of Powys and are working with those providers of care to reduce these.

### Reducing Healthcare Associated Infections

We have improved our cleaning schedules to ensure that ward areas and departments are as clean and safe as possible for our patients. The new schedules state the task, who is responsible, what to clean and how often. We have also standardised cleaning products so that staff are using the same products across the Health Board. This makes it easier for staff who work in more than one location.

We have also started to use disposable curtains around beds to reduce the risk of cross infection as previously curtains were hard to clean.

We had no MRSA bacteraemia cases in 2014/15.

Clostridium Difficile – we had 21 cases from April 2014 to March 2015

Rates of Healthcare Associated Infections can be found at:

www.wales.nhs.uk/sitesplus/867/page/67916

Norovirus/D & V Infections			
Financial Year (April – March)	Episodes	Total Number of Persons Affected	Number of Days Ward Closed/ Partially Closed
2013-14	3	49	35
2014-15	6	19	30

#### **Patient Safety Alerts**

Patient Safety Alerts are issued to all health boards when an issue is identified in one health board that may also apply to others.

In 2014/15 we received 17 patient safety alerts that could apply to Powys, and, as a result, made changes to the way we do things including:

- implementing the National Early Warning Score (NEWS) to help identify patients at risk of sepsis.
- raising awareness of how to recognise and treat people who may have swallowed button batteries.

To find out more about patient safety alerts, visit:

www.patientsafety.wales.nhs.uk

#### **Serious Incidents**

Serious incidents include those that are not under the direct control of the Health Board including suicide, unexpected death and patient falls, etc.

All serious incidents in Powys are reported to Welsh Government and other external bodies as required; these are subject to investigation and reported to our Quality and Safety Committee. In 2014/15 there were 27 serious incidences in Powys.

Themes that were identified from these included falls and pressure damage. Key lessons learnt include the importance of early identification of those at greater risk of falls and/ or pressure damage, ensuring vital equipment such as alarm mats and pressure relieving cushions are made available as soon as it is identified they are required and the importance of encouraging patients to follow advice and guidance in the management of falls and pressure ulcers.

#### **Never Events**

Never Events are serious incidents that are wholly preventable by the health board and should never occur - we had no Never Events in 2014/15.

#### **Complaints**

The table below shows the number of formal concerns received by the Health Board over the past three years.

#### **Redress**

Redress is a range of actions that can be taken to resolve a concern where the organisation might have been at fault in causing harm. It can be in the form of an apology and explanation of what happened, an offer of treatment/ rehabilitation to help relieve the problem and/or financial compensation.

Between April 2014 and March 2015 Powys had one case presented to the Redress panel. It concluded there was no breach of duty.

Complaints received and how quickly we dealt with them			
	2012/13	2013/14	2014/15
Formal concerns investigated and responded to by Powys Teaching Health Board			
Total number received	146	149	131
Concerns responded to within 30 working days	106	39	42
Concerns responded to between 30 working days and 6 months	31	47	42
Concerns responded to between 6 and 12 months	9	13	1
Remaining open	0	12	57

Figures do not add up due to complaints spanning multiple years

### Public Services Ombudsman for Wales (PSOW)

If a member of the public is unhappy with how we handle their complaint they may refer it to the Public Services Ombudsman for Wales (PSOW).

In 2014/15, we had three complaints referred to the PSOW. In all three cases the PSOW agreed with how we had handled the complaint.

The Health Board is also the host organisation for the All Wales Retrospective Continuing Health Care Funding applications. In 2014/15 there were 24 complaints referred to the PSOW about this service. In fifteen of these cases the PSOW agreed with how the complaint was handled and in nine they did not.

To find out more about the PSOW, visit: www.ombudsman-wales.org.uk

#### **Mortality Data**

All health boards in Wales review the care of patients who have died in hospital – this is called a mortality review.

As there are no inpatient hospice facilities in Powys, about 10% of our hospital inpatients are admitted specifically for end of life care. This gives the Health Board a relatively high crude mortality rate when compared to areas with hospice facilities.

For more information visit *gov.wales/* statistics-and-research/mortality-statistics





We are committed to making sure you receive the care you need, when you need it and are working to transform services to ensure you also receive care closer to home. Here are some areas we have made progress during 2014/15.

We said	Target	How we did	
That we would roll out the use of the NHS Wales User Experience Survey to additional services.	Numbers of surveys completed and changes made to current service	11 service areas carried out the survey. Generally very positive feedback but there were areas we improved, such as:  "Waiting time could perhaps be improved. Had to wait 45 mins from appointment time until I was seen."	
That we would roll out the "Virtual Ward" scheme to other areas of the	Number of areas offering this scheme.	South Powys offers this scheme and it is being rolled out to mid and north Powys	V

in 2015/16

organisation.

#### **Services in Powys**

There were over 2,000 more outpatient appointments in Powys than in the previous year as more of our services were delivered closer to home.

New services such as rheumatology and ear services have meant that fewer patient had to travel outside of the county to receive care.

We have now appointed an Ear Specialist Nurse to provide local services that previously took three or four appointments with a consultant at a District General Hospital.



We are also increasing our use of optometrists to provide care closer to home and the capacity of our theatres in Llandrindod Wells and Brecon Hospitals has continued to increase providing surgery closer to home for Powys residents.

#### **Breastfeeding**

Maternity and health visiting services are currently working towards UNICEF 'Baby Friendly' Level 3 status, having previously been awarded Level 2. This assessment particularly concentrates on women's experiences of being supported to feed their babies by the method of their choice. Breastfeeding rates remain high across Powys in comparison to national averages.

Evidence shows that women giving birth at a midwife led unit in Powys are more likely to breastfeed than those that go to a DGH, with rates of breastfeeding at birth of 85% versus 67% for those in a DGH

Welshpool birth centre now has a birth pool which has been welcomed by midwives and women, and has contributed to an increase in births taking place in Powys.

#### Charitable donations

The Brecon Lions Club donated more than £3,000 to pay for a flexible laryngoscope that allows doctors to easily look at a patient's airway, including the nose, the throat and vocal cords, checking for polyps, cancers and other problems.

The Out-patients Manager and
Theatre Sister explained "this new
equipment will allow us to carry out
more examinations each week and both
reduce the waiting list and allow more
patients to be seen in Brecon rather
than having to travel out of the area."









#### **Dental Services**

We now offer dental inhalation sedation (anaesthetic) to patients in Welshpool, Newtown, Llandrindod and Brecon. Staff are undergoing extra training to improve access. An endodontic referral service has also started in Welshpool with the possibility of starting a similar service in Llandrindod in the near future.

#### **Clinical Audit**

Clinical audits help us to identify best practice and areas where improvements can be made for the benefit of our patients.

As a result of the audits undertaken, we have improved care for patients in the areas of:

- Rheumatology
- Ophthalmology
- Respiratory
- Dermatology
- Orthopaedics
- Diagnostics

### Improving Physiotherapy Services

Patients attending the physiotherapy outpatient's service at Welshpool are now given the option of attending a follow-up appointment only if they feel they need to. The appointment provides the patient with an option to call for an appointment if they feel the need rather than having to book a routine follow-up appointment.



This has helped to reduce unnecessary treatment, cancellations and missed appointments.

### Improving care for patients with Carpal Tunnel Syndrome

A new community based clinic for patients with Carpal Tunnel Syndrome, a condition that causes pain in the hands, was established enabling treatment closer to home and more quickly than previously.

Previously patients frequently waited more than eight weeks to see a Consultant and greater than eight weeks to have a test outside of the county.

#### Patients now have:

- a one stop shop and no longer need multiple appointments
- early access to a consultant and specialist physiotherapist, close to home
- waiting times reduced from 16-20 weeks to 4-6 weeks
- a reduced wait for exercises where physiotherapy is required this is provided at the same appointment, cutting out the previous 6-week wait
- reduced travel costs and travel time away from work

#### Helping patients with Parkinson's disease

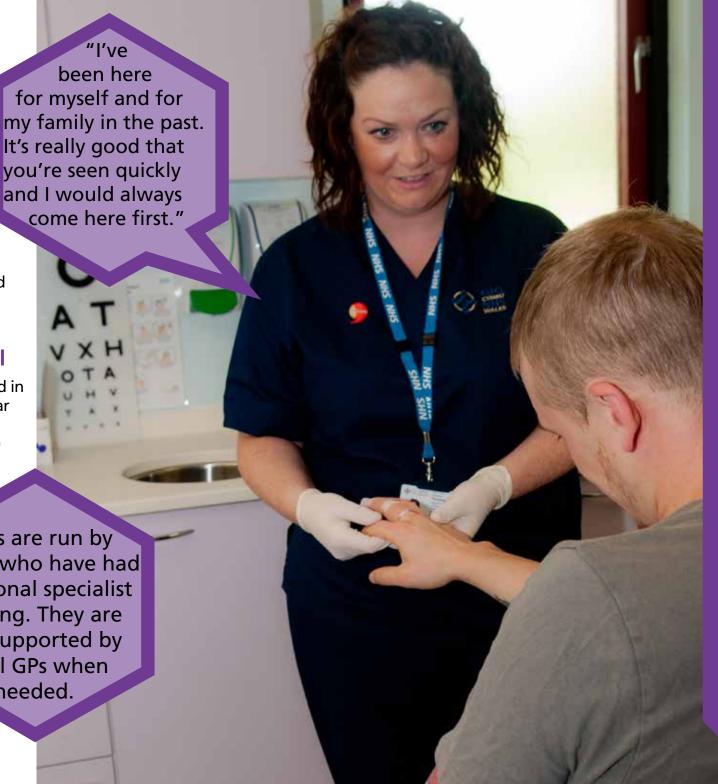
In October 2014, the Speech And Language Therapy (SALT) department was able to purchase a computer software package called Lee Silverman Voice Therapy (LSVT) Companion to help support patients with Parkinson's disease. This helps patients to complete their treatment at home in their own time, reducing the number of face to face contacts for the clinician and reducing clinic visits for the patient.

#### Re-opening the Minor Injury **Unit at Ystradgynlais Hospital**

The Minor Injury Unit (MIU) fully reopened in Ystradgynlais Community Hospital this year and has seen a sharp increase in patients, from 50 per month a year ago to over 150 per month now. Patients are always seen quickly and well within the four hour maximum waiting times target.

Powys has MIUs in Ystradgynlais, Brecon, Llandrindod Wells and Welshpool. They are all able to treat a range of injuries and have access to X-ray and other diagnostic tools with a link to major hospitals when needed. A number of GP practices also provide MIU services across Powys.

MIUs are run by Nurses who have had additional specialist training. They are also supported by local GPs when needed.





#### **Patient Experience**

We continue to use surveys and other types of feedback mechanisms to gather information about patient experiences in Powys and its provider services. By listening to our patients we can identify best practice and areas that need improvement.

#### **Patient Stories**

Patient stories are a really important way for us to understand more about the care we deliver and a story is presented at every Board meeting.

#### **NHS Wales User Experience Survey**

We use the NHS Wales User Experience Survey to understand how our patients value our services. Surveys from 11 service areas across Powys have all received very positive feedback, such as:

- The therapist explained the process and procedure very well and in terminology I understand. Very professional
- Always had excellent treatment
- Friendly, relaxed, not talked down to
- Pleased Doctor listened to all I had to say

We also made changes in response to negative feedback received:

You said	We did
"Perhaps some diagram of the exercise	We agreed exercise programmes be sent
in my case to be practiced, in case of forgetfulness or misunderstanding which	to patients by post or via e-mail following initial assessment.
could lead to getting exercises wrong	
with harmful effects."	
"I would have preferred to know the	We took action to ensure Clinical
process of my treatment and where	Musculoskeletal Assessment and
would these lead. This was not said to	Treatment (CMAT) service is explained to
me until near the end of my treatment."	patients during their appointment. The
	clinic letter now explains to the patient
	how long, where, what type of clinic and
	what to expect.

### Leg Clubs Win NHS Wales Award!

Our work to deliver better care in the community for patients with leg ulcers won the Improving Quality Through Better Use of Resources NHS Wales Award.

The development of specialist 'Leg Clubs' across Powys enable patients with leg ulcers to receive treatment collectively in a local community venue rather than in their own home.

They are organised by district nurses in partnership with local communities enabling patients to have more say in their treatment. The clubs have made a big impact in reducing hospital admissions and improving quality of life.

There are now more than 2,300 patients using leg clubs, the healing of ulcers has improved and more than £700,000 has been saved in district nursing costs.

Jackie Griffin, Tissue Viability Clinical Nurse Specialist, who led the project, said, "The leg clubs not only allow people to receive their treatment in a friendly setting, but they also help the community by bringing people together.

"The work is a great example of coproduction, listening to patients about what really meets their care and wellbeing needs, and delivering care closer to home."

#### **Fundamentals of care**

The Fundamentals of Care Standards are a Welsh Government initiative to improve the quality of health and social care for adults and organisations are required to complete an audit each year.

Our 2014 audit showed that improvements have been made since the previous audit and the overall satisfaction rate increased from 93% to 96%.

Other highlights include;

- 88% say we respect people and relationships, an improvement of 13% from last year
- We met 71% of the standard for personal hygiene, appearance and foot care, an improvement of 4%
- Oral health and hygiene significantly improved from 42% to 78% and 93% of patients felt they were always or usually given the help they needed to ensure their

"Compared
to other hospital
experiences this is
better than most would
not change anything"
– patient responding
to the FoC audit

teeth and gums were kept healthy.

> Find out more about Fundamentals of Care by visiting: www. wales.nhs.uk/ documents/ booklet-e.pdf

#### **Inspections**

We are regularly inspected by external bodies to check on how well we provide our services. Sometimes these inspections are planned and sometimes they are unannounced.

### Healthcare Inspectorate Wales (HIW) Inspections

Healthcare Inspectorate Wales (HIW) carried out unannounced inspections at seven of our ten inpatient sites. They looked at patient experience; how we delivered the fundamentals of care; staffing; management and leadership; and how safe and effective our services were being delivered. Overall we received positive feedback, but areas for improvement were identified across all sites, and action plans have been developed which are monitored for completion. Read the full inspection reports at: www.hiw.org.uk

#### **CHC** inspections

As part of the CHC Bugwatch Survey initiative, visits were undertaken by Brecknock and Radnor Community Health Council (CHC), and Montgomeryshire Community Health Council across the community hospitals in Powys. These took place in June & July 2014 with action plans developed by the health board in response.

From 1 April 2015, the two Community Health Councils in Powys were abolished and replaced with a single body. Find out more about Powys Community Health Council at: <a href="https://www.wales.nhs.uk/sitesplus/1144/home">www.wales.nhs.uk/sitesplus/1144/home</a>



#### **Quality and Safety Walkrounds**

Members of the Board carried out inspections of the ward areas in Ystradgynlais, Bronllys, Brecon, Knighton, Llandrindod, Newtown, Machynlleth and Llanidloes hospitals. These inspections are designed to help us understand and identify the key factors of high quality care that are important to patients and carers from their first contact with a ward or department. The toolkit covers five key areas and the main themes identified in 2014/15 are shown to the right.

There is evidence that these walkrounds have been valued by staff. We will be reviewing the programme over the next few months to look at how effective it has been and how any actions arising from recommendations are monitored alongside information from other inspections.

Safety crosses on display and up to date

Doors left open or unlocked

Signage could be improved

"You said, we did" signs

Safe

Access to fluids for patients evident

Staff not wearing name badges

Intentional rounding in place

Request for private

shower facility

Call bell system Good visibility of

problematic safety information

Local priorities,

issues & comments

Clinical room locked hense medication secure

Ensure cleaning standards are met

Clear labelling of cleaned equipment

No obvious activities for patients

Staff friendly and Toilets well labelled committed

Hand gels available

and used

Patients had a drink in reach and snacks available

### **Caring and** involving

Positive feedback from Dianity visitors and patients protected

> Privacy for personal care was evident

Day room felt like a storage area

Calm feel about Lack of Welsh the ward language provision

### Well organised

No patient and calm

information visible No obvious activities for patients

Lack of storage space for equipment

Good rooms for individual patients

Meal time notices were clear

#### INTERNAL INSPECTIONS

Good display of information

Calm environment

staff

Friendly helpful

#### Welcoming

Staff asked visitors who they were and if they could help

> Signs could be improved

Access to buildings could be improved

#### **Trusted to Care**

Trusted to Care inspections were introduced following the publication of the Andrews Report on poor care in Princess of Wales and Neath Port Talbot hospitals in 2014.

All health boards described the improvements they would make, and then the Welsh Government carried out unannounced 'spot checks' of hospitals across Wales.

Read more about our response to the report at:

www.wales.nhs.uk/sitesplus/867/page/73992

Spot checks took place in Brecon, Llandrindod Wells and Newtown hospitals. We were praised for the care provided to patients, but there were areas we had to improve such as:

- Training our staff to develop appropriate plans of care for patients
- Reminding our staff about the importance of watching patients take their tablets and medicines before signing their charts
- Writing down the reason when patient do not take their tablets
- Improving the storage of medication and drugs trolley management
- Increasing the amount of structural, meaningful activities provided to patients
- Increasing psychological and therapeutic interventions

#### Trusted to care: What we did

We made a number of improvements in response to the report including;

- monitoring our staffing levels to ensure we have the right number of staff in place to meet the needs of our patients at all times.
- introducing the 'Butterfly Scheme' to help patients with dementia in all our wards
- placing dementia friendly clocks in all inpatient areas

#### Improving care: dementia

The Butterfly Scheme which provides tailored care for dementia patients in hospital has been implemented in all sites across Powys.

Butterfly Scheme champions have been identified in each hospital department and staff have been encouraged to complete an 'About Me' form with the patient and carer to better understand the patient and help with communication.

To find out more about the butterfly scheme visit:

www.butterflyscheme.org.uk



#### **Dignified Care?**

Following the publication of 'Dignified Care?' by the Older People's Commissioner, we have started work to ensure the 12 identified key areas of dignified care are met. This work will be continued throughout 2015/16.

You can read 'Dignified Care' at: www.olderpeoplewales.com/en/Reviews/ dignity-and-respect/Review-Report.aspx

#### **Powys Carers Service**

A snapshot survey by Powys Carers' experiences (Powys Carers Service, 2015) of hospital services, recognising only 49 responses were received, showed high levels of satisfaction with hospital services across Powys and surrounding areas. However, there was a significant minority who did not feel properly consulted with and supported prior to hospital discharge of the 'cared for'. We recognise this is an area we need to improve.





#### **GP** access

We are continually reviewing GP opening hours to ensure patients across Powys can access a doctor when they need to. Currently 94% of our GP practices are open until 6:30pm Monday to Friday.

#### **Increased Access to Scans**

We have increased access to routine maternity scans in the north of the county, reducing the need for women to travel to Telford for their scans. This has resulted in 600 fewer scans taking place outside of the county and reduced travel times for clients.

A mobile MRI scanner was also trialled at Bronllys Hospital during March and April

2015. Patients routinely wait more than eight weeks for scans in neighbouring District General Hospitals, and this trial aimed to reduce both waiting times, and the need to travel. Patients were referred from across mid and south Powys, and feedback was very positive.

#### Waiting times for referrals

92.9% of patients were treated within 26 weeks of referral for treatment. At the end of March this year 317 patients had been waiting for more than 36 weeks for treatment. Of these 64 were waiting for English providers and 253 were waiting for Welsh providers.

### Waiting times for cancer treatment in England

English providers met the 96% target for the 31 day treatment pathway in nine out of 12 months last year.

However they only met the 62 day pathway target of 85% in three months of the year.

### Waiting times for cancer treatment in Wales

Welsh providers met the 98% target for the 31 day treatment pathway for five months in 2014/15.

They met the 62 day pathway treatment target of 95% for nine months for the same period.



### Did you know?

We have recently carried out a patient survey to ask about GP access, both in hours and out of hours, and will report on the findings shortly.

To read the Government's report on GP hours, visit: www.gov.wales/ statistics-and-research/gp-accesswales



#### Meeting your needs

We want to work with you to ensure the care you receive is meeting your individual need and progress has been made in the following areas;

- Meeting the sensory needs of our patients we have worked with Powys County Council to raise awareness and train our staff to meet the needs of people with sensory loss. In the coming year we will also be working with the Royal National Institute for the Blind to appoint an Eye Care Liaison Officer.
- Involving children a junior safeguarding group feeds into the local and regional safeguarding meetings and a junior corporate parenting group feeds into the Powys corporate parenting group for looked after children.
   We also work closely with Tros Gynnal Plant (a charity working with vulnerable children and young people) to seek the views of looked after children placed from other areas to gain their views about being placed away from home.
- Providing services in Welsh Our Speech and Language Therapy (SALT) Service is facing ongoing difficulties providing therapy in Welsh due to a national staff shortage of Welsh speaking staff. We have commissioned provision from a neighbouring Health Board whilst we resolve this shortfall.

#### **Promoting Self Management**

The team at the Pain and Fatigue Management Centre, Bronllys, have been delivering a suite of self management interventions across Powys, supporting individuals to manage their own conditions.

**Invest in Your Health** is a six week programme looking at helping individuals develop a series of self management skills to help maximize their health and wellbeing.

Community Pain and Fatigue Management Sessions are a pair of sessions providing an overview of pain and fatigue management strategies. The sessions are run throughout Powys and we recommend that people attending these sessions also attend the Invest in Your Health Programme. Each session is lasts for a couple of hours and they are usually seven weeks apart.

Residential Pain and Fatigue Management Programme. The residential programme is an intensive three week programme during which individuals stay at the Pain and Fatigue Management Centre, Bronllys Hospital from Monday to Friday and go home at weekends. During this time they will take part in a variety of activities which will help to improve their quality of life despite having chronic pain or fatigue.

ACTivate Your life – A new programme starting to roll out across Powys. ACTivate your Life is a 4 session talk of 2 hours each week designed to support emotional concerns, as well as useful strategies which apply to everyone to promote positive health and wellbeing.

Consultant Psychologist and Head of Pain and Fatigue Management Centre, Owen Hughes says, "Our service is all about helping people to help themselves. Participants who really embrace the tools and techniques we have on offer see a huge improvement in their quality of life".



#### **Workforce Profile**

On 31 March 2015, there were 1,211 full time equivalent staff in post. Of these 408 are Nurses and Midwives, 114 are Allied Health Professionals and 266 are other clinical staff. We also have 423 administrative, estate and support staff.

#### **Pay Bill**

We spend about £50 million on our staff. This is about 20% of our total budget. This is notably less than the pay costs of other Health Boards who spend around 70-80% of their total budgets on staff. This is because we spend most of our money buying services from other providers.

#### **Staff Health and Wellbeing** Strategy

We have now written a clear Staff Health and Wellbeing Strategy that will be developed further during this coming year. and Behaviour framework for

#### **Staff Engagement** Chat to Change

Three main themes arose following the NHS Wales Staff Survey in 2013 and the feedback

from the Francis **Presentations** 

which involved 76% of

staff.



- need for improved and better communication
- importance of listening to staff and acting on what is said
- creating a common culture, a culture of care, openness, honesty, with more focus on dignity, kindness and respect.

As a result we have introduced 'Chat to Change' to increase engagement with staff and involve them in making changes in the health board.

#### Our Values and Behaviours

As part of Chat to Change, we have engaged with our staff to identify the values and behaviours that describe the way we do things in Powys.

We have developed a Values all staff.

Our values are the things that we believe are important in the way we live and work.

They are our guiding principles. These values are listed here surrounding the Health Board's vision statement.

#### We're Improving Quality Together

As of 31 March 2015, 41.16% of our staff have completed IQT Bronze. Plans are in place to ensure all clinical staff to have undertaken IQT Bronze by 2016.



Chat to Change



# This table sets out some of our main quality improvement aims for 2015/16 and will form the basis for our AQS next year

What we'll do	How we'll measure it
Staying healthy	
Improve flu vaccination uptake	70% Over 65yrs
	52% At risk groups
	50% Pregnant women
	53% Healthcare staff
Improving childhood vaccination uptake	95% uptake childhood vaccines.
Reducing smoking rates	4.4% smokers treated by NHS smoking cessation services.
	40% treated smokers CO validated as successful.
Reducing childhood obesity	Less than 23.9% reception class children overweight or obese.
Safe care	
Reduce the number of patients who fall on more than one occasion.	Baseline measure of patients who fall on more than one occasion.
	Reduction in the number of patients who fall on more than one occasion.

What we'll do	How we'll measure it
Effective care	
The roll out of the 'virtual ward' in mid and north Powys.	Virtual ward areas in operation throughout Powys.
Dignified care	
Report on 12 key areas as identified by the Older Persons Commissioner for Wales	Progress report on implementation.
Timely care	
Further developments to Rheumatology Services in Llandrindod Hospital.	Increase in number of patients receiving services.
Individual care	
To increase the number of concerns responded to within 30 days.	Reduction in the number of concerns waiting more than 30 days.
Staff and resources	
All clinical staff to have undertaken Bronze Improving Quality Together (IQT) by 2016.	100% clinical staff trained in IQT bronze.

### Statement from Powys Community Health Council

Powys Community Health Council (CHC) was established on 1st April 2015 as a new county wide CHC replacing Montgomeryshire CHC and Brecknock & Radnor CHC, both of which were abolished on 31st March 2015. Consequently neither of the previous CHCs is able to offer comments on the Annual Quality Statement for 2014/15.

However from the relationships that the former CHCs had with Powys teaching Health Board and from the monitoring and scrutiny work of both CHCs, Powys CHC welcomes the improvements in quality standards reported by Powys Teaching Health Board in respect of the health services it provides within Powys and in terms of the waiting times for Powys patients who are treated at acute and specialist hospitals out of county, commissioned by the Health Board.

The CHC encourages the health board to ensure that waiting times targets for Powys patients are achieved as a minimum. The CHC will continue to monitor and scrutinise patient services in and out-of-county. Where the CHCs identify concerns, situations and/or practice that do not put patients and their interests first, these will be pursued including drawing them to the attention of the health board. The CHC is pleased that through the agreement of the Health Board's new Chair and Chief Executive it can continue to offer a paper, in public, to meetings of the Health Board at which it can highlight, raise issues and gain resolution. We regard this as a further aspect of the CHC's independent yet positive relationship with the health board. In addition access to the Chair, Chief Executive, Executive Directors and other senior officials helps to resolve many issues swiftly and effectively.

The CHC is pleased too that an increasing number of health services are being provided or re-provided in Powys. This benefits patients and their relatives, widens staff experience, skills and knowledge and brings other benefits to rural Mid-Wales. We encourage the Board to continue this policy. The CHC will monitor progress. The introduction of the Ear Nurse Specialist Service is an example of providing more specialist care in Powys. Equally it is important that on a very local basis, GP practices continue to provide a wide range of care for their practice populations.

The health board has responded well to the persistence of the former CHCs, for example by re-staffing and re-opening the Minor Injuries Unit at Ystradgynlais Community Hospital and by starting to relocate the mental health resource centre service (provided by Abertawe Bro-Morgannwg UHB) from "The Larches", Ystradgynlais into Ystradgynlais Community Hospital.

In a changing world with changing needs, there is always much to be achieved. We know that not all the Health Board's targets were achieved in 2014/15. We trust the Health Board will focus on meeting those targets as it moves forward through 2015/16.

**Cllr Rosemarie Harris** Chair J David Adams Chief Officer

# **Internal Audit Limited Scope Assurance Report**

We have been engaged by the Board of Powys Teaching Health Board to provide an independent assurance review in respect of the Annual Quality Statement for the year ended 31 March 2015.

### Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and the preparation of the Annual Quality Statement in accordance with the criteria set out in Annual Quality Statement 2014/15 guidance issued by Welsh Government.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Annual Quality Statement is not prepared in all material respects in line with the criteria set out in the circular issued by Welsh Government during June 2015; and
- the Annual Quality Statement is not consistent in all material respects in line with the criteria set out below.

We read the Annual Quality Statement and considered whether it addresses the content requirements of the guidance issued by Welsh Government, and considered the implications for our report if we became aware of any material omissions.

The scope of our assurance work has not included governance over quality or the testing of performance indicators.

#### Conclusion

Based on the work we have performed, the health board has achieved the best possible outcome for the scope of work specified. As a result of our work, we are able to provide an unqualified limited scope assurance report in respect of the content of the Annual Quality Statement. Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2015;

- the Annual Quality Statement is not prepared in all material respects in line with the criteria set out in the circular issued by Welsh Government during June 2015; and
- the Annual Quality Statement is not consistent in all material respects with the sources specified above.

#### **Kate Webb**

Head of Internal Audit Powys Teaching Health Board NHS Wales Shared Services Partnership 10 August 2015

### Thank you for reading our Annual Quality Statement

Our mission is to deliver high quality care and services to you. If you would like to comment on this publication you can contact us in the following ways;

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Website: www.powysthb.wales.nhs.uk

Facebook: www.facebook.com/PTHB

Twitter: @PowystHB

YouTube: www.youtube.com/PowystHB

We welcome all comments and are happy to provide further

information on request.

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