



# POWYS TEACHING HEALTH BOARD ANNUAL QUALITY STATEMENT 2016/17

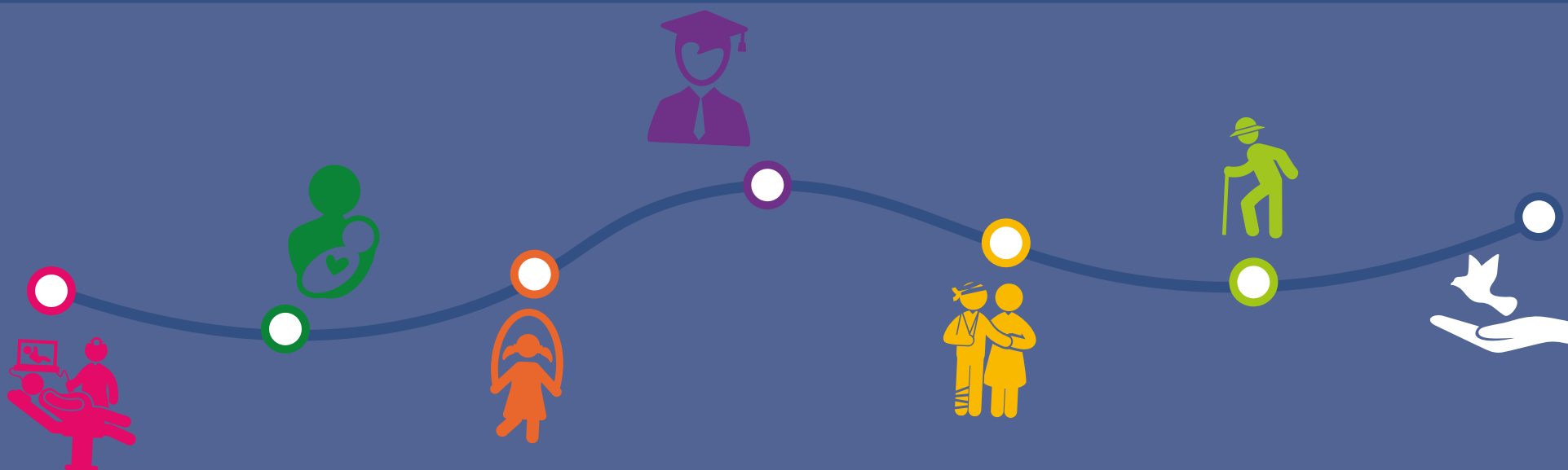


GIG  
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NHS  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board



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We are pleased to present the fifth Annual Quality Statement which sets out what the health board has done well, where we need to do better, and the improvements and changes we have made in the quality and safety of services to Powys residents in 2016/17.

Over the last year, we have focused on the integration of health and social care services in meeting the needs of the population. And in doing this we developed the Health and Care Strategy which sets out the vision for health and care in Powys to 2027 and beyond.

The health board continues to develop a sustainable, skilled, engaged and content workforce to meet the needs of our residents. We are mindful that Powys has an increasing ageing population, a consideration when planning future care and service provision within Powys and with providers outside of the county. During 2016/17 the health board continued to take over the direct management of mental health services provided in Powys, a process that will conclude in 2017. This is one example of how we are working to improve service provision and bring care closer to home.

We want to continue to make Powys a great place to work and somewhere that makes a real difference for our patients and staff.

*Carol Shillabeer, CEO (left)  
Viv Harpwood, Chair (right)*



We are pleased to report the health board continues to make improvements in key areas of service delivery. We have met the target of fewer than one in five people smoking, the number of avoidable pressure ulcers has reduced within Powys hospitals and we are taking action to reduce the number of patients who fall whilst in our care.

In 2016/17 we implemented the Patient Experience Strategy across Powys, strengthening the health board's approach to listening, learning and improving patient and service user's experience of health care provision by actively seeking meaningful feedback from across the organisation.

Executive Directors and Independent Members have participated in walkrounds and shadowing sessions across a variety of services, enabling them to witness the many different services the health board delivers, and the patient & carer experiences of these services. During 2016/17 focus has increased on those services provided by our partners outside Powys, ensuring all Powys residents are receiving safe, effective and dignified care wherever their care is provided. This focus will continue to increase during 2017/18.

We are looking forward to 2017/18 and continuing to ensure the care provided to the people of Powys continues to be safe, effective, dignified and timely at every stage of their life journey.

*Rhiannon Jones, Director of Nursing and lead for Q&S (left), Roger Eagle, Chair of Q&S committee (right)*





Occupational Therapy  
Child and Adolescent Mental Health  
Community dentistry  
Pain Management  
Speech and Language Therapy  
Womens Health  
Midwifery  
Reablement  
Minor Injuries  
District nursing  
Podiatry  
Theatre  
Endoscopy  
Radiography  
Dietetics  
Psychology  
Physiotherapy  
Specialist nursing  
Stroke rehabilitation  
Palliative care  
Mental Health

What we pay other Health Boards and  
Trusts to provide for you

Ear, Nose and Throat services  
Day case care and treatment  
General surgery  
Rheumatology  
Orthopaedics  
Gynaecology  
Management of blood disorders  
Mental Health  
Inpatient care  
Management of bladder disorders  
Oral Surgery  
Eye treatment  
Children services  
Urology  
Outpatients  
General Medicine  
Dermatology



Throughout 2016/17 Powys Teaching Health Board have continued in their journey to improve health and wellbeing by enabling excellent health services for the 133,000 people living in Powys.

The geography and rurality of the area has required the health board to be innovative and creative to ensure timely access to high quality services to meet people's needs. As a health board we buy in a range of services on behalf of Powys residents. A variety of care models exist with much of the care being provided in the community. Secondary care services are then arranged with other health boards and NHS Trusts in Wales and England.

## Putting the People of Powys First

The 65+ age group population is projected to increase by 37% by 2033, the rise in Powys is faster when compared with Wales. The 85+ population is estimated to increase by 12% by 2033. All leaning towards a generally older population in Powys. Added to this, there are challenges to accessing services, for example, 22.6% of patients in north Powys, 21.9% of patients in mid Powys and 11.9% of patients in south Powys having a drive time of over 15 minutes to their registered main GP Practice.

Our Integrated Medium Term Plan 2017/18 – 2019/20 [www.powysthb.wales.nhs.uk/annualplan1617](http://www.powysthb.wales.nhs.uk/annualplan1617) clearly sets out the needs of our local population going forward.

The Annual Quality Statement clearly sets out the improvements and changes made in 2016/17 to improve the quality and safety of services and promote positive patient experiences.

Welshpool Hospital



# Staying Healthy

Staying healthy is about taking the decisions and adopting the behaviours that can delay or even prevent you becoming unwell in the first place.

Eating well, exercising and having vaccinations against illness can all help to prevent you from becoming ill unnecessarily.

National screening programmes are also important in helping to identify disease early and allow for earlier treatment, with a faster, better outcome.

We said...	Target	How we did
Keep smoking prevalence below 2016 target levels.	<ul style="list-style-type: none"> <li>Fewer than one in five people in Powys smoking.</li> </ul>	<ul style="list-style-type: none"> <li>The Wales Health Survey findings showed that Powys achieved this target in 2015 (most recent survey results).</li> </ul>
Provide effective stop smoking services	<ul style="list-style-type: none"> <li>2.1% smokers treated by NHS smoking cessation services.</li> <li>40% treated smokers CO validated as successful at 4 weeks.</li> </ul>	<ul style="list-style-type: none"> <li>2.33% (provisional 16/17 year-end figures)</li> <li>38% (provisional as at quarter 3 16/17)</li> </ul>
Reduce childhood obesity	<ul style="list-style-type: none"> <li>Less than 23.5% Reception class children overweight or obese.</li> </ul>	<ul style="list-style-type: none"> <li>2016/17 data not available for report</li> </ul>
Maintain childhood vaccination uptake	<ul style="list-style-type: none"> <li>95% uptake of childhood vaccines at 4yrs.</li> </ul>	<ul style="list-style-type: none"> <li>As at quarter 4 2016:</li> <li>92.2% 4in1 pre-school booster</li> <li>97.0% Hib/Men C booster</li> <li>90.5% Second MMR dose</li> </ul>
Improve flu vaccination uptake	<ul style="list-style-type: none"> <li>75% over 65yrs.</li> <li>75% people aged under 65yrs "at risk".</li> <li>75% pregnant women.</li> <li>50% healthcare staff.</li> </ul>	<ul style="list-style-type: none"> <li>As at 11/04/17:</li> <li>63.8% over 65yrs</li> <li>45.9% under 65yrs "at risk"</li> <li>2016/17 data not available for report</li> <li>As at end Feb17:</li> <li>64% healthcare staff with direct patient contact</li> </ul>



## Smoking

Powys has successfully achieved the national target of 20% or fewer adults smoking by 2016 and is working towards the 2020 target of 16% (or less) adults smoking.

In January 2017, a new smoking cessation campaign entitled "Quit for Them" was launched in Newtown and Welshpool, to enhance existing promotion work in this area. The campaign, which is primarily digital, aims to encourage and support as many adults as possible to quit smoking. Evidence also suggests that if adults quit, children and young people are then less likely to start smoking. "Quit for Them" started in north Wales during 2015. The campaign has already helped hundreds of smokers in north Wales to better access the support they need to successfully quit smoking.

STOPIA EREU  
MWYN NHW  
QUIT FOR  
THEM

The revised PTHB Smoke Free Policy was approved by the Board in May 2016. The policy was revised and updated to protect all staff, patients, relatives and visitors to PTHB premises from exposure to second hand tobacco smoke and to support the minority of PTHB staff who still smoke in quitting.

## Bumps to Buggies

Bumps to Buggies Walking Groups are being set up in Powys for pregnant women and women with new babies and/or pre-school age children. The Powys Public Health Team has supported walk leader training for health visitors, midwives, nursery nurses and other staff, who now lead the walking groups.

## Weaning Parties

Weaning Parties are now being run throughout Powys by health visiting and other staff.

Weaning parties are designed to support key messages in relation to babies starting solid food. The aim is to support parents to follow guidelines to start weaning at six months of age and to inform parents of suitable food for their baby. The approach also highlights other supportive information to help the parent or carer confidently provide a healthy diet for their child. This work supports the national campaign "10 Steps to a Healthy Weight". ([www.wales.nhs.uk/sitesplus/888/page/84909](http://www.wales.nhs.uk/sitesplus/888/page/84909))

## Sblash a Sbri

Sblash a Sbri was rolled out in new areas of Powys during 2016/17. Sblash a Sbri is a community-based level 1 childhood obesity prevention programme for children aged 0-4 years and their families. The programme consists of swimming pool play sessions for pre-school children and their parents or carers, at local leisure centres. The sessions allow pre-school children to be introduced to the pool with their parents/carers and enjoy physical activity and play at reasonable cost. The approach was originally set up in Ystradgynlais some years ago and due to its success, was extended by the health visiting service to other areas of Powys.

*Bumps to Buggies groups help give new parents access to peer support and professional support in the community*



## Dental Services

The designed to smile (D2S) programme currently has 39 settings taking part. 2,641 children brush daily. 745 children have received two fluoride applications. D2S oral health educators have delivered oral health education to eight early years' staff, 21 health visitors and three dieticians.

The quality assurance programme for dental practices records the number of dentists and their staff that have undergone the brief intervention in smoking cessation training. Most of the dental nurses within Powys community dental service have completed their brief intervention in smoking cessation course.

Powys Community Dental Services took part in mouth cancer awareness providing information via display boards in clinics and hospitals across Powys.

## Health and Care Strategy

Powys Teaching Health Board and Powys County Council have developed a Health and Care Strategy [www.powysthb.wales.nhs.uk/health-and-care-strategy](http://www.powysthb.wales.nhs.uk/health-and-care-strategy) for Powys. It sets out a vision for health and care in Powys to 2027 and beyond. The strategy has been influenced and informed by insights from thousands of people and partners across Powys. The strategy, which was approved in March 2017, will be published in Summer 2017. This is the first strategy of its type in Wales spanning health and care services.

## Screening Uptake

The Public Health Team has worked with PTHB locality staff and colleagues from the national screening programme to improve the local uptake of the national screening programmes.

## Flu Immunisation

The uptake of the flu vaccine amongst PTHB staff increased further during 2016/17, compared to 2015/16 - when Powys was already the best performing health board for staff flu immunisation.

## Childhood Immunisations

During 2016/17 the health board undertook a range of initiatives to improve the uptake of childhood immunisation. As part of this, the health board ran an MMR "catch-up" programme to improve the uptake of this vaccine.

## Healthy Schools

In 2016/17, three schools achieved the National Quality Award, the highest possible award in the national Healthy Schools Scheme. 100% of Powys schools are members of the Healthy Schools Scheme and 7% of schools in Powys have achieved the National Quality Award.

## Healthy Weight

As part of its Healthy Weight programme, the national "10 Steps" approach was launched in Powys in 2016/17.

## Making Every Contact Count

Making Every Contact Count training has been delivered to 352 PTHB staff. In addition, 80 staff from PAVO (Powys Association of Voluntary Organisations), Powys MIND and the fire service have also been trained in the approach.



*Splash a Sברי helps develop parenting skills and bonding in a fun safe environment while also teaching water safety.*



# Safe Care

Patient safety is a priority for the health board and we aim to avoid all possible harm when we care for people, whether that's in our community hospitals, community services, or in your home.

We have targeted areas where we know people can suffer harm, for example reducing falls, preventing pressure ulcers and reducing the risk of healthcare associated infections.

We said...	Target	How we did
We would reduce the number of patients who fall on more than one occasion	<ul style="list-style-type: none"><li>Reduction in the number of patients who fall on more than one occasion</li></ul>	At the end of March 2016/17 we recorded a 4.3% reduction in the number of patients who fall on more than one occasion
Reduce grade 2 hospital acquired avoidable pressure ulcers	<ul style="list-style-type: none"><li>Reduction in the number of grade 2 hospital acquired avoidable pressure ulcers</li></ul>	We have a 11% increase in grade 2 pressure ulcers in our community hospitals

## Overnight Discharges

The health board would expect that no older people would be routinely discharged between the hours of midnight and 6am. We have been monitoring this throughout 2016/17 and we have not recorded any discharges during these hours.





## Falls

There is a reduction in the number of falls that occur on a monthly basis across all Community Hospitals within the health board.

Actions taken to reduce falls and associated harm have focused on raising general awareness, provision of training, supportive guidance and development of ward-based falls champions. The majority of falls occur during the day, at times of shift handover and when there is increased activity on the ward. Work was taken forward to improve 'patient at a glance' status boards to reduce the time taken for shift handover.

The community falls prevention clinics run screening programmes, where a falls risk assessment is completed and advice and information is given on hydration, nutrition, managing postural hypotension, administration of bone health medication, continence, and all risk elements. Also signposting people to services which aid financial and disability support, carer's assessments and community alarms.

The number of people who fall on more than one occasion (known as multiple fallers) during their stay in hospital throughout 2015/16 and 2016/17, has been analysed to provide a baseline for monitoring in 2017/18. In the last year there was a 4.3% reduction in the number of patients who have fallen on more than one occasion. All the multiple fallers for both financial years were aged 50 and over.

Going forward, we will be routinely reporting this data through the Patient Experience, Quality and Safety Committee.

	2015-2016	2016-2017	Reduction
All Multiple Fallers	93	89	4.3%
Multiple Fallers Age Under 65 Years	<5	<5	33.3%
Multiple Fallers Age 65 Years and Older	90	87	3.3%

## Falls Prevention Workshop

The health board held a falls prevention workshop in February. The event brought together staff and patients to share ideas and insights and to work towards reducing the number of falls amongst older people. Feedback was very positive:

*.... "Thank you so much. I thoroughly enjoyed the event and feel it was one of the best events I have attended. I will ensure that I take the falls prevention message back to the full team and look forward to working together across health and social services."*

*.... " it was so lovely to be given the chance to share our thoughts and experiences , to be valued . We were treated so very well, a great experience."*





## Pressure Ulcers

Pressure ulcers are reducing for patients in the care of Powys hospitals. Our data is showing a decrease in grade 3 and 4 pressure ulcer, but an increase in the number of grade 2 pressure ulcers for all Powys residents, this includes inherited pressure ulcers from other areas such as District General Hospitals, patient's homes, residential homes and nursing homes.

Going forward we are focusing our attention on grade 2 pressure ulcers.

## Serious Incidents

55 Serious Incidents were reported in 2016/2017. The majority of serious incidents reported in 2016/17 were pressure ulcers and patient falls.

Significant work has taken place to learn lessons from these.

- It has been recognised in a number of cases the falls were unpreventable however learning has developed to improve falls prevention and management of risk to patients.
- Falls alarms are being reviewed as some areas were reporting breakages and concerns were raised they may not be fit for purpose. Discussion has taken place with other sites who are experiencing similar problems and work has started to look into more robust alarms which are suitable for busy wards.
- Common compulsory care plans containing falls risk assessments are now part of admission packs.
- All patients are required to have a lying and standing blood pressure on admission.
- Reflective sessions have been held for staff to reflect on the importance of documenting their reasons for decisions around falls management and risk assessment.

## Never Events

Never events are serious, largely preventable patient safety incidents which should never occur if preventative measures have been put in place – the health board had no Never Events in 2016/17.

## Coroner

The Coroner has a legal power and duty to write a report following an inquest if it appears there is a risk of other deaths occurring in similar circumstances. This is known as a 'report under regulation 28' or a Preventing Future Deaths report. In May 2016 the health board received a report under regulation 28 in relation to the lack of provision of acute adult mental health facilities in Powys for acutely unwell patients. The report was sent to the health board to request they take action to reduce this risk. Assurance was provided to the Coroner of actions taken to ensure high quality, safe services for Powys residents.

Prior to the 1 December 2015, four different health boards were responsible for the 48 adult mental health beds in Powys hospitals. These beds include the Felindre ward on the Bronllys Hospital site, which is an acute adult mental health unit. In addition Crisis Resolution Home Treatment Teams (CRHTT) are in place within Powys which provide evidence based hospital level care at home. Our work to repatriate Mental Health Services to direct delivery by the health board will directly improve our ability to admit and treat more patients within Powys, and it is our expectation that in future significantly less Powys residents will be treated out of county for their mental health care needs.

## Claims

The health board has a small compensation claims profile. At the end of 2016/17 the health board had five open clinical negligence claims, with no themes or trends identified.

We have nine open personal injury cases at the end of 2016/17, again no themes or trends have been identified.

## Redress

Redress is one or more actions that sets out to put right a concern where the health board 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 and or rehabilitation to help relieve the problem, and or financial compensation.

A total of ten cases were considered in 2016/17 resulting in:

- one case confirmed breach of duty but no causation
- one case confirmed breach of duty and resulting causation
- two cases confirmed breach of duty but causation requires further investigation
- two cases where external expert reports were obtained
- An apology was offered in 4 cases
- No cases resulted in remedial treatment
- two cases are ongoing

No financial redress payments were made during 2016/2017 although one case eligible requires further investigation to establish the appropriate level of redress.

## Public Services Ombudsman for Wales (PSOW)

The PSOW consider complaints about public service providers.

Where a member of the public is unhappy with how the health board have handled their complaint, the PSOW can consider it for review.

During 2016/17, five complaint cases were referred to the PSOW of which one case was partially upheld, the recommendation indicating the case is used for learning and training in relation to preventative dental treatment for children.

Of the 11 retrospective continuing healthcare cases reported to the PSOW, one was upheld, six not upheld and three are ongoing investigations. One case was closed as no further communication was received from the claimant. No compensation payments have been paid out for any of the claims.

## Reducing Healthcare Associated Infections

During 2016/17 we recorded higher rates of healthcare associated infections, with 29 cases of Clostridium Difficile 13 cases of MRSA (methicillin resistant staph aureus) (see [www.powysthb.wales.nhs.uk/infection-control](http://www.powysthb.wales.nhs.uk/infection-control) for dashboard), all relate to non-inpatient samples. This was due to in depth work reviewing all reported samples to laboratories in Wye Valley NHS Trust and Shrewsbury and Telford NHS Trust. Improvements have been put in place to accurately record the data.

We continue to work hard to keep our hospitals clean through the joint working of hotel services and healthcare staff who carry out regular cleaning audits of all areas. We have standardised the use of cleaning products and introduced disposable curtains for each bed area, all of which prevent the spread of infection. We review all cases of infection to learn lessons and prevent recurrence, an example being the inappropriate prescribing of antibiotics. The delivery of the health board's antimicrobial resistance implementation plan will focus on the prescription of antibiotics.

## Ward Nursing Establishment Review

The Health Board has completed a review of its nurse staffing levels, with revised acceptable levels agreed by the Executive Team in June 2016. The rurality and isolation of hospitals was considered during the review.

The nurse staffing levels are compliant with the Chief Nursing Officer's Principles <http://gov.wales/topics/health/professionals/nursing/?lang=en>, albeit these levels were for acute medical and surgical wards by definition.

A recruitment process is on-going to fill vacancies. Staffing levels are reviewed and discussed daily as part of bed management and patient flow processes.

A temporary staffing unit has been set up across the health board and this has seen a reduction in the use of agency health care support workers.

## Hydration & Nutrition

Hydration and Nutrition audits undertaken jointly with Hotel Services throughout the South Locality has enabled the Directorate to improve mealtimes for patients. Shift patterns have been reviewed to ensure the number of staff available for mealtime supervision is appropriate.

Open visiting is encouraged for relatives of patients requiring assistance at mealtimes to be in attendance.

Protected Mealtimes Policy has been reinforced with staff to include roles and responsibilities for patient and environmental preparation.

All nursing and domestic staff have been reminded of their roles and responsibilities at mealtimes.

Unannounced Nutrition and Hydration audits will continue to take place across the locality.

## Sight and Hearing

Eye Care Liaison Officers (ECLO) are available to support the patient attending eye clinics. The ECLO will receive referrals from the community and liaise via telephone or visit if needed, to co-ordinate support for the person referred. This could be a resident of a care home. The ECLO works closely with the Powys County Council Sensory Team in order to ensure that the individual is supported in a timely manner in terms of 'What Matters' to them.

Audiology clinics are also supported by 'Hear to Help' volunteers who will make visits to homes to support people in the care and understanding of managing their hearing aid. There are strong links with PCC in providing relevant equipment and support to the care home residents.

## Safeguarding

PTHB believes that all citizens should be able to live their lives free from violence, abuse, neglect and exploitation and that their rights are protected. All safeguarding work is sensitive to and firmly rooted in respect for differences in race, ethnicity, culture, ability, faith and sexual orientation.

Powys Safeguarding Services are provided to the local community by the Safeguarding Team who support staff in their duty to safeguard children and adults at risk. The Safeguarding Team work in partnership with statutory and voluntary agencies in Powys and NHS Services which border Powys.

## Commissioned Services

We deem quality and safety a high priority for Powys residents regardless of whether they receive care and treatment in county or through one of our provider services in Wales and England. We monitor the quality and safety of services through contract and service level agreements to ensure national and local standards are being met.



- We monitor, report and provide assurance on the quality and safety of services provided to Powys residents across England and Wales
- We review health care incidents that affect Powys residents in other health boards and NHS Trusts, ensuring actions and improvements are put in place and learning is shared
- We work to influence provider's agenda and be a catalyst for change

## Welsh Health Specialised Services Committee

Welsh Health Specialised Services Committee (WHSSC) is a Joint Committee of the seven Health Boards in Wales. WHSSC works closely with health boards to ensure that any specialised service commissioned is of a high standard and that there are no concerns identified from a quality perspective. They do this through the quality assurance framework which is reported into the health board. This framework ensures a systematic approach to assuring quality, good patient experience and good health outcomes of commissioned services. It utilises the contracting process, quality schedules, standards and clinical quality indicators to support effective healthcare delivery, quality improvement and innovation across the health system for specialised services.

## Mortality

As Powys does not have any in-patient hospice facilities our community hospitals have an important role in providing end of life care for those patients who cannot, or do not wish to die at home. Despite these being the expected deaths of people at the natural end of their lives, all deaths are formally reviewed to provide assurance that all possible care was given, and that the patient's family were fully involved and kept informed.

The overall number of deaths in Powys hospitals during 2016/17 was very similar to previous years. For 2016-2017 we had 2,210 discharges of which 243 were deaths.

The health board also review the mortality rates of health boards and NHS Trusts who provide care to Powys residents and where their rates are considered to be of concern, this is followed through and assurance sought on the services provided ensuring that all possible care has been provided to the expected standards.

## Walkabout inspections

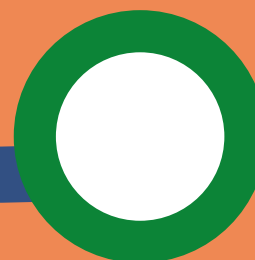
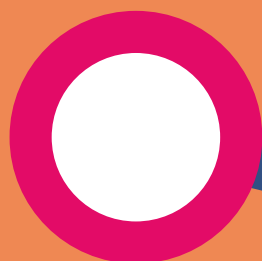
Independent Members carry out unannounced hospital inspections together with Executive Members of the Board. These inspections help assess and ensure the effective care of patients in hospitals in Powys.



# Effective Care

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 2015/16.

We said...	Target	How we did
Improve the environment of care through decluttering to enable effective cleaning to minimise the risk of healthcare associated infections.	<ul style="list-style-type: none"><li>All areas will be visited during 2016/17 to carry out a decluttering exercise and implementation plans put in place.</li></ul>	A decluttering exercise was completed at Machynlleth Hospital site and extended to all in-patient areas.



## Ystradgynlais Integration Model

The health and social care integrated care team pilot for older people in Ystradgynlais went live last September. The team is based in Ystradgynlais Hospital and benefits have included:

- Service users have reported staff to be more accessible
- There is a reported reduction in individual caseloads due to less duplication, and this has led to increased capacity.
- Greater appreciation and recognition of roles and responsibilities within the multidisciplinary team, speeding up decisions and promoting flexibility and collaborative interventions.
- Changes in practice have started to emerge guided by team principles that all members of the team and staff across the hospital have developed. Staff have been motivated by the recognition and realisation that things can change and that there are different ways of looking at challenges.

Other integrated work in progress includes:

- Glan Irfon district nursing supported 24hr social care setting
- Reablement
- Joint health board and county council community equipment stores
- Virtual Ward

## Theatres

The health board continue to maximise their two dedicated Day Surgery Units in Brecon War Memorial Hospital and Llandrindod Wells Hospital. There are also dedicated endoscopy suites within these theatres.

Theatre and Endoscopy activity has increased by 155% since 2012/13 and is anticipated to continue to increase as the scope of the service is extended. The extra capacity has saved over 75,000 miles per year for Powys patients by removing the need to travel out of the county for treatment.

## Endoscopy

Brecon Endoscopy Unit has maintained their high standards and was awarded JAG Accreditation (Joint Advisory Group on Gastrointestinal Endoscopy) for the 4th year running.

The Endoscopy and Gastroscopy service continues to be developed and extended, including the Consultant Nurse-led Clinic. This service receives all General Practitioner referrals to ensure that lower risk procedures are undertaken locally rather than outside of Powys.

There are also oesophageal manometry and hydrogen breath testing services in place to support the overarching Gastroenterology service.

*Endoscopy in Powys is nurse-led and JAG accredited*





## Medicines Management

A new Pharmacy Team supports medical, nursing, and therapy teams in all aspects of medicines use.

They also ensure the seamless discharge of patients relating to their medication needs, such as sorting compliance aids, liaising with social work teams for patients requiring packages of care, and making sure GPs and community pharmacies are updated on medication changes.

## Choose Pharmacy

This national project gives community pharmacies access to patients' GP records so that patient information is shared when needed, enabling safe care.

Powys is supporting early adoption of the service, so it will be available in most towns in Powys by the end of 2017.

*Wet AMD injections are now given in Powys*

## Medicines and Prescribing

NHS Wales spends nearly 6% of its funding on medicines. Used properly, medicines make a big difference to people's health, but they can also cause harm.

To help make sure medicines are used to best effect, National Prescribing Indicators show how prescribing in each Health Board compares. Powys, as a health board, performs well on most of these measures, being ranked first in five of the 15 indicators, and second in a further four.

## Quality Outcomes Framework

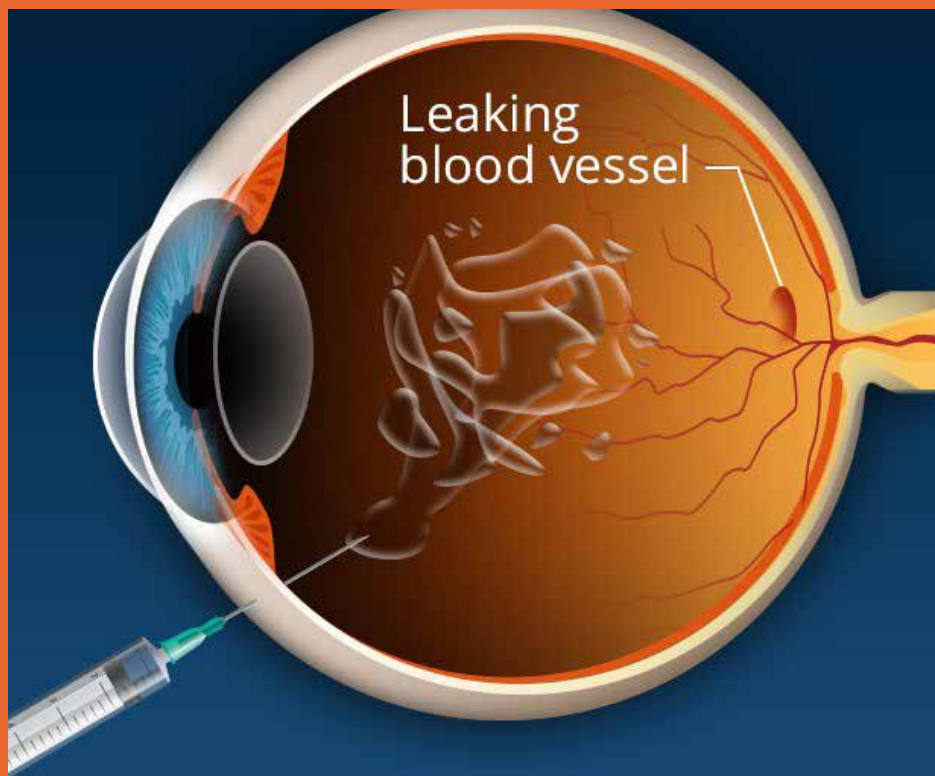
Powys GPs continue to score highly against the standards laid out in their Quality and Outcomes Framework.

In care for terminally ill patients, Macmillan and the health board have worked together to appoint two GPs trained to guide the care of patients near the end of life.

## Wet Age-related Macular Degeneration (AMD) Service

From April 2016, patients needing treatment for Wet AMD have been able to receive it in Brecon War Memorial Hospital. Age-related macular degeneration (AMD) is an eye condition that affects a tiny part of the retina at the back of the eye. Although there is no cure for AMD, it is possible to stop Wet AMD from getting worse by giving a series of injections into the eye.

Optometrists have been recruited to provide further clinical support to consultants to promote the concept of a one-stop-shop service for patients, thus significantly reducing the need for regular out of county travelling for treatment. To date, 82 patients have been clinically assessed and are receiving monthly injections, and are no longer required to make repeated journeys to Hereford.



## Clinical Audit

Clinical Audit is the formal review of the care provided against an accepted set of standards that describe high quality care. As such, Clinical Audit is an important part of a clinician's professional practice and development.

NHS Wales has an annual National Clinical Audit and Outcome Review Programme and this year PTHB took part in all the audits on the programme which were applicable to the services offered in Powys. Actions arising from these audits are formally monitored through reports to Welsh Government. The following National Audits were undertaken in Powys:

- Diabetes Services in Primary Care
- Diabetic Foot Care
- Chronic Kidney Disease in Primary Care
- All-Wales Audiology Audit
- The National Stroke Care Audit
- Cardiac Rehabilitation Audit
- Chronic Obstructive Pulmonary Disease

In addition to these national audits a comprehensive programme of locally determined audits was undertaken with progress reported to the health board's Patient Experience, Quality and Safety Committee

## Respiratory

The Respiratory Nursing team focusses on admission avoidance.

- The team provides an excellent service to those with respiratory conditions and provides self management packs for people who have been diagnosed with Chronic Obstructive Pulmonary Disease
- Patients who may be at risk are identified and support is giving to them through a crisis management pack
- Emergency admissions for respiratory has been the lowest in four years.

## Online Cognitive Behavioural Therapy (CBT)

During 2016/17 the health board has continued to deploy online CBT through the EU funded MasterMind project. The service is available for anyone in Powys suffering with mild-moderate depression and anxiety. It aims to make access to relevant therapies for these conditions timelier and widely accessible through the use of technology.

Online CBT in Powys provides an added service delivery option, in the past CBT has been offered face-to-face by a therapist. There is currently a shortage of NHS CBT trained therapists across Wales and the UK. Powys are leading the way for NHS Wales in the implementation of online CBT with over 200 patients referred into the programme in 2016/2017 alone.

The health board have recently been granted funding from Welsh Government to support expansion of this service.

## Dental Services

Between December 2015 and December 2016, 560 new oral and maxillofacial referrals were received into the consultant led primary and community oral/maxillofacial service based in Mid and North Powys.

Under the Mid Wales Collaborative agreement has been achieved for Ceredigion patients requiring complex and surgical extractions to be referred into the Powys service to avoid the need for Ceredigion patients to travel to Swansea to receive their necessary treatment.

The appointment of a specialist in special care dentistry within the community dental service has further improved access for vulnerable patients. Two dental nurses and one dental officer are currently undergoing intra venous sedation training to prevent patients who require sedation from travelling outside of Powys.

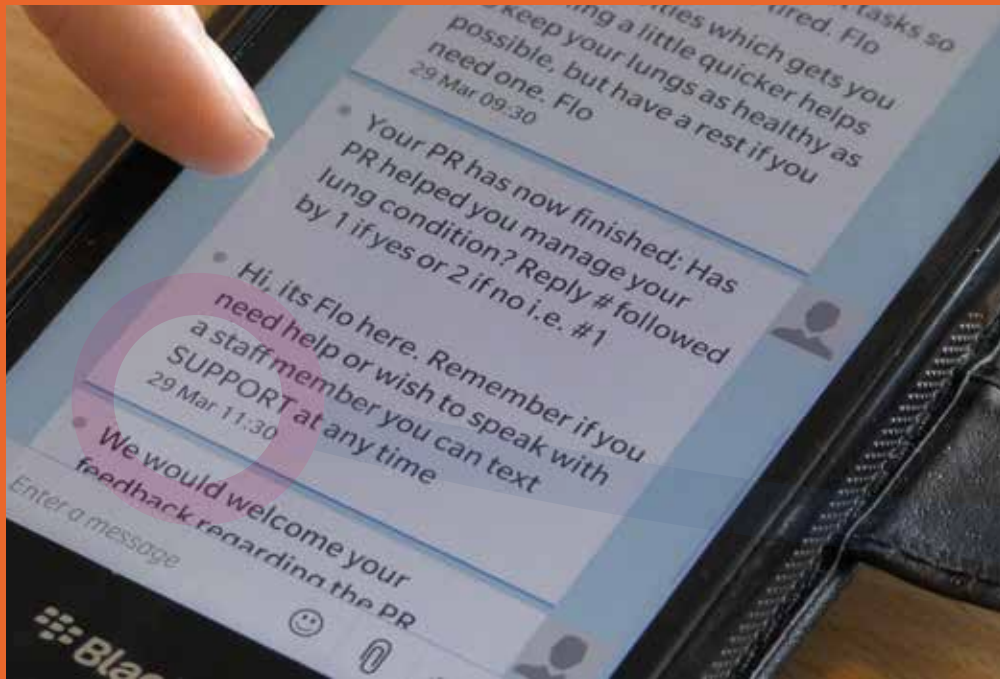
## Florence: Text Messaging Service

The health board invested in the Florence text message service in July 2016. Florence has been designed to enable patients to increase their involvement in the management of their treatment, condition or lifestyle.

Clinical staff can use Florence to collect data remotely from patients in relation to their healthcare needs. Following training and initial set up, the first patients signed up to Florence on 1 November 2016.

Florence was first introduced with the Diabetes team in North Powys due to interest from Primary Care and Community Services in this area. Three protocols; Type 2 Education, Type 2 Diagnosis Metformin and Type 2 Diagnosis No Metformin have been developed to be used by the Practice Nurses, Dietician and Diabetes Specialist Nurse.

*Florence delivers telehealth messaging direct to patient's pockets and gives opportunities for feedback and requests for support.*



Two-thirds of patients felt that:

- Florence has helped me to manage my own health better
- Florence is convenient
- Florence saves me time
- I believe that Florence positively impacts on the clinician's use of time
- I would recommend Florence to a friend or family

## Women and Children's Services

On an average day Women and Children's Services offer:

- 300 women have contact with a midwife
- School nurses administer the school leaving vaccine for 120 children
- We have 1,000 children on the Paediatric Speech and Language caseload
- Children and Adolescents Mental Health Services (CAMHS) provide five review appointments per day for young people with eating disorders
- Children's Learning Disability nurses facilitate a 12 week ASD (Autistic Spectrum Disorder) specific incredible years parenting group
- Paediatric 14+ Physiotherapy receive and act on 455 emails & 195 phone calls and have 130 multi-professional discussions per year

External audits for the services have included:

- Annual Local Supervising Authority review for Standards for Supervision of Midwives undertaken in October 2016;
- An annual visit by the Royal College of Psychiatrists' 'Quality Network for Community CAMHS' was conducted in November 2016;
- The Community Health Council Inspection of Ynys y Plant Children's Centre.



In September 2016, the services held an annual audit and research day for teams to present audit outcomes, sharing quality improvements and discussing research opportunities.

## Specialist Musculoskeletal Orthopaedic Practitioner

Piloting of the role of a Specialist Musculoskeletal Orthopaedic Practitioner in Newtown between March and October 2016 has highlighted that this model of service can offer and enhance an alternative to traditional Primary Care workforce to support the sustainability challenges in GP practices.

- During the six month pilot, 616 patients were seen by the Specialist Orthopaedic Practitioner for Musculoskeletal Services, working two days a week, only 52 (8%) patients revisited their GP.

### Musculoskeletal Orthopaedic Patient quotes included:

*"Informative, felt at ease, makes more sense to see person right for symptoms"*

*"Quick appointment"*

*"The whole appointment was very helpful and I felt as though I'd been listened to!"*

*"The physio was knowledgeable, confident and professional"*

*"Talking, feedback, getting a few practical tips and suggesting exercises I can do at home"*

*"Speed of appointment availability, advice was sound, time taken - not rushed"*

## Flow Boards

The aim of the patient flow board is to provide information that reflects the discharge plans for individual patients at a glance.

Here are some comments from members of our multi disciplinary team:

*"The board provides up to date information at a glance."*

*"It has improved multi disciplinary team working."*

*"Improved day to day information"*

*"The patients preferred destination and planned destination is clear"*

*"You can get up to date status of the patient at a glance."*

*"The overall individual patient plan is clear"*



# Dignified Care

Everyone has a right to be treated with dignity and respect, and we believe this is very important. We are pleased that most people tell us they are happy with the care they receive, but we know there are occasions when the care we provide does not meet the standards. When this happens we take action so that we can learn and put things right.

We said...	Target	How we did
We would develop and implement the patient experience strategy implementation plan	<ul style="list-style-type: none"><li>A rolling programme of Patient Experience activity across all areas of the health board</li></ul>	We developed and implemented the patient experience strategy implementation plan for Year 1

## A dignified approach

Six themes have been identified as the basis of our Nursing and Midwifery Strategy namely:

- Caring with humanity, dignity, kindness and compassion;
- Providing safe, effective, harm-free care;
- Listening to patients and carers and improving the way we work, securing a reputation for excellence;
- Developing confident, ambitious, inspirational leaders;
- Working with partners for the benefit of patients and the population;
- A questioning, analytical, empowered Nursing and Midwifery workforce

## Palliative Suites

Epynt Ward at Brecon War Memorial Hospital has a Palliative Care Suite providing patients and families a quiet area on the ward with refreshment facilities for end of life care.

Work is in progress to complete the Palliative Care Suite at Knighton Hospital and Llanidloes Hospital are fundraising with plans in progress for a Palliative Suite.

## Dementia

The Butterfly Scheme improves patient safety and wellbeing by supporting staff to offer a positive and appropriate response to patients with memory impairment, by allowing patients with dementia, confusion or forgetfulness to request that response via a discreet butterfly symbol. In Powys all wards have the Butterfly Scheme in place, this has been revisited during 2016/17 and all boards are visible to the public and an audit of practices is in place. Alongside this dementia champions have been identified.

John's campaign, which focuses on people with dementia and the right of carers to stay with people with dementia in hospital, has been adopted in the community hospitals supporting family and carers to have an open access passport to visit.

League of Friends have funded activity sessions in Brecon War Memorial Hospital, and these are being evaluated with a view to continue following patient and carer feedback.

## Continence

PTHB started a continence pilot project in August 2016. The project provides patients with a thorough assessment of their continence needs, aiming for symptom improvement or cure. 303 patients have been seen by the Continence Promotion Practitioners. As a result there has been a 48% reduction in the use of pads, saving money and increasing dignity.

## Promoting Independence

Work is taking place across the health board to promote the independence of older people who are at risk of losing their physical mobility and ability to self care whilst in hospital, as an avoidable consequence of their care. Examples such as the Reablement Service who provide short term support to individuals to retain or regain their independence, at times of change and transition, which promotes the health, well-being, independence, dignity and social inclusion. Occupational Therapists and Physiotherapists are part of these teams across Powys.

## Adults with a Learning Disability Cared For on General Wards

There has been a relaunch of the pathway care bundle for adults with a learning disability requiring hospital care. The care bundle sets out seven key steps, which set out to enhance the patient's experience focusing on areas such as improved communication, effective review and discharge planning. Ward packs have been provided for adults with learning disabilities with magnetic logos for flow boards to alert staff to the needs of individuals with learning disabilities.



## Hello My Name Is...

Theatres in Brecon War Memorial Hospital and Llandrindod Wells Hospital have taken on the initiative 'Hello My Name Is...' campaign for more compassionate care focusing on staff introducing themselves to patients.

## Partnerships for health

Partnership working is key for us and we work with a range of organisations to make improvements to our care and services;

- The **Powys Mental Health Planning and Development Partnership** brings together key stakeholders including the health board, Powys County Council, Dyfed-Powys Police,

*Vaughan Gething, Cabinet Secretary for Health, Well-being and Sport, joined staff to promote the 'Hello my name is...' campaign.*



Powys Community Health Councils, Powys Association of Voluntary Organisations, and representatives of people using services and those close to them, with a shared priority of improving the mental health and emotional wellbeing of the people of Powys. Partners worked together to deliver the Hearts and Minds: Together for Mental Health in Powys 2012-2017 strategy which sets out how local priorities under the Welsh Government's ambitious programme "Together for Mental Health" in Wales will be achieved.

- **PAVO** (Powys Association of Voluntary Organisations) works to support and represent the third sector in a range of ways. During 2016/17, we have established an Engage to Change work stream to capture all mental health participation activity, develop a co-production approach and feedback to people using services on how their views have initiated change.
- **Powys Armed Forces Community Covenant Group** worked with organisations to improve community facilities to support the wellbeing of Forces personnel.
- In anticipation of the significant growing number of people with dementia that are predicted not only in Wales, the UK, but worldwide, we have been working collaboratively with Powys County Council, Powys Association of Voluntary Organisations, the Alzheimer's Society and Dementia Friendly Communities, particularly Brecon and Hay, to strengthen the previously produced Dementia Plan.
- Section 136 allows Police Officers to arrest and remove to a place of safety "any person found in a place to which the public have access, who appears to a Police Officer to be suffering from a mental disorder and to be in immediate need of care and control". The health board works with partners to ensure the appropriate use of Section 136 by improving liaison between Police and Mental Health Practitioners for decision making at point of crisis. Over the last year training has been provided to over 100 police staff and 70 partner organisations from the statutory and third sector to improve joint working.

## External and Internal Inspections

### Patient Experience Quality and Safety Walkrounds

Executive Directors and Independent Members continue to jointly carry out inspections to ward areas. The inspections allow for a focus on quality and safety from the perspective of patients, their families and carers. They spend half a day with services and this has given valuable insight into what a normal day in the life of staff providing these services is like. Examples of the services include Paediatric Speech and Language Therapy, Adult Physiotherapy, School Nursing and Maternity Services. Some of the activities observed include a school vaccination session, Physiotherapy sessions undertaken by Physiotherapy Technicians and a session with a Senior Managers within Maternity Services. Extremely positive feedback has been received from the teams involved and the Executive Members and Independent Members. Moving forward into 17/18 the shadowing sessions will be rolled out across other disciplines including Mental Health Services, Learning Disabilities and Safeguarding.

### Community Health Council (CHC)

The Community Health Council have been busy throughout 15/16 carrying out inspections to various locations across the health board. These inspections have included Care Watch Surveys, Food Watch Surveys, inspections of external areas and visits to wards, including night visits. Recommendations made by the CHC are being progressed.

### Health Inspectorate Wales (HIW)

Health Inspectorate Wales (HIW) have carried out inspections across the health board throughout 15/16. The inspections include inpatient units at Brecon and Knighton Hospitals, Learning Disabilities Services in South Powys and Radiology Services along with inspections of some General Practices and Dental Practices. The reports are available at [www.hiw.org.uk](http://www.hiw.org.uk)

### Cervical Screening Wales (CSW)

Cervical Screening Wales undertook a Quality Assurance visit to the health board in April 2016. Key recommendations were made following the visit to ensure the Colposcopy departments continue to provide an effective and efficient service for the local population. The health board is expecting a review visit to take place.

### Environmental Health Office Inspection (EHO)

The Environmental Health Office continue to carry routine food hygiene inspections. The health board received a re-inspection at Bronllys Hospital, where the health board received an increase from two to four in its Food Hygiene Rating.

### National Audit of Audiology Services in Wales - Quality Standards for Paediatric Audiology Services

An external audit in June 2016 identified that South Powys Children's Audiology Service did not meet the 75% target in any of the nine individual standards and did not meet the overall target of 75%. The health board is responding to the recommendations made and is awaiting a re-audit in June 2017.

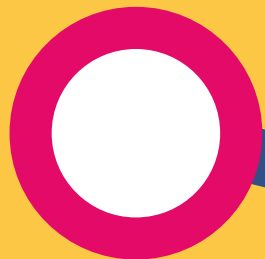
## All Wales Endoscope Decontamination Survey 2016

The health board underwent a survey in July 2016 which provides a measure of reassurance that all the processes involved in decontamination of flexible endoscopes comply with regularity requirements and accord with guidance developed to help ensure patient safety. The health board received positive feedback along with some recommendations for areas of improvement.

# Timely Care

We know how important it is to provide the right care at the right time and in the right place and are continually working to achieve this. Here are some areas of improvement made.

We said...	Target	How we did
Ensure that all patients are treated within the 36 week RTT (Referral to Treatment) targets.	<ul style="list-style-type: none"><li>100% of patients treated within 36 weeks.</li></ul>	100%





## Community Dental Service

Powys Community Dental Service provides access across Powys during normal working hours for patients who require urgent dental treatment. Investment in salaried general dentist posts further mean that patients can access a course of treatment and reduce the need for repeated urgent access appointments. Out of Hours treatment during weekends and bank holidays is provided via a contract with the General Dental Service.

By providing access to timely urgent dental care, this reduces patients inappropriately seeking treatment from General Medical Practitioners or through an Accident and Emergency department. All GPs have been made aware of this service by providing them with a poster and additionally through discussion and Primary Care Cluster meetings

## Primary Care

Continual review of General Practice (GP) access is in place. Currently 100% of Powys practices are open for either daily core hours or within one hour of daily core hours. Powys continues to have no half day closures. 100% of Powys practices have GPs available from 8am to 6:30pm every week day.

A patient survey has been carried out at the health board's managed practice at Machynlleth. The feedback was very positive with 94% of patients saying they would recommend the practice to a patient who had just moved into the area and 90% of patients described their experience at the practice as being very good or fairly good. Further information on feedback can be found at [www.powysthb.wales.nhs.uk/opendoc/289223](http://www.powysthb.wales.nhs.uk/opendoc/289223). The contract transferred to the management of the Glantwymyn Medical Practice from 1st April 2017.

## Women and Children's Services

Women and Children's Services are meeting the 14 week target for Community Paediatric therapy appointments.

The number of pregnant women booked in for midwifery appointments before reaching 10 weeks pregnant increased from 69% to 73%.

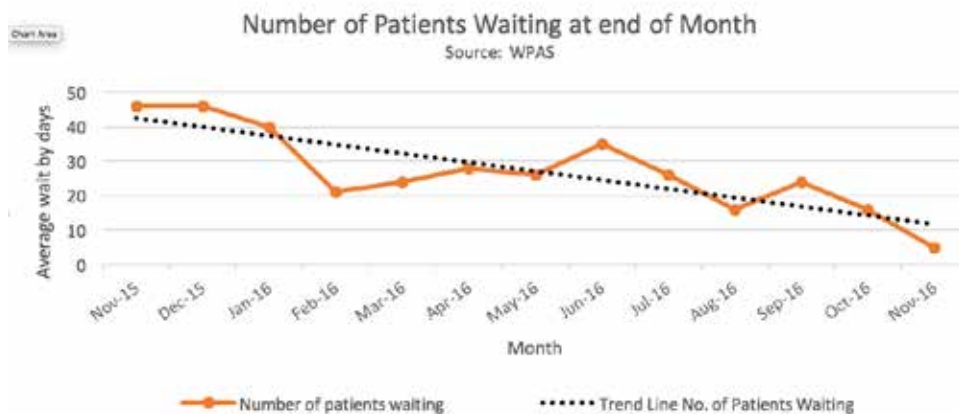
There has also been an increase in the numbers of low risk women choosing to give birth in Powys.

In 2015-16

- 61% pregnant women were identified as low risk at booking and were eligible to birth locally.
- 25% of women in Powys started their labour in Powys
- 21% of women in Powys gave birth in Powys
- 16% of women who started labour in Powys had to be transferred to an obstetrics unit during labour

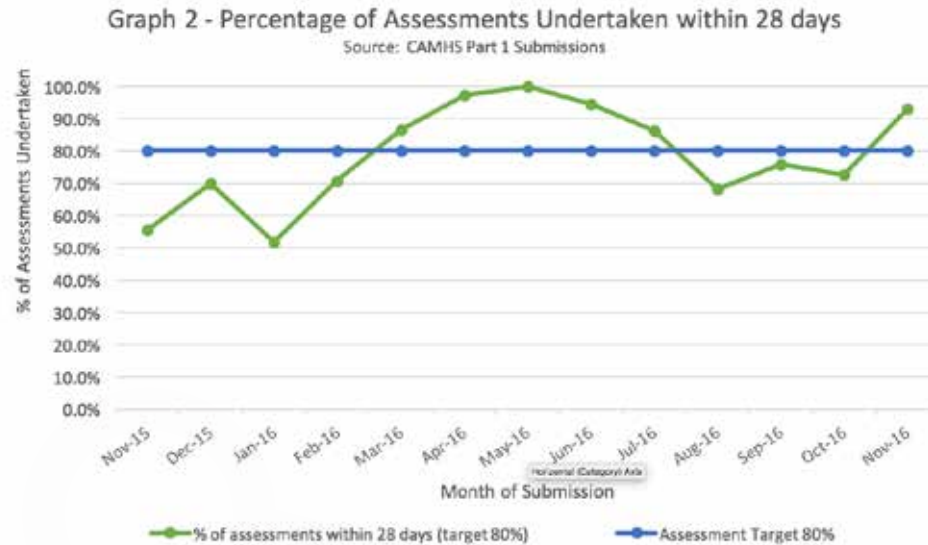
## Child and Adolescent Mental Health Services (CAMHS)

The number of CAMHS patients waiting at the end of the month for their first appointment is reducing. In November 2016 only five patients were waiting at the end of the month and the average wait was four days. This a substantial improvement on this time last year when there were 82 patients with an average of 71 days wait.



*(Data position as reported in February 2017)*

The percentage of assessments by the CAMHS LPMHSS undertaken within 28 days of their referral date has increased to 93.1% against a target of 80%.



## General Practitioner (GP) Social Enterprise led call handling and nurse triage project

This project aims to develop a sustainable model of patient streaming and nurse assessment and treatment, deployed at GP practice level in order to:

- Improve access for patients;
- Improve effectiveness through ensuring appropriate interventions;
- Improve efficiency through reducing inappropriate assessment and/or intervention; and
- Improve practice sustainability through shared resource and costs.

This is underway in the GP practices across the South Cluster. A formal review will be undertaken to measure the impact of this approach on service delivery however, preliminary feedback indicates that the model reduces the need for GP appointments whilst meeting the clinical needs of patients without the wait for an available appointment time.

*The new Birth Centre in Llandrindod Wells provides women with modern, comfortable setting to give birth while still ensuring the best possible Midwife-led care.*





# Individual Care

We want to work with you to ensure the care you receive is meeting your individual needs, appropriate and delivered as close to home as possible.

We are developing new ways of listening to people and have found it helpful to hear stories from our patients.

We said...	Target	How we did
Improve response times to complaints	<ul style="list-style-type: none"><li>• Increase in number of complaints responded to timely</li></ul>	Concerns responded to within 30 working days up from 54% to 63%

## Complaints

### Formal Complaints

The health board's in year performance for responding to complaints within 30 working days ranged from 38% to 74% and averaged 63%. This is an improvement on previous years.

During 2016/17 extensive review of the data has taken place, the outcome of which cannot be compared with previous year's reported progress.

- 94% of concerns were acknowledged within two working days
- 63% of concerns managed and responded to within 30 working days
- 37% of concerns managed and responded to within 30 working days and six months
- Less than 1% of concerns managed and responded to within six to 123 months
- Less than 1% of concerns managed and responded to over 12 months

Some of the concerns in the three latter categories generally take longer due to the complexity of the cases. These are currently subject to further analysis to ensure they have been assessed accurately as capable of management outside of the 30 working days.

There has been no clear themes identified from formal complaints. Lessons have been learnt and and shared, and changes to services made in response to formal complaints:

- The purchase of additional privacy screens and identification of a cubicle for privacy to support dignified care for patients attending the Leg Club.
- Physiotherapy Services have recruited permanent staffing to reduce reliance on locum staff, but they continue to look at changes in practice to allocate resources more effectively and

deliver Prudent Healthcare in action. Learning from concerns and patient experience has also been used to improve the system for offering Physiotherapist appointments.

- Learning from concerns raised with regard to transport issues has included staff training to ensure all staff learn the importance of adopting a professional approach when dealing with people over the telephone and in person, for example communicating clearly the mobility status of a patient when booking ambulance transport.
- Employment of more staff who are trained to provide treatment for ear wax.
- District Nurse teams use wound care charts to support them in their assessment and treatment of wounds, in addition to clear communication with relatives and carers.
- The introduction of a Carers clinic in the South Locality with further support communication for carers.
- Proactive working with Commissioners to ensure patients are seen within waiting times.
- Administration Staff at Brecon War Memorial Hospital have introduced a system to ensure all telephone calls regarding confirmation of planned procedures are logged within the department and cross checked against current waiting lists.

### Informal Complaints

A total of 80 informal complaints have been received. These are generally termed 'on the spot' concerns and are dealt with at the point of service delivery and in a time-scale agreed with the patient and/or their representative. Usually easy to address issues, the following are examples:

- Waiting times for treatment
- Treatment and intervention
- Discharge arrangements
- Staff attitude
- Hospital parking
- Patient transport
- Access to services

Listening to our patients we have put improvements and changes in place.

- Receptionists in one GP practice have made changes to ensure X-ray results are available pre attendance of patients.
- Improvements in hospital eye care services to reduce waiting times for surgery

### Going Forward 2017/18

All complaints are being assessed at the point of receipt to determine their complexity and timescale for response.

We are aiming to respond to all informal concerns within five working days.

Details of complaints and what we have done can be found online at:

[www.powysthb.wales.nhs.uk/putting-things-right-you-said-we-did](http://www.powysthb.wales.nhs.uk/putting-things-right-you-said-we-did)

## Patient Experience

Throughout 2016/17 the Board have had the privilege of listening to patients talking about their experiences, good and not so good, whilst receiving care in Powys, [www.powysthb.wales.nhs.uk/board-meetings-2016-17-and-2017-18](http://www.powysthb.wales.nhs.uk/board-meetings-2016-17-and-2017-18) such as:

- End of life experience
- Failure to diagnose a teenager with diabetes
- Perinatal Mental Health
- Wet AMD Service in Brecon
- A patient admitted to hospital whilst receiving treatment for dementia and assessment
- Eating disorders



*An example of comments about Midwifery staff as part of the International Day of the Midwife in May 2016.*

Lessons are learnt and shared, and improvements put in place, examples such as the introduction of a pain assessment tool, review of palliative care provision, the introduction of a bespoke palliative care training programme and refresher training in record keeping standards. The NICE guidelines on diabetes were reissued by the Medical Director to all GP practices to raise awareness of symptoms and remind practices of quality standards and the importance of a familiar environment for patients with dementia.



## Receiving Feedback

The key factors of a good service user experience are first and lasting impressions, receiving care in a safe, supportive and healing environment and understanding and involvement in care. Based on the feedback in 2016/17 positive feedback has been provided but there is more work needed to analyse compliments and complaints to provide a truly balanced picture.

### First and Lasting impressions

*"From the time we arrived to when we went everyone was so caring reassuring to [patient] who is eight years old and is scared."*

*"On the day of admission it was really great to see a familiar face, I felt I could be myself and relax. The nursing staff gave me a lot of confidence and reassurance."*

### Receiving care in a safe, supportive and healing environment

*"I was so glad to be informed that I could go home the same day, you hear these days how you can catch MRSA and other infections from hospitals. I was given the choice to go to a District General Hospital it was much to my relief that I could have the procedure locally. I knew I was going home with a tube and a pack but that was not a problem, my family knew what to expect."*

*"The team supported us as a family in all aspects of care. In the last moments of my husband's life when we did not manage to get to Welshpool quite in time, one of your lovely nurses held his hand as he began his journey to God. This is such a precious memory for me."*

### Understanding and involvement in care

*"I was very worried when I was told I did need to have an operation, it was good to be able to talk in detail and not having to go home and receive a date through the post with instructions, sometimes as it is difficult to understand what is expected from you as a patient."*

*"I do feel my care was very well organised by the medical and nursing staff. It was nice to have the nursing staff ring me at home, I knew I was not a number. I felt very lucky to have a total package from*

*outpatient, information, admission, district nurses and the aftercare of the surgical team on my doorstep."*

## Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measures (PROMs)

A national programme for NHS Wales has been under development for the use of PROMs so patients and clinicians can make better decisions together. PROMs are questionnaires that patients are asked to complete before and after treatments to assess how they feel, from their own perspective. This is to track clinical outcomes from a patient perspective. Work has also started on PREMs and this looks at capturing a patient's experience throughout their treatment pathway in respect of their first and lasting impressions of the service provided, the environment they were treated in and their involvement and understanding of the care provided to them.

The aim of the programme is to ensure the patient voice is central to decision making within NHS Wales. Powys Teaching Health Board has actively engaged with the national programme and are working to pilot PROMs and PREMs during 2017/2018.

## Llandrindod Leg Club

The Leg Club at Llandrindod celebrated their 10th anniversary in September 2016. The club started in 2006 and now has 840 members across 8 clubs.

The leg club also offers great social and emotional benefits for the members, and for the team who are able to work together for one morning a week. The Leg Club Foundation awarded Llandrindod Leg Club a Volunteer of the Year award.

# Staff and resources

We continue to invest in and support our staff to ensure that we are able to deliver the high quality care and excellence we strive to achieve.

We want to make Powys a great place to work and somewhere that makes a real difference for our patients and staff.

We said...	Target	How we did
Improve compliance with statutory and mandatory training	<ul style="list-style-type: none"><li>Increase in compliance of prioritised modules for clinical and non-clinical staff.</li></ul>	75% as at end of March which is 5% short of our target

## Challenges

The ability of the health board to achieve its ambition can only be achieved through the skill, knowledge, experience and commitment of its workforce. The health board, like many others, faces a number of workforce challenges one example the recruitment and retention of staff in some key groups, such as Mental Health Nursing, Medical, Healthcare Scientists and Allied Health Professionals. This results in higher than desired use of temporary workforce solutions and/or challenges in sustaining services.

## Medical Workforce

There is a national shortage of doctors and therefore recruitment of doctors is both a national issue and within Powys, CAMHS, Adult Mental Health and Care of the Elderly are proving particularly challenging. One example of an opportunity from this is redesigning care of the elderly service delivery models in Powys to deliver those services via a GP led model in the absence of being able to recruit Consultants. We have also developed a number of innovative advanced practice roles that are unique in NHS Wales such as a Consultant Nurse for Endoscopy and Gastroenterology and a Consultant Therapist for Stroke and Neuro-rehabilitation.

## Primary Care Workforce

There are substantial recruitment and retention issues in relation to GP and Practice Nurse roles within Powys. The aging GP profile, attracting candidates to such a rural area and GPs considering the future viability of their practices presents us with significant challenges. This provides Powys with the opportunity to redesign the Primary Care workforce to provide a multi professional approach to service delivery in response to GP shortages. We continue to look to deliver services in different ways including promoting the role of Physician Associates, Advanced Physiotherapists, Advanced Nurse Practitioners and Urgent Care Practitioners (UCPs).

## Spotlight on a Physician Associate

Since early 2015, Powys Teaching Health Board has been leading the way in Wales in the development of the Physician Associate role. In less than two years, the health board has worked with two universities to support six Physician Associate students as they study and prepare for their new careers. This involves the students undertaking Primary Care placements in the county, preparing them for work in Mid Wales after they qualify. There are already two qualified Physician Associates working for medical practices in Powys.

The Physician Associate is a rapidly growing healthcare role in the UK, working alongside doctors in hospitals and in GP surgeries. Physician Associates support doctors in the diagnosis and management of patients. They are trained to perform a number of roles including: taking medical histories, performing examinations, analysing test results, and diagnosing illnesses under the direct supervision of a doctor.

A qualified Physician Associate is a graduate who has undertaken full-time post-graduate training for a further two years. The training is based on a competence and curriculum framework and consists of intensive theoretical learning in medical sciences, pharmacology and clinical reasoning as well as over 1400 hours of clinical placement experience in both community and acute care settings.

In Powys, where it is increasingly difficult to recruit GPs, the Physician Associate role is providing valuable assistance to medical practices keeping pace with the needs of their patients.

## Nursing Workforce

We have experienced significant pressures on the Nursing workforce due to the difficulties in recruiting registered Nurses. This is compounded by an aging workforce many of whom are likely to want to retire in coming years, which will continue for the foreseeable future. To address some of the staffing



difficulties we have undertaken a nurse recruitment campaign into Europe and overseas. This involved undertaking Skype interviews and a face-to-face campaign in the Philippines.

The recruitment and retention strategy has been established and as part of this work, a branding and marketing approach for the health board has been developed. We are strengthening links with universities and schools to showcase the health board as an employer of choice.

## Therapies & Health Science Workforce

Recruitment and retention remains a challenge across the therapies and health sciences especially amongst senior and advanced practice roles. This is compounded in part by geographical spread and small team size relative to other health boards. We are continuing to actively recruit to Therapy and Health Science posts, including the recent appointment of a Head of Psychology.

## Staff Survey

The results of the 2016 staff survey in Powys Teaching Health Board show mostly positive improvements since the 2013 survey, and, the health board remains largely above the overall NHS Wales scores. The Survey response rate was 52%, the highest response rate of any health board in NHS Wales.

Key findings:

- All scores about line managers and senior managers improved since 2013 except two which are static
- 74% of staff support the need for change (+7%)
- 34% of staff say change is well managed (+8%)
- 46% able to provide services in Welsh (+10%)
- 93% undertaken e-learning in past 12 months (+38%)
- 84% have had a Performance Appraisal in the last 12 months (+17%)

Areas for improvement:

1. Reduce bullying and harassment
2. Reduce work related stress
3. Improve communications with managers
4. Manage change well

The Health Care Support Worker All Wales (HCSW) Framework has been established and implemented as part of the induction programme for those all newly appointed and for those substantive staff who require training. A task and finish group has been established to take implement the All Wales Framework across nursing and therapies.

Staff appraisal or PADR (Personal Appraisal and Development Review) is protected quality time for staff and managers to have a meaningful conversation about how they are getting on with their job and to ensure that everyone is clear about what is expected of them and to understand how their contribution helps the organisation achieve its vision, aims and objectives. PADR compliance is reported on a monthly basis. The organisation did not achieve its target of 85% the end of March 2017, achieving 73.30%. Medical staff appraisals achieved a compliance rate of 90%.

## Awards

As a health board we have been successful with the achievement of having RCN Nurse of Year and two members of staff received the Queen's Nursing Institute Awards. In addition, a member of staff within the Women and Children's Team was runner up in the NHS Personal Assistant of the Year awards. Nominations have been made for the Chief Nursing Officer Conference and Leadership awards this year.

*The outstanding efforts of our staff are recognised each year at our Staff Excellence Awards*





## Wales for Africa

The Wales for Africa programme is aimed at encouraging more people in Wales to get involved in development work with Africa, sharing experiences and knowledge in a spirit of mutual respect and reciprocity. PTHB is an active partner in the Wales for Africa programme and continues to link with Molo in Kenya and Nyahururu in Kenya, examples of which are detailed below:

### The Powys-Molo Maternity Project

This project was designed to increase the knowledge around managing obstetric emergencies within four areas within Molo District, Kenya and to promote the importance of women receiving skilled birth assistance during childbirth from maternity wards and health dispensaries. The aim was to reduce births at home in this way and thus have an impact on the maternal and infant mortality rates through evidence-based yet simple, low technology interventions.

Part of this work was, therefore, to increase the knowledge and skills of local birth attendants within the communities who are traditionally called upon to help a woman when she is in labour. By skilling up the traditional birth attendants (TBRAs) in how to recognise and address obstetric emergencies, and raising awareness of the skilled support available in the hospitals and through the health dispensaries and thus the importance of referring women to hospital in time to give birth in a safe environment, it was anticipated that referral rates would increase whilst at the same time the TBRAs could then become part of the wider resource available to support health services within the area.

The evaluation of this project shows that TBRAs are now seen as a resource in their community and within the health system (hospital and dispensary). Communication and trust within the rural communities was there before the project but has also increased in these areas, particularly in relation to the links with hospitals.

Overall this project can be seen to have increased the knowledge and skills of local birth attendants within the four communities targeted, and at the same time increased the communication, trust and partnership working between skilled health staff and volunteer birth attendants.

Other work that has been taken forward in 2016/17 includes:

- April 2016, Dr Rachel Lindoewood, Clinical Director for Women's and Children's Services and Consultant Paediatrician, Brecon Children's Centre, visited Molo, following on from a research visit to evaluate the Getting to Know Cerebral Palsy (GTKCP) parent training facilitator's course and to explore the scope for further disability work. This visit led to a successful grant application under the THET Africa Grants Programme [www.thet.org/news/africa-grants-programme-call-for-applications](http://www.thet.org/news/africa-grants-programme-call-for-applications).
- July and October 2016 saw the training of community health staff in identification and assessment of children with disabilities. Two pairs of Powys staff provided training, with roll out training to community health volunteers. A target of 100 community health visitors received training. A target of 1000 children receiving assessment and support has been set and this is soon to be evaluated. Refurbishment/development of two community bases for therapy and a visit to another community based rehabilitation project in Kenya has also been supported by the grant referred to above.
- February 2017 saw further GTKCP training delivered by Dr Lindoewood, an expert parent and her daughter and a local Physiotherapist. Five pairs of trainers from distinct areas in Molo Subcounty also provided the training completed the facilitators training and are starting parent education and support groups (funded by Hub Cymru Africa WFA health Grant). A training of disabled people as community trainers delivered by Brecon Molo Community Partnership (BMCP) disability group took place the same week.



- March 2017, Dr Lindoewood won a joint 2nd prize at the British Academy of Childhood Disability annual scientific meeting in Manchester, for her involvement in a pilot study to evaluate the impact of postural support, constructed via Appropriate Paper-based Technology (APT) on the participation and quality of life of young children with Cerebral Palsy in Kenya.
- An evaluation is planned for April/May 2017 for the Community Health Support for Disabled Children. Other activity planned for 2017 includes a scoping visit for a disabled riding project, a two-week (APT) course training for 14 people from two centres (Molo and Elburgon) to make assistive devices for disabled children. This is being delivered by a BMCP volunteer who has spent three months in Kenya and is the APT lead, and a Powys transition Physiotherapist. We will report on this in next year's Annual Quality Statement.

*A team travelled to Molo in Kenya last year to support Midwives*



# Looking forward

We will continue to focus on improving quality in all our services to ensure people across Powys receive the best possible care. A key part of this will be an increased focus on involving people in their care, listening to their experiences and using their thoughts to help shape future services to ensure they meet their needs.

We know there are areas that we need to improve, in particular the time in which we respond to complaints, and reducing and preventing patient falls and pressure ulcers. This will be a priority during 2017/18.

We will also be concentrating on developing our services and improving patient outcomes both in the care we deliver locally and what we pay other health organisations to provide. This includes major trauma and cancer treatment.

Quality is a constant thread that runs throughout the organisation and is integral to our Integrated Medium Term Plan, which looks at improving quality of care at each stage of a person's life journey from birth to end of life care.

Find out more about our IMTP at [www.powysthb.wales.nhs.uk/imtp](http://www.powysthb.wales.nhs.uk/imtp)



What we'll do	How we'll measure it
<b>Staying Healthy</b>	
Provide effective stop smoking Services	<ul style="list-style-type: none"> <li>• 2.3% smokers treated by NHS smoking cessation services.</li> <li>• 40% treated smokers carbon monoxide validated as successful at four weeks. (Carbon Monoxide is a measure to check if someone is still smoking)</li> </ul>
Keep smoking prevalence below 2016 target levels.	<ul style="list-style-type: none"> <li>• Fewer than one in five people in Powys smoking</li> </ul>
Improve flu vaccination uptake	<ul style="list-style-type: none"> <li>• 75% over 65yrs</li> <li>• 75% people aged under 65yrs "at risk"</li> <li>• 75% pregnant women</li> <li>• 50% healthcare staff</li> </ul>
	<ul style="list-style-type: none"> <li>• Maintain childhood vaccination uptake</li> </ul>
<b>Safe Care</b>	
Focus on baseline data for patients who fall on more than one occasion	<ul style="list-style-type: none"> <li>• Bi-monthly data recorded throughout 2017/18</li> </ul>
Rate of falls for patients aged 70 years and over	<ul style="list-style-type: none"> <li>• Number of falls by patients aged 70 years and over</li> </ul>
Root cause analysis (RCA) for all patient falls	<ul style="list-style-type: none"> <li>• Number of completed RCAs</li> </ul>
<b>Effective Care</b>	
Implement the integrated model of Health and Social Care at Brecon Hospital (BWMH)	<ul style="list-style-type: none"> <li>• Integrated model of health and social care working in BWMH</li> </ul>
Carry out a full evaluation of the respiratory service focusing on admission avoidance.	<ul style="list-style-type: none"> <li>• Evaluation report of the respiratory service focusing on admission avoidance.</li> </ul>

What we'll do	How we'll measure it
<b>Dignified Care</b>	
Extend the initiative 'Hello my name is...' across the health board	<ul style="list-style-type: none"> <li>• The number of areas where 'Hello my name is...' being used</li> </ul>
<b>Timely Care</b>	
Ensure that all patients are treated within the 36 week RTT targets.	<ul style="list-style-type: none"> <li>• Number of patients treated within 36 weeks.</li> </ul>
<b>Individual Care</b>	
100% of complaints are being assessed at the point of receipt to determine their complexity and timescale for response.	<ul style="list-style-type: none"> <li>• Number of complaints assessed at the point of receipt for complexity and timescale for response.</li> </ul>
Improve response times to complaints within 30 working days	<ul style="list-style-type: none"> <li>• Increase in number of complaints responded to within 30 working days</li> </ul>
100% informal concerns will be responded to within five working days.	<ul style="list-style-type: none"> <li>• Number of informal concerns responded to within five working days.</li> </ul>
Implementation of a training programme for staff in the management of complaints.	<ul style="list-style-type: none"> <li>• % of staff attending training on management of complaints</li> </ul>
Introduction of a rolling programme of patient experience surveys	<ul style="list-style-type: none"> <li>• Rolling programme of patient experience surveys in place</li> </ul>
<b>Staff and Resources</b>	
Reduce work related stress	<ul style="list-style-type: none"> <li>• Work is in progress to establish a Wellbeing at Work group.</li> </ul>



# Independent Assurance Report to the Board of Powys Teaching Health Board on the Annual Quality Statement

We have been engaged by the Board of Powys Teaching Health Board to provide an independent assurance report in respect of the content of the Annual Quality Statement for the year ended 31 March 2017.

## 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 2016/17 guidance issued by Welsh Government.

Our responsibility is to form a conclusion, based on the agreed terms of reference 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 March 2017; and
- the Annual Quality Statement is not consistent in all material respects in line with the criteria set out below.

Helen Higgs  
Head of Internal Audit: Powys Teaching Health Board  
NWSSP  
1 July 2017  
Email: [helen.higgs@wales.nhs.uk](mailto:helen.higgs@wales.nhs.uk)  
Telephone: 01495 332151

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 specific scope of work that we have performed, in accordance with the agreed terms of reference, we are able to provide an unqualified, independent 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 2017;

- 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 March 2017; and
- the Annual Quality Statement is not consistent in all material respects with the sources specified above.

Stephen Chaney  
Audit Manager: Powys Teaching Health Board  
NWSSP  
1 July 2017  
Email: [Stephen.chaney@wales.nhs.uk](mailto:Stephen.chaney@wales.nhs.uk)  
Telephone: 01495 332052

# Find out more...

## 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;

Post: Powys Teaching Health Board  
Glasbury House  
Bronllys Hospital  
Bronllys  
LD3 0LS

Email: [powys.geninfo@wales.nhs.uk](mailto:powys.geninfo@wales.nhs.uk)

Telephone: 01874 711661

Website: [www.powysthb.wales.nhs.uk](http://www.powysthb.wales.nhs.uk)

Facebook: [www.facebook.com/PowysTHB](http://www.facebook.com/PowysTHB)

Twitter: [@PTHBhealth](https://twitter.com/PTHBhealth)

YouTube: [www.youtube.com/PowysTHB](http://www.youtube.com/PowysTHB)

We welcome all comments and are happy to provide further information on request.



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Please contact us to request this report in a different format.