

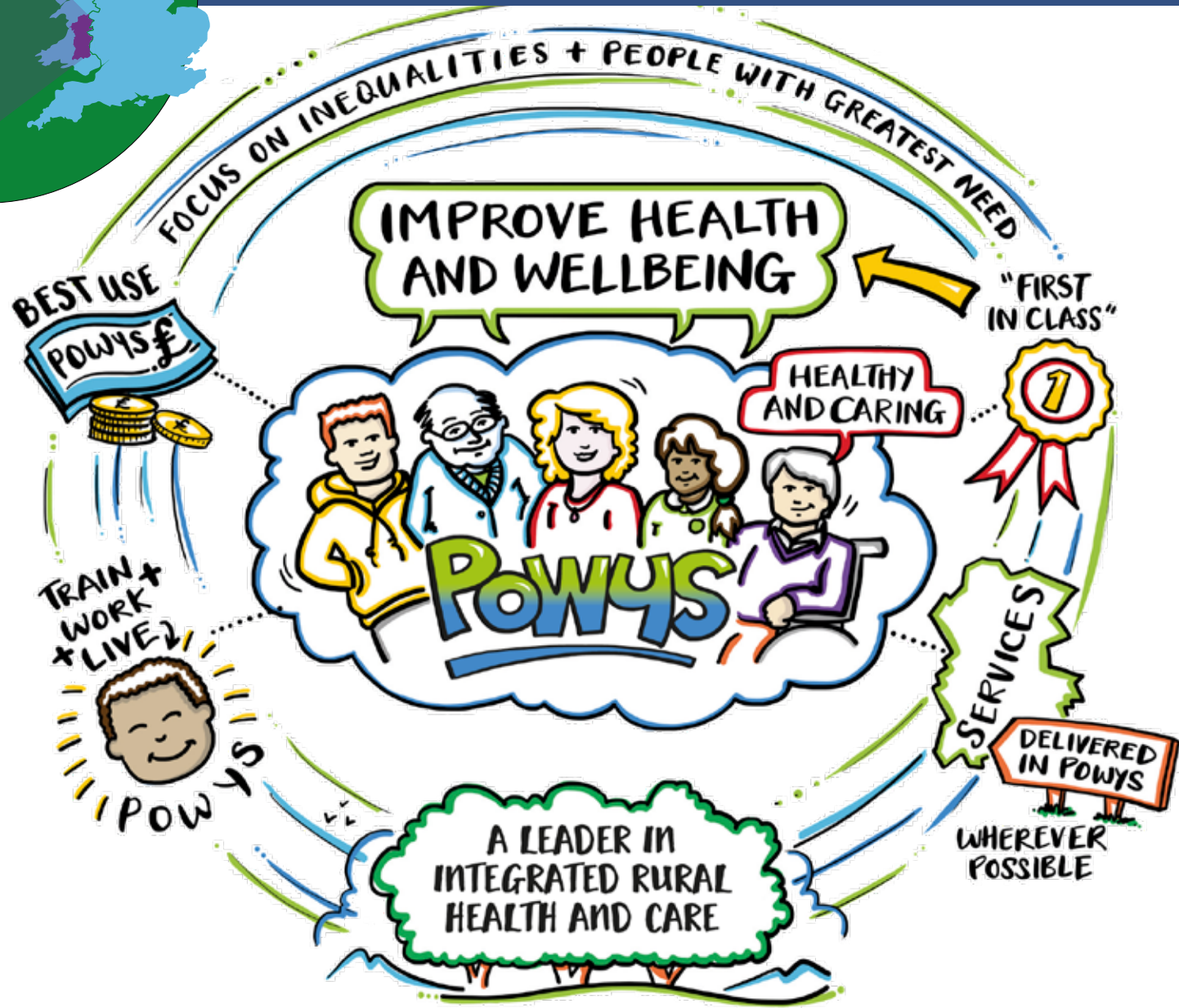


# POWYS TEACHING HEALTH BOARD ANNUAL QUALITY STATEMENT 2017/18



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd  
Addysgu Powys  
Powys Teaching  
Health Board



Introduction	1
<b>Staying healthy</b>	<b>4</b>
Safe care	9
Effective care	16
Dignified care	24
Timely care	30
Individual care	34
Staff and resources	40
Looking forward	46

## Endorsements



# Welcome from the Chief Executive and Chair

**Powys is a place we aspire to improve the health and wellbeing of all people. In its sixth year of publication the Annual Quality Statement sets out our ongoing journey in our aim to provide safe, effective and dignified care.**

Throughout 2017/18 we saw investment in our buildings and environments; opening Ithon Birth Centre in Llandrindod Wells and refurbishing a second birthing centre in Newtown for our mothers-to-be. More recently major capital works to reconfigure the layout of Llandrindod Wells hospital. All of which add to the patient experience as the environment of the areas are considerably improved.

In the last year we saw the culmination of mental health services returning to the health board and we have worked with our partners to ensure the safety of people in Powys during this change. Ensuring care closer to home has focused our attention on making sure services are timely, effective, of high quality and promote positive patient experience.

The launch of our Health & Care Strategy in June 2017 sets out our approach to create a future where the people of Powys have the best opportunity to live healthy, full and independent lives. Quality, patient safety and a positive patient experience is fundamental in delivering our future vision.

Our focus on quality and safety extends to commissioned services. Through working with others to deliver services outside of Powys we will continue to strengthen our monitoring to ensure a safe, timely, effective, dignified and positive patient journey.

Regardless of the setting we will continue throughout 2018/19 to ensure high quality, patient safety, effective care and a positive patient experience underpins patient journeys wherever they access care and treatment.

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



# Chair of Quality and Safety Committee & Director of Nursing

I am pleased to present Powys Teaching Health Board Annual Quality Statement 2017-18. This year we have continued in efforts to improve patient experience, quality and safety of services provided by PTHB. The development of our Commissioning Assurance Framework has given us a systematic understanding of the care and treatment provided to our residents by other health boards and has facilitated focussed discussion with our providers to support service improvement.

In our community hospitals we celebrate a reduction in the number of avoidable pressure ulcers. Adelina Patti Ward, Ystradgynlais has recorded in excess of 400 days without a pressure ulcer. We are planning to share their experience and learning across our community hospitals and district nursing teams in 2018/19.

We maintain a watchful eye on falls and health care acquired infections in our community hospitals. Increasingly work is being taken outside of the hospitals into the community. A key priority going forward is working with our GPs and communities to address antimicrobial resistance.

Our commitment to prevention is demonstrated by our health board staff having the highest uptake of flu vaccine in Wales, an increased uptake of flu vaccination by pregnant women and an increase in childhood immunisations.

In 2018-19 keeping the focus on quality, safety and patient experience, effective patient centered care will remain paramount.

We look forward to seeking your views about our services in 2018/19 through our patient experience survey.

Each year we work to enhance our focus on the health and wellbeing of Powys. Wherever residents have received their care and treatment throughout 2017/18 we have strived to ensure the experience is safe, effective, timely and dignified.

Where concerns have been raised we have worked hard to try and rectify them, with a focus on learning from patient experiences and making improvements when we have not met the expectations.

Patient safety is of utmost importance when planning and delivering health and care services for the population of Powys. We have been working to reduce avoidable harm, using evidence based approaches for example: reducing injurious falls, reducing avoidable hospital acquired infections, minimising health care acquired pressure ulcers and reducing medication errors.

During 2018/19 we will further promote service user engagement and explore more diverse ways of collecting, analyzing and acting on patient/carer feedback to ensure Powys residents receive safe, effective, harm free and compassionate care, irrespective of the setting, listening to patients to improve the way we work.

If you would like more information about patient experience, the quality and safety of our services then the Patient Experience, Quality & Safety Committee papers can be accessed online at

[www.powysthb.wales.nhs.uk/quality-and-safety-committee](http://www.powysthb.wales.nhs.uk/quality-and-safety-committee)

**Chair of Quality and Safety Committee**  
*Trish Buchan*

**Director of Nursing**  
*Rhiannon Jones (until February 2018)*  
*Rhiannon Beaumont-Wood (from February 2018)*



**Improving the quality and safety of healthcare services for Powys residents has been visible throughout 2017/18. In a large geographical rural area that is sparsely populated, access to local services can be hard. We have taken action to increase our monitoring and scrutiny of provided and commissioned services ensuring that wherever the people of Powys are cared for, quality and patient safety has been seen as central to a positive patient experience.**

The health board has been working with other agencies to implement through local arrangements the Well-being of Future Generations (Wales) Act 2015 and the Social Services and Well-being (Wales) Act 2015. Working with key partners such as Powys County Council to strengthen health and care delivery in Powys, we have introduced integrated health and social care teams in Ystradgynlais and Brecon. We have put interim Team Leaders in place and the benefits of integrated working was clearly evident through winter periods of escalation and snow, in terms of improved communication and coordination.

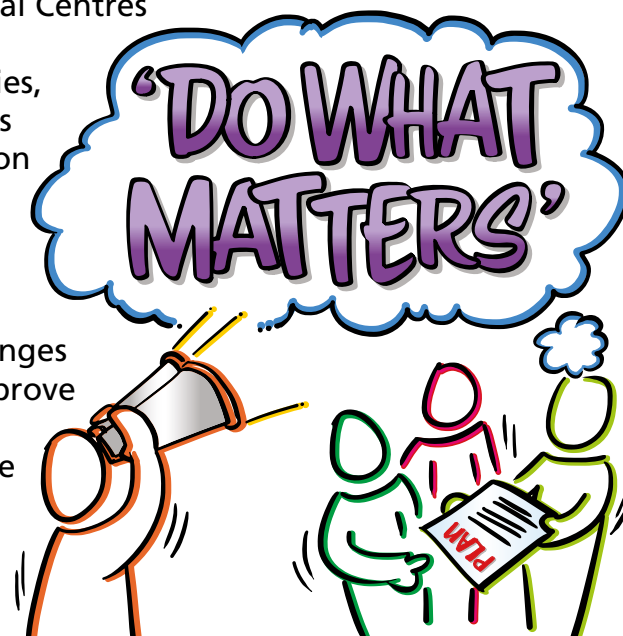
Powys benefits from being a single planning area for the purposes of both the Social Services and Wellbeing Act (Powys Regional Partnership Board) and the Well-being of Future Generations Act (Powys Public Service Board). During the year Powys County Council and the health board have worked with communities, staff and local partners to translate our joint Health and Care Strategy for Powys into our first Area Plan. [www.powysthb.wales.nhs.uk/health-and-care-strategy](http://www.powysthb.wales.nhs.uk/health-and-care-strategy)

The aims of our Strategy have been confirmed as our four Core Wellbeing Objectives (Focus on Wellbeing, Early Help and Support, Tackling the Big Four, Joined Up Care) and four Enabling Well-being Objectives (Workforce Futures, Innovative Environments, Digital First, Transforming in Partnership). These objectives now form the basis of our Integrated Medium Term Plan and Annual Plan as well as driving the delivery of the

local authority's social care responsibilities in their Corporate Improvement Plan. Our Health and Care Strategy sets out our high level ambitions for the next ten years and beyond, with our detailed delivery priorities for the next three years set out in our first Area Plan for Powys.

The council and health board jointly recognise that integration across health and social care will generate greater opportunity to gain the benefits of prudent health and care across the whole system. This includes creating new roles, reducing duplicate assessments, building on assets rather than deficits and enabling through information and support.

Key areas of focus for integration for the health board include working in partnership to improve delayed transfers of care, care coordination and flow, to implement the Improving Cancer Journey Programme and to further strengthen integrated team working. Priorities for the year ahead include further development of our shared model for Community Wellbeing Hubs and Rural Regional Centres to provide integrated facilities for communities, and developing options for improved integration of mental health and care. The Annual Quality Statement clearly sets out the improvements and changes made in 2017/18 to improve the quality and safety of services and promote positive patient experiences.












# 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
Provide effective stop smoking services.	• 2.3% smokers treated by NHS smoking cessation services.	 2.3% (2016/17 figure)
	• 40% treated smokers carbon monoxide validated as successful at four weeks.*	 44% (2016/17 figure)
Keep smoking prevalence below 2016 target levels.	• Fewer than one in five people in Powys smoking	 19.5% (2016/17 figure)
Improve flu vaccination uptake	• 75% over 65yrs	 64% (2016/17 figure)
	• 75% people aged under 65yrs "at risk"	 46% (2016/17 figure)
	• 75% pregnant women	 83% (2016/17 figure)
	• 50% healthcare staff	 64% (2016/17 figure)
Maintain childhood vaccination uptake	• Percentage of children who received 3 doses of the '5 in 1' vaccine by age 1yr.	 96% (2016/17 figure)
	• Percentage of children who received 2 doses of the MMR vaccine by age 5yrs.	 88% (2016/17 figure)

\*Carbon monoxide is a measure to check if someone is still smoking

## Case study 1: Smoking Cessation in Pregnancy



Maternal smoking is a key cause of poor outcomes for mothers, babies and children, and can lead to increased risk of miscarriage, perinatal death, prematurity, low birth weight and congenital abnormalities.

Supporting pregnant women to stop smoking is of huge importance to the health outcomes of both mother and child.

In 2016, Powys Public Health team and Powys Midwifery team undertook an audit to establish baseline compliance with best practice. From the report, recommendations were suggested and subsequently initiated with the aim of increasing compliance with guidance. A re-audit was undertaken in 2017 which revealed large, sustained improvements in practice. This included:

- An increase in the percentage of women offered carbon monoxide monitoring (up from 56% in 2016 to 92% in 2017);
- An increase in the percentage of pregnant smokers referred to cessation services (up from 68% in 2016 to 89% in 2017);
- An increase in the percentage of women where smoking status was followed up or discussed later in the pregnancy (up from 32% in 2016 to 79% in 2017).

These improvements are the result of dedicated work by the Powys midwifery service in ensuring that monitoring and referral to smoking cessation services are a routine part of their role. The Powys Public Health team and Powys midwifery team will continue to work together to ensure these standards are maintained going forwards.

## Case study 2: Antimicrobial Resistance

Together for Health: Tackling antimicrobial resistance and improving antibiotic prescribing was published by Welsh Government in 2016.

As a contribution to this strategy, the Powys Healthy Schools team have promoted “e-bugs” training to schools. An event was held in June 2017 in Llanidloes for Key Stage 2 pupils (Years 5 and 6) and their teachers. Different activities were offered by the Powys Healthy Schools team and the Powys Teaching Health Board School Nursing team. This event made learning about micro-organisms, the spread, prevention and treatment of infections fun and meaningful. It was designed to bring the world of microbes, vaccines and antibiotics to life for children in schools and compliment the science curriculum.

The event was well received by pupils who particularly enjoyed finding out how microbes can be spread in food or by hand, learning about vaccines, and having a go at being “Shrek” for the ‘big sneeze’!

Teachers were impressed with the range of activities and felt that they would help children understand and remember the key messages, such as the difference between a virus and bacteria, and how to minimise spreading germs.

The Powys Healthy Schools team have continued to provide further sessions to schools during the academic year, and offer training to teaching staff on how to use the resources.



### Case study 3: Bach a lach (Small and healthy)

Bach a lach is a brand new pre-school award that was developed specifically in Powys to:

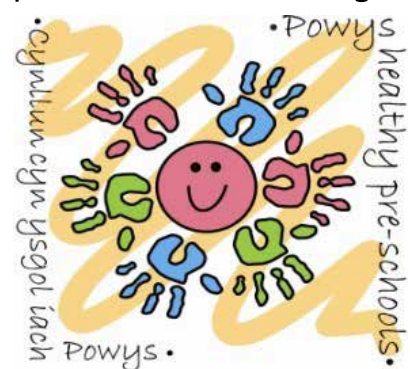
- support the delivery of the Powys Healthy Weights Action plan (including promoting the national '10 Steps to a Healthy Weight' programme);
- support and skill-up a cohort of pre-school settings to achieve the high standards required for the 'Food and Fitness' related aspects of the Healthy Pre-Schools Scheme awards;
- Recruit further members to the Healthy Pre-Schools scheme.

Resources have been developed for pre-school settings from a variety of sources and include activity cards, assessment tools, monitoring charts for staff, equipment for games and activities, recipe ideas, and oral health guides.

Fifteen settings were initially targeted for Bach a lach, including all pre-school providers in Flying Start areas. Each setting received a number of support visits tailored to their needs (meetings with staff, demonstrations of activities, parent sessions). Settings have also been supported by the

Powys Teaching Health Board oral health 'Designed 2 Smile' service, community dietitians, Powys County Council sports development team, as well as community initiatives such as Farm to Fork.

To date, of the 15 settings recruited, 8 have been successfully accredited for the 'Nutrition and Oral



Health' and 'Physical Activity and Active Play' aspects of the overarching Healthy Pre-Schools Awards. Five further settings are booked for assessment in September/October 2017.

Ten further settings have recently been invited to join the scheme and all are engaged for the new academic year.

### Case study 4: Powys Smoking in Schools Education Event

Preventing the uptake of smoking in children and young people is identified as a key action within the Powys Tobacco Control Strategy and Action Plan. Using National Institute for Health and Care Excellence (NICE) guidance, the Public Health team developed and distributed a survey to all schools in Powys to help establish baseline compliance with NICE. The findings indicated that there was a lack of consistency in the delivery of tobacco education in schools across Powys and teachers lacked training in tobacco education.

To address these concerns, Powys Public Health team worked with the Healthy Schools team to develop and organise a "Smoking in Education Workshop" for schools. Over 38 partner agencies attended the workshop, alongside teachers and pupils from across schools in Powys. At the event, schools were given action plans to complete that were aligned to NICE guidance. They were also able to apply for funding to enable them to put these plans into action. Over the next school year, individuals and organisations that attended the event will support schools to implement these actions. Powys Public Health team and the Healthy Schools team will re-visit these actions in a year's time to evaluate progress. This will enable the learning and experience of each school to be shared across Powys.



## Case study 5:

### Making Every Contact Count (MECC)

MECC is an approach to brief advice training for staff supported by NHS Wales. MECC is designed to produce a workforce with the right skills, competence and motivation to offer healthy lifestyle advice to service users, as part of an everyday role. MECC is evidence based, cost-effective and supports both national and local strategic objectives. Locally, MECC is a key enabler for the Health and Care Strategy for Powys. More than 300 staff have been trained to date.

During 2017/18 findings from an evaluation of the first two years of the MECC programme in Powys were published. Key findings from the report were:

- 94% of those trained felt more equipped to support patients to change behavior;
- 90% stated that training had prompted them to raise the issue of behaviour change more frequently;
- 95% stated they would recommend the training to other professionals in their practice.

After the training there was an overall positive shift in levels of perceived importance and perceived confidence in raising the issue of behaviour change amongst staff. Some staff also reported a change in their own health behaviour following the training. Moving forward into 2018/19, MECC will continue to be offered to all staff in Powys Teaching Health Board as a way to improve healthy lifestyles.



Gwneud i bob cyswllt gyfrif  
Making every contact count

## Focus on Breastfeeding

Women resident in the Powys Teaching Health Board area have the highest rates of breastfeeding at birth, above the Wales average of 77%.

	Target	Achieved
% babies exclusively breast fed at birth	100%	84.6%
% babies exclusively breast fed at 10 days		55%
% babies breast fed – 6 weeks		36%

## New National Initiative for CAMHS in reach to schools launched in Powys September 2017




The initiative for CAMHS (Child and Adolescent Mental Health Services) aims to improve the wellbeing and resilience of pupils by:

- Providing support for teachers to better understand childhood distress, emotional and mental health problems, and reducing stress experienced by teachers, by up-skilling them to recognise and deal with low level problems within their competence;
- Ensuring that when issues are identified that are outside teachers' competence and skills, that specialist liaison, consultancy and advice is available to enable the young person to be directed to more appropriate services, and to support the teacher and school in providing for the young person's educational needs; and
- Ensuring that systems are in place to share appropriate information between CAMHS and schools.

# 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
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>	 <p>At the end of March 2016/17 we recorded a 5.4% reduction in the number of patients who fall on more than one occasion. In 2017/2018 we recorded a reduction of 4.76%.</p>
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>	 <p>Over the available 11 months of 2017/18 we recorded 326 falls for patients 65 years and older which was a 5.5% reduction compared to the same period in 2016/17</p>
Root cause analysis (RCA) for all patient falls	<ul style="list-style-type: none"><li>• Number of completed RCAs</li></ul>	 <p>We recorded 3 RCAs on fall cases where there was moderate or severe harm recorded</p>

## Winter Pressures

The 2017/18 winter pressures period saw what has been described as 'unprecedented demand' on all NHS systems and services across the UK. Powys staff worked proactively to put improvement actions in place to manage the flow of patients, examples included staff briefings to ensure both good communication and understanding of the daily situation with daily management calls to manage patient flow. We worked with our partners to coordinate patient flow and bed capacity, namely Wye Valley NHS Trust, Shrewsbury and Telford Hospital, Bronglais Hospital and Welsh Ambulance Services NHS Trust.

During the snow, dedicated staff frequently working extended hours, some up to 24 hours on site. Numerous offers of help from members of the public and other staff with 4x4 vehicles enabled several ward staff to be transported to and from sites in addition to helping our District Nurse teams in remote areas. We worked with our partners to coordinate patient flow and bed capacity.

How we performed:

- There was an increase in the number of patients who were delayed transfers of care in January.
- The number of new patients presenting at the Minor Injury Unit remained static. 99% of patients were treated and discharged within 4 hours.
- Two incidents were reported, one relating to the car park not being accessible in Bronllys and the second the radiology department at Brecon flooded due to frozen pipes. No concerns were received by the South Locality.



*From Porters to GPs, Nurses to Administrators, everyone worked tirelessly to ensure that services continued despite the weather this winter.*



## Falls

Powys Falls Prevention Programme has been reviewed and the launch of the new programme "CONFIDENT STRIDES" took place on Wednesday 7 February 2018. This is a multi-disciplinary strength and balance programme designed to help patients regain their confidence and reduce their risk of falls. This does not include inpatients at present but we have had discussions with a view to offering this service to appropriate inpatients. This is work in progress.

We have identified Falls Champions across all inpatient units. These champions are staff of various roles. The Champions are planning to get together as a group, representing their areas of work. The group will explore training and education opportunities and ensure regular falls audits are undertaken across inpatient units. The champions will be key ambassadors in promoting the message that falls prevention is everybody's business.

We participated in the 2017 National Falls Audit, which was run by the Royal College of Physicians, the results are awaited.

The Fall Prevention National Task Force for prudent healthcare had a successful "STEADY ON... STAY SAFE" campaign. Powys Teaching Health Board has highlighted the campaign within integrated falls prevention presentations. Brief intervention falls prevention training had a successful first integrated course, this gives opportunity to provide further falls prevention awareness to health and social care providers.



## Pressure Ulcers

Pressure ulcers continue to reduce for patients in the care of Powys hospitals.

Over the last year we have focused on reducing grade 2 pressure ulcers. In 2016/17 we reported an 11% increase in grade 2 pressure ulcers in our community hospitals. 2017/18 has seen this figure reduce by 44% from 50 to 28 which represents a significant reduction. Excellent work undertaken by Tissue Viability Nurses, working in collaboration with ward staff and community teams has reaped benefits. In conjunction the Tissue Viability Nurses have been working closely with the Quality and Safety Team to identify suitable pressure prevention and protection equipment to be implemented across the health board.

Community and hospital staff meet bi-monthly to share lessons learnt from all grades of pressure ulcers and examples include:

- To continue good practice of monitoring all pressure areas when a patient reaches a palliative stage.
- Importance of documenting rationale in nursing notes why pressure equipment is not required.
- Ensure patient notes updated at each visit.
- Ensure good lines of communication with the patient, their carers and family at all times.
- On-going assessment and monitoring of patients who have had pressure damage is very important as they can easily breakdown again.
- To continue to review patients skin integrity during an acute illness.
- Ensure good education with patients regarding their risk of pressure damage.
- Ensure good lines of communication between the District Nursing team and the patient.



## Nutrition and Hydration

During our Nutrition and Hydration Week (12 – 18 March) we highlighted, promoted and celebrated improvements in the provision of nutrition and hydration locally, nationally and globally. The campaign week focused on nutrition and hydration as an important part of patient safety improvement. The Dietetics Team invited all staff across the county to take the time to look at the display board/posters in community hospitals across Powys.



See our Annual Report: 'Appetite to Improve Nutrition and Hydration' <https://bit.ly/2u5wajl>

## Reducing Healthcare Associated Infections

The health board reported 22 confirmed cases of Clostridium Difficile for 2017/18, compared to 29 cases in 2016/17. This is a 24% reduction, with 72% of cases community acquired.

Good links are now established with General Practitioners regarding the management of Clostridium difficile, and they complete root cause analysis investigations, from which themes and good practice are identified and shared through the infection prevention and control committee. We will be producing our annual report on Clostridium difficile in June 2018.

All cases of infections are reviewed including outbreaks. Good practice and lessons learnt are shared through the Infection Prevention and Control Committee and the link worker group.

Environmental cleanliness remains a priority within our hospitals in Powys. Our senior nurse for infection prevention and control has been completing cleanliness checks with the head of facilities to monitor cleanliness levels.

The delivery of the health board's antimicrobial resistance plan is being developed as part of the Healthcare associated infection collaborative programme in partnership with 1000 Lives and Public Health Wales. Several quality improvement projects have been introduced across the health board which will assist in the reduction of antimicrobial resistance, for example the implementation of an antibiotic sticker. This is placed on a patient's medication chart when they are prescribed antibiotics and this will ensure that the medication is reviewed on a daily basis and discontinued when it is no longer required.

## Serious Incidents

A serious incident is defined as an incident that occurred during the provision of NHS funded healthcare. All serious incidents are reported to Welsh Government.

71 serious incidents were reported in 2017/18. The majority of these were related to pressure ulcers, reflecting previous year's profiles.

No themes or trends were reported. Examples of lessons learnt included:

- Improvements in infection prevention and control practices
- Recording advice given to patients, carers and their families about pressure relief
- Strengthened storage and cold chain arrangements for vaccines supported by a revised policy and staff training.

## 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 2017/18.

## Coroner

A total of 11 enquiries were made by Coroner's Officers to the health board during 2017/18, of which no further actions and improvements were identified.

## Claims

The health board continues to have a very small compensation claims profile.

At the end of 2017/18 the health board had 8 clinical negligence claims, the estimated combined damages £51,900 and defense costs totaling £10,000. With 2 personal injury claims, with estimated combined damages £10,000 plus approximate costs of £5,500.

This is a changing picture in that there are more clinical negligence claims than previous years, for which there is no obvious reason.

There were no themes or trends identified.

## Patient Safety Solutions

Patient Safety Solutions (Solutions) result from a variety of sources, namely serious incidents reported to Welsh Government, Ombudsman and Coroners' reports, and patient safety alerts issued by NHS England which are reviewed to ensure they meet the needs of the NHS Wales, in addition to any other relevant information from local, national and international sources.

Solutions are provided in two formats, as a Patient Safety Alert (PSAs) or as a Patient Safety Notice (PSNs). They warn healthcare systems of risks and safety problems and potential patient safety issues through the provision of guidance on the prevention of potential incidents that may lead to harm or death.

The health board are currently non-compliant with 5 patient safety solutions and actions are being progressed to put improvements in place.

- |        |  |
|--------|--|
| PSA005 | Minimising the risk of medication errors with high strength, fixed combination and biosimilar insulin products |
| PSA008 | Nasogastric tube misplacement: continuing risk of death and severe harm  |
| PSN030 | The safe storage of medicines: Cupboards   |
| PSN034 | Supporting the introduction of the National Safety Standards for Invasive Procedures (NatSSIPs)                |
| PSN036 | Reducing the risk of oxygen tubing being connected to air flowmeters   |

NHS Trusts and health board compliance is also published on the Patient Safety Wales website [www.patientsafety.wales.nhs.uk](http://www.patientsafety.wales.nhs.uk)

## Commissioned Services

Powys is unlike other health boards in Wales as around 75% of the funding entrusted to it by Welsh Government is spent on securing healthcare from providers it does not directly manage. We are working to implement an approach to quality and safety which spans the whole patient journey. Services must be safe and of an appropriate quality across the whole system spanning health promotion, primary care, secondary care, specialised services, individual patient commissioning, continuing healthcare and services jointly commissioned with the local authority. We work within one of the most complex commissioning environments in the United Kingdom as it has to

continuously collaborate with fifteen main NHS providers across England and Wales for secondary care as it has no District General Hospital.

We work on strategic changes at the same time as improving day to day assurance about existing services and we are doing this through two frameworks: The Strategic Commissioning Framework and the Commissioning Assurance Framework.

Through its Strategic Commissioning Framework the health board is seeking to:

- commission in a way which reflects the values and arrangements of NHS Wales to secure long lasting solutions making the most of opportunities for prevention, integration, local delivery and collaboration;
- ensure the health board is appropriately orientated to commissioning with the right strategy, people, processes, and structures in place;
- ensure active clinical involvement and leadership within commissioning, with primary care as an essential part of this;
- cover the full range of commissioning arrangements needed for different parts of the continuum of care - and across England and Wales;
- ensure active management of the whole pathway of care including healthcare delivered across geographical and organisational borders – in order to ensure treatment is safe, clinically and cost effective, on time and informed and influenced by patient experience.

A Commissioning Assurance Framework is in place which helps to identify and escalate patterns of poor performance and risk in health services used by Powys patients. It considers patient experience, quality, safety, access, activity finance, governance and strategic change. We currently use the approach with fifteen main NHS organisations, although there is a limited approach with two Welsh Health Boards at present. It has also

been agreed that the approach will be adapted and extended to the new Section 33 Agreement for adult residential care with Powys County Council.

The Strategic Commissioning Framework led to the appointment of a Quality & Safety Commissioning Lead. During 17/18 the new Quality and Safety lead for commissioned services has worked proactively with external providers to ensure safe and effective care. The role has strengthened the monitoring healthcare services provided to Powys residents across England and Wales in terms of quality, safety and patient experience. A dashboard of key indicators has been populated covering key issues such as serious incidents, mortality, pressure sores, hospital acquired infections and patient experience. The Clinical Health Knowledge System is also being used to help identify key trends and issues for the Powys population when using out of county health services. The following has been strengthened:

- Reviewing clinical quality monthly reports from external providers in England and Wales;
- Analysing & reviewing data against national and local targets, alerting the health board to areas of concern;
  - Ensuring appropriate care pathways are followed;
  - Monitoring waiting list breaches by requesting harm reviews on patients who wait over 52 weeks to understand what action has been taken to ensure there is no harm to Powys residents due to delay in being seen. To date 240 harm reviews have been requested with no harm identified to Powys residents.

We have made progress in 2017/18 in securing quality, safety and patient experience information from NHS organisations that Powys residents access to receive care and treatment, these are:

WALES

ENGLAND

Abertawe Bro Morgannwg University Health Board	Gloucestershire Hospital NHS Foundation Trust
Aneurin Bevan University Health Board	Robert Jones Agnes & Hunt NHS Trust
Betsi Cadwaladr University Health Board	Shrewsbury & Telford Hospital NHS Trust
Cwm Taf University Health Board	South Staffordshire & Shropshire Trust
Cardiff & Vale University Health Board	Shropshire Community Health
Hywel Dda University Health Board	Worcestershire Acute Hospitals NHS Trust
Velindre NHS Trust	Wye Valley NHS Trust
	The Royal Wolverhampton Trust

Under our Commissioning Assurance Framework we have been working with Wye Valley NHS Trust to address five key risks which are mortality indicators; waiting times; delayed transfers of care and transfers to community hospitals; emergency activity; and finance. There are regular Chief Executive level meetings to assess progress with key executives.

Wye Valley NHS Trust is an outlier in terms of the Summary Hospital-Level Mortality Indicator (SHMI) when compared to non-specialist trusts in England. The SHMI is the ratio between the number of patients who die following hospitalisation at a Trust and the number that would be expected to die on the basis of average English figures. This covers all deaths reported of patients who were admitted to non-specialist acute Trusts, and either pass away whilst in hospital or within 30 days of discharge. Action is needed in particular in relation to Sepsis, Chronic Obstructive Pulmonary Disease (COPD), pneumonia,

aspiration pneumonia and congestive heart failure. The actions WVT has indicated it is taking include:

- Increasing the number of mortality reviews and adopting the Structured Judgement Review assessment
- "Medical Examiners" appointed with a new "Learning from Deaths" policy
- Improving patient flow and out of hours working, including speciality consultant weekend ward rounds
- Management of sepsis (and improved care bundles including for pneumonia and COPD)
- Interventions for the deteriorating patient
- Strengthening end of life care
- Actively recruiting to vacancies
- Development of surgical and medical assessment units
- Strengthening critical and high dependency care
- Improving the depth of coding
- Mortality Committee monitoring the action plan

Harms reviews are aimed at improving and learning from care and treatment provided to patients. These are undertaken for patients who have waited more than 52 weeks, which the health board closely monitors. External clinical assurance has been provided that the review system is robust. No harm has been identified to Powys patients to date. A protocol has been agreed to help address delayed transfers of care.

We have been working with Shrewsbury and Telford NHS Trust to ensure sustainable services. Ophthalmology services which were temporarily suspended have been re-instated. A review of perinatal deaths was announced by the English Secretary of State in April 2017.

For more information about the quality and safety of services we commission see the Patient Experience, Quality & Safety Committee papers. [www.powysthb.wales.nhs.uk/quality-and-safety-committee](http://www.powysthb.wales.nhs.uk/quality-and-safety-committee)



Assurances in relation to specialist services are reported to the Board through reports from the Welsh Health Specialised Services Committee strategic quality framework and assurance on Emergency Ambulance Services through the Emergency Ambulance Services Committee.

## Mortality

All deaths in the health board are reviewed.

Crude mortality data summarises the percentage of patients admitted to hospital who die during the admission. This measure is strongly influenced by the nature of the care needs and treatment provided – such as where palliative care is a significant aspect of the local service.

*Table 1: Crude mortality for Powys provided services*

Year	Crude Mortality Powys Provider
2014/15	12.8%
2015/16	12.2%
2016/17	13.1%
2017/18	7.03% (< 75 years of age)

## Enhanced Service Audit Process

To ensure General Practitioner practices are providing safe and effective services, a yearly review is carried out on three Enhanced Services selected by the Medical Director. Last year practices were asked to provide audits on;

- Ring Pessary
- Diabetes
- Near Patient Testing, specifically Lithium and Sulphasalazine.

Practices are pre informed of the selection and deadline in which to complete their audits. As good practice, they are advised to utilise the Public Health Wales audit toolkits and guidance from Public Health when completing. Once received, the audits are sent to the Safety & Quality Improvement Department and the results are provided in report format.

The outcome of the reports are discussed with the 16 medical practices to ensure they are meeting the requirements of the enhanced service specification and ways to improve on the service being delivered are discussed.

## Outcomes

10 surgeries have completed their Ring Pessary audit. No major issues were discovered. Some minor improvement work undertaken. One surgery has made changes to further improve their, already good, consent recording, whilst another has improved the stocking of different sized pessaries at their branch surgery.



14 surgeries have completed their near patient testing audit to support the prescribing of inherently high risk drugs. Good monitoring was in place. However issues were identified over the supply, or non-supply, of patient held record books by secondary care providers and the agreement of shared care protocols. The health board has been previously made aware of these issues.

12 surgeries have completed their diabetes care audits (use of second line drugs that target the glucagon-like peptide-1 receptor in a primary care setting).

Whilst most surgeries had a good recall and testing regime for their diabetic patients a number of surgeries identified improvements they could make to their coding and recall systems to improve the optimisation of care given to the patient.

# 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
Implement the integrated model of health and social care at Brecon War Memorial Hospital (BWMH)	<ul style="list-style-type: none"><li>Integrated model of health and social care working in BWMH</li></ul>	 We implemented the integrated model of health and social care at BWMH
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>	 A respiratory conditions plan is in place and starts in 2018/19

## Falls Prevention Awareness Week

The health board ran a Powys Falls Awareness Week, to raise awareness of the factors that increase the risk of falls and the actions we can take to reduce the risks.

Amongst the events taking place right across the county, Physiotherapists Alys Reynolds and Sarah Wilson hit the streets of Newtown to bring the Falls Prevention message to the people of the town. They had a successful afternoon giving advice and information, as well as replacing ferrules for walking sticks.

The week ended on Friday 20 October with World Osteoporosis Day.

## Byw Nawr (Live Now)

Byw Nawr (Live Now) aims to raise public awareness of the importance of talking more openly about death and dying and bereavement and of making your wishes known.

Health and care services only have one chance to get it right at the end of life. But, it is not always easy to talk about death and dying. So, as part of our plans in Powys for improving end of life care in Powys we are promoting the Dying Matters Byw Nawr campaign to encourage people to talk more openly and make plans for the end of life.

Having open and honest conversations with our family and friends about death and dying does not make dying happen. But, it does help to ensure that they know what we want, and it helps us to make plans for our future. It also helps us all to focus on what is important to us about living well now, and to think about our legacy: how we would wish to be remembered. Ultimately it is about us all improving people's experience of end of life care in Powys.

During the awareness week in May 2017 and in partnership with the third sector we held three main events in Newtown, Llandrindod and Brecon. In addition our palliative care link nurses had information boards in our hospitals and practices across Powys.

## New X-Ray Equipment improves patient experience at Ystradgynlais Hospital

New X-ray equipment has been installed at Ystradgynlais Hospital. The new equipment is easier to manoeuvre and has a lower level function which makes it easier to X-ray knees, feet and lower legs. Installation is part of a £180k Welsh Government capital scheme including £58k equipment costs and £122k refurbishment works.

*Alys Reynolds and Sarah Wilson hit the streets of Newtown for Falls Prevention Awareness Week*



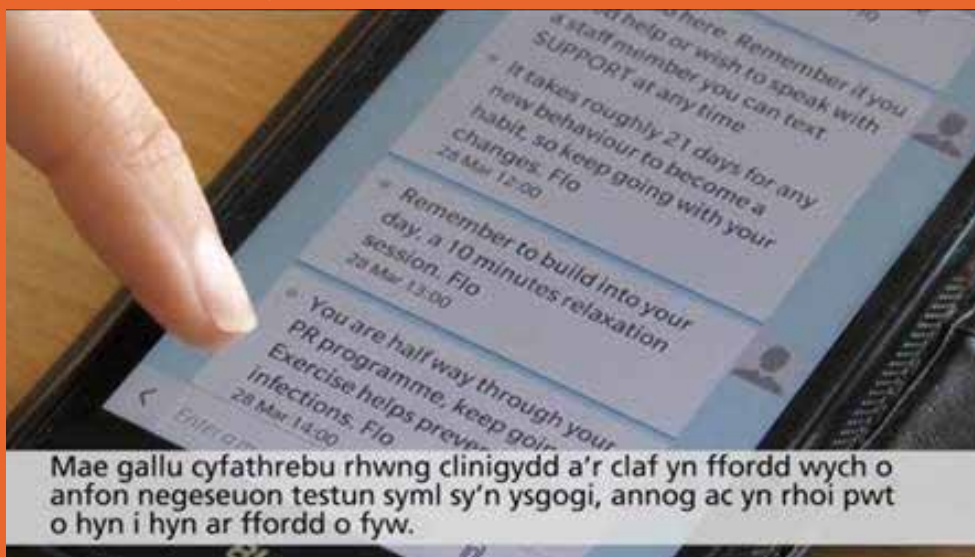
## Florence and the (telehealth) machine

In August 2017 video presentations from our Annual General Meeting were shared via our Facebook page at [www.facebook.com/pthbhealth](http://www.facebook.com/pthbhealth). The second of these explains how the Florence telehealth solution, a simple mobile phone based system, is helping people with diabetes and respiratory conditions in Powys.

Patients Elizabeth and Pauline have also been very positive about their experience. "To me, the best thing about Flo is that I only have to type 'support' and I know that somebody is going to come back to me."

Using Florence to support a group of people with diabetes to improve their diabetes control, we provide initial group education sessions, and then Flo provides messages of support and encouragement to help Powys residents make and sustain positive lifestyle changes.

*You can watch the Florence video on our YouTube channel at <http://bit.ly/powysflo>*



Theresa Mullinder said: "As a fairly new diabetic patient I found it very supportive, and the constant contact was very beneficial."

Jeanne Nuttall, Head of Dietetics adds: "Patients came back after twelve weeks and we were very pleased to see in that time that 90% of patients had lost weight, nearly 60% of patients had seen a reduction in blood pressure, and 76% of patients had shown an improvement in the markers of diabetes control. Patients attending the course and using Florence support, reported back that they found the system easy to use, and they found benefits in getting the messages from Florence to support their changes."

Respiratory Physiotherapist Helen Hathaway and Occupational Therapist Hayley Davies have been adapting Florence for their Pulmonary Rehabilitation Programme. "Looking at respiratory in the future, we are going to trial it on patients who have just been discharged from hospital to help support their recovery at home, and they will send us observations like their oxygen saturation, respiratory rate, temperature, etc."

## Long Term Condition Management

The health board's Centre for Long Term Condition Management won the Innovation Award at the All Wales Continuous Improvement Community. This was for their work using Skype to run condition management programmes.

The awards celebrate achievements in improvement work that challenge traditional methods and procedures.

The winning programme runs for 2 hours per week for 6 weeks and includes information on the key priority areas for health improvement. It is offered as one of the options run by the Centre.



People with long term conditions had identified that they found it difficult to attend face to face groups owing to limitations from symptoms, logistics of travel or difficulty taking time off work. The key aim of the project was therefore to improve access to self-management programmes both in terms of geographical accessibility and timeliness. In doing so it improved the management of long term conditions, improved self-efficacy and mood.

Outcomes of the initial programme included:

- There was a 0% Did Not Attend (DNA) rate for the programme;
- The average miles saved per participant over the course of the programme was 331 miles;
- As it was run on site there was no mileage or travel time for the member of staff therefore after the session they could return straight away to their clinical commitments;

*The Centre for Long Term Condition Management won the Innovation Award at the All Wales Continuous Improvement Community*



- There was a significant reduction in participant anxiety and depression following the programme and a significant increase in wellbeing and self-efficacy; and,
- Interaction online built participant confidence to develop social skills.

## Quality and Outcomes Framework (QOF)

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

## Clinical Governance Self Assessment Toolkit

All practices submit yearly as part of QOF. The Primary Care department work proactively with the Primary Care Training Group to provide education and learning to support medical practices in improving their self assessment.

## Practice Review Visits

A review is arranged with the medical practices to discuss their QOF achievement, enhanced services, prescribing indicators and issues, clinical governance, clinical governance self assessment, patient engagement and access and any other primary care issues i.e. sustainability and premises.

## Training and Development

The Primary Care department work closely with the Primary Care Training Group and Clinical Education Group to provide an annual tailored clinical training programme. Study days taken place during 2017/18 have included Dermatology & Joint Injections, Emergencies in Primary Care, Gastroenterology, Paediatrics, Women's Health, Minor Illness and Minor Injuries to name a few.

## General Medical Services Sustainability

Primary Care have been encouraging multi disciplinary working to ensure the sustainability of General Practice in response to GP recruitment shortages, i.e. advanced physiotherapists, mental health practitioners and pharmacists .

## Mental Health Services

Throughout 2017/18, we strengthened our working relationship with the Powys Area Planning Board, which commissions Substance Misuse Services in Powys. As a result, two important work streams have been developed:

1. Delivery of a joint action plan to effectively deliver Welsh Government's Mental Health & Substance Misuse Co-occurring Substance Misuse Treatment Framework (September 2015) for adults and children and young people.
2. Strengthening of dynamic and intelligence led harm reduction practice through planning, implementing and monitoring relevant aspects of substance misuse aimed at reducing harm through a prevention, intervention and partnership approach.

## Veterans

The Powys Armed and Ex Forces Forum (PAEFF) is a multi-agency group which includes veteran representatives. Its role is to ensure that health issues relating to the Armed Forces Covenant are appropriately reflected in NHS service design and improvement across all services.

The All Wales Veterans' Mental Health Service is provided in Powys by three neighbouring health boards, BCUHB for Montgomeryshire, ABUHB for Mid and South and ABMUHB for the Ystradgynlais area of Powys. Work is ongoing to raise the profile of the service in Powys and to ensure close joint working with secondary adult

mental health services. The PAEFF and MHPDP are now connected with a joint action plan in place being delivered to ensure mental health services for Veterans in Wales who are experiencing mental health problems are sustainable and able to meet that populations needs in a timely and appropriate manner.

## Medicines Management

We have made improvements in medicines management across the health board through:

- Patient's Own Drugs – our pharmacy team have continued the roll out of the use of patient's own drugs when they come into hospital. This allows the continued use of medicines that patients are familiar with and stops these medicines from being wasted. Having medicines in a locker at the patient's bedside also means that we will in future be able to allow patients to self-administer their medicines where appropriate.
- MTED - We have continued to roll out the electronic communication of medicines information to GP practices and Community Pharmacies on discharge from Powys hospitals, this means faster communication between our hospitals and GP surgeries to ensure that any medication changes are quickly updated. The Community Pharmacy can use the information to carry out a Discharge Medicines Review to further ensure that intended changes have been made.
- Common Ailments Service – this has been rolled out to 22 Community Pharmacies in Powys which are all that are able to offer the service. This allows a pharmacist to offer advice on a number of nationally approved common conditions and where symptoms suggest it is necessary, supply agreed medication free of charge without a prescription.
- Emergency Medicines Service – a number of community pharmacies in Powys are now able to supply a patient's regular medicines, free of charge, in an emergency without the need to get a prescription.

## Clinical Audit

Clinical Audit has two main roles. The first is to make sure we meet high standards and the second is to identify areas for improvement. In the course of the 2017/18 clinical audit programme Powys staff completed or have started a total of 75 clinical audits, including nine national audits:

- National (Wales) Audiology Audit
- Sentinel Stroke Audit (Rehabilitation)
- National Audit of Chronic Obstructive Pulmonary Disease (Rehabilitation)
- National Audit of Chronic Kidney Disease (Primary care)
- National Diabetes Audit (Primary care)
- National Diabetes Audit (Foot care)
- UK Perinatal Mortality Surveillance Report
- National Confidential Inquiry into Suicides and Homicides by people with Mental Illness
- National Maternity and Perinatal Care Audit

In all these audits Powys performed on a level at, or above, the national averages.

One example of audit completed in June 2017 is the Endoscopy Patient Satisfaction Audit. This attracted a 75% response rate and the findings included:

- Most patients had a choice of appointment;
- An opportunity to discuss their procedure;
- Patients were informed of risks and were satisfied with the consent process;

One idea for improvement was more staggered arrival times.

A second example of audit completed in September 2017 related to reducing the level of prescribed anti-psychotic medications for patients with intellectual disabilities. It is well

known that anti-psychotic medication can have serious side effects and ideally should be reduced to lowest effective dose.

Of the 38 patients reviewed 7 patients had their medication successfully stopped and 13 had their medication dose reduced.

For further information, the Clinical Audit Programme Closure Report 2017/18 can be found at Patient Experience, Quality & Safety Committee web page [www.powysthb.wales.nhs.uk/quality-and-safety-committee](http://www.powysthb.wales.nhs.uk/quality-and-safety-committee)

## Neurological Conditions

We have continued to improve the services for people with neurological conditions.

In 2016-2017 we increased awareness of neurological conditions, improved communication about and access to services that Powys provide. Following suspension of new referrals to neurology at Shrewsbury and Telford Hospital NHS Trust services we put in place alternative services for our patients through the Royal Wolverhampton Hospital NHS Trust, this service will continue until March 2018.

For more information see our Community Neuro Services pages at: [www.powysthb.wales.nhs.uk/community-neuro-services](http://www.powysthb.wales.nhs.uk/community-neuro-services)

## Improving Stroke Services

There were less people with strokes admitted to hospital in Wales in 2016/17, with a total of 240 Powys residents. The Stroke Sentinel National Audit programme for this period recorded 273 new confirmed strokes admitted to acute stroke units.

Examples of improvements we have put in place include:

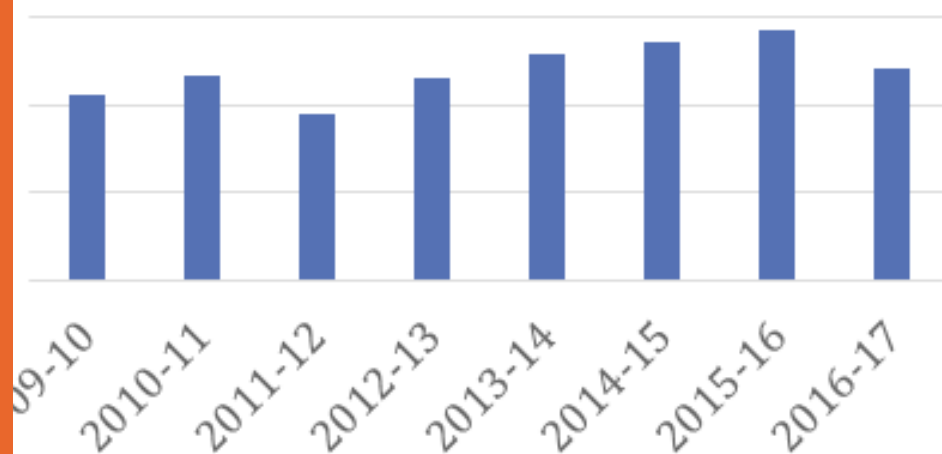
- 'Moving on after Stroke'. This was a successful pilot of a stroke specific self management programme supported with funding from the Stroke Implementation Group. The

programme was developed co-productively with stroke survivors. 40 patients attended the nurse led programme. As well as quantitative evaluation, an evaluation day was undertaken with the participants. The evaluation was presented at the "Sharing Success Day" in May 2017 and at the Welsh Stroke Conference in June 2017.

- Development of a therapy-led spasticity service in Powys to reduce the need for people to travel out of county. We have also introduced a Therapy-led Spasticity Service policy and procedure and this will be evaluated in March 2018.
- Development of a Community Neuro Team in the north locality using additional funding made available by Welsh Government. The purpose of the team is to:
  - To provide specialist rehabilitation in the home environment or rehabilitation centres based on individual needs

*Data from the Patient Episode Database for Wales (PEDW). May not include all patients admitted to English providers.*

## Emergency admissions for stroke from Powys



- To assist patients in achieving their goals
- To improve the transfer of care from district general hospitals to community services
- To maximise rehabilitation potential, independence, and improve quality of life for patients and their carers.

In progressing the quality, safety and patient experience of stroke services in 2017/18 we have identified a range of local priorities, examples of which include:

- Improve communication between acute providers and community hospitals and community neuro service to ensure timely transfer of care;
- Develop meaningful days and enriched environments on stroke and neurorehabilitation wards;
- Develop further capacity for providing appropriate intensity and level of therapy on Epynt and Brynheulog wards for stroke survivors;
- Develop education and skills framework that highlights the relevant level of training for all staff working with people with stroke or neurological conditions;
- Roll out of neuro cafes across Powys; and
- Improve appropriate access to functional electrical stimulation (FES) services and ensure equity across county.

## Welsh Cancer Patient Experience Survey 2016 – The Powys Experience

The survey was aimed at patients with a confirmed primary diagnosis of cancer who were discharged between June and December 2015. The results of the survey were reported by health board population. The health board received a response rate of 71%, with 173 of 263 patients responding to the survey. This was the highest response rate of all health boards. The survey highlighted positive aspects of patient experience in addition to areas for improvement. Free text comments received have been themed as both positive and negative.



Positive themed comments:

- Quality of care and treatment
- Support from staff during care
- Timeliness of treatment
- Macmillan's home support

Negative themed comments:

- Time between appointments
- Distance to Hospital
- Aftercare and follow up

An action plan will be developed around specific areas of the survey where Powys residents reported a lower than average score.

The full report can be found at: Wales Cancer Patient Experience Survey <https://bit.ly/2t4zKcz>

## Research and Development

Our Consultant Midwife, Dr Marie Lewis has represented the health board at a number of activities and events, two examples:

- Joining the research team at Cardiff University to work on a recently started four year research study 'POOL' exploring the safety of water birth.
- Represented the health board at a Policy Forum meeting – the future of research in Wales.

## Bright Ideas Hub

The Bright Ideas initiative is one example whereby the health board listens to staff and encourages them to bring forward a wide range of new ideas (both large and small) for further development. The opening event took place in March where staff had the opportunity to interact with

a range of public and commercial sector stakeholders to further develop and refine potential innovations for roll out across the health board. This will allow rapid cycles of improvement at team and Directorate level and will also identify where more structured support is required. Further events will be developed building on the feedback from this first event which is being launched under our Powys Innovation, Research and Improvement Service (IRIS), which is our branded approach to Innovation, Research and Service Improvement.

Several project ideas were highlighted that could be developed further. A second event is planned for June 2018 to support identified projects going forward.

## Continuing Health Care


We have appointed a Senior Nurse for Continuing Health Care (CHC) and Care Home Governance, who has supported the Complex Care Specialist Nurses in clarifying roles and responsibilities developing a more streamlined process for CHC to ensure resources are used in the best way.

The Quality Assurance documentation for care homes has been reviewed and has been implemented with a positive response. It has been effective in bringing together all necessary information to provide assurance through a streamlined process.

The Senior Nurse for CHC has also developed an integrated CHC training programme between the Health Board and Powys County Council, which will be rolled out at the beginning of September. This training will be accessible to all Health Board Staff, Powys County Council Staff.

# 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
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>	 All areas are now using the 'Hello my name is'

## Dementia

Dementia Friendly Communities enable people with dementia to continue to enjoy being part of their local community. A dementia friendly community promotes inclusivity rather than isolating or separating people who might be living with dementia.

In Powys there are now five communities officially recognised by the Alzheimer's Society as being or working to become dementia friendly; Brecon, Newtown, Welshpool, Ystradgynlais and Knighton.

And there are a further eight who are either active in the process or just at the beginning stages of becoming dementia-friendly; Machynlleth, Hay on Wye, Crickhowell, Llandrindod Wells, Montgomery, Presteigne, Guilsfield and Rhayader.

UK Older People's Day (OPD) on Sunday, 1 October celebrated the achievements and contributions that older people make to our society. It was celebrated across the United Kingdom to coincide with the UN International Day of the Older Person.

We held a dementia tea party at Victoria Memorial Hospital, Welshpool which provided fun and companionship for older people. The event included tea and cakes, as well as games & activities including indoor bowls and dominoes. Added interest was provided by nostalgic photos and memorabilia to encourage reminiscence by patients & families.

The team also provided useful information and feedback included;

*"I've had a lovely do - making me better by being here"*

*"I enjoyed the company"*

*"Meeting other people helped me to forget my problems, would like to attend again"*

*"I enjoyed socialising, I have spend too much time alone"*

The Dementia Action Plan 2018-2022 was launched by Welsh Government on 14 February 2018. It lays out the requirements to take Wales forward to become a Dementia Friendly Nation, recognising the rights of people living with dementia, to feel valued and to live as independently as possible in their communities.

Dementia leads have been identified across Powys partners which has supported the implementation of the Powys plan.

The Pledges within the Powys plan include:

- To raise public awareness in relation to dementia, improving the lived experience
- To reduce risk, ensure timely diagnosis and improve dementia diagnosis rate
- To ensure appropriate post diagnostic interventions are in place
- To ensure people with dementia are treated with dignity and respect by staff who are skilled and competent
- To improve the care of people with dementia in general hospital settings
- Support care homes in Powys to deliver person centred care for people with dementia

Achievements made against each pledge are monitored through the Dementia Plan Assurance group.

*Older People's Day was Sunday 1 October*



## Johns Campaign

'John's Campaign' was founded in 2014 with a simple statement; to encourage the belief that carers should be welcomed in hospital settings. It also advocates a collaboration between staff and patients and all those that are connected with them. This is crucial and critical to the health and well-being of the patient. The campaign applies to all hospital settings, including acute, community, mental health and any other caring institution where people live away from those closest to them.

A number of staff from the health board attended The John's Campaign promotional event held in Cardiff on 4 April 2017, which highlighted the purpose and success of the initiative.

Training has now been delivered across all of the hospitals in Powys. Initially the uptake of the scheme had been varied with an informal approach being adopted. Subsequently a more formal approach has been embraced and documentation has been completed, which is concise and informative for patients, carers and staff.

*John's Campaign is now on our internet site.*



Adelina Pati Ward warmly welcomes carers and are signed up to 'John's Campaign' to enhance the experience and recovery of patients.

Carers are able to visit the ward freely with a carer's passport.

## Woodland Walk

During 2016-17, the Green Valleys and PTHB, supported by Powys Armed Forces Covenant created a woodland walk to allow local armed forces veterans, patients, staff, and visitors alike to take some quiet time in the small mature woodland adjacent to Bronllys Hospital. The Green Valleys worked with forces veterans over the past year to create a wheelchair accessible route through the wood, complete with a large fired sculpture by Brecon Beacons artist Rebecca Buck.

The Marking Time walk was opened in June 2017, by the health board's Chief Executive, Carol Shillabeer. As the project group also worked with children from two schools, Mount Street Primary in Brecon and Llandrindod High School, children from Mount Street Primary attended the opening and were delighted to see the fired tiles they had created in situ.

## Mental Health Services

Together for Mental Health is the Welsh Government's 10 year strategy to improve mental health and well-being in Wales. Published in October 2012, following significant engagement and formal consultation with key partner agencies, stakeholders, services users and carers, it is a cross-Government strategy and covers all ages. It encompasses a range of actions, from those designed to improve the mental well-being of all residents in Wales, to those required to support people with a severe and enduring mental illness.

In Powys there is a Mental Health Planning and Development Partnership in place to deliver the strategy locally. It makes sure that people using services and those close to them are involved in the planning process and they are therefore part of the ongoing work to ensure the quality of services is the best it can be.



*School children were invited to the opening of the woodland walk in June*





During 2017/18, a Dignity Charter for agencies who work with people experiencing mental health issues was co-produced which will be used as part of staff induction and given to people accessing services so that they are aware of the quality of service they should expect from PTHB and partners.

## **PJ Paralysis Campaign**

#endPJparalysis begin this campaign within the health board and support an active rehabilitation environment. The get up and get moving campaign is supported with evidence and research that being mobile helps patients recover more quickly from illness and injury. By encouraging people to get up, get out of bed and get dressed helps them to get back into and maintain their normal routine improve recovery and then supports them to go home quicker. The therapy team will increase the range of rehabilitation activities in wards – increase rehabilitation interventions such as exercise, breakfast clubs rehabilitation at home whilst waiting for reablement packages.

## **Patient Experience Quality and Safety Walkrounds – 15 Steps**

Following a refresh of the 15 Steps Walkround process the 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.

## **Community Health Council (CHC)**

The Community Health Council have again been busy throughout 2017/18 carrying out inspections to various locations across the health board. These inspections have included Minor Injuries Units, Inpatient Wards, Day Hospitals

and the Centre for Long Term Management. 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 2017/18. The inspections include the Older Peoples Mental Health inpatient unit at Llandrindod Wells Hospital and Radiology Services across the health board. There have been inspections undertaken at General Practitioners and Dental Practices. A joint inspection was undertaken by HIW and the CSSIW (Care and Social Services Inspectorate Wales) of the Welshpool Community Mental Health Service. Reports are available at [www.hiw.org.uk](http://www.hiw.org.uk)

## **360 Nutrition and Hydration Audits**

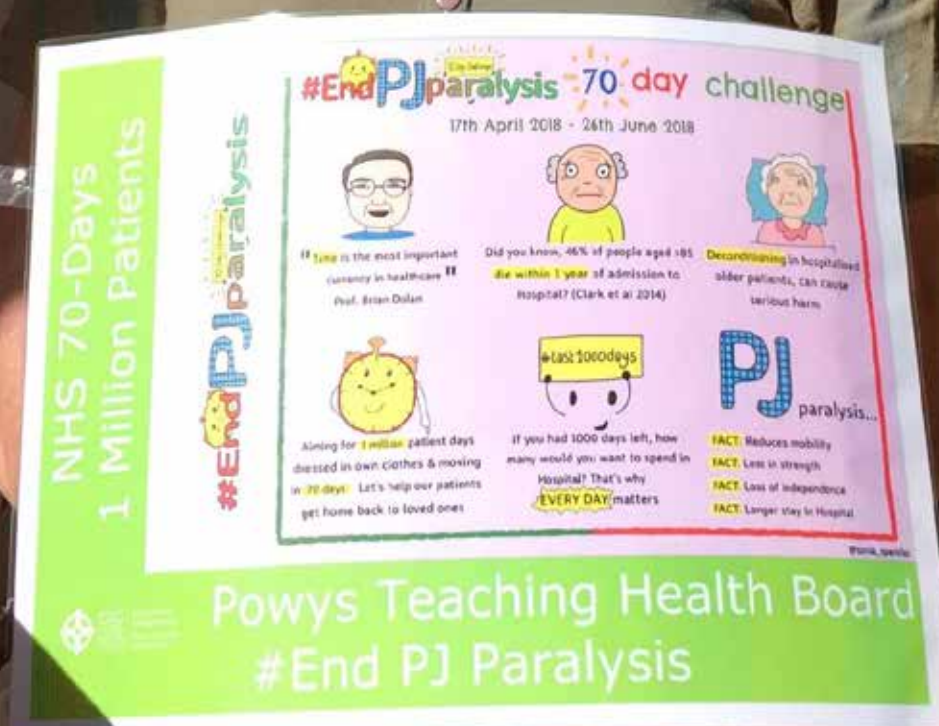
The audits have continued throughout 2017/18. They are led by the Facilities Team in conjunction with Heads of Nursing, Dieticians and occasionally Independent Members of the Board. The audits focus on patient experience, ward observations, nutritional assessments, main kitchen hygiene, ward kitchen hygiene and food quality. The ward are advised of areas of good practice but also of any areas where improvements may be required e.g. during an audit, patients had asked if more fresh fruit could be made available. In discussion with ward staff it was suggested they could be offered as snacks, particularly bananas which are easy to peel but also fresh fruit pots, i.e. sliced apple and grapes in small lidded containers. Following this up a note was sent to advise facilities staff on how best to make more fruit available routinely and this will be monitored on subsequent audits.

## Environmental Health Office Inspections (EHO)

The Environmental Health Office continue to carry out routine food hygiene inspections. The health board has scored mainly 4s and 5s. However, a revisit to Newtown Hospital has been requested by the health board following a score of 3 being awarded.

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


An external audit took place on 26th June 2017. The score achieved by the health board was 52.44% which is a vast improvement on the previous (2016) score of 30.10%.



Patients were very supportive of the end PJ Paralysis campaign

# 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 targets.	<ul style="list-style-type: none"><li>Number of patients treated within 36 weeks.</li></ul>	 No patients waited longer than 36 weeks for their treatment in 2017/18



## Women and Children's Services

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

The percentage of women booked before 10 weeks gestation increased from 69% to 73%. We are planning to audit the first point of contact gestation to ascertain when women contact the service.

The percentage of women booked before 12 weeks is 90%.

We aim to increase the numbers of low risk women who choose to birth in Powys.

### In 2017-18

- 58% pregnant women identified as low risk at booking, eligible to birth locally.
- 30% of total caseload commenced labour in Powys
- 20% of total caseload birth in Powys

Transfer rate – 22% transfer rate

## Children and Adolescent Mental Health Services (CAMHS) Referrals

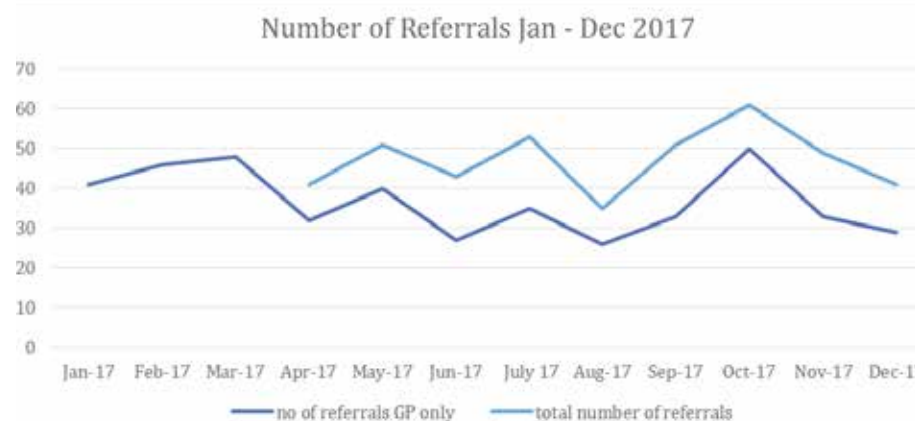
The charts show the number GP referrals alongside the total number of referrals to the service. The number of referrals to CAMHS has continued to remain high and as can be seen this is not consistent month to month, with a high in October of 61 referrals.

The percentage of assessments by the CAMHS undertaken within (up to and including) 28 days from date of referral, for the last twelve months, achieved 100% in October 2017, against a target of 80%, with the average of 65.8% of assessments being completed within the 28 day target.

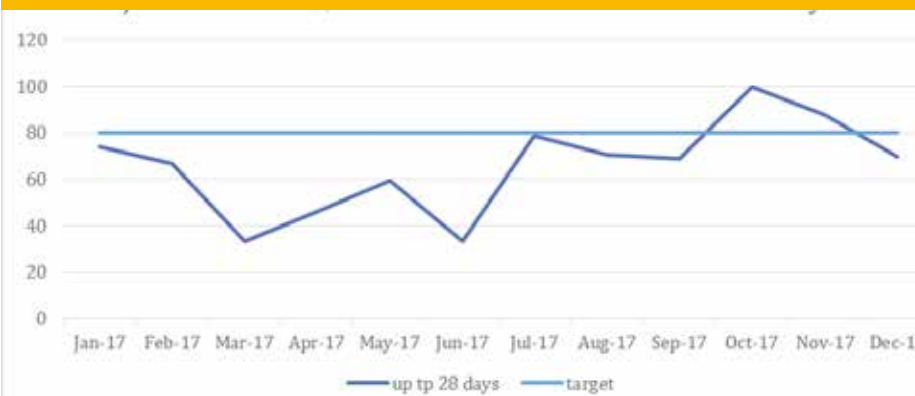
## Primary Care

– 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 practices have GPs available from 8am to 6:30pm every week day.

### Referrals to CAMHS



### Assessments within 28 days of referral



The GP Access Survey for 2017/18 show:

- 97% of patient responses stated that they could attend their surgery during normal working hours.
- 3% of patient responses stated that they could not attend their surgery during normal working hours.
- 78% of patient responses stated that they have been either very satisfied or quite satisfied with the care they received.
- 3% of patient responses stated that they have been either very dissatisfied or quite dissatisfied with the care they received.
- 62% of patient responses confirmed that it was either very easy or quite easy to make a routine appointment more than two days in advance with a GP, nurse or Health Care Assistant.
- 19% of patient responses confirmed that it was either very difficult or quite difficult to make a routine appointment more than two days in advance with a GP, nurse or Health Care Assistant
- 66% of patient's responses stated that it was either very easy or quite easy to get through to the surgery on the telephone.
- 19% of patient's responses stated that it was either very difficult or quite difficult to get through to the surgery on the telephone.
- 62% of patient responses confirmed that it was either very easy or quite easy to access telephone advice etc.
- 18% of patient responses confirmed that it was either very difficult or quite difficult to access telephone advice etc.

## Improving access for patients with sensory loss

People with sight or hearing loss can now tell their GP how / what would help us to communicate better with them.

Since September 2017 GP systems have been upgraded to be able to record the accessible communication needs of Powys patients. During 2018 this information will be sent automatically to the health board. Over time this will mean that you will only have to tell us once what your communication needs are. This will help us to plan ahead and book interpreters in advance of your visit and alert us that your letters need to be sent to you in a larger font or by email. You can help us to help you by making sure that your GP has recorded your communication need on his system.

## Further improving access to GP services for people with sensory loss

The health board participated in an All Wales project undertaken by Action on Hearing Loss Wales which looked at access to GPs by people with sensory loss. Feedback received during a workshop facilitated by Action for Hearing Loss, involving health board representatives and users, was complimentary of the efforts undertaken by Powys GPs for their patients with sensory loss. The implementation of My Health Online, particularly for booking appointments and ordering prescriptions, was praised. The ability to do these tasks online rather than by telephone were very much appreciated by this group of patients.

## Diagnosis

**54%** said they saw a GP or other doctor within three months from first thinking something might be wrong.

**34%** said they were unaware something might be wrong.



Beforehand  
**89%** said staff completely explained what would be done during the test(s).

**82%** said test results were explained to them in a way they could understand.

## Side effects

Before they started their treatment,  
**58%** said they were told about any side effects of treatment that could affect them in the future rather than straight away.

## Dignity and respect

**90%** said they were treated with dignity and respect while in hospital.



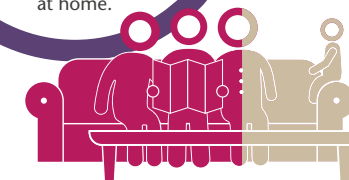
## Post treatment



**93%** said hospital staff told them who to contact if they were worried about their condition or treatment after they leave hospital.

## Care at home

**64%** said doctors or nurses gave their family or someone close to them all the information they needed to help care for them at home.



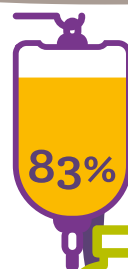
## Communication

**87%** said they were told sensitively about cancer.

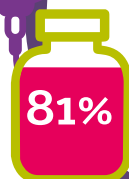
**78%** said they understood the explanation of what was wrong with them.



## Pain management

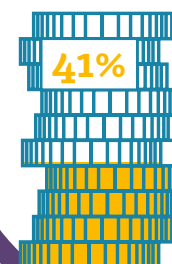


**83%** said hospital staff did everything they could to help control their pain.



**81%** said while being treated as an outpatient/day case, hospital staff did everything they could to help control the pain.

## Financial support






**41%** said hospital staff gave information about how to get financial help or any benefits they might be entitled to.



# 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
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 as to their complexity and timescale for response.</li></ul>	 100% of complaints were assessed
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>	 Concerns responded to within 30 working days up from 56% to 65%
100% informal concerns will be responded to within 5 working days.	<ul style="list-style-type: none"><li>Number of informal concerns responded to within 5 working days.</li></ul>	 83% of informal concerns responded to within 5 working days



## Complaints

Formal concerns are graded on receipt to determine appropriate response time. Under the NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 the health board should aim to respond to concerns within 30 working days however it is acknowledged that for more complex concerns this may not be possible and a longer period of up to 6 months or in exceptional circumstances 6 - 12 months may be appropriate. The grading relates to level of harm to patient, seriousness of allegations and in some cases where commissioned services or Individual Patient Funding Requests are related.

- We received 170 Formal Concerns
- 89% of formal concerns were acknowledged within 2 working days compared to 94% the previous year
- 65% of formal concerns managed and responded to within 30 working days in March 2018 compared to 56% in March 2017
- 37% of formal concerns managed and responded to within 30 working days and 6 months, same as previous year
- 6% of formal concerns managed and responded to over 6 months

## Informal Concerns

These are commonly termed 'on the spot' concerns, and are normally resolved within 5 working days. A total of 70 informal concerns were raised in 2017-2018, compared to 80 in 2016-2017.

## Redress

Where the investigation of a concern concludes there has been a breach of duty the case is presented to the Putting Things Right Redress Panel (hereafter, the 'redress panel'). The redress panel are required to consider whether redress applies

in situations where a patient may have been harmed and the harm was caused during care provided by Powys Teaching Health Board or in relation to care commissioned from other providers on their behalf in other parts of the United Kingdom. Redress can be the giving of an explanation, a written apology, the offer of financial compensation and / or remedial treatment, on the understanding that the person will not pursue the case through civil proceedings.

The redress panel met on 6 occasions during 2017-2018.

A total of 14 cases were considered resulting in:

- 7 cases confirmed no breach of duty
- 3 cases confirmed breach of duty but no causation
- 2 cases confirmed breach of duty and resulting causation
- 2 cases are ongoing

Improvements put in place include:

- Review of training and procedures in delivering care to dementia patients with the support of our Dementia Specialist Nurse.
- An assessment of the safety of ward areas and has taken action to install a dedicated tele-care system which will alert staff when patients who are at risk attempt to leave the ward unsupervised.
- Exploring options for providing therapy 7 days a week for stroke patients.
- Improving our training of the wider nursing team on stroke units within Powys to ensure and support staff knowledge and skills when working in the Stroke environment.

## Public Service Ombudsman for Wales

Improved recording of complaints from the Public Services Ombudsman for Wales (PSOW) has ensured more accurate data and information. A total of 23 enquiries from the PSOW were

recorded as received in year, of which 6 were upheld. The main referral theme continues to be Retrospective Continuing Health Care. For further details see our Annual Report 2017/18 [www.powysthb.wales.nhs.uk/concerns-and-compliments](http://www.powysthb.wales.nhs.uk/concerns-and-compliments)

## Sage and Thyme

Sage and Thyme' is a copyrighted, structured education programme for effective communication skills.

'Sage and Thyme' is delivered in most Trusts in England but has yet to be adopted in Wales, with the exception of Aneurin Bevan University Health Board. 'Sage and Thyme' is a mnemonic tool which guides healthcare professionals / care workers into and out of a conversation with someone who is distressed or concerned. It provides structure to psychological support by encouraging the health worker to hold back with advice whilst prompting the concerned person to consider their own solutions.

Powys Teaching Health Board has been supported by Charitable Funds to train 12 members of staff as facilitators who will, under license deliver Sage and Thyme Training in partnership with care homes and the voluntary sector. We are now ready to start delivering the training, a method of teaching the communication skills required to provide psychological support to people who are concerned or distressed, by recognising, listening and responding to their concerns.

## Patient Experience: Patient Stories

Hearing from our patients has provided members of the Board with an understanding of the experience of care from the patient's perspective. They have learnt what was good, what was bad and what would make the experience more positive.

Throughout 2017/18 the Board have had the privilege of hearing stories about, for example, palliative care where there was the possibility of a delayed diagnosis and missed opportunities, the story of a veteran who developed post traumatic stress disorder and how issues and delays in accessing services started to impact on daily life and family.

### *What Parkinson's disease did for me?*

The resident was diagnosed with Parkinson's disease in 2010. The relationship with the Parkinson's Nurse Specialist had helped the resident and family members cope with what was to come. They had also gained from the Parkinson's support group as it gave them the opportunity to share their experiences and learn from others. The Board learnt about how living with Parkinson's disease impacted on daily life and activities and the actions taken to control symptoms to enable a normal life as possible.

## Staff stories

Staff stories are also shared and one which had a positive impact on Powys residents was the pilot project of a pharmacy-based independent prescribing service in Dudley Taylor Pharmacy, Llanidloes. The service allowed the pharmacy to treat patients with acute illnesses and provides resident's access to a local prescriber when their local surgery is closed. The Board heard how initial evidence suggested the service had reduced General Practitioner (GP) workload, out of hours GP demand, and unnecessary patient attendances at Accident and Emergency departments. The Board was advised that the pharmacy also offers a range of services which complement the GP care model, including an emergency respiratory box scheme, smoking cessation and a benzodiazepine reduction clinic. It was also noted that joint

working meant both the surgery and the pharmacy were operating more efficiently.

These stories are presented at our Board meetings which are open to the public to attend. Find out details of these meetings at [www.powysthb.wales.nhs.uk/board-meetings-2017-18-and-2018-19](http://www.powysthb.wales.nhs.uk/board-meetings-2017-18-and-2018-19)

## Patient Experience Surveys

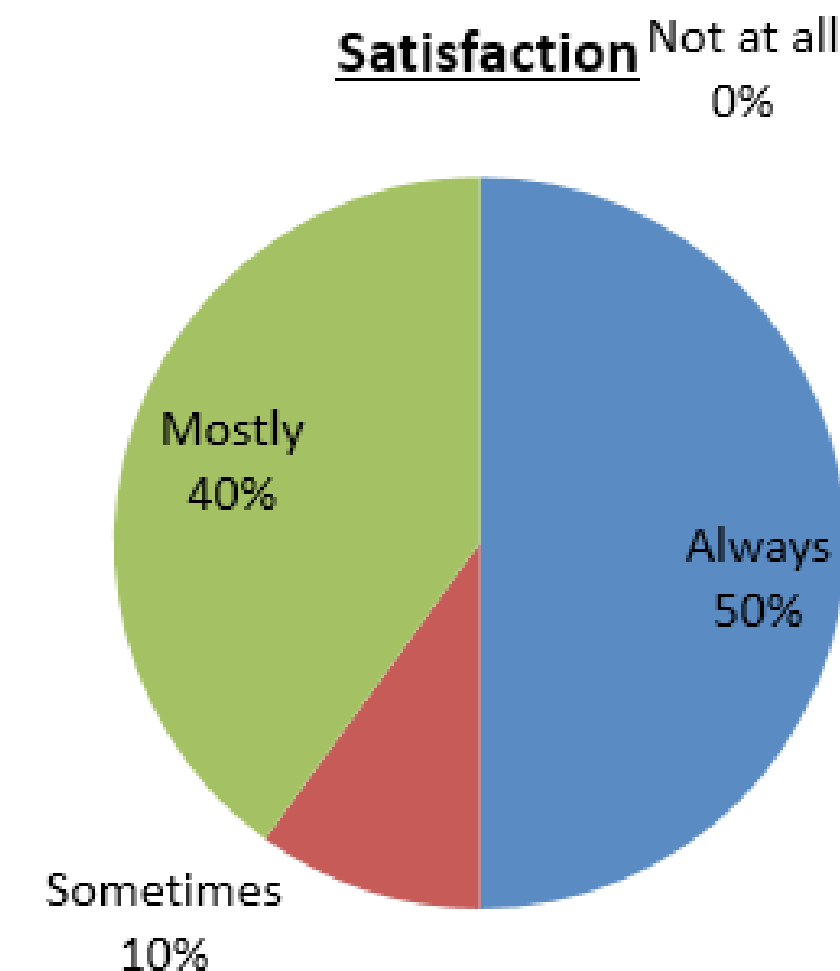
The **Community Children's Nursing team** ask all families to complete feedback on their experience of using Community Children's Nurse and Special School's Nurse. Long term patients are asked to complete an annual questionnaire and shorter term patients are asked to complete a questionnaire at the end of their treatment, including views about clinic experience.

The **School Nursing Team** have developed feedback systems for use following immunisations and are aiming to increase "real time" feedback data and monitor the number of sessions being reported as a good experience for children and young people. They have also used feedback from children and young people gathered as part of a Welsh Government consultation on the School Nursing Refresh programme to explore ways of making the finding of the consultation exercise relevant to Powys.

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

Patient Reported Outcome Measures (PROMs) are questionnaires that patients are asked to complete before and after treatments to assess how they feel, from their own perspective.

*Patient experience survey results January 2017*



A national programme for NHS Wales has been under development for the use of PROMs so patients and clinicians can make better decisions together.

The programme are aiming to collect questionnaires from patients across Wales, the work has been progressing in phases and with different health boards and specialities coming on board at different times and pace.

Within Powys we are currently working towards piloting PROMs as part of the cataract pathway. We will report progress next year.

In addition to the PROMS work has commenced on Patient Reported Experience Measures (PREMS).

## Perinatal Mental Health

Mental Health have worked closely with Midwifery and Children's services setting up Perinatal Forums which has improved joint working and led to better outcomes for patients. A Perinatal Lead in each area supports mental health in pregnancy and postnatal care. The support and treatment offered, is unique to the individual and relies upon excellent collaboration from colleagues across primary and secondary care and the third sector.

From April 2017, Midwives and Health Visitors, have been asking all parents to be, and new parents, about their mental health and providing further screening and support as needed.

# Powys Maternity Day Assessment Services

## Women's Experiences



I am having my second baby and really want to use the new birthing centre in Llandrindod. My first baby was really small when he was born and this time I have to see a consultant during my pregnancy. He said I would have to have regular growth scans. I would have to have these scans in Hereford which is 40 miles from where I live and would mean I had to take a full day off work to travel and have my appointments.

Then they opened the new unit in Llandod and I was able to have my scans there with Alice and Louise. They work with my community midwife Katie and are always really welcoming. Seeing the same midwives every time puts me at ease. They work with the consultant letting him know how my baby is growing and he is now happy for me to have my baby in Llandrindod.

I think being able to see the same midwives and them working closely with my consultant has really helped me and supported me to hopefully have the birth I want.

Chloe Due June, 2017.

'Being told you need to have a growth scan when your 33 weeks pregnant is a daunting prospect, especially when you have to travel over 40 miles to have it done. I was so pleased when my midwife told me that this could be done locally & within Powys. It meant that it would not be a day long event, I wouldn't have to travel far & my partner would also be able to come with me. Having my scan done locally was a nice experience with staff who immediately put me at ease. Having my scan done by a midwife who was part of the Powys team also gave me confidence that the information would be shared appropriately and in a timely manner'

Jolene And Baby Ronnie Born march, 2017.



I had to go for several growth scan throughout my pregnancy and although travelling to Brecon wasn't a problem it took most of my day out of work. When the scanning unit opened in Llandod it meant less travelling and also a friendly familiar atmosphere where I could talk to any of the midwives.

Alice was fantastic at all the scans I went to but it felt more instant in Llandod as she fed back to my midwife straight away which was reassuring, rather than having to wait to go back to see my midwife.

The whole atmosphere in the Birth Centre is so relaxed and the scanning unit just adds to it convenience. Thank you to everybody involved.

Nicola and baby Ebony. Born May 2017







*The new Ithon Birth Centre in Llandrindod Wells has been well received by the community*

# 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

**The Health Board continues to focus on its recruitment and retention of staff at all levels and continues to aim to be the employer of choice. Building on the positive results of the Staff Survey of 2016, the Chat to Change shapers have been working with staff across the organisation to identify how we can improve our approach to managing change and reduce bullying.**

The Health Board continues to work in partnership with Powys County Council, in developing its managers at all levels and focusing on creating a coaching culture. The Health Board has focused on recruitment and retention of staff and has continued to look for opportunities to increase apprenticeship and graduate training places.

During 2016/17 the Health Board has considered how it can work with Partners across Health and Care to deliver the workforce of the future, for the needs of the population of Powys.

## **The Nurse Staffing Level (Wales) Act 2016**

The Act became law in Wales in March 2016. The Act requires health service bodies to make provision for an appropriate nurse staffing level wherever nursing services are provided, and to ensure that they are providing sufficient nurses to allow them time to care for patients sensitively. This requirement extends to anywhere NHS Wales provides or commission's a third party to provide nurses.

The responsibility for meeting the requirements of the Act applies to staff at all levels from the ward to the Board, with the Board and Chief Executive Officer being ultimately

responsible for ensuring the health boards'/trusts' compliance with the Act.

Some parts of the Act do not directly affect the health board, however, as commissioners of care from other providers the parts of the Act will be stated within our Service Level Agreements.

## **District Nursing Principles**

The district nursing staffing principles have been developed to provide an overall set of principles that empower district and community nursing to make a difference to individuals within the communities they serve.

The principles focus on workforce assessment, the structure and skill mix of the district nursing teams.

The health board are compliant with the majority of the District Nursing Staffing Principles but action is required to ensure team leaders are supernumerary and there is availability of administrative support for the teams.

## **Primary Care Workforce**

There continues to be significant recruitment and retention issues in Primary Care, particularly affecting General Practitioner (GP) and Practice Nurse roles. Factors such as the age profile of the current workforce and being able to attract staff to work in the county still proves to be extremely challenging. We continue to reshape the design of the workforce, encouraging a multi professional approach to service delivery. Over the last year, some services have been delivered in alternative ways and these are being reported, by many working in primary care, as a great success. The role of the Advanced Physiotherapist, Advanced Nurse Practitioner and Urgent Care Practitioner continue to work well in the absence of sufficient GPs. The

Physician Associate (PA) is becoming a well-established role within Powys, with 10 PAs expected to be working in Powys by the end of 2018. We look to see how we can continue developing the PA role in Powys.

## **Workforce Productivity and Temporary Staffing**

As the Health Board continues to roll out the e-rostering system, exploration and analysis of data is providing information to the organisation to support the analysis of, for example, temporary staffing, and additional shifts above establishment and absence data. To support this analysis, the health board are currently exploring the utilisation of a specific platform available via the health roster system to report on this data and support benefits realisation with a kick off meeting in March 2018.

The temporary staffing unit continues to review and modernise its systems and processes in order to implement effective and efficient systems which support the reduction of agency staff utilisation. Currently, the temporary staffing unit covers inpatient nursing and expanded in April 2018 to centralise all temporary staffing functions. This will allow the organisation to accurately monitor, support and report on temporary staffing utilisation across the organisation. The team has also undertaken a data cleanse exercise to ensure all contact details for bank workers are up to date and are currently planning to implement an electronic text messaging service to alert available bank workers to shifts.

## **Recruitment and Retention Approach**

Successful recruiting to nursing jobs remains very important to us. Looking ahead, we have a lot of nurses who are likely to be leaving the Health Board to enjoy their retirement

after many years of loyal and dedicated service. We need to ensure that we are able to recruit to the gaps that they will leave. To help with filling these gaps, our clinical staff are attending recruitment events in both Wales and England to promote Powys as a great place to work. You may have also heard the adverts on the radio, or seen posts on Facebook or Twitter telling people about the benefits of working in Powys and what opportunities there are here for a great career in nursing.

Connecting with nurses in training who will be our nurses of the future is essential, so we are working closely with Universities to ensure that more nurses on training programmes are able to spend periods of time in Powys as part of their training programme. This will hopefully make them want to come back to work for us when they become qualified as a nurse.

## **Health Care Support Worker Development**

We have introduced mandatory clinical induction for all Health Care Support Workers (HCSW) new to their employment in the health board since April 2016. This programme to be completed as soon as possible after pre-employment checks have taken place. This is particularly important for bank staff some of whom may not have worked in the clinical field previously. Coleg Gwent have been commissioned by the health board to deliver the induction training as a pilot for three months. This commenced in March 2018, the event was a great success with positive feedback from staff who attended. A further two events are planned for April. This is a real opportunity to 'grow our own' staff as one of the strategies to improve recruitment and retention.



## Mental Health

The health board has seen an important transition for adult mental health services over the past two years. Adult mental health services in North Powys (formerly managed by Betsi Cadwaladr University Health Board) and in Ystradgynlais (from Abertawe Bro-Morgannwg University Health Board) joined Powys in 2015. Primary Mental Health Services in South Powys followed in 2016. Now the repatriation is complete with Aneurin Bevan University health board colleagues joining Powys from 1 June 2017.

This is a change in management arrangements for staff – not in the range or location of existing services. The goal has been to enable services to work ever more closely together in Powys, ensuring a parity of esteem between physical and mental health and providing truly integrated services including through our partnerships with Powys County Council, with PAVO and the wider third sector, and with other partners and providers.

## Older People

There are two Older People's teams, in Ystradgynlais and Brecon. Employees from Powys Teaching Health Board and Powys County Council are co-located in the teams which comprise of multi-disciplinary staff such as Physiotherapists, Occupational Therapists and Social Workers. The teams have single line management with Team Leader posts being recruited to. Both teams are now on a single computer system, which assists with documentation and data management.

## Occupational Therapy Week

Occupational Therapy (OT) week provided a great opportunity to celebrate the role of OT across Powys. The teams were busy with events and activities across the county, culminating with a celebration event with Chief Executive Carol Shillabeer on Friday 10 November.

*"I was delighted to attend the celebration event for Occupational Therapy Week 2017 where I witnessed at first hand the positive approach and impact our practitioners have in the lives of our patients."*

*"Spending time meeting patients provided a great opportunity to see at first-hand how valued Occupational Therapists are. For the 100 years anniversary of Occupational Therapy it was clear that the profession has come such a long way with Royal College status now being granted. I am already looking forward to next year's Occupational Therapy week – my huge thanks to all who made this year's celebrations such a success".*

*Carol Shillabeer spoke to staff during Occupational Therapy Week*



## Improving Quality Together

Improving Quality Together is the quality improvement programme for NHS staff in Wales. It relies on staff using data to inform improvement based on small tests of change. There were three successful IQT Silver projects completed during the year that covered a variety of clinical and non-clinical areas:

- One project improved the skills of Special School staff so that they can meet the specific needs of the children in their care. This in turn meant that clinical qualified staff had more time to spend on particularly challenging problems that the children face.
- One project improved the efficiency of an Out-Patient clinic at Newtown Hospital, reducing the length of time patients were waiting for an appointment.
- One project looked at improving the process for the creation of staff email accounts. Prior to the work being undertaken a large number of complaints and enquiries were received from staff concerning the creation of their email accounts. After the project, the number of requests concerning email accounts for staff who were already in post fell to less than 10% of total requests.

## Wales for Africa

### Machynlleth Fundraisers are changing lives in Lesotho

Staff and patients at Bro Ddyfi Hospital came together today to hear about Jan Jeffrey's work in Africa and to donate £500 raised by hospital colleagues and their friends on a sponsored walk up Cadair Idris.

Jan Jeffrey from the Physiotherapy team at Machynlleth has been visiting Lesotho since 2016 to work with children with disabilities, supported by the Wales for Africa Programme.

Colleague Marian Morris at Bro Ddyfi Hospital organised a sponsored walk up Cadair Idris in September for colleagues, which will help pay for physiotherapy equipment for children in Lesotho.

Jan provided a great presentation to patients in the Day Hospital and to Machynlleth Hospital colleagues, with "Ain't No Mountain High Enough" as the very suitable soundtrack.

"Many thanks to Staff, Family, Friends and dogs for your support" said Jan.

A team of over 20 staff and their family & friends made the ascent and raised £500 for equipment for Jan's next visit.

Jan's presentation also included a video of Tokiso, a boy in Lesotho whose life has already been changed for the better

*Staff from Machynlleth raised £500 for Wales For Africa*





with support from Jan through the Wales for Africa Programme. Tokiso received a frame that helped him fulfil his dream to walk to school.

"I am so grateful for all the support I have received from colleagues across the Health Board, local communities and companies. Earlier this year I was able to take over 100kg of equipment thanks to everyone's generosity," added Jan.

### International Learning Opportunity

Owen Hughes (Consultant Counselling Psychologist and Head of Pain and Fatigue Management) visited Lesotho. Owen was successful in participating in a Welsh Government funded scheme which gives participants the opportunity to spend 8 weeks working in a completely different part of the world, countries such as Uganda, Namibia and Lesotho.

The main focus of Owen's placement was the evaluation of the implementation of mhGAP in Lesotho. mhGAP is a World Health Organization initiative to improve the management of mental health, neurological and substance misuse disorders in areas where mental health services are not well developed.

*Mohlomi Hospital is a psychiatric hospital in Maseru*



# Looking forward



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>Percentage of current smokers treated by NHS smoking cessation services.</li> <li>Percentage of treated smokers' carbon monoxide validated as successfully quit at 4 weeks.</li> </ul>
Keep smoking prevalence below 2016 target levels.	<ul style="list-style-type: none"> <li>Self-reported smoking status (via National Survey for Wales)</li> </ul>
Improve flu vaccination uptake	Percentage uptake in: <ul style="list-style-type: none"> <li>Over 65yrs.</li> <li>Under 65yrs "at risk".</li> <li>Pregnant women.</li> <li>Healthcare staff.</li> </ul>
Maintain childhood vaccination uptake	<ul style="list-style-type: none"> <li>Percentage of children who receive 3 doses of the hexavalent '6 in 1' vaccine by age 1yr.</li> <li>Percentage of children who receive 2 doses of the MMR vaccine by age 5yrs.</li> </ul>
<b>Safe Care</b>	
Improve quality and safety of medical devices and equipment, ensuring robust monitoring arrangements are in place in relation to maintenance, training and replacement of equipment in a timely cost effective manner.	<ul style="list-style-type: none"> <li>Implementation of Medical Devices Asset Management System.</li> </ul>

What we'll do	How we'll measure it
<b>Effective Care</b>	
The Medicines Management Team will work together with the Dementia Lead and Care Home Liaison Nurse to develop and implement a data collection tool for the monitoring of anti - psychotic medication in care homes.	<ul style="list-style-type: none"> <li>Implementation of a data collection tool for the monitoring of anti-psychotic medication in care homes.</li> </ul>
<b>Dignified Care</b>	
Roll out the PJ Paralysis Campaign across the health board	<ul style="list-style-type: none"> <li>End PJ Paralysis Campaign in place in all ward and department areas</li> </ul>
<b>Timely Care</b>	
Increase the numbers of low risk women who choose to birth in Powys.	<ul style="list-style-type: none"> <li>The number of low risk women who choose to birth in Powys.</li> </ul>
<b>Individual Care</b>	
Improve response times to complaints within 30 working days from 65% to 80%	<ul style="list-style-type: none"> <li>Percentage increase in the number of complaints responded to within 30 working days</li> </ul>
90% informal concerns will be responded to within 5 working days.	<ul style="list-style-type: none"> <li>Number of informal concerns responded to within 5 working days.</li> </ul>
<b>Staff and Resources</b>	
Reduce work related stress	<ul style="list-style-type: none"> <li>Establish a wellbeing at work group.</li> </ul>

## Thank you for reading our Annual Quality Statement

Our mission is to deliver high quality care and services to you.

We welcome your feedback on this publication. Please access our Survey and tell us what you think works well and what we can do better next year.

[www.surveymonkey.co.uk/r/5P5HWXK](http://www.surveymonkey.co.uk/r/5P5HWXK)

If you would like to comment on this publication you can contact us in the following ways;

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

## Find out more...



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