

# POWYS TEACHING HEALTH BOARD ANNUAL QUALITY STATEMENT 2018/19



## THE HEALTH AND CARE STRATEGY FOR POWYS 'AT A GLANCE'



WE ARE DEVELOPING A VISION OF THE FUTURE OF HEALTH AND CARE IN POWYS...



To 2027 AND BEYOND...



WE AIM TO DELIVER THIS VISION THROUGHOUT THE LIVES OF THE PEOPLE OF POWYS...



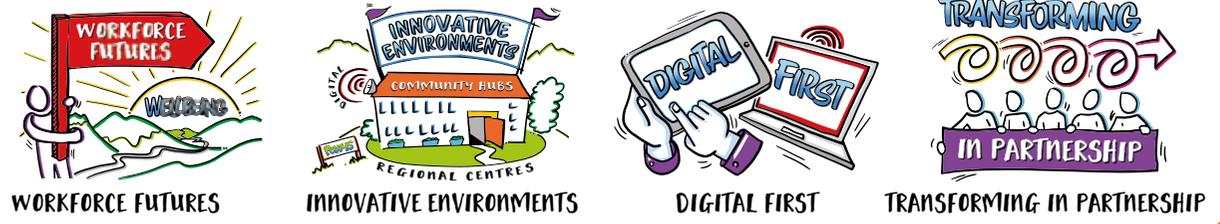
WE WILL SUPPORT PEOPLE TO IMPROVE THEIR HEALTH AND WELLBEING THROUGH...



OUR PRIORITIES AND ACTION WILL BE DRIVEN BY CLEAR PRINCIPLES...



THE FUTURE OF HEALTH AND CARE WILL IMPROVE THROUGH...





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# INTRODUCTION

## From the CEO and Chair of PTHB

We are pleased to present our Annual Quality Statement for 2018-2019. The statement sets out how we are doing in delivering our long term Health and Care Strategy, "A Healthy Caring Powys." The strategy aims to create a future where the people of Powys have the best opportunity to live healthy, full and independent lives.

Collaboration is key to delivering healthcare for the people of Powys and we continue to undertake extensive engagement with residents, third sector, League of Friends, primary care contractors, independent sector, neighbouring health boards and trusts and our local authority colleagues. As part of this joint approach, it is essential that we listen to people and allow the public to play their part in setting our priorities, shaping our services and making decisions about the lives they wish to lead. We recognise empowering people who use our services will increase our ability and accountability in delivering public services.

The Annual Quality Statement does not cover all the work we have undertaken during 2018-2019 but provides examples of what we have done over the past year, it provides an accurate and representative picture of the quality of services we provide and the improvements we are advancing for the people of Powys.

We would like to acknowledge the hard work, commitment and passion of our staff who make great efforts to deliver safe, effective and dignified care.

*Carol Shillabeer, CEO, Viv Harpwood, Chair*

## From the Chair of the Quality and Safety Committee and the Director of Nursing

We are pleased to present Powys Teaching Health Board Annual Quality Statement for 2018-19. We are proud to share with you the continued efforts in improving patient experience, quality and safety of services provided to Powys residents. The approval by Welsh Government of our Integrated Medium Term Plan 2019/2020 – 2021/2022 is an exciting time for the health board in working collaboratively towards "A Health Caring Powys." Patient safety is at the forefront of our thinking when planning and delivering health and care services for the residents of Powys. There are many examples we could share with you but have selected a few highlights of the excellent work undertaken during 2018/19.

During 2018/19 we continue to see a reduction in pressure ulcers for all ages in all settings, community hospitals and outside of hospital.

We have rolled out dementia friendly crockery across all inpatient areas and departments during 2018/19 enabling patients with dementia or visual impairment to confidently take part in meal times promoting better nutrition and hydration and social interaction.

We have continued to work towards providing care closer to home for Powys residents. An example being the opening of a new paediatric audiology suite at Brecon Hospital Children's Centre.

We have rolled out PJ Paralysis campaign in all ward and department areas. This campaign aims at improving recovery, shortening hospital stays and boosting the morale of patients and staff by encouraging patients to get up and get dressed every day. There have been many examples of patients "up,

Powys Teaching Health Board Annual Quality Statement 2019

dressed and moving” across the health board participating in activities such as gardening and exercise classes.

The health board has implemented a two-year phased midwife-led influenza immunisation programme in October 2018. As part of phase 1, pregnant women in north Powys are able to access the vaccine at their routine antenatal appointment, a designated flu clinic or at an additional appointment if they are not due to be seen for routine antenatal care for some time. This allows flexibility of appointments to be as convenient as possible for women with the intention of increasing access to the vaccine. Importantly, staff who are trained are also able to vaccinate other staff which provides an opportunity to further increase staff uptake of seasonal flu vaccine.

During 2019/20 we will continue to work with Powys residents, third sector colleagues and neighbouring health boards and NHS Trusts in developing and shaping future service provision.

*Chair of Quality and Safety Committee – Trish Buchan*

*Director of Nursing – Rhiannon Beaumont-Wood (until November 2018)*

*Rhiannon Jones (from November 2018)*

If you would like more information about patient experience and the quality and safety of our services the Patient Experience, Quality and 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)

You can access our:

Health and Care Strategy at <http://www.powysthb.wales.nhs.uk/document/312141>

Integrated Medium Term Plan (IMTP) at <http://www.powysthb.wales.nhs.uk/document/324113>

# Health Board Profile

The health board is responsible for improving the health and well-being of approximately 133,000 people living across the area of Powys, that is a quarter of the landmass of Wales, and with less than 5% of the population it is one of England and Wales' most sparsely populated areas. The geography and rurality make access a challenge and the fragility of services around our borders presents a complex risk, which requires the health board to be innovative and creative to ensure timely access to high quality services to meet people's needs.

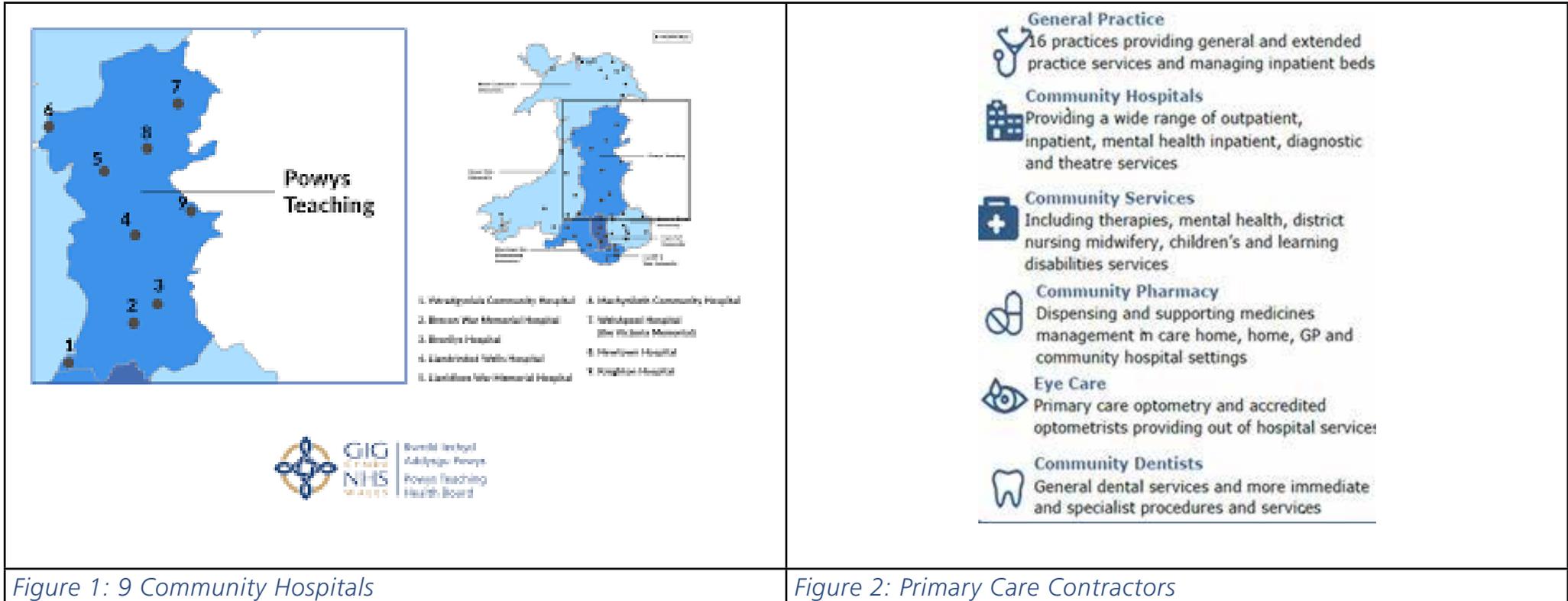
Some key facts in our Wellbeing Assessment show the population in Powys is older compared to the rest of Wales and the working age adult population is smaller compared to Wales. It is predicted that there will be an:

- 8% decline in population by 2039
- 15% Population aged 15 and under
- 59% Population aged 16 to 65
- 26% Population aged 65 or over

The number of young people and those under 65 will decrease while older adults will increase. With a predicted 44% increase of people with dementia, and currently about 16,000 carers in Powys including at least 576 young carers, it is important high quality services are available to meet everyone's needs. For a full analysis of our Wellbeing Assessment visit: <https://en.powys.gov.uk/article/5794/Full-Well-being-assessment-analysis>

Providing direct care through nine community hospitals (Figure 1) and the Glan Irfon, Health and Social Care Centre in Builth Wells, the health board also provides an increasing range of consultant, nurse and therapy led outpatient sessions, day theatre and diagnostics in community facilities, bringing care closer to home. We buy in a range of services on behalf of our residents, with a variety of care models provided through

arrangements with other health boards and NHS Trusts in Wales and England, for more information see our IMTP at <http://www.powysthb.wales.nhs.uk/document/324113> . Care also provided through primary care contractors such as General Practices, Dental Practices, Pharmacists and Optometrists, as well as the Third Sector (Figure 2).



# 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	<ul style="list-style-type: none"> <li>2.3% smokers treated by NHS smoking cessation services.</li> <li>40% treated smokers carbon monoxide validated as successful at four weeks.</li> </ul> <p>(Exhaled carbon monoxide is a measure used to check if someone is still smoking)</p>	<p>2.2% (2017/18 figure)</p> <p>44% (2017/18 figure)</p>
Keep smoking prevalence below 2016 target levels.	Fewer than one in five people in Powys smoking	18% (2017/18 figure)
Improve flu vaccination uptake	<ul style="list-style-type: none"> <li>75% over 65yrs</li> <li>75% people aged under 65yrs "at risk"</li> <li>75% pregnant women</li> <li>50% healthcare staff</li> </ul>	<p>66% (2017/18 figure)</p> <p>48% (2017/18 figure)</p> <p>100% (2017/18 figure)</p> <p>65% (2017/18 figure)</p>
Maintain childhood vaccination uptake	<ul style="list-style-type: none"> <li>Percentage of children who received 3 doses of the '6 in 1' vaccine by age 1yr.</li> <li>Percentage of children who received 2 doses of the MMR vaccine by age 5yrs.</li> </ul>	<p>96% (2017/18 figure)</p> <p>88% (2017/18 figure)</p>

## “Staying Healthy” case studies:

### Case study 1: Bach a lach (Small and Healthy)



Bach a lach (Small and Healthy) is an initiative developed in Powys to promote '10 Steps to a Healthy Weight' - focusing on the 'Food and Fitness' elements of the Healthy Pre-schools scheme. Building on the success first reported in last year's Annual Quality Statement, almost 90% of full and sessional day care settings in Powys now take part in the Powys Healthy Pre-schools Scheme. More than half of these have been recruited through the Powys specific Bach a lach initiative launched in 2016.

Already, there have been 17 'Gold', 3 'Silver' and 4 'Bronze' Bach a lach awards achieved. All have achieved the Nutrition & Oral Health and Physical Activity & Active Play elements of the Healthy Pre-School Scheme, and have gone on to work on other aspects of the wider scheme, such as Safety, Hygiene and Environment.



*Bach a lach 'Celebration, Sharing and Training Day'*

The annual Bach a lach 'Celebration and Sharing' event was held on 1st October 2018 in the Metropole in Llandrindod, and was supported by a variety of professionals, including the Family Information Service, Workplace Health, Radnorshire Wildlife Trust, Education, Sports and Leisure, Health Visitors, Dietetics and the Powys Public Health Team. The event provided training, resources and demonstration sessions for over 45 setting staff and professionals alike - all coming together to celebrate and innovate. It is hoped that the scheme will grow from strength to strength to allow all pre-school settings in Powys to gain from the bespoke support.

## Case study 2: Physiotherapists and Public Health 'Making Every Contact Count'

Making Every Contact Count (MECC) is an approach to behaviour change which uses the day-to-day interactions healthcare staff have to support their patients in making positive changes to their physical and mental health and wellbeing. In Powys MECC is a key enabler for the Powys Health and Care Strategy.

Physiotherapists are well placed to focus on early intervention and health promotion and therefore have a key role to play in contributing to ensuring that healthy behaviours are embedded throughout the life-course. Powys Physiotherapy team and Powys Local Public Health team have been working closely together to ensure that MECC is firmly embedded within routine practice across the physiotherapy department.

A prompt card was designed to be sent out to patients with their appointment letter. The card aimed to introduce the idea that it is acceptable to talk to a physiotherapist about other health behaviours. The prompt card stated, "It doesn't matter what your appointment is about, if you want to talk about other lifestyle behaviours with your healthcare professional please ask".



*Making Every Contact Count prompt card.*

Each physiotherapy site was sent an information pack by the public health team which enabled them to put up health



Gwneud i bob cyswllt gyfrif  
Making every contact count

information boards at their hospital sites. The displays included information on healthy eating, alcohol, smoking, physical activity and immunisation and vaccination. The displays also included a MECC poster which reflected the prompt card and encouraged patients to raise these topics with their physiotherapist if appropriate.



*Making Every Contact Count displays in waiting areas.*

The results revealed that the cards had been useful to use during appointments as they enabled physiotherapists to ask patients if they had received the card and if they wanted to talk about any specific health behaviours. Given the findings, the agreed next steps were to make the prompt cards available in waiting rooms across Powys. It was also agreed that physiotherapists would be offered the chance to participate in motivational interviewing training to enable them to develop their skills and confidence in having behaviour change conversations with their patients.

For more information about MECC, please visit [www.mecc.wales](http://www.mecc.wales)

## Case study 3: Midwife-led influenza immunisation in Powys

In October 2018, the maternity service in Powys commenced a midwife-led influenza immunisation programme. This year sees a phased implementation of the programme taking place for women registered with the Newtown, Glyndwr (Knighton) and Ithon (Llandrindod Wells and Builth Wells) teams. Pregnant women registered with these teams are being encouraged to access their flu vaccine from the midwives. If this is not convenient for them, then they are still able to access the vaccine through their GP or local participating pharmacy. It is anticipated that if the phased implementation is successful, midwives will become the default provider for flu vaccination of all pregnant women across Powys from 2019/20 flu season.



*Midwives in Powys have been piloting midwife-led flu immunisation for pregnant women*

The programme was developed as a response to recommendations in the Welsh Health Circular for the National Influenza Immunisation Programme 2017/18, advising that pregnant women should be able to access their flu vaccine within an antenatal clinic wherever possible. Powys is the first Health Board in Wales to be moving towards midwives being the default provider for flu vaccines for pregnant women.

Pregnant women are able to access the vaccine at their routine antenatal appointment, a designated flu clinic or at an additional appointment if they are not due to be seen for routine antenatal care for some time. This allows flexibility of appointments to be as convenient as possible for women with the intention of increasing access to the vaccine. Importantly, staff who are trained are also able to vaccinate other staff which provides an opportunity to further increase staff uptake of seasonal flu vaccine.

While in the pilot phase, feedback is being collected through comment cards with women responding and rating the new service in a positive way with comments such as:

- 'it was easy and convenient to access'
- 'easier than going to the doctors'
- 'excellent and friendly service as always'

The ongoing evaluation will include patient stories and a survey of staff to gain insight into their experiences of administering flu vaccines. Data is also being collated to include comparison of how the women accessed the vaccine within the phased implementation group.

## Newtown Bumps to Buggy Walking Group singalong and craft session.

On Wednesday 12th December 2018 the Buggy walk group along with one of the local Parent and Toddler groups attended Park Street Day Centre to sing Christmas songs with the service users, followed by a planned Christmas craft session at The Newtown Integrated Family Centre.

43 attended, including 19 parents and 24 children aged between 12 weeks up to school age.

This was a great opportunity to develop links with our outside agencies and develop inter-generational ways of working, benefiting the children, parents and the elderly.

The Service users thoroughly enjoyed the singing and joined in while sitting comfortably in their seats. As you can see from the photos below, they were delighted to see everyone and welcomed the interaction from all the families. We are planning to replicate this next year and organise other activities in the near future.



## Primary Care

Various training has been undertaken with general practice clinicians in relation to promoting and protecting patient health. Examples include diabetes, food intolerances, adolescent health needs covering diet and travel health.

Recurrent annual vaccination and immunisation training programme continues to ensure the continued offering of both the children's vaccination and seasonal flu vaccination programmes.

Introduction of the new National Enhanced Service for non-routine immunisations, offering a continued service for patients who have missed their scheduled vaccination during the routine national immunisation programme.

# 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.

<b>We said</b>	<b>Target</b>	<b>How we did</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.	Implementation of Medical Devices Asset Management System.	We have implemented the asset management system in Ystradgynlais, Brecon and parts of Bronllys. The work will be completed by the end of 2019.

## Sustaining General Medical Services for our communities

Primary Care continue to encourage implementation of the primary care model for Wales through multi-disciplinary working to ensure the sustainability of General Practice Services in response to General Practitioner recruitment shortages. To support this a rolling training programme has been implemented on patient sign posting and clinical triage skills. Many practices demonstrate progress in implementing the primary care model, however the sustainability of general practice continues to be a risk for the health board who had one managed practice in 2018/19 - Presteigne Medical Practice.

## Safeguarding

Safeguarding Powys residents, their families and carers is central to the care that we deliver. We strive to ensure that people requiring support or protection are promptly identified and appropriately signposted in order to promote outcomes which enhance wellbeing and safety. This is achieved by working in close partnership with statutory and third sector partners throughout Powys and the wider region, to deliver a consistent, evidence-based, co-produced approach.

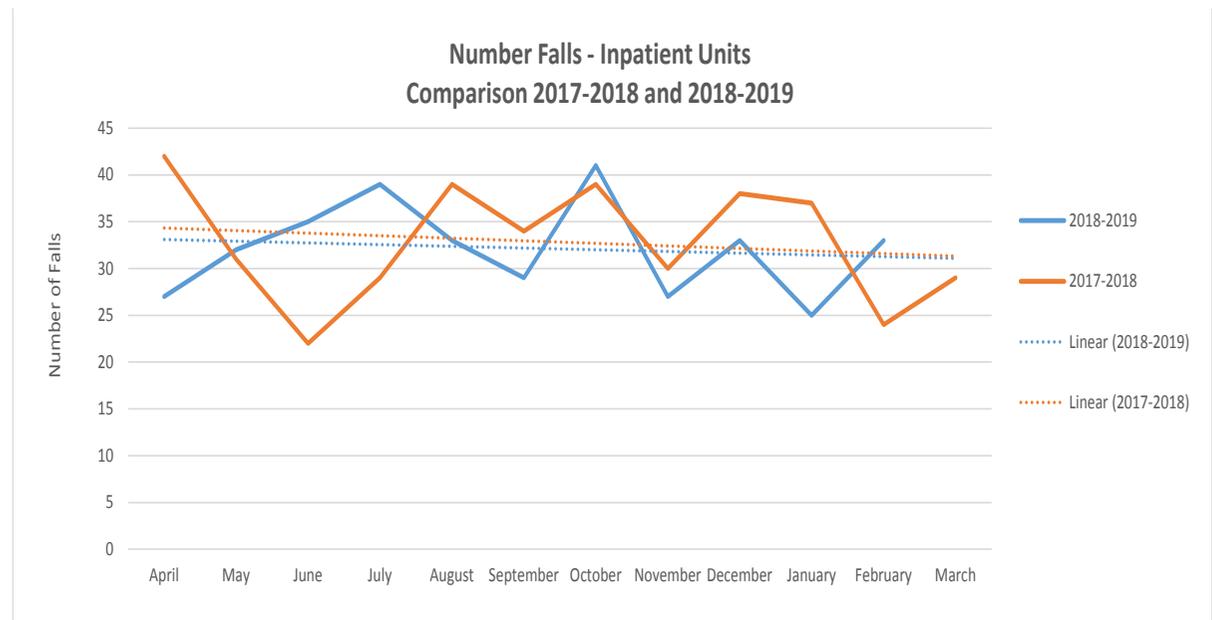
Learning from local and national reviews is a core element to ensuring Health Board staff continuously develop and improve their practice. Key messages are shared through the clear policies, safeguarding training, formal supervision and formal governance and scrutiny arrangements that we have in place.

## Falls

During Occupational Therapy (OT) week 5-11 November 2018, members of our OT team in North Powys joined Welsh Ambulance Services NHS Trust, Wales Air Ambulance and Emergency Medical Retrieval and Transfer Service - EMRTS Wales for a week of shared learning about each other's roles. It was an opportunity to see how joint working could reduce hospital admissions and contribute to falls prevention.

The health board held a successful falls prevention event in September 2018 for people who work or volunteer with older people which included Falls Brief Intervention Training. Our falls forum has used newsletters, library displays, hospital displays, home food deliveries to increase awareness with the public about falls prevention and the services we offer.

The health board's data for the number of falls reported between 2017-2018 and 2018-2019 (Figure 1 below) show a downward trend for both years, taking into account 2018-2019 only reports up until end of February.





*"A big thank you to Welsh Ambulance for letting me join you for the day. I can certainly see how occupational therapy & paramedic joint working could reduce hospital admissions in Powys."*

*"An excellent day spent with the Welsh Ambulance crew sharing thoughts, experience and passion for a home first approach, admission avoidance and falls prevention."*

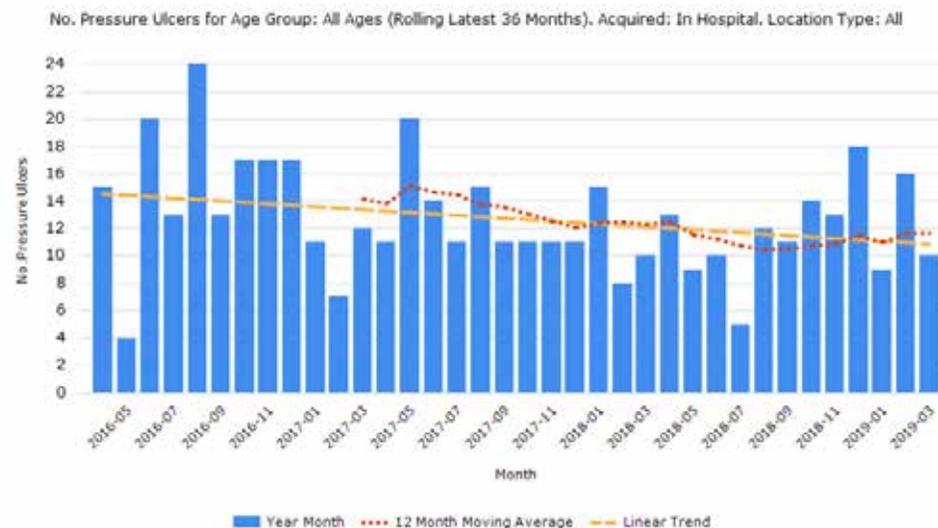


## Pressure Ulcers

The health board have continued to focus work on reducing pressure ulcers for all age groups in all settings, community hospitals and outside of hospital. Since May 2016, our data shows we are reducing pressure ulcers, although our inpatient data for 2018/19 shows varying rates, with a peak of nine reported in December 2018, however, this does not identify any areas of concern.

We have continued to raise awareness of the importance of reporting pressure damage to enable investigation to be undertaken and to support shared learning and good practice through our bi-monthly meetings across the health board, examples include:

- The importance of always advising patients every visit the importance of using pressure relieving equipment
- The importance of continually implementing pressure prevention care plans and regular review. Reiterating advice to patients on a regular basis.



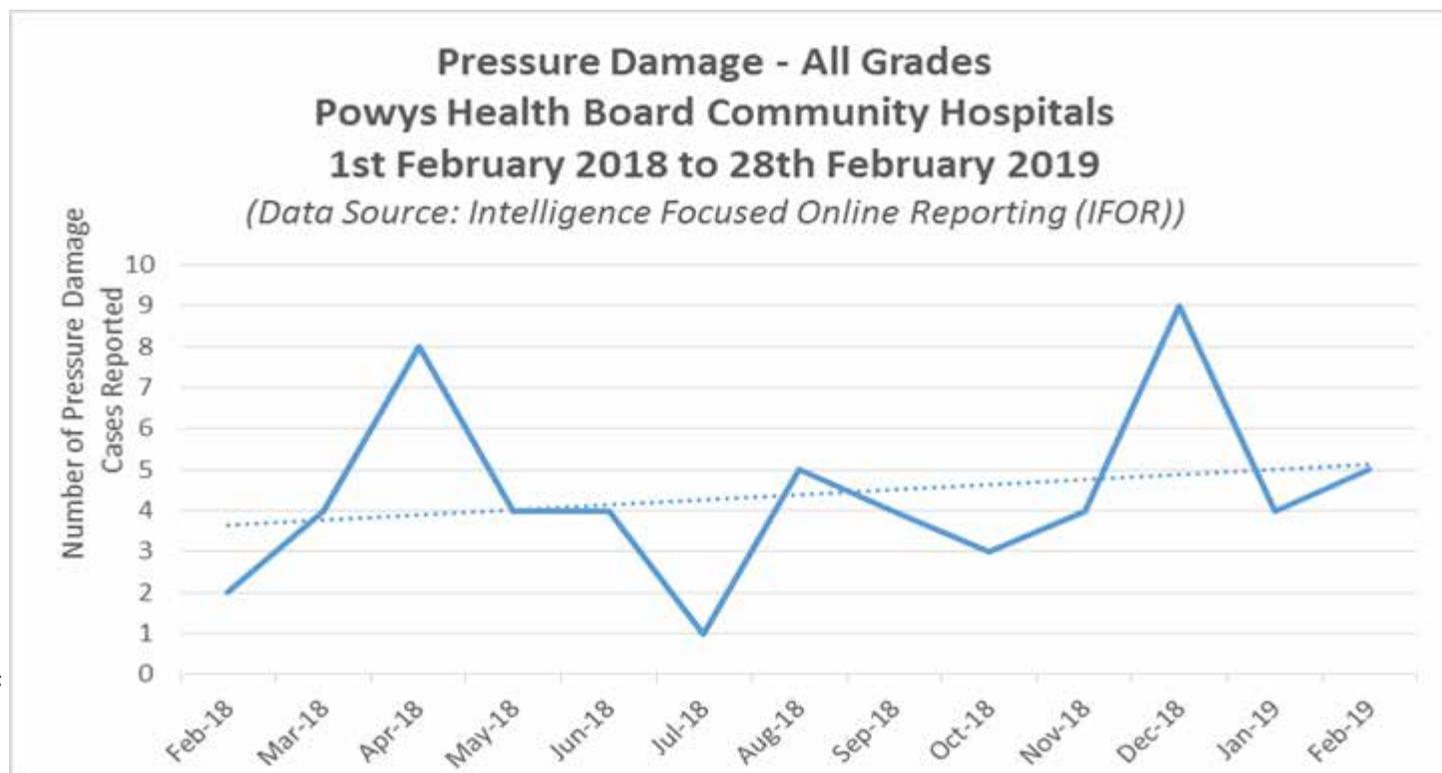
- Continue good communication with district nurses and ward. Appropriate pressure relieving equipment to be in situ prior to admission.
- Ensure that pressure areas are checked on initial admission to the district nurse caseload.
- Maintain good communication lines with the patient.
- Ensure notes are completed at each visit.
- To ensure all patients have correct care plans in place. For pressure damage or at risk of developing pressure damage depending on if they have pressure damage or not.
- Wound assessment regime to be completed for all patients with wounds and / or pressure damage.
- Care Plan for wound management to be completed for every patient with wound or pressure damage.
- Equipment needs to be checked for functionality.

The health board Tissue Viability Clinical Nurse Specialists have been successful in their work to reduce pressure ulcers. Participating in the European Pressure Ulcer Advisory Panel 2018 in Rome, the theme of the conference interdisciplinary teamwork and technological innovations, they won the Quality Improvement Project Award, their project "Audit of incontinence-associated dermatitis prevalence and skin barrier product usage in nursing and residential homes in a Welsh health board".

### Good Practice

- An example of timely communication from a nursing home to the district nursing team immediately the pressure damage detected, enabling the team to link in the same day and review the patient and provide advice.
- District nurse team to continue to jointly work with Podiatry.

The health board has recently purchased 83 hybrid mattress in conjunction with 83 bed frames. This will further enable better prevention and protection of pressure damage of patients within community hospitals.



## Nutrition and Hydration

The health board has rolled out Dementia Friendly Crockery across inpatient areas and departments in 2018/19.

We also participated in the promoting nutrition and hydration week 11-17 March 2019, focusing on bringing people together to focus on the value of food and drink in maintaining health and well-being in health and social care.

Events took place across the county including at Ystradgynlais Hospital where the team hosted an afternoon tea and mocktails for people to try different textures of food and drink that support people with different dietary needs to maintain a balanced and tasty diet.

Pictures of the event are available as a video on the Health Board's Facebook page: [www.facebook.com/PowysTHB](http://www.facebook.com/PowysTHB)

Twitter: @PTHBhealth



*The Dietetics Team at Ystradgynlais Hospital put on a fun and interactive afternoon of cake and mocktails*

## Reducing Healthcare Associated Infections

### Infection Prevention and Control- Surveillance

- As of the end of 2018-19 there has been a 14% reduction (N= 19) in Clostridium difficile rates compared to the equivalent period for 2017/18, which was 22 cases.
- No cases of Methicillin Resistant Staph aureus (MRSA) bacteraemia, which make this the fifth successive year of no cases.
- No cases of Methicillin Sensitive Staph aureus (MSSA) bacteraemia, this is a 100% reduction compared to 2017-18.
- As of the end of 2018-19 there has been a 33% increase in E Coli bacteraemia (n=4) compared to the equivalent period for 2017-18 (3 cases). The Root cause analysis completed identified the hospital admissions had previously been treated for E Coli in the urine.
- No cases of pseudomonas aeruginosa bacteraemia for the health board which is the same position as the previous year.
- No cases of Klebsiella bacteraemia which is a 100% reduction compared to 2017-18 where there was 1 case.
- All cases of infections are reviewed including outbreaks. Good practice and lessons learnt are shared through the Infection Prevention and Control Group and the link worker group.

Environmental cleanliness remains a priority within the health board. During 2018-19 a multidisciplinary team have been participating in walkabouts to monitor cleanliness levels and infection control practices; this has included all departments within each site but also General Practitioner Practices. An action plan is developed and shared at the infection prevention and control group.

Healthcare associated infection (HCAI) collaborative work is still on going within the health board and during 2018-19 there have been two All Wales HCAI collaborative events which the health boards collaborative group have attended. There is a quality improvement project which is led by continence services and senior nurse infection prevention and control around the

management of urinary tract infections and catheter usage. The project is in early stages with baseline data gathered, the implement phase commenced Jan 2019. The project will be presented at the HCAI collaborative event in May 2019.

## Decontamination

The health board was audited by the All Wales Endoscopy Audit Team in June 2018, the feedback and report was favourable and recognised the improvements made to decontamination services within the health board since the previous audit in 2016. An action plan has been drawn up by the operational decontamination lead and head of theatres and endoscopy and is reviewed through the Strategic Decontamination Group. The refurbishment of the Endoscopy unit at Llandrindod Wells commenced in 2018.

## Review of 2017/18 In-patient Mortality

Clinically-led Individual Mortality Review is conducted for all in-patient deaths in our community hospitals. A total of 240 such deaths fell for review during 2017, the review of which we reported in September 2018. For the period January 2017 to April 2018 our monthly number of deaths remained stable (18 +/-3). We are not able to compare our in-patient crude mortality rates with other health boards due to the differing clinical case-mixes. It is noted a relatively high number of deaths were due to lower respiratory tract infection which reflects that this type of infection is often the terminal event in frail patients incapacitated by stroke, dementia or multiple co-morbidities. For further information, see Item 3.2, [www.powysthb.wales.nhs.uk/2018-19-peqs-agenda-25-sept-2018](http://www.powysthb.wales.nhs.uk/2018-19-peqs-agenda-25-sept-2018)

The health board have also participated in the 'Once for Wales Mortality Review' Programme which is aimed at providing consistency in the use of software and datasets used to record/report mortality across all relevant NHS Wales organisations. This work is ongoing.

## Digitisation of Nursing Documentation – In-Patient Wards

This is a national project aimed at changing the documentation nurses are required to complete every day. The project focused to design, develop, pilot and implement e-nursing documents across Wales. The aim is to release nurses from the administrative burden of completing paper documents in order to spend more time on direct patient care. The health board is represented on the project by a Senior Lead Informatics Nurse.

The journey of digitising our nursing documents focuses on keeping our patients at the centre of all we do and supports the Healthier Wales plan to enable our patients to participate in their care. Patients and their carers are at the heart of the digitisation of nursing documents project along with those involved in the care of patients.

The health board will be undertaking a pilot to test the e documentation in June 2019, this will take place on Y Bannau Ward, Brecon War Memorial Hospital.

## Medical Devices and Equipment

We continue to improve the quality and safety of medical devices and equipment, ensuring we have robust monitoring arrangements in place in relation to purchase, maintenance, training, reporting of any incidents involving equipment and replacement of equipment in a timely cost effective manner. To support this, we have begun to implement a new Medical Devices Asset Management System. We have also improved processes around how we prioritise what equipment needs to be purchased. Some examples of key pieces of equipment purchased during 2018/19 are:

- Patient beds and mattresses for inpatient units
- Patient hoists
- Theatre and endoscopy equipment
- Electrocardiogram (ECG) Machines

- Defibrillators
- Patient baths
- Patient hoists

Moving into 2019/20 we will complete the implementation of the asset management system and continue to strengthen our processes in relation to medical devices and equipment.

## Commissioning Safe Care

Powys is unlike other Health Boards in Wales in that around 75% of the funding entrusted to it by Welsh Government is spent on securing healthcare from providers it does not directly manage. The health board's commissioning work spans the continuum through health promotion, primary care, secondary care, Specialised services, individual patient commissioning, continuing healthcare, partnership commissioning and joint commissioning with the local authority. As a highly rural area with no District General Hospital, 90% of admitted patient care and 80% of secondary care outpatients is delivered beyond its borders. It is a significant challenge to ensure that the quality and safety of the services its residents receive across five health economies, spanning England and Wales, in up to 30 different specialties is appropriate.

Under the Strategic Commissioning Framework work has been undertaken to help strengthen the way in which the health board commissions services. In addition to a dedicated resource in the Quality and Safety department, work has been initiated to strengthen our intelligence about services through use of the Clinical Health Knowledge System and by strengthening the input of the Public Health Department.

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.

## Quality and Safety in Commissioned Services

The health board has developed a Commissioning Assurance Framework that helps us to identify and escalate emerging patterns of poor performance and risk in health services used by Powys residents.

It considers patient experience, quality, safety, access to services, activity, finance governance and strategic change. It is a continuous process and considers information from a broad range of sources including “credible soft intelligence”. It is not a performance report between fixed points.

The health board holds regular Commissioning Performance and Review Meetings with service providers and also participates in provider clinical quality review meetings, where they exist.

Formal inspection reports for the NHS organisations commissioned are available on the websites of Healthcare Inspectorate Wales (HIW) [www.hiw.org.uk](http://www.hiw.org.uk) and the Care Quality Commission (CQC) [www.cqc.org.uk](http://www.cqc.org.uk)

PTHB is working within a complex commissioning environment. As PTHB has no District General Hospital a range of services, across all ages, spanning all specialities and emergency and planned care must be commissioned from surrounding health boards and NHS Trusts across England and Wales. Powys is continuously collaborating with 15 other main NHS organisations in order to meet the needs of patients in a highly rural area, however there is considerable fragility across particular providers and specialities.

**Shrewsbury and Telford NHS Trust**, which is one of the main providers of secondary care for the North Powys population, is in Special Measures. The Trust is required to take action to ensure it makes all the improvements necessary to give patients the standard of safe care they should be able to expect. The CQC Inspection Report was published on the 29th November

2018, of particular concern was the emergency department, critical care and maternity services. The CQC also found staff to be caring and dedicated and there were areas of outstanding practice.

The health board holds monthly Commissioning Performance and Review meetings with the Trust and there are established Chief Executive level meetings in place. The health board has a direct line of communication with the CQC. Further, the health board participates in a Safety Oversight and Assurance Group involving regulators and receives copies of weekly update reports. The health board’s actions also include additional tracking and support of maternity patients and implementation of additional supportive measures for Powys patients/families via the Health and Care Hub.

**Cwm Taf Morgannwg University Health Board’s** maternity services are currently in Special Measures following the publication of the Royal College of Obstetricians & Gynecologist and the Royal College of Midwives report on 30th April 2019. This raised significant concerns in relation to staffing, processes and culture that compromised care. Powys Teaching Health Board holds regular Commissioning Performance and Review Meetings with the health board.

**Betsi Cadwaladr University Health Board** is continuing to improve its governance arrangements, but remains in special measures.

**Wye Valley NHS Trust** continues to make progress reducing key risks identified by Powys Teaching Health Board. There has been significant progress noted in reducing waiting times and mortality indicators. Powys continues to work with the Trust to reduce Delayed Transfers of Care and transfers to community hospital beds outside of Powys.

The National Institute of Clinical Excellence (NICE) issues guidance to the NHS based on a thorough examination of the evidence

of the clinical effectiveness of interventions. A multidisciplinary approach is needed for chronic pain. **Robert Jones and Agnes Hunt Orthopaedic Hospital** reviewed its chronic pain service and, in the light of this evidence, decided to cease offering the service from the 31st March 2019. Powys Teaching Health Board has in place a multidisciplinary team of physiotherapists, occupational therapists and clinical nurse specialists, led by a Consultant psychologist. The service, which cover the whole of Powys, looks at all aspects of a person's pain experience and its impact on their day-to-day functioning both physical and psychological. It was agreed that patients needing such care would be transferred to the Powys Pain Manage Service. The service also has arrangements in place for the small number of patients whose clinical needs cannot be met in county.

## 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.

The health board reported 55 serious incidents in 2018/19. Pressure ulcers and infection control outbreaks affecting staff and patients were most common.

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

- Secure and safe transportation of district nursing records
- On going review of safe staffing levels in line with the Nurse Staffing Levels (Wales) Act
- Checking patient skin as soon as possible on transfer from another clinical area
- Photos of wounds invaluable to provide accurate picture of pressure damage for record keeping
- Importance of stating in records if babies are examined and weighed naked and who is seen to handle babies and their response

- Complete all assessment tools in use, within 24 hours of patient admission, to ensure that all care given is documented and accurate and evidenced
- Remind patients that when they move it maybe that a change of General Practitioner is necessary to ensure continuity of care
- The importance off treating a patient with holistic patient centred care
- The importance of early conversations about 'Do Not Resuscitate'

## Never Events

Never events are serious, largely preventable patient safety incidents which should not occur if preventative measures have been put in place – the health board had no Never Events in 2018/19.

## Coroner

A total of 11 enquiries were made by the Coroner's officers to the health board during 2018/19, of which no further actions/ improvements were identified.

## Patient Safety Alerts and Notices

Alerts and safety notices warn healthcare systems of risks.

They provide guidance on the prevention of potential incidents that may lead to harm or death through issuing important messages and safety critical information.

The health board's compliance with all patient safety solutions can be found at:

[www.patientsafety.wales.nhs.uk/safety-solutions-compliance-data](http://www.patientsafety.wales.nhs.uk/safety-solutions-compliance-data)



# 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 2018/19.**

<b>We said</b>	<b>Target</b>	<b>How we did</b>
<p>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.</p>	<p>Implementation of a data collection tool for the monitoring of anti - psychotic medication in care homes.</p>	<p>We have developed an audit toolkit designed to collect baseline data on anti-psychotic medication use in patients with dementia and residing in a Powys nursing home.</p> <p>As of February 2019, the initial audit has been completed in all Powys nursing homes. Collated data will be reviewed by May 2019.</p> <p>The audit process has initially identified that additional resources would be required to continue the collection of information on an ongoing basis. Future options will need to be explored, which includes considering the engagement of the nursing home staff in the collection of data and reporting.</p>

## Improving services for Powys residents

An example of improving services to Powys residents and providing care closer to home. We opened a new paediatric audiology suite in Brecon aimed at providing more audiology services in Powys for children and young people.



*Sarah Boaler, Megan Harley and Jonathan Arthur from the audiology team with Vaughan Gething AM and Jayne Dulson from the National Deaf Children's Society*

## Creating a first class continence service for children in Powys

Staff within the Women & Children's Services undertook a project to explore setting up a paediatric continence service. Developing pathways to meet children's needs outlined from a universal to specialist level. The pilot project ran for 6 months in the north of the county and completed in December 2018. Work was taking place to explore the development of an electronic "app" to support a continence service specifically for use by children and parents.

Work has progressed to put the service in place full time and the health board is aiming to launch the service in June 2019 at a learning event. The aim is to provide a high quality timely service for children with bladder and bowel problems, preventing chronic problems and further distress to children and their families.

## 'Be Hear, Be Clear'

**Be Here Be Clear:**  
Byddi Yma Byddi yn Gwir

**Be Here Be Clear: preventing early language difficulties**

**•A Bevan exemplar project to develop, pilot and evaluate a new preventative approach to promote early language through positive interactions**

**•A collaboration between Speech & Language Therapy, Health Visitors and Action for Children**

**•Strong emphasis on co-production and involving Dads**

**•4 sessions, delivered at home, in which each parent is filmed with their child and then supported to choose a relevant target (e.g. Getting face to face: following the child's lead)**

**•Evaluation of the project is currently underway**

For further information please contact [catherine.pape@wales.nhs.uk](mailto:catherine.pape@wales.nhs.uk)

Quotes:  
"vast improvement in only the four visits"  
"[she is] babbling more, trying to talk"  
"when she babbles I interpret what she is babbling about"  
"great to have this helpful team in developing my daughter's language"

'Be Here, Be Clear': a preventative intervention to address communication and behaviour in the early years is a pilot Bevan exemplar in the Women and Children's Services. The staff have been supported through the Bevan Commission ([www.bevancommission.org/en/about](http://www.bevancommission.org/en/about)) who assist in turning thinking into action to test out their own expert ideas. The aim of these projects is to improve health outcomes, patient experiences and service delivery. While results have been positive with the families who have completed 'Be Here, Be Clear' and positive feedback has been received from colleagues involved as well as families, the referrals have been low for the pilot which means we need to reconsider how we identify families who may benefit.

The evaluation of the project aimed to help us to identify approaches to this but initial indications are that using the Family Assessment Instrument and Tool (FRAIT) alone is unlikely to provide an indicator of who to refer, while having an older child with speech, language and communication needs (SLCN) appears to be a strong motivating factor in terms of engagement with the programme as a preventative measure.

These ideas are being discussed with families and colleagues before plans are made for next steps.

The project was presented at the Senedd at the Bevan Exemplar Showcase on 24th January 2019, as a patient story to our Board and as a planned poster presentation at the International Conference for Integrated Care, April 2019.

With funding provided the BHBC is being further developed, the next step to co-produce a written 'train the trainer' manual which can then be used as the basis of an effectiveness study. The aim to produce an approach to support families in the prevention of speech and language difficulties in early years.

## Celebrating 70 years of the NHS

The health board participated in many events to celebrate NHS 70th birthday see [www.powysthb.wales.nhs.uk/nhs70-events](http://www.powysthb.wales.nhs.uk/nhs70-events)

A fun day was held in the Day Hospital at Breconshire War Memorial Hospital is set to raise a four figure sum for the Stroke Association after smashing their static cycle challenge.



*Members of the team from Epynt Ward and colleagues take part in the NHSCymru70 lip-synch video*

Patients, families, friends and colleagues all took part in the day to raise awareness of stroke. The group had set themselves a target of 70 miles on their static cycle challenge – a mile for every year of the NHS. But, they doubled it and reached over 140 miles by the end of the day. The event also coincided with a visit by BBC Wales who were filming for #NHSCymru70, so members of the group took part in the lip synch challenge too.

Powys Teaching Health Board Annual Quality Statement 2019

## SilverCloud

SilverCloud online Cognitive Behavioural Health (CBT) went live in Powys on 1 May 2018. There are now 8 programmes available, including Space from Anxiety & Depression, Space from Stress and Space from Chronic Pain. Since the launch about 300 people have been referred to the programme, which can be accessed on smartphones and tablets as well as computers. Referrers can be GPs, Occupational Therapists, staff in Community Mental Health, Local Primary Care and Long-Term Conditions teams. In future people will be able to refer themselves onto the programme. Working with the Third Sector, the health board has commissioned a pilot 'blended CBT' approach which enables people who want face to face support to use online CBT to access sessions via their General Practitioner.

## Nurse Staffing Levels (Wales) Act

Under Section 25a of the Nurse Staffing Levels (Wales) Act, regards our provided services the health board is required to assure itself there are sufficient nurses to provide sensitive care. This applies to all areas of nursing (Midwifery is covered by separate legal duties).

Across the health board the ward sister and staffing levels are reviewed and reported daily, the staffing levels and skill mix visible on information boards on each ward. In terms of commissioned services, safe staffing is included within our contract agreements and monitored through our internal commissioning assurance framework. This provides assurance that wherever our residents are being cared for we are ensuring safe staffing levels exist.

The health board is contributing to continued work at a national level on the Nurse Staffing (Wales) Act, with further clinical settings being incrementally worked through and prioritised. Those specialties currently in development include paediatrics, mental health and community settings.

More information can be found at: <http://www.1000livesplus.wales.nhs.uk/nurse-staffing>

The health board can report that it is Birth Rate Plus compliant (a tool that for any given maternity service calculates the number of clinically active midwives required to deliver a safe high quality service) in respect of midwifery provision and further, the health board is compliant in terms of the current health visitor to caseload ratio.

## Neighbourhood Nursing Pilot

Powys is part of a three health board pilot looking at a neighbourhood nursing model. The pilot includes reviewing and setting nurse staffing levels in line with the interim 'District Nursing Principles'. This work will run for a two-year period from 2018-2020. The health board is also seeking to work more closely with primary care providers to consider nurse staffing levels in those settings.

To support this pilot, the health board along with Aneurin Bevan University Health Board and Cwm Taf University Health Board have each been allocated funding for 2018-2020. The health boards are expected to work collectively to limit repetition, maximise learning and to exploit the impact the funding provides. Contact has been made with colleagues in NHS Scotland, where the model is in its second year of implementation. There are a number of key drivers for neighbourhood nursing, examples such as, 'A Healthier Wales'; care closer to home, ageing population and the acuity of patients requiring care in the community.

The health board will be reporting on key milestones to Welsh Government, which are linked with our 'Health and Care Strategy' and aligned to the big four diseases that are life limiting - cancer, circulatory disease, mental health and respiratory disease. They include:

- Hospital admission avoidance;
- Reduction in average length of hospital stay using an in-reach model to facilitate timely discharge in conjunction with the Virtual Ward;
- Proactively manage patients who are at risk of falling;
- Develop a nurse-led model for patients with palliative care needs, to die in a community setting or a place of their choice;
- Improve recruitment and retention with growth in the community nursing workforce, by developing new roles and responsibilities; and
- Improve the experience of patients who receive care in the community.

Our main priority as part of the pathfinding work is to improve the provision of holistic care and to strengthen how we use our resources in the community and self-care models. Further improving time management and decision making and improving communication to enhance the patient experience.

Two pilot sites have been identified in Powys, one north and one south.

There are a number of expected benefits from the Pathfinder which fall into 4 categories:

<p><b>Patient Experience</b></p> <ul style="list-style-type: none"> <li>• Empowered patients</li> <li>• Informed decision-making</li> <li>• Effective care coordination</li> <li>• Improved trust and respect</li> <li>• Improved communication by adopting IT systems to reduce duplication.</li> </ul>	<p><b>Staff Experience</b></p> <ul style="list-style-type: none"> <li>• Improved job satisfaction.</li> <li>• Time to provide holistic care.</li> <li>• Professional empowerment</li> <li>• Raised awareness of networks and resources available to provide care in the community.</li> <li>• Improved time management and clinical decision making.</li> <li>• Self-organised and managed teams.</li> </ul>
<p><b>Cost Effectiveness</b></p> <ul style="list-style-type: none"> <li>• Improved job satisfaction leading to reduced staff sickness.</li> <li>• Reduction in hospital admissions in acute care</li> <li>• Optimise skill set of staff which will maximise caseload efficiency.</li> <li>• Efficiency by introducing new roles within the workforce</li> </ul>	<p><b>Clinical and Care Outcomes</b></p> <ul style="list-style-type: none"> <li>• Reduction in hospital admissions.</li> <li>• Reduction of length of stay in hospital.</li> <li>• Effect change and improve care outcomes.</li> <li>• Reduces unplanned care.</li> <li>• Improve patient quality of care in the community.</li> <li>• Developing a wide nursing network.</li> </ul>

## Developing Endoscopy Services

2018-2019 has been a busy year for endoscopy services. We have developed a new endoscopy suite in Llandrindod Wells Hospital. It is expected to open in Spring 2019. This will be the first endoscopy facilities in mid Powys for over 7 years.

We are in the process of improving our privacy and dignity for theatre and endoscopy patients by building a new toilet block adjoined to the recovery area.

We have seen growth in endoscopy referrals by approximately 10% yearly for the past 4 years (in line with Welsh Government and UK predictions), and are working to ensure we have prospective and realistic plans to meet this increased demand and the anticipated 10% yearly growth for the next 5 years.

Bowel Screening Wales have continued the service to our Powys population and we have welcomed a new Specialist Screening Practitioner in 2018 to join the team. We anticipate increased growth in the immediate and intermediate future in numbers of patients attending Bowel Screening Wales as a new screening test is introduced and the age range is widened.

## Medicines Management

The team has provided an increasingly demanding range of clinical and pharmaceutical support to Healthcare Professionals and the public in Powys.

**Growing our own local Pharmacists** - We have collaborated with Health Education and Improvement Wales (HEIW) to provide training placements to allow us, for the first time to, 'grow our own' Pharmacy Professionals. This allows us to shape our workforce to the unique requirements of Powys. Our multi-sector Preregistration Pharmacy technician training, in collaboration with HEIW, is one of the UK's first.

**Working in Partnerships** - We have continued partnership working with Social Services and act as a medicines advice service and as their medicines administration training provider. We are planning collaborations across the health board and social care settings to support the aims of 'A Healthier Wales' in keeping people well at home for as long as possible, with access to, and safe use of the right medicines. We have also strengthened our work with cross border providers to continue to improve shared care arrangements and the most suitable access to medicines for our patients. In several places, in Powys, pharmacy professionals now directly support General Practitioner practices in their provision of services to the population.

**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.

**Common Ailments Service** – this has been rolled out to the 22 Community Pharmacies in Powys, 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 GP prescription. In one area we have an award winning additional service that allows the pharmacist to prescribe a range of medicines, working in close collaboration with the local practice.

**Patient Safety** - There has been and will continue to be a focus on patient safety in and out of our hospitals. This includes support for timely and high quality Medicines Reconciliation, Medicines Optimisation and systems approaches to keep patients safe. Collaborative working with the multidisciplinary

team to facilitate safe discharge with medicines has made good progress.

Local and national prescribing indicators promote safe and effective prescribing. This has also resulted in savings to re-invest in other areas of patient care. Meanwhile, we are working with colleagues across the organisation to develop better resources to support best use of antibacterials, and planning to promote safe medicines use with the wider public.

**Digital First** – We have introduced an electronic system to allow digital signing of Patient Group Directions, speeding up the process from development to implementation. Electronic monitoring of refrigerator temperatures is now in place for one hospital, and as resources allow will be rolled out across Powys hospitals, improving the safety and security, and minimising waste. An electronic system to help track medicines lists for patients has become established in several areas. Powys expects to be part of the Wales wide electronic prescribing project, in hospitals, as that is developed over the next 2 years.

## Care homes

The health board has signed up to the Public Health Wales National Care Home Programme aimed at improving the quality of care for older people in care homes. Within Powys the three care homes signed up are:

- Cwrt Enfys Care Home
- Bethshan Care Home
- Vyrnwy Care Home

## Provision of lifting equipment to care homes in Wales

In December 2018, funding was provided to co-ordinate the rapid distribution and deployment of specialist inflatable lifting equipment to care homes in Wales.

The 'Camel' specialist lifting device (Figure 1 below) is designed to lift people from the floor in a safe and dignified manner. The ease of use means that a person can be lifted with the help of one person, minimising the risk of injury to both the fallen individual and the person lifting them.

Support will also be provided for staff in care homes to undertake, or agree to undertake, falls assessment training and use a falls assessment tool. The use of the falls assessment tool aimed at supporting the drive to ensure that people who have fallen are better assessed by the care home prior to contacting the ambulance service, or, if an ambulance is still required, lifted from the floor (if safe to do so) reducing further harm and promoting dignity.



*The 'Camel' specialist lifting device*

## I-Stumble

We are working with Welsh Ambulance Services NHS Trust on introducing a post fall assessment tool into Powys care homes when someone has had a fall and supports staff when calling for help. Called I-Stumble, the checklist includes questions to ask if someone has had a fall and the acronym provides a helpful reminder:

I = Intense pain

S= Suspected collapse

T = Trauma to head/neck/back

U =Unusual behaviour

M =Marked difficulty in breathing/chest pain

B =Bleeding freely

L = Loss of consciousness

E = Evidence of Fracture

## Using digital technology to improve access

The team at the Centre for Long Term Condition Management have continued to explore how the growing number of digital technologies that are available can help people to get the information and support they need to manage their health conditions effectively.

This year they have supported the roll-out of the myCOPD app which means that people who find it difficult to access the pulmonary rehabilitation programme can use an app to support them through the process. People who have used the app said they found it really helpful to keep them motivated and it was helpful to have reminders of what they needed to do that were always available on their phone.

On the Centre's residential programme, participants spent a session learning about how to access good quality information on the internet. The session included information on a whole range of apps that could support people to manage their condition. Participants also had an opportunity to practice using a tablet with participants helping each other to grow in confidence.

Finally, the team have continued to increase the number of their education sessions that are available via Skype. The digital sessions mean that people can join in wherever they are, be that home or work, minimising the impact that attending appointments has on their lives and saving a bit of fuel at the same time.

## Aromatherapy in Maternity Services

A new pilot scheme in Powys aims to test whether aromatherapy can help women and families to achieve the birth they want.

Maternity Services in Powys celebrated Mother's Day on the 31st March with the launch of a new 12-month pilot project to introduce the use of essential oils into our local midwifery care. Across the county, midwives have received training in how to use specific oil blends to enhance the care we can offer to women.

It is considered that the use of essential oils and massage can provide women with an additional safe, non-pharmacological choice of pain relief. Also, that it improves one to one care and increases maternal satisfaction. And as well as helping pregnant women, it can also have a positive effect on staff wellbeing.

During the pilot project, women will be offered specific blends to support with anxiety, help labour to start if induction is recommended, help birth to progress naturally and to help the placenta to come if there are any delays. It is anticipated that

women feel confident in birthing their babies in Powys, and reduce the need for transfers in labour to another maternity unit. Also, that it will reduce the number of women who require medical induction of labour.

We will be monitoring its implementation over the next 12 months. gathering feedback from women using the service, and evaluating the outcomes to see if this addition to maternity care is effective.

## Stroke

Supporting meaningful days and enriched environments on our wards for in-patients with stroke, we have introduced:

- Into two hospitals, Brecon and Newtown, 'Rita' (Reminiscence Interactive Therapy Activities ) an interactive technology that can be used for games, films, reminiscences and relaxation.
- Brecon have secured funding to create an enriched activities corner in the day room.
- Volunteers are being recruited to support patients on the ward through the Red Kite Scheme.
- Newtown has 3 groups that run each week for stroke survivors to increase the intensity of their therapy and engagement in meaningful tasks.

And, improving emotional support and access to psychological therapies for stroke, we have introduced 'Moving on after stroke', a supported self-management programme. This includes a combination of information, group discussion and exercise to promote cardiovascular fitness, strength and balance. The aim is to enable stroke survivors and their carers take back control after a stroke. This is now running in both Brecon and Newtown.

## Clinical Audits

### Primary care

To ensure our general practices are providing safe and effective services, a yearly review is carried out on three enhanced services as part of the health board's annual audit plan.

During this year practices have submitted audits on managing patients with learning disabilities, children's immunisations and anticoagulation monitoring. We will share the results when they are available.

### Secondary Care

The health board took part in the National Audit of Care at the End of Life. A subject of great importance for the Health Board given the extensive palliative care services provided at our hospitals. The study was designed to understand how care at the end of a person's life is currently delivered and by discovering the best practices to be found nationwide, aims to improve the care given to both the patient and their relatives at this difficult time.

The cases of over 50 patients who had their final days of care provided by our hospitals were reviewed by a multi-disciplinary team of professionals and their observations reported to the National Audit group via a bespoke electronic link.

The audit covered such important areas as pain control, hydration and nutrition at the end of life, support for spiritual beliefs and information given to relatives.

The national report will be produced in May 2019.

### Falls Audit

In 2017 the health board participated in a *Falls Audit* ([www.rcplondon.ac.uk/projects/outputs/naif-audit-report-2017](http://www.rcplondon.ac.uk/projects/outputs/naif-audit-report-2017)) run by the Royal College of Physicians. In 2018, the audit was further developed to become a continuous audit which was launched

in January 2019. When an in-patient suffers a hip fracture as the result of a fall whilst in hospital, the health board are required to carry out an internal investigation and report the fracture to the National Hip Fracture Data Base. This process supports the gathering of information on the reasons as to why people fall whilst in hospital, the outcome of which will provide information and advice on falls prevention. We will report progress in 2019/20.

### General Dental Services Quality Assurance self-assessment (QAS)

All Powys dental practices participate in the all wales annual QAS to provide clinical governance assurance to the health board and to support dental practitioners to comply with the NHS contractual requirements. Support is provided through the Primary Care Dental Clinical Director where improvements are needed.

## Improving Data Quality

We reported in October 2018 the findings of our *Annual Data Quality Report 2017/18* ([www.powysthb.wales.nhs.uk/mtg-committee-2-october-2018-meeting](http://www.powysthb.wales.nhs.uk/mtg-committee-2-october-2018-meeting)). The report looks at compliance of clinical coding along with other information activities undertaken by our Information Department. Clinical coding is about using codes to provide an accurate and complete story of a patient's time in hospital.

Clinical coding compliance remains high. The health board have exceeded the national target of 95% coded within one month for eleven of the twelve months that the report covers. The exception to this was in May 2017, the target missed by 0.6%, primarily due to records not being available timely. The health board remains one of the highest performers for completeness and accuracy and going forward we aim to maintain the clinical coding completeness and accuracy.

## Bright Ideas Hub

The hub was set up by a group of staff volunteers keen to provide peer support to all members of the health board who wanted to share ideas for innovation, improvement or research. The group consists of both clinical and non-clinical staff leads. During the first year we have supported 26 members of staff, held two Bright Ideas innovation events which enabled those staff members to network with external bodies and industry in trying to find solutions to their ideas.

One of our physiotherapists has received support to complete a passport to portfolio research project exploring the digitisation of Musculoskeletal data in Physiotherapy, other examples are the partnership work with industry to develop a children's app for incontinence services and the start of a one-year pilot project introducing aromatherapy into maternity care to reduce the numbers of women needing induction of labour.

We worked with a student from Manchester Metropolitan University to complete a funded research study in Stroke in young adults which also led onto a further successful grant application exploring the use of our outdoor green spaces for stroke rehabilitation.

Positive feedback has been received from members of staff, who through the hub link with the National Q Network, The Bevan Commission Academy, 1000 lives, Health Care Research Wales and the Life Sciences Hub as well as Welsh Government innovation leads network.



# 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.

<b>We said</b>	<b>Target</b>	<b>How we did</b>
Roll out the PJ Paralysis Campaign across the health board	PJ Paralysis Campaign in place in all ward and department areas	The PJ Paralysis Campaign is in place across the health board.

## End PJ Paralysis

The #endPJparalysis 70-day campaign started across Powys on 17 April 2018. The Wales-wide challenge was aimed at improving recovery, shortening hospital stays and boosting the morale of patients and staff by encouraging patients to get up and dressed every day, where practical. Staff promoted the campaign through a 'wear PJs to work day' held on Tuesday 24 and Wednesday 25 April, the intention to start conversations to get greater understanding of the campaign with patients, families and colleagues.

There have been many examples of patients "up, dressed and moving" across the health board participating in activities such as gardening and exercise classes. Below are.



*patients enjoying the sunshine plotting plants at Llanidloes Hospital*



*Mary Bufton proudly helping us to launch #EndPJParalysis at Llewellyn Ward, Bronllys Hospital*

## Mental Health and Partnerships

Hearts and Minds: Together for Mental Health in Powys' is the health board's response to Together for Mental Health, the Welsh Government's 10-year strategy to improve mental health and well-being in Wales. The *Mental Health Planning and Development Partnership* ([www.powysmentalhealth.org.uk/info/legal-matters-strategies/hearts-and-minds-powys-mental-health-strategic-plan/powys-mental-health-planning-and-development-partnership.html](http://www.powysmentalhealth.org.uk/info/legal-matters-strategies/hearts-and-minds-powys-mental-health-strategic-plan/powys-mental-health-planning-and-development-partnership.html)) for Powys oversees the delivery plan. Throughout 2018/19 a range of actions have been undertaken to achieve the Partnerships vision to promote mental and emotional health and wellbeing for all and to enable the provision of truly integrated care services for those who need them, thus making a positive difference in their lives and the lives of carers.

There is a significant amount of **participation** work that goes on annually. Individual representatives of people using services are members of the Partnership. They provide the Partnership with feedback from local networks and from national forums. This means people using services are also involved in the Partnership's work streams, including the Engage to Change Sub Group who consider the feedback gathered from people using services and use it to inform improvement activity. The Group are currently involved in developing a process of Care and Treatment Planning that is meaningful to the service user, carer & the services involved.

During 2018-19, the Powys Area Planning Board commissioned an independent audit of the joint working protocol for **Substance Misuse and Mental Health Services** in Powys which included focus groups with people using both services. Outcomes included the need to:

Revise the Joint Working Protocol – to include a wider pathway i.e. involvement of other key agencies such as Social Care, Police, Homelessness Services and Education.

Deliver joint training on the revised Protocol and develop a training needs analysis.

Review the current referral process to ensure consistency across Powys.

Identify innovative additional options for therapy and treatment.

This work is underway with a joint workshop held for adult mental health services and the substance misuse provider resulting in a draft improvement plan, a revised pathway and clear direction regarding prioritization of training needs.

The **Powys Armed and Ex Forces Forum** is a multi-agency group which includes representatives of Veterans and Ex Forces Personnel. Its role is to ensure that health issues relating to the Armed Forces Covenant are suitably reflected in NHS service design and improvement across all services.

The Partnerships continue to deliver a joint action plan to ensure mental health services for Veterans in Wales who are experiencing mental health problems are able to meet needs in a timely and appropriate manner. Ongoing awareness raising of the mental health support services for Veterans within the community and across other health and social care services continues. South Powys Veteran Association organised the 2018 Armistice Centenary Commemoration supported by the health board, League of Friends, Bronllys Wellbeing Park (CLT) Ltd and the Powys Armed and Ex Forces Forum. Prior to the event, Powys Association of Voluntary Organisations (PAVO) facilitated a tidy-up at the 'At Ease Veterans Garden' and the 'Marking Time' Woodland Walk'. The 'Dig for Wellbeing' was supported by the Patients' Council and staff of the Felindre acute inpatient mental health Ward at Bronllys, as well as other health board staff. Opportunities were taken at every stage to raise awareness and promote services available for Veterans

using social media and through local networks for Armed and Ex Forces personnel.

The MHPDP has an established **Section 136 Criminal Justice** sub group to specifically deliver on the Mental Health Crisis in Care Concordat. This group has been working to improve how people, in mental health crisis and who present a risk to themselves or the public, are helped.

The group continues to deliver the local plan with the main focus to provide clear pathways for frontline staff supporting persons in crisis whilst maintaining a patient centered approach throughout ensure Powys meets the priorities of the Concordat. The plan covers a range of activity from prevention and early intervention, increasing awareness of alternative interventions for people in crisis, ensuring appropriate information sharing and access to specialist advice, collaborative risk assessment and case management/review processes.

## Reviews and Inspections

The health board welcomes external inspections across all services and locations. In addition to identifying areas of good practice, the inspections support the health board with driving improvements in areas where we may not be performing as we should be. We see these inspections and feedback as a positive approach to making continual improvements to the services we provide and therefore to the experiences of Powys residents. Throughout the year we have had a number of reviews and inspections by external bodies, below are some of the examples we have reported on. All reviews and inspections are reported through our *Patient Experience, Quality & Safety Committee* ([www.powysthb.wales.nhs.uk/quality-and-safety-committee](http://www.powysthb.wales.nhs.uk/quality-and-safety-committee)).

## Review of Substance Misuse Services in Wales

<http://hiw.org.uk/reports/natthem/2018/substancemisuse/?lang=en>

During 2017/18, **Healthcare Inspectorate Wales** completed a 12-month review to assess the quality and safety of substance misuse services across Wales. The scope of the review included Tier 2 – 4 substance misuse services for all adults (18+) across Wales and explored the following areas: access and availability; acceptability of treatment options; person centred care; safeguarding; aftercare and ongoing support. The final report was published on 25th July 2018.

Positive findings have been reported including that the services provided are effective and good quality; service users are happy with the support they receive from them; staff delivering services are clear about what to do if they had concerns about someone's safety; many felt that local services are well managed; and that people were generally positive about ongoing support and the benefits of recovery and aftercare programmes. The report has made a number of recommendations which are now being considered by the Powys Area Planning Board.

On 28th August 2018 the Environmental Health Service undertook a visit to Victoria Memorial Hospital, Welshpool. The health board is pleased to report that as a result of the inspection a Food Hygiene Rating of 5 was awarded. This year they have also visited Knighton Hospital on 28th January 2019, following which a food hygiene rating of 4 was awarded. This is a score the health board is proud of. However, improvements in areas such as food storage, hot water availability and cleaning regimes would support in achieving a score of 5.

The Community Health Council have carried out visits across our hospital sites during the year and most recently Brecon War Memorial Hospital, Newtown Hospital and Victoria Memorial

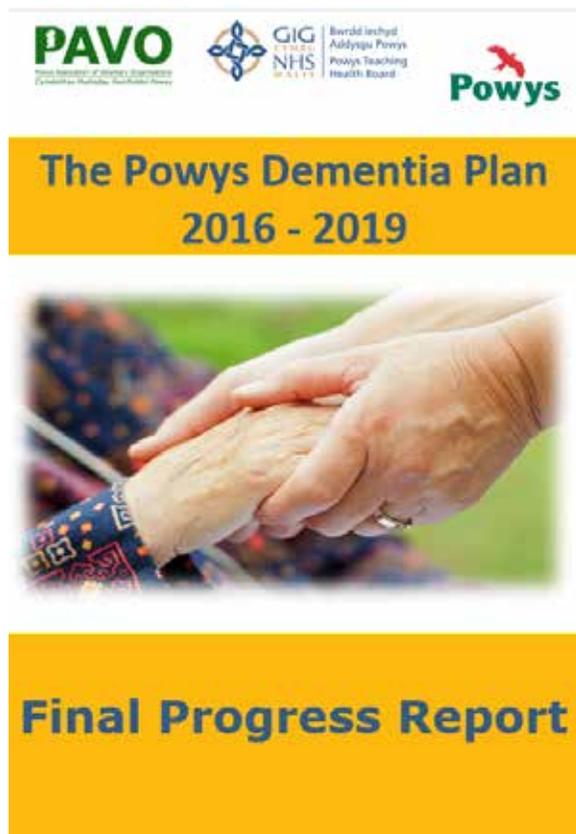
Hospital, Welshpool, the draft reports are awaited and will be reported through our *Patient Experience, Quality & Safety Committee* ([www.powysthb.wales.nhs.uk/quality-and-safety-committee](http://www.powysthb.wales.nhs.uk/quality-and-safety-committee)).

### Care Inspectorate Wales (CIW)

On 13th September 2018, CIW undertook an inspection of Cottage View Care Home, Knighton Hospital. The health board are now in receipt of the draft report which is extremely positive and recognises the improvement work which has been undertaken over recent years. The final report is due to be published on 17th April 2019.

### Dementia

The Powys' Dementia Plan 2016-2019 has focused awareness of dementia both in the workplace and in the community, with 'Dementia Friends' sessions run for people who may come in to contact with people living with dementia and 5 Powys communities signing up as 'Dementia Friendly Communities', with a further 8 communities in Powys working towards this goal. The health board continue to be committed to ensuring that staff have the right skills to meet the needs of people living with dementia.



Dementia Matters in Powys now have three centres offering support to people living with dementia, and liaise with schools to delivery inter-generational work in some of Powys' nursing homes. We have continued our work with General Practitioners to encourage referrals into the Memory Assessment Service to optimise early diagnosis of dementia. Provision of service post-diagnosis is witness to huge improvement, with support available from the Third Sector via Powys' Community Connectors and Dementia Support Workers who offer support to families. A tailor-made pack of information is also made available on diagnosis.

There are a number of initiatives in place across in-patient areas, such as John's Campaign and The Butterfly Scheme. We have been successful in securing funding to purchase Reminiscence Interactive Therapy Activities (RITA) for all in-patient areas which enhances the ward environment, improves patient experience, provides stimulation, entertainment and social interaction for our patients.

The Kings Fund Dementia Friendly environment audit tool is in use and has influenced the choice of colour and materials being used in the environment, and as refurbishment is undertaken, consideration is being given to the dementia friendly environment. Many of Powys' care homes also now offer a weekly schedule of activities ranging from drumming concert, exercise, dominoes, puzzles, arts and crafts and indoor bowls to "Knit and Natter Thursdays", "Don't Dine Alone", and a "Summer Fair", with one of our homes also having a visit from the Zoolab, so patients can get to know some unusual animals.

The plan came to an end in March 2019 and a new Powys plan started for 2018-2022 aligned with the Welsh Government Dementia Plan for Wales 2018-2022.



# 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.

<b>We said</b>	<b>Target</b>	<b>How we did</b>
Increase the numbers of low risk women who choose to birth in Powys.	The number of low risk women who choose to birth in Powys.	2017/18 220 Births 2018/19 229 Births

## Discharge to Assess

Over a 6-week period in October/November 2018, a Discharge to Assess Model was implemented to support discharges from Maldwyn Ward, Welshpool. To date, 8 discharges have been supported on this pathway, reducing length of stay and improving patient experience.

## Paediatric Project: Central Point of Access for Referrals

This project arose out of some wider work looking at how our community paediatric staff work. Our Paediatric Consultants were often seen as the 1st port of call for many health professionals seeking advice around a child's health, but we recognised, in line with *Prudent Healthcare Principles*, that children's needs were sometimes better met by another health professional/service. Therefore, the centralised point of access allows all referrals to be triaged and appropriately dealt with by the most appropriate service/practitioner.

What we have done:

- Appointment of Assistant Patient Services Manager to manage referrals;
- Referrals for community paediatricians are screened weekly with clinical input; and
- Referrals are accepted, held pending further information, or signposted to a more appropriate service.

Outcomes as a result of the change:

- Release consultant paediatrician time by capturing information prior to appointment;
- Referrals are managed and processed more efficiently;
- Shared Clinical Link with Integrated Disability Service;
- Picked up on dual referrals and ensured the child follows the correct pathway; and

- We have included neurodevelopment requests for assessment following identification of large numbers of requests sent directly to paediatricians

Over the next year we will report evaluation data and case studies.

## Bookstart

Every child in Wales can receive two special Bookstart packs before the age of three, which are given to families by their health visitor.

The estimated reach is calculated using the 2017 mid-year population figures published by the Office for National Statistics, our Bookstart delivery figures, and the stocktake figures provided by each local authority for 2017/18.



Bookstart pack	Percentage of eligible children reached (estimated)	Number of packs distributed
Baby (6mth)	100%	1174
Early Years (27mth)	100%	1217

*"This means that with your support, Bookstart has potentially reached all eligible children in Powys – thank you!"*

## Serial casting

Serial casting is a common conservative intervention for children and young people who are idiopathic toe walkers, or who have cerebral palsy and develop calf muscle contracture (shortening). It involves the use of a lightweight cast over several weeks to gradually stretch the muscle.

The main reason to use serial casting is to stretch tight muscles that do not seem to be stretched enough with exercises alone. Often stretching a tight muscle can improve the way a child walks.

Within Powys, serial casting is provided by a range of out of county providers. This can involve long travel distances and considerable time off school and work for some families. It also results in significant cost to the health board. Time is lost in accessing timely treatment, as children and young people require referral to a paediatric orthopaedic consultant prior to gaining access to treatment.

A pilot serial casting service was developed in North Powys. Through our project we treated 21 children, who had 124 contacts and 48 episodes of care with 125 casts provided. This has meant for the families and children 5,705 travelling miles saved, a mean of 272 miles per child and 119 miles per episode of care. Also saving 33 school days with a mean of 1.6 school days per child. We have also shown it is a cost effective service to deliver in Powys. We are now seeking funding to implement the project across Powys.



Families and their children benefit reports of the local serial casting service:

- "Close proximity to home-helpful for childcare for sibling"
- "Less time spent travelling"
- "My child feels more relaxed in the environment he is familiar with. It also allows me not to have to book a whole day from work"
- "Benefits-time and flexibility of location"
- "We felt it was extremely helpful because we had a single base for all treatments"
- "If there were issues whilst casts are on then there is a local contact for help"
- "Very helpful due to not having a car and depending on public transport"

## 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.



# 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.**

<b>We said</b>	<b>Target</b>	<b>How we did</b>
Improve response times to complaints within 30 working days from 65% to 80%	Percentage increase in the number of complaints responded to within 30 working days	59%
90% informal concerns will be responded to within 5 working days.	Number of informal concerns responded to within 5 working days.	59%

# Complaints

## Formal Concerns

The health board welcomes all views and we want to hear what has been good, bad and what would make your experience more positive as users of our services. People who raise concerns need to know that they are being listened to and that their concerns are being taken seriously. In 2018/19 we received 208 formal concerns. We have acknowledged and responded to:

- 77% of your concerns within 2 working days. We know this is less than the 89% reported last year and that we need to improve, but we achieved an average of 93.5% the latter 4 months of the year (range 86%-100%).
- 59% of formal concerns raised within 30 working days, less than last year which was 65%, timely management the main reason. We are taking steps to improve and will continue this work into 2019/20.
- 37% of formal concerns managed and responded to within 30 working days and 6 months, the same as the previous year.
- 4% of formal concerns managed and responded to within 6 months to 12 months.

Improvements put in place to increase compliance in managing concerns include the purchase of an updated software system for recording concerns received, this will support improvement in the way the health board records and processes concerns and how data is analysed for reporting. We have successfully recruited to the Senior Manager, Putting Things Right vacancy that existed the latter months of 2018/19, a post responsible for managing concerns, this increase in capacity will ensure the daily oversight in managing concerns.

Examples of concerns raised included access to services, continuing healthcare decisions, care and treatment provided and staff attitude.

## Informal Concerns

Commonly termed 'on the spot' concerns, informal concerns are normally resolved within 5 working days. The health board has seen an increase from 70 in 2017-2018 to 127 in 2018-2019. This is considered to be as a result of increased awareness to report informal concerns, as they are a rich source of information in improving patient experience. Staff more active in managing 'on the spot' concerns when they are raised as opposed to letting them progress to a formal concern. Sage and Thyme training, implemented through out the year to our staff reminds them how to listen and how to respond in a way which empowers the patient, additionally skilling our staff to provide person-centred support to someone with concerns. Examples of informal concerns reported related to access to services such as dental and podiatry, staff attitude, hospital transport and timely appointments.

## Putting Things Right and Learning from Concerns

The health board has taken action to learn from formal and informal concerns. Examples such as:

- Improving the availability of dental services in Builth Wells.
- A new pathway for patients requiring surgery for carpal tunnel syndrome.
- Action taken to rationalise the provision of podiatry appointments, taking a risk-based and clinical prioritisation approach with a forward looking plan to recruit more podiatry staff and ensure timely care and treatment to patients.
- Improving communication to patients regarding rescheduled dental appointments.

- Explanations to patients that colonoscopy procedures may be uncomfortable.
- Staff attending training to raise awareness of the impact and effects of dementia on people.
- Staff reminded of the importance of treating enquiries and concerns equally and with respect.
- Recruitment of an ear care specialist nurse.
- System review of the community paediatric service.
- Working in partnership to develop alternatives to residential care and to improve outcomes for all adults with residential care needs.
- A review being undertaken into the telephone numbers for patients accessing Non-Emergency Patient Transport, with the aim of improving the overall patient experience.

More information on Putting Things Right can be found at [www.powysthb.wales.nhs.uk/complaints](http://www.powysthb.wales.nhs.uk/complaints)

### Public Services Ombudsman for Wales

In September 2018, we reported on our activity for 2017/18, the report can be found at <http://www.powysthb.wales.nhs.uk/2018-19-peqs-agenda-11-dec-2018>

Although a 52% increase in complaints was noted, these were regarding Continuing Health Care (CHC), which reflected the unique position of the health board who hosted the All Wales Retrospective CHC Project.

The Ombudsman did investigate 8 complaints against the health board, five of these were related to retrospective CHC cases and three related to Powys provided services. The subjects of the complaints broadly reflected the Welsh average and included areas for improvement such as complaints handling, appointments/ admissions/ discharge and transfer procedures.

### Compliments

We reported receipt of 165 compliments from September 2018 to March 2019, from patients, carers and families.

*"Thank you to everyone for the care friendliness and care you showed, I know I would not have received such attention in a bigger hospital, your ward was like a family unit and I really cannot thank you enough."*

*"Thank you for looking after grandma."*

*"To the most wonderful Physiotherapist, as Tina Turner would sing "Simply the best, better than all the rest" Best wishes for 2019."*

*"I am a happy bunny, I am a happy bunny, I can transfer from wheelchair in and out of bed. YAHOO. Feel on top of the world, no need to pad myself up at night anymore, can take myself to bathroom on my own, that in itself feels great. Thank you, thank you, thank you, have a good day."*

*"its the best treatment and bed side manner I have ever received and you are worth your weight in gold!"*

## Patient Experience Surveys

We have listened to what our patients, carers and families have told us about their experiences and taken action:

'You said'	'We did'
Parents commented sharp edges of tables in clinic rooms	Corner protectors have been bought to ensure child safety
Patient told staff they had nothing to do and were bored.	The ward purchased a range of board games so that patients could play with other patients and staff could get involved.
Dietetics education programmes – feedback from patients unable to attend due to work.	Offered evening appointments

The experience you have had is important to us. In the last year we have been working to gather more feedback from our patients about their experience of healthcare, such as, asking them about their first impressions, the place they received their care and their overall experience. Data collection has not been consistent across our hospital sites. Feedback on citizen experience and use of stories with a focus on outcomes and learning will be a key theme for 2019/2020.

A variety of patient surveys are regularly completed across all sites. You can find our latest Patient Experience Annual Report at [www.powysthb.wales.nhs.uk/2018-19-peqs-agenda-25-sept-2018](http://www.powysthb.wales.nhs.uk/2018-19-peqs-agenda-25-sept-2018)

## 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. A national programme for NHS Wales has been in place for the use of PROMs <https://proms.nhs.wales/>

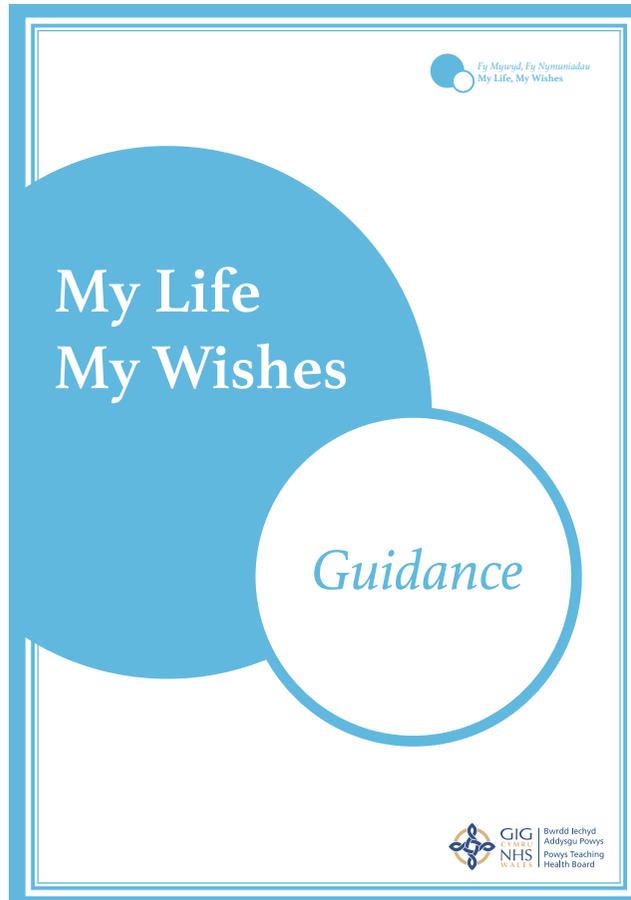
Within the health board, our cardiac nurses are currently collecting heart failure data and our physiotherapy team are progressing work to collect feedback from patients with Musculoskeletal conditions. In September 2018 we started to pilot PROMs for patients on the cataract pathway at Brecon War Memorial Hospital, but uptake has been very slow to date. We recognise more focused work is required to engage patients in participating and responding in 2019/20.

## Advance Care Planning

Advance care planning (ACP) is a process that supports adults at any age or stage of their health in understanding and sharing their personal values, life goals and preferences regarding future care. It is important because it gives the person a voice, clarifies and formally records wishes, supports conversations ahead of a crisis and has the potential to reduce unnecessary stress and avoid inappropriate care/hospital admissions.

A project group has led the development of a Powys ACP document 'My Life, My Wishes' with guidelines to support people to complete their ACP. It is designed to be completed by anyone and everyone and to be person held. It is simple to use and designed for adults with capacity.

ACP champions have been developed in clinical areas who have received ACP and communication skills training. They will promote the use of the document and support other staff.



## Patient Experience: Patient Stories



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## Joe's Story

It is widely evidenced that people with learning disabilities experience difficulties having their health needs met and often receive poor care. Accessing timely intervention requires interprofessional, multi-disciplinary care, and professionals with specific relevant training. In addition, working closely with professionals and services within other geographical locations outside of the health board is necessary to ensure that people with learning disabilities receive appropriate healthcare interventions.

Joe is a gentleman with a severe learning disability and Autistic Spectrum Disorder with limited verbal speech. He lives in a supported tenancy with 24-hour staff support from a voluntary sector provider and enjoys accessing a range of community based activities. Joe is dependent on his support staff to advocate for him and a multi-disciplinary team approach to make decisions in his best interest as he lacks capacity, particularly in relation to important decisions that might affect his health and well being.

The importance of multi disciplinary, interagency working proved to be key in ensuring that Joe had access to dental treatment under general anaesthetic in a hospital setting outside of the health board following an increase in his behavioural challenges and decline in physical health. Prior to Joe receiving treatment concerns were highlighted by his support staff who had previously encountered problems liaising with health professionals when his health deteriorated. Staff had faced negative attitudes from many professionals who seemed reluctant to acknowledge their concerns that Joe may be in pain due to dental pain. There were also problems accessing dental care as Joe would not co-operate with oral examination. This resulted in Joe experiencing unnecessary pain, poor care and delays in treatment.

Reasonable adjustments are required to support many people, including people with learning disabilities to access medical care. Collaboration between agencies is essential to ensure that people with learning disabilities get their health needs met whether in community based settings or in hospital environments. Specialist learning disability services are equipped with the necessary skills to educate other health professionals on the specific needs of people with learning disabilities and how best to engage with individuals, including their staff who are important informants about the person with a learning disability.

As a result of a range of services from health, social services and third sector provider services collaborating and keeping Joe at the center of decision making, he successfully received extensive dental treatment in a neighbouring health board area which resulted in a significant improvement in both his physical and emotional wellbeing. In addition, staff supporting Joe reported feeling empowered to ask questions and challenge professionals when they were facing barriers to accessing appropriate medical care for Joe.

Patient stories have featured throughout the year at Board meetings, our members gaining an understanding of the experience of care from the patient's perspective. This year they have also been privileged to listen to staff stories, hearing what has been good and bad and what would make their experience more positive as users of our services. You can access the stories 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)

## Carers

The health board is currently working with the local authority to support unpaid Carers in Powys, the aim to work towards:

- A multi-agency trained workforce
- Focus on carers needs during the discharge process
- A network of Carers champions across all agencies
- 'No wrong door' to access information, advice and assistance
- An early 'wellbeing' assessment
- Co-production and team around the carer
- Early intervention and prevention

The health board sees identifying and meeting the needs of young carers as a key priority. To provide carers with support and a life outside of the caring role is important and the health board are working with *Credú* and other 3rd sector organisations to support carers and employers to support their return to work. We are introducing carers champions to contribute to strengthening current carers arrangements.

## Welsh Language

The Well-being of Future Generations (Wales) Act 2015 requires us to think more about the long-term, with a focus on a Wales of vibrant culture and thriving Welsh language being one of its seven well-being goals. This drives us to work better with people, communities and other organisations, as well as directing us to adopt a more joined-up approach. As such, the Welsh language requirements will be mainstreamed in the Powys Health and Care Strategy, with Welsh Language identified as a cross-cutting theme across the 3 domains of Start Well, Live Well, and Age Well. This should enable us to unite our requirements in delivering the Welsh Language Standards and 'More Than Just Words...' which is the strategic framework for Welsh Language in Health, Social Services and Social Care.

We recognise we have work to do to strengthen bilingualism, improve patient experience, develop comprehensive translation services and ensure legislative compliance. There have been some areas of good practice in the last year which have been generally due to individual commitment. We are confident our recent appointment of a Service Improvement Manager and need to develop a Welsh Language Improvement Plan will assist us in achieving identified priorities.



# 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.

<b>We said</b>	<b>Target</b>	<b>How we did</b>
Reduce work related stress	Establish a wellbeing at work group.	Well-being at work was established in 2018 with new Terms of Reference and group membership. The Group focused on the Health Board's reassessment for the Corporate Health Standards and improving health and wellbeing offers available to employees.

## Workforce Futures

During 2017/18 the Health Board has focused on Workforce Futures, which is a key enabler in the Health and Care Strategy and creating a 'Healthy, Caring Powys' between now and 2027. The health board will continue the delivery of Workforce Futures with our partners including the commissioned services workforce. This will have increased importance as we work to repatriate more services to Powys. This will help us establish joint posts not only across sectors, but also across health organisations.

Additionally, the health board started work on the Organisational Development framework focusing on structure, process, people and culture. The framework will support organisational alignment to meet the need of the Health & Care Strategy and the transformational change programme required.

The health board acknowledges there are significant opportunities as well as challenges, including recruitment, retention, an ageing workforce and workforce fragility. Through delivery of our workforce priorities, the health board will become an employer of choice with a stable workforce and increased ability to retain and develop staff and new roles, utilising a stability index, rather than turnover metrics, which are often not appropriate in Powys. Primary Care continues to be a priority in supporting contractors to ensure services are sustainable.

## Primary Care Workforce

The health board continues to support Primary Care to reshape the design of its workforce by encouraging a multi professional approach to service delivery. This will help ensure the workforce is where it needs to be to meet current and future pressures on it.

We continue to develop the Primary Care Workforce and a number of Practices now deliver services to clients in alternative ways compared to the traditional General Practitioner and Practice Nurse arrangements. These have been reported as a great success by many working in Primary Care. Roles such as the Physician Associate (PA), Advanced Physiotherapist, Advanced Nurse Practitioner and Urgent Care Practitioner continue to work well in the absence of sufficient GPs. The PA is now a well-established role within Powys, with 8 PAs working across Practices in Powys. We are continuing to develop the PA role in Powys and continue to work with universities to support students through their studies with the bursary/internship scheme.

There continues to be significant recruitment and retention issues in Primary Care, affecting 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.

The Primary Care department work closely with the Primary Care Training Group and Clinical Education Group to provide an annual tailored clinical training programme including protected learning time and bespoke study days, for example, cancer updates, respiratory, ears, nose and throat, infection control, clinical skills and age care, to name a few.

## Improving Quality Together (IQT)

The health board continues to support the ethos of continuous improvement and encourages employees to undertake IQT Bronze and Silver. 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.

During the last year:

- One of the projects looked at a video to provide e-coaching in order to improve the language skills of children under 4 years old. 64% of children assessed as being at risk of having a language development delay, showed significant improvement as a result of this initiative.
- One of the projects looked at reducing the mileage travelled (and therefore time spent not seeing patients) by Specialist Community Nurses. It was examined whether every visit met a clinical need or was merely undertaken as a routine measure. An initial project was able to reduce the staff mileage by 10% and further work is continuing.
- One of the projects looked at supporting children who through illness or disability felt excluded from mainstream sports and discouraged from taking exercise in general. In particular, because of their background health issues, these children often associated physical exercise with clinical treatments and assessments rather than being a fun activity. By providing a safe environment for enjoyable physical activity the children not only improved their physical performance, but gained a different view of exercise as both enjoyable and attainable.

## Resourcing: Recruitment, Retention and Temporary Staffing

Recruitment and retention of staff continues to be an important area of work for the health board. A Recruitment and Retention delivery plan has been developed via a dedicated Recruitment & Retention Group who are striving for new and innovative approaches. For example, developmental and rotational roles have been developed that aim to attract difficult to recruit areas whilst developing staff. Work has also been undertaken to support a reduction in unnecessary delays in the recruitment process. As a result, the recruitment timeline has significantly reduced by 16 days in the last 12 months. We are developing new relationships with schools in the hope of nurturing our future workforce and we continue to develop our links with the local Job Centres and Careers Wales to expand our promotion of job opportunities within the communities of Powys. The next 12 months will see the Health Board continuing to deliver regular recruitment events and targeted work will take place to develop the Powys Health employment offer.

Alongside a dedicated recruitment and retention delivery plan, the Temporary Staffing Unit continues to review and modernise its systems and processes to respond to health board demands and reduce reliance on agency workers. This has included implementation of an electronic text messaging system which alerts Bank workers of all available shifts, reviewing incentive schemes, for example the 'Hard to Fill' enhanced shift payment pilot and continued support across the health board in securing temporary staffing.

## Staff Survey

The national Staff Survey 2018 was completed by 50% of the workforce and provided an engagement index of 3.92 (78%). In comparison to 2016, the survey results showed continued improvement. Most results were higher than the average for All Wales and nearly a quarter of the questions have the highest or second highest positive score in Wales.

Significantly, 77% of our staff state they are proud to say they work for the organisation and 73% of our staff said that they would recommend the health board as a place of work. Recognising areas for improvement, we will focus on management of change, reducing work related stress and eliminating harassment and bullying. We have articulated our values and embedding these will ensure the culture reflects these. We will enhance our approach to the health and wellbeing of our collective workforce, through culture and behaviours with the philosophy of 'it starts with me'.

## Health Care Support Worker (HCSW) Development

As part of the HCSW framework, mandatory clinical induction was introduced to all HCSW's new to employment since April 2016. The Health Board currently commissions the delivery of clinical induction from Neath Port Talbot College who have inducted 23 of our HCSW's so far, with a further 3 courses due to be delivered. Prior to this, clinical induction was commissioned as a pilot through Coleg Gwent with a further 35 HCSW's attending the clinical induction programme. The Health Board is committed to the development of our HCSW's and have 19 HCSW's from across nursing and Allied Health Professionals signed up to a Level 2 qualification, and 51 HCSW's from across nursing and Allied Health Professionals signed up to a Level 3 qualification. There are monthly sign up events going forward into 2019 to support more HCSW's to sign up and undertake the relevant qualification for their roles.

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This is a real opportunity to 'grow our own' staff, and along with support from HEIW, the Health Board supports HCSW's to explore opportunities through HEI's and the Open University to develop from HCSW to professional registrant which is one of the strategies to improve recruitment and retention.

## Well-being at Work

Plans for engagement and wellbeing are built around an ethos of listening and working collaboratively with the workforce, supporting them to embrace change positively. This will provide us a cultural competitive edge, which is vital to achieving our ambition. The health board's aim as an employer is to design and champion a culture that creates an environment of wellbeing and belonging where staff have positive working relationships with their managers and colleagues. This will be achieved through innovative engagement, where staff feel safe, supported and confident to manage their own well-being. This in turn will positively impact on the citizen experience of health and care in Powys.

The Wellbeing at Work group has been established, and held regular meetings throughout 2018. The group organised Wellbeing at Work Roadshows across Powys, open to all health board colleagues and aimed to provide an opportunity for all to understand the benefits the health board can offer in order to support them as an employee. The Group undertook a mapping exercise against the Corporate Health Standards and identified the gaps which are being addressed. A detailed Action Plan arose from the MOCK Assessment.

## Mental Health Support

The health board recruited a new counselling service through a procurement process in order to offer access to an external Staff Counselling service that provides a broad remit of psychological support.

Occupational Health Nurse triage arrangements has been implemented in 2018. Monitoring of Doctor's waiting list is now part of nurses' role and is undertaken daily. Waiting times have been vastly improved with 4 weeks waiting time in the South from a high of up to 9 months to 5 weeks and no waiting list. In addition, a robust Occupational Health (OH) triage is in place through rapid telecom access to the OH Mental Health Nurse/OH Manager. The OH Registered Mental Health Nurse is able to support employees' mental health by delivering stress management awareness sessions, as well as employee resilience training.

In addition, the health board offers SilverCloud, which is an online Cognitive Behavioural Therapy (CBT) programme that staff can access through Primary Care, mental health or the Occupational Health department. There are further plans to make it a self-referral system in the near future. The programme offers a broad choice of supportive modules and the provider is able to add modules specific to the need of Powys workforce. Currently there is work ongoing to develop a module around menopause. In comparison to our previous CBT programme offer (Beating the Blues), an increased number of referrals to SilverCloud has been observed due to easiness of access. Beating the Blues required a face-to-face nurse assessment, while SilverCloud requires a referral form, which can be completed by OH admin staff, who have received appropriate training. The change in the CBT offer has been positively received by our employees.

## Workforce Planning

October, 2018 saw the health board appoint the first Joint Health & Social Care Workforce Planning Manager in Wales. Through this post, work has commenced to develop a joint Workforce Planning approach across Partner Organisations in Powys, including the health board, Powys County Council, Powys Association of Voluntary Organisations (PAVO), Carers for Powys and the independent sector. Initial activity consists of a large data collection exercise, to better understand the wider workforce resource inclusive of volunteers, carers and its sustainability. This work feeds into national pieces of work underway by Social Care Wales and Health Education and Improvement Wales (HEIW) and the Mid Wales Joint Committee.

The activity is significant in ensuring our workforce compliment satisfies the needs of the current and emerging workforce requirements as set out in the Health & Care Strategy for Powys (2017). Effective deployment of workforce resources will enable safe and effective health & care delivery across organisational boundaries to the communities of Powys. Our intention to make sure:

- As a service user, those who need to support me are able to make decisions and respond because they are well informed and qualified. If they can't help me directly they know who can.
- As a carer, I and those who I care for are part of 'the team'.
- As part of the workforce, I can access education, training and development opportunities in Powys that allow me to secure and develop my skills and opportunities.
- As part of the workforce, I am enabled to provide services digitally where appropriate.
- As part of the workforce, I am engaged and satisfied with my work.

## Volunteers

The health board in partnership with Powys Association of Voluntary Organisations (PAVO) have been working in partnership since Autumn 2017 to develop and launch the Red Kite Volunteer Scheme for all in-patient areas. PAVO began the recruitment process in November 2017 with a pilot starting at Llanidloes Hospital in June 2018. The start of the pilot was celebrated on 3rd July 2018, attended by our then Interim Nurse Director, Rhiannon Beaumont-Wood and Carl Cooper, CEO of PAVO.

The volunteers work to a specifically written job role and are buddied with a member of the Ward Team. Volunteers of this nature enhance the patient experience, especially for those who are frail and lonely by providing activities for patients, supporting them, assisting at meal times and keeping bed areas tidy. Volunteers are regarded as an important member of the team, not “just a volunteer”, there to do all the more unpleasant, unimportant jobs.

PAVO continue to actively recruit new volunteers, carrying out initial vetting and arranging a meet and greet with the Ward Sister of the volunteer’s preferred hospital. Once approved the volunteer goes through the application and DBS process starting on the ward once all checks have been completed. Initial feedback shows that volunteers really enjoy the role, feel supported and part of the team, whilst Ward staff also feel that the volunteers quickly become part of the team.



*The celebration on 3rd July 2018*

## Awards and Accreditation



*Caption: Members of team responsible for the JAG accreditation success*

JAG is short for the Joint Advisory Group (JAG) on Gastro-Intestinal Endoscopy. Their accreditation scheme supports endoscopy services across the UK to focus on high standards and continuous improvement. This helps to improve patient outcomes increase patient confidence, and enhance and celebrate the workforce. In April 2018, the inspection specifically reviewed the clinical care of patients within the unit at Brecon, their patient experience, decontamination facilities and workforce performance and satisfaction. There was very positive feedback from the JAG Assessment Team with some minor points picked up for action.

## International Partnerships

Seven years ago the British Society of Gastroenterology gave a grant to a group of Gastroenterologists & Surgeons based at Morriston Hospital, to initiate the first training in ERCP (advanced endoscopy) in Bangladesh. Since then the Doctors have visited Bangladesh every other year to continue the improvements in training and provision of endoscopy services.

It is realised now though, that the endoscopy nurses need to be trained in endoscopy assisting techniques to ensure that the whole workforce team is trained to carry out more complex procedures. In 2017 our Consultant Nurse for Endoscopy visited Dhaka to deliver the first endoscopy nurses course. In February 2019 she was asked to prepare and present an additional two full days of teaching, assisting with teaching the nurses during the doctors' training on animal models and assist the doctors in learning colonoscopy.

The success of our Consultant Nurse services in Endoscopy in Powys has meant that we have been able to employ an Advanced Nurse Endoscopist, expanding the upper endoscopy service.

### Wales for Africa

Wales for Africa is a Welsh Government programme supporting and encouraging people in Wales to take action on poverty in Africa.

### Physiotherapist Jan returns to Lesotho

Physiotherapist Jan Jeffrey returned to Lesotho at the end of October 2018 to continue her work with children and young people in Africa. As well as taking more equipment, during her visit she was hoping to see the completion of a new Physiotherapy building in Phelisanong, made possible with support from Africa's Gift and Dolen Cymru.



*Caption: Work progressing on the Physiotherapy building in Phelisanong*

### Strengthening the links between Powys and Africa

We welcomed Dr Magdalene Itumbi to Powys in October 2018 to meet colleagues and share experiences as part of the Wales for Africa Programme. Here in Powys we have always been very proud of our connection to Molo in Kenya and over the years we have built up a number of relationships with health professionals there so that we can learn from each other and share ideas and best practice.

Dr Itumbi was invited to speak at the Wales for Africa conference in Cardiff, where she described her 10-year working relationship with our own Dr Rachel Lindoewood. She recalled a partnership of shared learning, challenges and cooperation on projects ranging from maternal health services, to community support for disabled children.



*Caption: Dr Magdalene Itumbi meets with Dr Rachel Lindoewood, Samantha Ruthven Hill and Stuart Bourne*

Dr Magdalene then came to Bronllys where she met Stuart Bourne, Consultant in Public Health, and Sam Ruthven Hill, Assistant Director (Planning) to discuss a range of challenges from staff recruitment and retention, to the use of WhatsApp for both international partnerships and civil contingencies along with a reviewing the work of the Brecon Molo Community Partnership.

# LOOKING FORWARD

Our Integrated Medium Term Plan (IMTP) 2019/2020-2021/2022 [www.powysthb.wales.nhs.uk/sitesplus/documents/1145/Board\\_Item\\_2.1a\\_IMTP%202019-2022\\_FINALDRAFT\\_Board.pdf](http://www.powysthb.wales.nhs.uk/sitesplus/documents/1145/Board_Item_2.1a_IMTP%202019-2022_FINALDRAFT_Board.pdf) sets out the health board's arrangements in maintaining and improving the standard of care for Powys residents.

In recognising that Powys residents are part of multiple, complex healthcare systems and their care pathways extend from primary through to tertiary care and involve journeys across many boundaries we will continue our drive to improve the quality and safety of services. The health board have set out a clear aim for services to be closer to home wherever possible with easily navigable access to wider networks as required for the whole pathway of care.

Quality and safety will remain at the forefront of planned initiatives and developments and underpin all services provided. In looking forward, we have highlighted a number of actions that we will do in 2019/20, and these will be monitored through the Experience, Quality and Safety Committee [www.powysthb.wales.nhs.uk/quality-and-safety-committee](http://www.powysthb.wales.nhs.uk/quality-and-safety-committee)

## What we will do in 2019/20

	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>What we'll do</b>	<b>How we'll measure it</b>
<b>Safe Care</b>	We will improve the management of urinary tract infections and catheter usage	<ul style="list-style-type: none"> <li>• Reduction in the number of catheter associated urinary tract infections</li> <li>• Reduction in the number of catheters in use</li> </ul>
<b>Effective Care</b>	We will progress the implementation of the Neighbourhood Nursing Pilot	<ul style="list-style-type: none"> <li>• Reduction in hospital admissions</li> <li>• Reduction of length of stay in hospital</li> </ul>
<b>Dignified Care</b>	We will work with our partners to increase the number of Powys communities signing up as 'Dementia Friendly Communities.	<ul style="list-style-type: none"> <li>• Increase in the number of Powys communities signing up as 'Dementia Friendly Communities.</li> </ul>
<b>Timely Care</b>	Implement serial casting across Powys	<ul style="list-style-type: none"> <li>• Serial casting services in place</li> </ul>
<b>Individual Care</b>	Improve our management of concerns	<ul style="list-style-type: none"> <li>• Percentage increase in the number of complaints responded to within 30 working days</li> <li>• Number of informal concerns responded to within 2 working days</li> <li>• Reduce the number of concerns reported to the Public Services Ombudsman for Wales</li> <li>• Strengthened feedback on citizen experience and the use of stories with a focus on outcomes and learning.</li> </ul>
	Strengthened feedback on citizen experience and the use of stories with a focus on outcomes and learning.	<ul style="list-style-type: none"> <li>• Evidence of outcomes and learning from patient stories</li> <li>• Consistent data collection of citizen experience that is reported and supported with improvements and learning, where indicated</li> </ul>
	Achieve compliance with the Welsh Language standards as per plan.	<ul style="list-style-type: none"> <li>• Welsh Language improvement plan in place and evidence of improvement</li> </ul>
<b>Staff and Resources</b>	Increase the number of volunteers working across Powys	<ul style="list-style-type: none"> <li>• Percentage increase in the number of volunteers working across Powys</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 tell us what you think works well and what we can do better next year.

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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