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Powys Teaching
Health Board



Annual Quality Statement 2019/20

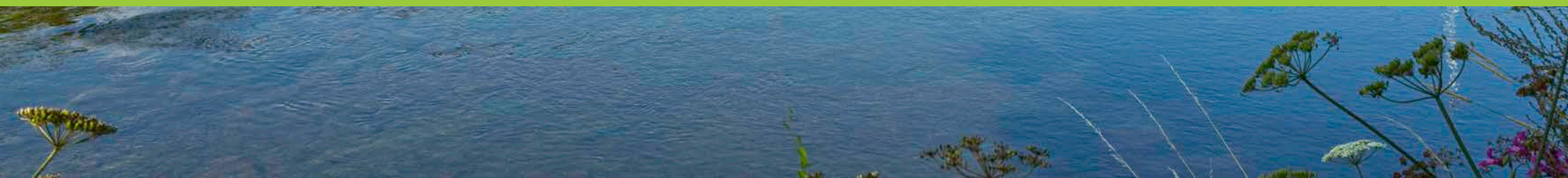


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Introduction

We are pleased to present our Annual Quality Statement for 2019-2020. The statement is about the quality of services provided by Powys Teaching Health Board, Recognising our purpose is to help improve the health and wellbeing of the people of Powys and to secure and provide excellent healthcare services.

Quality is described as a watchword in the NHS and is a clear expectation in a '*A Healthier Wales: our Plan for Health and Social Care*' (Welsh Government, 2018). It is emphasised how our Integrated Medium-Term Plans must continue to build on the opportunities presented by '*A Healthier Wales*' and demonstrate a truly integrated planning approach that links local population need to quality, service delivery and outcomes, ensuring quality and safety across all services. Some of the challenges that face the NHS can only be addressed sustainably through transformation and collaboration and as public bodies we have a role, collectively and individually, to respond to the wider remit within the Well-being of Future Generations Act.

We have through the Powys Health and Care Strategy '*A Healthy, Caring Powys*' made a clear commitment to high quality services and positive patient and citizen experience. We recognise our approach to working with citizens, patients and carers is key in our efforts to improve services, experience and outcomes of care and treatment and this is further signalled through the health board's Integrated Medium-Term Plan 2020/2021 to 2022/2023.

Quality has been set as a key priority that must underpin all aspects of services, settings and contacts with the NHS in Wales. Ensuring quality is in everything that we do, the '*NHS Wales Planning Framework 2020/23*' (Welsh Government, 2019) makes clear how services should be developed to ensure quality is in all aspects of care, pathways and workforce planning and delivery.

The new Health and Social Care (Quality & Engagement) (Wales) Bill is coming in the next year and will include a new, broader duty of quality whereby NHS bodies will have a duty to secure quality in health services, whatever the setting. As a provider and commissioner of secondary and more specialist services we recognise the need to put and keep in place the arrangements for monitoring and improving the quality of the health care provided. In January 2020, we approved our Clinical Quality Framework the purpose of which is to realise the vision of '*Systematic, clinically-led, continuous and sustained, year-on-year improvement in the quality of clinical care provided by Powys Teaching Health Board*'. This provides a toolkit of improvement methodologies for use across the health board and

in partnership with our key stakeholders and offers a framework to further improve and assure the quality of Powys Teaching Health Board clinical services. Progress will be made during 2020-2021 to embed the framework at all levels within the health board and help ensure the health board is well placed to clearly articulate and, where necessary, improve the quality of health services provided.

During the period from January 2020 to March 2020 the health board, along with its partners, government and communities, had to respond to the COVID-19 pandemic. This required a different approach to governance, planning and performance and Welsh Government suspended the official performance arrangements at the end of Quarter 3. Staff were redeployed into new roles and a new clinical model was outlined for responding to coronavirus (Covid-19) in conjunction with partners both inside and outside the county in order to make this happen. The way in which services were delivered and how people worked to support the clinical model was swiftly enacted and the feelings of overwhelming pride for everyone in their response during this uncertain time were immense. Thank you to our staff, patients and partners for supporting this initial call to action.

Carol Shillabeer, CEO, Viv Harpwood, Chair

Chair of Quality and Safety Committee – Melanie Davies Vice-Chair

Executive Director of Nursing & Midwifery – Rhiannon Jones (April 2019-July 2019) Katrina Rowlands (*interim August 2019-January 2020*) and Alison Davies (*from January 2020*)

We are pleased to present Powys Teaching Health Board Annual Quality Statement for 2019-2020.

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

www.powysthb.wales.nhs.uk/experience-quality-and-safety-committee

You can access our:

Annual Report at <http://www.powysthb.wales.nhs.uk/annual-report-aqs>

Health and Care Strategy at www.powysthb.wales.nhs.uk/document/312141

Integrated Medium Term Plan (IMTP) at www.powysthb.wales.nhs.uk/strategies

Clinical Quality Framework at www.powysthb.wales.nhs.uk/board-meeting-29-january-2020

Health Board Profile

The health board is responsible for improving the health and well-being of approximately 133,000 people living in Powys. Powys covers a quarter of the landmass of Wales, but with only 5% of the country's population – it is a very sparsely populated and rural county. Geography and rurality make access a challenge, with residents of the county accessing acute hospital care from 15 providers around its borders across Wales and England. This requires the health board to be innovative and creative to ensure timely access to high quality services to meet people's needs.

The needs of our population differ to the rest of Wales, people are older and the working age adult population is smaller. It is predicted that there will be:

- 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

44% increase of people with dementia

83% report they feel they belong to their local area (Wales 75%)

For a full analysis of our Wellbeing Assessment visit: <https://en.powys.gov.uk/article/5794/Full-Well-being-assessment-analysis>

Primary and Community Care

Care is also provided through our primary care contractors. The health board directly provides healthcare services through its network of community services and community hospitals. There is also provision of an increasing range of consultant, nurse and therapy led outpatient sessions, day theatre and diagnostics in community facilities, bringing care closer to home.



General Practice

16 practices providing general and extended services and managing inpatient beds



Community Hospitals

Providing a wide range of outpatient, inpatient, mental health inpatient, diagnostic and theatre services



Community Services

Including therapies, mental health, district nursing midwifery, children's and learning disabilities services



Community Pharmacy

Dispensing and supporting medicines management in care home, home, GP and community hospital settings



Eye Care

Primary care optometry and accredited optometrists providing out of hospital services



Community Dentists

General dental services and more immediate and specialist procedures and services

Commissioned Services

We buy in services on behalf of our residents from other health boards and NHS Trusts in Wales and England. The health board budget is around £300 million a year; with 50% spent on services that we commission; 30% on directly provided services and 20% on primary care. For more information see our IMTP at www.powysthb.wales.nhs.uk/strategies

Staying Healthy

Staying healthy physically can help you stay healthy emotionally too. Through our Health and Care Strategy www.powysthb.wales.nhs.uk/document/312141 our focus is to promote, support and facilitate the physical and mental well-being of people in Powys to reduce avoidable ill-health and enable the people of Powys to effectively manage their health.

We said...	Target	How we did
Provide effective stop smoking services	<ul style="list-style-type: none"> Percentage of current smokers treated by NHS smoking cessation services. Percentage of treated smokers' carbon monoxide validated as successfully quit at 4 weeks. 	<ul style="list-style-type: none"> Estimated number of smokers in Powys in 2019/20: 16,830 Total number of treated smokers in 2019/20: 547 (3.2% of smoking population) Total number of CO validated quits in 2019/20: 206 (37.7% quit rate)
Keep smoking prevalence below 2016 target levels.	<ul style="list-style-type: none"> Self-reported smoking status (via National Survey for Wales) 	<ul style="list-style-type: none"> 15% for Powys (National Survey for Wales data) *2018/19 and 2019/20 combined to increase sample size.
Improve flu vaccination uptake	Percentage uptake in: <ul style="list-style-type: none"> Over 65yrs. Under 65yrs "at risk". Pregnant women. Healthcare staff. 	<ul style="list-style-type: none"> Over 65yrs 67.2% Under 65yrs "at risk". 44.3% Pregnant women 93.3% Healthcare staff 57.6% Total 64.3% Direct contact (National data to 26 Mar 2020, PHW)
Maintain childhood vaccination uptake	<ul style="list-style-type: none"> Percentage of children who receive 3 doses of the hexavalent '6 in 1' vaccine by age 1yr. Percentage of children who receive 2 doses of the MMR vaccine by age 5yrs. 	2019/20 <ul style="list-style-type: none"> 95.8% 6 in 1 by age 1yr 92.1% of 2 doses of MMR by age 5 years (2019/20 Annual Cover data, PHW)

Quality Assurance Project Leads to Increases in Recorded Vaccination Uptake

A quality assurance project on COVER data, a long-established vaccine coverage collection that has been running since 1987, has recently been completed in Powys which has led to improvements in the accuracy of COVER data and increases in recorded vaccine uptake in Powys and across Wales.

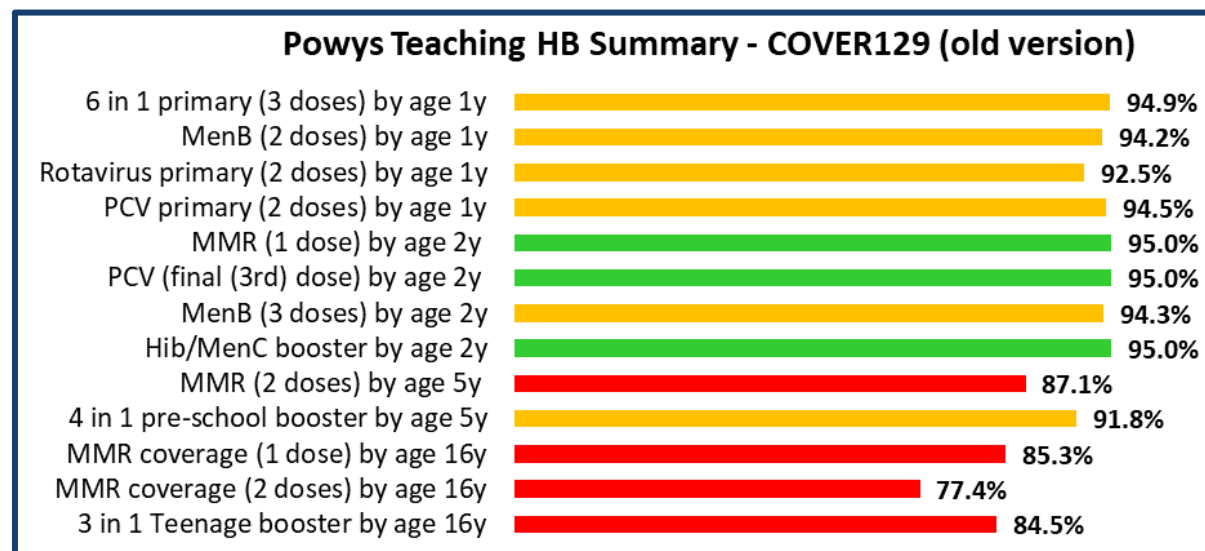
This was a joint project between the health board, Powys Local Public Health, the Public Health Wales Vaccine Preventable Disease Programme Team and NHS Wales Informatics Service. It was undertaken in response to concerns that local data didn't appear to match the national COVER data along with national concerns about declining uptake of three doses of "5 in 1" vaccine at age five despite uptake of three doses of "5 in 1" vaccine at one year of age being above 95% for over ten years. This provided an opportunity for an in-depth evaluation of the quality of the COVER data compared to local data and to develop methods for repeating the audit in other areas of Wales.

The findings showed a high degree of agreement between local and national data for one and two-year old's and for older children when measured close to the time of vaccination. However, the project identified a systematic difference affecting the reported coverage of some vaccines in children who had moved between areas, meaning the way the vaccine records were set up meant that vaccination records for children who had moved between areas, was limited to data for the two years prior to their move. As a result, although the local records contained a full history for these children, records for vaccinations given prior to two years before a child moved area were not included leading to an underestimation of uptake of some vaccines in the COVER reports.

When the discrepancy was corrected an increase was seen in the uptake of some vaccines for children aged over four. The charts show a summary of the COVER data for the period October-December 2018 before (figure 1) and after (figure 2) the changes were made. These show that the recorded uptake of MMR2 at 5 years increased by 3.8 percentage points from 87.1% to 90.9%, moving this "tier 1" indicator from red to amber. An even higher increase was seen amongst 16 years where recorded uptake increased from 77.4% to 87.9% (10.5 % percentage points).

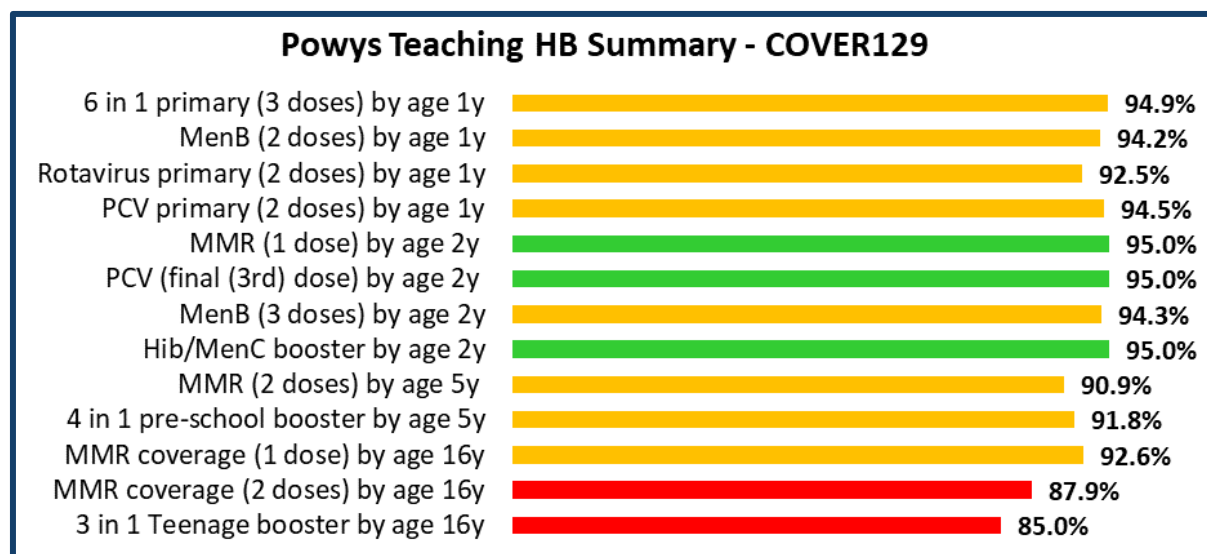
This work has improved the completeness and accuracy of COVER data in Powys and across Wales and will be used to inform ongoing local work to ensure that local data is as accurate and timely as possible and to improve uptake of childhood vaccinations.

Figure 1: Summary of cover data for Powys for the period October to December 2018 (Cover report 129) before correction of algorithm



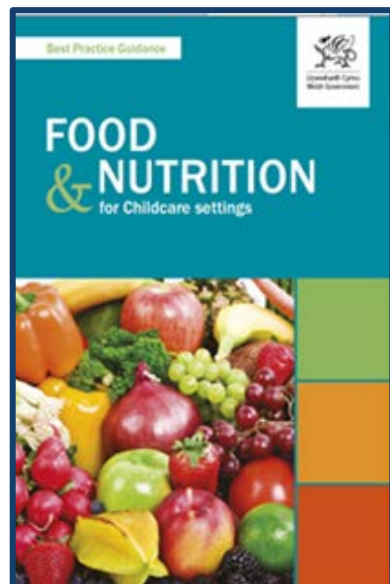
Source: Public Health Wales, Vaccination Preventable Disease Programme

Figure 2: Summary of cover data for Powys for the period October to December 2018 (Cover report 129), after correction of algorithm



Source: Public Health Wales, Vaccination Preventable Disease Programme

Bach a Iach and Dietetics working together to promote healthy eating for pre-school children



Welsh Government's best practice Guidelines Food and Nutrition for Childcare Settings was published in November 2018. Bach a Iach (Small and Health) initiative (part of the Powys Healthy Pre-school Scheme) is named as an example of good practice model in this guidance and in 2019, Powys Healthy Schools and Dietetics teams worked together to promote the guidance to local pre-school settings.

This work built on the strong links between the Healthy Schools Team and local pre-school settings that have been developed over recent years through Bach a Iach, and the close working partnership between Bach and Iach and Dietetics.

The teams worked together to develop bespoke training for pre-school settings. Three training sessions were delivered across Powys by a Dietitian and were attended by 35 staff from 22 pre-school settings. Hard copies of the guidance were also printed and distributed to the settings.

The training and resources received good feedback and it was encouraging to hear staff planning to cascade the learning to their colleagues and to parents. 65% of staff who attended the training said that they planned to make changes to improve the menu in their childcare setting.

Of those who attended only 18% reported any previous formal nutrition education and 83% were interested in receiving further nutrition training. 46% reported that they were already aware of the new guidance but only 37% said that they had been using it prior to training.

Children develop their eating habits at a young age and early years settings are ideally placed to promote healthy eating messages. This work shows that preschool settings are keen to positively influence children's eating habits. Further sessions are planned to meet demand from those who were unable to attend the first run and two Community Food and Nutrition Skills for the Early Years courses are planned in the new year to further develop the skills of pre-school staff.

Bach a Iach won the 'Early Help and Support' Award at the Powys Teaching the health board's 2019 Excellence and Long Service Awards ceremony, and the 'strong partnership working' between Community Dietetics and the Healthy Pre-Schools Team was highlighted.

Bach a Iach was also invited to present at the Public Health Wales Annual Conference (October 2019).



Following the phased implementation of the **Midwife-led influenza immunisation** in Powys last year, whereby pregnant women were being encouraged to access their flu vaccine from the midwives, it is anticipated 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.

Safe Care

We said...	Target	How we did
We will improve the management of urinary tract infections and catheter usage	<ul style="list-style-type: none">• Reduction in the number of catheter associated urinary tract infections• Reduction in the number of catheters in use	The catheter passport was used from January 2020. Catheter usage prevalence for February 2020 was 22.5%, a reduction from 25% reported in 2018.

Nutrition and Hydration

Food Supply

Work is completed to ensure that all purchases for the health board are made through the NHS procured supply chain which ensures value for money, effective food screening and ethical purchasing.

SITE	CURRENT FOOD HYGIENE RATING
Bronllys	4
Brecon	5
Knighton	5
Llanidloes	5
Llandrindod	5
Machynlleth	4
Newtown	5
Welshpool	5
Ystradgynlais	5

Food Hygiene

We aim to achieve a Level 5 food safety award at each of our nine kitchens. Of these seven currently have a rating of Level 5, the remaining two have a rating of Level 4. We apply a zero tolerance to any shortfalls found in the safe delivery of catering and are responding robustly where we have less than optimal rating, in close collaboration with our Environmental Health and Infection Control partners, and also in the areas where we need to maintain a rating of Level 5.

International Dysphagia Diet Standardisation Initiative (IDDSI)

Powys Teaching Health Board have implemented the IDDSI guidelines, which were founded with the goal of developing new global standardised terminology and definitions to describe texture modified foods and thickened liquids used for individuals with dysphagia of all ages, in all care settings, and all cultures. We have trained 122 members of ward and catering staff over 18 training sessions across 9 sites in Powys, with 99% of participants reporting that their expectations of the training were met. New patient menus have been developed and implemented to reflect the changes.



The health board has rolled out the new **All Wales standardised nutritional risk assessment** in October 2019. The Adult Nutritional Risk Screening Tool (WAASP) has been validated as the tool for inpatient use whilst the Malnutrition Universal Screening Tool (MUST) will remain in use in the community setting.

NHS Number: _____
 Hospital No: _____
 Forename(s): _____
 Surname: _____
 Date of Birth: _____
 Address: _____
 Postcode: _____

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ADULT NUTRITIONAL RISK SCREENING TOOL (WAASP)

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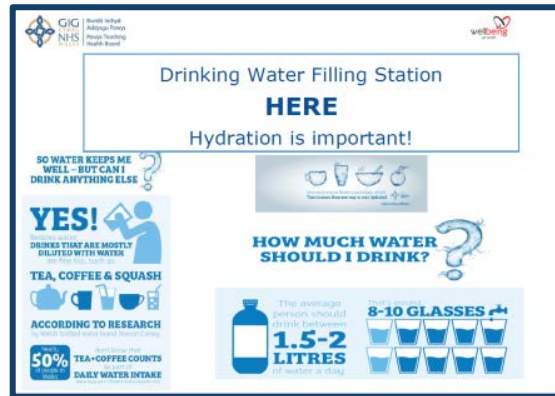
*Date: ____/____/____ Height: ____m Weight: ____kg (on admission) *BMI: ____kg/m²
 (state if this is Measured, Reported, Estimated, or Unable to weigh and record reason in notes)

Category	Date	Time (24hour clock)	Weight (kg) / indicate reason if no weight	Appetite (current)	Ability to eat (current)	Stress Factor (if clinical condition is not listed, choose a similar condition)
Weight			Weight loss of 6 kg or more (1 stone) within last 6 months, extremely thin or cachectic, *BMI < 18.5 kg/m ²			
			Unintentional weight loss 3kg (7lb) within last 6 months			
			No weight loss			
Appetite			Little or no appetite or refuses meals and drinks			
			Poor – eating less than a quarter (1/4) of meals and drinks			
			Reduced – eating half of meals			
			Good – eats 3 meals/day or is fully established on tube feed			
Ability to eat			Unable to tolerate food via gastrointestinal tract due to nausea or vomiting, constipation or diarrhoea, difficulty chewing/swallowing due to dysphagia or mucositis			
			Requires prompting, encouragement or assistance to eat and drink			
			No difficulties- able to eat and drink normally and independently			
Stress Factor			Upper GI cancer – pre/post-surgery, extensive bowel resection/high output stomal/fistula, Head & Neck cancer surgery, kidney & pancreatic transplant BMT, 20% and above mixed depth burn			
			Moderate surgery e.g. cardiothoracic, kidney transplant, vascular			
			Malignant disease, with complication e.g. infection			
			Recent multiple injuries e.g. spinal injury/trauma, head injury, GBS			
			Uncomplicated bowel surgery, decompensated liver disease			
			Acute kidney injury, renal replacement therapy (HD/PD)			
			Severe infection, sepsis, endocarditis, pneumonia, peritonitis			
			Acute and chronic pancreatitis, HIV, 15-20% mixed depth burn			
			MND, MS, Parkinson's, dementia, heart failure, COPD, CVA			
			Fractured neck of femur, inflammatory bowel disease			

Drinking Vessels and Nutritional Drinks:

The number of coloured glasses on the wards have been increased. It has been recorded that that patients drink more from a coloured glass rather than a clear one. As well as using coloured glasses, ward staff have access to nutritional drinks which include milk shakes, to encourage the fluid intake of patients, particularly in hot weather.

The **Water Safety Group** remit is to maintain the safety of water supplies across the health board; this includes drinking water, ice cubes, showers, sinks and baths and ensures that patients and staff have access to safe water.



Staff and Visitors Menus

Staff menus have been aligned with the new NHS Wales-wide patient menu, reducing cost and waste and improving nutritional and dietary standards.



Digitisation of Nursing Documentation – In-Patient Wards

This is the 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. Since last year, the health board has appointed into a full time substantive Senior Nurse Clinical Informatics role as their representative on clinical digitalisation projects

The inpatient e-documentation project indicated as taking place in June 2019 will be taking place on Y Bannau ward in March 2020. The aim of the project is to make patient's information more accessible, cutting down on duplication, streamlining the admission process and giving nurses more time back at the bedside. The vision to implement consistent information across Wales has been well received in Powys and core risk assessments have been imbedded in adult in-patient wards. Alongside this Y Bannau ward are about to trial a new electronic bed management system which aims to save resources, administration time and duplication whilst providing a clear and up to date view of bed capacity across the organisation.

Safeguarding the people of Powys is at the heart of all the care and services we deliver. If we are concerned about a person's wellbeing and/or safety we aim to work with people, their families and carers to encourage them to make their own decisions with clear information. Safeguarding people is the responsibility of all our employees, at times who have a duty to share information and work with our statutory partner agencies to promote, support and offer solutions that are tailored to your needs and based on best practice.

We work openly and transparently learning lessons to improve care from local and national reviews. Our staff have access to safeguarding training, support and supervision from a specialist team in our health board, all our work is guided by local and national policies

Maternity Assurance Framework

In response to the Royal College of Obstetricians and Gynaecology and Royal College of Midwives Independent Review of Maternity Services in the former Cwm Taf University Health Board published on 30th April 2019 (<https://gov.wales/review-maternity-services-former-cwm-taf-university-health-board>) Powys Teaching Health

Board acted to review maternity services provided and an approach was taken to assess the health board as a whole, rather than just look at maternity and midwifery services.

The quality and safety of midwifery-led care provided in Powys was considered to be of a good standard. Areas for improvement were highlighted within provided services, namely, information analysis and intelligence reporting, Clinical Quality Review Meetings with our 15 NHS providers, concerns management, risk management, clinical audit and Board development, plus a great area of focus related to commissioned services. The full report can be found at www.powysthb.wales.nhs.uk/2019-20-eqs-2-4-june-2019.

The latest update report on maternity services for 2019/20 can be found at www.powysthb.wales.nhs.uk/2019-20-experience-quality-safety-commit-2

Medical Equipment and Devices

Work has taken place over the last year to improve the management of medical devices for patient safety. Key actions taken includes:

- Policies for the effective management of medical devices approved and in place.
- The development of an asset management system to handle, for example, service scheduling and creating a central medical device replacement programme.
- Working with service leads to ensure effective ordering and processing of equipment and devices in conjunction with procurement colleagues.
- Carrying out spot checks on how medical devices and equipment is stored in wards and departments resulting in action being taken to address poor storage conditions of some equipment/devices, the cleanliness of devices and equipment and security of equipment.
- Replacement of devices health board wide including patient hoists, electrocardiogram (ECG) machines and patient baths and staff training provided in their use.

Medicines Management

The medicines management team has continued to provide wide ranging clinical and pharmaceutical support to other healthcare professionals and members of the public across Powys. The team continues to support prescribers with information and support to meet national and local prescribing indicators and to provide safe and optimal medicines use, for Powys patients.

Through collaborative working, the medicines management team have developed wider working partnerships over the year, such as the Pain & Fatigue Management Service. A senior medicines management technician joined the multidisciplinary team, on a weekly basis, to support people with persistent pain to safely reduce high dose pain medications, such as opioids.

The team has continued to work with community pharmacy partners on various projects including a joint initiative with the respiratory nursing service to support patients in managing their Chronic Obstructive Pulmonary Disease (COPD) exacerbations at home. Recent data suggests that this work is reducing hospital attendance, including admissions and decreasing the overall requirement of antibiotics in this group of patients.

Through developing the local Pharmacy professional workforce, we have extended our partnership with Health Education and Improvement Wales (HEIW) to increase pharmacy professional training placements, including, new for this year, postgraduate training to allow us, to, develop Pharmacy Professionals and to attract them to Powys. Our unique joint working with a local community pharmacy, also allowed us to develop the first multi-sector pharmacy technician training, with our first student winning the Association of Pharmacy Technicians (APTUK) award for Pre-registration Pharmacy Technician of the Year.

Changes in regulatory requirements have allowed a review of non-medical prescribing training in the organisation, and means a wider range of prescribers can now mentor members of staff working towards their prescribing qualification. It is hoped that this will increase availability of training and ultimately lead to a greater number of prescribers, allowing further improvements to patient care. The health board non-medical prescribing lead continues to link with national work and local Universities and provides ongoing support to both trainees and qualified prescribers to ensure continuing professional development around prescribing.

Effective Care

We said...	Target	How we did
We will progress the implementation of the Neighbourhood Nursing Pilot	<ul style="list-style-type: none"> Reduction in hospital admissions Reduction of length of stay in hospital 	The overall number of admissions for this financial year is lower than when compared to the same quarter for the previous financial year (Figure 1).

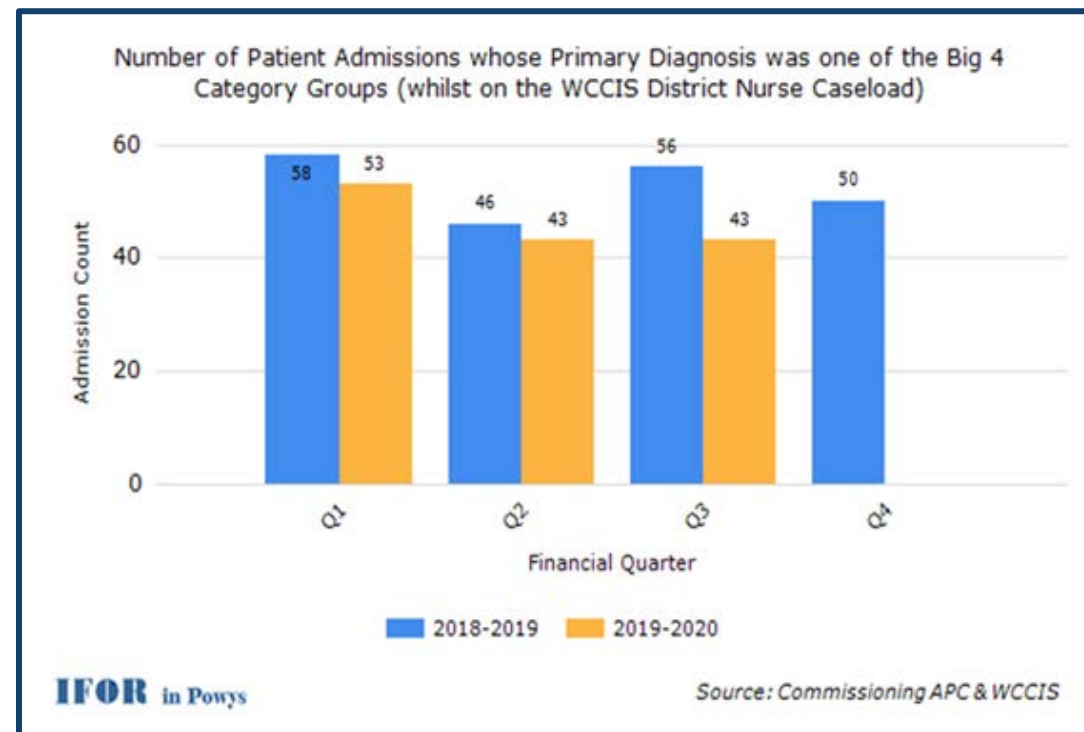


Figure 1: Chart showing overall number of admissions

The Chart below (Figure 2) does look more specifically at the diagnosis category for the emergency admission, and this does show some slight variations per quarter for the number of admissions.

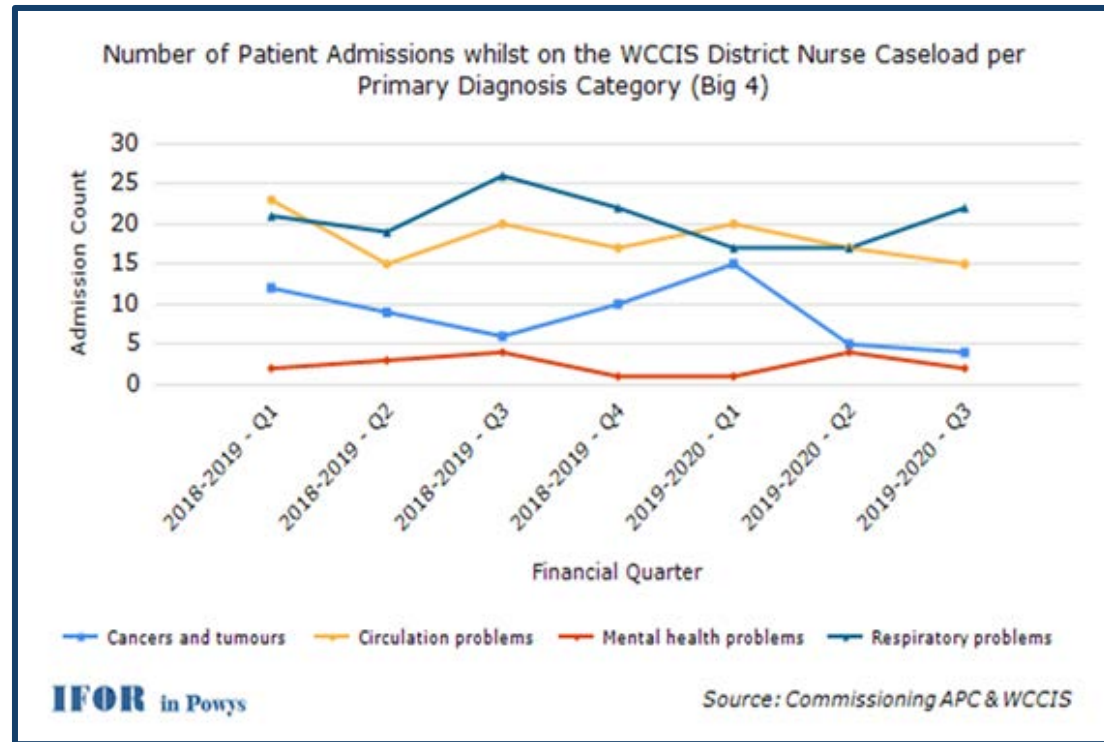


Figure 2: Chart showing diagnosis category for number of admissions

The Chart (Figure 3) shows the average length of stay based on the emergency admissions during each financial quarter. Mental Health does appear to be the one where length of stays are longer but the number of admissions with this diagnosis category are small so there is more of an impact on the average.

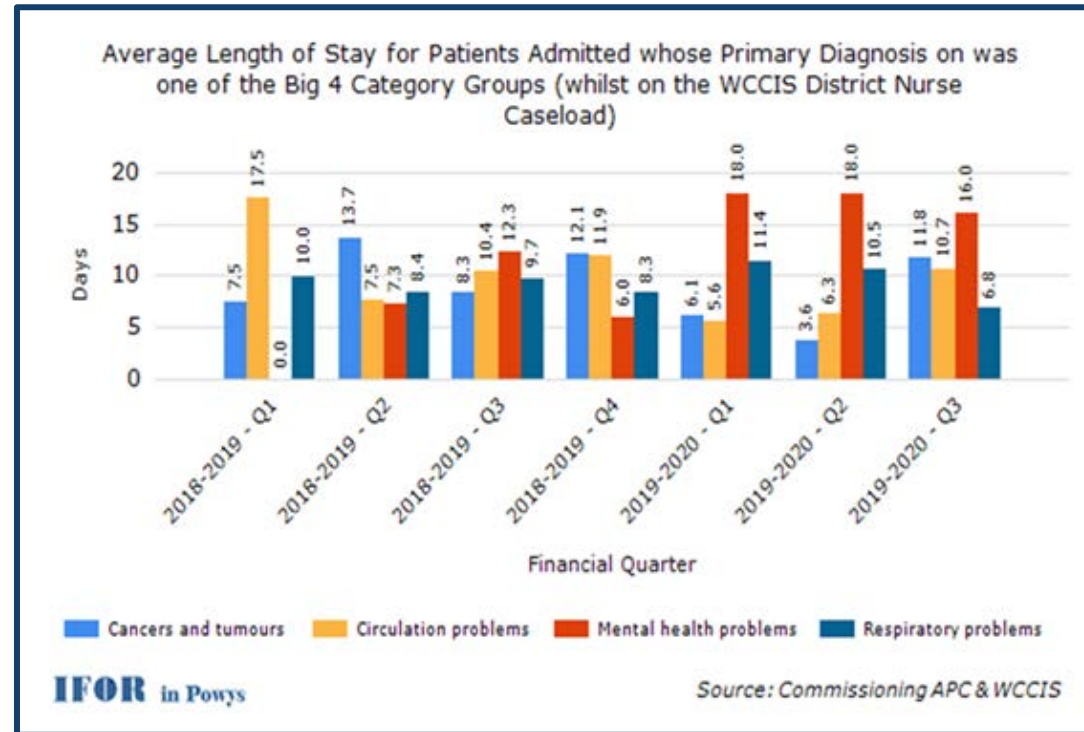


Figure 3: Chart showing average length of stay

Managing Type 1 Diabetes through DAFNE

DAFNE stands for Dose Adjustment for Normal Eating and is a way of managing Type 1 diabetes for adults and provides the skills necessary to estimate the carbohydrate in each meal and to inject the right dose of insulin.

The aim of DAFNE is to help patients with Type 1 diabetes lead as normal a life as possible, while controlling their blood glucose levels, hence reducing the risk of long-term diabetes complications. DAFNE allows people to fit diabetes into their lifestyle, rather than changing their lifestyle to fit in with their diabetes.

The Diabetes delivery plan for Wales 2016-2020 recommends that structured education should be offered to all patients with Type 1 diabetes. It has to be delivered by a Diabetes Specialist Nurse and a Dietician. The health board has received Welsh Government funding to train Eleri Evans, Diabetes Specialist Nurse and Hayley Kemp, Dietician, to attend the course enabling them to deliver the education to diabetic patients in Powys since June 2019. The course has been of benefit for patients.

"I've just completed a DAFNE course and just wanted to say wow what a fantastic course. I've had type 1 diabetes for 33 years and was very sceptical about attending as I thought I knew the correct way to manage my diabetes but I can honestly say this course has been really beneficial, it has helped me to get my blood sugars within range and an improved hba1c as well.

Previously I was having highs and then lows then highs then lows, a constant vicious circle, this course helped me to understand how to treat a low blood sugar correctly and minimise having a high after, it also helped me to reduce the high but not have a low this for me was a massive eye opener and has stopped these from occurring.

The course is all about fine tuning your insulin and carbohydrate ratios and not acting too quickly as most fast acting insulin's last for 4 hours so testing 2 hours after food as previously advised was of no benefit as that vicious circle I mentioned above will start.

The course is designed to allow you to live your life and be able to eat the foods you like so rather than allowing diabetes to control you, you can control diabetes.

This I'm sure appeals to a lot of type 1 diabetics. The course was an interactive course that allowed me to learn from other type 1 diabetic's experiences which was a massive improvement in any other courses I have attended.

So I'd like to say a huge thank you to PTHB for providing this course and suggest to anyone with type 1 diabetes to grab this opportunity to attend a very thorough and worthwhile course with both hands as it will improve your control drastically (Take it from someone who's had diabetes for over 30 years.)"

"I agree with Anna 100% here. The DAFNE Course has given me the confidence back to control my type 1 diabetes and not let it control me.

*I've spent five weeks with other diabetics, who all know how the daily struggles feel, and I'm so grateful to **Powys Teaching Health Board** for the opportunity to take part in this course.*

Having had a rough few years with diabetic complications I wanted to do something to ensure I keep any more of these at bay for as long as possible, as well as making sure I am fully up to date with ever-changing practices.

Managing Type 1 Diabetes is a full time job, and even after nearly 28 years it is a constant learning curve, but with the support of DSN Eleri and Dietician Hayley, as well as other diabetics on the course and The DAFNE course materials, I feel like I'm far more equipped to deal with it 💙 #DAFNE#Type1Diabetes"

We opened a new **paediatric audiology suite in Brecon** aimed at providing more audiology services in Powys for children and young people. The room has state of the art technology, which allows children from South Powys to have their hearing tested in a safe, comfortable and fun environment. Children under three have their hearing tested by visual reinforcement audiometry using LCD screens. This technology gives the option of uploading images and animations specific to each child, making testing for some children more reliable. We also now have the option of completing speech testing for older children, this highlights the impact a hearing loss is having on a child in an everyday scenario. The new testing room has allowed for children that would have normally be seen outside of Powys to be seen within their own county, increasing the services demand and capacity.



Creating a first-class continence service for children in Powys

Following action to set up a paediatric continence service, the launch planned for 2019, the service was launched with an ERIC led learning event for Health Visitors and School nurses to explore continence issues in children and young people. A clinical nurse specialist was employed to implement the single integrated service and dedicated clinics commenced in Autumn 2019. The nurse is currently completing her advanced practitioner MSc training which includes advanced clinical assessment and independent prescribing. This will allow children to be seen for complex or chronic continence problems in Powys without the need to travel outside the county thus supporting the care closer to home agenda. The service also employs an assistant practitioner who provides direct support for children and parents in their own homes or school as appropriate and also providing structured assessment for the provision of containment products.

As part of the drive to provide effective care closer to home, the Community Children's Nursing Team identified that **children and young people with epilepsy** across Powys were receiving variance in the care they were receiving. An epilepsy link nurse was identified and underwent specialist training to specifically work with the epilepsy care teams in all the adjoining health boards in Wales and Trusts in England. She has audited the service provision in each area and worked with clinical nurse specialists to agree the input required to ensure families who have a child with epilepsy in Powys are supported locally. This initiative has reduced the travel for families and there has been positive feedback on having a local contact. The link nurse also works with schools and provides training across Powys and support the writing of education health care plans.

A pilot for **a Neurodisability joint clinic** with Community Paediatric consultant and physiotherapist commenced in December 2019. This joint approach will provide a holistic review of the child's needs, prevent assessment duplication for practitioners and reduce the number of clinic attendances with associated travel time for the parent and time out of school for the child.

The **Cerebral Palsy register for Wales** is being piloted in Powys with planned rollout nationally through electronic health systems. Our aim is to establish a systematic approach to the monitoring and surveillance of cerebral palsy in Wales and to support research into the condition. For more details see <https://cerebralpalsyregister.wales/welcome-to-http-cerebralpalsyregister-wales>

'Be Hear, Be Clear'

Be Here Be Clear:
Bydd yma Bydd yn Glin

Be Here Be Clear: preventing early language difficulties

"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"

- 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

The project is now half way through completion. Data for the new manual is now being collected and aims to be completed in October 2020. The Adopt and Spread Bevan Exemplar scheme has seen four regions in Wales also gaining funding to use the programme and a further project is being developed to support these teams in its roll out.

Aromatherapy in Maternity Services

A pilot scheme was run in Powys which aimed to test whether aromatherapy could help women and families to achieve the birth they wanted. Having been monitored over the past 12 months the feedback has been positive:

"One week overdue and tired of being pregnant, midwife Rachel arrived armed with aromatherapy! It was instantly relaxing while being used during a hand massage, then a few drops in the bath before bed. When labour

pains started, it was a great distraction and helped me to stay at home longer before heading into the birth centre”.



Endoscopy Services

2019-2020 has been another busy year for endoscopy services.

- In April 2019 the health board were awarded another of year Joint Advisory Group (JAG) accreditation for the unit. The health board remains one of only six units in Wales (out of a total of 20), to gain this accreditation. The inspection specifically reviewed the clinical care of patients within the unit, the patient experience, decontamination facilities and workforce performance and satisfaction. All endoscopists were rigorously analysed regarding their performance. Staff contributed upwards of 15 clinical audits to support evidence presented and all documents pertaining to endoscopy were re-written or reviewed.
- Additional toilet facilities were opened to improve patient privacy and dignity. During the building work no endoscopy bookings were cancelled ensuring patients were being seen in a timely way.
- In January 2019 the health board employed an Advanced Nurse Endoscopist, Dr Helen Griffiths, to replace and expand the upper endoscopy service.

- A new endoscopy suite has been developed in Llandrindod Wells Hospital. It is expected to open in Spring 2020. This will be the first endoscopy facilities in mid Powys for over 8 years. It is aimed to work toward getting this facility JAG accredited in 2022.
- The health board has seen growth in endoscopy referrals by approximately 10% yearly for the past 4 years (in line with Welsh Government and UK predictions), and work is taking place across the health board including operational teams and senior leadership to ensure there are prospective and pragmatic plans to meet the increased demand and the anticipated 10% yearly growth for the next 5 years.
- Bowel Screening Wales have continued their services to the Powys population. We anticipate increased growth in the immediate and intermediate future in numbers of patients attending as Bowel Screening Wales Faecal Immunochemical Testing (FIT) is introduced and the age range is widened. For more information on FIT testing please see
- Our Consultant Endoscopist Nurse completed a PhD in Medicine & gained a post as an Honorary Lecturer in Medicine with Swansea University.
- Our Consultant Endoscopist Nurse participated in a charitable visit to Bangladesh teaching nurses and doctors in advanced endoscopic techniques. The highlight was an audience with the Prime Minister to discuss the educational program being provided.

Neighbourhood Nursing

A patient and staff survey have been undertaken to capture feedback at the end of the project, which was due to complete the 1st April. A formal evaluation of the project is to be undertaken by the University of South Wales.

Carers

A Carers plan on a page was approved via the Regional Partnership Board (RPB). The Carers Steering Group continues with good representation from Carers. Key areas of focus have been agreed and funding has been made available to take forward flexible respite.

Dignified Care

We said...	Target	How we did
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">• Increase in the number of Powys communities signing up as 'Dementia Friendly Communities.	We now have 4 dementia meeting centres across Powys

Dementia

The health board is working to achieve the themes within the Dementia Action Plan for Wales 2018 – 2021, overseen by the Dementia Leads groups and progress reported Welsh Government six monthly.

Collaborative work continues with our third sector partners to raise awareness in local communities and there are currently twelve towns working towards becoming dementia friendly in Powys. Dementia Friends sessions continue to be run through the dementia friendly communities. In one area the Virtual Dementia tour bus was hired and available free for the public to go through the bus to raise awareness of what a person with dementia may experience. Over 95 people completed a session in the virtual dementia bus.

Dementia Matters in Powys have successfully opened a fourth dementia meeting Centre, now running in Ystradgynlais, Brecon, Llandrindod Wells and Newtown. These Centres offer support, education and activities that are led by the people who attend. Intergenerational projects continue with Schools across Powys.

The Memory Assessment service is currently part of a trial to complete the audit workbook for Memory services in conjunction with Improvement Cymru, before it is rolled out nationally.

Engagement work with General Practices continues and a project to raise awareness about dementia using the electronic screens is being developed in one area.

The Dementia Lead is working with Improvement Cymru to progress the Dementia Action Alliance, Dementia Friendly Hospital Charter which has recently been adopted by Welsh Government and is planned to be launched in September 2020. This has already been adopted in England. Hospitals continue to use the Butterfly Scheme and John's Campaign to support the recommendations in the Royal College of Psychiatry National Audit of Dementia Care in general hospitals.

The Dementia Home Treatment team in South Powys has been developed and opened as a service in November 2019. Its purpose is to provide rapid assessment, treatment and review; to reduce the need for hospital admission, and to enable the patient to be assessed and supported in their usual place of residence. They are based in Bronllys and currently operate between the hours of 9am – 5pm, Monday – Friday.

There is a focus on dementia training in February and March 2020 when all staff are being encouraged to complete the NHS All Wales dementia e-learning module with the dementia lead attending hospital wards to support work-based learning. A classroom programme has been arranged throughout 2020 pan Powys. There is a Welsh Government evaluation of the work that has been completed in Powys in April 2020.

Mental Health and Partnerships

Together for Mental Health (T4MH) is the Welsh Government's 10-year strategy to improve mental health and well-being in Wales. The last year of the second Delivery Plan which covers the 2019/20 period, continues to require a cross-cutting approach with actions jointly achieved by partners, including Welsh Government, Health Boards, Local Authorities, the Third and Independent sector, Education, Public Health Wales, Police, Fire, Ambulance, people using services and those close to them. The health board and partners spent considerable time during the year consulting and supporting local engagement around the new T4MH Delivery Plan (2019-2022). Whilst there are some areas of development in the new plan, Powys is actually ahead in some aspect of the plan such as in Workforce Planning and Co-Production with our Service Users. The work is overseen by the National Partnership Board and there continues to be a Local Partnership Board (LPB) in each area. In Powys the LPB is known as the Mental Health Planning and Development Partnership (MHP&DP) and our strategy for mental health is outlined within the "Health and Care Strategy", outlining local outcomes for our population.

Throughout 2019/2020, a range of actions have been undertaken to achieve the Partnership's vision to promote mental and emotional health and wellbeing for all ages and to enable the provision of truly integrated care, thus making a positive difference in the lives of people in contact with our services.

During 2019/2020, the health board's Partnership Manager working jointly with the **Powys Area Planning Board**, overseeing services supporting people living with substance misuse issues, followed up key actions from last year by:

- Securing funding from Welsh Government for a post looking specifically at Harm Reduction across agencies to help support the work of substance misuse services and importantly helping reduce the instances of harm across people living with substance misuse and mental health distress
- Obtaining further funding for two new posts providing additional support to people who are living with complex needs in relation to substance misuse and mental health distress, working directly with Community Mental Health Teams, Police, Social Services and the Third Sector to coordinate care and support for people
- Further capacity has been augmented by securing funding for four posts, based in the Third Sector, looking at complex care needs for people with mental health, substance misuse and housing issues.
- Jointly looking at the need for an independent "Clinical Audit" of the currently commissioned service to determine what is working well and what could be improved in currently commissioned substance misuse services.

We continue to prioritise the work of the **Powys Armed and Ex Forces Forum** (PAEFF), which is a multi-agency group, including representatives of Veterans and Ex Forces Personnel and people with lived experience of mental distress who have been in active duty within the armed forces. The Forum's role is to ensure that health issues relating to the Armed Forces Covenant are appropriately reflected in NHS service design and continually improves across all services.

The Partnership continues to deliver a joint action plan to ensure mental health services for Veterans in Wales 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. We have recruited a new representative to sit on the board and continue to look at how people can access the service across Powys. Of particular interest this past year has been linking in new community services such as Community

Connectors and other local Third Sector services personnel may not know about and the commitment to ensuring that any personnel applying for posts within the NHS are well positioned to receive support.

The MHP&DP continues to bring together key partners, facilitated by the health board, and great care is taken to involve people who use services, parents and carers in the ongoing planning and in the delivery of our local Health and Care Strategy. There is a significant amount of **co-production and involving our patients and service users** that goes on annually. Individual representatives of people using services are active members of the Partnership. They provide the Partnership with feedback from local networks (formal and informal) and from the national service user's and carer's forum and national partnership boards and ensures that key priorities of the local delivery plan stay at the forefront of Partnership business. Representatives are heavily involved in the Partnership's work streams.

The Engage to Change group is a subgroup of the MHP&DP Board and encompasses representatives from our partner agencies and citizens. The subgroup was established to more widely promote the Partnership and seeks to resolve issues raised by people in contact with services and those close to them at local and regional levels with staff. The group considers feedback gathered from people using services and uses it to help inform and improve services developed through the partnership. Some of the group activities in 2019/2020 supported a number of mental health awareness events throughout the year. Members (and their respective organisations) have participated in "Time to Talk Day", "World Mental Health Day" and "Self-Injury Awareness Day" (inset) amongst others. In 2019/2020, our individual representatives conducted a survey of some people using mental health services in Powys and used the findings to make small but effective improvements to mental health services, such as working to update the patient information provided in relation to Part 3 of the Mental Health Measure.



Listening to our patients/service users and citizen representatives, the health board have secured funding this year for a new **Early Intervention in Psychosis service** that is now fully staffed and beginning to roll out across Powys. They are actively seeking to work with patients and family members in co-designing the service based on the lived experience and patient stories of people who have experienced first episode psychosis.

In addition to our continued success with our on-line CBT Service Silver Cloud (blended with face to face counselling) offering greater access to psychological therapies, we have developed a new service relating to **complex trauma** and **personality disorders** and have recruited in 2019/2020 specialist staff. We are also upskilling current staff with new interventions and specialist skills ensuring that access to the best and latest quality therapeutic tools and is provided.

Suicide and Self-Harm reduction continue to be a key priority for us and our statutory partners and this year has seen us secure funding from Welsh Government for a specific coordinating post across partners which will help us continue to deliver the priorities in the Suicide Prevention Plan (Talk to Me 2).

In working with our partners in the **Third Sector**, we are also looking at the need for more focused **“social prescribing”** within mental health, new areas such as **“Arts in Health”** and we are actively recruiting a coordinator this year to help deliver projects across our hospitals, community groups and partners in addition to **“Green Prescribing”** links with **“Eco-therapy”** related projects provided by our partners in the Third Sector, County Council’s Countryside Services, National Park Authorities and Natural Resources Wales.

The Child and Adolescent Mental Health Service (CAMHS) this year moved to the Mental Health Directorate and prioritised delivering integrated services, developing emotional health and resilience for young people. We were successful in receiving funding through the Regional Partnership Board (RPB) to develop a virtual emotional health and wellbeing service, bringing together many partners such as children’s social services, youth services, both universal and targeted, in addition to Xenzone – counselling service and education. Much work has been undertaken on developing a single point of access/integrated access to our service model.

A partnership with Montgomery Wildlife Trust in North Powys is developing specifically in relation to green/social prescribing for young people from primary and secondary care, along with providing joined up support with other partners in the Voluntary Sector.

Mental Health transformation funding has also been utilised to develop increased support through primary mental health care workers in schools, including year six primary schools and developing links with children’s social services to provide dedicated consultation and training to staff.

Moving to the Mental Health Directorate has also been a spring board to secure an age appropriate bed for inpatients in Powys.

The work of the **Crisis Care Forum**, pushing the Crisis Care Concordat with our partners in the Police, social services, Third Sector and health has gathered momentum in 2019/2020 and Powys continues to lead on the work of our **Integrated Risk Intervention Support (IRIS)** launched last year. We have seen the use of IRIS increase appropriately and this unique multi-agency approach to collaborative risk assessment and case management and review has proven invaluable in our integrated approach to providing specialist support for people at risk.

Equality and Diversity

The health board has continued to build upon the work already undertaken around Equality and Diversity which aims to improve service delivery for those with a protected characteristic under the Equality Act 2010. Our aim has also been to increase staff awareness of the challenges that individuals face and promoting best practice.

Following a review of our Strategic Equality Plan (SEP) for 2016-2020 undertaken with the Equality and Human Rights Commission in October 2019, the health board is performing well but we recognise that there is much more that we can do, especially in terms of engaging with local communities and individuals with specific needs in order to help us better plan and deliver our services accordingly.

The health board has developed a new 4year SEP which looks to build upon the existing work already undertaken to ensure that services are accessible to all and we aim to ensure that those with a protected characteristic are not disadvantaged in any way when accessing healthcare services.

The All Wales Standards for Accessible Communication and Information for People with Sensory Loss continue to be implemented across the health board. Our local Eye Care Liaison Officer regularly attends eye care clinics to offer information and advice on a wide range of support services available to those with sensory loss. Audiology departments have introduced methods to identify dementia patients with hearing loss and have put new ward referral procedures in place to ensure that these patients are seen urgently. Our priorities going forward for are to work with individual 3rd sector organisations who can also support people with sensory loss. Going forward, the health board will be looking to source additional specialist training to equip our clinical staff with further knowledge and skills when dealing with those who have a sensory loss.

Significant achievements have been made throughout 2019-2020, most notably within our Dementia Services. The health board has made considerable efforts to make improvements to the lives of our dementia patients and their families. There are now 4 dementia meeting centres across Powys where people can access support, advice and meaningful activities along with their carers. Dementia home treatment teams have been developed to support people with increased needs to prevent hospital admission. The recommendations of the 'Trusted to Care' Report (<https://gov.wales/sites/default/files/publications/2019-04/trusted-to-care.pdf>) have been implemented successfully to help improve patient experience for dementia sufferers with physical health issues, and initiatives implemented include:

- 'John's Campaign' to allow families and carers open access to visiting.
- Purchase of the Reminiscence and interactive activity units (RITA) to provide meaningful activities for people on the wards and in 2019-2020.
- Welshpool hospital nursing and allied health professional's dementia care training team were recognised at the health board internal staff excellence awards for the work they have done to improve the environment for dementia patients.

Other examples of achievements within other departments include:

- Our Mental Health Directorate has been working with Diverse Cymru to implement the Cultural Competency Toolkit as part of our ambition to achieve the black and minority ethnic (BME) Mental Health Workplace Good Practice Certification Scheme.
- A successful Maternity Day Assessment Project has been rolled out providing vital access to scans and support in the county, reducing the need for expectant parents to travel to neighbouring District General Hospitals. The Maternity Flu Immunisation Project Team is also leading the way in midwife-led flu immunisation.
- The health board has also recognised the needs of the local Nepalese community and has responded to the need for information to be made available in Nepalese. As a result, a series of mental health patient leaflets are being translated.
- Staff at Ynys y Plant, Newtown were recognised at the health board internal staff excellence awards for their efforts in making life better in Powys for people with disabilities.

External Inspections

National Maternity Review – Inspection of Birth Units

As part of the national review of maternity services across Wales, Healthcare Inspectorate Wales (HIW) have undertaken inspections at birth units at Welshpool, Newtown, Llanidloes, Knighton, Llandrindod Wells and Brecon commencing on 10 February 2020.

HIW reporting positively in the following:

- Women rated the care and treatment provided during their time in the units as excellent
- We observed professional and kind interactions between staff and patients, and care was provided in a dignified way
- There was a safe and robust process inspected for medicines management
- Documentation was of a high standard
- Excellent health promotion information was seen throughout the units
- Care given was to a high standard with clear continuity in care planning
- The units were all found to be clean, welcoming and suitable to meet the needs of mothers to be and their families.

HIW recommended that the service could improve:

- Evacuation methods of the birthing pool
- Review of emergency drill processes
- Review of environments within Llanidloes War Memorial Hospital and Knighton Hospital.

It is pleasing to note the summary comments from HIW included reference to the service providing respectful, dignified, safe and effective care to patients. Noting there were some good arrangements in place to support the delivery of safe and effective care and positive multidisciplinary team working, we recognise there are some area identified for improvement. The health board have already started to work towards ensuring these improvements

are made and the improvement plan will be monitored internally via this Group as per governance and assurance arrangements.

Inspection of Community Mental Health Team (CMHT) – Newtown Hospital

This joint inspection by HIW and Care Inspectorate Wales (CIW) took place on 4 and 5 February 2020. This followed the 2017/2018 Joint Thematic Review of Adult Mental Health in the Community and further CMHT inspections conducted in 2018-2019.

The inspection was conducted over two days, and included discussions with CMHT staff, service users and carers, as well as examining documentation including service user records, policies, staff records and system reviews.

Immediately following the inspection both the health board and local authority were formally notified that areas of concern had been identified which would pose an immediate risk to the safety of patients. The inspection team had been notified during the inspection by members of staff there was a long standing and on-going problem with the electronic records management system (WCCIS).

Felindre Ward, Bronllys Hospital – November 2019

Felindre is a 12 bedded acute adult mental health admission ward, with the addition of two crisis beds, servicing the population of Breconshire.

Health Inspectorate Wales (HIW) completed an unannounced mental health inspection of Felindre Ward, on the evening of 18 November 2019 and the following days of 19 and 20 November 2019.

During the initial feedback HIW requested immediate assurance in relation damage to a fire door, the window had been damaged and boarded up. Due to the damage to the window the integrity of the fire door was compromised which would reduce the effectiveness of the fire door in the case of fire. The door was replaced.

The HIW report identified a dedicated staff team that were committed to providing a high standard of care to patients. They observed that staff interacted with patient respectfully throughout the inspection. Concern was

raised with the number of maintenance issues that were unresolved on the ward, which was impacting negatively on patient experience. Action was put in place to rectify these issues.

HIW reported positively in the following:

- Staff interaction and engagement with patients respectfully
- Good team working and motivated staff
- Safe and effective medicine management
- Established governance arrangements that provided safe and clinically effective care

HIW recommended the health board needed to improve in the following:

- The maintenance of the hospital facilities
- The capacity of its adult inpatient mental health service
- The provision of information on the ward for patients
- The range of therapies and activities available to patients
- The effectiveness of emergency resuscitation equipment checks
- Review and update of policies

The final report was published by HIW on 21st November 2019.

Llewellyn Ward, Bronllys Hospital – October 2019

An unannounced inspection of Llewellyn Ward, Bronllys Hospital took place on 29 and 30 October 2019. Llewellyn Ward is a 15 bed GP led general ward. The report identified staff were committed to providing patients with safe and effective care. Patients spoken with during the course of the inspection expressed satisfaction with the care and treatment received. They found good management and leadership, with staff commenting positively on the support that they received from the Ward Manager. However, there was some evidence that the health board was not fully compliant with all Health and Care Standards in all areas.

HIW reported positively in the following:

- Staff engagement

- Multidisciplinary working
- Provision of food and drink
- Palliative care suite
- Designated lounge and dining area
- Assessment, care planning and record keeping
- Medication management
- Management overview
- Clinical audits
- Staff training, support and supervision

HIW recommended we need to improve in the following:

- Welsh language provision
- Pain assessment
- Storage of wheelchair and segregation of clean and dirty equipment
- General Risk assessment
- Maintenance in some areas
- Staff recruitment

The final report was published by HIW on 31st January 2020.

HIW reports for Powys can be accessed via https://hiw.org.uk/service-index?search_api_fulltext=&latlon%5Bdistance%5D%5Bfrom%5D=32&latlon%5Bvalue%5D=powys&field_service_type%5B17%5D=17&display_map=false

Timely Care

We said	Target	How we did
Implement serial casting across Powys	<ul style="list-style-type: none"> Serial casting services in place 	The service is being brought back into Powys from April 2020

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 repatriated Serial Casting service has now been established across the whole of Powys, conducting our first Serial Casting Board meeting in January 2020. The Bevan Exemplar leading to the Serial casting service transformation work in Powys is now being rolled out across the whole of Betsi Cadwallader University Health Board as part of the Bevan Adopt and Spread work. The repatriation has led to enhanced staffing, skills and products within Powys that will ensure the long-term delivery of these services closer to home to children and families.

A **community paediatric remodelling project** is in progress within the Women and Children's Directorate. This project has sought to develop a whole systems approach to the delivery of paediatric services within Powys. As part of this project a pilot to triage paediatric referrals (both community and General Practice referrals for out of county hospitals) was initiated in October 2018 with an aim to ensure that children and young people are seen in a timely way by the most appropriate practitioner. The triage team comprises of the children's patient service manager and senior clinical staff from nursing with input from the paediatricians when required.

This prudent approach has resulted in children being seen more quickly and reduced the pressure on the community paediatric waiting list. Of 600 accepted referrals, 400 were directed to a professional other than a paediatrician, for example a Therapist, Health Visitor or School Nurse.

The **neurodevelopmental service commenced** in February 2018, requests for assessment outstripped the capacity leading to a lengthy waiting list for children and their families. A plan to reduce waiting times to meet the 26-week referral to assessment time was put in place. This included dedicated project management time with the result of bringing the waiting time for first appointment from over 36 weeks back to under 26 weeks within a 6-month timeframe.

Commissioned Services

About 70% of PTHB's budget of £300 million is spent on services it does not directly provide. As a highly rural area Powys Teaching Health Board secures District General Hospital (DGH) services from other health boards and NHS Trusts in England and Wales; specialised services are commissioned through the Welsh Health Specialised Services Committee (WHSSC); continuing care packages are also funded; and about 20% of the budget is spent on primary care. For more information see our IMTP at www.powysthb.wales.nhs.uk/strategies

Quality & Safety in Commissioning Services

There is no District General Hospital within Powys Teaching Health Board as it is too sparsely populated. This means a range of services, across all ages and specialties, emergency and planned care, are commissioned from surrounding Health Boards and NHS Trusts across England and Wales. The health board continuously collaborates with seventeen main organisations to help ensure services are sustainable, safe and meet national targets.

PTHB is in a highly usual and very complex situation. Whilst 90% of hospital admissions and nearly 80% of outpatient appointments take place beyond its borders, PTHB is not the main commissioner of any other NHS organisation. (At best PTHB's activity is around 10%- 15% of its main neighbouring DGH providers, however in most Powys patients are less than 1% of the total activity.) PTHB has to work across the different systems for England and Wales. It also has to work in a system where there is considerable fragility, as some DGH providers are in special measures. It is also affected by strategic and service changes in other areas and has to work hard to ensure its highly rural population can reach essential services.

This level of risk is reflected on the corporate risk register. A number of controls have been developed. However, where Powys is not the main commissioner and, particularly where there are cross border matters, PTHB has had to link with other systems and regulators. The processes which help to reduce risk include:

- Implementation of the Strategic Commissioning Framework (so that there is a "whole system" view which includes the needs and experiences of Powys patients treated out of county)

- Embedding the Commissioning Assurance Framework (CAF) escalation process
- An Executive Committee Strategic Planning and Commissioning Group (including consideration of fragile services)
- Regular review at Delivery and Performance Meetings
- Scrutiny by Performance and Resources Committee
- Scrutiny by Experience, Quality and Safety Committee
- Internal Audits
- Commissioning Quality and Performance Review Meetings
- Participation in specialised services commissioning arrangements through the WHSCC Joint Committee and Management Group
- Participation in the Emergency Ambulances Services Committee
- Shared Services Framework Agreements
- Section 33 Agreements
- Prioritisation through the IMTP and Annual planning process, including commissioning intentions
- Participation in the Cross-Border Network Between England and Wales
- Strengthening of commissioning intelligence
- Compliant commissioning policies, such as for Individual Patient Funding Requests and for Prior Approval.

A maternity assurance framework has been developed to provide a cross-cutting view of maternity services across all providers. The Maternity Assurance Framework considers information across the domains of quality and safety; patient experience; finance and activity; access and strategic change and governance.

The following providers are in special measures:

Shrewsbury and Telford Hospitals NHS Trust (SaTH) is one of the main providers of secondary care for the North Powys population and has been a particular concern. SATH was placed in Special Measures in November 2018 and has also had conditions imposed on its regulated activity by the Care Quality Commission. SaTH has been at the highest level of escalation under the PTHB Commissioning Assurance Framework, with Chief Executive Officer level meetings. There has been participation in a safety oversight group including regulators and system leaders. A formal improvement alliance has been announced with the University Hospitals Birmingham Foundation NHS Trust, which will establish “committees in common” to improve the quality and safety of services.

During the last financial year *Cwm Taf Morgannwg University Health Board's* maternity services were placed in special measures. An Independent Maternity Oversight Panel is in place tasked with seeking robust assurance from the Health Board. Arrangements to improve the effectiveness of Board leadership and governance in the organisation are

underway. There has also been work with the NHS Delivery Unit to strengthen the reporting, management and review of patient safety incidents and concerns.

Worcestershire Acute Hospital is rated overall by the Care Quality Commission as requiring improvement. However, the CQC, in a report published on the 13th February 2020, following an unannounced focused inspection rated the urgent and emergency services there to be inadequate (although staff were found to be doing their best to care for patients with compassion the CQC found some patients had delays to initial assessments and timely treatments). The Trust is implementing a range of actions to reduce overcrowding. A Section 31 condition was imposed upon the Trust to ensure urgent improvements in the timeliness of assessment, care and treatment for patients.

Betsi Cadwaladr University Health Board remains in special measures, although there have been some service and governance improvements. A substantive Chief Executive Officer has been appointed.

Welsh Health Specialised Services

Specialised services support people with a range of rare and complex conditions which are provided in relatively few hospitals accessed by comparatively small numbers of people. They are not available in every local hospital because they have to be delivered by specialist teams of doctors, nurses and other health professionals who have the necessary skills and experience. Unlike most healthcare, which is planned and arranged locally, specialised services are planned nationally by Welsh Health Specialised Services (WHSSC) on behalf of the seven Health Boards in Wales.

The quality of care that patients and their families receive, and their experience is central to the commissioning of specialised services driving quality assurance and improvement. One of the key features of the quality assurance framework is the strengthening of the relationships between health boards and the role of their Quality & Patient Safety Committee. This is core to ensuring that each health board is assured regarding the quality of the services commissioned for their population but also to facilitate shared learning.

Individual Care

We said	Target	How we did
Improve our management of concerns	<ul style="list-style-type: none"> Percentage increase in the number of complaints responded to within 30 working days Number of informal concerns responded to within 2 working days Reduce the number of concerns reported to the Public Services Ombudsman for Wales Strengthened feedback on citizen experience and the use of stories with a focus on outcomes and learning. 	<ul style="list-style-type: none"> We achieved 54% in quarter 3 compared to 59% in 2018/19 76% of informal concerns responded to compared to 59% previously. Across Wales, the proportion of new complaints about complaint handling has decreased from 11% to 9%. We gathered feedback from our patients – see examples in this section.
Strengthened feedback on citizen experience and the use of stories with a focus on outcomes and learning.	<ul style="list-style-type: none"> Evidence of outcomes and learning from patient stories Consistent data collection of citizen experience that is reported and supported with improvements and learning, where indicated 	<ul style="list-style-type: none"> Patient experience stories were presented to the Board We gathered feedback from our patients – see examples in this section.
Achieve compliance with the Welsh Language standards as per plan.	<ul style="list-style-type: none"> Welsh Language improvement plan in place and evidence of improvement 	A welsh language improvement plan is in place and there is evidence of improvement.

Patient Stories

Patient experience stories were presented to the Board throughout the year, two examples are cited below and further information can be found at: <http://www.powysthb.wales.nhs.uk/board-meetings-2019-20>

- Driving when living with Parkinson's Disease

The presentation explained an innovative approach to managing driving risks and supporting patients with Parkinson's Disease. The main feature of the approach was a Parkinson's Disease Driving Questionnaire which went into more detail than the DVLA Form PK1, which must be completed by all drivers diagnosed with Parkinson's Disease. The Powys approach provided a basis for GP risk assessment and a scoring system, which through annual reassessment allowed change in risk to be measured over time. The benefits of the Powys approach included greater recognition by patients of the risks associated with driving with Parkinson's Disease, patients were less anxious and more in control of planning for the future, and there was also less tension or concern amongst family members.

- Physiotherapy first contact practitioners in Powys

Powys' triage approach to treating patients with musculoskeletal (MSK) conditions in primary care, which typically made up 30% of GP caseload and was the number one cause of sickness absence from work. The approach had shown that 85% of cases could be managed without the patient seeing a GP. This was an example of professional expertise and skills being used to support primary care, by reducing GP workload and providing non-medical prescribers. It had also improved patient care by providing longer appointment times compared to seeing a GP and quicker and easier access to specialist diagnostic help and advice.

Patient experience Feedback



"I just wanted to say the midwives of Brecon are brilliant. Never have I had a midwife come to my home whenever I needed them. My midwife is Sally and she's been fantastic, and the other midwives are so brilliant and kind and will come see you asap and I just think there all so fantastic and deserve recognition."

In April 2019, the **Children's Audiology Services in Brecon** carried out a **Patient Satisfaction Survey**, in conjunction with the All Wales Audiology Quality Standards. 13 questions were asked focusing on accessibility, surroundings, staff, treatment and their overall view of the services provided. Eighteen responses were received, of which only 2 responses recorded as very dissatisfied with accessibility, that is, the location of the appointment and communication with the service. 6%-17% of respondents indicated they were satisfied with regards their surroundings and staff, and between 83%-100% of respondents reported very satisfied to all remaining questions.

Numerous comments were received, examples included:

"very happy all round"

"all aspects are 10/10"

Everything went smoothly throughout the appointment"

"nothing needs improving"

Children's comments on what went well:

"she said it was great, she loved the ship"

"he liked the hearing game and the clicking noise, he liked the toys 😊"

"He would like to say thank you for letting him pick his favourite colour"

An Occupational Therapy-led Discharge to Recover and Assess Model in Powys is supporting people to return home promptly and safely from hospital

The rural nature of Powys means that our residents rely on neighbouring district general hospitals for their acute care. Even their nearest community hospital may be some distance away. Extended hospital stay can lead to deconditioning, and the unfamiliarity of a hospital environment can mean that reablement and recovery plans develop at hospital may

not necessarily be “what matters” and “what works” when the patient returns home. An Occupational Therapy-led “discharge to recover and assess” programme in Powys is helping to tackle this.

With strong leadership from the Occupational Therapists team, a co-productive approach was taken, utilising the full range of community assets. This has included the patient and their circles of support, adult social care & reablement, health board multi-disciplinary teams, General Practices and the third sector. This has created a Discharge to Recover and Assess approach that works with patients to ensure that those that can be supported in their own home are discharged from the ward quickly with wraparound support if required and assessments taking place in their own home environment following discharge.

An in-reach model was implemented, with designated Reablement Occupational Therapists working alongside the ward multi-disciplinary team to identify patients that were at a functional level and could be discharged home with community support. The Occupational Therapists then linked with social care to ensure that referrals were prioritised. They carried out strength-based assessments and worked closely with patient’s families and used different agencies to support patients to ensure that they could be discharged home in a timely and supported way, for example Red Cross hospital from home as an alternative to Reablement. This was also done as patients’ needs changed following discharge.

Patients were either seen on day of discharge or next day at home by the Occupational Therapists to “right size” any support package and ensure that the patient and their family had an opportunity to discuss any concerns they may have.

First and foremost, the programme has provided an opportunity to improve patient experience. Importantly we have also been seeing significant productivity benefits for the NHS through measures such as shorter length of stay. There has also been valuable learning. Whilst the team has been able to discharge quicker, this has been dependent upon cooperation of all NHS staff – and it can be resource intensive. Having the right conversation with the patient and their family has been critical, so that they feel supported and in control of decisions when planning their discharge from hospital. Cultural change within the hospital ward to create new approaches to the successful management of risk has also been vital. Going forward, it is also clear that more could be achieved as the project develops including through strengthened partnerships with the third sector.

The next steps including rolling out the model across the whole of North Powys and then across all 2000 square miles of Powys. This is expected to include increasing the scope of patients that are included (minimise risk aversion & ‘cwtch’ culture), supporting increasing numbers of patient’s home from acute settings on a discharge to assess pathway (home

first), enabling timelier and more responsive step-down support (e.g. Red Cross, PURSH, Community Connectors), and remodeling the therapy workforce, to promote an in-reach model from community onto ward.

"Everybody was so nice, they got me packed. Everyone looked after me wonderfully at Welshpool Hospital but it is always nice to get home to my own surroundings and I was so pleased to have Physiotherapy in the warmth of my home. Everyone is kind, cheerful and the physiotherapist and her staff gentle and encouraging, keeping me happy when I was down. The Reablement team came each morning and evening and made me feel very supported"

Welsh Language

Significant progress has been made during 2019-2020 with the implementation of the Welsh Language Standards. Following the appointment of a new Service Improvement Manager a Welsh Language Service Leads Group has also been established to monitor the progress being made across each department. Key achievements during 2019/2020 include:

- Development and promotion of new Welsh language resources and procedural guidelines for staff;
- Higher compliance rates and strengthened reporting mechanisms which include baseline assessments and recording statistical data to provide assurance to the Board;
- Improved quality and quantity of available bilingual documentation. This has been aided by the review of external translation companies and the appointment of an internal Welsh Language Communications Officer;
- The development and roll-out of a new interactive Welsh Language Awareness Training session for staff groups to raise awareness of the 'Active Offer Principle';
- Extending the use of Datix risk management software to identify incidents relating to Welsh language;
- Improved relations and joint-working approach to Welsh language requirements between the health board and independent primary care contractors;
- Increase in available data of staff Welsh language skills on the electronic staff record;
- Bilingual Take Control of your Recruitment Process (TRAC) functions to support Welsh speaking applicants; and
- Strengthened links with Welsh Language Leads across NHS Wales, Welsh Government and the Welsh Language Commissioner's Office.

The health board has also ensured that their renewed integrated medium-term plan (IMTP) for 2020-2023 has clear links with the requirements of the Wellbeing of Future Generations (Wales) Act 2015, and the wellbeing objective 'A Wales of Vibrant Culture and Thriving Welsh Language' has been cross-referenced with our IMTP objectives. This ensures that

Welsh language requirements are monitored as part of the reporting procedures for the IMTP which can highlight any associated risks and outline the necessary mitigating actions.

Going forward, the health board intends to continue with its implementation of the Welsh Language Standards to drive forward improvements to bilingual service provision. A key action for 2019-2020 will be to liaise with NHS Wales Shared Services (NWSSP) to undertake a detailed audit of compliance levels with the Standards and to identify areas for further improvement.

The health board will refer to the new 5-year plan which will be published in line with Standards 110. This will outline our plans to increase our capacity to carry out clinical consultations in Welsh with a focus on the following:

- Increasing staff skills and capacity to support clinical consultations in the medium of Welsh
- Recording patient language choice and pairing them with Welsh speaking staff
- Promoting Welsh as a skill in the workplace
- Pairing Welsh speaking mentors with Welsh speaking students whilst on placement
- General awareness raising of the 'Active Offer Principle'

Work is ongoing at a national level in collaboration with NWSSP to look at implementing Standard 106A and 107A which refers to bilingual job advertisements and bilingual job descriptions which is also a challenging target for all health boards.

Compliments

During 2019-2020 a total of 514 compliments were reported. A combination of cards, letters and gifts, such as chocolates and biscuits, all expressing their sincere thanks and appreciation for their kindness, compassionate care and support provided. Letters and cards have been sent to staff across the health board to thank them for the care they have provided. Some of the notable comments are:

"thank you for giving me back my confidence" This was received from a patient who was receiving physiotherapy

"thank you to all the staff who have provided care and treatment over the last 10 days... you have helped me get through an exceptionally difficult time".

Complaints (known as Concerns)

The health board recognises patient feedback as a rich source of patient and citizen experience that can lead to improved services. We want to ensure that Powys residents have safe, effective and compassionate care and when the quality of care gives cause for concern, whether it is within Powys or through services we commission, we want our systems to act swiftly in response. In the last year we made key policy commitments:

- We will listen
- We will act
- We will learn

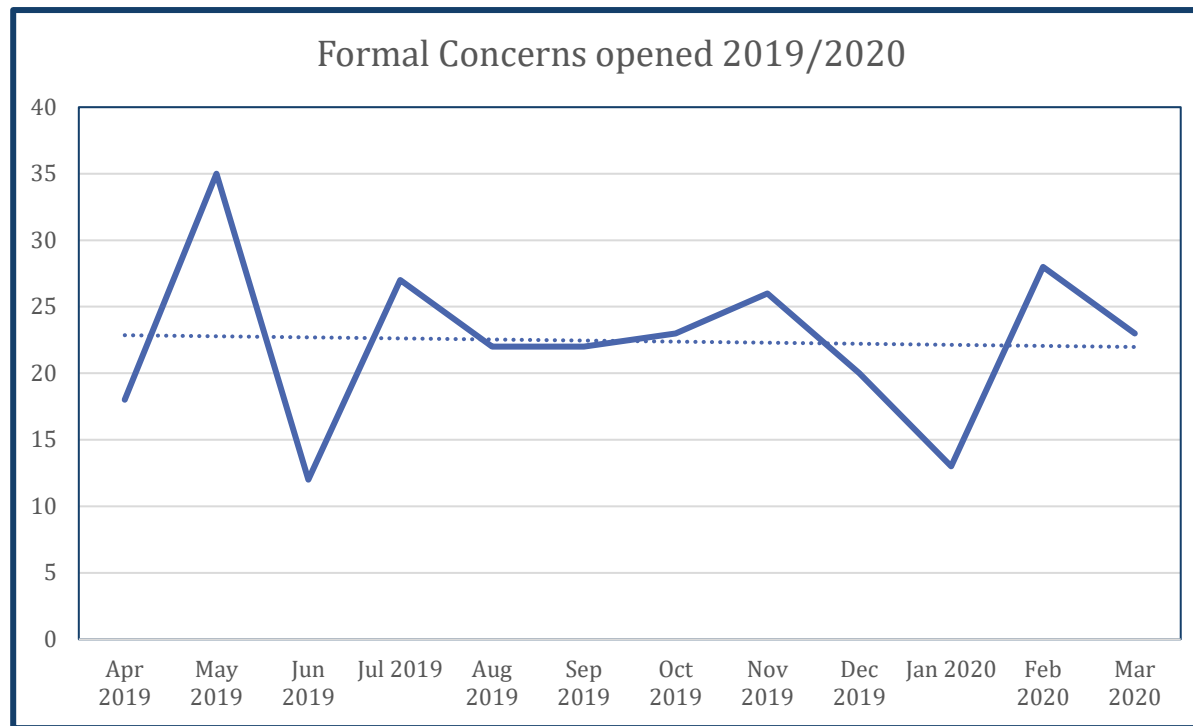
Informal concerns, often termed 'on the spot' concerns usually relate to issues which can be resolved quickly. All concerns, informal and formal, have to be acknowledged within two working days. Our internal target for the acknowledgement of informal concerns is 100%. Informal concerns are usually acknowledged at the time of taking the call or at the point of contact with the staff member. The last quarter of 2019/2020 we achieved 100% in managing and acknowledging informal concerns.

The health board set an internal target of 90% of informal concerns to be responded to within the new Welsh Risk Pool Services and Welsh Government target of 2 working days, as opposed to the previous 5 days. During 2019/2020 the health board received 57 informal concerns which is a significant decrease on the previous year of 127 informal concerns, the decrease is attributed to this change in process.

During 2019/2020 the health board received 267 formal concerns and 53 informal concerns, an increase on the previous year. The increase is attributed to the change in how informal concerns were managed, as described above. The graph below shows the numbers of concerns opened by month, it will be noted that there is an increase in concerns during May 2019 which from analysis relates to the concerns raised regarding the closure of the Robert Jones Agnes Hunt Orthopaedic Hospital Pain Management Services.

The graph below demonstrates by month the number of formal concerns received across the health board

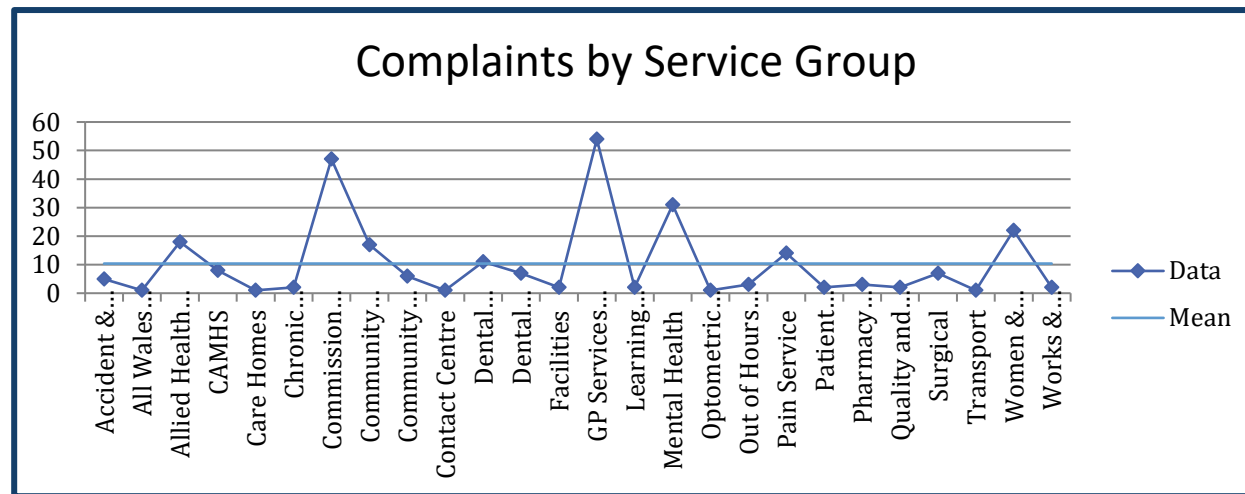
Graph 1: Formal Concerns opened during 2019/2020



Primary Care Services including General Practitioners have the highest number of formal concerns, the concerns relate to access to appointments. The report highlights that the Mental Health and Learning Disabilities Service Group have a high number of formal concerns. Following analysis of these concerns they relate to access to appointments and family members seeking to obtain information about ongoing care and treatment.

It will also be noted from the data in the graph below that Commissioned Services have the second highest formal concerns, see later detail in relation to these concerns.

Graph 3: Formal Complaints by Service Group



During 2019/2020 the health board achieved 47% of concerns closed within the 30 working days against the Welsh Government target of 75%. During the last two quarters of 2019/2020 the concerns team have been undertaking focussed work to secure improvements and improve upon this target.

Focused work continues to ensure effective management of concerns and this includes:

- Weekly meetings to discuss current cases and timescales for responding to concerns;
- Proactive action to ensure concerns responses are drafted timely to meet response timeframes; and,
- Escalation of concerns where timely responses are not available.

Concerns raised about Commissioned Services

A review of the concerns raised via the health board for our commissioned services over a 3-year period between 01 April 2017 to 31 March 2020, has been completed. This was aimed at understanding the issues being raised by Powys residents in respect of the of services the health board commissions from other health boards and NHS Trusts. The data below represents a small number of concerns and it is clear further work is required to understand the true figures. This

data has to be considered in context and to note it represents information we have gathered through a variety of routes, namely:

- concerns patients have raised with the health board about services delivered through providers;
- concerns raised by patients or with the support of the Community Health Council directly with the commissioned service and a copy of the concerns letter has been provided to the health board for information; and,
- notification of a concern through other routes, for example, notification by the provider themselves or through other intelligence gathered such as provider meetings.

From reviewing the data, the key issues that arise across the commissioned services relate to appointments and waiting times.

Following analysis of the data relating to Robert Jones Agnes Hunt (RJA), an increase in concerns in May 2019 reflected the concerns raised around the closure of the Pain Management Clinic. The health board saw an increase of concerns raised by patients who did not know the arrangements in place following this closure and patients and their local Ministers of Parliament, Assembly Members and local Councillors raised concerns on behalf of Powys residents. Action was taken to assess all identified Powys resident patients transferred from RJA in order that they could be clinically assessed as to their need. The prioritised patients were then either allocated to PTHB pain management services or appropriate referrals made to neighbouring health bodies to support ongoing care and treatment.

Further information can be found in our Putting Things Right Annual Report 2019/2020 at:

<http://www.powysthb.wales.nhs.uk/concerns-and-compliments>

Putting Things Right and Learning from Concerns

Learning from formal and informal concerns is reported through the health board's quarterly Patient Experience Steering Group meetings as well as individual learning through wards and departments, newsletters, and 'You said, we did' boards.

Key lessons identified include:

- Clear communication with patients.
- Clear care plans in place for care for the patients and their families to understand the care that is needed for the patient.

- Reminding staff of the importance of accurate record keeping
- Ensure appropriate discharge information is given
- To ensure all procedures are explained to patients before they undergo treatment
- Ensure patients are kept informed of changes in services

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.

53 serious incidents were reported in 2019/2020, compared to 47 the previous year. The reduction in reporting is attributed to the change in reporting of pressure ulcers since 2 January 2019, all health boards now reporting only avoidable pressure ulcer damage.

During 2019-2020 the health boards community hospitals and mental health services reported the most serious incidents with a total of 35 serious incidents being reported between these two service groups.

Themes and trends

Following review of the of the data there has been an increase in reporting Child and Adolescent Mental Health (CAMHS) patients being admitted in to adult wards. There is work being undertaken around this to reduce this and to engaged with colleagues to appropriately place these patients.

No Surprises

Welsh Government are notified of sensitive issues via a process known as *no surprises*. Between 01 April 2019 and 31 March 2020, the health board reported 17 no surprises; no themes or trends identified.

No *never events* have been reported.

Examples of lessons learnt include:

- To continue to follow the falls policy and maintain patient safety.
- Continue with regular updating of falls assessments and implementation of falls policy instantly in the event of a fall.

- Blood glucose not documented as per falls policy; the importance of completing a blood glucose test following a fall.
- Keeping family's informed and keeping communication open at all times.

Coroner Cases

During 2019/2020 there have been 21 HM Coroner enquiries, the majority of which related to patients who may have accessed mental health services. During this time there have been no Regulation 28 Reports issued by the HM Coroner to Powys in respect of any of these cases.

It should be noted that due to Covid-19 the HM Coroner stopped all Inquests from the 24 March 2020 with a planned review date in July 2020 reference recommencing inquests.

Public Service Ombudsman for Wales

If a patient remains dissatisfied with a response to a concern investigated by the health board, the complainant has the right to raise the matter directly with the Public Services Ombudsman for Wales (PSOW). The PSOW reviews the case and determines whether they wish to pursue a full investigation or not, with the authority to impose sanctions on the health board by way of financial compensation to the complainant. In addition, there PSOW can issue a Public Interest Report and reports issued under Section 16 or Section 21 (see PSOW website for more information <https://www.ombudsman.wales/?emergency=1>)

A total of 23 enquiries from the PSOW were recorded as received in year, down from 26 the previous year. The main themes relating to:

- Retrospective NHS funded continuing healthcare (13 complaints received)
- Complaints handling
- Clinical treatment in hospital

The health board has received complaints relating to delays in determination of retrospective claims for NHS funded continuing healthcare. It was found that the health board failed to determine the claims within the recommended timeframe, or even within a reasonable time, concluding maladministration. It was felt the claimants suffered the injustice of not knowing whether their claims would succeed, and if they were successful, the delay in receiving reimbursement

for the costs incurred. The health board were required to apologise to the complainants and make a payment of £125 to each, in recognition of the delay experienced.

Claims

The health board has a small claims portfolio. During 2019/2020 the health board were managing 11 clinical negligence claims with 8 clinical negligence claims pending reflecting the position of medical records being disclosed with the intention of bringing a claim against the health board.

For the period 2019/2020 the number of personal injury cases has remained low.

Further information can be found in our Putting Things Right Annual Report 2019/2020 at:

<http://www.powysthb.wales.nhs.uk/concerns-and-compliments>

Staff and Resources

We said	Target	How we did
Increase the number of volunteers working across Powys	<ul style="list-style-type: none">Percentage increase in the number of volunteers working across Powys	We have increased the number of volunteers.

Health Care Support Worker Development (HCSW)

As part of the HCSW framework, mandatory clinical induction was introduced to all HCSW's new to employment since April 2016. Previously, the health board commissioned the delivery of clinical induction from external education providers but have now employed 2 x Clinical Skills Trainers who are responsible for the delivery of the Clinical Induction Programme, allowing the design and delivery to be more flexible and very Powys focused. As part of our 'grown our own' approach an apprenticeship programme has been launched in January 2020 offering a 13-month programme to apprentices to work as a Nursing HCSW and they will be working towards gaining a Level 2 qualification. The health board is committed to the development of our current HCSWs and have 22 HCSWs from across nursing and Allied Health Professionals signed up to a Level 2 qualification, and 58 HCSWs signed up to a Level 3 qualification. The health board is working closely with Neath Port Talbot College to improve the flexibility of the HCSW qualification offer, with a view to a further 60-80 Nursing HCSWs signing up to the qualification over the next few months.

Workforce Futures

During 2019/20 the health board has progressed the Workforce Futures Programme at pace. As a key enabler of the Health and Care Strategy, which aims to create a 'Healthy, Caring Powys' between now and 2027, the Workforce Futures programme has focused on developing a Health and Care Strategic Framework. Being the first Health and Care Workforce Futures Strategic Framework in Wales, we have taken time to develop the framework with the people of Powys and partners of the Regional Partnership Board, including representatives from social care, health, the voluntary and independent sectors. Over 300 people were engaged with as part of the development of the framework.

The Strategic Framework articulates our aspirational outcomes we want to achieve between now and 2027. It focuses on 5 key themes which include Designing, Planning and Attracting the Workforce; Leading the Workforce; Engagement and Wellbeing; Education, Training and Development and Partnership & Citizenship. Each of the themes are underpinned by Utilising Technology and a Digital Infrastructure.

Early 2020, partners across the county will collectively progress the implementation of the Strategic Framework in Powys. This is a significant move forward in Wales to address the transformation of health and care service delivery through supporting the workforce in the best way.

Mental Health Support and Wellbeing at Work

The Wellbeing at Work Group held regular meetings throughout 2019, the group organised Wellbeing at Work Roadshows across Powys. Roadshows are open to all health board colleagues and aim to provide an opportunity to promote the benefits and support the health board can offer employees.

Mental health support continues to be one of our main priorities. 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, PTHB offers SilverCloud, which is an online Cognitive Behavioural Therapy (CBT) programme that staff can access through primary care, mental health, the Occupational Health department or through self-referral. The programme offers a broad choice of supportive modules and the provider is able to add modules specific to the need of Powys workforce.

Through external provider we have been able to increase a number of counsellors, who can offer weekly sessions in Bronllys, Welshpool and Newtown; as well as supporting additional locations across the county and immediate telephone provision.

Organisational Development Framework

The Organisational Development (OD) Strategic Framework has been developed and approved at Executive Board and provides an organisational Operating Model and high-level key priorities. The role of the framework is to focus on improving the effectiveness of Powys Teaching Health Board and to support the alignment, delivery and improvement approach across all areas and levels.

Leadership and Management Training

Leadership and management development is a key priority in the Organisational Development Strategic Framework and fundamental for continued improvement as shown in the 2018 staff survey. At the core of all of the programmes is the Compassionate Leadership Model developed by Professor Michael West at Kings Fund.

A leadership and management development framework has been created to ensure that managers at each level have access to the development that they require to undertake their role effectively. This includes:

- Introduction of an internal Manager's programme for all managers at Band 7 and below.
- The continued delivery of the Level 5 Diploma in Leadership and Management, again through USW as part of the Apprenticeship Framework. This also sees the continued joint working with Powys County Council.
- The development of an Assistant Director Development Programme to support the transition from operational to strategic leadership positions.
- An Executive Development Programme that has involved the Executive Team undertaking observed sessions, coaching and feedback as well as away sessions to explore their development as a team.

Resourcing: Recruitment, Retention and Temporary Staffing

Recruitment and retention of staff continues to be an important area of work for the health board. The Recruitment and Retention Group has now been amalgamated with the Workforce Improvement & Efficiencies Group, which is exploring new and innovative approaches in terms of recruitment. We are further developing new relationships with schools in the hope of nurturing our future workforce through avenues such as the Powys Careers Fair, mock interviews and presentations. We continue to maintain relationships with the local Job Centres and Careers Wales to expand the promotion of our job opportunities within the communities of Powys. Work to support armed forces veterans into employment continues, with the health board now signed up to the Armed Forces Covenant.

The achievements to date that have supported the work of resourcing team and temporary staffing unit are:

- the centralising of bank and agency requests and bank worker recruitment;
- continue the pilot of the 'Hard to Fill' enhanced shift payment scheme;
- all bank workers now receive electronic payslips;
- new process agreed to fast track registered nurses through the recruitment shortlisting process and therefore guarantee them an interview for bank and substantive roles.
- new Health Care Support Worker (HCSW) fast track process for 1st year student nurses has been agreed.

- successful appointment of 4 newly qualified nurses via the student streamlining process.

Nurse Staffing Act

The All Wales Staffing Group work stream has focused on the reporting requirements of the Act, namely section 25E (2a) whereby health boards have to report 'the extent to which the nurse staffing levels have been maintained'. The Act will be extended to Paediatric Services, interim principles are now in place and compliance is being submitted twice yearly.

Interim District Nursing Principles remain in place whilst the Welsh Levels of Care Acuity Tool is developed for District Nursing. The health board is generally compliant against all but two of the principles.

The Nurse Staffing Annual Report to the Board was delayed due to the Covid-19 pandemic, and rescheduled for reporting in September 2020.

Wales for Africa

We have shared stories with you about the Brecon Molo Link in previous editions and since this time they have gone through a period of review, and have now reformed as the Mau Basin Community. They have a sitting volleyball project going at the moment to raise the profile of disabled people.

Awards

Benefits of a Local serial Casting service for Children and Young People in Powys shortlisted for an NHS award 2019

First leadership conference held for Paediatric Physiotherapists from whole of Wales August 2019

Paediatric & 14+ Physiotherapy Technician 2nd in Wales to complete the Level 3 Agored Cymru Diploma

Paediatric Physiotherapist presented at Physiotherapy UK 2019 & the Senedd in Cardiff on Serial casting

Royal College of Midwives Conference 2019 Powys midwife-led flu - Oral presentation

All Wales Public Health Conference and Improvement Cymru Conference 2019 – Community Perinatal Mental Health audit results – poster presentations

Baby Lifeline Patient Safety Conference London – Poster presentation on Creating a Maternity Safety culture– January 2020

RCM Research and Education Conference March 2020 – Interim findings from the research with men into their transition to parenthood

Looking Forward

Our Clinical Quality Framework at www.powysthb.wales.nhs.uk/board-meeting-29-january-2020 sets out the way in which we will focus on clinical quality, clinical quality improvement and clinical outcomes going forward with particular reference to the Health and Social Care (Quality and Engagement) (Wales) Bill.

The Framework set out spans 2020-2023 and is structured around five organisational goals and linked improvement activities to determine good quality care in clinical services the health board provides during this time. Further work will be completed during 2020-21 to ensure the health board's commissioning assurance framework and associated monitoring arrangements are reviewed to ensure alignment to the Framework.

GOAL 1

Implement the Darzi model for clinical quality, encompassing safety, effectiveness and patient experience

GOAL 2

Optimise organisational culture, to enable high quality clinical care

GOAL 3

Develop excellent clinical leadership, to enable high quality clinical care

GOAL 4

Implement a defined programme of improvement methodology, to enable high quality clinical care

GOAL 5

Develop excellent information and intelligence systems, to enable high quality clinical care

We will report on progress over the next three years.



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. If you would like to comment on this publication, or would like to request this information in another format, you can contact us in the following ways:

Post:

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

Email: powys.geninfo@wales.nhs.uk

Telephone: 01874 711661

Website: www.pthb.nhs.wales

Facebook: www.facebook.com/PTHBhealth

Twitter: @PTHBhealth

YouTube: www.youtube.com/PowysTHB

Mae'r ddogfen hon ar gael yn Gymraeg