

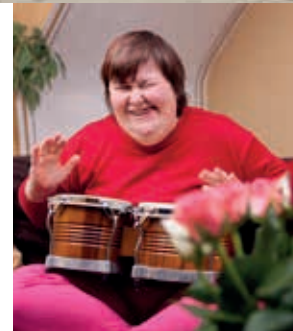


Llywodraeth Cymru
Welsh Government



The Annual Quality Statement for NHS Wales

Delivering high quality health services to the people of Wales 2016/2017 and 2017/2018



Introduction from Andrew Goodall, Chief Executive, NHS Wales

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Welcome

I am pleased to introduce the fourth NHS Wales Annual Quality Statement.

The NHS in Wales facilitates millions of contacts across different settings every year and remains a service of scale and volume delivered by over 90,000 committed staff. Given the scale of the NHS, it would be impossible to capture in this document all the excellent work NHS organisations and their staff in Wales have delivered over the past year, or the positive impact this is having on patients. This report does, however, provide a snapshot of this work, allowing us the opportunity to acknowledge and celebrate good practice, innovation and achievement. However, it also allows us to rightly focus on areas where we still need to improve to ensure we are providing the right service, in the right place, at the right time, to meet individual patient need.

Throughout this document, there are clear examples of NHS staff delivering high quality, safe care and putting patients at the heart of everything they do. We are tracking improvements in the quality of care provided, for example in respect of dementia, sepsis, diabetes and cancer. I am grateful for the continued hard work and commitment of all our NHS staff, very often in busy and challenging circumstances and at times when the NHS is under extreme pressure.

Last winter was the busiest on record for the NHS, with extreme weather conditions, record levels of emergency admissions, the highest proportion of elderly patients admitted for many years and very high flu levels. Despite this sustained pressure, the vast majority of patients received timely, professional care and we also saw improvements in key waiting time figures such as diagnostics and referral to treatment. This is testament to the amount of planning which takes place each winter and the commitment of staff, many of whom struggled through heavy snow to continue to care for their patients. However, there were times when patients waited longer than is acceptable and I am clear that NHS bodies must evaluate the reasons for this and make improvements this winter particularly in respect of the pressures on our unscheduled care system.

The pressure on NHS services, however, is not limited to winter, due to ever-increasing demand against a backdrop of increasing financial constraints. Working out how we respond to this pressure has been a key issue for everyone involved in health and social care in Wales this

year as we reflect on the 70th anniversary of the NHS and respond to the Parliamentary Review report of Health and Social Care in Wales.

Much has changed since Aneurin Bevan created the NHS in 1948, with increased life expectancy a real success story of the NHS, thanks to improvements in research, healthcare and medicines. It has reminded me of the enormous changes in care and clinical practice that have occurred over 70 years. This is an achievement to be celebrated but we know that with age come challenges, including frailty, loneliness and isolation and a need to focus on different care needs throughout the life course. We also know that the majority of older, more vulnerable people want to remain in their own homes, living as independently as possible, so we must adapt to manage their health and care needs better within the community. This in turn means better working across health and social services, to give people seamless joined up services which provide care and support, when and where they require it, to meet their individual needs.

This year, in response to the Parliamentary Review, the Welsh Government published “A Healthier Wales”, a long-term plan for the future of health and social care. The plan outlines major changes to the way NHS and social care will be organised in the future, bringing more care closer to home, with less reliance on hospitals. It focuses on providing joined-up services, in community settings – removing many of the current frustrations expressed by those both using and working within the system. It is the first time a joint health and social care plan has been produced

in Wales and has been developed jointly with the service and our stakeholders. Its development has attracted positive support and there are clear milestones for delivery for the next three years and everyone involved is invested in its success.

As well as supporting people when they become ill, we want services which support them to stay well. This means providing more services which stop people getting ill by detecting illnesses earlier, or preventing them altogether. This will include helping people manage their own health and manage long term conditions. We all have a responsibility to look after our own health and wellbeing, from taking regular exercise, eating healthily, stopping smoking and drinking alcohol in moderation. Doing this has a huge impact on people’s lives, relieving pressure on the NHS. The plan also includes increasing health and wellbeing opportunities for all.

By the time the NHS turns 80 years old, I expect joint working and innovative, seamless services to be the norm in Wales, not the exception, in line with our 10 year vision set out in “A Healthier Wales”. I am confident we can create services which recognise that one size does not fit all; a service designed to meet people’s needs, with their involvement. There are many opportunities to shape and deliver the future of health and social care services in Wales. I am looking forward to seeing real change take place over the coming year, building on the range of examples and good practice we have highlighted through this annual quality statement.

1

Staying Healthy

Our NHS services want to work with people to help support them lead healthy lives. The NHS is not only there to treat ill health. It is there to do all it can to help prevent ill health and promote people's health and well-being.

However, the public and patients themselves must take some responsibility to make it easier for healthcare services to help them, first and foremost by taking action to protect their own health.

We want to help people make decisions about their health and lifestyle choices and the steps that can be taken to make improvements.

The 2016/17 national survey for Wales provided some important pointers for children aged between 3 and 17 relating to their health and way of life, providing information on the numbers of children eating fruit and vegetables every day, drinking sugary drinks every day and being active every day.

All of which point out the decisions and choices we make for ourselves and our children have an impact on our health from an early age.

Remember – small steps often have big impacts!

The journey begins

There are things we can do at any age to improve our health and well-being – you are never too old to make changes for the better! In this year's quality statement we have focused on setting out some examples of the actions we have been taking to help promote good health throughout our lives. Here are some of the ways we are helping people to make healthy choices and live healthier lives.

Safer Pregnancy Wales is a year-long campaign developed by Maternity Network Wales in collaboration with 1000 Lives Improvement, the national improvement programme within **Public Health Wales**.

This campaign is aimed at raising awareness of stillbirth and healthy lifestyles for pregnant women. We know that in the UK one in

200 babies are sadly stillborn. The campaign highlights the importance of working together to keep babies safe during pregnancy and aims to help expectant mothers and healthcare professionals start conversations. Posters are on display in hospitals and GP surgeries across Wales and on social media. The aim is to make this information and these conversations part of normal care provision in maternity services.

This work complements other work within Public Health Wales such as the First 1000 Days¹ programme and Bump, Baby and Beyond². The Safer Pregnancy Wales³ webpage provides additional information for clinicians and the public

1. www.wales.nhs.uk/sitesplus/888/page/88523

2. www.wales.nhs.uk/documents/pregnancy%20to%204%20years%20book%20final%20english%20revised%20e-book%20compressed.pdf

3. www.1000livesplus.wales.nhs.uk/safer-pregnancy

Healthy and Sustainable PreSchool Scheme

The Healthy and Sustainable PreSchool Scheme in **Cardiff and Vale University Health Board**, aims to promote the health of pre-school aged children, their families and carers. The scheme reaches young children by working through the child care organisations they attend and aims to encourage positive health behaviours in children from the very earliest age.

The scheme is divided into health topic areas:

- Preliminary Phase.
- Nutrition and oral health.
- Physical activity and active play.
- Safety.
- Hygiene.
- Mental and emotional health, wellbeing and relationships.
- Environment.
- Workplace health.

Childcare organisations (nurseries, playgroups and child-minders) gradually collect evidence to show they are meeting criteria in all of the above areas.

Many health habits are established at a young age, making the early-years environment an ideal time to influence a child's health.

Early years practitioners have the potential to make a huge contribution to the health and wellbeing of children in their care and the Vale of Glamorgan Healthy and Sustainable Pre-school Scheme helps them to do this.



Healthy Children

A New School Nursing Framework



The new School Nursing Framework is designed to ensure young people receive consistent expert support from a healthcare professional who is familiar with their health and wellbeing needs. Each secondary school and their cluster primaries will have an identified school nurse and associated health team with a variety of skills, who will be accessible for support and advice as children progress through their education both within and outside term time.

As well as helping children to understand their own body and how to stay healthy and safe we want to ensure early intervention and support is available for them when any problems arise.

Cabinet Secretary for Health and Social Services Vaughan Gething said:

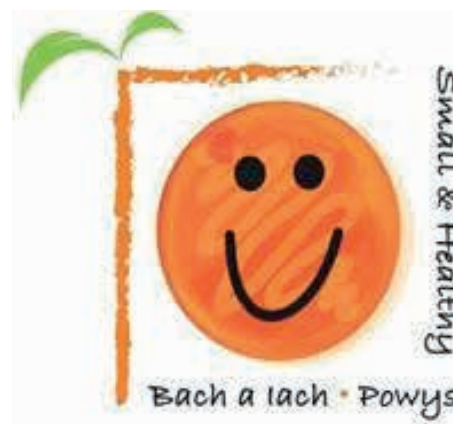
“*School nurses make an important contribution to the healthy development of a child and I am pleased that every child in Wales will now have a dedicated school nurse throughout their time at school to ensure that their health and emotional needs are met.*

They have the right to be safe, healthy and equipped for adulthood. School nurses have an important role to play in helping achieve this.”

The Framework document can be accessed at: **School Nursing Framework**⁴

4. <http://gov.wales/docs/phhs/publications/170517schoolnurseen.pdf>

Bach a lach (Small and Healthy)



The **Powys Teaching Health Board** 'Bach a lach' is a preschool award developed specifically to:

- Recruit further members to the Healthy Pre-Schools scheme.
- Resources have been developed for pre-school settings from a variety of sources and include activity cards, assessment tools, monitoring charts for staff, equipment for games and activities, recipe ideas and oral health guides.
- To date, of the 15 settings recruited, 8 have been successfully accredited for the 'Nutrition and Oral Health' and 'Physical Activity and Active Play' aspects of the overarching Healthy Pre-Schools Awards.
- Support the delivery of the Powys Healthy Weights Action plan (including promoting the national '10 Steps to a Healthy Weight' programme);
 - Support and skill-up a cohort of pre-school settings to achieve the high standards required for the 'Food and Fitness' related aspects of the Healthy Pre-Schools Scheme awards;

Your teeth

Designed to Smile – moving from good to great!

Poor dental health can affect a child's health, speech, self-esteem and school attendance. All too often severe decay leads to infection, pain and sleepless nights.



Designed to Smile is a Welsh Government funded programme to prevent tooth decay in young children in Wales. The programme is focused on children in nurseries and schools where levels of tooth decay are highest.

Poor dental health is one of the most common reasons for children being treated in hospital, with around 8000 children in Wales having a dental general anaesthetic operation each year.

Tooth decay is almost entirely prevented by:

- Brushing with family fluoride toothpaste (with 1450 ppm fluoride) last thing before bed and at least one other time in the day.
- Reducing how often your child has sugary foods and drinks and the overall amount and
- Routine visits to a dental practice where the dental team can provide preventive care and advice.

Designed to Smile has helped to improve the health of children in Wales.

Between 2008 and 2016 there was a 13% fall in the amount of decay in five-year olds. More information about Designed to Smile can be found at the following link.

www.designedtosmile.org/welcome-croeso/welcome/

As a result of implementing the Designed to Smile initiative across **Hywel Dda University Health Board** the Oral Health Promotion Team has seen the most significant decrease in tooth decay across the whole of Wales.

Latest statistics from the Welsh Oral Health Improvement Unit for

Hywel Dda show that Designed to Smile has contributed to a reduction of 21.1% of 5 year olds with tooth decay.

Within Hywel Dda's Primary Care setting, as of September 2017 figures show:

- 195 settings are providing the Design to Smile service.
- 48 settings providing fluoride varnish twice annually for patients.
- 10,300 children tooth brushing.
- 90% of children brushing received home packs twice a year.



Mental Health

Anti Depressant Prescribing

Depression is the most common mental health disorder in Britain, according to the Mental Health Foundation.

Symptoms might include feelings of helplessness, crying, anxiety, low self-esteem, a lack of energy, sleeping difficulties, physical aches and pains and a bleak view of the future.

Antidepressants are effective treatments which when used appropriately help a large number of people, however for many people with mild or moderate symptoms of depression, the National Institute for Health and Care Excellence (NICE) recommend the use of low-intensity psychosocial interventions such as cognitive behavioural therapy (CBT) or structured group programmes in preference to prescribing antidepressant therapy.

Reduction in antidepressant prescribing linked to the Valleys Steps work

Cwm Taf University Health Board is working in partnership with Valley Steps – a charity that exists to provide courses in the community for patients, including mindfulness.



This has proved a great success within the community and is a model that will be used again wherever possible, with tailor made courses for patients to help themselves reflecting the move from hospital care, to care within the community.

The development of Valley Steps service now offers significant alternative signposting for GPs to use which aims to reduce the volume of anti-depressant prescribing.

Making Every Contact Count (MECC)

Many long-term diseases in our population are closely linked to known behavioural risk factors.

Making changes such as stopping smoking, improving diet, increasing physical activity, losing weight and reducing alcohol consumption can help people to reduce their risk of poor health significantly.

MECC is an approach to behaviour change that utilises the millions of day to day interactions organisations and people have with other people to encourage changes in behaviour that have a positive effect on the health and wellbeing of individuals, communities and population.



MECC is a training programme that enables staff to have the confidence, knowledge, skills and tools to talk to their patients about their lifestyle and the small changes they can make that will help them to improve their health and wellbeing.

The idea is that lots of little changes in people's lifestyles will lead to overall better health of the population.

Some examples of the commitment to MECC include Betsi Cadwaladr University Health Board has trained approximately 450 School Nurses and Health Visitors across North Wales, Aneurin Bevan University Health Board is committed to training 10% of frontline staff and Powys Teaching Health Board has trained more than 300 staff.

Health inequality

Health inequality refers to differences in health outcomes between groups.

The term health inequities relates to perceived unfair differences in health outcomes between groups that are potentially avoidable.



Addressing inequalities in Men's health in Rural communities

Betsi Cadwaladr University Health Board's Outpatient Department at Dolgellau hospital has developed a Health Promotion Hub, ensuring that health education is central to all care and provides the resources to support self-care for the local community.

Recently, staff have focussed on encouraging men to report symptoms of illness as early as possible and provided advice and support.

The Outpatient Department team won the Royal College of Nursing Nurse of the Year award 2017 for their work in reducing inequalities in men's health.

Nutrition and Dietetics

Nutrition in Nursing Homes

In the UK, 1 in 10 older people are suffering from, or are at risk of, malnutrition.

Abertawe Bro Morgannwg University Health Board's Nutrition and Dietetic Service is working with local Nursing Homes to improve nutrition for their residents.

In January 2017, the team began rolling out a programme of training and support to help Nursing Home staff identify

those residents at high risk of malnutrition and to review and improve their food and drink provision.

Since then 573 staff members from 23 nursing homes across Abertawe Bro Morgannwg University Health Board have attended training sessions, resulting in improved knowledge, confidence and accuracy of malnutrition screening.

13 nursing homes are now able to refer their high risk residents directly to the Department of Nutrition and Dietetics, improving the care pathway for residents.



2 Safe Care

Patient safety will also be a priority for the NHS in Wales. We must aim to do all we can to ensure safe care, avoiding all possible harm when we care for people, whether that is in hospital, in community services, or at home.

We have targeted particular areas to promote safety – from issues around preventing infections and sepsis, to monitoring the reporting for patient safety issues.

It is important to be able to measure and track our progress.

We know there is always more to do, to keep learning and improving, we are continually looking for ways to improve the quality and safety of the services we deliver.

Here are a few examples of the work we have done to improve safety and areas that need further improvement.

Keeping you safe

Winter Pressures

The 2017/18 winter pressures period saw what has been described as 'unprecedented demand' on all NHS systems and services across the UK. Despite the exceptional and sustained winter pressure, the vast majority of patients received timely, professional care.

There are many examples across the NHS which show the hard work, planning and the commitment of staff, many of whom struggled through heavy snow to continue to care for their patients.

Powys Teaching Health Board staff worked proactively with their partners to put improvement actions in place to manage the flow of patients.

During the snow, dedicated staff frequently worked extended hours, some up to 24 hours on site.

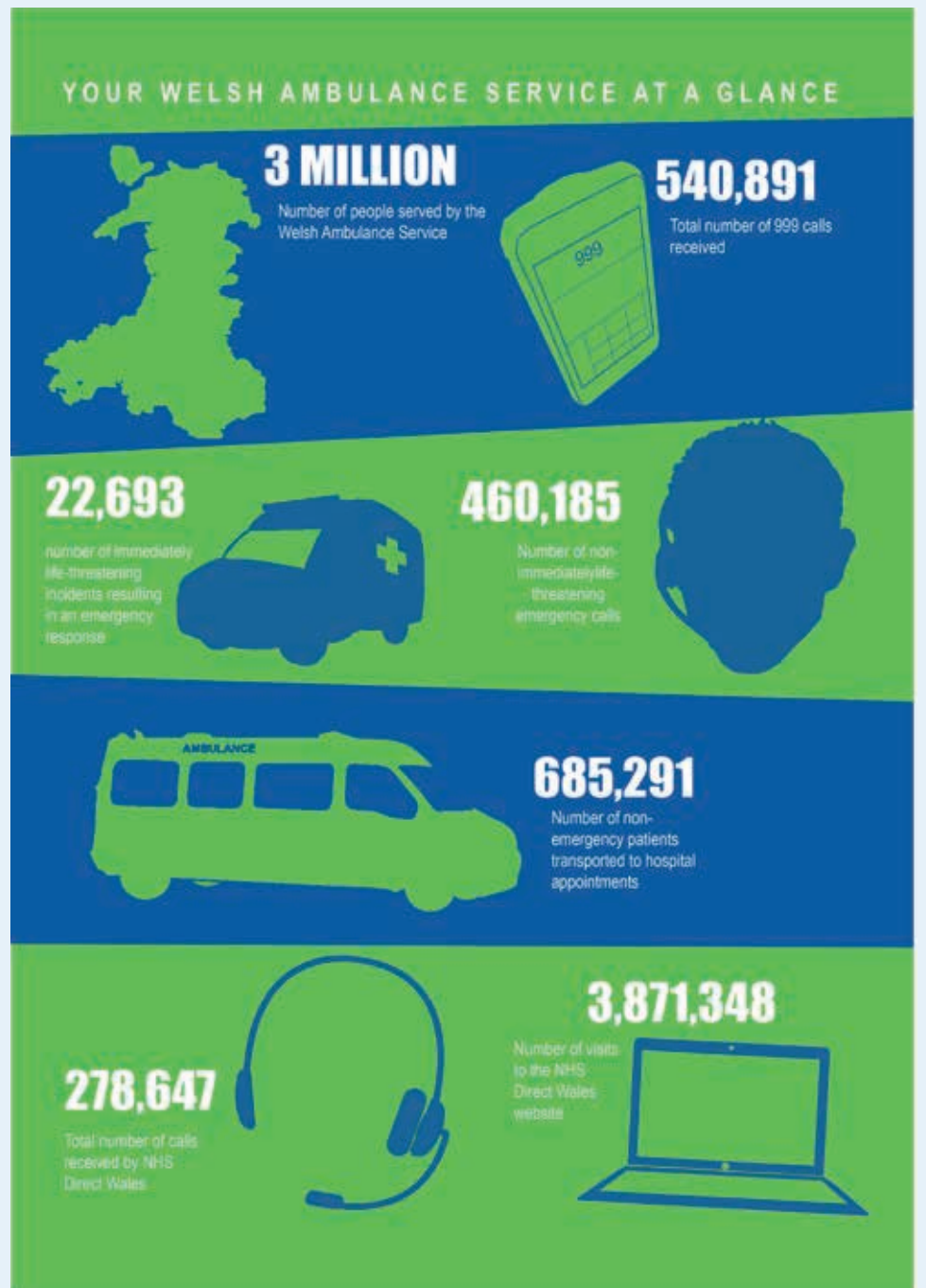
Numerous offers of help from members of the public and other staff with 4x4 vehicles enabled several ward staff to be

transported to and from sites in addition to helping our District Nurse teams in remote areas.

For the **Welsh Ambulance Service Trust (WAST)** 2017–18 winter was the busiest yet. An increase of calls into WAST control rooms meant an increase in demand on emergency crews.

A higher than expected number of calls were received over Christmas and New Year. On New Year's Day WAST responded to more than 1,800 incidents, around 500 more than on a normal busy day.

With a very challenging winter, the demand for ambulance services were at record levels in 2017-18 due to high numbers of severely ill, frail and elderly people needing urgent treatment.



Falls Prevention



Steady on, Stay SAFE aims to reduce the risk of falls in older people and keep older people healthy, well and independent in their own homes.

It is an across Wales initiative which targets all over 65 year olds in Wales and is managed by 1000 Lives Improvement, our national improvement service.

The falls prevention actions are focused on three evidence-based areas: strength and balance, falls history and safe home environment.

These are collectively branded as "Steady on, Stay SAFE", with the word SAFE promoting the three pillars of falls prevention (S-Strength and Balance, F-Falls History, E-Environmental hazards).

Preventing Patient Falls: A falls reduction group meets monthly in the **Velindre Trust** Cancer Centre to oversee and implement guidance for falls prevention.

The group has reviewed the Cancer Centre's Falls Policy, introduces a new Falls Assessment, developed a patient information leaflet, identified Falls Prevention Champions on inpatient wards and started roll out of a falls prevention education and training programme in the Cancer Centre.

Slippers for Christmas

With around 500 people aged over 65 attending **Cardiff and Vale University Health Board's** emergency unit for falls each month, a new campaign was designed to remind people that falls are preventable and are not an inevitable part of ageing.

Old, worn or ill-fitting slippers are one of the main causes of falls in older people.

Slippers for Christmas aimed to encourage people to buy new slippers for their loved ones.

The campaign was hugely popular, with members of the public, the media and other health boards across Wales showing their support.

It also had backing from politicians and sporting stars and reached over 100,000 people on social media.



Taking action to prevent resistance to antibiotics

Antimicrobial Resistance (AMR) is the ability of a microorganism (like bacteria, viruses and some parasites) to stop an antimicrobial (such as antibiotics) from working against it.

AMR is one of the greatest threats to human and animal health.

It is estimated that globally by 2050, 10 million or more deaths may be due to AMR if no action is taken; this is more than other causes of death such as cancer and road traffic accidents.

AMR is already a burden on the population of Wales through the failure of known antibiotics to treat infections and the spread of difficult to treat drug resistant organisms.

Cwm Taf University Health Board antimicrobial pharmacists join frontline against antibiotic-resistant (AMR) infections

Specialist pharmacists are working with other health professionals and patients in the battle to prevent the deadly spread of antibiotic resistant infections.

In Cwm Taf, antimicrobial pharmacists are going into hospitals and GP surgeries to advise on the best use of antibiotics, to save them as effective treatments for the future.

They encouraged staff and patients to pledge to do what they can to protect antibiotics and

become an 'antibiotic guardian'. Last year more than 700 people in Cwm Taf signed up to adopt pledges as antibiotic 'guardians' and act to try to prevent their misuse.

Pharmacist Dan Phillips said:

“Action has already helped to reduce the incidence of *C difficile* infections in hospitals in Cwm Taf to among the lowest rates in Wales.

Medical staff are urged to use more targeted antibiotics to tackle specific infections, rather than the broad spectrum types – described as the 'Domestos' of antibiotics – which can kill even the good bacteria in the system.”



Acute Deterioration Programme: Sepsis and Acute kidney Injury

Sepsis, a life threatening response to infection, is estimated by the UK Sepsis Trust to cause the deaths of around 44,000 people in the UK annually.

This equates to approximately 2,200 people in Wales each year.

Active participation, by all health boards and trusts, in the 1000 Lives Improvement Service Rapid Response to Acute Illness learning Set (RRAILS), is helping to achieve improvements in the recognition and rapid treatment of sepsis in NHS Wales.

RRAILS has supported health boards to reduce harm and deaths from sepsis through the National Early Warning Score (NEWS), sepsis screening and implementation of the Sepsis 6 Care bundle.

Improving Care for people with Sepsis and recognising early the patients who are becoming more unwell



Aneurin Bevan University Health Board,

like all health boards, has been working for many years to make sure it recognises that someone may have sepsis and treat them quickly.

A “screening tool” is used for sepsis to prompt staff to think “Could this be sepsis?” if a patient has a combination of the signs and symptoms that are recorded routinely as part of caring for all patients and to take them through the right treatment to give.

No matter how good the screening form is, it relies on a nurse or doctor spotting the combination of signs and symptoms and sometimes the nurse or doctor may not do this.

If all the signs and symptoms are recorded on an electronic system, rather than on paper, the electronic system can be set up to provide a prompt if the patient has the particular combination of signs and symptoms that means the patient could have sepsis.

This can be more reliable than a paper form and human effort.

The first part of an electronic system for recording the patient physiological observations – like temperature and blood pressure – that are recorded routinely for all patients in hospital, has been introduced at Ysbyty Ystrad Fawr. The second part of the system that makes sure that doctors are alerted if a patient has a number of observations that are higher or lower than they should be, has not been introduced widely enough at Ysbyty Ystrad Fawr to see any changes.

This has been due to problems setting up the electronic system to work with the hospital’s existing electronic systems. However, introducing the electronic recording of patient observations has led to a better understanding of the training

needed for clinical staff to take patient observations and use the system.

This is really important as the health board plan to introduce the electronic system in Nevill Hall Hospital in 2018-19 and the learning will ensure that it is used safely and reliably in this bigger hospital, with a greater range of acute services.

The sepsis screening tool has been rolled out to all the wards in acute hospitals.

This was supported by a one day conference on sepsis organised by the Lead Nurse for sepsis. The course was very well attended by representatives from all the wards.

The conference included sepsis survivors talking about the impact that sepsis has had on them and their lives. The staff attending the conference said hearing from sepsis survivors really motivated them to recognise and respond to sepsis in their patients, as they understood how devastating it can be.

Preventing Acute Kidney Injury (AKI) in Cardiff and Vale University Health Board

Acute Kidney Injury is a common feature of sepsis as well as a cause of acute deterioration in its own right and is associated with a high rate of death and chronic disease.

Wales has developed a system of comprehensive AKI e-alerts and a team from Cardiff University, Cardiff and Vale University Health Board and RRAILS have been working on adapting these e-alerts for effective response by the Critical Care Outreach Team (CCOT) leading to a significant improvement in patient outcomes.

The service involves a member of the team and primary care team visiting patients that have generated an electronic AKI alert to raise awareness.

They place a sticker in the patients’ notes containing information on a bundle of care. Those patients that the CCOT responded to had a significantly improved rate of renal recovery.

Pressure Ulcers

Over the past year a considerable amount of work has been undertaken to see what more we need to do to prevent pressure ulcers. As a consequence in January 2018 three new and revised tools were launched to help with the prevention and management of pressure ulcers.

These three documents will help health care professionals, members of the public, patients, their families and carers to understand what causes pressure ulcers and to take action to prevent them.

Essential Elements of Pressure Ulcer Prevention & Management All Wales Guidance¹ was published to provide evidence based recommendations for the prevention and treatment of pressure ulcers that can be used by health professionals throughout Wales.

When pressure ulcers occur it's important that lessons are learned and shared about how they developed in order to minimise the risk of them occurring again.

The **Reporting & Investigation: All Wales Guidance including the All Wales Pressure Ulcer Review Tool²** was revised.

This document applies to all NHS Trusts and Health Boards in Wales and aims to:

- Encourage consistency and guide performance reporting

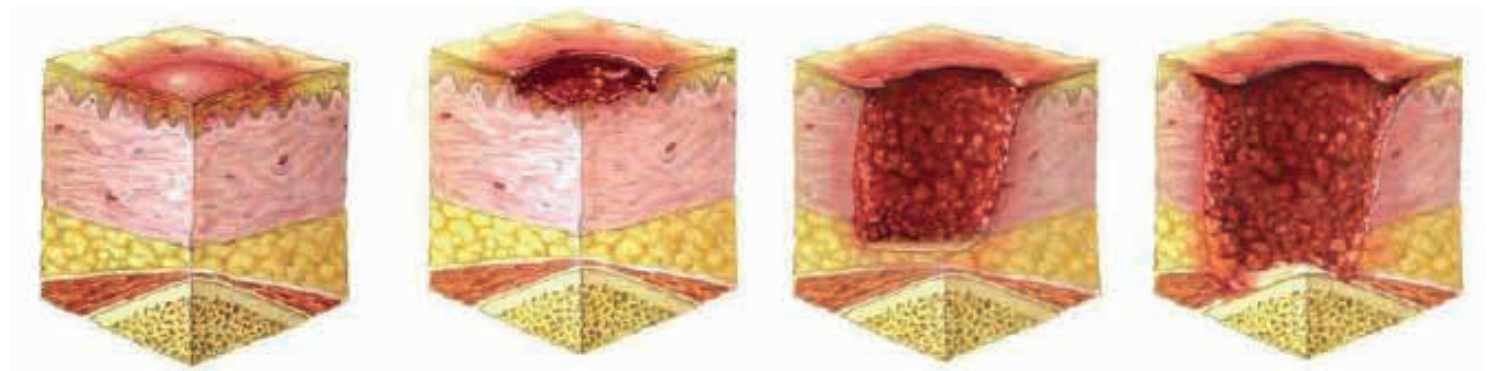
against Welsh Government targets for zero tolerance to pressure damage.

- Provide guidance on when pressure damage should be referred into safeguarding processes.
- Facilitate effective learning through the development of a standard investigation process to reduce the risk of further patients suffering the same harm.

Many people who may be at risk of developing pressure ulcers care for themselves in their own homes or are cared for by their families and friends without the help of health care professionals.

A **Public Information Leaflet³** was developed and published to help members of the public understand the risk factors and to know what action to take to minimise the risk of pressure ulcer development.

The four stages of a Pressure Ulcer



Stage 1

Stage 2

Stage 3

Stage 4

1. www.wwic.wales/uploads/files/documents/Professionals/Clinical%20Partners/AWTVNF/PDF%20Essential%20Elements%20of%20Pressure%20Ulcer%20Prevention%20%20Management%20All%20Wales%20Guidance%202014%20Final%20Version.pdf

2. www.welshwoundnetwork.org/files/4215/1669/5863/Version_2_Pressure_Ulcer_Reporting_and_Investigation_-_All_Wales_Guidance_Final_Jan_2018.pdf

3. www.wwic.wales/uploads/files/documents/Professionals/Clinical%20Partners/AWTVNF/PDFPressure%20Ulcer%20Public%20Information%20Leaflet%20All%20WALES%20Jan%202018.pdf

Stress Urinary Incontinence and Pelvic Organ Prolapse

Stress incontinence is when urine leaks out at times when your bladder is under pressure; for example, when you cough or laugh. Stress incontinence is usually the result of the weakening of or damage to the muscles used to prevent urination, such as the pelvic floor muscles.

Pelvic organ prolapse is when one or more of the organs in the pelvis slip down from their normal position and bulge into the vagina.

It can be the womb (uterus), bowel, bladder or top of the vagina.

A prolapse isn't life-threatening but it can cause pain and discomfort.

Symptoms can usually be improved with pelvic floor exercises and lifestyle changes, but sometimes medical treatment is needed.

Review of the Use of Vaginal Synthetic Mesh Tape and Sheets for Stress Urinary Incontinence and Pelvic Organ Prolapse

In October 2017, the Cabinet Secretary for Health and Social Services in Wales asked for a Welsh Task and Finish Group to review the use of synthetic tape and mesh sheets for stress urinary incontinence and pelvic organ prolapse.

A team of suitably qualified professionals were brought together to review the situation.

On the 4th of May 2018 the Cabinet Secretary published the report which provided a lot of information on the use of mesh in Wales and the problems that can be connected with it but importantly makes recommendations on what action we should now take to make necessary and quick improvements.

The report is available on the Welsh Government website: <https://gov.wales/topics/health/publications/health/reports/mesh/?lang=en>

Following on from the review report, the Cabinet Secretary announced the establishment of a Women's Health Implementation Group (WHIG) to oversee some specific areas of women's health requiring urgent attention and improvement.

The group is chaired by Tracy Myhill, Chief Executive Officer of Abertawe Bro Morgannwg University Health Board.

The WHIG will be supported by up to £1m annually from the Welsh Government.

This money will be used to make sure community-based pelvic health and wellbeing pathways are put in place in all health board areas in Wales, as well as taking forward the other recommendations.

National Reporting and Learning System (NRLS)

Every year, thousands of patients receive high quality, safe and effective treatment but in a modern health system where increasingly complicated procedures are being undertaken, mistakes can and will still happen.

When this is the case the NHS must investigate openly and provide assurance and feedback to patients and their families. They must also learn from any mistakes to prevent them happening again in the future.

NHS organisations must report all incidents, both serious and small to NRLS, to enable any learning to be shared from patient safety incidents. If we are to continue to learn from things which have gone wrong and to reduce harm, it is important to ensure NHS organisations appropriately report all incidents.

In 2017, 6 patient safety notices/alerts were issued by Welsh Government.

These included actions to reduce the risk of death and severe harm from – error with injectable phenytoin⁴ from ingestion of superabsorbent polymer gel granules⁵.

Notices and alerts are often developed when a particular concern is highlighted by the data collected by NRLS.

For example, in relation to the use of superabsorbent polymer gel granules, a search of the NRLS identified 15 non-fatal incidents in hospital, community and mental healthcare settings over a recent six-year period and the patient safety notice was developed to address this.

Nurse Staffing Levels (Wales) Act

Wales is the first country in Europe to legislate on nurse staffing levels and we can take pride in being the lead in this area.

This empowers nurses and ensures they have the resources to provide appropriate and timely care to their patients.

There is a great amount of enthusiasm for this work with expectations that it will improve the working lives of our nursing workforce and most importantly, improve the lives of the patients they care for so compassionately.

The publication of the Act's **Statutory Guidance** (launched on 2 November 2017) has provided our nursing community with the knowledge it needs to implement this pioneering piece of legislation which came into force in 2018.

The guidance was developed to reflect the views and comments made by NHS organisations, Royal College of Nursing, individuals and other partners who are helping implement this legislation in our NHS services.

The guidance has significantly strengthened the ward nurse's voice right up to board level within the health board.



4. www.patientsafety.wales.nhs.uk/opendoc/301279

5. www.patientsafety.wales.nhs.uk/opendoc/313028

3 Effective care

We want to work with health services to make sure the care and treatment you receive is delivered to the appropriate standard.

Standards of care are set by respected bodies, such as the National Institute for Health and Care Excellence (NICE), on the basis of what scientific evidence shows is an effective healthcare intervention. Delivering care in line with evidence-based standards helps to ensure you get the correct care wherever you live in Wales, the best chance of a positive outcome and cost-effective use of NHS resources.

We do this in a number of ways, such as emphasising the importance of national standards, auditing services against standards and promoting the use of peer review, as well as delivering quality improvement processes.

We have worked with the NHS and organisations such as charities, to develop a suite of national delivery plans (<http://bit.ly/delivplans>) which provide national direction for services such as stroke, heart disease, cancer, end of life, respiratory health, critically ill, diabetes and eye care. Many of these national plans have recently been updated and extended to 2020, in order to build on the hard work over recent years to improve services and outcomes for patients. National implementation groups are taking these plans forward, however health boards and trusts also take account of them when undertaking their own planning of services.

Health boards and trusts have delivered a number of innovative or new approaches in support of improving services and patient outcomes. Some of these are detailed below.

Cancer services

Safer Chemotherapy Prescribing for Children and Neutropenic Sepsis

An electronic system of prescribing chemotherapy for children is now being used in **Cardiff and Vale University Health Board**. The system minimises the risk of error by ensuring the correct type and dose of chemotherapy is prescribed and allows clinicians to safely access blood test results regardless of where the tests are taken.

This is important as the Noah's Ark Children's Hospital of Wales looks after patients from across South Wales.

The health board also has a project to reduce delays in antibiotic treatment for young patients who have developed sepsis as a result of chemotherapy.

This project has won the 2017 Improving Patient Safety NHS Wales Award. Chemotherapy can mean that patients are more susceptible to infections and are more likely to develop sepsis.

Sepsis is the second most common reason of hospital admissions among children and young people with cancer.



Patients who come into hospital should have antibiotics within 1 hour of arriving in hospital but an audit demonstrated that this target was only met 27.3% of the time. A project undertaken in the Teenage and Young Adult Cancer Service supports specially trained nurses to give the antibiotics to patients age 14 and over who have had anticancer treatment in the last 4 weeks who develop sepsis.

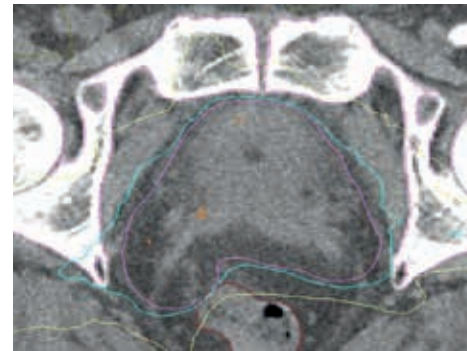
The project has been a great success and 87% of the patients seen by the nurses received their antibiotics within 1 hour.

Early Phase Unit at the cutting edge of brain tumour treatment in Wales

The Early Phase Unit at **Velindre Trust** Cancer Centre worked in partnership with the Wales Cancer Research Centre to adopt its first drug-radiation combination trial.

The trial enabled suitable Welsh patients to access the drug-radiation combination trial known as PARADIGM 2.

The trial looked at the effects of a drug called Lynparza (olaparib) combined with radiotherapy for patients with aggressive brain tumours.



Patients were recruited and treated in the Early Phase Unit at Velindre Cancer Centre.

At the start of the trials, Dr Robert Jones who leads the Unit said,

“We are thrilled to be delivering this trial, working in close collaboration with the University of Glasgow, where the trial is being led from.

The work we do here is vital in developing new and better treatments for cancer patients in Wales and beyond and it is important that we can offer these trials in a more local setting for patients who otherwise may have to travel to Oxford or London. We are excited to be able to offer a new type of trial to patients and hope that we continue to build on our expanding portfolio of early phase trials.”

Learning from patient experience to improve health services and outcomes

The Welsh Government are looking at ways we can better understand and measure the experience of care people receive from different services and about patient's health status or health related quality of life at a certain point in time.

Health status information provides an indication of the outcomes or quality of care delivered to NHS patients.

Understanding what patients think about their experiences of care and the outcomes of the treatment they receive is important to ensure we can learn and make improvements to services.

Under the Cancer Delivery Plan, a patient experience survey was sent to people affected by cancer. More than 6,700 people responded to the 2016 survey and 93% of respondents rated their overall care positively.

The survey showed many areas of high quality experiences of cancer care but also shed light on which parts of cancer care need more national and local focus.

For instance, the offer of a written care plan and patient experience of sarcoma and brain cancer services need additional attention by NHS bodies in the years ahead.

The findings of the cancer survey will help inform the approach NHS bodies take to delivering more person-centred cancer care.

The survey results can be found at: <http://gov.wales/topics/health/publications/health/reports/report13/?lang=en>

The cancer experience survey shows the important information which can be learnt about how well services are delivering care.

It allows NHS Wales to assess how well services are being delivered and offers an opportunity to share best practice and improvements from Wales and beyond.

Diabetes services

Children and Young People's Wales Diabetes Network wins prestigious National diabetes award

The SEREN structured education programme was highlighted in the 2016 Annual Quality Statement as providing support for children, young people and their families to manage their diabetes from diagnosis to transition through to adult services.

The programme won the Empowering People with Diabetes – Children, Young People and Emerging Adults prize at the 2017 Quality in Care (QiC) Diabetes Awards.

The SEREN programme is run by the Children and Young People's

Wales Diabetes Network and is funded by Welsh Government.

SEREN is now used by all paediatric diabetes teams across Wales, ensuring children and young people receive the same information wherever they live in the country. It has also been made available to paediatric teams outside Wales.

The QiC Award judges commented on the programme, saying:

“ [SEREN] is completely child-centred and the judges loved this. It's broad, clearly impactful and it revolves around a child's ability to understand rather than their age. It's very well-put together for the short time period and the workbooks make it easy for parents and healthcare professionals to track progress. ”



Florence

Florence is an NHS telehealth monitoring service (a communication system) which uses text messages to help a person with diabetes and the health professionals involved in their care, to monitor and/or manage their medical condition more closely. The monitoring system is sometimes referred to as "Flo" for short.

Flo communicates by text messages to and from a mobile phone. It will work with any mobile phone able to send and receive text messages.

Benefits of Flo

It is simple, helping people with diabetes to help themselves to:-

- take a more active part in their healthcare
- understand their condition(s) better
- follow their clinical guidance better
- comply better with their prescribed treatment
- seek help when clinically appropriate.

Florence in Powys: Improving the self-management of people with Type 2 diabetes with a simple telehealth solution.

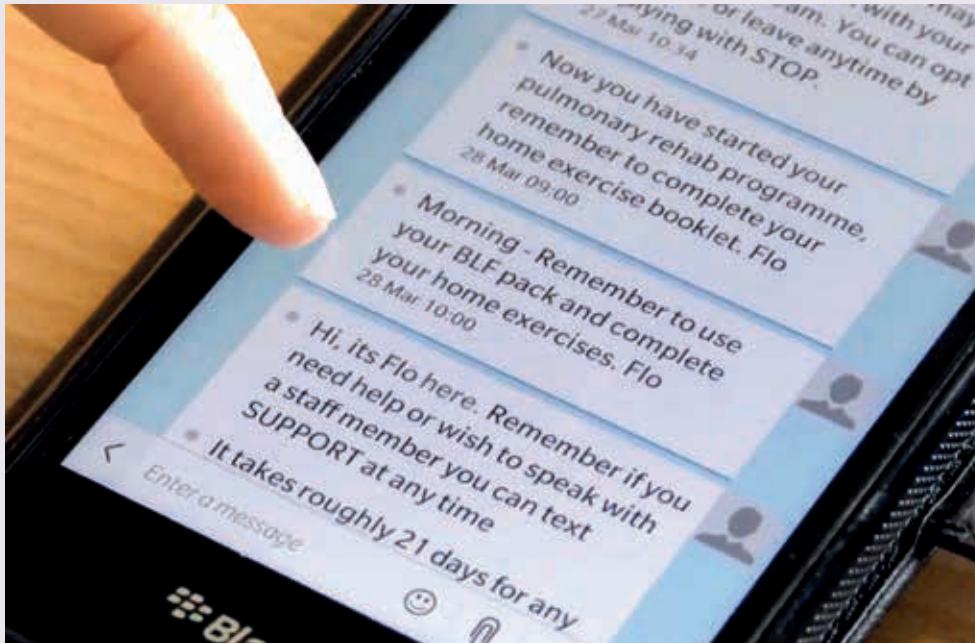
Flo is being rolled out for use in other services across Powys:

- North Pulmonary Rehabilitation Group – four patients opted onto Flo system – encouraging exercises between sessions to improve compliance with exercises, increase exercise tolerance and improve breathing exercises.
- Pain Management Centre – developed and tested system to support workbook. Two members of staff received training on Flo. Patient added to system at end of May 2017.
- Falls – developed system to support patients on falls programme; Occupational Therapist and Physiotherapist trained on Flo, tested protocol.
- Beating the Blues – developed system, staff receiving training on Flo.

In line with the Health and Care Strategy for Powys and the ambition of Digital First, the use of Flo will bring specialist skills and expertise remotely to people in Powys.

Powys aims to be the forefront of innovation for rural communities.

The development links with the Innovation Research and Improvement Service (IRIS) Hub in Powys will support the integration of technology with identified services.



New Diabetes Service

Hywel Dda university health board have developed new diabetes service in Llanelli, named after a recently-retired Senior Diabetes Consultant in Carmarthenshire, Dr Meurig Williams.

This co-locates a number of services enabling patients to manage diabetes more effectively in a one stop clinic. Diabetes consultant, Dr Sam Rice, said:

“We are delighted to open the Meurig Williams Community Diabetes Centre.

It will be the first time in Wales that all these services for patients with diabetes will be located in the same building. This will help to ensure that our patients get all of the correct elements of care that they need.”

Making Hepatitis C a public health threat of the past

Hepatitis C is a virus that can infect the liver. If left untreated, it can sometimes cause serious and potentially life-threatening damage to the liver over many years.

In 2016, the World Health Assembly, part of the World Health Organisation, adopted a Global Health Sector Strategy on viral hepatitis for 2016-2021.

This strategy introduced the first-ever global targets for viral hepatitis control, which includes:

- a vision of a world where viral hepatitis transmission is halted and everyone living with viral hepatitis has access to safe, affordable and effective care and treatment;
- a goal to get rid of viral hepatitis, as a major public health threat, by 2030;

- targets that seek to reduce the incidence of chronic hepatitis infection from the current 6–10 million cases of chronic infection to 0.9 million infections by 2030 and to reduce the annual deaths from chronic hepatitis from 1.4 million to less than 0.5 million by 2030.

The Welsh Government is committed to the elimination of hepatitis B and C in Wales. As a nation we are in one of the best positions globally to deliver against the World Health Organisation elimination targets.

As part of the funding provided by Welsh Government to implement the Blood Borne Virus Action Plan for Wales 2010-2015, health boards were required to invest in hepatology (study, prevention, diagnosis and management of diseases that affect the liver) services (doctors and nurses) and develop the resource to prevent and treat viral hepatitis.

As a result of this investment Wales now has a strong and effective clinical hepatology

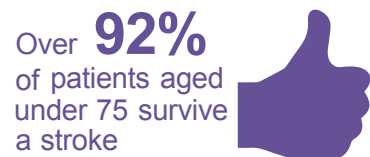
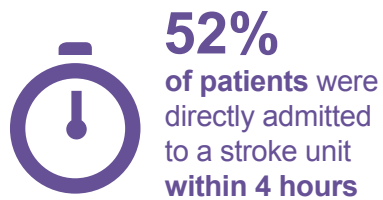
network which coordinates the treatment of those with hepatitis B and C virus. With the arrival of more medications that are effective against viruses, the All Wales Hepatitis C Roll-Out Programme was initiated in 2014. It has been very successful to date, receiving both national and international recognition. The network has treated all of the patients known to services in Wales and who are still accessing care – more than 1,000 patients in the last 18 months.

The challenge going forward is to identify and engage with individuals who may not be aware they have hepatitis B or C, or have not engaged with the traditional model of health care.

The Viral Hepatitis Subgroup of Welsh Government's Liver Disease Implementation Group is providing leadership and support to novel models of service delivery so that testing for and treatment of, infections can be undertaken in community settings such as pharmacies.

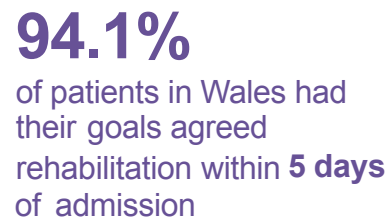
Caring for people who experience a stroke

A stroke is a brain attack. It happens when the blood supply to part of your brain is cut off. Blood carries essential nutrients and oxygen to your brain. Without blood your brain cells can be damaged or die. This damage can have different effects, depending on where it happens in your brain.



Stroke is a preventable and treatable disease. It is the leading cause of adult disability in Wales and the third most common cause of death, after cancer and heart disease. It is a devastating condition that changes lives and can have a huge effect on people and their families.

Aneurin Bevan University Health Board has redesigned the whole pathway of care for a patient who experiences a stroke, to provide faster and more comprehensive care when the patient most needs it – straight after the stroke happens.



Rapid treatment and then full, combined rehabilitation means that a person has the greatest chance of making the best recovery they can from the effects of the stroke.



The new service consists of:

- Centralisation of care immediately after the stroke in a seven day, multidisciplinary hyper-acute stroke (where a patient is within 6 hours of stroke starting) care unit at Royal Gwent Hospital.
- 'Step down' acute stroke care closer to home delivered at Royal Gwent Hospital, Nevill Hall Hospital and Ysbyty Ystrad Fawr.
- Inpatient stroke rehabilitation delivered at St. Woolos Hospital Nevill Hall Hospital and Ysbyty Ystrad Fawr.
- A Community Neuro-rehabilitation Service (Neuro-rehabilitation is a complex medical process which aims to support recovery from a brain injury), to enable early supported discharge for stroke survivors, often straight home from the hyper acute unit.

15 Steps Challenge

The 15 Steps Challenge is a toolkit with a series of questions and prompts to guide an individual through their first impressions of the hospital ward. The 15 Steps Challenge was designed by **Abertawe Bro Morgannwg University Health Board** to support continuous improvement. It is not a one-off activity but needs to be a regular part of improving the care that is provided. The tool focuses attention on what matters to patients.

Involving young people in the 15 Step Challenge has been a valuable experience. This has been undertaken across all in-patient children's areas over the last year. Issues highlighted by the young people have been addressed and action plans developed to ensure that the changes within our area of responsibility are undertaken.

The young people are due to return to the wards in order to ensure that actions have been completed.

Byw Nawr (Live Now) – Powys teaching Health Board

Byw Nawr (Live Now) aims to raise public awareness of the importance of talking more openly about death and dying and bereavement and of making your wishes known. Health and care services only have one chance to get it right at the end of life. However, it is not always easy to talk about death and dying. So, as part of plans in Powys for improving end of life care, the health board is promoting the Dying Matters Byw Nawr campaign to encourage people to talk more openly and make plans for the end of life.

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

Research and Development

Research is a key part of improving the health and wellbeing of the people of North Wales. Researchers in **Betsi Cadwaladr University Health Board** making these breakthroughs need help from members of the public to take part in clinical research studies.

HealthWise Wales is your unique opportunity to be part of shaping health and to help plan for the future.

Analysis of the data from the first 10,000 participants to take part in this programme has produced **Five Key Findings (see below)**.

You can register through the HealthWise website: www.healthwisewales.gov.wales/homepage/

Another creative example of innovation at the health board came from an Infection

Prevention and Control Nurse who is passionate about using non-traditional teaching methods to help healthcare professionals to learn and has a zero-tolerance, has created 'Game of Stools' to educate staff in a fun, alternative way.



The game encourages discussion between players about prevention and management of infection and increases knowledge and confidence, ensuring patients are cared for promptly and safely.

Velindre Trust is taking forward new clinical models and service redesign to ensure that the services it provides remain fit for purpose now and into the future.

In the Welsh Blood Service, the Supply Chain 2020 plan sets out a three-year roadmap to realign the planning, collection, testing, processing and distribution of blood components to hospitals across Wales.

Through the Transforming Cancer Services programme the Trust is working with Cardiff and Vale University Health Board, third sector and charity partners to plan and develop new clinical models for cancer care for the future.

This will include providing some services closer to patients' homes and a new cancer centre to provide complex and specialist treatments.

5 Key Findings

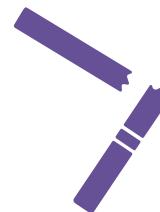


More attention needs to be paid to the **mental health** of unpaid carers



Half of you drink above the recommended guideline for **alcohol intake**

9 in 10 of you **do not smoke**



More than half of you eat five or more portions of **fruit and veg** a day

More than **1 in 3** of you are physically active



4 Dignified Care

Everyone has a right to be treated with dignity and respect and we believe this is very important. It means treating people with kindness, compassion and respect. This is something we must always get right.

There are many other ways in which we monitor how well we are doing and where we need to improve. We have set clear standards and we check these regularly.

We have inspectors who visit all NHS Wales hospitals throughout the year to check people are receiving safe and compassionate care, in the same way inspectors register and take action to improve the quality and safety of services within social care to improve the well-being of people in Wales.

The inspectors publish their reports so everyone can see how well hospitals and social services are meeting expectations.

Visit the Healthcare Inspectorate Wales website www.hiw.org.uk and Care Inspectorate Wales website <http://careinspectorate.wales/?lang=en>

Care of babies on the threshold of survival



The Welsh Government has issued guidance on how the Welsh NHS should care for babies born on the threshold of survival. The guidance sets out what health boards need to do to care for babies born alive before 24 weeks of gestation (process of developing in the womb), whilst also supporting their families and ensuring they are fully involved in making decisions about their care and treatment.

The guidance was developed in response to a concern from

a member of the public, Emma Jones, that current professional guidance from the British Association of Perinatal Medicine (BAPM) did not state what the NHS should do to care for babies born alive before 24 weeks. This followed the sad death of her son, Riley, who died after he was born at the age of 22 weeks and 4 days in December 2013.

As a result, the Welsh Government has worked with Emma over the last few years to develop additional guidance that promotes the highest quality, evidence-based and compassionate services for mothers and babies born alive before 24 weeks.

The guidance states where the birth of a baby on the threshold of survival is anticipated or occurs, maternity teams should consult the on call neonatal or paediatric team (whenever possible before the baby is born), to ensure clinical assessments are planned and undertaken.

Additionally, the baby's family will be involved in the decisions taken

about ongoing care.

Many families will need bereavement services and every health board in Wales now has a bereavement midwife lead to promote best practice.

Concerned member of the public and mother, Emma said:

“My journey for change started at the National Assembly when I presented my signed petition.

From Riley's death came a fight for change, which ended in success.”

The Chief Medical Officer for Wales and Medical Director of NHS Wales, Dr Frank Atherton said:

“When a baby is born very early, parents and professionals are faced with difficult and distressing decisions.

Whilst medical science has provided many advances in the care of very premature babies, especially those born under 26 weeks of gestation, there are limits to what is possible in terms of survival.

Very tiny babies, even when they are born alive, may not be able to be resuscitated because their airways and lungs are too immature (not fully developed) and delicate to withstand intubation and ventilation (a tube put into the windpipe and air being provided to the lungs) and their blood vessels are too small to administer medicines or fluids.

We recognised there was a need for the Welsh Government to develop this additional guidance, because the current professional guidance does not state what the NHS should do to care for babies born alive before 24 weeks.

We are very grateful to Emma Jones for sharing her painful experiences with us and for working with us to develop the new guidance, which will help maternity services to support sensitively mothers and families where babies are born on the threshold of survival.”

Caring for young children

What Matters to Me

What Matters to Me is a service provided by **Abertawe Bro Morgannwg University Health Board** where children in hospital are given the opportunity to draw or write a list about what matters to them, this is then displayed close to their bed.

Medical staff or any members of the combined team when entering a child's cubicle or a bed area can then read this.

This gives staff a better understanding of each child's wants and needs, likes and dislikes.



When the idea of 'What Matters to Me' was first introduced it helped to create a big shift from asking the child 'what's the matter with you?' to 'what matters to you'.

Sometimes the young patients' responses were rather surprising. Common themes were:

- The kind caring staff.
- Family being allowed to stay overnight.
- The toys and games.
- Having internet access.
- The food.
- The choice of TV programmes.
- Trust.



- Having mummy and daddy with me.
- Getting better.
- Smiley doctors and nurses.

What Matters to Me is structured by a three step approach:

1. **Asking** what matters.
2. **Listening** to what matters.
3. **Doing** what matters.

The aim is to make children feel more in control of their stay for however long it maybe and to help build a service through understanding how each person would like to be cared for whatever the age.

Mental Health

Child and Adolescent Mental Health Services (CAMHS)

The Together for Children and Young People's Programme (TfCYP) continues to build relations across with organisations involved in providing emotional and mental health support to children and young people. This is supported by considerable new investment in services.

Over £300,000 has been invested annually from 2016 to recruit recovery support workers to help 16 to 24 year olds, experiencing severe mental ill-health, to build resilience.

The workers are based in the Third Sector (not for profit organisations etc) but work closely with local health board teams responsible for early intervention in psychosis (a mental health problem that causes people to perceive or interpret things differently from those around them).

They not only support young people during treatment but also support them in accessing education, training, employment and social activity, as an important part of the recovery

process, enabling them to fulfil their potential.

The TfCYP published guidance in 2017 to ensure a seamless transition from children's to adult services. The guidance focuses on two important areas:-

- Children and adult services should not look to move services first because the young person is reaching their 18 birthday. They should look to see which service is best able to meet the young person's needs and work together to meet those in the most appropriate way; and
- The inclusion of a young person's passport, enabling them to take ownership of the change/move process and their wider care, make services responsible for any failings in their care.

Recognising these and other improvements which have been made in CAMHS in recent years the Welsh Government has set new more challenging targets to access services. This includes a 28 day target to access specialist CAMHS and a 26 week target to access neurodevelopmental services.

Arts in Mental Health

Participatory arts have become recognised around the world as an approach which promotes health, including mental health, within healthcare settings and within local communities.

'Creative Well' – Arts in Health and Wellbeing

The Betsi Cadwaladr University Health Board arts in health and wellbeing team works to deliver creative services for both patients and staff. Creativity plays an important role for patients whilst in care and helps to support their recovery and contributes to improving their health. The team aims to improve the experience of Betsi Cadwaladr University Health Board services through the delivery of arts activity such as "singing with dementia"⁶ and "The D Word"⁷.

The team also works to enhance the hospital environment via artwork and creative signposting. It works positively with local authorities, the voluntary

sector, cultural organisations/ establishments, social enterprises and charities, with the current programme funded by the Arts Council of Wales.

The programme also contributes to the Welsh Government's interest in rolling out similar arts, health and wellbeing programmes across all health boards:

<http://gov.wales/docs/drah/publications/161213-a-vision-for-culture-in-wales-en.pdf>



^{1&2} A play commissioned by the professional playwright and director Janys Chambers which captures the touching, personal and family experiences of dementia.

Dementia

The word 'dementia' describes a set of symptoms that may include memory loss and difficulties with thinking, problem-solving or language.

These changes are often small to start with, however for someone with dementia they have become severe enough to affect daily life. A person with dementia may also experience changes in their mood or behaviour.

Dementia is caused when the brain is damaged by diseases, such as Alzheimer's disease or a series of strokes. Alzheimer's disease is the most common cause of dementia but not the only one.

Success for Younger Onset Dementia Service

The Younger onset Dementia Service in **Cardiff and Vale University Health Board** has been awarded the Innovation in Mental Health Award at the Health Service Journal Awards. The service works closely with patients who are told they have dementia before they are 65 years old.

Young people with dementia often have different needs, they might still be in work when they are told they have dementia or have younger children living at home with them.



The dementia service work closely with both the patients and their families to connect them with the support that they need.

The health board want all staff including porters, doctors, receptionists and nurses to be confident in providing excellent care to patients who have dementia.

In November 2017 over 60% of the health board staff had received training in dementia a huge increase from the previous year.

Betsi Cadwaladr University Health Board's Dementia Strategic Action Plan was developed following engagement and consultation with people who are living with dementia, their carers, healthcare professionals and other organisations.

The Health Board wanted to know what matters to individuals and what the Health Board needed to change.

This action plan sets out the importance of bringing about change to ensure that the Health Board become a more dementia friendly organisation.

The Health Board learnt that people with dementia do not always feel that they are being heard and that carers do not always feel supported.

Betsi Cadwaladr University Health Board pledges to become a dementia friendly organisation by ensuring safeguarding is at the heart of everything it does, valuing every individual through person centred approaches to care. Care will be compassionate safe and effective.

Carers will feel welcome, valued and supported. The Health Board will engage with people and ensure that to care, environments are enabling. Every person will be offered support and signposting.



During 2017, all ward environments were assessed using the recognised tool from the King's Fund in terms of the ward being dementia friendly.

Following this assessment improvements are under way with many of the wards particularly in the community hospitals aiming for dementia friendly status as seen in Llandudno Hospital earlier this year and the refurbishment of units such as Bryn Hesketh in Colwyn Bay.

Many teams have undertaken improvements to make the experience better for patients, their families and carers.

The 'Who Am I' project is using the life experiences of patients with dementia to improve the way they are cared for in hospital. Piloted in the Wrexham Maelor Hospital's Heddfan Older Person's Mental Health Unit has been credited with improving the mood of patients with dementia and reducing their anxiety and agitation during their hospital stay. This is about to be implemented across the Health Board and other health boards in Wales are keen to use it.

"At the heart of every person is a story, a history of their life and their personal identity. As people develop impairments and illness this does not mean that they forget their experiences or achievements. We can understand a patient's current treatment from their medical case notes but there is nothing in there to tell us who they are or why they might behave in a certain way. We need to know the person behind the impairment to engage effectively".

Dementia Friendly Communities

Powys Teaching Health Board

now has five Dementia Friendly Communities within Powys. A dementia friendly community promotes inclusivity rather than isolating or separating people who might be living with dementia.

The 5 communities in Powys are officially recognised by the Alzheimer's Society as being or working to become dementia friendly;

- Brecon,
- Newtown,
- Welshpool,
- Ystradgynlais and Knighton.

There are a further eight who are either active in the process or just at the beginning stages of becoming dementia friendly;

- Machynlleth,
- Hay on Wye,
- Crickhowell, Llandrindod Wells,
- Montgomery, Presteigne,
- Guilsfield and
- Rhayader.

UK Older People's Day on Sunday, 1 October 2017 celebrated the achievements and contributions that older people make to our society.

It was celebrated across the United Kingdom to coincide with the United Nations International Day of the Older Person.

Powys Teaching Health Board held a dementia tea party at Victoria Memorial Hospital, Welshpool which provided fun and companionship for older people.

The event included tea and cakes, as well as games and activities including indoor bowls and dominoes.

Added interest was provided by photos and memorabilia to encourage patients and families to remember the past.

Valley LIFE Project

In 2016-17 **Cwm Taf University Health Board** shared it continues the older person service redesign through the development of Valley LIFE project.

The Health Board want to make sure older people with dementia, their carers and families receive timely support to improve their wellbeing and quality of life.

A centre designed to change and make better the care and support for people living with dementia has been launched by the Health Board.



The Health and Wellbeing Centre, based at the Ysbyty George Thomas site in Treorchy, is a vital part of the health board's strategy to deliver the highest quality dementia care to individuals and their families across the South Wales Valleys.

The new facility promotes a move away from hospital based care and places the focus on how people with dementia can live well within the community if they have the right level of support in place.

A range of services including day care, assessments, clinics, community nursing, therapies and care home teams as well as local authority and third sector services, are delivered from the centre, which has been designed to reflect the strong history of the local area.

It is one of the key milestones in Cwm Taf's Valley LIFE project, which has seen a range of organisations come together to develop plans to redesign care for people with dementia by helping them to live well in or closer to their own homes.

Dignified in Care Plan

The **Welsh Ambulance Service Trust** has a Dignity in Care Plan to improve the quality of care provided to patients.

The Welsh Ambulance Service Trust remain committed to ensuring their patients are at the heart of everything they do. Across the Trust there are 'Dignity Champions' from different regions and disciplines working together to improve the patient experience.

The plan reflects the Trust's values and behaviours and takes into consideration the people in need of special care in society, who they come into contact with on a daily basis. Through its Dignity in Care Plan the Trust aims to uphold the values of dignity and respect for patients, challenges poor care and works to improving those areas which patients feel are important.

Their achievements in 2016/17 can be viewed here: www.ambulance.wales.nhs.uk/assets/documents/

Supporting people with Learning Disabilities

Hywel Dda University Health Board aim to support children and young people with learning disabilities. In paediatrics the play team and ward link nurses' aim is to reduce barriers, enable and support children and young people with learning disabilities.

The Health Board encourage families to bring in any resources that may help with communication whilst visiting a hospital and the Health Board is in the process of developing a 'communication passport' for admission and 'my day case' book with symbols/pictures.

The play team has collected photos, symbols and pictures

to support children and young people and is purchasing ipads to aid support learning disability with the use of mobile phone or computer applications.

Cardiff and Vale University Health Board has introduced a risk assessment, pain assessment tool and National Early Warning score chart to be used when caring for patients who have learning disabilities.

The tools ensure that this group of patients have access to the same investigations and assessments as the rest of the population but recognises that the assessments might need to be delivered differently in order to get the same outcomes for people with learning disabilities.



The Paul Ridd Foundation



The Paul Ridd Foundation

Supporting people with a Learning Disability when needing secondary care

Mr Ridd was a 53 year old man with severe learning difficulties who died in Morryston Hospital as a result of pneumonia.

The Paul Ridd foundation was set up, by Paul's family in spring 2016.

It has been raising money to fund several initiatives including the production of an information file for wards when treating people with a learning disability.

This information has been rolled out to most wards in Wales and are designed to support the delivery of the care bundle "Improving Care for Patients with a Learning Disability in General Hospitals".

The Foundation has a logo which is used to show where a person is using the bundles. The colours in the logo are used in hospital passports for people with learning disabilities and represent the following:

Red

Things that people must know about the person with learning disabilities, for example the medicines they use.

Amber

Things that would be helpful to know, for example food they like and do not like.

Green

Things that the person would want you to know for example, the type of music they like.

Paul was very fond of jelly babies, hence the design of the logo.

Carers

Valuing Carers

Abertawe Bro Morgannwg University Health Board form part of the Western Bay Carers Partnership Board.

The partnership board continue to work together to raise awareness of unpaid carers and to support them by providing information and services.

This year, in addition to Carers Transitional funding from Welsh Government, monies have been available from the Integrated Care Fund.

This has been used to further develop identification and support of young carers in schools in the area and to expand the work undertaken by Swansea and Bridgend Carers Centres and Neath Port Talbot Carers Service in providing information at local hospitals and at other health settings.

John's Campaign

'John's Campaign' was founded in 2014 with a simple statement; to encourage the belief that carers should be welcomed in hospital settings. It also supports staff and patients and all those that are connected with them working together. This is very important to the health and wellbeing of the patient.

The campaign applies to all hospital settings, including acute, community, mental health and any other caring organisation where people live away from those closest to them.

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

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

Bridges Across the Generations – Intergenerational Work/ Meaningful Activities

Through 2017-18, Aneurin Bevan University Health Board and its partners have been working with organisations and communities in an attempt to combat social isolation (complete or near-complete lack of contact between an individual and society) and loneliness through the Ffrind i mi/ Friend of mine® initiative (www.ffrindimi.co.uk).

Recent partnerships with schools/ school children, college students and police/volunteer cadets have resulted in increased number of young people being friends with older people in care homes, sheltered accommodation and on hospital wards. This has identified positive benefits for both children and older people.



For older people, we have seen an increased sense of well-being, feeling valued and a reduced number of people who do not have contact with others.

For children, we have seen increased confidence and sense of worth, with intergenerational relationships providing positive role models that motivate and encourage them to fulfil their potential. One child said:

“ I like going to the hospital because I am really shy and awkward when it comes to talking to new people. So when I went I believed that it would help me with being more sociable and get rid of my fears. ”

**Evie
(Griffithstown Primary School)**

As well as reducing isolation and loneliness, this area of activity supports both the sustainable development goals of the Well Being of Future Generations Act and the national ‘A curriculum for Wales – a curriculum for life’.

Engagement and feedback from older people, colleagues and partners told the Health Board

that they felt that people who are resident in care homes or on wards long term may not be able to access activities that have meaning for/to them.

Not everyone wants to play bingo or listen to White Cliffs of Dover.

Aneurin Bevan University Health Board ran a very successful one day event, “Bingo and Beyond”, that brought everyone together to learn from people who are already doing imaginative things to address feelings of loneliness and being isolated and to consider what more can be done to engage people in meaningful and purposeful activities.

These two things – intergenerational befriending and meaningful activities – have come together in one care home, where children from schools are recruited as “digital heroes”.

They go in to the care home and help both the staff and the residents to use technology in creative ways, to ensure that some of the residents are spending more time doing activities that are meaningful to them. The effect of the use of digital technology in the care home amazed everyone.

The positive effect it has had on residents has contributed to improved wellbeing and positive outcomes, including a decrease in prescribing of medication that calm people down when they become frustrated.



5 Timely Care

NHS Wales is committed to making sure you receive the care you need, when you need it.

Providing a response in minutes can help to save someone's life and many healthcare issues are best resolved quickly so people get back to normal life, or as near as they can get to it quickly. We know in some areas people are waiting too long to be treated. We are working to improve this.

Finding the balance between providing emergency care and ensuring all the planned operations and other procedures can take place is a challenge. We are working hard to ensure people have easy and timely access to services to enable the best possible outcomes for their health.

Health and social care services experience significant pressures all year round.

However, winter is always a particularly challenging time for the NHS and social care in the UK, not just in Wales. We have seen increased demand on our NHS that we have not seen before, with more people suffering from infectious colds, flu and viral infections. The poor weather does not help, meaning some people who suffer from long term illnesses have seen their symptoms worsen.

This in turn means increased patients being seen in emergency departments and requiring a hospital stay.

We all need to consider how we seek help, advice and treatment from the NHS, whether this is via community pharmacists, general practitioners in our doctors' surgeries or whether we need emergency care.

Access to unscheduled care services

'Unscheduled care' refers to the advice and services accessed by people when they become unexpectedly unwell or injured and include:

- NHS Direct Wales or the 111 non-emergency service;
- Community pharmacy services;
- GP in and out-of -hours services;
- Minor Injuries Units;
- Mental health liaison services;
- Emergency Medical Retrieval and Transfer Services (EMRTS);
- Emergency ambulance services; and
- Emergency departments.

The 111 service

111 has been developed to provide a free easy to remember telephone number that allows people to be signposted to the right treatment in the right place by a team of different clinicians.



It combines NHS Direct information and advice with an 'out of hours' service.

The service was successfully rolled out in Abertawe Bro Morgannwg University Health Board and Carmarthenshire as a pilot in 2016-17, before rolling it out to the rest of Wales.

The findings from the pilot include some important information particularly how patients and NHS staff have found the service:-

- call priority: in the period looked at some 32,000 calls were triaged, of which 36% were urgent;
- patient outcome: 66% of callers were referred on to GP Out of Hours service;
- high level satisfaction of people using the service: nearly 77% were very satisfied, only 2% were very dissatisfied;
- NHS staff satisfaction with the service:
 - » 68% believed the service improved access to urgent care,
 - » 74% believed it promoted access to appropriate healthcare, and
 - » 41% believed it had improved quality of care for patients.

- impact on GP Out of Hours: patients have greater opportunity to access clinical telephone assessment and treatment (prescriptions etc.) without the need for face to face appointment with GPs;
- possible impact on emergency department (ED) attendance: the first six months of the pilot in Abertawe Bro Morgannwg University Health Board saw a 1% decrease compared to the previous year which provides an estimated saving of £218,000 through a reduction in ED attendances.

Due to its success the NHS will introduce a 111 service for the whole of Wales with additional funding agreed for 2018/19 and 2019/20.

Emergency Ambulance Services

The **Welsh Ambulance Services Trust** continues to establish itself as a worldwide leader with its internationally recognised clinical response model, which prioritises patients most in need of an emergency response.

All Wales Red performance (immediately life threatened patients) has been consistently higher than the national target, for at least 65% of Red calls to receive a response within eight minutes, in 2017/18. The typical response time for this type of call was just under five minutes in 2017/18.

The target has been achieved for 35 consecutive months since the new model was introduced in October 2015.

The speed at which calls are responded to for this group of patients – for example a cardiac arrest, where a patient's heart has stopped – is critical because it helps to optimise their chance of survival and quality of life.

It is encouraging that the latest available figures for 1 April–30 June 2018 show 106 patients were resuscitated by ambulance clinicians.

The ambulance service also continues to improve its wider clinical performance with at least 95% of suspected stroke patients and around 90% of patients with suspected fractured hips consistently assessed and treated through best practice care bundles by ambulance clinicians.

Cycle Response Unit



The **Welsh Ambulance Service Trust's** Cycle Response Unit (CRU) has helped more than 600 patients in a year by attending 623 calls on the streets of Cardiff during 2017, which was its first full year of operation.

The CRU uses pedal power to reach patients quickly in busy parts of the city centre, particularly in pedestrianised areas and shopping centres and especially on key dates when the city hosts major sporting and entertainment events.

The team includes paramedics, emergency medical technicians and community first responders,

who attend calls on bikes, which are specially fitted with a siren and blue flashing lights.

They carry a range of medical equipment, including defibrillators (devices that restore a normal heartbeat by sending an electric pulse or shock to the heart) and can give lifesaving treatment while an ambulance is on the way.

They can also treat patients with less serious illnesses and injuries at the scene, preventing an unnecessary journey to hospital and freeing up ambulance crews to respond to other calls.

Emergency Medical Retrieval and Transfer Services (EMRTS)

The Emergency Medical Retrieval and Transfer Service (EMRTS) Cymru continues to provide pre-hospital critical care across Wales.

The service was launched at the end of April 2015 and is a partnership between Wales Air Ambulance Charity, Welsh Government and NHS Wales (also known as the Welsh Flying Medics).

In July 2017, the EMRTS took responsibility, on behalf of the Wales Air Ambulance Charity, for its Caernarfon base in North West Wales along side its existing bases in Llanelli and Welshpool.

During 2017, the EMRTS:-

- received 2554 calls;
- of these incidents attended, 71% were by air and 29% by Rapid Response Vehicle;
- 53% of patients attended had received a sudden physical injury caused by an external force (trauma) while 43% were due to medical conditions;
- the age range was between 0-98;

- EMRTS medics administered 50 blood product transfusions and 161 emergency anaesthetics (a drug to prevent pain).

In November 2017, the Wales Air Ambulance Charity received the Air Ambulance Association Special Incident Award for the second time in two years. This award recognised a rare but successful life-saving medical procedure performed at the scene of a challenging event earlier in the year. Following exceptional care to save the patient's life

they were airlifted to hospital in 23 minutes (the journey by road would have taken at least 90 minutes). The patient received emergency surgery and following a stay in hospital the patient went home to recover.

Through the EMRTS, Wales air ambulance has employed four helicopter transfer doctors to work on board the Charity's Children's Wales Air Ambulance. This service is based at Cardiff Heliport and transfers patients – neonatal, children and adults – where their journey would

take more than an hour by road. This air craft is funded by the charity and is being run as a trial until March 2019, when the service will be assessed to decide whether a permanent transfer aircraft is needed.

A new fleet of WAA Airbus H145 helicopters were introduced at the Llanelli, Welshpool and Caernarfon bases in 2017. The new aircraft provides a larger cabin, quicker travel speeds, longer flight times without refuelling, ultimately future-proofing a 24-hour air operation.



Emergency Departments and Minor Injuries Units

There were over one million attendances at emergency departments and other emergency care facilities in Wales in 2017/18. Despite the increasing numbers of patients, particularly among the older and more frail, the vast majority of patients were admitted to a hospital bed or able to leave departments within the target time of four hours.

How well an emergency department is working can provide a helpful guide as to how well the wider unscheduled care system is working. In 2017/18, performance against important emergency access targets was generally better than the same period in 2016/17.

More patients were triaged, assessed, treated and sent home in 4 hours (841,617) but as a sign of the pressures on the wider unscheduled care system, more patients waited over 12 hours for admission to a hospital bed (38,904 patient accessing care in an emergency department in 2017/18 was just over 2 hours, a tribute to the skill and dedication of clinicians in emergency medicine.

Hospitals' front door assessment sees fewer elderly people admitted to wards

Older people who become unwell are now far more likely to be admitted to two of **Abertawe Bro Morgannwg University Health Board** hospitals only if they really need to be there. Increased use of "front door" assessment as patients arrive allows many of them to return home quickly with the support of their local community team, which includes geriatricians, nurses and other staff.



This means hospital doctors, nurses and allied professionals specialising in elderly care can concentrate on the most seriously unwell patients.

It is better for patients too, as a stay in hospital can cause problems such as reduced mobility and loss of independence. Changes have been introduced at Princess of Wales Hospital in Bridgend and Singleton Hospital in Swansea.

Princess of Wales Hospital Clinical Director for Elderly Care, Dr Ashok David, said 65 percent of elderly people in the hospital did not need to be there.

In February 2017 an Acute Frailty Unit was established on Ward 20 as the first phase of Princess of Wales Hospital's elderly care reconfiguration.

This is where patients admitted after assessment are cared for during the acute phase of their illness. The patients are then transferred to a non-acute elderly care ward or go home, again with any necessary care provided by a community team.

Dr David said the changes had seen the average length of stay on Ward 20 reduce from 17 days to 11 days, continued over a 12-month period.

Phase two, which frees up doctors to provide front door assessment, saw Princess of Wales Hospital last month introduce a ward led by nurses and nurse practitioners. In the 25-bed ward, 19 beds are for patients who do not require acute medical care but do need short term care arranged before they can go home. Singleton has a different model of care, based on the development of an acute frailty service within the Singleton Assessment Unit (SAU).

Front-door assessment is carried out by a multidisciplinary team including a doctor, physiotherapist, occupational therapist and pharmacist.

Between September and November 2017, 118 patients had front door assessment on arrival in the SAU. Of these, 38 per cent did not need admission to the wards and went home from the unit having spent, on average, two days there.

Access to care which is planned for

Planned care services refer to health care such as surgery which is planned in advance. Planned care includes booking outpatient consultations and treatments as well as diagnostic tests.

The Welsh Government Planned Care Programme aims to achieve a sustainable service. It works with and supports the NHS in making effective changes in the way services are provided along the whole pathway that a patient takes.

The initial focus has been on areas where there is either clinical risk to a patient following a long wait for treatment or where there are unacceptable long waits for treatment – such as ophthalmology (eye care), orthopaedic (bones and joints), ears, nose and throat (ENT), urology (kidney diseases) and more recently dermatology (skin). The need for appropriate early access to first outpatient is very important.

Follow up outpatient appointments take up a considerable amount of time in the NHS. Up until now patients have been routinely given appointments rather than the appointment being based on clinical need.

The programme aims to reduce the number of follow up appointments through:-

- The introduction of non face-to-face follow-up appointment, also known as virtual clinics. Evidence from **Cardiff & Vale University Health Board** shows that the use of specific questionnaires (in orthopaedics) reduced the number of patients who did not need to see a consultant by 70%.
- The introduction of a 'one stop clinic' – this is being used in urology and is having a positive response from patients.
- Training of health care specialists to undertake appointments releasing consultant's time elsewhere. Enhancing ophthalmology services by increasing the

number of appointments in the community using optometrists and nurses which has released capacity in busy consultant clinics.

The Planned Care Programme is starting to deliver changes, which include:

- The introduction of national follow up guidelines for ENT services, which has the potential, once fully in place, to reduce approximately 40% of unnecessary follow ups across Wales.
- Issuing WHC/2017/27 'Clinical Musculoskeletal⁸ Assessment Treatment Service' (CMATS) which sets out national principles to ensure referrals for musculoskeletal conditions within agreed parameters are streamed directly to the appropriate specialist service, offering patients faster access to assessment and treatment.

Referral to Treatment Times (RTT) / waiting times

RTT – Waiting times have improved over the last two years following additional investment from the Welsh Government.

At the end of March 2018, the number of people waiting over 36 weeks on a RTT waiting list had reduced by 58% from the high point of August 2015 and stood at 12,119, the lowest it has been since March 2014

26 week performance at the end of March 2018 was 87.6% against the 95% target.

There was a 0.8 percentage point improvement on March 2016 (March 2018 was worse than March 2017).

Diagnostics (A symptom or feature serving as supporting evidence in a diagnosis) – At the end of March 2018, the number of people waiting over eight weeks for a specified diagnostic test was 69% lower than in March 2017, 95% lower than the high of Jan 2014 and the lowest it has been since September 2009.

⁸ Relating to muscle and skeleton together

Therapy Services – To support delivery, during 2017-18, the Welsh Government invested an additional £50 million of funding to build on the progress made over the previous two years with the expectation that waiting times for RTT, diagnostics and

therapy services would be further improved by the end of March 2018.



Red2Green Project and SAFER Implementation at Bronglais Hospital



The principle of Red2Green is currently being introduced on all wards in Bronglais Hospital in Aberystwyth, combined with the **SAFER** Patient Flow Bundle.

The **SAFER** patient flow bundle is a practical tool to reduce delays for patients in adult inpatient wards (excluding maternity). When followed consistently, length of stay reduces and patient flow and safety improves, as follows:

S
Senior Review – all patients have a senior review before midday by a clinician able to make management and discharge decisions.

A
All patients have an expected discharge date and clinical criteria for discharge – this is set assuming ideal recovery and assuming no unnecessary waiting.

F
Flow of patients commences at the earliest opportunity from assessment units to inpatient wards – wards that routinely receive patients from assessment units will ensure the first patient arrives on the ward by 10am.

E
Early discharge – 33% of patients will be discharged from base inpatient wards before midday.

R
Review – a systematic MDT review of patients with extended lengths of stay (> 7 days – 'stranded patients') with a clear 'home first' mind set.

The SAFER patient flow bundle works particularly well when it is used alongside the Red2Green approach, which means each day, patients are marked either red or green and the aim is to turn every red to green.

A red day is a day of no value for a patient. For example, diagnostics might not be undertaken as requested or a planned therapy intervention does not occur or the patient no longer requires hospital based care.

A green day is a day of value to a patient. For example, the patient receives an intervention that supports their pathway of care through to discharge or something that is planned or requested occurs on the day that it is requested resulting in a positive experience for the patient.

The above are discussed during daily board rounds, the first of which was undertaken by Dr Annette Snell, Consultant Orthogeriatrician at Bronglais Hospital in April 2017.

Annette is the consultant who has also promoted and concluded a successful pilot on nurse/event led discharge.

The team is now putting processes in place to understand the benefits of the initiative on improving patient care and the Red2Green initiative is in the process of being rolled out across all acute sites in **Hywel Dda University Health Board**.

Given the success of this approach at a number of hospitals in Wales and across the UK, a national SAFER patient flow guidance document has been published.

<https://improvement.nhs.uk/documents/633/the-safer-patient-flow-bundle.pdf>

Hepatitis Screening Salvation Army Bus Project

In 2017, the Blood Borne Virus Team from **Cardiff and Vale University Health Board** along with volunteers spent their evenings aboard the Salvation Army bus in Cardiff City Centre, where they carried out liver screening and hepatitis tests for some of the most vulnerable people in our society.

The team occupied the upper deck of the Salvation Army bus for one week to not only carry

out testing but to raise awareness of the virus amongst this vulnerable population, including how to prevent infection and to make arrangements to deliver treatment when required.

Reducing the burden of hepatitis C is not only good for the individuals who receive treatment but also all for other members of society as treatment decreases demand on valuable resources, such as liver transplant and also decreases the risk of onward transmission.



Access to the right care at the right time from the right person / place, at or close to home



During 2017, we saw a number of new and innovative ways of delivering local health care services in our local communities, tested across Wales through the national pacesetter programme and primary care clusters. Some examples of initiatives include:

The Cwmtawe primary care cluster appointed a social prescribing link worker in October 2017. This service has developed links with social care providers and community and voluntary organisations.

For example the local community centre has agreed that a piece of green space within the centre can be used to develop a gardening club.

Monmouth North neighbourhood care network

is providing a direct access physiotherapy service for patients in the area.

In December 2017, **Aneurin Bevan University Health Board** reported benefits seen from the service in the first few months included 20% of patients discharged to self-manage and 62% of patients allocated to routine physiotherapy waiting list.

Betsi Cadwaladr University Health Board has implemented a model of working which draws in new roles to local health care such as advanced nurse practitioners, physiotherapists and pharmacists.

The model also ensures GP practice receptionists receive appropriate training to allow them to develop their skill and become 'community navigators' who spend time helping members of the public who are unsure

of how to access the right care at the right time from the right source at or close to home.

Cwm Taf University Health Board has implemented a scheme which now sees locality based clinics delivered to patients for diabetes, musculoskeletal, chronic obstructive pulmonary disease and conditions relating to the heart. Clinics are made up of multi-professional teams working together to deliver regular clinics to patients in community settings such as Dewi Sant in Pontypridd and Keir Hardie Health Park in Merthyr Tydfil.

Taf primary care cluster in Hywel Dda University Health Board employs an occupational therapy technician based within the Community Resource Team to provide assistance to those assessed as at risk of falls and frailty. This has allowed more patients who have been assessed 'at risk' to be managed effectively in their own home with ongoing monitoring and low level support delivered when needed.

The North Powys primary care cluster has appointed two physicians associates to provide

support to GPs in areas such as taking medical histories from patients, performing physical examinations, performing diagnostic and therapeutic procedures and providing health and wellbeing advice.

Cardiff and Vale University Health Board has implemented a scheme which ensures that many routine and urgent bloods are now undertaken by a phlebotomist instead of a district nurse where appropriate. This has provided the district nursing teams with the time to focus on the most frail and complex patients in their care.

Aneurin Bevan University Health Board has set up a nurse led childhood immunisation scheme. This nurse led team has received training to allow them to deliver a sustainable model for immunisation delivery without the need for GP involvement. Since set-up the team has been able to provide support to 7 GP practices in the area which has meant the waiting list for immunisations in these practices has been completely eliminated.

The Primary Care Model for Wales

Gofal Sylfaenol
Primary Care

un
one



Datblygu Gofal Sylfaenol yng Nghymru ■ Developing Primary Care in Wales

The Welsh Government now has an agreed primary care⁹ model for Wales. This has come from local innovation at cluster level. It sets out our approach on health and well-being.

It builds on the achievements from the 2014 national primary care plan which was backed by nearly £43 million and prudent healthcare¹⁰ principles.

Our approach is about informing people to understand how to stay healthy as well as possible.

We want to anticipate people's health needs and intervene before those needs become urgent.

We expect GPs to work with other professionals, such as pharmacists, nurses, physiotherapists, dentists, optometrists, social workers and people working in the voluntary sector to work together to provide people with a range of ways to access the right care and support close to, or even in, people's homes.

We expect information about individuals to be shared appropriately to ensure services are joined-up and provided in a seamless and timely way across the community.

Modern technology, local facilities and services are all used to help people lead healthy lives and to support those who need care.

The National Director for Primary Care has developed a strategic programme in response to A Healthier Wales.

This response is designed to increase the pace and scale of local collaborative action to implement our approach to health and wellbeing.

Further information is available on Primary Care One website:

www.primarycareone.wales.nhs.uk/home

9. Primary care includes health promotion, disease prevention, health maintenance, counselling, patient education, diagnosis and treatment of severe and long term illnesses in a variety of health care settings (e.g. office, inpatient, critical care, long-term care, home care, day care, etc.).

10 Prudent healthcare is defined as healthcare that fits the needs and circumstances of patients and actively avoids wasteful care that is not to the patients benefit.

6 Individual Care

The things that matter to you also matter to us.

We want to work with you to get your care right so that it meets your individual needs, involving family or carers when required.

Through listening to and learning from your experiences we strive to design and develop services which reduce inequalities, provide support to carers, as well as improving services for vulnerable groups.

Here are some examples of how organisations have taken action to put patients at the centre of everything that they do, to ensure everyone is treated as an individual and receives support which is centred on their specific needs.

Providing a bilingual health service

As part of its commitment to ensuring bilingual care for patients and the public, **Betsi Cadwaladr University Health Board** has made key improvements during 2017 to increase awareness of the importance of providing services to the Welsh speaking population.

A Language Choice Scheme, which identifies the language of patients by placing 'Welsh Speaking' magnets above patients' beds, has been rolled out across the Health Board ensuring patients are actively offered services in their preferred language.

Feedback from staff, patients and families has been positive, with many patients saying how much more comfortable they feel being able to discuss their care needs in Welsh.

A new campaign 'Defnyddiwch eich Cymraeg / Use your Welsh', launched in February 2018 to encourage staff to use their Welsh, whatever their level of ability.

Patient feedback says that patients appreciate any effort made to converse in Welsh.

This campaign has raised awareness of the Welsh language and its importance within healthcare, increasing the opportunities patients have to use the language.

The Health Board will continue to work with key partners and stakeholders in taking forward Welsh language requirements under the Welsh Language (Wales) Measure 2011 in increasing Welsh language provision within the health board area.



The Welsh Ambulance Service Trust has also committed to improving the Welsh language skills of staff. The Trust has registered with the 'National Centre for Learning Welsh', providing opportunities for staff to receive a free 10 hour online course teaching basic Welsh suitable for use in the workplace. Staff are able to meet and greet colleagues, patients and people with an interest in the Trust using Welsh phrases.

Over 70 Trust staff have registered onto the course with one member of staff taking the opportunity to attend an intensive Welsh language residential course at the Welsh Language Centre, Nant Gwrtheyrn.

Sensory loss and other vulnerable groups

At a national level, **Hywel Dda University Health Board** continues to support the delivery of the Sensory Loss Standards by attending the all-Wales senior officers group meeting.

This group has given the health board excellent information sharing opportunities and influence in all-Wales initiatives, such as sensory loss awareness month each November.



Hywel Dda University Health Board delivered a number of local initiatives during the 2017 sensory loss awareness month.

One of the areas that the Health Board was recognised for was the provision of communication support for the deaf community. British Sign Language and other support is provided by the Wales Council for Deaf People, with the uptake increasing year on year by over 20%.

Each year, sensory loss support has been provided to over 200 patients and the good value for money model has been recognised nationally also by the Wales Audit Office Good Practice Team.

The Health Board has won national awards during 2017/18.

The combined Wales Councils for Deaf People and Blind five star awards are based entirely on nominations from patients.

Hywel Dda University Health Boards Audiology Department won an award as did the Pre-Assessment Clinic for its work on supporting a visually impaired patient.

Another positive has been the development of the Health Boards Sensory Loss Friendly Awards. When the standards were first published, the Health Board invited members of the sensory loss community to 'walk and talk' visits to wards, clinics and departments.

Each of these provided improvement suggestions and based on this cumulative experience, the Awards were developed.

Pre Hospital Communication App

The **Welsh Ambulance Services Trust** developed a bilingual Pre Hospital Communication Guide in the form of a small booklet, launched in 2013.

Operational staff used the guide to help them communicate more effectively with people with additional communication needs.

With more and more people owning and using smartphones, the Trust decided to develop the guide into an app.

The Trust wanted to use new and innovative technology solutions to create a communication tool that could continue over time and be available to all NHS and social care staff, as well as members of the public and users of health services.

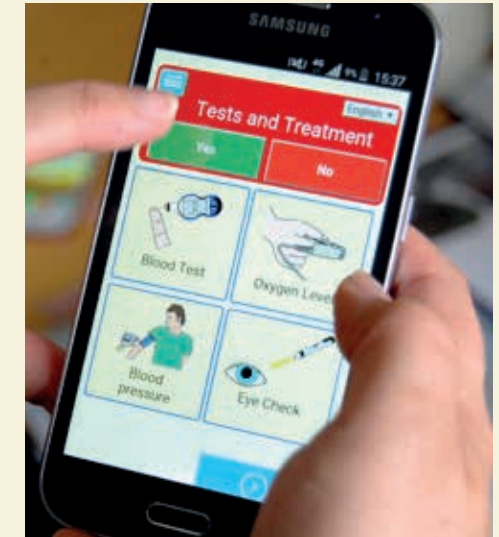
Using the app:

The app uses a mixture of speech, gestures and pictures to communicate and uses images with a small amount of supporting text to help find out important information.

It helps communication with those who have additional communication needs including:

- people who are deaf or hard of hearing
- people for whom English is not their first language
- people with learning disabilities
- people whose illness or injury affects their communication.

The app was officially launched in November 2016 and was nominated in the 'Excellence in Health' category in Action on Hearing Loss Cymru Excellence Wales Awards 2017.



The app was awarded runner up in this category but was winner of the 'People's Choice' award.

This award was a great recognition of the work done to help improve communication between staff and people who are deaf or hard of hearing.

Stay Well @Home Service

Last year **Cwm Taf University Health Board** shared the Cwm Taf Social Services & Well-Being Partnership plans for a new and ambitious Stay Well @Home team (SW@H).

The new service looks to prevent unnecessary admission to hospital by assessing people in the emergency department or the Clinical Decisions Unit/Acute Medical Unit and commissioning/providing health, social care and third sector community support to facilitate patients' timely return home 7 days a week 365 days a year between 8am and 8pm.



These teams include Occupational Therapy, Physiotherapy, Social Workers and Assistant Therapy Practitioners.

The SW@H service delivers critical timely treatment, care and support to a large proportion of the adults most in need of care, maintaining their safety and wellbeing in the community, their own homes, preventing the need for hospital admission and its associated risks and costs.

Perinatal Mental Health



Powys Teaching Health Board Mental Health services have worked closely with Midwifery and Children's services setting up perinatal forums which has improved joint working and led to better outcomes for patients. A perinatal lead in each area supports mental health in pregnancy and postnatal care.

The support and treatment offered, is unique to the individual and relies upon excellent collaboration from staff across primary and secondary care and the third sector (e.g. charities and volunteers). From April 2017, midwives and health visitors, have been asking all parents-to-be and new parents, about their mental health and providing further assessment and support as needed.

Improving health outcomes and patient experience

The Welsh Government is looking at ways it can measure and understand more about the experience of care people receive in different services and about patient's health status or health related quality of life at a certain point in time. Health status information provides an indication of the outcomes or quality of care delivered to NHS patients.

Understanding what patients think about their experiences of care and the outcomes of the treatment they receive is important to ensure we can learn and make improvements to services.

This information is being gathered using questionnaires known as patient reported outcome measures (PROMs) and patient-reported experience measures (PREMs).

A national set of general experience and health outcome questions have been agreed and more specific condition related outcome questions approved in three areas of the NHS: ophthalmology (eyes), orthopaedics (bones and joints) and ENT (ears, nose and throat).

The information collected is being used by doctors and patients together to make decisions about treatment and care. The information can also be used on a wider population level to help understand how

effective NHS treatment has been in these areas and whether outcomes are in line with what patients should expect to receive.

Collecting PROMs and PREMs will, in time, also allow Welsh hospitals to compare themselves against other hospitals across Wales, the UK and in some cases, across the world. This will allow NHS Wales to assess how well services are being delivered and offers an opportunity to share best practice and improvements from Wales and beyond.

For more information on the work NHS Wales is doing on PROMs and PREMs, please visit the PROMs, PREMs and Effectiveness Programme website:

<https://proms.nhs.wales>



7 Our Staff

The people who work for NHS Wales make the difference in everything we do. Their passion and commitment shines through the services we deliver.

It would be impossible for us to provide so many services and treatments day in day out throughout Wales without the commitment and passion of our staff and primary care contractors.

This also extends to the many volunteers and third sector organisations that also provide care, support and practical help to people who need it.

We want to recognise and reward this where we can, which is why we run the NHS Wales Awards which celebrated its 10th year in 2017.

The innovation and hard work showcased in the awards is inspiring. This chapter includes some examples of their hard work and dedication.

Helping our Workforce stay happy and healthy

An apple a day!

A health worker in Swansea is peachy keen when it comes to taking care of her colleagues.

The city's urgent care clinical team provides treatment for patients in their own homes so they do not have to go into hospital. It is made up of 40 staff including advanced practitioners, doctors, a consultant, senior nurses, nurses and healthcare support workers.

Now they are getting a helping hand to keep fit and healthy themselves thanks to team member Sharon Taylor. Healthcare support worker Sharon has become the team's wellbeing champion – and her first project, providing her colleagues with fresh fruit, has gone down a treat.

Abertawe Bro Morgannwg University Health Board

launched its Wellbeing Champion Network last year, with the aim of having at least one in each service area or department across the Health Board.

Small Change #FeelGreat



This campaign aims to tackle some of the issues raised in **Cwm Taf University Health Board's** Director of Public Health's annual report in 2015/2016, entitled 'One More Healthy Behaviour'.

This report outlined the continuing need to tackle increasing levels of obesity (those who are overweight), high levels of smoking and poor diets in the areas of Merthyr Tydfil and Rhondda Cynon Taf.

One Small Change encourages staff to pledge to make one small

change to their daily lifestyle and then commit to it for a 30 day Feel Great Challenge.

The change can be as simple as drinking more water every day, walking during every lunch break, cooking fresh food from scratch daily or doing the plank (a physical exercise designed to strengthen the abdominal muscles) before meetings!

Each person taking part will be asked to report if they succeeded in their pledge, so information looked at can be evaluated to show the health and wellbeing effect.

By leading by example, staff can then act as representatives to their patients, colleagues and local communities on the importance of making healthy lifestyle changes.

Health Board, Public Health Consultant Angela Jones said;

“*Being healthy and fit doesn't have to be hard work and by pledging just one small change to your daily life you can help improve your health and feel so much better.*”

We want everyone who takes part to think about how great they will feel when they have completed their 30 day challenge and then provide encouragement and support to continue with the change, start another and inspire others to join in.”

Recruitment

This is Wales: Train, Work, Live

The Train Work Live campaign for doctors, including GPs, was launched in October 2016, promoting the benefits of training and working in Wales.

The campaign uses national and international routes covering digital, print and social media as well as attendance at key events.

This phase of the campaign was looked at again in October 2017 and extended to include core psychiatry (treatment of mental problems).

Following the end of the recruitment rounds in 2017, 144 GP training places were filled, exceeding the 136 places available at the beginning of the recruitment period.

This included recruitment in areas that have usually found it difficult to recruit, for example, in 2016 Pembrokeshire was unable to fill any vacancies as a result of the campaign; all vacancies were filled in 2017.

There are six extra trainee GPs in Pembrokeshire, who, as part of

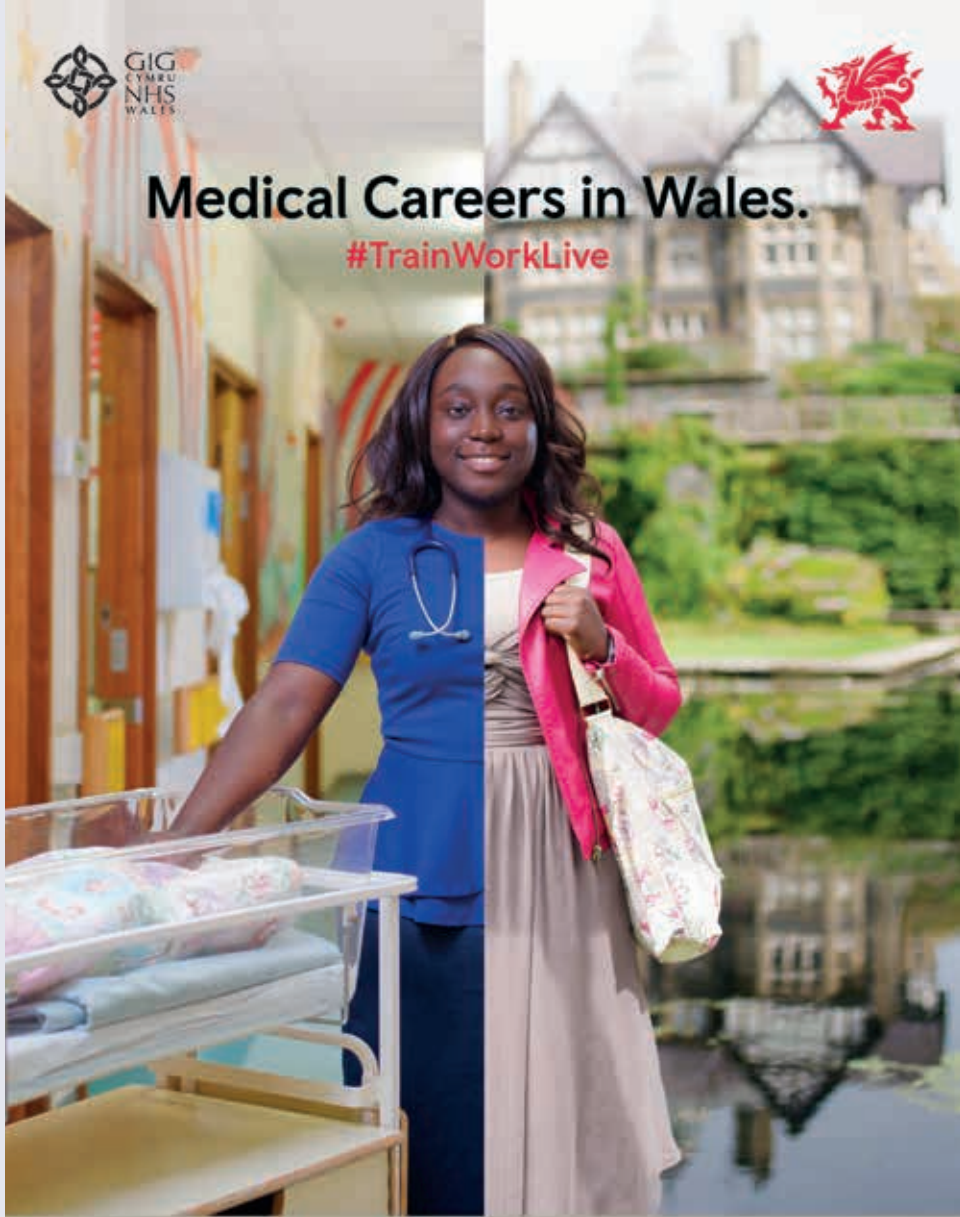
the training scheme, undertake the first 18 months of the training in a hospital setting – that means 6 extra doctors on hospital rotas in the local area.

The campaign is also responsible for a number of medical appointments across a range of health areas and grades including consultant.

Building on the GP campaign, the Cabinet Secretary for Health and Social Services, in May 2017, launched phase two, targeting nurses to train, work and live in Wales. This part of the campaign features four nurses from across Wales, both at work and enjoying one of their hobbies.

The campaigns are in place to support local health board / trust recruitment through creating NHS Wales brand recognition and publicising it both within the UK and across the world to showcase what Wales has to offer to healthcare professionals.

Future phases of the campaign will target pharmacists and allied healthcare professionals including physiotherapists and occupational therapists.



Medical Careers in Wales.
#TrainWorkLive

www.trainworklive.wales
enquiries@trainworklive.wales

The main focus of this phase will be to increase the different skills available in primary and community care.

Some recruitment success stories include **Betsi Cadwaladr University Health Board** having delivered a series of recruitment days resulting in over 250 nursing staff successfully being recruited.

In addition, 44 Return to Practice Nurses have been recruited following completion of the Return to Practice course with Bangor and Glyndwr Universities. At the end of 2017, **Hywel Dda University Health Board** had appointed 65 senior medics, which is double that of 2015, also 28 more Allied Health Professionals and 91 more Registered Nurses (the only Health Board in Wales to see an increase in Registered Nurses).

Are these doctors of our future?

Aneurin Bevan University Health Board's 12

Neighbourhood Care Networks have provided funding to support sixth form Students in Gwent to take a course provided in partnership with Mediprep UK (supporting people who apply for medical school). This means that students can access the course free of charge. 43 students attended the course at Ysgol Gymraeg, Caerffili.

Earlier in the year a Mediprep session was held in Ysgol Gyfun, Cwm Rhymini, where 95% of the students stated they would not have attended had it not been organised and funded by the Health Board. Funding for local schools has also been provided for them to purchase medical and health care books and resources for their libraries to help students understand professional roles and careers options within this field.

This initiative forms part of a wider drive by the Health Board to recruit more GPs and associated health professionals to help provide sustainable primary care services across Gwent.

Healthcare People Management Association (HPMA) recognise the 'Big Bang' recruitment event – 20 things

The Welsh Ambulance Services Trust has won a prestigious award for hosting a first of its kind recruitment event which led to the appointment of more than 30 Paramedics.



At a ceremony in London in June 2017, the Trust won the HPMA Award in the Recruitment Team of the Year category for its 'Big Bang' event held on 15 April 2016 which saw dozens of prospective new recruits come together at Cardiff's 203 Field Hospital for a job interview with a twist.

Candidates took part in speed-dating style sessions where they could put their questions to representatives across the whole service, including operations, health and wellbeing and research and development, in order to better understand the way the Trust is run.

It was followed with an afternoon of formal interviews, which led to the successful appointment of 32 of the 39 candidates there on the day.

The event was so popular that the Trust hosted a second Big Bang recruitment event in June 2017 at Swansea's Liberty Stadium, with a mix of graduate and qualified paramedics and qualified emergency medical technicians recruited.

These events have ensured the Trust has a full complement of paramedics. It has reduced reliance on overtime worked by staff, reduced costs as well providing an improved work life balance for staff who are in contact with the public directly.

Volunteering

Health boards and trusts recognise the significant and valuable contribution made by volunteers across their services. Volunteers can add to and improve the services provided by paid staff, helping to improve the experience of patients and their families.

Volunteering can also have a beneficial and important effect on the volunteers themselves, helping to improve self confidence and motivation whilst keeping them active.

Volunteers Celebration Event

Hundreds of volunteers have been thanked for their work supporting health in Cardiff and the Vale of Glamorgan. A special celebration event was held to acknowledge the hard work and dedication of the Health Board and third sector colleagues that volunteer. The Director of Nursing and the Vice Chair opened the event and gave their heartfelt thanks to those who give up their time to volunteer and support the patients and people who use the service of the health board.

Volunteering for Health

Hywel Dda University Health Board's programme 'Volunteering for Health' recruits volunteers across a variety of roles to support patients and enhance their experience of hospitals, including ward befriending, pharmacy support, outpatient guides, peer support roles and department 'meet and greeters' which are very popular with the local community.

The initiative also provides opportunities for gardening in community hospitals and volunteer drivers.

Volunteers provide tremendous benefits to patients, from having someone to sit with them for a chat when they are alone, to helping with eating needs. Hywel Dda University Health Boards currently has over 270 volunteers and is looking at widening the scope of it's volunteers by way of acknowledging just how valuable their support is.

It also runs an Expert Patient Programme, which has 22 volunteer tutors who deliver self management programmes for patients. These range from a three hour introduction, to six week course for diabetes or nine week course for Chronic Obstructive Pulmonary Disease (COPD), a group of lung conditions.

The programme runs approximately 90 courses a year working closely with primary care and has two additional volunteers who work closely with the team to help share information about the initiative across Hywel Dda University Health Board and beyond.



Wales for Africa

The NHS continues to demonstrate a commitment to being globally responsible, recognising the benefits this can bring to Wales as well as other countries. Staff from health boards and trusts across Wales continue to form international links with colleagues in Africa.

Amongst the examples of good work being undertaken across Wales, the **Velindre Trust** and **Cardiff and Vale University Health Board** South Wales Sierra Leone Cancer Care Link developed to provide health care professionals in Sierra Leone with specialist training in cancer and palliative care, won the Wales

for Africa Partnership Award for its collaborative role in bringing groups of professionals together in South Wales to work with colleagues and patients affected by cancer in Sierra Leone.

An obstetrician and a midwife from **Abertawe Bro Morgannwg University Health Board** joined forces with the White Ribbon Alliance for Safe Motherhood Zimbabwe to train midwives and obstetricians in Harare, Zimbabwe.

Hywel Dda University Health Board has been working on a 3 year maternity project in Uganda with Engineers for Overseas development.

The scheme involved the design and construction of two labour suites, an eight bedded postnatal ward and offices and stores in an extension to a seven room health unit built in 1950 which now serves 55,000 people.

Zimbabwe-International Health Partnerships has been forged between **Cwm Taf University Health Board** and Zimbabwe through Consultant Paediatrician Dr Zed Sibanda.

The object of the charity Zimbabwe Health Training Support is to support the education and training of health professionals in Harare, Zimbabwe.

The **Welsh Ambulance Service Trust** has been working in the Mbale region of Uganda to tackle poverty and improve access to basic healthcare.

The scheme has gone from strength to strength providing a lifesaving resource to the rural communities. Sharing passion, expertise and knowledge, staff have been instrumental in the development of a motorbike ambulance service in Mbale.

The region has poor roads and infrastructure and motorbikes are more suited to the ground than four-wheeled vehicles.

The scheme also provides bicycle stretchers and mountain rescue stretchers to help reach the more remote communities.

The service, which mostly operates on a 24/7 basis, has now completed more than 25,500 journeys since its launch in December 2010.



NHS Wales Awards

The NHS Wales Awards are a national showcase for excellence and celebrate good practice in delivering improved, high quality patient care across Wales.

The awards were launched in 2008 to celebrate the 60th anniversary of the NHS.

These awards are open to teams and organisations, with the aim of uncovering, acknowledging and celebrating good practice which has helped to transform patient care.

Finalists for 2017 included projects on topics such as falls prevention, improving clinical outcomes for patients, transforming mental health services, treatment for irritable bowel syndrome and managing antibiotics wisely.

A number of multi-agency projects were selected as finalists showing how much partnership working is taking place across Wales to improve services.



Citizens at The Centre of Service Re-Design and Delivery

Hywel Dda University Health Board – for: *'Working Hand in Hand to Transform Mental Health'*.

Developing A Flexible and Sustainable Workforce

Aneurin Bevan University Health Board – for work on: *'Band 4 health care support workers (HCSWs) in Complex Care: Developing the Role'*.

Improving Health and Wellbeing and Reducing Inequalities

Welsh Ambulance Service Trust – for work on: *'Improving clinical outcomes for patients'*.

Improving Patient Safety

Cardiff and Vale University Health Board – for work on: *'Reducing delays in antibiotic delivery in neutropenic sepsis'*.

Improving Quality Using Improving Quality Together (IQT) Methodology

Abertawe Bro Morgannwg University Health Board - for work on: *'Managing antibiotics wisely'*.

Promoting Clinical Research and Application to Practice

Aneurin Bevan University Health Board and School of Medicine, Cardiff University – for work on: *'Hospital design versus research and quality initiatives to meet the needs of frail older people, particularly those with dementia'*.



Working Seamlessly Across Organisations

Aneurin Bevan University Health Board – for work on: *A ‘Torfaen Community Service Integrated Management Approach to Reducing Falls in Older People and Improving Bone Health’.*

Contribution to Prudent Healthcare Award

Welsh Ambulance Service NHS Trust – for work on: *‘Improving clinical outcomes for patients’.*

Prestigious Award for Young Gastroenterologist

A doctor at the University Hospital of Wales became the first in Wales to be awarded the prestigious British Society of Gastroenterology ‘Young Gastroenterologist of the Year 2017 – Emerging Leader Award’.



This prestigious award is designed to identify and promote talented gastroenterologists nationally in order to promote leadership in gastroenterology for the future.

Dr Laith AlRubaiy has been a Gastroenterologist at Cardiff and Vale University Health Board since July 2016, after coming to Wales to work in 2007.

He currently works at the University Hospital of Wales treating patients who have a range of conditions, including those affecting the digestive system and liver.

He is also actively involved in clinical research to improve patients’ quality of life and health services.

This award comes after a series of innovations, which included the development of research projects into improving patients’ quality of life in inflammatory bowel disease with Professor John Williams, Consultant Gastroenterologist and Professor of health services research in Swansea University.

Dr AlRubaiy said;

“*I am honoured to be the first doctor from Wales to be given this award.*

This means a lot and highlights the positive contribution Welsh junior doctors have on leadership and research and on medical education for medical professionals locally and nationally.

I hope other junior doctors in Wales will see this award and will be encouraged to be innovative and future leaders in healthcare and research, which will eventually improve the quality of the health services our patients receive.

Having been originally from Iraq, this award also sets a great example of how much international medical graduates have integrated and contributed to the NHS and society in the UK.”

Ministers celebrate success of outstanding health professionals who have achieved 'Grand Slam' of nursing and midwifery award triumphs in 2017

First Minister of Wales Carwyn Jones and Cabinet Secretary for Health and Social Services, Vaughan Gething met with Wales' award winning health professionals to celebrate their outstanding achievements in 2017.



Melanie Davies, from **Abertawe Bro Morgannwg University Health Board's** Morrision Hospital in Swansea, was named Royal College of Nursing Nurse of the Year, for her work making far-reaching changes to the care of vulnerable patients with learning disabilities.

Health Visitor Lead **Sharon Fernandez**, from **Powys Teaching Health Board** Perinatal Mental Health services, won the Journal of Health Visiting Awards 2017, Health Visitor of the Year Award.



Bereavement midwife, **Laura Wyatt**, from **Cardiff and Vale University Health Board**, was awarded the Emma's Diary Mums' Midwife of the Year 2017 for Wales. The award is one of the Royal College of Midwives Annual Midwifery Awards, recognises the remarkable work done by inspiring midwives across the country.

Cemlyn Roberts, from **Betsi Cadwaladr University Health Board**, won the RCNi¹¹ UK Healthcare Assistant Award Winner 2017.

Cemlyn won the award for improving care for people with learning disabilities through an individualised, gentler approach to taking blood.

11. RCNi is the premier provider of innovative and creative information solutions for the whole nursing team and associated health professionals

First Minister Carwyn Jones said:

“It was an absolute privilege to meet this outstanding group of health professionals. They are shining examples of what our health service in Wales does on a daily basis – helping those who need it most.

They have proved themselves to be the best at what they do in the UK. It is important we celebrate success and I congratulate them on their fantastic achievements. I hope they inspire other health professionals across the country to reach the heights of what they've achieved this year.”

Cabinet Secretary for Health and Social Services Vaughan Gething said:

“Our grand slam of nursing and midwifery award triumphs shows just how exceptional our healthcare staff truly are.

It was great to meet the group. Each one is an ambassador for this country. I hope nurses, midwives and other health professionals from across the UK will look to Wales as a place where they would want to pursue a career in the future.”

8 Forward look

Throughout this report, there are some fantastic examples of where care is being delivered effectively and in innovative new ways throughout Wales. There are also areas where we can improve and are working to make things better.

What is clear is that the NHS is valued and must be protected, so that future generations can receive high quality care that meets their expectations and needs.

The NHS is changing quite rapidly, becoming more integrated and investing in new treatments, genetic research and digital technologies.

Our vision is that everyone in Wales should live longer healthier lives, able to remain active and independent in their own homes, for as long as possible.

There is a whole range of work being taken forward by the Welsh Government to help achieve our vision. This includes significant efforts to help reduced pressures last year as we approach another winter.

We all have a part to play in this to ensure we seek treatment and care from the right part of the NHS when appropriate.

A Healthier Wales

A Healthier Wales, Welsh Government's plan for health and social care, was published in June 2018.

It responds to the recommendations of the Parliamentary Review of Health and Social Care in Wales (a Taking Wales Forward commitment) and fulfils the Prosperity for All commitment to 'publish a long term plan for the NHS and social care in Wales'.



In Brief – A Healthier Wales:
our Plan for Health and Social Care

The Parliamentary Review¹² published its final report in January 2018. It concluded that Wales needs a different system of care and made ten recommendations.

A Healthier Wales¹³, which was published in June 2018, addresses the ten main recommendations of the Parliamentary Review and sets out forty actions to be completed or started by 2021.

The plan sets out a clear long-term future vision of a 'whole system' approach to health and social care, focussed on wellbeing and on preventing illness.

The plan is clear that service providers must place greater emphasis on this, enabling individuals to better manage their own wellbeing, with support provided when required.

A new Transformation Programme led by me as Director General for Health and Social Services and supported by an

Advisory Board¹⁴ is overseeing implementation of A Healthier Wales.

In addition, £100m funding has been made available to support the introduction of new models of care, with the aim of speeding up their development and demonstrating their value.

Following guidance issued in July 2018, proposals for transformation funding have been received and approved by Welsh Government from Regional Partnerships Boards¹⁵, with further proposals from other partnerships expected in the coming months.

More widely, A Healthier Wales also includes a series of actions Welsh Government will take – and a number that service providers themselves will be expected to take in relation to:

- sustainable health and social care funding;
- the health and social care workforce; and

- national leadership and direction.

Amongst the actions included are:

- a commitment to improve co-ordination of research, innovation and improvement activity;
- increased investment in digital and new technologies as key enablers of change;
- continuous engagement so that everyone has a voice in shaping our whole-system approach; and
- a new national executive function to speed up decision-making and make the system more responsive to national priorities.

Whilst all 40 actions are to be completed or initiated by 2021, the plan is clear that in many cases the outcomes we are seeking to achieve will take longer than three years to complete.

To ensure transparency, a national overview of the overall performance of the health and care system will be submitted to the National Assembly prior to the 2021 Assembly elections.

12. <https://gov.wales/topics/health/nhswales/review/?lang=en>

13. <https://gov.wales/docs/dhss/publications/180608healthier-wales-mainen.pdf>

14. <https://gov.wales/about/cabinet/cabinetstatements/2018/nattransboard/?lang=en>

15. https://socialcare.wales/cms_assets/hub-downloads/Regional_partnership_boards_map.pdf

Transforming unscheduled care services: a policy framework for unscheduled care

Delivering care closer to home is an important shift in the way services are provided.

This reduces unnecessary hospital attendances and admissions, which place a burden on busy services and can put some groups of patients – particularly older, frail people – at risk of harm by admitting them to a hospital bed for a prolonged stay when they could benefit more from care at home.

In 'A Healthier Wales', the Welsh Government commits to taking action:

"A series of 'quality statements' which describe the outcomes and standards we would expect to see in high quality, patient focussed services will be developed for the NHS. These will set out ambitions to be delivered consistently across Wales."

The Welsh Government is developing quality statements or ambitions for unscheduled care¹⁶ in response to this commitment. Delivering care closer to home is an important shift in the way services are provided.

In partnership with a wide range of stakeholders – including members of the public, third sector organisations, professional bodies and other statutory bodies we are developing a policy framework which will include a summary "what good looks like for me" document for general circulation and a more detailed technical document to inform planning by the local health boards and trusts.

The framework will be launched in Spring 2019 and will refer to how Welsh Government will enable local systems to deliver our ambitions for unscheduled care.

16. Unscheduled care is the term used to describe any unplanned health or social care. The range of unscheduled care provision includes support to patients at their home, booking of urgent or emergency GP appointments whatever time of day or night, access to crisis or rapid response teams



Findings of the independent Accelerated Programme for Amber Review

The independent evaluation¹⁷ of the **Welsh Ambulance Service Trust's** clinical response model pilot made a number of recommendations for further improvement, which included a suggestion to review the call categories outside the 'Red' (immediately life threatened) category.

This was because there was concern that the 'Amber' category group – serious but not immediately life threatening – was 'too large' and 'not sufficiently discriminatory in terms of prioritising patients with high acuity illness'.

17. www.wales.nhs.uk/easc/publications



It was felt for some calls this was resulting in unacceptably long waits. Building on existing work to deliver improvements to the way emergency ambulance services are delivered to people through the Emergency Ambulance Services Committee's '5-step ambulance patient care pathway' model, an independent review of the amber category was requested by the Cabinet Secretary in April 2018.

The Chief Ambulance Services Commissioner has overseen the clinically led review, which is due to publish in November 2018 and will focus on opportunities for improvement across the pre-hospital unscheduled care system, as well as targeted developments to improve ambulance services.

Dementia Strategic Action Plan

Dementia is one of the biggest healthcare challenges our generation faces and it is estimated that about 40,000 people in Wales are currently living with dementia. The impact of dementia in society is also much wider when we consider carers and family members.

This action plan will allow us to progress commitments relating to dementia in Taking Wales¹⁸ Forward and Prosperity for All¹⁹.

The plan also aligns to the findings of the Parliamentary Review²⁰.

18. <https://gov.wales/docs/strategies/160920-taking-wales-forward-en.pdf>

19. <https://gov.wales/docs/strategies/170919-prosperity-for-all-en.pdf>

20. <https://gov.wales/docs/strategies/170919-prosperity-for-all-en.pdf>



The plan sets out the actions required to make a real change and has been developed with people who have lived experience of dementia, their families and carers and service providers.

To have an action plan that is fit for purpose, it was important we heard from people living with or affected by dementia, whether in a personal or professional capacity, so we could understand what matters most to people.

Through engagement events and in partnership with the Alzheimer’s Society and the

Dementia Engagement and Empowerment Project (DEEP), we heard from people living with dementia, family members, carers, health professionals, voluntary organisations and other people with an interest in dementia.

These important discussions have helped set the themes within the plan of what we want to achieve. These include:-

- ensuring dementia is recognised appropriately and sensitively and people have timely access to assessment and diagnosis;

- early support and treatment for people with dementia, their carers and families, following diagnosis;
- the availability of increased support, whether in a person’s home, in hospital, or in a care home.

To deliver the actions within the plan £10m of additional investment a year has been made available from 2018-19 onward. This investment will supplement the existing funding across Wales.

Progress against delivery of the plan will be overseen by a Dementia Delivery Assurance and Implementation Group (DDAIG) and membership of this group will include people living with dementia and their carers and families.

The plan will be subject to a review at the three-year point to ensure the actions remain ambitious and relevant.



Winter delivery planning

Health and social care services increasingly experience peaks of pressure on a year round basis but winter has historically posed a particular challenge with several new risks to delivery supplementing existing pressure on front line staff and their ability to optimise patient experience and outcome.

These include:

- cold or extreme weather and spikes in associated respiratory infections;
- an increase in emergency admissions for older people with chronic medical conditions;
- influenza and the potential for pandemic outbreaks;
- infectious disease outbreaks including diarrhoea and vomiting and noro-viruses;
- major incidents; and
- staff availability and sustainability during long periods of pressure.

These added pressures can inevitably result in delays for access to care, poor patient experience and clinical outcome as well as impacting on the ability of clinicians and practitioners across the system to always provide the high quality standard of care for which they strive to achieve.

Performance against high profile access targets (e.g. the ambulance response time and 4-hour Accident and Emergency Department access targets) also historically to get worse during this period.

NHS Wales health boards and trusts work with partners in their health and social care communities to develop integrated winter delivery plans, alongside the normal planning arrangements for both unscheduled and planned care.

Winter plans are based on actions to manage the expected seasonal peak in emergency activity alongside continuing the drive to reduce waiting times for planned operations and for diagnostics.

Plans are in place to increasingly help older people remain at home safely and there are examples of success throughout Wales.

However, there is still inconsistency across Wales and services need to adapt and work together, to help patients live independently or prevent inappropriate admissions to hospital and organisations are working hard to ensure services will meet the demand from patients this winter and in future.

We all need to play our part and ensure we access the right services at the right time.