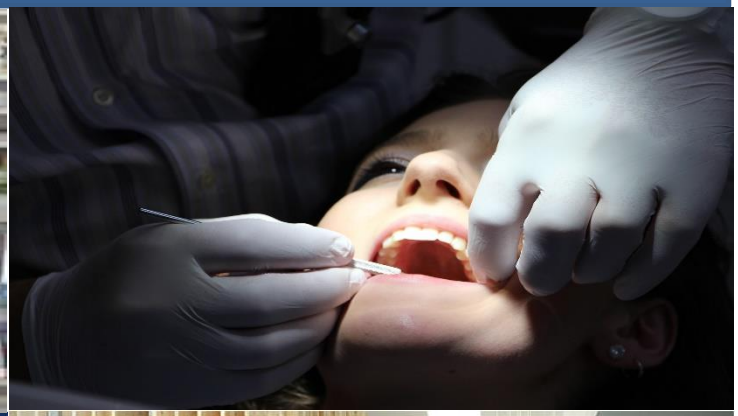
Aneurin Bevan University Health Board

Annual Quality Statement 2017 - 2018

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board









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Welcome from Chairman and Chief Executive

This Annual Quality Statement for 2017-18 tells you about the quality of the health services that we provide across the area we cover, for people of all ages, and for all types of care and treatment. For ABUHB, it has been both an exciting and a challenging year. It has been exciting because the building of The Grange University Hospital commenced in 2017/18 and signals the Clinical Futures Programme entering a new phase as the local health and care system prepares for its opening in 2021.

Clinical Futures is the Health Board's longstanding, approved clinical service strategy. At its heart, the strategy seeks to rebalance the provision of healthcare, enabling citizens to play a more active role in their health and well-being, and providing more services within the community using Neighbourhood Care Networks to drive and deliver change at local level, with integration with our partners at their core. It reshapes our hospital services in order to centralise specialist and critical care services in a single purpose built hospital, whilst maintaining a network of local hospitals to meet routine care needs.

2017-18 has been challenging because everyone working in the health service wants to provide high standards of care and treatment and a great experience for patients, but we have to do this within a set budget, when the needs of people increase as the population gets older, and advances in research mean that we are able to do more and more to treat ill health. In addition, we had a long period of Pressure on our services in the winter including some periods of very difficult weather conditions.

Finally, it has been difficult to recruit to nursing and medical posts, which has meant that our staff have had to support bank and agency staff, who work hard but are less familiar with our ways of working. However, our staff have again demonstrated their commitment to the National Health Service, as we move towards its 70th Anniversary. They have gone the extra mile to keep the service running in the snow, and to look after patients with a smile when the pressure on them has been tremendous. It is the way that staff have worked together that has been most striking. There has been an attitude that "we are all in this together to make a difference for the people that we are here to serve".

This Annual Quality Statement describes some of the fantastic achievements in improving the quality of our care and services in 2017-18, as well as some of the challenges. More information can be found on our website: http://www.aneurinbevanhb.wales.nhs.uk/

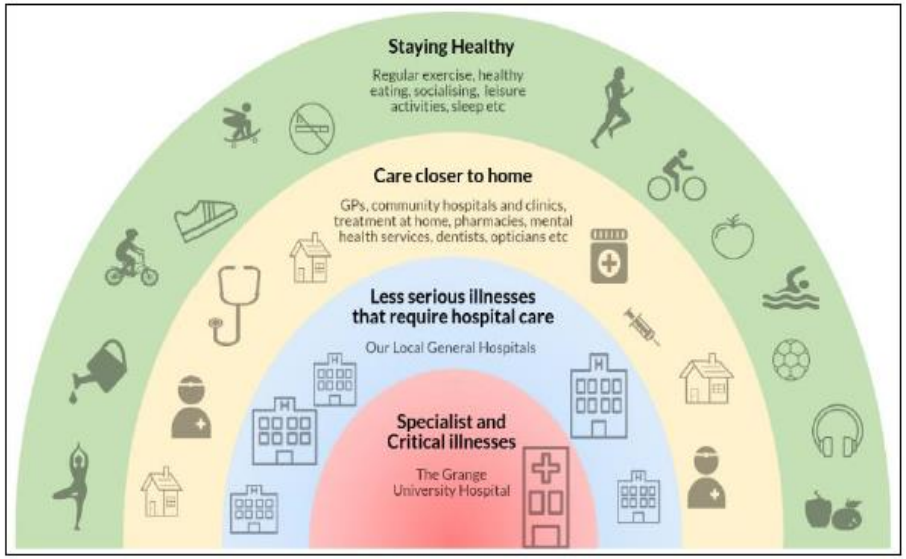
Judith Paget, CEO (Left)
Ann Lloyd, Chair (Right)

Introduction

Aneurin Bevan University Health Board (ABUHB) is responsible for promoting wellness, preventing disease and injury, and providing health care to a population of approximately six hundred and forty thousand people who live in the areas of Blaenau Gwent, Caerphilly, Monmouthshire, Newport, Torfaen and South Powys with a budget of approximately £1.1billion.

Our vision for Aneurin Bevan University Health Board is to:

In order to continue to provide excellence into the future, we have known for some time that the model for our service delivery had to change. With quality and safety at the heart of its design, Clinical Futures is our strategy for delivering health services based on a clinical model that starts by helping people to stay healthy, then aims to support them as close to home as possible with their ongoing health care needs. People with less serious illnesses, and people after the acute phase of their illness will be treated in the local general hospitals. Only critically ill people will need to be admitted to the Grange Hospital, the Specialist Critical Care Centre.



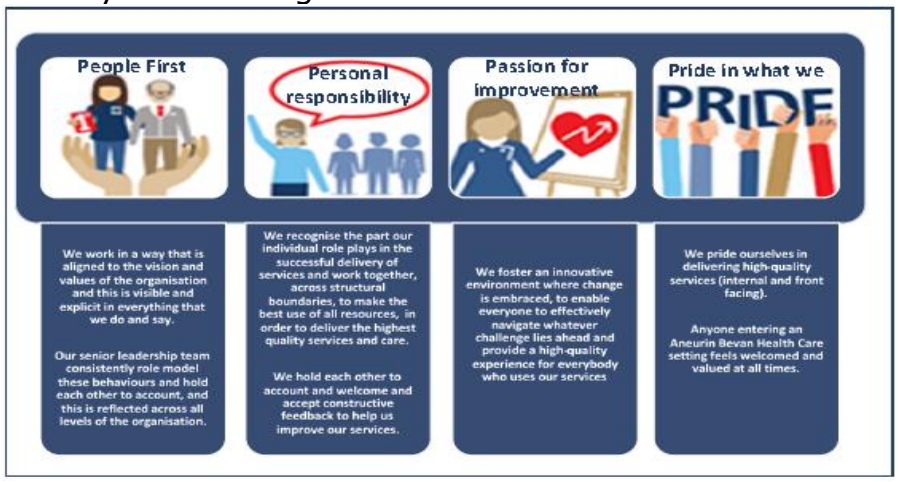
Primary and community services are at the heart of the model and central to developing a new relationship with patients as partners/co-producers in preserving, maintaining and improving their own health and well-being. Investing in and strengthening primary, community and social care services to create the capacity to support and treat patients in their homes and communities is a core component of the strategy and at the heart of integrated service delivery. There are examples of this integrated working throughout this Annual Quality Statement in line with the Social Services and Well Being (Wales) Act 2014.

The Royal Gwent Hospital, Nevill Hall Hospital and Ysbyty Ystrad Fawr will all continue to provide routine care and treatment as Local General Hospitals, and primary care and community services will provide more care to people closer to their homes.

The next 3 years are going to be crucial to the strategy, as we continue to provide high quality, safe care, whilst at the same time, changing them so that they are in the form that they need to be in time for the opening of the Grange University Hospital. Every year we refresh our plan to deliver healthcare services. You can access our Integrated Three Year Deliver Plan on our website: http://www.aneurinbevanhb.wales.nhs.uk/

Our Values

Everyone who works within Aneurin Bevan University Health Board share four core values that guide the approach we take to work, how we do things, how we treat each other and how we expect to be treated. We demonstrate our values, each and every day, across our organisation and care system through these behaviours.



Our Hospitals are referred to in this report using their initials, as shown below:

RGH Royal Gwent Hospital, an acute hospital in Newport
NHH Nevill Hall Hospital, an acute hospital in Abergavenny
YYF Ysbyty Ystrad Fawr, an acute hospital in Caerphilly
YAB Ysbyty Aneurin Bevan, a community hospital in Ebbw Vale

We would love to hear your views and you can contact us in a number of ways:

E-mail	abhb.enquiries@wales.nhs.uk
Twitter	www.twitter.com/aneurinbevanhb
Letter	Aneurin Bevan University Health Board Headquarters, St Cadoc's Hospital Lodge Road, Caerleon, Newport, NP18 3XQ
Facebook	www.facebook.com/AneurinBeavnHealthBoard

Alternatively you can complete the survey using the link below to let us know what you think of this annual quality statement:

https://www.surveymonkey.co.uk/r/LD26KLN

Looking back

2017-18 Priorities – Summary of Progress

Priority in Looking Forward in 2016-17 AQS	What we have done during 2017-18	How we have done
Hospital Acquired Thrombosis: We will ensure that the process for monitoring the numbers of HATs is robust, and use the revised drug chart to improve the risk assessment for and prescription of the correct thromboprophylaxis.	Improvements to the process for monitoring HATs mean it is now robust, and audit of the completion of the revised drug chart has shown improvements to the risk assessment for and prescription of the correct thromboprophylaxis **See more information on page 15**	
Health Care Associated Infections: To further reduce C.difficile infections to a rate of 26 per 100,000 population by March 2018. To reduce E. Coli Bacteraemias to 61 per 100,000 by March 2018	We have not achieved the target set for us by the Welsh Government and reduced the rate of C difficile infections below 26 per 100,000 population due to an increase in the number of infections at the beginning of 2017-18. The renewed focus has meant that by the end of the year, the number of infections per month was back down to the levels required to achieve the target. **See more information on page 16**	

Reducing In-patient Falls: We will ensure arrangements are in place for medical review including reviewing the appropriateness of prescribing medicines which are known to increase the risk of falls, in patients who have fallen or are at risk of falls.	The medical review of the medicines prescribed for people on 5 or more medications is included on the new risk assessment tool for falls. A new process for the medical review of people who have fallen has been put in place. **See more information on page 14**	
12 hour waits in A&E: To reduce the number of patients over 12 hours in A&E through redesigning D1W	In 2017-18, 5788 people waited 12 hours or longer in A&E compared to 6654 in 2016-17. We therefore did reduce the number of people waiting 12 hours in A&E. **See more information on page 34**	
Eliminating Avoidable Deaths and Harm from Sepsis: ABC Sepsis will work with the introduction of vital pac into YYF, to ensure that patients alerted as triggering on NEWS are, where appropriate, screened for sepsis and if necessary, receive the sepsis 6 within 1 hour of triggering for sepsis.	ABC Sepsis has worked in YYF on the introduction of electronic recording of a patient's physiological observations and automatic calculation of the NEWS, but the module of vital pac that notifies senior staff to see a person with a high NEWs score has not been introduced. **See more information on page 19**	
Recognising and Responding to the Deteriorating Patient: To roll out the sepsis screening tool developed by ABC Sepsis to all wards in acute hospitals and, through its use, increase the number of patients recognised as trigging for sepsis and responded to the sepsis 6 bundle in 1 hour.	The sepsis screening tool has been rolled out to all the wards in acute hospitals. The number of forms has increased but the forms are often incomplete so it is not possible to tell whether the patient was treated within one hour. **See more information on page 20**	

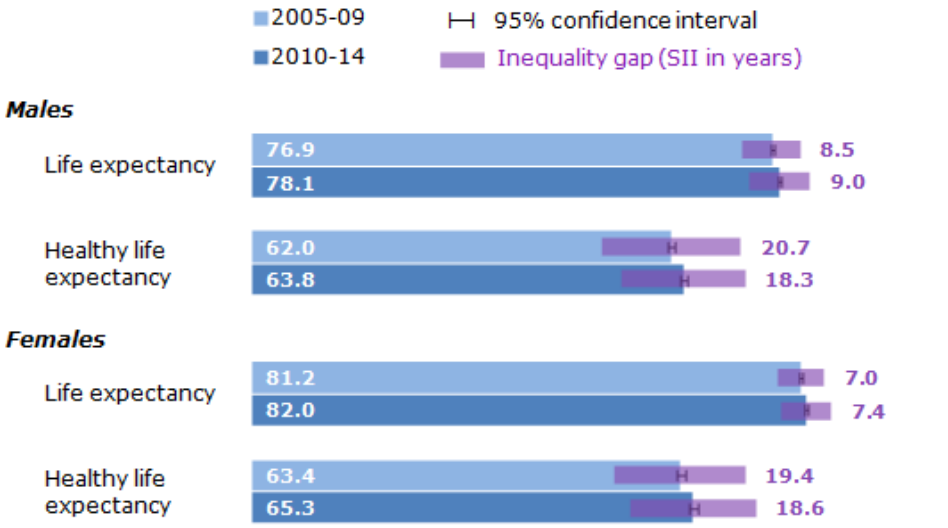
Reducing Pressure Damage: We will see a 50% reduction in hospital acquired pressure damage over the next 18 months and a 30% reduction in level 3 or 4 community acquired pressure damage.	The process for recording pressure damage across ABUHB has been improved. It is not possible to say whether we have met the target set as the data for this year cannot be compared with last year. However, a Collaborative on reducing pressure damage is showing good results for the participating wards. **See more information on page 13**	
Patient Experience: We will develop a revised Patient Experience Framework for the Health Board and develop the provision of a systematic approach to capturing patient and family feedback with clear outcomes and learning.	We have developed a revised Patient Experience Framework, "What Matters to Me" and the approach to systematically capturing patient and family feedback with clear outcomes and learning. **See more information on page 35**	
Dementia: We support the principles and values of John's Campaign, and will work towards carer centred services and visiting, with all our wards at YYF and all Scheduled and Unscheduled Care Division's wards, endorsing the campaign.	We have supported John's Campaign, and all wards at YYF and in Scheduled and Unscheduled Care have endorsed the campaign. We have been piloting more open visiting hours and will extend this across wards in 2018-19. **See more information on page 27**	
Volunteers: We will work with Action on Hearing Loss to introduce new volunteering roles into our community hospitals to better support patients with hearing loss	There are Action on Hearing Loss roles at County Hospital but circumstances have meant that our work with Action on Hearing Loss has not led to volunteering roles in more of our community hospitals this year. **See more information on page 43**	

Overall Health of People in Gwent

Overall, the people of Gwent are a little less healthy than the people of Wales as a whole. But what is striking in Gwent, is the differences in health between people living in the 5 Local Authority Areas. This results in a 20 year difference at birth in how long people can expect to have a healthy life between people living in the least and most economically deprived areas. The main diseases that are stopping us from feeling healthy are: cancer, heart disease, stroke, diabetes, respiratory conditions and liver disease.

Comparison of life expectancy and healthy life expectancy at birth, with Slope Index of Inequality (SII), Aneurin Bevan UHB, 2005-09 and 2010-14

Produced by Public Health Wales Observatory, using PHM & MYE (ONS), WHS & WIMD 2014 (WG)



The main things that we can do to improve how physically healthy we are as they reduce the risk of getting the diseases above, are to reduce:

- Smoking;
- Being overweight or obese;
- Eating an unhealthy diet;
- Physical inactivity;
- Excess alcohol consumption;

"Making Every Contact Count"

Within Gwent we want those living in the most economically deprived areas to have the same number of years of healthy life as those living in the most economically affluent areas. Everyday our staff in hospitals and the community have a vast number of contacts with people. While they are carrying out routine care – washing a patient in hospital, or taking someone's blood in a GP surgery - our staff have the opportunity to talk to people about their lifestyle.

"Making Every Contact Count" is a training programme that enables our 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 big changes in the overall health of the population.

Each year we are committed to training 10% of frontline staff in "Making Every Contact Count" approaches. In 2017/18 we exceeded our target and trained 937 frontline health professionals in effective behaviour change techniques

Gwneud i Bob Cyswllt Gyfrif
Making Every Contact Count

Inequalities in Health – Lifestyle of People in Gwent

Healthy Eating, Physical Activity and Weight

29% of adults reported meeting the guidelines of five or more fruit and vegetables in the previous day (Wales 32%).

61% of adults are classified as overweight or obese (Wales 59%).

55% of adults report being physically active (Wales 58%).

34% of adults report being inactive (Wales 30%).

34% of Adults are reported as a healthy weight

Tobacco Use

Across ABUHB NHS Stop Smoking Services treated **3,087 (3.5%)** of adult smokers during the last 12 months, however 19% of adults report that they smoke.

Smoking causes over **5000** deaths a year in Wales and costs the Welsh NHS an estimated **£302** million per year

Alcohol Use

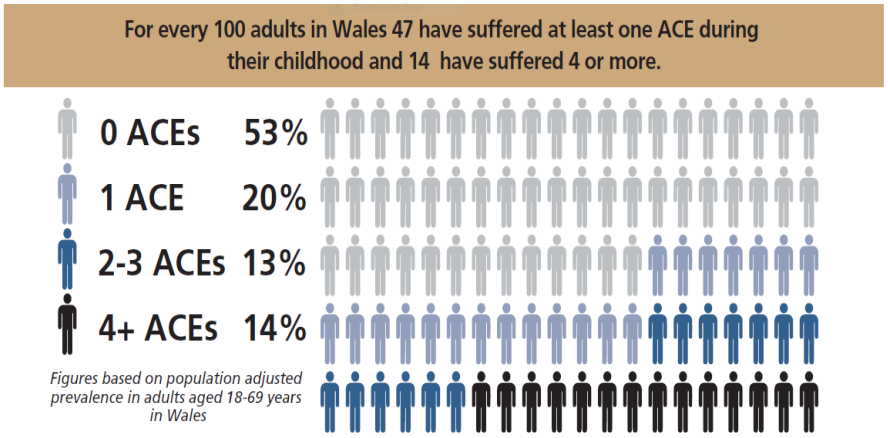
In Gwent **40%** of adults reported drinking about the recommended guideline and **20%** binge drinking, this is equal to the rest of Wales

84 referrals to Gwent Drug & Alcohol Service (GDAS) from across the Neighbourhood Care Networks

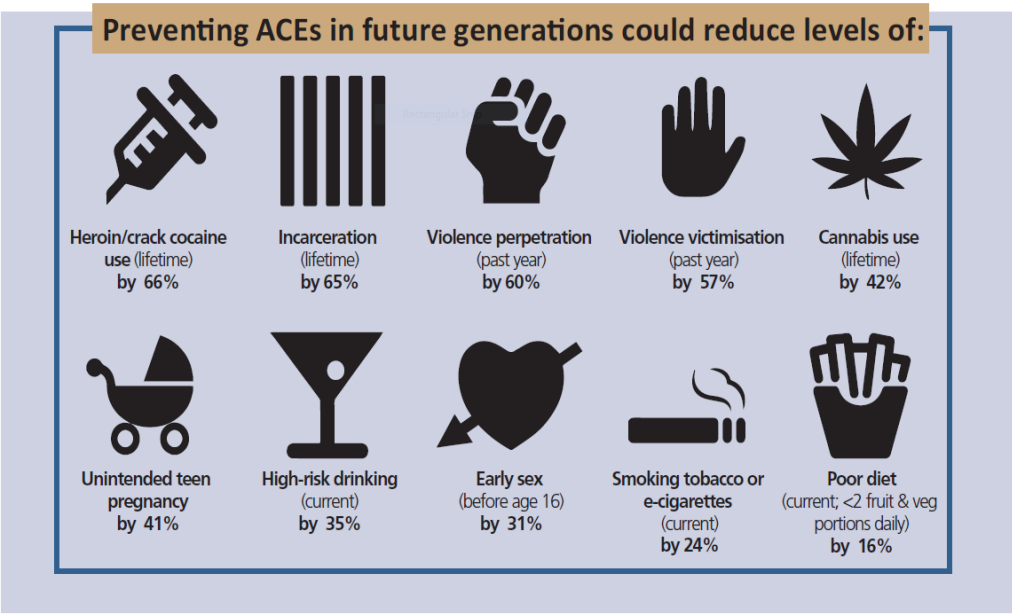
Adverse Childhood Experiences (ACEs)

Adverse Childhood experiences are stressful experiences that happen during a person's childhood. The experience can actually hurt a child – like physical abuse – or affect their emotional and mental wellbeing because they are growing up in a household with a stressful environment.

We are learning that the children who have these adverse experiences are more likely to go on to have poor health throughout their life, as they are more likely to adopt "health harming behaviours", such as binge drinking, smoking and drug taking.



In Wales, surveys have shown that for every 100 adults, 47 had at least one ACE, and 14 had four or more ACEs. Compared to people with no ACEs, those with 4 or more ACEs were 6.1 times more likely to ever have experienced treatment for mental illness. Those people with four or more ACEs were 3 times more likely to develop heart disease.



However, not everyone who suffers ACEs experiences the same harmful outcome. Some children have resilience – the ability to overcome serious hardship. The resilience comes from things like a relationship with a trusted adult, or engagement with the community. Having some resilience resources more than halved risks of current mental illness in those people with 4 or more ACEs.

Preventing ACEs and supporting children and people affected by them to develop their resilience is therefore crucial to improve people's health – both physical and mental. ABUHB is working to become an ACE Aware organisation. We are starting with a programme of staff-awareness raising. This work is a key part of the Wellbeing of Future Generations Plans which ABUHB is developing with other partners on the Public Services Boards across Gwent.

5 Ways to Wellbeing

Wellbeing is about "feeling good and functioning well". The 5 Ways to Wellbeing are a "wellbeing" equivalent of "5 fruit and vegetables a day". It is recommended that individuals build the 5 Ways to Wellbeing into their daily lives to improve their wellbeing. If you improve your wellbeing, you also improve your resilience – which is so important for people who experience the ACEs described above.

In ABHB, we provide information about the 5 Ways to Wellbeing for all staff through the intranet, so that they can talk to their patients about them.

Be Active

Go for a walk or run, Step outside, Cycle, Play a game, Garden, Dance, exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.

Give

Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and creates connections with the people around you.

Keep Learning

Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.

Take Notice

Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.

Connect

With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.

If you want to know more about this, you can find information at: www.publichealthwales.org/gwentfiveways

Pressure Ulcers

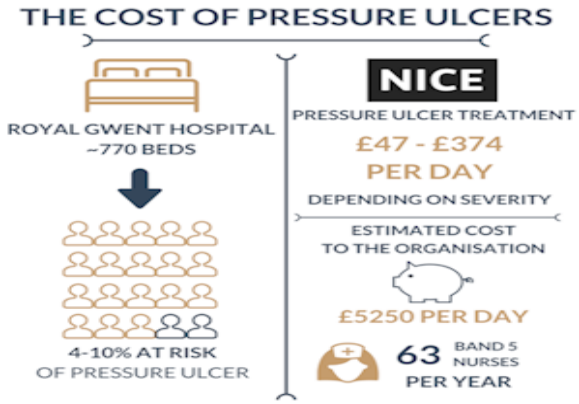
Reducing Pressure Damage: We will see a 50% reduction in hospital acquired pressure damage over the next 18 months and a 30% reduction in level 3 or 4 community acquired pressure damage.

Pressure damage is a damaged area of skin and/or underlying tissue, usually over a bony area, as a result of sitting or lying in the same position for a period of time, putting pressure on that area. They range from patches of red skin to open wounds and can be very painful, taking a long time to heal. They can add days or weeks to a patient's recovery, significantly affect their levels of independence and delay their return home.

Older, frail people are vulnerable to pressure damage as their skin becomes less supple, particularly if they are unable to change their position themselves.
People can develop pressure damage whilst in their own homes, in Care Homes and regrettably, when they come into hospital.

When we set the aim for 2017-18 above, we were working on improving the reporting of pressure damage. The work on this during the year has led to more accurate numbers, of cases of pressure damage, but now means that we cannot compare the numbers for pressure damage this year with the previous year. But we have started a big programme of work to ensure that we reduce pressure damage, starting in the hospitals.

During September 2017, ABUHB launched 'Relieving the Pressure', an 18 month programme working with the wards to improve the quality of care for patients who are at risk of developing pressure damage. The programme is being piloted on twelve wards in the Royal Gwent Hospital. Nursing staff routinely assess a patient's skin to see how vulnerable a patient is to pressure damage and to check there are no early signs of pressure damage developing. They can then put in place special mattresses or cushions to prevent pressure damage, and treatments to heal any existing pressure damage. The programme is looking at new ways of care and has resulted in 6 wards reporting significant reductions in pressure damage.



It has been estimated that the costs of pressure damage in the Royal Gwent Hospital could run to £5250 per day. The overall aim is to eradicate all pressure ulcers across Aneurin Bevan University Health Board by next summer.

The work is being supported by Aneurin Bevan Continuous Improvement (ABCi) and it is good that it has got off to such a great start. We need to maintain the momentum and so we are going to be expanding the "Relieving the Pressure" programme to wards at Nevill Hall Hospital.

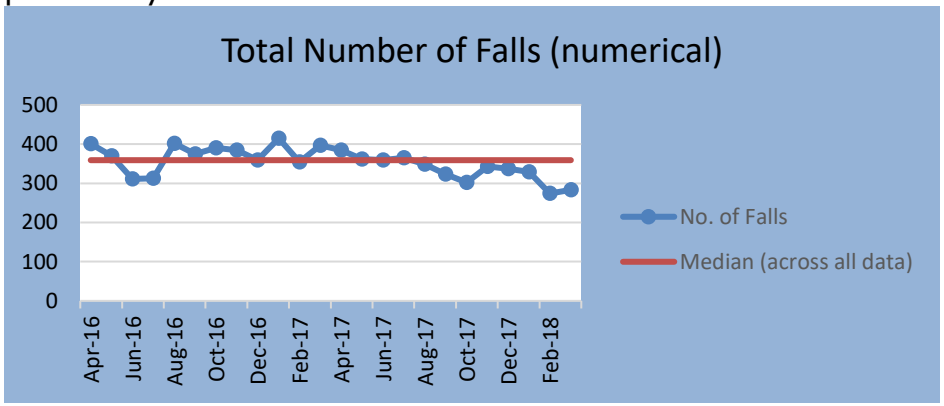
Reducing the number of falls for people while in hospital

Reducing In-patient Falls: We will ensure arrangements are in place for medical review including reviewing the appropriateness of prescribing medicines which are known to increase the risk of falls, in patients who have fallen or are at risk of falls.

As we get older, we are more at risk of having a fall as our muscles get weaker and our balance gets worse. There are many ways that we can reduce this – please see the information in the section on Falls Response Service. When we are poorly, we are more likely to fall, as we are weakened by the illness, and can be a bit disorientated. Older people in particular therefore do experience falls when they are in hospital – just as they do at home – and "patient fall" is always the category with the highest number of incidents that are reported on "Datix". Datix is the system we use to gather information about the incidents and therefore risks in the service, so that we can make changes to reduce these risks.

Over the past 3 years, we have been focussing on understanding why people fall in hospital and what we can do to reduce the likelihood of it happening. Last year we introduced a new falls risk assessment tool that is used by the nurses with each patient to understand the main issues that mean an individual could fall whilst in hospital. A plan of care can then be put in place to reduce the likelihood of that patient falling. This year we have learned from the experience of using this form and made improvements to it so it is easier for the nurses to complete and leads to a clear plan of care.

The risk assessment tool includes checking whether a patient is on 5 or more medicines. If they are, part of the plan of care is for the doctor to review each medicine, to make sure that it is really needed, particularly if it could further increase the risk of that patient falling. We have also worked with the doctors and they have developed a form which guides the immediate assessment of a patient following a fall. This covers checking for broken bones, as well as for a head injury. As part of this, the doctors are prompted to review the patient's regular medication to check whether they are on one of the medicines that is used to thin a person's blood. If they are at risk of a heart attack. When a patient has had a head injury, these medicines may have to be stopped for a while to reduce the possibility of a bleed in the brain.



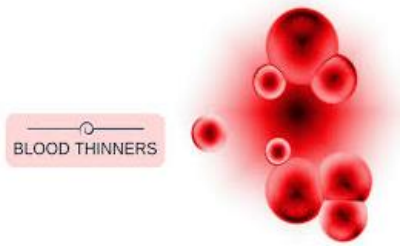
We are very pleased that the number of falls for people in hospital recorded on datix has reduced over the last year, and that the number of people who have fallen and broken a bone has decreased in each 6 month period for the last 2 years. We know however, that we will never prevent all falls for people in hospital or fractures as it is important that people do keep moving and walking whilst they are hospital. If they stop moving in hospital they will lose more muscle strength and this will make them more vulnerable to experiencing a fall after they return home.

Reduction in Number of Falls that result in broken bones				
Time Period	April 16 - September 16	October 16 – March 17	April 17 – September 17	October 17 – March 18
Falls that result in broken bones	58	46	41	32

Reducing the Number of people who get Blood Clots

Hospital Acquired Thrombosis: We will ensure that the process for monitoring the numbers of HATs is robust, and use the revised drug chart to improve the risk assessment for and prescription of the correct

When a person comes into hospital, they are unwell and spend more time in bed than usual, or they have an operation. Both moving around less and having an operation increase the risk of a person developing a thrombosis – a blood clot in the leg (a Deep Vein Thrombosis or DVT) or in the lung (a pulmonary embolism or PE).



To reduce the risk, we can give people some drugs that thin the blood and therefore reduce the likelihood of a clot forming – this is a preventative treatment. The most effective treatment varies, depending on the type of operation or treatment a person has come into hospital for. Some people should not have the preventative treatment because they have other conditions that mean the treatment can cause other problems. All patients are therefore risk assessed to decide whether they need the preventative treatment, and then the right drug, depending upon why they are in hospital, is prescribed and given to them.

In the last year, we have improved the process that we use to monitor the number of people that develop a thrombosis during or in the 90 days after their admission to hospital. This is a Hospital Acquired Thrombosis, or HAT. The number of HATs identified has increased in 2017-18 to 196 compared to 163 in 2016-17. We think this is due to the improved monitoring process identifying more HATs. We also aim to review the care of each person who has a HAT to ensure that they have had the correct preventative treatment – which means that the HAT was unavoidable as it is well known that it cannot prevent all HATS. The good news is that the vast majority of people with a HAT have had the correct preventative treatment. There are a small number of cases where a patient has had preventative treatment, but the experts think that a different treatment may have been more effective, or the treatment was not

continued as long as it should have been. We use these cases to ensure that the doctors are up to date with the latest guidance for that group of patients.

This year we have used the new Prescription Chart to help us monitor whether everyone has been risk assessed for and prescribed preventative treatment for HAT. Since its introduction, the percentage of documented risk assessments on the prescription charts has improved to 70% across all acute wards, with patients then prescribed the appropriate medication.

New research means that the evidence for the most appropriate preventable treatment for different procedures changes. The National Institute for Health and Clinical Excellence has just published new guidance on preventing hospital acquired thromboprophylaxis and so we are working with the specialty doctors to ensure our local Policies and risk assessments are up to date.

Reducing Health Care Associated Infections

Health Care Associated Infections: To further reduce C.difficile infections to a rate of 25 per 100,000 population by March 2018. To reduce E. Coli Bacteraemias to 61 per 100,000 by March 2018

Preventing C diff.

C diff. causes very unpleasant and sometimes severe diarrhoea, and stomach cramps and tenderness. It can be very serious, particularly in older people who are already unwell. Over a number of years, we have been successful in ABUHB in reducing the number of cases of C diff. on our wards, and we planned to reduce this further in 2017-18.

However, in April 2017, we saw an increase in the number of cases of c diff. We immediately took actions to reinforce the preventive measures we have in place, like good hand washing, good cleaning of equipment, particularly mattresses and beds, and prescribing of antibiotics that do not reduce a person's resistance to the C diff. bug. However, once the C diff. bugs are in the environment, it takes time to get rid of them and stop the spread of the infection in hospital. We have used additional funds to undertake more ward deep cleans to kill the C diff bugs. However, we did not meet our target for reducing the rates of C diff. across the whole of 2017-18. The extra focus on preventing C diff has meant that by the end of the year, we have reduced the number of C.diff cases to the levels we have before the increase.

Bug	Target rate per 100,000	Actual rate 2017/2018
C difficle	26	36.81
E Coli	61	76.87

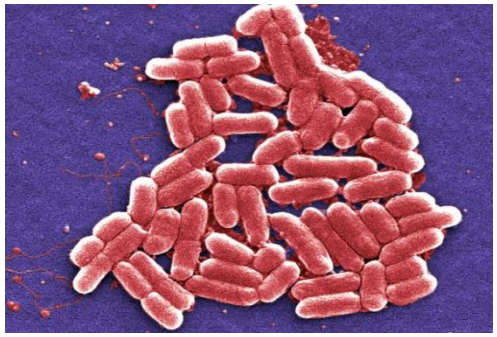
Reducing C diff. in the Community

Although there has rightly been a lot of publicity about C diff. in hospitals, as we have reduced the C diff. infections in hospital, the number of C diff. infections in people that have not been in hospital is becoming more significant. Over the last few years, we have therefore been working more closely with GPs on the actions that they can take to reduce C. diff cases in people in their homes.

The Infection Prevention and Control Team (IPCT) are starting to look closely at the numbers of patients who are picking up infections such as C.diff in the community and taking appropriate action.

ABUHB reviews every case of C diff. in the community to see where they live, who their GP is and which antibiotic they were prescribed. From this, we can see whether a GP needs further training on the antibiotics that do not reduce a person's resistance to C diff. and whether there seems to be more C diff. in a particular area. The IPCT have also started to telephone patients with C diff infections at home to establish if their symptoms are improving and answer any concerns they may have in relation to the C diff.

E Coli – A New Challenge



E Coli is a bug that causes Urinary Tract Infections (UTIs), particularly in older people. A UTI in an older person can have a very big impact on their health, making them more tired and unsteady on their feet, as well as causing them to become confused. The Welsh Government is therefore now asking all Health Boards to reduce the number of E Coli infections and has set a target rate for all Health Boards in 2017-18. Urinary Catheters can make someone more likely to get a UTI. We have therefore started a big piece of work to ensure that people only have urinary catheters when they need them and they are removed as soon as they are not required, particularly after someone has gone home from hospital.

The IPCT are also working with the nutrition and hydration group to promote adequate hydration for our patients as being dehydrated can also be a risk to our patients developing urinary tract infections.

Never Events

Never Events are serious, largely preventable patient safety incidents that should **not** occur if the available preventative. measures have been implemented by all healthcare providers. They are therefore unacceptable incidents.
An example of a Never Event where a surgical intervention is performed on the wrong site. This would include operating on a patient's right knee when the individuals left knee was the intended site of surgery.
If a Never Event occurs, the Health Board must notify the Welsh Government (WG) who monitor all Health Board's in Wales to ensure that lessons are learnt, and actions put in place to prevent the same thing happening again.

During 2017-18 one Never Event occurred in ABUHB. This incident was identified by the Nurse who was recording information about the operation as part of a National Clinical Audit. The surgical procedure was a hip replacement and the nurse realised that the two components of the artificial hip joint were not both the same size.

Investigation found that the correct checking procedure for the artificial hip joint was not undertaken. There were a number of members of the team who did not recognise the incorrect component had been brought into theatre. It was concluded that this was due to human error.

As a result of this incident, changes have been made to the process staff use to check components in theatre and to

ensure that all team members are clear about their roles and responsibilities. Additional training has also been provided to staff in theatres.

Improving Care in Care Homes

In 2017, the Health Board held an engagement event with staff from Care Homes across the area. The attendees were asked about the sort of training they thought they needed to look after people well. They came up with 4 immediate priorities:

- Training on working with the residents to put in place advance care plans, so the resident can say what they want to happen if they become very ill
- Training on how to recognise that a resident is deteriorating, and in particular, if they could have sepsis
- Training on good skin care to prevent pressure ulcers in their residents
- Training on preventing falls and what to do if a resident does fall to ensure that they are looked after appropriately and safely.

The Health Board obtained Welsh Government funding and has put in place a committed team of 3 people who have been undertaking training on these issues across the Care Homes in the ABUHB area.

The Team have trained more than 1600 care home staff on at least one of the priority areas above. The deteriorating patient/sepsis is the most popular and over 500 care home staff have received training on this. We know that the training is effective. Louise Rooney, the lead nurse undertaking the training, says: "In one training session, I described the signs that Care Staff should look for as they indicate a patient is deteriorating and may have sepsis – and one member of the care staff asked if he could leave the session as he thought one of the residents he saw earlier may have sepsis."

Following training in another Care Home by a colleague, the staff identified a resident with Sepsis. In both cases, the residents were taken to hospital by 999 ambulance, treated and survived.

BESS – Learning from incidents related to medicines and Supporting Staff involved in Incidents

Our staff give 1000s of medications to patients in hospital and in community settings every day. As staff are human, despite all the safety processes we have in place, some errors will occur. It is vital that we ensure the patient is safe when mistakes do happen, that lessons are learnt about why it occurred so we can make changes to prevent it happening again, and that the staff involved are supported.

In 2017-18, we have introduced a new process to help us to do this when the mistake is related to a medication error. The Policy is about making sure that all medications errors are reported on our incident reporting system, Datix. It is also about standardising the management of medication incidents, so that staff involved in the error are treated fairly and consistently. The Bennion Error Scoring System (BESS) enables this objective approach to the management of medication incidents through scoring how serious the incident is, depending on:

- the sort of error made (e.g. the medicine wasn't given or the dose was incorrect),
- the medicine involved (some medicines can be more dangerous than others when mistakes occur) ,
- the way the medicine is given to the patient (e.g. whether it was a tablet to swallow or an injection),
- how long it took for the mistake to be reported (the sooner the mistake is reported the quicker the patient will get the help required)
- and the outcome for the patient.

The response of staff to the new Policy has been very positive as they like the fair and consistent approach to the management of medication incidents. This encourages the open reporting of incidents when mistakes happen. It has also helped us to develop an approach to the analysis of safety related medicines incidents, which is enabling us to learn about the types of medicines that have the greatest safety issues, and the places in the medicines process where most mistakes are made.

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

Eliminating Avoidable Deaths and Harm from Sepsis:
ABC Sepsis will work with the introduction of vital pac into YYF, to ensure that patients alerted as triggering on NEWS are, where appropriate, screened for sepsis and if necessary, receive the sepsis 6 within 1 hour of triggering for sepsis.

We have all heard the tragic stories of people dying from sepsis in the news over the last year. In ABUHB we have been working for many years to make sure that we recognise that someone may have sepsis and treat them quickly. We use a "screening tool" 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. And 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 YYF.

However, 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 YYF to see an impact. 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 we plan to introduce the electronic system in NHH in 2018-19, and our learning will ensure that it is used safely and reliably in this bigger hospital, with a greater range of acute services.

Recognising and Responding to the Deteriorating Patient: To roll out the sepsis screening tool developed by ABC Sepsis to all wards in acute hospitals and, through its use, increase the number of patients recognised as triggering for sepsis and responded to with the sepsis 6 bundle in 1 hour

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. Jane Carpenter, one of our Nurses, is a sepsis survivor and she is pictured here speaking powerfully about the impact on her.

The staff attending the Conference said that they had learnt a lot about the recognition and management of sepsis and that hearing from sepsis survivors really motivated them to recognise and respond to sepsis in their patients, as they understood how devastating it can be.

The number of sepsis forms completed on the wards has increased but the forms are often incomplete so it is not possible to tell from the forms whether the patient was treated within one hour. However, The Outreach Team from Critical Care see many of the patients that are recognised on the wards as having sepsis, and record their treatment has happened on a database. At NHH, the percentage of sepsis treatment initiated by ward staff prior to Outreach arriving has improved since December 2017, as has the percentage of sepsis patients that receive the six key interventions to treat sepsis within one hour.

It therefore appears that the Conference and the screening tool have improved the recognition and response to sepsis – but we need to train the staff to ensure that the form is accurately completed.

SEPSIS: Every Second Counts

NEIGHBOURHOOD CARE NETWORKS – WHAT DO THEY MEAN FOR YOU?

Primary Care is the part of the NHS that sees most people – it has 90% of all contacts with the NHS. The Clinical staff that you see most regularly are part of the Primary Care Service – the GPs, Dentists, Opticians and Pharmacists in the local chemists. But primary care is changing. The traditional view of a GP is that of a middle aged man, living as part of the community they serve and providing care in their surgeries during the 5 working days in a week, and on-call every night and at the weekend. These doctors bought into a GP Practice as a partner and stayed there until they retired – so they were self-employed, with the practice having a contract with the Health Board to provide a service to patients. Now, GPs are more likely to be female and work part time. Out of Hours services provide the care on behalf of GPs at night and at the weekend. More GPs do not want to be a partner in the practice, as they want the freedom to move around the country, so they are salaried GPs,

employed directly by the Health Board. As a result of this, GPs are less likely to know a person and their family and the community as well as they did.

In addition to this, within Wales and across the UK, there

are not enough training places for doctors to provide the qualified doctors needed to fill all the current vacancies for GPs. The qualified doctors tend to want to work in the more affluent areas of the country, leaving the less affluent areas, where often people need more care, with fewer GPs. 12 Neighbourhood Care Networks (NCNs) have been set up across the ABUHB area to make sure that primary care services change in response to the changes in the GPs.

The NCNs are bringing together all the different professionals from the NHS, social services and the third sector to implement local solutions to resolve local issues. The NCNs take the local community strengths and resources, and put them together in order to achieve the greatest benefit to their population. NCNs are changing models of care and have been successful in recent years, introducing new ways of looking after their patients.

Some of the things the NCNs are doing include:

- Looking at different ways to use clinical staff. When 20-30% of appointments with GPs are related to bones, joints or muscular pain, it can be appropriate for these patients to be seen by one of our experienced physiotherapists. There is now direct access physiotherapy in 3 areas – Blaenau Gwent, Monmouthshire and Torfaen. One NCN reported that from April 17 to July 17, demand for this service increased and 13.8% of patients were discharged to self-manage their condition. Half the patients using the service completed a questionnaires about their experience and 89.5% of these rated the service as excellent.
- Occupational Therapists are being employed by GP practices, and are helping patients with complex medical histories to remain living at home safely.
- Working with the Health Board to develop better facilities, as many of the existing buildings are no longer fit for purpose.

They are working together to create Resource Centres and develop premises, which will provide facilities for all these services. During 2017, the Cwmbran Village Surgery, Castle Gate Practice in Monmouth and the Tudor Gate Practice in Abergavenny were expanded and a Primary Care Resource Centre was built in Brynmawr.

In ABUHB, problems in recruiting GPs to become partners in practices has meant that a number of GP Practices are now directly managed by the Health Board, through the Primary Care Operational Support Team (PCOST). The PCOST has GPs, Nurses, Therapists, Social Workers, Health Care Support Workers, Pharmacists and Administrative Staff. It is, in effect, testing the new ways of working described above, to adapt the service to the changes that are taking place. The PCOST is now managing 4 Practices in the ABUHB area.

Options, Advice, Knowledge (OAK)

OAK originally referred to '**O**steo**A**rtiris of the **K**nee' and the community learning groups that were run to make sure people understood their condition and the options for treating it. The success of this initiative has led to the approach being used for other conditions. The initials "OAK" therefore now stand for **O**ptions, **A**dvice, **K**nowledge as the aim of the initiative, no matter what the condition, is to educate people to have confidence in understanding their condition(s), how to manage them and also to manage their lifestyle in order to have an effect on their health. This can mean increasing physical activity, or weight management or self-referral to Physiotherapy

A pilot of OAK for people with Low Back Pain is now in progress. Sessions are being provided in Caerphilly East and South and Monmouthshire South NCNs.

Information is being developed for the ABUHB internet site so that patients are supported in the management of their conditions.

Keeping people out of hospital

Falls Response Service

A fall at home is one of the most common reasons for a 999 call to the Ambulance Service.
The Falls Response Service, run by ABUHB and WAST started as a pilot in 2015-16 and has now expanded to operate across the Health Board, 7 days a week, following positive evaluation. The service is designed to respond directly to patients who have fallen at home and require medical assessment and support. By jointly attending the home, a paramedic can undertake the clinical assessment and, if the person does not need to go to hospital, the therapist from ABUHB's Frailty Service can provide improved support and education to prevent falls in the home and thus better outcomes for patients.

Prior to the introduction of the Falls Response Service around 67% of patients who had fallen at home within the ABUHB area were taken to an emergency department, following an attendance by a frontline Emergency Ambulance and assessment by the crew. As a result of the partnership working, from October 2016 to March 2018, the Falls Response Service was able to keep 962 of the 1286 people attended (75%) in their own home with advice and where necessary some equipment to reduce their risk of falls. Only 324 (25%) needed to be taken by the ambulance crew for further assessment at hospital and only 161 (13%) needed to be treated in our A&E department.
For information to help you reduce the risk of a fall, go to:
http://www.nhsdirect.wales.nhs.uk/encyclopaedia/f/article/falls/

Safe Management of Non-Injurious Falls within a Care Home Setting - I STUMBLE Tool

People living in care homes are usually frail, older people and often they are vulnerable to falling. Previously, if a resident fell, normal practice within Care Homes has been to ring 999 to ensure that the person was assessed by a paramedic before they were moved and that they could be lifted from the floor safely. This resulted in older people remaining on the floor, sometimes for hours, and some attendances at A and E that were not necessary.

At a meeting between Care Home Staff, the Welsh Ambulance Service (WAST) Staff and Health Board Staff, it was decided that better guidance for managing falls in Care Homes could improve this situation for everyone, but particularly residents.
WAST have been using the I STUMBLE Tool which guides Care Home staff to identify whether a fall has resulted in an injury for a patient. If there is no injury, the patient can be safely helped to get up by Care Home staff. The Health Board found funding for lifting aids to make sure that patients got up from the floor safely.

To ensure the new process was safe, 10 Care Homes agreed to test it during 2017-18. Their staff were trained to use the I STUMBLE Tool and on using the lifting aid.
The results have been amazing. There has been a 24% reduction in the calls from the 10 Care Homes to WAST relating to falls and a 27% reduction in the number of people taken to hospital.

	Baseline 2016-17	Test Period 2017-18	Change
Total Falls	1143	1034	109
Calls To WAST	312 (27% of falls)	236 (23% of falls)	76 (24% reduction)
Total Taken to Hospital	178	130	48 (27% reduction)
Treated in A and E	122 of 178	78 of 130	44 (36% reduction)
Admitted to Hospital	56 of 178	52 of 130	4 (7% reduction)
Treated at Care Home	134	106	28 (21% reduction)

Staff in Care Homes are enthusiastic about the new way of working. . Comments from care workers include:

"Now we have a checklist to work with, I don't have to wait for the paramedics to come and lift a client off the floor".

"I was worried at first about using the protocol, since having used it I have seen the benefits for the clients"

The pilot is now being extended across another 50 Nursing and Residential Care Homes in Gwent. The Health Board and Local Authorities are working together to purchase the lifting aids for these Care Homes.

Transforming Mental Health Crisis Support in Gwent

We have been changing our service that supports people experiencing a crisis in their mental health. The work is being steered through a programme board and shaped by a developing Community of Practice.

The Gwent Strategic Partnership for Mental Health and Learning Disabilities is formed of representatives from the NHS, Social Services, the Police Housing and Voluntary Groups. Service User representatives are also fully involved. It has been have been working to change the way crisis support is provided for people with mental health problems and their families and carers.

The changes are needed because service users told us that trying to get the right support from the right person when it was needed was like trying to find your way around the motorway interchange known as spaghetti junction, which is notoriously difficult. Other services that are involved when a person has a mental health crisis also told us that the way the system works at the moment is not delivering the right outcomes for the service users

Initially a group of people met together as an "Action Learning Set" to think together and understand other people's perspectives. They visited other services and looked at data from different Gwent organisations. From this they developed an emerging model for Crisis Support. A crisis:

- can be defined by an individual or their carers
- is when someone reaches a point where their level of distress is intolerable for them and they cannot wait for help to manage it
- is an urgent need for help at any time, any place, for anyone, or on behalf of someone else
- can be seen as an opportunity for change and responses should reflect this sense of opportunity

The emerging model for crisis support is about the "whole person, whole system" approach, where services for people in crisis are set in the context of the other mental health services, which are recovery orientated to prevent mental health crises. These services are set within the context of the community so the community as a whole becomes more resilient.

Although acute mental health wards will still be needed, there are a range of other services that can offer support.

These include:

- Host Families: a natural home environment for individuals during an acute crisis
- Crisis House and Sanctuary: short term residential support, and a safe daytime space where people can go to talk
- Acute Inpatient and Crisis Resolution Teams: support at home or in hospital for people with more severe mental health needs.

These changes will be tested over the next year so that we know the new service model will provide the support people with mental health problems need when they are in crisis.

JOHN'S CAMPAIGN

Dementia: We support the principles and values of John's Campaign, and will work towards carer centred services and visiting, with all our wards at YYF and all the Scheduled and Unscheduled Care Divisions' wards, endorsing the campaign.

"John's Campaign" started after a man called Dr John Gerrard – who did not live in Gwent - developed Alzheimer's disease in his mid-70s. Over the years, John's Alzheimer's slowly got worse, but at 86, he was still strong, gardening and helping around the house, and smiling and telling stories about his past. He still washed and dressed himself and went to the toilet by himself when he knew he needed to go. But then he had to go into hospital because he had leg ulcers that were infected and getting worse, despite treatment. He was in hospital for 5 weeks. By the time he went home, he was very confused and could not manage to say a whole sentence. He could not look after himself. He could not take himself to the toilet. He had lost a lot of weight.

Although the family thought all the nurses and doctors were kind and had tried to help John, they did not have time to sit and talk to him or to help him to eat and drink – and they were not his family that he knew. The ward had strict visiting times – and so the family could not go in and do these things. John's campaign started after John died. It was set up to stop older people with dementia having such frightening and confusing experiences in hospital that mean they go rapidly downhill.

The key focus behind John's Campaign is to encourage wards to support families in visiting and looking after their older relatives at any time. This will enable them to be with the person with a dementia when they may be stressed, anxious, upset or lonely.

ABUHB supports the campaign and we have been piloting more open visiting times on wards. Wards are endorsing the campaign by signing a pledge, which is displayed outside the ward. We have introduced John's Campaign to all of our medical and surgical wards across our hospital sites to support the care of our patients with dementia. This means that carers can visit at mealtimes, to encourage and support with eating and drinking, or at other times to provide reassurance and comfort when care or treatment is being provided. This also enables staff to develop stronger relationships with carers so that they understand both the patient and the carer's needs and are able to sign post them to additional support for themselves.

Building Bridges Across the Generations - Intergenerational Work/Meaningful activities

Over the past year, Aneurin Bevan University Health Board and its partners have been working with organisations and communities in an attempt to combat social isolation 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 intergenerational befriending 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 reduced isolation. 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 us 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.

ABUHB therefore ran a very successful one day event, "Bingo and Beyond", that bought everyone together to learn from people who are already doing imaginative things to address this, 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 hero's".

They go in to the 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 impact of the use of digital technology in the Care Home amazed everyone. The positive impact 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. The case study below from a care home manager illustrates this.

'Bob'

"Bob has lived in a Care Home for over 2 years. He has no family and has no visitors. Bob is at high risk of being lonely. He suffers with anxiety, mild depression and lives with dementia. At times he will bite his knuckles and hit door frames because of his frustrations. He used to be prescribed anti-psychotic medication to calm him down.

Since having the iPads and using the Virtual Reality glasses, Bob has been able to revisit Aberystwyth as it was in the year 1965 as well as go on rollercoaster rides. He also loves looking up songs using YouTube.

I have now just walked past the lounge - Bob is belting out Calon Lan from YouTube via an iPad. I feel that's a massive change as opposed to Bob being sat, sedated, which will contribute to his confused state."

Commissioned Services

Specialised services support people with a range of rare and complex conditions. They are not available in every local hospital because they have to be delivered by specialist teams of doctors, nurses and other health professionals who have the necessary skills and experience. Unlike most healthcare, which is planned and arranged locally, specialised services are planned nationally by Welsh Health Specialised Services (WHSSC) on behalf of the seven Health Boards in Wales. WHSSC works closely with the Health Boards to ensure that any specialised service commissioned is of a high standard and that there are no concerns identified from a quality perspective. They do this on our behalf through a quality assurance frame work which is monitored by their Quality and Patient Safety Committee and reported into the Health Board.

A is for Access

The "5 As for access" Scheme is a set of locally agreed standards for GP Practices. The maximum number of A's a surgery can be awarded is 5 and this would mean that the surgery meets all the standards below:

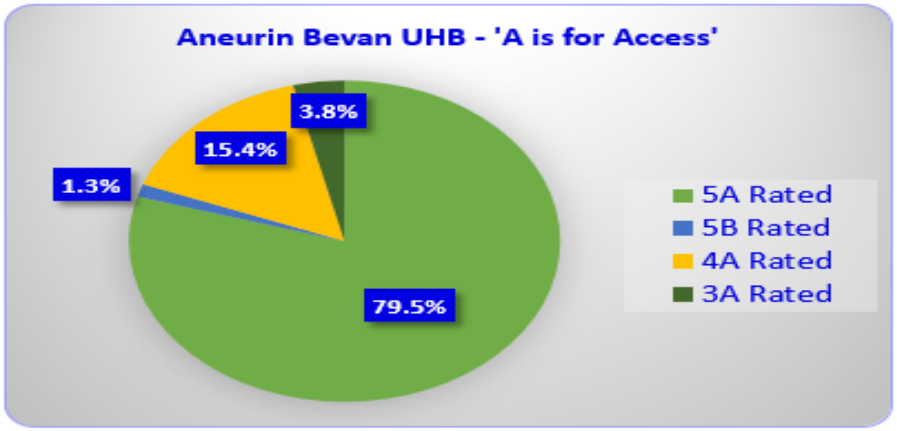
1. Opens at or before 8am with a first appointment at 8.30am or earlier
2. Doors are open during the lunchtime period
3. Last routine doctor appointment is 17.50pm or later
4. Telephone access to a member of staff is available from 8.00am - 18.30pm
5. Patients can book an appointment during one telephone call, without the need for calling back or on-line.

Not all practices have been able to meet the essential qualifying requirements for the 'A' scheme as they have at least one half day closure. It was agreed that access standards for these surgeries would still be reported but these surgeries would be given 'B' ratings.

There are 78 GP practices across the Aneurin Bevan Health Board and of these:

- 62 (80%) of these have attained 5A rating
- 1 practice has been rated as 5B.
- 12 are 4A rated
- 3 are 3A rated.

GP Surgeries display a certificate which indicates the rating they have been awarded as part of the "5 As for Access" scheme. The scheme relates to access to ACCESS ONLY and is NOT an indicator of clinical or any other kind of services provided by surgeries



The Challenge of Running our Emergency Care Service:

Did you know that, in 2017:

In our Emergency Departments, on average –

Per day 122 people attend A and E at NHH and 224 people attend A and E at RGH. 78% of these people self-present.

22% of patients arrive by Ambulance: this is 33 people on average per day at NHH, but can vary between 17 in a day and 52 in a day. It is 58 people on average per day at RGH, but can vary between 32 in a day and 81 in a day.

34% of patients attending A and E are assessed as requiring treatment in the majors/resuscitation area

29% of adults attending A and E are admitted
20% of children attending A and E are admitted

Emergency Admissions to our Hospitals, on average –

56% of patients admitted as emergencies have been referred by their GP or another Healthcare Professional, and 44% of patients are admitted from the Emergency Department.

On average, there are 41 emergency admissions each day to wards at NHH – but this can vary from 15 in a day to 73 in a day. On average there are 41 emergency patients discharged from wards at NHH, but this can vary from 9 in a day to 81 in a day.

On average there are 83 emergency admissions each day at RGH, but this can vary from 44 in a day to 115. On average there are 83 emergency patients discharged from wards at RGH, but this can vary from 31 in a day to 131 in a day.

You can see that if every day was "average", there would not be a problem finding a bed for an emergency patient within a day. However, the variability in the patients needing to be admitted in a day and the number being discharged mean that we often have more patients needing to be admitted to the wards than there are being discharged from the wards. This is why we can have delays in A and E, with patients staying in Ambulances until there is a space in the ED, or having to wait in A and E for a bed on a ward. Many of the changes we make are therefore focussed on

keeping people at home if it is safe to do so and discharging people home as soon as it is safe to do so. We will then have more days when there are fewer patients needing to be admitted to the wards than there are being discharged from the wards.

Winter Pressures and waiting times in Accident and Emergency

The winter is a time of increased pressure on the NHS. We therefore always review how the hospital and community systems coped in the winter period, in order to learn and ensure our services are more able to cope in the next winter. We work closely with partners in other Health Boards, in the Welsh Ambulance Service and in the local Authorities so that the plans are agreed across all these organisations, as we know that the whole system will not work unless we all work together.

For example, if our Emergency Department becomes congested, the 999 Ambulances cannot take their patient into the Emergency Department. They have to wait outside the Emergency Department and cannot respond to new 999 calls. This leads to delays in the ambulances responding to the new 999 calls from people in their homes, and for transfers from our hospitals to Specialist Services like heart surgery at the University Hospital of Wales in Cardiff.

In the winter period in 2018, the pressure on the emergency care system, despite the plans made, meant there was a significant increase in the number times that the ambulance paramedics had to wait for more than an hour to be able to handover their patient to the Emergency Department staff.

The winter period was a very challenging time for the Health Board and all health services across Wales. There was a period of snow and bad weather and the winter pressure was maintained through January, February and March and into April 2018.
Analysis has shown that although the total number of patients coming to A and E was at predicted levels, there was an increase in the number of very sick patients. This meant there was an increase in the admission rate to hospital from January to March 2018 compared to the same months last year.
The timing of the peaks of activity and the pattern of the demand also led to times when we experienced real difficulty in keeping patients moving through the hospital from assessment, to admission to discharge home.

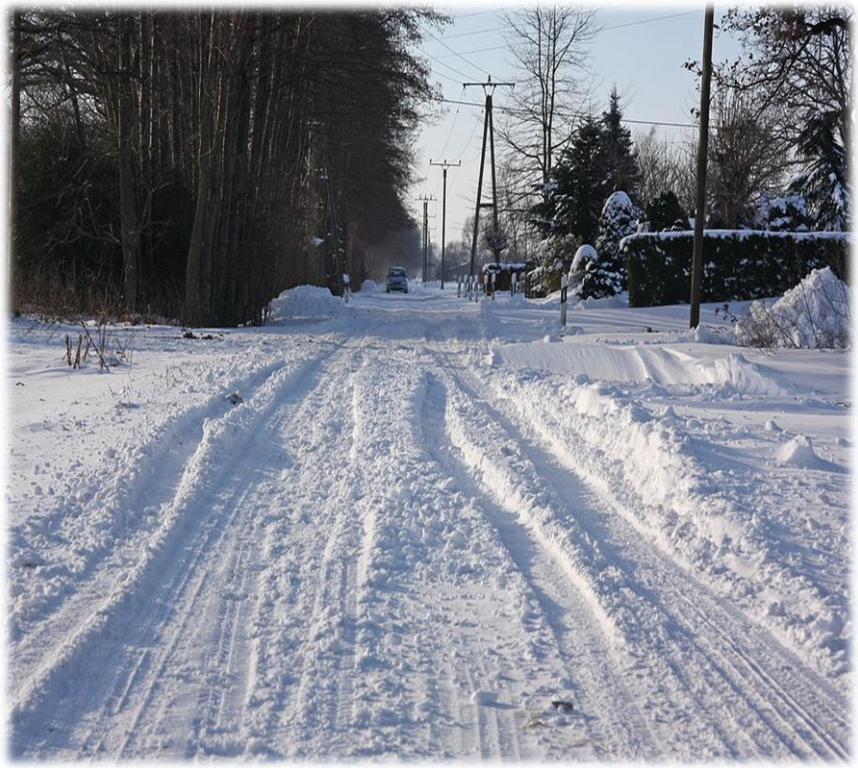
This has resulted in significant delays for some patients and poor experiences within Emergency and Assessment units and for patients placed in additional temporary ward areas.

For most of 2017, we managed to reduce the number of people that were waiting 12 hours or more for a hospital bed, compared to 2016. This changed in February and March 2018, and there were more people waiting 12 hours for a hospital bed than in the same months in 2017.

This indicates the level of pressure on the whole hospital system at that time. However, there was still a reduction in the number of people waiting 12 hours for a bed for 21017-8 as a whole (5788 people) compared to 2016-17 (6654 people). Our aim is that no one should have to wait 12 hours for a hospital bed, and we will continue to work towards achieving this in 2018-19 In addition, the increase in admissions of emergency patients with medical problems meant that some of these patients had to have a bed on wards that are usually reserved for patients coming to hospital for planned operations. There was therefore an impact on the beds available for patients coming in for planned operations, resulting in high levels of cancellations for patients with planned procedures, especially in March.

Despite the great efforts of all our staff, we experienced significant staffing challenges throughout the winter. This was due to a level of vacancies that we had not been able to fill, but also staff sickness, associated with coughs and colds, was higher than previous winter months.

We are reviewing what happened over the winter period so that we can learn from it, and will start to plan and make changes to reduce the impact of winter pressures in 2018-19 as soon as the review is complete.



Critical Care Bikes

When patients are in the critical care environment, they cannot move themselves and they develop muscle weakness. Evidence shows that getting people moving earlier in their treatment is best as they are able to rehabilitate faster.

One of our patients who was affected by an auto-immune condition found himself on a long treatment plan, but he had the use of a 'special bike' to enable his rehabilitation.

Mr Jackson a 56 year old from Chepstow, said that:

> "You see that bike and you know then that you're getting better. You know you're not just going to lie in that bed and vegetate"

Mr Jackson added: "When I first got on the bike I was a bit apprehensive as I had been so ill, but as the days and weeks went on my legs and arms got so much stronger. You got back into bed after exercising on the bike and you really did feel alive. It's fantastic." So successful was the exercise bike trial in critical care, that the Welsh Government has funded two bikes for the unit, enabling patients to exercise their arms and legs at their bedside, as soon as they are able

IMPROVING PATIENT EXPERIENCE

Patient Experience: We will develop a revised Patient Experience Framework for the Health Board and develop the provision of a systematic approach to capturing patient and family feedback with clear outcomes and learning

The ABUHB overarching ambition is to demonstrably improve the experience of care for patients, their families and carers. To work collaboratively with patients, families and carers to bring about real change in their experience and in how we learn and improve the delivery of care and services we provide as a Health Board, understanding what matters to the population we serve.

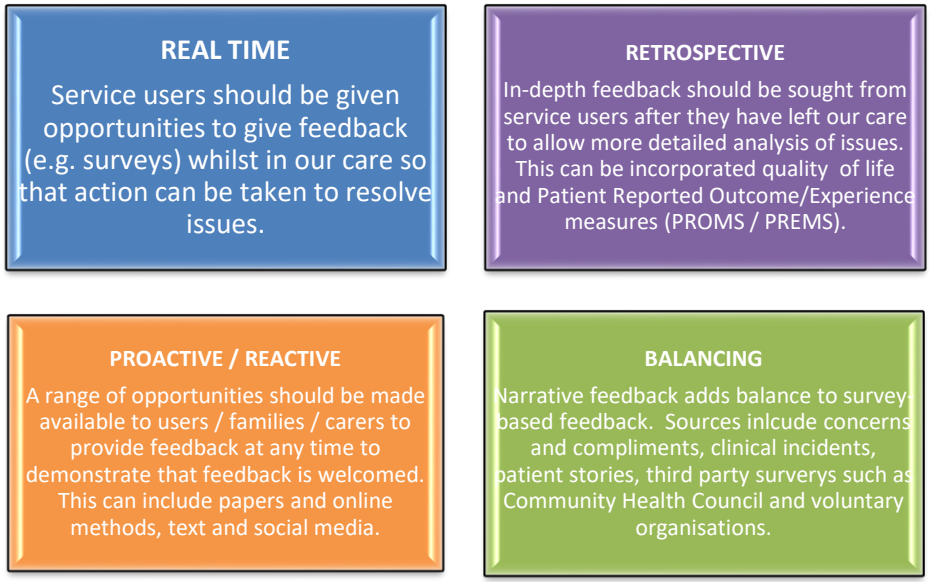
Every person that comes into contact with our services – whether at home, in a GP surgery, in a health centre or in a hospital – has an experience of our care. This is "what it feels like" to use our services from the patient's point of view. We want every person to experience exceptional care so they feel like their emotional and physical needs have been met. To do this we have to understand what matters to people about their care.

We have to have a range of different ways of asking people what they thought about their care, of understanding the feedback and of acting in that feedback – demonstrating genuine learning and improvement from listening.

During 2017 the ABUHB Patient Experience Strategy was reviewed. Following consultation and a stakeholder engagement workshop, the Patient, Family and Carer Experience Strategic Framework, "What Matters to Me", was developed and approved by the ABUHB Patient Experience Committee in June 2017. The Patient Experience Committee has senior staff from each division and is overseeing the implementation of the new framework and supporting work plan for 2017/18.

The framework describes how we need to gain feedback at all levels in the service and in many different way. As part of this, we have been developing the ABUHB approach both to systematically gaining feedback from people who use our services, and to using the feedback to learn and improve. Strong progress has been made during 2017-18. For example, we have:

- Developed of a Toolkit, setting out a range of different ways to gain feedback from patients that can be used in all parts of the health service. This means that we see the service through the patients' eyes and can make the improvements that they want to happen. Children's services have used a method called "the 15 step challenge" and used feedback gained to further improve the services delivered.
- The teams working on improving the Outpatient Service with ABC*i* are using the Tool Kit. As a result they have greater insights from patient feedback and therefore improvements have been made to clinics both in terms of environment and how appointments are organised. We are now piloting sending the feedback survey to outpatients via text messaging.
- "What Matters to Me" is a work stream of the Digital Patient Programme. The patient survey PREM (patient reported experience measure) is being rolled out in specific specialities alongside the Values Based Health Care PROM (patient reported outcome measure). This will enhance understanding of what matters to patients and their families and their involvement in their care and treatment.



My daughter Megan was admitted to **Bluebell Ward** from the **Children's Assessment Unit**, both proved that nothing was too much trouble and kept me informed each day. The Dr's, Nurses and Domestic staff were absolutely wonderful. We had regular visits to Children's Assessment Unit afterwards staff made our daughter feel very special – **THANK YOU** – February 2018

Thank you to the amazing staff in **X-Ray** at **NHH** who were kind, respectful and supportive and held my hand and made me a cup of tea – November 2017

I write to commend **Torfaen Community Resource Centre** who were involved in the care of my mother. From Team Leaders, Occupational Therapists and the fantastic Carers, each individual responded rapidly and appropriately to mum's ever changing needs – I cannot emphasise how outstanding and crucial the service was for us – August 2017

Thank you to the **Booking Centre**, especially a female staff member and her colleague for helping me with my appointment. I have spoken with them several times over the last few months and they have always been very helpful –

My father was admitted to the **Medical Assessment Unit** at Ystrad Mynach with chest pain. His treatment was second to none with the nurses being attentive and professional & both Dr's, involved explained everything in to him in detail. Unfortunately my dad suffered a Heart Attack and was transferred to the **Coronary Care Unit** at the Royal Gwent Hospital. Again the nurses were amazing and nothing was too much trouble – as a fellow NHS worker I know the importance of being recognised within your job, my family and I can't thank you enough – January 2018

I want to say a massive **THANK YOU** to the team at the **Endoscopy Unit** at **YYF**. I was so grateful to have a Saturday appointment and my Nurse was amazing and calmed me down. I received and excellent professional manner from all staff, they are all a great team – January 2018

THANK YOU

I was admitted to **Bedwad Ward** at **Ysbyty Ystrad Fawr** and the standard of care from Consultant, Doctors, Nurses, Healthcare Assistants, Cleaners, Dinner Ladies, Porters, basically everyone was **100%** at all times. This ward was NHS at its **BEST!**- August 2017

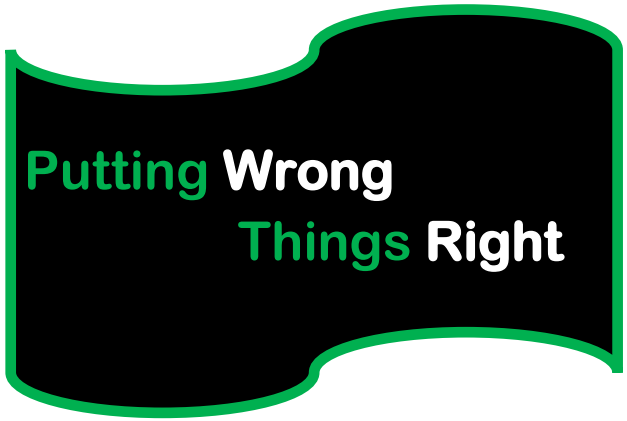
GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

I recently visited the **Medical Assessment Unit** at the **Royal Gwent** with my 90 year old mother who was treated with the best of care, I also needed to use the **Out of Hours Service** and I cannot fault the service from the staff here and the **Ambulance Service**, **THANK GOODNESS FOR OUR NHS** – September 2017

I was recently on **Ward 4/4** at **NHH** and as a nurse myself I am well aware of the pressures nurses are under. I was amazed to see the nursing staff working beyond their shift without a second thought. There was joy and laughter on the ward that lifted everyone's spirits, this was from the Nursing staff, Health Care Support Workers and cleaners. You should be proud of yourselves **ward 4/4**, it was a pleasure to be a patient on your ward – November 2017

PUTTING THINGS RIGHT

The Health Board aims to always provide the very best care and treatment and it is regretted when there has been cause for any of our patients or their carers to raise concerns about the service they have received. Complaints are always taken seriously and are viewed as an opportunity to improve the services we provide. Anyone raising concerns should expect their concerns to be addressed in a timely manner and be assured that they will receive an open and honest response.



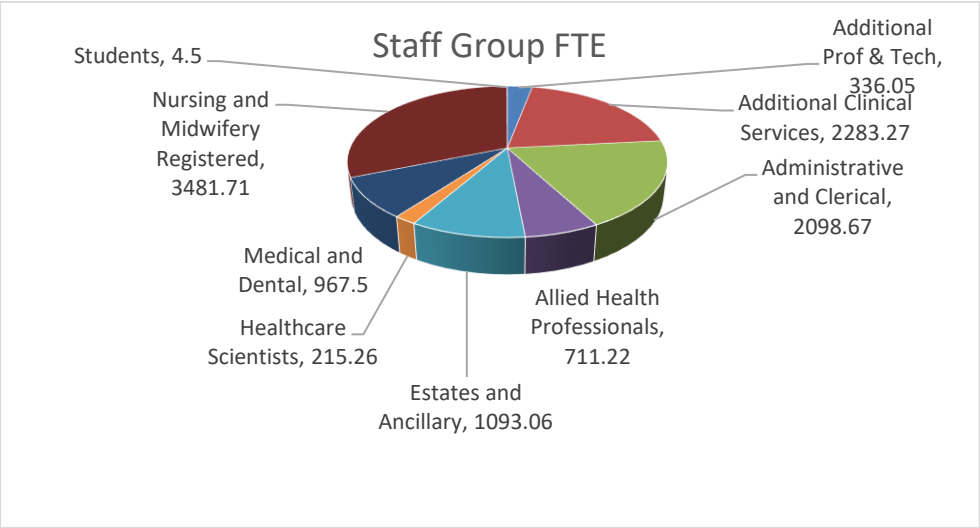
The main issues which led patients to make a complaint in 2017/2018 were: clinical care, attitude, waiting times/delays and cancellations, and communication failures. Wherever possible we try and resolve concerns informally and by doing so, patients are provided with a more timely response to the concerns raised. Within 2017/2018, 48% of the concerns received were dealt with in this way. ABUHB believes it is important to listen and learn from any concerns raised to prevent similar issues arising in the future.

Amongst many ways of spreading the learning through:

- working groups and educational meetings which already exist in our organisation
- a bulletin, describing the learning from concerns is distributed within the Health Board every month.

These raise awareness across all Health Board services about things that have gone wrong and how we can prevent similar issues happening again.

Profile of our Staff



Safer Staffing Act

Wales is the first country in Europe to write into law (Nurse Staffing Levels (Wales) Act) that Health Boards in Wales have to ensure there are sufficient nurse staffing levels to meet the needs of patients receiving care. This is being done because the evidence identifies that having the right number of registered nurses and the right skill mix improves patient outcomes and reduces patient mortality.

From April 2017, Health Boards have had a duty to make sure that they are providing sufficient nurses to allow the nurses time to care for patients sensitively. This requirement extends to all care environments NHS Wales provides or commission's a third party to provide nurses.

We have done this through using an "acuity tool" which is a way of determining how many staff there should be on a ward and the skill level they need, based on:

- how many patients there are on the ward
- on how sick the patients are and how dependent they are.

The tool has been used across all the adult acute medical and surgical wards twice a year, in accordance with the new law.

In 2017-18, we have also been preparing for the new duties from the Act that we have comply with from April 6th 2018. These are:

- Health Boards have to calculate and take reasonable steps to maintain the nurse staffing level in all adult
- acute medical and surgical wards. Health Boards are also required inform patients of the nurse staffing levels.
- Health Boards to use a specific method to calculate the nurse staffing level in all adult acute medical and surgical wards.

We have therefore agreed the areas that are adult acute medical and surgical wards (29 wards) and taken part in an All Wales Working Group, in line with the Welsh Government requirement for a "Once for Wales" approach, to agree the method for calculating the appropriate nurse staffing levels. The Working Group has developed clear Guidance and processes for all Health Boards in Wales to follow, so there is a consistent approach to calculating the staffing levels. This has now been agreed by the Nurse Directors.

We have put in place a system to record and review every occasion when the number of nurses on duty for a shift is lower than the number there should be. The compliance will be reported annually to the Board, and therefore to the public. The Health Board does have a high number of nurse vacancies, along with all other Health Boards, and these are covered using bank or agency nursing staff. But it is better to have our own staff, and so we have put a lot of effort into recruiting more nursing staff in 2017-18.

Nurse Recruitment

Nurse recruitment is a vital part of the work undertaken by ABUHB. There are a number of reasons why it is really important for us to focus on Nurse Recruitment at the moment:

- The Nurse Staffing Levels Act in Wales has been introduced. This means that we in ABUHB, and all other Health Boards in Wales, must calculate the number and skill level of nursing staff needed on a ward according to the needs of the patients, and ensure that we have this number of nurses on the wards every day.
- The nurse workforce has a larger than usual number of individuals who will reach retirement age over the next five years. 20% of our nursing staff are aged 51-55, and 17% are aged 56-70.
- There will be changes to services within ABUHB, both in the community and in our hospitals, when the new hospital opens in 2021. This means that planning ahead to ensure we have the correct number of nurses in the right roles is essential.

The Welsh Government have taken actions which are designed to increase the number of nurses being recruited to Health Boards in Wales:

1. The bursary in Wales has continued (unlike England where it has been abolished). This means that Welsh Government pay for student nurses to train in Wales but in return the student must stay and work in Wales when they qualify for two years.
2. The number of student nurses commissioned by Welsh Government to train in Wales has increased year on year over the last three year, with further increases planned.
3. Welsh Government have changed the way that some nurses can train in Wales, offering opportunities for Health Care Support Workers (HCSW), with the required qualifications, to work part time within the Health Board in their HCSW role and part time as a University student training to be a nurse. The course is four years long and the great thing about this course is that the individual can earn a wage throughout their training.

Flexible route HCSW training to become RNs	**2017/18**	**2018/19**
University of South Wales	3	9
Open University	Not available	11

In ABUHB, we have also taken action to recruit more nurses. These actions include:

4. ABUHB have been working closely with Cardiff University and the University of South Wales to encourage as many nurses as possible who have left the profession to return. They are supported to complete a Return to Practice course and are then able to work as a registered nurse.
5. Events have been held across the Health Board to offer nurses reaching retirement age a variety of opportunities to remain in work, either on reduced hours or in another type of nursing post.
6. With the Severn Bridge tolls being abolished at the end of 2018 and the comparatively low price of housing in Newport, ABUHB have been holding recruitment events in Bristol to try and encourage nurses to move the short distance from Bristol to ABUHB hospitals to work.
7. ABUHB have been running a recruitment initiative whereby nurses who trained overseas and are currently living and working in the UK in non-nursing posts are being supported to undertake the examinations required by the Nursing and Midwifery Council in the UK in order that the individuals can then be employed as qualified nurses in Wales. At the moment, 4 nurses have achieved registration in this way, but there are another 73 who are working towards it.

In 2017-18, we have worked hard to increase recruitment. However, we need to keep recruiting in order to ensure that we have enough nurses to provide the right care for our patients, in all our services across the Health Board.

Are these the Doctors of our Future?

The Health Board's 12 Neighbourhood Care Networks (NCNs) have provided funding to support Sixth Form Students in Gwent to take a course provided in partnership with Mediprep UK. 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 Rhymni, where 95% of the students stated that 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 their students to understand professional roles and careers options within this field.

This initiative forms part of a wider drive by the Health Board to recruitment more GPs and associated health professionals to help provide sustainable Primary Care services across Gwent

Paul Buss, Medical Director of Aneurin Bevan University Health Board, said: "There is evidence to support that there are reducing numbers of Welsh students accessing medicine as a career. We hope this investment by the Health Board will result in more local students completing medical training and ending up working in our communities in Gwent."
The NCN's have agreed to fund more students to take part in 2018/2019.

Wales for Africa

In 2017-18, we have been planning how we in ABUHB will continue to be actively involved in the Wales for Africa Programme. In June 2018, Bronagh Scott, Executive Director of Nursing, will visit Namibia with Independent Member of the Board, Dianne Watkins (University), to scope the possibility of providing a leadership development programme for Nurses. The initial request for this work came from the Ministry of Health and Social Services (MoHSS) Namibia through the Phoenix partnership programme with Cardiff University and University of Namibia, which will fund the scoping visit. It is planned that they will spend five days meeting with a variety of university staff, the Permanent Secretary MoHSS; the Director of Nursing at MoHSS; the Nursing Council Namibia, as well as Nurse Managers, senior staff and newly qualified staff in acute hospitals and primary care settings across a city and rural area of Namibia. If, following the visit, there is a clear need for nurse leadership and engagement from the School of Nursing, University of Namibia and the MoHSS to participate in nurse leadership development in partnership with Cardiff University and ABUHB, a bid to design and develop a leadership programme will be submitted for funding to the Wales for Africa fund.

In addition to Wales for Africa the Health Board has a commitment to supporting health services in the developing world, and our staff take time to go and work in countries in Africa and in other countries around the world.

One of our Senior Midwives, Gwyneth Ratcliffe, was challenged by the lack of data on the number of Children in Pakistan that die under the age of 5 years per 1000 live births. She wanted to help reduce the number dying from potentially preventable causes. She has therefore been to Yusra Medical and Dental College, Islamabad. She is co-ordinating workshops that are hosted by the College. They are attended by nursing and medical staff from secular, military and missionary hospitals based in northern areas of Pakistan.

Gwyneth says: "My role is to demonstrate a "hands on" and interactive way of teaching which is novel to senior nurses and tutors in Pakistan. Using available data and protocols from Pakistan and WHO centres, I highlight topics for nurses' reflection in subjects that would help in reducing the number of mothers and babies dying from preventable causes locally. For example, the 2017 annual workshops covered emergency care during pregnancy, the actual birth and the time immediately after the birth. This included repairing the tears that can happen during a birth, but can leave a women vulnerable to infections if not attended to, and Basic Life Support. I have been invited to hold further workshops in 2018 when I plan to be working with the College's lead obstetrician / gynaecologist who has an interest in incontinence in women following childbirth

"If you have the opportunity to work ouside the UK, then seriously consider making time to go. Working in Bangladesh and Pakistan grounded me in my clinical practice and challenged me to use the principals of safe care in all types of environments."

ABUHB has some 4 legged Volunteers!

The Health Board works with a wide range of third sector organisations to deliver a diverse range of volunteering schemes and volunteers who are all committed to supporting staff to improve the experience of patients and their families.

One highly committed group of volunteers are our Therapy Dog Volunteers, who we recruit in partnership with Pets as Therapy and Therapy Dogs Nationwide.

This is a challenging and rewarding role which brings great enjoyment and comfort to patients. Many patients miss their own dogs when they are in hospital and are often moved and delighted to have the opportunity to stroke and interact with a therapy dog. It is noticeable that even patients who would not consider themselves to be 'dog lovers' often welcome a visit from a friendly, happy dog and their owner as it provides interest and company during the hospital day. Visits can have powerful and positive results for patients with cognitive impairment as contact with a dog can elicit powerful memories and stimulate social interaction.

An added benefit of therapy dogs visits are the significantly positive effect on Health Board staff, the vast majority of whom clearly enjoy the experience. The interaction with a therapy dog results in a reduction in stress and a boost in wellbeing and morale is often reported. It is incredibly powerful to witness the beaming smiles and the warmest of welcomes that take place when the therapy dog and their owner walk onto the ward or department. Volunteers are careful to ensure that they only visit patients who are keen to see their therapy dog and staff inform them in advance of any patients for whom a visit would be inappropriate. The recruitment process is robust to ensure that safety and infection control issues are fully considered. Therapy dog volunteers must be registered fee-paying members with Pets as Therapy or Therapy Dogs Nationwide who carry out a full assessment of the dog and provide insurance cover for visits.

If you are interested in finding out more about therapy dog volunteering or the wide range of volunteering schemes that support the Health Board please visit http://www.wales.nhs.uk/sitesplus/866/page/75245 email rhian.lewis2@wales.nhs.uk

Molly visits the Intensive Care Unit, Nevill Hall

Fenn visits Serennu Children's Centre

Devon visits a ward at the Royal Gwent Hospital

Helping People with Hearing Loss

> "We will work with Action on Hearing Loss to introduce new volunteering roles into our community hospitals to better support patients with hearing loss."

From general population statistics it is estimated that at least 70 per cent of patients will have some hearing loss. It is therefore really important that people working in our service understand the impact this has on people, and how they can best help people with hearing loss to get the most from our services.

ACTION ON HEARING LOSS

We have Action on Hearing Loss Volunteers in place at County Hospital but circumstances have meant that our work with Action on Hearing Loss has not led to volunteering roles in more of our community hospitals this year.

Whilst we have not been able to make as much progress as we wanted to on new volunteering roles that we wanted to, Action on Hearing Loss has delivered 5 training sessions to 40 Age Cymru Gwent Robins on Understanding Hearing Loss.

The Volunteers all work regularly in the service so the training was relevant and helpful for volunteers, given the statistics on hearing loss above.

LOOKING FORWARD 2018-19

Many of our improvement priorities come from the Health Board's Integrated Medium Term Plan 2018-21. Making improvements in a large and complex service across all areas does not happen in one year. Our priorities are therefore in many cases the same as we have had in previous years, but each year we set clear milestones to take us towards our ultimate goal.

HCAI We will further reduce the rates of infections to the following levels:

C difficile rate of 25 per 100, 000 population
Staph aureus rate of 19 per 100,000 population
Gran negative rate of 63 per 100,000 population

In-patient Falls We will reduce the number of inpatient falls by 10% from April 17 to March 19, and initiate a programme of training on preventing falls, using a standard presentation, which supports the use of the Falls MFRA

Pressure Damage We will spread the Collaborative to wards at NHH and achieve a reduction in the number of days between incidence of pressure damage at both RGH and NHH wards participating in the collaborative

12 hour waits in A and E We will significantly reduce the 12 hour waits in A and E

Dementia We will develop a clear protocol for the assessment of delirium in general hospitals

Sepsis and Deteriorating Patient We will develop NEWS as common language in community/primary care by establishing pilots in a range of community/primary care services.

Volunteers We will develop a new Welcoming Service at St Woolos with our partner Age Cymru Gwent and expand and extend the Welcoming Service at Nevill Hall Hospital from two mornings a week with our partners Age Cymru Gwent, the RVS, Nevill Hall Leagues of Friends and North Gwent Cardiac Rehabilitation and Aftercare Charity.

Staying Healthy We will implement a place based target approach focused upon areas where smoking prevalence is greatest in our communities.

Staff Wellbeing – develop a Staff Engagement and Wellbeing Strategy to support our staff.

Endorsements

Statement from CHC

Aneurin Bevan Community Health Council welcomes the AQS highlighting areas of achievement and also priorities for action.

Mrs Angela Mutlow, Chief Officer, Aneurin Bevan CHC

Statement from Audit and Assurance

The Health Board is required by the Welsh Government to obtain assurance on the Annual Quality Statement (AQS), including from Internal Audit. The overall objective of the audit was to ensure that the AQS is consistent with information reported to the Board and other committees and compliant with the Welsh Health Circular: The Annual Quality Statement 2017/18.

As we tested a limited sample of the content of the AQS, we are not providing a high level of assurance against the full content.

Based on the results of our procedures, for the year ended 31 March 2018, we noted that:

- the sample of information tested is consistent with supporting documentation and sources, in all material aspects;
- the AQS is aligned to the Health Board's Integrated Medium Term Plan, with referencing to each of the required themes of the Health and Care Standards; and
- the Welsh Health Circular: The Annual Quality Statement 2017/18 is complied with, where applicable.

Stephen Chaney and Rhian Spencer
Internal Audit Aneurin Bevan University Health Board
NHS Wales Shared Services Partnership

We would like to thank members of the Stakeholder Reference Group and the Healthcare Professionals Forum for their help in preparing this Annual Quality Statement. They helped us to make sure that the subjects we have covered are those that the public are interested in. However, we know that we can improve this further, and if you have any comments about what you see in the Annual Quality Statement or any other feedback about this report, please email us on:abhb.enquiries@wales.nhs.uk

Appendix 1 Glossary of Terms

ABC Sepsis	Aneurin Bevan Collaborative on Sepsis	MOHSS	Ministry of Health and Social Services
ABCi	Aneurin Bevan Continuous Improvement	NatSSIPs	National Safety Standards for Invasive Procedures
ABUHB	Aneurin Bevan University Health board	NCN	Neighbourhood Care Network
A and E	Accident and Emergency	NEWS	National Early Warning Score
ACEs	Adverse Childhood Experiences	NICE	National Institute for Health and Care Excellence
AQS	Annual Quality Statement	OAK	Options Advice Knowledge
BESS	Bennion Error Screening System	OOHs	Out of Hours
C.Diff	Clostridium difficile	PCOST	Primary Care Operational Support Team
CEO	Chief Executive Officer	PE	Pulmonary Embolism
CHC	Community Health Council	PROMS	Patient Reported Outcome Measure
DATIX	Incident Reporting Tool	PREMS	Patient Reported Experience Measure
DVT	Deep Vein Thrombosis	SCCC	Specialist Critical Care Centre
E Coli	Escherichia coli	Third Sector	Voluntary Group and Civil Society
ED	Emergency Department	UTI	Urinary Tract Infection
GDP	General Dental Practitioner	WAST	Welsh Ambulance Services NHS Trust
GP	General Practitioner	WHO	World Health Organisation
HAT	Hospital Acquired Thrombosis	WHSSC	Welsh Health Specialised Services Committee
HCAI	Healthcare Associated Infections	WG	Welsh Government
HCSW	Health Care Support Worker		
I Stumble	Falls Assessment Checklist		
MIU	Minor Injuries Unit		