Patient Quality, Safety & Outcomes Committee

Tue 04 June 2024, 12:30 - 15:30

Microsoft Teams

Agenda

0 min

1. PRELIMINARY MATTERS

1.1. Welcome and Introductions

Oral *Chair*

1.2. Apologies for Absence

Oral *Chair*

1.3. Declarations of Interest

Oral *Chair*

1.4. Draft Minutes of the last Meeting held on 30th April 2024

Attached *Chair*

1.4 PQSOC Minutes 30th April 2024 reviewed by RD PB.pdf (9 pages)

1.5. Committee Action Log

Attached *Chair*

1.5 Action Log PQSOC June 2024.pdf (4 pages)

0 min

2. ITEMS FOR APPROVAL/RATIFICATION

No items for this section

0 min

3. ITEMS FOR DISCUSSION

3.1. Review of Committee Programme of Business 2024/25

Attached *Director of Corporate Governance*

3.1 PQSOC FWP cover report June meeting reviewed by Rani.pdf (4 pages)
3.1 Final PQSOC FWP 2024-15 v11.pdf (9 pages)

3.2. Committee Risk Report

Attached *Director of Corporate Governance*

3.2 Committee Risk Report_PQSOC_June 24.pdf (6 pages)
3.2 Appendix A PQSOC Strategic Risk Register.pdf (1 pages)
3.2 Appendix B_ PQSOC Strategic Risk Dashboard and Risk Assessments.pdf (6 pages)
3.2 Appendix C Service Delivery RGH Robot Operational Risk to a Page.pdf (2 pages)

3.3. Quality Performance Report

Attached *Clinical Executives*

3.3 PQSOC Performance Report - June 2024.pdf (79 pages)

3.4. Annual volunteering report

Attached *Director of Nursing*

3.4 Volunteer Annual Report (Covering Report).pdf (6 pages)
3.4 Final Volunteering Annual Report 28-04-24 ppt.pdf (39 pages)

0 min

4. FOR INFORMATION

No Items for this section.

0 min

5. OTHER MATTERS

5.1. Items to be Brought to the Attention of the Board and Other Committees

Oral *Chair*

5.2. Any Other Urgent Business

Oral *Chair*

5.3. Committee Reflections

Oral *Chair*

5.4. Date of the Next Meeting

Oral *Chair*

30th July 2024 - 09:30-12:30

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN/ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

MINUTES OF THE PATIENT QUALITY, SAFETY AND OUTCOMES COMMITTEE MEETING

DATE OF MEETING	Tuesday 30th April 2024, 9:30-12:30am
VENUE	Microsoft Teams

PRESENT	Pippa Britton, Independent Member, Committee Chair Louise Wright, Independent Member Paul Deneen, Independent Member Penny Jones , Independent Member
IN ATTENDANCE	Jennifer Winslade, Director of Nursing Rani Dash, Director of Corporate Governance Peter Carr, Director of Therapies & Health Science James Calvert, Medical Director Michelle Jones, Head of Board Business Leeanne Lewis, Assistant Director of Quality & Patient Safety Rhian Gard, Deputy Head of Internal Audit Heledd Thomas, External Audit Tracey Partridge-Wilson, Deputy Director of Nursing Laura Thomson, Nurse Staffing Programme Lead Lucy Windsor, Head of Corporate Risk & Assurance Moira Bevan, Head of Service Infection Prevention and Control Nurse Richard Morgan-Evans, Deputy Director of Operations Karen Hatch, Assistant Director of Therapies and Health Science Gemma Couch, Head of Quality & Patient Safety and Learning Kelly Downes, Deputy Director of Nursing Fern Cook, Committee Secretariat
APOLOGIES	Helen Sweetland- Independent Member

PQSOC 3004/1	**Preliminary Matters**
PQSOC 3004/1.1	**Welcome and Introductions** The Chair welcomed everyone to the meeting.
PQSOC 3004/1.2	**Apologies for Absence** Apologies for absence were noted.
PQSOC 3004/1.3	**Declarations of Interest**

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	There were no declarations of interest raised to record.
PQSOC 3004/1.4	**Minutes of the previous meeting** The minutes of the Patient Quality, Safety and Outcomes Committee held on 23rd February 2024 were agreed as a true and accurate record.
PQSOC 3004/1.5	**Committee Action Log** The Committee received the action log and was content with progress made in relation to completed actions and against any outstanding actions. Pippa Britton (PB), Committee Chair, queried when a report focussed on the pillars of quality would be coming to the Committee. Jennifer Winslade (JW), Director of Nursing, advised that this would be included within the performance report for the June meeting.
PQSOC 3004/2	**Items for Approval/Ratification**
PQSOC 3004/2.1	**Quality Report** Jennifer Winslade (JW), Director of Nursing, supported by, James Calvert (JC), Medical Director, Peter Carr (PC), Director of Therapies & Health Science, Tracey Partridge Wilson (TPW), Deputy Director of Nursing, Moria Bevan (MB), Head of Service Infection Prevention and Control Nurse, and Richard Morgan-Evans (RME), Deputy Director of Operations provided the Committee with an overview of the patient quality safety outcomes performance report for the period. JW advised the Committee of the following key points:- • A big conversation event on bereavement was held on 20th March 2024, with 170 attendees. During the event 50 expressions of interest to join the bereavement collaborative were received. • Volunteer to career positive story was shared and the Committee noted that there had been a reduction in people volunteering since Covid. The Committee noted that the aspiration was to recruit more volunteers into Mental Health and the Emergency Department. • Improvement in patient experience feedback was noted, with a text option made available to patients. The Committee was advised that a focus of work for this year would include how the Health Board communicates with patients to receive 'after care' information.

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- Since April 2023, 24,895 Duty of Candour incidents had been reported with 42 incidents during this reporting quarter.

The Committee requested an update on how support could be provided in recruiting volunteers. Louise Wright (LW), Independent Member and Chair of the People and Culture Committee, requested that this be added to the People and Culture Committee forward work programme. **Action: Committee secretariat**

The Committee was made aware they would receive Annual volunteering report at the next Committee meeting in June 2024. **Action: Director of Nursing**

James Calvert (JC), Medical Director, advised that there were no new never events incidents reported in the last 3 months and noted that performance was improving following training and new processes being introduced. JC confirmed that the Committee would be provided an overview of the what the dept is ding to reduce the number of never events. **Action: James Calvert, Medical Director**

Peter Carr (PC), Director of Therapies and Health Sciences, provided an updated on both mortuary incidents. The Committee noted that the outcome into the investigation into the second case was scheduled to be shared with the family in May 2024 and the family was in receipt of regular updates. The Committee was assured that an action plan had been established to support the learning from the first case which included seminar sessions with the local coroner to provide an overview of Health Board processes. PC confirmed that the action plan would come to a future Committee meeting for oversight. **Action: Peter Carr, Director of Therapies & Health Science**

PC provided an update in respect of health and safety compliance and noted that for the period April 2023 to March 2024, 90 health and safety incidents had been reported to HSE in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) with 67.7% of the cases being reported within the legal timeframe. A response from HSE was awaited in respect of a 2019 fatal fall incident. PC noted the challenges in securing compliance remain in respect of Manual Handling training, with 55% compliance reported.

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The Committee noted that the Health Board was exploring alternative approaches to improve performance.

Paul Deneen (PD), Independent Member, sought clarification as to whether a policy existed that supported staff members wearing body cameras to assist in reducing the violence against staff. PC confirmed that a report was scheduled to be presented to the People and Culture Committee regarding violence against staff.

The Committee was advised that incidents of C difficile cases remained below average but higher than usual. The Committee was assured that an action plan had been developed which had been supplemented by a review of the cleaning strategy with a view to reducing cases over the next 12-months. An outbreak of diarrhoea and vomiting, children's whooping cough, measles and shingles was reported during the period.

JW confirmed that compliance with Safeguarding level 3 training was not at target but noted an improvement with training compliance at level 1 & 2. Regular meetings were also held with all Local Authorities to monitor progress and the Health Board was now routinely receiving invites to safeguarding meetings across Gwent.

JW advised that a newly appointed Divisional Director for the Mental Health and LD Division would commence in post in May 2024. The focus of activity within the Division included safety, management and culture and ensuring staff engagement in addressing the action plan for improvement.

In terms of other areas JW highlighted the following:

- HIW inspections had taken place at Ty Lafant and the Talygarn Unit. A response to the recommendations in respect of the Talygarn Unit had been shared with HIW.
- 104 week waits for outpatient appointments remained a challenge with wait times impacted by industrial action.
- ENT gate keeper was being used to screen outpatient referrals to facilitate a quicker return on advice and to better guide the patient to the correct pathway. The Phase 2 strategy was in place with a call centre providing advice to patients who require an outpatient's appointment, with oversight provided by the nursing team, with 50 health care pathways already live.

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	• Key learning from the Covid-19 Nosocomial Investigations programme would be reported to the Committee for oversight at a future meeting**: Action Jennifer Winslade, Director of Nursing** *The Committee **NOTED** the information within the report.*
PQSOC 3004/2.2	**Listening and Learning Framework** Jennifer Winslade (JW), Director of Nursing, provided the Committee with an overview of the listening and learning framework. JW advised that the framework demonstrated how learning would be identified, triangulated, disseminated, and implemented into practice, to facilitate and embed a culture of appreciative enquiry and continuous improvement in health care services. JW noted that the framework would complement and build on Divisional and Directorate assurance arrangements by supporting the Health Board to learn lessons from a range of internal and external sources, with the framework acting as a learning repository for future use. The Committee noted that updates would be received throughout the year. *The Committee **APPROVED** the development of a Listening and Learning Framework.*
PQSOC 3004/2.3	**Development of Committee Annual Programme of Business 2024/25** Michelle Jones (MJ), Head of Board Business, provided the Committee with an overview of the Committee forward work plan for 2024/25, advising the Executive Leads had informed the development of the work plan. MJ advised the Forward Work Plan had been developed with regard to recommendations from the Committee Self-Assessment 2023/24 to enable the Committee to: - • Fulfil its Terms of Reference; and, • Seek assurance and provide scrutiny on behalf of the Board, in relation to those items identified within the Committees terms of reference. Paul Deneen (PD), Independent Member, questioned whether there would be a balance with the Primary Care and acute areas within the plan. Jennifer Winslade (JW), Director of Nursing, advised that from September a focus on Primary Care would be included within the performance report. JW asked for the following change to be made to the forward work plan:-

	• Quality Outcomes Framework to be received quarterly and not annually. **Action Committee Secretariat** *The Committee **APPROVED** the Committee forward workplan for 2024/24, and **NOTED** that the plan would be brought to each future Committee meeting for oversight.*
PQSOC 3004/2.4	**Committee Annual Report 2023/24** Michelle Jones (MJ), Head of Board Business, provided the Committee with an overview of the Committee Annual report for 2023/24 outlining the report captured the work of the Committee during 2023/24. *The Committee **APPROVED** the Committee Annual report for 2023/24.*
PQSOC 3004/3	**Items for Discussion**
PQSOC 3004/3.1	**Committee Risk Report** Lucy Windsor (LW), Head of Corporate Risk & Assurance, provided the Committee with a summary of the current strategic risks that had been delegated to the Committee for monitoring. LW highlighted that the pharmacy robot risk had been included. LW advised the Committee that the following risks were reported at a risk level of High and Extreme:- • **SRR 005** - There is a risk that the Health Board would be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system. (High) • **SRR 008** - There is a risk that the Health Board fails to build positive relationships with patients, staff, and the public. (High) • **SRR 010** - There is a risk that the Health Board would fail to protect the Health and Safety of staff, patients, and visitors in line with its duties under the Health and Safety at Work Act 1974. (Extreme) *The Committee **NOTED** the following:-* • *delegated strategic risks;* • *delegated corporate risk;* • *the work being undertaken to reduce the risks to within appetite level; and,* • *the ongoing work to improve risk management across the quality and patient safety domain*.

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PQSOC 3004/3.2	**Overview of Audit Recommendations** Lucy Windsor (LW), Head of Corporate Risk & Assurance, provided the Committee with an overview of the internal and external recommendations resulting from the planned audit reviews that fall under the remit of the Committee. The Committee noted that there were 26 outstanding actions with 3 overdue actions in relation to this committee. Pippa Britton (PB), Chair, asked how the 3 overdue actions could be closed. Peter Carr (PC), Director of Therapies & Health Science, advised that the work that was being undertaken in respect of the 30,60,90 day health and safety improvement plan would address 2 of the actions and James Calvert (JC), Medical Director advised the remaining action in respect of the Health Board failing to build positive relationships with patients, staff and the public would be completed by the next Committee meeting. *The Committee **NOTED** the position of the **26** audit recommendations.*
PQSOC 3004/3.3	**Learning from Death Report to include an update on the Learning from Death Framework** James Calvert (JC), Medical Director, provided the Committee with an overview of the Learning from Deaths framework, and advised that a number of mortality indicators within the framework had been developed. JC noted that the framework had 3 tiers of mortality indicators and that the aim was to publish a bi-annual report on the Health Board's learning from deaths of patients with the hospitals. JC explained that the framework would allow the Health Board to report on a Ward-to-Board level and would include monitoring of mortality, using trend analysis and triangulation of results. JC noted that the framework would allow the Health Board to ensure services are safe and effective and would facilitate scrutiny of outcomes of care, highlighting to date the Health Board was coding 80% of learning from deaths. The Committee was assured that by utilising RAMI coding would be more accurate and support achievement of the 95% national requirement. The Committee provided postive feedback on the framework which inclued the provision of bi-annual reports

	and suggested that the report be condensed for future versions. *The Committee **NOTED** the Learning from Death Report and framework.* .
PQSOC 3004/3.4	**Update on the Management of Higher Risk Surgical Patients in the Royal Gwent Hospital POCU** James Calvert (JC), Medical Director, provided the Committee with an update on the management of higher risk surgical patients in the Royal Gwent Hospital (RGH). JC reminded the Committee that approval had been given by the Executive Committee to use the Surgical High Care Unit at RGH for patients with a pre-op mortality. JC advised that patients at risk on long waiting lists had been removed and provided with elective surgery and confirmed that to date the governance process was working effectively, with no patients being harmed. *The Committee **NOTED** the report for assurance and that the organisation was adhering to the programme of work and assisting in delivering safe and effective care.*
PQSOC 3004/3.5	**3-year Welsh Government Assurance Report on Compliance with the NSLWA 2021-2024** Jennifer Winslade (JW), Director of Nursing, and Laura Thomson (LT), Nurse Staffing Programme Lead, provided the Committee with an overview of the 3-year Assurance in respect of compliance with the Nurse Staffing Levels (Wales) Act which sets out the overarching responsibility of all Health Boards to provide sufficient nurses to allow time to care for patients sensitively wherever they were receiving nursing services. LT advised the Committee of the measures taken to calculate and maintain nurse staffing levels throughout the 3-year reporting period and assured the Committee of the Health Board's compliance with the Act. Paul Deneen (PD), Independent Member, questioned how option reviews would be undertaken and was advised that 6 monthly reports would be produced with any risks being brought to the Committee for oversight. *The Committee receive and **NOTED** the information contained within the Nurse Staffing Levels (Wales) Act 2016 Three-Year Assurance Report.*

PQSOC 3004/4	**Items for Information**
PQSOC 3004/4.1	**Clinical Audit Annual Plan and Clinical Audit Annual Activity Report** The Committee **RECEIVED** the report for information.
PQSOC 3004/4.2	**Healthcare Inspectorate Wales Annual Report** The Committee **RECEIVED** the report for information.
PQSOC 3004/4.3	**WHSSC QPSC Chairs report presented to the JCC meeting on 23 April 2024** The Committee **RECEIVED** the report for information.
PQSOC 3004/5	**Other Matters**
PQSOC 3004/5.1	**To confirm any key risks and issues for reporting/escalation to Board and/or other Committees** People and Culture Committee to consider how further support could be provided to aid the recruitment of volunteers.
PQSOC 3004/5.2	**Any Other Urgent Business** There was no urgent business.
PQSOC 3004/5.3	**Meeting Reflections** The Committee agreed that the meeting had been successful and noted the openness and quality of the reporting to the Committee.
PQSOC 3004/5.4	**Date of the Next Meeting:** Tuesday 4th June 2024

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CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
PATIENT QUALITY, SAFETY AND OUTCOMES COMMITTEE

Outstanding	In Progress	Not Due	Completed	Transferred to another Committee

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
23rd February 2024	**PQSOC 2302/2.1**	**Safeguarding Annual Report** Support was being provided to one local authority, as a result of their additional requirements. The Committee requested that in the next annual report a section outlining the support to staff members be included.	**Director of Nursing**	September 2024	**Not Due** Scheduled to be completed for the September meeting.
23rd February 2024	**PQSOC 2302/3.3**	**Focus on the Pillars of Quality** Following the implementation of the duty of candour, there had been an increase in the reporting of incidents, even if a patient did not suffer any harm.	**Director of Nursing**	June 2024	**Completed** Included within the PQSOC performance report submitted to the June meeting.

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
		JW agreed that the themes of the incidents would be included in the next performance report.			
30th April 2024	**PQSOC 3004/2.1 Transferred to People and Culture Committee**	**Quality Report** Update on how support could be provided in recruiting volunteers. Louise Wright (LW), Independent Member and Chair of the People and Culture Committee, requested that this be added to the People and Culture Committee forward work programme.	**Committee secretariat**	April 2024	**Transferred to another committee** This action was Transferred to the People & Culture Committee on 9th May 2024
30th April 2024	**PQSOC 3004/2.1**	**Quality Report** The Committee would be provided an overview of the what the dept is to reduce the number of never events.	**Medical Director**	September 2024	**Not due** Scheduled to be completed for the September meeting.

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
ACTION LOG

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
30th April 2024	**PQSOC 3004/2.1**	**Quality Report** The Mortuary action plan would come to a future Committee meeting for oversight.	**Director of Therapies & Health Science**	July 2024	**Not due** Scheduled to be completed for the July meeting
30th April 2024	**PQSOC 3004/2.1**	**Quality Report** Key learning from the Covid-19 Nosocomial Investigations programme would be reported to the Committee for oversight at a future meeting.	**Director of Nursing**	June 2024	**Outstanding** Item had been deferred from June to July meeting.
30th April 2024	**PQSOC 3004/2.1**	**Quality Report** The Committee was made aware they would receive Annual volunteering report at the next Committee meeting in June 2024.	**Director of Nursing**	June 2024	**Completed** Included on the agenda for June 2024 meeting at agenda item 3.8
30th April 2024	**PQSOC 3004/2.3**	**Development of Committee Annual Programme of Business 2024/25** Request for a change to the Forward Work plan : Quality Outcomes Framework to be	**Committee Secretariat**	April 2024	**Completed** Forward work plan has been updated to include the Quality Outcome Framework to be reported to the committee on a quarterly basis.

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
		received quarterly and not annually.			

All actions in this log are currently active and are either part of the Committee's forward work programme or require more immediate attention, such as an update on the action or confirmation that the item scheduled for the next Committee meeting will be ready.
Once the Committee is assured that an action is complete, it will be removed. This will be agreed at each Committee meeting.

Agenda Item:

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	04 June 2024
CYFARFOD O: **MEETING OF:**	Patient Quality, Safety and Outcomes Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Patient Quality, Safety and Outcomes Committee – Review of Committee Forward Work Plan 2024/25
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Director of Corporate Governance
SWYDDOG ADRODD: **REPORTING OFFICER:**	Head of Board Business

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Patient, Quality Safety and Outcomes Committee is asked to review the agreed Committee Forward Work Plan appended to this report. The Forward Work Plan has been developed with due regard to recommendations from the Committee Self-Assessment 2023/24 and to enable the Committee to: -

- Fulfil its Terms of Reference;
- Seek assurance and provide scrutiny on behalf of the Board, in relation to those items identified within the Committees terms of reference, and,
- Seek assurance that governance, risk, and assurance arrangements are in place and working well.

Cefndir / Background

In line with good governance practice, the committee has a forward work plan that was developed to ensure statutory requirements for items of Committee business

are scheduled in across the year. The forward work plan can therefore be utilised as a tool for informing and pre-empting committee business and support the agenda setting process.

To aid the committee when reviewing its programme of business, the forward work programme captures the timing of when reports are to be submitted, identifies items that have been deferred and captures new requests for reports and enables the Committee to monitor and review its business at each meeting.

During the period the following requests and/or changes to the forward work programme have been included:

Additions to the Forward Work Programme

- At the April 2024 meeting of the Patient Quality, Safety and Outcomes Committee the following actions were agreed and are reflected in the updated forward work programme attached:

    - Annual Volunteering Report for assurance, to be added to the agenda for the June meeting. Lead Executive Director, Jennifer Winslade, Director of Nursing.
    - Mortuary Incident Action Plan for discussion, to be added to the agenda for the June meeting. Lead Executive Director, Peter Carr, Director of Therapies and Health Sciences.
    - Overview of the Reduction in Never Event Incidents for assurance, to be added to the agenda for the September meeting. Lead Executive Director, James Calvert.
    - Covid-19 Nosocomial Investigations – Key Learning for discussion to be added to the agenda for the June meeting. Lead Executive Director, Jennifer Winslade, Director of Nursing

Items Deferred on the Forward Work Programme

- At the agenda setting meeting for the Committee's June 2024 meeting, Peter Carr, Director of Therapies & Health Science requested that the Falls and Bone Management Annual report be deferred from June to July 2024. This is reflected on the updated forward work programme attached.

Argymhelliad / Recommendation

The Committee is requested to **NOTE** the updated Committee forward work plan as provided in **Appendix 1**.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Boards assurance framework

Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Choose an item. The Committee Forward Programme monitors delivery of objectives.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Not Applicable Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• **Workforce**	Not Applicable
• **Service Activity & Performance**	Not Applicable
• **Financial**	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	**No does not meet requirements**

	An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	Not Applicable Choose an item.

Annual Programme of Business for 2024-25

Patient, Quality, Safety and Outcomes Committee

This Annual Programme of Business has been developed with reference to:

- Aneurin Bevan University Health Board's Standing Orders;
- The Health Board's Integrated Medium-Term Plan and related Annual Delivery Plan;
- The outcomes of the Committee's self-assessment for 2023/24
- The Board's Strategic Risk Register; and
- Key statutory, national and best practice requirements and reporting arrangements.

Area of Focus as per the Committee's Terms of Reference:
The scope of the Patient Quality, Safety and Outcomes Committee encompasses all areas of patient experience, quality and safety relating to patients, carers and service users, within directly provided services and commissioned services. In respect of the achievement of the Boards' strategic aims, objectives and priorities, the Committee will seek assurances on: a. The robustness of the Health Board's Clinical Quality Governance arrangements; b. the experience of patients, citizens and carers ensuring continuous learning; c. the provision of high quality, safe and effective healthcare within directly provided and commissioned services; and d. the effectiveness of arrangements in place to support Improvement and Innovation.

Where required, the Committee will provide accurate, evidence based (where possible) and timely advice to the Board in respect of citizen experience and the quality and safety of directly provided and commissioned services.

MATTERS TO BE CONSIDERED	Lead	Frequency of Report	Schedule of Meetings					
			QTR 1		QTR 2	QTR 3		QTR 4
			30th April	4th June	30th July	2nd Sept	10th Dec	4th Feb
Preliminary Matters								
Attendance and Apologies	Chair	SI	√	√	√	√	√	√
Declarations of Interest	All members	SI	√	√	√	√	√	√
Minutes of the Previous Meeting	Chair	SI	√	√	√	√	√	√
Action Log and Matters Arising	Chair	SI	√	√	√	√	√	√
Reflections of the meeting held	Chair	SI	√	√	√	√	√	√
Committee Governance								
Development of Committee Annual Programme of Business 2025/26	Chair & DoCG	AN					√	
Review of Committee Programme of Business 2024/25	Chair	SI	√	√	√	√	√	√
Annual Review of Committee Terms of Reference 2024/25	Chair & DoCG	AN					√	
Annual Review of Committee Effectiveness 2024/25	Chair & DOCG	AN					√	
Outcome of Annual Review of Committee Effectiveness 2024/25	Chair & DOCG	AN						√
Committee Annual Report 2023/24	Chair & DOCG	AN	√					

Committee Annual Report 2024/25	Chair & DOCG							√
Committee Risk Report	DOCG	SI	√	√	√	√	√	√
NHS Wales Joint Commissioning Quality Committee Report	DOCG	SI	√	√	√	√	√	√
Quality Governance Framework								
Quality Strategy - Quality Outcome framework	DoN	Quarterly			√		√	
Quality Annual Report 2023/24	DoN	AN				√		
Quality Assurance Framework Annual Review and Evaluation of Progress	Clinical Executives	AN						√
Primary Care Quality Report	COO	Bi-AN				√		
Performance Report on the Pillars of Quality, to include:- • Patient experience and stories • Incident reporting - falls/ pressure ulcers medicines management and mortality • Healthcare Inspectorate Wales Operational Plan • Complaint, concerns and compliments • Health Safety and Security • Infection Prevention and Control • Safeguarding • Clinical Negligence Claims and Coroners Inquests Report	DoN /MD & DOTHS	Quarterly		√	√		√	√

• Quality & Engagement (Wales) Act, Preparedness and Implementation
• Tracking of Improvement Actions Arising from Inspections and Reviews
• Cleaning Standards Annual Report
• Infection Prevention and Control
• MCA & DOLs
• Child and Adolescent Mental Health Quality Outcomes Report, including self-harm and suicide
• Operational Quality updates on:
  ○ Cancer
  ○ U&EC
  ○ Planned Care								

Pillars of Quality Interim Report	DoN	Bi-Annual	√			√		
Mental health and learning disabilities assurance - included in performance report	DoN	SI	√	√	√	√	√	√
Healthcare Inspectorate Wales Annual Report	DoN	AN	√					
Report on National Review of Consent to examination and treatment standards in NHS Wales	MD	Annually					√	

Stroke Delivery Group Annual Report	DOTHS	Annual					√	
Commissioning Assurance Framework, Development, and Implementation	Clinical Executives	AN		√				
Commissioning Outcomes Report	Clinical Executives	Bi-An				√		√
Putting Things Right Annual Report 2023/24	DoN	AN				√		
Maternity Services: Organisational Improvement and Action Plan	DoN	Bi-An			√			√
Learning from Death Report	MD	Bi-AN	√				√	
Listening and Learning Framework	DoN	An	√					
Listening and Learning Framework Outcomes report	DoN	Bi-an				√		√
Annual Volunteering Report	DoN	Annual		√				
Mortuary Incident Action Plan	DoT&HS	Annual		√				
Never Event Incidents Report	MD	Annual				√		
Covid-19 Nosocomial Investigations Report	DoN	Annual		√				

Safe Care								
Medical Devices Annual Report	DoT&HS	AN					√	
Radiation Protection Group Annual Report	DoT&HS	AN					√	
Falls and Bone Health Management Annual Report	DoT&HS	AN		√D	√			
Health and Safety Compliance Annual Report	DoT&HS	AN			√			
Human Tissue Act Group Annual Report	DoT&HS	AN				√		
Pharmacy and Medicines Management Annual Report	MD	AN					√	
Safeguarding Annual Report	DoN	AN				√		
Effective Care								
Research and Development Annual Report	MD	AN				√		
Blood Management Annual Report	MD	AN			√			
Organ Donation Annual Report	MD	AN				√		
Annual Report on Clinical Audit Activity 2023 – 2024	MD	AN		√				
Clinical Audit Outcomes Report (Local and National)	MD	Quarterly		√		√		√
Overview of Audit Recommendation Tracking (relevant to the Committee)	DoCG	Quarterly	√		√		√	
Internal Audit Reports relevant to the remit of the Committee	Clinical Executives	SI	√	√	√	√	√	√

External Audit Reports relevant to the remit of the Committee	Clinical Executives	SI	√	√	√	√	√	√
Nutrition and Hydration Committee Annual Report	DoT&HS	AN					√	
Clinical Effectiveness and Standards Committee Report	MD						√	
Patient Centred Care								
Children's Rights & Participation Forum	DoN	Bi-AN			√			√
Dementia Care Annual Report	DoN	AN				√		
Child and Adolescent Mental Health Crisis Hub and Safe Accommodation	DoN	AN		√				

Lead Officer	
Key	
CEO	Chief Executive
DoCG	Director of Corporate Governance
DoF&P	Director of Finance & Procurement
DoSP&P	Director of Strategy, Planning & Partnerships
COO	Chief Operating Officer

DPH	Director of Public Health
DoT&HS	Director of Therapies & Health Science
DoW&OD	Director of Workforce & Organisational Development
DoN	Director of Nursing
MD	Medical Director
DOD	Director of Digital
Chair	Chair

Frequency of Inclusion	
Narrative of Reason why Included in the FWP – other reasons to be developed as part of FWP discussions	
SI	Standing Item
An	Annual
1/4ly	Quarterly
BI	1/2 yearly
Schedule of Meetings	
√	Scheduled agenda item in FWP
D	Deferred from this agenda
√D	Deferred Scheduled agenda item
W	Withdrawn from FWP
T	Transferred to another Committee
IC	Matter discussed In Committee

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	04 June 2024
CYFARFOD O: **MEETING OF:**	Patient Quality, Safety and Outcomes Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Committee Risk and Assurance Report
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Director of Corporate Governance
SWYDDOG ADRODD: **REPORTING OFFICER:**	Head of Corporate Risk and Assurance

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

The purpose of this report is to provide a summary of the current strategic risks that have been delegated to the Patient Quality, Safety, and Outcomes Committee (the Committee) for monitoring, on behalf of the Board.

The report also informs the Committee of any significant operational risks identified by the Executive Committee through the Corporate Risk Register that have the potential to impact patient quality and safety.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation & Cefndir / Background

The Committee's last meeting concluded that the Committee Risk Register contained **three** high-level risks with **three** sub-risks, and **one** corporate risk, for which the Board has delegated responsibility for receiving and scrutinising assurances.

Since the last report to the Committee, the risk environment has remained relatively stable, with no changes in the risk score or exposure to the four risks monitored by this Committee.

Asesiad / Assessment

Strategic Risk Register (SRR)

Table 1 displays the status as at June 2024 for the **three** strategic sub-risks delegated to the Committee. The **three** sub-risks have been reviewed and updated to provide the Committee with up-to-date information on the internal control system and sources of assurance for each sub-risk.

The Committee Risk Register is included in **Appendix A** and the Dashboard and individual risk assessments for the **three** sub-risks are included in **Appendix B.**

Table 1

Risk Ref:	Risk Description	Sub-Risk	Risk Level	Within Appetite
SRR 005 **Theme** Service Delivery **Appetite** Open Score 16 and below	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system.	Due to inadequate arrangements to support system-wide patient flow.	**High** **3 x 4** **(12)**	**Y**
SRR 008 **Theme** Transformation & Partnership Working **Appetite** Open Score 16 and below	There is a risk that the Health Board fails to build positive relationships with patients, staff, and the public.	Due to inadequate arrangements to listen and learn from patient experience and enable patient involvement.	**High** **2 x 4** **(8)**	**Y**
SRR 010 **Theme** Compliance & Safety **Appetite** Minimal Score 8 and below	There is a risk that the Health Board will fail to protect the Health and Safety of staff, patients, and visitors in line with its duties under the Health and Safety at Work Act 1974.	Due to inadequate and ineffective systems, processes, governance, and assurance arrangements in place to implement, embed, and monitor the Health Board's compliance with the Act's requirements, specifically, Manual Handling, RIDDOR Reporting, Fire Safety Risk Assessments, and Work-based Risk Assessments.	**Extreme** **3 x 4** **(12)**	**N**

It should be noted that, while the risks have been updated to include improved control and assurances, the risk score and level for all **three** sub-risks have not changed. **SRR 005** and **SRR 008** remain within the Health Board's risk appetite for the risk domain, therefore the Committee can be assured that these risks are effectively mitigated.

Work will continue with risk owners to manage the risk and ensure that the controls and assurances in place prevent the potential risk from occurring.

SRR 010's risk score and exposure remain outside of the Health Board's agreed-upon risk appetite for the Compliance and Safety risk domain, as shown in Table 1. However, as the Improvement Plan has not been fully implemented, there is potential for the additional planned action to bring the level of risk down to within appetite.

Monitoring of **SRR 010** will remain a key focus of the Committee, and the findings of the scheduled Internal Audit of Health and Safety, planned for quarter 4 of the 2024/25 Plan, will provide the Board and Committee with the evidence needed to determine whether the Improvement Plan has delivered the necessary improvements. In the interim, the Board has been asked to decide whether it is willing to accept the residual risk that is held if the risk score does not move to within appetite. The outcome will be reported in the next iteration of this report to the Committee.

Corporate Risk Register (CRR)

The Committee has been delegated responsibility for oversight of any corporate risk (significant operational risks) relevant to the agenda of the PQSOC.

Table 2 summarises a high-level operational risk that was escalated to the CRR following the established escalation process outlined in the Risk Management Framework. The Pharmacy Directorate manages and updates the risk, with oversight from the Executive Committee due to the potential impact on the organisation and the investment required to eliminate the risk.

Enhanced oversight by the Committee provides an additional layer of control and assurance that the risk is managed appropriately and does not cause significant disruption to the organisation's operations.

Following the recent purchase of a new Robot, which is scheduled for implementation between August and October 2024, the Committee can be confident that the risk will be eliminated after implementation; however, it should be noted that the risk is still outside of appetite, so it will be tolerated at the current level and managed until implementation.

The full risk assessment is attached as **Appendix C.**

Table 2

Risk Ref:	Risk Description	Sub-Risk	Risk Level	Within Appetite
CRR 004 **Theme** Service Delivery **Appetite** Open Score 16 and below	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system.	Due to the current Pharmacy layout/robot at RGH being over 18 years old and not fit for purpose.	**Extreme (20)**	**N**

The CRR remains under development and initial meetings with Directors have been held to discuss any potential high-level operational risks in their areas of responsibility that require the Executive Team's support and management via the Corporate Risk Register. The draft corporate risk portfolio will be discussed at the Executive Time Out session in June, during which a focused assessment of these risks, as well as strategic risks, will be conducted to ensure they are reflective of the operating environment and are recorded and reported at the appropriate level. A full report, including the status of strategic and corporate risks, delegated to the will be presented to the Board at its next meeting in July 2024 for approval. Following that all risks pertinent to the remit of the PQSOC will be presented in the next report to the PQSOC.

The closing position as at June 2024 is that the Committee Risk Register includes **three** high-level risks with **three** sub-risks and **one** corporate risk.

Argymhelliad / Recommendation

The Committee is requested to:

- **NOTE** the delegated strategic risks;
- **NOTE** the delegated corporate risk;
- **NOTE** the work being undertaken to reduce the risks to within appetite level; and,
- **NOTE** the work being undertaken to ensure the Committee is sighted on all risks that have the potential to impact patient quality ad safety.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	The Strategic Risk Register is informed by Datix, ensuring a bottom-up approach to risk escalation.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 2.1 Managing Risk and Promoting Health and Safety Choose an item.

	Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. The Strategic Risk Register assesses risk that could impact achievement of all strategic priorities.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	The Board and respective Committees of the Board have considered risks contained within the Strategic Risk Register

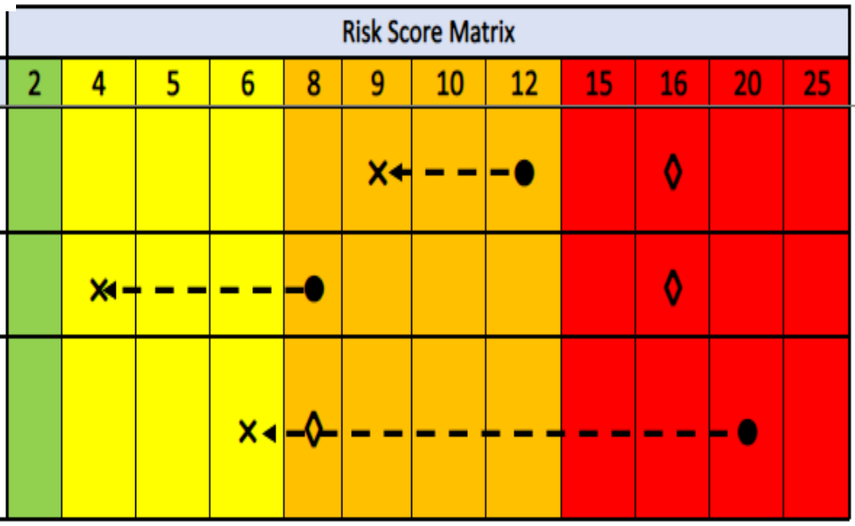
Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	**No does not meet requirements** An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk

Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item. N/A

Risk ID	Monitoring Committee	Risk Theme	Risk Owner	Risk Description	Reason For The Risk	Impact	Current Risk Score				Risk Appetite		Actions to Reduce Risk to Target	Assurance that the Risk is being manged effectively	Target Risk Score				Review of Risk	
							Likelihood Of The Risk Occuring	Impact Of Risk Occuring	Current Risk Score	Risk Level	Current Status Against Appetite	Risk Appetite and Threshold Explained			Likelihood Of The Risk Occuring	Impact Of Risk Occuring	Target Risk Score	Risk Level	Last Reviewed	Next Review
SRR 005	Patient, Quality, Safety and Outcomes Committee	Service Delivery	Chief Operating Officer	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system	a)Due to inadequate arrangements to support system-wide patient flow	•Avoidable deaths or significant harm •Delays in releasing ambulances from hospital sites back into the community •Delayed discharges from acute and non-acute settings resulting in deteriorating patients •Litigation & Financial Penalties •Reputational damage and loss of public confidence	3	4	12	High	Below Appetite Level	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	Escalation framework – evidence suggesting inconsistent escalation of ambulance position / long waits and rationale. Winter planning – Ahead of winter 23/24 there are a series of meetings which will ensure that tangible / practical plans are put in place to ensure: Focus Processing power Capacity Mental health-focussed flow meeting – implement a MH-focussed daily forum to ensure the flow requirements and risk profile is understood across all MH sites. Build in more impromptu, OoH and site visits to check on processes i.e., patient safety, risk, and performance across the Divisions. Regional flow processes not always supported with neighbouring HBs (Health Board)	Medium	3	3	9	Moderate	01/04/2024	01/07/2024
SRR 008	Patient, Quality, Safety and Outcomes Committee	Transformation and Partnership Working	Director Of Nursing	There is a risk that the Health Board fails to build positive relationships with patients, staff, the public and partners	Due to inadequate arrangements to listen and learn from patient experience and enable patient involvement	•Adverse impact on patient experience •Failure to deliver health board priorities, required improvements and achieve longer-term sustainability •Reputational damage and loss of public confidence •Failure to deliver Duty of Quality	2	4	8	Moderate	Below Appetite Level	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	• Corporate Engagement Team • Patient Experience and Involvement Strategy- organisational ownership • Person Centred Care (PCC) Surveys via CIVICA • PCC KPI's (support PCC Quality pillar) • 'You said…… we did' public facing information for service areas. • PLO service at GUH • Introduction of PALS Service (Oct 23) • Volunteer Patient Experience Feedback • Collaboration to recruit community listeners to support Dementia Awareness • Digital patient stories to support listening and learning. • Patient Experience and Involvement Strategy • DATIX	Medium	2	2	4	Low	01/04/2024	01/07/2024
SRR 010	Patient, Quality, Safety and Outcomes Committee	Compliance and Safety	Executive Director of Therapies and Health Science	The Health Board will fail to protect the Health and Safety of staff, patients and visitors in line with its duties under the Health and Safety at Work Act 1974	Due to inadequate and ineffective systems, processes, governance, and assurance arrangements in place to implement, embed and monitor the Health Board's compliance with the Act's requirements, specifically, Manual Handling, RIDDOR Reporting, Fire Safety Risk Assessments, and Work-based Risk Assessments.	• Unintended physical harm; • Punitive actions from the Health and Safety Executive (HSE); • Increased levels of staff sickness; • Loss of estate due to unsafe environments; • Financial implications; • Adverse publicity; and, • Reputational damage	3	4	12	High	Above Appetite Level	Minimal = 8 or below - Ultra-Safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurance of the risk after application of controls.	• Attendance at Divisional Quality & Patient Safety meetings provides a forum to discuss Health and Safety concerns/best practices. • Health and Safety Policies and Procedures • Dedicated Health and Safety site on ABPULSE • Provision of dedicated health and safety expertise and advice to meet the requirements of the Management of Health and Safety at Work Regulations 1999, Regulation 7 'Health and Safety Assistance'. • Health and Safety training for all staff (include general H&S, fire safety, manual handling, violence & aggression) • Partial Programme of Health and Safety Monitoring (Active & Reactive) • Corporate and Directorate Health and Safety Risk Register established.	Negative	2	3	6	Moderate	01/05/2024	01/08/2024

Strategic Risk Dashboard

Reference	Risk Owner	Risk Description	Reason For The Risk	Risk Score Matrix
SRR 005	Chief Operating Officer	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system	a) Due to inadequate arrangements to support system-wide patient flow	
SRR 008	Director Of Nursing	There is a risk that the Health Board fails to build positive relationships with patients, staff and the public	a) Due to inadequate arrangements to listen and learn from patient experience and enable patient involvement	
SRR 010	Director of Therapies and Health Science	There is a risk that the Health Board will fail to protect the Health and Safety of staff, patients, and visitors in-line with its duties under the Health and Safety at Work Act 1974	governance, and assurance arrangements in place to implement, embed and monitor the Health Board's compliance with the Act's requirements, specifically, Manual Handling, RIDDOR Reporting, Fire Safety Risk Assessments, and Work-based Risk Assessments.	



Assessment of adequacy of assurances	POSITIVE = Identified assurances are deemed robust in telling us that the controls in place are working effectively.
	REASONABLE = Identified assurances are deemed adequate in telling us that the controls in place are working effecively, however some gaps have been identified which need to be addressed.
	NEGATIVE = Identified assurances are deemed insufficent in telling us that the conrols in place are working effectively with substantial gaps identified which need to be addressed.

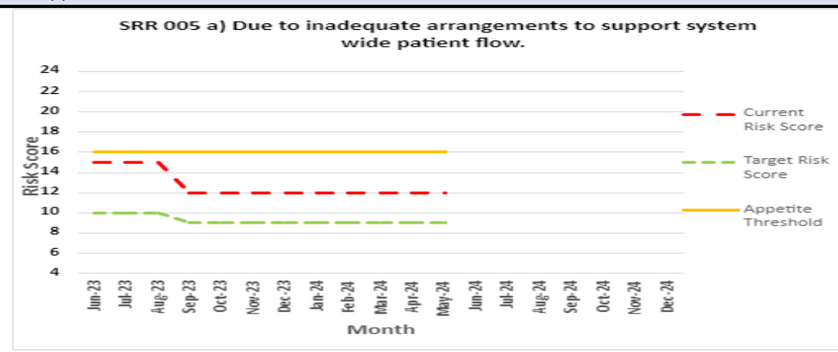
Key	
	Current Score ●
	Target Score X
	Appetite Threshold ◊
	Current to Target ◄–

RISK THEME	SERVICE DELIVERY			
Strategic Risk - SRR 005	**There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system.**			
Strategic Threat	**a) Due to inadequate arrangements to support system-wide patient flow**	**Publication Status**	Public	
Impact	➢ Avoidable deaths or significant harm ➢ Delays in releasing ambulances from hospital sites back into the community ➢ Delayed discharges from acute and non-acute settings resulting in deteriorating patients; ➢ Litigation & Financial Penalties ➢ Reputational damage and loss of public confidence			
Lead Director	Chief Operating Officer	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	Patient Quality, Safety & Outcomes Committee	**Likelihood**	3 *(Possible)* x	3 *(Possible)* x
Initial Date of Assessment	01 June 2023	**Impact**	4 *(Catastrophic)*	3 *(Minor)*
Last Reviewed	01 April 2024	**Risk rating**	**= 12** *(High)*	**= 9** *(High)*
Next Review Due Quarterly based on the current risk score	01 July 2024			

Risk Appetite Level - Open
Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure.

Risk Appetite Threshold – Open SCORE 16 AND BELOW
Risk related to all aspects of our ability to deliver, manage, and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.

SUMMARY
The current risk level is **OUTSIDE** of target level but **WITHIN** appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.



Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall Assessment)*
• Escalation Policy. • Performance and Accountability Framework • Major incident Procedures • Daily X-site flow meetings - Twice daily flow calls to receive updates from all acute sites as well as community services. Allowing opportunity for escalation of risks. • Escalation communications – ambulance focussed email escalation when congestion begins to build up on the GUH forecourt. Aim to escalate to senior management to aid in quick risk-based decision making. Includes members of the Executive team. • fortnightly safety flow forum – Cross divisional focused forum to look at priority areas to improve flow from across the system. Action focussed and task driven. • Enhanced monitoring in place for U&EC • Range of performance measures/metrics in place • Repatriation mechanism with neighbouring Health boards – Daily repatriation calls between head of operations and counterparts in south Wales to ensure regular dialogue to repeat patients between hospitals and health boards. • Maximum Capacity Plan – Executive team agreed maximum capacity plan to ensure there is clear description ad guide for where extra capacity can be accessed to ensure patient flow is maintained. • Planned care recovery meetings with the NHS execs. • Regular Dialogue with WAST regarding flow across the patch/regional and attending national calls. • WG – IQPD meetings to review areas of focus.	• Escalation framework – evidence suggesting inconsistent escalation of ambulance position / long waits and rationale. Workshops in diary. • Improve regional acceptance of flow processes with neighbouring Health Boards.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • The Escalation Framework has been enacted and is effective in mitigating threats and impact to services. • Performance report against measures/metrics **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • Divisional Assurance reviews. • Performance against measures/metrics reported to the Executive Committee **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* • **Internal Audit Reviews** 1. Intra-site Patient Transfers (Q1) - Not Yet Reported (expected to be received at Audit, Risk & Assurance Committee in February 2024.	**Gaps in Assurance** • Evidence that the Escalation Framework is delivering improvements across all areas of patient flow e.g., ambulance handovers. • The impact of the Performance and Accountability framework in improving patient flow **Action to Address Gaps in Assurance** • Close monitoring and reporting of the frameworks in practice to support learning and improvements.	**Reasonable Assurance**

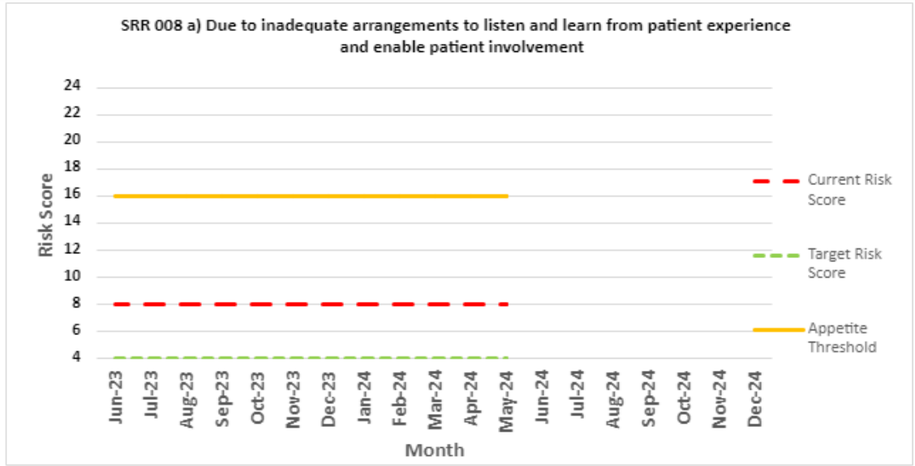
		• External inspections/visits.		

RISK THEME	TRANSFORMATION AND PARTNERSHIP WORKING			
Strategic Risk - SRR 008	**There is a risk that the Health Board fails to build positive relationships with patients, staff, and the public.**			
Strategic Threat	a) Due to inadequate arrangements to listen and learn from patient experience and enable patient involvement.	**Publication Status**	Public	
Impact	➢ Adverse impact on patient experience; ➢ Failure to deliver health board priorities, required improvements and achieve longer-term sustainability; ➢ Reputational damage and loss of public confidence; ➢ Failure to deliver Duty of Quality.			
Lead Director	Director of Nursing	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	Patient Quality, Safety & Outcomes Committee	**Likelihood**	2 (Unlikely) x	2 *(Unlikely)* x
Initial Date of Assessment	01 June 2023	**Impact**	4 *(Major)*	2 *(Minor)*
Last Reviewed	01 April 2024	**Risk rating**	**= 8** *(High)*	**= 4** *(Moderate)*
Next Review Due Quarterly based on the current score	01 July 2024			

Risk Appetite Level – Open
Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure

Risk Appetite Threshold – Open SCORE 17 AND BELOW
All risks relating to our ability to engage effectively with other organisations including development of collaborations and partnerships along with all risks associated with innovation, transformation, and strategic change.

SUMMARY
The current risk level is **OUTSIDE** of target but **WITHIN** the appetite threshold. The target level is **WITHIN** the set appetite threshold.



Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall Assessment)*
• Corporate Engagement Team • Patient Experience and Involvement Strategy- organisational ownership • Person Centred Care (PCC) Surveys via CIVICA • PCC KPI's (support PCC Quality pillar) • 'You said…… we did' public facing information for service areas. • PLO service at GUH • Introduction of PALS Service (Oct 23) • Volunteer Patient Experience Feedback	• Structured graduated approach to roll out of Civica to ensure divisional teams can use and access data. This will ensure sustainable progress. • PCCT staff training to support Civica data entry and retrieval. • Programme Manager for Dementia working regionally to improve public engagement and promote the role of Community Listeners. • Employment of dedicated PALS team who will have a key role in gaining feedback from patients, staff, and relatives. Monthly reporting in place and quarterly updates to QPSOG	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Patient Experience and Involvement Team oversee patient experience through dedicated work programme and link in with divisional teams. • Concerns are fed back to divisional teams when identified. • Outcome of the volunteer feedback to drive improvements. • Patient Experience and Involvement Team undertaking Culturally Competent Accreditation • Immediate feedback and escalation to clinical teams following PALS queries and concerns. **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • Regular reporting to the Patient Quality, Safety & Outcomes Committee (PQSCO)	**Gaps in Assurance** • No SMS provision to increase the number of PCC surveys. • No single point of contact or 'drop in' provision for patients/families/staff to raise initial patient experience concerns. • Need to develop bereavement model and improve bereavement offer to meet Bereavement Standards. Resources being scoped. • Survey of bereaved people needs to be developed and rolled out to meet Bereavement Standards. **Action to Address Gaps in Assurance** • Discussions with VBHC team to consider SMS through DrDoctor with pilot at ED	**Reasonable Assurance**

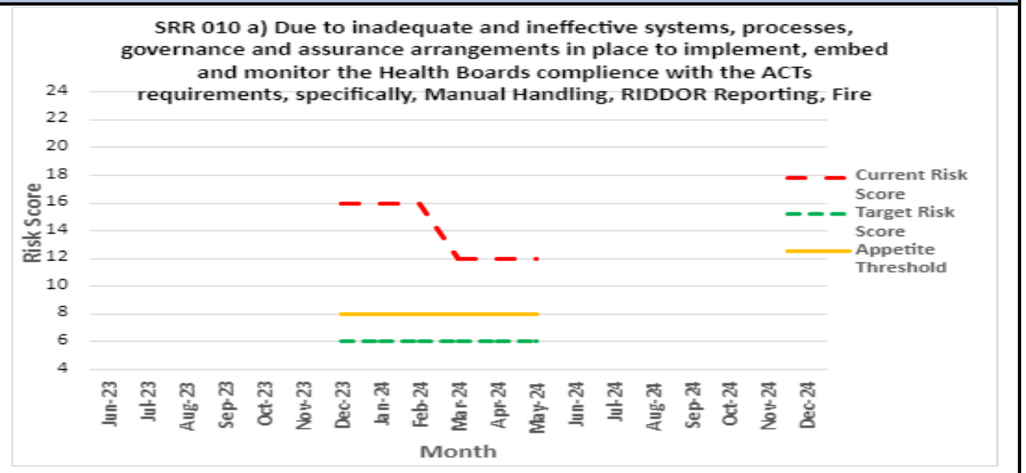
• Collaboration to recruit community listeners to support Dementia Awareness • Digital patient stories to support listening and learning. • Patient Experience and Involvement Strategy • DATIX • Oversight of Medical Examiner reports to determine patient experience actions. • Public Engagement- Big Conversation Bereavement held 20th March 2024 • People Participation Panel ED in Progress	• Completion of surveys limited to QR code access or physical presence of PCCT to manually ask and in-put data. No SMS provision. - Discussions with VBHC to pilot SMS in ED through Dr Doctor • National directives around new national surveys that need to be managed additional to internal roll out programme. • Volunteer feedback to be reviewed to identify themes.	• Listening and Learning reported through QPSOG/ Outcomes Committee • Implemented PALS DATIX Module **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* • LLais Reports • HIW inspections • Advocacy reports	• PALS Single point of contact is established. PALS officers have key role in patient experience and involvement- including establishing 'drop in' clinics on hospital sites should patients/staff/relatives wish to discuss concerns. Ned to have discussions with facilities around rooms. • Patient experience KPI's and common themes need to be identified and reported through the PCC Survey. These will be added to a template patient experience report and CIVICA surveys will be built into ward accreditation.	

RISK THEME	COMPLIANCE & SAFETY			
Strategic Risk - SRR 010	**There is a risk that the Health Board will fail to protect the Health and Safety of staff, patients, and visitors in-line with its duties under the Health and Safety at Work Act 1974**			
Strategic Threat	**a)** Due to inadequate and ineffective systems, processes, governance, and assurance arrangements in place to implement, embed and monitor the Health Board's compliance with the Act's requirements, specifically, Manual Handling, RIDDOR Reporting, Fire Safety Risk Assessments, and Work-based Risk Assessments.	**Publication Status**	Public	
Impact	➢ Unintended physical harm; ➢ Punitive actions from the Health and Safety Executive (HSE); ➢ Increased levels of staff sickness; ➢ Loss of estate due to unsafe environments; ➢ Financial implications; ➢ Adverse publicity; and, ➢ Reputational damage			
Lead Director	Director of Therapies & Health Science	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	Patient Quality, Safety and Outcomes Committee	**Likelihood**	3 (*possible*) **x**	**2** (*Unlikely*) **x**
Initial Date of Assessment	01 December 2023	**Impact**	***4*** *(Major)*	**3** *(Moderate)*
Date Reviewed	01 May 2024	**Overall Risk Rating**	**= 12** *(High)*	**= 6** *(Moderate)*
Date of Next Review Quarterly based on the current score	01 August 2024			

Risk Appetite Level - MINIMAL.
Any risk that has a MINIMAL risk appetite level should be managed to a **Score of 8 or below**.

Risk Appetite Threshold - Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible / low likelihood of occurrence of the risk after application of controls.

SUMMARY
The current risk level is **OUTSIDE** of target level and **OUTSIDE** appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.



Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall Assessment)*
• Attendance at Divisional Quality & Patient Safety meetings provides a forum to discuss Health and Safety concerns/best practices. • Health and Safety Policies and Procedures • Dedicated Health and Safety site on ABPULSE • Provision of dedicated health and safety expertise and advice to meet the requirements of the Management of Health and Safety at Work Regulations 1999, Regulation 7 'Health and Safety Assistance'. • Health and Safety training for all staff (include general H&S, fire safety, manual handling, violence & aggression) • Partial Programme of Health and Safety Monitoring (Active & Reactive) • Corporate and Directorate Health and Safety Risk Register established. • Board Training / Development (delivered on 24 Apr 2024)	• Health and Safety Governance and reporting arrangements (Health and Safety Committee) • Develop and implement a 3-year health and safety culture plan, including the implementation of a new Health and Safety Management System • Suitable and Sufficient Risk assessments (including local risk assessments, specific fire risk assessments, and fire risk assessments) • Consultation and communication with the workforce regarding compliance with the Act • New ways of working with Divisions to ensure accountability for health and safety is recognised. • Implement key performance indicators to monitor health and safety compliance. • Review the governance arrangements for the Health & Safety Committee • Health and Safety Policies and Procedures to be reviewed. • Onboard further Manual Handling trainers across the organisation to improve compliance. • Scope for training non-Health Board staff	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Health and Safety compliance data extracted from ESR and Datix and reported **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • Established monitoring of H&S at the Executive Committee • Corporate H&S report risk and assurance to the Health and Safety Committee • Established monitoring of H&S at the PQSO Committee **Level 3 Independent**	**Gaps in Assurance** • Implementation of a health and safety performance report • Health and Safety Committee Membership and governance to be reviewed to ensure there is robust scrutiny and challenge on compliance with the Act. • Compliance on completion of risk assessments and mitigating actions **Action to Address Gaps in Assurance** • Revise accountability arrangements for Health and Safety being progressed as part of the organisational Health & Safety Governance Framework. • Review the membership and ToRs of the Health and Safety Committee	**Reasonable Assurance**

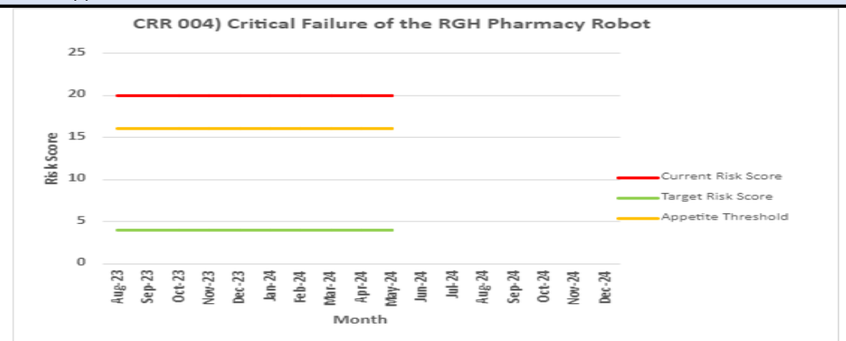
• Implementation of the Health, Safety, and Fire Improvement Plan for 2023/24 to address 7 risk areas of concern.	• Learning from events to be documented and communicated to the organisation.	*(Implemented by both auditors internal and external independent bodies.)* • Performance reviews at All Wales Health and Safety Management Steering Group • Internal Audit – H&S processes Review to be included in 2024/25 Plan. • South Wales Fire & Rescue Service fire safety audit programme. • Health and Safety Executive reviews/inspections.	• Risk assessments and mitigating actions to be documented and reported regularly to demonstrate progress against the Improvement Plan	

RISK THEME	Service Delivery - Critical Failure of the RGH Pharmacy Robot			
Corporate Risk (Operational) (CRR 004)	There is a risk that the Health Board will not be able to deliver and maintain high-quality, safe services across parts of the healthcare system.			
Threat (Due to)	➢ Due to a critical failure of the Robot.			
Impact	• Unintended patient harm from missed doses of medicines due to the disruption in supply; • Impact on patient flow through our hospitals due to the delay in supplying medicines at discharge; reduced ability to process TTHs; • Reduced clinical pharmacy service at ward level to support local procurement teams at each pharmacy department, with redistribution of staff to departments with functioning robots to focus on medicines supply. A reduced clinical service will lead to a reduction in medicines reconciliation and reduction in the identification of prescribing errors leading to further patient harm; and, • Further deterioration in staff morale leading to further vacancies.			
Lead Director	**Medical Director**	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	**Patient Quality, Safety & Outcomes Committee**	**Likelihood**	**5** *(Almost Certain)* *x*	**1** *(Rare)* x
Initial Date of Assessment	**01 July 2023**	**Impact**	**4** *(Major)*	**4** *(Major)*
Last Reviewed	**16 May 2024**	**Risk rating**	**= 20** *(Extreme)*	**= 4** *(Moderate)*

Risk Appetite Level – OPEN
Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure.

Risk Appetite Threshold - 16 AND BELOW
Risk related to all aspects of our ability to deliver, manage, and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.

SUMMARY
The current risk level is **OUTSIDE** of target level and **OUTSIDE** appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.



Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall Assessment)*
• GUH and YYF staff are trained to complete 'critical low' supplies for bulk items that fall below set PAR levels for onsite Omnicell's before top-up trigger from RGH. • Automated daily reports to sites are in place to trigger supply to maintain critical levels of stock across hospital sites in between centralised top-up from RGH. • Contingency plans are in place and will be enacted in the event of a catastrophic failure. 1. **Short Term -** To reduce the impact and volume of Omnicell top-ups required to be diverted to other sites a risk-stratified approach would be followed as per ABUHB Pharmacy Contingency plan. This would enable high-risk and large volume areas to be topped up in priority order e.g., NICU, ICU, GUH ED, GUH MAU, RGH MAU, YYF MAU, etc. 2. **Medium Term** - Redirect Omnicell automation from RGH to GUH for assigned Omnicells with the least diverse stockholding. This will require approximately 3-4 pharmacy assistants to be redirected from ward-based pharmacy services. Due to the use of critical low processes distribution staff at GUH are trained to complete the release of Omnicell orders. • Medication-related DATIX reports are reviewed at the point of robot failure to determine the impact.	• Replacement robot purchased; awaiting project scheme to start. Anticipated timelines for robot installation are Aug– Oct 24.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Critical levels of stock checked and reported daily. • The operational status of the Robot is monitored at the Pharmacy, Divisional Senior Leadership Team, and at Divisional Assurance meetings. • Reporting on the number of medication incidents or patient harm related to a critical failure. **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • Operational status of the robot and service delivery monitored by the Executive Committee through the Corporate Risk Register Report • Management of the risk is monitored by the PQSO Committee • Recorded and updated on Datix. • Robot purchased and expected installation Aug – Oct 2024 which will eliminate the risk. **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* • Not applicable	**Gaps in Assurance** • The impact on staff following a critical failure and the effectiveness of business continuity plans. **Action to Address Gaps in Assurance** • Debrief sessions to be enacted to document lessons learned, and to update continuity plans where necessary.	**Reasonable**

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

APRIL 2024

Overview

The Patient, Quality and Safety performance report provides the Committee with an overview of the Health Board's quality and safety metrics and summary of performance. It is aligned to the Ministerial priorities and key challenges. This is an interim report that includes data on:

- **Quality and Safety Pillars**
  - Patient Experience and Staff Feedback
  - Incident reporting and severity of harm
  - Complaints and concerns
  - Infection Prevention and Control
- **Reporting by Exception**
- **Areas for Escalation**
- **A focus on:**
  - Human factors
  - Datix incidents
  - Cancer

Performance Data

Section 1

QPS Updates

The centralised Quality Patient Safety (QPS) teams and resources have been aligned since Feb 2024, currently includes QPS, PTR, Legal Services and the OCP for the Quality Improvement (QI) teams in underway and should conclude by End of May 2024. The changes are realising several benefits including: -

- Supporting a culture of shared learning and a triangulated approach to quality, patient safety and experience.
- This has allowed engagement and collaboration with Divisional teams.
- Approval of a Listening and Learning Framework, which includes a Learning Repository. Implementation plan is underway.
- Meeting with Divisional triumvirates and Medical leads in QPS has facilitated a review of the Health Board's Quality, Patient Safety and Experience assurance meetings. This is a key objective within the Quality Strategy and will strengthen ward to board accountability.
- We will continue to review bespoke training to support staff undertaking investigations.
- The patient engagement and involvement strategy continue to progress the delivery of person-centred care, which included patient participation panels, PALS and bereavement services.
- The Patient Safety Incident team are continuing to review The Health Board's processes for managing incidents and are ensuring effective triangulation of incidents. This will ensure improved quality, timeliness and person-centred response.
- There is continued work on improving the backlog of complaints in line with PTR regulations.
- Following the end of the Safer Care Collaborative the Health Board is reviewing the Faculty to facility and support the ongoing work and projects within Quality Improvement.

Patient Experience Feedback (CIVICA)

Patient Experience Feedback – 1st April – 30th April 2024

Total Surveys Completed = 438

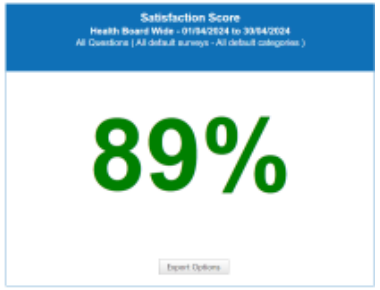
Person Centred Care (PCC) Survey Completed = 412

Satisfaction Score

Adborth Cleifion: Gwrando a Dysgu

Patient Feedback: Listening and Learning

All Surveys



PCC Survey

Patient Experience and Involvement Team are continuing to engage with and support Divisions to address areas for learning and improvement. To include: -

- Divisional Monthly Reporting
- Listening and Learning from QPS team
- Ensuring each live area has someone accessing the patient feedback

Patient Experience Feedback (CIVICA)

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Patient Feedback: Listening and Learning

Division	Responses	2 - I felt listened to	2 - I was able to make my own decisions about my care	2 - I had care and support from staff who understood my needs and respected my choices	2 - I had the support of my family (or friends) when I needed them	2 - I felt safe	2 - I felt physically comfortable	2 - I was given information and advice that I could understand to help me keep well	2 - I was told who to contact if I need care and support in the future	Overall
		Person Centred Care	Person Centred Care	Person Centred Care	Person Centred Care	Person Centred Care	Person Centred Care	Person Centred Care	Person Centred Care	
Surgery	111	99	93	100	98	100	96	98	94	97
Workforce & OD	0	-	-	-	-	-	-	-	-	-
Clinical Support Services	2	100	100	100	100	100	100	100	100	100
Complex & Long Term Care	8	69	81	81	94	100	88	88	75	84
Corporate	0	-	-	-	-	-	-	-	-	-
Urgent Care	10	85	85	89	89	80	61	80	72	80
Primary Care & Community	31	77	78	92	89	92	87	88	76	85
Family and Therapies	14	89	86	86	100	93	89	89	96	91
Medicine	220	87	78	90	94	93	88	85	77	87
Mental Health and Learning Disabilities	16	88	81	94	87	94	78	91	72	85
	Overall	89	83	93	94	94	89	89	82	89
	Benchmarks	85	85	85	85	85	85	85	85	85

Patient Scoring against closed questions on PCC Survey – Heat Map (Health Board Wide by Division)

Top 3 Themes from PCC Survey

Positive

amazing care and support . you are all super stars. you go above and beyond

i have had the best care and compassion from the staff. thankyouim very grateful

helpful staffclean ers and hostess are nice to

Not So Positive

the food was not always hot enough and there wasnt much choice

staff shortages meant i had too wait to be seen to going to the bathroom etc

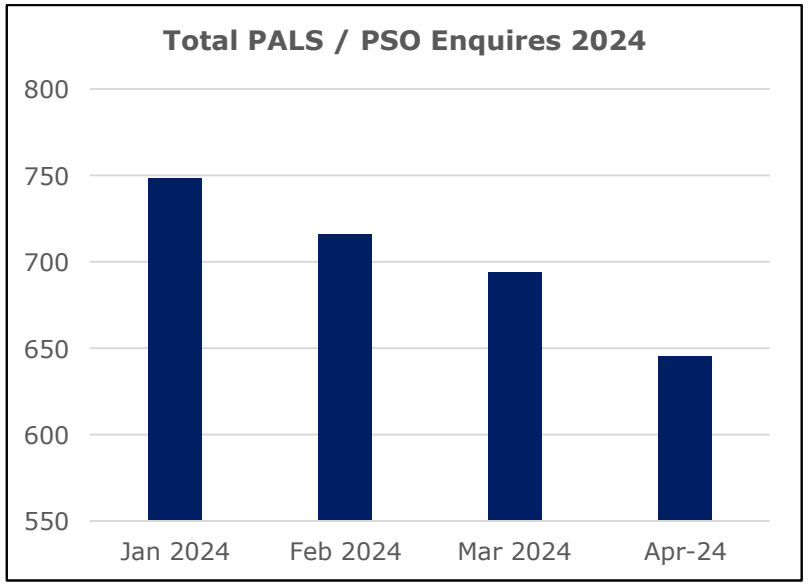
no tv in the room my grandmother was in. all other rooms seemed to have a tv

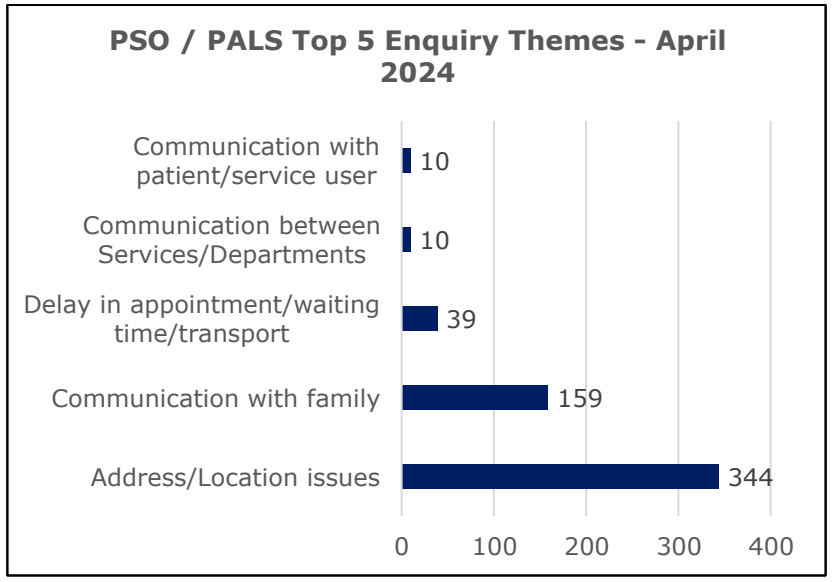
Top 3 Themes from PCC Survey

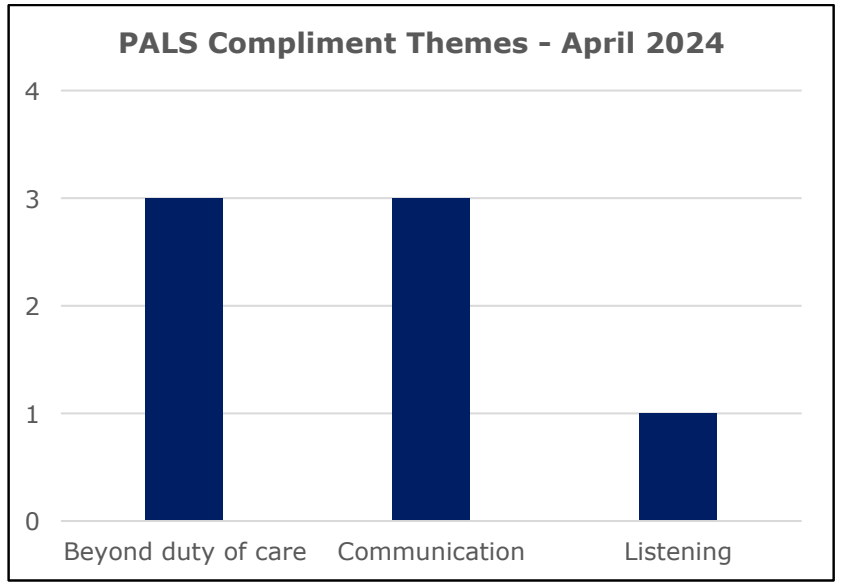
Positive Themes	Negative Themes
Emotional and Physical Support (79) helpfulattentiveunderstanding helpfulsisters reassured. supporting reassuring helpfull "care and support" "support me" helpful assisted helpfulfeel supportive "best support" helpfulvery helped helpfulwill "given support" "so understanding" encouragement	**Food & Beverages (22)** "not given enough to drink" "more fresh foodyoghurt" "more food choices" "choices food" "choice meal" "food choices" "food not" "food was not" "meals were awful" "meal not" "meal was not" "tea not" "food was awful" "no coffee" "better food" "food is disgusting" "food choice" "food is not" "more food" "food was sometimes cold"
Compassion (74) "were patient" "very patient" thoughtfulness reassure reassuring gentle thoughtful supportive empathy understanding caring compassionate patience kind reassured calming compassion sensitively considerate "friendly and patient"	**Waiting (14)** "long time before" cancelled waited wait waits waiting "nearly an hour"
Helpfulness (58) obliging willing helpful attentive "extra mile"	**Facilities (8)** "bed pans needing" "room and not" "blinds are difficult" "no tv" "bed not" "no television" "waiting room and not" "bathroom different"

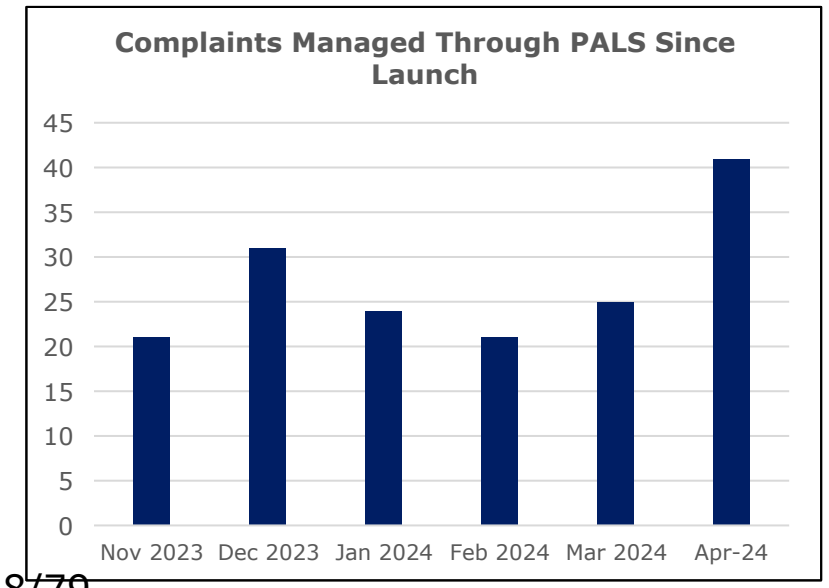
Patient Advice & Liaison Service

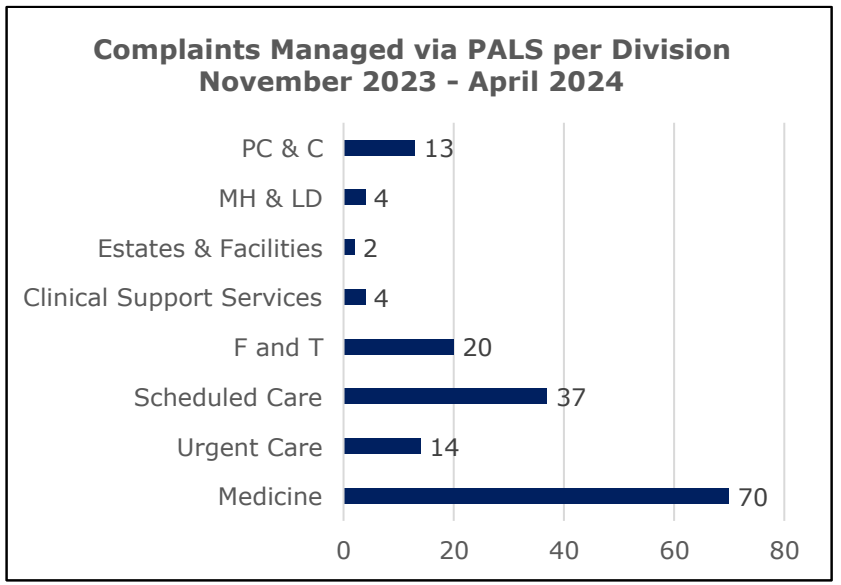
Gwasanaeth Cyngor a Chyswllt Cleifion
Patient Advice and Liaison Service

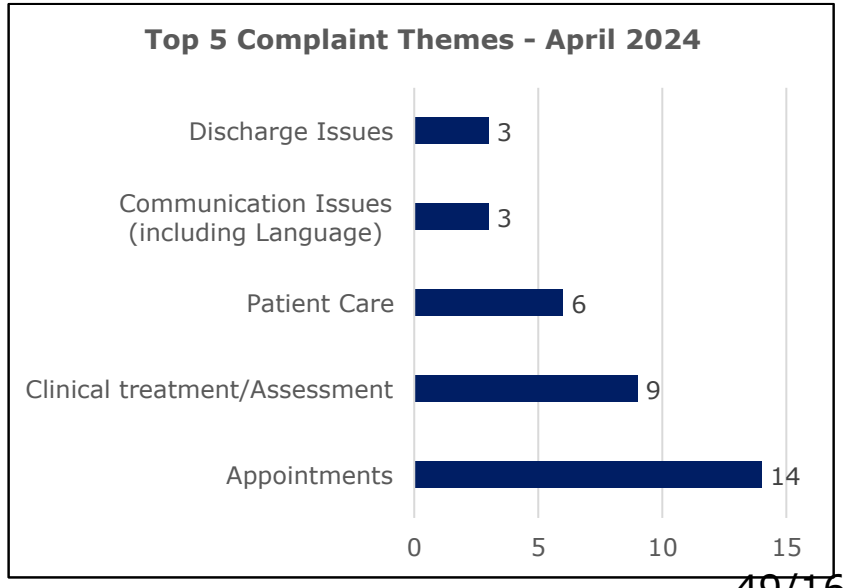




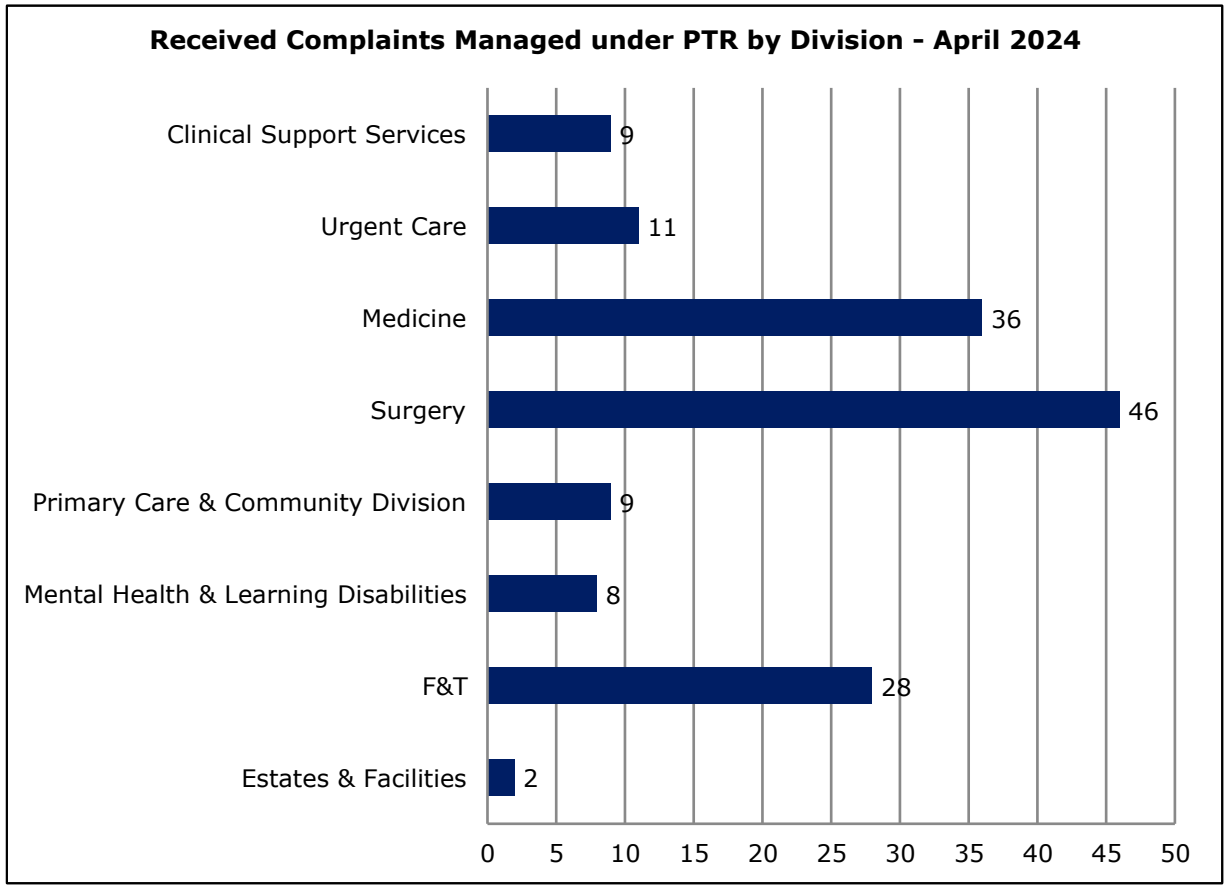


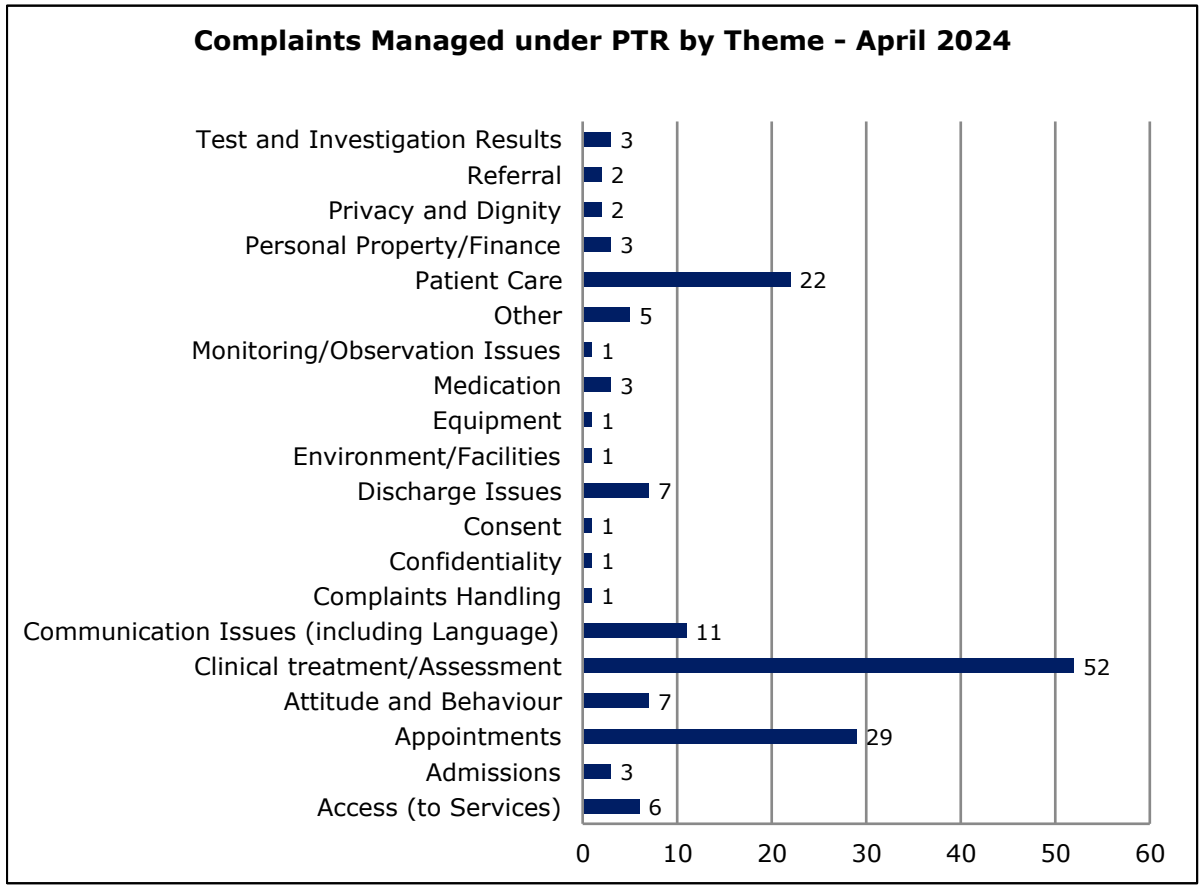


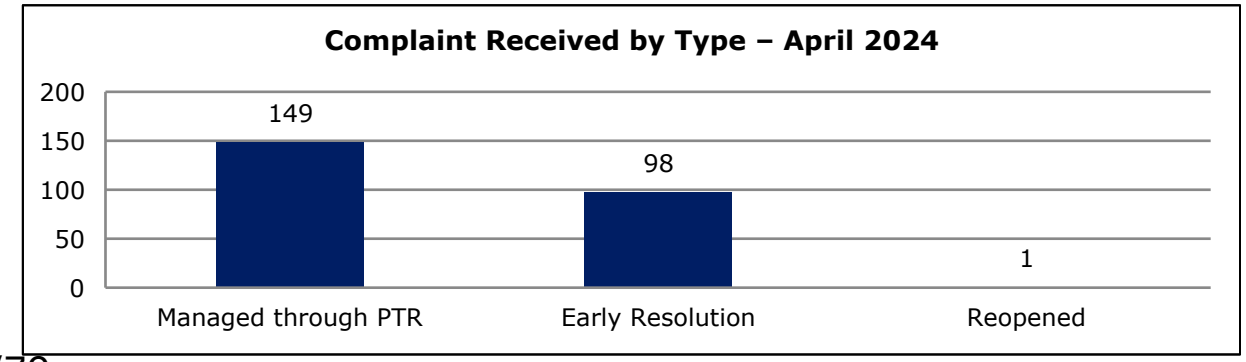


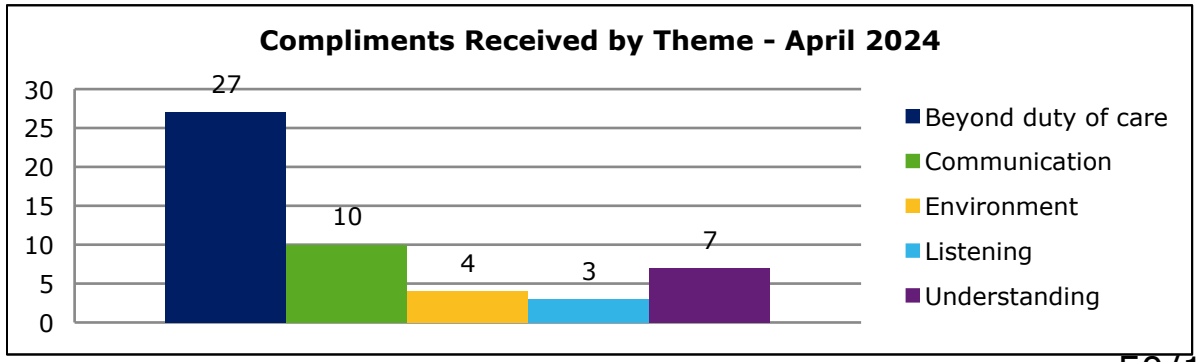


Complaints and Compliments

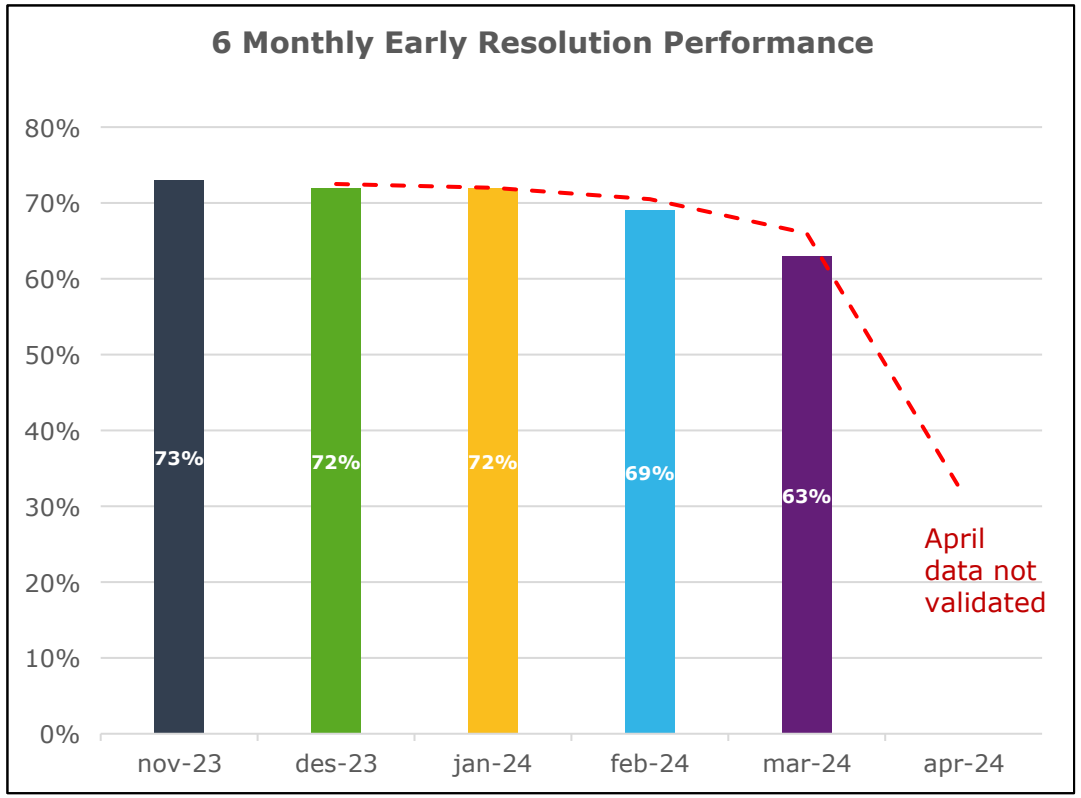


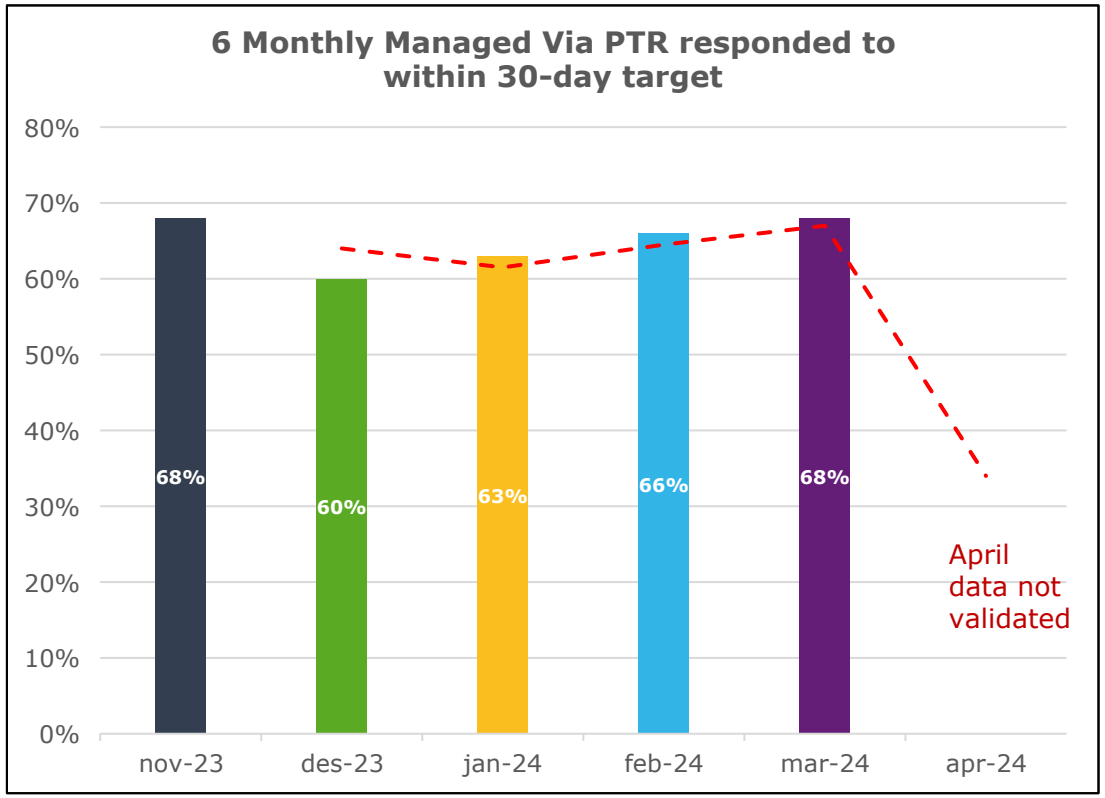






Complaints and Compliments

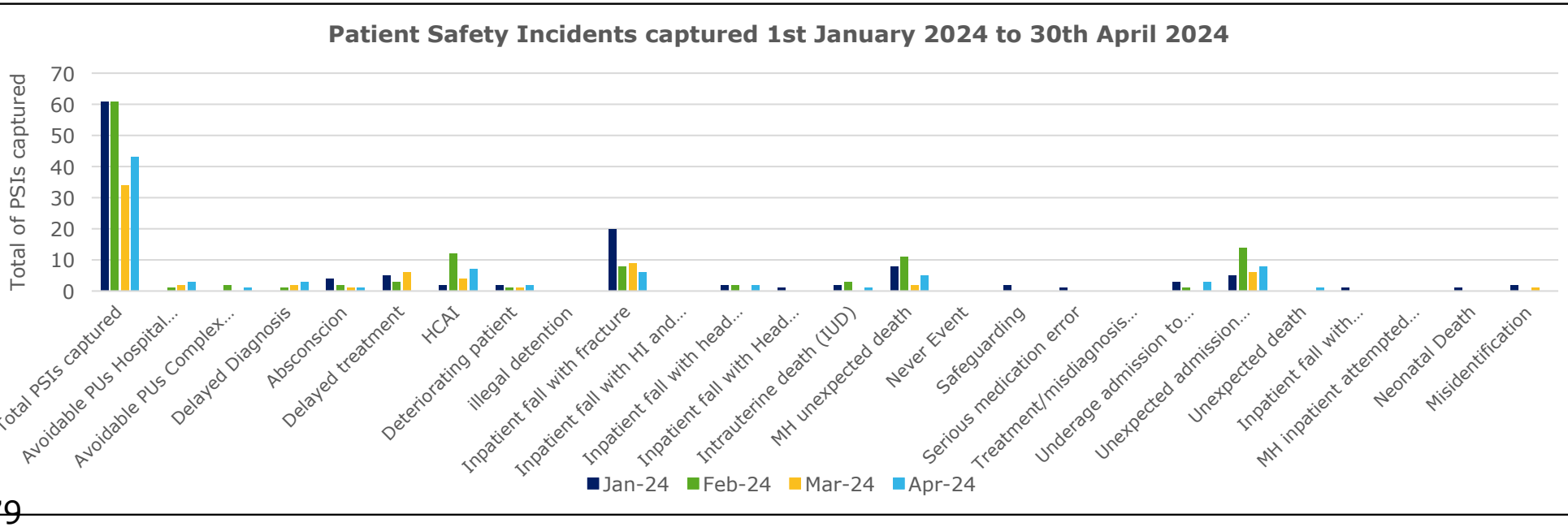




During April we received 249 complaints. The Health Board has been unable to validate April's data due to an issue with the system.

Patient Safety Incidents

A total of 39 Patient Safety Incidents were identified during April 2024. MH Unexpected Death, Unexpected Admission to NICU and Inpatient fall with # were the top themes.
The Health Board reported **14** NRIs in **April** 2024.
There were 10 EWNs reported to WG during this period. Themes included varied safeguarding issues, absconsions and a burst water main at Nevill Hall Hospital,



Corporate PSI Team Update

A new Patient Safety Incident Report template with guidance notes has been developed, drawing on best practice from other Welsh Health Boards, NHS England, Safety Science and local feedback. The aim is to improve how patients/families are involved in the PSI process, include Duty of Candour and how learning and recommendations will be shared/monitored. These were disseminated for consultation with ABUHB stakeholders and feedback received. The feedback is currently under review with the PSI team.

The revised PSI Template also incorporates the Yorkshire Contributory Framework domains, in line with the investigation criterion within the RL Datix system.

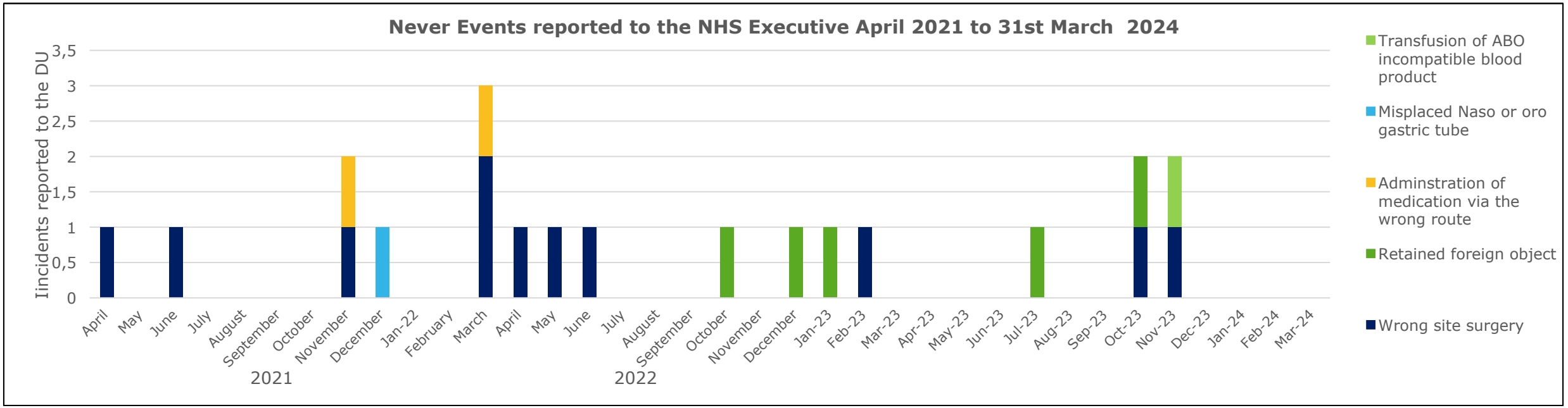
In addition, eight Patient Safety Incident Executive Chairs have been identified. The Roles and Responsibilities of the Executive PSI Chairs has been developed, and in conjunction with the Head of Patient Safety workshops will be held for all current and new Executive chairs in order to standardise the chairing process.

National Reportable Incidents (NRIs) closed in April 2024

Background	Learning and Improvement
A patient underwent chemotherapy treatment at a specialist tertiary centre. Treatment was completed with a complete response. The Oncology Consultant wrote a referral letter back to the gentleman's GP, stating that the treatment plan was to refer him back to the Chest team for ongoing follow up. He did not receive a follow up appointment as per proposed plan. At a later date a left lung mass consistent with the primary tumour was identified, which had metastasised.	➢ Development of treatment outcome summaries which detail the ongoing arrangements for each patient after completion of their cancer treatment. ➢ All previous patients referred to tertiary centres for treatment audited to ensure f/up treatment commenced if appropriate. ➢ Bank Administrative staff are not used, and workload distributed among existing substantive staff. ➢ ABUHB specific email address for referrals back to the service, as agreed with tertiary centre.
A patient detained under section 37 of the Mental Health Act took a chair from the dining room on the ward and used it to climb the fence of an external courtyard. The patient sustained extensive leg and ankle fractures.	➢ Anti-climb device to fitted to fencing. ➢ Additional work undertaken to remove potential hand and footholds. ➢ Artwork removed from the current fence in the courtyard to increase the visibility to the other side.
Worsening blood test results and the presence of a new and evolving chest sepsis were not identified prior to transfer from the critical care centre to an eLGH. This led to an acute deterioration following transfer, resulting in palliation and death. There were added difficulties in this incident secondary to language boundaries.	➢ The Interpreter and translation service flowcharts are now visible within ward areas for ease of access. ➢ All staff are now able to identify and seek the appropriate support for any patients within their care who may have communication or language needs. ➢ The document used to facilitate the handover of patients between hospitals, wards, or departments amended to include a specific section that indicates whether any test results are pending and awaiting review. ➢ If the results of any pending blood tests are likely to result in treatment interventions that would make the transfer of the patient to another ward or hospital unsuitable, then the transfer is put on hold until the test results are available and have been reviewed. ➢ Report shared with the staff directly involved in this incident for reflection and learning.
A lady had a lesion removed. She was scheduled to attend a follow up appointment 3 months later. An error on the Welsh Patient Access Scheme (WPAS) resulted in the removal from the computer booking system, WPAS. Therefore, she did not receive any further clinic appointments. A year late she was diagnosed with a metastatic melanoma. She died within 3 months.	➢ Ticks applied for all clinicians if patients are seeing multiple clinicians within one service. ➢ Report shared with admin, nursing and medical staff for awareness. ➢ Review undertaken of all patients from 2021 (under specific Dermatology consultant) to present to ensure no other patients have been affected by this issue.

Never Events

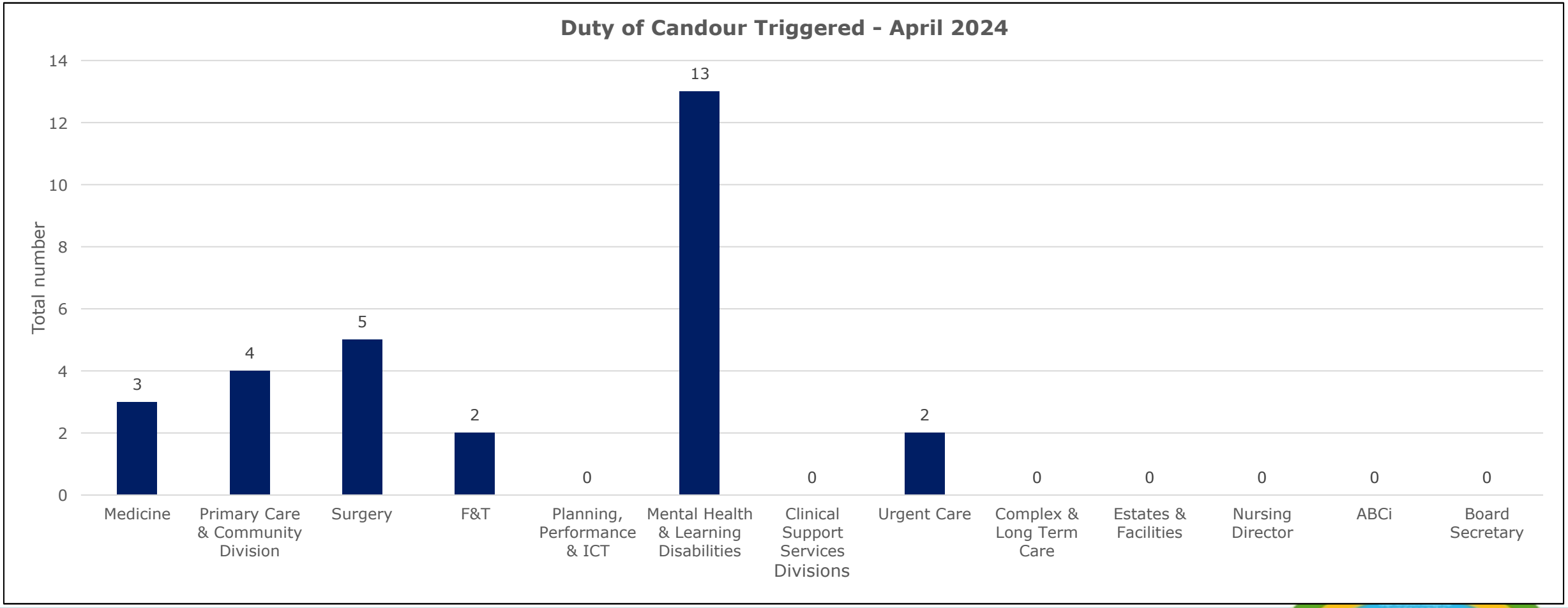
- 0 Never Events reported during April 2024.
- The PSI team are currently engaging with the NHS England Never Events consultation in conjunction with NHS Wales colleagues.
- 2 NE SI's closed in period - Key safety themes identified and prioritised as a key area of improvement focus. Patient Safety Incidents Team supporting ongoing Never Event investigation using a systems approach and methodology to ensure high quality reviews.



Never Event Workstreams	Improvement Work
Wrong lesion removed due to positioning /view of anatomy	➢ In all 'See & Treat' Dermatology outpatient clinics, lesions to be removed surgically on the day are marked clearly with an arrow prior to the patient entering the minor operating theatre. If the lesion has not been marked, the operator should hold off the procedure. ➢ An ongoing spot audit performed by the operator in each clinic across all 'See &Treat' Dermatology Outpatient clinic settings to document how many and which patients (patient identifiers) have not been marked in each clinic.
Fascia Ileac incorrect side was blocked. -operatively.	➢ Final report and action plan to clinicians involved for inclusion in annual appraisal for reflection and development.

Duty of Candour

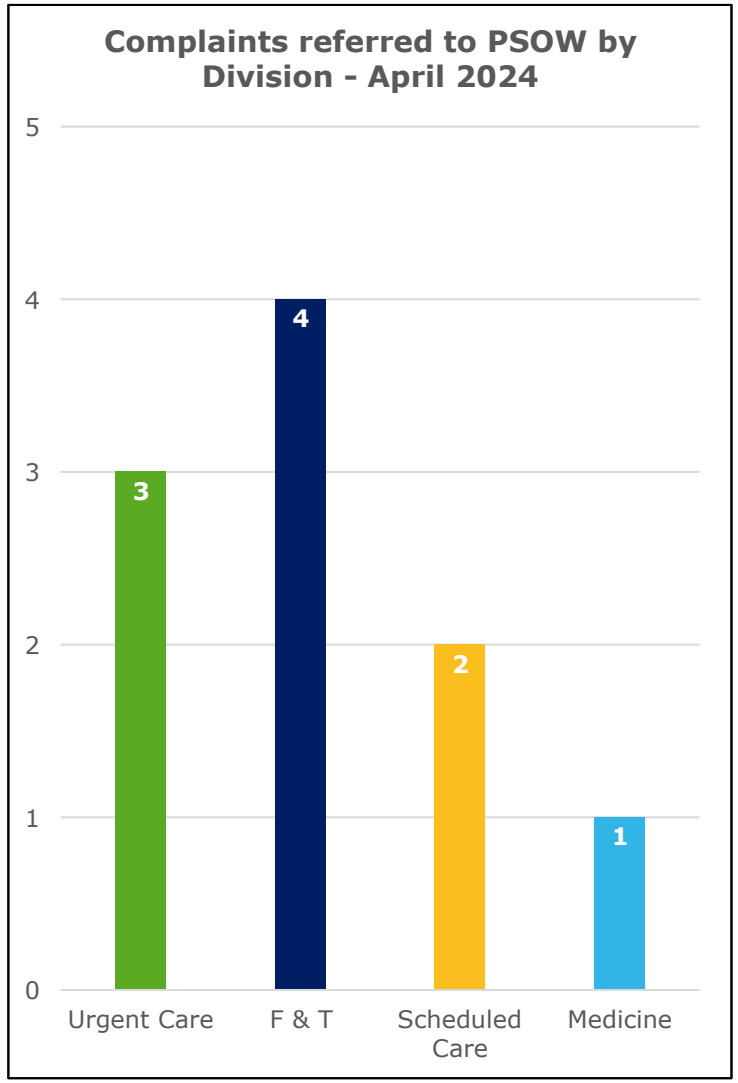
There have been **29** incidents that have triggered the Duty of Candour in April. *This figure is based on the initial/management review field recorded as Moderate or above.*

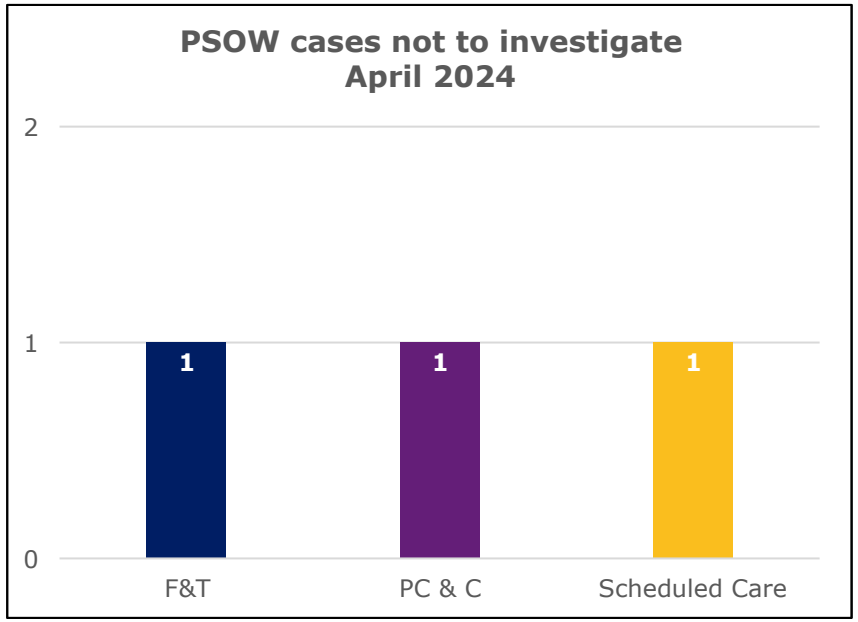


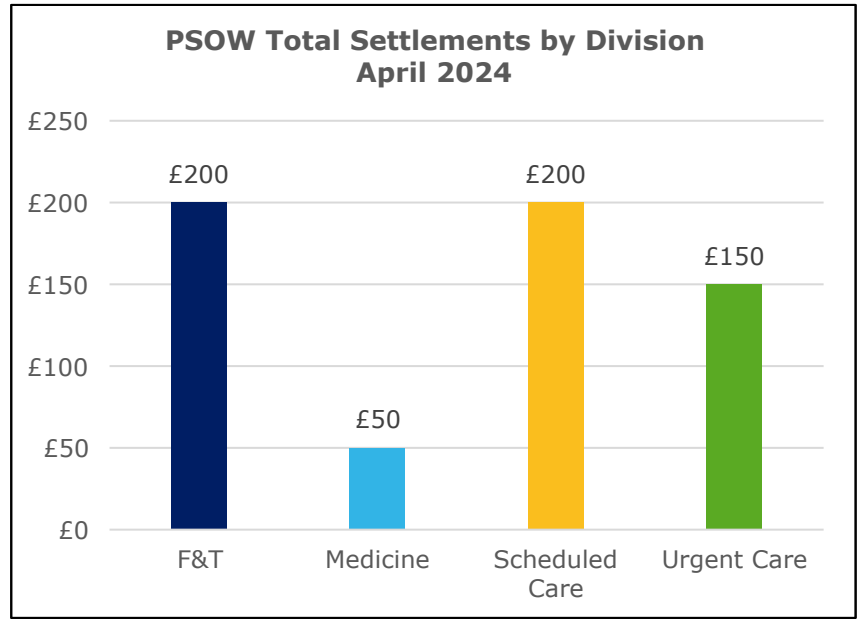
Wider Learning on Incidents

Issue	Cause	Remedial Action	Who
Increasing numbers of harm reviews required from Ophthalmology Directorate due to historical capacity and loss to follow up issues affecting up to 7000 patients.	Lack of capacity from lead clinician to undertake harm reviews and undertake a full PSI investigation for all patients.	Each case will undergo an individual harm review, and if found to be aligned to the central issue, resulting in harm, a Duty of Candour investigation will be enacted. There has been organisational agreement to develop an overarching action plan related to the delays overseen by the Deputy Medical Director.	Ophthalmology Directorate Manager

Ombudsman (PSOW)/Regulation 28







Top 3 reasons for investigation and settlement relate to:

- Clinical treatment/Assessment
- Failure to keep complainant updated, including reasons why.
- Complaint handling

There were no Regulation 28's issued in April 2024.

Infection Prevention & Control

All Wales comparison – WG Goals

	C. difficile	MRSA bacteraemia	MSSA bacteraemia	E. coli bacteraemia	Klebsiella sp bacteraemia	P. aeruginosa bacteraemia
Aneurin Bevan UHB	51.43	2.06	20.57	63.78	26.74	6.17
Betsi Cadwaladr UHB	42.43	3.54	22.98	76.02	8.84	0
Cardiff and Vale UHB	52.94	0	36.1	69.79	33.69	4.81
Cwm Taf Morgannwg UHB	46.58	0	32.88	76.72	32.88	8.22
Hywel Dda UHB	44.23	0	44.23	91.62	12.64	3.16
Powys THB	18.17	0	9.09	0	0	0
Swansea Bay UHB	63.46	0	38.08	60.29	31.73	0
Velindre NHST						
Wales	48.17	1.17	29.92	69.54	22.92	3.5

Issue	Cause	Remedial Action	Who	When
3 wards closed due to period of increased incidence of healthcare associated C difficile Ebbw Ward C4E A3 No cases linked by genomic sequencing	• Antibiotic usage • Compliance with fundamental IP measures i.e. hand hygiene, cleaning schedules	• Promote microbiology tests i.e. MSU, blood culture to support diagnostically and guide antibiotic choice • Contacting Microbiology on weekend for test results and any concerns with treatment to avoid delay • Appropriate escalation for some antibiotic choices • Sustaining compliance with cleaning schedules and hand hygiene audits • Drs to record rationale for all treatment • Notify nurse in charge if sample being collected • Discuss AMR linked to renal failure with medical team • Improve correct use of PPE with Facilities • Improve hand hygiene compliance with Medics & Therapies • CDI faculty within medicine	Ward Managers Senior Nurses Medical Teams Pharmacy	Ongoing
Increase in Staph Aureus Blood stream infections. 11 Staph Aureus (1 x community acquired MRSA, 8 community acquired MSSA & 2 healthcare associated)	• 5 associated with skin & soft tissue • 3 associated with respiratory • 1 associated with line infection • 1 associated with urine • 1 other/unknown cause	• Reintroduced root cause analysis meetings • Validation dashboards completed in April promoting compliance with medical devices • Promoting ANTT • Revisited screening within Critical Care	Ward Managers Senior Nurses Medical Teams	Ongoing
Increase with Gram Negative blood stream infections 31 E coli (19 community acquired) 11 Klebsiella (9 community acquired) 2 Pseudomonas (2 community acquired	• 4 gastro • 11 Hep • 5 respiratory • 2 skin • 22 urine of which 2 are CAUTI	• Reintroduced root cause analysis meeting for CAUTI • Oral hygiene faculty introduced on stroke ward • Validation dashboards during April • Promotion of ANTT • Pharmacy review for reisolated cases	Ward Manager Senior Nurse	Ongoing
One full ward closure due to Covid	• Shared facilities • Unable to isolate patients due to enhanced care	• Covid safety measures i.e. mask & PPE wearing • Cohort nursed where possible • Deep cleaned	Ward Manager Facilities	Completed end of April

External Assessments

Health Inspectorate Wales - Inspections and National Reviews

Ty Lafant, Llanfrechfa Grange (Unannounced Inspection)

Date of Inspection: **23rd & 24th April 2024**

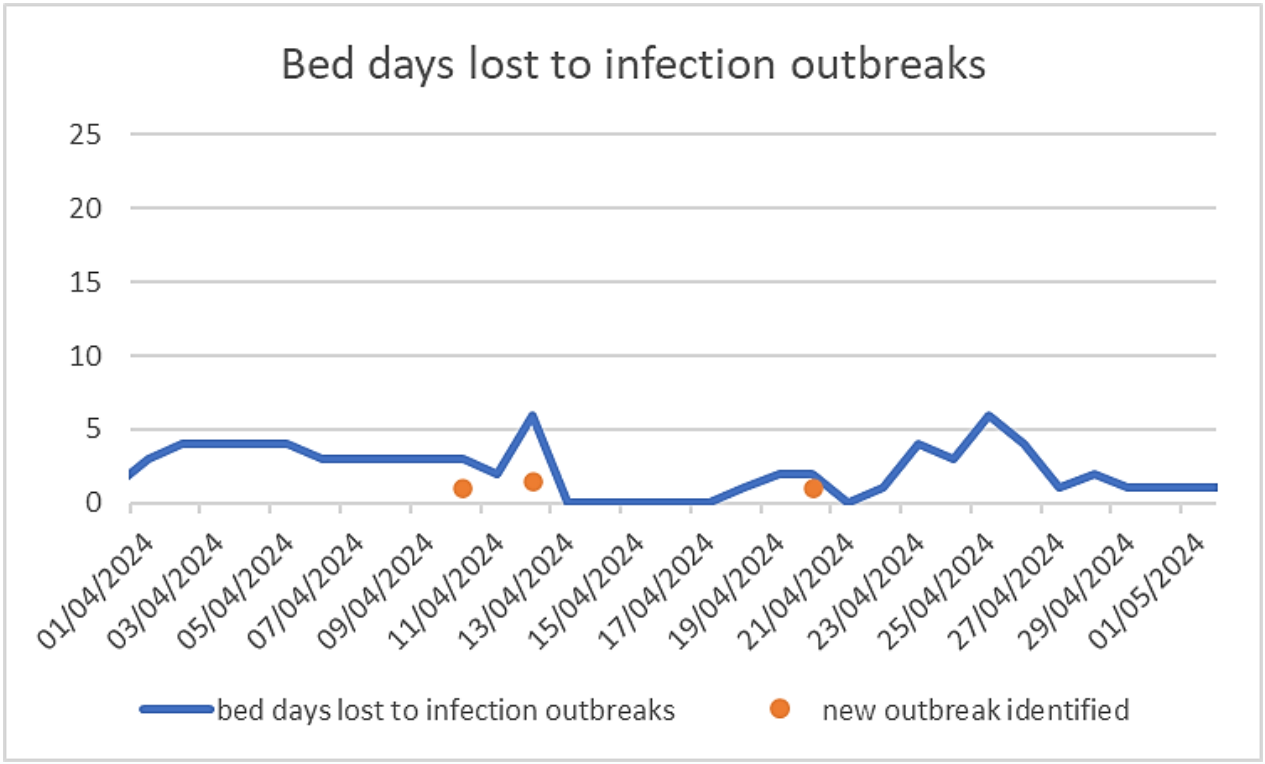
No Immediate Improvements identified

Awaiting Inspection Report and overarching Improvement Plan

Infection Prevention & Control

70 bed days lost due to periods of increased incidence/ outbreaks and bays being monitored for Covid.

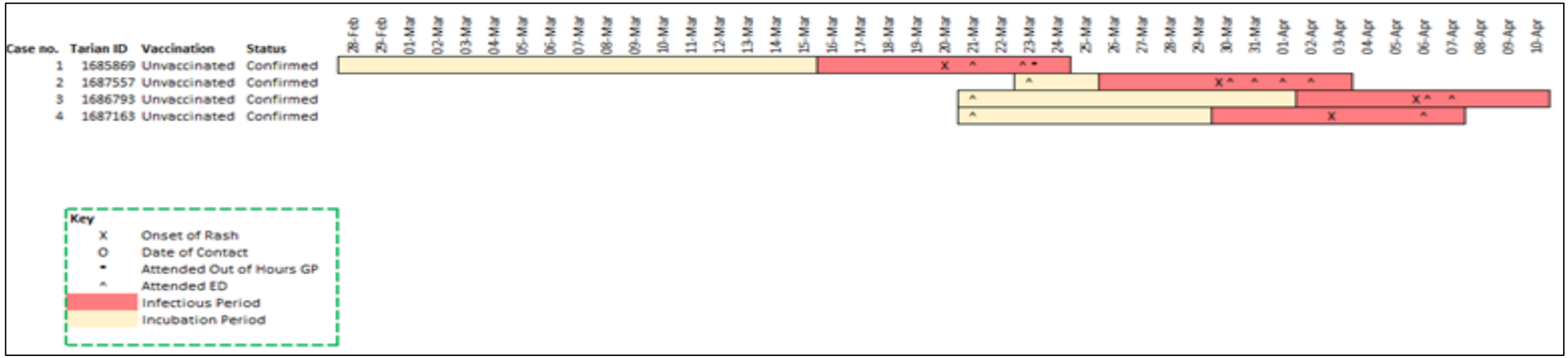
- Reviewed Respiratory Assessment Zone pathways
- Testing to confirm symptomatic patients only



Measles Outbreak Update

Setting	No. of Cases	(%)
Community	1	5.9
Healthcare	5	29.4
Household	10	58.8
Index	1	5.9

- As of 15 May 2024, there are 16 (80.0%) confirmed, 1(5.0%) probable, 0 (0.0%) possible and 3 (15.0%) discarded cases.
- Of the 16 confirmed cases, 10 have not received an MMR vaccination, 3 have received one dose, and 3 have received two or more doses.
- The onset date of rash among cases range from 20 March 2024 to 06 May 2024.
- The median age of crisis is 3.5 (range 0 year – 37 years).
- There are 6 (37.5%) females and 10 (62.5%) males.



Reporting by Exception

Section 2

Maternity

Current Vacancies April 2024

Midwives Band 7:	1.32 WTE
Midwives Band 6:	10.35 WTE
BRP Calculation:	RM 95%:HCSW 5% (National Standard 90%:10%)

Unfilled Shifts for April 2024

C3, Labour Ward and Triage:	11
B3, Antenatal, postnatal:	16

Head Count Feb - April 2024

	2024 / 02	2024 / 03	2024 / 04
Headcount	343	343	342
FTE	289.00	287.73	286.25
Leavers Headcount	0	4	1
Leavers FTE		3.60	0.60
Starters Headcount	0	4	0
Starters FTE		3.09	
Maternity	13	15	16
Turnover Rate (Headcount)	0.00	1.17	0.29
Turnover Rate (FTE)	0.00	1.25	0.21

Training: Prompt 2022-2023

2022/2023 Compliance			
Consultant/SAS Obstetric Anaesthetists	38	17	44.7%
1st on call Obstetric Anaesthetic trainees	30	19	63.3%
2nd on call (second tier/SR tier) Obstetric Anaesthetic trainees	28	10	35.7%
Obstetricians - Consultants, AS, speciality doctors/staff grade	23	22	95.7%
Trainee Obstetricians - ST3 - 7	22	7	31.8%
FY2, ST1 ST2, Junior Clinical Fellow, GPVTS - in obstetrics	21	14	66.7%
Midwives who participated in hospital-based PW training	152	153	99.3%
Midwives who participated in Community PW training	101	93	92.0%
Total number	**415**	**335**	**81%**

Training Compliance six months data 2024	
PROMPT	44%
CTG Surveillance:	31.5% with a further 41% booked, weekly session being undertaken
NALS: Midwives	41% 2023-2024 6 months data
NALS: Neonates	

CTG Training

Misinterpretation of CTG is implicated in poor outcomes for babies. To ensure improvement in outcomes it is essential that all maternity staff receive education in CTG interpretation and Intelligent Auscultation of the Fetal Heart (IIA)

It is anticipated that the programme will be developed and implemented by March 2024. The service has a Lead Midwife for IFS in post, hours will be increased to full time to support development of IFS training. The Lead Obstetrician for IFS is supporting the programme. Weekly CTG sessions are well established and well attended in GUH.

Neonatal Medical Staffing April 2024

Rota Tier	Staff Groups contributing to the rota	Head count	WTE in post (*note WTE value differs between staff group/grades*)	Actual rota contribution	BAPM Recommendation	+/- BAPM
Tier 1	**ANNPs, MTIs, JCFs & HEIW trainee**	**15 (inc. 2 mat leave)**	**14.12**	**11.245** (*inclusive 2 maternity leave & 1 restricted duties @ 1.62*)	**1:8 (minimum 8 WTE)**	**+3.245** (*inclusive 2 maternity leave & 1 restricted duties @ 1.62*)
Tier 2 Middle Grade	**ANNP, Speciality Doctors, MTIs, JCF & SCF**	**8**	**7.25**	**5.735**	**1:8 (minimum 8 WTE)**	**-2.265**
Tier 3	**Consultant Neonatologists/ Associate Specialist**	**12**	**11.7**		**1:7 (minimum 7 WTE for Unit on-call)**	**+4.7** (inclusive of ward cover/on-call, clinics, daytime CHANTS, Clinical Director, QPS leads)

Obstetric Medical Staffing April 2024

1 x consultant amended duties. Health and wellbeing – excluded from on call and obs workstreams

1 x consultant restricted practice – NHS Resolutions remediation plan in place. Excluded from on call duties, unsupervised LW. Now moved to indirect supervision on ELCS.

1 x consultant gap – interviews 03/06/24 – confident to appoint – some candidates known to the service including locum consultant in post on FTC

2 wte senior reg gaps – tier 2
5.6 wte gaps at tier 1
Recent diagnosis of ADHD for CF resulting in reasonable adjustments with immediate effect

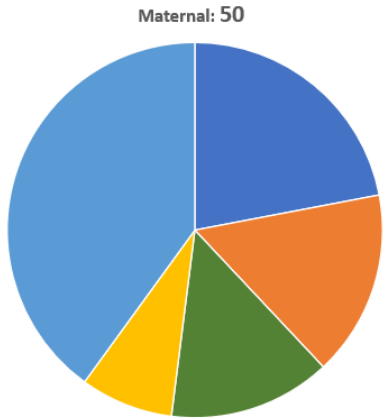
Recent recruitment secured adequate CF appointments for tier 1

Pending August rotation
Tier 1 – 4.4 wte/6wte – but recruitment above to cover the gaps
Tier 2 9.1 wte/11wte

Incidents – Maternal and Fetal

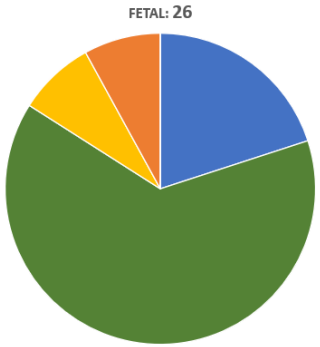
April: Maternal

- Postnatal Readmission: **11**
- PPH: **7**
- Shoulder Dystocia: **8**
- Prolonged 2nd stages: **4**
- Other: **20** BBA=3, 3B tear= 1, 4th=1, EUA=1, Abruption=3, HELLP=1, IFH=3, BMI>50=1, & rejected=6



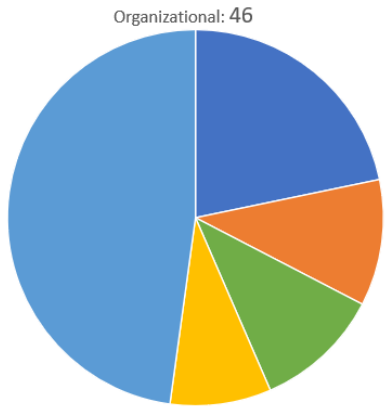
April: Fetal

- Undiagnosed Small for Gestational Age: **5** (4mw, 1obs)
- Admission to SCBU:**16** (2x cooled)
- IUD: **2**
- Low Apgars: **2**



April: Organisational

- Medication Errors: **10**
- Acuity/staffing: **5**
- Badgernet Issues : **5**
- Missed Obs referral: **4**
- Other : **22** (Xtags= 3, HAI = 2, V & A=1, No YYF access=1, Diathermy burn=1, Broken skin from dressing=1, Faint=1, No linen=1, Equipment=3, Missed discharge CAU=1, missed discharge NICU=1, Communications=1, No scrub cover=1, Missing swab=1, Incorrect IOL booked=1, Missed result=1 & opening 2nd theatre=1



ABUHB HIE Cases 2021-2024

2021	2022	2023	2024
7	15	4	3

Location	SSI rate	Change	Data received	Valid data
Grange University Hospital				
Q1 2023 – Q4 2023	3.9%	↑10%	100%	100%
Q1 2020 – Q4 2022	3.5%		100%	100%

ABUHB HIE rate has been within the expected number of HIE cases, for years 2020, 2021 and 2023. All cases of HIE are scrutinised as part of MDT risk management review and or escalation to divisional or executive lead review.

Concerns and Complaints – April 2024

- **13 in total**
  - **11** early resolution regarding patient centred care
  - **2** formal concerns

Mortality Rates

	Stillbirth	Crude Rate	Stabilised Rate	NND	Crude Rate	Stabilised Rate
2019	28	4.9	4.14	5	0.88	1.48
2020	13	2.46	3.52	6	1.14	1.58
2021	24	4.45	4.17	5	0.93	1.66
2022	23	4.25	3.26	4	0.74	1.15
2023	16	3.06	Not available	6	1.14	Not available

HIW Inspection Update

Temperature checks and Essential Equipment checks
- Ward Assistant post filled to support checks
- Senior manager weekly reviews

GDPR – protecting patient identifiable information
- GDPR training
- Digitised records via badgernet

GDR compliance 74.68%

IPAC
- Additional cleaning support via facilities
- Ward Assistant in post
- Deep cleaning regime now part of yearly cycle

Training and compliance
- Mid year stats
- Gap and Grow training 41%
- Fetal surveillance training 31.5% further 41.5% staff allocated dates
- IFS Lead Midwife in post
- Twice weekly CTG reflection

- Additional pool for birth- expected May 2024
- Updated Visiting times in response to survey
- Succession planning – Ongoing sessions for staff to attend, workforce review ongoing, increase in specialist roles
- Capacity and flow Introduction of E discharge for babies , NIPE roster, Elective caesarean section lounge, IOL workflow and pathway, additional trolleys for Triage
- IPC audit embedded into practice
- Audit of documentation undertaken by CSfM 6 monthly
- Training compliance and tracking – introduced on line booking system
- Recruitment and retention reduction in staff turnover/ Increase in Staff in post
- New rest room on C3 – working closely with RCM re caring for you campaign

Outcomes and Experiences

- Working closely with Diverse Cymru promoting equality for all. Cultural competencies working group.
- Healthier together available in various languages, women are signposted by Midwives.
- Volunteering Service – this service provides support to women where English in not their first language
- MECC training for Midwives
- Digitalised records introduced with data parameters available to collect improved ethnicity and outcomes.

Real time evaluation survey 136 responses to date, of which 64 left a positive feedback experience.

Community PROMPT 2nd QA review 27 March 2024

- Follows on from 1st QA in 2023
- Well organised delivered by dedicated faculty team
- The venue provides opportunity to simulate home birth emergency scenarios
- Interesting mix of presentations and scenarios
- Organised knowledgeable facilitators
- Training delivered to PROMPT principles
- Created a positive and safe learning environment

Recommendations from the first QA review are being addressed

Ref	Summary of recommendations from first Quality Assurance review 28/02/2023	Health Board response	Observations from current Quality Assurance review
AB/CPW 06.1	Allocate Name Stickers	Ensure Stickers are available for everyone to utilise as name tags. These can be prepared in the huddle on Prompt Days	Actioned
AB/CPW 06.2	Introduction of standardised Kit Bags	Working towards all community kit bags having universal equipment. Development of a structured list for equipment requirements for each emergency. Standardised proforma for community kit bag developed and then disseminated to all staff. Evaluate all community Kit bags during the Community Prompt Days by PDM.	Ongoing
AB/CPW 06.3	Keep algorithms where they are usually located in the birth centre	For Algorithms to be located in all the rooms at the birth centre and all community settings, for easy access. Ensuring all midwives have easy access of algorithms in their community Kit Bags by being placed with the equipment required for the situation.	Algorithms still laid out although shown location
AB/CPW 06.4	Reinforce SBAR handovers	Continue to encourage the use of SBAR's in the community setting. Encourage all community midwives having these as part of their Diary to utilise when taking their initial telephone call.	Actioned
AB/CPW 06.5	Reinforce use of Risk Assessment Tools and MEOWS charts when assessing the unwell woman	Continue to encourage the use of Meows and Sepsis risk assessments during the community prompt days. Review and Audit of Meows charts by Governance and supervisors during notes audits.	Actioned – would benefit from continued reinforcement
AB/CPW 06.6	Use of Facilitator Aide Memoir for Briefing	To ensure this is available and used in each scenario to structure the briefing of the scenario	Actioned
AB/CPW 06.7	Use of Facilitator Aide Memoir for Debriefing	To ensure this is available and used in each scenario to structure the debriefing of the scenario	Actioned
AB/CPW 06.8	Remind the Midwives to use the Algorithms early	Encourage midwives to use the algorithms in the briefing of the scenario and to have them contained in their allocated bag/box for that situation rather than in a folder. Allocate algorithms to all rooms in the community settings.	Scope to access algorithms more quickly
AB/CPW 06.9	Consider Community Midwives attending Hospital Prompt as detailed in 0.12	Community midwives are not escalated into the Obstetric Unit, but into the alongside midwife led birth centre. Midwives rotate from the hospital out onto community will have completed the Hospital Prompt Day. The study days are currently under review for the forthcoming year to consider rotational community midwives into the hospital.	If community midwives are called in to the OU they work on the Alongside-MLU or postnatal ward
AB/CPW 06.10	Local Prompt Paramedic Facilitator	The local WAST facilitator regularly attends ABUHB Community Prompt days. She is arranging for colleagues to be trained in Facilitation so that she can delegate to others when she cannot participate. The local WAST facilitator was unavailable on the assessment day that took place. The PDM is in regular contact and aware of when she can attend.	Actioned. Paramedic facilitator present. She is the only one but WAST Train the Trainer scheduled for summer 2024.

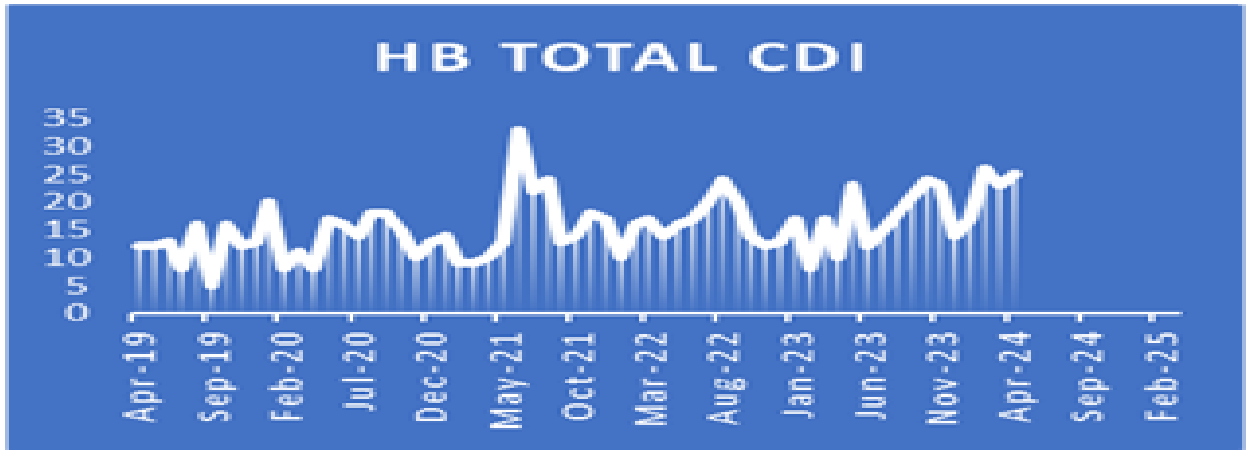
No further action plan required but following considerations …….

Consideration	Action
Consider 2 scenarios set in the birth centre and 2 at home	New scenario introduced
Avoid laying out algorithms – should be retrieved from community bags/ clinical setting	Reinforcement by faculty members
For home birth scenario midwives should retrieve equipment from their work bags.	Reinforcement by faculty members to include algorithm
Introduce 999 scripts in all stations for which they are available	Actioned
Use the briefing to remind teams to access OBS CYMRU checklist / and or other checklist	Actioned use faculty aide memoir in all boxes
Consider how to use human factors more in workstations	Introduced into briefing huddle human factors checklist in place

Areas for Escalation

Section 3

C.Difficile



Averaging 22 cases per month since September.

April Total = 25
HAI = 13
Community acquired, relapses and indeterminate cases = 12

During April, 3 wards affected due to period of increased incidence of healthcare associated C difficile: Ebbw Ward, C4E and A3

Lessons learned from outbreak control meetings:-

- Microbiology tests i.e. MSU, blood culture to support diagnostically and guide antibiotic choice
- Contacting Microbiology on weekend for test results and any concerns with treatment to avoid delay
- Appropriate escalation for some antibiotic choices
- Sustaining compliance with cleaning schedules and hand hygiene audits
- Drs to record rationale for all treatment
- Notify nurse in charge if sample being collected
- Discuss AMR linked to renal failure with medical team
- Improve correct use of PPE with Facilities
- Improve hand hygiene compliance with Medics & Therapies

C.diff – update as of March 2024 and actions

228 cases in total for the year ending March 2024 representing a 19% increase in cases

- **159 cases are healthcare associated (HAI) or 'indeterminate' (i.e. HAI / Community acquired infections)**
  - Whole genome sequencing (WGS) identified that 16 (13%) of the definite HAI cases where WGS was available (Total 117) acquired their infection from another patient whilst in hospital
  - Root cause analysis of all CDI cases indicate that compliance with hand hygiene and environmental cleanliness are risk factors.
  - 23% of HAI / Indeterminate cases received sub-optimal antibiotics prior to their C. difficile infection
  - Identified priorities: -
    - Medicine Division Reducing C. difficile Quality Improvement Faculty
    - Organisational Action Plan
    - Ward based CDI training
    - Promotion of proactive HPV programme (challenges in completion of programme 2023-24)
    - Audits to identify areas of sub-optimal antibiotic prescribing

- **69 are community acquired infections (CAI)**
  - Root cause analysis information requested from GP's. Return rate currently around 58%
  - Of the returned RCA's 14% of cases were linked to suboptimal prescribing of antibiotics
  - All suboptimal prescribing is fed back to GP practices via the Antimicrobial Pharmacist Team

Mental Health & Learning Disabilities Escalation

Overall Status Summary	Progress/Achievements What went well this period and upcoming Deliverables	Challenges
• Since July 2023 the MH&LD Division has been subject to internal escalation • A number of quality improvement actions were identified, and these were prioritised into a 30, 60, and 90-day improvement plan. • The Plan has also addressed broader efforts in workforce modelling, leadership, clinical engagement, performance, risk management, and service transformation. • NHS Exec Oversight has been in place • Appointment of an Improvement Director - in post (currently acting Divisional Director) • Appointment of a Divisional Director – who starts in May • Progress on quality, safety, and governance in MHLD has been routinely reported through the Executive Committee, Patient Quality Safety & Oversight Committee the Board, and externally through IQPD. • NHS Exec will continue to monitor delivery of improvements through IQPD and JET meetings • Feedback from the NHS Executive on the improvement plan has been addressed, and there is a commitment to aligning better with the Health Board's Quality Strategy and the new accountability/escalation framework.	**Progress/Achievements:** • Setting The Scene workshop to engage with staff on the setting the vision and ideas for service improvement. • Ongoing support from the QPS team to better align the division with the Health Board Quality Strategy and embed processes. • A strong focus on improved safety governance in line with HB processes from the Nursing Team • Multi-professional clinical leadership opportunities developing • Wider Team support to Implement a process to systematically assess workforce risks and incorporate them into the risk register and the IMTP process. • Models of care: The teams are keen to look at doing things differently and will start having discussions with the directorates. • Increased corporate divisional governance in place – fortnightly • Improved learning from deaths processes **Deliverables and Focussed pieces of work** • Thematic review process • Ward accreditation in line with HB processes • Audit strategy • Daily briefings and escalation processes further embedded at BAU • A review of serious incidents is ongoing, and the Executive Director for Nursing and Chief Operating Officer continue to monitor safeguarding processes, serious incident reporting, and disciplinary processes • Embed Right Care right person and the new rolling out the new model of police and health partnership for mental health crisis response.	• Interim Senior Leadership Team currently in place. • Embeddedness of governance and assurance in relation to the quality and safety of care. • Structures to support strong clinical professional leadership • Additional support and focus on patient safety and safeguarding, staff engagement, cultural and improvement initiatives. • Some of these actions require a longer-term cultural improvement programme to sustain the change. • Ongoing issues with WCCIS (patient information system) and the necessary work arounds for validated information. • Continued focus on 1A/1B performance and the necessary actions to address the waiting list issues, such as validation, triage and rules. • Continue to review staff engagement and communication across the Division.

Urgent Care Escalation

Issue	Cause	Remedial Action	Who	When
Medical Staffing: Medical Staffing to support the Emergency Department (Demand & Capacity modelling showing deficit for demand)	• Increased activity	• Locum processes in place and reviewed weekly with management team and monthly within Directorate • Ongoing recruitment • Demand & Capacity modelling completed	General Manager / Divisional Director / Divisional Management Team	Ongoing
	• Vacancies	• Regular review of medical rotas to match demand within financial envelope are in place with site leads.		
	• Implementation of different models of care	• Explore alternative roles e.g. Physicians Assistants, ANPs etc.		
Nurse Staffing: Vacancies with increased number of patients causing additional staffing pressures and associated governance and costs.	• National shortage of registered nurses • Emergency Department Establishment was increased following the move to the GUH • Challenging place to work due to increased attendances, increased acuity, environmental challenges, inadequate flow	• Recruitments drives for Registered Nurses and HCSWs • Student streamlining • Recruitment of internationally trained nurses • Robust sickness management • Practice Educators working clinically alongside junior staffing • Senior Nurse Point of Contact (POC) • Block-booking of staff secured and robust processes in place to manage roster • Progress alternative roles	Divisional Nurse / Divisional Management Team	Ongoing
System Flow: Congestion within the ED (and Assessment Units). Increased presentations / Long lengths of stay / Ambulance delays	• Increased demand • Poor patient flow • Pathways of Care • Increased Delayed Discharges of Care	• Red Line (24/4) in place from 15 May 2023 to support ambulance offloads and long waits in ED (Now 24/2) • Escalation plan in place to support movement of patients • Comprehensive review of available spaces with Capital Planning colleagues at GUH (Main Wait, Sub-wait and SDEC) • Full Capacity Protocol (FCP) in place • Expansion of ED Main Wait in progress with anticipated completion date of January 2025. • SDEC in GUH open. Predominantly scheduled care utilising but medicine usage increasing along with other pathways such as ED direct referrals and WAST direct access • Acute Release Area (ARA) commissioned from 8 January 2024 which can support 6 patients outside of ED to facilitate timely handover of ambulances. This portacabin is now being decommissioned and removed with work starting 15 April 2024. This supported system flow in Q4 and has now closed.	General Manager / Divisional Director / Divisional Nurse / Divisional Management Team	Ongoing

Deep Dives

Section 4

Reducing Never Events in Theatres

Reducing Never Events in Theatres ABUHB

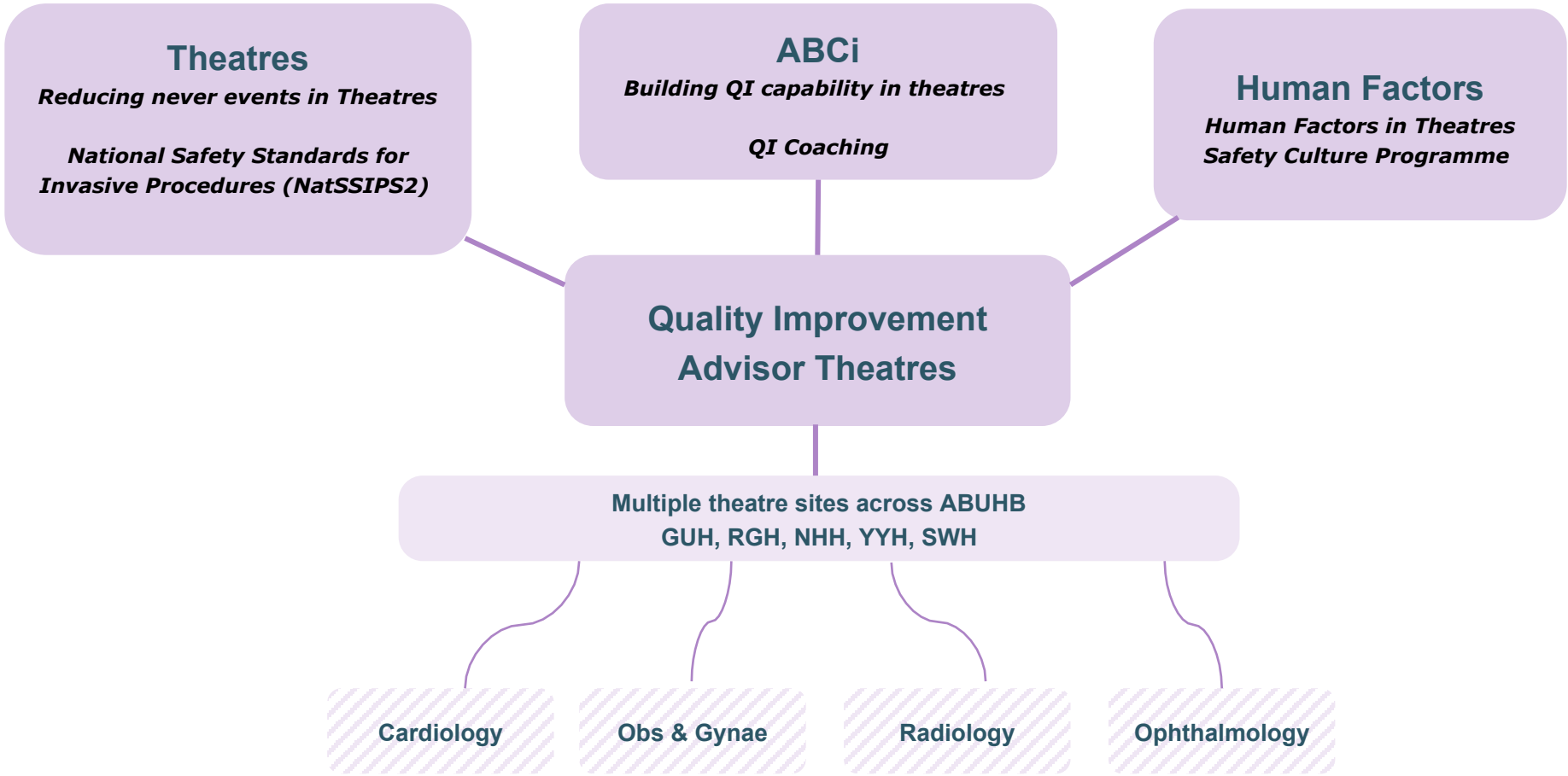
JESSICA SCURR

QUALITY IMPROVEMENT ADVISOR

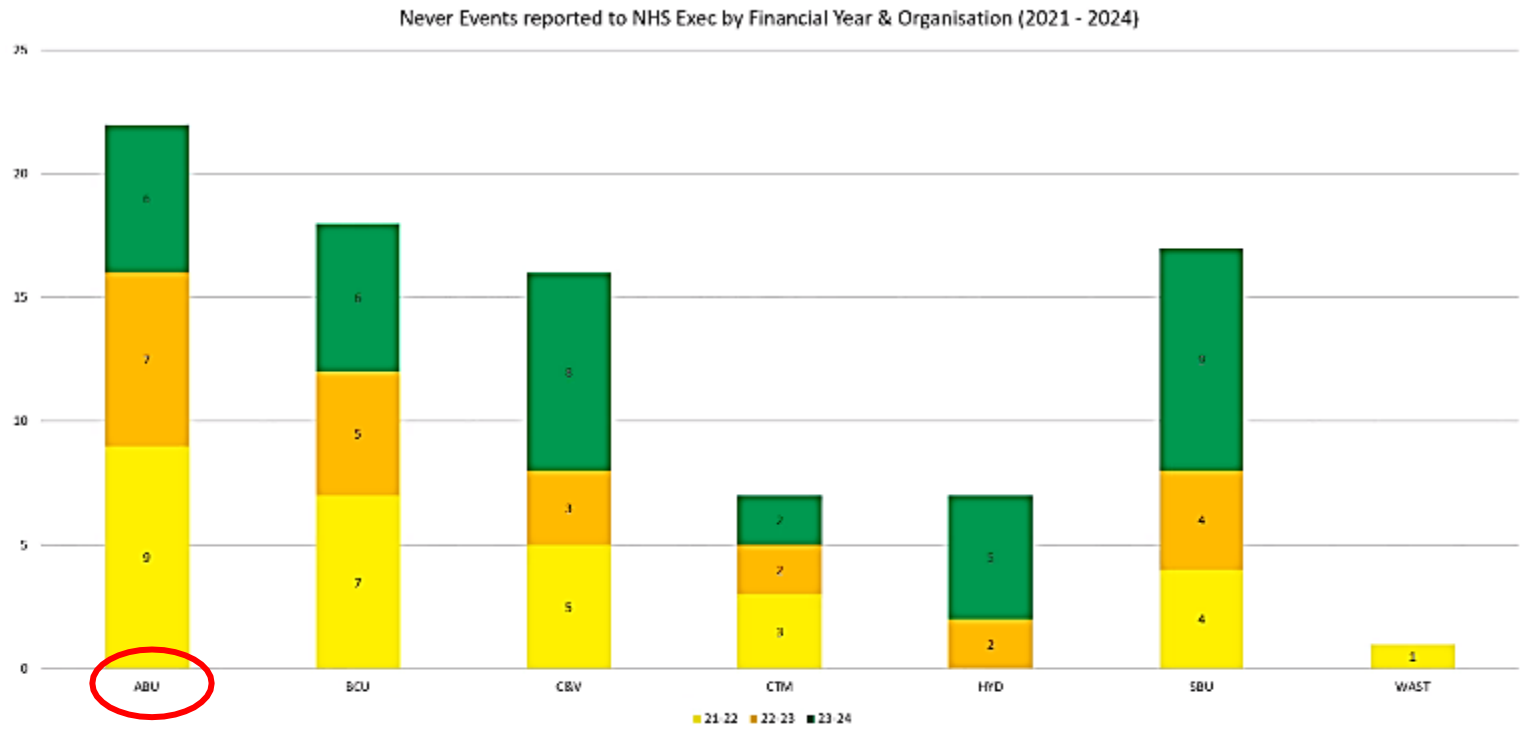
THEATRES

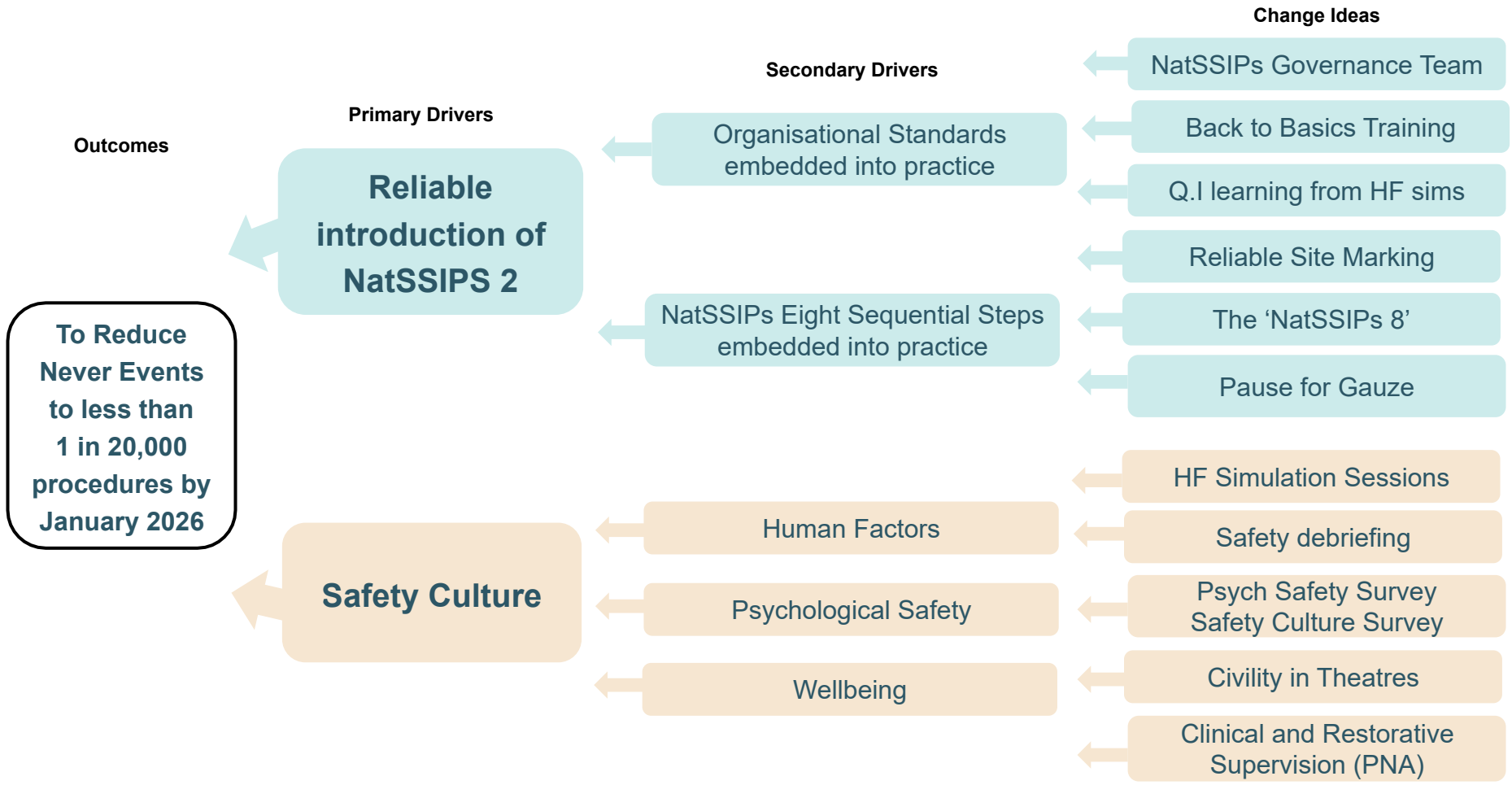
JONATHAN CLARKE

ASSISTANT MEDICAL DIRECTOR QI


Theatres
Reducing never events in Theatres
National Safety Standards for Invasive Procedures (NatSSIPS2)
ABCi
Building QI capability in theatres
QI Coaching
Human Factors
Human Factors in Theatres
Safety Culture Programme
Quality Improvement Advisor Theatres
Multiple theatre sites across ABUHB
GUH, RGH, NHH, YYH, SWH
Cardiology
Obs & Gynae
Radiology
Ophthalmology

Never Events reported over last 3 financial years by Organisation (01/04/2021 – 31/03/2024)




Outcomes
Primary Drivers
Secondary Drivers
Change Ideas
To Reduce Never Events to less than 1 in 20,000 procedures by January 2026
Reliable introduction of NatSSIPS 2
Safety Culture
Organisational Standards embedded into practice
NatSSIPs Eight Sequential Steps embedded into practice
Human Factors
Psychological Safety
Wellbeing
NatSSIPs Governance Team
Back to Basics Training
Q.I learning from HF sims
Reliable Site Marking
The 'NatSSIPs 8'
Pause for Gauze
HF Simulation Sessions
Safety debriefing
Psych Safety Survey
Safety Culture Survey
Civility in Theatres
Clinical and Restorative Supervision (PNA)

NatSSIPs 2 Summary
Organisational and Sequential Standards

Centre for Perioperative Care

Organisational Standards

People for safety

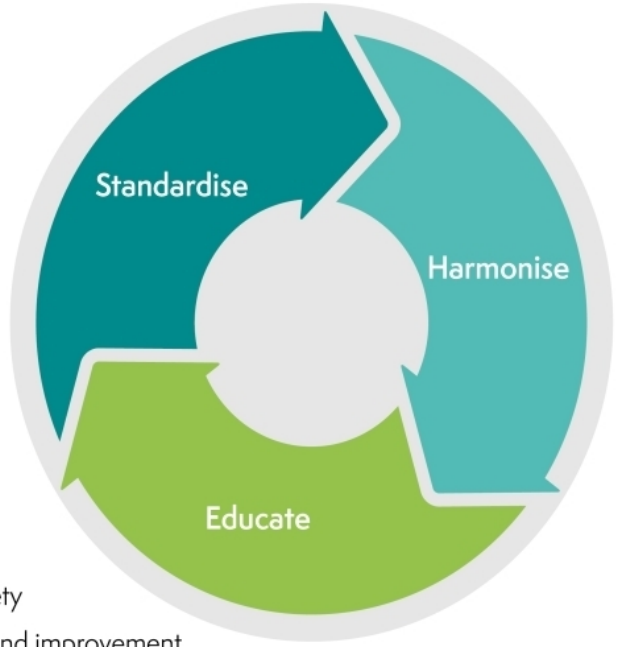
- Patients as partners
- Staff to deliver
- Roles in safety
- Training in safety
- Human factors understanding

Processes for safety

- Documentation
- Scheduling
- Induction
- Governance

Performance for safety

- Data for assurance and improvement
- External body engagement



Sequential Standards ('The NatSSIPs 8')

1. Consent and Procedural verification
2. Team Brief
3. Sign In
4. Time Out
5. Implant use
6. Reconciliation of items
7. Sign Out
8. Debrief/Handover

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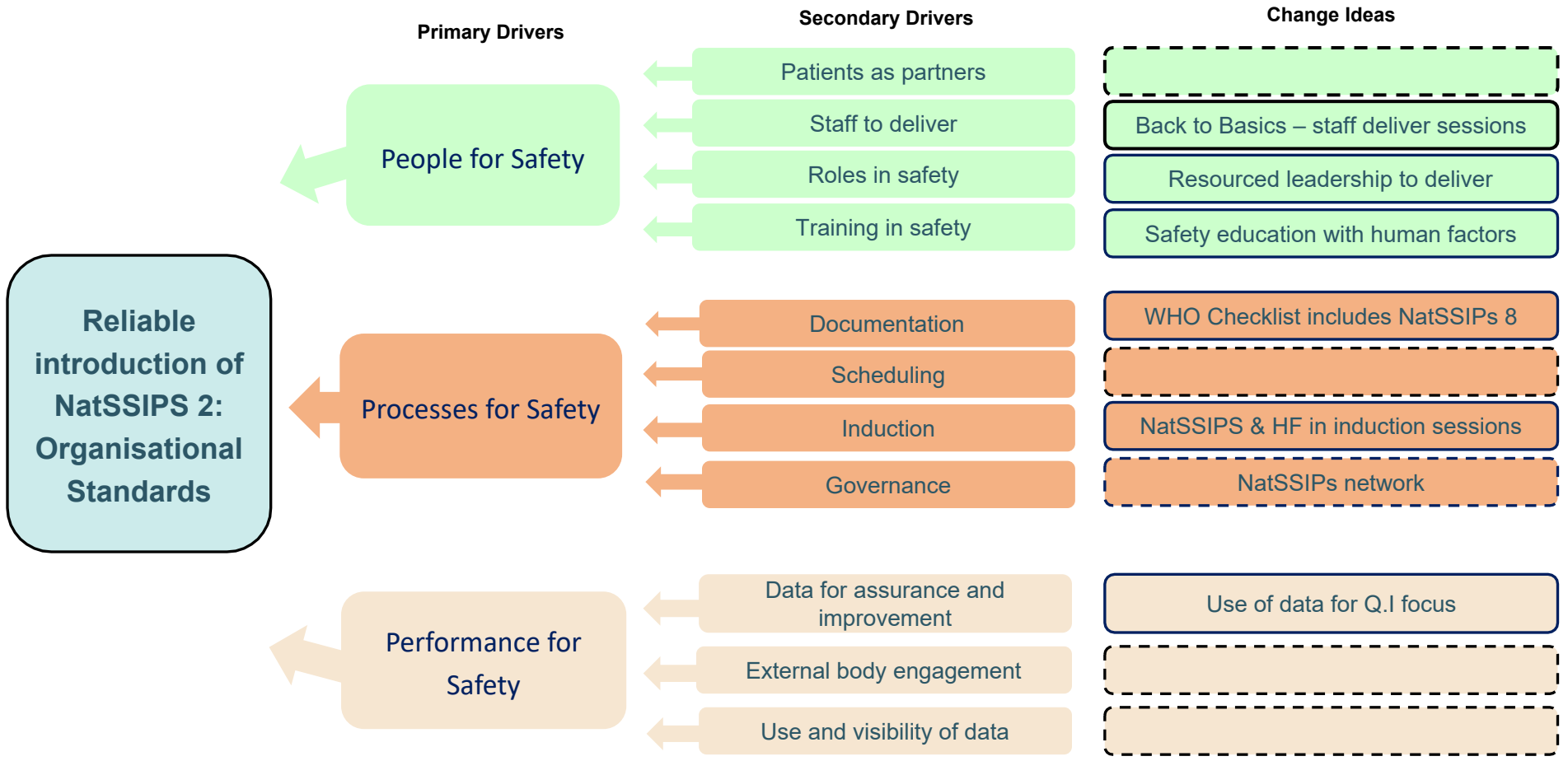
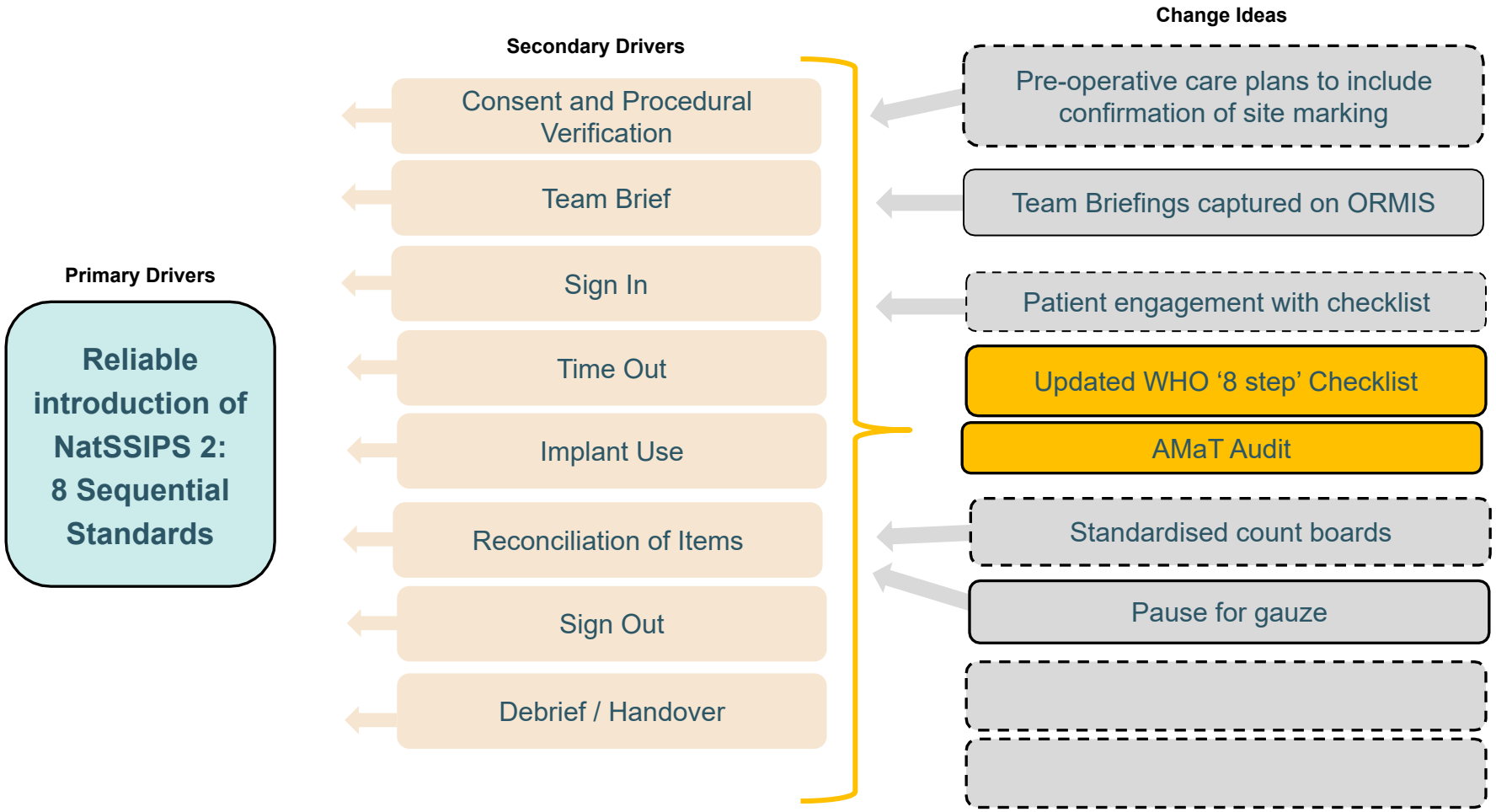
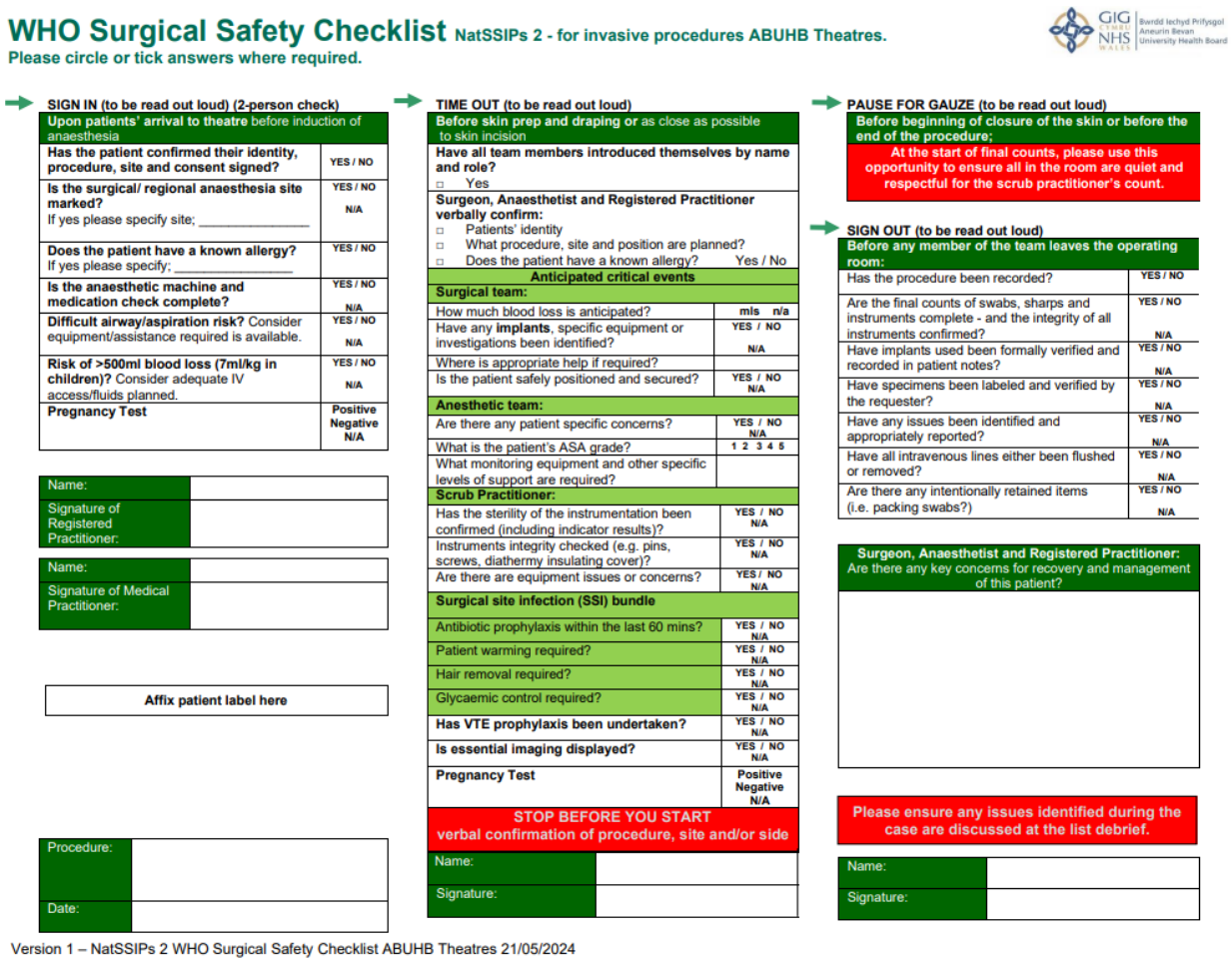

Primary Drivers
Secondary Drivers
Change Ideas
Reliable introduction of NatSSIPS 2: Organisational Standards
People for Safety
Processes for Safety
Performance for Safety
Patients as partners
Staff to deliver
Roles in safety
Training in safety
Documentation
Scheduling
Induction
Governance
Data for assurance and improvement
External body engagement
Use and visibility of data
Back to Basics – staff deliver sessions
Resourced leadership to deliver
Safety education with human factors
WHO Checklist includes NatSSIPs 8
NatSSIPS & HF in induction sessions
NatSSIPs network
Use of data for Q.I focus


Primary Drivers
Reliable introduction of NatSSIPS 2: 8 Sequential Standards
Secondary Drivers
Consent and Procedural Verification
Team Brief
Sign In
Time Out
Implant Use
Reconciliation of Items
Sign Out
Debrief / Handover
Change Ideas
Pre-operative care plans to include confirmation of site marking
Team Briefings captured on ORMIS
Patient engagement with checklist
Updated WHO ‘8 step’ Checklist
AMaT Audit
Standardised count boards
Pause for gauze

NatSSIPs
8 Sequential Steps

Updated WHO Surgical Safety Checklist



WHO Surgical Safety Checklist NatSSIPs 2 - for invasive procedures ABUHB Theatres.

Please circle or tick answers where required.

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

SIGN IN (to be read out loud) (2-person check)

Upon patients' arrival to theatre before induction of anaesthesia	
Has the patient confirmed their identity, procedure, site and consent signed?	YES / NO
Is the surgical/ regional anaesthesia site marked? If yes please specify site; _____	YES / NO N/A
Does the patient have a known allergy? If yes please specify; _____	YES / NO
Is the anaesthetic machine and medication check complete?	YES / NO N/A
Difficult airway/aspiration risk? Consider equipment/assistance required is available.	YES / NO N/A
Risk of >500ml blood loss (7ml/kg in children)? Consider adequate IV access/fluids planned.	YES / NO N/A
Pregnancy Test	Positive Negative N/A

Name:	
Signature of Registered Practitioner:	

Name:	
Signature of Medical Practitioner:	

Affix patient label here

Procedure:	
Date:	

TIME OUT (to be read out loud)

Before skin prep and draping or as close as possible to skin incision	
Have all team members introduced themselves by name and role? ☐ Yes	
Surgeon, Anaesthetist and Registered Practitioner verbally confirm: ☐ Patients' identity ☐ What procedure, site and position are planned? ☐ Does the patient have a known allergy?	Yes / No
Anticipated critical events	
Surgical team:	
How much blood loss is anticipated?	mls n/a
Have any **implants**, specific equipment or investigations been identified?	YES / NO N/A
Where is appropriate help if required?	
Is the patient safely positioned and secured?	YES / NO N/A
Anesthetic team:	
Are there any patient specific concerns?	YES / NO N/A
What is the patient's ASA grade?	1 2 3 4 5
What monitoring equipment and other specific levels of support are required?	
Scrub Practitioner:	
Has the sterility of the instrumentation been confirmed (including indicator results)?	YES / NO N/A
Instruments integrity checked (e.g. pins, screws, diathermy insulating cover)?	YES / NO N/A
Are there are equipment issues or concerns?	YES / NO N/A
Surgical site infection (SSI) bundle	
Antibiotic prophylaxis within the last 60 mins?	YES / NO N/A
Patient warming required?	YES / NO N/A
Hair removal required?	YES / NO N/A
Glycaemic control required?	YES / NO N/A
Has VTE prophylaxis been undertaken?	YES / NO N/A
Is essential imaging displayed?	YES / NO N/A
Pregnancy Test	Positive Negative N/A

STOP BEFORE YOU START
verbal confirmation of procedure, site and/or side

Name:	
Signature:	

PAUSE FOR GAUZE (to be read out loud)

Before beginning of closure of the skin or before the end of the procedure;

At the start of final counts, please use this opportunity to ensure all in the room are quiet and respectful for the scrub practitioner's count.

SIGN OUT (to be read out loud)

Before any member of the team leaves the operating room:	
Has the procedure been recorded?	YES / NO
Are the final counts of swabs, sharps and instruments complete - and the integrity of all instruments confirmed?	YES / NO N/A
Have implants used been formally verified and recorded in patient notes?	YES / NO N/A
Have specimens been labeled and verified by the requester?	YES / NO N/A
Have any issues been identified and appropriately reported?	YES / NO N/A
Have all intravenous lines either been flushed or removed?	YES / NO N/A
Are there any intentionally retained items (i.e. packing swabs?)	YES / NO N/A

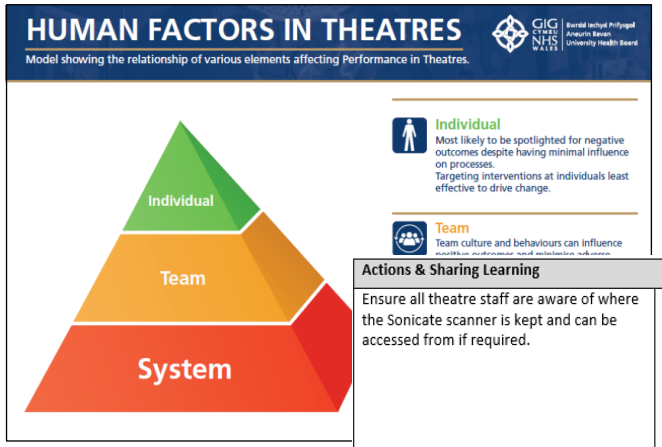
Surgeon, Anaesthetist and Registered Practitioner:
Are there any key concerns for recovery and management of this patient?

Please ensure any issues identified during the case are discussed at the list debrief.

Name:	
Signature:	

Version 1 – NatSSIPs 2 WHO Surgical Safety Checklist ABUHB Theatres 21/05/2024

Human Factors & Quality Improvement



Actions & Sharing Learning	
Ensure all theatre staff are aware of where the Sonicate scanner is kept and can be accessed from if required.	Kept in theatre, on top of the midwife trolley closest to the door underneath the windowsill.
Encourage staff to familiarise themselves with where the PROMPT algorithms are kept in theatre.	Kept with Quick Reference Handbook on wall above anaesthetic trolley.

Safety Culture Survey

SCORE (Safety, Communication, Operational Reliability & Engagement Survey)

	1 Disagree Strongly	**2** Disagree Slightly	**4** Agree Slightly	**5** Agree Strongly	**X** Not Applicable	**3** Neutral
In this work setting, it is difficult to speak up if I perceive a problem with patient care.	○	○	○	○	○	○
It is easy for personnel here to ask questions when there is something that they do not understand.	○	○	○	○	○	○

7. What do you anticipate could be the next serious safety incident in theatres?

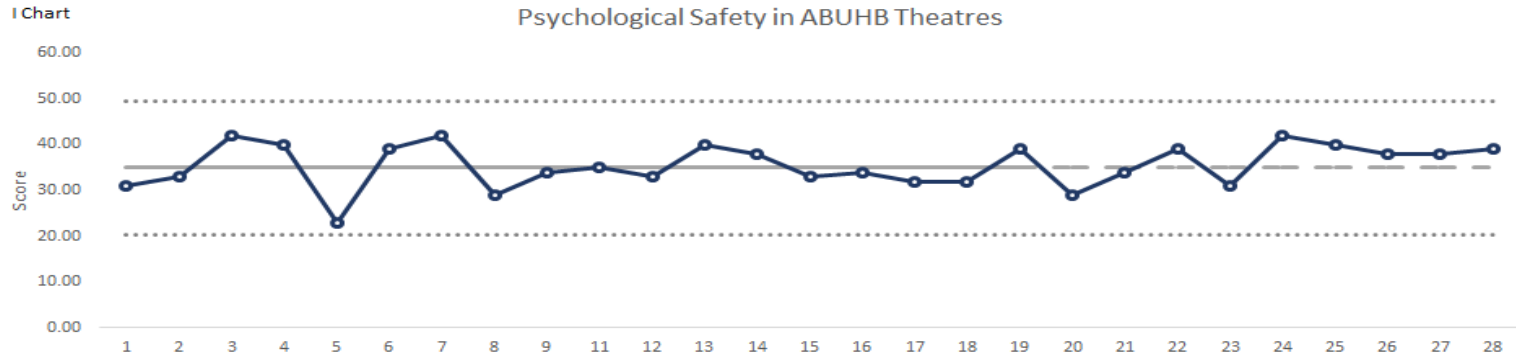
Enter your answer

8. What is the one thing we can do in this area to provide better care within the constraints of the resources we have?

Enter your answer

Psychological Safety Survey

Amy Edmondson 7 Questions for Psychological Safety Questionnaire



If you have any ideas on how we could improve the psychological safety in your working environment, please let us know in the box below.

'Protected time for clinical supervision and workplace wellbeing activities'

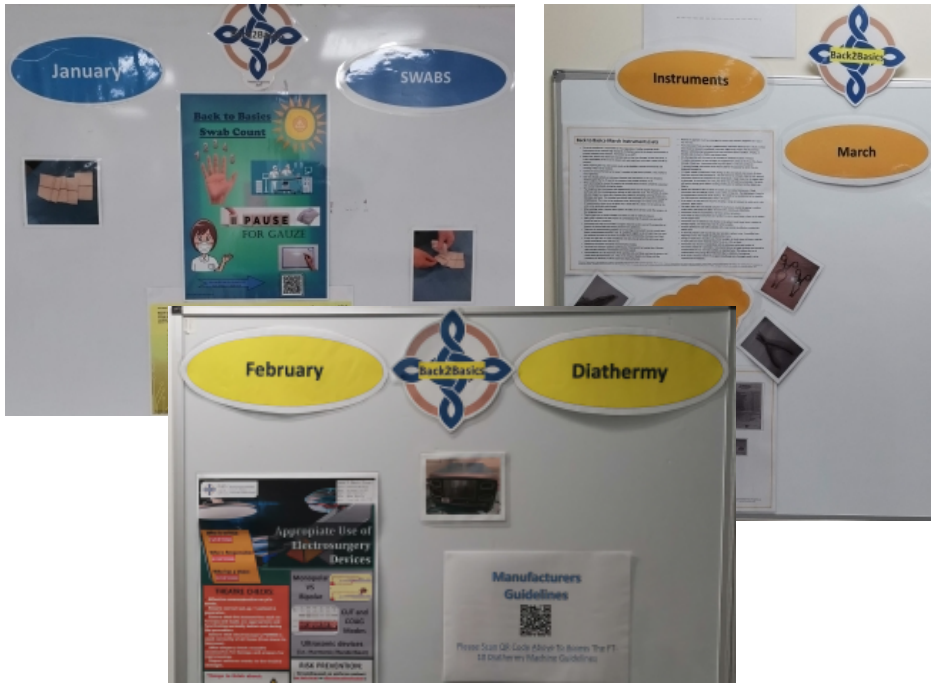
'Civility in the work place – looking out for each other'

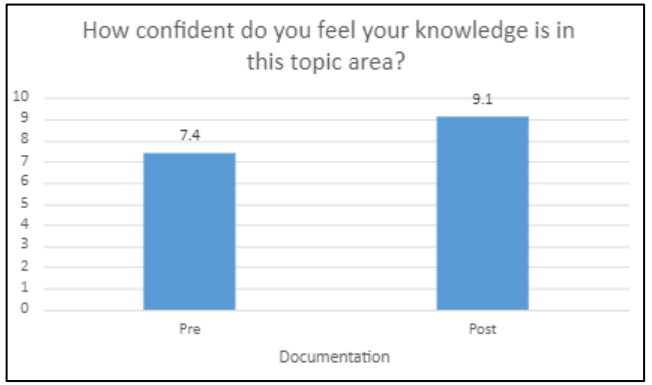
'Ensuring team de-briefs happen at the end of every shift'

Back to Basics

'Back 2 Basics' Pre-Training Questionnaire

'Back 2 Basics' Post-Training Questionnaire



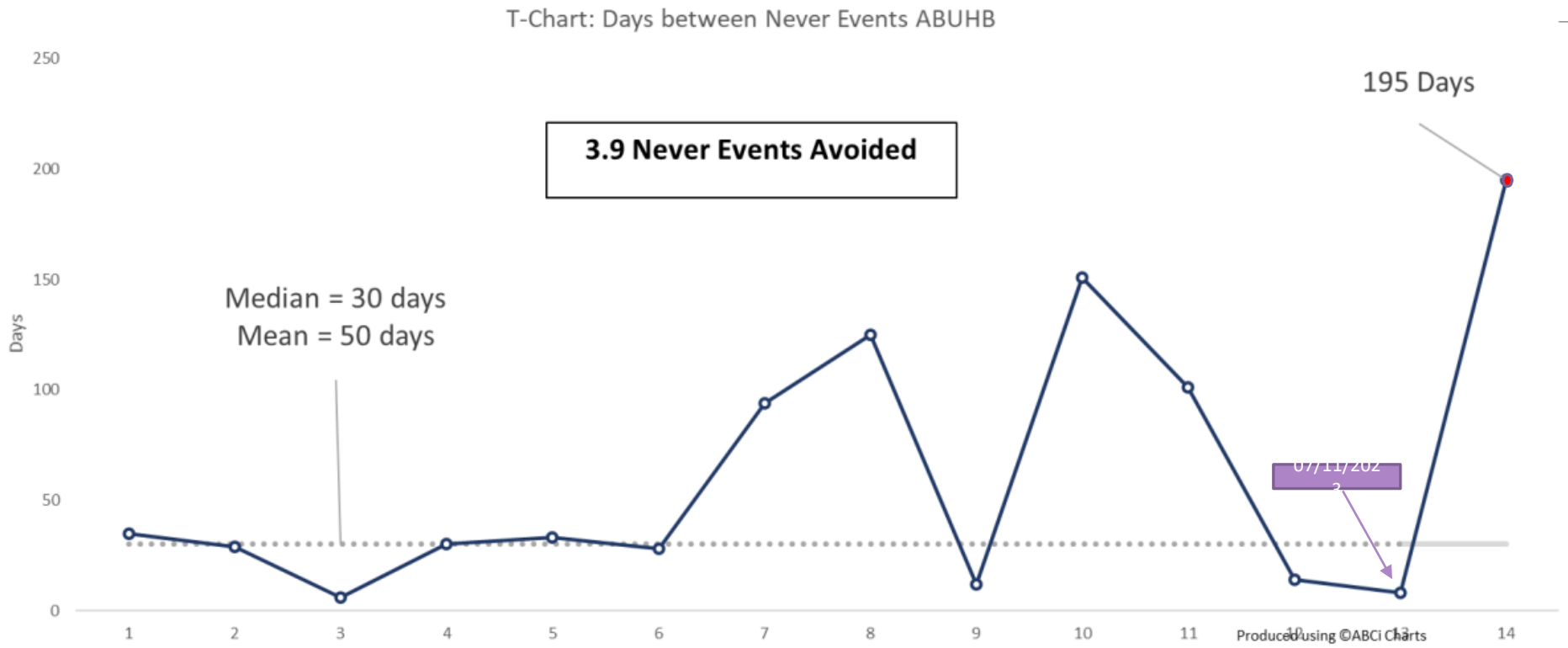


Learners reflections
Importance of addressographs on every page I write on.
Importance of signing SBAR following handover.
Importance of timeline documentation
Call clinical photography for documentation of damaged skin
Highlighted what documentation is looked at in an investigation
BMI recording. Temperature. Record all staff names involved.

Theatre Practice Education Team/Senior Nurse & ODP

Pause for Gauze

Quiet for Count Project – Sharon Cockeram QPS


T-Chart: Days between Never Events ABUHB
3.9 Never Events Avoided
195 Days
Median = 30 days
Mean = 50 days
Days
250
200
150
100
50
0
1
2
3
4
5
6
7
8
9
10
11
14
Produced using ©ABCi Charts

With thanks…

- All the **amazing** staff across ABUHB Theatres

- Amanda Williams, Anthony Roach Blackwell, Michael Rees (Practice Educators)
- Francis Subash (Human Factors lead)
- Sharon Cockeram (QPS)
- Rachel Munday, Toyah Barton, Claire Fluck, Michelle Jones.
- ABCi team

Thank you

Jessica Scurr

Quality Improvement Advisor – Theatres

Jessica.scurr@wales.nhs.uk

Datix Incidents Reporting/Trends and Themes

Patient Quality and Safety Learning & Improvement Forum
22 May 2024

Datix Incidents and Reporting

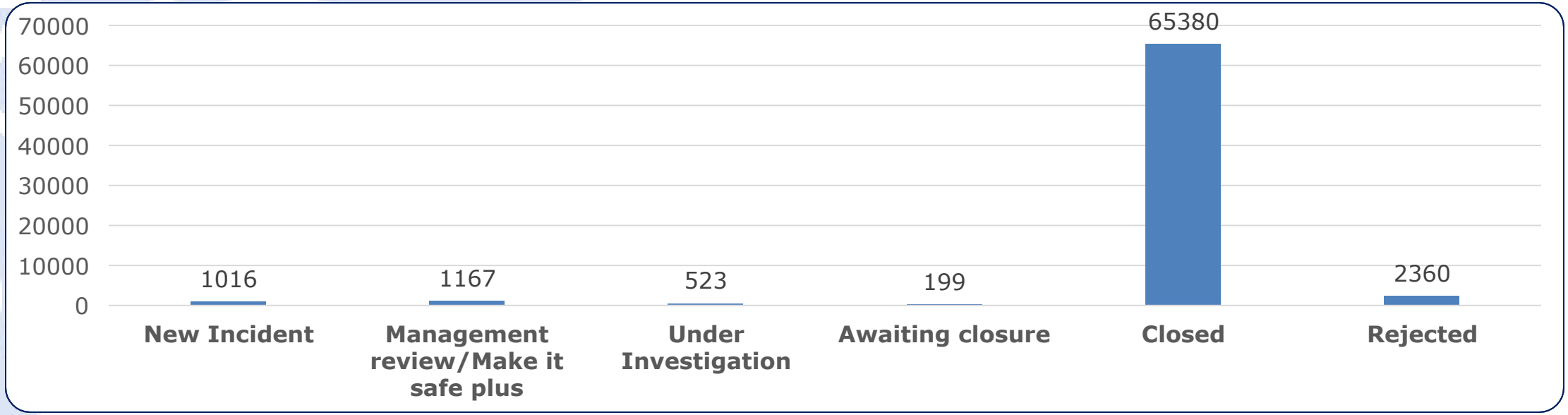
Presented by:

Scott Taylor - Head of Health, Safety & Fire

Introduction

The **Incident Reporting module** of Datix Cymru was implemented within the Health Board in **December 2021**.

During the period December 2021 to 31 March 2024 the Health Board reported **70,645** incidents. Currently **65,380** (95.75%) of the unrejected incidents have been closed.

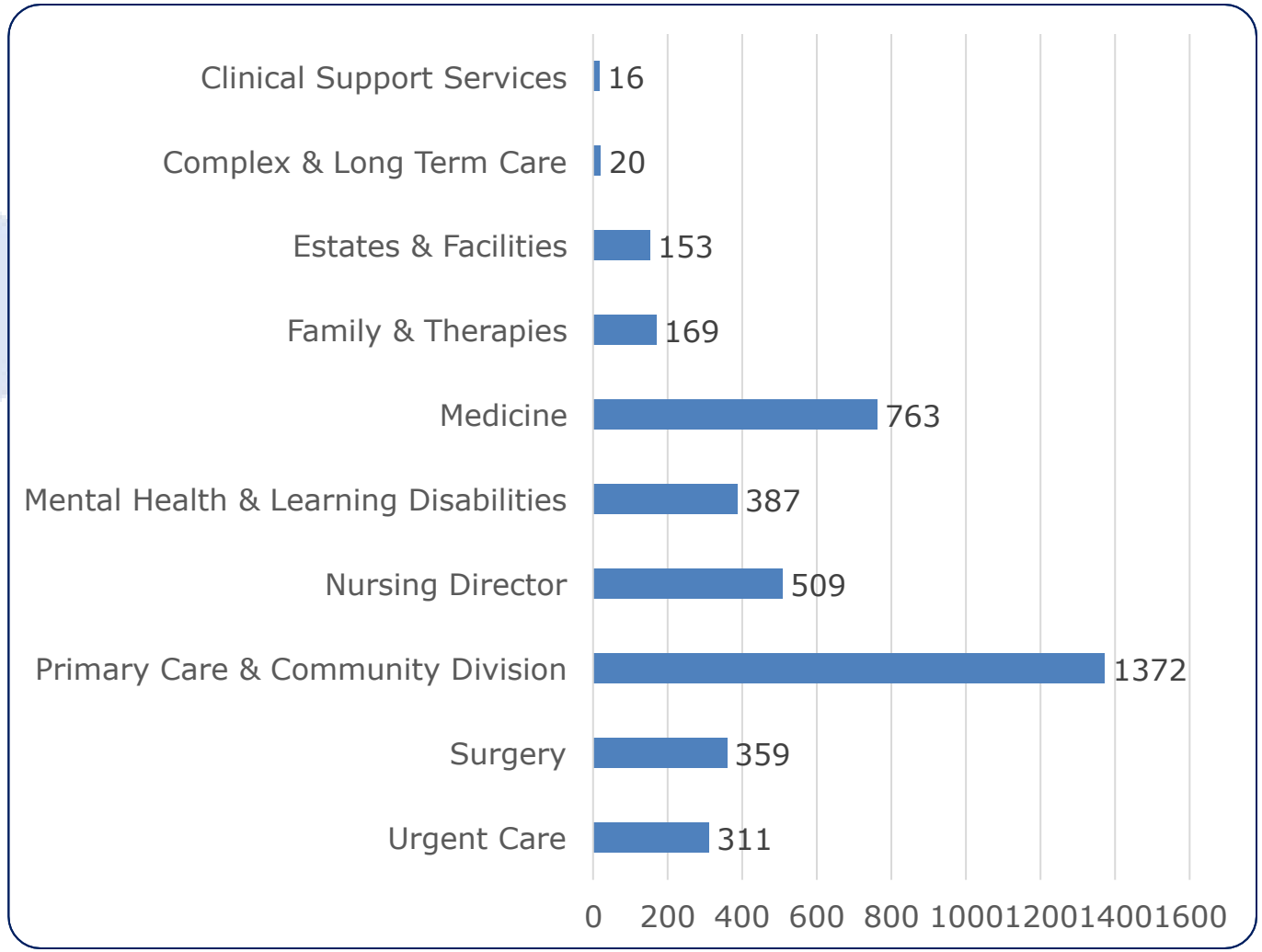


Closed Incidents

Over 4,000 incidents (**4,144 – 6.3%**) have been closed on the system without completion of the Conclusion Section i.e. *Conclusion, Recommendations, Post Investigation Harm Assessment Lessons Learned fields.*

The chart illustrates the Divisions that have closed incidents within completing the conclusion section of the form.

76.6% of these incidents are coded as either **No or Low Harm** by the Reporter.



Open Incidents

There are currently **2,905** open incidents on the system (reported up to end of March 2024).

The table illustrates the open incidents by Division/Service and Incident Date (Year).

Division/Service	2019	2020	2021	2022	2023	2024	Total
ABCi	0	0	0	0	2	0	**2**
Board Secretary	0	0	0	1	0	2	**3**
Chief Executive / Non Executive	0	0	0	0	1	0	**1**
Clinical Support Services	0	0	1	0	12	23	**36**
Complex & Long Term Care	0	0	2	8	16	18	**44**
Director of Public Health	0	0	0	3	46	19	**68**
Director of Therapies & Health Sciences	0	0	1	3	3	0	**7**
Estates & Facilities	0	0	0	29	184	89	**302**
F&T	0	0	2	29	95	113	**239**
Finance Director	0	0	0	1	0	0	**1**
Medical Director	0	0	0	3	6	4	**13**
Medicine	0	0	3	21	380	252	**656**
Mental Health & Learning Disabilities	1	0	1	11	145	170	**328**
Nursing Director	0	1	5	28	27	17	**78**
Planning, Performance & ICT	0	1	0	43	28	8	**80**
Primary Care & Community Division	0	0	1	33	209	219	**462**
Surgery	0	0	0	7	36	59	**102**
Urgent Care	0	0	0	21	212	191	**424**
Workforce & OD	0	0	3	9	34	13	**59**
Total	**1**	**2**	**19**	**250**	**1,436**	**1,197**	**2,905**

Open Incidents

Of the **2,905** open incidents on the system (reported up to end of March 2024) **72%** of them have been coded by the Reporter as **No or Low harm.**

The table illustrates the open incidents by Reporters Initial Harm Assessment and Incident Date (Year).

Reporters Initial Harm Assessment	2019	2020	2021	2022	2023	2024	Total
None	0	0	6	100	323	264	**693**
Low	1	0	6	82	677	633	**1,399**
Moderate	0	1	3	43	304	231	**582**
Severe	0	0	3	13	85	48	**149**
Catastrophic / Death	0	1	1	12	47	21	**82**
Total	**1**	**2**	**19**	**250**	**1,436**	**1,197**	**2,905**

Open Incidents

Of the **2,905** open incidents on the system (reported up to end of March 2024) **71.3%** of them are coded as **patient safety** incidents.

The top three incident types are:

- Pressure Damage – 449 incidents
- Slip, trip of fall – 262 incidents
- Medication – 168 incidents

There are currently **383** incidents affecting **staff** that remain open.

Approximately 50% of these incidents relate to abuse to staff. 31% relate to accidents with 8% of these associated with slips, trips and falls.

Managers Harm Assessment

There are currently **1,157** open incidents on the system (reported up to end of March 2024) where the '**Managers Interim Harm Assessment**' has not been completed.

The table illustrates the open incidents with no 'Managers Interim Harm Assessment' by Division/Service and Incident Date (Year).

Division/Service	2020	2021	2022	2023	2024	Total
ABCi	0	0	0	1	0	**1**
Board Secretary	0	0	1	0	2	**3**
Chief Executive / Non Executive	0	0	0	1	0	**1**
Clinical Support Services	0	1	0	1	9	**11**
Complex & Long Term Care	0	1	0	7	7	**15**
Director of Public Health	0	0	1	44	19	**64**
Director of Therapies & Health Sciences	0	1	2	3	0	**6**
Estates & Facilities	0	0	23	135	72	**230**
F&T	0	0	9	38	83	**130**
Finance Director	0	0	1	0	0	**1**
Medical Director	0	0	0	5	1	**6**
Medicine	0	1	2	67	123	**193**
Mental Health & Learning Disabilities	0	0	4	38	45	**87**
Nursing Director	0	3	11	22	12	**48**
Planning, Performance & ICT	1	0	12	15	6	**34**
Primary Care & Community Division	0	0	2	83	106	**191**
Surgery	0	0	1	1	15	**17**
Urgent Care	0	0	2	44	30	**76**
Workforce & OD	0	2	5	26	10	**43**
Total	**1**	**9**	**76**	**531**	**540**	**1,157**

Datix Team Resources

A **benchmarking exercise across NHS** Wales has identified that Aneurin Bevan UHB are **significantly under resourced** compared with other organisations to support the day to day management of the system.

The Datix Team within Aneurin Bevan is made up of **0.8 WTE** with approximate costs of **£35,128**.

Across NHS Wales (**Health Boards only**) the average resource is **3.9 WTE** with average costs of approximately **£168,000**.

A business case is being developed to appropriately resource the Datix Team.

Next Steps

- Reach agreement on the review of **4,144 closed incidents** with **no conclusion data** recorded
- Divisions/Services to conduct a rapid review of the **1,157 open incidents** on the system (reported up to end of March 2024) where the '**Managers Interim Harm Assessment**' has not been completed.
- Divisions/Services to **develop plans** to progress the **2,905 open incidents** (reported up to end of March 2024) to closure
- Divisions/Services to **implement processes and systems** to ensure a **sustainable approach** to incident management
- Business Case to **enhance the resources** within the Datix Team to be progressed via **Pre-Investment Panel** (PIP)

Suspected Cancer Pathway

Patient Quality, Safety and Outcomes Committee

Suspected Cancer Pathway

Richard Morgan- Evans, Deputy Chief Operating Officer

Margaret Parrott, Cancer Services Manager

Tuesday 4th June 2024

Suspected Cancer Pathway

- Major change to the management of suspected cancer patients was introduced (2020)
- Replaced the Urgent Suspected Cancer and non-Urgent Suspected Cancer pathways
- New pathway designed to start cancer patient treatment more quickly
- Previous pathways masked hidden waits
- New SCP provided greater equity

Suspected Cancer Pathway
definitions and targets

- Fundamental change – Point of Suspicion (POS)
  - *The point of suspicion is when a clinician refers a patient or requests a test concerned a patient may have cancer. For screening it is the abnormal test report or colposcopy procedure.*
- At least 75% of patients should commence first treatment within 62 days from point of suspicion
- Patients referred for suspected cancer from primary care should have first contact within 14 days from referral
- Patients should be diagnosed within 28 days from referral

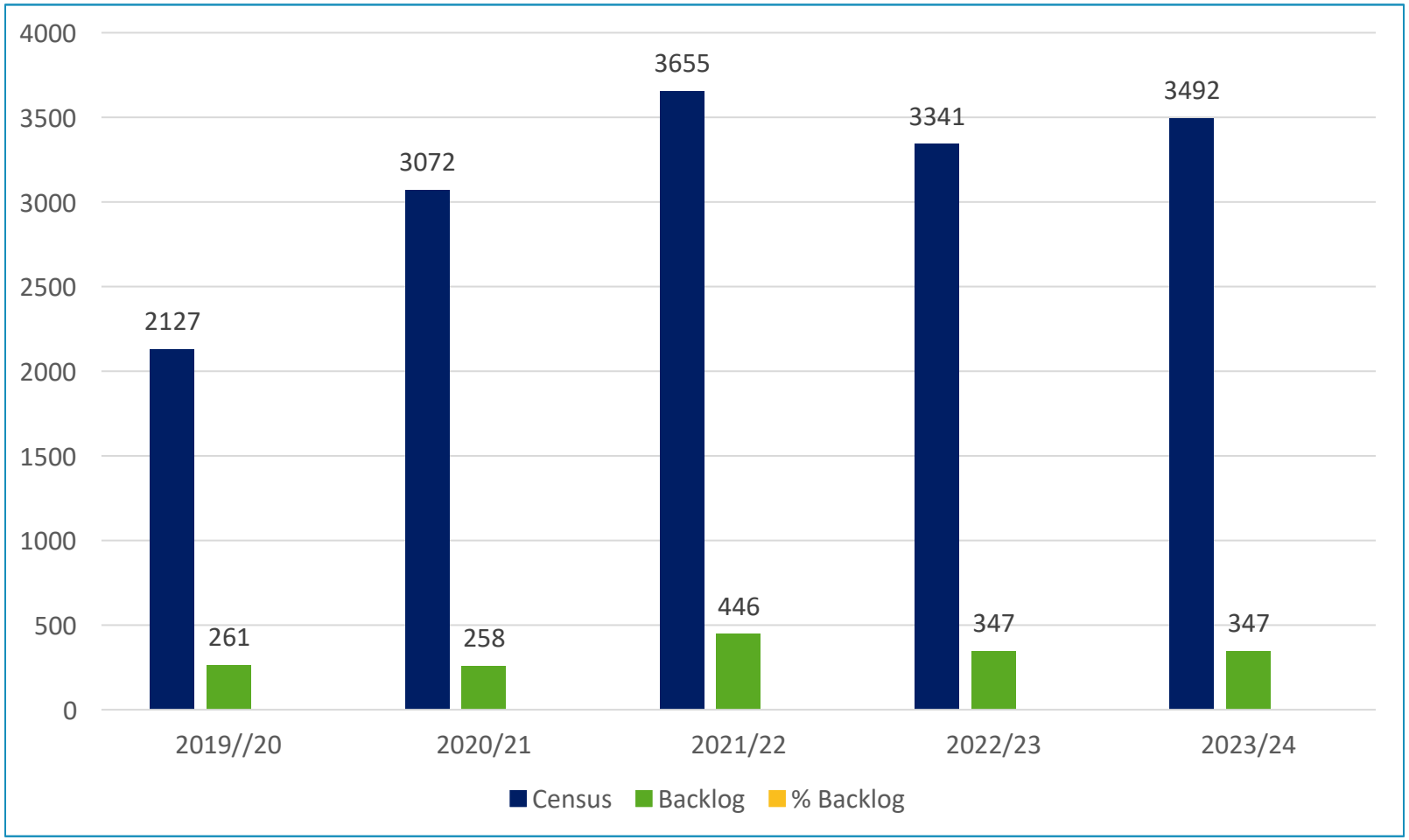
ABUHB Context

Financial year	SCP Referral demand		SPC Cancer Conversion
2019/20	29,895	Baseline	13.1%
2020/21	24,729	Reduced referrals - peak COVID	15.1%
2021/22	32,082	2,187 (7% increase from 2019/20)	14.4%
2022/23	35,977	3,895 (19.5% increase from 2021/22)	13.2%
2023/24	40,020	4043 (11% increase from 2022/23)	12.0%

Key messages:

- Overall there has been a 34% increase in suspected cancer referrals since 2019/20
- Demand continues to grow which impacts diagnostic capacity
- Diagnostic departments impacted
- Conversion to cancer has not increased

Patient waiting over 62 days (backlog)



	Census	Backlog	% Backlog
2019//20	2127	261	12.3%
2020/21	3072	258	8.4%
2021/22	3655	446	12.2%
2022/23	3341	347	10.4%
2023/24	3492	347	10.0%

5-year SCP 62 day performance

(target = 75%)

2019/20	2020/21	2021/22	2022/23	2023/24
62.3%	66.2%	64.4%	57.0%	60.1%

- ABUHB has not met the target in last 5 years
- The best performance was in the year that COVID affected us the most
- Demand for services outstrips capacity – increase in referral with little or no increase in service capacity (work force, kit, space etc.)

2024/25 Performance Improvement Trajectory

Q1	Q2	Q3	Q4
61%	64%	67%	70%

- Setting realistic expectations – unlikely to meet 75% this year
- Acknowledging ongoing increase in demand
- Working towards improvement through Task and Finish Groups

Pathway improvement programme

- National Optimal Pathways
- High volume/low performing tumour sites Task & Finish Groups
- Engaging with all disciplines involved in diagnosing and treating cancer patients
- Engaging with partner organisations (C&VHUB, VCC, Bristol, SBUHB) to iron out pathways for patients

Key areas of Risk to Improved Performance

High volume tumour sites

- **Colorectal cancer pathway** number of patients on the census makes up one third of the total – referrals without appropriate filter tests completed; endoscopy waiting times (affected by recent Junior Doctor Industrial Action and local WLI pay disputes); surgical capacity constraints
- **Urology cancer pathways** – bladder and prostate
- **Gynae-oncology pathways** – PMB pathway variations
- **Tertiary services** – surgical delays in Bristol; oncology delays in Velindre

Quality initiatives

Examples of initiatives to support cancer patients – not exhaustive

- Getting ready for treatment initiative (Prehabilitation alternative model)
- Cancer cafes
- Training community cancer champions initiative
- Primary care cancer education ‘supper’ events throughout the year
- Psychology services supporting cancer patients
- Streamlining pathways - tertiary services

Domain	Learning	Action Taken	Impact	Next Steps
Person Centred Preparing for cancer treatment- feedback from patient panel.	Our Cancer patient panel that meets Qtrly, reported that they were not prepared for what to expect after a cancer diagnosis. This was a theme for all patients across 5 tumour sites. Other feedback showed: ➢ 35% were not given any information about the impact of cancer on their day-to-day activities. ➢ **51%** were not offered the opportunity to discuss their needs and concerns.	Clinical Support workers in 6 tumour sites, make contact one week after diagnosis and complete a what matters to me conversation. This checks the patients understanding, their emotional and social needs, assesses life style and gives self help advise on what they can do to prepare for treatment. Website resource developed on Getting ready for treatment.	• Staff engagement and adoption of the intervention is very good. • An improvement on the Holistic needs intervention where engagement was poor. • Early indication is that patients like the intervention. • The patient panel reviewed the intervention and felt it would have really helped them.	• Patient and staff evaluation • Targeted professional led prehab
Person Centred Cancer Cafes	A Patient story in 2021 highlighted that *we treated the cancer, but perhaps not emotional impact. This was echoed in other feedback:* ➢ *'Talking to others with cancer was the most valuable think I did'* ➢ *'When everything dies down, that is the time when the enormity of the situation sinks in. However, you find you are suddenly left on your own with no support'.*	A full programme of work to enhance emotional support in cancer is being developed, it includes upskilling our staff, psychology interventions and support from peers and volunteers through befriending and Cancer Cafes. In 2024, 32 cancer cafés across our 5 Boroughs will take place. Located in community locations, run by volunteers who are supported by a professional.	*In March 2024, 35 patients and carers attended our cancer cafes. All survey respondents reported benefit.* *Feedback:* ➢ 'A huge well-done for organising this -it is exactly what we need, and I need - a great support and has impacted me greatly - thank you'. ➢ 'These cafes really are a great resource for those of us trying to move on. It is really does help such a lot to speak to other people & realise we are all dealing with the same things	• Further review of cancer cafes and the volunteer role. • Trial of speakers at Cafes. • Communication and advertising.

Domain	Learning	Action Taken	Impact	Next Steps
Effective & Equitable Community Cancer Champions	Skin Cancer is one of the most preventable cancers, and treatable if identified early. Work in England and Powys have shown the benefit of community cancer champions, who are trained in prevention and signs and symptoms of skin cancer.	Skin Cancer awareness training being delivered to Hairdressers, Beauticians and nursery schools in Summer 2024.	• Within I week of release 55 hairdressers/beauticians signed up. • Significant engagement/appetite from the sector	Deliver sessions and evaluate over a 12 month period.

Overall Quality	Evaluation of staff knowledge and skills has shown gaps that could potentially impact on quality care and pathway delivery.	• Primary Care learning events in cancer planned.
		• Advanced communication course delivery for nurses and AHPs delivered.
		• Training on what we don't discuss:
		  • Sexual consequences (delivered)
		  • Advanced care planning (planned)
		  • Talking to children (delivered)
			• Staff feel more aware of the consequences of cancer
			• Staff confidence in discussing all impacts of cancer is improving.
			• Awareness of pathways will improve
				• Continue to deliver
				• Look at digital learning for cancer.

Questions

Agenda Item:

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	04 June 2024
CYFARFOD O: **MEETING OF:**	Patient Quality, Safety and Outcomes Committee
HTEITL YR ADRODDIAD: **TITLE OF REPORT:**	Volunteering Annual Report
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Jennifer Winslade, Executive Director of Nursing
SWYDDOG ADRODD: **REPORTING OFFICER:**	Tanya Strange, Head of Nursing, Patient Experience and Involvement

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Volunteering is recognised by the Welsh Government and the Third Sector Partnership Council as a 'good thing' for Wales, to be supported and promoted. It has benefits for the individual, for organisations and movements in which they are involved, and for communities more widely (Welsh Government Volunteering Framework Supporting Communities, Changing Lives, August 2015).

Aneurin Bevan University Health Board recognises the important and valuable contribution made by volunteers who give freely of their time to enhance the services provided by paid staff, with the aim of improving the experience for patients, their families, and carers whilst ensuring volunteer experience is also positive. Through a governance focussed Volunteer Framework, the Patient Experience and Involvement Team manage all volunteering activity as it relates to volunteers directly engaged by the Health Board.

The Volunteer Annual Report 2023 celebrates volunteering and outlines the key achievements over the past 12 months. PQSOC are asked to acknowledge the achievements for assurance, and APPROVE the actions for 2024 onwards

Cefndir / Background

The Health Board considers the safety of patients and service users to be paramount and expects that the standard of care and conduct of volunteers to be of the same high quality as that of paid staff, embedded within the Health Board Values and Behaviours Framework. Within the Health Board, the ethos of volunteering supports:

- The Integrated Medium-Term Plan and Organisational People Plan.
- Workforce Planning
- The Equality Act 2010.
- The Welsh Language (Wales) Measure 2011.
- Patient Experience and Involvement Strategy, Quality Strategy and The Care Aims Framework.
- The Wellbeing of Future Generations Act (Wales) 2015.
- Health and Care Standards (Wales) 2015.
- A Healthier Wales 2019
- The Health and Social Care (Quality and Engagement) (Wales) Act 2020 (including the Duty of Candour).

The Health Board has published a revised Volunteer Framework. The purpose of this Framework is to provide a governance focussed and structured process that enables volunteers to be engaged safely and effectively by the Health Board. Acting as a point of reference for staff, volunteers, potential volunteers and interested partners, the Framework supports the Health Board in embedding a model of engagement that provides a range of opportunities for people within our communities to volunteer. The Patient Experience and Involvement Team work closely with divisional teams and external partner organisations to increase volunteering across the geographical area.

During 2023, the Health Board were successful in working with Helpforce Cymru to pilot a Volunteer to Career Pathway. This has been a great success with 12 volunteers gaining paid employment. During 2024, the Team will pilot a Volunteer to Career Pathway for people with lived experience (mental health and learning disabilities). Aligned to workforce planning, the Volunteer to Career pathway is a real opportunity to enhance recruitment whilst also supporting people with additional needs to gain meaningful employment.

Asesiad / Assessment

COVID-19 and visiting restrictions meant that volunteering activity was significantly impacted during the pandemic, and some volunteers sadly chose not to return. However, 2022 and 2023 has seen the very welcome return of many of our volunteers and the recruitment of volunteers is now increasing, particularly around befriending, meaningful activities, and end of life support.

In 2023, we recruited **92** new volunteers and several new volunteer roles have been developed. These roles have all been created based on people's feedback (staff and patients). Today, we can offer people who want to volunteer the opportunity to choose from **20** volunteer role profiles. There are currently **210** directly employed volunteers (with a significant number still going through recruitment). The Volunteer Co-ordinators manage and supervise around 60 volunteers each. Their responsibility under the Framework includes interviewing,

recruitment, undertaking the relevant checks (e.g. DBS, Occupational Health, reference checks), training, undertaking risk assessments and induction. Interest in volunteering has increased over the past 4 months and the team has now had to increase the core volunteer training from one to two sessions a month. Additional training is provided depending on the role the volunteer is engaged in. Bespoke training sessions delivered in 2023 are identified below:

Bespoke Training	No. of Sessions	No. of Attendees
Dementia Friends	15	97
Dementia Awareness, Meaningful Activities and Engagement	8	54
Psychological Support for People with Cancer	3	29
Food and Safety Awareness Level 2	4	45
End of Life Communication	4	18
Moving and Handling	2	10
Total	**36**	**253**

Alongside the management of Volunteers, the co-ordinators also attend promotional events in schools, colleges, and at public events. Two of the co-ordinators also directly support the Options, Advice and Knowledge (OAK) patient education sessions.

Volunteer Profiles

The Health Board considers the recruitment of volunteers through a multi-generational, life course approach which enables volunteering opportunities for children and young people (intergenerational practice), adults, older adults, and retirees. People who have additional needs, those whose voices are seldom heard and those with protected characteristics are also supported to volunteer through reasonable adjustments and additional support. All role profiles are discussed with Staff Side to ensure there are no conflicts with paid roles.

Although the majority of our volunteers are above retirement age, we have seen a significant increase in volunteers from younger age groups (particularly health and social care and pharmacy students), an increase from people with additional needs and an increase from people whose first language is not English. Additionally, specialist services are now requesting support for volunteers with lived experience (cancer, stroke and alcohol services) and this is extending into increased peer mentoring initiatives.

Patient, Staff and Volunteer Experience.

The Volunteer Annual Report outlines the positive impact on patient, staff and volunteer experience. Partner organisations are engaged and there is much collaborative working. More and more teams are now realising the benefit of volunteer support and referrals for volunteer support are increasing.

Volunteer activity is becoming more diverse and more inclusive. This can be demonstrated by the development of the Babi Volunteers in the maternity services, who, with a range of different languages, support mothers who do not speak English. Some case studies reflecting diversity are included in the Annual Report

Discussions are now taking place around the establishment of Volunteer Hubs on each hospital site, who will work closely with PALS and clinical teams. This will require the identification of dedicated hub space.

Risk Assessment

The co-ordinators current workload means that they are unable to progress at pace new volunteering initiatives. Grant funding has enabled the piloting and embedding of new volunteer initiatives. However, posts employed through this funding are fixed term, meaning the co-ordinators then need to absorb the work.

Financial Assessment

With the exception of the 3.8 WTE Volunteer Co-ordinators, funding for directly engaged volunteers is met through Charitable Funds. These funds pay for volunteer 'out of pocket' expenses. Grants have supported the fixed term employment of some administrative staff to test and embed new models (Volunteer to Career and End of Life Companions).

Commissioning of Voluntary Sector volunteering is met by ring fenced budgets specific to the area the volunteers are engaged in (Age Cymru Robins). Where additional external volunteering has been requested, this has traditionally been met through time limited Charitable Funds.

Training more volunteers to engage in meaningful activity would have a positive impact on patient experience and in turn, have the potential to reduce the financial impact on enhanced care provision. The existing volunteer co-ordinator workload would need to be increased to take this forward at pace.

Argymhelliad / Recommendation

The Volunteer Annual Report 2023 celebrates volunteering and outlines the key volunteering achievements over the past 12 months.

The Committee is asked to consider the achievements for assurance, consider the challenges to expansion and APPROVE the actions for 2024 onwards.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	4.1 Dignified Care 6. Individual care 6.2 Peoples Rights 6.3 Listening and Learning from Feedback

Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Getting it right for children and young adults Older adults are supported to live well and independently
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers Improve the access, experience and outcomes of those who require Mental Health and Learning Disability Services Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• **Workforce**	Yes, outlined within the paper
• **Service Activity & Performance**	Yes, outlined within the paper
• **Financial**	Yes, outlined within the paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	**Yes not yet available** An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change.

	If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives

Volunteering Annual Report
January – December 2023

Executive Summary

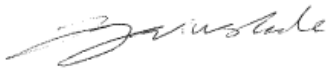
I am delighted to present the Volunteering Annual Report 2023 to our Board and our communities. This report outlines the valuable contribution volunteers make to patients, clinical services, and the wider community.

I am proud to be the Strategic Lead for Volunteering and to have the opportunity to work with so many wonderful people. Volunteering across Aneurin Bevan University Health Board is managed within our Patient Experience and Involvement Team and is supported by Volunteer Leads, Volunteer Project Co-ordinators, dedicated patient experience staff, voluntary sector partners and our wider workforce who contribute significantly to volunteering within their service and across the Health Board geographical area.

COVID-19 and visiting restrictions meant that volunteering activity was significantly impacted during the pandemic, and some volunteers sadly chose not to return. However, 2022 and 2023 has seen the very welcome return of many of our volunteers and the recruitment of volunteers is now increasing, particularly around befriending, meaningful activities, and end of life support. This year, we have recruited 92 new volunteers and several new roles have been developed. These new roles have all been created based on people's feedback. Today, we can offer people who want to volunteer the opportunity to choose one of 20 volunteer role profiles.

I am very grateful to our Patient Experience and Involvement Volunteering Team who proactively collaborate with several Third Sector and Voluntary organisations, taking every opportunity to promote and celebrate the valuable contribution that volunteers bring. Their dedication in encouraging people to consider volunteering, recruiting, training, and supporting volunteers as well as responding to clinical teams' requests for volunteering support is admirable. I am grateful too to those external organisations who support volunteering for the benefit of our population whether they are in hospital or in the community.

This year, we held a Volunteer Celebration Event that showcased the valuable contribution that volunteers make. It was truly humbling to witness how volunteers spend their time making things better for our patients, their families, and staff. Each volunteer brings so many benefits to people's experiences and their lives and the celebration event honoured that contribution. I would like to personally thank each and every volunteer for the difference that they make by giving the most precious gift of all, the gift of time. Through their unfailing dedication and personal desire to make society a kinder place, I am sure that 2024 onwards will bring many more benefits to people, communities, staff, and the volunteers themselves.



Jenny Winslade
Executive Director of Nursing

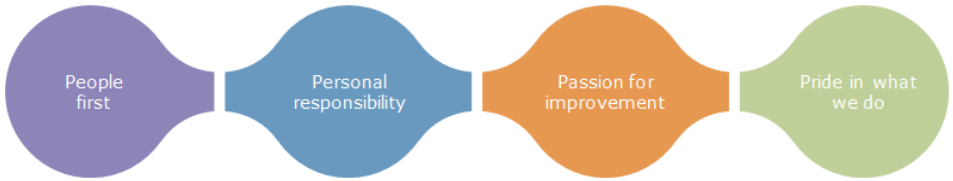
Introduction

Volunteering is recognised by the Welsh Government and the Third Sector Partnership Council as a **'good thing'** for Wales, to be supported and promoted. It has benefits for the individual, for organisations and movements in which they are involved, and for communities more widely (Welsh Government Volunteering Framework Supporting Communities, Changing Lives, August 2015).

Volunteering is an important expression of citizenship and an essential component of democracy. It is the commitment of time and energy for the benefit of society and community and can take many forms. It is undertaken freely and by choice, without concern for financial gain (Welsh Council for Voluntary Action Cymru).

Aneurin Bevan University Health Board recognises the important and **valuable contribution** made by volunteers who give freely of their time to enhance the services provided by paid staff, with the aim of improving the experience for patients, their families, and carers. The Health Board is committed to ensuring that volunteers are treated consistently and with respect throughout the organisation, to ensure that the volunteering experience is positive.

The Health Board considers the **safety of patients** and service users to be paramount and expects that the standard of care and conduct of volunteers to be of the same high quality as that of paid staff, embedded within the Health Board **Values and Behaviours Framework**.



The Aneurin Bevan University Health Board's Volunteer Framework considers all relevant aspects of the **Health and Care Standards (2015)** with particular reference to the importance of delivering person centred care and standards:

- **1.1 Health Promotion Protection and Improvement**, as volunteers make a significant impact on reducing isolation and loneliness and reconnecting people with communities.
- **4.1 Dignified Care**, as volunteer role profiles are designed specifically to meet the needs of those people who may have unmet needs.
- **7.1 Workforce,** as volunteers are trained and supported in order that their roles directly impact patients.

Within the Health Board, the ethos of volunteering supports:

- The Integrated Medium-Term Plan and Organisational People Plan.
- Patient Experience and Involvement Strategy, Quality Strategy and The Care Aims Framework.
- The Wellbeing of Future Generations Act (Wales) 2015.
- The Equality Act 2010.
- A Healthier Wales 2019.
- The Welsh Language (Wales) Measure 2011.
- The Health and Social Care (Quality and Engagement) (Wales) Act 2020 (including the Duty of Candour).
- Health and Care Standards (Wales) 2015.

Volunteering Framework

The Health Board has published a revised **Volunteer Framework.** The purpose of this Framework is to provide a governance focussed and structured process that enables volunteers to be engaged safely and effectively by the Health Board. It ensures:

- The volunteer can access the experience most beneficial to them, using their skills and experience to benefit others.
- The volunteer is recruited, trained, and supported appropriately.
- That all staff in ABUHB can be fully involved in the engagement of volunteers.

Acting as a point of reference for staff, volunteers, potential volunteers and interested partners, the structured Framework supports the Health Board in embedding a model of engagement that provides a range of opportunities for people within our communities to volunteer. The Framework intends to improve the wellbeing of people, whether they are receiving healthcare, working in healthcare, or volunteering with us by enhancing:

- A **sense of purpose** and wellbeing for the volunteer.
- A **positive experience** for those people receiving volunteer input, including patients within acute and community hospital settings, residents in care homes and people living in their own home.
- **Staff confidence** in supporting volunteers as part of the team.
- **Public confidence** in knowing that volunteers are trained and skilled to undertake their role.

Benefits of Volunteering

There are many benefits to volunteering, including benefits to people who are supported, benefits to the organisation, benefits to staff, benefits to wider society and importantly, benefits for volunteers themselves.

Volunteer feedback has demonstrated:

- Improvements in self-worth through making a difference.
- A sense of purpose/feeling valued.
- Sense of belonging/reduced loneliness for volunteers.
- Life satisfaction.
- Increased self-confidence and self-esteem.
- Learning new skills and future employability.

Our Inclusive Life Course Approach to Volunteering

The Health Board considers the recruitment of volunteers through a multi-generational, **life course** approach which enables volunteering opportunities for children and young people (intergenerational practice), adults, older adults, and retirees. People who have additional needs, those whose voices are seldom heard and those with protected characteristics are also supported to volunteer through reasonable adjustments and additional support.

Whilst the minimum age for volunteering within the Health Board is 16 years of age, department managers may decide that certain voluntary roles are unsuitable for volunteers under the age of 17 or 18. The Volunteer Framework sets out the **governance arrangements** when recruiting young volunteers (people aged 16-18 years). There is no upper age limit and our eldest volunteer to date was 93 years old.

Assurance and Governance

Overall responsibility for volunteering within the Health Board rests with the Executive Director of Nursing, as delegated by the Chief Executive. **Volunteer governance** is managed by the Patient Experience and Involvement Team who work closely with divisions, **Therapy Dog Service Lead** and **Chaplaincy** to support informal interview and selection of volunteers. The nurse in charge of the ward or person in charge of the department takes responsibility for all active volunteering within their area.

Some volunteer roles include supporting people within the community. This includes people who live in in their own homes, independent living schemes and care homes. To ensure the safety and **safeguarding** of both volunteers and clients, risk assessments are completed. This includes an environmental risk assessment to ensure the building and surroundings are suitable for a volunteer to visit and a **risk assessment** of the client themselves to ensure that they are suitable for a volunteer to visit in view of lone working. Clear guidelines around volunteer **accountability** are provided in the Core Volunteer Training and Information Booklet, a copy of which is provided to all volunteers. Each volunteer has access to a volunteer lead within the Patient Engagement and Involvement Team.

Relationship Between Volunteers and Paid Staff

The Patient Experience and Involvement Team work closely with **Staff Side** to ensure volunteer roles do not conflict with roles that are undertaken by employed staff. The role of the volunteer is **complementary**, not supplementary to the role of paid staff.

Volunteers are never employed in times of industrial action to do the work of paid staff but may continue with their regular, complementary role. Volunteers are made fully aware of their role when engaged with ABUHB.

Employed staff are supported to have a clear understanding of the nature, **boundaries**, and limits of volunteer involvement.

The engagement of volunteers will always seek to **match** the volunteers' skills, talents, and interests with those of the people they are supporting.

To date, we have **210** volunteers directly engaged by the Health Board and are supported by external volunteers engaged through our arrangements with Age Cymru Gwent, League of Friends at Ysbyty Aneurin Bevan (YAB) and Nevill Hall Hospital (NHH), Blood Bikes, Bridges Centre, Sparkle, Walled Garden and British Red Cross.

Recruitment and Selection of Volunteers

The Patient Experience and Involvement Team are responsible for the operational **recruitment** and core training of volunteers engaged within the Health Board.

There is a robust recruitment and selection process to ensure that anyone wishing to volunteer is **suitable** for a volunteering role. This includes:

- Application Form and Interviews
- Identity and Signature Checks
- Right to Work Process Checks
- References
- Disclosure and Barring Service (DBS)
- Occupational Health Clearance
- Young Volunteers (Governance and Supervision)
- Information Security and Confidentiality Agreement
- Expectations of the Organisation
- Volunteer Agreement

Where people may require additional support to complete the application process, this is undertaken on a 1:1 basis.

During 2023, **92 new volunteers** were recruited and in addition to our recruited volunteers, we also trained and inducted approximately **75 Pharmacy Students** who gained valuable patient experience placements.

Volunteer Training and Development

All Volunteers receive an **induction** into their volunteer roles and training to support the role they will be undertaking.

Mandatory/Core training for all volunteers include:

- Communicating with people experiencing a hearing loss.
- Equality, Diversity, and Inclusion.
- Safeguarding.
- Infection Control.
- Safe Working.
- Welsh Language 'Active Offer'.
- Confidentiality.
- Dementia Friends.

"Patient was unable to talk, so I used communication card. We had a 10-minute char about dogs, the mountain and family"

– Bethany Woollard, Volunteer –

Over the past 12 months **206** volunteers have attended the core and refresher training. Volunteers told us that following the induction training they felt more prepared to begin volunteering. They also told us they found the group work, videos, and scenarios sessions very useful. Feedback from the training sessions include:

What were the most useful sessions today?

What messages will you definitely remember from today's training?

Volunteer comments related to core training.

Bespoke Training

Some volunteering roles require **additional training**. These include the End-of-Life Companions, Dementia Companions, service specific volunteers (e.g. maternity) and roles where volunteers have lived experience and wish to support others with the same conditions (e.g. cancer, stroke). Where volunteers support at mealtimes, **Food Safety Awareness** training is provided, supported by a Dietician.

The Patient Experience and Involvement Team work very closely with **clinical leads** and external partners to develop or participate in the training required to support service areas. This has included the development of an end-of-life companion training course, developed in partnership with **Marie Curie** and **Helpforce** and a full day Meaningful Activity training programme developed with the Lead Nurse for Dementia and Clinical Skills Trainer. This training is also offered to staff.

In 2023, we held the following additional **bespoke** training sessions:

Bespoke Training	No. of Sessions	No. of Attendees
Dementia Friends	15	97
Dementia Awareness, Meaningful Activities and Engagement	8	54
Psychological Support for People with Cancer	3	29
Food and Safety Awareness Level 2	4	45
End of Life Communication	4	18
Moving and Handling	2	10
Total	**36**	**253**

Valuing and Supporting Volunteers

The Patient Experience and Involvement Team proactively support volunteers once engaged. This support includes:

- Introduction to the clinical area or to the person living in the community.
- Accompanied induction.
- Placement review.
- Wellbeing checks.
- Named 'buddy'-point of contact.
- Informal supervision and advice - group and one-to-one.
- Engagement and involvement at all times - seeking views, listening, offering new role opportunities.
- Dedicated email communication channel.
- Psychological wellbeing 'check in' and monthly support sessions.
- Annual training updates.
- Provision of out-of-pocket expenses.
- Offer of immunisations.
- Involvement in local promotional events.
- Annual celebration events.
- Letters of thanks.
- Award nominations.
- Involvement in presentations (local and national).

Feedback from Volunteers

It has made me feel wonderful being told I do an amazing job, need ego boosts. Visitors opposite joined in on conversation, visitors also said that I do an amazing job visiting people
~ David Wright ~

Seeing the smile on people's faces is just the best thing. I just want to make everyone happy. (Latisha, Volunteer)

I sat with a lovely lady from Tredegar who lost her husband who she adored 6 months ago. We had a nice long chat about him and her family. She said what I do, volunteering, is a kind thing.
~ Peter Mitchell ~

Feedback from Staff

The volunteer service has been amazing for the patients at YYF. The hospital is comprised of predominantly single rooms which can be very lonely. The volunteer service has brought a lot of joy and company to those who have desperately needed it. I'm sure the patients would agree that it is an excellent service that goes along way.
~ Jody-Marie, Ward Manager ~

Speaking for Central Monmouthshire Integrated Services, I can confirm that we are privileged to work alongside volunteers across the full gamut of Health & Social Care. From regular visits by therapy dogs (and their owners) on Trefynwy Ward, to volunteers supporting day activities for people living with dementia; GAVO-inspired befrienders to mitigate the effects of social isolation, to volunteer drivers helping people overcome gaps in rural transport systems and attend appointments; from volunteers such as the 'Friends of Monnow Vale', who undertake year-long fundraising and help keep the Health & Social Care Facility connected to the local community, to people volunteering in the Secure Estate (HMP Usk & Prescoed). The wealth of experience, dedication and skills that people continue to contribute is both impressive and humbling in equal measure. Clearly Health & Social Care is enhanced by the altruism of a large group of volunteers, and we rightly value their respective contributions and achievements and take pride in our strong association.
~ Andrew Burford, Integrated Service Manager ~

Our volunteer can offer her perspective from being a past client herself and this is so validating for people to hear. She is warm and friendly and is a consistent person that people meet each time they come to the group. She gives people hope that whilst at the present moment they are struggling, things can change and they can be in a very different place in the future. Our volunteer is very committed to the group and supports our ability to offer this intervention. We are most grateful to her.
~ Liz Galle, Psychological Therapist ~

Feedback from Partners

Personally, I feel working in collaboration with you and Jane Pearce eases my anxieties, as I know I can gain clarity for those that I am supporting in most contexts. The positions being offered at the hospital are great for all ages, students to gain experience alongside their studies, key to gaining social skills to increase employability success and an amazing setting for those retired and having the time to give back to their community and enabling them to remain active in the promotion of self-care. All key in the reduction of area social isolation figures. I always feel confident and at ease when I request support for those that I am working with. I also find our regular catch-up meetings very helpful and informative, keeping me up to date with all new additions being offered around the volunteering context. We compare our personal settings and needs.
~ Caren White GAVO Caerphilly ~

The partnership between TVA and Ffrind i Mi is crucial in facilitating the support and volunteering efforts for individuals seeking companionship for various reasons. We highly recommend these organisations due to their unwavering commitment and well-established policies that effectively support and nurture volunteers in their befriending roles.
~ Katie Davies TVA ~

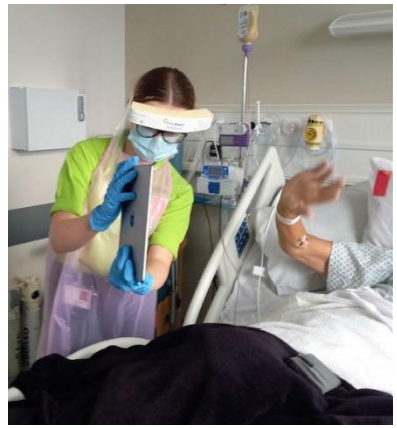
Feedback from Volunteers

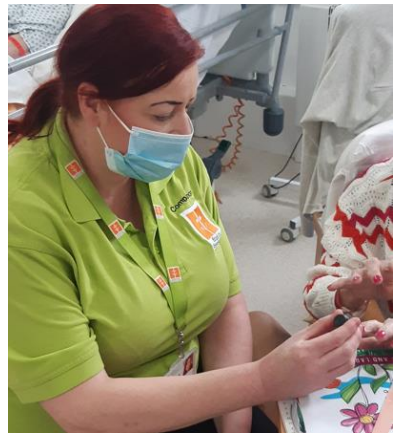
"I want to say that I see this organisation not only helping people sick and dying, but it works as a lifeline to workers like me who were sinking fast but now have a purpose, something to hold on to"

– Volunteer Feedback –

ffrind i mi

I have loved todays visit, interesting chats, felt helpful and that I made a difference. Its humbling, what a difference a volunteer can make.
(Sarah Prince, Volunteer)





Volunteer Role Profiles

Listening and learning from feedback, the Health Board is now able to offer people the opportunity to volunteer through **20** dedicated role profiles. Volunteers engaged by the Health Board are able to undertake a number of roles both within the organisation and across the community. This array of profiles means that people can consider volunteering in those areas that interest them the most, where they feel they could best use their life skills or indeed, where they would like to gain experience if considering paid employment. Volunteer role profiles are constantly being developed. Below is a summary of our current role profiles.

Adverse Weather Drivers

Volunteers who transport essential staff to and from work and drive staff to patients' homes to provide care during extreme weather conditions.

Ffrind i Mi Befriender Volunteers (Hospital Based)

Hospital Befrienders provide a number of valuable support functions including visiting patients who may be lonely, supporting meaningful activities, connecting patients with family members through digital means, undertaking patient experience surveys, supporting patients to access the hospital gardens, supporting visiting and visitors, supporting mealtimes, raising queries with clinical staff and providing information to patients and families.

Case Study (Active Offer/Welsh Language)

"This was my first visit with 'I' whose first language is Welsh, and she was delighted that I spoke Welsh. She was very grateful for her care as she was only able to move a little. Spoke about her childhood and where she is from originally. Spoke about her child and her family circumstances. Very humorous and humble despite her circumstances, she is looking forward to going home." (Sylvia, Hospital Befriender)

The volunteer was actually visiting the patient's childhood home village the same weekend and intended to take pictures to share with her at her visit the following week.

Chaplaincy Faith Volunteers

Chaplaincy Faith Volunteers support the Chaplains at our larger hospitals predominantly by helping patients with their pastoral, spiritual and religious care. Patients can refer themselves, or be referred by families, churches, staff, or met when various wards are visited.

Telephone Befrienders

Telephone befrienders provide telephone calls to people in their own homes, care homes and supported living who may be lonely and socially isolated.

Ffrind i Mi Friendship Group

Run by Ffrind i Mi volunteers, a friendship group has been established in the Newport locality. This group provides an opportunity for people who are lonely to meet with others, engage in meaningful activity and enjoy stimulating conversation.
The group has spent days out together, either going on trips or meeting up for meals. Since re-establishing following Covid the numbers attending are continuing to grow.

Welcomers (YYF & NHH)

The Welcomer Volunteers play a pivotal role in making patients and visitors welcome when they enter hospitals, directing them to the department or service they require. Welcomers are either directly engaged by the Health Board, League of Friends or are provided through our commissioned contract with Age Cymru.

Community Befrienders

Community Befrienders visit people in their own homes, in care homes or in supported living premises. They provide several valuable support functions including visiting people who may live alone or are lonely, supporting meaningful activities, connecting people with family members through digital means, supporting people to access the wider community, dog walking etc. Community support also includes telephone befriending or accompanying people to friendship clubs.

End of Life Companions

The End-of Life Companion Volunteers undertake additional psychological support training which enables them to provide emotional and practical support. This includes companionship, informal advocacy, and signposting to other relevant services for those at risk of dying alone. Social isolation, often felt by the patient, their family and friends can be alleviated by a Companion Volunteer. Companions can also support the family, allowing them to take a break.

End-of-Life Companions provide patients and families with an opportunity to share their stories, worries and concerns by listening and comforting them at this very difficult and personal time.

Case Study: End of Life Care

The End of Life (EoL) Companion volunteer service at ABUHB commenced at the very start of the pandemic, March 2020. Companions were recruited and trained so they were ready to support any patient that was at the end of their life and at risk of dying alone. End of Life Companions have supported patients both as befrienders and provided support to patients who are in the last days of their lives. Late last year, the Team had a request for the EoL Companions to support a family in providing some additional company for their relative. The family members were exhausted. They had been sitting with their relative 24-hours a day and they needed some rest. However, they did not want their relative to be alone.

The EoL Clinical Skills Trainer met with the family to explain the Companion role. She then arranged for 3 Companions to visit the following day so that the family could have some much-needed rest. The Clinical Skills Trainer also met with the ward staff so that they were aware of the support that had been put in place.
The Companions know they may be contacted at short notice and were very pleased that they could support both the patient and the relatives. It was during one of the Companion visits that the patient peacefully died and importantly they were not alone which was a comfort to both the patient and their relatives.

Therapy Dogs

During 2023 the Therapy Dog Service continued to make a strong recovery from a very low base after nearly 2.5 years away due to the pandemic. Considerable effort goes into recruiting and retaining each Therapy Dog Team (owner and dog) as they are a rare and valuable resource for the Health Board. 12 new teams joined the service during the year, with 20 total active at year end.

The team may be small, but it makes a broad and deep impact with regular visits to hospitals including the Grange University (including Critical Care), Royal Gwent, Nevill Hall, St Woolos, County, Ystrad Fawr, Tri Chwm and St Cadoc's.

Therapy dog visits significantly benefit patients but also lift staff morale. Demand for ad hoc Wellbeing Visits for staff increased during the year with incredible feedback. For more information on Therapy Dog Volunteers, please contact Rhian Lewis. **rhian.lewis2@wales.nhs.uk**

Therapy dog volunteer Stephen and Finn with Pharmacy staff

Case Study: Therapy Dogs

"One child had been having tantrums all day and was not taking her medication or drinks; I made a deal that for every 5 sips she drank she could have a photo with Tikki – it worked, and everyone was so impressed!"

On several occasions staff on the children's ward have requested emergency therapy dog visits to support a child or young person in distress. The photo shows Tikki bringing Christmas joy on the Children's Ward.

Tikki

Staff Feedback

"It made me feel at peace .... I forgot about the stresses of the day."

"The visit was talked about all week."

"The best day of work ever, why isn't this available in EVERY workplace? It's SO beneficial."

Mass Vaccination Volunteers

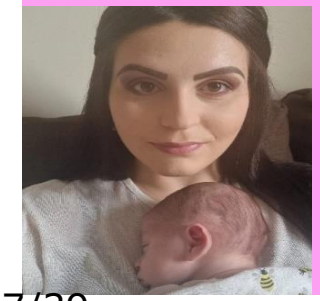
Covid Vaccination Volunteers are often the first point of contact in what can be a very busy environment. Volunteers support the teams, offering direct support to people, providing information and signposting.

Patient Experience Survey Volunteers

As part of the wider Patient Related Outcome Measures (PROMS), these Volunteers support patients to complete online patient experience questionnaires (through i-Pads) in outpatient clinics.

BABI Volunteers

In 2023, maternity services have been lucky enough to be supported by four volunteers as part of a wider equity, diversity and inclusion project within maternity. Four volunteers who speak English as an additional language, and who have recently had a baby within ABUHB, come from Romania, Russia, Poland and Afghanistan. Although individual aspects of the volunteers' roles vary, collectively they meet with women who do not speak English to direct to further NHS resources, for emotional support and friendship, represent the voices of their local communities within BABI (the ABUHB maternity family engagement group), provide a welcome/meet and greet within antenatal clinics, have established a breast feeding support group, have established a Hungarian mothers online forum, and assist maternity services with reviewing patient information, posters and surveys for appropriateness and culturally respectful language and terminology.



Feedback from the volunteers include feeling that they have made friends, felt a sense of value and contribution to ABUHB maternity and communities, personal development and learning and stimulating new experiences.

Dementia Companions

Dementia Companions undertake additional dementia training and spend quality time with patients in the ward or agreed areas supporting them in meaningful activity. This may include examples such as: walking, reading, chatting, singing, games and other activities. They are skilled to use the meaningful activity resources and through this, support people to be engaged within their environment, providing meaningful interaction to both orientate and minimise distress.

Case Study

Frieda has late stage dementia and so was not really able to communicate.

After I had spoken to her for several minutes without any obvious response, I decided to try playing some quiet music to her on the i-Pad that I had brought along for the purpose. That had a dramatic effect. She opened her eyes and took the i-Pad from me so that she could concentrate on the music. When the piece that I had selected came to an end, I tried something else that I thought she would like. However, after a few minutes, I gathered from her facial expressions that this selection was not being well received. I consequently stopped that and tried instead the beginning of Richard Burton's reading of Under Milk Wood.

Fortunately, that choice seemed to be to her taste because she listened to it for about 30 minutes before drifting off to sleep. As I was packing up to leave, she woke again, took my hand and kissed it. I could see that she was mouthing 'Thank you' even though no sound came out" (Barry – End of Life Volunteer)

Cancer Services Volunteers

With support and coordination from the Patient Experience and Involvement Team who deliver the core volunteer training, the cancer service have delivered cancer specific training to **20 cancer volunteers**. They have learned about the effects of cancer, its impact on people, communication skills and self-care, and will be offered ongoing supervision. Two volunteer role profiles have gone live in 2023:

1: Cancer Café Support Volunteer

Supported by a volunteer, this is a group which offers a friendly and relaxed opportunity for anyone with a cancer experience - patient, carer/ family to meet and share experiences with others who truly understand. Hosted in 3 boroughs, Caerphilly, Blaenau Gwent and Newport with Monmouthshire and Torfaen being launched January 2024.

An attendee at a cancer café said: *'Finding out truths from others …….and how we feel about dealing with cancer on a daily weekly basis, was invaluable'.*

2: Meet and Greet in Cancer Departments

Volunteers help make patients and visitors to cancer clinics and departments feel welcome, providing peer support, befriending and a listening ear. Launched – Llanwenarth Suite (endoscopy) and plans to start in the Haematology day unit and the breast centre early in 2024.

3: Gynaecology Support Group

In addition to the above, in January 2024 we hope to launch our first gynaecology support group via What's App and the Cancer Telephone Befriending referral scheme

Hear in Your Community Volunteers

Hear in Your Community Volunteers support people with hearing loss in the community by running hearing aid maintenance clinics. They work alongside audiology and other sensory services where patients have hearing and other sensory losses.

The restrictions of Covid saw the closure of the community clinics and since then the vast majority of our audiology volunteers decided not to return. However, we were finally able to reopen our monthly Volunteer Community Clinic in Risca Library in September 2023; the volunteers provide a valuable service in the local community, carrying out basic hearing aid maintenance and repairs and offering advice and peer support to patients. This is such a useful service, especially for those who struggle to access the main hospital sites on a regular basis.

We hope to reopen a second community clinic soon, potentially in Caerphilly Library, there is one volunteer currently active at YYF that lipreads and the process of recruiting and training new volunteers in audiology is ongoing.

Expert by Experience – Stroke Peer Support Volunteers

In the Community Neurological Rehabilitation service, we have been working with people with lived experience of stroke and brain injury to develop peer partner roles and encourage people living with stroke and brain injury to support each other. This has led to the development of some self-supporting groups in our community including a group who have an interest in Volunteering to provide support to others who have experienced a stroke.

Members of this group have now trained as ABUHB Volunteers through the Volunteer service and three people have been regularly volunteering by reaching out to the Stroke Ward in YYF and County Hospital with others hoping to complete the training in 2024. At a recent meeting of the peer partners several more people expressed interest in becoming volunteers.

The volunteer stroke survivors have been in-reaching to the new consolidated Stroke Ward in YYF and have reported some very good interactions with people currently staying on the ward for stroke rehabilitation. These volunteers also support some of the groups we run supporting people living with Stroke and Brain injury in our community and provide a valuable link between NHS services and local community groups including those supported by the Stroke Association.

Experts by Experience – The Alcohol Care Team (ACT)

This was a new volunteers role introduced in 2023.

Following the success of an ACT group, discussion took place with the Patient Experience and Involvement Team to commence a volunteer led group.

To date one volunteer has been recruited and is actively attending GUH to encourage patients to attend the group for further support. The group will commence once further volunteers are recruited.

Expert by Experience – Mental Health

The Expert by Experience Volunteers co-facilitate groups for service users accessing secondary mental health services. As an expert patient, a key part of the role is sharing one's own lived experience of mental health difficulties to inspire hope in others and belief that recovery is possible. The role includes the delivery of group material to enhance learning and skill development.

Case Study

Coleg Gwent Independent Living Programme Volunteer Placement

The Coleg Gwent Independent Living Programme course provides the opportunity for those with **Additional Learning Needs** (ALN) to further their skills towards an independent life in the community. It is designed to help build confidence in everyday living and to prepare learners for employment. The Patient Experience and Involvement Team have been working with Coleg Gwent, supporting two students as volunteers at Monnow Vale Hospital.

Our Project Co-ordinator said of the volunteers:

'A' is a quiet young lady for the first few sessions just sat quietly only answering when we spoke to her, but I was pleased to see the last time on the ward they initiated a conversation with one of the gentlemen we had engaged with the week before whilst I was befriending another gentleman. This was a really good achievement for 'A' and I felt she has made good progress with volunteering and will, after a few more supported sessions, be capable of visiting without our support. 'A' was tasked with taking the lead for the session e.g. introducing themselves, explaining about the volunteering and starting conversations which, she did very well".

'P' had a lovely chat about Cruising /holidays with a gentleman in the dayroom back on one of the sessions. This is something 'P' loves so he engaged really well. 'P' entered the bay and engaged in the conversations with patients introducing himself and finding out about them and did really well. I have set him the task so that next week he knows he will be taking the lead when we go for the session. One lady remembered him from the very first session he did on the ward so that was lovely to hear. A few of the ladies said they hoped to see him again next week.

Comments from Janelle Worrell, Coleg Gwent:

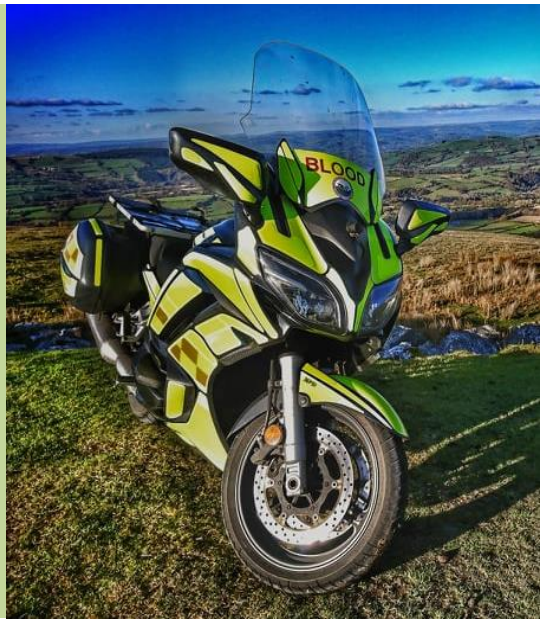
"What a great first term our learners have had with you all. A huge thank you from me and the team at ILS at Coleg Gwent for your continued support. Our wonderful learners have enjoyed the varied opportunities with you all and have gained such a valuable insight into the world of work. It's lovely to read such lovely comments and to see progress, thank you for all your patience and hard work."

Charities and Partners Supporting the Health Board

Blood Bikes

Blood Bikes Wales is a 100% **volunteer charity** based in Wales, providing a free courier service to the NHS, delivering blood samples, plasma, donated human milk, documents and other items all over Wales.

The service is free of charge and operates on weekdays for some health board areas and across Wales from 7pm on a Friday evening until Midnight on Monday morning including bank holidays.



League of Friends NHH

The Coffee Shop at NHH is open every weekday. New friendships are formed, and you have the satisfaction of knowing that you are helping others.

The funds generated are used to purchase much needed equipment for the Hospital, which since formation in today's money is over £4 million. This year we have dominated just short of £60,000 to Nevill Hall Hospital for equipment.

However, key to it all is the fact that we not only dispense to our customers one of the best and cheapest cuppas in Abergavenny but also an invaluable friendly word and a smile.

Charities and Partners Supporting the Health Board

League of Friends (LoF) Ysbyty Aneurin Bevan (YAB)

The LoF at YAB used the funds generated to purchase much needed equipment for the Hospital. They provide a very valuable service to our patients and staff. Just some of the photos of our presentations during 2023:

- Easter eggs for every patient in the hospital and a box of chocolates for every department in the hospital.
- Chocolate selection box for every patient in the hospital and a tin of sweets for every department for them to have a little thank you for their caring in our hospital, a personal Christmas card for everyone.
- The equipment LoF purchased for the staff to use in a project to help train patients to help themselves when they go home, and make a speedier recovery, items like perching chairs, walking frames trays, long pick up tools, long shoehorns, back scrubbers/sponges and leg lifts.

British Red Cross – Emergency Department (ED): Wellbeing and Home Safe Service – Grange University Hospital

The service aims to complement the role of hospital staff by assessing and attending to patients' non-clinical needs. The primary objectives are to:

- Support the patient experience whilst in ED;
- Improve patient flow through the ED.
- Facilitate safe and timely resettlement of the patient in their own home;
- Connect patients into community-based services to support their well-being and reduce their risk of readmission.

A team of staff and volunteers will have a presence within the ED department itself and seek to enhance the patient experience by:

Supporting patients and their families while they are waiting for, during or between treatments and examinations by providing emotional and practical support to help reduce anxiety and promote their mental well-being.

Emotional support such as sitting with someone who is confused, distressed, or disorientated (providing supervision to minimize risk); talking to someone about their concerns; being a friendly face or a supportive listening ear.

Practical support such as finding a resource to address someone's immediate physical needs such as a blanket or providing refreshments, i.e. a cup of tea, a sandwich or a hot meal.

Sparkle Volunteers – Serennu, Nevill Hall and Caerphilly Children's Centre

The guiding principle for the Sparkle Appeal is to ensure that children and young people with disabilities and/or developmental difficulties and their families are fully supported and able to participate in valued childhood experiences, with access to the same range of opportunities, life experiences, activities and community services as any other child and their family. Sparkle is always looking for regular and occasional volunteers to extend our reach and impact. There are a wide range of opportunities available to you in areas such as fundraising, supporting our leisure activities and more. Some of the volunteer roles regularly available at Sparkle are listed below:

- **Fundraising Volunteer** – Support the Fundraising Team with a range of options that help to raise vital funds for Sparkle. It's an opportunity to use your skills and local knowledge to engage further support for our cause.
- **Swim Volunteer** – Offer assistance to children/young people with disabilities and/or developmental difficulties from within the swimming pool, under the supervision of a swimming teacher. The role may also entail offering support to the swimming teacher in a poolside capacity, by observing the children/young people within the lesson, and also assisting with administration duties.
- **Sports and Activities Volunteer** – Assist with sport & activity sessions for children & young people with a disability and/or developmental difficulty providing them with the opportunity to take part in activities, meet new people and develop skills.
- **Café Volunteer** – Support our Café Supervisor to serve drinks and snacks at our Serennu Children's Centre café.
- **Gardening Volunteers** – Seasonal volunteering to help maintain the garden in our outdoor play area at Serennu Children's Centre. This is an ideal volunteering opportunity for small corporate teams.

Archie's Journey

"I don't know what we would do without the Sparkle club. Archie has the best time when he comes to Sparkle, he really does. The Sparkle team really know him, so they understand his little quirks and we just trust them.

Autism is just something Archie lives with and he's the most beautiful boy for it.

Sparkle helps him embrace his individuality and makes sure he has the most opportunities he possibly can".

(Janet, Archie's Mother)

Sparkle ensures Gwent children and young people with disabilities and/or development difficulties, along with their families are fully supported and able to participate in valued childhood experiences, with access to the same range of opportunities, life experiences, activities and community services as any other child and their family.

Friends of Llanfrechfa Grange Walled Garden Registered Charity No. 1176172

https://llanfrechfawalledgarden.wordpress.com

https://www.facebook.com/LlanfrechfaGrangeWalledGarden

Volunteers are committed to redeveloping and maintaining the **Victorian Walled Garden at Llanfrechfa Grange** as a welcoming green space for all to enjoy. There are volunteers in the garden every day, with each giving whatever time they can, from a few hours to a few days each week. Others come in to support social events and working parties held throughout the year.

Activities range from **traditional gardening** task to landscape building work; maintenance of our greenhouse, tunnel, and little stone 'cottage', to **craft work**, baking or making preserves and building scarecrows. Volunteers run Christmas wreath making workshops and are looking for others workshop subjects to run in future, and for people able to lead them!

This friendly **community of volunteers** have a mixed bag of skills, knowledge, abilities and interests, and are always pleased to welcome new people. The garden is open when there are volunteers on site, with core hours between 10am-1:30pm. While we are open for longer on most days, we would love to extend these hours further.

As an independent **Registered Charity**, they are separate from, but feel very much a part of, the NHS community, and enjoying excellent relationships with numerous departments and staff members.

Robins Volunteer Service (Age Cymru Gwent)

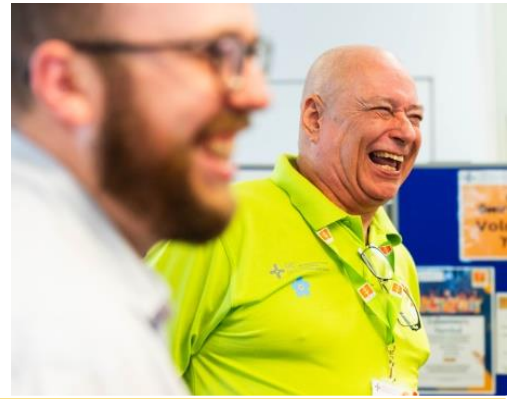
Age Cymru Gwent provide a team of trained, managed, and supported volunteers to work specifically with patients and staff to deliver a ward service on agreed wards. The support provided enhances the experience of patients, alleviate feelings of loneliness and isolation and provide the opportunity for them to participate in social activities.

Age Cymru Gwent's **Robins Volunteer Service** has operated in partnership with the Health Board since its inception 15 years ago. The Robins Service aims to enhance the patient experience by contributing to their wellbeing, dignity, and independence, and focusing on their individual needs during an acute episode in their lives.

The service has also successfully built the skills and capacity of the volunteers, equipping them to be better prepared for the labour market. This is achieved by offering **accredited and non-accredited training**, work experience in a hospital setting, the opportunity to carry out varying roles.

The volunteers also benefit from social interaction with **other volunteers**, patients, families, and staff to increase their confidence.

Volunteer to Career



Helpforce UK is working with a number of Trusts in England to develop 'Volunteer to Career' initiatives, aimed at tackling the current health and social care workforce challenges. Aneurin Bevan University Health Board were **the only Health Board** at the time in Wales to be working with **Helpforce** to test and develop the model in Wales. Many of the ABUHB volunteers had never worked in a healthcare setting previously and in doing so, some have now expressed a wish to gain paid employment within ABUHB. With the current workforce challenges, it is timely to progress at pace this model.

Within the Health Board, a pathway for volunteers to NHS careers has been developed. This is a streamlined process that provides volunteers with the right support to seek employment within the NHS. Volunteer to Career opportunities could be introduced into all areas of the Health Board, whether this be direct patient care on wards, in the community, IT, facilities, administration etc. In order to test the concept, our current model focusses on **career opportunities** within a ward setting, with one focus for volunteers to gain employment as Band 2 Wellbeing Assistants.

This position is **open to all existing Volunteers** and will particularly support volunteers who may not hold or are unable to gain a formal care qualification (or who do not wish to pursue these) but have a passion for patient wellbeing and are seeking paid employment. For those new to the organisation, the expectation is that people applying for a career through this route would volunteer for a minimum of **30 hours**, gaining experience either in their preferred area or on other areas on a rotational basis to get a sense of where they may like to work. During their volunteering period, they will be assigned a 'mentor' and access relevant training. Following the 30-hour volunteer probationary period, they would progress through the 'volunteer to career pathway'. Opportunities to gain formal health and care qualifications will be in line with current career progression qualification pathways.

Working closely with Workforce and Organisational Development Leads, this model has been a great success and a number of volunteers have gained **paid employment.**

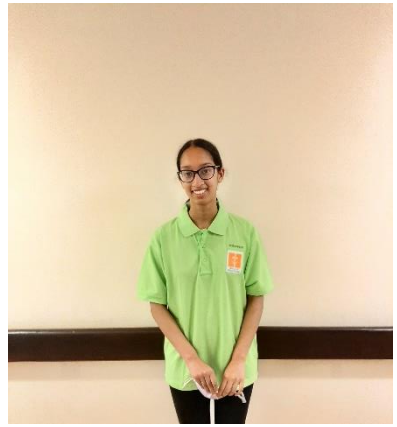
Volunteer to Career "Got the Job!"
RS- Successful in securing Wellbeing Assistant Role at RGH
TG- Successful in securing a paid position outside of NHS. Volunteering gave him the confidence to apply, and he still volunteers today.
CS- "It's a good opportunity as I can accommodate my daughters school hours and it's only a couple of hours each morning so the holidays will be ok. Plus, if I gain 450 hours with Social Care Wales, I can do a social work course with OU. I've found a health and social care course on there and the points can go towards that course." Got the job!
BT – Secured paid employment on ABUHB Bank
MG- Secured HCSW role in Mental Health and now considering Registered Nurse Training
LH- Secured full time employment in a Nursing Home

A case study on our Volunteer to Career model can be found HERE

*"**GAVO** has been working with Aneurin Bevan University Health Board closely throughout 2023. Kathryn has been informing us of new volunteering opportunities across the health board which supports patients' wellbeing and makes their time in hospital a less stressful experience. Working with ABUHB has highlighted a wide range of innovative opportunities for community members to engage with and we have been able to introduce many to the Ffrind i Mi team to begin their volunteering journey.*

*We are particularly excited by the **Volunteer to Career** programme as it offers a path to employment which many other organisations cannot provide. We look forward to continuing to develop the relationship between GAVO and ABUHB in 2024."*

(Bethan Warrington GAV, Monmouthshire).



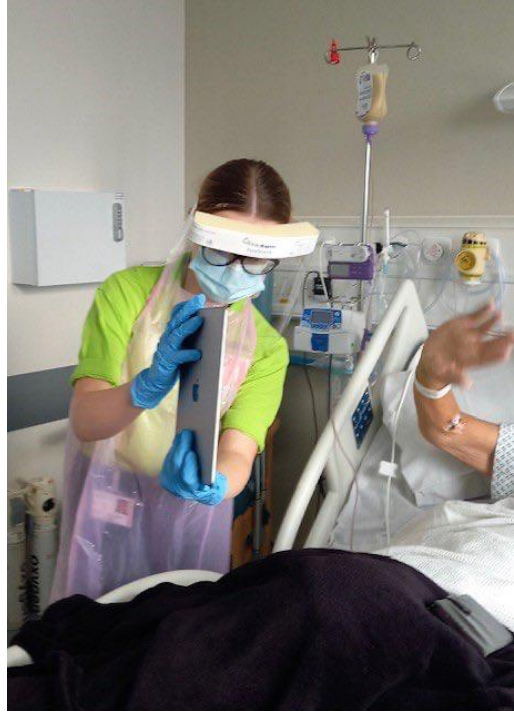
Working in Partnership

The **Patient Experience and Involvement Team** work very closely with Third Sector and Voluntary Organisations.

The Health Board are very grateful for the support these organisations offer our team, patients, family and staff.

Our partners include:

ffrind i mi
friend of mine



Partnership Feedback

"The partnership between TVA and Ffrind i Mi is crucial in facilitating the support and volunteering efforts for individuals seeking companionship for various reasons. We highly recommend these organisations due to their unwavering commitment and well-established policies that effectively support and nurture volunteers in their befriending roles".

(Katie Davies TVA)

Volunteer Promotional Events

Over the past 12 months, the Patient Experience and Involvement Team and several of our volunteers have attended numerous events across the geographical area to promote our **volunteering** and **Volunteer to Career** opportunities. These have included:

Month (2023)	Event
January	Blaenau Gwent Learning Zone Fayre
February	50+Forum Warm Space Hub Torfaen; Presented to WSMP ESOL and Employment Forum
March	Abergavenny Job's Fayre; TVA Volunteer Event
April	Gwent Jobs Fair and Refugee Support Event, Cwmbran Stadium; One Beat Event, GAVO Blackwood
May	St Woolos Hospital; Royal Gwent Hospital; Ysbyty Aneurin Bevan; Ysbyty Ystrad Fawr; Dementia Conference
June	New Volunteer Trade Fayre, Newport; Careers Fayre, Ysgol Gwynllyw, Trevethin
July	Sainsbury's Supermarket - Volunteer Promotion; The Tipping Point: Where next for health and care? Bevan Commission Conference
August	Torfaen Jobs Fayre; ASDA Cwmbran- Volunteer Promotion
September	Torfaen Leisure Zone Freshers Fayre; Abergavenny Jobs Fayre; Usk Freshers Fayre; Newport Freshers Fayre; Morrisons Abergavenny - Volunteer Promotion; Sainsburys Supermarket - Volunteer Promotion; Assembly Presentation - Ysgol Gyfun Gwent
October	Newport ESOL Freshers Fayre; Llanwern School Pathways and Network Event; ASDA Supermarket Brynmawr – Volunteer Promotion; ASDA Supermarket Pill Newport- Volunteer Promotion; Presented VtC to Helpforce Cymru
November	Let's Connect Jobs Fayre, Newport Market; Coleg Gwent Campus; Blaenau Gwent Learning Zone; Cwmbran Learning Zone; Crosskeys Learning Zone; Idris Davies School Health and Social Careers Event
December	TVA Forum, Cwmbran

Key Volunteer Highlights During 2023

Our volunteers have provided **over 8183** unpaid volunteer hours.	Our Welcomer volunteers at NHH and YYF have supported over **3651** people since August 2023.	We have **20** spoken languages by **34** volunteers, including **9** Welsh Speaking Volunteers and **1** BSL Volunteer.	We have **27** Telephone Befrienders supporting **32** patients, mostly on a weekly basis.
We recruited **92** new volunteers in **2023**.	We have launched our **Volunteer to Career** Programme and are the first Health Board in Wales to do so.	**7** volunteers have gained paid employment through our **volunteer to career** programme.	Listening to patients, staff and volunteers, we have created **7 new** volunteer role profiles during 2023.
We have supported **5** people to become experts by experience. (Mental Health, Gastroenterology and Stroke).	We have provided **49** training sessions for volunteers.	We have provided volunteer and work experience opportunities for **3** people with additional needs.	We held an annual volunteer **celebration event** in June 2023.
We have attended **37** volunteer promotion events across the geographical area.	We now have **130** Hospital Befrienders and End of Life Companions. With our team supporting **321** volunteer inductions during 2023.	We have worked closely with Therapy teams to create **Stroke Peer Support** Volunteers.	We have worked closely with **Cancer Services** and created new volunteer roles including Befrienders, Welcomers and Peer Support.
We have worked closely with the **Alcohol Care Team** and are creating a volunteer led dedicated alcohol support group	Through our partnership with Cardiff University, over **75 pharmacy students** will have gained patient experience volunteering opportunities this academic year.	**52** volunteers have supported the **Ukraine Resettlement** and **Mass Vaccination** Centres.	We have delivered **9** Personal Wellbeing Sessions with over **51** volunteers attending
We have presented our Volunteering model at local and **national** events.	**Helpforce Cymru** and **The Bevan Commission** have published a national case study on our Volunteer to Career model.	**Volunteer Long Service** **26** completed **50 hours**. **18** completed **100 hours**. **12** completed **200 hours**. **7** completed **300 hours**. **4** completed **400 hours**. **1** completed **500 hours**. **1** completed **700 hours**. **1** completed **800 hours**.	In 2023, the Volunteer Service has won a **Volunteer Award** and have been finalists in **3** other awards.

Going Forward

Volunteering across the Health Board is constantly evolving. The more we understand what matters to people, the more bespoke volunteering opportunities are being developed. As well as building on our existing volunteering model, in 2024, we aim to:

- Develop **volunteering hubs** in each hospital site.
- Explore the potential to roll out our **End-of-Life Companions** model across community settings, including people's own homes and care homes.
- Train the End-of-Life Companions to have a more active role in the **bereavement** pathway, and particularly the keeping in touch offer.
- Through the NHS Charities Together funding, work with communities to grow the **Dementia Companion** model both in hospital and in the community.
- Recruit more volunteers and extend **work experience** opportunities from **seldom heard** groups and those with protected characteristics.
- Recruit more **Welsh** speaking volunteers and others whose first language is not English.
- Evaluate and grow the Cancer, Stroke and Alcohol **Peer Support** Volunteering model and explore other specialties to develop volunteering initiatives.

Going Forward (continued)

- Engage more volunteers in **'what matters'** conversations with patients to inform the wider patient experience feedback systems.
- Working closely with the Workforce and Organisational Development, Staff Side and Clinical Teams, grow our **Volunteer to Career model.**
- Re-establish links with schools and colleges to re-invigorate **intergenerational practice** across the area.
- Look at a new **software programme** to capture our volunteer data and enable rostering.
- Undertake **Cultural Competence Accreditation** in the Volunteering and wider Patient Experience and Involvement Team.
- Offer **sensory awareness** and BSL awareness courses for volunteers.
- Increase **psychological support** sessions as more volunteers are engaged.
- Develop dedicated **Volunteering webpage**.
- Develop the Assertive Technology and **Digital Buddies** programme for volunteers

And Finally…

For more information on volunteering, please email the Patient Experience and Involvement (Volunteering) Team on abb.ffrindimi@wales.nhs.uk

We hope that you have enjoyed reading this Volunteering Annual Report that highlights the valuable contribution that volunteers make to our patients, families, staff, organisation and communities. As our volunteer numbers and roles expand, training and support for volunteers becomes more important. We are committed to supporting volunteers to undertake their roles safely and effectively and are very grateful to our wider workforce for the support they offer to those volunteers working across so many different areas.

Finally, to our wonderful volunteers, **THANK YOU**. This report wishes to recognise the vast support our health services receive from volunteers and our volunteer partners across the Aneurin Bevan University Health Board geographical area. We hope that it both reflects the commitment and kindness you bring to people, reflects our thanks and celebrates the contribution you make each and every day.

"It has been an absolute pleasure and honour to be a part of this volunteering service. As soon as I saw the advert, I knew it was for me and I will truly treasure each patient I sat with, either for a chat or to hold their hand as they neared end of life. To be involved during the covid pandemic was challenging but also so rewarding and I am so grateful for the opportunity. It is an absolute privilege to have been part of such an amazing team of hard working, committed and giving staff and volunteers and I really do wish you all well, and all the best for the future." (Natalie Johnson, Volunteer)

GAVO VOLUNTEER ACHIEVEMENT AWARDS 2022
CERTIFICATE OF APPRECIATION

Welcome to
Nevill Hall Hospital
DESG GROESO
WELCOME DESK
Rydyn ni yma i helpu
We are here to help
Coffee & Snack Bar
OPEN

ffrind i mi
friend of mine
www.ffrindimi.co.uk

ELECTIVE
FIRE EXIT