



# Contents

Welcome from the Chair and Chief Executive	02	
Cardiff and Vale of Glamorgan Community Health Council	03	
About The Annual Quality Statement	04	
Quality, Safety and Improvement Framework (QSI) 2017-20	05	
Staying healthy	06	
Safe care	12	
Effective care	21	
Dignified care	25	
Timely care	30	
Treating people as Individuals	36	
Our staff and volunteers	44	
Our Staff	46	
Year 3 - How did we do?	54	
Things we will focus on in 2020 – 2021	58	
How the Patient Experience Team are meeting the needs of patients during the Covid-19 pandemic	59	
Wales for Africa	60	

# Welcome from Our Chair and Chief Executive

We are delighted to bring you the 2019/2020 Annual Quality Statement for Cardiff and Vale University Health Board (the UHB). This provides you with a summary of the work that has been undertaken in the last year and demonstrates our commitment to delivering safe, high quality care and clinical services.

The Annual Quality Statement has allowed us to reflect on the commitments made in last year's statement and showcase the work that is underway or planned to meet our priorities. It also gives us the opportunity to highlight the extraordinary achievements of our staff and their incredible efforts in making improvements and innovations to patient care. This year we have focussed upon mental health in the community and would like to extend our thanks to the clinical teams as well as the patients who agreed to share their experiences. It is important to remember that our work spans both hospital and community settings and thanks to collaborative working with our primary and community care colleagues we have developed health services that focus on keeping people well and in their own homes, living independently for as long as possible.

It is true to say that the latter part of this year has been the most extraordinary and challenging that the UHB, indeed the National Health Service (NHS) as a whole, have ever experienced. The Covid-19 pandemic has had a real impact on our ability to deliver our usual services but has also highlighted how flexible our organisation has had to be. The pace of change has been quite significant and we are tremendously proud of the continued dedication,

perseverance and hard work from all our staff. We also recognise during these difficult times the contribution of our local authority and third sector partners that has enabled us to continue to deliver high quality services, we are indebted to them.

Based upon the predictions for the potential vast numbers of cases of Covid -19 outlined in a publication by Imperial College, London, we developed plans to prepare for all scenarios. We quickly put structures and processes in place across our main hospital sites to cope with the increased demand for critical care beds and isolation wards. In addition, we secured the Principality Stadium, Cardiff as a temporary hospital to care for patients requiring rehabilitation and support as part of their recovery from the virus and also for those sadly requiring end of life care. The Ysbyty Calon y Ddraig / Dragon's Heart Hospital also allowed us to free up capacity at our other hospital sites so that we could continue to provide services to patients with other health conditions. The UHB has never undertaken a project this big before and in such a short space of time, and just 5 weeks after securing the agreement we were proud to accept the first patients to Ysbyty Calon Y Ddraig/Dragons Heart Hospital on 29th April 2020.

Sadly, the stark reality of what we have been dealing with has been brought home to us by the deaths of 5 of our colleagues from Covid-19 and our thoughts remain with the families, friends and colleagues of those affected. It is important that we reflect on the significant contribution that each one of them made to the NHS and to the UHB.

Moving onwards from the pandemic we have already begun to gradually introduce more unscheduled care provision and elective surgery into our daily operations. However we recognise that for the foreseeable future we will need to work in very different ways incorporating the need for social distancing measures whilst prioritising those patients with the greatest need.

We have been able to maintain business continuity and you should rest assured that we have robust systems and processes in place for monitoring care, enabling us to learn, improve continuously and provide high quality services. We welcome your feedback in the form of concerns and compliments and continue to provide a variety of ways in which you can do that.

Thank you for reading this Annual Quality Statement. We do hope you enjoy reading about our services and would encourage you to feedback about this document via the survey link found on page 58.



Charles Janczewski  
Chair



Len Richards  
Chief Executive

# Cardiff and Vale of Glamorgan Community Health Council.



The South Glamorgan CHC, your local NHS Watchdog, has responsibility for overseeing the services provided by the Cardiff & Vale UHB. During the past year we have undertaken the following activity relating to the UHB alongside listening to Patients', Service Users and Carers who use their services.

## Independent Advocacy Service

108 complaints were handled in the reporting period, with a further 468 enquiries recorded. The CHC uses the information from users of the Advocacy Service, in addition to our continuous engagement work, to focus our visiting activity where it matters most.

## Scrutiny Visits

Visits are undertaken by the CHC volunteer members, to listen to the views of patients, carers and the public on their experiences of using services.

Voluntary CHC members undertook 123 visits to various wards and departments,. We have

also conducted Follow-up visits on previous recommendations, those made in 40 visits details of which will be in our annual report

Across Wales, the CHC movement conducted national projects covering Communication in the NHS and Out-of-Hours Services, the latter of which was led by the South Glamorgan CHC.

## Continuous Engagement & Service Change

The South Glamorgan CHC Officers & Members have continued to provide support and advice in relation to numerous service changes, in relation to engagement processes.

## Quality Safety and Experience

Additionally, the CHC continues to participate on the Health Board Quality, Safety & Experience Committee, where we are able to observe and feed in to arrangements for providing advice and assurance to the Board around the UHB's arrangements for protecting and improving the quality and safety of patient centred healthcare.

## Summary

The CHC has provided input into this year's Cardiff & Vale UHB Annual Quality Statement and are confident the information provided is an honest appraisal of the services it provides its local and regional population. The CHC has endorsed this Annual Quality Statement for 2019/2020.

Malcolm Latham  
Chair

Stephen Allen  
Chief Officer

# About The Annual Quality Statement

Welcome to our Annual Quality Statement (AQS) where we describe the successes and challenges that we have experienced in 2019 / 2020. The Annual Quality Statement is an opportunity for Cardiff and Vale University Health Board to demonstrate in an open and honest way how it is performing and the progress that is being made to ensure that all of the services that we provide meet the high standards required.

The AQS has been set out under seven themes, each theme underpinning the quality and safety of the care that we deliver, each has two components;

- Our Patient and Staff Story
- Successes and Challenges Across the Health Board

**Our Patient and Staff Story** To help us to explain the context of each theme we have worked closely with patients and staff of Community and Hospital Mental Health Teams in both Cardiff and the Vale of Glamorgan.

**Successes and Challenges Across the Health Board** We have also given you an update about some of the work that has been underway across the rest of the health board.

We are very grateful to the support that all of our staff have given us in developing this report in particular the community and hospital mental health teams who helped to bring the Annual Quality Statement to life.

## Staying Healthy

We help people to make the right decisions about their own health, behaviour and wellbeing and to access the right information to help them to have a health and active long life.

## Safe Care

We are continually looking for ways to be more reliable and to improve the quality and safety of the services that we deliver. There are occasions when we don't do things as well as we could, when this happens we always try to understand what went wrong and make sure that we learn from this and improve the care that we deliver as a result.

## Effective Care

We work hard to ensure that people receive care and treatment that reflects best practice, which means that there is evidence that to support the care that we deliver.

## Dignified Care

Our patients should expect to be treated with dignity and respect. This means that the care that we provide must take into account every person's needs, abilities and wishes

## Timely Care

People should have access to services that are provided in a timely manner to ensure that they are treated and cared for in the right way, at the right time, in the right place and by the right staff

## Treating People as Individuals

The way that we provide care to people must respect their individual choices in the way that they care for themselves and must ensure that all people are treated equally. We learn from what people tell us about their experiences in our care

## Our Staff and Volunteers

All of our staff and volunteers help us to ensure that we provide a high quality and safe service

# Quality, Safety and Improvement Framework (QSI) 2017-20



Our QSI framework provides us with a way to check and monitor the quality of our services and to measure whether there has been improvement across all our services in primary, community, hospital and mental health services. The framework is important in helping to support the delivery of our Integrated Medium Term Plan (IMTP), a key document for the Health Board setting out a plan of the milestones and actions that will be taken to achieve the UHB strategy. The framework also embraces the UHB philosophy of Caring for people, Keeping People Well, and supports the strategic aim to deliver outcomes that matter to people while avoiding waste, variation and harm. This year, each chapter of the statement begins with a quote from our UHB strategy 'Shaping Our Future Wellbeing'.

We are updating our current QSI framework. The Executive Nurse and Medical Director will be hosting an engagement event with senior clinical and managerial staff to agree a revised Quality, Safety and Experience framework for 2020-25. You can find out about our progress in delivering the current framework at the end of this Annual Quality Statement.

## The Health and Care Standards

These are a set of standards designed around seven main themes and they apply to all health care services and settings. They provide a basis for us to improve quality and to help us identify our strengths and weaknesses. You can read more about the Health and Care Standards [here](#). They can be summarised in the diagram:

# Staying Healthy

We help people to make the right decisions about their own health, behaviour and wellbeing and to access the right information to help them to have a healthy and active long life.

## Our strategy

*"A person's chance of leading a healthy life should be the same wherever they live and whoever they are"*



## The Cardiff and Vale GoodGym initiative

GoodGym is a community of runners that combine getting fit with doing good within the local community. The UHB and Local Authority have teamed up with GoodGym the first and only partnership of its kind in the whole of Wales, helping fund the activities of GoodGym for the citizens of Cardiff and Vale. Essentially, Good Gym is an inclusive and accessible club that welcomes people of all abilities. Individuals benefit personally from running/walking and activities like any other kind of gym. However, there is a difference, because the runners also help communities by stopping off whilst doing their fitness to do physical tasks for community organisations (Group runs), and to support isolated older people with social visits (Coach runs) and one-off tasks they can't do on their own (Mission runs). A good deed is achieved when a GoodGym member combines their run with helping the community. This might include tasks such as helping at community gardens and cleaning up litter.

GoodGym has mutual benefit for both its members and the Cardiff and Vale community. It really is that simple.

## What the Goodgym Cardiff and Vale lead (Ben) told us

We are keen to ensure that all sections of society can participate in GoodGym. Several run leaders have attended Disability Sport Awareness training so

that we can give people with disabilities quality coaching and opportunities within the club and support them to participate as fully as possible. We welcome runners of the LGBTQ community to join the club and strive to make GoodGym a community where LGBTQ runners can feel safe and free from discrimination. We aim to make GoodGym accessible to all.



Over  
**700**  
people have run with Cardiff and Vale Goodgym

**251**  
group runs to help community

**137**  
missions to help older people

**479**  
coach runs to spend time with older people

**4,903**  
good deeds have been completed by 443 runners

## What GoodGym runners say

Numerous runners say they have found a sense of belonging at the GoodGym Cardiff and Vale and report benefits to their mental health. People who move to Cardiff say that it helps them learn about the area, make friends and connects them with their community. They have also expressed that GoodGym has helped them cope with difficult life events.

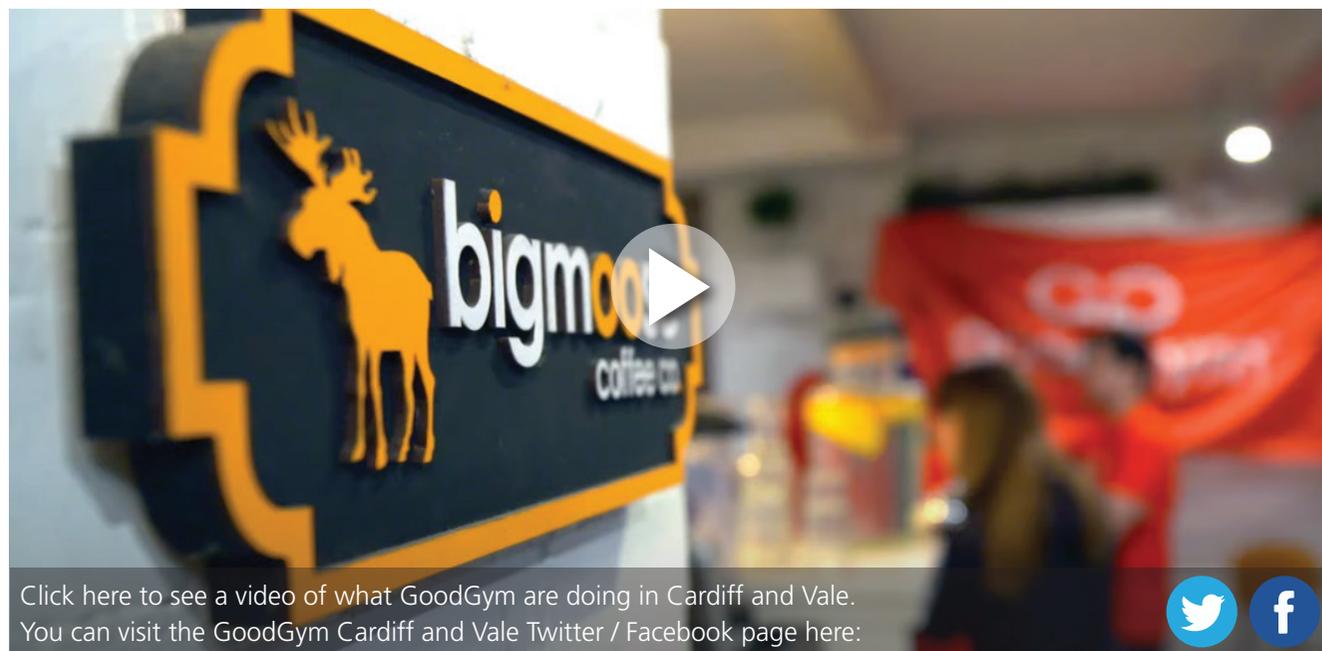
### Comments such as;

*"It's a community of runners that helps me to get the most out of training and also making sure that I can help out in the community on a weekly basis - instead of that getting lost in work".*

*"It means friends I have made for life, being part of the community, being the fittest I have ever been and has helped me also be the happiest mentally".*

### Lucy and Emma's story

Lucy and Emma ran to the home of an older person living alone in the Cardiff area to change a lightbulb. The person had limited mobility and was unable to change a lightbulb in the bathroom which had blown 2 months earlier. She had



Click here to see a video of what GoodGym are doing in Cardiff and Vale.  
You can visit the GoodGym Cardiff and Vale Twitter / Facebook page here:



purchased a new bulb but was unable to climb a ladder to change it herself so for two months she had been using a torch to use the bathroom. Poor lighting can contribute to older people falling in their homes so by completing this simple task Lucy and Emma may have helped to prevent this.

### Amy's story

Amy, ran to the older person who she was paired with for several months before the older person was unfortunately admitted to hospital. Amy continued to run to the older person throughout their hospital stay, visiting them at hospital and the

older person began referring to Amy as her 'best friend'. The older person is no longer in hospital and Amy continues to run to the older person.

### Aimee, Mikey and Rosie's story

Aimee, Mikey and Rosie ran to a home to help a lady get an electric wheelchair out of a tight cupboard. The lady had been stuck in the house for several weeks, having lost her husband and being unable to reach the wheelchair. The group reassembled the wheelchair much to the lady's delight. The 3 runners left knowing they'd made a big difference to her mobility and social life.

## Get up and dance!

Patients in our older people's medical wards are being encouraged to get up and dance to promote activity levels. Focussing on older people aged 65 plus, no one is excluded if they wish to take part in a new initiative designed to increase mobility and general wellbeing in hospital.

Many patients are at risk of physical and mental health decline while they are in hospital. It is well known that singing can be beneficial. Music and dance can also lift people's spirits while encouraging people to move. Minimal instruction or processing of information is required and has benefits particularly for people with dementia at any stage of their disease. The groups take place once a week in the lounge area of some of the elderly care wards at University Hospital Llandough.

The project has been led by the multi-disciplinary team in partnership with Rubicon Dance Company. Rubicon are a well-known and established charity in Cardiff, and have been working in the UHB in Stroke Rehabilitation and in the Children's ward for some time. The project has proved extremely successful and patient outcomes have been carefully monitored through a method called dementia care mapping. Dementia care mapping is an observational tool that looks at the experience of care from the viewpoint of the person living with dementia and was designed by Bradford university.



You can see a video here of a group in action

It considers the mood and engagement of the individual being mapped over a specific period of time, along with behaviour. The 'mappers' found that of the individuals observed, they experienced a higher well-being value score when observed during an activity session.

They concluded that there are positive benefits of having these types of organised activities for patients on the wards. For example, the bringing of patients together in a shared activity allowed for greater interaction and social contact which had a positive impact on mood and engagement values.

Some of the comments from patients were;

*"Wouldn't it be awful without music in our life?"*

*"Isn't it lovely when we get a crowd together?"*

*"It makes you feel lovely, doesn't it?"*

*"We can let ourselves go here"*



# Successes and Challenges Across the Health Board



**0.5%**

of C&V resident smokers make a quit attempt via our smoking cessation services (target 5%)

**We need to improve on this**



**4,300**

smokers have been challenged across our UHW and UHL hospital sites

**65%**

of all smokers challenged at hospital sites are visitors

Successful smoking quit rates at 4 weeks are

**74%**

exceeding the target of **40%**



**93.9%**

of children received 3 doses of the 5 in 1 MMR vaccine by age 1



**58%**

of adults are meeting physical activity guidelines



**21%**

of adults are consuming >14 units of alcohol per week

**177**

Flu Champions have vaccinated

**7,390**

staff members.

**87%**

of staff flu vaccinations were given by Flu Champion Peer Vaccinators



**63.5%**

of our staff were vaccinated against flu, an *increase* of **2.5%** from last year and still exceeding the national target of **60%**

## Staff Flu

All staff with patient contact are encouraged to have the flu vaccine each year, to protect themselves, their families and their patients from serious illness. Our staff uptake has exceeded the national target of 60% uptake amongst frontline staff for the past three years. We continue to expand our popular Flu Champion peer vaccinator programme, with over 190 staff trained to vaccinate colleagues in their clinical area; and highlighted Flu Stars across the organisation - staff who have gone over and above the call of duty to help vaccinate their peers. This year our uptake is 63.5%, a 2.5% increase on last year. This year for every vaccine given, the UHB has provided a donation to local food banks. We are already planning for the 2020/21 season.

## Community Pharmacies support smokers to quit!

Over 70% of smokers accessing smoking cessation support at community pharmacies, quit smoking at 4 weeks, one of the highest quit rates in Wales. 25 Community Pharmacies in Cardiff and Vale UHB, currently offer an Enhanced Smoking Cessation Service to clients wishing to quit. These pharmacies are located in areas where smoking prevalence is the highest, and free Nicotine Replacement Therapy (NRT) is available directly for those setting a firm

quit date. On-going, one to one support of up to 6 weeks is available. This programme is one of three NHS smoking cessation services available to help smokers quit, with support available also within community and hospital based venues. Evidence shows that smokers are four times more likely to quit with specialist support.

**MEDDWL AM RHOI'R GORAU I YSMYGU?**  
**THINKING ABOUT QUITTING SMOKING?**

Gofynnwch tu fewn am ein gwasanaeth rhoi'r gorau i ysmegu, sydd yn rhad ac am ddim.

Ask inside about our free, smoking cessation support service.

Allwn ni helpu!  
We can help!

PHARMACY

Ariannir gan y GIG  
Funded by the NHS

GIG  
Cardiff and Vale  
University Health Board

## Healthy Travel

In 2019/20 we launched the Vale of Glamorgan Healthy Travel Charter, with public sector bodies in the Vale. This commits our organisations to a series of actions over 3 years to support walking, cycling, public transport and ultra low emission vehicle use, and follows the launch of the Cardiff charter in April 2019. In January 2020 a Business Healthy Travel Charter was launched in Cardiff, working together with private organisations in the city on the same agenda, with the aim of improving air quality, reducing our carbon emissions, and improving staff health and well-being. As a result of the success of the Cardiff charter, the approach is now being rolled out across Wales during 2020/21. Working with Cardiff Council, a Clean Air Plan for Cardiff was approved in 2019, with physical improvements to infrastructure taking place in the city centre during 2020 to make it easier to walk and cycle, and decarbonise public transport.



## Move More, Eat Well

In 2019/20, Cardiff and the Vale of Glamorgan Public Services Boards and Regional Partnership Board pledged to work together to ensure that our population will be healthier by moving more and eating well. We've developed a vision that people in Cardiff and the Vale of Glamorgan will move more and eat well.

We have worked together through a process of engagement, including two workshops (one in Cardiff, and one in the Vale of Glamorgan), a Public service board (PSB) workshop, and a 6-week engagement process with all stakeholders on a draft plan, we have jointly created our Move More Eat Well Plan, with 10 priority areas for Cardiff and the Vale of Glamorgan. It is through this plan which we will see this change over the next three years and beyond.



We believe that everyone has a part to play. The priorities detailed in this plan are relevant to people of all ages. It highlights the role that different partner organisations can play to make it easier for people to move more and eat well. By working in partnership we can encourage people to make healthier travel choices – to walk and cycle more, we can encourage people and organisations to buy food from local producers and we can work to increase levels of healthy weight.

There are many excellent examples of projects and initiatives that are helping our communities to move more and eat well. For example, Wales' first Park run initiated and supported by the local GP practices launched in March 2020 in Trelai park. In addition, The 'Get Together for Life' initiative will support local community food initiatives through a small grants programme to host intergenerational activities , focussed around food.

Cardiff and Vale of Glamorgan  
Move More, Eat Well Plan  
2020-2023

Move Eat Sleep Repeat!  
#movemoreeatwell



# Safe Care

We are continually looking for ways to be more reliable and to improve the quality and safety of the services that we deliver. There are occasions when we don't do things as well as we could. When this happens, we always try to understand what went wrong and make sure that we learn from this and improve the care that we deliver as a result.

## Our strategy

*"Care that is safe and protects people from avoidable harm"*



## Switching mood stabilising medication

Lithium is a medication used for the treatment of mania or bipolar disease. It is a powerful drug that requires careful monitoring due to its toxic side effects. Lithium toxicity can occur when blood levels are too high and can cause tremors, tummy upsets, kidney problems, and an altered level of consciousness. Levels that are too low however can cause symptoms to re occur. It is therefore important that the dose is kept at a therapeutic range for individual patients.

## What the pharmacist told us

Margaret was referred to the Community Mental Health Team (CMHT) to discuss the possibility of changing her lithium medication. Margaret had been stabilised on lithium for a number of years but recently had started to experience some unpleasant side effects such as blurred vision and excessive thirst. Margaret unfortunately also lives with pain caused by osteoarthritis of the knee and relies on ibuprofen to manage the pain. The ibuprofen in combination with lithium can cause increased levels of lithium in the blood which can result in damage to the kidneys. Margaret is very knowledgeable about medication and we were able to have a discussion about alternative medication to lithium and come up with a plan to safely withdraw lithium and gradually introduce new medication. After considering the relative side effects we decided to change Margaret's lithium to sodium valproate.

## What the community psychiatric nurse (CPN) told us

When changing medication there is a risk of relapse and reoccurrence of the symptoms originally being treated. To support people during this transition and to prevent destabilisation CPNs are able to help people to identify the early signs of relapse and to get the necessary help early on. Margaret has successfully changed her medication and we are in the process of finding the right dose to balance the risk of future relapse and to minimise the side effects caused by the sodium valproate.

## What Margaret told us

I had been on lithium for 30 years – it was a very scary and difficult process changing over. I was very scared particularly at night when I was having palpitations. I wouldn't have got through without the support of my CPN- she was always there for me, visiting me once or twice a week, or was always on the end of the phone. I have a very good relationship with her as well as my consultant and GP. They treat me holistically as a person and as an equal. My strong religious beliefs also helped me tremendously through it all.

The medication switch has not been without its issues; I'm on a high dose of sodium valproate now which is giving me gastric side effects. The pharmacist is helping to work through the process of reducing this to the right level for me. It hasn't been easy but I have had a very good support network which is important.

# Successes and Challenges Across the Health Board



**17,318**  
Patient safety incidents were reported by staff. This has increased from last year. Staff are very good at reporting issues which means we can learn from them.

Of these incidents **15,758** caused no harm or minor harm to patients.

**226**  
Incidents were thought to be significant enough that we should report them to Welsh Government



**43**  
incidents reported to Welsh Government were as a result of injuries suffered after falling in hospital. This is a reduction on last year



**74%**  
of inpatients and **45%**  
emergency patients with a positive screening for sepsis received all 6 elements of the "sepsis six" bundle

We are **95%** compliant with published patient safety solutions

We reported 3 Never Events to Welsh Government in the last year.



This is a decrease from 7 reported last year.

Welsh Government changed pressure damage reporting requirements which has affected our numbers of SI's reported as expected overall. They also revised their SI reporting requirements in March 2020 due to Covid-19

## Infection, prevention and control

Health care acquired infection position to the end of March 2020	Health Board Position in Wales
 Staph.aureus (Combined MRSA/ MSSA) 13 cases over target	<b>2<sup>nd</sup></b>
 Clostridium difficile 10 cases over target	<b>1<sup>st</sup></b>
 E.coli 32 cases over target	<b>2<sup>nd</sup></b>
 Klebsiella target met	<b>1<sup>st</sup></b>
 Pseudomonas aeruginosa target not met	<b>6<sup>th</sup></b>

## Serious Incidents

We actively encourage staff to report issues that could affect the quality and safety of our care to patients. Sometimes a particularly serious issue might be raised which we decide we need to report to Welsh Government. If we report Serious Incidents to Welsh Government, we make sure we tell Board members about them at every Board meeting. You can read the reports that go to the Board meetings [here](#)

Our Serious Incident reporting tells us that we must continue to focus on preventing harm from pressure damage, patient falls, self-harm to patients under the care of Mental Health Services and timeliness of diagnostic and therapeutic processes and procedures (for example, Ophthalmology).

## Never Events

Never Events are serious and largely preventable patient safety incidents. You can read more about Never Events on the Welsh Government's Patient Safety Wales website [here](#). We have reported 3 Never events to Welsh Government. The incidents included a patient who had a local anaesthetic nerve block on the incorrect site and a patient who had an incorrect tooth removed whilst having multiple teeth extracted. The third incident was a patient who had a procedure performed on the left side of his body. We were initially concerned that

this was incorrect but after investigating it, that was not the case.

The Health Board takes it very seriously when a Never Event occurs. These incidents are reported to the Board and they are also reviewed at an annual special meeting of the Quality, Safety and Experience Committee. You can see the report presented to the Committee [here](#). The incident that involved a nerve block mistake is still being investigated. A nerve block involves local anaesthetic being injected near nerves to block the sensation of pain. The patient was having this done as part of treatment for an injured leg after a fall.

There have been national campaigns to help doctors reduce the risk of this mistake happening. This has been known as **Stop Before You Block**, and this is in place within the UHB. We intend to audit our compliance with **Stop Before You Block** in the coming year. This national problem has been investigated by the Healthcare Safety Investigation Branch in England. We will review their report and recommendations as we complete our investigation to see what we can learn from them. You can read more about it [here](#)

## Coroner's inquests

The Coroner is a special judge who investigates deaths in different circumstances, such as when the cause of death is unknown. Coroners

sometimes need to hold an inquest as part of their investigation procedures. An inquest is a public court hearing for the Coroner to decide who died, when and where they died and how the death happened.

At the end of an inquest, the Coroner sometimes decides to write what is called a 'prevention of future deaths report' or a 'Regulation 28 report'. This is where the Coroner decides to write to a person or organisation they think can take action to prevent deaths in similar circumstances.

The Coroner wrote 3 Regulation 28 reports to the Health Board and other organisations we work with this year. We have made a number of changes in response to these;

- 1) The Coroner asked our Neurosciences Directorate to improve the way referrals are made to neurosurgery to help us make the best use of technology so that referrals are timely. The UHB has implemented an e referral system which has been piloted with Cwm Taf UHB and will be rolled out across Wales.
- 2) The Coroner also wrote to us following the death of a patient under the care of Mental Health Services who was receiving Clozapine which is an antipsychotic medicine. It needs very careful monitoring in patients who take it to make sure they don't experience problematic side effects. We took the opportunity to

reinforce to health professionals the importance of careful monitoring of patients who are taking multiple medicines.

- 3) In February 2020 the Coroner wrote to us following the tragic death of an infant from meningococcal disease. The Coroner highlighted that there were missed opportunities to treat the infant. Since this incident a range of actions have been put in place including an increase in Consultants, improved education and a single point of access for emergency care of children.

## TALK Clinical Debriefing Tool

The Health Board is taking part in an exciting international research project called TALK which is funded by the European Commission Horizon 2020 programme. TALK is a simple debriefing tool to help clinical staff formally reflect after a particular task, shift or critical event. It promotes positive, respectful and professional communication. It aims to empower staff to take ownership of issues with a focus on finding solutions to problems and taking responsibility to implement learning.

The research project is led by Dr Cristina Diaz-Navarro who is a Consultant Anaesthetist in the Health Board. We are working with colleagues in Barcelona and Stavanger, Norway to assess the international impact of the TALK tool. Some

members of staff have been able to participate in the project by visiting Barcelona and Stavanger. In return, we've received clinical staff from overseas as part of exchange visits. It has been a wonderful opportunity to work with healthcare staff from across the world as many other countries are also showing an interest in TALK. We are continuing to focus on embedding TALK in the Health Board. You can learn more by visiting [www.talkdebrief.org](http://www.talkdebrief.org) and following @TALKdebriefing on Twitter.



## Patient Safety Solutions

The Welsh Government leads a vital role in Wales with identifying any significant patient safety risks and developing national solutions for NHS organisations to put into practice. This is done through analysis of patient safety incidents reported by staff and other sources of information. The Welsh Government published several Patient Safety Solutions this year.

An example is to do with the assessment and management of babies who are accidentally dropped in hospital. There is a risk of a parent dropping a baby, particularly if they have fallen asleep whilst holding the baby. It is also possible that parents or staff could have a slip, trip or fall whilst holding the baby. Nationally, we know there are babies who had significant injuries after such incidents. The Welsh Government highlighted the risks and set out key actions for organisations to take. Midwives in the Health Board had already identified this as a problem to address and they led a project called 'Babies Don't Bounce' to highlight the risk. This has been recognised by Healthcare Inspectorate Wales in a recent inspection which you can read about [here](#)

Information is available for parents in the clinical areas and the Health Board's website.

### How to keep your baby safe whilst in hospital

- Always place baby flat on their back in cot (feet to foot of cot).
- No heavy or fluffy blankets to be placed in cot.
- No pillows or stuffed toys to be placed in cot.
- If you are feeling weak, faint or unsteady on your feet, do not lift your baby. Press call bell or ask a member of staff if required.
- Keep your bed in the lowest position (closest to the floor) whilst holding and/or feeding.
- Do not sleep with your baby in your bed, or bed side chair as this may place your baby at risk of a serious injury.
- When you want to sleep, first place the baby in the cot.
- If we find you asleep with your baby in your arms, we will move your baby to the cot.
- When you are feeding your baby, all four side rails on your bed must be raised and then please ask for assistance if required.
- Curtains should remain open always unless privacy is required during feeding times.

**babies  
don't  
bounce**

Cot Safety



Fully mobile



Restricted mobility



The Welsh Government also issued a Patient Safety Notice to reduce the risk of harm to babies and children from coin/button batteries used in hearing aids. This was after an incident occurred in NHS England where a child swallowed a button battery where the hearing aid didn't have a secure battery compartment. The Audiology Department are leading work to address the actions that the Welsh Government have asked us to put into practice. The department is progressing well with the actions required. You can read more about this alert here [This is the second alert about button batteries which are used in many devices in the home. It is very important that it is treated as a medical emergency if a button battery is swallowed.](#)

## Ophthalmology surgery

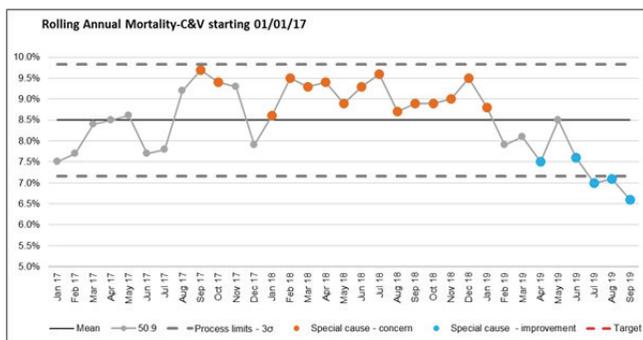
In September 2018 an insourcing team Strategic Health Solutions (SHS) commenced the running of ophthalmology outpatient clinics and operating lists at the University Hospital of Wales, Cardiff. Insourcing is the practice of contracting a third party to provide a service. The company were commissioned in order to meet demands for the service and improve outcomes for patients. It soon became apparent though that the care patients were receiving was suboptimal. Concerns were noted and raised very quickly by a Consultant Ophthalmologist to the Surgery Clinical Board management team and further surgery via the company ceased.

A full investigation was conducted and patients were informed of the findings in February 2020. A report outlining the learning from this incident was submitted to the Quality and Safety Committee in February 2020. You can read the report [here](#)

## Hip Fracture Database

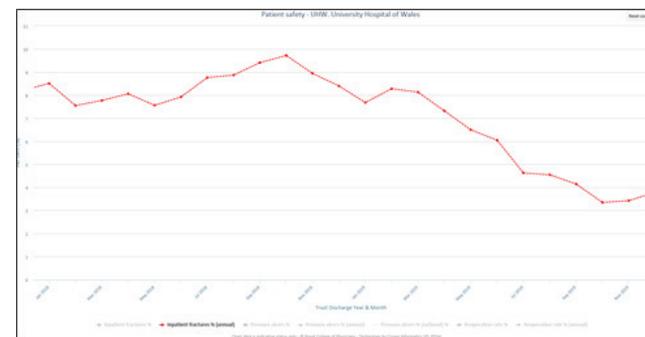
The Hip Fracture database is a national audit of hip fracture care in Wales, England and Northern Ireland. The audit measures a number of elements that indicate the quality of care that the Health Board delivers. These include the length of time to surgery, mortality, how many patients sustain their hip fractures when they are an inpatient in our care. Since November 2019 there has been a reduction in both the proportion of patients fracturing their hip while as an inpatient and the proportion of patients who die within 30 days of sustaining

### Hip fracture mortality



a hip fracture. In addition there has been an improvement noted in the length of time patients are having to wait until they have surgery.

### % of in-patient hip fractures



## The UHB approach to recognising and managing sepsis safely

Sepsis can be treated successfully if detected in time and the UHB adhere to NICE guidelines using the sepsis 6 bundle if sepsis is suspected. The Sepsis 6 are the steps that need to be taken immediately if sepsis is suspected by a health professional. We routinely measure our compliance with the Sepsis 6 and the lead nurse works with clinical areas to help them achieve the required improvement.

## Sepsis in the community

Education about sepsis has been a priority in GP surgeries because 70% of sepsis originates in the community and patients surviving sepsis end up back in the community. A programme of sepsis education for GP surgeries within Cardiff and Vale was completed last led by the nurse sepsis lead. Across Cardiff, as part of the education, GP's surgeries are asked to display information on sepsis on their TV screens for patients to read while in the waiting rooms – you may have seen these in your own surgery. Further education of district nurses and health care support workers continues with plans to roll out the education to care homes in the community. Public awareness of sepsis is critical if it is to be recognised early. The UHB collaborated

with the UK Sepsis Trust and installed sepsis lifts wraps at University Hospital of Wales and University Hospital Llandough. The eye catching wraps contain key information and advice on how to spot the signs of sepsis. This was made possible through funding received by the UK sepsis Trust from the family of Rachel Day who sadly passed away in 2017 after contracting sepsis.

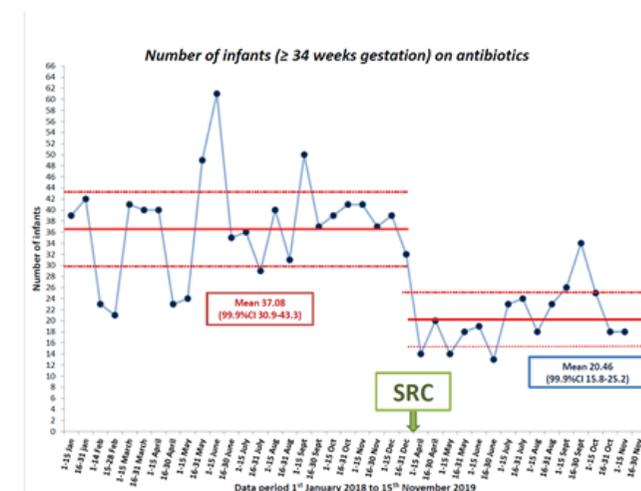
Within primary and community care and the Welsh Ambulance service (WAST), red flag sepsis screening tools are used. WAST have agreed an Amber 1 response (Amber means patients with serious but not immediately life-threatening conditions) for any patient with a NEWS of 5 (a score of how sick a patient is) and a red flag sepsis.



Lift wraps with Sepsis information

## Sepsis Risk Calculator

The use of the sepsis risk calculator to identify early onset neonatal sepsis risk in babies born at or after 34 weeks gestation has been successful in reducing the use of antibiotics by 44% in well babies. The tool calculates the probability of sepsis per 1000 babies by considering the maternal risk factors and the infant's clinical presentation. By reducing unnecessary antibiotic use it has also had a positive effect on maternal and infant bonding as well as reducing the length of hospital stay. The UHB is proud that this exceptional work has been shortlisted in the 'Innovation in Quality Improvement Team' category for a British Medical Association (BMA) award. You can read more about how we are managing sepsis in the adult population in the safe care chapter



## Recognising patients who are deteriorating in the community #NEWSInYourCommunity

National Early Warning Scores (NEWS) is a tool developed by the Royal College of Physicians which improves the detection and response to clinical

**NEWS CHART**

Addressograph: \_\_\_\_\_ Ward / Dept: \_\_\_\_\_

Score: 1 2 3

Date: \_\_\_\_\_ Time of Observation: \_\_\_\_\_

**Frequency of Observations**

**Respiratory Rate**

Accept < ..... / > .....  
 21-24  
 12-20  
 9-11  
 Signed: \_\_\_\_\_

**O2 Saturations**

Accept < ..... / > .....  
 ≥96%  
 94-95  
 92-93  
 Signed: \_\_\_\_\_

**Inspired Oxygen**

**Temperature**

Accept < ..... / > .....  
 ≥38.1  
 38.1-39  
 36.1-38  
 35.1-36  
 <35  
 Signed: \_\_\_\_\_

**Blood Pressure**

Note record both systolic and diastolic pressures but use systolic only to score  
 Note: In atrial fibrillation measure the BP manually  
 Accept systolic BP of ..... For this patient  
 220  
 210-219  
 200-209  
 190-199  
 180-189  
 170-179  
 160-169  
 150-159  
 140-149  
 130-139  
 120-129  
 111-119  
 101-110  
 91-100  
 80-90  
 70-79  
 60-69  
 50-59  
 40-49  
 <50  
 Signed: \_\_\_\_\_

**Heart Rate**

Accept Heart rate of .....bpm for as normal for this patient  
 121-130  
 111-120  
 101-110  
 91-100  
 81-90  
 71-80  
 61-70  
 51-60  
 41-50  
 <40  
 Signed: \_\_\_\_\_

**Neuro**

Alert  
 Voice  
 Pain  
 Unresponsive  
 Consider Glasgow Coma Score if any Neurological concerns

**NEWS total score**

OBS Performed by Initials: \_\_\_\_\_  
 Qualified Nurse Initials: \_\_\_\_\_

News Chart 12/15 Cardiff and Vale Resuscitation Service

deterioration in adult patients and is a key element of patient safety and improving patient outcomes. If a patient quickly becomes unwell eg, a decrease in blood pressure or conscious level, an increase in breathing rate or temperature, NEWS will help to guide nurses in making sure the patient is reported to the doctor so that the right treatment can be promptly given to prevent further decline. The use of the tool is widely established in hospital settings and the UHB are now implementing the tool in the community. An interactive, electronic NEWS chart for the community nursing record has been developed- the first of its kind in Wales! Community nursing teams will be writing up patient stories and case studies in the coming year which we will report back next year.

## Safeguarding vulnerable people- how we ensure our services protect the health, wellbeing and human rights of people at risk.

The UHB are committed to and compliant with their duty to report any cases of abuse or neglect to the Local Authority and any crimes to police; safeguarding is promoted as being everybody's business. There is a safeguarding training programme in place to ensure that all employees are compliant with mandatory training

at all appropriate levels. Safeguarding supervision is provided by the corporate safeguarding team to a number of disciplines to ensure that cases are managed safely and appropriately. The supervision also provides an opportunity to learn from cases and improve future practice. The UHB works in partnership with the Cardiff and Vale Regional Safeguarding Board (RSB) to ensure that recommendations from child/ adult practice reviews and domestic homicides are shared across the clinical boards through the Safeguarding Steering Group and Clinical Board Quality and Safety meetings. In some cases health action plans are developed to ensure that specific learning points are addressed and any changes are implemented in specific areas.

## Pre -Transfusion Sampling

When a person requires a blood transfusion it is first necessary to establish their blood group, this is done by taking a blood test or pre transfusion sample. For patients who have never had their blood group tested previously a second or confirmatory sample will be taken as a safety measure. A project underway in the UHB is reviewing the processes around pre transfusion sampling. The aim is to ensure that patients do not have more venepuncture (blood tests) episodes than is necessary, that the Health Board is not wasting resources by testing unnecessary samples and that pre transfusion samples are always taken in the safest way.

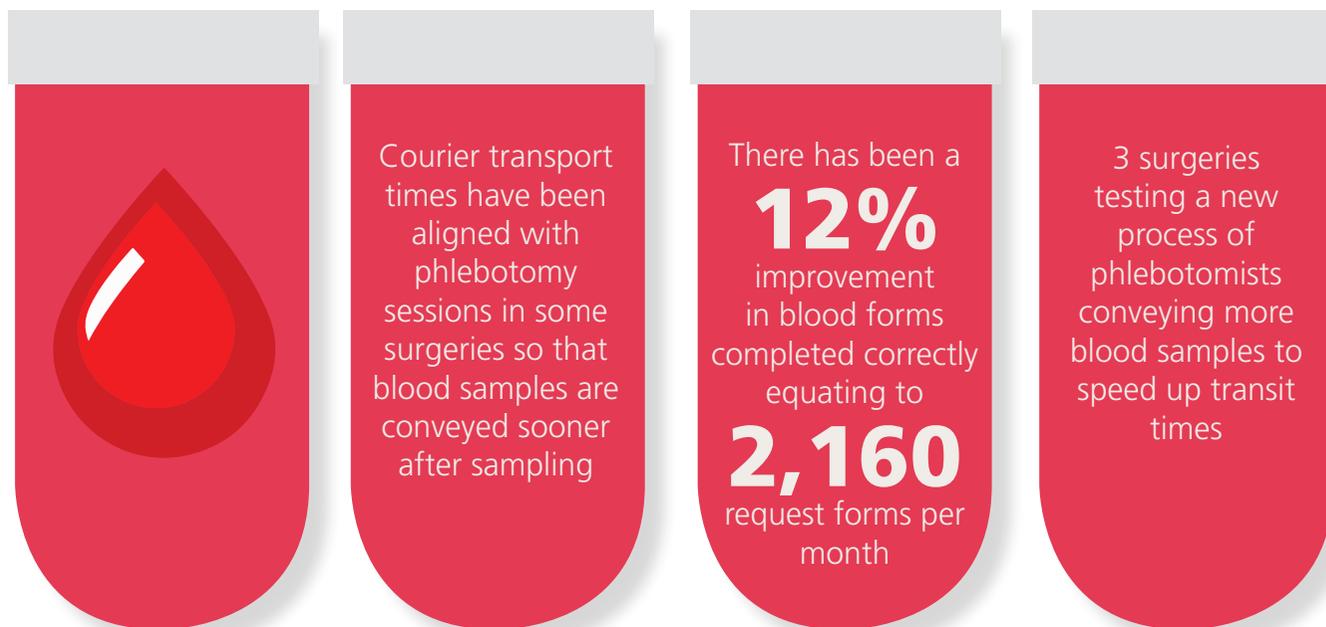
## Improving safety by reducing delays in community blood sampling

Delays in processing and transporting blood specimens or storing them at the wrong temperature prior to analysis in the laboratory can affect specimen quality, particularly potassium results (a type of mineral in the blood that can be fatal if very high or very low). Poor quality specimens can result in inaccurate test results and may lead to patients needing to have another blood test, receiving incorrect treatment, and even admission to hospital.

It was recognised that the systems in place in the UHB to ensure timely transit of blood samples from patients in the community to the hospital laboratory were not as efficient as they could be. The medical biochemistry department and the Primary Community and Intermediate Care (PCIC) clinical board have been working together to try and find solutions to this. The aim is that:

- Blood samples should reach the laboratory and be processed within 4-6 hours of blood being taken from the patient
- Blood samples should be transported at ambient temperature (20 degrees)

## Outcomes



## Simulation training

Simulation is a very effective way of allowing multi-professional learning to improve how teams work in different clinical situations. The surgical team have introduced simulation training in the management of tracheostomy (an opening surgically created through the neck into the trachea (windpipe) to allow direct access to the breathing tube) and laryngectomy

(removal of the larynx or voice box).The team has found that providing a safe space to experience and respond to emergency situations followed by a supportive de- brief helps to markedly improve staff confidence. The training is ongoing with a 3rd cohort just completing their training. Feedback has suggested that knowledge and skills gained on these days has positively impacted on patient outcomes and multi-disciplinary team working.



## Major Trauma Centre

The Major Trauma Centre was due to be launched in April at the University Hospital of Wales site, however this has been temporarily suspended due to the COVID 19 pandemic. The 14 bedded unit will allow the UHB to provide specialised care for a range of patients with complex injuries including traumatic brain injuries, spinal cord and column injuries, cardiothoracic and vascular injuries, orthoplastic injuries, general surgery and maxillo-facial injuries. UHW will be at the heart of the Major Trauma Network as it will function as the Major Trauma Centre for the region.

## A new consultant nurse role in mental health

The mental health clinical board has appointed a Consultant Nurse in complex clinical risk management – the first post with this remit in Wales. The primary aim of this post is to help mental health staff and colleagues feel confident in their management of risk, which is an ever-increasing and constantly-changing concern for the service. The post will also work nationally to identify best practice, support change on an all Wales basis when appropriate, and will lead on pieces of work with specific focus. For example, the post holder has set up a timetable of events to help men speak about their mental health to barbers who have been trained to see, support and signpost. This project is being evaluated and we hope to find that barbers' confidence to have difficult conversations is improved, which may ultimately save lives. The post will also support the Health Board in implementing the Suicide and Self Harm Action Plan, in responding to significant recommendations from organisations such as The National Confidential Inquiry into Suicide and Safety in Mental Health, and will support a plan of ongoing training to ensure we are helping those most at risk due to their mental health needs.



# Effective Care

As an organisation we work hard to ensure that people receive care and treatment that reflects best practice, which means that there is evidence that to support the care that we deliver.

## Our strategy

*“Outcomes that matter to people”*



## What the evidence tells us

### Early intervention in psychosis

Psychosis is a rare but disabling condition. The onset of psychosis is difficult to recognise but once developed it can lead to hallucinations, usually critical and hostile voices, delusions and difficulty in thinking. For the young person, these experiences are usually confusing, distressing and have a marked impact on their ability to maintain friendships, look after themselves and stay in education or employment.

Early Intervention in psychosis teams are recommended by the National Institute for Clinical Excellence (NICE) as the best way to deliver effective treatments and care. NICE advise the NHS on the most up to date guidelines for clinical practice which are based on the best available research evidence. In addition to having staff skilled in engagement, assessment and therapies, specialised psychosis teams concentrate on reaching out to the young person in an assertive way, wherever they prefer to be seen, and approaching them and their families in a collaborative and open manner.

## What this means for patients

Most severe mental health conditions first occur before the age of 25 for which early recognition and intervention can change the course of the illness, save lives and understandably save money. The UHB have developed an early intervention team called Headroom for young people aged 14 to 25 with a first episode of psychosis. In line with NICE guidance, the Welsh Government has set a waiting time target of 2 weeks from referral to care and treatment.

Early intervention in psychosis can prevent lasting disability and the progression of the condition to more severe forms of psychosis such as schizophrenia. Because psychosis occurs at a critical time in the young person's development the teams focus is to improve symptoms and promote social participation and recovery.

To meet this aim Headroom works closely with Barnardo's providing medication, cognitive behaviour therapy for psychosis, family intervention (helping families manage stress and prevent relapse), and vocational, education and employment support. The team is comprised of a Nurse Consultant, Psychiatrist, Team leader,

Psychologist, Community Mental Health Nurses, Administrator, Employment Advisor Peer Support Worker and Barnardo's Project Workers. The team is part of a national collaborative.

### Alex's story

Alex had just finished the first year of his A-levels and was enjoying a family holiday in Menorca when, having wandered off on his own, he began hallucinating. He became obsessed with the colours red and blue and couldn't recognise members of his family. He had no idea what was reality and what wasn't. Alex's psychosis came out of the blue and within a few hours he had gone from a fun-loving teenager with a passion for sport to a very scared young man. On return from holiday Alex spent time in hospital and was eventually discharged into the care of a community psychiatric nurse. Having turned 18 he was transferred into adult services, however he was still struggling and was referred to Headroom. Support by Headroom included weekly cognitive behaviour therapy, and Alex was also provided with a support worker to help him rebuild his confidence and get him back into the community. The cognitive behavioural therapy helped Alex set weekly goals during their sessions and the support worker helped him achieve them.

### What Alex's dad said

*Headroom helped him to get out of the house again, walk the dog, catch a bus, go to a café to improve his social skills and get him onto courses run by the Prince's Trust which were really good for his confidence. Gentle persistence and the range of activities Alex was introduced to made all the difference. It is wonderful to see the difference in him.*

### What Alex said

*To anyone out there like me I'd say it will get better, just be prepared to accept help and don't be ashamed of taking medication if you need it. Listen to people and allow them to help you. It was hard leaving the house at first but getting more involved with sport has been a real help.*



# Successes and challenges across the health board

**67.6%**

of our patients having emergency laparotomy surgery arrived in theatre appropriate to their level of urgency. An improvement of

**9.6%**

from the previous year

This year we have reviewed

**102**

pieces of NICE guidance



**97%**

of clinical staff are noted to be compliant with the World Health Organisations 5 moments of hand hygiene

Emergency crude mortality (death) rate over the last 12 months was

**2.68%**

In the 12 months to the end of January 2020

**76%**

of patients who fractured their hip were able to return to their original place of residence following their hospital stay

Crude Hospital Mortality Rate for people aged less than 75 was

**0.6%**

**79%**

Universal mortality reviews undertaken within 28 days of a death

We need to improve on this

## Cardiac Rehabilitation Certification

The cardiac rehabilitation team have achieved Certification this year from the National Audit of Cardiac rehabilitation (NACR) and the British association for Cardiovascular Disease and Prevention (BACPR).



Only four teams in the UK have achieved this and they are one of only two teams in Wales to have made the mark following on from a service improvement project to reduce waiting lists for cardiac rehabilitation patients using existing resources. The team has now met all seven performance indicators to achieve the minimum standards as set by the NACR and BACPR. The project was originally put in place not only to try to achieve certification but to also reduce waiting times of up to three months for patients to start cardiac rehabilitation.

**Note:** Hospital mortality rate refers to the proportion of patients who die during or shortly after admission to hospital, and is an important measure of quality.

## National Audit of Care at the End of Life (NACEL)

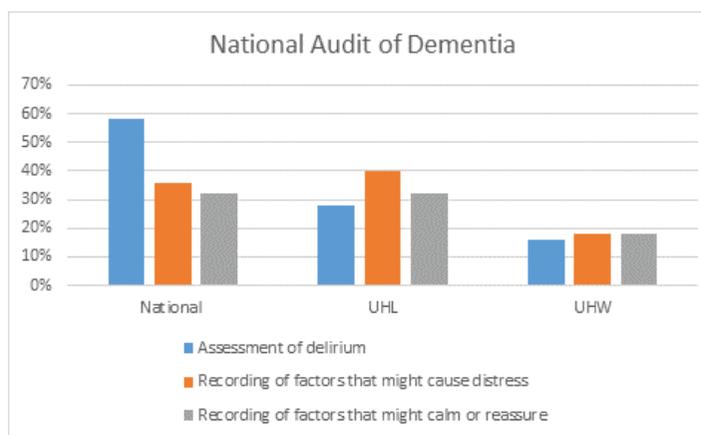
Care at the end of life affects everyone, the NACEL audit was established to review the quality and outcomes of care experienced by the dying person and those important to them. The audit measures a number of factors including how we involve the patient and their families in decision making. The Health Board participated in the 2019/20 audit and the performance and the mean scores demonstrate that the care provided was in line with or exceeded national benchmarks.



## The National Audit of Dementia

The national audit of dementia care in general hospitals examines aspects of care received by patients with dementia when cared for as inpatients in general hospitals in England and Wales. Recent studies demonstrate that up to 42% of people over 70 who have an unplanned hospital admission have dementia. Previous rounds of the audit demonstrated the need for improvements in a number of areas including in relation to assessing and recording of delirium and collection

of personal information about the persons with dementia's care need. The audit demonstrated that within the UHB there was variation in compliance with both of these components of care between UHL and UHW. This fits with the results of local audits that demonstrated that only half of patients with either dementia or cognitive decline have the "Read about Me" completed. There will be changes in the way that the audit is run in 2020 /21 with case-notes being audited prospectively throughout the year which will support ongoing quality improvement around care delivery.



# Dignified Care

Our patients should expect to be treated with dignity and respect. This means that the care that we provide must take into account every person's needs, abilities and wishes

## Our strategy

*"Care that reflects our values- care, trust, respect, personal responsibility, integrity and kindness"*



## Providing dignified day care for people with dementia

A new integrated service, providing a supportive and enhanced environment for people living with dementia in Cardiff has been opened. Originally a day centre for older people run by Cardiff Council, the building in Ely has undergone a complete redesign and major refurbishment works to create a dementia-friendly environment. In a joint venture between Cardiff Council and the Health Board, both nurses and care assistants now deliver better quality services to people who use the centre in improved environments including bright and spacious lounge and dining areas, contemporary bathing and toilet facilities, a cinema room, space for therapeutic interventions and an attractive and accessible garden and patio area.



Before the refurbishment

After the refurbishment

## What Our Executive Director Fiona Kinghorn Told Us

The collaborative approach that has been taken between the University Health Board and our colleagues in Cardiff Council has been extremely positive and has resulted in a significant step forward in providing a facility which can provide person-centred care for people living with dementia. Our joint obligation to the Well-being of Future Generations Act means that local authorities and health organisations in Wales need to work together to provide the best possible, most sustainable care to not only our population of today but also that of the future. This project is, without a doubt, a fantastic example of what collaboration and long-term thinking can achieve, contributing to a healthier, prosperous and more equal Wales.



Before the refurbishment

# Successes and Challenges Across the Health Board



**12098**  
responses were received from patient surveys

We have had over  
**9,000**  
visitors to the Information and Support Centres



**98%**  
of patients say they were given enough water and drinks.

**74.7%**  
staff are compliant with dementia training

Feedback from our patients confirms that they gave an overall satisfaction rate of

**98.5%**  
when asked about whether we provide dignified care.

This score has remained consistent over several years

## You said

Concerns raised regarding mouth care

## We did

Audit of the oral care tool to identify issues. Refresher training delivered to the nursing team by the practice development nurse

**563**

staff have received a carer awareness session

**96%**  
of patients felt they were given help feeding and drinking if they needed it.



**94%**  
of patients had a nutrition score completed and appropriate action taken within 24hrs of admission.

**658**  
patient responded to the health and care standards questionnaire

**95%**  
of patients told us that if they needed help to use the toilet we responded quickly and discreetly.

**79%**  
of staff completed equality diversity and human rights training

**71**  
clinical areas undertook the annual health and care standards audit

## Dementia “mapping”-a new approach to dementia training and development

The UHB have developed a unique approach to dementia training to improve standards, training and importantly the experiences of people and carers living with dementia.

The UHB Dementia Learning and Development team have worked inclusively across health, social care, third sector and with informal carers to develop, co-ordinate and guide joint opportunities of training, skill development and “Dementia Care Mapping” that puts the person living with dementia and their carers at the heart of approaches. Dementia care mapping is an observational tool that looks at the experience of care from the viewpoint of the person living with dementia. It considers the mood and engagement of the individual being mapped over a specific period of time, along with their behaviour. The feedback from staff undertaking the training has been overwhelmingly positive and is expected to have a significant impact on patient care.

*“After 24 years of nursing I left the Dementia care mapping study day feeling inspired to make improvements in my own practise and motivated to*

*make a difference to people living with Dementia. It was like walking into the ward with a new pair of glasses on that focused on person centred care”*



Dementia team photo

## Bridging the Gap between Primary Health Care and Mental Health Services for Older people.

A pilot project in the Vale Community Resource Service (VCRS) is aiming to address a gap in care provision between Primary Care (GPs) and Secondary (hospital) Mental Health Services for older people, for people with Dementia or those living with depression and anxiety. The project has been well evaluated by staff of the VCRS and provides timely mental health involvement

for patients in their care. Such is the success of the pilot, that a new Community Mental Health Liaison team has been developed with the aim of integrating mental health expertise into existing services and providing care closer to home.

The team works collaboratively with Primary health care services and social care providers, such as Community Resource Teams in Cardiff and the VCRS in the Vale, the memory team, day hospitals, frailty nurses and the south and west GP cluster.

The team are able to identify older people with mental health needs at an early stage and those who require more than is available in their GP service but who don't necessarily meet the criteria for hospital services. The team, comprising of 3 mental health nurses covering Cardiff and the Vale, offer advice, support and short term intervention.

## John's story

John was referred to VCRS but was not engaging or motivated to participate in the Individual Strength and Balance Programme. The physiotherapist questioned whether this may be because he was low in mood and discussed John with the mental health nurse. She then worked with John, the physiotherapist and the GP in order to lift his mood so that he became keen to plan goals and as a result his mobility and mood were much improved.

## The Red Bag Project

The Integrated Discharge Team are running The Red Bag Project. The aim is to aid communication to ensure prompt safe and efficient transfer of patient information on admission and discharge from hospital. The bag contains key documents including Lasting Power of Attorney, Advanced Care Plan, Read about me or This is Me documents as well as other important information. The aim is that it will improve the joined approach to working between primary and secondary care, will lead to a reduction in ad hoc telephone calls between the hospital and care homes and will ensure patient centred care promoting autonomy and dignity.



## Training Toolkit for 'Read About Me'



The UHB has launched its own virtual training toolkit to support health and social care staff in recording the personal stories of individuals with a dementia or cognitive impairment, as part of the 'Read about Me' initiative.

The 'Read about Me' scheme supports person-centred care - enabling staff to learn more about their patients and provide a better standard of care by capturing personal details in a booklet which will stay with the patient during their hospital journey and follow them out into the community. The printing of the booklet was part funded by Cardiff & Vale Health Charity and allows staff to really get to know the patient they are caring for. The new training toolkit will support staff across the UHB to better understand the 'Read about Me' programme and will encourage them to be a part of its success by getting involved.

'Read about me' was developed by the board's Dementia Champions and has been in use across the UHB for around 3 years. The short 'Read about Me' booklet can be completed with

the patient, with support if needed, or by a relative who knows the person best. Staff are then able to, at a glance, know the key needs, strengths and preferences of the individual. This document can accompany the person wherever they go so that throughout their care, people can connect with them and begin to recognise how they can be supported and what their needs might be. A [short video](#) has been produced about the rationale for using 'Read About Me'. Carers can find out more [here](#).

## Caring for our older, frailer patients

A service has been developed for frail older people attending the UHB emergency unit which provides direct access to specialist care. The Frailty Intervention team (FIT) are multidisciplinary and led by a Consultant Geriatrician. The aim is to screen older people using a nationally recognized clinical frailty score, provide a rapid comprehensive geriatric assessment and determine the reason for presentation with intention to discharge home to usual place of residence. Being able to carry this out promptly can prevent unnecessary hospital admission where possible. Funding has been secured via the Regional Partnership Board to pilot the Frailty Interventions Teams (FIT) between January and March 2020. We will report back on the outcomes of this pilot next year.

## The Carer role

### Carer Friendly Award



The UHB is proud that Sam Davies ward at Barry Hospital became the first area in Cardiff and the Vale to receive a carer friendly silver award from the Carers Trust South East Wales. The new accreditation scheme was developed to acknowledge the vital role that unpaid carers play within

local communities across Wales. In order to gain the award the staff had to provide evidence of the ways in which they were supporting carers, this included a carer's information board, a dedicated room for carers to take a break, and hosting carers education sessions outside of the ward environment.

### GP Carer Champions

Last year we told you about the GP carers accreditation scheme set up with the aim of raising awareness of unpaid carers, improving access to information and upskilling staff within GP surgeries. The scheme, set up initially in 2015 recognised that for many carers, GP Practices are often the first point of contact. GP Practices involved in the scheme are required to nominate a carers champion, who liaises with the patient

experience support advisors in Cardiff and the Carer Development Officer, in the Vale of Glamorgan. GP carer champion meetings are held throughout the year and offer the opportunity for the carer champions to discuss issues, share good practice, learn about services in the community to support carers, influence practices to replicate exemplars, and to develop a relationship between both areas of care and local authorities. Existing champions have become an expert resource within their practices and are supported to be able to identify, support and signpost carers appropriately.

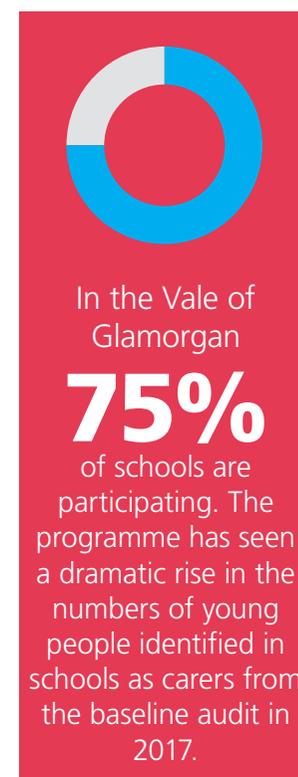
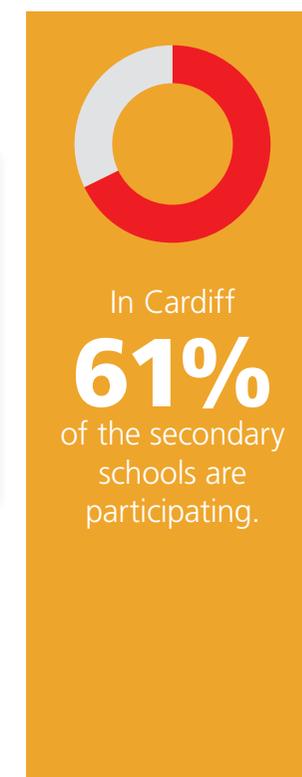


### Young Carers in Schools Award

In 2017 the Health Board, along with both Local Authorities, commissioned Carers Trust South East Wales to undertake The Young Carers in Schools Award in high schools in Cardiff and the Vale of Glamorgan.

All evidence is reviewed by a peer review panel made up of young carers. The panel review and discuss the evidence submitted by schools and decide if an application is successful.

The strong partnership working to ensure this scheme has been successful has led to it being shortlisted for a Patient Experience Networking National Award.



# Timely Care

People should have access to services that are provided in a timely way to ensure that they are treated and cared for in the right way, at the right time, in the right place and by the right staff.

## Our strategy

*“People in our community have care and support when and where they need it without duplication, confusion or delay, in a way that prevents avoidable delay”*



## Perinatal community mental health service

The UHB Perinatal Community Mental Health Service is a specialist service for women who are planning a pregnancy, are pregnant or postnatal and are experiencing (or at risk of developing) mental health difficulties. Timeliness of the service is important, and the aim is to see every patient within four weeks of referral, however women may be seen sooner if they are urgent.

Following an initial appointment, the service advise women of other agencies that could help, and they may offer intervention from one or more of the perinatal team focusing on preventing, minimising and managing women’s mental health problems, while helping to support the maternal role preparing for, or looking after their baby.

## Psychological Coping Skills Course

As well as advice and support, monitoring of health needs and birth planning the service offers a number of psychological interventions that can be group based or individually accessed. Different groups are run to provide different types of support. The service offers an 8 week psychological coping skills course.

## What the psychologist told us

Mental health difficulties during pregnancy and postnatally are common and can be very distressing. Life as a new mother can be stressful and busy and building a bond with a new baby can be tough, especially if women have not been feeling at their best. Most women will receive all the care they need from their midwife, GP and health visitor, however some women may benefit from our specialist advice and support.

## What women told us about the psychological coping skills course

*“Values’ part of the course has made me feel more of a valuable person and given me a feeling that my life is meaningful and I’m a worthwhile person.”*

*“I learned to be AWARE of my moments and of my days. I learned how to relax during the difficult moments following*

*the mindfulness techniques and I noticed that after practice I slept better. I learned to control myself much better than before and to cope in a different way with things and problems."*

*Taking the time to go to the group will not only make you feel like you are doing something good for yourself, but you'll also leave with a heap of tools."*



# Successes and Challenges Across the Health Board



## The impact of the COVID -19 pandemic on our services

On Friday 13 March the Minister for Health and Social Services issued an [announcement](#) regarding the cancellation of certain medical procedures and the relaxation of performance targets. Several national data collections have been temporarily ceased and reporting of performance statistics has also temporarily stopped. These changes will be in place until at least the October 2020 reporting period. For this reason we cannot include the full range of performance in our Annual Quality Statement.

You can access all available NHS Wales activity [here](#). This covers A&E attendances and admissions, emergency calls to the ambulance services and patients starting cancer treatment. Currently it does not include performance related information or any information relating to referral to treatment times, diagnostic and therapy waiting times, delayed transfers of care, closed pathways or outpatient referrals.

The Health Board has put in place a range of measures so that it could continue to deliver essential services and a lot of activity has been delivered at the Spire Hospital. Over 700 patients to date have received their treatments to the beginning of May 2020 and the number and range of procedures being delivered is continuously being enhanced.

## Cardiac surgery waiting times

The UHB has great demand for patients requiring cardiac surgery and recognises that it has not always been able to provide a timely service as well as it would like to. A number of focussed improvements have been made in this area in accordance with the South Wales Cardiac Network agreement to ensure the safety of patients on the cardiac surgery waiting list. All patients on the waiting list are sent a letter explaining that their ongoing care up to the point of surgery is dealt with by the referring cardiologist, and that the point of contact for any concerns should be the cardiologist. The letter also provides contact details for the nurse case managers who will arrange for patients to undergo a pre assessment appointment approximately 8 weeks before the planned surgery date. Any patient on the cardiac waiting list admitted to the UHB in the meantime to another specialty will trigger an alert system to the nurse case manager, this means that patients don't get missed. The UHB are confident that patients and clinicians have good communication routes into the service to highlight any concerns.

All patients on the waiting list are monitored by the referring cardiologist and patients are seen at 3 -month intervals. If the cardiologist feels that the patient requires more urgent treatment, then they will contact the cardiac surgeon directly to discuss a plan of action.

The UHB has robust measures in place to monitor long waiting patients and waiting list officers will monitor, escalate and expedite stages in the pathway to support timely review and treatment.

## “Right bed, First time” for patients admitted to hospital

The UHB is committed to patients receiving the appropriate care they need when admitted to hospital. We endeavour to make sure that all patients are assessed and have the right treatment plan. However, at times when we have high numbers of patients in hospital, it can be challenging to make sure that happens in the ward or department most suited for their care.

Starting in the Surgical Clinical Board, the UHB has introduced a **Right Bed, First Time** programme to increase the numbers of patients who are transferred to the right bed after their initial assessment. The aim is to avoid unnecessary moves and make the patient's stay in hospital as short as possible because the teams caring for them have the skills and facilities for their particular needs.

One example was the introduction of a seven day emergency surgical assessment facility, along with a new system of emergency clinic care for patients not needing ambulance assistance. Ward clinical teams were then encouraged to bring

those patients to their ward as soon as possible, rather than beds being allocated centrally on a first come first served basis. As a result more patients were assessed by the designated consultant team, and more patients followed their planned patient journey, being cared for in the right short stay or specialist ward, whether or not they needed surgery.

The initial results have been encouraging with patients able to go home sooner. Plans are now in place to expand **Right Bed, First Time** to other Clinical Boards and new patient journeys so that more patients can be cared for in the Right Bed, First Time, and spend less time in hospital.



## Creation of more space for timely Ear Nose and throat (ENT) surgery

The UHB strive to make sure patients have elective surgery in a timely way as far as possible, however there are times when we aren't able to do this as well as we would like due to increased numbers of emergency admissions. Unfortunately, this has meant cancelling patients awaiting ENT surgery at the University Hospital of Wales (UHW) site. In order to address this, the clinical board have converted an old set of theatres that were idle in University Hospital Llandough (UHL). Two theatres were knocked into one giving the space required for state of the art ENT surgery to be carried out. Since February this year, 44 all -day lists have gone ahead, with only 2 all day lists being cancelled due to staffing reasons. The move has resulted in 200 patients being treated at UHL. To date, no patients have been cancelled on the day due to emergency pressures.



Before - a disused area for storage

After - a state of the art ENT theatre

Whilst the patients feel the benefit of being treated in a timely manner, the staff have also benefited from the move. They are excited to learn new skills and procedures and are looking forward to future developments that will hopefully see more plan work come to UHL.

## Occupational Therapy flexible working in the Emergency Unit

When not in the winter months, the Occupational Therapy team within Medicine Clinical board work flexibly in order to provide a 5 day extended service Monday-Friday consisting of 7am-3pm and 10am-6pm shifts. This ensures that patient's admitted to the Emergency unit in the afternoons, normally sent in via their GP, are able to access Occupational Therapy for a full, comprehensive assessment supporting earlier discharge. The extended service also allows liaison with family members who may work during the day and can only visit in the evening.

## Rheumatology Therapy Hand Therapy Service

The rheumatology hand therapy service has introduced self-referral for patients previously seen in the service, who have long term rheumatological conditions and are receiving lifelong care from

a rheumatologist. This improves the patient experience as they do not have to attend unnecessary follow up appointments, but can get in touch when they require further input. They also don't have to wait for an appointment with the rheumatologist or GP in order for the referral to be made. This is in keeping with the 2018 NICE guidelines for rheumatoid arthritis (RA) that says adults with RA should have ongoing access to the multidisciplinary team. The service has also created a telephone clinic. Where appropriate patients can be followed up with a call, reducing the need for the patient to travel or take time off work. Both these changes have also benefitted the service in releasing more appointment slots and reducing waiting times.

## Partnership working helping to reduce impact on demand for GP appointments

Third sector is an umbrella term that covers a range of different organisations that do not belong to the public sector and are non-profit making (eg charities). The UHB funds two Health and Social Care Facilitators whose role it is to improve partnership working between the third sector and health and social care services. Staff are often surprised to learn that there are approximately 30,000 third sector organisations in Wales and

that services range from hospital discharge support, housing adaptations, provision of mobility equipment, befriending, respite support, nail cutting, benefit advice and opportunities to take part in accessible physical activity and exercise.

The UHB has funded considerable resource of third sector support to work in partnership with primary care and the mental health clinical board. The third sector partners including, Ace, Cardiff Mind, Mind in the Vale and 4 Winds receive referrals from the GPs and mental health practitioners and provide a tiered range of psycho-social and well-being support based on the Australian Centre for Clinical Interventions model, as well as ACTION for living and Stress Control courses.

As the service is rolled out across Cardiff and Vale the number of contacts with patients will be monitored (aiming for around 60,000 in a full year) and measuring the impact on GP appointments. It aims to bring expertise into the referral choices that are already open to the GP and to provide safeguarding and support in their options for taking positive risk in their patients' best interests.

## Single cancer pathway

Last year we told you about plans to ensure that patients suspected of cancer are diagnosed and

start their treatment within 62 days. One of the improvements introduced was for patients undergoing endoscopy (a telescope used to look at internal organs) to diagnose cancer, so that the diagnosis and the stage of cancer could be determined on the same day rather than within 2 weeks of each other. Over the last year we have made further progress with this to expand this throughout the UHB and it is now accepted as standard of care for endoscopically detected cancers. We have also been working on expanding the 'same day staging' concept to other cancer sites through introducing additional scanning capacity and a same day reporting capacity. Other sites which have benefitted from this improvement work includes lung cancer, renal cancer, bladder cancer, head and neck cancer and melanoma.

We have been able to maintain some of our urgent cancer work through working with our partners in Spire hospital, however the numbers are still relatively small compared with our normal activity. We are working through how we can minimise hospital transmission of COVID-19 in the current environment while providing the same level of services and re introducing urgent clinical services and important routine diagnostics and planned surgery.

## Timely Psychological Therapies

The Psychological Therapies (PT) Hub is a service for working-age and older adults with mental health difficulties across Cardiff and the Vale of Glamorgan. The PT Hub was designed for people who require hi-intensity psychological therapy, predominantly providing cognitive behavioral therapy (CBT). CBT is a structured, scientific evidence-based treatment that has been shown to be effective for the treatment of a number of difficulties. CBT helps us to understand the interaction between our thoughts, feeling and behaviours and how these links can maintain the problems we face. It also allows us to learn strategies and techniques to overcome these. People attending the Hub have given very positive feedback

*"I underestimated the benefit of group sessions as opposed to 1:1"*

*"The group as a whole were amazing, so supportive, non-judgemental. Learnt loads"*

*"The course has given me a new perspective on life which I didn't expect. Probably the best thing I've ever done for myself"*

# Treating People as Individuals

The way that we provide care to people must respect their individual choices in the way that they care for themselves and must ensure that all people are treated equally. We learn from what people tell us about their experiences in our care.

## Our strategy

*“People are placed at the heart of their care with their individual needs identified and met”*



## Primary Care Mental Health Service

The Primary Mental Health Support Service (PMHSS) is a service for people of all ages living with mental health difficulties. The service covers all areas of Cardiff and the Vale of Glamorgan. It is provided by the NHS and is free of charge.

Common mental health problems like mild to moderate stress/anxiety and low mood/depression can affect one in six adults at any one time in the UK but the reasons why are difficult to pinpoint. Everyone's different and it's often a combination of factors that can contribute to developing a common mental health problem. What's important to remember is that regardless of being able to identify the cause of one's mental health problems, the most important thing is to recognize the signs and symptoms and seek appropriate treatment. Living Life To The Full is one option of many that the Primary Mental Health Support Service offers or has access to. Referral to PMHSS can be made via the GP. The PMHSS is recovery focused. This means that each person will be supported to identify goals that are important to them, and to work towards these goals at their own pace.

## Living Life to the Full Programme

Living Life To The Full is a seven-session psychotherapeutic group for those suffering from mild to moderate anxiety and/or depression. It is an interactive group based on the principles of Cognitive Behavioural Therapy (CBT) used to manage common issues such as stress, worry, anxiety and depression. As it is based on CBT principles, the group encourages participants to put the new skills acquired to use between each session.

## What mental health practitioners told us

The aim of these groups is to help people gain more control of their feelings. Sessions are designed to enable participants to develop practical ways to increase their wellbeing in small steps. The topics covered are interesting and can be relevant to everyone no matter what their circumstances. Because the groups are interactive, all of the groups are delivered in a small group format allowing for comfortable discussion and are facilitated by mental health practitioners. Participants can share things they are comfortable talking about with the group but equally they are not obliged to share anything they don't want to. We understand it is natural for people to feel anxious about meeting. However due to the supportive environment this usually improves after the first session.

# Successes and Challenges Across the Health Board

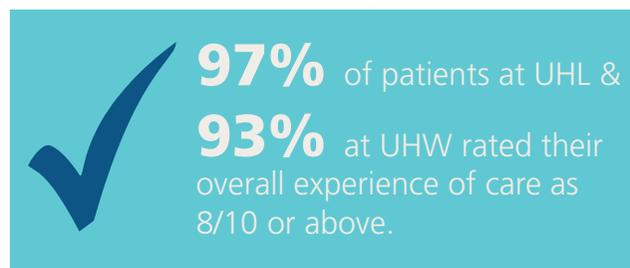
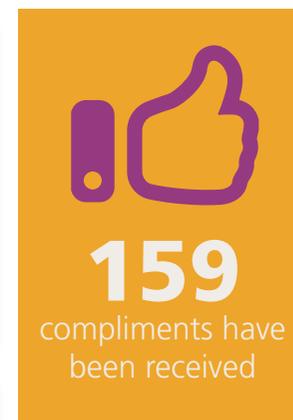
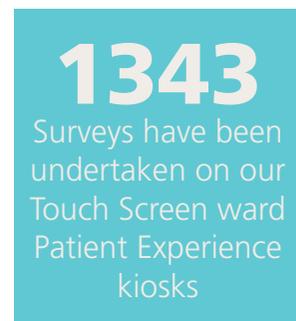
## What service users told us

*"The course has made me understand the way my thoughts can have an impact on my health and wellbeing for the future."*

*"I felt comfortable, accepted, respected."*

*"This course is entirely 'non threatening' and I am amazed at how successful it has been"*

*"Very good course that encourages people to find the strength to overcome difficulties in their lives & recover their confidence & potential."*



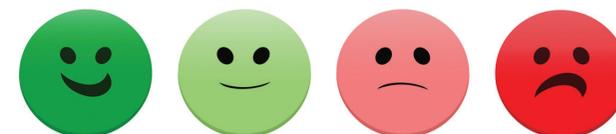
## How do we collect patient feedback for improvement?

The UHB is committed to delivering the best care possible and ensuring that patients experience of our services is as good as it can be. Feedback is always welcomed as this is one of the ways in which the UHB can learn and there are many different ways that the public can do this. The UHB routinely undertake retrospective surveys and

patient stories as well as using social media and if you have visited any of our hospital sites you will have seen our HAPPYORNOT kiosks. These help us to collect real time feedback by the simple press of a button.

Our Assistant Director of patient experience reviews the HappyOrNot data on a daily basis, and the patient experience team shares weekly feedback reports with relevant clinical areas. On a monthly basis, they share performance reviews

## Please rate our service today



with each of their clinical boards. The UHB then references the HappyOrNot feedback data in its board reports which are published online. They also share the customer happiness numbers and Smileys on health boards at different hospital sites to show staff how many people have commented, and what they said. Using HappyorNot helps us make sure we're targeting improvements in the right places and delivering the right care at the right time.

### Service User & Carer Engagement Lead for Cardiff & Vale Mental Health Partnership

Last year the UHB asked Service Users and Carers what they thought of the current arrangements for Mental Health partnership services for Cardiff and Vale areas. Over 50 Service Users and Carers and



a range of Health Board and Local Authority staff attended a special event to discuss ways in which services should be designed to ensure service users and carers feel more included in the partnership decision making. The conclusion of the event was that if there was to be any improvement then a number of changes would be required including representation of service users and carers through a senior peer support lead (person with lived experience of mental health illness) to co-ordinate this on behalf of the mental health partnership. Participants at the event came up with a list of principles.

## Digital Stories helping us to listen and learn from feedback

Members of the Patient Experience Team have undertaken an accredited digital patient stories training to ensure we are giving our patients, carers and staff a voice when things have gone wrong and help advocate for better services. It can also showcase best practice when things have gone right. Each edited recording will last approximately 3-4 minutes and be put together with images which can be photographs or drawings. The team are currently developing standard operating procedures for recording these stories which will include information and consent forms as well as a toolkit for staff.

## Patient reported experience measures

Working in partnership with Cedar, the UHB is working with patients and colleagues across Wales to agree a set of universal Patient Reported Experience Measures (PREMS) questions for use across NHS Wales. Doing this means there will be a consistent method of collecting data that will allow comparison across hospitals and organisations in NHS Wales and help identify areas of good practice as well as areas where patients report poorer experiences.

These questions below have now been approved by the Chief Nursing Officer for Wales. If you or a loved one have a health care experience it is likely that you will be asked these questions by a health professional or provider.

## Cardiff and Vale Recovery and Wellbeing College

The UHB is preparing for the launch of its recovery and well-being college in April. A peer lead has been appointed who will manage the college. Courses within the college will be co-produced between staff, service-users, carers and third sector partners. Every course will be designed and delivered by a staff member and a peer trainer (someone who has lived experience of mental health problems who is paid by the college as a trainer). The college takes an educational approach to mental health and wellbeing, with workshops, courses and seminars designed to help students learn more about mental health issues, conditions, wellbeing, self-management and rights. Courses are for everyone, people attend the college as 'students' rather than as 'staff', 'service users' or 'carers'. All courses are free and will take place in a range of different venues.

### Approved Universal PREMS Questions for Wales

First and Lasting Impressions	<ul style="list-style-type: none"> <li>Did you feel that you were listened too?</li> <li>Were you able to speak Welsh to staff if you needed to?</li> <li>From the time you realised you needed to use this service, how long did you wait?</li> </ul>
Receiving Care in a Safe, Supportive Healing Environment	<ul style="list-style-type: none"> <li>Did you feel well cared for?</li> <li>If you asked someone for assistance, did you get it when you needed it?</li> </ul>
Understanding of and Involvement in Care	<ul style="list-style-type: none"> <li>Did you feel you understood what was happening in your care?</li> <li>Were things explained to you in a way you could understand?</li> <li>Were you involved as much as you wanted to be in decisions about your care?</li> </ul>
The core questions include a Likert scale rating of service user experience	<ul style="list-style-type: none"> <li>Using a scale of 1-10 where 0 is very bad and 10 is excellent, how would you rate your overall experience?</li> </ul>
Two qualitative questions enable service users to provide narrative feedback	<ul style="list-style-type: none"> <li>Was there anything particularly good about your experience you would like to tell us about?</li> <li>Was there anything we could change to improve your experience?</li> </ul>

## Bringing together the young and older generations - Digital Heroes partnership

The Digital Heroes project is a partnership project between the UHB and Digital Communities Wales. The project facilitates young and elderly people engaging in, and enjoying the using of technology and the internet. The youth volunteer project manager has recruited and trained 8 young people to become Digital Hero volunteers and they are anticipated to start in late March 2020 on UHW wards. A "Tech Kit" consisting of virtual reality headsets, tablet and iPads will be provided by Digital Communities Wales and kept on the designated wards where the young Digital Heroes and the staff can use to engage the patients in



technology based activities – such as YouTube, Social Networking and News amongst others.

More discussions have also been held around the possibility of undertaking the primary school Digital Heroes project. This part of the project welcomes year 5 school children (minimum age of 9-10 years old) and their teachers from various primary schools or local youth community groups onto wards once a week/fortnight to engage with elderly patients using technology.

## Children and Young People's Emotional Wellbeing and Mental Health

Child and Adolescent Mental Health Services (often abbreviated to CAMHS) is a team of professionals with different backgrounds, skills and training relevant to the mental health and emotional well-being of children and young people. They work closely with other professionals in local authority children's services, schools services, the voluntary sector and other partners to meet the range of needs of children and young people with emotional and mental health challenges. CAMHS was repatriated back to the UHB from Cwm Taf UHB last year. The aim of CAMHS is to create a holistic, wrap around mental health and wellbeing service for children, young people and families which ensures timely, joined up delivery of care and treatment.

## Gathering feedback about mental health service from young people & children

Over the last year a number of activities have been undertaken to gather feedback from young people and parents on their experiences of children and young people's mental health services. This feedback has helped shaped the future vision for services. A steering group has been established made up of young people, parents, practitioners and third sector representation and meet on a bi-monthly basis. The group has developed a plan of action and activities for the year that involves patients giving their feedback. Central themes include: improving the service information and communication, ensuring regular feedback mechanisms are in place and feedback is acted upon, improvements in the physical environment and support for parents.

In response to feedback gathered from young people, the service are testing out an internet based tool which allows young people to access a supportive service from a qualified practitioner at a time and place that is convenient for them. Similarly in response to feedback from parents, the service is working in partnership with the third sector to develop a parent peer mentoring scheme that will create a support network for parents whilst their children are accessing emotional wellbeing and mental health services. The work is continually evolving in line with the needs of young people and parents and remains focused on improvements to best meet their needs.

## Our commitment to Children's rights

Studies show that children express both positive and negative opinions of being in hospital and frustration can be caused by a lack of information, participation, and poor play facilities. The UHB have an obligation to include children and young people in all aspects of care provision which potentially



Cardiff And Vale Health Youth Board  
Bwrdd Iechyd Ieuencid Caerdydd A'r Fro

affect them and a Charter for Children has been developed which aims to guide all staff in their actions. There is a requirement for all services in the UHB to demonstrate that the Charter has been incorporated into services at a staff and organisational level. The Charter will form part of the Children's Rights training for UHB staff, relating Children's Rights as a broad concept to daily practice. The Charter, developed by children and young people across Cardiff and Vale makes a number of promises to children and young people to treat them with kindness and respect, to listen to them and to keep them informed. To inform the charter's development and to hold the health board

to account in its delivery, the UHB also established the Cardiff and Vale Health Youth Board. Over 40 young people, aged 14 – 23, are signed up to make

their voices heard and to inform and influence the future of the health service in Cardiff and the Vale of Glamorgan.

**Children and young people's health charter**  
Our promise to you, we will:

- Treat you with respect and kindness. (UNCR Articles 2, 14)
- Give you information in a way you can understand. (UNCR Articles 13, 17)
- Give you choices wherever possible. (UNCR Article 12)
- Keep ourselves up to date and knowledgeable so we can give you the best advice. (UNCR Articles 6, 23, 24)
- Consider your safety in everything we do. (UNCR Article 19)
- Listen to you. (UNCR Article 12)
- Ask you about how you feel. (UNCR Article 3)
- Tell you what might happen while we are looking after you. (UNCR Articles 13, 17)
- Involve you in things which concern you. (UNCR Article 3)
- We will respect your privacy. (UNCR Article 16)
- Do our best to get to know you and what you need. (UNCR Articles 3, 12, 14)
- Tell you our name and ask what you would like to be called. (UNCR Article 3)
- Give you the chance to have your say. (UNCR Article 12)
- Tell you how you can complain or compliment us. (UNCR Article 12)

All children and young people have rights. The United Nations has a list of these rights and they are called the UN Convention on the Rights of the Child. United Nations (UN) Convention on the Rights of the Child. Geneva. [www.unicef.org/uncrc](http://www.unicef.org/uncrc)

## Learning from External Inspections

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales. The role of HIW is to check that people in Wales receive good quality healthcare and they do this by conducting inspections of our hospitals and facilities. Inspections are usually announced in places like GP surgeries or Dentists however are unannounced on our hospital wards.

HIW provide the health board with assurance about the quality of our services and promote improvement by reporting and sharing good practice.

### 2019-20

- 6 HIW hospital inspections
- 1 Thematic review
- 3 GP inspections
- 10 dental inspections
- 1 prison inspection



The findings have been largely positive for most of these inspections and where improvements are required we provide detailed improvement plans to HIW. We share the findings of our inspections with all clinical teams through the UHB so that we can learn from them as an organisation.

## National Maternity Review

As part of the National Maternity review HIW carried out an unannounced inspection of the UHB maternity services in November last year. Overall, HIW found that care was provided across the service in a safe and effective way. HIW found that there was strong and effective multidisciplinary working, which was provided in line with up-to-date clinical practice. HIW also found some evidence that the UHB was not fully compliant with the Health and Care Standards in all areas and identified where improvements were needed. An immediate assurance issue was identified with resuscitation trolleys and was rectified immediately. A patient safety notice was issued through the UHB to alert staff of their responsibility to check resuscitation trolleys.

The UHB has implemented a number of actions plan to address the improvements required. The improvement plan within the final published report can be found [here](#).

## Emergency and assessment unit

In late March 2019 Health Care Inspectorate Wales (HIW) undertook an inspection of the Emergency Unit and Assessment Unit in UHW. The Inspection report highlighted some areas of real concern for the Health Board, in particular around the experiences of patients being cared for in the lounge area of the Assessment Unit. It was noted that patients were cared for in chairs for long periods of time and that their nutrition and hydration needs were not being met. Much has been done to improve the situation; recliner chairs have been provided to ensure that the most vulnerable patients are comfortable and are able to get some sleep and staff can now offer patients in the department breakfast lunch and dinner. The improvement work is also focusing on ensuring that patients are receiving care in the most appropriate area. By extending the opening of the Surgical Assessment Unit and opening a new Trauma Ambulatory Care Unit the number of patients requiring care in the Assessment Unit has been reduced. In March 2020, HIW returned to undertake another inspection in the Emergency and Assessment Units. They found that six patients were not wearing identification bands in the lounge area and two of these were receiving medication, therefore this could have meant patients were at

risk of misidentification. Other than this, HIW were satisfied that the requisite improvements had been made. The final report for this inspection is yet to be published. All HIW reports are in the public domain and you can read the improvement plan for this inspection [here](#).

## Mental health inspections

Health Inspectorate Wales also conducted an unannounced inspection of three wards at Hafan Y Coed our mental health hospital at University Hospital Llandough last year. The report was very positive, commending the UHB on areas of good practice. The report highlighted how patients are treated with dignity and respect, particularly regarding the safety of patients. The report also talks about when patients sometimes have to 'sleep out' on a more restricted ward. This might be because of bed capacity for a specific ward, for clinical reasons or to avoid the use of private beds outside of Wales which we want to avoid as much as possible. We must however minimise the impact this has on individual patients as recommended in the report. The UHB recognise they still have work to do to continuously review and improve services.

## Welsh Health Specialised Services Committee

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

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

### You said

Concerns were raised that letters sent from eye clinic should be sent in large print for ease of reading by people with sight problems

### We did

The unit is arranging for letters to now be printed in a suitable font and size.

We really welcome complaints from our service users as it helps us to make the required improvements to patients experience

### You said

Concerns raised regarding lack of information provided to families of patients receiving palliative care in relation to pain management

### We did

The end of life management plan has been reviewed to ensure it is more proactive in maintaining patient comfort. The palliative care team will be more proactive in communicating the management plan to families including explaining the plan to maintain pain relief and how long the morphine pump takes to become effective after it is set up

# Our Staff and Volunteers

By working together staff, students and volunteers ensure that we provide a high quality and safe services.

## Our strategy

*“Cardiff and Vale UHB will be a great place to work and learn”*



## The work of our health board and third sector volunteers

Cardiff and Vale University Health Board (UHB) recognises the unique and important contribution that volunteers make in complementing the services it provides. Volunteering can give a sense of purpose – something to do which benefits both the person volunteering and the person they are supporting. Having “nothing to do” can have a very negative impact on a person’s sense of self-worth and wellbeing. While it can be challenging, with obstacles to overcome, the journey to achieving positive results can, in and of itself, be beneficial. Our registered volunteers continue to participate in a wide range of projects across our services, offering their valuable time and skills to support staff and enrich the experience of our service users.

## Peer Support Volunteers in Substance Abuse Liaison

Supported by the substance abuse liaison team peer support volunteers provide support, encouragement and inspiration to people in the early stages of recovery from substance misuse problems. By talking about their experience of change, recovery and the services that are available to them both statutory and third sector organisations they help people to establish healthy routines and maintain the positive changes that they have begun to make

## Meirion’s volunteer story

My volunteering within the NHS came about through my own journey through the different stages in my own journey in recovery of alcohol addiction, from my first admission with my GP to EDAS, Taith, then the CAU, all of which have proved amazing. My volunteering roles are quite varied, depending on what the NHS requires me to do. The main thing in any role is that my lived experience in recovery can help people in their recovery, providing an insight into all the help and support that is available in the area. The training I received in this has been achieved through my involvement with Recovery Cymru, Footsteps to Recovery and New Link Wales.



The places I attend in a volunteer capacity are UHW, Pine ward (detox unit Llandough hospital) CAU Cardiff and Barry. Each place requires different approaches in the manner of conversation depending where the individual is at that moment. This is where the training I have received through Recovery Cymru and others organisations becomes vital. The training includes Relapse Prevention, Peer Moving on in my Recovery, SMART in addition to all of Recovery Cymru's bespoke training in communication, group facilitation, recovery buddy and champion roles. This is in addition harm reduction training for heroin, spice, steroids, and amphetamine and party drugs. My ultimate aim for my contribution to volunteering is to try and give every person I meet some level of hope and the realisation that they are not alone.

My own support network is vital in my own recovery and that includes the alcohol and drug liaison team in UHW who are an amazing team of dedicated caring people, the staff on Pine ward, both CAU centres and of course Recovery Cymru who are always there for me. Most important are the people who I am lucky and privileged to meet along the way - they are my recovery. It is important to remember when talking to any person that it is their life, their recovery and their choice what path they want to take. My alcohol addiction and story might be similar but all of us have different ways of dealing with certain parts of our lives. My start has relevance to the conversation BUT I always remember it is not my story but theirs

I am not there to say do what I do and it will be ok, the odds are that will be a recipe for failure..

## Volunteer Management Quality Standard

Last year the UHBs Macmillan volunteer became the very first Macmillan professional in Wales to be presented with the Macmillan Volunteering Quality Standard (MVQS). Sarah, who is an information and support facilitator, is supported by a total of 18 volunteers across the three sites in the University Hospital of Wales, University Hospital Llandough and Barry Hospital. The MVQS recognises the development and improvement that Sarah has made to the volunteer experience at the three information centres she runs.

The MVQS is an optional development programme that Macmillan offers to staff and professionals. It is delivered through one-to-one coaching over a 12-month period. Sarah has been managing volunteers for a number of years but decided she would take on MVQS in order to improve the service for both volunteers and the people who benefit from it, and to make sure that everyone has the best possible experience.

Macmillan operates a number of quality assurance standards that ensure services are delivered to the best possible quality for people living with and affected by cancer. Sarah and her team of volunteers are delighted to have also completed

their Macmillan Quality Environment Mark (MQEM) and the Macmillan Quality Information and Support Service (MQUISS) standards this year. While the Macmillan Information and Support Centre in the University Hospital of Wales retained its **Macmillan Quality Environment Mark**, the Information and Support Centres at Barry Hospital and University Hospital Llandough were both awarded the environment mark for the first time. As well as this, the 3 centres were each



awarded the Bronze **"Carer Friendly Accreditation"** in June 2019. The Carer Friendly Accreditation scheme aims to improve, share and recognise support for carers in health and social care service areas.

## Volunteer award

Mary Bollingham, a volunteer from the Information and Support Centre at Barry Hospital was jointly awarded the **"Volunteer of the Year"** award in the 2019 Staff Recognition Awards. Mary always takes time to listen to individuals, signpost them to relevant information and always try to help. She has a wealth of life experience and excellent communication skills. Throughout her life she has strived to ensure the patient's voice is heard.

# Our Staff



## Culture and Leadership Amplify 2025

The UHB has developed a learning alliance with Canterbury Health Board (CHB) from New Zealand to learn about the significant cultural and system improvements they have achieved over the last 10 years. They have benefitted from improved staff morale and culture with a high trusting environment and a person centred approach. We have designed a similar programme of work to develop our own health system for the benefit

of patients and staff. The **'Amplify 2025'** engagement event was the first step in this process

It enabled 80 leaders to think differently about delivering healthcare, ensuring we put the person 'Wyn' at the heart of all our decision making. The UHB is in the process of establishing a 'showcase' experience at which up to 5000 members of our community will experience a 2 hour walk through of our current and future models of care. The showcase is designed to amplify the awareness and pace of our strategy 'Shaping our Future Wellbeing', ensuring its delivery by 2025.



## Talent Management

Last year we told you about our talent management programme that we were about to launch in April 2019. Evidence shows if we foster a culture where we engage and care for our staff they will value and care for our patients, therefore it is important for the UHB to consider potential and the value staff bring to their current roles, as well as maximising their future potential in the NHS.

The programme, launched as planned supporting our culture of being 'A Great Place to Work and Learn'.

The Talent Management Programme is about having the right people, in the right roles, with the

right values have access to the right opportunities, exposure, stretch and development to reach their potential, whether this is in their current role or a future role.

## Developing Managers and Leaders

The UHB has made a clear commitment to develop its leaders in order to build leadership capacity and capability across all services that is reflective of the values of the organisation. We know that leadership development impacts on quality of care and on workplace cultures for staff. Developing leaders willing to embrace leadership that is transformational, collaborative and compassionate is a key enabler for developing effective workplace cultures.

In 2019/20 a new suite of Leadership and Management development opportunities have been developed for all levels of UHB staff.

**FIRST STEPS TO MANAGEMENT** - To help new and existing supervisors develop key supervisory and management skills

**ESSENTIAL MANAGEMENT SKILLS** - for aspiring and existing managers to develop the essential skills required by all managers

**OPER8** - a development programme for new and experienced Clinical Board Operational Managers

**ACCELER8** - introduces leaders to the business of caring within the whole health and care system

**INTEGR8** - introduces staff to the concept of leadership and service improvement within the health and social care system

**COLLABOR8** - a one day programme that assists participants in building positive working relationships with people

**LEADING THROUGH INCLUSION** - a leadership programme that focuses on the diversity of our organisation and challenges staff to lead with an inclusive culture

## Embedding Our Values

Cardiff & Vale UHB is a values based organisation – we want to recruit, develop and nurture engaged and motivated staff with the skills and confidence to live up to our values every day.

During 2019/20 we developed a **Values Based Appraisal (VBA)** which is going to be rolled out across the UHB for all staff from April 2020. It is a focussed conversation with staff around their development, the value they bring, and the position(s) that best suit their skills now and in the future.

**Values Based Recruitment (VBR)** is an approach which attracts and recruits people on the basis that their values and behaviours align with those of the organisation. VBR training aims to provide all recruiting managers with the skills and tools they need.



Kind and caring  
Caredig a gofalgar

Respectful  
Dangos parch

Trust and integrity  
Ymddiriedaeth ac uniondeb

Personal responsibility  
Cyfrifoldeb personol

## Listening to our Staff

### Staff Engagement

The UHB is committed to improving staff engagement and recognise that staff who are engaged are more productive, content and more likely to remain within the HB. Positive staff engagement has been linked to reduced staff turnover, lower sickness absence and improved patient experience, as well as being positively associated with staff-wellbeing.

This means that obtaining staff views and helping managers to have meaningful conversations with staff/teams to find out what matters to them is a priority for CAV UHB.

In 2018 NHS Wales had a Staff Survey. In Cardiff and Vale UHB we had a response rate of just 23% but we were able to identify some key themes. More than 50 people volunteered to take part in a stakeholder group to use the survey results to make a difference for our staff and patients. We

# #CAVYourSay

have had 3 workshops and created objectives and actions around the following themes:

- Engagement
- Leadership
- Culture & Behaviour
- Involvement

We'd like to say a very big THANK YOU! to everyone who showed their enthusiasm for this.

The UHB has recently published a booklet for staff to let them know about some of the things we have done in response to their feedback including simplifying our policies, publicising ways of working flexibly, tackling stress in the workplace and improving the raising concerns system.

In addition to this, each Clinical Board is being supported to develop and implement pulse surveys. A pulse survey is a short, quick survey that is sent out to staff with the aim of providing a pulse check on topics such as employee satisfaction, communication, leadership, job role, culture and the likelihood of staff staying in the UHB. They are useful because the feedback provided by staff helps to decide which areas need improvement, and form the basis of a regular measure of changes in engagement and satisfaction levels within the UHB.

## Helping to retain our nursing workforce

The retention of nursing staff continues to be a key issue for the UHB and, in order to make improvements in this area, a Nurse Retention Group was set up last year. The group is focusing on plans to support new starters, implement development and career planning and flexible and predictable working arrangements, as well as improving the way we engage with staff. A number of meetings have already taken place and the aim is that all plans will be implemented by the end of the year.



In the last Staff Survey our staff told us that:

- 18% of them had experienced harassment, bullying or abuse at work from managers or colleagues in the preceding 12 months
- 94% of them knew how to report harassment, bullying or abuse at work
- 48% of them believed the UHB takes effective action if staff are harassed, bullied or abused by other members of staff



We understand it is not easy to raise a concern and can be difficult to know what to do if someone does speak out to you. The Freedom to Speak Up helpline is there for staff to contact on [F2SUCAV@wales.nhs.uk](mailto:F2SUCAV@wales.nhs.uk) or 02921 846000 – we want staff to get in touch so we can listen!

- This year we improved the [F2SU webpages](#) - we now have an average of 440 hits per month (up from 135 hits per month)
- We have now made a commitment to investigate and respond to all concerns within 30 days
- 'Thank you for looking into this so quickly, much appreciated'*  
*'Thank you for your email and for keeping me updated with this. It is reassuring that employees' concerns are taken into account!'*

## Employee Health and Wellbeing

We know that staff wellbeing is key to feeling engaged. As a signatory of both the Time to Change Wales Campaign and the Mindful Employer Charter, the UHB is committed to improving and maintaining mental health in the workplace. In 2019, the UHBs Health Charity helped to fund the

Employee Wellbeing Service which will double the number of counsellors and introduce a new assistant psychology therapy practitioner role. This is intended to decrease waiting times for staff and increase access to support.

Following the success of our CAV a Coffee campaign this year the concept was extended and to mark Mental Health Awareness week and National Walking month and staff were invited to join a 'CAV a Coffee and WALK'. In addition, we supported the Time for Change 'Talking is a Lifeline' campaign to encourage men to talk about their mental health without fear of being judged, and introduced Menopause Café's to break the silence about the menopause in the workplace.



In January 2020 staff were encouraged to take a pledge to make 'one small change' to make a real difference to their health and wellbeing and to share their experiences via social media using the hashtags #keepingpeoplewell and #1smallchange

## Wellbeing workshops

The Employee Wellbeing Service (EWS) currently facilitates three wellbeing workshops: - 'Introduction to Compassion and Self-Care', 'Assertiveness', and 'Stress Risk-Assessment for Managers'. These workshops are for those who want to understand more about themselves, how they communicate with others and increase their ability to attend to their wellbeing. The training is free to Cardiff and Vale UHB staff and can be attended in work time with their manager's approval. Throughout 2019, 10 of the 'Introduction to Compassion and Self-care' and 'Assertiveness' workshops were facilitated in UHW and UHL, which attracted a total of 84 staff members. In 2020 so far, 4 of these workshops have been facilitated, which 49 staff members have attended.



# Successes and Challenges Across the Health Board



**75%**  
of Staff completed  
Safeguarding  
Children training



**3001**  
Staff trained in the  
Mental Capacity  
Act



**500**  
staff have been  
trained in basic BSL

**1200**  
trained in  
Leadership &  
Management



**123**  
pharmacy student  
volunteers recruited  
have contributed  
2091 hours of their  
time to the UHB



**12483**  
trained in equality,  
diversity and human  
rights

**80.5%**  
Staff are trained in  
Violence against  
women, domestic  
abuse and sexual  
violence

We have over  
**700**  
Health board  
and 3rd sector  
volunteers working  
with us to improve  
the experience of  
our patients.



**483**  
Staff trained in  
Communication &  
Coaching Skills



**81%**  
of Staff  
completed  
Infection  
prevention and  
control training

During the COVID  
pandemic we  
recruited  
**1007**  
additional temporary  
staff to cover a  
variety of roles

## Equality and Inclusivity

In all the work of the UHB we aim to ensure that all protected characteristic groups have the opportunity to fully participate and that we respect people as individuals. Our focus this year has been to on planning, consulting and engaging on our new Strategic Equality Plan – **Caring about Inclusion 2020-2024**. Initial discussions and engagement events with equality related organisations, experts and other key stakeholders regarding the Equality Objectives began in the summer of 2019. Participants provided us with all-embracing views and experiences of using our services. They highlighted where they thought more could have been done to treat them (or the groups that their organisations represented) fairly. They also referenced barriers they have faced because they belong to one or more protected group.

We have also continued to ensure, as far as possible, that when we make a decision, develop a strategy or policy, or do anything else that affects our service users or staff, then we do so in a fair, accountable and transparent way taking into account the needs and rights of all those who might be affected.

## Welsh Language

Last year we told you about our commitment to ensure the UHB is compliant with the new Welsh Language Standards that came into force in May 2019. These new standards place a duty on the organisation to provide a certain level of Welsh language services for its patients and service users. Staff will also have to provide certain internal services through the medium of Welsh, such as some training and staff tribunals.

During 2019/20 we have:

- Held a number of workshops to develop an implementation plan to meet the Standards
- Secured a new translation service in partnership with Cardiff City Council
- Delivered more Welsh Language courses than ever – free for staff – comprising of:
  - Work Welsh taster courses
  - Intensive Welsh courses
  - Residential courses
- Encouraged our staff to register their Electronic Staff Record so we have informed data on the language skills across the UHB
- Appointed 2 switchboard operators with Welsh language fluency to our main UHW switchboard
- Worked closely with Clinical Boards to support the development of Patient Management



Systems that record Welsh language preferences of our patients

- Developed an online library of generic, Welsh language job descriptions

## Our Award Winning Staff

Our staff work daily to improve care and treatment for our patients. Many of them are undertaking award winning work.



### Staff receiving an MBE in the Queen's birthday honours list

We are delighted that our Executive Nurse Director has been honoured with the award of MBE for her contribution to NHS nursing services. Ruth Walker MBE is one of the most experienced Executive Nurse Directors in Wales and joined Cardiff and the Vale University Health Board in 2009.

Other equally worthy recipients this year include; Louise Poley MBE, Kathryn Ellaway MBE, Professor Antony Bayer MBE Scott Cawley - was awarded an MBE in the new years honours list.

## Shortlisted for a British Medical Association (BMA) award

### The Sustainable Surgery in Wales project

The UHB takes its responsibility seriously in its aim to make large scale changes which can help to lower our collective carbon footprint. This particular shortlisted project is in relation to cataract surgery, which is the single most common operation performed in the UK. The team, led by Dan Morris, a consultant ophthalmologist, and Fiona Brennan, a consultant anaesthetist, studied the carbon footprint of cataract surgery and the UHBs use of Inhalational Anaesthetic Agents. These gases are used in daily anaesthetic practice across the world and are potent greenhouse gases with one, desflurane, having 2540 times the global warming potential of CO<sub>2</sub>. To address this issue, the team introduced carbon-saving measures, such as recycling bins in theatres and follow-up in the community.

Since making these changes, the team have reduced the carbon footprint of a cataract operation by a third as well as increasing awareness of reducing carbon emissions for all

staff across the UHB. Further, by using gases other than desflurane, the team have reduced the UHB's carbon emissions by 75,000kg CO<sub>2</sub>eq /month, a reduction of over 82%.



## British Journal of Nursing Hepatology/Liver award

One of the UHB specialist nurses Sarah Nicholas, is a finalist for the BJN Hepatology/Liver Nurse Award for her work in developing and running community services, facilitating testing of and treating the most vulnerable populations in Cardiff for hepatitis B & C since 2004.

## The first Cardiff and Vale nurse to receive full accreditation for colonoscopy

Dr Helen Ludlow who works as a Clinical Nurse Specialist in Gastroenterology, first started her nurse endoscopy training in 2013 to do flexible sigmoidoscopy (the examination of the left side of the colon). As Helen has now passed, she's a JAG (Joint Advisory Group on GI Endoscopy) accredited colonoscopist; all fully independent endoscopists must be JAG accredited to practice.



## British Renal Society Jane McDonald Excellence and Leadership Award for outstanding leadership in the renal community

The winner of this award is Clare Main for services to the renal community in Wales.

## Cyril Sanders memorial award

Hayley Pincott - Associate practitioner in the oral pathology and microbiology dept.

## National Spinal Injuries Association Awards -Rising Star 2019

Lowri Davies from Rookwood Spinal Injuries Team was presented this award by Princess Anne

## RCN Wales Nurse of the Year Awards

Mental health and Learning Disabilities Award- Runner up Kara Hannigan  
Mentorship Award Winner- Andrew Brown  
Suzanne Goodall paediatric nursing award- Sarah Byrne and Janet James

## Health and Care Research Wales Impact awards 2019

The Critical Care Research Team received the Judges award for their work in improving the use of emergency consent for research.

## Advancing Healthcare Award programme

Angela Jones and Helen White specialist podiatrists

## Queen's Nurse award from community nursing charity the Queen's Nursing Institute (QNI).

Susan Dinsdale, Senior Nurse in Community Child Health.



# Year 3 - How did we do?

Things we said we would focus on 2019-20	Health Board Position
<b>Governance , leadership and accountability</b>	
Continue work to embed Human factors training	Human Factors is firmly embedded in the LIPS programme and all our patient safety training. Relevant staff have also attended special training and been involved in an international research project to take this work forward. Our Head of patient safety spent 4 weeks in Norway as part of the project.
Deliver a LIPS cohort that is aligned to the priorities of the UHB Transformation programme	1 cohort of LIPS was delivered last year with several projects aligning to the UHB Transformation programme
Continue to improve the reporting of regulatory compliance to the QSE Committee.	Services in the Clinical Diagnostics and Therapeutics Clinical Board are amongst the most highly regulated in the Health Board. They have implemented a robust governance framework in relation to monitoring this and reported to the December 2019 QSE Committee. Their report can be read <a href="#">here</a>
<b>Treating people as individuals</b>	
Consider the findings of the HIW All Wales review of the transition from child to adult services and implement the necessary changes	The UHB has carried out a self -assessment against the report and this has been reported to the QSE committee. You can read it <a href="#">here</a>
Delivery of Year 2 of the Dementia Strategy 2018-2028	The Cardiff and Vale Dementia strategy continues to be delivered in year 2. The dementia team is operational. As at 31 December 2019 there were over 29,000 Dementia friends created (cumulative total) as part of the dementia friendly communities initiative. At the same time frame, 72.9% of frontline staff had received mandatory dementia awareness training.

Things we said we would focus on 2019-20	Health Board Position
Put in place a Carers' forum.	An Expert Carers Panel was established to ensure that the voices of unpaid carers are heard enabling them to influence, change and shape services. The panel is made up of carers from across Cardiff and the Vale who are asked to provide feedback on new legislation, policies and procedures and future services. They also form part of the Carers Review Panel who review the Carer Friendly portfolios and either approve the accreditation or provide constructive feedback on areas for improvement.
Implement real time feedback system across all areas of UHB.	HAPPY OR NOT kiosks are now available at every hospital site
Continue work to improve the experience of care for those who are deaf or hard of hearing	We are the First Health Board in Wales to sign the British Sign Language (BSL) Charter. 500 staff have now been trained
Roll out of new primary care models to increase capacity and improve access	Musculoskeletal clinics are now up and running, hosted in GP cluster hubs in Central Vale cluster, Eastern Vale cluster, South West Cardiff cluster and City and South Cardiff cluster. Patients are seen by a first contact physiotherapist; these patients would otherwise had been seen by a GP. Mental Health clinics are up and running in all the practices in the East Cardiff cluster and Central Vale cluster. By March 2020 all nine clusters in Cardiff and Vale will have access to practice based Mental Health clinics.
Implementation of cancer pathway	The UHB continues with the implementation of its single cancer pathway plan. Funding has been received from Welsh Government to support the implementation and this has been prioritised to help reduce the demand and capacity diagnostic gap and in supporting development of an IT and Business Intelligence System that aids the single cancer pathway and national data requirements
Further reduction in waiting times for elective treatment	The COVID-19 pandemic has impacted our ability to provide elective treatment. The forthcoming year will be a challenging one however we will be working hard to prioritise those in the greatest need and re instate our elective services.
Improved access for Specialist Child and Adolescent Mental Health Services	This remains an area which the UHB will be focussing on in 2020-21. The UHB have a plan for service transformation including improved integration between primary and specialist CAMHS, and between NHS services and those services delivered by our multi - agency partners.

Things we said we would focus on 2019-20	Health Board Position
Continued improvement in the performance of emergency services.	The health board will continue to focus on the provision of emergency services, while balancing the continuing requirement to provide care for Covid-19 patients.
Elimination of all waits of over 8 weeks for a diagnostic test	Excellent progress was being made prior to the Covid-19 pandemic and this will continue to be a priority for the UHB
<b>Effective care</b>	
Introduction of an electronic clinical audit system.	There has been a focus on supporting the Clinical Board to identify clinical audits that will address their quality and safety priorities. IN 2019/20 Clinical Boards have identified 43 national audits and 34 local audits that will allow them to gain assurance about the quality of the services that they are delivering
Put in place structures to support the Medical Examiner Role	The UHB continues to work with the All Wales Medical Examiner to ensure that the necessary structures are in place by 2021 and has recently established a local mortality group to oversee this.
Ensure that the deaths of all in-patients are reviewed	Compliance with Level 1 mortality reviews has ranged between 75 -80%. This continues to be an area where further improvement is required. There are processes in place to enable all deceased in patients to have their care and treatment reviewed. Some targeted work has recently been undertaken to improve the processes that support the recording of stage/level 1 mortality reviews in Critical care. This has resulted in an improvement from 66% completed to 100% in January and February 2020. We have been participating in Wales wide work to make this more consistent and robust. The role out of the Medical Examiner Service over the coming year will greatly improve our ability to learn from deaths.
Continue to increase our compliance with Patient Safety Solutions	Compliance is now 95% - an increase of 3% on the previous year.

Things we said we would focus on 2019-20	Health Board Position
<b>Safe Care</b>	
National Safety Standards for Invasive Procedures continues – focusing on central line insertion, chest drain insertion and nasogastric tube insertion.	The UHB has established a vascular access task and finish group that is focussing upon development of a centralised service.
Implementing our Falls Framework	Our Falls Framework was launched in 2019.
Implementing the revised WG guidance for pressure ulcer reporting and investigation.	This guidance is now fully implemented.
<b>Dignified Care</b>	
Full roll out of the Learning Disability (LD) bundle	It has been recognised for some time that individuals with a learning disability (LD) sometime experiences inequalities in their health care. The LD bundle is designed to ensure that our staff have the right resources to care for patients when they come into hospital. These include bespoke assessments and resources to help staff identify carers and other health professionals involved in the individuals care. LD surveys are now sent out to patients and carers on a monthly basis. The UHB has established two new acute LD liaison nurses to ensure patients with LD have appropriate support in hospital.
Continue to implement the Sensory Loss Plan.	Our focus has been on supporting the deaf community. We have signed the BSL charter, trained over 500 staff in basic BSL, developed a video about the concerns process in BSL which is subtitled and audio for all individuals with sensory loss.

# Things we will focus on in 2020 - 2021:



Development of a QSI Framework and a Patient Experience Framework for 2020-2025



Implementation of the Health and Social Care (Quality and Engagement) (Wales) Bill and the Quality and Safety plan for Wales



Agreement of a Human Factors Framework



Preparation for the Medical Examiner Role in 2021  
Learning from Deaths Framework



Further Strengthening of Quality and Safety Governance arrangements



Improving access to data to support clinicians with Quality Improvement activities.

To the best of our knowledge the information provided in this Annual Quality Statement is accurate and provides a true reflection of our organisation at the time of publication. It has been subject to Internal Audit scrutiny and awarded a rating of substantial assurance.

We would like to know if you've enjoyed reading the Annual Quality Statement and to get some feedback from you.

Please take 2 minutes to answer this brief survey to help to us to produce a document that you enjoy and find informative. <https://www.surveymonkey.co.uk/r/RJH75ZX>

# How the Patient Experience Team are meeting the needs of patients during the Covid-19 pandemic.

Due to the restrictions on visiting Welsh Government provided 280 tablets to be used for virtual visiting, in addition a further 100 were purchased via the Health Charity. Our IT department ensured that the tablets were safe for patients to use and comply with data protection guidelines. Each tablet has been set up with Zoom for virtual visiting, Radio Glamorgan, free magazines from Wi-Fi spark and a feedback survey. IT have added a range of game and activity apps to help alleviate boredom on the wards.

Feedback from the virtual visiting has been very positive from both staff and patients, some of whom have not seen family/friends in weeks.  
Virtual Visiting Video



## Bereavement Line

In April a bereavement helpline was implemented, members of the Patient Experience team contacted all people who had suffered a bereavement. The aim was to provide someone to listen, signpost to other organisations and initiatives, such as our Chatter line, and address any queries where possible around the death of their loved one.

## Enquiry Line (7 day service)

To ensure that the community had a point of contact not only in the week, but also on the weekend, the Patient Experience and Concerns teams implemented a 7 day service in March. The community, patients and staff are able to call or E mail everyday between 9am – 5pm, with the telephone lines advertised via social media, Third sector organisations, Community Health Council and our web pages

## Chatter line

Understanding that many people in the community were shielding and not able to socialize as they used to, we launched a volunteer led Chatter Line. From the 31st March those who were feeling isolated and lonely, through the pandemic,

could contact us and request a call from one of our volunteers as a one off or as a regular call. Volunteers were provided with information on services to support in the community should they identify that the person they are calling has further needs to just a 'chat'.

## Message from a loved one

In April, before we were able to implement a safe virtual visiting service, we launched the message from a loved one initiative. We were keen to ensure that patients and families had a way to communicate during these difficult times so offered families the opportunity to email us messages and pictures if they wished, to send to their loved one in hospital. The message was then printed and any photos laminated and sent to the patient on the ward.



# Wales for Africa

Our health board has a multi-disciplinary coordinating group which oversees and supports our partnership working. A number of health board staff, and associated colleagues in Cardiff University, are also involved with charities that support work in Africa. Our partnerships include Mothers of Africa, Life for African Mothers, Penarth and District Lesotho Trust and the Welsh Government's International Learning Opportunities Programme.

Through their work initiatives of sharing skills, establishing positive collaborative working relationships with local communities and supporting education and health, these charities in Wales are helping to build strong communities in Africa. This work demonstrates the UHB's commitment to making a positive contribution to global wellbeing. Staff are encouraged to support African charities in a number of ways. They include;

- In for a Penny scheme. This is a payroll giving scheme run by Cardiff & Vale Health Charity, giving all the Health Board staff the opportunity to donate a minimum of 1p and a maximum of 99p every time they get paid.
- The UHB encourages and supports individuals wishing to undertake International Learning Opportunities placements in Sub Saharan Africa.



# Links in Annual Quality Statement

- Page 5 Health and care standards  
[http://www.wales.nhs.uk/sitesplus/documents/1064/24729\\_Health%20Standards%20Framework\\_2015\\_E1.pdf](http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf)
- Page 7 Good gym you tube video  
<https://www.youtube.com/watch?v=o5wGL5RXoJI&feature=youtu.be>
- Page 8 You tube- get up and Dance  
<https://www.youtube.com/watch?v=tYd44qyZeUk>
- Page 14 Serious Incidents  
<http://www.cardiffandvaleuhb.wales.nhs.uk/board-meetings>
- Never Events  
<http://www.patientsafety.wales.nhs.uk/never-events>
- QSE report  
<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/QSE%20Agenda%20Bundle%20-%2015.10.19.pdf>
- Stop before you block  
[https://www.hsib.org.uk/documents/55/hsib\\_report\\_administering\\_wrong\\_site\\_nerve\\_block.pdf](https://www.hsib.org.uk/documents/55/hsib_report_administering_wrong_site_nerve_block.pdf)
- Page 15 HIW inspection report  
<https://hiw.org.uk/sites/default/files/2020-02/HIW%20-%2019255%20-%20UHW%20%28Maternity%29%20FINAL%20REPORT%20E.pdf>
- Page 16 Ophthalmology report  
<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/QSE%20FINAL-Boardbookv3.pdf>
- Page 28 Read about me video  
<https://www.youtube.com/watch?v=MzsciCsmI9g&feature=youtu.be>  
<https://www.youtube.com/watch?v=O2yJtKP5S28&feature=youtu.be>
- Page 32 The impact of the COVID-19 pandemic  
<https://gov.wales/written-statement-coronavirus-covid-19-2>  
<https://gov.wales/nhs-activity-and-performance-summary-march-and-april-2020.html>
- Page 42 HIW National review of Maternity services  
<https://hiw.org.uk/national-review-maternity-services>
- Page 43 HIW Inspection report –Emergency and Assessment units  
<https://hiw.org.uk/sites/default/files/2019-06/190628uhwen.pdf>
- Page 59 Virtual visiting video  
[https://www.youtube.com/watch?v=tZlbDwQV\\_XE](https://www.youtube.com/watch?v=tZlbDwQV_XE)