










Quality, Safety and Experience Committee - 16 June 2020

16 June 2020, 09:00 to 12:00
Executive Meeting Room, Woodland House

Agenda

1.	Standing Items	
1.1.	Welcome and Introductions	Susan Elsmore
1.2.	Apologies for Absence	Susan Elsmore
1.3.	Declarations of Interest	Susan Elsmore
1.4.	Minutes of the Committee held on 14 April 2020	Susan Elsmore
	 1.4 - Public QSE Mins - 14.04.20 - Final.pdf	(7 pages)
1.5.	Action Log - 14 April 2020	Susan Elsmore
	 1.5 Action Log April 2020.pdf	(3 pages)
1.6.	Chair's Action taken since last meeting	Susan Elsmore
2.	Items for Review and Assurance	
2.1.	PCIC Clinical Board Assurance Report	Anna Kruczyńska
	 2.1 - PCIC Assurance Report June 2020.pdf	(3 pages)
	 2.1.1 - PCIC Assurance Report Appendix June 2020.pdf	(8 pages)
2.2.	COVID-19 Quality and Safety – Themes and Actions	Ruth Walker
	 2.2 - COVID-19 Related Incident Reporting - themes & actions - V3.pdf	(7 pages)
2.3.	COVID-19 Patient Experience	Ruth Walker
	 2.3 - COVID-19 Patient Experience Response.pdf	(5 pages)
2.4.	COVID-19 Assurance on Reporting of Deaths	Stuart Walker
	 2.4 - COVID-19 Assurance on Reporting of Deaths.pdf	(3 pages)
3.	Items for Approval / Ratification	
3.1.	Annual Quality Statement	Carol Evans
	 3.1 - Annual Quality Statement.pdf	(3 pages)
	 3.1.1 - Annual Quality Statement draftV3.0 09_06_20.pdf	(63 pages)

3.2.	End of Year Position on Quality Indicators		Ruth Walker
	<div>  <div> 3.2 - End of Year Position on Quality Indicators.pdf (8 pages) </div> </div>		
	<div>  <div> 3.2.1 - Appendix 1 - QSE Performance Indicators v3 FINAL.pdf (1 pages) </div> </div>		
3.3.	Complaints and Claims Report		Angela Hughes
	<div>  <div> 3.3 - Concerns and Claims Report.pdf (11 pages) </div> </div>		
4.	Items for Noting and Information		
4.1.	Revised Guidance/Regulations Issued in Response to the Covid-19 Pandemic		Ruth Walker
	<div>  <div> 4.1 - Revised Guidance Regulations Issued in Response to COVID-19.pdf (5 pages) </div> </div>		
5.	Items to bring to the attention of the Board/Committee		Susan Elsmore
6.	Any Other Business		Susan Elsmore
7.	Review of the Meeting		Susan Elsmore
8.	Date and Time of Next Meeting		Susan Elsmore
	Tuesday, 18 August 2020 at 9.00am,		
	Coed y Bwl, Ground Floor, Woodland House, Heath		

Unconfirmed Minutes of the Quality, Safety & Experience Committee

Held on Tuesday, 14th April 2020

Executive Meeting Room, 2nd Floor, Woodland House

Dawn Ward

DW

Independent Member – Trade Union

Susan Elsmore

SE

Committee Chair and Independent Member –
Local Government (*via Skype*)

MI

Independent Member – Legal (*via Skype*)

Stephen Allen

SA

Chief Officer – Community Health Council
(via Skype)

MB

Director of Operations

CE

Assistant Director of Patient Safety and Quality (via Skype)

NF

Director of Corporate Governance (via Skype)

AH

Assistant Director of Patient Experience
(via Skype)

RW

Executive Nurse Director (*via Skype*)

Laura Tolley

LT

Corporate Governance Officer

Robert Chadwick

RC

Executive Director of Finance

AH

Executive Director of Strategic Planning

FK

Executive Director of Public Health

SW

Executive Medical Director

QSE 20/04/001	Welcome & Introductions The Committee Chair and Independent Member – Local Authority (CC/IM-LA) welcomed everyone to the meeting and advised members that on this occasion, due to technology issues, Independent Member – Trade Union (IM-TU) would Chair the meeting.	ACTION
QSE 20/04/002	Apologies for Absence Apologies for absence were noted.	
QSE 20/04/003	Declarations of Interest The IM-TU invited Committee members to declare any interests in relation to items on the agenda. The following declarations of interest were received and noted:	

	<ul style="list-style-type: none"> CC / IM-LA declared an interest as Chair of the Regional Partnership Board. 	
QSE 20/04/004	<p>Minutes of the Committee Meeting held on 18th February 2020</p> <p>The Committee reviewed the minutes of the meetings held on 18th February 2020.</p> <p>Resolved that:</p> <p>(a) the minutes of the meeting held on 18th February 2020 be approved as a true and accurate record.</p>	
QSE 20/04/005	<p>Action Log following the Committee Meeting held on 18th February 2020</p> <p>The Committee reviewed the action log and noted the following updates:</p> <p>QSE 20/08/008 – it was agreed that the Medicine Clinical Board Assurance Report would be brought to a future meeting, once the ongoing pandemic had eased.</p> <p>QSE 20/02/015 – The Executive Nurse Director (END) advised the Committee that all routine HIW inspections had ceased and at present, there were no areas of concern. It was agreed that HIW reports would be brought to the Committee in September 2020.</p> <p>QSE 20/02/017 – The Director of Corporate Governance (DCG) confirmed the Committee Annual Work Plan and Terms of Reference would be brought to the Committee in September 2020.</p> <p>QSE 19/12/016 – it was agreed that an update on Health Eating Standards for Hospital Restaurant and Retail Outlets would be brought to the next Committee meeting.</p> <p>QSE 19/12/019 – the Chief Officer – Community Health Council (CO-CHC) advised the Committee that a paper would be brought in December 2020 which would inform the Committee relating to their visits to Primary Care Contractors.</p> <p>QSE 19/09/016 – it was agreed that the Centralisation of Endoscopy Decontamination would be included as an agenda item at a future meeting.</p> <p>QSE 19/09/008 – it was confirmed that the Children's Charter would be included on the Committee Work Plan.</p> <p>QSE 19/06/020 – the END advised the Committee that Maternity was a constant area of focus for the UHB, however, this action had been superseded by the HIW All Wales Review of Maternity Services. The END explained that Phase 2 of the HIW Review was very robust and looked at, in detail, areas around Governance. Initial verbal feedback</p>	<p>CH</p> <p>RW</p> <p>NF</p> <p>FK</p> <p>SA</p> <p>FK</p> <p>NF</p>

	<p>from the report was very positive which the team were very pleased about. The Committee agreed to close this action.</p> <p>Resolved that:</p> <p>(a) the Committee noted the action log and the verbal updates provided.</p>	
QSE 20/04/006	<p>Chair's Action taken since the last Committee Meeting held on 18th February 2020</p> <p>There had been no Chair's Action taken.</p>	
QSE 20/04/007	<p>PCIC – Patient Story</p> <p>Due to the ongoing and changing developments regarding COVID-19 the PCIC Clinical Board will bring their Patient Story and Assurance Report to a future meeting.</p>	
QSE 20/04/008	<p>Mortality Review – Learning from Deaths</p> <p>The Assistant Director of Patient Safety & Quality (AD-PSQ) introduced the paper and it was taken as read by the Committee. The AD-PSQ explained that Level 1 Compliance had been an area of improvement over the past 12 months. It was noted that in Critical Care, compliance had improved from 66% to 100% in January 2020, and overall the Health Board was at 80% compliance. The AD-PSQ informed the Committee that discussions on an All Wales Level had taken place to confirm if Level 1 should be continued during the ongoing pandemic, and it had been agreed that the Qualified Death Certifier form, combined with the Public Health form would be accepted as a Level 1 review, this combined form approach would specifically be carried out when dealing with the death of COVID-19 patients.</p> <p>The CC/IM-LA queried who would be attendees of the UHB Mortality Group which was chaired by the Executive Medical Director (EMD). In response, the AD-PSQ explained the Terms of Reference were currently being developed, and would be shared with the Committee for information at a future meeting.</p> <p>The Independent Member – Legal (IM-L) asked if the process of appointment for Medical Examiners has been postponed due to the ongoing pandemic. The AD-PSQ explained that central appointments were in place, however, further enquiries would be made on how recruitment into assisting posts would be achieved.</p> <p>The IM-TU asked if the UHB had flow and follow through for morgue capacity. In response, the END advised that the UHB had mortuary capacity, as of 13.04.2020, the mortuaries were full, therefore, the UHB had moved into extra capacity arrangements, this was due to the weekend and undertakers not available to collect bodies.</p> <p>The END also confirmed that the Assistant Director of Patient Experience</p>	CE

	<p>(AD-PE) had refreshed communication to staff across the UHB around End of Life, in particular in the following areas:</p> <ol style="list-style-type: none"> 1. Sensitively have conversations with patients around DNAR/CAR on arrival to hospital 2. How to help families remain in contact with loved ones who are critically ill <p>The END advised the Committee of two services that had been set up:</p> <ol style="list-style-type: none"> (a) Helpline for the Public on patients (b) Bereavement Helpline – The team were contacting all patients who are bereaved, paying particular attention to COVID-19 patients. <p>The AD-PE confirmed that both helplines had been very well received and the team were now looking at receiving messages from relatives, along with virtual visiting, both these areas would be discussed at the Operational Group.</p> <p>The CO-CHC asked what safeguards were in place to ensure that patients understand what is being asked on admission to hospital in terms of DNAR/CAR. The END confirmed that staff at senior levels would hold these conversations, they would ensure that the patient has appropriate capacity to answer and the process is reviewed on an ongoing basis. The END added whilst using technology for families to be involved in these conversations virtually would be supported, the END confirmed using technology can be very difficult, particularly in Critical Care due to PPE.</p> <p>The AD-PE added that the UHB were encouraging GPs and Primary Care to have DNAR/CAR conversations with patients, prior to admission to hospital to assist with the process.</p> <p>The IM-TU asked if the team would put together a package to support religious rituals around death. In response, the AD-PE confirmed that the UHB were still continuing to carry out rituals within 24 hours, especially for Muslim and Jewish patients and that the communities were being very appreciative and understanding of the current situation and difficulties faced.</p> <p>Resolved that:</p> <ol style="list-style-type: none"> (a) the Committee noted the Mortality Review – Learning from Deaths 	
QSE 20/04/009	<p>Ophthalmology waiting times and the management of Patient risk</p> <p>The Director of Operations (DO) gave an overview of the report and confirmed that work had been undertaken to develop a sustainable and positive plan. The Ophthalmology team had developed and tested a virtual service which was successful. The DO advised previously, 4000 patients were outstanding that required care, however this had significantly improved and had moved down to circa 300-400 patients.</p>	

	<p>The DO advised this significant progress had been made prior to COVID-19, and since the start of the pandemic, the team had managed to maintain some virtual work with colleagues, however demand had increased therefore conversations were being held with Welsh Government to explore how to move this area forward. Patients were still being treated at the Llanishen site, with a patient risk management plan in place. The DO explained that the pandemic emphasised the need to enhance technology across the UHB. The DO explained there was a concern that patients were not attending clinics, therefore, there was a potential for a backlog of patients when the pandemic ends. The DO commended Clinicians who had worked very hard to maintain services for non COVID-19 patients.</p> <p>The IM-TU recognised the technology failing on an All Wales level and explained there was not sufficient digital infrastructure to support the Health Boards during the pandemic. The IM-TU added that the Ophthalmology model provided the Committee with assurance that all risks were being managed.</p> <p>The CC/IM-LA requested Committee gratitude to be passed onto colleagues.</p> <p>Resolved that:</p> <p>(a) the Committee noted the Ophthalmology Waiting Times and the management of Patient risk update</p>	
QSE 20/04/010	<p>Exception Reports – Key Issues</p> <p>The END introduced the report and confirmed that the focus was on management of COVID-19 patients and patients who are waiting for care.</p> <p>The END advised the Committee of All Wales concerns around PPE and informed the Committee of the loss of two colleagues.</p> <p>The Committee sent condolences to the families and staff across the UHB.</p> <p>The END advised the Committee that it was agreed between the END and EMD, that in the event of a colleague dying from COVID-19, an assessment would be undertaken to identify where they were working at the time.</p> <p>Resolved that:</p> <p>(a) the Committee noted the Exception Reports – Key Issues</p>	
QSE 20/04/011	<p>Annual Quality Statement</p> <p>The AD-PSQ informed the Committee that due to the ongoing pandemic, and current pressure on services, the Annual Quality Statement would be</p>	CE

	<p>brought to the next Committee meeting</p> <p>Resolved that:</p> <p>(a) the Committee agreed that the Annual Quality Statement would be brought to the next Committee meeting for approval</p>	
QSE 20/04/012	<p>Items for Noting & Information</p> <p>The following item was presented for noting:</p> <ul style="list-style-type: none"> UHB self-assessment and improvement plan against the Cwm Taf HIW/WAO governance review <p>The CC/IM-LA confirmed the Committee supported the UHB to do whatever was required to increase capacity in this area to ensure colleagues are able to carry out their duties safely. The IM-TU added that it had been noted that the UHB improvement plan had been very lean for some time and congratulated the team for what has been achieved.</p> <p>The END explained that the self-assessment had been presented to Management Executive, but requested it be taken to Board level.</p> <p>The END added that it was very important to keep corporate oversight over Quality & Safety whilst the pandemic is ongoing.</p> <p>Resolved that:</p> <p>(a) the Committee noted the UHB self -assessment and improvement plan against the Cwm Taf HIW/WAO governance review and the verbal updates provided.</p> <p>(b) the Self-Assessment Outcomes be presented to the Board</p>	NF
QSE 20/04/013	<p>Any Other Business</p> <p>The AD-PSQ advised the Committee that the National Clinical Audit Plan had been stood down by Welsh Government, however, the team would keep in touch with the Clinical Audit Teams to ensure that data is still inputted, although it is not a priority. The AD-PSQ advised that due to the pandemic there would be a 6 month gap in the data when it is over.</p> <p>The IC-TU acknowledged the work that had been undertaken to date in this area, and confirmed the Committee were assured by the robust systems in place that this would be handled appropriately.</p>	
QSE 20/04/014	<p>Items to bring to the attention of the Board/Committees.</p> <p>It was agreed that the following items would be taken to the Board:</p> <p>(a) Ongoing work around complaints and concerns</p> <p>(b) Self-Assessment outcomes against the Cwm Taf HIW/WAS</p>	NF

	Governance Review	
QSE 20/04/015	Review of the Meeting The IM-TU facilitated a review of the meeting. Members confirmed that: <ul style="list-style-type: none"> • Good robust conversations had taken place • Acknowledgement of technology issues and the ongoing work to address these • The need for the UHB to start thinking about non COVID-19 patients awaiting routine appointments/operations • Expressed thanks to all teams across the UHB for the ongoing work undertaken. 	
QSE 20/04/016	Date & Time of next Meeting Tuesday 16 th June 2020 9.00am – 12:30pm Coed y Bwl Room, Ground Floor, Woodland House	

Action Log

Quality, Safety & Experience Committee

Following the meeting held on Tuesday 14th April 2020

MINUTE REF	SUBJECT	AGREED ACTION	DATE BY	LEAD	STATUS/COMMENT
Actions Completed					
QSE 20/02/13	Cancer Peer Review	Executive Medical Director to share presentation slides with the committee.	ASAP	SW/GM	COMPLETE. GM to circulate following receipt from SW.
QSE 20/02/009	Health Inspectorate Wales Assessment Unit Update	The Medicine Clinical Board had produced a staff newsletter. To be circulated to members	ASAP	RA / GM	COMPLETE. GM to circulate following receipt from RA.
QSE 19/06/20	Cwm Taf UHB Maternity – Cardiff and Vale Lessons Learnt	To provide an overview of the impact in terms of patient flow to Cardiff and Vale UHB and how this is being mitigated	Ongoing	S Curry	Further verbal update to be provided at each committee meeting. COMPLETE: Agreed at the meeting held on 14.04.2020 to be removed.
Actions In Progress					
QSE 20/02/008	Medicine Clinical Board Assurance Report	Meeting to be arranged with Medicine Clinical Board and Community Health Council to help understand the Frailty and FIT process	To be agreed.	MCB / SA	Meeting to take place outside of the committee at a mutually convenient time for all parties.
QSE 20/04/005					Agreed at the meeting held on 14.04.2020 this would be brought after the COVID-19 pandemic.
QSE 20/02/015 QSE 20/04/005	HIW Activity Overview	Feedback to be brought to Committee once the report on the recent Hafan y Coed visits had been published	September 2020	RW	Agreed at the meeting held on 14.04.2020 this would be brought to the September Meeting.

MINUTE REF	SUBJECT	AGREED ACTION	DATE BY	LEAD	STATUS/COMMENT
QSE 20/02/017	Annual Committee Work Plan	Director of Corporate Governance to bring updated Terms of Reference and Work Plan to the September meeting.	September 2020	N Foreman	To be brought to the September meeting.
QSE 20/02/19	Items Received from Clinical Boards QSE Committees	To reissue the agenda template and raise the concerns relating medical equipment being discussed at meetings	ASAP	C Evans	
QSE 19/12/009	Health Care Standards Self-Assessment Plan and Progress Update	To bring a report on areas of work not doing well but to also include areas of good practice	15.12.20	R Walker	16.06.20 - Health and Care Standards self-assessment has been postponed this year in response to the covid-19 pandemic. Timescales are being reviewed and a paper will be prepared to go to the December 2020 QSE Committee. 18.02.20 – Updates to be reported as part of the standards reporting process 17.12.19 - To come to a future meeting of the Committee. The Executive Nurse Director to provide a date.
QSE 19/12/014	Internal Inspections	To share the App designed to improve the quality and consistency of audit outcomes with the Community Health Council.		R Walker	18.02.20 – Internal Inspections was being reviewed. The new approach would be shared at a future meeting. 17.12.19 - App not shared as work is now ongoing to review internal inspections and improvement priorities.
QSE 19/12/016	Update on Health Eating Standards for Hospital Restaurant and Retail Outlets	Revisions to be made to the Policy and brought back to a future meeting.	16/06/2020	F Kinghorn	The UHB Restaurant Standards work has been paused during this time. The Public Health Team will consult with Catering and Facilities colleagues to assess our current position with a view to returning to the audit schedule by late Summer. The UHW Concourse redevelopment has been paused until further notice.
QSE 20/04/005					
QSE 19/12/019	Healthcare Inspectorate Wales	The Community Health Council to provide a paper to a future meeting of	15.12.20	S Allen	To come to the December 2020 meeting.

MINUTE REF	SUBJECT	AGREED ACTION	DATE BY	LEAD	STATUS/COMMENT
	Primary Care Contractors	the Committee relating to their visits to Primary Care Contractors			
QSE 19/09/011	Gosport Review	To provide timeframes from the recommendations of the Gosport Review		C Evans	To be completed within 12 months.
QSE 20/04/008	Mortality Review – Learning from Deaths	Terms of Reference for the UHB Mortality Group be brought to the next Committee meeting for information.	16.06.2020	C Evans	On private agenda for June meeting.
QSE 20/04/011	Annual Quality Statement	The Annual Quality Statement be brought to the next Committee meeting	16.06.2020	Carol Evans	On agenda for June meeting.
Actions referred to Board / Committees					
QSE 20/04/014	Items to bring to the attention of the Board	Ongoing work around complaints and concerns	To be confirmed	Ruth Walker	
QSE 20/04/014	Items to bring to the attention of the Board	Self-Assessment outcomes against the Cwm Taf HIW/WAS Governance Review	To be confirmed	Ruth Walker	
QSE 20/02/009	Health Inspectorate Wales Assessment Unit Update	Multi Agency approach to patient flow to be discussed at Board Development.	To be agreed	RW	To be added to Board Development agenda at next opportunity.

Report Title:	Primary, Community & Intermediate Care (PCIC) Clinical Board Assurance Report						
Meeting:	Quality, Safety & Experience Committee				Meeting Date:	16 th June 2020	
Status:	For Discussion		For Assurance	X	For Approval		For Information
Lead Executive:	Executive Nurse Director						
Report Author (Title):	Director of Nursing Primary, Community & Intermediate Care Clinical Board						

Background and current situation:

This report has been prepared to provide assurance to the Committee that the Primary, Community and Intermediate Care Clinical Board is committed to the delivery of safe, dignified and effective care for all patients and service users within the Cardiff and Vale UHB geographical area.

It provides assurance that patient-centered care is at the heart of what we do through active engagement with patients, service users, their families and carers, and additionally the evaluation and audit of the efficacy and sustainability of our services. A bi-monthly Quality, Safety and Experience Board Meeting requires assurance from all its Groups and sub-Groups in relation to effective, safe and sustainable operation of all delivered and commissioned services. A number of national processes are in place to support the QS&E agenda for the commissioned services through regulatory mechanisms monitored by the Clinical Board and through Welsh Government agreed delivery plans.

Since February 2020 the Business Unit Quality and Safety meetings have been stood down due to COVID-19, however, daily operations meetings have been in place and, in addition, the bi-monthly Clinical Board QSE has taken place as planned.

This report provides a summary of the work undertaken by the PCIC Clinical Board over the past year, including the response to the COVID-19 pandemic.

Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

The PCIC Clinical Board are responsible for the following directly provided services, including District Nursing (In and Out of Hours); Community Resource Teams (two in Cardiff and one in the Vale of Glamorgan); Specialist Nursing Services - Acute Response Team (ART); Continence and Wound Healing; Homelessness Services; Department of Sexual Health; Cardiff Health Access Practice (CHAP); HM Prison Cardiff Healthcare (HMP Cardiff); Inpatient Specialist Palliative Care services, GP Out of Hours (OOH) Services; Pharmacy Advisory; GP Sustainability Services. There are also a significant number of commissioned services for the local Cardiff and Vale population which include GPs, Dentists, Optometrists & Pharmacists (all are Independent Contractors); Specialist Palliative Care Services, including the Inpatient Specialist Palliative Care Team; Independent Sector care home placements (Nursing Homes).

In addition the PCIC response to the COVID-19 pandemic has included, through Business Continuity planning the implementation of Community Testing Units, targeted support for GMS, GDC, Optometry, Community Pharmacies services, Care Home monitoring and support and the establishment of revised service models for all provided and commissioned services to ensure all essential work is undertaken and non-urgent work being stood down.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc. :)

The key risks currently for the PCIC Clinical Board are:

COVID-19 Risks – There are three high risks associated with the PCIC COVID-19 response (Risk Register Score 16) including staff sickness within the Health Board and the Independent Sector and how this may impact on service delivery. All risks are regularly monitored and updated and whilst the risk remains high due to the uncertainty of the trajectory of the pandemic the Clinical Board is reasonably assured that the actions in place will mitigate the outcome of a 'worst case scenario.'

LDP Growth (Risk Register Score 20) – the plan for 40,000 new homes within the Cardiff and Vale area will have a significant impact on GMS service delivery and sustainability. Whilst the growth of the LDP has not as high as expected this issue continues to be a significant risk that requires ongoing monitoring.

Complex Packages of Care (Risk Register Score 20) - Continuing Health care commissioning and contracting capacity continues to pose a challenge. The availability of suitably competent staff to sustain packages of care within the community impacts on patient flow and also the patient and their family. There is also a potential reputational and financial risk for the UHB.

Community and Primary Care Estates Developments (Risk Register Score 20) – the Primary Care Estates strategy is unable to move forward due to the inadequate condition of current Primary Care Estate and no mechanism in place to increase estates development. The risk is compounded by the forecasted increase in population growth within Cardiff and Vale.

ASSURANCE is provided by: Please see attached supporting documentation (Appendix 1).

Recommendation:

The Committee is asked to:

APPROVE the actions being taken by the PCIC Clinical Board.

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

1. Reduce health inequalities	X	6. Have a planned care system where demand and capacity are in balance	X
2. Deliver outcomes that matter to people	X	7. Be a great place to work and learn	X
3. All take responsibility for improving our health and wellbeing	X	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	X
4. Offer services that deliver the population health our citizens are entitled to expect	X	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	X
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	X	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	X

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant, click [here](#) for more information

Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
Equality and Health Impact Assessment Completed:		Not Applicable							

Kind and caring
Caredig a gofalgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY

The Clinical Board meets on a bi-monthly basis as part of the Quality, Safety and Experience arrangements (QS&E). There is a set agenda with that follows the Health and Care Standards with the Business Unit Management Teams and heads of profession attending. The Clinical Board Risk Register and Quality Assurance Dashboard are updated and discussed at every meeting to provide assurance that risks are being regularly reviewed and risk scores are being reduced or maintained and that escalation procedures and actions are implemented where there is cause for concern.

The Business Unit and Primary Care QS&E agendas follow the same template and cascade lessons learnt and key messages to staff within their area of responsibility.

COMPLIANCE WITH THE HEALTH AND CARE STANDARDS

Compliance with the Health and Care Standards is overseen by the PCIC Quality, Safety and Experience Group, which is led by the Director of Nursing (DoN) on behalf of the Clinical Board.

The Lead Nurses and Head of Primary Care within PCIC Clinical Board have a central role in supporting the QS&E agenda. The Clinical Board has close links in place with Safeguarding teams both internally and externally to the organisation, as well as with Health Inspectorate Wales (HIW) and Care Inspectorate Wales (CIW).

The reporting to Welsh Government for 2019/20 has been delayed and is expected to resume in September 2020.

Safe Care

The Clinical Board encourages a culture of reporting incidents and the Dashboard highlights the Clinical Incidents reported by the Clinical Board. The majority of incidents relate to pressure damage and all grade 3, grade 4 and unstageable pressure ulcers are reported via Datix and avoidable pressure damage reported as Serious Incidents (SIs) and via the Safeguarding process. The Pressure Ulcer Reporting guidance document (Locally Developed Resource by Locality Lead Nurses and the Patient Safety TEam) continues to be used to improve understanding of the required reporting processes by all staff to complete the Root Cause Analysis (RCA) process and Safeguarding referrals being made only if there is clear establishment of neglect by UHB staff. During Covid 19, RCA's have not been undertaken by staff due to the service pressures, it has been agreed that all outstanding RCA's will be undertaken over the next 3 months and any avoidable damage reported via the SI process retrospectively.

Interface Incidents (a mechanism for primary care contractors to report to secondary care) continue to be reported at a steady pace and relate mainly to the Communication Standards as set out in the All Wales Communication Standards between General Medical Practitioners and Secondary care. The roll-out of Datix incident reporting within GP practices continues to make slow progress and has been further hindered by the COVID-19 pandemic as all non-essential work has ceased.

Cold Chain Breaches (vaccines or drugs that need to be kept refrigerated and this fails or the drug expires before use) are now logged on Datix for record keeping and monitoring of financial loss which is borne by the Clinical Board.

The newly appointed PCIC Optometry Advisor has worked with the Clinical Governance Team on a pilot project to implement the logging of Optometry incidents on Datix. The pilot is part of a national project to ensure quality and safety, accountability and support learning within Optometry practices within the community.

Unfortunately in February 2020 the PCIC Clinical Board lost the formal support of a dedicated resource from Patient Safety to support the incident and serious incident process. The PCIC Clinical Governance Team has therefore undertaken additional work to support this gap and ensure that incidents are managed in a timely manner and meet Welsh Governments Key Performance Indicator targets. Improvements have been made to the administrative processes to support clinical staff with progressing incidents through various stages and ensuring that investigations are completed and learning shared.

The PCIC Clinical Governance Team is also involved in the SI process when there are deaths in custody at HMP Cardiff. Unfortunately in recent months there have been two suicides and one attempted suicide. For every prison death an SI meeting is convened as soon as possible involving prison staff, Lead nurse for South & East locality, Patient Safety and the Clinical Governance Manager. The case is discussed at length and the points of reference for an SI investigation agreed in anticipation of the Prison Ombudsman investigation and the Coroner's Inquest that will be held at a later date.

Effective Care

The Clinical Board continues to work with the All Wales Healthcare Acquired Infections (HCAI) Collaborative; a small task and finish group has been reviewing performance using improvement methodology and PDSA cycles to reduce MSSA and MRSA infection rates and ensure learning is shared across the PCIC and All Wales Community. Antimicrobial Resistance (AMR) is a key part of this work: UHB prescribers have excellent performance and benchmark well within Wales (second lowest prescribers of antibiotics) as well as with English Primary Care Trusts. Root Cause Analysis (RCA) processes to review MRSA/MSSA infections commenced in 2018 as part of the Medicines incentive scheme to

see what learning could be established. The RCA process ceased in April 2020 following agreement with IPC colleagues as it was felt that no further learning could be gained.

The Peezy evaluation has concluded and was successfully implemented within Highlight Park GP Practice and has been rolling out in the Vale Locality. The new system provides a revised evidenced based UTI process, reducing samples sent to the labs for testing and identifying appropriate patient referrals for treatment and or identifying recurrent issues requiring.

Unfortunately the roll-out to Cardiff GP practices has been delayed due to COVID-19 and will be picked up later in the year, further consideration is also required in relation to Health Pathways.

Dignified Care

The Palliative Care service continues to receive positive feedback through the Marie Curie annual report, Hospice at Home report and City Hospice Peer review which continue to show overwhelmingly positive responses from patients and their families with a 97% satisfaction rating. In addition the Hospice at Home Service which was awarded the Marie Curie People Award in January 2020.

An evaluation has been undertaken into 7 days working for Clinical Nurse specialist (CNS) in Palliative across the patient pathway. The evaluation was carried out by Marie Curie Research unit. The evaluation identified a number of recommendations which the Director of Nursing has been able to work through to develop local solutions, such as an increase in the number of staff on duty over the weekend period, due to the pressure the existing staff were under. A pilot study involving basing a CNS in the GP OOH hub has been in place since January 2020 and has evaluated very well. The GP OOH service now wish to resource this post substantially due to the positive impact for patients. The GP OOH service is also providing call handling for the community CNS staff to reduce the calls they are receiving whilst out working in the community setting. This has resulted in a reduction of duplication of referral where some patients and professionals would refer to many services, the GP OOH service working in partnership with the CNS staff can now deploy the most appropriate professional to respond to the patient need.

As a result of Covid 19 through the establishment of a small working group (Director of Medicines Management, Lead Cancer GP, Specialist Palliative care teams from Marie Curie and City Hospice, Director Nursing PCIC, Pharmacy Lead PCIC) have developed a number of revised guidance documents and information has been developed and circulated to assist professionals working in the Community :-

- Symptom management Guides for End of Life Care
- Rapid access to EOL Medication
- Re-Purposing of Medication in Care homes to reduce wastage and ensure
- Roll out of Verification of death by HCP's
- Training on the Use of the Saf T Intima Device for subcutaneous administration of medication

- Continuation of Advanced Care Planning and proactive DNA CPR and ceilings of care

Timely care

Infrastructure issues (Buildings) are continuing to seriously impact on the delivery of timely, effective and safe care to residents of North & West Cardiff particularly, which affects other clinical boards operating from joint community facilities (CD&T, Children and Woman Clinical Boards). The closure of Parkview Health Centre due to flood damage has meant that services and community based staff have had to be temporarily dispersed into other community facilities such as Riverside Health Centre and St Davids Hospital. This is impacting on existing services and is a short term plan with the long term plans not coming to fruition until 2020/21 which will be further delayed due to the COVID-19 pandemic. The additional pressure on these sites has resulted in poor staff morale, a recent IPC report on Riverside Health Centre has identified a number of serious issues due to the age of the building that may necessitate ceasing some patient facing activity and also affects staff being based at the site. There are many more examples of very poor estate within the community across the Localities which is a serious stumbling block in being able to support the UHB Clinical Services strategy of providing care closer to home. This is on the PCIC Risk register as one of the top 5 significant risks.

First Contact Physio and Primary Care Mental Health Liaison Service (PMHLS) have been rolled out to all 9 Clusters within the Health Board. The key focus of these schemes is to support GMS sustainability and freeing up GP time to deal with more complex patients.

Aligned to the national direction for MDT approach (including improved integration across primary and secondary care) and strengthening cluster working it ensures improved access to care closer to home for patients with improved patient experience and outcomes. Further benefits include reduced referrals to or action for secondary care, reduced demand for CMHT and PMHSS, reduced prescribing costs.

In 2019/20 the MHL service provided 18721 slots across the 9 Clusters, and utilised 10,500 of these.

Feedback from GPs and Practice staff has included:

- “I am seeing less MSK problems in surgery so helps me to look after more complex stuff”
- “Receptionists able to signpost patients direct to the service, saving on GP appointments but more capacity needed.”
- “Patients feel more empowered seeing physio - greater patient satisfaction don't need to wait as long to see in secondary care”

Unfortunately due to Covid 19 many staff from the MSK and PMHLS have been temporary redeployed to other areas. The Clinical Board is now scoping the reintroduction of these services.

Individual care

The QS&E Group continues to receive patient stories at its meetings, patient experience is a standing item on its agenda, and there are regular updates of the work done in each Business Unit.

A number of feedback initiatives have been undertaken in conjunction with the corporate Patient Experience Team that has provided overwhelmingly positive responses for the Acute Response Team. A patient feedback plan for the CHAP service has unfortunately stalled due to the requirement for all surveys to be produced in multiple languages and the associated cost implication.

In October 2019 the arrangements for monitoring of Concerns for PCIC Clinical Board and its contracted services was updated and an SOP put in place. The rate of Concerns has remained steady throughout the year with concerns about clinical care and attitude of staff being consistent themes. The 30 working day response rate has averaged at 79% for the past year, however, this is expected to decrease significantly due to COVID-19 arrangements from March 2020 onwards.

The understanding of contractor services relationship with PCIC continues to be a challenge and regular reminders of procedure and explanations of services are provided.

Staff and Resources

Despite work being undertaken by the Clinical Board it's employed workforce remains at 42% aged 51 years or over. Workforce plans are in place in most clinical areas of the Clinical Board, with two outstanding plans being developed in DOSH and HMP Cardiff. The cumulative sickness rate remains steady at just over 5% for the year up to February.

From March 2020 onwards, due to the COVID-19 pandemic reporting of staff sickness has changed to reflect the rapidly changing environment that staff are working in. Sickness rates are currently divided in to non-COVID sickness, COVID sickness and self-isolation. Overall rates have remained steady, peaking as expected in April and declining within May. Daily reports are collated and sent to Workforce to ensure a clear picture of staffing levels and any areas of concern.

Staff Shielding numbers is around 55 staff, however the vast majority of these staff have been provided with homeworking capabilities to continue with their own role or have been redeployed to other roles within PCIC. Where services have been stood down, such as the Sexual Health Service staff have been redeployed within the Health Board to work within COVID-19 front line services.

Primary, Community & Intermediate Care Clinical Board

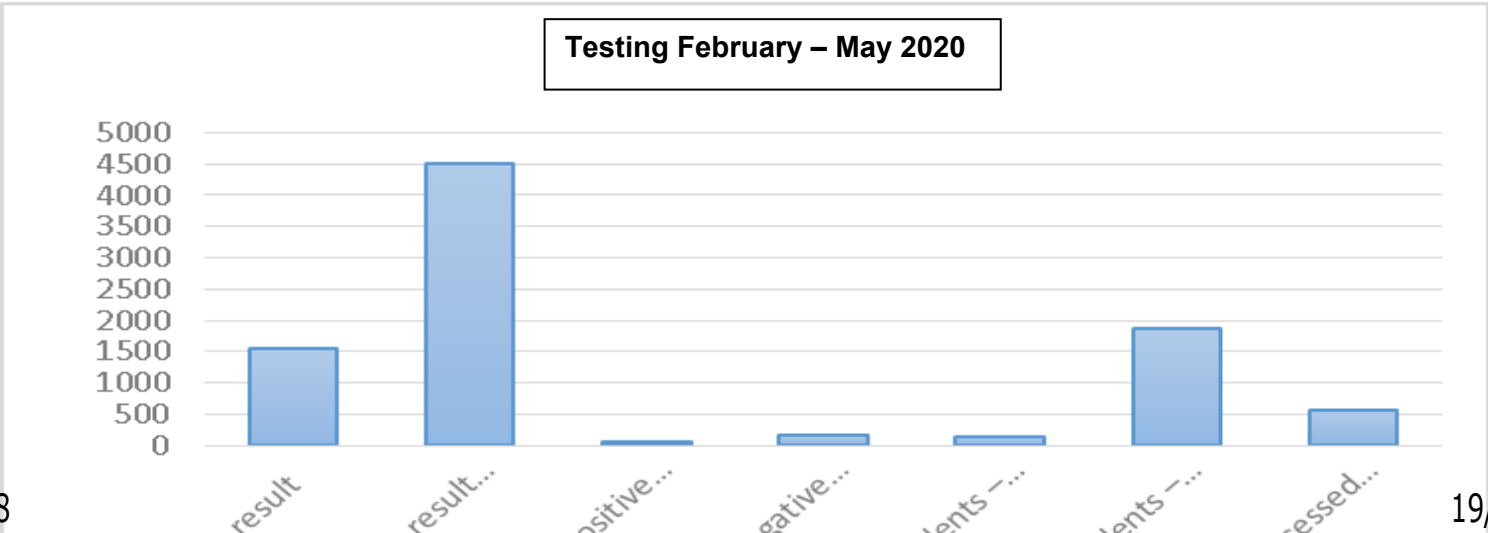
COVID-19 Response

The PCIC Clinical Board is currently in Business Continuity arrangements due to the COVID-19 pandemic. All non-essential work has been stood down and urgent work only being undertaken in response to the pandemic. However, it is essential to remember that the vast majority of the PCIC Clinical Boards activities is unable to be ceased and patient care cannot discontinue even in these difficult circumstances. All PCIC staff who are providing clinical and personal care undertake individual risk assessments and are provided with adequate PPE for each contact. Accessing PPE for employed staff and other commissioned staff has been a priority for the PCIC Clinical Board, with regular training sessions, Fit testing training and workshops for staff on access and updated information in relation to PPE. At the beginning of the Pandemic supplies for Contracted services such as GMS, GDC, Community Pharmacy and Optometry were slow to arrive, however systems were quickly put into place to ensure adequate supplies were available. Additional support for care homes has also been undertaken from providing PPE where there has been a shortfall in supplies or providing training and advice.

Community Testing Units at Whitchurch Hospital and Splott Leisure Centre

Testing for COVID-19 symptomatic staff commenced in February 2020 in response to the pandemic led by the PCIC Clinical Board on behalf of the organisation, reporting to the Executive Director of Public Health. Testing key workers at the start of the Pandemic was critical to ensuring service sustainability in Health and Social care. This service has developed to also provide testing for Care Home residents in response to the Welsh Government Guidance and also for Pre-operative/Procedure patients to ensure they can access urgent care. From 1st June the Testing team will also work with the local Test, Trace and Protect strategy.

A total of 10,000 tests have been performed up to and including 31st May 2020.



- Referrals are supported by the Integrated Communications Hub in the Vale Locality.
- Testing sites are located at Whitchurch Hospital and the Therapy Centre in Splott. The testing unit is staffed by many redeployed and temporary nursing and administration staff support the services on-site. Staff supporting the testing service are from PCIC - Community Resource Team, Acute Response Team, Practice Development Nurses, Consultant Nurse for Vulnerable Adults, DOSH, and Community Dental Team. Staff from other Clinical Boards and departments include Research Nurses, Health Visitor staff, School Nurses, EU/MEAU staff.

Cardiff City Stadium Testing Unit

Since 11th May 2020 a project plan has been implemented for the handover of Cardiff City Stadiums Population Testing Unit on 6th and 7th June 2020. A project team led by the Director of Nursing and the Vale Locality Manager working in conjunction with Public Health Wales colleagues to prepare all clinical and non-clinical staffing, procure adequate supplies for initial set-up and going forward and risk and governance procedures.

Use of PPE during CPR in a community setting for Resuscitation

During the COVID-19 pandemic Health Board guidance has been issued recommending that all staff undertaking CPR should wear enhanced PPE. Following discussions within the Clinical Board it is clear that the Health Board wishes to promote the use of enhanced PPE for chest compressions in the event of an arrest in the acute setting, however following a risk assessment process within PCIC clinical board involving Medical, Dental, Nursing , Pharmacy and Optometry advisors it is believed the [NERVTAG](#) guidance should be applied and promoted across the Primary and Community settings.

Throughout the duration of the COVID-19 pandemic, **ALL** patients who suffer a Cardiac Arrest in the community setting will be treated based on the NERVTAG guidance and will not be required to use enhanced PPE.

A report was sent to the Covid 19 – Gold Executive meeting for discussion and approval.

Care homes – partnership working with LA

During the COVID-19 pandemic it has been essential that Care Home providers have been supported to care for their patients and manage any virus outbreak effectively and safely.

The PCIC Clinical Board, along with the Local Authority have actively engaged with Care Homes within their locality to monitor any issues that may arise and support staff. This has been in partnership with the Cardiff and Vale Local Authorities who have led local partnership meetings and coordinated outbreak meetings for Care home affected by Covid

19. The Locality lead Nurses have been heavily involved in these conversations, with Care Inspectorate Wales, Environment Health Colleagues and Public Health Wales Colleagues.

Palliative Care

The anticipated increase in the demand for of end of life symptom control medicines during the COVID-19 pandemic has aligned well with the newly implemented 'anticipatory prescribing' pathway. To manage shortages in the supply system, pharmacies designated to hold palliative care medicines have been supplied with mobile phones to allow healthcare professional to healthcare professional communication to determine stock availability before sending a relative or healthcare professional to collect the medication before or when it is needed.

In addition the community pharmacy service has been supplemented by a national 'Just In Time Service', which on receipt of a phone call can deliver a grab bag of end of life medicines, direct to a patient, within a 2 hour window. This is for use in or out of hours, when requirement is urgent and access through the usual supply chain would not meet the patient's needs.

Additionally, legislation has been passed to allow for using medicines prescribed for another patient within the Care Home setting, in an urgent situation, when the usual supply chain may not be speedy enough to support the patient a best interest's decision can be made to use medicines held by the care home for another patient. Care homes are retaining medicines from residents who have passed away, in case of this circumstance.

Report Title:	COVID-19 related incident reporting – themes and actions					
Meeting:	Quality, Safety and Experience (QSE) Committee			Meeting Date:	16 th June 2020	
Status:	For Discussion		For Assurance		For Approval	
Lead Executive:	Executive Nurse Director					
Report Author (Title):	Assistant Director Patient Safety and Quality					

Background and current situation:

The purpose of this report is to present an overview of the themes and trends in reported COVID-19 related patient safety incidents.

Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

Up until 24th May 2020, a total of 406 COVID-19 related incidents have been reported.

The main themes and trends in reported COVID-19 related incidents are:

- Uncertainty in relation to the COVID-19 status of patients
- Aggressive/inappropriate behaviour of patients and of staff
- Unavailability of staff/staffing levels
- Personal Protective Equipment (PPE) issues
- Infection control breaches
- Inability of staff to isolate patients

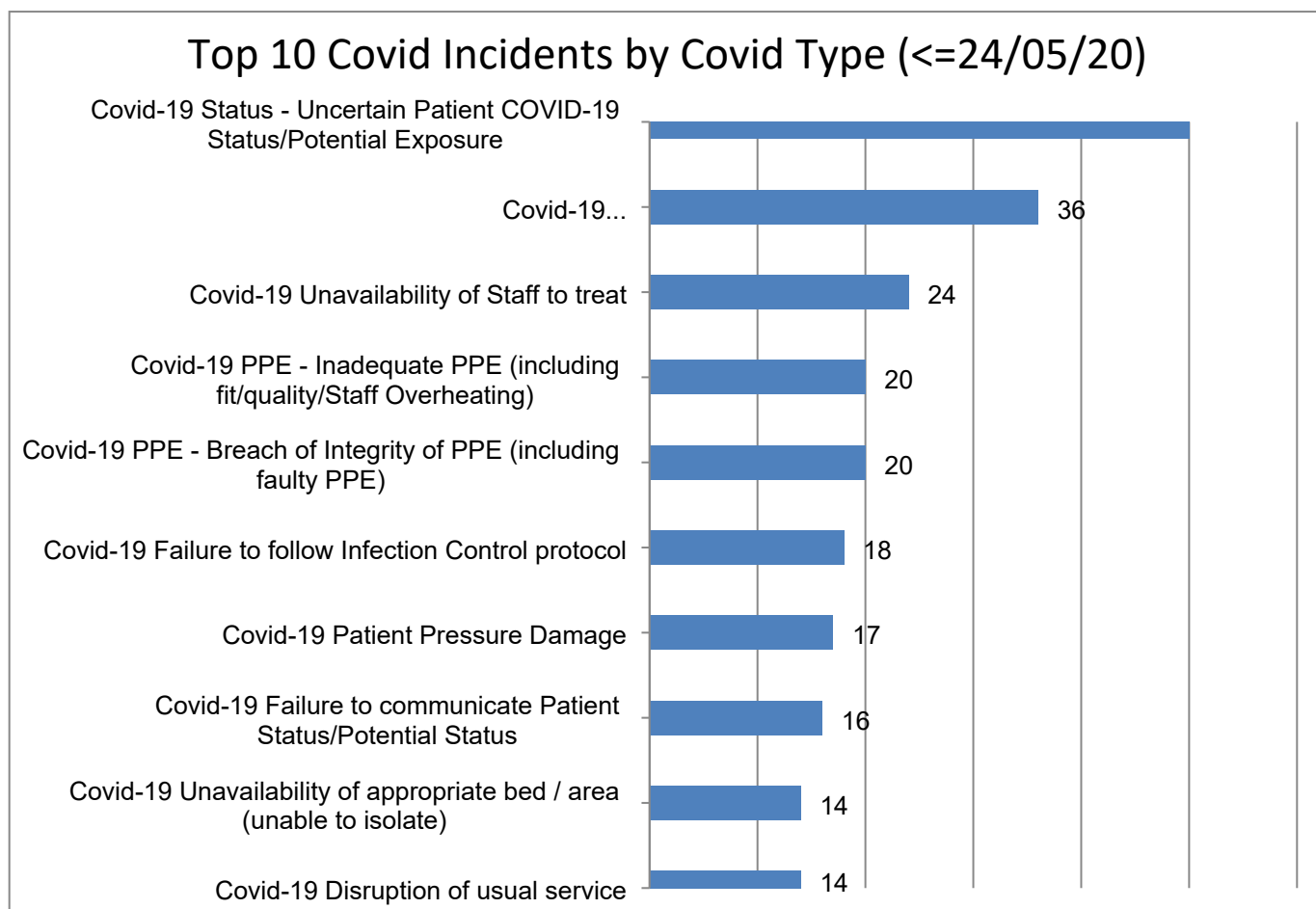
The majority of incidents reported caused minor or no harm although 84 (20% of the total) were recorded by the reporter as causing moderate or catastrophic harm. The most serious incident reported which was catastrophic relates to the unexpected post-operative deaths of 5 patients following cardiac surgery. This has been reported as a Serious Incident (SI) to Welsh Government and all are currently under investigation. Others include the acute deterioration of a patient in their own home and a potential delay in instigating treatment to a COVID-19 patient who went on to experience a cardiac arrest in hospital.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

As the Coronavirus pandemic has unfolded, it became evident that it was necessary to implement a method to capture COVID-19 related incidents. To achieve this, incident reporters are therefore asked to complete one additional field on the incident form by answering 'yes' or 'no' to the question "Are you reporting an issue related to Coronavirus (COVID-19)?".

All COVID-19 related incidents are regularly reviewed to ensure that themes can be identified and incidents escalated to ensure appropriate action is taken. Up until 24th May 2020, a total of 406 COVID-19 related incidents have been reported. The main categories of incidents are

shown in the graph below:



All reported incidents are reviewed by the relevant line manager and necessary action taken at the time to address the issue. There are however, a number of themes and trends that have been or are being addressed as they have been reported:

Uncertainty in relation to the covid status of patients – These incidents are reported across the UHB and the causes are numerous. A typical scenario reported is where there is uncertainty about test results impacting upon decisions as to which wards patients should be placed on. This links to ‘Failure to communicate patient status’ where issues have occurred on transfer of patients between clinical areas. In response to this the Patient Safety Team is developing a transfer document with input from the Infection Prevention and Control Team, reinforcing the importance of concise and clear communication.

Aggressive/inappropriate behaviour of patients and of staff – incidents have been reported whereby patients or visitors have claimed to have Coronavirus and spat at staff or pulled at their PPE. There have also been incidents where staff have reported undesirable behaviour from colleagues. These seem to relate to changing ways of working and heightened infection control procedures taking additional time. The importance of upholding the UHB’s values and behaviours was reinforced in the most recent newsletter from the Patient Safety and Quality Department which can be accessed [here](#). A wealth of resources on Staff Wellbeing are available on the COVID-19 intranet page and can be accessed [here](#). Messages in relation to Staff Health and Wellbeing are continually reinforced through the CEO Connects bulletin.

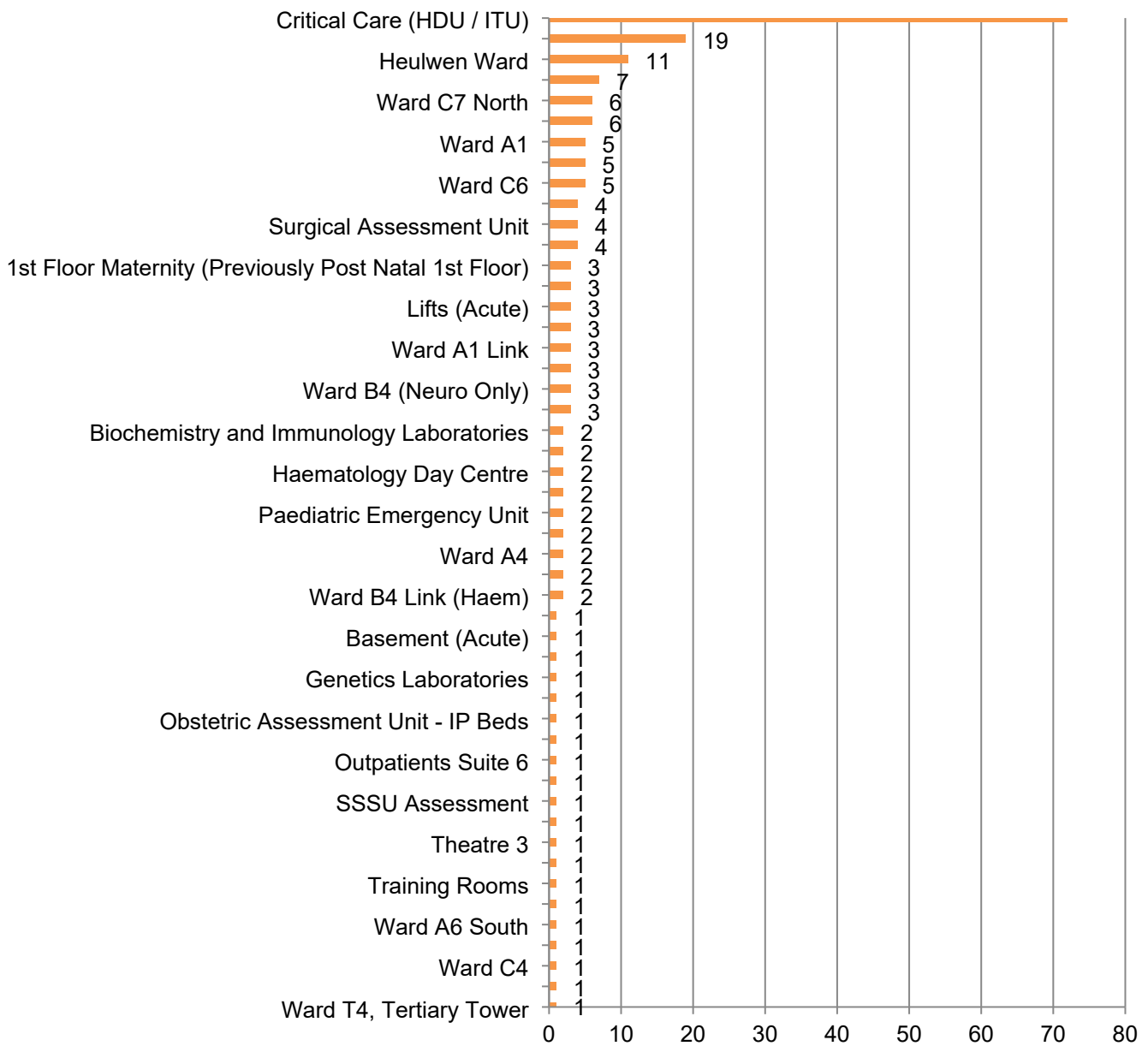
Unavailability of staff/staffing levels – there are no particular trends or themes within this category and none are reported to have caused serious harm to the patients.

Personal Protective Equipment (PPE) issues - Some of the most frequently reported incidents relate to PPE issues. The Executive Nurse Director has established a multi-disciplinary PPE Governance Cell that meets on a weekly basis to oversee all matters related to PPE from effective and timely procurement of appropriate and timely equipment, distribution, Fit testing, education and training as well as to review all reported incidents. The presence of two surgeons on the group who have worked with Health and Safety and IP&C colleagues has proved invaluable. The COVID-19 pages of the UHB's intranet site includes key information for staff around **PPE**. These pages are updated regularly and contain everything staff need to know with regards to training and FIT Testing, ordering PPE and donning and doffing. The Medical Education Department are supporting this work. An Occupational Health Pathway has been developed to support staff reporting health problems due to PPE and the Wound Healing team have prepared guidance to help staff avoid pressure damage from PPE.

Infection control breaches – These incidents highlight the need for handwashing procedures; correct disposal of PPE; adhering to correct levels of PPE for different clinical areas and the importance of maintaining social distance in the workplace. A campaign to raise awareness of and reinforce the need for social distancing has been in place for some time and a clear message is regularly re-enforced via CEO Connects communication channels.

Inability of staff to isolate patients – these types of incidents have to be managed on a case by case basis as the need arises. None are reported to have caused serious harm to patients but highlight the logistical difficulties of managing these types of situation.

Covid Incidents by Location - UHW (<=24/05/20)

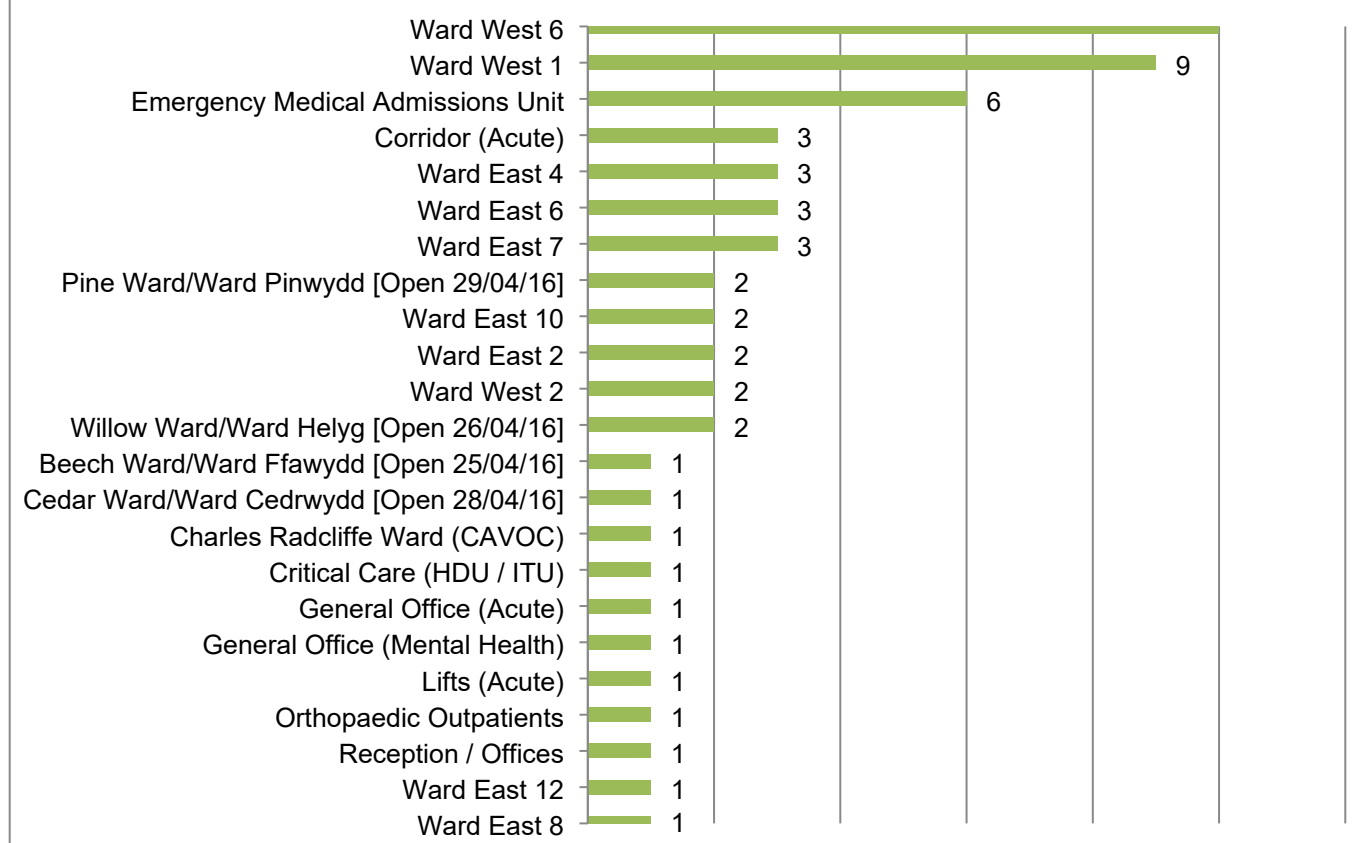


The greatest majority of COVID-19 related incidents are reported by Critical Care and mainly relate to PPE issues –including a shortage of PPE, pressure damage caused by PPE, a breach of the integrity of PPE. All incidents are reviewed and the Specialist Clinical Board works closely with PPE leads in the organisation to ensure that suitable and appropriate PPE is available at all times. Consultant medical staff have been consulted with regards to the suitability of various components of PPE and bespoke Fit testing has been provided to Critical Care to ensure that the most prudent use of all available FFP3 masks is in place. The Executive team have recently agreed the procurement of powered hoods for staff in Critical Care, theatres and other areas where FFP3 is a frequent requirement.

These offer a number of key benefits:

- They are a "positive pressure system" meaning that filtered air may leak out but not virus leaking in as such they are not subject to fit tests, so suitable for all staff.
- They offer higher levels of comfort and duration of use. The HSE recommends these hoods for continuous wear of over 1 hour.
- Better communication when wearing.
- Their filters have longer life and therefore confidence in continuity supply is much very higher.
- Offer an even higher applied protection factor than the FFP3 masks.
- Alleviate the need for other head PPE e.g. eye protection (including misting up).
- Long term cost saving.

Covid Incidents by Location - UHL (<=24/05/20)

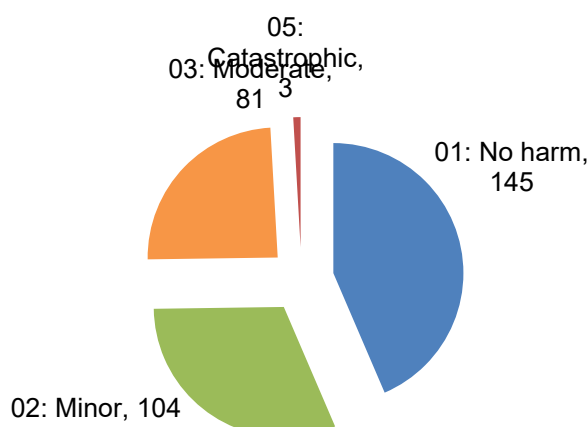


The highest number of incidents reported at University Hospital Llandough are by Ward West 6, West 1 and the Emergency Admissions Unit and these range mainly from issues related to the COVID status of patients, pressure damage, lack of adequate handover, staffing issues and failures of Fit testing.

Level of Harm

The majority of incidents reported caused minor or no harm although 84 (20% of the total) were recorded by the reporter as causing moderate or catastrophic harm.

Covid Incidents by Actual Harm (<=24/05/20)



The most serious reported related to:

- Acute deterioration of a patient in their own home.
- The unexpected post-operative deaths of five patients from COVID-19, following cardiac surgery.
- Potential delay in instigating treatment to a COVID patient who went on to experience a cardiac arrest.

All are currently under investigation.

Recommendation:

The Quality, Safety and Experience Committee is asked to **NOTE** the main trends and themes and action taken in relation to COVID-19 related incident reports.

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are		9. Reduce harm, waste and variation sustainably making best use of the	x

entitled to expect			resources available to us						
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time			10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives						
Five Ways of Working (Sustainable Development Principles) considered <i>Please tick as relevant, click here for more information</i>									
Prevention		Long term		Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:		Not Applicable							

Report Title:	COVID-19 Patient Experience Response									
Meeting:	Quality Safety and Experience Committee						Meeting Date:	16 th June 2020		
Status:	For Discussion		For Assurance		For Approval		For Information			x
Lead Executive:	Executive Nurse Director									
Report Author (Title):	Assistant Director of Patient Experience									

Background and current situation:

The patient experience team has diversified in function to meet the needs of patients in the current pandemic

[Patient Experience Video](#)

Due to the recent COVID-19 pandemic, families and carers are discouraged from visiting. We are aware of the negative psychological affects not seeing family can have on someone's well-being. In addition loneliness and boredom as highlighted by the Community Health Council, has only been compounded by the current situation.

In addition visiting restrictions has meant that many patients have been left without essentials such as toiletries and clothing during their hospital stay.

To ensure the dignity of our patients and support their mental and physical well-being it was clear that as a team, we would have to work differently. It was also apparent that we would also need to support patients' families and carers in the community, who were unable to be with their loved ones. Therefore throughout the last few months the team has adapted the way they work and implemented new initiatives to be able to support our patients and their families.

Virtual Visiting

[Virtual Visiting Video](#)

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. Over the last few weeks our IT department has been working tirelessly to ensure that the tablets are 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.

Patient Essentials

At the outset the team reached out to the community, local businesses and large organisations such as Primark, Marks & Spencer, and Eclipse to support our patients with donations of toiletries, clothing and nightwear. Due to demand, more items were also purchased using monies gifted by the C&V Health Charity.

Since the restrictions to visiting at the end of March we have distributed:

- Over 3000 toiletry packs,
- Over 2500 items of nightwear
- Over 2000 items of daywear

We are continuing to support patients on wards with these items and although the demand is decreasing we are still getting requests for patient essentials on a daily basis. Due to demand, more items were also purchased using monies gifted by the C&V Health Charity.

Activity and coloring books

In addition to donations from the public, we have been able to purchase a stock of puzzles, books, pens and crosswords etc. through monies donated to our Just Giving page.

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 every day between 9am – 5pm, with the telephone lines advertised via social media and our web pages along with an email contact. Enquiries have ranged from how to get a COVID-19 test in the community to families wanting advice on how to contact wards. We review the numbers and themes from the calls on a weekly basis.

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.

Families have fed back that knowing their loved one was receiving messages and pictures, was uplifting to both the sender and the recipient.

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'.

Medical and Nursing Students

In partnership with Cardiff University and LED 17 Medical and Nursing students were placed with the team to support patients and families by contacting next of kin and providing updates, facilitating virtual visiting, ensuring patients had the essentials during their stay and providing activities where needed, to alleviate boredom. The students undertook a robust induction and were placed on wards in the most need of their support. The students are also undertaking Patient experience survey work.

To date the students have provided 1170 hours of patient experience support to wards. Staff have expressed how invaluable this service has been to them and students have commented on how much experience they have gained since commencing the role.

Bereavement, Spiritual & Support Care

In response to the COVID-19 pandemic the Senior Bereavement Nurse and Chaplaincy Manager developed comprehensive guidance for staff supporting patients at end of life or who are significantly unwell as a result of COVID-19 or other possibly life-limiting illnesses. An overview of activities is below.

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.

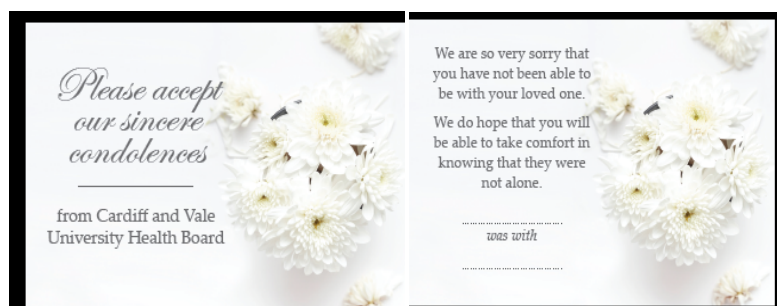
To date the team have supported over 250 bereaved families.

Management of deceased property

To ensure that the management of the property of deceased patients was consistent the Senior Bereavement Nurse developed a clear pathway and introduced bereavement property bags to repatriate patient belongings to family as they were not always present at end of life. Wards are asked to clearly label property and deliver to the Patient Experience Team, from there the next of kin will be contacted and advised when the property can be collected, ensuring the family are not in isolation, symptomatic or have difficulties in collecting the items, in this case alternative arrangements will need to be made to take the valuables to the family.

Condolence card

Whilst the UHB has a condolence card, with a message from the Executive Nurse Director, it was recognized that during these difficult times one of the key issues for families, who cannot be with their loved ones, is who was with them when they died. The condolence card, which was adapted from one developed by staff on C7, stated who was with the patient when they died. The knowledge that their loved one was not alone when they died will hopefully be of some comfort to the family.



Chaplaincy Team

Throughout the pandemic the Chaplaincy team, due to infection control measures, has had to adapt the way in which they provide some of their services. However they have continued to offer spiritual and pastoral care to both patients and staff.

To date they have undertaken:

- 284 patient visits
- 749 staff sessions

On 10 June a multi faith day of prayer was promoted across Cardiff and the Vale.

Part of the chaplaincy team's role is to support staff as well as patients and in these times the chaplains have been supporting staff when very sadly a colleague has died. We have been live streaming funerals on multiple sites, sometimes in several places to allow colleagues to observe the funeral service and pay their respects in a safe, socially distanced manner. If the family request the support of a Chaplain at the actual service this is being offered. The relationships within our multi faith community have been strengthened in these difficult times and mutual support has been demonstrated.

Feedback

Due to COVID-19 the infection, prevention and control advice was to withdraw the monthly paper feedback surveys and feedback kiosks across the UHB. This led us to adapt the way we receive patient/service user feedback.

In relation to COVID-19 specific feedback, we are currently involved in a few projects:

- **PPE current inpatient survey.** This study involved in-patients completing an online survey of their experiences of staff wearing PPE and their stay. Staff involved in the study, used departmental iPads to administer the survey. In total, **102** patients were surveyed, with a completion rate of **82%** (*some surveys were not fully completed, hence the completion rate*).
- **PPE discharged inpatient survey.** This study involved recently discharged in-patients (discharged between 25/03/2020 – 18/05/2020 inclusive) completing an online survey of their experiences of staff wearing PPE and their stay. To facilitate this, a message/survey link was texted to those for whom we had a mobile phone number. To date, of the **2742** texts delivered, we've had **562** responses, with a completion rate of **87%**.
- **Prehab booklet feedback survey.** This is a study into the wellbeing of patients currently on the waiting list, which due to COVID-19, may/will have had their procedure delayed. The concept is to promote preparation rather than waiting lists and promoting well-being and health optimisation.
- **Boredom and isolation survey.** This is a study looking into aspects of patients' wellbeing, while currently admitted. The survey centres on being bored and the feeling of isolation, due to visiting restrictions/limited activities. The online survey is available to patients via the tablets.

The team has adapted to the current needs presented by COVID-19 but we are keen that some aspects of this work will continue post COVID.

- ✚ Use of tablets
- ✚ Bereavement help line
- ✚ 7 day working for the enquires line
- ✚ Loneliness chatter line
- ✚ Volunteer support for virtual visiting

Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc.):

To maintain a 7 day working arrangement has a slight financial implication.

Recommendation:

The Quality and Safety Committee are asked to note the report

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant, click [here](#) for more information

Prevention		Long term		Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:		Not Applicable							



Report Title:	COVID-19 Assurance on Reporting of Deaths					
Meeting:	Quality, Safety and Experience (QSE)			Meeting Date:	16th June 2020	
Status:	For Discussion	For Assurance	x	For Approval	For Information	
Lead Executive:	Executive Medical Director					
Report Author (Title):	Head of Patient Safety and Quality Improvement Consultant in Public Health Medicine Emergency Preparedness Manager					

Background and current situation:

Following the identification on 23 April of a significant number of deaths that had not been reported to Public Health Wales (PHW), Welsh Government officials sought assurances from across health boards and trusts concerning the robustness of the current processes for reporting COVID-19 (CV-19) deaths in hospitals.

A written statement and a review document were received from Vaughan Gething MS (formerly AM), Minister for Health and Social Services.

The review mechanism acknowledged the rapid development of information gathering processes that are required to capture timely data to mitigate against the delay in the Office for National Statistics (ONS) reporting and to quickly and accurately inform the public and scientists/decision-makers.

In order to respond to Welsh Government a small group was immediately established to gather intelligence within the UHB. This is a summary of our findings.

Since the first CV-19 related death was reported in a Cardiff and Vale University Health Board (UHB) hospital, all deaths have been scrutinized by the Cellular Pathology Service Manager, cross referenced with positive (+ve) CV-19 tests and recorded in a line list. Initially doctors were asked to phone through details of CV-19 related deaths to Public Health Wales (PHW) for surveillance purposes, but in view of problems experienced locally, it was agreed that the Cellular Pathology Service Manager would provide a summary report from the UHB to PHW on a daily basis. In recent weeks, in an attempt to streamline the process, PHW and NHS Wales Informatics Service (NWIS) have developed an electronic means of notifying COVID-19 deaths in hospital. This is known as the COVID-19 mortality surveillance e-form (the E-form) and is linked to the Welsh Clinical Portal. Cardiff and Vale UHB was the first health board in Wales to start using it and it has been in full use since 13th April 2020. Completion of the E-form is now included in the UHB's flow chart for processes to be completed following a death. The manual submission process and E-form submission were continued until there was certainty that E-forms were being completed successfully. The Cellular Pathology Service Manager stopped sending results to PHW on 29/4/20, but continues to compile the daily list for quality assurance purposes.

Prior to the E-form being implemented all +ve CV-19 deaths were telephoned and more latterly emailed to PHW. The E-form uses a specific definition, and only requires deaths to be reported where CV-19 has been confirmed with a positive laboratory test and the clinician suspects this

was a causative factor in the death. Those with negative tests or no test are not reported.

In addition, the UHB is required by Welsh Government to submit data on the number of in-hospital CV-19 deaths for inclusion in the national dashboard. For this purpose, deaths recorded on the Patient Management System with a +ve test of COVID-19 are sent daily to NWIS.

There is potential for discrepancies in these two data sources due to the different data definitions used (described below) but when combined they will provide greater accuracy.

Executive Director Opinion /Key Issues to bring to the attention of the Board:

The QSE Committee can be assured that the two processes for reporting COVID-19 deaths are robust and deaths have been reported to PHW appropriately. However, because of the variation in definitions used, there will be some differences in the actual numbers reported. For example a death on PMS linked to a positive COVID-19 will be flagged and reported to NWIS. If the certifying professional thinks that patient died of something else but coincidentally had a positive COVID-19 test that didn't contribute to the death and therefore not on the death certificate then this patient will be omitted from the E-report to PHW.

Additionally, if a patient dies in one of our community hospitals and is released directly to a funeral director then this will not be scrutinized via our hospital mortuary arrangements and may be missed from PHW data but will be in the PMS data, although numbers are likely to be small.

The UHB group contributing to this report will continue to work together to cross reference the three sources of data (NWIS, PHW and cellular pathology list) and ensure that cases continue to be reported appropriately, according to required definitions.

The UHB has been commended for being the first in Wales to fully adopt reporting to PHW via the E-Form

NWIS has confirmed that they are happy with the way we have reported deaths so far. The standard for their census is: patients tested positive to COVID-19 and died in a hospital/clinical site have to be counted as COVID-related deaths in table 2 of the situation report.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

There are two separate counts for CV +ve deaths in NHS Wales. 1. In the physical space in mortuary which are now reported via the E-form to PHW. 2. Via PMS which go to NWIS for the national SITREP. Slight discrepancies in the two sources of data may appear because of the different definitions used.

Furthermore, PHW report the number of deaths associated with area of residence and therefore may not match either figure reported through the counts listed above.

The Chief Statistician for Wales has been asked to provide a whole-system oversight. To contribute to that a data audit has been completed by Information Management and Technology

in the UHB which cross-referenced PMS and E-Forms. This will be done on a regular basis to provide continued assurance that processes remain robust.

If there are changes to the way we report CV-19 deaths following the whole system oversight by the chief statistician the group will make amendments accordingly.

Recommendation:

The QSE Committee can be assured that the UHB is reporting CV-19 related deaths accurately and asked to support any changes to reporting that may be required following a Welsh Government review.

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant, click [here](#) for more information

Prevention		Long term		Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:		Not Applicable							

REPORT TITLE:	ANNUAL QUALITY STATEMENT 2019 / 2020					
MEETING:	Quality, Safety, Experience Committee			MEETING DATE:	16/06/2020	
STATUS:	For Discussion		For Assurance	For Approval	For Information	x
LEAD EXECUTIVE:	Executive Nurse Director					
REPORT AUTHOR (TITLE):	Patient Safety and Quality Assurance Manager					
PURPOSE OF REPORT:						

SITUATION

This paper sets out the current draft of the 2019 /20 Annual Quality Statement for consideration.

REPORT:

BACKGROUND

NHS bodies are required to publish Annual Report and Accounts. An important element of this will be the publication of the Annual Quality Statement (AQS). Welsh Government has developed draft guidance on production of the 2019/20 Annual Quality Statement within a Welsh Health Circular published on 23/12/2019.

The AQS is intended to provide an opportunity for the UHB to inform the public about what and how it is doing, including how it is making better use of resources to provide and deliver safe, effective care that is both dignified and compassionate.

The AQS should:

- Provide an assessment of performance across all services
- Promote good practice to spread and share more widely
- Confirm any areas that require improvement
- Report on progress year on year
- Account on the quality of the services

The AQS is not intended as a Board assurance document, although the Board must assure itself through internal assurance mechanisms, including its internal audit function, of the accuracy and triangulation of data and evidence to ultimately sign off the AQS. Development of the AQS is subject to Internal Audit assessment.

The AQS 2019-20 was originally required to be published no later than 29/05/2020, however this date has been revised by Welsh Government to 30/09/2020 in light of the COVID-19 pandemic.

ASSESSMENT

Development of the AQS has been undertaken in accordance with the Welsh Health Circular and provides an opportunity to engage meaningfully with members of the public and patients, pass on public health information and to demonstrate the range of services provided by the University Health Board from services provided in the community and primary care to specialist and tertiary services provided in acute hospital settings.

The AQS has been developed in partnership with the Community Health Council and also through engagement with the Stakeholder Reference Group which has proved to be very beneficial in the past. The overarching theme of the AQS is community mental health and there has also been wider public and staff engagement, including contributions from service users and the staff from the Cardiff and Vale Community Mental Health Services.

It is anticipated that this will be the final year of reporting the AQS in this format, and that from 2021 annual reporting requirements will be contained within the Health and Social Care (Quality and Engagement) (Wales) Bill. This will require NHS bodies to assess the extent to which the steps they have taken to comply with the new duty of quality, have led to improvements in outcomes.

The original timescales proposed for the 2019/20 AQS have been reviewed:

Date	Task	Lead
January 2020	Engagement with Community Health Council (CHC) to influence early thinking of contents/design the 2019-20 AQS	Patient Safety and Quality Assurance Manager
24th January 2020	Present to Stakeholder reference Group	Patient Safety and Quality Assurance Manager
February 2020	Development of Chapters	Corporate Leads
February 2020	Introductory Chapter	Chief Executive and Chair
May –June 2020	Collation of chapters	Patient Safety and Quality Assurance Manager
June 2020	Review and introductory chapter by Chief Officer Community Health Council	CEO Community Health Council
June 2020	Consistency check between Annual Report and AQS	Patient Safety and Quality Assurance Manager
June 2020	Internal Audit	Patient Safety and Quality Assurance Manager
March - June 2020	Design and formatting	Media Resources
16th June 2020	Draft to QSE	Patient Safety and Quality Assurance Manager
18th August 2020	Final draft for approval to QSE	Patient Safety and Quality Assurance Manager
8th September 2020	Draft to Audit Committee	Patient Safety and Quality Assurance Manager
September 2020	Draft to Management Executive	Executive Nurse Director
September 2020	Draft to HSMB	Executive Nurse Director

	Presentation to Board	Executive Nurse Director
30th September 2020	Publication of AQS	
September 2020	AGM	Executive Nurse Director

RECOMMENDATION:

The Quality, Safety and Experience Committee are asked to **CONSIDER** the current draft and the plan and proposed timescale for the final sign off of the 2019/20 AQS.

SHAPING OUR FUTURE WELLBEING STRATEGIC OBJECTIVES RELEVANT TO THIS REPORT:

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x
4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Please highlight as relevant the Five Ways of Working (Sustainable Development Principles) that have been considered. Please click [here](#) for more information

Sustainable development principle: 5 ways of working	Prevention	x	Long term	Integration	Collaboration	x	Involvement	x
--	------------	---	-----------	-------------	---------------	---	-------------	---

EQUALITY AND HEALTH IMPACT ASSESSMENT COMPLETED:

Not Applicable

Annual Quality Statement 2019 / 2020



Contents

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 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.

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.

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 assurance.

Charles Janczewski
Chair

Len Richards
Chief Executive

Cardiff and Vale of Glamorgan Community Health Council.

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 avoiding waste, variation and harm. This year, each chapter of the statement begins with a quote from our strategy 'Shaping Our Future Wellbeing'.

We are updating our current QSI framework. 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 have teamed up with Good Gym; 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 on the link 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

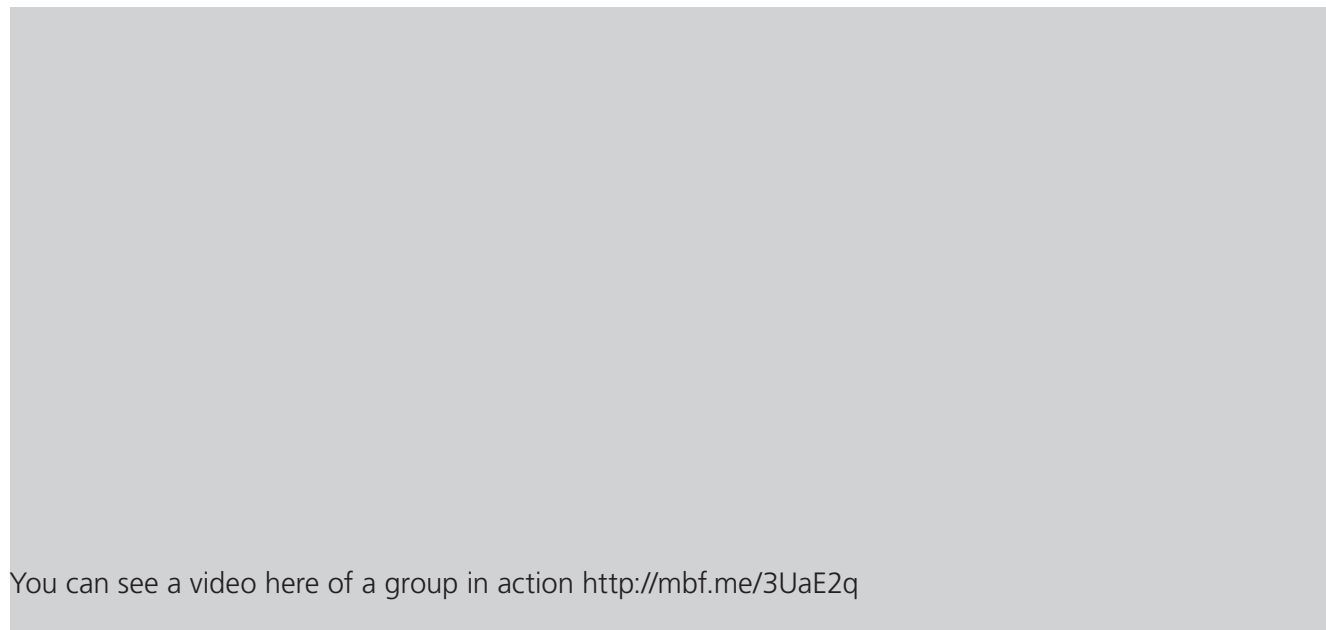
Aimee, Mikey and Rosie ran to a home to help a lady get an electric wheelchair out of a tight cupboard. The lady had been stuck in the house for several weeks, having lost her husband and being unable to reach the wheelchair. The group reassembled the wheelchair much to the lady's delight. The 3 runners 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 <http://mbf.me/3UaE2q>

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



More than
4,300
smokers have been challenged at hospital sites (UHW & UHL only)

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 who 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



62%

of our staff were vaccinated against flu, a **1% increase** 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. In 2018/19, our uptake was 61% and we are currently at 63% uptake in 2019/20. 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 NHS Wales
Bendall Bedydd Prifysgol
Cardiff a'r 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

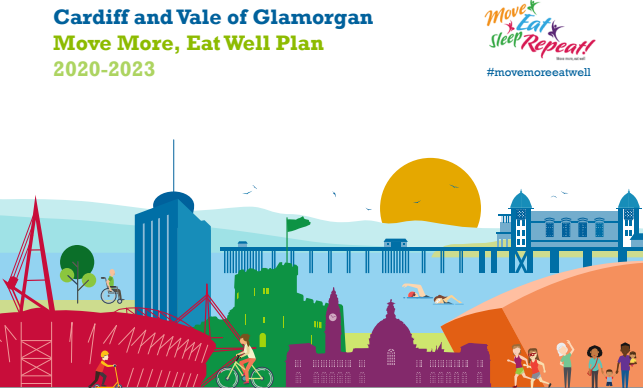
In 2019/20, Cardiff and the Vale of Glamorgan Public Services Boards and Regional Partnership Board pledged to work together to ensure that our population will be healthier by moving more and eating well. We've developed a vision that people in Cardiff and the Vale of Glamorgan will move more and eat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

We have worked together through a process of engagement, including two workshops (one in Cardiff, and one in the Vale of Glamorgan), a 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 Togethers for Life' initiative will support local community food initiatives through a small grants programme to host intergenerational activities , focussed around food.



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"



Reducing psychiatric medications safely

What the pharmacist told us

What the patient told us

Successes and Challenges Across the Health Board



17,318

Patient safety incidents were reported by staff. This is the same or 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



73.8%






of inpatients and

45.4%

emergency patients with a positive screening for sepsis in who received all 6 elements of the "sepsis six" bundle

We reported 3 Never Events to Welsh Government in the last year. Which is a decrease from 7 reported last year.

Infection, prevention and control

HCAI position to the end of March 2019	Health Board Position in Wales
 Staph.aureus (Combined MRSA/ MSSA) 13 cases over target	2nd
 Clostridium difficile 10 cases over target	1st
 E.coli 32 cases over target	2nd
 Klebsiella target met	1st
 Pseudomonas aeruginosa target not met	6th

We 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

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**. 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.

- 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.
- 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. It is a good idea for us to remind patients taking any medication of the importance of understanding what you are taking and why.

- 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. We are considering the actions we need to take to respond to the Coroner and parents.

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 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 [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.

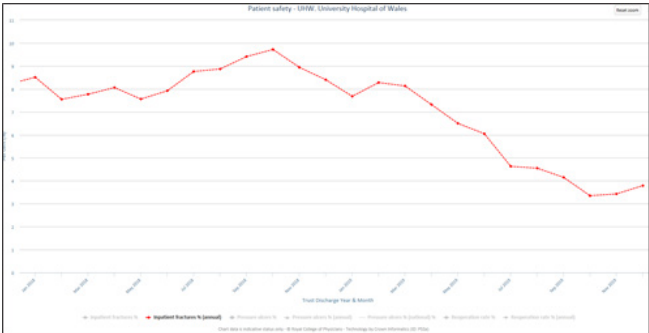
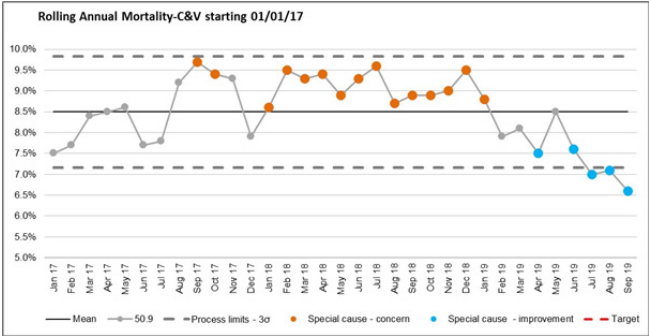
Ophthalmology surgery

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



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.

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 if sepsis is suspected. The sepsis 6 are the steps that need to be taken immediately if sepsis is suspected by a health professional.

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

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 compatible with mandatory training at all appropriate levels and 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 will also provide 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.

Recognising patients who are deteriorating in the community

National Early Warning Scores (NEWS) is a tool developed by the Royal College of Physicians which improves the detection and response to clinical deterioration in adult patients and is a key element of patient safety and improving patient outcomes. If a patient's 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, however recently, recognising the need to extend this to the community the UHB are implementing the use of the tool within community nursing teams. 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.

Addressograph		<h1>NEWS CHART</h1>				Ward / Dept	
Date		Score				1 2 3	
Time of Observation							
Frequency of Observations							
Respiratory Rate							
Accept < / >							
Signed:							
O2 Saturations							
Accept < / >							
Signed:							
Inspired Oxygen							
Temperature							
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							
Signed:							
Heart Rate							
Accept Heart rate ofbpm for normal for this patient							
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

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)



Courier transport times have been aligned with phlebotomy sessions in some surgeries so that blood samples are conveyed sooner after sampling

12%
improvement
in blood forms
completed correctly
equating to
2,160
request forms per
month

3 surgeries
testing new
process of
phlebotomists
conveying more
blood samples to
speed up transit
times

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 debrief 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

At the time of writing the document the Major Trauma Centre was preparing for launch on April 6th 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 recently 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

Tom 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. Tom'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 Tom 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 Tom 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 Tom 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 Tom 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 hospital appropriate to their level of urgency. An improvement of

9.6%

from the previous year

This year we have reviewed

107

pieces of NICE guidance

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



97%

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

Crude Hospital Mortality Rate for people aged less than 75 was

0.6%

77.4%

Universal mortality reviews undertaken within 28 days of a death

Cardiac Rehabilitation Certification

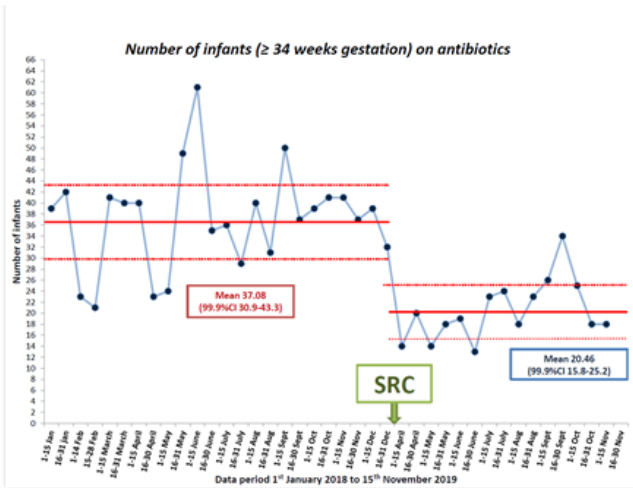
The Cardiac Rehabilitation team have achieved Certification this year from the National Audit of Cardiac rehabilitation (NACR) and the British association for Cardiovascular Disease and Prevention (BACPR).



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.

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



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

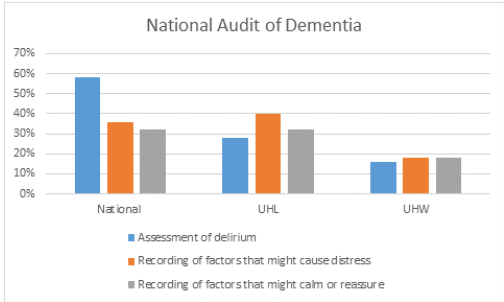
Care at the end of life affects everyone, the NACEL audit was established to review the quality and outcomes of care experienced by the dying person and those important to them. The audit measures a number of factors including how we involve the patient and their families in decision making. The Health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

National Score UHB Score



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 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

After 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.

74.74%
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

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

79.4%
of staff completed
equality diversity
and human
rights training



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

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

658
patient responded
to the health and
care standards
questionnaire

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.

Thje Carer role

Carer Friendly Award



The UHB are 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. The scheme has gone from strength to strength.



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.



In Cardiff **61%**
of the secondary schools are
participating and



75% in the Vale of
Glamorgan. The programme has
seen a dramatic rise in the numbers
of young people identified, in
schools as carers, from the baseline
audit in 2017.

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."

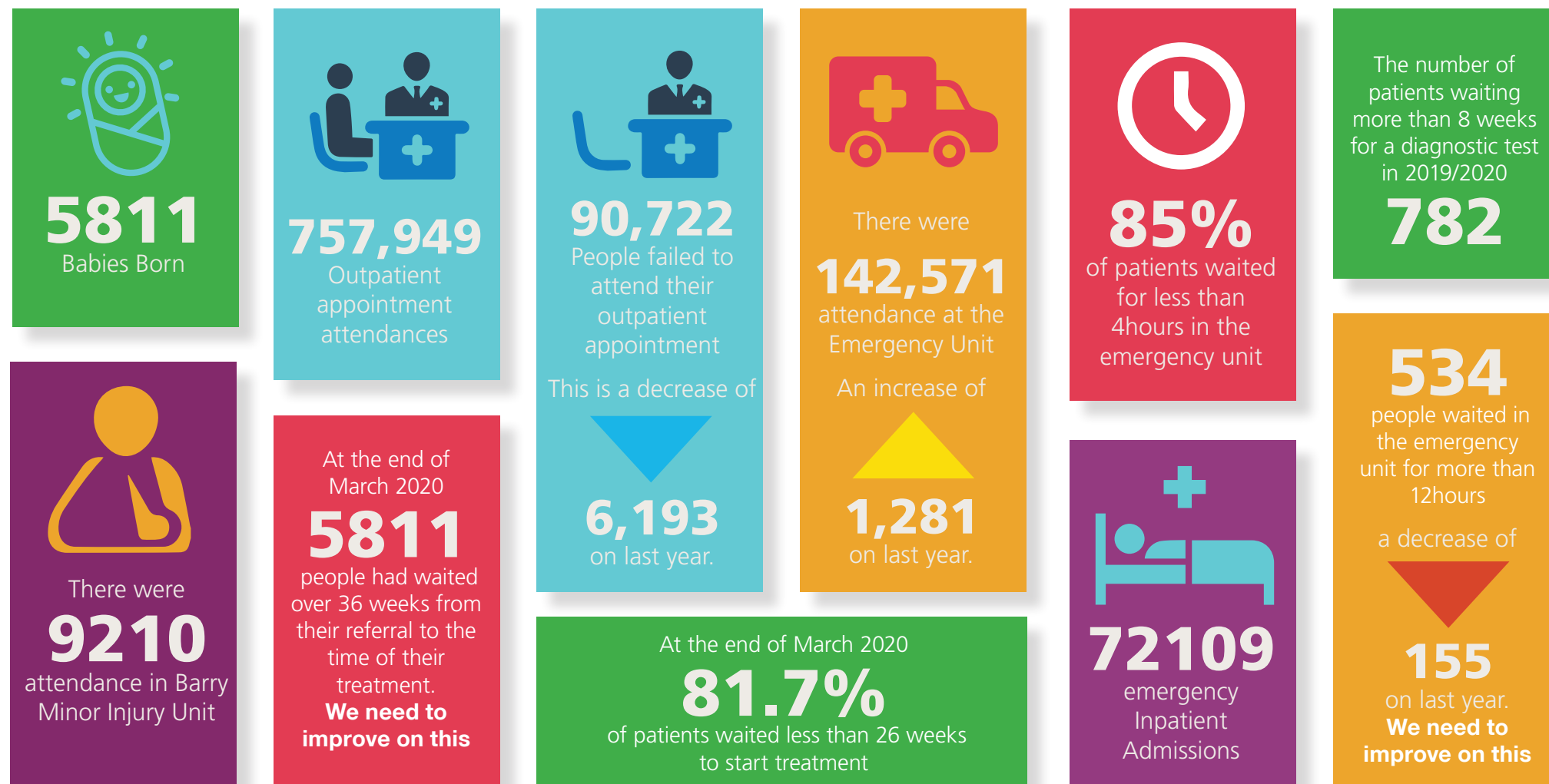
"I learned to be AWARE of my moments and of my days. I learned how to relax during the difficult moments following"

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



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

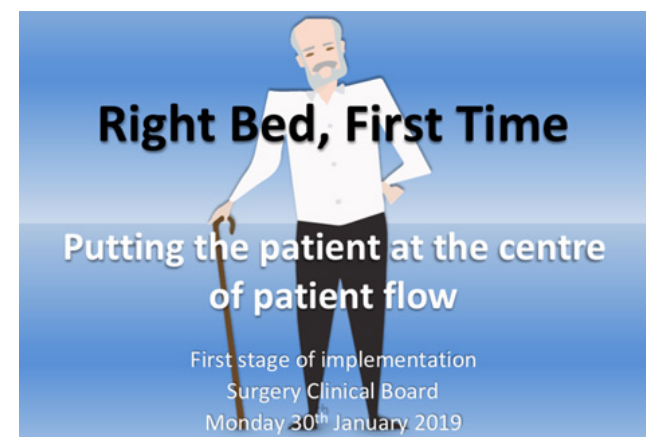
The UHB is committed to patients receiving the care they need when admitted to hospital. We endeavour to make sure that all patients are assessed and have the right treatment plan. However, at times when we have high numbers of patients in hospital, it can be challenging to make sure that happens in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

Cancer target

Achievement of the urgent suspected cancer 62 day target was challenging again this year with performance at 84.4%. 16,472 patients were

referred to the Health Board in 2019-20 on an urgent suspected cancer pathway, over 465 more referrals than the previous year. Of the XXXX patients diagnosed with cancer, we treated XX patients within 62 days.

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.

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

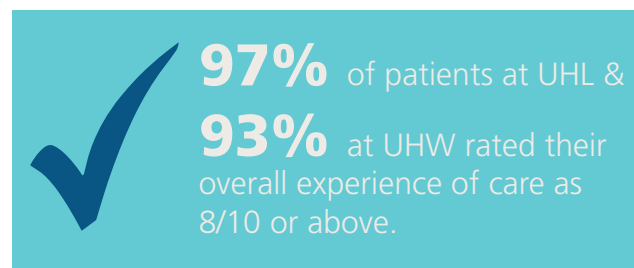
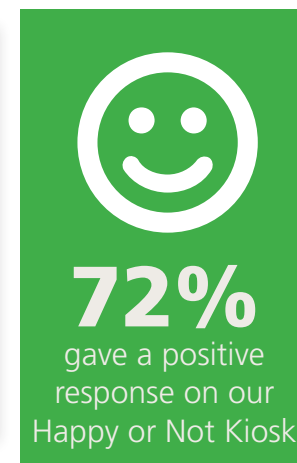
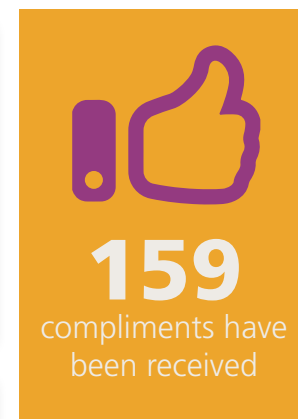
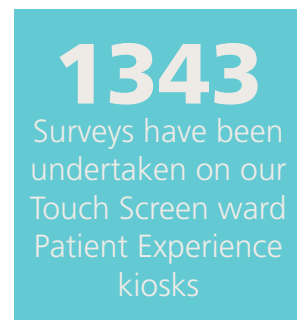
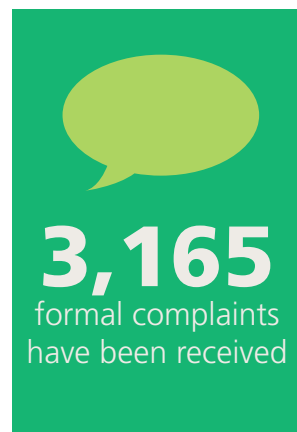
What service users told us

"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."



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 & 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

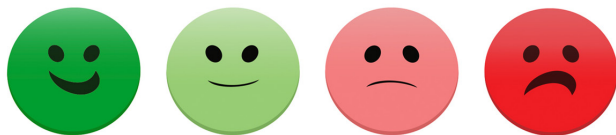
Members of the Patient Experience Team have undertaken an accredited digital patient stories training to ensure we are giving our patients, carers and staff a voice when things have gone wrong and help advocate for better services. It can also showcase best practice when things have gone right. Each 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.

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



Please rate our service today



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 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.

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

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 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.



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.



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 a 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 (WHSSC) Leave space for paragraph

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.

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.



Meirion talking to a lecture theatre full of nursing students!

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 Management 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 we are 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.

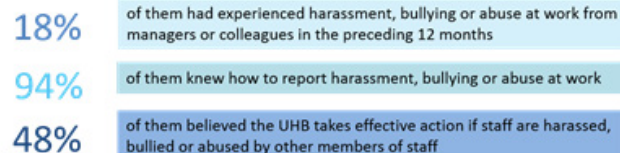
In addition to this, each Clinical Board is being supported to develop and implement pulse surveys. A pulse survey is a short, quick survey that is sent out to staff with the aim of providing a pulse check on topics such as employee satisfaction, communication, leadership, job role, culture and the likelihood 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:



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 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

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



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:
 - o Work Welsh taster courses
 - o Intensive Welsh courses
 - o 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

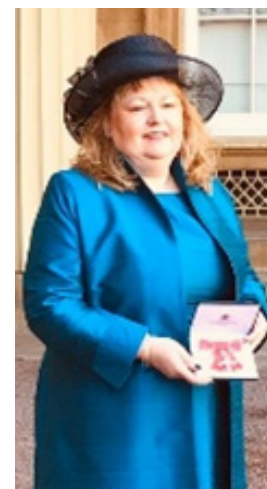


Systems that record Welsh language preferences of our patients

- 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 the NHS. 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 include; Louise Poley MBE, Kathryn Ellaway MBE, Professor Antony Bayer MBE Scott Cawley - Professional lead podiatrist 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 CO₂. 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 CO₂eq /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

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 on 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.



Quality and Safety Improvement Framework 2017-2020

Year 3- How did it go?

Things we said we would focus on 2019-20	Health Board Position in Wales
Governance , leadership and accountability	
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.
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 here
Treating people as individuals	
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 here
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 around the individual 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 in Wales
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	Muscular Skeletal 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	We won't have this data /narrative until year end
Improved access for Specialist Child and Adolescent Mental Health Services	This remains an area which the UHB will be focussing on in 2020-21

Things we said we would focus on 2019-20	Health Board Position in Wales
Continued improvement in the performance of emergency services.	We won't have this data /narrative until year end
Elimination of all waits of over 8 weeks for a diagnostic test	We won't have this data /narrative until year end
Effective care	
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
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 in Wales
Safe Care	
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.
Dignified Care	
Full roll out of the Learning Disability (LD) bundle	It has been recognised for some time that individuals with a learning disability sometime experiences inequalities in their health care. The learning disability 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
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

How are we doing? – help us hear your voice



Your feedback is very important to us because as a Health Board we want to give you the best possible care and treatment. We want to ensure you are treated in clean, safe surroundings and that help is always there when you need it.

There are different ways in which you can provide feedback;

- By completing paper surveys
- On the website via the QR code or www.cardiffandvaleuhb.wales.nhs.uk
- By joining a patient group
- By undertaking a patient /carer story
- By talking to our Concerns, Compliments and Complaints Department 029 20744095
- Completing a 'how are we doing feedback card'

For more Information please contact the Patient Experience Team on; 029 20745692.

The Cardiff and Vale of Glamorgan Community Health Council provides an independent advocacy service to people aged 18 years or over, and will provide you with independent support with your complaint. You can get further detail on their website or ring their office on 02920 377407

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.



Report Title:	End of Year Position on Quality, Safety and Experience (QSE) Indicators						
Meeting:	Quality, Safety and Experience				Meeting Date:	16 th June 2020	
Status:	For Discussion		For Assurance		For Approval	x	For Information x
Lead Executive:	Executive Nurse Director						
Report Author (Title):	Assistant Director Patient Safety and Quality						

Background and current situation:

This report provides an overview of the annual performance against a range of key quality, safety and experience (QSE) indicators.

Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

The main points to note include:

- The proposed revised list of Quality Indicators that will be monitored by the QSE Committee during 2020 -2021.
- The Committee received a report In Febraury 2020, which described the improvement in mortality rates for patients who have sustained hip fractures. This confirmed that in November 2019 the rolling annual mortality rate was 3.44% and this improvement trajectory has been sustained.
- Compliance with Level 1 mortality reviews has improved when compared to performance in 2018. However, performance from month to month is variable and the UHB has not met the target of 95%.
- There has been a 10% increase in the number of concerns received during 2019-2020. However compliance with the 30-day response rate has consistently been well above the 75% Welsh Government target.
- There has been a 22% decrease in the number of reported SIs during 2019-2020.
- The UHB currently has 77 SIs open with Welsh Government – this is the lowest number in the last five years.
- The number of never events reduced from 7 in 2018 - 2019 to 3 in 2019 - 2020.
- Despite good progress against Welsh Government targets during the first six months of 2019-2020, and very good performance when compared with other UHBs across Wales, the UHB did not meet the reduction goals against all the key Welsh Government targets.
- There has been a 19% reduction in the number of injurious falls during this period.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc):

Through 2019-2020 a number of key QSE indicators have been monitored on a monthly basis as part of Clinical Board QSE performance monitoring arrangements. More latterly, the Director of Governance has undertaken a mapping exercise to ensure that key outcome measures form the NHS Delivery and Outcomes Framework, which are normally reported through Board Performance monitoring arrangements are aligned to and monitored by the relevent strategic UHB Committee. This would then allow more focused discussion by the Board of matters of concern.

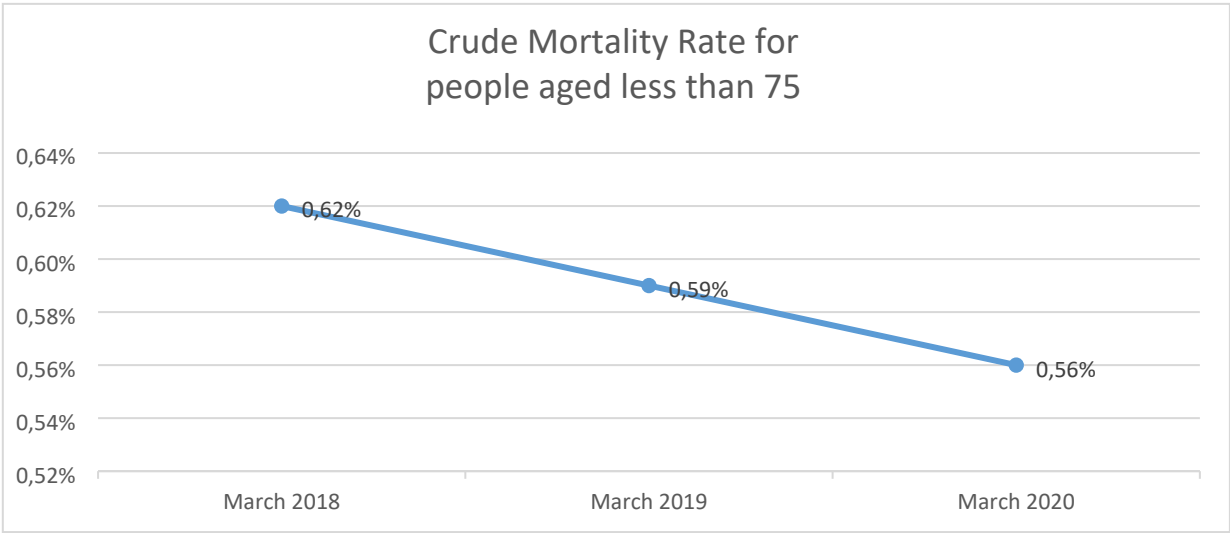
Attached at **Appendix 1** are the proposed QSE indicators that will be routinely monitored by the QSE Committee in 2020-2021. These are based on the current NHS Outcomes and Delivery Framework but also include some local indicators. These will be subject to regular review and will form part of the discussion at the forthcoming UHB QSE workshop to determine priorities for our refreshed QSPE Framework for the next five years and the structures and processes that will be required to deliver and monitor its implementation.

Performance against key indicators during 2019-2020:

Mortality

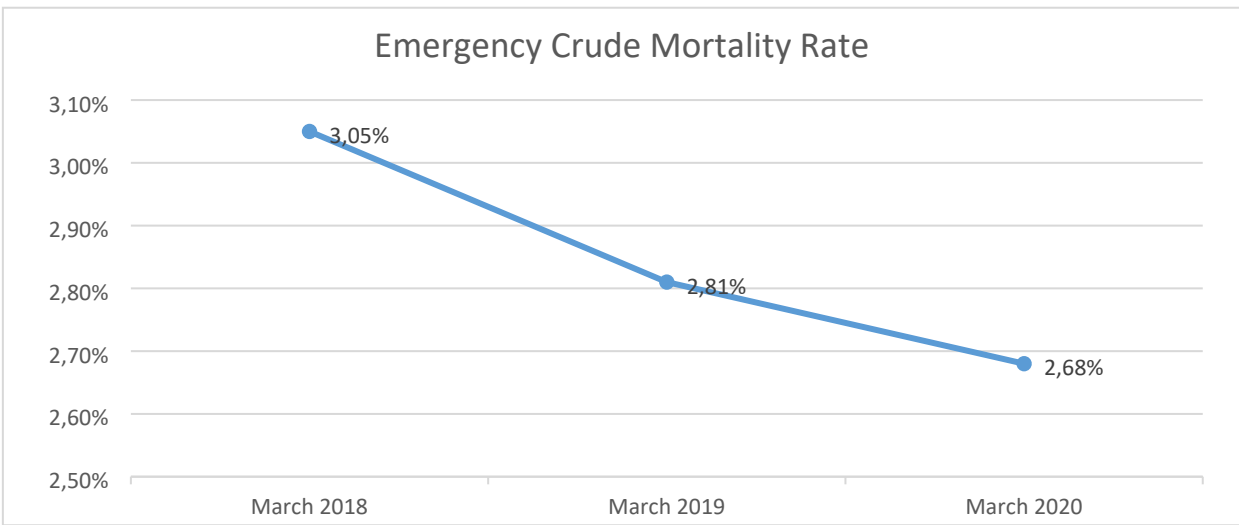
- ***Crude Hospital Mortality Rate for people aged less than 75***

This has continued to improve to a position of 0.56% in March 2020.

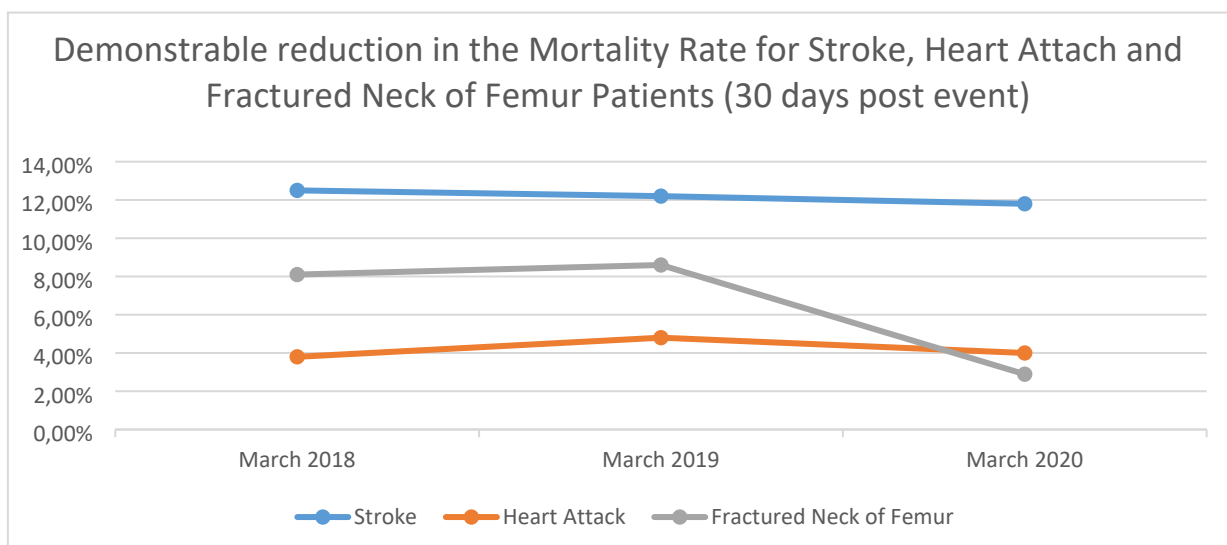


- ***Emergency crude mortality rate (12 mth)***

This has continued to improve from a rate of 3.05% in March 2018 to 2.68% in March 2020.

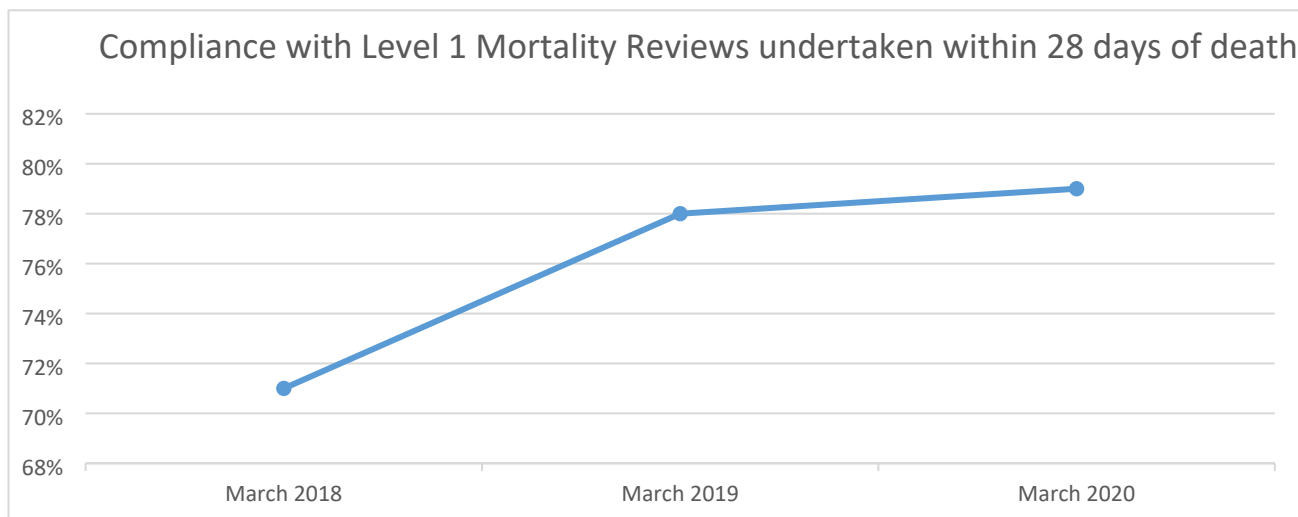


- **Demonstrable reduction in the mortality rate for stroke, heart attack and fractured neck of femur patients (30 day post event, 12 month)**



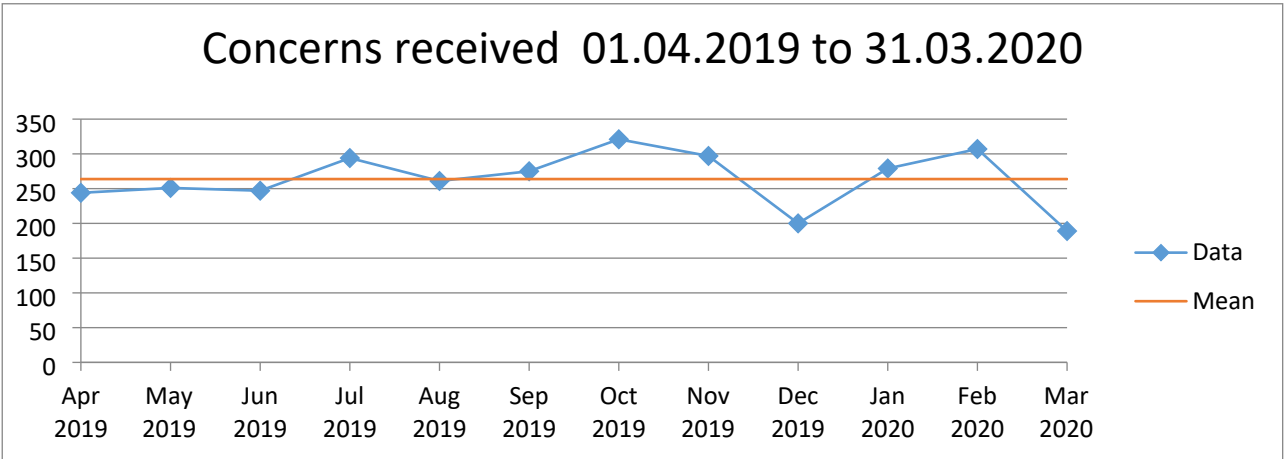
The Committee received a report in February 2020, which described the improvement in mortality rates for patients who have sustained hip fractures. This confirmed that in November 2019 the rolling annual mortality rate was 3.44% and this improvement trajectory has been sustained.

Compliance with Level 1 mortality reviews undertaken within 28 days of death



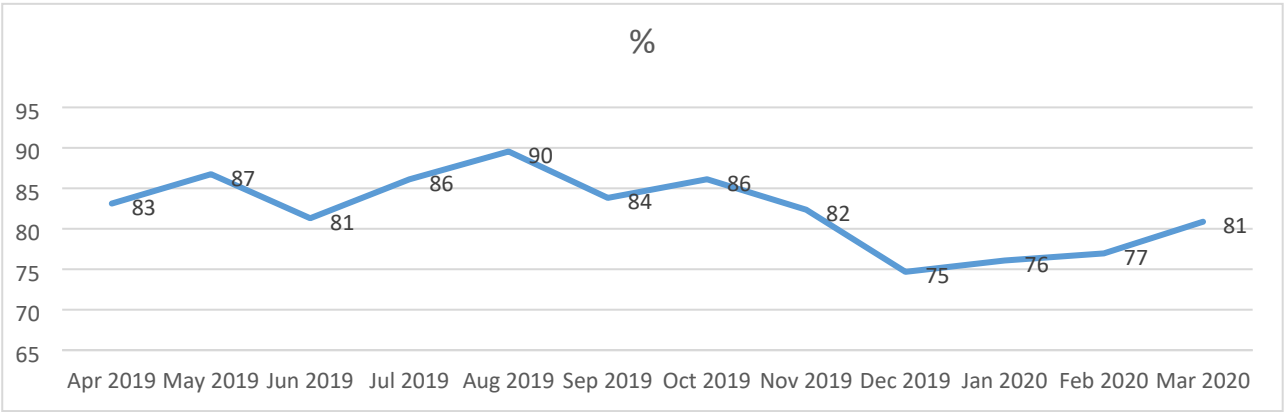
Compliance with Level 1 mortality reviews has improved when compared to performance in 2018. However, performance from month to month is variable and the UHB has not met the target of 95%. The newly appointed Assistant Medical Director for Clinical Governance and Patient Safety who will lead on Mortality and has recently established a UHB multi-disciplinary Mortality Group which will oversee compliance with mortality reviews.

Active number of concerns



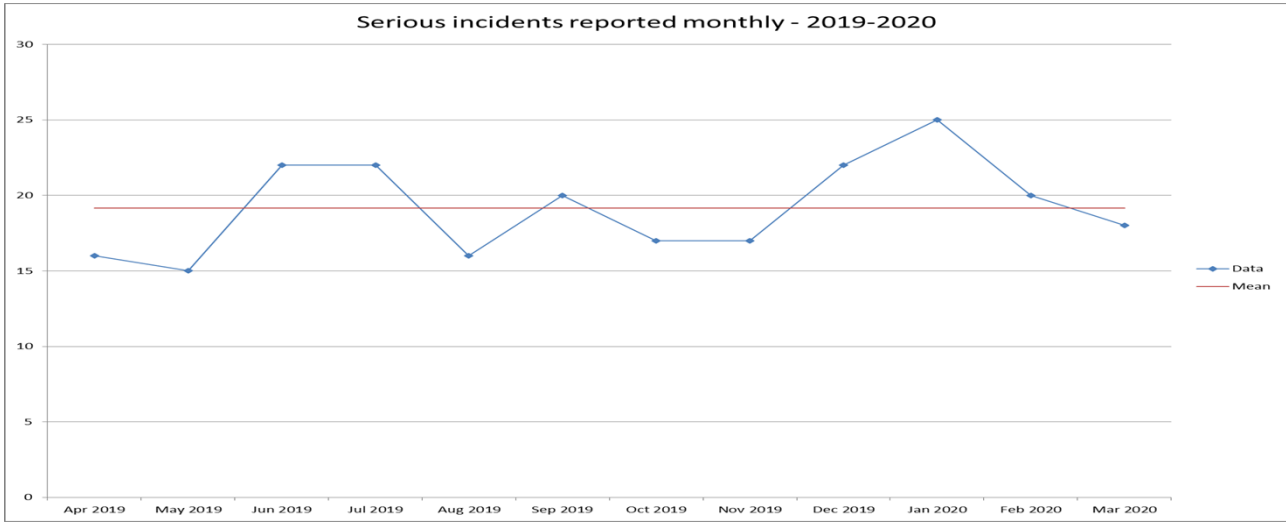
A total of 3165 concerns were received during 2019-2020. This is a 10% increase from the previous year when 2845 were received.

Proportion of formal complaints responded to within 30 working days



Compliance with the 30-day target has been variable throughout the year but has consistently been above the Welsh Government target of 75%.

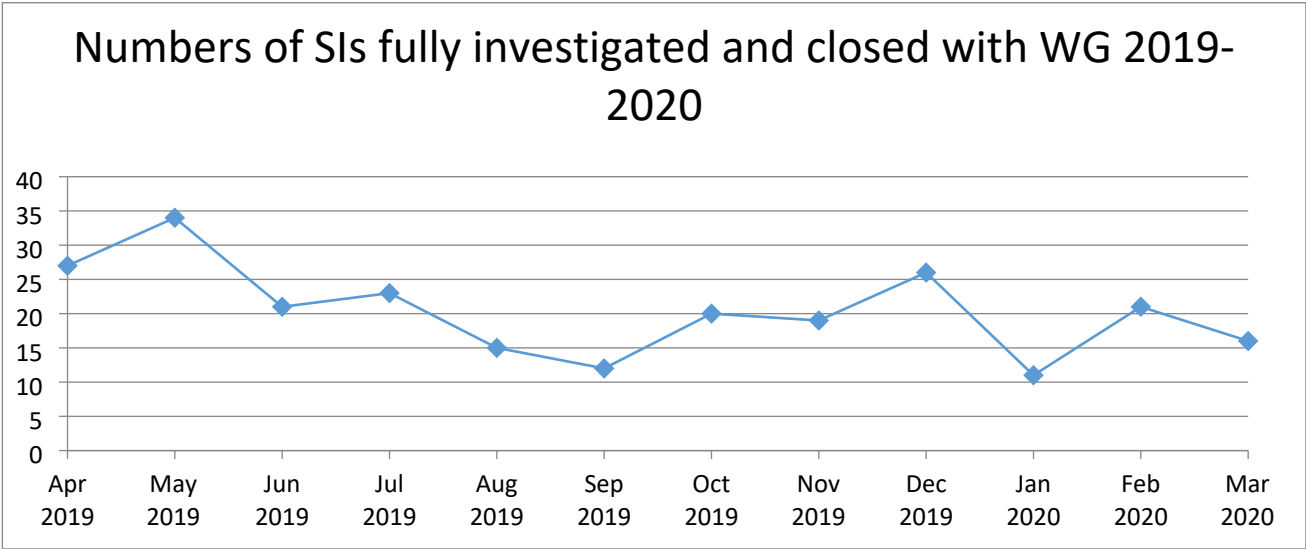
Number of new serious incidents (SIs)



A total of 230 SIs were reported in 2019-2020. This contrasts to a total of 336 SIs which were reported in 2018-2019 – a 22% decrease. The decrease is in part due to revised guidance for the reporting of pressure damage.

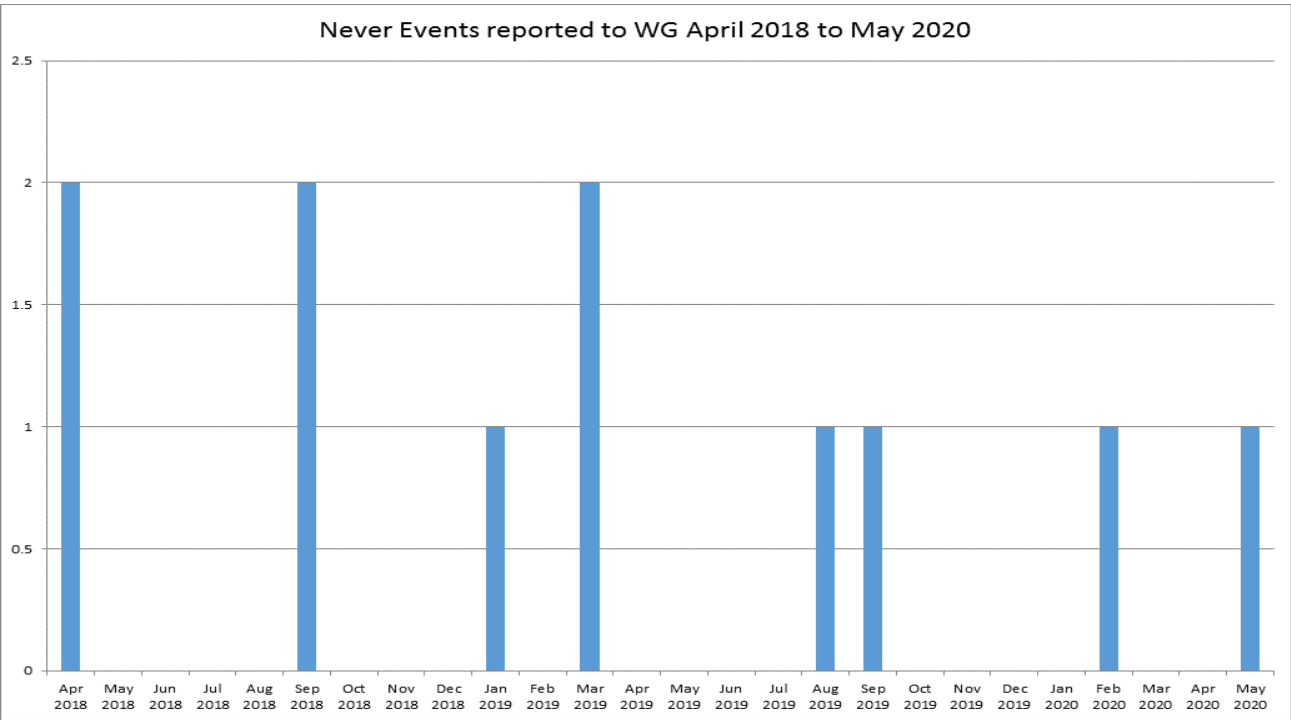
Welsh Government guidance in relation to SI reporting was relaxed in 18th March in response to the COVID-19 pandemic, but the UHB has continued to report all reported SIs (with the exception of injurious falls) so this has had minimal impact on the total number of reported SIs during March 2020.

Number of serious incidents fully investigated and closed with WG



At the time of writing of the report the UHB currently has 77 SIs open with Welsh Government – this is the lowest number in the last five years.

Number of new Never Events



The number of reported Never Events reduced from seven in 2018-2019 to three in 2019-2020. The UHB currently has one open Never Event and is currently finalising the investigation report in order to close this with Welsh Government.

Reduction in C. Difficile and Staphylococcus Aureus Bacteraemia (MRSA), working towards a zero tolerance

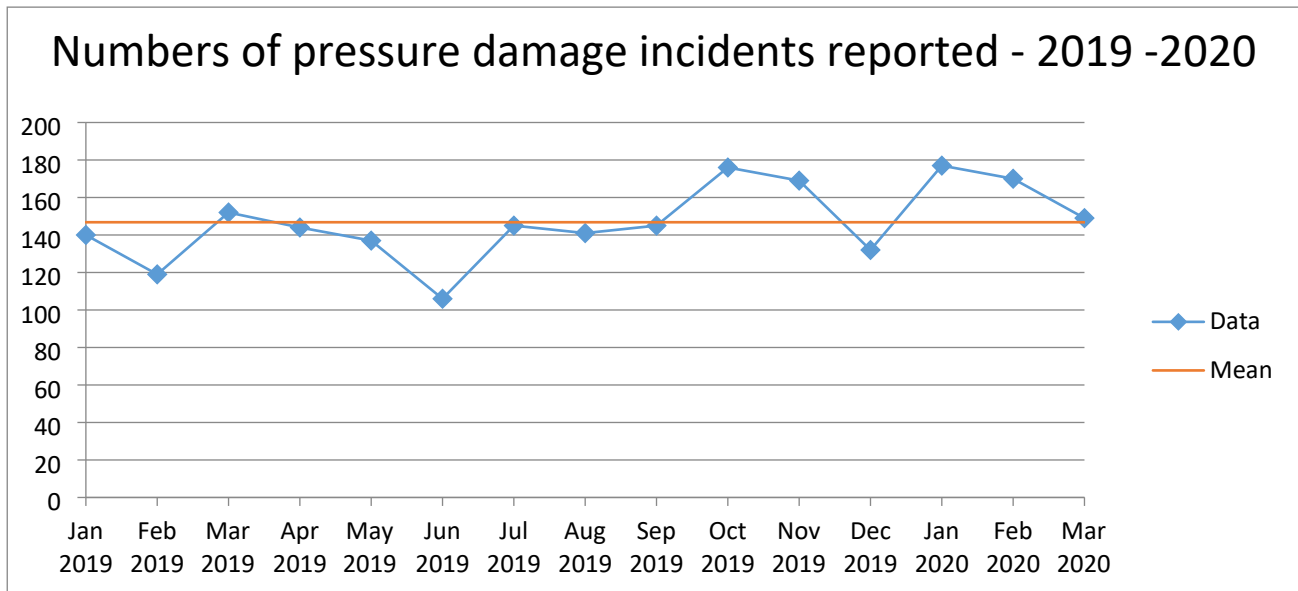
	C. difficile	S. aureus bacteraemia	E.coli bacteraemia	Klebsiella spp bacteraemia	P. aeruginosa bacteraemia
2019/20 total number of cases	104	112	364	76	38
Number of cases from reduction goal	(+10)	(+13)	(+32)	(-5)	(+7)
2018/19	107	180	337	87	38
Percentage change from previous FY	↓2.8%	↓37.8%	↑ 8.0%	↓12.6%	0%
Reduction goal achieved	No	No	No	YES	No

Health board	2019/20 rate per 100,000 population				
	C. difficile	S. aureus bacteraemia	E. coli bacteraemia	Klebsiella spp bacteraemia	P. aeruginosa bacteraemia
AB	24.86 (2)	20.80 (1)	70.70 (1)	24.36 (6)	6.60 (3)
BCU	25.20 (3)	28.21 (3)	80.90 (3)	19.19 (2)	6.01 (2)
CAV	20.14 (1)	22.16 (2)	72.92 (2)	15.11 (1)	7.65 (4)
CT	26.28 (4)	31.67 (5)	91.65 (5)	22.46 (4)	4.94 (1)
HD	37.08 (6)	31.64 (4)	99.58 (6)	22.56 (5)	6.74 (5)
SB	35.44 (5)	34.16 (6)	81.41 (4)	21.06 (3)	7.19 (6)

Despite good progress against Welsh Government targets during the first six months of 2019-2020, and very good performance when compared with other UHBs across Wales, the UHB did not meet the reduction goals against all the key Welsh Government targets. Key areas for focus will be:

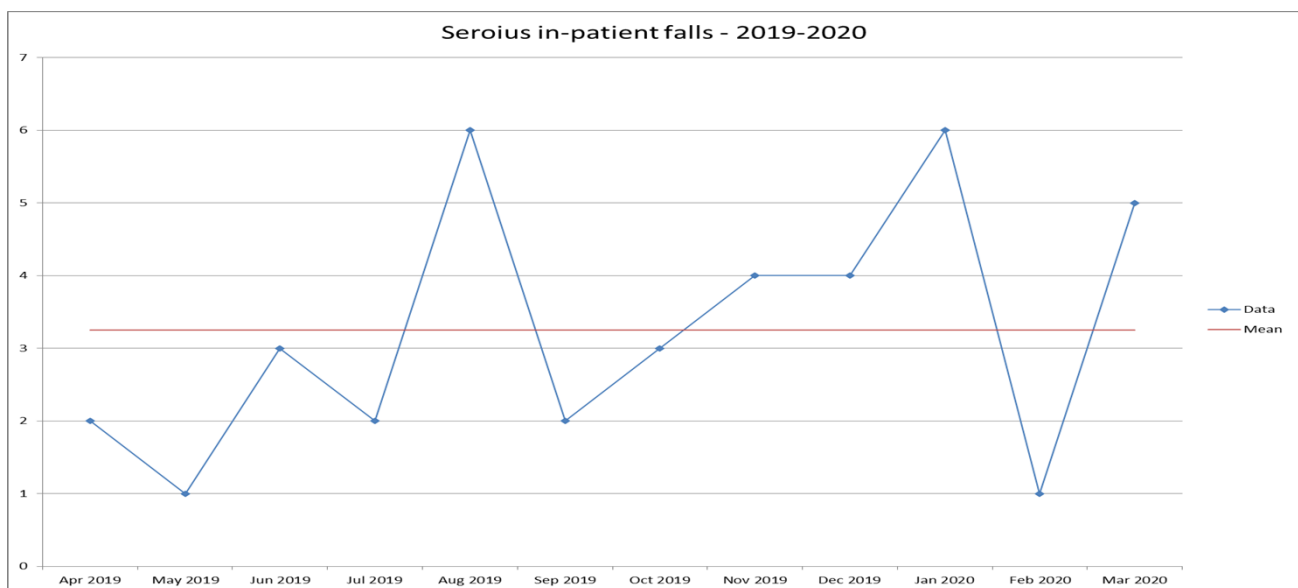
- CDiff reduction – there is potential for an increase due to increased antibiotic use in response to COVID-19 disease.
- Staph aureus – the UHB has appointed an epidemiologist to work with the IP&C Department. This will help to provide a better understanding of the source of bacteraemias so that priority areas for improvement can be identified.

Reduction in the number of healthcare acquired pressure ulcers



There has been a steady increase in the number of pressure damage related incidents. This may partly be due to improved quality of reporting - however this remains an area of focus for the UHB for 2020-2021 and will be taken forward the UHB Pressure Damage Group.

Reduction in the number of injurious in-patient falls



There were a total of 39 falls reported during 2019-2020. This contrasts to a total of 48 during the previous year – a 19% reduction.

Compliance with patient safety solutions

Our current compliance with Patient Safety Solutions is 95%. Work continues to focus on the outstanding areas of non-compliance which include:

- **PSA008** – Nasogastric tube misplacement: continuing risk of death and severe harm. Pre Covid pandemic, the Patient Safety team met with the Postgraduate Medical Education Department and it is likely that we will soon be able to declare compliance with this alert, having now received sufficient assurance in relation to the competency assessment of medical staff.
- **PSN030** – The safe storage of medicines: Cupboards.
- **PSN043** – Supporting the introduction of the Tracheostomy Guidelines for Wales.

Recommendation:

The Quality, Safety and Experience Committee is asked to **NOTE** the performance against the key QSE indicators during 2019-2020 and **AGREE** the proposed schedule of key quality indicators for monitoring during 2020-2021.

Shaping our Future Wellbeing Strategic Objectives									
<i>This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report</i>									
1. Reduce health inequalities			6. Have a planned care system where demand and capacity are in balance						
2. Deliver outcomes that matter to people		x	7. Be a great place to work and learn						
3. All take responsibility for improving our health and wellbeing			8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology						
4. Offer services that deliver the population health our citizens are entitled to expect			9. Reduce harm, waste and variation sustainably making best use of the resources available to us					x	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time			10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives						
Five Ways of Working (Sustainable Development Principles) considered									
<i>Please tick as relevant, click here for more information</i>									
Prevention		Long term		Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:		Not Applicable							

Proposed Quality, Safety and Experience Quality Indicators for 2020-2021

Purpose	Strategic Objectives		Measure	n	Committee
Caring for people and keeping them well	For Our Population	Deliver outcomes that matter to people	Crude Hospital Mortality Rate for people aged less than 75	1	Quality, Safety & Experience
			Emergency crude mortality rate (12 mth)	2	Quality, Safety & Experience
			Demonstrable reduction in the mortality rate for stroke, heart attack and fractured neck of femur patients (30 day post event, 12 mth)	3	Quality, Safety & Experience
			% Universal mortality reviews undertaken within 28 days of a death (New measure)	4	Quality, Safety & Experience
			Compliance with Level 1 mortality reviews	5	Quality, Safety & Experience
			% Level 1 mortality reviews that trigger Level 2 reviews	6	Quality, Safety & Experience
			Patient experience monitored through national surveys	7	Quality, Safety & Experience
			Patient feedback scores"	8	Quality, Safety & Experience
			Proportion of complaints responded to under Early Resolution within 2 working days	9	Quality, Safety & Experience
			Proportion of formal complaints responded to within 30 working days	10	Quality, Safety & Experience
			Proportion of complaints referred to the Public Service Ombudsman for Wales	11	Quality, Safety & Experience
			Proportion of complaints referred to the Public Service Ombudsman for Wales investigated	12	Quality, Safety & Experience
			Proportion of complaints referred to the Public Service Ombudsman upheld or partially upheld	13	Quality, Safety & Experience
	Our Service Priorities	Offer services that deliver the population health our citizens are entitled to expect	% of people over 65 who are discharged from hospital and referred to a care home and not their usual place of residence	14	Quality, Safety & Experience
			Sustained compliance against four acute stroke bundles	15	Quality, Safety & Experience
	Sustainability	Reduce harm, waste and variation sustainably making best use of the resources available to us.	Number of new serious incidents & % assured within agreed timescale	16	Quality, Safety & Experience
			% patients with a positive screening for sepsis in both inpatients and emergency A&E who have received all 6 elements of the 'sepsis six' bundle within 1 hour.	17	Quality, Safety & Experience
			Reduction in number of patients who had a potentially preventable Hospital Acquired Thrombosis (VTE) up to 90 days post discharge	18	Quality, Safety & Experience
			% of nutrition score completed and appropriate action taken within 24 hours of admission	19	Quality, Safety & Experience
			Patient environment: Credits 4 cleaning scores for high risk areas	20	Quality, Safety & Experience
			% compliance with Hand Hygiene (WHO 5 moments)	21	Quality, Safety & Experience
			Reduction in C. Difficile and Staphylococcus Aureus Bacteraemia (MRSA), working towards a zero tolerance	22	Quality, Safety & Experience
			Reduction in the number of healthcare acquired pressure ulcers	23	Quality, Safety & Experience
			Number of Learning from Event forms accepted as comprehensively evidencing learning by Welsh Risk pool for all claims	24	Quality, Safety & Experience
			Number of Learning from Event forms accepted as comprehensively evidencing learning by Welsh Risk pool for all redress cases	25	Quality, Safety & Experience
			Percentage of closure of Compliance with Public Service Ombudsman recommendations	26	Quality, Safety & Experience
			Active number of concerns	27	Quality, Safety & Experience
			Number of new serious incidents	28	Quality, Safety & Experience
			Number of serious incidents fully investigated and closed with WG within prescribed timeframes	29	Quality, Safety & Experience
			Number of new Never Events	30	Quality, Safety & Experience
			Compliance with Patient Safety Solutions	31	Quality, Safety & Experience

Report Title:	CONCERNS AND CLAIMS REPORT					
Meeting:	Quality, Safety and Experience			Meeting Date:	16 June 2020	
Status:	For Discussion		For Assurance	For Approval	For Information	x
Lead Executive:	Executive Nurse Director					
Report Author (Title):	Assistant Director Patient Experience - 029 21836320 Head of Concerns and Claims					

Background and current situation:

The purpose of this paper is to present the Committee with a more detailed report of concerns and claims activity, learning and action taken in the period 1st April 2019 to 31st March 2020.

The UHB has a wide range of data which provides a level of assurance on the safety and quality of services, as well as on the experience of patients and families. This report provides an analysis of information drawn from the investigation of complaints and claims as well as examples of how themes are being addressed.

Complaints

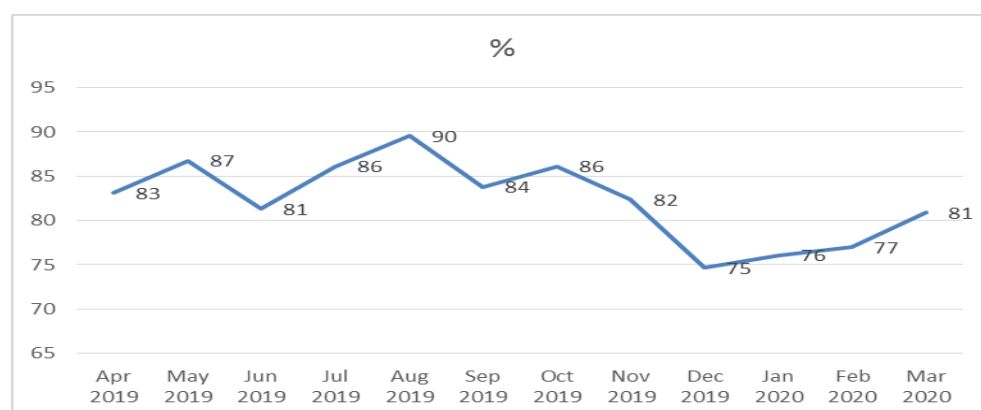
1st April 2019 to 31st December 2020 the UHB received 3165 concerns, which is an increase from 2845 concerns received during 18/19. This represents a 10% increase.

Complaints Performance summary

Response times

The Concern Team aim was to maintain key working relationships with Clinical Boards and to sustain a 30 working day response time of 80% across the Health Board. It is very pleasing to note that the current response time is 82%.

Table demonstrating 30 working day response performance time



Throughout the year the performance was consistently above the Welsh Government target of

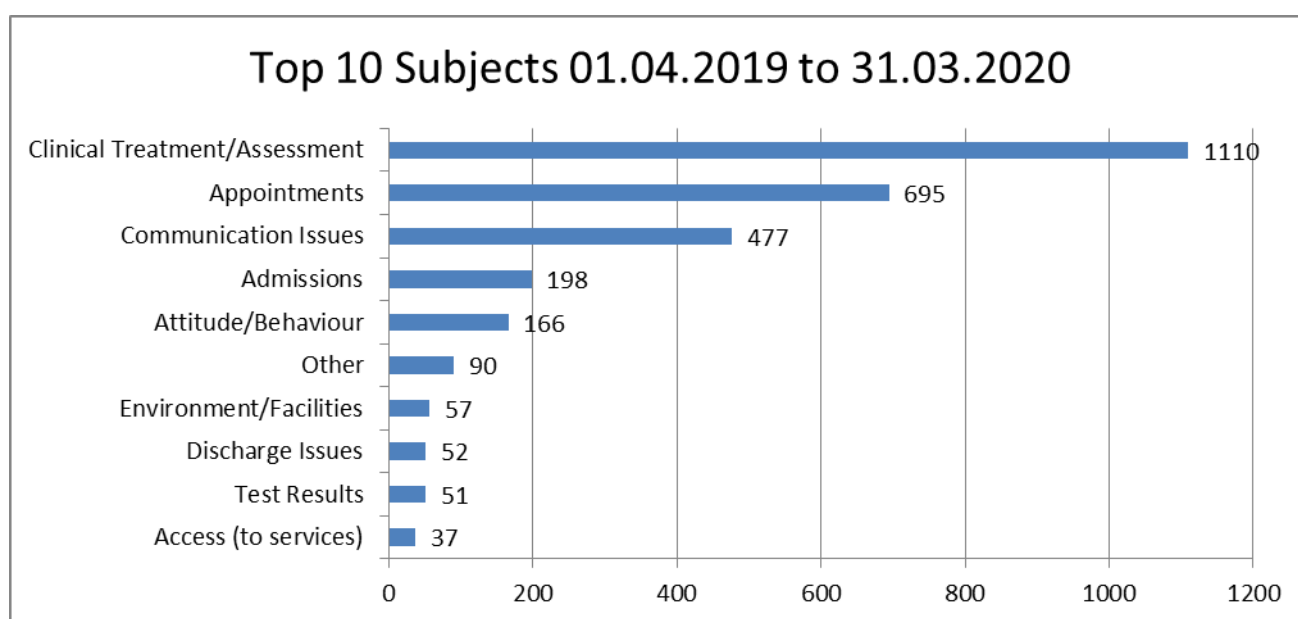
75% and exceeded our internal target of 80% with an end of year position of 82%

- 3140 concerns were closed during this period – increase from 2738 during 18/19-an increase of 15%
- 600 concerns were closed within 2 working days during this period
- 1988 were closed between 2- 30 days
- Overall 82% closed within 30 working days (slight decrease from last year of 84%) this should be considered in the context of the increased numbers of concerns received
- 12 Investigations concluded that there were failures in care, however, due to the potential value, they were removed from Redress scheme and Complainants were advised, that it would be in their best interest to obtain legal advice with regard to pursuing a Claim and clarifying that we accepted liability. Acceptance of liability at the earliest opportunity limits unnecessary legal costs.

Themes from complaints

Surgical Clinical Board continue to receive the highest number of concerns, with 1,145 concerns received during this period, followed by Medicine Clinical Board (547)

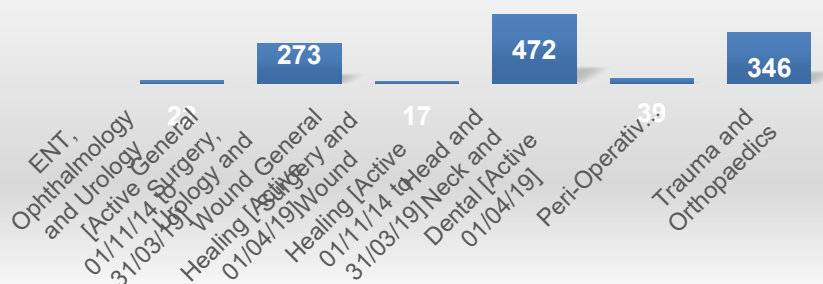
Top 10 Themes identified from Concerns in this time period 1st April 2019 to 31st March 2020



The Highest number of concerns, 1110 related to Clinical Treatment and assessment, followed by Appointments (695) and communication issues (477)

Surgery Clinical Board consistently receive a significant higher percentage of concerns. The graph below shows that a high number of Surgery Clinical Board Concerns were logged with Head and Neck and Dental.

Surgery Complaints by Directorate



On review, the majority of these concerns related to Ophthalmology Services and the cancellation of Ophthalmology appointments were a theme throughout this period. One key approach to address the delays in treatment was to commission services from an insourcing team

There were also a high number of concerns raised relating to the treatment provided by the Insourcing Team raised by staff and patients commissioned by Cardiff and Vale UHB and investigations concluded that there were failures in care. Contact was maintained with complainants and those who wished to pursue litigation were advised of the most appropriate route and the availability of independent clinical advice etc.

Throughout this period a number of comprehensive reports have been shared with the QSE Committee by both the Chief Operating Officer and the Surgery Clinical Board.

The Executive Nurse Director shared the review of the serious incident with the QSE Committee in February 2020

[Report](#)

A number of actions have been agreed to address the issues raised relating to cancellations of appointments and loss to follow up including:

- Ophthalmology Department arranged additional sessions to clear all new patient referrals waiting over 5 weeks or more.
- Consultant Ophthalmologist drafted acceptance criteria to manage new patient referrals including out of area boundaries.
- Ophthalmology Directorate reviewed the commissioning arrangements for out of area boundaries.
- Ophthalmology Service Manager and Deputy Health Records Manager meet weekly to agree where referrals should be sent to ensure there are no delays and list urgent patients as necessary.
- Ophthalmology Service Manager and Deputy Health Records Manager meet to agree the information accessible to the Appointment Booking Centre is accurate.

- Changes will be made to the PMS to allow staff in Health Records to input a target date for new patients.
- The Ophthalmology Directorate Management structure was reviewed to ensure that there is sufficient capacity to undertake the additional responsibilities associated with the monitoring and management of follow-up patients that have breached their target date.

UHB wide themes

Documentation

This remains a theme in all concerns and across all professions. In training we always reiterate the “if it is not documented it is not done” and use case studies to highlight the importance of comprehensive documentation. We expect to see improvement in Nursing documentation as we progress the roll out of the all Wales e-documentation

External factors

Following the Cwm Taf report into Maternity, we received several concerns relating to patients questioning their previous birthing experience and often historic care provided. On review of these cases it was recognized that practice and guidance has changed since the care was provided. In some of these cases it was felt that independent reviews of care as measured against the guidance in place at the time of the events would be best to provide the individuals and the UHB with independent advice.

The Children and Women Clinical Board provided their assurance framework to QSE following publication of the Cwm Taf report.

[Assurance Framework](#)

Consent

Consent is a theme across complaints, redress and claims cases. We continue to see the impact of the Montgomery ruling, whilst the complications experienced were very low risk and would not usually have formed part of the consenting process, it was considered that, in light of Montgomery, the risks were life changing and should have been discussed.

When seeking consent to treatment, the question of whether the information given to a patient is adequate is judged from the perspective of a reasonable person in the patient's position.

For the purposes of consent, the ruling from Montgomery replaces the previous tests founded in Bolam and refined in Sidaway. Doctors have a duty to take reasonable care to ensure that patients are aware of 'material risks'.

Montgomery vs Lanarkshire Health Board: background

Nadine Montgomery's son was born with cerebral palsy as a result of shoulder dystocia during birth. Mrs Montgomery was around five feet tall, and was also diabetic, which often results in a

larger foetus. She had raised concerns that her baby might be too big to be delivered vaginally, but had not asked about 'exact risks'.

Evidence showed a 9-10% risk of dystocia where a diabetic woman gives birth via vaginal delivery, but Mrs Montgomery was not warned of the risk of shoulder dystocia, or offered a caesarean section as an alternative. The treating obstetrician felt that if Mrs Montgomery was told of the risk she would opt for a caesarean, and didn't believe this was in her best interest.

It was accepted that shoulder dystocia can cause serious complications for mother and baby but also accepted that the risk of cerebral palsy was low, at around 0.1%.

Mrs Montgomery claimed for negligence, arguing she should have been told of all the risks. She was awarded over £5 million in damages, after an appeal went to the Supreme Court.

Before Montgomery, a doctor's duty to warn patients of risks was based on whether they had acted in line with a responsible body of medical opinion. This was known as the Bolam test.

The court accepted that if Mrs Montgomery been told about the risk of dystocia, she would have chosen to have a caesarean. Her appeal was successful and the judgment held that the assessment of whether consent was adequate in a clinical negligence claim would not be assessed by the Bolam test.

Instead, doctors must provide information about all **material** risks; they must disclose any risk to which a reasonable person in the patient's position would attach significance.

The judgment therefore means that doctors must share all such material risks, as well as any to which it would be reasonable for them to think the individual patient would attach significance.

GMC guidance was that although Montgomery changed the legal position, the principle of involving patients in their treatment and sharing information with them about risks has been in place for some time.

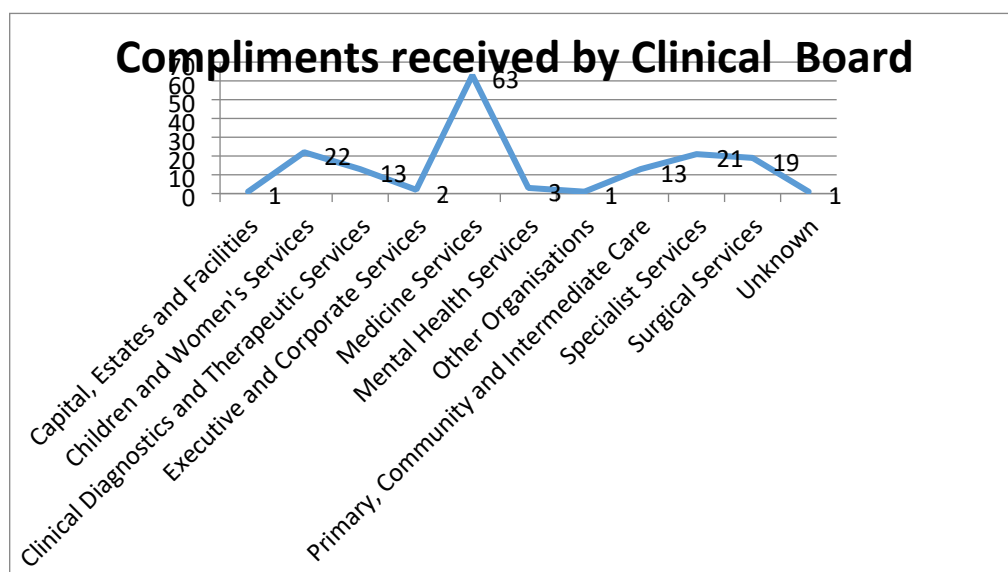
The Claims Managers were fortunate to secure an audience with a London barrister to provide a talk on Montgomery law related to Consent. Unfortunately due to the outbreak COVID-19, this booked session has had to be postponed but has been rearranged for September 2020. The case of *Montgomery vs Lanarkshire Health Board* is discussed at complaints and claims training to highlight the importance of informed and individualized consent.

Radiology Reporting Times

A further theme noticed in the first 3 quarters of the year was Radiology reporting turnaround time. Following some improvement work in radiology the position was improving significantly. However there remains further improvement work required with an end to end results reporting system across Wales.

Compliments received by Clinical Board 01.04.2019 to 31.03.2020

The Graph Below clearly shows that Medicine Clinical Board receive the highest number of compliments, with the majority being recorded with the Emergency Unit – this is consistent with previous years. It is appreciated that number of recorded compliments remains low but we are aware that many compliments are received via social media. It is anticipated that the All Wales Patient Experience System once in place will enable capture more easily of compliments via social media feeds.



Welsh Risk pool changes

From October 2019 the Welsh Risk Pool (WRP) decided to change their reimbursement process

The purpose of the revision of the procedures is

- 1 To align all the various WRP procedures into one system.
- 2 To introduce a process where there is learning being introduced at the time of the incident.
- 3 To provide earlier scrutiny and evidence of the learning. In September 2019 the UHB was informed that the scheme would be brought into effect from October 1st 2019 and that it had to be applied to retrospective cases.

As a Health Board we were supportive of the concept and the desire to promote learning as soon as possible in the process to minimize the risk of a reoccurrence of an incident. However, implementation of the new process was a challenge as it applied to the entire active caseload of redress and claims cases. This meant completion of the 245 Learning from events forms whilst being mindful of other triggers for financial reimbursement.

This new process also places a pressure upon the Clinical Boards as they complete the new documentation at the most pressured time of the year from an activity perspective.

The financial implications of not completing the forms could have meant failure to reimburse the entire case.

We took some action to try to manage the risk:

- ✚ We worked on identifying themes in any clusters of cases and producing joint learning plans - however this mainly applies to low value cases rather than our high value
- ✚ We established a process for identifying the 2 trigger points
- ✚ We triaged and ensured that we considered high value cases first
- ✚ We engaged with Clinical Boards around clusters of cases in focused meetings
- ✚ We maintained a shared library of evidence

We have completed the review of all cases.

Redress:

A case moves into redress if we identify that there is or maybe a qualifying liability i.e. we have identified in breach in our duty of care and we know the patient suffered harm because of the breach or we need to investigate further to establish if harm was caused.

There are currently 48 open Redress cases:
36 Redress cases were closed during this period.

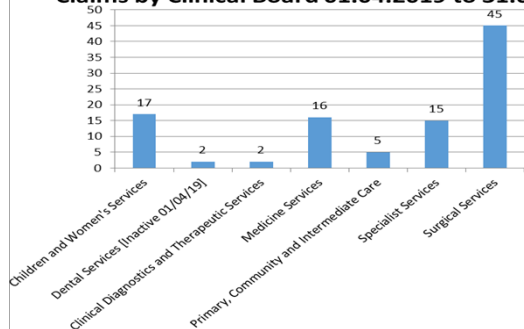
The themes highlighted in the Redress cases are:

- All ophthalmology cases as discussed previously were initially considered under redress
- The lack of investigations undertaken in the Emergency Unit resulting in patients being discharged and readmitted or requiring treatment at a later date.

Claims 01.03.2019 to 31.03.2020 :

During this period, the Health Board has received 102 Clinical Negligence Claims, in comparison to 80 new claims opened during the same period last year which represent an increase of 19%. Surgery Clinical Board received 45 in total, followed by Medicine Clinical Board with 16.

Claims by Clinical Board 01.04.2019 to 31.03.2020



Top 3 categories identified in new Clinical Negligence Claims:

- Failure to diagnose and treat – 16
- Failure to properly monitor treatment – 11
- Sub-standard Surgical Technique -10

The main categories of claims are surgery and clinical treatment. In both these categories the overriding themes relate to individual clinical decision making or human error. In many of these cases there is already formal procedures, MDTs or NICE guidance that assists in ensuring that correct decision are made. However, where such individual errors are made, clinicians will reflect on their practice that may be discussed by peer review, revalidation or during their profession developmental plan. The Clinical Boards routinely discuss such cases at Quality, Safety and Experience or Audit meetings or specific clinicians have selected cases for review and for teaching purposes with their teams.

As previously mentioned a secondary theme in many cases often surrounds consenting issues; this is being driven by Claimant Solicitors since the case of Montgomery and will remain an additional allegation bought in many claims. The Health Board has been active in undertaking training in Consent and in assisting in the All Wales Review of consent processes

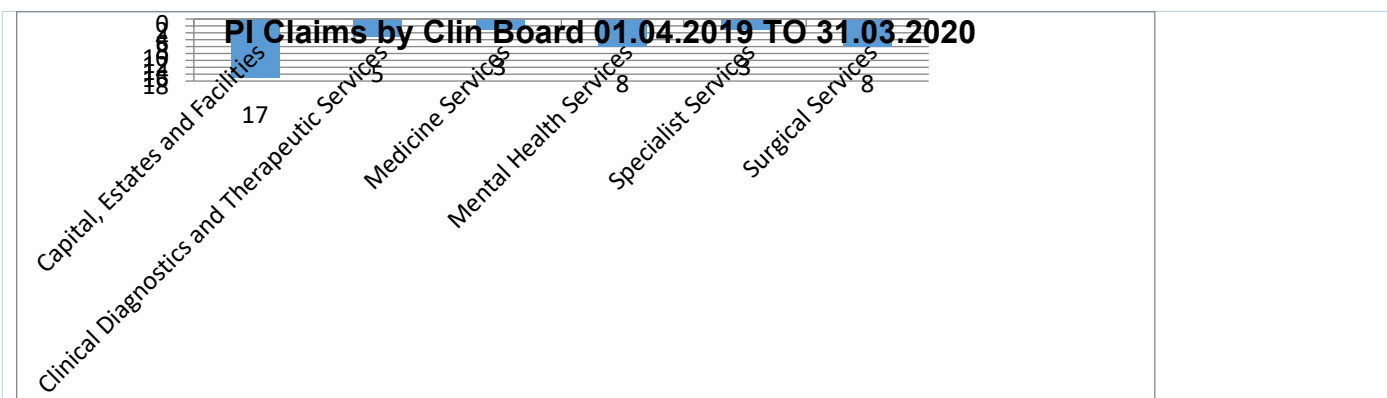
Falls

Injurious in patient falls remains a theme in redress and claims case. There is significant work being undertaken with regular updates provided by the Executive Director of Therapies to the QSE committee

[Falls Paper](#)

Personal Injury Claims:

The Health Board received 44 personal Injury Claims, which is a slight decrease from last year (53) opened during this period.



The highest number of new PI claims, 17 in total, were logged under Capital Estates and Facilities, followed by 8 in Mental Health Clinical Board.

The top three subjects identified were:

- Needlestick/sharps 9
- Behaviour/Violence - intentional injury 6
- Trip 6

Comprehensive reviews of PI claims and action being taken are shared via the Health and Safety group and Legal and risk provide a comprehensive report twice a year where the data is analysed and compared across Wales.

Training and development in Concerns and Claims –this is an area that we are developing and will continue to focus upon

The Concerns/Redress/Claims Team have undertaken various training sessions covering PTR and Breach of Duty throughout the year, including:

- Training to newly qualified Nurses
- All Wales Emergency Unit Consultants
- Directorate Managers, Lead/Senior Nurses and Investigating Officers
- We are currently working with Legal and Risk Services to deliver a training package and had dates secured for this year, however, due to COVID-19, these had to be postponed. Therefore we are looking at ways to provide virtual training and considering developing an online training package.
- Recently introduced a virtual Redress Clinic and invited Directors of Nursing and Investigating Officers to bring cases for discussion or obtain advice on Breach of Duty.

The Claims Managers attend all consultant induction sessions.

ASSURANCE AND RECOMMENDATION

ASSURANCE is provided by:

- The current position on all key indicators relating to concerns and to clinical negligence claims.
- Substantial assurance has been awarded for the most recent internal audit assessment of clinical negligence claims and for Management of Ombudsman cases.
- A culture of openness and transparency within the UHB to examine all available sources of information to provide assurance on the quality, safety and experience of services.

The Quality, Safety and Experience Committee is asked to:

Review the report and **NOTE** the contents.

Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

This paper is presented to the Committee to provide assurance on concerns and claims activity, learning and action taken in the period 1st April 2019 to 31st March 2020.

The UHB has a wide range of data which provides a level of assurance on the safety and quality of services, as well as on the experience of patients and families. This report provides an analysis of information drawn from the investigation of complaints and claims as well as examples of how themes are being addressed.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

The concerns agenda has a significant financial and reputational risk if not managed appropriately

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant, click [here](#) for more information

Prevention		Long term		Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:		Not Applicable							

Kind and caring
Caredig a gofalgar

Respectful
Dangos parch

Trust and integrity
Ymddiriedaeth ac uniondeb

Personal responsibility
Cyfrifoldeb personol

Report Title:	Revised Guidance / Regulations Issued in Response to the COVID-19 Pandemic					
Meeting:	Quality, Safety and Experience Committee (QSE)			Meeting Date:	16 th June 2020	
Status:	For Discussion		For Assurance		For Approval	For Information x
Lead Executive:	Executive Nurse Director					
Report Author (Title):	Assistant Director Quality and Safety					

Background and current situation:

In response to the evolving COVID-19 pandemic a number of organisations have issued revised guidance for staff in relation to a number of clinical practices. Some of the published guidance has required local decision making, especially where there has been conflicting guidance made available from national bodies.

Executive Director Opinion /Key Issues to bring to the attention of the Board/ Committee:

The following processes have been subject to local discussion, decision making and implementation in response to the COVID-19 pandemic and revised published guidance. The following key decisions have been taken and remain under review in the light of emerging evidence:

- Having reviewed all the currently available guidance as was available at 1st May 2020, consideration of the risks faced by first responders in an acute hospital setting, the availability and use of DNACPR and Advanced Care Planning arrangements, it was proposed that staff be advised that commencement of chest compressions can be undertaken only by staff who are wearing full AGP PPE.
- **ALL** patients who suffer a Cardiac Arrest in the community setting will be treated based on the NERVTAG guidance and will not be required to use enhanced PPE.
- Decisions related to DNACPR will continue to be made by medical staff only.
- That Naso-Gastric Tube insertion and swallow assessment is NOT an Aerosol Generating Procedure. The exception to this would be in relation to the higher risk from NGT insertion in ventilated patients or in areas with a high aerosol load, and we would instruct staff to use FFP3 masks in the higher risk acute care areas (defined in the PHE guidance) when inserting NGTs.
- All in-patient death certification (both covid and non-covid) is being carried out by UHB histo-pathologists.

Assessment and Risk Implications (Safety, Financial, Legal, Reputational etc:)

Some of the key pieces of guidance which have required local discussion and approval by the Executive Covid team include:

Use of Personal Protective Equipment for COVID-19 in relation to CPR and resuscitation in acute hospital settings

The health service in Wales had noted a dichotomy between two sets of National Guidance which could have impacted both on patient and staff safety. This required a considered professional discussion and agreement on appropriate interpretation in order to determine implications for clinical practice

Having reviewed all the currently available guidance as was available at 1st May 2020, consideration of the risks faced by first responders in an acute hospital setting, the availability and use of DNACPR and ACP arrangements it was proposed that staff be advised that commencement of chest compressions can be undertaken only by staff who are wearing full AGP PPE.

The following actions were determined in a meeting of the UHB Resuscitation Committee on April 2nd 2020:

- The Resus team will carry HME filters in their packs.
- CPR should proceed as long as the member of staff wears full PPE and has been Fit tested for an FFP3 mask
- PPE will be stocked on resus trolleys
- COVID-19 assessment and escalation protocol should be followed related to deteriorating patients' physiology'
- That the BLS algorithm be amended and distributed widely across the organisation.

To address the particular issues that this would present to staff working in community settings, a revised SBAR was approved by the Covid executive team agreed that within the Community setting it would be difficult for all health care professionals employed by the UHB or in Contractor services commissioned by the UHB (GMS/GDC/Optomety/Community Pharmacies) to be trained to use enhanced PPE for CPR as a precaution for something that rarely happens in the Community health care professional environment. It was agreed that during the duration of the COVID-19 pandemic, **ALL** patients who suffer a Cardiac Arrest in the community setting will be treated based on the NERVTAG guidance and will not be required to use enhanced PPE.

Do Not Attempt Cardio Pulmonary Resuscitation

On 28th March 2020, the All Wales Advance and Future Care Planning Strategy Group issued an emergency update to the All Wales DNACPR Policy in the context of the COVID-19 outbreak.

The current All Wales policy (v.2017) clarifies situations when a DNACPR conversation takes place and is recorded. It is less explicit on situations when there is no existing DNACPR/ACP form and an emergency arises that may have progressed rapidly.

A person with severe COVID-19 infection may deteriorate quickly. For some patients (e.g. see NICE guideline <https://www.nice.org.uk/guidance/ng159/chapter/1-Admission-to-hospital>) it can be reliably predicted that escalation to intensive care will not help them survive.

The COVID-19 pandemic presents exceptional circumstances. The difficulty foreseeing a patient's illness and the risk of sudden deterioration mean that for some people it will not have

been possible to get a decision discussed and signed off by a clinician physically at a patient's bedside, before their heart/breathing stops, even if the patient has previously expressed that they would refuse any future CPR. As regulators, including the Nursing and Midwifery Council have acknowledged, exceptional circumstances can mean that the usual rules and practices do not work. During the pandemic it may not be possible to discuss decisions and explore views with a patient. Delirium is common in this disease. It may not have been possible to consult family members/proxy (because of isolation and, in times of crisis, extreme pressure of work) as would normally be expected, but attempts to do so should be timed, dated and annotated. It is accepted that even if these things are not possible, CPR should not be done if it would not work, particularly given the harm it would cause.

For patients with severe COVID-19 infection with no treatment options to reverse the disease, or who are known not to want escalation, CPR offers no benefit. In the exceptional circumstances of the current pandemic, clinicians of all professions may try to secure a doctor's decision not to attempt CPR. But we must recognise that this may not be possible. Such clinicians, at the coalface of clinical decision making, should not perform CPR that will not work, and that will cause harm to the patient, resuscitators and bystanders, even if no DNACPR decision has been recorded in advance. They should be supported in deciding not to do so. Such a decision should be rapidly discussed with fellow attendees at the scene of an acute deterioration where there is no DNACPR or ACP in place, agreed and recorded very clearly in contemporaneous notes. An informed and balanced decision to withhold CPR, as has been made abundantly clear in our All Wales DNACPR Policy, does not preclude the individual from other forms of treatment if they are needed, or from maximum comfort measures and dedicated care that places dignity as a top priority, and these should be continued in all circumstances.

On 12th April 2020, Welsh government published Guidance on Ethical values and principles for healthcare delivery framework. These can be viewed [here](#). It sets out the Core Values required to inform planning and decision making for health care delivery for all people in Wales

On the 15th April, the Nursing and Midwifery Council and the General Medical Council issued a joint Statement on advance care planning, including do not attempt cardio pulmonary resuscitation (DNACPR). The statement can be viewed [here](#)

In Cardiff and Vale UHB, it was agreed that decisions related to DNACPR will continue to be made by medical staff only.

PPE requirements for NG insertion (and associated clinical procedures)

Differing opinions regarding whether the insertion of nasogastric (NG) or nasojejunal (NJ) tubes are aerosol generating procedures (AGP) had resulted in lack of aligned guidance regarding PPE. This in turn has led to variation in practice and possibly some reluctance to carry out the insertion procedure thus potentially compromising the nutritional status and ultimately recovery of those patients. The status of AGPs is similarly questioned in relation to swallow assessment procedures.

The current WHO and PHE position is that the insertion of NG and NJ tubes is not currently included in the PHE list of procedures that should be considered as AGPS. This can be seen [here](#).

The British Association for Parenteral and Enteral Nutrition (BAPEN) has recently issued (16-04-20) a statement to the effect that insertion of NG or NJ tubes in patients with or suspected to have COVID-19 should be considered an Aerosol Generating Procedures (AGPs) in patients with, or suspected to have COVID-19 and that level 3 PPE should be used. There are also statements from several professional bodies including: RCP, BASP, Intercollegiate General surgical group, RCN, National nutrition nurses group, BDA and RCSLT.

Having reviewed all the currently available guidance, it is the view of the Microbiology and Infected Disease Consultants in the UHB that we continue to regard NG and NJ insertion as a non-aerosol generating procedure and that staff wear PPE in line with current national PPE guidance.

Given the dichotomy of views a meeting was held on 7th May 2020, as a sub-group of the PPE Cell. Inconsistency of approach was reported to be resulting from a hesitancy to insert NG tubes, leaving some patients without access to nutrition, impacting on their care and ability to recover and rehabilitate from Covid-19. Lack of NG tube insertion in the acute hospital sites was further impacting on patient care in community hospitals and DHH. All agreed we need urgently to have a confirmed position on this to reduce likely patient harm. The group was informed that 2 LHBs and 1 Trust have re-classified this procedure as an AGP, against the national PHW guidance.

Following presentations from Microbiology and Infected Disease Consultants on the available evidence the multidisciplinary group voted 19 to support that this is not an AGP, and 4 voted for this procedure to be recognised as an AGP.

The group was made aware that swallow assessment procedure was also an associated clinical function that would be impacted by this decision. Therefore guidance needs to include this procedure too.

The recommendation is therefore to confirm the position of the current guidance that NGT insertion and swallow assessment is NOT an AGP. The exception to this would be in relation to the higher risk from NGT insertion in ventilated patients or in areas with a high aerosol load, and we would instruct staff to use FFP3 masks in the higher risk acute care areas (defined in the PHE guidance) when inserting NGTs.

The matter will be kept under review in the light of any emerging evidence.

There is need for HR support for managers and Clinical Leads to guide how to support this decision which is contrary to several of the clinical staff's professional bodies, though consistent with national PHW guidance.

Coronavirus Act – excess death provisions guidance – this guidance was issued on 2nd April 2020 and ammended the regualtions in relation to the medical certification of cause of death.

This is designed to assist medical practitioners with regard to death certification and completion of cremation forms following the commencement order for the clauses within the Coronavirus Act 2020 relating to these issues on 26 March 2020. The guidance is attached and available here at: <https://gov.wales/health-professionals-coronavirus>

The UHB has established a new Mortality Group. A local flow chart for 'Death in hospital' has been approved. At present all death certification (both Covid and non-covid) is being carried out by Qualified Death Certifiers. At University Hospital Llandough (UHL) this is a group of designated physicians while at University Hospital of Wales (UHW) these individuals are all pathologists.

Recommendation:

The Quality, Safety and Experience Committee is asked to **NOTE** the key decisions taken in response to changes in national guidance and regulations, which have arisen in response to the COVID-19 pandemic.

Shaping our Future Wellbeing Strategic Objectives

This report should relate to at least one of the UHB's objectives, so please tick the box of the relevant objective(s) for this report

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant, click [here](#) for more information

Prevention		Long term		Integration		Collaboration		Involvement	
Equality and Health Impact Assessment Completed:		Not Applicable							

