









## Quality, Safety and Experience Committee

08 September 2020, 13:00 to 16:30  
Woodland House




### Agenda

- |             |  |            |                             |
|-------------|--|------------|-----------------------------|
| <b>1.</b>   | <b>Standing Items</b>  |            |                             |
|             |  |            | Susan Elsmore               |
| <b>1.1.</b> | <b>Welcome &amp; Introductions</b>   |            |                             |
| <b>1.2.</b> | <b>Apologies for Absence</b>   |            |                             |
| <b>1.3.</b> | <b>Declarations of Interest</b>  |            |                             |
| <b>1.4.</b> | <b>Minutes of the Committee Meeting held on 16th June 2020</b>   |            |                             |
|             |  1.4 Draft Public QSE Mins - 16.06.2020.pdf                                   | (7 pages)  |                             |
| <b>1.5.</b> | <b>Action Log – From meeting held 16th June 2020</b>   |            |                             |
|             |  1.5 Action Log June 2020.pdf   | (3 pages)  |                             |
| <b>1.6.</b> | <b>Chair's Action taken since last meeting</b>   |            |                             |
| <b>2.</b>   | <b>Items for Review &amp; Assurance</b>  |            |                             |
| <b>2.1.</b> | <b>Exception Reports – IP&amp;C Position</b>   |            | Ruth Walker                 |
|             |  2.1 Exception Reports – IP&C Position.pdf                                  | (6 pages)  |                             |
| <b>2.2.</b> | <b>Healthcare Inspectorate Wales Update Review</b>   |            | Carol Evans                 |
|             |  2.2 Healthcare Inspectorate Wales Update Review.pdf                        | (5 pages)  |                             |
| <b>2.3.</b> | <b>Healthcare Inspectorate Wales Re-inspection Report EU / AU</b>  |            | Ruth Walker                 |
|             |  2.3 Healthcare Inspectorate Wales Re-inspection Report EUAU.pdf            | (4 pages)  |                             |
| <b>2.4.</b> | <b>Maintaining Quality and Safety in Non-COVID Essential Services</b>  |            | Carol Evans / Caroline Bird |
|             |  2.4 QSE Maintaining quality and safety in non-COVID essential services.pdf | (5 pages)  |                             |
| <b>2.5.</b> | <b>Mortality Review</b>  |            | Stuart Walker               |
|             |  2.5 Mortality Review.pdf   | (9 pages)  |                             |
| <b>2.6.</b> | <b>Safeguarding Annual Report</b>  |            | Ruth Walker                 |
|             |  2.6 Safeguarding Annual Report.pdf   | (45 pages) |                             |
| <b>3.</b>   | <b>Items for Approval / Ratification</b>   |            |                             |

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### 3.1. Systemic Anti Cancer Therapy Peer Review

Stuart Walker

-  3.1 QSE SACT Peer Review\_0920.pdf (2 pages)
-  3.1 Cardiff and Vale UHB SACT Report.pdf (11 pages)
-  3.1 SACT Peer Review Action Plan\_0820.pdf (3 pages)

### 3.2. Neonatal Peer Review

-  3.2 2020 Neonatal Peer review..docx.pdf (3 pages)

### 3.3. Annual Quality Statement 2019-20

Carol Evans

-  3.3 Annual Quality Statement.pdf (62 pages)

### 3.4. Use of Antimicrobial Agents Policy


Darrell Baker

-  3.4 Use of Antimicrobials Agents Policy.pdf (6 pages)

## 4. Items for Noting & Information

### 4.1. Health & Social Care (Quality & Engagement) (Wales) Act

Carol Evans

-  4.1 Health & Social Care (Quality & Engagement) (Wales) Act.pdf (3 pages)

### 4.2. Controlled Drugs Local Intelligence Network

Stuart Walker

-  4.2 CDLIN Annual report 2019.pdf (5 pages)

## 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 & Time of Next Meeting:

Tuesday, 13 October 2020

9:00am – 12:30pm VIA SKYPE

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**Unconfirmed Minutes of the Quality, Safety & Experience Committee**  
**Held on Tuesday, 16<sup>th</sup> June 2020, 9:00am – 12:30pm**  
**Via Skype**

**Chair**

Dawn Ward	DW	Committee Vice Chair & Independent Member – Trade Union
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**Present:**

Michael Imperato	MI	Independent Member – Legal ( <i>via Skype</i> )
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**In Attendance:**

Richard Desir	RD	Director of Nursing – PCIC ( <i>via Skype for part of the meeting</i> )
Lisa Dunsford	LD	Director of Operations – PCIC ( <i>via Skype for part of the meeting</i> )
Carol Evans	CE	Assistant Director of Patient Safety and Quality ( <i>via Skype</i> )
Nicola Foreman	NF	Director of Corporate Governance ( <i>via Skype</i> )
Akmal Hanuk	AH	Independent Member – Community ( <i>via Skype</i> )
Angela Hughes	AH	Assistant Director of Patient Experience ( <i>via Skype</i> )
Charles Janczewski	CJ	Interim UHB Chair ( <i>via Skype for part of the meeting</i> )
Fiona Jenkins	FJ	Executive Director of Therapies & Health Science ( <i>via Skype</i> )
Fiona Kinghorn	FK	Executive Director of Public Health ( <i>via Skype for part of the meeting</i> )
Hywel Pullen	HP	Assistant Director of Finance ( <i>via Skype</i> )
Ruth Walker	RW	Executive Nurse Director ( <i>via Skype</i> )
Stuart Walker	SW	Executive Medical Director ( <i>via Skype</i> )

**Observers**

Urshiva Perez	UP	Wales Audit Office
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**Secretariat**

Laura Tolley	LT	Corporate Governance Officer ( <i>via Skype</i> )
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**Apologies:**

Susan Elsmore	SE	Committee Chair and Independent Member – Local Government
Abigail Harris	AH	Executive Director of Strategic Planning

<div style="position: relative;"> <div style="position: absolute; top: 0; left: 0; transform: rotate(-45deg); font-size: 0.8em;">             Bricknell, Helen              09/08/2020 12:20:28           </div> <div>QSE 20/06/001</div> </div>	<b>Welcome &amp; Introductions</b>  The Committee Vice Chair & Independent Member – Trade Union (CVC / IM-TU) welcomed everyone to the public meeting. The CVC / IM-TU	<b>ACTION</b>
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	extended a special welcome to Richard Desir, newly appointed Director of Nursing for PCIC (DON-PCIC) and Urshiva Perez who represented Wales Audit Office and observed the meeting.	
<b>QSE 20/06/002</b>	<b>Apologies for Absence</b>  Apologies for absence were noted.	
<b>QSE 20/06/003</b>	<b>Quorum</b>  The CVC / IM-TU confirmed the meeting was quorate.	
<b>QSE 20/06/004</b>	<b>Declarations of Interest</b>  There were no declarations.	
<b>QSE 20/06/005</b>	<b>Minutes of the Committee Meeting held on 14<sup>th</sup> April 2020</b>  The Committee reviewed the minutes of the meetings held on 14 <sup>th</sup> April 2020.  The Interim Chair (IC) raised in relation to matters arising that communication, in particular to ethnic minority had taken significantly longer than planned so requested the Committee ensure this would be actioned. In response, the Assistant Director of Patient Experience (AD-PE) advised this would be addressed outside the meeting as a matter of urgency.  <b>Resolved that:</b>  (a) the minutes of the meeting held on 14 <sup>th</sup> April 2020 be approved as a true and accurate record.	
<b>QSE 20/06/006</b>	<b>Action Log following the Committee Meeting held on 14<sup>th</sup> April 2020</b>  The Committee reviewed the action log and noted the following updates:  <b>QSE 20/02/19</b> – it was confirmed this action was complete.  <b>QSE 20/04/014</b> – both actions that related to this minute were complete.  The IC requested that an estimated timeframe be included against actions deferred due to the COVID-19 Pandemic.  <b>Resolved that:</b>  (a) the Committee noted the action log and the verbal updates provided.	<b>LT</b>
<b>QSE 20/06/007</b>	<b>Chairs Action taken since the last Committee Meeting held on 14<sup>th</sup> April 2020</b>  There had been no Chairs Action taken.	



<p><b>QSE 20/06/008</b></p>	<p><b>PCIC Clinical Board Assurance Report</b></p> <p>The DON-PCIC introduced the report and confirmed it provided a snapshot of assurance to demonstrate that PCIC was committed to the safe delivery of all patients and service users of Cardiff &amp; Vale UHB. The DON-PCIC added it was important to note that the report author was Kay Jaynes, his predecessor.</p> <p>The DON-PCIC informed the Committee that the daily operations meeting discussed any quality, safety &amp; experience issues and these were raised to the PCIC bi-monthly meeting.</p> <p>The Director of Operations – PCIC (DO-PCIC) advised the Committee of four significant risks that scored highly within the report;</p> <ul style="list-style-type: none"> <li>• COVID-19 – To address this, an additional COVID-19 Risk Register had been developed;</li> <li>• LDP Growth;</li> <li>• Complex packages of care; and</li> <li>• Primary Care and Community estate development</li> </ul> <p>The Committee were informed that all scored 20, were also evident in 2019-20, and it was important to note an additional risk not included within the report which was:</p> <ul style="list-style-type: none"> <li>• GMS Sustainability.</li> </ul> <p>The CVC / IM-TU queried why the risk was not included within the report. In response, the DO-PCIC explained that work had been completed to address the risk therefore, the pressures on the service had not been evident.</p> <p>The Executive Director of Therapies &amp; Health Science (EDTHS) thanked the DON-PCIC for the leading work in Wales that was being undertaken, especially within Ophthalmology and added that PCIC Clinical Board were leading the way, delivering the UHB Strategy in relation to delivering care closer to home.</p> <p>After Committee discussion, it was agreed Clinical Board reports would be further developed to include recovery plans and improvements to IMTP, this would enable each Clinical Board to showcase the work that had been undertaken within their area.</p> <p>The CVC / IMTU expressed thanks to PCIC Clinical Board for keeping patients safe.</p> <p><b>Resolved that:</b></p> <p>(a) the Committee approved the PCIC Clinical Board Assurance Report</p> <p><i>The IC, DON-PCIC and DO-PCIC left the meeting.</i></p>	<p><b>SW/RW</b></p>

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QSE 20/06/009	<p><b>COVID-19 Related Incident Reporting – Themes and Actions</b></p> <p>The END introduced the report and it was taken as read by all present.</p> <p>The Assistant Director of Patient Safety &amp; Quality (AD-PSQ) advised that a COVID-19 category had been added to the DATIX reporting system and informed the Committee that a larger piece of work would be conducted, led by Welsh Risk Pool which would investigate all incidents reported to look at potential harm caused to non COVID-19 patients during the pandemic. A report on this work would be brought to a future meeting.</p> <p>The CVC / IMTU asked if there were any particular areas identified in relation to infection control breaches. In response, the END explained that it was believed that patients were COVID-19 negative, however they were COVID-19 positive, and this was unknown as they were asymptomatic.</p> <p>The END added that it was not appropriate that the UHB did not have social distancing in practice and a number of staff needed to self-isolate because of this, therefore, further significant work was needed in this area.</p> <p><b>Resolved that:</b></p> <p>(a) the Committee noted the COVID-19 Related Incident Reporting – Themes and Actions</p> <p><i>The Executive Director of Public Health left the meeting.</i></p>	CE
QSE 20/06/010	<p><b>COVID-19 Patient Experience Response</b></p> <p>The AD-PE introduced the report and confirmed the following:</p> <ul style="list-style-type: none"> <li>• 480 tablets had been managed and set up, with thanks to the IT department, which helped to enable family contact and virtual visiting;</li> <li>• Bereavement helpline launched which had received 280 calls to date;</li> <li>• ‘Chatterline’ launched which was run by volunteers for patients and carers who are lonely;</li> <li>• Repatriating of property for the bereaved, this included a condolence card, developed by C7 but amended and used across the UHB;</li> <li>• Chaplaincy service, a day of prayer was held and was very successful achieving over 20,000.00 hits on social media.</li> </ul> <p>The CVC / IMTU commended the Patient Experience team for the work that had been undertaken during COVID-19.</p> <p><b>Resolved that:</b></p>	

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	(a) the Committee noted the COVID-19 Patient Experience Response.	
<b>QSE 20/06/011</b>	<p><b>COVID-19 Assurance on Reporting of Deaths</b></p> <p>The Executive Medical Director (EMD) introduced the report and confirmed the UHB provided excellent assurance in reporting COVID-19 deaths in all areas, with a very low number of missed cases.</p> <p>The Independent Member – Community (IM-C) asked how relatives and /or the community were informed should a patient die, who had a negative test but Doctors believed they had COVID-19. The EMD advised that the uncertainty would be described in an honest, open, and sensitive discussion.</p> <p><b>Resolved that:</b></p> <p>(a) the Committee noted the COVID-19 Assurance on Reporting of Deaths.</p>	
<b>QSE 20/06/012</b>	<p><b>Annual Quality Statement</b></p> <p>The AD-PSQ introduced the report and advised the Committee that due to COVID-19, the team were unable to provide patient stories and videos in the statement and the Annual Quality Statement was presented in draft format due to timing issues with the designer used, the Committee were informed that the end of year data was outstanding and would be added to the report and the final Annual Quality Statement would be brought to the August meeting.</p> <p>The AD-PSQ welcomed feedback on the statement and requested this be sent by the 3<sup>rd</sup> July 2020.</p> <p>All Committee members commended the team for the excellent piece of work.</p> <p><b>Resolved that:</b></p> <p>(a) the Committee considered the Annual Quality Statement.</p>	<b>CE</b>
<b>QSE 20/06/013</b>	<p><b>End of Year Position on Quality Indicators</b></p> <p>The END introduced the report and confirmed although the UHB were in an ongoing pandemic, a number of indicators had reduced which was very positive and significant progress had been made in all areas. Pressure Damage required further work, therefore it would be a focus for 2020-21.</p> <p>The Committee were informed a workshop would be held to agree other areas of focus for 2020-21, this would be brought to a future meeting along with detail on how performance indicators would be delegated into sub committees. It was also noted that future indicators would be benchmarked against other Health Boards in and outside of Wales.</p>	

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	<p>The Independent Member – Legal (IM-L) commented that pressure damage had been seen in the Committee for over 2 years so would welcome this being moved on.</p> <p>The EMD explained that looking at the proposed quality and safety indicators for 2020-21 would also lead into a broader area on how the UHB could have an integrated performance report that would go to Board. The Director of Corporate Governance (DCG) added that a piece of work on the development of an integrated performance report had begun a number of months ago, led by the Director of Digital &amp; Health Intelligence and this would be picked up outside of the meeting.</p> <p>The IM-C asked if learning could be taken from the UHB experience with Canterbury. In response, the END confirmed that work had been undertaken with Lightfoot.</p> <p><b>Resolved that:</b></p> <p>(a) the Committee noted the End of Year Position on Quality Indicators.</p>	
<b>QSE 20/06/014</b>	<p><b>Concerns and Claims Report</b></p> <p>The END introduced report and advised the Committee there had been a 10% increase which was positive as the UHB encouraged people to raise concerns. The number of concerns closed had increased by 15% and performance was above Welsh Government targets at 82%. The Committee were informed there was no particular change with themes and the team expected to receive PI claims going forward, along with clinical negligence claims due to COVID-19.</p> <p><b>Resolved that:</b></p> <p>(a) the Committee noted the Concerns and Claims Report</p>	
<b>QSE 20/06/015</b>	<p><b>Items for Noting &amp; Information</b></p> <p>The following item was presented for noting:</p> <ul style="list-style-type: none"> <li>Revised Guidance/Regulations Issued in Response to the COVID-19 Pandemic</li> </ul> <p><b>Resolved that:</b></p> <ul style="list-style-type: none"> <li>the Committee noted the Revised Guidance/Regulations Issued in Response to the COVID-19 Pandemic</li> </ul>	
<b>QSE 20/06/016</b>  Bricknell Helen 09/08/2020 12:20:28	<p><b>Any Other Business</b></p> <p>The EMD requested Dr Raj Krishnan – Assistant Medical Director for Quality &amp; Safety be added to the Committee membership going forward. After Committee discussion, this was agreed and the DCG advised the membership could be reviewed again when the Terms of Reference are revised in September.</p> <p><b>Resolved that:</b></p>	

	<p>(a) the Committee noted the any other business raised</p> <p>(b) the Committee approved that Dr Raj Krishnan be added to the Committee membership</p>	<b>LT</b>
<b>QSE 20/06/017</b>	<p><b>Items to bring to the attention of the Board/Committees.</b></p> <p>There were no items to be brought to the attention of the Board or sub Committees.</p>	
<b>QSE 20/06/018</b>	<p><b>Review of the Meeting</b></p> <p>The IM-TU facilitated a review of the meeting. Members confirmed that:</p> <ul style="list-style-type: none"> <li>• Very well Chaired meeting</li> <li>• Skype worked well</li> </ul>	
<b>QSE 20/06/019</b>	<p><b>Date &amp; Time of next Meeting</b></p> <p>Tuesday 18<sup>th</sup> August 9:00am – 12:30pm Via Skype</p>	

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# Action Log

## Quality, Safety & Experience Committee

Following the meeting held on Tuesday 16<sup>th</sup> June 2020

MINUTE REF	SUBJECT	AGREED ACTION	DATE BY	LEAD	STATUS/COMMENT
<b>Actions Completed</b>					
QSE 20/06/016	Committee Membership	Dr Raj Krishnan be added to Committee membership going forward.	22.06.2020	Laura Tolley	<b>Complete:</b> Dr Krishnan has been invited to all future meetings.
<b>Actions In Progress</b>					
QSE 20/02/008  QSE 20/04/005	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.  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.
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 19/12/009 <i>Bricknell Helen 09/08/2020 12:20:28</i>	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.

MINUTE REF	SUBJECT	AGREED ACTION	DATE BY	LEAD	STATUS/COMMENT
					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.
<b>QSE 19/12/014</b>	Internal Inspections	To share the App designed to improve the quality and consistency of audit outcomes with the Community Health Council.		Ruth 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.
<b>QSE 19/12/016</b>  <b>QSE 20/04/005</b>	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	Fiona 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.
<b>QSE 19/12/019</b>	Healthcare Inspectorate Wales Primary Care Contractors	The Community Health Council to provide a paper to a future meeting of the Committee relating to their visits to Primary Care Contractors	15.12.20	S Allen	To come to the December 2020 meeting.
<b>QSE 19/09/011</b>	Gosport Review	To provide timeframes from the recommendations of the Gosport Review		Carol Evans	To be completed within 12 months.
<b>QSE 20/06/008</b>	Clinical Board Assurance Reports	Reports to be further developed to include recovery plans and improvements to IMTP going forward.		Stuart Walker / Ruth Walker	
<b>QSE 20/06/009</b>	COVID-19 Related Incident Reporting – Themes and Actions	A future report detailing the work carried out by Welsh Risk Pool in relation to potential harm caused to patients due to COVID-19 be brought to a future meeting.		Carol Evans	

MINUTE REF	SUBJECT	AGREED ACTION	DATE BY	LEAD	STATUS/COMMENT
QSE 20/06/012	Annual Quality Statement	The final Annual Quality Statement be brought to the Committee in August for sign off	18/08/2020	Carol Evans	On the agenda for August Item 3.3
<b>Actions referred to Board / Committees</b>					
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	Ruth Walker	To be added to Board Development agenda at next opportunity.

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<b>Report Title:</b>	<b>Exception Reports – IP&amp;C Position</b>						
<b>Meeting:</b>	QSE Committee				<b>Meeting Date:</b>		
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Approval</b>		<b>For Information</b>
<b>Lead Executive:</b>	Ruth Walker, Executive Nurse Director						
<b>Report Author (Title):</b>	Ruth Walker, Executive Nurse Director Jason Roberts, Deputy Executive Nurse Director						

### Situation:

The Executive Nurse Director is informing QSE Committee of the incidents and outbreaks of COVID-19 infection within the hospital settings in Cardiff & Vale UHB during the pandemic. She will also provide the Committee with assurance on the actions taken to control these incidents and outbreaks, with particular emphasis to East 2, University Hospital of Llandough.

### Background:

#### Current UK definitions for healthcare acquired COVID-19:

- Positive specimen taken on day of admission or following day: community acquisition
- Positive specimen taken on days 3-7: indeterminate acquisition
- Positive specimen taken on days 8 – 14: probable healthcare associated infection

It has always been assumed during the extreme pandemic that a significant number of patients would be admitted to hospital with an unknown COVID-19 infection status. This was particularly relevant in the early stages with the initial testing and uncertainty around the epidemiology. Placing patients in hospital settings was very challenging, particularly while trying to manage the safe admissions of patients, with the identified length of incubation period (14 days)

#### Cardiff & Vale UHB Situation up to 13 July 2020:

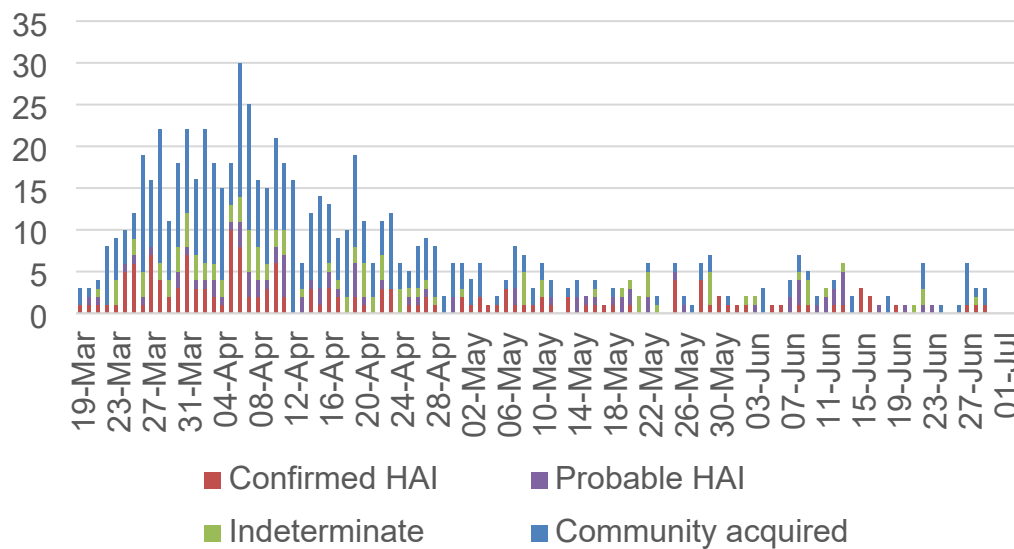
Positive specimen taken >14 days after admission: healthcare associated infection

- 5006 tests performed on inpatients
- 845 confirmed cases
- 16.9% positivity

The current position in Cardiff & Vale:

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## C&V Inpatient cases March-July 2020



The above table has been broken down into two main areas:

### **Retrospectively identified clusters:**

- UHW B5
  - 7 cases between 23/3/20 - 2/4/20
    - 2 HCAI
    - 5 community acquisition
- Rookwood ward 7
  - 11 cases between 22/3/20 – 14/4/20
    - All HCAI
- St David's Lansdowne
  - 7 cases between 1/4/20 - 7/5/20
    - 6 HCAI
    - 1 probable HCAI
- St David's Rhydlafer
  - 7 cases between 6/4/20 - 1/5/20
    - 4 HCAI
    - 3 probable HCAI
- UHL Mental Health Services
  - 43 cases 30/3/20 – 10/7/20
    - 34 HCAI
    - 2 probable HCAI
    - 1 indeterminate
    - 4 community acquired

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### **Prospectively identified clusters:**

- UHL East 2
  - 31 patient cases and 13 staff cases between 9/6/20 - 8/7/20
    - 11 HCAI
    - 11 probable HCAI
    - 2 indeterminate
    - 4 community acquired
- UHL East 7
  - 5 patient cases and 5 staff cases between 21/6/20 - 9/7/20
    - 2 HCAI
    - 3 probable HCAI
- UHW B5
  - 3 patient cases and 2 staff cases between 23/6/20 – 8/7/20
    - 1 probable HCAI
    - 2 indeterminate

### **Factors influencing clusters:**

- Recognition of broad symptomatology - Evolving case definition means early cases may have been misdiagnosed
- Transmission from healthcare workers - Early focus on protecting staff from positive patients, staff-staff and staff-patient transmission not recognised early on
- Changing PPE guidance – On review of early cases we know that National and local guidance evolved quickly as more evidence became available. This proved challenging at the time due to changing advice
- Overwhelmed IPC resources - Undersized team struggled to deal with rapidly escalating demands, to include Personal Protective Equipment (PPE) advice

### **Ongoing issues identified:**

- Difficulty accessing admission/length of stay data for mental health patients - Some data now accessible but MH data systems less geared towards IPC data collection
- Challenges accessing department/ward level data on staff sickness - Difficult to identify staff clusters
- Ongoing shortage of IPC staff - Small staff complement means resource usage must be strictly prioritised and may result in reactive rather than proactive management

### **Actions going forward:**

- Proactive intervention in high prevalence areas
- Data input into national surveillance programme
- Develop, implement, and publicise up to date IPC precautions
- Review genotyping/sequencing data to build clearer picture of chains of transmission

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

Throughout the management of the pandemic managerial, clinical and IP&C teams worked together to do all they could to keep patients and staff safe. Using the national and international guidance, reviewing data and adapting clinical practice. They continually reviewed actions and can demonstrate learning from these incident and outbreaks. They have used this learning to inform the zoning and practices as we open up services within the UHB.

## Assessment:

The outbreak of particular concern within Cardiff & Vale UHB was East 2, University Hospital of Llandough, which identified the highest incidence of COVID-10 infection to date. East 2 is a 31 bedded nightingale ward. At the time of the outbreak the nightingale ward had 19 beds. 2 beds were removed to accommodate the 2 metre rule, following the initial outbreak.

- 10 June 2020 – Five patients tested positive for COVID-19 and a further 4 patients were symptomatic. One member of staff reported symptoms. The Nightingale area was closed.
- 13 June 2020 – Patients in other bays tested positive and 6 staff members reported symptoms. Infection Prevention and Control recommended the whole ward be closed to admissions/transfers and Medicine Clinical Board complied.
- By the 9 July 2020 - 31 patients tested positive to COVID-19.
  - 13 staff members who tested positive to COVID-19 and
  - a further 6 who were symptomatic.
- The timeline indicated that 20 of the patients had healthcare acquired COVID 19
- The remaining 11 patients we could not conclusively rule out healthcare acquisition
- There were 328 bed days lost over the outbreak period.

Hospital	Ward	Onset Date	End Date	Patients	Staff	BDLost	Reason	No of Confirmed
UHL	E2	09/06/20	09/07/20	31	13	328	COVID-19	44 (inc staff)

## Factors influencing infection spread:

- Open Nightingale Ward.
- Confused and wandering patients present during the time of the outbreak.
- High footfall noted on the ward.
- Office environment has limited space.
- PPE not utilised by ward staff during handover.
- Rooms having multipurpose - Staff room and store room
- Movement of staff across a number of wards.
- Relaxed approach to PPE following ward re-branding to 'AMBER'.
- Acquisition could be both patient to patient, staff to patient and patients to staff.

## Actions Implemented:

- Daily UHL site meeting at 4pm from 15 June 2020 daily to review action plan as well as any cases of potential hospital transmission. Now undertaken on a weekly basis from 10 July 2020.
- Six Outbreak meetings held between 16 June 2020 to 8 July 2020. These were attended by IP&C, Infection Control Doctors (4 out of 6), Consultant Physician (4 out of 6), lead Nurse, Senior nurses, ward manager, UHL general manager, Operational Services and Estates. The meeting was chaired by the Deputy Executive Nurse Director on 4 occasions.
- All meetings were attended by Consultant from Public Health Wales to provide external scrutiny
- Formal review of Nightingale bay set up.
- 21 point action plan completed
- There was significant footfall noted on the ward – Split professions between two ends of ward and time of day to reduce volume

### Current situation:

- The ward is open to admissions and transfers.
- There have been no new cases of COVID – 19 originating from E2 for 28 days.
- IP&C meetings continue on a weekly basis, examining issues raised by UHL as a whole.
- All action points completed.

### Summary:

- Significant impact to 31 patients and 13 staff who contracted COVID-19.
- Excellent collaboration noted between staff – IPC, nursing in all specialties, facilities and AHP's.
- No new cases of hospital transmission for 28 days.
- Action Plan produced and all items now closed.

### Recommendation:

The QSE Committee is asked to

- Discuss the incidents and outbreaks of COVID-19 infection within the hospital settings in Cardiff & Vale UHB during the pandemic.
- Explore the actions taken to control these incidents and outbreaks, with particular emphasis to East 2, University Hospital of Llandough.

### 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	
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	
<b>Five Ways of Working (Sustainable Development Principles) considered</b> <i>Please tick as relevant, click <a href="#">here</a> for more information</i>							
Prevention		Long term		Integration		Collaboration	Involvement
<b>Equality and Health Impact Assessment Completed:</b>		Yes / No / Not Applicable <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>					



<b>Report Title:</b>	<b>HEALTHCARE INSPECTORATE WALES ACTIVITY</b>					
<b>Meeting:</b>	Quality, Safety and Experience Committee			<b>Meeting Date:</b>	<b>18.08.2020</b>	
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>	<b>X</b>	<b>For Approval</b>	<b>For Information</b>
<b>Lead Executive:</b>	Executive Nurse Director					
<b>Report Author (Title):</b>	Patient Safety and Quality Assurance Manager					

### Background and current situation:

The purpose of this report is to provide the Quality, Safety and Experience Committee with an overview of the reviews/inspections carried out by Healthcare Inspectorate Wales (HIW) since the last over-arching report to the Committee in February 2020. The paper seeks to assure the Committee that action is already being implemented in response to the findings of inspections and that appropriate monitoring of progress against the actions is being undertaken.

HIW is the independent inspectorate and regulator for health care in Wales. The core role of HIW is to review and inspect the NHS and Independent Healthcare organisations in Wales so that assurance can be given to patients, public, Welsh Government (WG) and healthcare providers that services are safe and of good quality.

Inspections are a means of providing assurance that services are meeting the Health and Care Standards (2015) and are meeting any other relevant professional standards and guidance. Inspections are a structured process and are underpinned by the view of Francis (2013), who emphasised the importance of undertaking direct observations of a service and care provided. Unannounced inspections undertaken by HIW allow them to see services in the way they usually operate and focus on the following themes:

- Quality of the patient experience
- Delivery of safe and effective care
- Quality of management and leadership
- Delivery of a safe and effective service

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

HIW stepped down their usual inspection programme at the start of the outbreak of Covid-19 maintaining a scaled down service of assurance and inspection. They will be piloting a different approach to their work going forward between August and October 2020. Three unannounced inspections have been undertaken since the last report to committee, and the second phase of the National Maternity review has been resumed.

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

#### Update on HIW activity during the COVID-19 outbreak

Brigid Hill Helen  
08/08/2020 12:20:28



HIW ceased their routine inspection and review programme from March 17th 2020 due to the Covid-19 pandemic. HIW have however continued to monitor and follow up on any significant concerns regarding safety and quality of care. They have continued to:

- Monitor intelligence relating to healthcare in Wales and use this to identify patterns and concerns
- Meet and exercise their essential statutory duties regarding the regulation of Ionising Radiation (Medical Equipment) Regulations
- Deliver the second opinion appointed doctor service, however, this service is delivered remotely
- Work with key stakeholders and partners to ensure they can monitor the quality and safety of healthcare services in Wales
- Together with counterpart regulators of the Ionising Radiation (Medical Exposure) Regulations in England, Northern Ireland and Scotland, HIW published a response to the developing COVID-19 epidemic which you can read [here](#)
- HIW have also made changes to the way they operate the Review Service for Mental Health in Wales during this period. You can read the updated guidance and amended methodology for the service [here](#)

On 6th July 2020, HIW announced its intention to revise their approach to assurance and inspection for the foreseeable future. They will be piloting a new way of working from August to October which will allow them to deploy their workforce in a more agile way, responding to risks and issues while taking account of revised operating models during the pandemic.

A key feature of the new approach will be the use of a three tiered model of assurance and inspection that reduces the reliance on onsite inspection activity as the primary method of gaining assurance. This will include;

- Tier 1 activity which will be conducted entirely offsite and will be used for a number of purposes but, at this stage, primarily where issues cannot be resolved via the standard concerns process and where the risk of conducting an onsite inspection remains high.
- Tier 2 will introduce a combination of offsite and limited onsite activity,
- Tier 3 will represent a more traditional onsite inspection.

HIW expect the majority of their work to be Tier 1 throughout August and September. For this activity, where work is announced, there will be a shorter lead in time (at least 7 working days), a smaller inspection team with most of the assurance work being completed through a request for information, and a follow-up phone or video call with key personnel. Following a short period of factual accuracy checking, there will be a written summary and, where required, an improvement plan. The summary report will be published as soon as possible after the activity has taken place and the accuracy checking has been completed.

### **Update on thematic reviews:**

#### **National Maternity Review**

In the last report to Committee, we advised that an unannounced inspection of maternity services took place from November 18<sup>th</sup> 2019. The improvement plan was accepted by HIW and the final report was published on 21/02/2020 and can be found [here](#).

We have been advised that HIW are preparing for phase 2 of the National Maternity Review and they have requested information in relation to community clinic sites ahead of a planned



inspection and patient engagement visit. We have not yet been advised if this visit will be announced or unannounced.

As a further part of phase 2 of the review HIW have requested a self- assessment of maternity services to be completed by CEO/Chairs. This was submitted on 24<sup>th</sup> July 2020. HIW will also be carrying out a number of virtual interviews with key Executive staff to look at how organizational governance arrangements promote safe and effective care. The interviews are scheduled to take place week commencing 3<sup>rd</sup> August 2020.

### **Announced visits**

A two day announced visit that was due to take place in the Cardiff North Community Mental Health Team on March 17<sup>th</sup>/18<sup>th</sup> 2020 was cancelled due to the Covid-19 outbreak. This will be rescheduled in due course.

### **Unannounced inspections**

Since the last report to Committee in February 2020 the outcomes of three unannounced visits have been concluded:

#### **Sam Davies Ward, Barry Hospital**

HIW undertook an unannounced inspection of Sam Davies ward on January 28<sup>th</sup>-29<sup>th</sup> 2020. HIW found overall that the ward provided a very good environment to support the care and treatment of the patients. This is what they found the service did well:

- They found that the ward was well equipped, with a range of activities available to patients.
- The number of initiatives on the ward to improve patient outcomes was commended.
- Staff on the ward were committed to delivering a very good standard of patient care.
- There was very good management and leadership seen within the ward and staff felt supported by management.
- Patients reported a positive experience on the ward and were treated with dignity and respect.

HIW recommended the service make the following improvements;

- Improve discharge planning to avoid delayed transfers of care.
- The ward should provide a training matrix for staff.

An improvement plan was accepted by HIW and the final report was published on the 16<sup>th</sup> June 2020 which you can read [here](#)

#### **Hafan Y Coed- Elm and Maple wards**

Between 10-12th February 2020, HIW undertook an inspection of Elm and Maple wards in Hafan y Coed.

An immediate assurance was issued relating to the sleeping out policy and mandatory training compliance. The UHB were required to review and update the sleeping out policy. Further, the UHB were requested to provide details of the action taken to ensure that decisions made on sleep outs are documented in patients' records and that records contain clear rationale for the decision. In addition, the health board were asked to provide HIW with the actions taken to

improve the compliance rates for mandatory training of staff who are currently out of compliance. An immediate assurance plan was submitted which was accepted by HIW.

Overall, HIW found a dedicated staff team that were committed to providing a high standard of care to patients. HIW observed that staff interacted with patients respectfully throughout the inspection. They found evidence of strong and supportive leadership on both wards. HIW found the service provided safe and effective care. The final report is due to be published imminently as it was delayed due to the disruption caused by the Covid-19 outbreak.

### Emergency Unit/Assessment Unit follow up inspection

Following a series of unannounced inspections by the Community Health Council and subsequently HIW in March 2019, a follow up inspection took place of the Emergency and Assessment units at University Hospital of Wales on March 10<sup>th</sup> & 11<sup>th</sup> 2020. The outcomes of this inspection will be presented in a separate report to the August 2020 committee.

### Self- assessment of surgical services – trauma and orthopedic care

An unannounced inspection is still yet to have been made.

### Primary Care Contractors

The outcomes of visits to Primary care contractors will be presented in a separate report to the December 2020 Committee due to limited activity over the Covid 19 period.

### Recommendation:

The Quality, Safety and Experience Committee is asked to:

- **NOTE** the level of HIW activity across a broad range of services.

**AGREE** that the appropriate processes are in place to address and monitor the recommendations.

### 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	
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					
<b>Five Ways of Working (Sustainable Development Principles) considered</b> <i>Please tick as relevant, click <a href="#">here</a> for more information</i>									
Prevention		Long term		Integration	x	Collaboration	X	Involvement	
<b>Equality and Health Impact Assessment Completed:</b>		Not Applicable <i>If “yes” please provide copy of the assessment. This will be linked to the report when published.</i>							

<b>Report Title:</b>	<b>Healthcare Inspectorate Wales (HIW) re-inspection of the Emergency Unit and Assessment Unit UHW</b>				
<b>Meeting:</b>	Quality, Safety and Experience Committee			<b>Meeting Date:</b>	<b>18.08.2020</b>
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>	x <b>For Approval</b>	<b>For Information</b>
<b>Lead Executive:</b>	Executive Nurse Director				
<b>Report Author (Title):</b>	Patient Safety & Quality Assurance Manager				

### Background and current situation:

In March 2019, HIW carried out an unannounced inspection of the Emergency Unit/ Assessment Unit at the University Hospital of Wales. This visit, resulted in immediate assurance issues in relation to the suitability of the Lounge area in the AU as an area for unwell patients who want to sleep and/or lie down, staffing levels in the Assessment Lounge, checks in relation to the resuscitation trolley and fridge temperatures, and medication being stored in an unlocked cupboard.

A robust improvement plan was put in place with a range of measures to be implemented including addressing the flow of patients through the Assessment Unit and specifically the Lounge area. For example, a Trauma Ambulatory Care Unit (TACU) is now open and the extension of the opening of the Surgical Assessment Unit (SAU0 to a 24/7 model) has been firmly established.

The improvement plan is discussed at the Clinical Board and Directorate Quality and Safety Meetings and has remained a standing agenda item to ensure sustainability of actions.

During March 10<sup>th</sup> and 11<sup>th</sup> 2020 HIW undertook an unannounced re-inspection of the Emergency and Assessment unit.

The purpose of this report is to provide members of the Quality, Safety and Experience Committee with an update on the outcome of the re-inspection. The Committee has received previous updates in April 2019, a detailed improvement plan in September 2019 and an update on the progress of the action plan in February 2020.

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

HIW reported positively on the Medicine Clinical Board (MCB) efforts in successfully addressing a number of the actions in the improvement plan. HIW did issue an immediate assurance at the re-inspection due to finding 6 patients not wearing patient identification bands. This issue has been addressed by the MCB and an improvement plan accepted by HIW. Since the re-inspection the EU/AU footprint has been re-purposed due to the Covid-19 pandemic which has impacted the focus of the response within the improvement plan.

Bricknell Helen  
09/08/2020 12:20:28

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

HIW found that the UHB had made very good progress over the past 12 months and noted that the majority of improvements noted in the action plan last year had been implemented. HIW found significant improvements within the AU lounge, and the AU overall in relation to the patient experience and safe and effective care. HIW noted that there had been improvements achieved not only within the AU and EU, but they also saw evidence of change to support the AU within the wider hospital, with changes to models of care in other departments, such as increasing admission times within the Surgical Assessment Unit (SAU), and the implementation of the Trauma Assessment Care Unit (TACU).

Overall, HIW found evidence that the health board strived to provide a good patient experience and deliver safe and effective care.

This is what HIW found the service did well:

- Patients reported staff were kind and professional
- Senior Managers were visible, approachable and proactive
- Effective communication and professionalism between members of staff was observed
- Posts within the nursing establishment had been filled in the EU, which has improved patient care and safety
- HIW were promptly provided with copies of comprehensive procedures and protocols for the AU and EU
- Resuscitation equipment was checked regularly and following a cardiac arrest HIW observed that the resuscitation trolley was replenished, checked and ready for further use
- Information is readily available for sepsis, and a dedicated sepsis board was displayed within the unit
- Controlled drug and food fridges were regularly checked and locked
- Healthcare audits which allowed for general observations and judgements to prompt the department to take action
- HIW observed the acuity of patients being checked by consultants and the ward manager during frequent ward rounds
- HIW attended hospital patient flow meetings and saw evidence of effective patient flow and bed allocation, and use of the 24 hour facility in the surgical assessment unit
- HIW saw evidence that the length of patient stay was being monitored, and issues escalated where applicable
- HIW saw Red Cross volunteers in a support role, communicating with patients and assisting with nutritional requirements
- Staff told HIW they felt supported by management.

However, they reported that some areas remained in need of improvement.

HIW found that six patients in the lounge area of the Assessment Unit were not wearing patient identification wristbands. Two patients were in receipt of intravenous medication. The absence of a patient identification wristband can result in misidentification and the compromise of patient care and safety. An immediate assurance was therefore issued by HIW and the service were asked to provide HIW with details of the action it will take to ensure a system is in place to ensure all patients have a patient identification band to ensure staff can correctly identify patients and provide the right care. The service developed an improvement plan to address the immediate assurance which was accepted by HIW.

HIW were very concerned about the cleanliness and security of the service tunnels which were being used as a thoroughfare for children and adult patient transfers out of the department. The Clinical Board recognise that the service tunnels are less than ideal for this purpose, however they offer the only exit out of the department to Covid-19 adult streaming wards. Security has been reviewed in the tunnels and 16 fully functional cameras are insitu. Capital Estates have advised that water present in the tunnels is due to condensation from the pipe work and it is unlikely that it can be improved. Since the re-inspection at the beginning of March 2020, the footprint of the EU has been re-purposed and radically changed as part of the Covid-19 response. The paediatric EU has been re-located to the Childrens Hospital of Wales; this means children are no longer transported through the service tunnels to the wards.

HIW found that the service required improvements in other areas. These included:

- The décor, fixtures and fittings, fire prevention and security facilities in the paediatric emergency unit require improvement
- Ensuring adequate nurse staffing levels on night shifts in the paediatric EU and paediatric EU consultant cover
- The positioning of recliner chairs in the assessment lounge to ensure patient privacy and comfort
- Provision of drinking water in the emergency lounge waiting area
- Adequate and appropriate completion of nursing documentation in the emergency unit
- Security of medication and drugs removed from cupboards and fridges and left on worktops
- Regular disposal of the contents of sharps boxes
- Staff training compliance and completion of personal development reviews.

Since the re-inspection the repurposing of the EU/AU footprint means that the assessment lounge no longer exists and there are no plans by the service to reinstate it. In addition, there are no fixed time scales for the return of the paediatric emergency unit from the Children's hospital. Currently the minor injuries unit is located in the paediatric EU area. A review of fire prevention equipment has already taken place and a security door is not now required as minor injuries is an adult area, however should the paediatric EU return there will be a review of security arrangements ahead of the move. In the last report to the committee the Medicine Clinical Board highlighted the need for environmental upgrade of the area.

The Directorate/Clinical Board developed a robust improvement plan to address these improvements and this was accepted by HIW on 9<sup>th</sup> July 2020. The improvement plan will continue to be monitored through the Directorate Quality and Safety Meeting. The final report from HIW is yet to be published on their website.

#### **Recommendation:**

The Quality, Safety and Experience Committee is asked to **NOTE** the outcomes of the re-inspection and the progress with implementation of the improvement plan and **CONSIDER** whether sufficient progress is being made to improve quality, safety and experience in this area

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							
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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 <a href="#">here</a> for more information									
Prevention		Long term		Integration	X	Collaboration	x	Involvement	
<b>Equality and Health Impact Assessment Completed:</b>	Yes / No / Not Applicable If "yes" please provide copy of the assessment. This will be linked to the report when published.								



<b>Report Title:</b>	<b>Maintaining Quality &amp; Safety in Non-COVID Essential Services</b>					
<b>Meeting:</b>	Quality, Safety & Experience Committee			<b>Meeting Date:</b>	08/09/20	
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Approval</b>	
<b>Lead Executive:</b>	<b>Executive Nurse Director and Chief Operating Officer</b>					
<b>Report Author (Title):</b>	Carol Evans, Assistant Director Patient Safety & Quality Caroline Bird, Deputy Chief Operating Officer - 029 21 741803					

### Background and current situation:

In mid-March 2020, as NHS Wales moved from the 'contain' phase to the 'delay' phase in the COVID-19 pandemic, the Health Board's focus not only changed to managing COVID-19 but also to ensuring non-COVID essential services were maintained. Welsh Government issued a summary of services deemed essential based on World Health Organisation (WHO) guidance but broadly they can be defined as services that are life-saving or life impacting i.e. where harm would be significant and irreversible, without a timely intervention.

The delivery of essential services in the context of COVID-19 is challenging. This paper will, therefore, set out the actions that have been taken to ensure both the delivery and quality and safety of essential services have been maintained. A number of the measures implemented are equally applicable to maintaining quality and safety for COVID patients and other services not categorised as essential where these are being re-introduced.

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

- The Health Board has maintained essential services throughout the COVID-19 pandemic and is steadily re-introducing other services in a safe manner
- The Health Board has developed an operating framework to provide for both COVID and non-COVID patient groups.
- The Health Board has implemented a range of actions to ensure both the delivery and quality and safety of essential services have been maintained.

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

#### Local and national operating frameworks

In response to the uncertainty of the COVID demand profile, the Health Board has developed an operating framework designed to be highly adaptable and provide for both COVID and non-COVID patient groups. This operates within a rolling six week planning cycle, informed by data and modelling, and allows the Health Board to 'gear' the service provision to appropriately respond to the changing levels of demand. The local framework is congruent with the national framework. The overriding principle of both frameworks is the need to minimise harm, balancing risks across the system and the four different types of harm i.e. harm from COVID itself; harm from reduction in non-COVID activity; harm from overwhelmed NHS and social care system; and



harm from wider social actions/lockdown.

## **Demand**

Both low and high levels of demand, dependent on the service and patient acuity, present different challenges for patient quality and safety. Since the start of the pandemic we have seen a similar picture in levels of demand across unscheduled and planned care, with levels decreasing in March and rising again in April onwards, albeit it to lower levels than previously.

With the drop in emergency attendances and urgent referrals in primary and secondary care in the early part of the pandemic, there was particular concern that people were delaying seeking medical help for serious health conditions. One example is that the Health Board only received 27% of its previous volumes of urgent suspected cancer referrals in April. The Health Board undertook a series of targeted communication campaigns, therefore, to remind the public that NHS services remained open for emergency and urgent care and to urge people not to delay seeking medical help. Following the cancer referrals example through, after a communication campaign led by our GP Cancer Lead, referrals have steadily increased and are now back to 80% of previous levels.

An increase in demand, however, in some services can lead to overcrowding, increasing the risk of COVID transmission in our primary care, community and hospital settings. Plans are being implemented, therefore, to minimise attendances and help keep staff and patients safe by avoiding bringing them to hospital wherever possible. These plans include:

- maximising the opportunity for virtual consultations, for example GP practices using AttendAnywhere, a video consulting service and 35% of secondary care outpatient appointments over June and July were undertaken virtually.
- Implementing clinically led alternative patient pathways, for example CAV24/7 and Healthpathways.

## **Clinical prioritisation**

In line with the overriding principle of minimising harm, prioritisation of need and service delivery is based on clinical stratification rather than time based targets.

## **Capacity**

The Health Board has repurposed and reconfigured a large proportion of its facilities in order to maximise capacity to ensure it remains 'COVID ready', can maintain essential services and re-introduce more routine services when safe to do so. This includes a number of service moves to allow expansion and continuation of non-COVID essential services, for example the fracture clinic was transferred to UHL to allow the expansion of the Emergency Unit footprint and cardiac surgery was transferred to UHL.

In addition, the Health Board has expanded its available bed base (including critical care) so that it has sufficient headroom to ensure emergency and essential services can continue in the event of significant COVID demand. This includes recommissioning two community hospital wards, converting the physiotherapy outpatients area in UHW and a vacant space in UHL into ward areas and vacating Owl ward in the Children's Hospital for Wales. For extremis, the Dragon's Heart Hospital was commissioned.

The clinical teams have also established a zoning plan to provide both segregated ward and theatre capacity for five distinct patient streams based upon their COVID status. Given the risk of COVID, it is necessary to separate these various patient streams to provide appropriate levels of protection to these patients and the staff who care for them. This is important both to reduce the actual risk of transmission of COVID but also to rebuild confidence for clinicians and patients to re-establish activity.

This zoning has included the establishment of a 'Protected Elective Surgery Unit' ('Green zones') at both UHW and UHL, providing dedicated elective capacity in a designated area. These environments have strict admission criteria and operate as a 'hospital within a hospital', including separate access, facilities, processes, pre-admission self-isolation and testing arrangements and staffing. The fundamental objective of establishing the 'green zones' is to protect patients and staff whilst maintaining non-covid essential services and re-commencing more non-covid routine services.

To create further headroom, the Health Board has also been utilising capacity at Spire Private Hospital, Cardiff. This also operates as a 'green zone', enabling patients diagnosed with cancer and other urgent conditions to receive treatment since the beginning of the pandemic.

### **Infection, Prevention & Control Measures**

In maintaining and delivering services throughout the pandemic the Health Board and Clinical and Operations Teams have benefitted from a support 'cell structure' whereby corporately led teams have come together to guide service delivery. The Executive Nurse Director led the cell for IP&C and for PPE. Actions taken throughout the period were guided by advice from this group.

The Health Board continues to follow relevant COVID-19 Infection, Prevention and Control (IP&C) guidance and implement recommended measures to minimise COVID19 in-hospital transmission. This includes:

- The use of the appropriate level of Personal Protective Equipment (PPE) in COVID and non-COVID areas.
- Scientifically guided whole system approach to COVID testing (based on national guidance)
- Patient zoning and cohorting arrangements to separate COVID and non-COVID patients
- Promoting good practice – good hand and respiratory hygiene; physical distancing; risk assessments; environmental decontamination protocols

### **Monitoring and surveillance**

Rigorous monitoring and surveillance is central to understanding COVID-19 transmission, allowing the Health Board to 'gear' the service provision and continue to provide safe care for all of its patients, including non-covid essential services. In response to the pandemic, the Chief Operating Officer chairs a COVID-19 Operations Meeting and considers a range of monitoring and surveillance information. This has included daily and weekly Early Warning Surveillance data. Also of note, is a rolling clinical audit in place to capture the outcomes of all surgical procedures undertaken in the 'Green zones'.

## Summary Position

Whilst the Health Board has had some success in protecting access to non covid essential services during and since a first wave of the pandemic, this has been a somewhat unique response given the unprecedented nature of the challenge. During this time a constant balance of risk has been made in relation to the extent to which services could continue to operate versus the potential harm from infection.

Throughout this period the Executive team has supported clinicians in making these difficult judgements and has received advice from national bodies as well as local support groups – such as the IP&C and PPE cell referred to in this paper.

Going forward, this balance of risk will continue to be applied and our actions will be continue to be guided by clinical advice. There remains risk in the system - and the degree of uncertainty, particularly in the immediate winter period, is such that it is likely to be some time before services are fully reinstated.

## **Recommendation:**

The Committee is asked to **NOTE:**

The range of actions that have been taken to ensure both the delivery and quality and safety of essential services have been maintained.

That actions taken have been based on clinical risk, local Executive led support groups and national guidance.

The continued uncertainty as a result of a potential second wave meaning that the current balance of risk approach will continue to be applied.

## **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	
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				innovation thrives					
Five Ways of Working (Sustainable Development Principles) considered Please tick as relevant, click <a href="#">here</a> for more information									
Prevention		Long term	x	Integration	x	Collaboration		Involvement	
Equality and Health Impact Assessment Completed:		Not Applicable							

<b>Report Title:</b>	<b>Mortality – Learning from Deaths</b>					
<b>Meeting:</b>	Quality Safety and Experience Committee			<b>Meeting Date:</b>	18.08.2020	
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Approval</b>	
					<b>For Information</b>	<b>x</b>
<b>Lead Executive:</b>	Executive Medical Director					
<b>Report Author (Title):</b>	Head of Patient Safety and Quality Improvement					

## Background and current situation:

### Wales-wide developments –

There are three essential Wales-wide pieces of work related to learning from deaths that Cardiff and Vale University Health Board (UHB) is participating in. These are the implementation of the Medical Examiner (ME) and supporting structures; the implementation of e-Datix for recording and monitoring mortality reviews and the revised all-Wales Mortality Review Steering Group to develop robust systems and processes and share learning.

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

There is much work associated with learning from deaths nationally and locally. The Medical Examiner Service is expected to be fully operational by 1<sup>st</sup> April 2021. This will be hosted in 4 hubs across Wales. Recruitment for South East Wales is under way. There will be some changes in practice associated with this given that the base will not be in DGHs as originally proposed. There is a lot of detail to be worked out nationally and locally.

A UHB Mortality Review Group is now established with membership consisting of senior representation from all the clinical boards and relevant corporate teams.

This group will oversee the local implementation of the MES and the whole learning from deaths process including the governance arrangements. It will also collate the learning from deaths information and agree priorities for improvement. There are draft terms of reference which need to be agreed.

At present the UHB does not have full oversight of stage 2 mortality reviews. We cannot provide robust assurance that these are being done and lessons are being learnt. The Patient Safety Team has insufficient resource to support this adequately at present. The two things impacting on stage 2 reviews are that there is yet to be agreement on the final stage 2 review form and there is no repository for stage 2 findings.

The E-Datix mortality module will be rolled out across Wales which will be the repository for stage 1 and 2 reviews. There are technical problems that need to be resolved by NWIS. This may delay the implementation of E-Datix.

Following the reduction in COVID-19 cases, lessons are being sought through national audit and

other reviews in preparation for subsequent surges. The biggest constraint is case note retrieval due to the volume of notes, very tight timescales and insufficient staff. Additional temporary staff are being sought.

Until the MES is implemented there will be uncertainty about the impact on the Coroner's Office and the Concerns processes. It is expected that the Coroner referrals from the MES and those escalated for a second stage review will be more appropriate however.

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

### **Medical Examiner (ME) Service –**

The paper to committee in April 2020 describes the rationale and purpose of the ME Service which can be viewed here

<http://www.cardiffandvaleuhb.wales.nhs.uk/sitesplus/documents/1143/QSE%20Boardbook%20-%202014%20April%202020.pdf> .

The implementation of the ME service is long overdue and has been delayed further due to COVID-19. In developing a single service across Wales a National Medical Examiner; National Programme Manager and National Medical Examiner Officer are progressing the implementation. The rollout will be gradual in order to learn lessons and develop a robust, standardised service.

Hubs in the 4 regions of Wales will be created by October 2020. Recruitment has commenced in South East Wales. Through small scale build up it is expected that all deaths (about 30,000 not including the excess COVID related deaths) will be reviewed by the MEs by April 2021.

The original proposal was for MES to have offices in major District Hospital sites across Wales. Since then there has been a massive investment in IT for remote working. The likely site for the ME office is Imperial Park, Newport so that there is easy access to both Cardiff and Vale and Aneurin Bevan UHBs.

### **E-Datix**

The Once for Wales approach has resulted in the procurement of a Datix mortality module along with a new complaints and incident reporting systems. The Datix module is being rolled out across Wales and is expected to be fully implemented by 31<sup>st</sup> March 2021 in alignment with the MES. These functionalities will provide effective and efficient links that support learning from deaths. National and local level data will be available.

There will be a demonstration of the new module at the next national steering group. As yet nobody in the UHB has actually seen the module to understand its functionality though. It is expected that there will be an impact on the UHB link to the data warehouse where the mortality dashboard exists.

The highest risk to the success of the Once for Wales Concerns Management System is lack of interconnectivity with Enterprise Master Patient Index (EMPI) which is hosted by NWIS. All health board patient management systems feed into the EMPI.

The current data extracts will need to be revised and the UHB Electronic Mortality Audit Tool will probably need to be run in parallel with Datix module.



The MES will feedback into health board and trust governance systems via the new Datix system. Any issues identified by the ME will be referred into the stage 2 process for consideration by that organisation. (Note that stage 2 mortality reviews form part of the stage 3 investigation process in the Once for Wales system).

### **National Mortality Review Steering Group**

The revised group met for the first time on 28<sup>th</sup> July 2020. New terms of reference are being drafted for a revised (National) Mortality Review Steering Group which will report to the Medical Directors Group. There is an interim chair pending decisions round appointing a substantive one. The UHB has representation in this group. The (National) Mortality Review Steering Group will be responsible for providing guidance, advice and support to Health Boards on the further development and implementation of consistent, robust methods for mortality reviews. It will ensure that a collaborative approach is adopted and aligned with the ME stance so that lessons are widely shared and actioned to improve the quality and safety of care.

The group will develop a stage two mortality review tool that is fit for use in Primary Care along with the one in development for hospital deaths.

### **UHB Learning from Deaths Group**

The first full meeting of the UHB Learning from Deaths Group was held on 22<sup>nd</sup> July. Draft Terms of Reference were largely accepted pending a few minor amendments.

The purpose of the group is:

- To facilitate the introduction of the Medical Examiner, Medical Examiner Officer and associated roles to enable all patients who die in hospital to have an accurate cause of death recorded on the certificate and an independent review of treatment and care leading up to the death. This will be expanded to primary care deaths as the medical examiner role expands.
- To strengthen the processes for recording, measuring and reporting mortality rates and closely monitor these.
- To establish robust processes that support clinical teams to do level two reviews on patients referred to them via the pathologist or Medical Examiner in the long term.
- To generate and support an ongoing system of learning and improvement as a result of the mortality reviews and from other sources such as national clinical audit reports
- To become the forum for holding clinical boards to account for sharing learning from level 2 reviews.
- To provide membership to the All-Wales steering group.

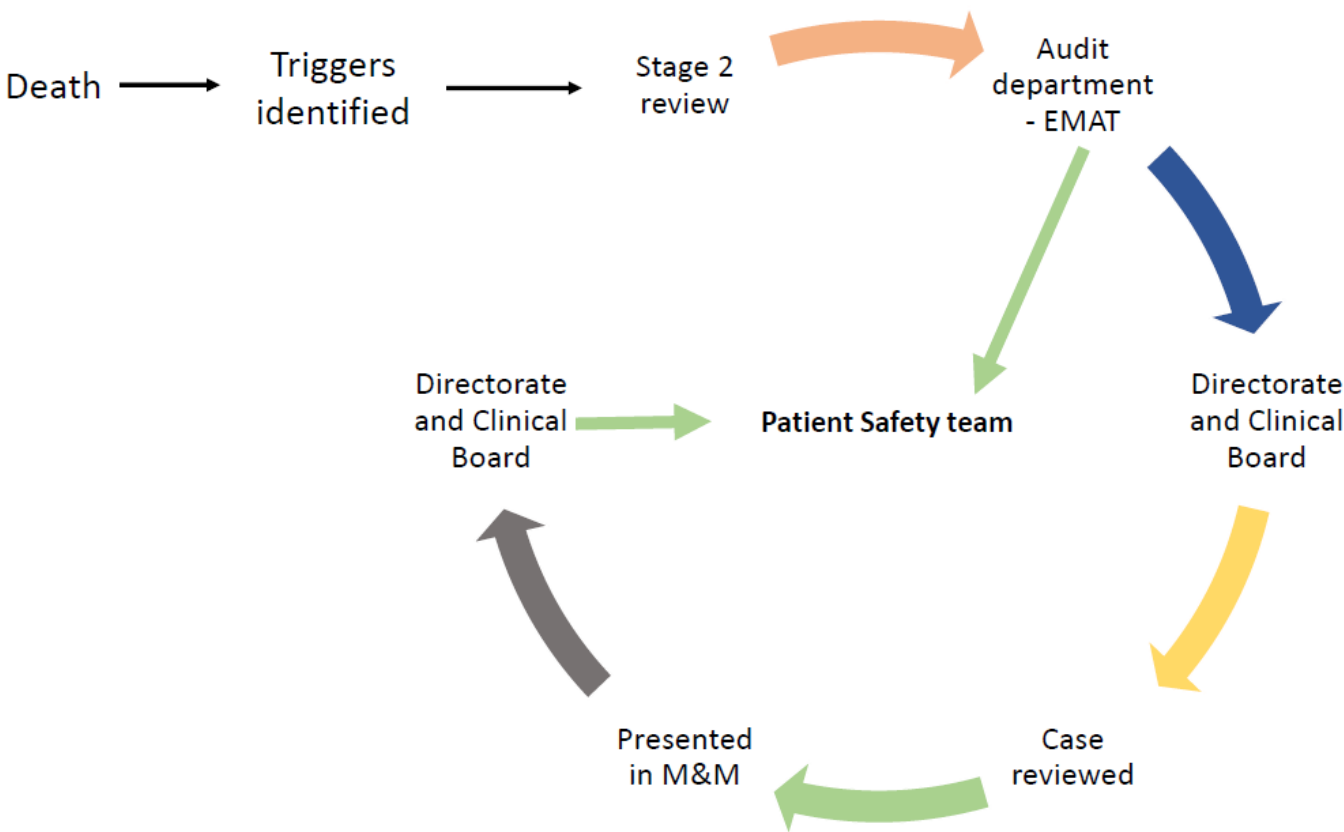
### **Recording and reporting -**

A new reporting tool was implemented across Wales for COVID-19. This largely replaced the Stage 1 Universal Mortality Review (UMR) tool. It is more of a brief clinical record and asks different questions to the UMR. The risk is that the new tool does not sufficiently trigger stage 2 reviews in EMAT. This can be seen in graph 2 from April 2020.

At present we have no corporate oversight on how stage two mortality reviews are managed and recorded in directorates and clinical boards. There are some pockets of good practice but this is not systematic and well embedded across the organisation. There is currently no

repository for stage two reviews which was pending the agreement of the stage two review tool. Thus clinical boards currently manage their own processes. One proposal being explored is outlined in the diagram below.

## Stage 2

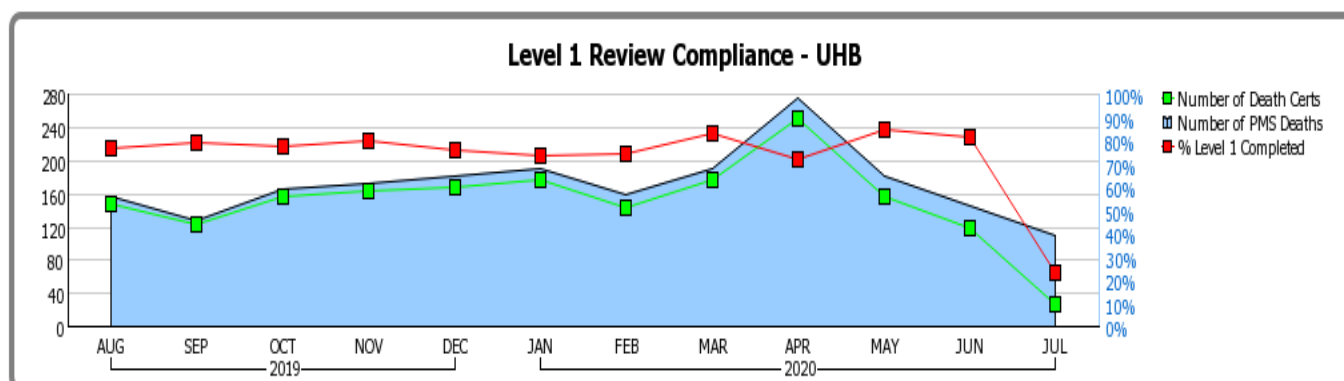


The MRG will support the development of more robust processes.

Graph 1 below shows the % stage 1 mortality reviews has remained fairly constant at 80-90 % with the exception of April 2020 when there was a spike in deaths due to COVID 19.

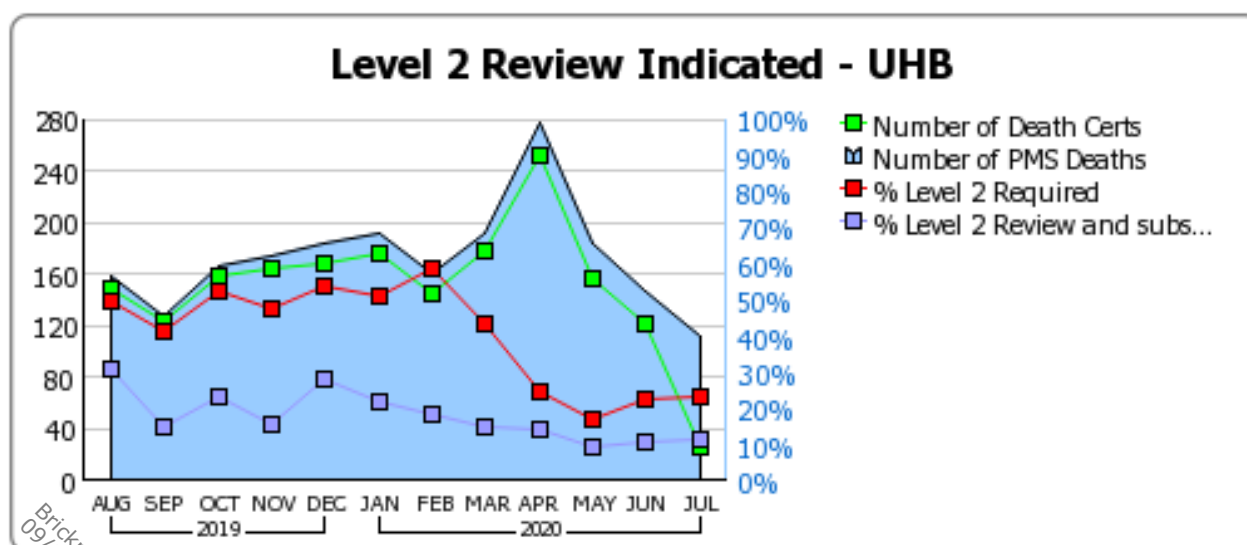
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Graph 1 – showing the number of inpatient deaths and % level one reviews recorded (note July 2020 is incomplete).

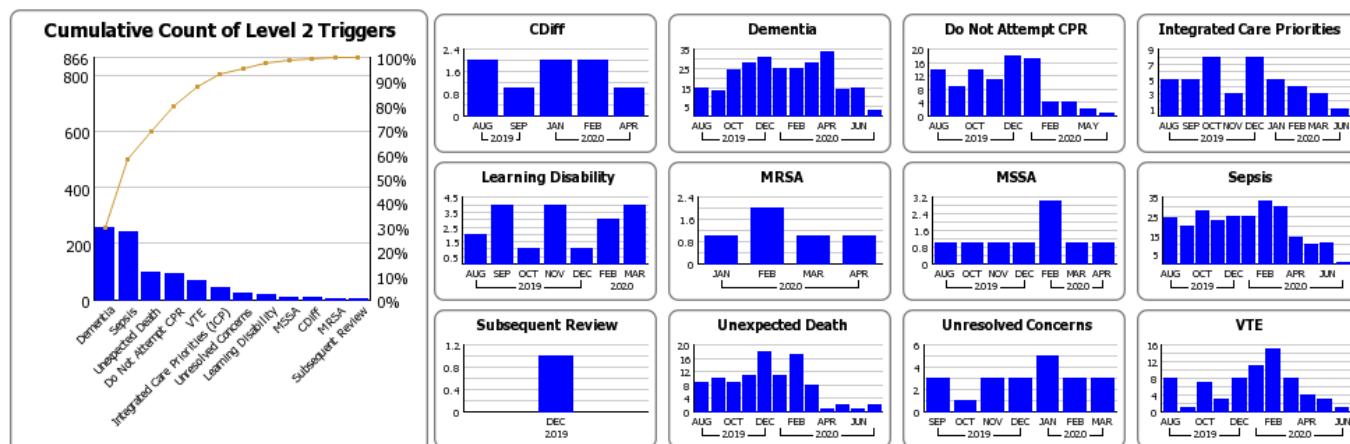
The specificity of triggers for stage 2 reviews is weak. For example a patient who is terminally ill from lung cancer may have sepsis at the end of life but this was not the cause of death. Many people had appropriate care yet were triggered for a stage 2 review due to sepsis. EMAT was further developed and the process revised to include a consultant opinion on the need for further reviews. This has lowered the UHB % conversion to that in line with other health boards in Wales (purple line in graph 2 below).



Graph 2 – % level 2 reviews indicated.

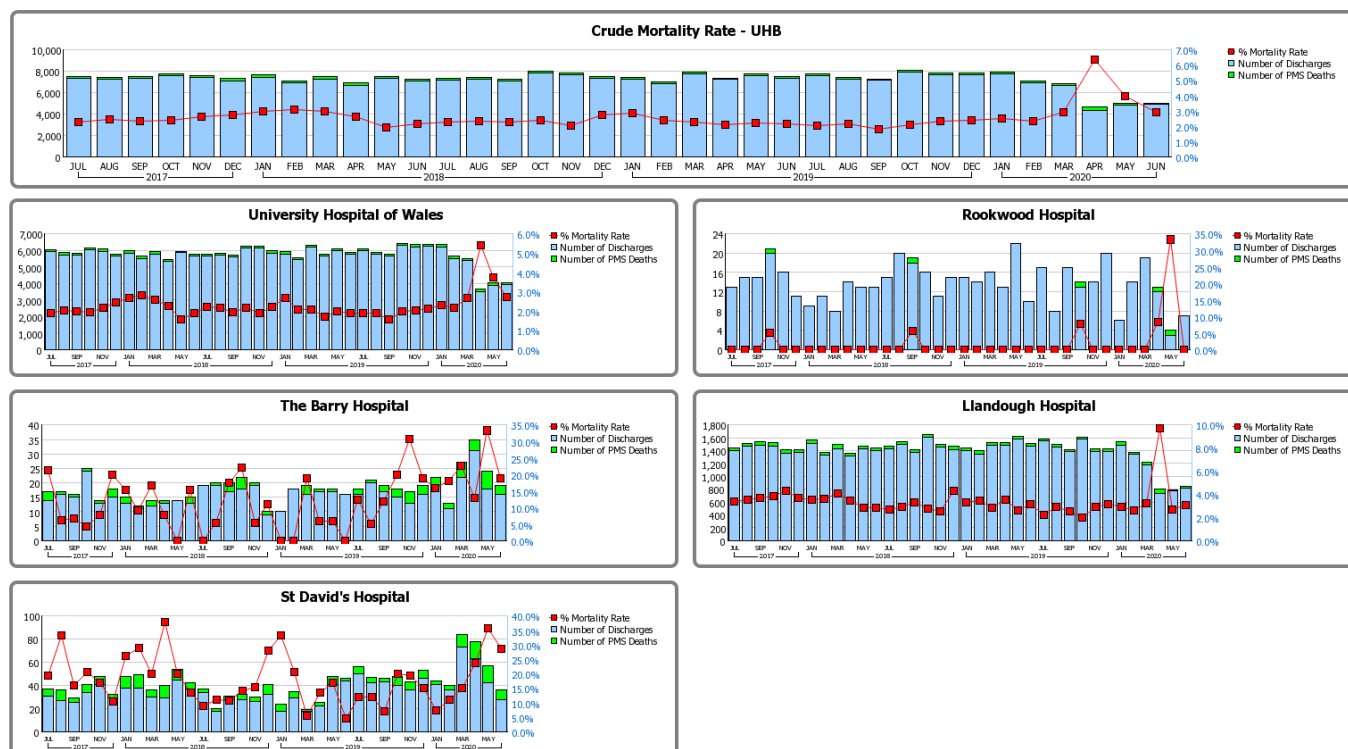
EMAT enables a monthly count of the reasons for triggering a stage 2 review (graphs 3 below).

Work is ongoing to improve the quality of care and reduce the incidences of sepsis and the health care associated infections.



Graph 3 – count of the triggers for stage 2 reviews.

EMAT provides data on the number of inpatient deaths each month. This can be broken down to specialty level. Graph 4 indicates whether there is an average or lower number of deaths (this is shown as green), slightly higher (between one and two standard deviations which shows as amber) or higher than two standard deviations which shows red. At a glance we can see whether there are more than the expected number of deaths (table 1 below).



Graph 4 showing the number of deaths and the red, amber, green status.

## Examining deaths from COVID-19

A paper by the Technical Advisory Group Examining Deaths in Wales associated with COVID-19 was published on 15<sup>th</sup> July 2020 by Welsh Government.

The key findings were:

- 'There were proportionally fewer deaths in Wales than in the UK as a whole during the first wave of the COVID-19 pandemic and fewer than most parts of England.
- As yet we do not fully understand why this is the case
- Further work is required at a UK level to understand the relationship between COVID-19, policy interventions and deaths in each of the four countries, so that we can mitigate as much harm as possible in future waves'.
- 

The full report can be found here [https://gov.wales/sites/default/files/publications/2020-07/technical-advisory-group-examining-deaths-in-wales-associated-with-covid-19\\_0.pdf](https://gov.wales/sites/default/files/publications/2020-07/technical-advisory-group-examining-deaths-in-wales-associated-with-covid-19_0.pdf)

A large all-Wales audit is proposed to review treatment given to patients with COVID-19 in order to review and refine the COVID-19 pathway in September, ahead of the next wave. The constraint for the UHB is retrieving the 1400 sets of case notes in a month. Support from medical records and extra resource is being sought.

### **Learning Disabilities**

It has long been recognised that people with learning disabilities are often subject to more health inequalities than the wider population. There is a specific all-Wales group investigating LD deaths that contributes to the national Mortality Review Group main group.

'Comparison with deaths amongst all Welsh residents, suggests that the mortality rate from COVID-19 is around 3x to 8x higher in this cohort than the population as a whole.

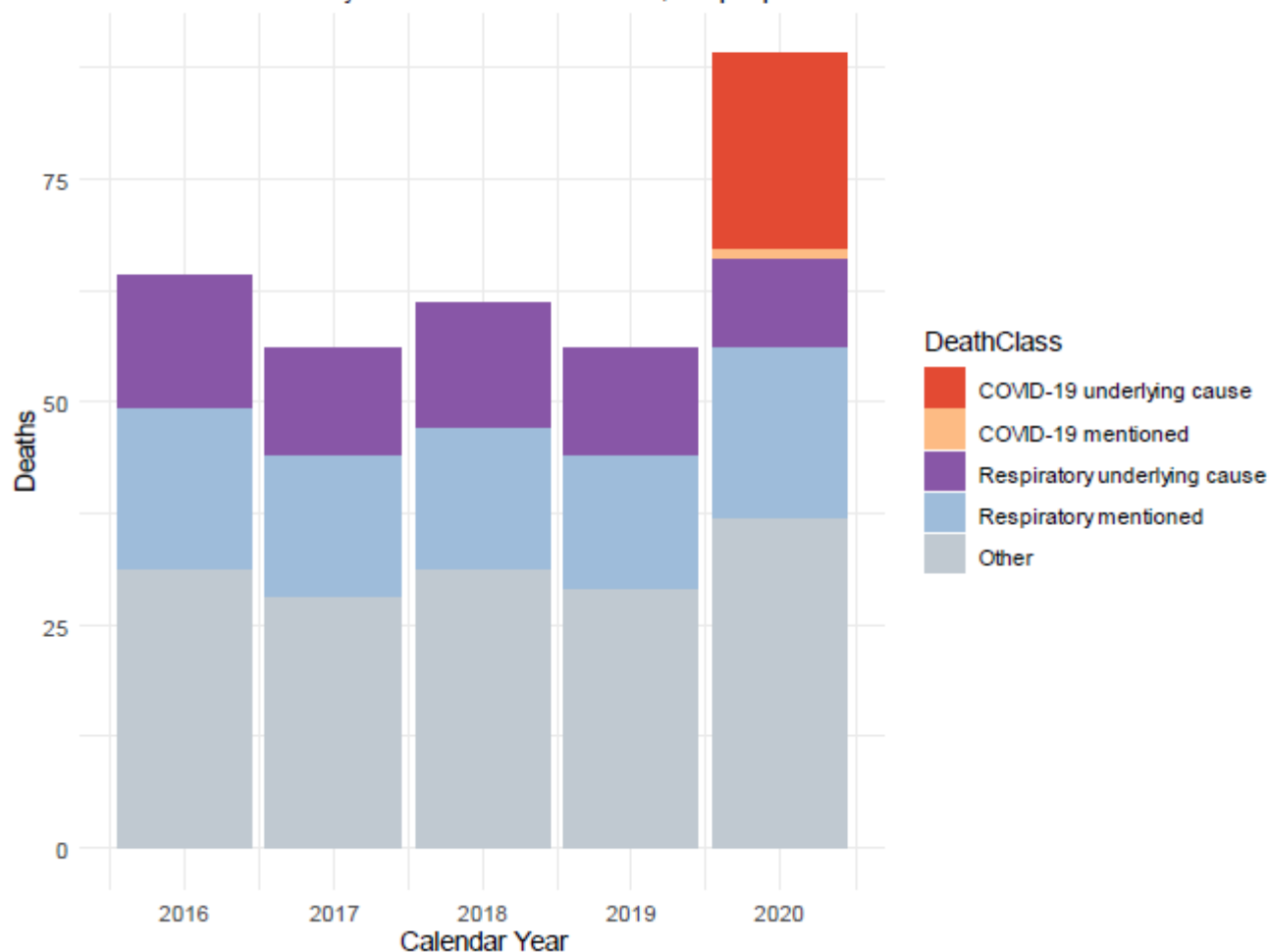
Despite this, the proportion of deaths in this cohort involving COVID-19 remains similar to that in the population as a whole. This is because this cohort has a higher mortality rate from causes other than COVID-19' (COVID-19 related deaths in Wales amongst People with Learning Disabilities from 1<sup>st</sup> March to 5<sup>th</sup> May 2020, 28<sup>th</sup> May 2020, Improvement Cymru).

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## Deaths from 1st March to 25th April amongst PwLD identified from inpatient data

Includes both Welsh residents and those registered with Welsh GPs

Cohort identified each year includes around 13-15,000 people



Graph from COVID-19 related deaths in Wales amongst People with Learning Disabilities from 1<sup>st</sup> March to 5<sup>th</sup> May 2020, 28<sup>th</sup> May 2020, Improvement Cymru.

In Wales 25 people identified with learning disabilities from inpatient data died from COVID 19 in the period from 1<sup>st</sup> March- 5<sup>th</sup> May 2020. Two of these were resident in Cardiff and Vale UHB.

The findings suggest that the rate of deaths involving COVID-19 is higher amongst people with learning disabilities but this is in line with the higher mortality rate amongst this population. The EMAT dashboard provides reasonably up-to-date mortality data. The change from the Universal Moratilty Review tool to the COVID-19 death reporting tool may mean that some patients were not triggered for a second stage review when they previously would have been.

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## Recommendation:

The Committee is asked to **NOTE** progress and future plans associated with learning from deaths.

### 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	
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	x	Long term		Integration		Collaboration		Involvement	
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#### Equality and Health Impact Assessment Completed:

Yes / No / Not Applicable

*If "yes" please provide copy of the assessment. This will be linked to the report when published.*

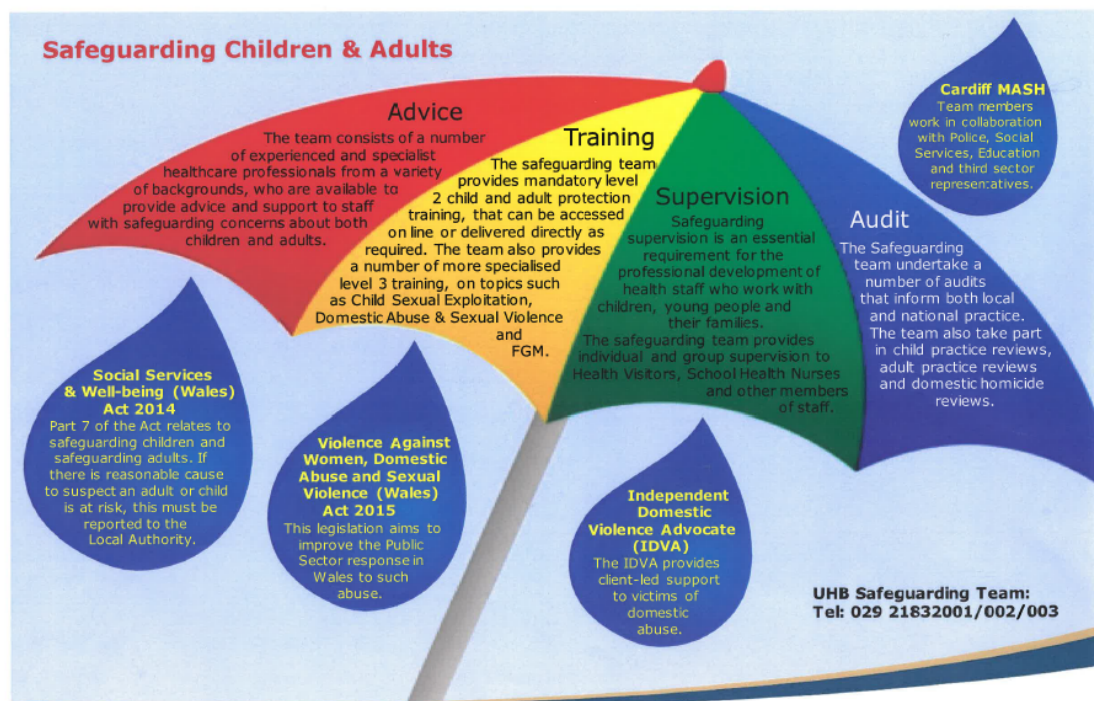




**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board

# Cardiff and Vale University Health Board Safeguarding Children and Adults at Risk Annual Report 2019/20



CARING FOR PEOPLE  
KEEPING PEOPLE WELL



Bwrdd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board

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# 1. Introduction

The 2019/20 Cardiff and Vale University Health Board (UHB) Safeguarding report portrayed a forecast for the coming year that considered the work to be undertaken by the integrated corporate Safeguarding Team. Areas highlighted formed part of the work plan for the team to ensure that progress has been made and projected development is maintained. The forecast areas are shown, to demonstrate advancement made:

1. Audit of Domestic Abuse cases identified in ED: **incomplete**
2. Ensure the commencement of the Welsh Government National Training Framework, is rolled out across UHB Clinical Boards with identified disciplines for Group 2 and 6: **Group 2 achieved**
3. Re-launch the Designated Lead Manager (DLM) process in line with the Social Services & Well-being Act (SS&W-b Act) by introducing the Health Lead Practitioner (HLP) role: **achieved**
4. Implement the Safeguarding Group Supervision for Health Lead Practitioners for safeguarding adults at risk: **achieved**
5. Audit key areas across the UHB to ascertain compliance with Regional Safeguarding Board (RSB) Child/Adult Practice Review and Domestic Homicide recommendations: **incomplete**
6. Safeguarding to work in partnership with the Health Visitor (HV) service to increase the recording of domestic abuse routine enquiry questions: **achieved**
7. Work with UHB Clinical Boards (CB) to clarify the reason for making a referral to Children's Services: **achieved**
8. Demonstrate partnership working to engage with communities in relation to anxieties around Female Genital Mutilation (FGM) reporting: **achieved**
9. Consider safeguarding training with the Chaplaincy and volunteer service: **achieved**
10. Embed Modern Slavery into existing safeguarding training and provide bespoke sessions as required by specific clinical areas within CBs: **achieved**
11. Introduce a PREVENT awareness training work plan to share across the UHB: **achieved**
12. Introduce an additional full day Level 3 training day on Safeguarding Themes - Adults: **achieved**
13. Provide safeguarding supervision to the Child & Adolescent Mental Health Service (CAMHS) team once the repatriation from Cwm Taf Health Board is complete: **achieved**
14. Audit of Young People 16 and 17 year olds on adult wards: **achieved**
15. Undertake an audit to evaluate the support offered to staff involved with a child or adult practice review: **achieved**
16. Work with South Wales Police colleagues to improve the support for staff completing police statements. Develop an agreement whereby police statements are taken in a planned and supported manner to ensure efficiency and accuracy of information: **achieved**

To continue to improve and develop, the Safeguarding Team will consider the growing population of the region to guarantee that the local Public Health plan for 2018-21 is respected and provides a benchmark for safeguarding service delivery. The current report states that the Cardiff and Vale Integrated Medium Term Plan (2018-21), the Population Assessment for Cardiff and Vale (2017) and the Well-being Assessments (2017) for Cardiff and Vale of Glamorgan, suggests that the

population of Cardiff is growing at nearly 1% per year, the population of Cardiff and Vale is expected to exceed 5000,000 in 2020. The average age of people in the region is increasing and expected to increase for those over 85 years by 15% over the next five years and nearly 40% over 10 years. The region is recognised as one of the most ethnically diverse populations in Wales, with one in five people from a Black or Minority Ethnic (BME) background. These statistics, as well as health inequalities identified in specific neighbourhoods across Cardiff and the Vale of Glamorgan, impact on safeguarding and well-being of individuals and families, resulting in targeting service to meet demand.

To promote the safeguarding agenda the corporate team consists of:

- Head of Safeguarding
- Named Doctor for Safeguarding Children
- Senior Nurse Safeguarding
- Seven Safeguarding Nurse Advisors
- Safeguarding Nurse Advisor (Flying Start)
- Safeguarding Nurse Advisor (Midwifery Services)
- Safeguarding Trainer/Nurse Advisor
- Specialist Safeguarding Liaison Nurse
- Health Independent Domestic Violence Advocate (IDVA)
- Violence Prevention Team, one Band 6 nurse and one Band 6 advocate
- Administration Team

The safeguarding governance structure sits within the portfolio of the Executive Nurse Director and the Deputy Executive Nurse Director. A bi-monthly Safeguarding Steering Group meeting is held within the UHB and is attended by representatives from each Clinical Board (CB). The CBs consist of Mental Health, Specialist Services, Children and Women, Medicine, Surgery, Primary Care and Intermediate Services and Clinical Diagnostics & Therapies. More recently South Wales Police has been represented at the meeting, Cardiff Local Authority are invited and have receipt of Minutes. It is acknowledged that the invitation must be extended to include the Vale of Glamorgan Local Authority (VOG LA). This reflects the ethos of safeguarding being everybody's business and provides assurance to the Board that the safeguarding agenda is being progressed in line with legislative duties and best practice.

The Safeguarding Team locations are; the Noah's Ark Children's Hospital at the University Hospital of Wales, Cardiff Multi Agency Safeguarding Hub (MASH) and the main office for advice and queries based at Woodland House, Heath, Cardiff. The Cardiff Multi Agency Safeguarding Hub (MASH) was launched in July 2015, hosted by South Wales Police at Cardiff Bay Police Station. Agencies located within the MASH include Cardiff Local Authority (LA) Children and Adult services, South Wales Police, Cardiff Local Authority Education, Health and Probation services. The purpose of the MASH is to ensure that safeguarding of children, adults at risk and domestic abuse has a timely, appropriate multi-agency response and approach. By co-locating agencies and providing an IT platform to share information immediately that a concern is raised, safeguarding measures are considered and put into place immediately or within 24 hours. Two safeguarding nurse advisors work within the MASH, sharing appropriate health information to ensure the safety of children and adults at risk across the UHB locality.

The implementation of the Social Services and Well-being Act (Wales) 2014 (SS&W-b A) and the Violence against Women, Domestic Abuse and Sexual Violence Act (Wales) 2015 (VAWDASV) has determined much of the safeguarding work undertaken across Wales. Ensuring that both Acts are implemented within the organisation has been a priority due to the duty to report and investigate, provide awareness raising training, supporting all staff to undertake their duty, recognise their responsibility and encourage partnership working with other statutory agencies. The Welsh Government (WG), National Training Framework five-year plan for Groups 1, 2 and 6 has been submitted and reflects the UHB's commitment to deliver the raising awareness training across the organisation in line with WG expectation. However, there has been a delay by WG during this time period in providing a training package. The UHB has worked with Public Health Wales, National Safeguarding Team to produce a training package aimed at Group 2 training following agreement by WG for Health organisations to deliver a single agency package. This has been implemented within the UHB from September 2019. Delivering the training for Group 2 in accordance with WG recommended staff groups is a challenge for the safeguarding team as it is estimated that a figure of approximately 11,000 staff will require this additional training.

In addition to the Acts, there has been the introduction of Home Office Mandatory Reporting of Female Genital Mutilation (FGM) in October 2015 and Home Office Multi-Agency Statutory Guidance for the conduct of Domestic Homicide Reviews (2016) under section 9 (3) of the Domestic Violence, Crime and Victims Act (2004). The Well-being of Future Generations (Wales) Act 2015 requires the development of Public Service Boards (PSBs) in each Local Authority area; the Boards are in place within the region. PSBs are responsible for assessing the well-being of the local population, the Board agreed for a Domestic Homicide Review (DHR) to be commissioned.

The Safeguarding Team continues to work to provide assurance to the Executive Board that the UHB is discharging its duties in line with Health Care Standards (2.7 Safeguarding). The current corporate assessment for the UHB is: *Leading the Way*. This is unchanged from the previous year and demonstrates the collective progression made by all Clinical Boards (CBs) during the year.

Effective safeguarding relies on good working partnerships with other agencies utilising an open and transparent approach. This is reflected by the corporate Safeguarding Team whilst working within the UHB; also work undertaken with GPs, Local Authority, Police, Education, Probation and Third Sector agencies. Since the introduction of the Cardiff MASH the safeguarding referral process across the UHB has been restructured and is transferred to the appropriate LA and Police by the Safeguarding Team electronically via secure e-mail. Safeguarding referrals continue to be more complex resulting in additional staff time in support and supervision of cases, involving more strategy discussions/meetings, multi-agency investigations and often legal advice.

The 2019/20 Safeguarding Report will consider the work stream from April 2019 to March 2020, demonstrating and evaluating the breadth of the safeguarding agenda and the progression made across the UHB. A summary of the collective safeguarding work undertaken with the Cardiff and Vale Regional Safeguarding Board (RSB), the VAWDASV Regional Strategy and Public Health Wales, NHS National Safeguarding Team validates the enormity of the safeguarding agenda across the region and Wales.

The Wales Safeguarding Procedures (2019) incorporating Children and Adults at Risk has been implemented in October 2019. The Deputy Executive Nurse Director and the Head of Safeguarding have participated in the workshops held by Cardiff Local Authority who are commissioned by WG to deliver and implement the updated procedures. The procedures replace the previous All Wales Child Protection Procedures for Children (2008) and reinforce the instructions within the Social Services and Well-being Act (2015) Wales.

The safeguarding agenda is a continuously evolving schedule where emerging themes are highlighted sometimes through our police colleagues or media interest. During 2017 we were notified of a concerning police development around "County Lines" involving young people and vulnerable adults being exploited across the region. Additional training for specific disciplines and departments across the UHB has been delivered to address the concerns raised for staff and departments providing frontline services.

Meeting the demands of the growing activity surrounding the depth of safeguarding is a constant challenge for the Executive and Deputy Nurse Directors and the corporate Safeguarding Team. Ensuring that the UHB is compliant with the legislation is a priority area; however, maintaining the ethos of the UHB's values and behaviours must be considered when work is undertaken with individuals, families and UHB staff.

It is appropriate to mention at this point that the UHB, like every other establishment worldwide, has been gripped by the pandemic of COVID-19 since the early part of 2020. Planning and implementing the UHB response to the operational difficulties of ensuring the appropriate resources and provisions being in place when inevitably the pandemic struck the region, understandably took priority over other routine work. This includes training, meetings such as UHB Safeguarding Steering Group and multi-agency meetings not directly associated with COVID-19 planning.

The United Kingdom lockdown commenced on the 23<sup>rd</sup> March, a change that affected us all on a personal and professional basis. Adaptions in the way in which the UHB approached safeguarding commenced immediately. This involved home working facilities to allow the safeguarding team to rotate between home and office base, providing additional support to clinical staff by completing safeguarding reports for children and adults as required, completing adult at risk case management on behalf of Health Lead Practitioners (HLP) and offering an on-call service over the Bank Holidays to provide support and advice to practitioners. The pandemic did not affect the operational resources available for day to day safeguarding; however, attendance at the Emergency Department (ED) dropped by 50%, outpatient clinics and attendances were cancelled, other than in areas such as Midwifery, and no visitors were allowed on site unless deemed necessary for end of life. The impact on services became evident almost immediately, a 50% reduction in child protection medicals in April evidences this, domestic abuse disclosures in ED increased, likely to be due to no visitors or people accompanying patients allowed in the department. This provided staff with the ability to ask routine enquiry questions without the patient feeling coerced or intimidated by another person. Data shown in the report must be viewed with these circumstances in mind as the last month of the year will be affected by the situation that unfolded.

## 2. Training

### Introduction

The safeguarding Team are responsible for developing, planning and delivering a range of training events throughout the year. The aim of safeguarding training is to ensure all staff have the skills, knowledge and understanding to inform the ways in which they engage with people at risk of abuse, harm or neglect. It will ensure that all staff know how to respond to concerns in line with local and national requirements in a confident and competent manner.

Training is developed to reflect Guidance from training competencies as identified in the National Intercollegiate Documents:

- *Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Fourth edition: January 2019, and*
- *Adult Safeguarding: Roles and Competencies for Health Care Staff First edition: August 2018*

Online Safeguarding training at Level 1 and Level 2 is available through Electronic Staff Records (ESR) and forms part of staff mandatory training requirements. The safeguarding team deliver classroom based training sessions at Level 2 and Level 3. These sessions run regularly throughout the year and are advertised in the UHB training prospectus and are booked through the Learning Education Department (LED). Additionally, the safeguarding team deliver a number of bespoke training session with identified staff groups.

### Online Safeguarding Training Data

Training data for safeguarding training completed/ attended up to and including 31 March 2020

Table 1: Safeguarding Level 1 training (online)			
Number and percentage of staff compliant with Safeguarding Children training at 31 March 2020			
Level of training	Headcount (UHB Total)	Number trained	% trained
<b>Safeguarding Children Level 1*</b>	15691	11817	75.31%
<b>Safeguarding Adults Level 1 *</b> Online training only	15691	11717	74.67%



**NOTE:**

All staff working in Health Services are required to complete **Level 1** safeguarding training, this package is delivered online via ESR. Relevant staff can also access **Level 2** training material via ESR.

**Table 2: Violence Against Women, Domestic Abuse & Sexual Violence (3-Year refresher)**

Number and percentage of staff compliant with Safeguarding Adults training as at 31<sup>st</sup> March 2020

Level of training	Headcount (UHB Total)	Number trained	% trained
Group 1	15708	12658	80.58%

Number and percentage of staff compliant with Safeguarding training at 31 March 2020

Level of training	Headcount (UHB Total)	Number trained	% trained
<b>Safeguarding Children Level 2</b>	Only specified staff groups require this level of training - see notes section below	4393	Only specific staff groups require this level of training - see notes section below
<b>Safeguarding Adults Level 2</b>	Only specified staff groups require this level of training - see notes section below	4181	Only specified staff groups require this level of training - see notes section below

**NOTE:**

Level 2 safeguarding training is relevant for the following staff to attend/complete ie, all practitioners who have regular contact with patients, their families or carers, or the public

**Please Note:** More detailed safeguarding training compliance data is available for each Clinical Board through LED and Electronic Staff Records (ESR).

**Classroom Based Training Data**

Throughout the year, the Safeguarding Team provides a number of classrooms based training sessions and study days which are open for all relevant staff groups.

## Level 2 Training

Event	Audience /Subject delivered	Number of attendees
<b>Safeguarding Children *</b>	Level 2	283
<b>Safeguarding Adults **</b>	Level 2	138
<b>VAWDASV</b>	Group 2	339

\* *Level 2 safeguarding children training session is relevant for the following staff to attend:*

*Non-clinical and clinical staff who, in their role, have contact (however small) with children, young people and/or parents/carers or adults who may pose a risk to children (Source: ICD Safeguarding Children, January 2019)*

\*\* *Level 2 safeguarding adults training is relevant for the following staff to attend all practitioners who have regular contact with patients, their families or carers, or the public. (Source: ICD Adult Safeguarding, August 2018)*

## Level 3 Training Sessions

Event	Audience/Subject delivered	Number of attendees
Child Sexual Exploitation	Level 3	35
Current Themes in Safeguarding Children	Level 3	51
VAWDASV	Level 3	28
Parental Mental Health and the Impact on Children	Level 3	34
Legal Aspects of Safeguarding	Level 3	54
Safeguarding Adults Study Day	Level 3	50
Current Themes in Safeguarding Adults	Level 3	22

## Bespoke Training

As part of the safeguarding training strategy the Team deliver bespoke and tailored training to identified staff groups as required and when resources allow.



During the year the safeguarding team have delivered:

<b>Event</b>	<b>Audience/Subject delivered</b>	<b>Number of attendees</b>
<b>Monthly Midwifery Training</b>	Training on safeguarding principles, PREVENT and Routine Enquiry and FGM	88% of midwifery staff attended
<b>PREVENT Training</b>	Delivered to District Nurses, Special Needs Health Visitors, CHAPS and Prison Health Care staff.  * Figures also include training delivered at safeguarding classroom training	379
<b>Flying Start Continuous Professional Development Session</b>	Level 2 safeguarding training	20
<b>County Lines Training</b>	Delivered across the Health Board to specific staff groups including District Nurses, Practice Nurses, LAC Nurse, Prison Health Staff, Adult Nursing Staff, Mental Health Staff	201
<b>Volunteers and Youth Volunteers</b>	PREVENT Safeguarding Principles VAWDASV Level 1	159
<b>Newly Qualified Staff Training</b>	Paediatric Nurses	14
<b>Dental Students</b>	Level 2 Children	79
<b>Dental Clinical Board Staff</b>	Level 2 Adult	32
<b>GP CPET Session</b>	Modern Slavery	162
	VAWDASV Group 2	83
	Professional Concern	83

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### **Safeguarding Meetings Attended:**

To ensure a robust evidence based training programme is delivered within Cardiff and Vale UHB, key members of the Safeguarding Team attended the following local and National Training meetings during 2019- 2020:

#### **UHB Mandatory Training Steering Group Meeting**

The Safeguarding Team attends this meeting to inform the mandatory training agenda and has been involved in work to promote safeguarding children, safeguarding adults training and VAWDASV training.

#### **Cardiff and Vale Regional Safeguarding Board (RSB) training sub-group meeting**

This training sub-group reports to the RSB Board and has previously completed a safeguarding training mapping exercise to consider the different levels and types of safeguarding training partner agencies currently deliver. Recent work has focused on the implementation and embedding training for the Wales Safeguarding Procedures.

#### **Safeguarding Training Network Meeting**

This training sub-group meeting meets bi-monthly, reports to the Wales Safeguarding Network Meeting and is facilitated by the National Safeguarding Team, Public Health Wales. The meeting is currently looking at adapting the contents of the Safeguarding Children ICD and Adult Safeguarding ICD for use across NHS Wales.

#### **National Training Programme - VAWDASV Regional Training Group**

The aim of this multi-agency regional training group is to share best practice and discuss current training compliance for VAWDASV training. The meeting is also driven by the five year regional VAWDASV training programme, which includes the development and delivery of VAWDASV training for Groups 2, 3 and 6.

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### 3. Safeguarding Activity

Since July 2016 all referrals for safeguarding children, adults and domestic abuse are sent electronically by practitioners to a central UHB safeguarding referral e-mail address, the referrals are not screened and are sent directly to Cardiff MASH, Vale of Glamorgan Local Authority teams and Police as appropriate on the same day as it is received. The referral pathway and referral forms are available on the UHB Safeguarding Children and Adult web pages. Collating the activity across the UHB allows the safeguarding team to target service areas that may require additional training, supervision or advice.

#### Safeguarding Children Activity

Activity is collated on a monthly basis across the UHB and presented to the Safeguarding Steering Group as a Run Rate Report. The report exhibits activity from 1 April 2019 to 31 March 2020 across all CBs.

**Table 1:**

Clinical Board 2019-20	04	05	06	07	08	09	10	11	12	01	02	03
Medicine	92	132	121	133	102	141	166	121	123	138	104	86
Surgery	0	1	1	3	1	0	0	1	1	2	2	1
Specialists	1	1	3	0	0	0	2	0	1	0	1	0
Mental Health	15	18	18	21	18	13	28	14	12	14	12	8
Children and Women	163	116	118	132	112	112	118	122	85	125	132	85
PCIC	18	16	17	16	14	13	11	16	6	7	10	5
CD&T	0	1	0	0	1	0	1	2	1	0	1	2
Corporate	9	7	3	7	12	5	6	11	10	8	29	23
<b>TOTAL:</b>	<b>298</b>	<b>292</b>	<b>281</b>	<b>312</b>	<b>260</b>	<b>284</b>	<b>332</b>	<b>287</b>	<b>239</b>	<b>294</b>	<b>291</b>	<b>210</b>

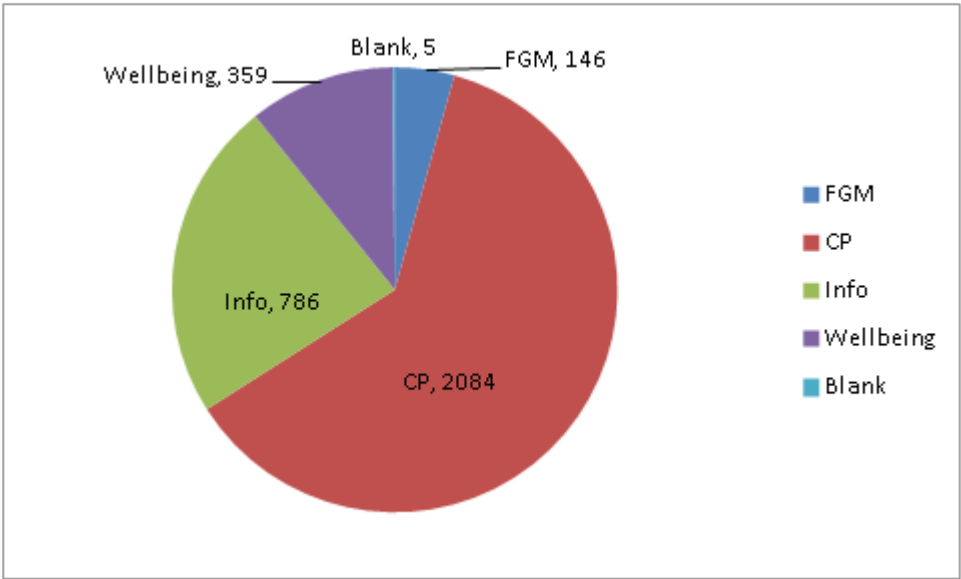
The referrals made by the Medical CB are generally generated in Paediatric Emergency Department. Children and Women CB referrals are predominantly made by community based staff such as Health Visitors and School Nurses; however, disciplines within the acute sector make a proportionate number of referrals. PCIC referrals will be submitted by GPs and District Nurses. There has been a significant increase in referrals made by both Mental Health Clinical Board and Primary Care Clinical Board in recent years. An increase in referrals cannot be associated to any particular event although historically it would be considered that increased awareness training and media coverage will heighten professional accountability and alertness. A total of 3,380 referrals were made by UHB staff and submitted to Cardiff, Vale of Glamorgan Local Authority or a Local Authority out of area by the safeguarding team during this period.

#### Categories of Abuse

Table 2 represents the type of referral captured on some of the referrals received by the safeguarding team. A number of referrals lack information that the administration team are able to determine as the category of abuse when collating information.

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Table 2:



Identifying that a large proportion of referrals to Children’s Services, do not easily distinguish the concern raised, must be addressed in future with UHB staff through training and supervision. The situation improved in Cardiff during 2019 with the implementation of the Early Help Hub which identifies referrals that are to be progressed to MASH and those that will be signposted to other services for additional support.

Categories of referrals

Table 3:

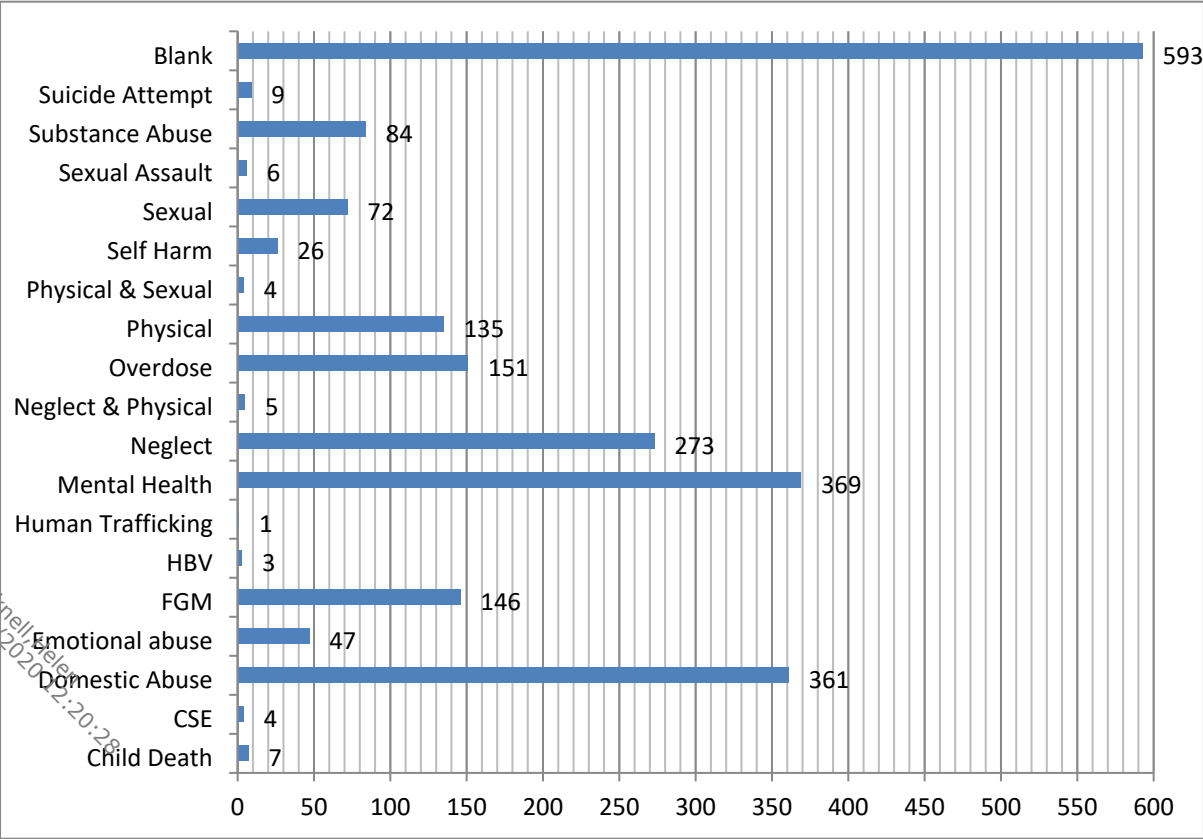


Table 3 recognises the known categories of concern acknowledged on the referral form by the UHB referrer. Once the referral has been reviewed and assessed by Children’s Services the category may change.

**Table 4:**

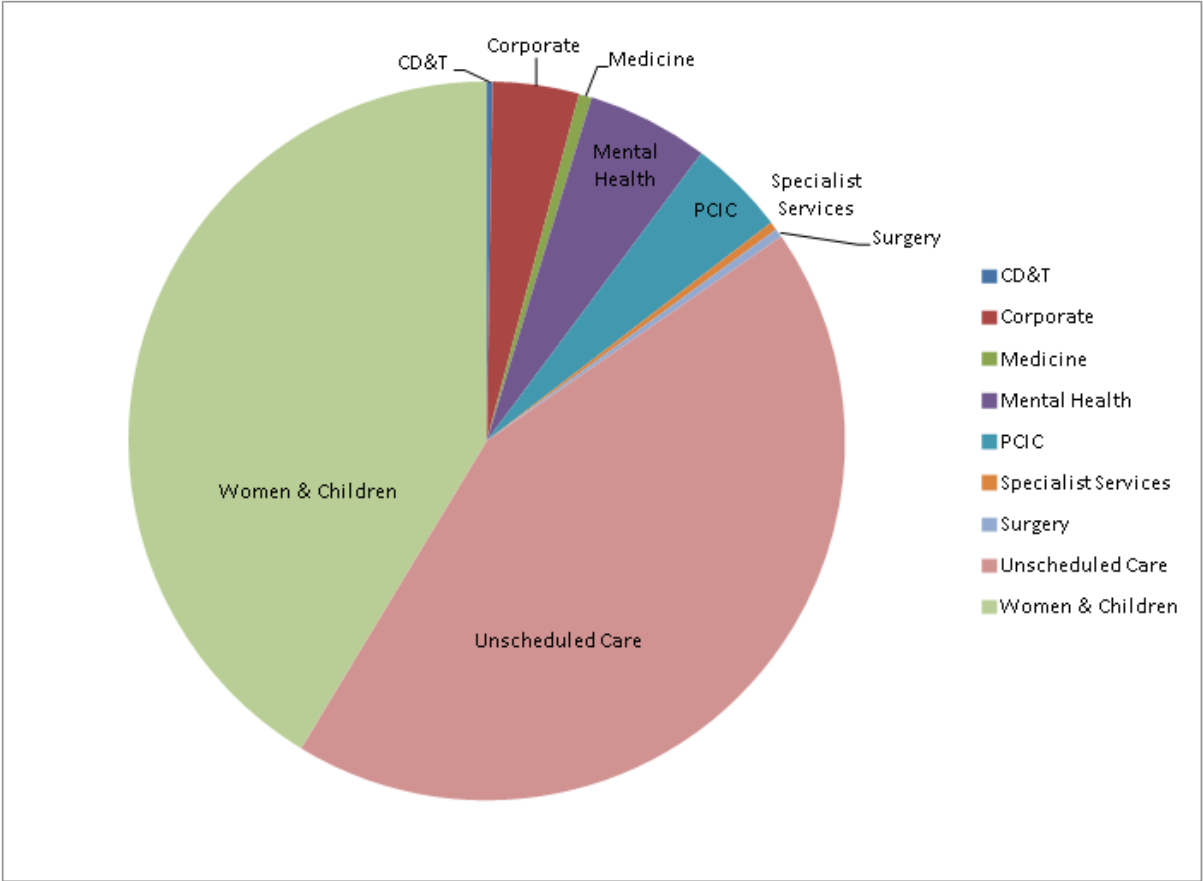
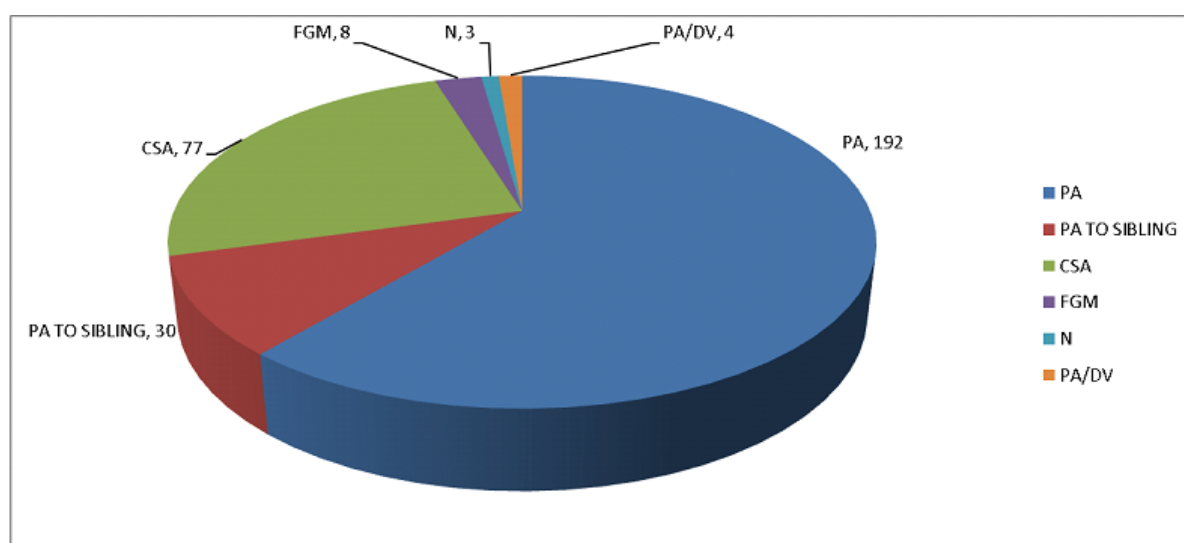


Table 4 indicates the Clinical Boards’ submission of referrals to Children’s Services. Medicine CB has been broken down into two areas to demonstrate information collated from Unscheduled Care (Emergency Department) and Internal Medicine (Acute Area).

Child Protection medicals are undertaken by the Community Paediatricians based at St David’s Children’s Centre during normal working hours. The table below illustrates the reason for the medical and total percentage. In total there were 314 medicals undertaken. Physical assault including domestic abuse 195 cases, neglect 3 cases and child sexual abuse accounted for 77 cases and 8 Female Genital Mutilation (FGM). 30 cases were physical assault to a sibling. Table 5 represents these figures.

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**Table 5:**

### **Safeguarding Adult Activity**

Activity is collated on a monthly basis across the UHB and presented to the Safeguarding Steering Group as a Run Rate Report. The report exhibits activity from 1 April 2019 to 31 March 2020 across all CBs.

**Table 1:**

Clinical Board 2019-20	04	05	06	07	08	09	10	11	12	01	02	03
Medicine	8	3	3	8	4	4	5	6	1	3	4	11
Surgery	3	4	3	2	1	4	1	0	1	1	2	0
Specialists	3	5	1	1	0	0	1	0	0	0	0	0
Mental Health	4	9	8	5	5	10	6	19	10	5	11	9
Children and Women	0	0	0	0	0	0	0	0	0	0	1	0
PCIC	1	2	3	5	5	5	5	0	1	1	2	4
Corporate	0	0	0	0	0	0	0	0	0	0	0	0
Dental	0	0	0	0	0	0	0	0	0	0	0	0
CD&T	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>	<b>19</b>	<b>23</b>	<b>18</b>	<b>21</b>	<b>15</b>	<b>23</b>	<b>18</b>	<b>25</b>	<b>13</b>	<b>10</b>	<b>20</b>	<b>24</b>

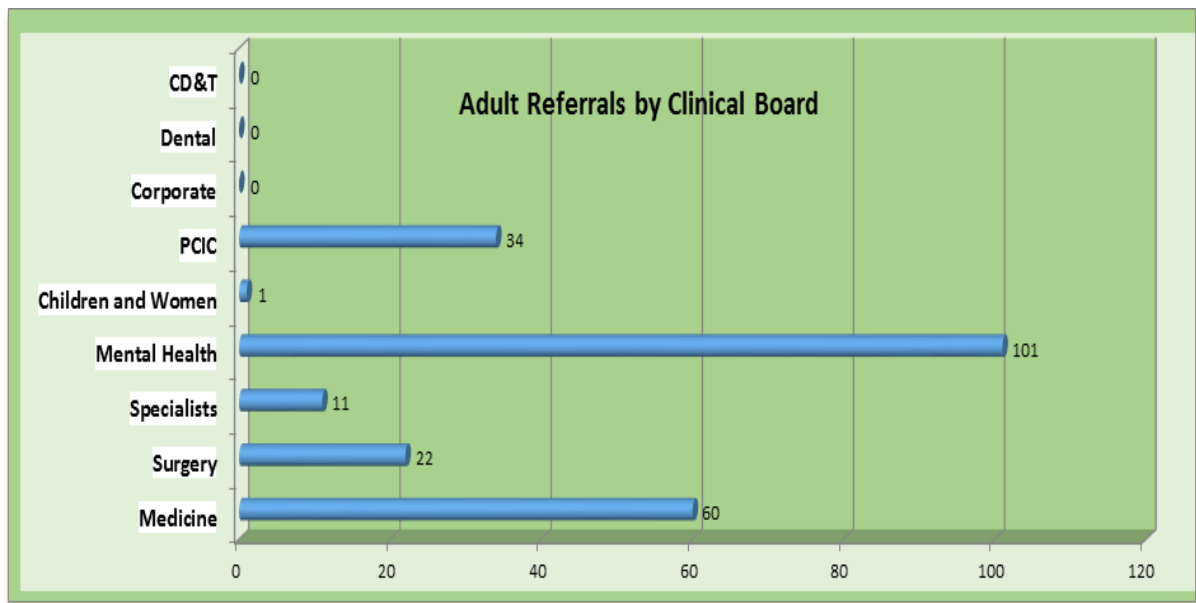
The safeguarding adult data is collated by the number of health-led referrals across the UHB. Each CB has a Health Lead Practitioner (HLP) that take responsibility to lead on the Adult at Risk process for their own area; HLPs are usually Lead Nurses, Senior Nurses or Advanced Nurse Practitioners. HLPs are given additional bespoke safeguarding adult at risk training by the Head of Safeguarding or Senior Nurse to undertake this role. An electronic shared drive has been established to enhance the process allowing HLPs in each clinical area to be aware of cases in their CB to ensure that cases are maintained and progressed should the named HLP be on annual leave or sick leave. There are 40 active HLPs across the UHB. The process has evolved since the implementation of the SS&W-b Act (2014) and since the launch of Cardiff MASH. A total of 229 referrals were made by health professionals to the local authority during this period. This may not be a true reflection of all referrals made, it has been noted that health staff based in integrated community teams are sometimes making referrals directly to the Local Authority and bypassing the UHB Safeguarding Team. This is complicated due to the fact that health staff are

working from LA computers and facilities, plus their email address is Local Authority. Measures to ensure that this practice is discontinued are being introduced to ensure that health staff are following the UHB referral process.

A health-led pressure damage six month pilot study was introduced in December 2018 following agreement by the RSB. This involved the UHB referring pressure damage of grade 3/4 to the LA following completion of an All Wales Risk Assessment tool determining that the pressure damage is deemed to be avoidable. The pilot study was undertaken in the Medicine and PCIC CBs. The pilot study was presented at the RSB meeting in January 2020, recommendations were agreed and the improved referral pathway implemented in the UHB from February 2020. The result is that only avoidable pressure damage of grade 3/4 is reported to LA. This has decreased the number of pressure damage referrals to LA. This is in alignment with recent Welsh Government, Serious Incident Reporting.

Table 2: captures the number of health-led referrals made by each Clinical Board for this period.

Table 2:

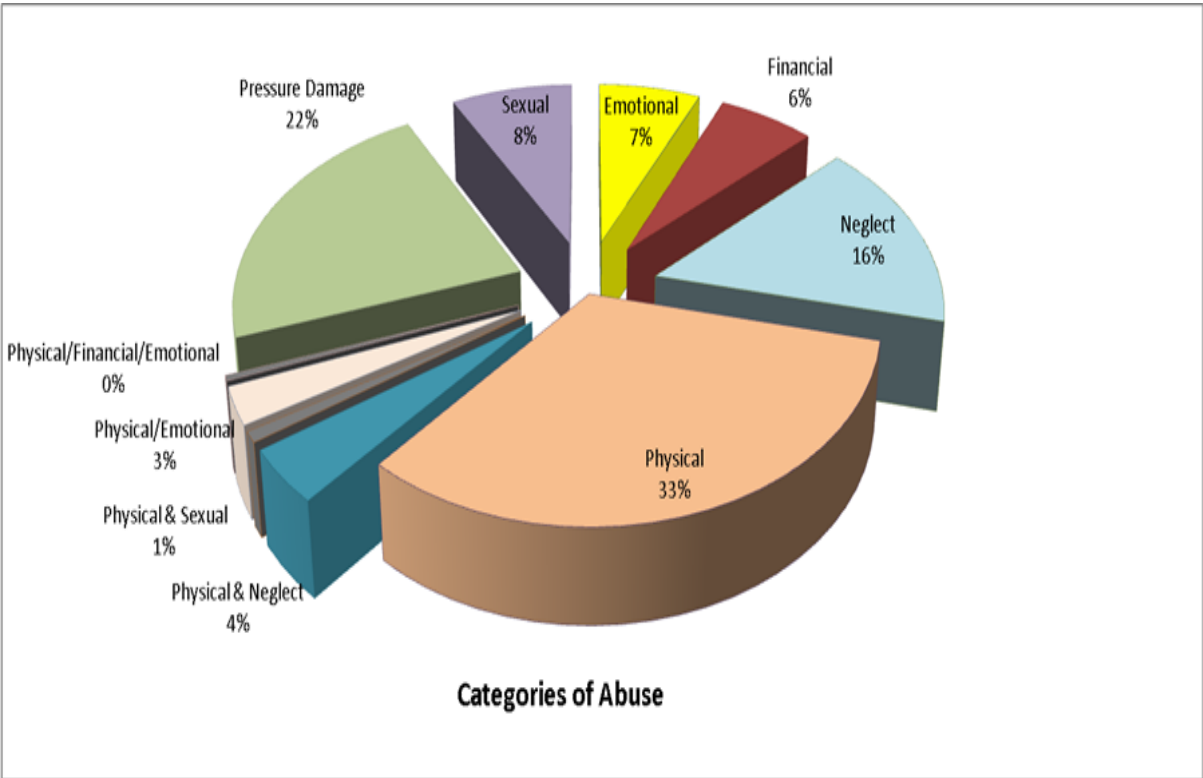


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Categories of Abuse:

Table 3:

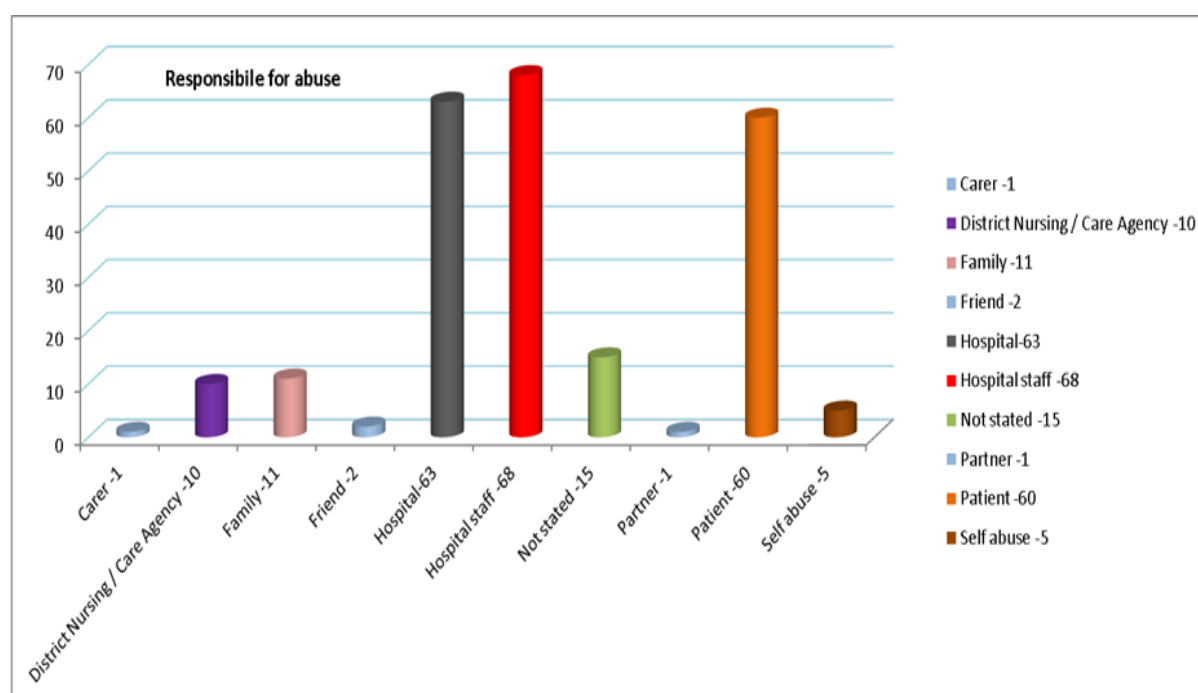


Categories of abuse are easier to capture on the current Adult at Risk referral form as opposed to the Children’s referral form, as there are tick boxes for practitioners to choose. Highlighted in table 3 are the areas considered by practitioners to be the reason for submitting the referral to the LA. The most commonly used category is Pressure Damage, possibly reflecting neglect by a clinical area.

Adult cases often prove to be complex, determining the main issue at the point of disclosure or reporting is often difficult for referrers; this is often not established until further fact finding is undertaken. This may be in the shape of a criminal or non-criminal investigation. The HLP will lead on the case if the situation involves a clinical area within the UHB. Cases, where individual staff members are deemed as the alleged perpetrator of abuse, are managed by the Head of Safeguarding since February 2020 to ensure that a consistent approach is in place that aligns with the Professional Allegation/Concern process. The HLP is central to gathering fact finding statements and keeping in touch with the staff member during this process. The UHB acknowledges that any allegation involving a member of staff will raise anxiety and often results in the employee taking sick leave. The UHB works closely with Human Resources (HR) and the line management team to ensure that a proportional risk assessment is in place to support and protect staff members from further accusations whilst this process is in place.

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**Table 4:**



Often practitioners from the UHB or from an outside agency will not have the information to determine who the alleged perpetrator is, this is evidenced in table 4, as no person responsible has been identified on the referral. 141 of the cases site the Hospital or Hospital staff exclusively as being responsible for the abuse.

### **Professional Allegations/Concern Strategy Meetings**

The Professional Allegation/Concern process ratified by the Regional Safeguarding Boards in 2016 has formalised the approach within the UHB to address concerns of employees' behaviour in or outside of work. The process is in alignment to the Wales Safeguarding Procedures (2019). UHB employee line management, Police, UHB Safeguarding and LA are invited to each meeting to share information and ensure that the UHB is open and transparent in the approach. Concerns include arrest and police investigation around domestic abuse, sexual assault, physical assault etc, outside the workplace. Some cases will proceed through the disciplinary process following closure by police and/or the Court process.

Period	Number of Professional Meetings
2019-2020	<b>84</b> cases in addition <b>28</b> domestic abuse cases were discussed with managers whereby a member of staff has been identified as a high risk Domestic Abuse victim.

Issues raised with UHB employees relate to allegations made against them by family members, patients or a criminal investigation by police. All employees are notified of the concern raised as appropriate and an immediate risk assessment is completed by the line manager and HR representative to ensure that safeguarding measures are in place. This certifies the protection and support of the member of staff if further allegations are made and gives the UHB assurance that appropriate

and proportional measures are in place to protect the public accessing care and services from the UHB. The Head of Safeguarding and the Senior Nurse Safeguarding will provide advice and support to the line manager to achieve a manageable response ensuring that the employee is directed to the well-being service, Occupational Health or General Practitioner (GP) as required.

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## 4. Audit, Survey, Professional Presentations and Publications

### Public Health Wales Safeguarding Maturity Matrix (SMM)

The Safeguarding Maturity Matrix has replaced the previous Quality Outcome Framework (QOF) for Children. It was agreed at the Chief Nursing Officer's Nurse Directors Forum in 2017 that an all age document would be developed by the NHS Wales Safeguarding Network. A pilot study across all Health Boards and Trusts in Wales commenced in September 2018. The purpose of collating the information is to assess quality improvement, compare compliance against agreed standards and to demonstrate the learning from incidents and reviews. Organisations completed self-assessments and improvement plans were submitted to the National Safeguarding Team to assemble a National picture and to report the findings. The aim being to provide assurance, share practice and drive improvements. Cardiff and Vale University Health Board (C&V UHB) fully participated with the pilot study, drawing on information from across all Clinical Boards to inform the UHB self-assessment and provide a true reflection of the current situation. Overall the UHB acknowledges that there are always improvements to be made in an ever evolving field such as safeguarding. Implementing the recommendations is under way and will be monitored with CBs. The peer review report demonstrates that C&V UHB is operating in line with other organisations across Wales.

An area of audit that the UHB has maintained since the development of QOF is the Routine Enquiry questions asked by Midwives and Health Visitors relating to domestic abuse; the questions are asked twice to women accessing services in Midwifery and once to women accessing services in Health Visiting. The results for 2019-20 are:

<b>Routine Enquiry Asked:</b>	<b>Asked Once</b>	<b>Asked Twice</b>
Midwifery Service	99%	90%
Health Visiting Service	95%	N/A

In a total of all 5337 births, 214 disclosures of domestic abuse were received which is 4% of the women, disclosing domestic abuse.

Also in the full total of 5337 births, 138 women were discussed at Multi-Agency Risk Assessment Conference (MARAC) for Cardiff and Vale of Glamorgan and would be considered high risk of a domestic homicide.

### Health Care Standard 2.7

Health Care Standard 2.7 has been delayed due to the COVID-19 pandemic becoming evident internationally during the later months of the financial year. The report completed for 2019 remains current and in place. A corporate assessment has been completed based on information received from each of the CBs. The

overall self-assessment for the UHB is “*Leading the Way*”. Recommendations made to sustain this status were:

- Primary Community and Intermediate Care Clinical Board (PCIC CB) will introduce Annual Governance review visits during this year to include questions on safeguarding policies and staff training: ***PCIC CB are able to provide evidence that Governance arrangements are in place***
- Children and Women Clinical Board (C&W CB) will audit the effectiveness of the Looked after Child service during 2019: ***incomplete due to staff sickness within the team, audit to be deferred to 2020-21***
- Mental Health Clinical Board (MH CB) will commence a pilot to support the Public Service call centre in conjunction with ABMU and Cwm Taf Health Boards: ***Completed, South Wales Police agreed funding for a permanent scheme based in the Call Centre and administered by Cwm Taf UHB***
- Department of Sexual Health (DOSH) will complete an audit during 2019 of the use of Sexual Exploitation Risk Assessment Framework (SERAF): ***not completed during this period, defer to 2020-21***
- MH CB recognises that improved mandatory training compliance is required, measures to be introduced to improve the current situation: ***improvements have been made although further compliance required***
- Undertake a corporate audit to ensure that the needs of children aged 16-17 years admitted to adult wards are met and documented on a risk assessment check list: ***completed, results to be shared at UHB Safeguarding Steering Group (SSG) in July 2020***
- The UHB will undertake an audit during 2019 to evaluate the support offered to staff involved with a child or adult practice review: ***completed, outcome shared at SSG in January 2020***
- Continued compliance with the duty to report and investigate cases of child or adult at risk cases where abuse or neglect is suspected using the framework within the Social Services and Well-being Act (2014): ***on-going***

#### **Cardiff and Vale University Health Board, Paediatric Emergency Department (ED) Safeguarding Meeting 1 April 2019 to 31 March 31 2020**

There has been 52 meetings in total; meetings are held weekly and discuss children presenting at ED. Attendance at the meeting involves Consultant Paediatrician ED, Community Paediatric Consultant or Registrar, General Paediatric Consultant, Safeguarding Nurse Advisor and/or Specialist Nurse for Safeguarding. The invitation has been extended to Health Visitors (HV) forging links which has resulted in updating the HV notification guidance and improving communication. One meeting has been postponed due to COVID-19. A marked decrease in attendances at ED noted near the end of this year, directly associated with the onset of COVID-19 outbreak. This trend has continued with only on average 55 patients attending ED per day where normally there would be 100-120.

To ensure that the cases discussed at the weekly meeting are in context there were approximately 3,090 paediatric attendances at the department during this period. Generally children under the age of 16 years old are seen in the Paediatric area of ED; cases discussed were:

Thermal Injuries	310
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Thermal Injuries < 1 years old	44
Fractures < 2 years old	109 (large increase 42 reported in 2018-19)
Injuries < 12 months old	559
Health Visitor/ School Nurse Referrals generated from this meeting	138 HV and 14 School Nurse
Safeguarding Referrals (submitted following this meeting)	11 to Children's Services in addition 4 further information sharing referrals shared with Children's Services
<b>Total Cases Discussed</b>	<b>978</b>

October saw the launch of the Safe Tea campaign, promoting awareness how to prevent hot drink scalds in small children and to improve burn first aid given by parents or carers. The Safe Tea group are in the process of reviewing the numbers of hot drink thermal injuries attending our department to measure the impact of the campaign. We await these results with interest.

Whilst appreciating it would be ideal to discuss all cases attending the ED, this is clearly unrealistic. The department is constantly looking to ensure that a safety net of the high risk groups is in place. Since the publication of a Child Practice Review (CPR) in 2018, additional work area reviewed is that of all fractures of children under 2 years of age; this work commenced from 14 August 2018. Furthermore, an action from the CPR has resulted in the development of a poster for children with fractures seen by Trauma and Orthopaedic (T&O) doctors to consider the possibility of Non-Accidental Injury (NAI). A referral pathway for GPs referring to the T&O team has been amended and circulated to health professionals in the community in order that children under 5 years of age are seen in Paediatric ED instead of the T&O clinic. In addition, the department is reviewing those children and young people who are 'frequent attenders' - working to develop guidelines and individual management plans in accordance with in-patient teams, CAMHS and the Health Visitor service.

The 'Paediatric ED Made Easy' study day is a simulation course designed for staff ranging from pre-hospital personnel (ambulance technicians and paramedics) to nursing and medical staff and students from Paediatrics, Anaesthetics and Emergency Medicine. In addition to the management of common paediatric complaints, the day aims to encourage multi-disciplinary working, familiarity and improved communication amongst pre-hospital and hospital teams and to familiarise staff with local and national paperwork and guidelines. Topics covered specifically include safeguarding and PRUDiC and the day is well received by all.

General Paediatrician, Paediatric Consultants ED and Professor within Dental have been monitoring responses to children injured in community violence. Children and families have been signposted to services and provided with information on bullying. Improvements to the child's experience following attendance at ED has been demonstrated; however, further exploration is required to effectively share information with police and schools. The information is currently shared with the School Nursing Service, however, greater links with education is required. A pilot

initiative with Action for Children looking at ways of engaging young people and minimising community and school related violence will be explored during this coming year.

The Major Trauma Centre decision for opening in Cardiff is currently postponed during the Covid19 pandemic and will be reviewed later this year. The trauma cases are discussed in the weekly Safeguarding Multi-Disciplinary Team (MDT) meeting. The team are predicting an increase in numbers of over triaged minor injuries as well as major trauma (based upon evidence from other Paediatric Major Trauma Centres) which will likely increase the overall number of fractures and injuries in infants under 2 years of age.

## Adolescent Safeguarding Meeting

This meeting commenced in September 2018, following a pilot scheme in Cardiff and Vale UHB which gathered the opinions of over 300 children and highlighted that 16 and 17 year olds were seen in the adult ED and not paediatrics. This identified gaps and areas for development. The findings dictated that the aim of the initiative was to 'Improve the Safeguarding processes in the Adult ED and introduce a holistic assessment tool for 16 and 17 year olds'. The meeting is held on a fortnightly basis. Attendees are Consultant and Lead Nurse from ED, Violence Prevention Unit, Safeguarding Team, Department of Sexual Health (DOSH), Children's Rights Advocate/Children's Charter & Youth Board, CAMHS and Child Looked after Team (CLA).

The following are areas which require improvement and additional staff training:

- Only the physical symptoms identified and treated
- Not seen as children
- Safeguarding documentation missing
- Referrals to social services not completed
- Warning signs not noticed (CSE, DA)
- No School noted
- No School Nurse referral
- No signposting
- Missing an opportunity for an intervention

This approach aims to empower staff working particularly in health services, but also partner organisations, to recognise the role they have in promoting healthy lifestyles, supporting behaviour change and contributing to reducing the risk of chronic disease.

A casualty card which incorporates the HEADSS (Home, Education, Activities, Drugs/alcohol, Sexuality, and Suicide) and SERAF indicators is used.

These questions are asked when red flag attendances occur.

This table identifies the safeguarding cases:

Total number of adolescent attendances in the period March 2019-April 2020	3163
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Number of cases discussed at safeguarding meeting	962
Attendance average with safeguarding needs	30%
Average number of actions required following meeting	16
Average retrospective referrals	53%

Retrospective Referrals:	
CAMHS Referrals	189
DOSH	17
Child Looked After (CLA) Notifications	51
School Nurse Notifications	78
Safeguarding Referrals	182

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## 5. Supervision

Safeguarding children supervision has historically been provided to health visitors (HV) on a 1:1 basis every three to six months depending on their experience and their caseload. Supervision is provided to Midwives, School Nurses, Community Health Access Practice (CHAP) Nurses, Department of Sexual Health (DOSH), Multi-disciplinary staff in Special Schools and Community Therapists and more recently Child and Adolescent Mental Health Service (CAMHS), through a group supervision approach. Safeguarding supervision is provided to other groups such as doctors and acute nurses as required. The aim of supervision is to support staff, facilitate learning and promote best practice.

During 2015 the Safeguarding Team proposed a bold idea, supported by the Executive Nurse Director to undertake a pilot study with the HV service to consider group supervision with HVs in four locations across Cardiff and the Vale of Glamorgan. This was the first pilot in Wales around safeguarding supervision of HVs and raised much interest from other Health Boards across Wales. The aim of the pilot: to ensure a safe supervision pathway exists that reduces the allocated time required of the Safeguarding Team to provide supervision to 183 HVs on a 1:1 basis.

The pilot idea advanced and progressed through the UHB Leading Innovation in Patient Safety (LIPS) headed by the Head of Safeguarding and joined by two team managers from the HV service. The pilot pathway commenced in October 2015 and was been overseen by a Lecturer in Cardiff University to provide an independent view, accreditation to the pathway and to undertake group forums with the HVs involved. The pilot was positively evaluated following individual interviews with the supervision facilitators and interviews with focus groups from the HV service involved in the pilot. Recommendations made to improve the pilot pathway have been adopted to ensure that a robust service is delivered by the safeguarding team. The pilot evaluation has been shared at the Children and Women Clinical Board, Quality and Safety meeting and the corporate Safeguarding Steering Group meeting. The new arrangements commenced in November 2018. Practitioners report to their supervisor that the learning element of the session is interesting and effective within a learning environment and that transitional skills are adopted through peer discussion around complex cases. The HV supervision groups are progressing well with two sessions being offered to all practitioners since September 2018. 1:1 safeguarding supervision is also available for newly qualified HVs, long term sickness returns or, by request. Safeguarding Nurse Advisors (SNA) have undertaken additional training with Public Health Wales to prepare for the role of facilitator in group supervision. The C&V UHB Pathway has been discussed with other Health Boards through the NHS Network meeting and has been presented as a poster presentation at the Chief Nursing Officer Conference in May 2018 by Cardiff University. Work in this area continues with Cardiff University, arrangements are in place to continue the study through PhD research.

Adult safeguarding supervision is provided by the Senior Nurse for Safeguarding to the HLPs as required and through arranged sessions within each Clinical Board and/or through Development Day sessions. The supervision is provided on a three-monthly basis in group supervision sessions using the same agenda as the children's safeguarding supervision. All open adult at risk safeguarding cases are

reported to the Executive Nurse Director and Deputy on a monthly basis and discussed at Nurse Director Professional Performance Review. Cases involving staff are reported through the bi-monthly Executive Quality and Safety meetings.

Nurses within the Safeguarding Team attend organised counselling sessions to ensure that their well-being is maintained given the level of safeguarding detail they are exposed to on a daily basis. Safeguarding supervision is arranged with the Head of Safeguarding on a six-monthly basis unless required for specific cases or on request.

The Public Health Wales All Wales Safeguarding Best Practice Supervision Guidance (2018) states that:

*“The aim is to provide guidance on the implementation and utilisation of supervision and support within the context of safeguarding. It sees safeguarding supervision as a priority to which staff are actively supported to have the time to attend”*

This approach has been adopted with safeguarding children and adults at risk within the UHB.

“Signs of Safety” training has been introduced in Cardiff Children’s Services during 2016-17. The training has been shared with the Safeguarding Team and rolled out to some areas within the Health Visitor and School Nurse service to enhance cohesive partnership working with partner agencies and families. Further roll out is expected in the coming year with additional training provided by Cardiff Local Authority. The Signs of Safety approach is used in supervision sessions.

## **Peer Review**

Within Cardiff and Vale UHB, peer review is held on a monthly basis. It is made available to all doctors involved in child protection work in order that doctors undertaking in this difficult area of work are well supported and have the opportunity to receive peer review and clinical supervision in order to feel confident and competent. Pragmatically, the peer review process encourages paediatricians to meet the expected standards and prevents practitioners working in isolation. Peer reviews are held for suspected cases of physical abuse at St David’s hospital; additionally, a separate peer review is held at the Sexual Assault Referral Centre (SARC) for cases of suspected sexual abuse.

The meeting is chaired by the Named Doctor for safeguarding children or the Medical Lead for Sexual Assault Referral Centre (SARC).

Attendance is consistently good. All child protection cases from the previous month are presented to ensure the management of the case meets the expected standard of practice. The process involves review of the medical report, photo documentation and the multi-agency working. It is an opportunity for professional development and learning within an appropriate environment and allows staff to debrief following difficult cases.

## 6. Expert Advice

### Partnership Working

The implementation of the SS&WB (Wales) (2014) Act and VAWDASV (Wales) (2015) has encouraged partnership working across strategic partner organisations and third sector agencies. Ensuring that compliance, knowledge and awareness raising is understood within each agency has required joined up thinking through shared training and guidance from the Cardiff and Vale Regional Safeguarding Children and Adult Board.

Cardiff and Vale UHB (C&V UHB) has close strategic and operational links with both the Regional Safeguarding Children and Adult Board. There is representation at the amalgamated RSB.

The meeting is attended by the Executive or Deputy Executive Nurse Director, Named Doctor for Safeguarding Children or the Head of Safeguarding. Minutes for the meeting are shared with Clinical Boards through the UHB Safeguarding Steering Group meeting. Sub- groups of the main Board include Training, Child and Adult Practice Review, Children and Adult Audit, Communication and Engagement, Policy and Procedures, FGM and an Exploitation Thematic Review are attended by the safeguarding team who participate fully in the work involved with each group.

Meeting the demand of the workflow within Cardiff MASH is a daily battle for the two SNAs representing the UHB in the MASH. It is true to say that all agencies within the MASH report an increase in the amount of referrals and calls made to the MASH in each consecutive year. Two SNAs from the safeguarding team rotate on a daily basis into the MASH working area. Day to day work consists of attending daily discussions for up to six domestic abuse cases requiring immediate safety planning action, this is in addition to the cases discussed at the fortnightly Cardiff MARAC which a SNA attends. Attending child and adult at risk strategy meetings, which are called immediately a concern is reported and ensuring that all documentation is recorded appropriately on PARIS to make certain that community practitioners meeting with families are alert to the concerns raised, is a feature of the daily work in MASH.

The Cardiff MASH demonstrates valued multi-agency working, it has evidenced respect and an understanding of roles amongst the different organisations and broken down barriers to working in partnership.

Partnership working is evident in the RSCB/RSAB training and audit sub groups; agencies are brought together to consider available training resources and to undertake specific audits from Child Practice Reviews (CPR) or Adult Practice Reviews (APR) and develop action plans.

The UHB is represented at all Public Health Wales, National Safeguarding Team meetings by the Deputy Executive Nurse Director, Named Doctor for Safeguarding Children and/or the Head of Safeguarding. The meetings bring together Health Boards and Trusts from across Wales, the aim is to maintain standards and to share learning. There are subgroups covering VAWDASV, Training and CLA. There is representation from the safeguarding team in all meetings, the CLA team attend the sub group for their service.

## Female Genital Mutilation (FGM)

The United Kingdom (UK) Government and UNICEF hosted the first “Girl Summit” in July 2014 aimed at mobilising National and International efforts to end FGM as routine practice in some countries across the World. The UK Government also made a number of commitments for new legislation to tackle FGM.

In 2015 a number of amendments were made to the Female Genital Mutilation Act 2003 through the Serious Crime Act 2015. Section 4 of the 2003 Act specifies that extra-territorial jurisdiction extends to prohibit acts done outside the UK by a UK national or a person who is resident in the UK. Considered with that change, section 70 (1) also amends section 3 of the 2003 Act (offence of assisting a non-UK person to mutilate overseas a girl’s genitalia) so that it extends to acts of FGM done to a UK national or a person who is resident in the UK. This has placed a mandatory reporting duty on all health professionals to report “known” cases of FGM in under 18 year olds to the police, this duty has been instigated since 31 October 2015.

The All Wales Clinical Pathway for FGM was created and completed by a task and finish group in October 2015 and ratified in July 2016.

Specific mandatory training for midwives has been in place since 2014, 300 midwives receive the training during the year. Additional sessions were introduced to other health professionals through an introduction in Level 3 Safeguarding Current Themes and the Level 3 VAWDASV safeguarding training twice during this year involving 299 members of staff.

A continued drive to raise awareness across the UHB has been maintained by the safeguarding team. Midwifery training has been facilitated by the FGM Lead Midwife with additional training across the UHB delivered by members of the safeguarding team.

Online FGM training is also available, endorsed by the Home Office; this is accessible to UHB staff.

Since October 2016 Welsh Government has requested quarterly updates from all Health Boards across Wales identifying FGM, this also includes referrals made to Children’s Services where mothers of female children are identified as having experienced FGM. The reason for referring children to Children’s Services ensures that professionals are aware of an increased risk that the female children may also experience FGM in the future.

Quarter during 2019-2020	Number of Women Identified	Child Protection Referral Made	Mandatory Reporting
Q1	39	12	2
Q2	34	13	2
Q3	36	14	6
Q4	26	09	0

An FGM working group led by the Head of Safeguarding as the UHB Lead and the Lead Midwife working closely with representatives from Midwifery, Health Visiting and the safeguarding team developed a training programme to provide specialist

training to identify areas across the UHB. Sessions aim to capture approximately 20 staff at one time. The referral process for suspected cases of FGM has been reviewed within the UHB, an example child protection referral is available on the UHB's intranet (CAVweb), and an FGM Risk Assessment (RA) tool has been added to the Multi Agency Referral Form (MARF) this has been agreed with police and local authority. An increase in recognition has been apparent as a result of the FGM working party training, staff have presented at both a South Wales Police (SWP) Conference and the Chief Nursing Officer Conference. A Leading Innovation in Patient Safety (LIPS) project in September 2018 brought Health, SWP and the National FGM centre together considering the referral pathway and outcome within the Cardiff and Vale region. Neither of the LAs were able to attend the LIPS study days although consultation from them was sought.

An FGM service model pilot, the Women's Well-being clinic for 1 year, was rolled out across the UHB in May 2018, the clinic opened following funding secured from the Police for the Psychosexual element and from the Iolanthe Award.

The Women's Well-being clinic consists of a service held weekly (1 all day session) within the Cardiff Health Access Practice (CHAP) in Cardiff Royal Infirmary, which is centrally placed for easy access and has already been secured at no additional costs.

The majority of referrals are from UHW maternity. There are varying reasons for referral including gynaecological and psychological issues with the predominant reason being pregnancy. One family attended clinic to seek refuge due to risk of FGM. Country of origin has been collated with the majority of women reviewed being from the Sudanese community.

The Clinic has just completed its second year and numbers remained steady up until February, then a small decline during COVID-19 lockdown as only pregnant women have been reviewed. A total of 106 women have been referred for assessment, 81 pregnant and 34 gynae. 68 women have attended, 8 of which required de-infibulation. The psychosexual element of the clinic ceased from January 2020 due to administration issues. There is no further funding for this service from April 2020 however due to the small numbers of women accessing it, outsourcing to Third Sector is being explored.

The Women's Well-being clinic has demonstrated a need for this service within the community and is evidenced by the numbers of women that have been reviewed there, future plans include: to continue with the clinic including outsourcing of psychosexual service and to further engage with the local communities to promote the services within the clinic. Training for community de-infibulation is also being explored as service development.

## Exploitation

Child Sexual Exploitation continues to be a priority for Welsh Government, Regional Safeguarding Children Board (RSCB) and the National Safeguarding team in Public Health Wales. A National action plan has been introduced to ensure that all statutory agencies and Third Sectors consider how to Prepare, Prevent, Protect and Pursuit (police) will be driven through each organisation. The RSCB endorsed a CSE Strategic Group to consider the prevalence of CSE across Cardiff and the Vale of Glamorgan by undertaking a mapping study and each agency identifying the



training that is delivered and sharing the resources available. This challenges the effectiveness of the activity undertaken by the Board to safeguard and promote the welfare of the children who are at risk of, or being harmed by, child sexual exploitation across the region. This is particularly pertinent as a Child Practice Review Multi-Agency Professional Forum presented a CSE case in 2016 whereby a number of children were exploited by the same perpetrator. This group has now been replaced by an Exploitation Thematic Group which is in the process of developing an Exploitation Strategy with the purpose *“to develop a robust multi-agency response to prevent and address exploitation, developing effective services to support victims of exploitation and improve the identification of victims of exploitation across Cardiff and the Vale of Glamorgan”*.

Within the UHB an increase in the workload associated with CSE has continued during 2019-20 following the introduction of additional staff in Children's Services and police to tackle the problem in Cardiff. This has led to regular weekly CSE strategy meetings for individual children suspected to be at risk of CSE. Health professionals involved or working with the age group, such as school nurse, Department of Sexual Health (DOSH) or Children Looked After nurses, Sexual Assault Referral Centre (SARC) nurses and Paediatric Emergency Department nurses are expected to contribute to the meetings to share information that may be available within Health to support the concern raised. As with all strategy meetings held through the Wales Safeguarding Procedures (2019), a plan is implemented to support the child and an attempt made to prevent the child from risk of harm through abuse or neglect. No additional resources are available within the Children and Women Clinical Board, Primary Community & Intermediate Care Clinical Board or the safeguarding team to assist with the increase in workload; this has been identified as a continued cause for concern. In an attempt to reduce the risk associated with this type of abuse, alert flags in Emergency Department at University Hospital of Wales are placed on identified children and young people, considered to be at risk.

In addition the safeguarding team have developed a new CSE/CCE (Child Criminal Exploitation) Multi Agency Strategy Meeting Pathway which commenced 6<sup>th</sup> November 2019, to ensure that all relevant health information is shared by a health professional at each MASM, whilst reducing the commitment required of each team in attending. This is covered on a rotational basis between five identified health teams who present a health report for each young person. These reports are collated from information provided by all involved health professionals. Outcomes and actions are documented on the electronic record system by the attendee and all people involved are notified. There will be ongoing review and evaluation to measure the effectiveness of the new process.

### **Procedural Response to Unexpected Death in Childhood (PRUDIC)**

The process was first introduced across Wales in 2010 with the aim to *“ensure that the multi-agency response to unexpected child deaths is safe, consistent and sensitive to those concerned and that there is uniformity across Wales”*.

The National Safeguarding Team in Public Health Wales revised the document in 2018. The procedure sets a minimum standard for a response to unexpected deaths in infancy and childhood. It describes the process of communication, collaborative action and information sharing following the unexpected death of a child.



The process within the UHB is established; the Head of Safeguarding liaises with police to arrange a multi-agency meeting within 48 working hours of the child's death, the meeting is chaired by police, and attendance includes representatives from Children's Services, Education when appropriate, Welsh Ambulance Service Trust, appropriate representation from health professionals involved with the child. The purpose of the meeting is to ensure that there are no suspicious circumstances surrounding the child's death and to make certain that a robust bereavement package is in place for the family.

C&V UHB are fortunate to have a Bereavement Nurse that liaises directly with the family and supports them through this extremely difficult time by discussing with them any pathology information, arrangements for visiting the child in the morgue and registering the death. Referrals are made to charitable organisations to support the family long term and a memory box is created. The table below identifies the number of child deaths of children residing in the Cardiff and Vale of Glamorgan locality.

Period	Number of Child Deaths
2019-2020	8

### Child and Adult Practice Reviews (CPR and APR)

Guidance for Child and Adult Practice Reviews were updated and came into force from 6 April 2016 following the implementation of the SS&WB (Wales) Act 2014. The guidance is addressed at the Safeguarding Children and Adult Board meetings involving all partner agencies. The purpose of the review is to promote a positive culture of multi-agency child and adult protection learning and reviewing in local areas when there are serious incidents resulting from abuse or neglect, there is a system of multi-agency concise and extended practice reviews. The criteria for child practice reviews are laid down in the *Safeguarding Boards (Function and Procedures) (Wales) Regulations 2015*. The outcome is expected to generate new learning to support continuous improvement in inter-agency protection practice.

The process involves agencies, staff and families reflecting and learning from what has happened to improve practice with the focus on accountability and not culpability. This will potentially develop more competent and confident practice, better understanding of knowledge base and perspective of different professional's role and responsibility.

The Head of Safeguarding and Named Doctor for Safeguarding Children participate in the Regional Safeguarding Board sub-group for Child and Adult Practice Reviews when consideration is given to new referrals and the commissioning of a new review. SNAs participate as panel members to individual reviews and complete a health chronology of each health contact to inform the timeline of events that will notify the reviewers preparing the report once collation of each agency's information has been submitted. There has also been representation from the team as a reviewer and Chair for Child Practice Reviews.

Recommendations and learning from the reviews will be identified in action plans or from the learning event. Organising a multi-agency approach for the learning event allows professionals to consider the case in detail, reflect on their own practice and

to take learning back to each organisation to prevent the same situation happening again. Two Child Practice Reviews were published in this reporting period. Eight CPRs are on-going, four Multi-Agency Professional Forum (MAPF) were commenced, one CPR awaiting allocation and seven Internal Management Reviews (IMR) undertaken. Two Adult Practice Reviews were published during this period, two APRs on-going. Two adult MAPFs commenced, two APRs awaiting allocation and four IMRs on-going.

## **Domestic Homicide Review (DHR)**

DHRs were established on a statutory basis under section 9 of the Domestic Violence, Crime and Victims Act (2004). The provision came in to force on 13 April 2011. The Home Office Multi-Agency Statutory Guidance for The Conduct of Domestic Homicide Reviews has been updated in 2016. Domestic violence includes physical violence, psychological, sexual, financial and emotional abuse involving partners, ex-partners, other relatives or household members. In 2009/10, domestic violence accounted for 14% of all violent incidents and affects both men and women. A domestic violence incident which results in the death of the victim is often not a first attack and is likely to have been preceded by psychological and emotional abuse. It is likely that many people within agencies may have known of these attacks and circumstances. This can sometimes make serious injury and homicide preventable with early intervention.

A DHR means a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect. Similarly to CPR and APR, the DHR will consider what lessons can be learnt by professionals and organisations to safeguard victims, what change can be identified, update policies and procedures, make every attempt to prevent domestic homicide by improving services to individuals and their children through improved inter-agency working.

The DHRs are commissioned through Partnership Boards in Cardiff and the Vale of Glamorgan localities. Referrals are received from South Wales Police and consideration is given at the Partnership Boards to undertake a DHR. The UHB Executives are formally notified of the commissioning of the DHR; the Head of Safeguarding attends a multi-agency meeting to agree the Terms of Reference for cases.

As with CPR and APR, safeguarding nurses are identified within the team to collate information from each health contact and develop a timeline to inform the DHR report. Representatives from the safeguarding team attend all DHR meetings and participate in the development of the report. There has been seven DHRs undertaken in Cardiff since 2015 and one case in the Vale of Glamorgan.

## **Domestic Abuse**

The implementation of the Violence against Women, Domestic Abuse and Sexual Assault (Wales) Act 2015 has seen a change in the referrals, training and width and breadth of the domestic abuse agenda within the UHB as indeed across Wales.

The Regional Multi-Agency Domestic Abuse Strategy for Cardiff and Vale of Glamorgan has been completed, the strategy incorporates a plan to address service need and training actions across the locality of Cardiff and Vale of

Glamorgan council area. Welsh Government (WG) has provided guidance for all organisations to consider a five year plan to meet the National Training Framework expectations to raise awareness with all employees within each organisation. Different levels of training are identified with compliance within each organisation expected to be at 100%. No additional resources have been identified by Welsh Government to achieve this target. It is expected that Group 2 and 6 training commences in 2019. The UHB has provided WG with a forecast of the number of staff completing training over the next five years.

The UHB is fortunate to have a Health Independent Domestic Violence Advisor (IDVA) this is the only post within Health across Wales.

The Health Independent Domestic Violence Advisor (IDVA) came in to post in October 2016 with a role to deliver advocacy support within Cardiff and Vale University Health Board to clients who have experienced domestic abuse in Cardiff and the Vale of Glamorgan. During the period April 2019 to March 2020 the Health IDVA has continued to raise awareness of domestic abuse and raise the profile of the IDVA role within the UHB. In line with the Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV) (Wales) Act 2015 the Health IDVA has continued to deliver some classroom based VAWDASV, Group 1 training which is mandatory for all staff. In addition, The UHB Safeguarding Team has commenced the roll out VAWDASV group 2 training in line with the Welsh Government National Training Framework. There is a requirement within the VAWDASV Act that all professionals working with the public in any capacity must undertake this additional training. A broad estimate of 11,000 staff within the UHB will be expected to complete this training. At present this training is being delivered on a monthly basis to the Maternity Department and has also begun to be delivered to staff within the Emergency Department. This training has also been delivered to various other departments across the UHB at away days and practice development days. The Safeguarding Team have also offered multi-departmental days that staff are able to book. In addition to this, within the reporting period, the Health IDVA has co-delivered UHB Level 3 VAWDASV training days and has also been a guest speaker on other UHB Level 3 safeguarding study days. The Health IDVA has continued to provide ad hoc awareness raising sessions to departments including Dentistry.

As an organisation we continue to support the White Ribbon Campaign and the Health IDVA organised events in October 2019 including holding stalls to sell white ribbons and promote awareness of violence against women, domestic abuse and sexual violence amongst staff, patients and visitors. Several ambassadors and champions within the UHB have completed online training within their roles and departments to promote awareness and support for patients experiencing these types of abuse.

In addition to providing training and raising awareness the Health IDVA continues to provide support to survivors of domestic abuse. During the period April 2019 to March 2020, 278 Ask and Act referrals were received. This has shown a continued increase in referrals with an average of 23 per month compared with 17.6 referrals per month in 2018-2019. Following these referrals, safety planning has been completed with 122 clients either over the phone or face to face and initial assessments have been completed with 57 of the clients, 28 of these were assessed to be at high risk of domestic abuse. In cases where assessments have been completed, individualised safety plans have been developed with support including: markers and security measures on properties, assistance to report to the

police, support at Court, Clare's Law Disclosure requests, signpost referrals for counselling and referrals to specialist support services. Furthermore, 6 clients have been supported to access refuge directly from hospital. In addition the Health IDVA has made 31 referrals to MARAC including 2 to the Sex Worker Operational Team (SWOT) MARAC during this reporting period.

Domestic abuse and other forms of violence can impact negatively on an employee's health and wellbeing and staff morale. In addition, in England and Wales domestic abuse has economic costs of £14 billion arising from lost output due to time off work and reduced productivity (The Home Office, 2019). The Health IDVA supports staff members experiencing domestic abuse and within the reporting period has received 23 referrals. The Health IDVA has supported the staff by completing regular risk assessments and working in a client led way to develop safety plans for them at home and in work. This includes working closely with managers, the UHB Health and Safety Team and UHB Security. During the reporting period, one staff member was supported to access UHB accommodation and was transferred to a different UHB site to work, ensuring her safety. This was achieved through successful collaborative working from staff within different UHB departments. The Health IDVA has also worked closely with the Health and Safety Team to put in a successful bid to the Health Charity for lone worker devices for staff experiencing domestic abuse and stalking.

### **Violence Prevention Team**

This multi-agency project launched in October 2019 in Cardiff, hosted by South Wales Police through funding from the Home Office at the beginning of 2019. Cardiff and Vale University Health Board were invited to be part of the unit as the Emergency Department (ED) situated in the University Hospital of Wales (UHW) is one of the biggest and busiest in the United Kingdom. Every year thousands of people find themselves within an ED as the victim of serious violence (National Violence Surveillance Network 2019). The Violence Prevention Team (VTP) consisting of two seconded staff members, a qualified nurse and an advocate will be embedded alongside clinicians and trauma practitioners within the ED at UHW. This is the first model of its kind in the UK. The core team comprises of members from South Wales Police, the Police and Crime Commission, Public Health Wales, Her Majesty's Prison and Probation Service, Home Office Immigration and Third Sector support services. Together they take a Public Health approach to prevent all forms of violence across Wales.

The health team based within the ED meet with patients of any age attending with injuries relating to any form of violence, the project initially concentrated on knife related injuries however this expanded to include all violence which incorporates Domestic Abuse. The health team approach the patient to provide support, guidance and advice as soon as it is appropriate. The focus is on building a rapport, providing personalised, holistic and integrated support, enabling patients to make informed decisions. The aim is to enable empowerment to improve the patient's well-being and then encourage patients to make informed, long-term positive plans to break away from cycles of violence. With the patients consent the team will refer to external third sector agencies, for continued support in the community, if required following hospital discharge.

The programme objectives are:

- Assessment of all vulnerable people and identifying appropriate pathways of support.
- A reduction in violence.
- A reduction in repeat attendances to the Emergency Department as a result of violence.
- Enabling clinical staff within Emergency Departments in being more equipped to support vulnerable people.
- Increasing incident reporting to the Police
- Improved safeguarding mechanisms for those at risk
- Improving safeguarding procedures for adolescent patients.
- Data collection

## VPT Training

The VPT training is developed and delivered by its members in a variety of methods, including classroom based presentations and drop-in training sessions. ED teaching sessions are arranged by the Emergency Unit Practice Educator often during the departments study days. Both qualified nursing staff and health care assistants are receiving regular training from the team, this has been in place since October 2019.

It has become apparent, that due to the constant turnover of staff within the department, education sessions need to be consistent, and the team need to be visible in ED to answer staff questions and encourage engagement.

ED staff education entails:

- Raising awareness of the service and its provisions
- Identifying the VPT referral pathway
- Use of referral forms and processes
- Reporting of all knife related admissions
- Encouraging paediatric referrals
- Encouraging all safeguarding measures are met.

The team has also conducted educational sessions on the Level 3 UHB Safeguarding study days including the Current Safeguarding Themes full day training, since November 2019, reaching a variety of different UHB staff members.

Raising awareness has been a key part of the VPT, and contributes to the quality of service that the team provide. Within the UHB the team has liaised with other specialities, such as Trauma, Poisons, Drug and Alcohol Liaison Nurses and Psychiatry. More recently, the VPT has attended Poly Trauma Unit study days and contributed to the development of specialist trauma nurses and health care assistants that will in the future form Wales' first Major Trauma Centre here at the UHB.

The VPT have developed a number of service links externally to the UHB with both statutory and third sector agencies. Since the beginning of this project, work with third sector agencies have assisted, developed and enhanced the service now being provided to Emergency Department patients. Workstreams have been formed allowing the team to make seamless referrals into these services; continuing support



for patients from hospital and into the community. To develop external links, the VPT has presented at the Professional Interest Networking Group (PING) arranged by Cardiff Council and Children's Services, outlining our role to a wider range of professionals and developing new operational networks.

The VPT recently participated in workshops held by Liverpool John Moore's University looking at the Life course approach and understanding gaps in violence prevention. Following this, the team presented at the first Welsh Violence Prevention Unit conference held in the Millennium Stadium, outlining the VPT's role within the University Health Board, patient engagement and outcomes achieved.

#### Training and Networking: November 2019 to March 2020

<b>UHB Training Sessions</b>	
Poisons Ward UHL	1 Session (4 People)
FCAMHS / Crisis Team	2 Sessions (5 People)
SSG	1 Session (8 People)
A&E Paeds	1 Session (1 Person)
Adolescent Safeguarding Meeting	Initial introduction (7 People)
Level 3 Safeguarding Training	3 Sessions (90- 105 People)
ED Class Room Teaching	2 Sessions (16 people)
Drop in ED Training Sessions	5 Sessions (40 People)
Advanced Nurse Practitioner Training	1 session (8 People)

<b>External Training</b>	
Victim Focus	1 Session (1 person)
Professional Interest Networking Group	1 Lightening Talk (100 people)
Action for Children	1 Session (1 Person)
Violence Prevention Unit Conference	1 Lightening Talk (250 People)

#### Patient Outcomes

November 2019 to March 2020

Knife Related Injuries	30 Patients	18 Engaged	9 accepted ongoing support after discharge
Violence Related Injuries	69 Patients	56 Engaged	29 accepted ongoing support after discharge
Self-Harm Punch Injuries	17 Patients	17 Engaged	8 accepted ongoing support after discharge
Adolescence Safeguarding	99 Patients reviewed	42 Missed safeguarding procedures	

## Re-attendance rates of those who engaged - (self-harm punch injuries not included)

Of the 74 patients that engaged with the VPT, three of those returned to the department. One of which was a knife related injury patient. They later re-attended with mental health issues following his trauma.

## **CONTEST**

CONTEST is the UK Government's counter-terrorism strategy. As part of the strategy, PREVENT is designed to tackle the problem of terrorism at its roots, with the aim of preventing vulnerable people from becoming radicalised. The Head of Emergency Preparedness Resilience and Response (EPRR) developed a UHB referral pathway for UHB employees to follow when they have a concern that a service user or a member of staff maybe at risk of radicalisation. The Safeguarding Team and EPRR team are working together to provide training to UHB employees via a workshop designed to help make staff aware of their contribution in preventing vulnerable people from being exploited for terrorist purposes. The Safeguarding Team play a key role in this agenda, working closely with Clinical Boards and the UHB EPRR Team. The UHB are expected to report the number of staff attending the workshop to Welsh Government on a quarterly basis. A small working group from the safeguarding team, the EPRR team and a practice educator from the Emergency Department have an ongoing annual work plan to ensure that the Prevent Awareness training is delivered to key groups working with members of the public and/or families in the community.

## **Modern Day Slavery**

Modern slavery is a serious crime in which people are treated as commodities and exploited for criminal gain. The true extent of modern slavery in the UK is unknown. Modern slavery, in particular Human Trafficking, is an international problem. Modern slavery includes human trafficking, slavery, servitude and forced and compulsory labour. Exploitation takes a number of forms, including sexual exploitation, forced manual labour and domestic servitude; victims come from all walks of life. The Modern Slavery Act 2015 outlines frontline staff responsibility to identify potential victims of modern slavery and human trafficking, refer potential victims and ensure that victims have access to services to which they are entitled. UHB employees are identifying victims and are following the Multi-Agency Response Pathway for suspected cases. Human Trafficking Multi-Agency Risk Assessment Conferences (HT MARAC) are held in Cardiff on a monthly basis, the Safeguarding Team represent the UHB at the meeting. Training for Modern Slavery is incorporated in to the Level 3 Current Themes (adult) Study Days provided by the Safeguarding Team. The training is available for UHB and GP employees.

## **County Lines**

County Lines is a national issue that poses a significant threat to communities and exploits the most vulnerable members of society. Vulnerable local residents will be exploited, coerced and forced to participate. Their properties are targeted and occupied (cuckooing); vulnerable people including children are groomed, intimidated and/or threatened into transporting and hosting drug related activity. The emerging themes for children and adults at risk with this activity is exploitation and abuse in all its forms, human trafficking and any associated criminal action.



Information and training has been shared by South Wales Police (SWP) to raise awareness of the growing issue identified as County Lines. Resources have been provided to partner agencies, to cascade training within their own organisations to frontline staff who are likely to see people presenting with injuries or sickness associated with the culture and crime surrounding County Lines.

The nature of any person presenting at C&V UHB is likely to be a child under the age of 18 years old or an adult deemed to be vulnerable. The threat linked to County Lines is not only a drug problem but is exacerbated by how the criminality is carried out. SWP are reporting an increase in knife crime connected to the gang culture.

Bespoke training from the safeguarding team has been provided to specific areas within the UHB most likely to come into contact with county lines activity - these areas include ED, Maternity Unit, Mental Health, GPs, DASH, HVs and school nurses. This has informed and reinforced existing reporting arrangements to ensure raised awareness and cascading of information to all UHB staff to be alert to this emerging phenomenon. The safeguarding team are working with police and social services to provide assurance that the effects of county lines activity is addressed by health services. The work plan has been an 18-month project ensuring delivery of training to all bespoke areas. The training will now be delivered through existing training.

### **Deprivation of Liberty Safeguards (DoLS)**

The Cardiff and Vale UHB DoLS team operate the supervisory responsibility on behalf of Cardiff and Vale UHB, Vale of Glamorgan Council and Cardiff Council through a Partnership Management Board consisting of senior representatives of each supervisory body.

The DoLS team provide advice to Care Homes, hospital wards and Health and Social Care staff across the sector in relation to Mental Capacity Act (MCA) and DoLS.

Monthly awareness training sessions are provided at UHW and UHL sites.

There has been an increase in requests for assessments since March 2014 when a Supreme Court Judgement clarified DoLS. This is evidenced in the table below, during 2013-2014 pre judgement there were 55 requests made:

<b>Period</b>	<b>Number of health requests made</b>	<b>Number of Assessments Completed</b>
2019-2020	1199	974

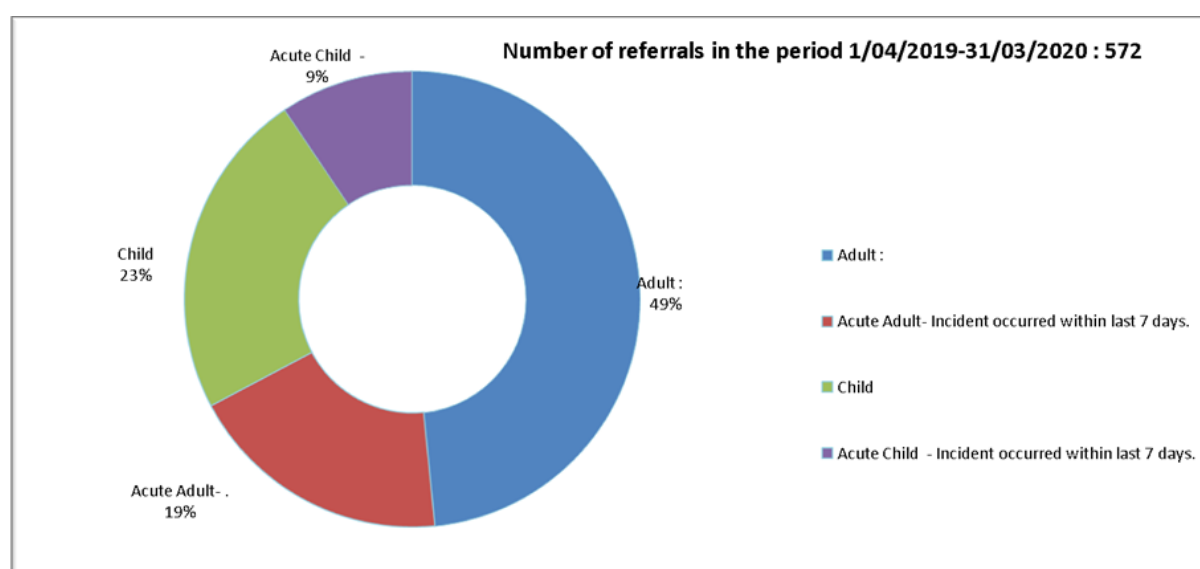
The DoLS coordinator is a Band 7 nurse employed by the UHB and supervised/ professionally managed by the Senior Nurse for Safeguarding. DoLS/ MCA training is delivered by the DoLS team throughout the year. The training is incorporated into existing safeguarding training however, bespoke sessions are also provided.

## Sexual Assault Referral Centre (SARC), Ynys Saff

Cardiff and Vale UHB hosts Ynys Saff, the multi-agency Sexual Assault Referral Centre (SARC), in Cardiff Royal Infirmary. The service delivers a comprehensive quality service for victims of sexual assault for adults and children in Cardiff and the Vale of Glamorgan; it also offers a provision for children across South and Mid Wales region who are victims of an acute assault.

Ynys Saff sits within the governance framework of the Children and Women Clinical Board. The UHB Safeguarding Team support the service in relation to safeguarding activity and also in offering supervision to the SARC team.

The number of referrals to Ynys Saff have been consistent with previous years however, the final month of the year 2019-2020 saw a marked decrease as a consequence of the COVID-19 pandemic. The removal of the night time economy and closure of the Universities is seen as being a major contributing factor.



The SARC Project Board has made significant progress with the regional model proposal recently agreed, though commissioning arrangements are yet to be confirmed. Progression with the project is on hold until the current COVID-19 restrictions are lifted.

Ynys Saff SARC hosts the interim Paediatric regional service for children across the whole of the South and Mid Wales region. Work will continue to progress a more sustainable two site model once the Project Board resumes its functioning role.

The interim model offers five afternoon clinics (Monday to Friday) with provision for:

- Acute service for children and young people up until their 14<sup>th</sup> birthday who may have experienced rape or sexual abuse
- Historic cases requiring a medical assessment of children residing in Cardiff and Vale UHB, and Cwm Taf Morgannwg UHB (comprising Bridgend, Merthyr Tydfil, Rhondda Cynon Taff)
- Ongoing evaluation of this interim model continues to inform the development of the regional service for children.

Funding to support the capital plan to relocate the SARC from its current position to a larger refurbished accommodation also on the CRI site have been approved by Welsh Government. Planning for the project will re-commence once the COVID-19 situation resolves. C&V UHB will take the lead on this piece of work.

## **Learning Disability**

Learning from three Serious Incident reviews in 2015 and a Safeguarding an Adult at Risk case in 2016 highlighted the need for service improvements required for Learning Disability (LD) patients within the UHB. Progress has been made to improve the quality of care provided to patients with LD. This has been achieved through the “1000 Lives” care bundle launch and implementation development of a “flagging” system of immediate alerting across acute areas, modification of NEWS escalation of deteriorating condition response, risk assessment of immediate need and reasonable adjustments required to care. 120 resource files giving staff advice on implementing the care bundle has been obtained and distributed. A further 120 copies are being gained to spread to Mental Health and Children and Women CB support service areas. In addition, a daily Business Intelligence System (BIS) report gives notification of all in-patients with LD allowing prompt review of this vulnerable group. There is also a weekly report of mortality within LD patients, allowing level 2 mortality reviews to be chased for learning. Easy read qualitative feedback questionnaires are automatically sent out to patients with LD and also to family and carers after an admission or an outpatient appointment in order to enable learning has been introduced.

The launch in November 2018 of UHB LD Champion Roles, identified staff from all wards and departments to take the lead and raise awareness within their clinical area. Over 120 staff have been trained to date, training is provided on a six monthly basis. This will enhance dissemination of available resources and share good practice across the breadth of C&V UHB. An additional Level 3 Safeguarding Themes (Adults) incorporates information for practitioners, this event was launched in November 2019. We are working with Hijinks Drama Company to produce film clip learning from real life situations which challenge staff to appropriately care for patients, with LD. The UHB continues to work in partnership with Swansea Bay Health Board for LD services that are commissioned in community settings. In addition funding has been approved for two UHB Acute Liaison Nurses to be appointed, the post are expected to be in place by May 2020. The posts will support ward areas with training and advice when individuals with LD are admitted to hospital. The post were identified as a priority within the joint LD commissioning strategy developed for the region. The priorities also include the progression of LD primary care liaison targeted at raising awareness and training on management of individuals and to improve the uptake of an annual health check. An action plan to progress work in this area is in place, both Cardiff and Vale of Glamorgan Local Authorities as well as the UHB are committed to this workstream.

## **Cardiff and Vale UHB Youth Board**

The Youth Board was introduced in 2018 following a recruitment process within the Children and Women CB. This aligned with the launch of the UHB Children’s Charter. A representative from the safeguarding team attends appropriate meetings to offer safeguarding advice as appropriate. Safeguarding training has been

delivered to the Youth Board to raise awareness of safeguarding matters, how to recognise a concern and to report appropriately.

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## 7. Safeguarding Team Achievements

- Successful Safeguarding Week campaign working with the RSB and organising individual events with the White Ribbon Campaign in November 2019. A total of £91.43 was raised in the UHB from staff, patients and visitors.
- Implementation of Emergency Department Safeguarding meetings for young people. In addition the Safeguarding meeting for children is now held weekly.
- Successful implementation of the original Pressure Damage Pilot across all Clinical Boards
- Development of an "Identification of Mongolian Blue Spot" Pathway for Health Professionals
- Flying Start HV Preceptorship Package
- UHB Legal Document package for Health Staff
- Bruising Flow Chart for babies and children
- Child Abduction Policy updated 2019
- Professional Allegation/Concern Procedure updated 2020
- Re-launch the DLM process in line with the SS&W-B Act by introducing the Health Lead Practitioner role
- Implementation of the Safeguarding Group Supervision for Health Lead Practitioners for safeguarding adults at risk
- Safeguarding working in partnership with the HV service to increase the recording of domestic abuse routine enquiry questions
- Undertaken safeguarding training with the Chaplaincy and volunteer service
- Modern Slavery training embedded into existing safeguarding training and provide
- A PREVENT awareness training work plan is in place and has commenced across the UHB
- The introduction of an additional full day Level 3 training day on Safeguarding Themes- Adults
- Safeguarding supervision provided to the CAMHS team since the repatriation from Cwm Taf Health Board
- Completion of an audit to evaluate the support offered to staff involved with a child or adult practice review
- Completion of an Audit of Young People 16 & 17 year olds on adult wards
- Work undertaken with South Wales Police colleagues to improve the support for staff completing police statements. An agreement has been developed whereby police statements are taken in a planned and supported manner to ensure efficiency and accuracy of information
- Completion of the Safeguarding Training Strategy 2019-20

### Audit's Undertaken or Commenced:

- Pressure Damage grade 3/4 reporting to Local Authority.
- Risk Assessment for Young People on Adult Wards
- Evaluation from staff involved in Child/ Adult Practice Review Learning Events
- Audit of 16/17 year old attending Emergency Department, resulting in an Adolescent Safeguarding Meeting held fortnightly

## 8. Forecast 2020-2021

Continuing with the achievements made, sustaining and maintaining the safeguarding agenda workload is challenging for the UHB safeguarding team. This is an area that continues to evolve with emerging themes such as Criminal Exploitation emerging. Ensuring that the UHB staff are prepared and aware of their professional duty to report, through providing specific training has been considered and discussed with all appropriate clinical areas. Additional training resources from within the team will be required through 2020 and onwards to provide Group 2 Domestic Abuse Training across the UHB, in line with WG expectation. The safeguarding team has proved that it is an innovative team that demonstrates the ability to adapt to contemporise situations. Ensuring that staff resources are available to cover three sites is often demanding, particularly considering the amount of work generated within Cardiff MASH, the multi-agency commitments to the RSB and Public Health Wales. The team will strive to resume the energy demonstrated to address the safeguarding agenda and ensure that staff and the public are safeguarded appropriately by the UHB. Further work during 2020-2021 will include:

1. Audit of Domestic Abuse cases identified in ED
2. Ensure the commencement of the Welsh Government National Training Framework, is rolled out across UHB Clinical Boards with identified disciplines for Group 2 and 6
3. Undertake bespoke safeguarding training with the Adult NEADS in Specialist Clinical Board
4. Bespoke safeguarding adult at risk training for Mental Health Clinical Board to address the increased number of referrals and the quality of information shared with Local Authority and Police
5. Introduce safeguarding weekly drop-in sessions on site for mental health practitioners
6. Work with UHB CBs to clarify the reason for making a referral to Children's Services
7. Demonstrate partnership working to engage with communities in relation to anxieties around FGM reporting
8. Explore new ways of delivering training following the emerging scene with COVID-19
9. Participate in a PhD Supervision study undertaken by Cardiff University
10. Sharing of the completed Regional Safeguarding Board, Regional Child Sexual Exploitation Strategy
11. Update the UHB Medical Illustration Protocol for sharing images with South Wales Police and staff guidance whilst dealing with Child Protection cases
12. Participate with the development of a RSB leaflet for employees involved in a Professional Allegation/ Concern and implement when complete
13. Develop a mentoring package for student nurses paced within the safeguarding team
14. Development of a Level 3 study day dedicated to the "Learning from Child/Adult Practice Reviews and Domestic Homicides"
15. Introduce a UHB Training Strategy for the coming year
16. Working in partnership with UHB Patient Safety Team to audit recommendation compliance from published Cardiff & Vale RSB Child/Adult Practice Reviews and Domestic Homicides
17. C&W CB will audit the effectiveness of the Child Looked After, Health Assessment

18. (DOSH) will complete an audit during 2019 of the use of SERAF
19. Induction pack to be developed for newly appointed UHB school nurses
20. Review and update L2 Safeguarding Children Training package
21. Develop a work plan of safeguarding support for Mental Health Clinical Board
22. Undertake review audit of the UHB Pressure Damage Reporting to Local Authority

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## 9. Summary

Since April 2014 the National and indeed International safeguarding landscape has broadened. We have seen the introduction of two significant Acts of law in Wales which has impacted on the safeguarding work stream across the UHB requiring significant changes in process, additional training and supervision as well as relocation of existing resources. Further legislation from the Home Office has also defined the need to raise awareness of Domestic Homicide and FGM. The Modern Slavery Act (2015) is another area whereby the safeguarding team need to work with partner agencies to raise staff and public awareness.

Workstreams from January 2020 were disrupted on a national basis throughout all organisations due to the pandemic outbreak of COVID-19. This forced the safeguarding team like all other departments to consider how services are appropriately and effectively delivered to ensure staff are supported, given appropriate timely advice and ensuring that safeguarding measures are in place. Planning and changes commenced in early February 2020 when it became clear that rapid changes were taking place in clinical areas and mass recruitment in the NHS. The UHB safeguarding team responded to the changing climate by providing an on-call service over the Bank Holiday weekends, providing direct support to staff by completing safeguarding reports for children and adults at risk as required, attending virtual child protection conferences on behalf of practitioners as required and introducing a team rota for home working to ensure the well-being and safety of staff members within the team.

The Cardiff and Vale University Health Board Safeguarding Team will strive to continue to meet all of the demands set by the UHB and Welsh Government to ensure the safety and safeguarding of children and adults at risk that become known to us. This will only be achieved by continuing to work collaboratively with our strategic partners ensuring that communication and decision making is embedded in open, honest and transparent practice.

### **Awards during 2019-20:**

#### **Regional Safeguarding Board Awards presented to UHB staff:**

Alice Fairman - Safeguarding Nurse Advisor (Midwifery)  
Claire Humphries - Safeguarding Nurse Advisor  
Matthew Kvedaras - Staff Nurse, Emergency Department  
Lisa Waters - Senior Nurse, Emergency Department  
Leslie McNeil - Deputy Sister Paediatric Emergency Department  
Chris Plummer - Health Visitor, Asylum Seeker Families  
Kelly Panniers - Health Lead Practitioner, Mental Health Clinical Board  
Beverley Oughton - Health Lead Practitioner, Specialist Clinical Board

Acknowledgement is given to all UHB professionals that contributed to this report, thank you

Report Title:	Peer Review – Systemic Anti-Cancer Treatments						
Meeting:	Quality and Safety Committee					Meeting Date:	08/09/2020
Status:	For Discussion		For Assurance	x	For Approval		For Information
Lead Executive:	Executive Medical Director - Stuart Walker						
Report Author (Title):	Cancer Services Lead Manager						

#### Background and current situation:

The peer review for SACT (Systemic Anti-Cancer Therapy) took place on 3<sup>rd</sup> February 2020. At the time of the review SACT was delivered at both the University Hospital of Wales (UHW) site and at Llandough Hospital (UHL). The dedicated areas for the delivery of Haematology SACT at UHW include ward B4 Haematology, the Haematology Day Unit, the Teenage Cancer Trust Unit (TCTU) and the Clinical Research Facility (CRF). The dedicated area at Llandough Hospital is the Haematology Chemotherapy Unit. The Lung service is delivered in partnership with Velindre Cancer Centre (VCC) input and chemotherapy was administered in a shared haematology/oncology day unit which is used by the lung cancer team on a Friday for SACT administration. The team consists of visiting consultants from VCC and CVUHB nurses and pharmacy staff. The Teenage and Young Adult service is a regional service covering Mid and South Wales. Patients under 18 years are treated in the TYA cancer unit in UHW. Patients 18-24 or above are offered the choice of treatment in the unit or locally.

The peer review focused on five aspects: Prescribing, Preparation and Dispensing, Administration, Management of Toxicities and Strategic Interface.

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

The Peer review identified the following good points:

- Excellent collaboration between the TYA and haematology service which works well.
- Haematology e-advice that has been developed.
- An ambulatory care service that has been set up in response to capacity and demand with positive patient feedback.
- Non-medical prescribers and Nurse Practitioners roles developed to manage increasing patient numbers.
- Made positive steps with ChemoCare and electronic prescribing with 50% of prescriptions on ChemoCare.
- Consistently reaching and exceeding national average for Bone Marrow Transplantation.

The report also identified a serious concern in relation to SACT services at Llandough. The report states *“Lung CNS team administering SACT in UHL is no longer accepted as an appropriate model for SACT provision. This was raised as a serious concern in 2016 & 2019 lung peer reviews with no change made to the service.”* The report expands on this to include the need to ensure a safe and sustainable SACT service is provided for lung cancer patients, in line with current accepted best practice. The management of lung cancer patients is significantly more complex with a range of novel treatments.

There were 6 other areas for improvement identified:

- Lack of AHP resource for SACT
- Delay in Lung patients accessing SACT
- Lack of transcribing of prescriptions for the TYA patients from VCC.
- Lack of engagement from lung clinical team

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- No designated intrathecal room/area for administration on the general haematology ward.
- No 'out of hours' chemotherapy on call service

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

An action plan has been created in response to the Peer Review report which details actions against the serious concern and areas for improvement. This action plan requires Clinical Board sign off and will be used to progress and monitor the actions required.

In relation to the serious concern raised concerning SACT services at Llandough, due to the COVID-19 response a temporary solution is already in place where SACT delivery has moved to Velindre Cancer Centre. An options appraisal for future delivery has been agreed and the financial arrangements still need to be finalised. The aim is to have this action completed by December 2020.

The areas for improvement have actions and target dates ranging from October 2020 to Spring 2021.

### Recommendation:

Review and agree the action plan.

For noting:

Cancer Services will monitor progress against the agreed action plan and reports to the QSE by exception on a quarterly basis.

### 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	
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	x	Long term	x	Integration		Collaboration	x	Involvement	
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**Equality and Health Impact Assessment Completed:**

Yes / No / **Not Applicable**

If "yes" please provide copy of the assessment. This will be linked to the report when published.



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CYMRU  
**NHS**  
WALES

Rhwydwaith  
Cancer Cymru  
Wales Cancer  
Network

<b>Peer Review:</b>	<b>Cancer</b>
<b>Sub-site:</b>	<b>Systemic Anti-Cancer Therapy (SACT)</b>
<b>Health Board/Region:</b>	<b>Cardiff and Vale University Health Board</b>
<b>Main Hospital Base:</b>	<b>University Hospital of Wales</b>

<b>Cycle:</b>	<b>First</b>
<b>Date of review:</b>	<b>Monday 3<sup>rd</sup> February 2020</b>

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## REVIEWEES SERVICE DESCRIPTION

### OVERVIEW OF SERVICE

#### SUMMARY OF THE SERVICE – brief overview, including any configuration details

A large tertiary haematology cancer centre covering the area of Cardiff and the Vale of Glamorgan also providing tertiary care for acute leukaemia from across Wales with the exception of a small proportion of acute leukaemia patients and autologous stem cell transplant patients treated at Singleton Hospital, Swansea. There are separate lung oncology and Teenage and Young Adults (TYA) services as well as a clinical trials service.

Systemic anti-cancer therapy (SACT) is currently delivered at both the University Hospital of Wales (UHW) site and at Llandough Hospital (UHL). The dedicated areas for the delivery of Haematology SACT at UHW include ward B4 Haematology, the Haematology Day Unit, the Teenage Cancer Trust Unit (TCTU) and the Clinical Research Facility (CRF). The dedicated area at Llandough Hospital is the Haematology Chemotherapy Unit.

Ward B4 Haematology provides out of hours telephone triage using the UKONS Haematology/Oncology Assessment Tool. The ward is staffed 24 hours a day, 7 days a week by at least one senior band 6 Staff Nurse who will triage patients for side effects of treatment, as well as any other questions or concerns.

The Lung service is undertaken with Velindre Cancer Centre (VCC) input and chemotherapy is administered in a shared haematology/oncology day unit which is used by the lung cancer team on a Friday for SACT administration. The team consists of visiting consultants from VCC and CVUHB nurses and pharmacy staff. The lung SACT service at UHL links in with VCC AOS service for out of hours complications. SACT is prepared within the aseptic unit in UHL and delivered in the shared chemotherapy day unit by the lung cancer specialist nursing team. SACT assessment clinics run on Tuesdays at 9am-5pm. SACT is administered on a Friday between 8-5 with no medical oncology cover on site.

A Teenage and Young Adult service is a regional service covering Mid and South Wales. Patients under 18 years are treated in the TYA cancer unit in UHW. Patients 18-24 or above are offered the choice of treatment in the unit or locally.

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**INFORMATION SECTION**

No.of Beds/Chairs (Inpatients)	Lung 0 beds; Haematology 27 beds; TYA 8 beds	No.of Beds/Chairs (Outpatients)	Lung 8 chairs; Haematology 4 chairs (plus 2 chairs in Llandough on Tuesday & Wednesday); TYA 3 chairs	No. of Deaths within 30 days of SACT during 01/14/18 to 31/03/19	Lung 4 Haematology 42
No. days between treatment plan agreed and first treatment	See Health Board submission	No. patients entered into trials	See Health Board submission		

**PATIENT ENGAGEMENT**

All inpatients are invited to take part in the monthly inpatient service '2 minutes of your time.'

Concerns and complaints are monitored centrally by the concerns team and the directorate management team take responsibility for concerns and attend a weekly concerns meeting and compliments are always fed back to the appropriate team or individual.

All new patients with a cancer diagnosis within the Health Board are allocated a cancer key worker. There is ongoing work to implement the Macmillan electronic holistic needs assessment.

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PRESCRIBING	
Specifics	Details
<b>Compliant with guidance and service standards</b>	<p>For haematology and TYA, most drugs which receive positive appraisal are ratified for inclusion in the health board formulary within the stipulated 60 day target.</p> <p>There is a health board wide policy for consent to examination or treatment. The 'Management of parenteral cytotoxic chemotherapy policy' covers consent specifically for chemotherapy.</p>
<b>Waiting times / efficiency</b>	<p>For haematology and TYA service the instances where the 60 day target is not met are due to staff or service problems. The view is that this may require an additional business case to resolve.</p> <p>The delays for lung implementation is due to the lack of specialist pharmacist time to complete the formulary applications.</p>

PREPARATION AND DISPENSING	
Specifics	Details
<b>Compliant with guidance and service standards</b>	<p>For lung patients, there are brief notes which give an overview of clinical review. Prescribers are easily and readily contactable. The pharmacist prescriber being in the same room as clinical checking occurring is effective and medical prescribers are available via email or telephone if urgent.</p> <p>For haematology and TYA, medical notes and the Welsh clinical portal are available whilst the prescriptions are clinically verified. All prescribers are contactable via pager or telephone.</p> <p>For lung patients, the prescription verification processes meet the standards set out by the British Oncology Pharmacy Association (BOPA) with the exception of allergy status of patient and interaction between regular medication and the SACT which is being addressed through the pharmacy department.</p> <p>For haematology and TYA patients, the prescription verification processes meet the standards set out by BOPA and is evidenced in training records. Bone Marrow Transplant (BMT) accreditation passport programme for transplant pharmacists is available.</p>

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ADMINISTRATION	
Specifics	Details
<b>Compliant with guidance and service standards</b>	<p>All clinical areas that administer SACT are approved by the cytotoxic chemotherapy group and meet the standard outlined in the cytotoxic chemotherapy policy.</p> <p>The service follows the guidelines for the safe handling, checking and administration of cytotoxics (draft with the medicines management group for approval).</p> <p>Intrathecal chemotherapy is provided for haematology and TYA. This part of the service complies with the department of health and Welsh government standards and audited by the Welsh government biennially and follows the procedure for the safe handling and administration of intrathecal chemotherapy policy.</p>
<b>Waiting times / efficiency</b>	<p>For lung patients, the treatment delays are not routinely monitored in relation to SACT. The lung oncology service will transfer to a new electronic prescribing system in early 2020 that will improve the ability to monitor patients through the pathway and identify potential delays.</p> <p>For haematology and TYA patients, the delays are not audited. Patients receiving day case SACT may experience occasional delays for subsequent treatments which may be one or two days later.</p>
<b>Competencies</b>	<p>Training and assessment records for those staff who are competent in administering SACT are held by the chemotherapy nurse specialist for the health board. Staff who assist in competency assessments are identified on the database. TCTU has their own competency assessor who is responsible for all sign-off assessments and annual assessments. Records of these assessments are then sent to the lead chemotherapy nurse specialist.</p>

MANAGEMENT OF TOXICITIES	
Specifics	Details
<b>Compliant with guidance and service standards</b>	<p>Lung cancer patients receiving SACT call the lung cancer specialist nursing team with issues/signs/symptoms between 9-5 Monday to Friday. They are triaged over the phone using the UKONS Oncology triage tool. Out of hours patients call the treatment helpline in VCC.</p>

<b>Waiting times / efficiency</b>	There is a neutropenic sepsis policy and an audit of all neutropenic sepsis patients is undertaken.
<b>Education</b>	<p>Lung patients receive immunotherapy education in an education session prior to the start of SACT.</p> <p>The acute oncology team support education of medical and nursing staff in acute admitting areas at UHW and UHL. Study evenings on checkpoint inhibitors have also been attended by most of the nursing staff.</p> <p>Haematology and TYA patients receive the all Wales immunotherapy alert card and drug specific information. Nurses complete a patient education checklist to ensure the patient has been advised on the relevant toxicities.</p>

STRATEGIC INTERFACE	
Specifics	Details
<b>Links to organisational strategy / planning</b>	The lung cancer chemotherapy service in CVUHB was established and configured differently (for historical reasons) to other district general hospital chemotherapy services. Rather than being run by the cancer centre as an outreach service, it was established as a core service within Medicine in CVUHB. It is recognised that this is no longer an appropriate service model and the clinical team have a strategic aim of ensuring the service is transferred to the cancer centre to bring it in line with best practice. This is being negotiated between CVUHB and VCC currently.
<b>Mortality review</b>	<p>A record of lung patients who have died within 30 days of receiving SACT is kept and discussed within the mortality and morbidity meetings held after MDT meetings.</p> <p>For Haematology, deaths occurring within 30 days of SACT are reviewed and monitored as part of the weekly main Haematology MDT meeting.</p> <p>All TYA Haematology deaths are reviewed through the weekly Haematology mortality review meeting. All deaths are reviewed within the TYA MDT although not formally reported if within 60 days of SACT.</p>

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## WHAT WAS GOOD

### GOOD PRACTICE AND/OR SIGNIFICANT ACHIEVEMENTS – identify any areas of good practice

- Excellent collaboration between the TYA and haematology service which works well.
- Haematology e-advice that has been developed.
- An ambulatory care service that has been set up in response to capacity and demand with positive patient feedback.
- Non-medical prescribers and Nurse Practitioners roles developed to manage increasing patient numbers.
- Made positive steps with ChemoCare and electronic prescribing with 50% of prescriptions on ChemoCare.
- Consistently reaching and exceeding national average for Bone Marrow Transplantation.

## IMMEDIATE RISKS

TITLE	Detail of the risk	Rationale
None	None	None

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SERIOUS CONCERNS		
TITLE	Detail of the risk	Rationale
Lung Service at Llandough	Lung CNS team administering SACT in UHL is no longer accepted as an appropriate model for SACT provision. This was raised as a serious concern in 2016 & 2019 lung peer reviews with no change made to the service.	Need to ensure a safe and sustainable SACT service is provided for lung cancer patients, in line with current accepted best practice. The management of lung cancer patients is significantly more complex with a range of novel treatment now standard of care. To ensure a safe and equitable service the patients should be treated by SACT nurses.

AREAS FOR IMPROVEMENT		
TITLE	Detail of the risk	Rationale
AHP Resources	There is a lack of AHP resource for SACT.	Access to AHP services ensures a multidisciplinary holistic support for cancer patients, meeting their complex and diverse needs. This improves their experience and quality of life through treatment and beyond.
Lung patient treatment delays	There is a delay in accessing SACT treatment for lung patients.	Delays in treatment may lead to suboptimal patient outcomes & poorer patient experience. Equity of access and timeliness, in line with other SACT patients is important
TYA prescriptions	Lack of transcribing of prescriptions for the TYA patients from VCC.	The lack of transcribing can lead to an increased risk of errors in the prescribing and administration of SACT.

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AREAS FOR IMPROVEMENT		
TITLE	Detail of the risk	Rationale
Lack of engagement from lung clinical team	There was a low turnout from the lung clinical team in the Peer Review.	In order to discuss the issues raised regarding the lung service it would have been beneficial to have both clinical and management colleagues during the peer review session.
Designated Intrathecal room/area for Haematology TYA	There is no designated intrathecal room/area for administration on the general haematology ward.	Failure to comply with standards impacts on patient safety.
No 'out of hours' chemotherapy on call service	There is no 'out of hours' chemotherapy on call service, although a limited number of standard chemotherapy doses are available via the general pharmacy on call service.	Need a clear pathway for provision of emergency out of hours pharmacy support.

PEER REVIEW PANEL		
NAME	Position	Organisation
Priya Dewan	Consultant Haematologist	Cwm Taf Morgannwg University Health Board
Gemma Eccles	Primary Care Practitioner	Swansea Bay University Health Board
Emma Groves	Chemotherapy Nurse Specialist	Betsi Cadwaladr University Health Board
Bethan Hawkes (Chair)	Macmillan Lead Cancer Nurse	Wales Cancer Network
Rachel Jones	Consultant Medical Oncologist	Swansea Bay University Health Board
Tomos Jones (PR Team)	Project Manager	Wales Cancer Network

PEER REVIEW PANEL		
NAME	Position	Organisation
Priya Dewan	Consultant Haematologist	Cwm Taf Morgannwg University Health Board
Tracy Parry-Jones	Oncology Pharmacist	Betsi Cadwaladr University Health Board
Gareth Popham (PR Team)	Assistant Network Manager	Wales Cancer Network
Joanna Wilkes (PR Team)	Senior Project Support Officer	Wales Cancer Network

STAFF FROM THE ORGANISATION BEING REVIEWED		
NAME	Position	Organisation
Annette Beasley	Lead Cancer Nurse	Cardiff & Vale University Health Board
Alyn Coles	Cancer Services Manager	Cardiff & Vale University Health Board
Robert Foley	Service Manager, Integrated Medicine	Cardiff & Vale University Health Board
Heather Gilmore	Senior Physiotherapist	Cardiff & Vale University Health Board
Iain Hardcastle	General Manager, Integrated Medicine	Cardiff & Vale University Health Board
Mary Harness	Senior Nurse	Cardiff & Vale University Health Board
Bethan Ingram	TYA Senior Nurse	Cardiff & Vale University Health Board
Steve Knapper	Consultant Haematologist	Cardiff & Vale University Health Board
Helen Long	Dietician	Cardiff & Vale University Health Board

STAFF FROM THE ORGANISATION BEING REVIEWED		
NAME	Position	Organisation
Anne-Marie Morgan	Directorate Manager Haematology	Cardiff & Vale University Health Board
Clare Rowntree	Consultant Haematologist	Cardiff & Vale University Health Board
Andrew Goringe	Consultant Haematologist	Cardiff & Vale University Health Board

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# Systemic Anti-Cancer Therapy (SACT) Peer Review Action Plan 2020

## Cardiff and Vale University Health Board

	Area for Improvement	Action Required	Priority	Lead	By When	Progress to Date
	<b>Serious Concern</b>					
1	<b>Lung service at Llandough</b> The lung CNS team administering SACT in UHL is no longer accepted as an appropriate model for SACT provision. This was raised as a serious concern in the 2016 and 2019 lung peer reviews with no change made to the service.	Engage with Velindre Care Centre to establish a service to deliver SACT to patients from Cardiff and Vale.  This service has now commenced as a response to COVID-19 from March 2020 and a long term solution is being sort between VCC and CAVUHB.	High / Urgent	General Manager Integrated Medicine	December 2020.	Temporary solution in place.  Options appraisal for future operating model agreed and clinical model agreed.  Finance yet to agree on funding between C+V / VCC.  Continued engagement between VCC and CAVUHB required.
	<b>Areas for improvement</b>					
2	<b>AHP resources</b> There is a lack of AHP resource for SACT	To develop an SBAR on the AHP service provision for SACT, which will then require development of a business case for the gaps identified.	Urgent	Macmillan Allied Health Professional Cancer Lead	October 2020	Therapies professions have met to discuss peer review report and action plan. Agreement to develop SBAR by Oct 2020.
3	<b>Lung patient treatment delays</b> There is a delay in accessing SACT treatment for lung patients.	SACT delivery in C+V for lung patients only carried out once per week on a Friday.  Since moving to VCC ability has increased to 5 x days per week reducing delays	High / Urgent	General Manager Integrated Medicine	December 2020.	Continue engagement with VCC as per "Serious Concern"
4	<b>TYA prescriptions</b> The lack of an integrated	To allow TYA staff access to the Velindre electronic	Urgent	Teenage Cancer Trust	October 2020	This risk has been identified by both parties and sits on

	Area for Improvement	Action Required	Priority	Lead	By When	Progress to Date
	electronic chemotherapy prescribing system between TYA and Velindre leads to the transcribing of prescriptions from Velindre scripts to TYA ones; which poses a potential risk.	prescribing system (Chemocare®), acting as a spoke of Velindre's hub.		Senior Nurse  Lead Haematology Pharmacist		both organisations risk registers. SLA's have been created and are currently being worked through for approval and implementation of Velindre Chemocare® access on Teenage Cancer Trust Unit. This will remove transcribing risks and ensure both parties have access to the same prescribing system and patient chemotherapy record.
5	<b>Lack of engagement from lung clinical team.</b> There was a low turnout from the lung clinical team in the peer review.	Encourage relevant team to engage in review and reflect	High	Consultant Respiratory Clinician/ Cancer Lead	Completed Immediately	Team discussions already been held to discuss.  Administration issues addressed
6	<b>Designated intrathecal room Haematology inpatients.</b> There is no designated intrathecal room/area for administration on the general haematology ward.  Bricknell Helen 09/08/2020 12:20:28	The University Health Board need to make provision of a procedure room to deliver intrathecal chemotherapy to adult inpatients at UHW.		Consultant Haematologist/ Cancer Lead  Intrathecal Consultant Haematologist/ Clinical Director	Autumn 2021?	Directorate Risk Assessment has been completed. The UHB is in consultation with the Welsh Assembly Government to provide a new build which will facilitate the provision for a dedicated procedure room. At present this risk is mitigated by designating the patient room or bay by hanging signs saying "intrathecal chemotherapy in progress". All chemotherapy which is

	Area for Improvement	Action Required	Priority	Lead	By When	Progress to Date
						neuro toxic has been removed from the ward, the designated patient will have intravenous chemotherapy prior to the intrathecal administration. There will be no other chemotherapy being administered in the vicinity of the patient having intrathecal chemotherapy.
7	<b>No 'out of hours' chemotherapy on call service</b> There are additional governance issues around emergency chemotherapy for Velindre patients requiring escalation to UHW.	This risk has previously been noted.  There needs to be an agreed pathway and standard operating procedure for Velindre patients admitted to UHW for escalation of care/speciality input who require emergency/urgent chemotherapy delivery.			December 2020	A draft pathway has been created for Velindre patients requiring chemotherapy (as emergency) in UHW. This pathway required development from both organisations to define roles and responsibilities when chemotherapy issuing teams are based off site.

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<b>Report Title:</b>	<b>Neonatal Peer Review: University Hospital of Wales 2020</b>				
<b>Meeting:</b>	Quality Safety and Experience Committee			<b>Meeting Date:</b>	18.08.2020
<b>Status:</b>	<b>For Discussion</b>	<b>For Assurance</b>	✓	<b>For Approval</b>	<b>For Information</b>
<b>Lead Executive:</b>	<b>Executive Medical Director</b>				
<b>Report Author (Title):</b>	<b>Dr Jennifer Calvert- Lead Consultant Neonatal Care</b>				

### Background and current situation:

Following publication of the NHS Wales Peer Review Framework by the Welsh Government in July 2017, it is a requirement for all clinical networks to undertake peer review under an All Wales programme managed by the NHS Wales Collaborative.

To ensure successful peer review of neonatal services, with a consistent approach for each unit, Neonatal Quality Indicators were developed by the Neonatal Network, to provide a framework for self-assessment, followed by panel validation and finally a peer review visit.

These indicators, which follow the six domains of quality healthcare, have been developed using the Wales Neonatal Standards 3rd Edition; British Association of Perinatal Medicine (BAPM); Bliss Neonatal Service Quality Indicators, June 2017 and the Neonatal Critical Care Quality Indicators, Quality Surveillance Team (NHS England). These indicators have been developed by the network leadership team and approved by the Network Board.

The Peer Review visit for UHW took place on 27<sup>th</sup> February 2020 and the Peer Review report was received by the UHB in June. An improvement plan to be approved by the C&V UHB, addressing concerns raised in the report is required to be submitted to the Wales Maternity and Neonatal Network by 31<sup>st</sup> August 2020.

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

The Peer Review panel provided extremely positive feedback regarding the family centred care provision. Comments were made regarding the :

- Exceptional level of family accommodation both in the unit and at Ronald Macdonald House
- Involvement of parents in design and colour scheme in NICU
- High standard of informative notice boards targeting both parents and staff
- The 'Beads of Courage' and 'End of Treatment bell' initiatives
- The level of care and support provided and the 'culture of openness' identified within NICU
- The regular MDT meetings, druggles and huddles
- Implementation of QI projects resulting in significant improvements
- The clinical commitment to improving cot occupancy and taking steps to include Psychology provision and neurodevelopmental involvement in neonatal care
- Review of current Transitional care arrangements

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

No immediate risks were identified.

### However a number of serious concerns were raised:

- Workforce: there is a major deficit in AHP provision and no access at all to OT services
- Lack of 24 hour neonatal transport services
- Funding for QIS modules for nursing staff is reliant on charitable funding

### The following additional concerns were raised:

- The waiting room on the unit was utilised as a parent sitting room
- Only 4 hours of breastfeeding support are provided to Mums
- Workforce:
  - The panel felt that due to the demand on the service, additional nurse staffing is required due to high rates of maternity and sickness.
  - More consultant presence is also required specifically aimed at achieving a level of presence 12 hours/day 7 days/ week
- Capacity: The panel reinforced concerns identified by NICU regarding the number of refusals due to capacity issues and its impact on the wider network
- There is a need to address the lack of AHPs involved in the MDT discharge process.

### Recommendation:

An Improvement Plan, which is attached to this report, has been developed by the Neonatal Clinical team, Directorate and Clinical Board, to address these concerns for which review, noting and approval by the Executive Board is required prior to submission to the Maternity and Neonatal Network.

### 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	
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:		Yes / <b>No</b> / Not Applicable If "yes" please provide copy of the assessment. This will be linked to the report when published.							

Kind and caring  
Caredig a gofudgar

Respectful  
Dangos parch

Trust and integrity  
Ymddiriedaeth ac uniondeb

Personal responsibility  
Cyfrifoldeb personol

# Annual Quality Statement 2019 / 2020



Bricknell Helen  
09/08/2020 12:20:28



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# Welcome from Our Chair and Chief Executive

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

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

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

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

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

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

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

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

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

Charles Janczewski  
Chair



Len Richards  
Chief Executive

# Cardiff and Vale of Glamorgan Community Health Council.



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

## Independent Advocacy Service

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

## Scrutiny Visits

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

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

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

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

## Continuous Engagement & Service Change

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

## Quality Safety and Experience

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

## Summary

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

Malcolm Latham  
Chair

Stephen Allen  
Chief Officer

# About The Annual Quality Statement

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

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

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

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

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

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

## Staying Healthy

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

## Safe Care

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

## Effective Care

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

## Dignified Care

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

## Timely Care

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

## Treating People as Individuals

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

## Our Staff and Volunteers

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

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



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

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

## The Health and Care Standards

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

# Staying Healthy

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

## Our strategy

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



## The Cardiff and Vale GoodGym initiative

GoodGym is a community of runners that combine getting fit with doing good within the local community. The UHB 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.

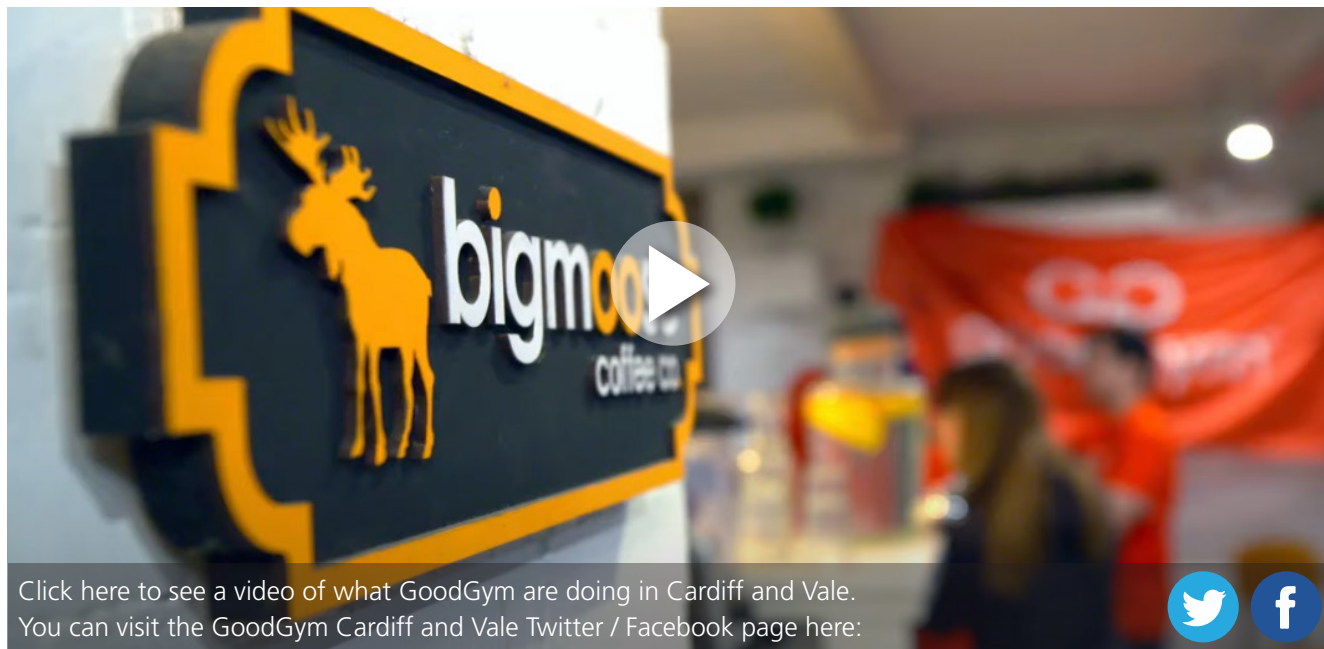
### Comments such as;

*"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



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

### Amy's story

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

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

### Aimee, Mikey and Rosie's story

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



## Get up and dance!

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

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

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



You can see a video here of a group in action

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

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

Some of the comments from patients were;

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

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

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

*"We can let ourselves go here"*



# Successes and Challenges Across the Health Board



**0.5%**

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

**We need to improve on this**



**4,300**

smokers have been challenged across our UHW and UHL hospital sites

**65%**

of all smokers challenged at hospital sites are visitors

Successful smoking quit rates at 4 weeks are

**74%**

exceeding the target of **40%**



**93.9%**

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



**58%**

of adults are meeting physical activity guidelines



**21%**

of adults are consuming >14 units of alcohol per week

**177**

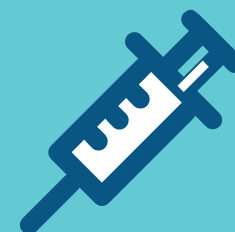
Flu Champions have vaccinated

**7,390**

staff members.

**87%**

of staff flu vaccinations were given by Flu Champion Peer Vaccinators



**63.5%**

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

## Staff Flu

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

## Community Pharmacies support smokers to quit!

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

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

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

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

Ask inside about our free, smoking cessation support service.

Allwn ni helpu!  
We can help!

PHARMACY

Ariannir gan y GIG  
Funded by the NHS

YNGO DI-FWOG  
SMOKE-FREE

GIG NHS Wales

## Healthy Travel

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



## Move More, Eat Well

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

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



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

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

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

**Move Eat Repeat!**  
#movemoreeatwell





# Safe Care

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

## Our strategy

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



## Switching mood stabilising medication

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

## What the pharmacist told us

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

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


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

## What Margaret told us

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

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

# Successes and Challenges Across the Health Board




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

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

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



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



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

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






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



This is a decrease from 7 reported last year.

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

## Infection, prevention and control

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

## Serious Incidents

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

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

## Never Events

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

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

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

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

## Coroner's inquests

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

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

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

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

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



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

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

## TALK Clinical Debriefing Tool

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

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

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



## Patient Safety Solutions

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

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

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

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

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

**babies don't bounce**

Cot Safety



Fully mobile



Restricted mobility



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

### Ophthalmology surgery

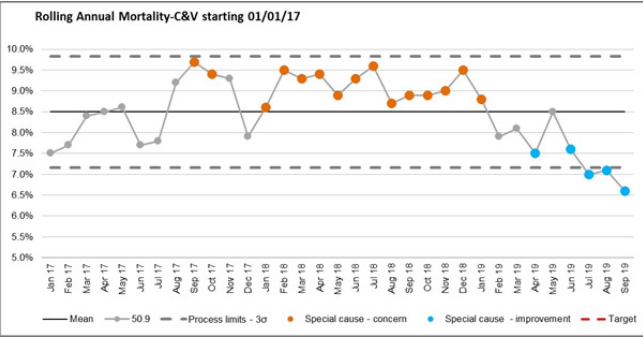
In September 2018 an insourcing team Strategic Health Solutions (SHS) commenced the running of ophthalmology outpatient clinics and operating lists at the University Hospital of Wales, Cardiff. Insourcing is the practice of contracting a third party to provide a service. The company were commissioned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

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

### Hip Fracture Database

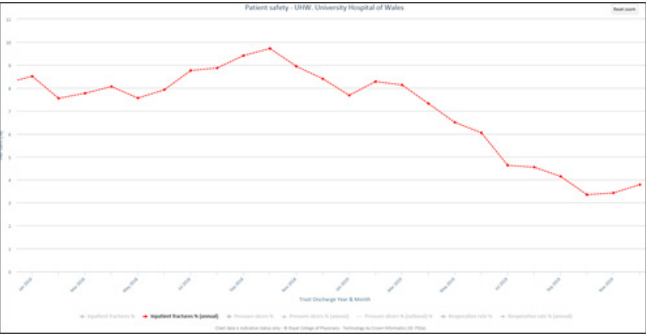
The Hip Fracture database is a national audit of hip fracture care in Wales, England and Northern Ireland. The audit measures a number of elements that indicate the quality of care that the Health Board delivers. These include the length of time to surgery, mortality, how many patients sustain their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

#### Hip fracture mortality



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

#### % of in-patient hip fractures



### The UHB approach to recognising and managing sepsis safely

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

## Sepsis in the community

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

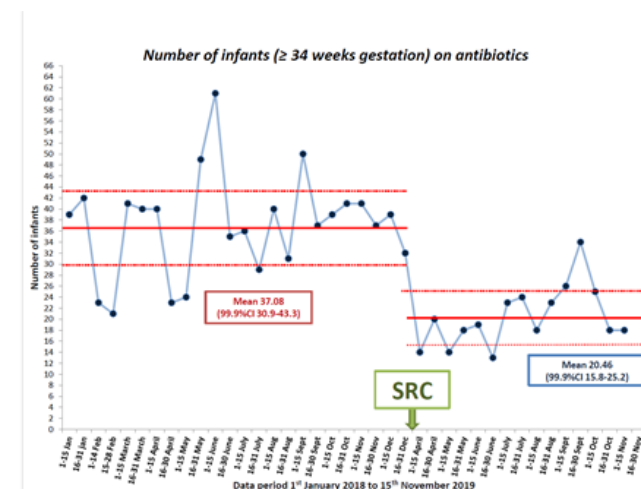
with the UK Sepsis Trust and installed sepsis lifts wraps at University Hospital of Wales and University Hospital Llandough. The eye catching wraps contain key information and advice on how to spot the signs of sepsis. This was made possible through funding received by the UK sepsis Trust from the family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

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



## Sepsis Risk Calculator

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



# Recognising patients who are deteriorating in the community

## #NEWSInYourCommunity

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

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

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

## Pre -Transfusion Sampling

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

Addressograph

**NEWS CHART**

Ward / Dept

Score 1 2 3

Date

Time of Observation

Frequency of Observations

Respiratory Rate

Accept < / >

Signified

O2 Saturations

Accept < / >

Signified

Inspired Oxygen

Temperature

Blood Pressure

Note record both systolic and diastolic pressures but use systolic only to score

Note: In atrial fibrillation measure the BP manually

Accept systolic BP of For this patient

Signified

Heart Rate

as normal for this patient

Signified

Neuro

Alert

Verbal

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

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

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



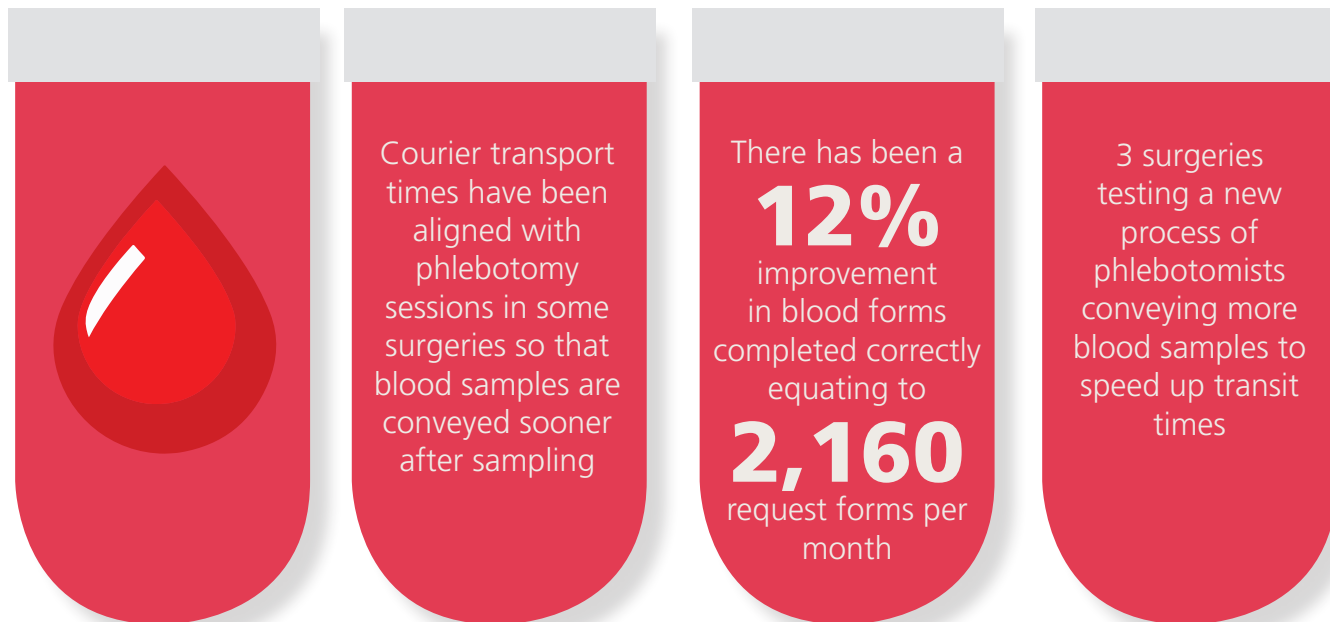
## Improving safety by reducing delays in community blood sampling

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

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

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

## Outcomes



## Simulation training

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

(removal of the larynx or voice box). The team has found that providing a safe space to experience and respond to emergency situations followed by a supportive 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

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

## A new consultant nurse role in mental health

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



# Effective Care

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

**Our strategy**

*“Outcomes that matter to people”*



## What the evidence tells us

### Early intervention in psychosis

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

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

## What this means for patients

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

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

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



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

### Alex's story

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

### What Alex's dad said

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

### What Alex said

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



# Successes and challenges across the health board

**67.6%**

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

**9.6%**

from the previous year



**97%**

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

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

**2.68%**

Crude Hospital Mortality Rate for people aged less than 75 was

**0.6%**

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

**79%**

Universal mortality reviews undertaken within 28 days of a death

We need to improve on this

This year we have reviewed

**102**

pieces of NICE guidance

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

## Cardiac Rehabilitation Certification

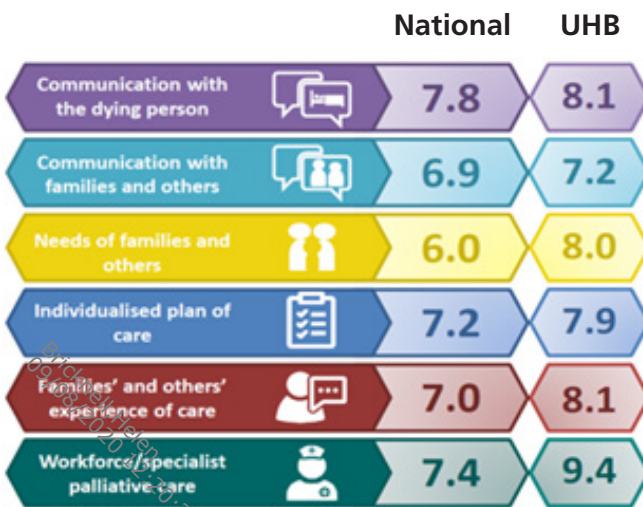
The cardiac rehabilitation team have achieved Certification this year from the National Audit of Cardiac rehabilitation (NACR) and the British association for Cardiovascular Disease and Prevention (BACPR).



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.

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

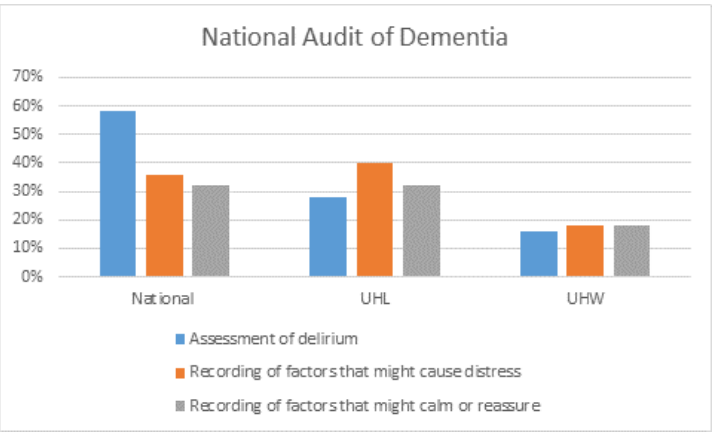
Care at the end of life affects everyone, the NACEL audit was established to review the quality and outcomes of care experienced by the dying person and those important to them. The audit measures a number of factors including how we involve the patient and their families in decision making. The Health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



## The National Audit of Dementia

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

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

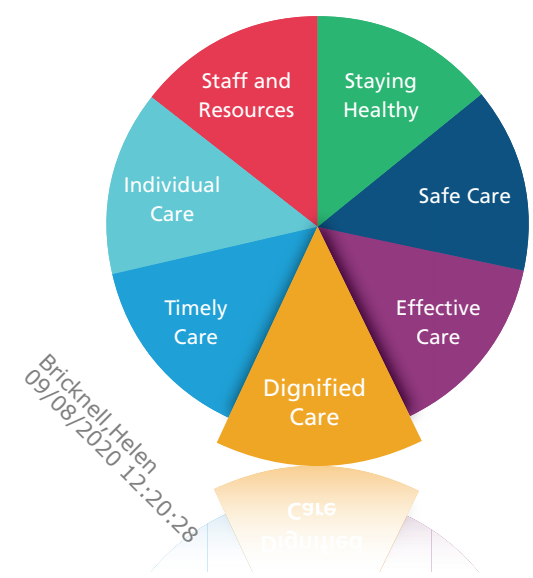


# Dignified Care

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

**Our strategy**

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



Bricknell Helen  
09/08/2020 12:20:28

## Providing dignified day care for people with dementia

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



Before the refurbishment

After the refurbishment

## What Our Executive Director Fiona Kinghorn Told Us

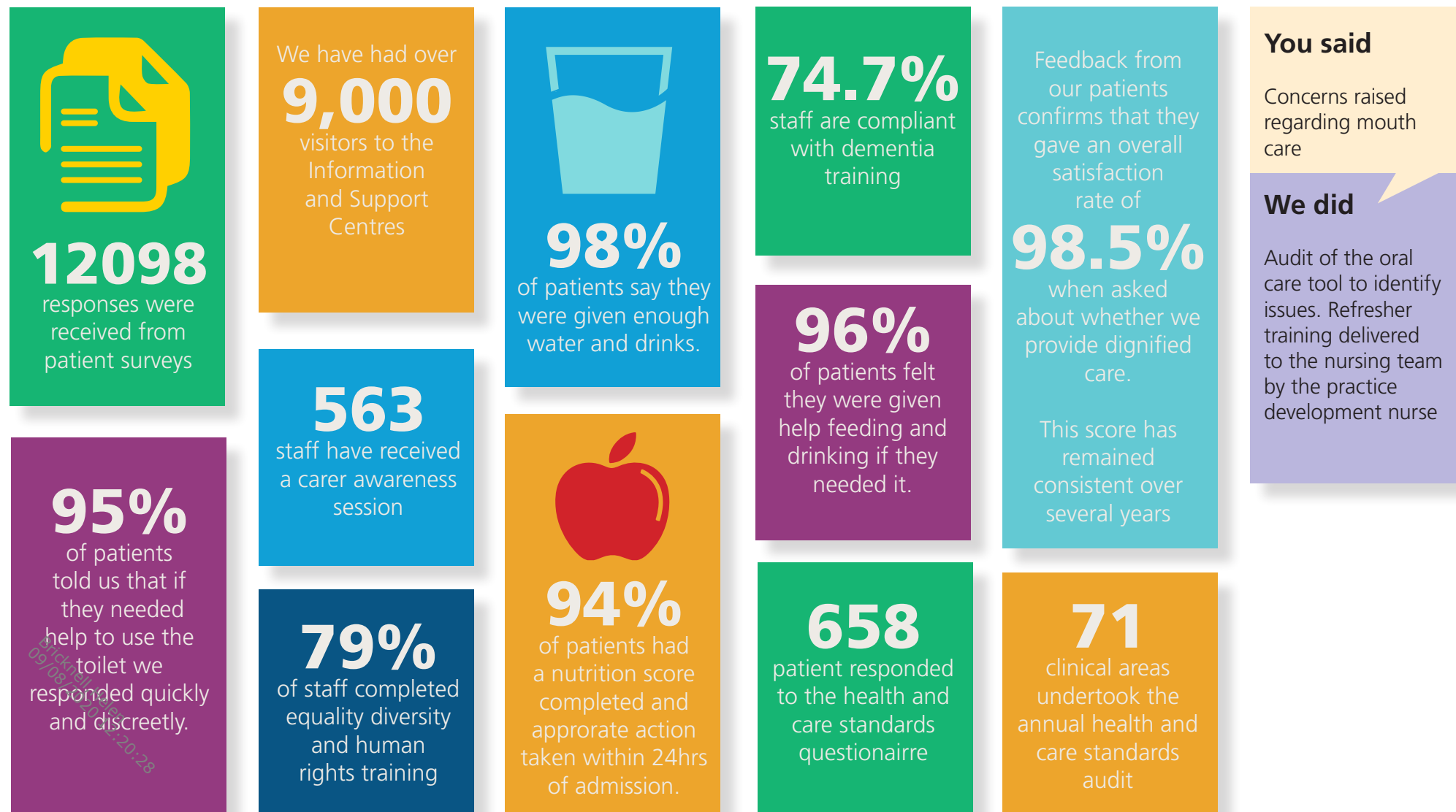
The collaborative approach that has been taken between the University Health Board and our colleagues in Cardiff Council has been extremely positive and has resulted in a significant step forward in providing a facility which can provide person-centred care for people living with dementia. Our joint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



Before the refurbishment

After the refurbishment

# Successes and Challenges Across the Health Board





## 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”*



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

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

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

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

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

## John's story

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

## The Red Bag Project

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



## Training Toolkit for 'Read About Me'



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

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

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

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

## Caring for our older, frailer patients

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



## The Carer role

### Carer Friendly Award

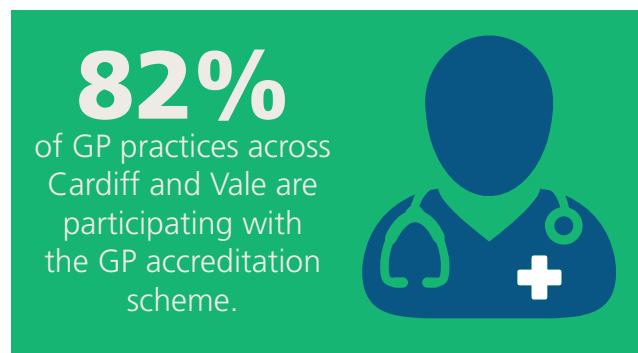


The UHB is proud that Sam Davies ward at Barry Hospital became the first area in Cardiff and the Vale to receive a carer friendly silver award from the Carers Trust South East Wales. The new accreditation scheme was developed to acknowledge the vital role that unpaid carers play within local communities across Wales. In order to gain the award the staff had to provide evidence of the ways in which they were supporting carers, this included a carer's information board, a dedicated room for carers to take a break, and hosting carers education sessions outside of the ward environment.

### GP Carer Champions

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

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

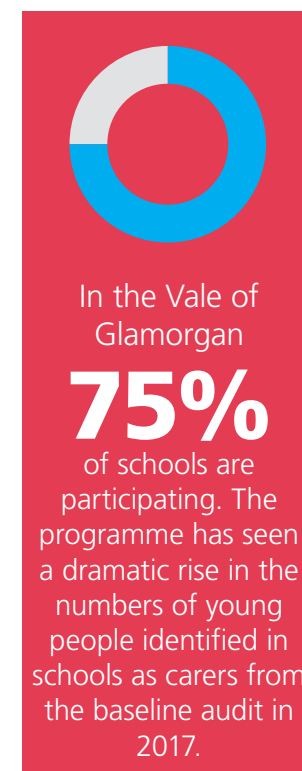
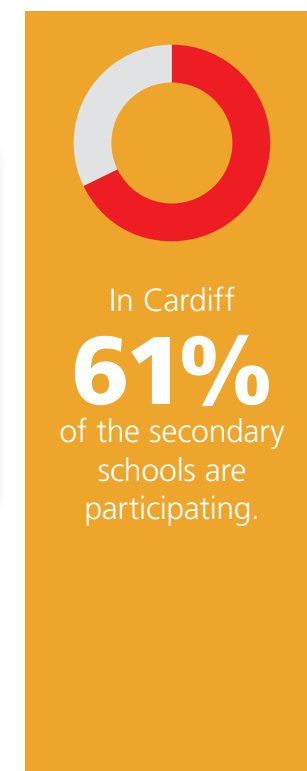


### Young Carers in Schools Award

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

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

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



# Timely Care

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

## Our strategy

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



## Perinatal community mental health service

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

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

## Psychological Coping Skills Course

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

## What the psychologist told us

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

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

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

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

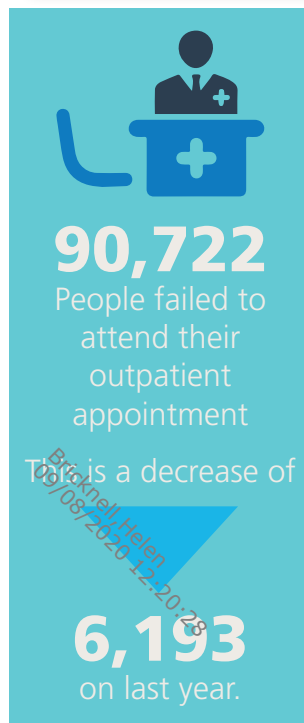
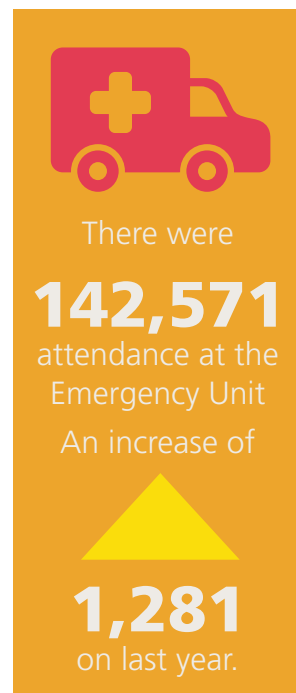
*the mindfulness techniques and I noticed that after practice I slept better. I learned to control myself much better than before and to cope in a different way with things and problems."*

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





# Successes and Challenges Across the Health Board



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

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

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

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

## Cardiac surgery waiting times

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

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

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

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

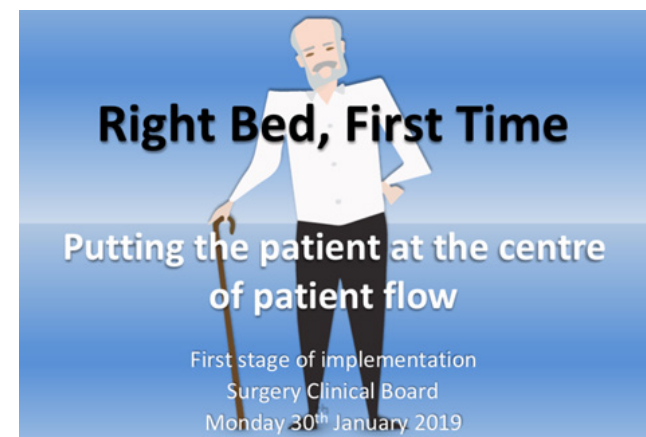
The UHB is committed to patients receiving the appropriate care they need when admitted to hospital. We endeavour to make sure that all patients are assessed and have the right treatment plan. However, at times when we have high numbers of patients in hospital, it can be challenging to make sure that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

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

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

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

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



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

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



Before - a disused area for storage

After - a state of the art ENT theatre

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

## Occupational Therapy flexible working in the Emergency Unit

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

## Rheumatology Therapy Hand Therapy Service

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

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

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

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

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

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

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

## Single cancer pathway

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

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

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

## Timely Psychological Therapies

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

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

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

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



# Treating People as Individuals

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

## Our strategy

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



## Primary Care Mental Health Service

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

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

## Living Life to the Full Programme

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

## What mental health practitioners told us

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

# Successes and Challenges Across the Health Board

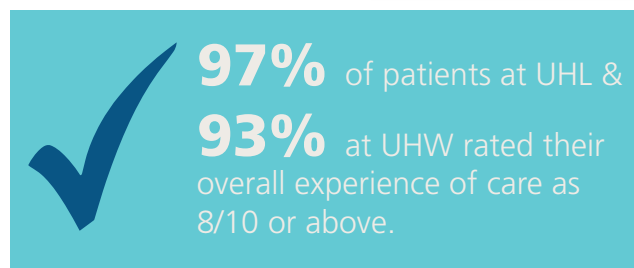
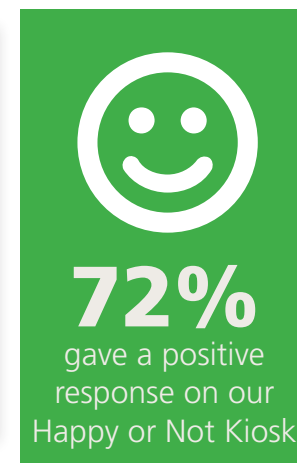
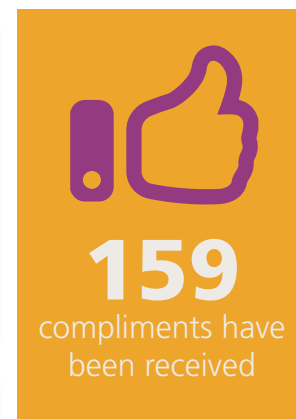
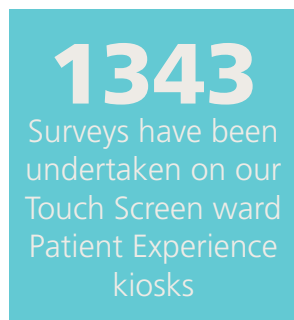
## What service users told us

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

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

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

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



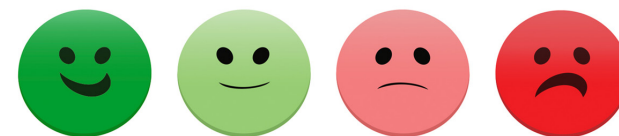
## How do we collect patient feedback for improvement?

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

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

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

## Please rate our service today



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

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

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



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

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

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

## Patient reported experience measures

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

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

## Cardiff and Vale Recovery and Wellbeing College

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

### Approved Universal PREMS Questions for Wales

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

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

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



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

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

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

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

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

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

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



## Our commitment to Children's rights

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



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

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

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

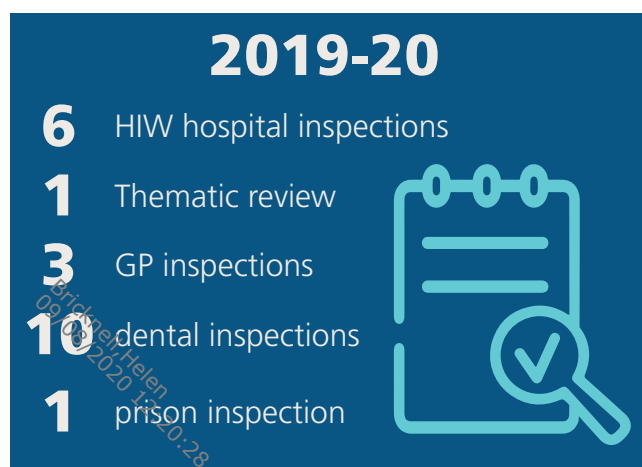
their voices heard and to inform and influence the future of the health service in Cardiff and the Vale of Glamorgan.



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

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

## Emergency and assessment unit

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



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

## Mental health inspections

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

## Welsh Health Specialised Services Committee

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

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

### You said

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

### We did

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

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

### You said

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

### We did

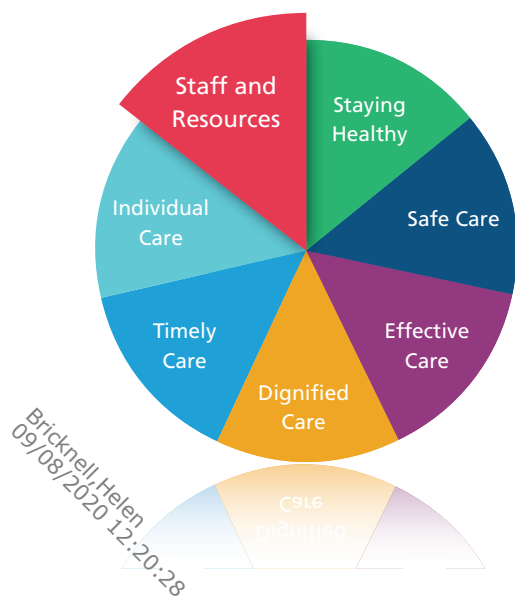
The end of life management plan has been reviewed to ensure it is more proactive in maintaining patient comfort. The palliative care team will be more proactive in communicating the management plan to families including explaining the plan to maintain pain relief and how long the morphine pump takes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

# Our Staff and Volunteers

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

## Our strategy

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



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

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

## Peer Support Volunteers in Substance Abuse Liaison

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

## Meirion’s volunteer story

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



Meirion talking to a lecture theatre full of nursing students!

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

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

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

## Volunteer Management Quality Standard

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

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

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

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



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

## Volunteer award

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

# Our Staff



## Culture and Leadership Amplify 2025

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

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

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

## Talent Management

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

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

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





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

## Developing Managers and Leaders

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

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

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

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

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

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

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

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

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

## Embedding Our Values

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

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

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



Kind and caring  
Caredig a gofalgar

Respectful  
Dangos parch

Trust and integrity  
Ymddiriedaeth ac uniondeb

Personal responsibility  
Cyfrifoldeb personol

## Listening to our Staff

### Staff Engagement

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

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

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

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# #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.

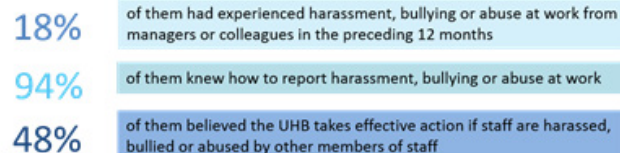
## Helping to retain our nursing workforce

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](mailto:F2SUCAV@wales.nhs.uk) or 02921 846000 – we want staff to get in touch so we can listen!

 This year we improved the [F2SU webpages](#) – we now have an average of 440 hits per month (up from 135 hits per month)

 We have now made a commitment to investigate and respond to all concerns within 30 days

 *'Thank you for looking into this so quickly, much appreciated'*  
*'Thank you for your email and for keeping me updated with this. It is reassuring that employees' concerns are taken into account!'*

## Employee Health and Wellbeing

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

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

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



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

## Wellbeing workshops

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



**EMPLOYEE HEALTH & WELLBEING SERVICE**  
Occupational Health  
Occupational Physiotherapy  
Employee Wellbeing



# Successes and Challenges Across the Health Board



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



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



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

**1200**  
trained in  
Leadership &  
Management



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



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

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

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



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



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

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

## Equality and Inclusivity

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

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

## Welsh Language

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

During 2019/20 we have:

- Held a number of workshops to develop an implementation plan to meet the Standards
- Secured a new translation service in partnership with Cardiff City Council
- Delivered more Welsh Language courses than ever – free for staff – comprising of:
  - 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

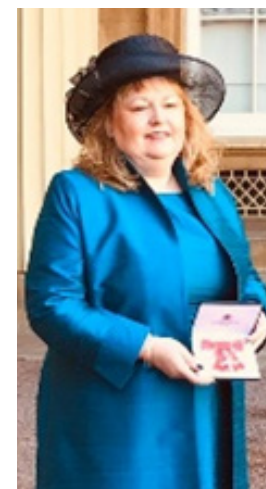


Systems that record Welsh language preferences of our patients

- 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 NHS nursing services. Ruth Walker MBE is one of the most experienced Executive Nurse Directors in Wales and joined Cardiff and the Vale University Health Board in 2009.

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

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

### The Sustainable Surgery in Wales project

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

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

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





## British Journal of Nursing Hepatology/Liver award

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

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

Dr Helen Ludlow who works as a Clinical Nurse Specialist in Gastroenterology, first started her nurse endoscopy training in 2013 to do flexible sigmoidoscopy (the examination of the left side of the colon). As

Helen has now passed, she's a JAG (Joint Advisory Group on GI Endoscopy) accredited colonoscopist; all fully independent endoscopists must be JAG accredited to practice.



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

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

## Cyril Sanders memorial award

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

## National Spinal Injuries Association Awards -Rising Star 2019

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

## RCN Wales Nurse of the Year Awards

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

## Health and Care Research Wales Impact awards 2019

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

## Advancing Healthcare Award programme

Angela Jones and Helen White specialist podiatrists

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

Susan Dinsdale, Senior Nurse in Community Child Health.



# Year 3 - How did we do?

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

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

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

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

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# Things we will focus on in 2020 - 2021:



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



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



Agreement of a Human Factors Framework



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



Further Strengthening of Quality and Safety Governance arrangements



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

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

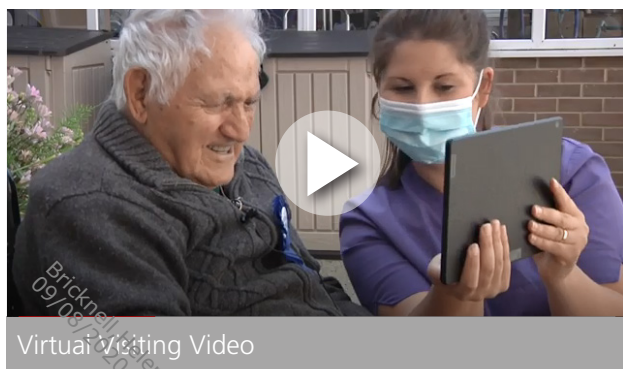
Please take 2 minutes to answer this brief survey to help us to produce a document that you enjoy and find informative. <https://www.surveymonkey.co.uk/r/RJ475ZX>

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

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

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

Virtual Visiting Video



## Bereavement Line

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

## Enquiry Line (7 day service)

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

## Chatter line

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

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

## Message from a loved one

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



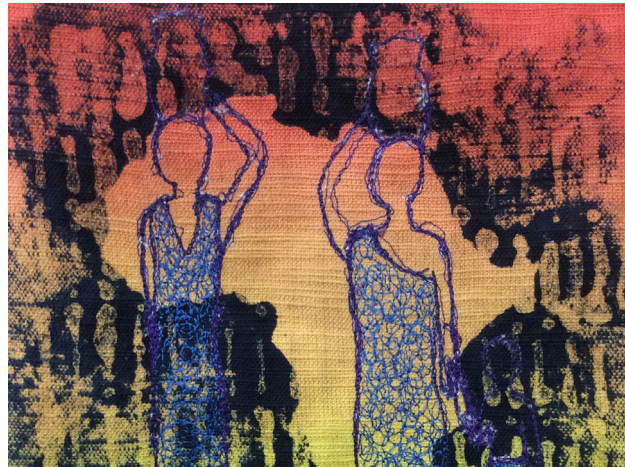


# Wales for Africa

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

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

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





# Links in Annual Quality Statement

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

<b>Report Title:</b>	<b>Use Of Antimicrobial Agents Policy</b>					
<b>Meeting:</b>	Quality and Safety Committee				<b>Meeting Date:</b>	08.09.2020
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Approval</b>	✓ <b>For Information</b>
<b>Lead Executive:</b>	Executive Medical Director					
<b>Report Author (Title):</b>	Director of Pharmacy and Medicines Management					

### Background and current situation:

Antimicrobials have a central role in the effective treatment of, and prophylaxis against infection; their appropriate use is essential to patient safety. Antimicrobial resistance is an increasing problem that can result in difficulty in treating infections, leading to failed therapy and potential complications. Antimicrobial resistance for some of the major pathogens and antimicrobial usage has been increasing progressively in Wales since 2004.

Appropriate antibiotic stewardship demonstrably supports reductions in rates of antimicrobial resistance and healthcare-associated infections.

The policy aims to standardise practices and processes of designing, implementation and auditing of antimicrobial guidelines. It also aims to provide guidance to staff responsible for prescribing antimicrobials.

To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, we will provide a structure and appropriate advice to staff to ensure that robust arrangements are in place for the use of antimicrobials in all Health board locations.

The Department of Health advises that “procedures should be in place to ensure prudent prescribing and antimicrobial stewardship”, reinforced with an ongoing programme of audit, revision, update and education.

In addition, we will fully support the antimicrobial delivery plan for NHS Wales and its partners launched in April 2016: “[Together for Health: Tackling antimicrobial resistance and improving antibiotic prescribing](#)”; and the UK 5 year action plan and UK 20 year policy papers both released in January 2019: “Tackling antimicrobial resistance 2019-2024: the UK’s 5 year national action plan” and “Contained and controlled: the UK’s 20 year vision for antimicrobial resistance”.

An effective antimicrobial stewardship program, with appropriate drug product selection, dosing, route of administration, and duration of antimicrobial therapy, in conjunction with a comprehensive infection control program has been shown to limit the emergence and transmission of antimicrobial-resistant microorganisms and to reduce HCAs.

### Policy Commitment

We will be committed:

- to provide advice on the appropriate use of antimicrobials.

- to provide guidance on the effective and safe use of antimicrobials.
- to ensure that arrangements are in place for the monitoring and optimisation of antimicrobial use in the UHB.

This programme will form part of the quality improvement strategy for patient safety, to help reducing inappropriate prescribing and optimise use.

We will ensure that information on antimicrobial guidelines and audit will be accessible on the MicroGuide App which can be accessed via any device and is available also on our intranet and internet site.

Distribution of this policy will be through the Health Board intranet and internet sites and clinical portal.

In primary care, the policy will also be distributed by the CAVUHB Prescribing Advisory Team.

Clinical boards and Directorates will be responsible for the implementation of the policy document in all clinical areas.

The Antimicrobial Management Group and the Antimicrobial Management Team (when instituted) will be responsible for:

- The guidance within MicroGuide App for Adult and Children Secondary care Antimicrobial Guidelines and Primary Care Antimicrobial Guidelines.
- The regular review of all antimicrobial guidance
- Ensuring that antimicrobial guidance is consistent across the UHB
- Providing advice on formulary content and restrictions
- A system of communication regarding the approval of use of restricted antimicrobials
- The setting of a proper and recognized Antimicrobial Stewardship program
- Education of healthcare staff on antimicrobial stewardship and resistance and Public engagement

Whilst this policy will provide a structure and appropriate advice to staff, Cardiff and Vale UHB prescribers will be directly responsible for their own antimicrobial prescribing.

Guidelines will exist at three broad levels which include Formulary (for secondary and primary care), MicroGuide App for smart phone devices and computer desktops and Unit specific guidelines. The latter ones we will aim to insert in the specialty section of MicroGuide in future (Already a specialist subsection exists and some of the specialist guidelines have already been embedded).

Guidance at all levels will be formulated by multi-disciplinary teams, usually to include representatives from microbiology, pharmacy, nursing, clinical services (including dental services) and general practitioners. They will take account of published evidence, published guidelines, local antimicrobial resistance levels and patterns, local epidemiology of HCAI, local patient factors and local financial factors.

Some guidance will be agreed by the All Wales Antimicrobial Guidance Group (AWAGG) at a national level. CAVUHB Antimicrobial Management Group is represented in AWAGG.

All guidance will be approved within the University Health Board structure, by the AMT (Antimicrobial Management Team, when formally instituted) or by the AMG (Antimicrobial Management Group). They will have a specific format that will be standardized and replicated to

ensure consistency and clarity.

MicroGuide App available for smart phones and all health-board computers' desktops will be the exclusive reference for Antimicrobial Guidelines for CAV UHB and services should refer to it. Please see above for plans for Antimicrobial Unit Specific Guidelines.

The Health Board Antimicrobial formulary will be kept updated as expected by the AWSMG. The Antimicrobial Management Group will provide advice that is consistent with the principles of good Antimicrobial Stewardship to optimise implementation of new technology appraisal recommendations. Financial and service impact of new medicines will remain the responsibility of individual Clinical Boards.

Formulary restrictions will be used to control the use of "reserve" (broad-spectrum) or expensive agents. These typically would place drugs in categories as below:

- A freely available across the Health Board
- B freely available within specific units / for specific indications
- C available only with consent of Consultant Microbiologist (or nominee)

Adherence to formulary restrictions will be responsibility of every Clinical Board and should be audited regularly.

Antimicrobial prescribing in Cardiff and Vale UHB hospitals should follow the recommendations for safe prescribing as described in the "Start Smart then Focus"(SSTF), document, produced by the Department of Health in November 2011 and updated in March 2015.

In the initial antimicrobial prescribing section of the drug chart, the prescriber will need to specify indication, route and duration or review date. Empirical regimes started using the clinical local guidance available will need review at 48-72 hours or when microbiological evidence is available. Intravenous antimicrobials will need daily review to determine the possibility of changing route (switch to oral/use Outpatient Parenteral Antimicrobial Therapy (OPAT)). See Appendix 1.

Clinicians will need to complete the mandatory SSTF audit once a month and report their findings in the quality and safety meetings.

Antimicrobial surgical prophylaxis should be used for the time determined in the local guidance (generally one dose, maximum 24 hrs or as per recommendations in the local guidance). See Appendix 2.

When therapeutic drug monitoring will be needed this should be specified in the drug chart and carefully managed.

Primary care prescribers will adhere, when possible, with the Primary Care Guidance.

### **Supporting Procedures and Written Control Documents**

MicroGuide: <https://viewer.microguide.global/CAVUHB/ADULT>  
<https://viewer.microguide.global/CAVUHB/PAED>  
<https://viewer.microguide.global/CAVUHB/PRIMARYCARE>

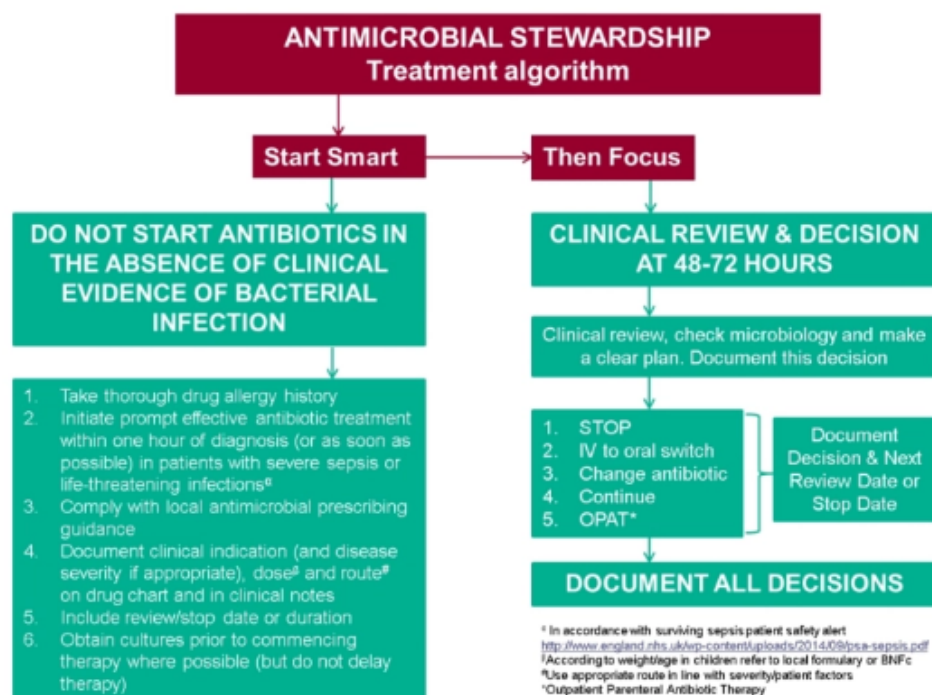
## Scope

This policy applies to all of our staff in all locations including those with honorary contracts. Cardiff and Vale University Health Board accepts its responsibility under the Health and Safety at Work Act etc. 1974 and the Control of Substances Hazardous to Health Regulations 2002, to take all reasonable precautions to ensure that effective guidance is in place for the appropriate, effective and safe use of antimicrobials.

In order to make sure that antimicrobials are used appropriately it is recognised that the UHB requires a policy document to provide the necessary direction to UHB staff.

## APPENDICES

### Appendix 1. Antimicrobial Stewardship (AMS) – treatment algorithm in secondary care

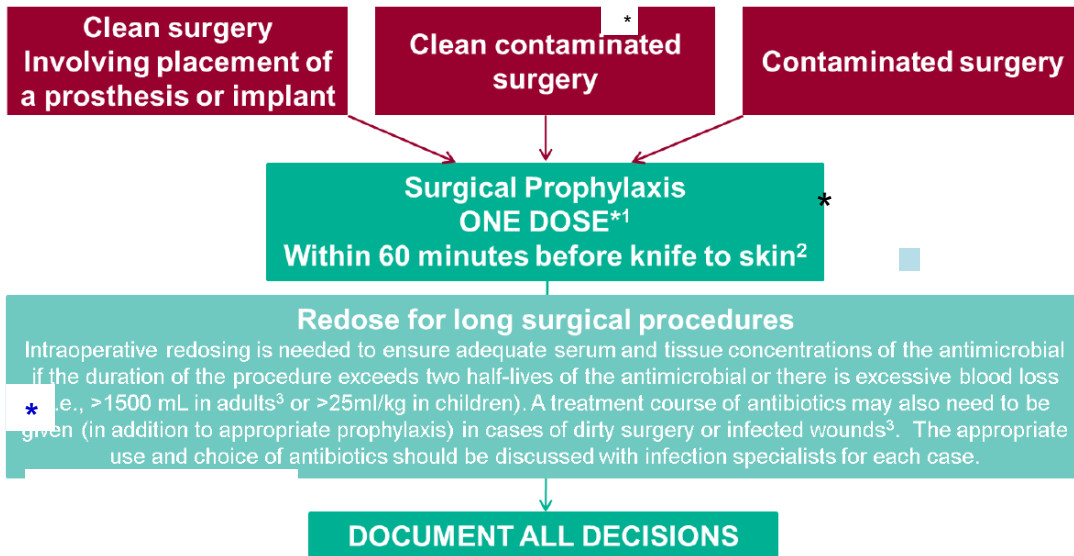


*Start Smart - Then Focus: Antimicrobial Stewardship Toolkit for English Hospitals.* Published March 2015 PHE publications gateway number: 2014828, Page 7

### Appendix 2: Antimicrobial Stewardship (AMS) – surgical prophylaxis in secondary care algorithm

Bricknell Helen  
09/08/2020 12:20:28

## ANTIMICROBIAL STEWARDSHIP Surgical prophylaxis algorithm



### References:

1. NICE clinical guideline 74: Surgical site infection – Prevention and treatment of surgical site infection <http://www.nice.org.uk/Guidance/CG74>
2. World alliance for Patient Safety, WHO surgical safety checklist June 2008 [http://www.who.int/patientsafety/safesurgery/tools\\_resources/SSSL\\_Checklist\\_finalJun08.pdf?ua=1](http://www.who.int/patientsafety/safesurgery/tools_resources/SSSL_Checklist_finalJun08.pdf?ua=1)
3. Bratzler DW, Dellinger EP, Olsen KM et al. (2013). Clinical practice guidelines for antimicrobial prophylaxis in surgery. Am J Health Syst Pharm 2013; 70(3): 195-283

**Always consult your local guidance for specific surgical procedures in which longer courses of prophylaxis might have been agreed.**

*Start Smart - Then Focus:* Antimicrobial Stewardship Toolkit for English Hospitals. Published March 2015 PHE publications gateway number: 2014828, Page 8

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

Prudent antimicrobial prescribing is essential to minimise antimicrobial resistance and its attendant risks; and to reduce healthcare associated infections e.g. *C difficile*. Providing clear guidance to medical and non-medical prescribers using the platforms described above will help to ensure prudent practice and contain costs of prescribing across primary and secondary care. The appropriate use of prophylactic antimicrobial use supports safe and effective surgical procedures.

This is a refresh of the previously approved Policy document and continues to be supported by good prescribing guides, available on desktops and through mobile applications (popular with our prescribers).

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

Patient safety; financial and reputational risks are mitigated through this policy

Bricknell Helen  
09/08/2020 12:20:38



## Recommendation:

The UHB Quality and Safety Committee is requested to: APPROVE this policy for dissemination and implementation

### 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	✓
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	
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#### Equality and Health Impact Assessment Completed:

Yes

An Equality and Health Impact Assessment (EHIA) has been completed and this found there to be a positive impact because antimicrobials will be prescribed appropriately.



<b>Report Title:</b>	<b>Health &amp; Social Care (Quality &amp; Engagement) (Wales) Act</b>					
<b>Meeting:</b>	<b>Quality, Safety and Experience Committee</b>			<b>Meeting Date:</b>	<b>18- 08 - 20</b>	
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>		<b>For Approval</b>	<b>For Information</b>
<b>Lead Executive:</b>	<b>Executive Nurse Director; Executive Medical Director</b>					
<b>Report Author (Title):</b>	<b>Assistant Director Patient Safety and Quality</b>					

### Background and current situation:

Within the NHS in Wales, the drive to improve quality has been ongoing for over 20 years. The introduction of clinical governance in 1998, provided a framework at national and organisational level for ensuring improvement and high standards of care, with more openness and transparency about performance, and promoting active patient engagement and involvement.

The Health and Social Care (Quality and Engagement) (Wales) Bill was passed by the Senedd – formerly, the National Assembly for Wales – on 17 March 2020 and has now received Royal Assent. Having received Royal Assent, the Bill now becomes The Health and Social Care (Quality and Engagement) (Wales) Act 2020 and it is anticipated that it will be fully implemented within two years. A link to the Act can be found [here](#)

The purpose of the Act's provisions in relation to a duty of quality is to reframe and broaden the current duty of quality, to ensure that it becomes a system-wide way of working and that focus is placed on outcomes.

The new duty will reframe the concept of “quality” to ensure that it is used in its broader definition, not limited to the quality of services provided to an individual nor to service standards. The Act will ensure the Welsh Ministers (in relation to their health functions) and NHS bodies exercise all their functions with a view to securing improvement in the quality of health services.

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

The Health & Social Care (Quality & Engagement) (Wales) Act came in to force on June 3<sup>rd</sup> 2020.

The Act introduces:

- A Duty of Quality
- A Duty of Candour
- An abolition of Community Health Councils and the establishment of a Citizens Voice Body (CVB) – this will be an independent body, sponsored by Welsh government with broader functions than the current CHC and a different focus. This body will not have inspection functions, however there will be Code of Practice developed to allow access to NHS premises if requested.

There will be a staggered implementation and it is anticipated that all aspects of the Act will be

inforce by April 2022.

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

**A link to the written statement issued by Welsh government can be found [here](#)**

In summary the Act will introduce changes that:

- place quality considerations at the heart of all that NHS bodies in Wales and the Welsh Ministers (in relation to their health functions) do through a specific duty, building upon the Well-being of Future Generations (Wales) Act 2015 (“the 2015 Act”)1 and the Social Services and Wellbeing (Wales) Act 2014 (“the 2014 Act”)2. In relation to the duty of quality
- place a duty of candour on all NHS bodies, requiring them to be open and honest when things go wrong. In relation to the duty of candour,
- strengthen the voice of citizens across health and social services, further connecting people with the organisations that provide them with services; and
- strengthen the governance arrangements for NHS Trusts.

The Welsh Ministers will also need to:

- issue guidance to NHS bodies in relation to the duty of quality
- issue guidance to local authorities and NHS bodies in relation to representations made to them by the Citizen Voice Body
- prepare and publish a code of practice on access to premises where health services or social services are being provided, following a request by the Citizen Voice Body
- Finally, the Act also provides a power for the Welsh Ministers to issue guidance to NHS bodies (including primary care providers) in connection with the duty of candour

A link to the explanatory memorandum can be found [here](#)

### **Recommendation:**

The Quality, Safety and Experience Committee is asked to **NOTE** the contents of the paper.

Bricknell Helen  
09/08/2020 12:20:28

## **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	
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	
<b>Equality and Health Impact Assessment Completed:</b>	Yes / No / Not Applicable <i>If "yes" please provide copy of the assessment. This will be linked to the report when published.</i>								

Bricknell Helen  
09/08/2020 12:20:28

Kind and caring  
Caredig a gofudgar

Respectful  
Dangos parch

Trust and integrity  
Ymddiriedaeth ac uniondeb

Personal responsibility  
Cyfrifoldeb personol

<b>Report Title:</b>	<b>Controlled Drugs Accountable Officer Annual Report 2019</b>				
<b>Meeting:</b>	Quality and Safety Committee			<b>Meeting Date:</b>	08.09.2020
<b>Status:</b>	<b>For Discussion</b>		<b>For Assurance</b>	✓ <b>For Approval</b>	<b>For Information</b>
<b>Lead Executive:</b>	Executive Medical Director				
<b>Report Author (Title):</b>	Director of Pharmacy and Medicines Management				

### Background and current situation:

The Controlled Drugs (Supervision of Management and Use) (Wales) Regulations 2008 includes a statutory requirement to appoint a Controlled Drug Accountable Officer (CDAO) of a designated body. The CDAO in the Local Intelligence Network (LIN) area must provide a regular (annual) assurance report to their designated body on matters regarding the management or use of controlled drugs. Health Inspectorate Wales have a monitoring function

The Health Board's CDAO chairs the Cardiff and Vale of Glamorgan LIN which aims to proportionately quantify and identify themes from CD (all schedules) incidents, primary care prescription monitoring, prescribing occurrences and concerns in order to:

- share learning and take action on preventable causes of adverse occurrence, and
- Provide assurance that incidents are reported and dealt with appropriately, including taking action in respect of such matters.

CAV CDLIN terms of reference require quarterly meetings where relevant matters and occurrence reports from all participating network bodies are considered.

This report summarises the activities of the CDLIN over the past 12 months under the relevant headings of the Regulations:

#### *Regulation 4: Accountable Officer*

Following the retirement of the previous Executive Medical Director (CDAO) in April 2019, the Executive Director of Public Health took interim CDAO responsibility until the arrival of the new Executive Medical Director who provides executive sponsorship for the UHB Director of Pharmacy and Medicines management who assumed CDAO responsibility from October 2019.

#### *Regulation 7: Funds and other resources available*

The LIN and its subsequent support has been provided from within existing resources of the Health Board. No additional funding has been given to this and personnel have undertaken the work required in addition to their current job roles. The regulations do state that the designated body, the Health Board, should provide its CDAO with the funds and resources to carry out their responsibilities.

Bricknell Helen  
09/08/2020 12:20:28

**Regulation 10: Adequate destruction and Disposal arrangements for controlled drugs**

Training on CD destruction procedures has been delivered to ensure adequate provision for destruction across all relevant bodies. This has included training individuals working in private organizations. During this year 767 items have been destroyed across 65 sites. Staff new to post have utilized other Health Board training events on this to ensure the adequate provision.

**Action:** The CD destruction policy was due for review in March 2020- will progress asap .

**Regulation 11: Monitoring and audit of the use of controlled drugs**

In primary care prescriptions have been monitored on a quarterly basis according to a SOP by a technician and pharmacist. Any anomalies are queried with the practice by letter. In addition prescribing advisors have followed up directly with their practice those minor prescribing issues that have been highlighted by this process.

Datix incident reports in secondary care have been investigated and learning shared. A formal audit of controlled drugs procedures against NICE guidance across acute hospital sites is planned for 2020.

**Action:** Audit against NICE guidance to be completed across acute hospital sites.

**Regulation 12: Declarations and self-assessments**

These were not carried out this year as a decision was made by the previous AO to do them every 2 years. Community pharmacies however, were required as part of their contract to complete a Clinical Governance self-monitoring tool. This included a section on controlled drugs and 104 pharmacies out of 107 completed this providing assurance that there are processes in place for managing controlled drugs within their premises/organisation.

**Action:** Self assessments to be carried out in 2020.

**Regulation 13: Appropriate training of relevant individuals**

The lead pharmacist supporting LIN and the new CDAO each received training through Sancus solutions during 2019 (the former was 1 day refresher training and the latter a full 2 days training programme). RCGP e-learning material is available on drugs of addiction and new prescribers (including non-medical prescribers for whom it is relevant) are directed to that training.

**Regulation 15/16/17. Regulation 29 Records of concerns, assess, investigate and take action in relation to concerns. Occurrence reports**

Occurrence reports from individual organisations are submitted on a quarterly basis to the LIN for discussion. (Includes null response where applicable). A risk assessment tool is available to rate concerns and types of incident are themed under a governance process. These detail any incidents in relation to controlled drugs during the previous quarter. Where necessary incidents may be followed up by the accountable officer. As primary care contractors do not have access to DATIX they are encouraged to report on directly to the CDAO or their support. A comprehensive database of all primary care indicators is available.

During the year a total of 127 occurrences have been reported and investigated by the reporting organisation.



### *Regulation 18. Establish arrangements for information sharing*

The CDLIN is coordinated by the Primary Care Locality Prescribing Advisor – South East and is supported by the medicine management support officer. Membership includes representatives from across the health board divisions, neighboring health boards and also from private providers. Meetings are held quarterly. During 2019, four meetings of the CDLIN took place

Cardiff and Vale provide representation to the Cwm Taf and Aneurin Bevan CDLINs.

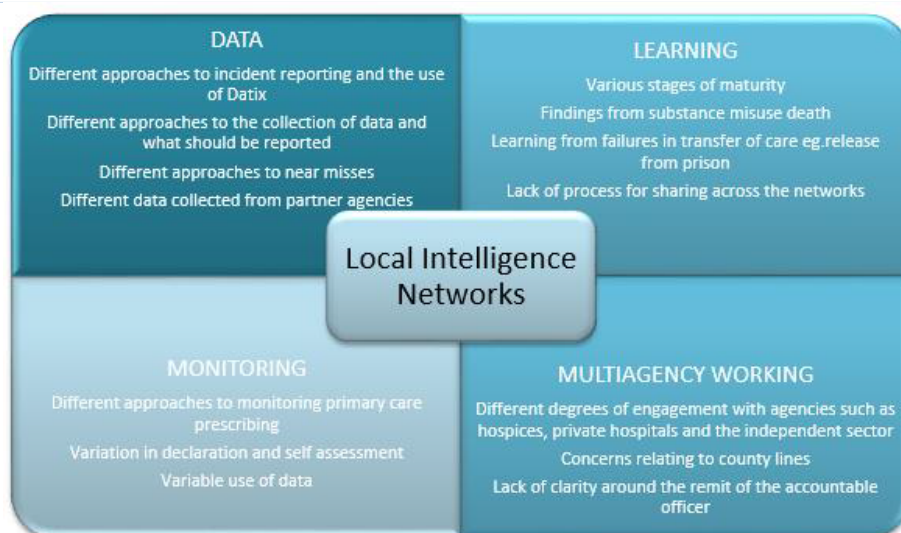
Key discussions have included:-

- Support for the revised policy for destruction of methadone at DATT
- Commended the work done in primary care on the opioid prescribing indicator where Cardiff and the Vale perform well.
- Revision of the monitoring procedure in primary care whereby minor queries, such as those involving dose optimisation are referred to the prescribing advisor for follow up.
- Reviewed the recommendations from **the Advisory Panel on Substance Misuse and supported** current UHB work streams to support these recommendations including:-
  - community pharmacy multi-disciplinary audit on opioid prescribing to compliment the work that had been done this year with general practitioners,
  - review of Health Boards pain pathways and educational session to prescribers on opioid use.
  - Considering a primary care based prescribing audit that expands on current work and looks at the co-prescribing of benzodiazepines to opioid dependant patients
- Establishing links with a local pharmacy regards some issues with the prescribing of controlled drugs. This is currently on hold as following an inspection by the General Pharmaceutical Council.
- Supporting counter fraud in their investigations with regards prescription fraud
- Advising GP Out of Hours (OOH) in conjunction with WAST with regards installation of an Omnicell in the OOH settings to reduce the errors associated with the supply of controlled drugs.

### *Role of HIW*

During 2019, Health Inspectorate Wales (HIW) attended a LIN meeting for all Health Board localities across NHS Wales. They subsequently published a report which highlighted that the main differences were the wide variations in the maturity of Local Intelligence Networks and the way in which they operated. In particular there were variations in the collection and use of data, the monitoring of controlled drug use across regions and how agencies engaged with the LIN. The diagram below shows the degree of variation in different aspects of the operation of Local Intelligence networks.

Bricknell Helen  
09/08/2020 12:20:28



**Action:** During 2020 a baseline assessment of where the organisation is in relation to controlled drugs will be performed against the NICE guidance on Controlled Drugs; safe use and management.

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

The Board to note that the support for Cardiff and Vale CD LIN has not been resourced. Limited resource is therefore available to undertake development and investigation work across the UHB and in partnership with other constituent members of the network.

To minimise the diversion of prescription medicines, work is required to identify and address any stewardship issues. This has been identified as a potential NHS Wales concern.

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

Legal – Implementation of the regulations is a statutory requirement for organisations.

Financial – Investment will be needed to ensure that all the statutory obligations can continue to be fulfilled. An unknown financial consequence exists of diversion of medicines via NHS prescription.

**Recommendation:**

The Quality and Safety Committee is asked to note the content of this report and the planned actions contained therein.

The Committee is further asked to support the completion of the actions outlined in order that compliance with the statutory regulations can be assured.

**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	✓
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	✓
<b>Equality and Health Impact Assessment Completed:</b>		Not Applicable							

Bricknell Helen  
09/08/2020 12:20:28

Kind and caring  
Caredig a gofudgar

Respectful  
Dangos parch

Trust and integrity  
Ymddiriedaeth ac uniondeb

Personal responsibility  
Cyfrifoldeb personol