



## Stakeholder Reference Group

29 January 2020, 13:30 to 16:00  
Nant Fawr Room 1


### Agenda

1. **Welcome and Introductions** Chair
2. **Apologies for Absence** Chair
3. **Declarations of Interest** Chair
4. **Minutes and Matters Arising from the SRG meeting on 27 November 2019** 5 minutes  
Chair
  -  Item 4 - Unconfirmed Minutes of SRG Meeting 27 November 2019.pdf (8 pages)
5. **Feedback from Board** 5 minutes




*To note the items discussed at the Board meeting of 28 November 2019* Nikki Foreman

  -  Item 5 - UHB Board Agenda 28 November 2019.pdf (2 pages)
6. **Anti-Microbial Stewardship** 30 minutes


*To seek members' views on initiatives to change prescribing practice (including of antibiotics) to prevent the development of resistance* Harriet Whitaker / Federica Faggian

  -  Item 6 - Anti-Microbial Stewardship SRG Jan 2020.pdf (2 pages)
7. **Draft Clinical Services Plan** 35 minutes

*To receive a presentation on the draft currently being tested internally, and to seek feedback on what we need to adapt for engagement with external stakeholders, including the Plan on a Page* Abigail Harris

  -  Item 7 - CSP Plan on a Page Internal Testing Dec 2019.pdf (1 pages)
  -  Item 7 - Cardiff and Vale UHB CSP - Final Internal Testing Dec 2019.pdf (44 pages)
  -  Item 7 Clinical Services Plan - SRG Jan 2020.pdf (13 pages)
8. **Major Trauma Centre** 30 minutes

*To receive a presentation on the rollout of the MTC and to discuss member thoughts on communications with the public and stakeholders* Victoria LeGrys

  -  Item 8 - SRG MTC presentation Jan 2020 VLG.pdf (19 pages)
9. **Annual Quality Statement** 20 minutes

*To seek members' views to help shape the development of the Annual Quality Statement* Ann Jones



Item 9a - AQS Questions for SRG Jan2020  
(002).pdf

(1 pages)



Item 9b - AQS 2019\_05\_28 FINAL.pdf

(62 pages)

**10.**

## **Updating SRG Terms of Reference**

15 minutes

*To discuss updating the ToR in response to the Welsh Government review of Health Board  
Standing Orders*

Nikki Foreman

**11.**

## **Next Meeting of SRG**

9.30am-12pm, 24 March 2020

Nant Fawr 1, Woodland House

**UNCONFIRMED MINUTES OF CARDIFF AND VALE STAKEHOLDER REFERENCE  
GROUP MEETING HELD ON WEDNESDAY 27 NOVEMBER 2019, NANT FAWR 1,  
WOODLAND HOUSE**

**Present:**

Richard Thomas	Care and Repair Cardiff and the Vale (Chair)
Posy Akande	Carer
Sam Austin	Young Persons Sector
Sara Capstick	Cardiff Third Sector Council
Liz Fussell	UHB Volunteer
Iona Gordon	Cardiff Council
Shayne Hembrow	Registered Social Landlord Sector
Dean Loader	South Wales Fire and Rescue
Anthony Moyle	South Wales Police
Linda Pritchard	Glamorgan Voluntary Services

**In Attendance:**

Chris Dawson-Morris	Corporate Strategic Planning Lead, UHB
Colin McMillan	Head of Transport and Sustainable Travel, UHB
Anne Wei	Strategic Partnership and Planning Manager, UHB
Suzanne Wood	Consultant in Public Health Medicine, UHB/Public Health Wales
Keithley Wilkinson	Equality Manager, UHB

**Apologies:**

Duncan Azzopardi	Cardiff University
Mark Cadman	WAST
Garry Davies	South Wales Fire and Rescue
Zoe King	Diverse Cymru
Paula Martyn	Independent Care Sector
Steve Murray	South Wales Police
Rachel Nugent-Finn	Vale of Glamorgan Council
Geoffrey Simpson	One Voice Wales

**Secretariat:**

Gareth Lloyd, UHB

**SRG 19/50**

**WELCOME AND INTRODUCTIONS**

The Chair welcomed everyone to the meeting and Sam Austin was introduced to the Group as the new member providing a third sector children and young people's perspective.

## **SRG 19/51 APOLOGIES FOR ABSENCE**

The SRG **NOTED** the apologies.

It was **NOTED** that although not members of the SRG, apologies had been received from Nikki Foreman, Abigail Harris, Angela Hughes and Jon McGarrigle.

## **SRG 19/52 DECLARATIONS OF INTEREST**

There were no declarations of interest.

## **SRG 19/53 MINUTES AND MATTERS ARISING FROM STAKEHOLDER REFERENCE GROUP MEETING HELD ON 24 SEPTEMBER 2019**

The SRG **RECEIVED** and **APPROVED** the minutes of the SRG meeting held on 24 September 2019.

### **Child and Adolescent Mental Health Services (CAMHS)**

The SRG had been sent a link to the September UHB Board meeting papers which included a comprehensive paper on proposals for CAMHS which embed the partnership approach to service delivery.

## **SRG 19/54 FEEDBACK FROM BOARD**

The SRG **RECEIVED** and **NOTED** the agenda of the Board meeting held on 26 September 2019.

The SRG would be sent a link to the papers for the November UHB Board meeting which included the draft minutes of the September UHB Board meeting.

**Action: Gareth Lloyd**

## **SRG 19/55 DRAFT SUSTAINABLE TRAVEL PLAN**

The SRG **RECEIVED** a presentation from Colin McMillan on the development of the UHB's Sustainable Travel Plan.

The SRG heard of the progress in the development of the plan. Patient environment/safety site audits had been undertaken during summer 2019 and



the results of a staff travel survey were evaluated during the autumn. The Plan was currently being drafted and the final document was due to be published in early 2020.

The SRG was informed that the objective of the Plan is to encourage users out of single occupancy vehicles and into more sustainable forms of transport. The key themes are:

- improved access to sites and improved patient safety/experience;
- increased travel options for staff, patients and visitors with a beneficial impact on the wider community;
- the health benefits resulting from active travel;
- reduced congestion on UHB sites and wider communities;
- reduced carbon dioxide emissions; and
- improved business efficiency (reduced mileage costs).

The SRG was then informed of some of the initiatives that had already been introduced.

- Park and Ride Services – The frequency of the UHW service had been increased and the hours extended. There continued to be a steady increase in the number of people using the service with over 400 passengers now using it each day. The Cardiff and Vale Health Charity had funded a Park and Ride service for UHL for 12 months. The service was launched 3-4 months ago to coincide with the commencement of major capital developments on the site which impacted on movement of traffic on the site. The service had initially been well used but usage had recently dropped off. The UHB had approached Cardiff local authority about potentially extending the lease but no commitment had been given. If usage were to increase there would be a case for extending the service beyond 12 months.
- Public Transport – The UHB was working with Cardiff Bus and New Adventure Travel to improve the frequency of services to its sites.
- UHW-UHL Shuttle bus – The service had been introduced 2-3 months ago. It runs from 07.00hrs to 18.00hrs. Usage of the service is beginning to increase.
- Cycle to Work Scheme – The scheme has been running for about ten years and has proved extremely popular. The UHB has increased the number of bike shelters on its sites.
- Next Bike – There are two Nextbike stations at UHW and one at Woodland House. It is understood that the Nextbike scheme will be extended to the Vale of Glamorgan and the UHB had received a positive response to an initial expression of interest regarding locating a station at UHL.
- The UHB is developing a Pedestrian Strategy. It is focussed on UHW specifically however the Travel Plan addresses safe walking routes on all UHB sites.

- Car Share – There is a formal car share scheme operated via Liftshare, Previous travel surveys have, however, indicated that there are many more informal car sharing arrangements across the organisation.
- Sustainable Travel Hub – The UHB is working with Cardiff local authority and Cardiff Bus on plans for a sustainable travel hub on the UHW site. The hub would include waiting areas, a café and changing facilities. Funding for the hub is yet to be confirmed.

The SRG was then asked to consider:

- The key outcomes or benefits it would welcome from the Plan;
- Recommendations or initiatives to encourage staff, patients and visitors to use alternatives to cars to travel to UHB sites; and
- What have been the most successful sustainable travel initiatives introduced so far?

The SRG then made a number of observations.

- Reducing travel time has a positive impact on physical and mental health and wellbeing.
- The Public Service Boards are signed up to Healthy Travel Charters which have very ambitious targets.
- Local authorities have a statutory responsibility to develop Active Travel Plans. The UHB must align its Plan with them.
- There must be adequate engagement with the public and partners at draft stage.
- Consideration must be given to the equalities issues, for example ensuring the access for those with disabilities
- There is no park and ride located within the Vale servicing UHL. Those wanting to use the UHL service must first travel into Cardiff.
- Public transport in many parts of the Vale especially western Vale is extremely poor.
- The information posters about the UHL park and ride service did not explain it was a Monday-Friday service and did not include the post code of the car park. The site is not familiar to many Vale residents.
- Public transport must be improved as cycling is not a feasible option for many.
- Information on transport options must be accurate and adequate. For example there should be large public transport timetable at UHL and UHW ideally with real time information.
- There must be adequate bus shelters on UHB sites.
- Include information on alternatives to car use on wage slips.
- There is a need to change people's lifestyles and mindset and encourage them out of cars where possible.
- Cycle Training Wales is a charity that reconditions and sells good quality cycles at reasonable prices. This may be a more affordable option for those who are new to cycling.

- The aim should be to reduce the number of people needing to travel to the UHB sites. This could be done by increasing the use of technologies such as Skype and telemedicine. Chris Dawson-Morris explained that the UHB was looking at initiatives to reduce unnecessary outpatient appointments and reduce the number that are held on the UHL and UHW sites.
- Adequate disabled parking spaces and drop off/pick up areas must be provided.
- Volunteers are needed to chaperone disabled people or people with support needs once they have been dropped off.
- Outpatient appointment letters could include details of the park and ride services. Colin McMillan explained that there is a limited amount of characters that can be used on automatically generated appointment letters. Colleagues in IT were, however, looking to see if capacity can be created to include information on sustainable travel.
- The new Wellbeing Hubs and Health and Wellbeing Centres must be easily accessible by sustainable modes of transport. Chris Dawson-Morris confirmed that each of these developments would have its own active travel plan.
- Designated parking spaces are required for certain categories of staff e.g. district nurses.
- Has there been a patient transport survey? Colin McMillan explained that there had not been a patient survey as part of the process for developing the Plan. Previous patient transport surveys had elicited poor response rates.

The SRG enquired whether there would be further engagement once the draft Plan had been produced. If the UHB is trying to influence behaviour, engagement would provide an opportunity to publicise the ambitions and test if the right approaches were being adopted. Colin McMillan agreed to enquire whether the draft Sustainable Travel Plan would be circulated for comment.

**Action: Colin McMillan**

## **SRG 19/56 DRAFT CARDIFF AND VALE OF GLAMORGAN MOVE MORE, EAT WELL PLAN 2020-2023**

The SRG **RECEIVED** a presentation from Suzanne Wood on the key themes identified in the draft Cardiff and Vale of Glamorgan Move More, Eat Well Plan 2020-2023.

The SRG was informed that the draft Plan was being presented as part of the engagement process that had commenced on 4 November and which would conclude on 15 December 2019. Ten priority areas had been developed:

- Health pre-schools and schools
- Healthy workplaces
- Health environments
- Healthy weight services
- Informed workforce and environment
- Healthy advertising and marketing
- Healthy travel
- Healthy communities
- Refill region
- Healthy and sustainable food procurement.

The SRG engaged in a workshop session to discuss these ten priorities and a number of observations were made.

- There are a wide range of third sector organisations doing fantastic work. Important to make connections with these and the registered social landlord sector.
- Initiatives must not further disenfranchise more disadvantaged communities.
- Must not just focus on the public and independent sectors. Consider pilots in the private sector.
- Ensure food outlets on UHB sites offer healthy affordable options
- Encourage staff to take breaks.
- Continue to encourage work/life balance.
- There is a lot of stress on carers. Many are overweight because they don't have time to eat properly or exercise.
- Exercise opportunities for some groups are being restricted e.g. free swimming sessions for over 60s in leisure centres is limited to specific times which don't coincide to the times when carers can take advantage of these opportunities. Iona Gordon agreed to contact Cardiff local authority and find out why the over 60s swimming classes had become reduced in number at local authority commissioned leisure centres.

#### **Action: Iona Gordon**

- Cost also a barrier to exercise e.g. gyms
- Primary schools should do more to encourage children to be confident about walking to schools and staying safe.
- Primary Times could be used to publicise and promote outdoor play opportunities.
- Poverty impacts on what people can afford to eat and whether they can buy the equipment/clothing needed for exercise.

- As people age their appetite often diminishes so they revert to quick and easy ready meals
- Signpost people to organisations that can support them in moving more and eating well.
- The GP exercise referral scheme is a great initiative and needs to be further developed.
- Local authorities have a major role e.g. introduction of integrated transport systems. They should promote the use of public transport to access their services.
- The UHB should provide information about sustainable travel options when inviting people to meetings.
- The UHB should introduce free water refill stations at all of its sites.
- The document is local authority and UHB focussed.
- Staff to take responsibility for promoting the messages within their own organisations.
- Introduce communal fruit bowls in organisations in which staff can put unwanted items.
- Consider e-learning packs to help cascade the messages to other organisations/families/community group.
- Must ensure messages do not patronise.
- Refer to policy during staff training days.
- Encourage staff to walk more e.g. walking meetings
- Extend healthy vending machines.
- Improving physical health improves mental health.
- Could the gyms in fire stations be accessible to staff from partner organisations and the local community?
- Key groups should be targeted e.g. young people, older people, carers etc.

As part of the engagement process, SRG members were encouraged to respond direct to the UHB on four specific questions:

- Are you happy to support the Plan?
- Do you have any comments on the content of the Plan?
- How would you like to get involved in the action areas contained within the Plan?
- Do you have any additional comments to make?

### **Action: All**

**SRG 19/57**

**NEXT MEETING OF SRG**

1.30pm-4pm, 29 January 2020, Nant Fawr 1, Woodland House.

It was noted that the meeting would be Posy Akande's last SRG meeting. The Chair thanked Posy for her valued contribution over the past five years and paid particular tribute to the way she had brought a compassionate perspective to meetings.

**CARDIFF AND VALE UNIVERSITY HEALTH BOARD  
BOARD MEETING**

**Thursday, 28<sup>th</sup> November 2019 at 1.00pm**

**Memo Arts Centre, Gladstone Rd, Barry, CF62 8NA**

**AGENDA**

<b>PATIENT STORY – MENTAL HEALTH THEME</b>		
<b>1</b>	Welcome & Introductions	Charles Janczewski
<b>2</b>	Apologies for Absence	Charles Janczewski
<b>3</b>	Declarations of Interest	Charles Janczewski
<b>4</b>	Minutes of the Board Meeting held on 26 <sup>th</sup> September 2019	Charles Janczewski
<b>5</b>	Action Log – 26 <sup>th</sup> September 2019	Charles Janczewski
<b>6</b>	Chairs Action taken since last meeting	Charles Janczewski
<b>7</b>	Frail Elderly Service Model: Outcome of Engagement	Abigail Harris
<b>8</b>	<b>Items for Review and Assurance</b>	
<b>8.1</b>	Chair's Report	Charles Janczewski
<b>8.2</b>	Chief Executive Report	Len Richards
<b>8.3</b>	Patient Safety, Quality and Experience Report	Ruth Walker
<b>8.4</b>	Performance Report to include: (a) Mental Health Performance Measures	Steve Curry
<b>8.5</b>	Transformation Report	Len Richards
<b>8.6</b>	Board Assurance Framework	Nicola Foreman
<b>8.7</b>	Update on implementing the new model of care for Community Mental Health	Steve Curry Presentation
<b>8.8</b>	The Nurse Staffing Levels for Adult Acute Medical and Surgical Wards following the Bi-annual Calculation	Ruth Walker
<b>8.9</b>	Update on Healthy Travel Charters	Fiona Kinghorn
<b>9</b>	<b>Items for Approval / Ratification</b>	
<b>9.1</b>	Major Trauma Centre Business Case	Abigail Harris
<b>9.2</b>	Integrated Medium Term Plan	Abigail Harris
<b>9.3</b>	Funded Nursing Care Uplift	Robert Chadwick
<b>9.4</b>	Standards of Behaviour Policy	Nicola Foreman
<b>9.5</b>	Model Standing Orders	Nicola Foreman
<b>9.6</b>	Committee Membership	Nicola Foreman
<b>9.7</b>	Committee Minutes: i. Finance Committee – 25 September 2019 ii. Strategy and Delivery Committee -3 September 2019 iii. Health and Safety – 9 July 2019	John Antoniazzi Charles Janczewski Michael Imperato



	<p>Advisory Group Minutes:</p> <p>iv. Local Partnership Forum – 7 August 2019</p> <p>The Joint Committee Minutes:</p> <p>v. WHSSC Joint Committee – July 2019</p> <p>vi. WHSSC Joint Committee Brief – 16 September and 12 November 2019</p> <p>vii. Emergency Ambulance Services Committee - 23 July and 10 September 2019</p>	Martin Driscoll
<b>10</b>	<b>Items for Noting and Information</b>	
<b>10.1</b>	Update on Wellbeing of Future Generations Act	Fiona Kinghorn
<b>10.2</b>	Update on approach to prioritisation and management of maintenance requests	Abigail Harris
<b>10.3</b>	<p>Reports from Committee Chairs:</p> <p>i. Quality, Safety and Experience Committee – 15 October 2019</p> <p>ii. Finance Committee – 30 October 2019</p> <p>iii. Strategy and Delivery Committee – 29 October 2019</p> <p>iv. Audit and Assurance Committee – 30 September 2019</p> <p>v. Mental Health Capacity and Legislation Committee – 22 October 2019</p> <p>vi. Health and Safety Committee – 8 October 2019</p> <p>Reports from Advisory Group Chairs:</p> <p>vii. Stakeholder Reference Group – 24 September 2019</p> <p>viii. Local Partnership Forum</p>	<p>Susan Elsmore</p> <p>John Union</p> <p>Charles Janczewski</p> <p>John Union</p> <p>Sara Moseley</p> <p>Michael Imperato</p> <p>Richard Thomas</p> <p>Martin Driscoll</p>
<b>11</b>	<b>Agenda for Private Meeting:</b>	
	Corporate Risk Register	Nicola Foreman
<b>12</b>	<b>Review of the meeting</b>	
<b>13</b>	<b>Date and time of next meeting</b>	
	Thursday, 30th January 2020 at 1.00pm Woodland House, Ground Floor, Nant Fawr 1, 2 and 3	

To consider a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest [Section 1(2) Public Bodies (Admission to Meetings) Act 1960].



## Antimicrobial Resistance and Antimicrobial Stewardship

**ANTIMICROBIAL** is an umbrella term that refers to a class of medications that includes antibiotics, antifungals, antiprotazoals, and antivirals.

**ANTIBIOTICS** are drugs used to treat bacterial infections.

Whilst resistance is developing for many forms of antimicrobials, when we speak about

**ANTIMICROBIAL RESISTANCE** and the threats caused by it, we are referring generally to resistance of bacteria to antibiotic treatment.

Some bacteria are inherently resistant to particular antibiotics (*Intrinsic resistance*) due to their structure and the way the antibiotic works; for this reason, we need different classes of antibiotics (e.g.: macrolides and penicillins).

Furthermore, some bacteria undergo genetic modifications, which may be random or occur through the acquisition of genetic material from other bacteria. These processes can lead to antimicrobial resistance (*Acquired resistance*).

Resistance is therefore a naturally occurring event! Currently, we are seeing increased development of resistant bacteria and insufficient development of new antibiotics.

In Wales, antimicrobial resistance has already led to difficult to treat infections, leading to failed therapy and potential complications. Treatment for most infections is commenced before the specific bacteria is known. Therefore, treatment is started often with “empiric treatment” which will cover the most common bacteria associated with those particular illnesses. As antimicrobial resistance becomes more prevalent, it becomes more difficult to select empirical therapy that will have reliable activity.

**ANTIMICROBIAL STEWARDSHIP** is a multidisciplinary approach to minimising the development of antimicrobial resistance through selection of appropriate antimicrobials, optimising dose and duration, and minimizing toxicity and side effects.

The UHB has an Antimicrobial Management Group (AMG) that for years has been working on these themes in primary and secondary care and has managed to influence antibiotic use in both healthcare practitioners and the public. The UHB endorses the Welsh Government Delivery Plan produced in 2016 and other UK policies aimed at tackling antimicrobial resistance and improving antibiotic.

Many different strategies have been employed including: removal of some antibiotics from the guidelines; creation of an antimicrobial App to store antimicrobial guidelines for primary and secondary care so they could be easily accessible and always updated; collection of data through audits and usage surveys; and public engagement events.

Currently the main priority of the group is to formalise staff members to produce consistent capability to continue this vital work. The group's priority for the next financial year 2020-21 is the appointment of a funded antimicrobial pharmacist to allow us to further support anti-microbial stewardship across the UHB.

Albeit not yet finalised, other priorities will be as follow. In secondary care, we are looking at working with the Medicine Clinical Board, which represents a large prescribing group in the Health Board, to ensure that we can change prescribers' behaviour towards antibiotics. Antimicrobial stewardship involves the public and the prescribers and should be central to all we do. Therefore, we will try to establish and ensure that the already launched Start Smart Then Focus audit tool on antibiotic usage is used regularly and results discussed at every quality and safety meeting for each clinical board so that feedback to the prescribing teams can be given and behaviour can change.

We also need to continue to improve and update our guidelines. In the community, we need to continue to engage with the public through different activities and, possibly, not just during World Antibiotic Awareness Week and in primary care, we need to work in close proximity with GPs to ensure their already excellent results are maintained and further improved.

We would like to explore SRG member views on ways to engage with the public and other stakeholders to support this work.

# CARDIFF AND VALE UHB STRATEGIC CLINICAL SERVICES PLAN 2019 - 2029

## CARING FOR PEOPLE, KEEPING PEOPLE WELL

### OUR VISION



A person's chance of leading a healthy lifestyle is the same wherever they live and whoever they are

### OUR STRATEGY



- Empower people
- Value-based outcomes
- Home first
- Avoid waste and variation

### DELIVERING THE FUTURE



- Meeting population need
- Embracing new treatments & technology
- Ensuring safe & sustainable services
- Re balancing care closer to home

### PROGRESS



- Wellbeing hubs in development
- More surgery services at UHL
- Major Trauma Centre (2020)
- Neuro/spinal services at UHL (2023)



Cardiff and Vale University Health Board  
Shaping Our Future Wellbeing Strategy  
2019 - 2029



### AT HOME

- New digital services
- Locally based health & Social care teams



### COMMUNITY FACILITIES

- Health centres, social clubs, libraries
- Multi-disciplinary and multi-agency teams
- 24/7 Urgent primary care



### 9 WELLBEING HUBS

- New or existing buildings
- Health and wellbeing services e.g. cluster-based primary care, advice centre, social activities



## IN THE COMMUNITY & IN OUR HOSPITALS

### 3 HEALTH & WELLBEING CENTRES

- Redeveloped facilities: CRI, Barry Hospital, North Cardiff
- X-ray, integrated community services, specialist advice, community rehabilitation
- Diagnostic and outpatient services

### UHL (NON-ACUTE/PLANNED)

- Diagnostics and ambulatory care
- Rehabilitation Medicine
- Acute Mental Health Service
- Surgical Centre of Excellence
- Specialist services not needing critical care e.g. Cystic Fibrosis



### UHW 2 - (NEW FIT FOR PURPOSE FACILITY)

- Acute services (local, regional & specialised tertiary services)
- Major Trauma Centre for Wales
- A&E for Cardiff and Vale catchment
- All levels of critical care
- Emergency & complex elective surgery
- Children's Hospital for Wales





# CARING FOR PEOPLE, KEEPING PEOPLE WELL

A PERSON'S CHANCE OF LEADING A HEALTHY LIFE IS THE SAME WHEREVER THEY LIVE AND WHOEVER THEY ARE



## Cardiff and Vale UHB Draft Strategic Clinical Services Plan 2019 – 2029

Final - Internal Engagement Winter 2019/20

## Foreword

Cardiff and Vale University Health Board is one of the largest NHS organisations in the UK, providing local healthcare services for around 500,000 people in Cardiff and the Vale of Glamorgan. Working with many professional groups, we promote healthy lifestyles whilst planning and providing healthcare in people's homes, community facilities and hospitals. We are also the main provider of over 100 specialist services for the people of South Wales, Wales and for some services, the wider UK. We are very proud of this role both as a local NHS organisation and a provider of hospital services for local, regional and national patients. This role, however, creates unique challenges for us in the way we use our resources (our staff and our buildings) to meet those local and specialist needs going forward.

The demand on the services provided by the health board will increase in the short, medium and long term mainly because of population growth. An increasing proportion of that population are ageing or are very young (under 16), and both groups have a high reliance on healthcare. For these reasons alone, we cannot sit still in the way we provide our services. But add to that the increasing number of medical innovations, workforce requirements, role changes and structures and you get a degree of change that needs to be carefully planned for. We have therefore developed a draft Strategic Clinical Services Plan 2019 – 2029 which brings together a number of existing and emerging programmes of work to make us fit for the future.

Our Shaping Our Future Wellbeing Strategy 2015 – 2025 provides a change programme for everything we do: for healthcare being provided away from hospitals and nearer to people's homes, delivering outcomes that are important to the patient, providing standardised treatment delivered efficiently, and finally, encouraging our population to lead healthy lifestyles and self-manage conditions where appropriate. Included in this programme is an ambitious plan to build community facilities which will give easier access to health and wellbeing services closer to home. On top of this come other projects to improve day to day operational efficiency. We also want our patients, from our local population and the wider regional and national population, to receive the specialist hospital care they need in the most appropriate setting. To this end, we want to seek your views on our ideas for ensuring that we have the right services at the University Hospital of Wales (UHW) and at University Hospital Llandough (UHL). We want to continue to develop UHW as our hyper acute tertiary centre (complex medical/surgical patients, critical care, 24/7 diagnostics) and UHL as our less acute, planned surgical centre, ambulatory care site (ill but stable not dependent on 24/7 acute medical care).

We believe that by implementing these plans, we will deliver better patient outcomes, better patient satisfaction, better value and better satisfaction for the teams of people working for the Health Board.

Furthermore, these plans provide a foundation for a renewed UHW, a 'UHW2' that will be state of the art and offer care suitable for the mid-21<sup>st</sup> Century. UHW has served us well since 1971 but it is no longer able to provide the space and facilities required by modern medicine. A UHW2 would not only see further improvements for patients and staff, but will also be a more sustainable and energy efficient facility. This will also enable UHW to play its role as a major trauma centre, emergency department and home for acute services accessed by the people of Wales.



The aim in this phase of engagement is to share our vision for how we see community and hospital services developing over the next decade as part of a transformed system. We want to test our thinking, particularly in relation to how we see key service areas develop including emergency and acute care, planned surgery and tertiary services. Whilst it may take years to fully realise our clinical model, we are already starting to make changes to support the delivery of Shaping Our Future Wellbeing. This draft strategic clinical services plan provides the framework for changes which have already begun and decisions which will be taken in the short, medium and long term. We will need to develop an overarching Health Board workforce plan, informed by the workforce drivers and service changes, to ensure that we are able to support and implement our ambitions. Specific service changes may require further engagement and/or consultation.

**Len Richards**  
Chief Executive

**Charles Janczewski**  
Interim Chair

**Dr Stuart Walker**  
Medical Director

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## Strategic Clinical Services Plan - Introduction

*Caring for People; Keeping People Well* is why we exist as a health board, and our vision is *that a person's chance of leading a healthy lifestyle is the same wherever they live and whoever they are*. Our [Shaping our Future Wellbeing Strategy 2015 - 2025](#) sets out how we intend to achieve this vision through delivery of ten strategic objectives, across jointly prioritised areas of Cancer, Dementia, Dental and Eye Health, Long Term Conditions, Maternal Health, Mental Health and Stroke. Our strategy was developed with four core principles at its heart, which are set out below, and these remain key guiding principles as we set out how we see our clinical services developing over the next decade.



*Shaping Our Future Wellbeing* is very much in line with the aspiration set out in the Welsh Government's ten year plan for health and social care services, *A Healthier Wales*. It commits us to increasing the focus on the determinants of health through promotion and adoption of healthier lifestyles, prevention and earlier intervention across both physical and emotional health and wellbeing and reducing the amount of provision

delivered on our main hospital sites through increasing what we do in local communities, closer to peoples' homes.

In addition to providing cradle to grave, whole system services for our local Cardiff and Vale population, we are the largest provider of tertiary services in Wales and we treat patients with very complex specialised needs from around Wales. This means that we are often at the forefront of cutting edge and new and innovative treatments and therapies. This, coupled with our extensive research activities, enables our patients to have access to many of the new treatments and therapies available, some of which are only accessible through participation in drug trials.

In order to deliver our plan, we will need to work with the wide range of partners, both at a local level, and across Wales, who make up our health and care system to transform, over time, how we support people to live well in their local communities. We have acknowledged that our model for primary care in particular will need to change over time, and the Welsh Government's emerging model for primary care signals the changes we need to make over the next decade. Our [primary care clusters](#) are already developing plans for how cluster and locality models of care could be delivered in the future, and with our partners, we are working on setting out our integrated model for locally-placed models of health and care which reflect the needs of the local populations. Our [Integrated Medium Term Plan](#), developed on a rolling three year basis, is the key document which outlines our plans to progress the overall delivery of Shaping Our Future Wellbeing and priorities.

As we reach the mid-point in the delivery of our strategy, we are reviewing our progress so far, and are refocusing our efforts in the areas where we need to make more rapid progress over the next five years and beyond.



We have introduced 'Wyn' a character who represents our patients and the populations we serve. Learning from other healthcare systems that have transformed the way they deliver care has confirmed the importance of putting the patient and the person at the centre of our planning and delivery of services. Providing a face and name to our patient provides a very real focus to our discussions so that we are always considering 'what is in the best interests of Wyn?', and 'how can we improve things for Wyn?'

Our research activity forms a key strand of our partnership with Cardiff University, and enables us to collaborate with partners across Europe for the benefit of patients. Clinical innovation and teaching the next generation of clinicians (doctors, nurses, health scientists and therapists) form the other key parts of our relationship with Cardiff University, University of South Wales and Cardiff Metropolitan University. We have numerous clinicians who undertake a dual role as academics involved in research and teaching, and deliver front line patient care services.

This draft clinical services plan focuses on how we see hospital services developing over the next decade as part of a transformed system, providing the necessary support to primary care to enable people to remain living independently at home, and to provide timely access to specialist hospital treatment, whether this is as an acute emergency, or as planned treatment that can only be provided in hospital. We know that the way our hospital system is designed is not delivering the best experience or outcomes for Wyn. We know that compared with the best healthcare systems in the world, we provide too much of our care in hospital settings. Wyn can sometimes wait too long to access the advice, diagnosis or treatment he needs, and often the system makes it difficult for Wyn to return home quickly if a spell in a hospital was needed. It is important to recognise that overall our outcomes benchmark well with other NHS

providers across the United Kingdom, and our patient experience feedback is very positive overall. But we know that there is a lot more we need to do to deliver the services required into the future. Over the next decade we will see an exponential growth in the number of older people living in our communities, in line with the national trend. We will also see the whole population in Cardiff and Vale growing rapidly as a result of Cardiff being the fastest growing core city outside of London. We also know that unhealthy lifestyles are contributing significantly to what is known as 'the burden of disease' – people being diagnosed with chronic conditions, such as diabetes and heart disease or cancer where an unhealthy lifestyle was likely to have been a contributory factor.

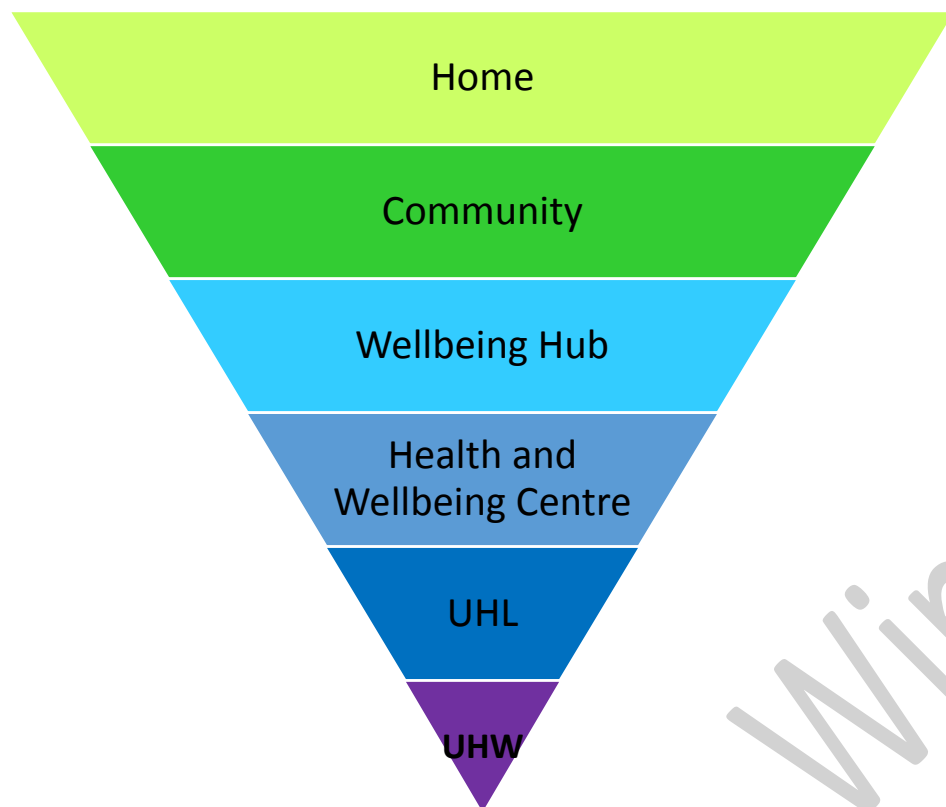
We want to provide value based healthcare so that we can deliver outcomes that matter to Wyn. This care will be delivered as close to home as possible and where applicable, supported by social care provided by Local Authorities, the Third Sector and other partners. Our hospitals should only provide assessment or care that cannot be provided in the community. When care is needed in a hospital environment, it will be high quality, safe and compassionate.

We know that the facilities we will need to provide transformed services will need to be very different. In 2018 we developed an estates strategy which set out the condition, utilisation and functional suitability of our current infrastructure, and the outline plans for developing our estate over the next decade. The detailed plans will be informed by this draft clinical services plan, and the detailed service models that will follow. We know that we will need significant investment in our infrastructure, including replacing the University Hospital of Wales (UHW) which is no longer fit for purpose, and our business cases to secure the resources needed will need to clearly demonstrate the added value and benefit to patients and communities locally and across Wales.

UHW is not only a hospital for our local population but also a specialist facility serving the whole of Wales. A redeveloped facility will provide the opportunity to create a flagship of international standing. As the needs of the local, regional, supra-regional and national populations increase, our estate needs to react accordingly.

This draft clinical services plan does not attempt to describe how we see each individual service will develop over the next decade - it gives an overview of how we see the key service areas develop – for example, emergency/acute care, planned surgery and tertiary services. The plan also outlines how we see therapies and treatments develop over the next decade informed by advances in technology and innovations in treatment. It will be supported by a workforce plan, informed by specific service models, to ensure that we are able to support and implement the changes.

## How we see our future health care model



All services orientated to keeping people well at home. Long term management, accessing advice and support, rehabilitation and intervention all at home.
Community Centre, pharmacy, GP practice, optician, dentist.
Cluster Based services- wellbeing and first contact urgent care services.
Diagnostic and locality based services best served at larger population size.
Planned surgical centre, ambulatory care, low acuity medical specialities, rehabilitation and mental health centre (Cardiff & Vale). Supra-regional neurological and spinal rehabilitation service, Cystic Fibrosis Unit (S Wales).
Emergency and high acuity medical and surgical specialities (Cardiff & Vale). Critical Care, Major Trauma Centre (S Wales). Regional, supra-regional specialised services (Wales). Co-location with Cardiff University.

## Background

### About the health board

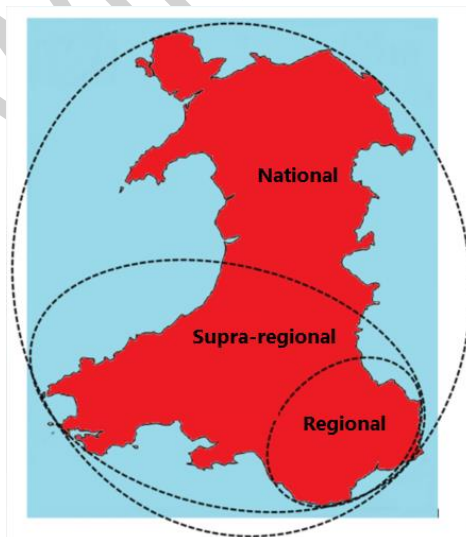
Cardiff and Vale University Health Board (UHB) was established in October 2009 and is one of the largest NHS organisations in the UK, and provides services at a local, regional, supra-regional and national level.

As a Health Board, we have a responsibility for planning, commissioning and providing services for around 500,000 people living in Cardiff and the Vale of Glamorgan (from Trowbridge/St Mellons in the east to Llantwit Major/St Bride's Major in the west). This includes health promotion and public health functions as well as the provision of local primary care services (GP practices, dentists, optometrists and community pharmacists) and the running of hospitals, health centres, community health teams and mental health services. Together, these provide a full range of health services for our local residents.

As a provider of 100+ specialised tertiary services we have a responsibility to deliver care at a regional, supra-regional and national level, for around 3,200,000 people, for example:

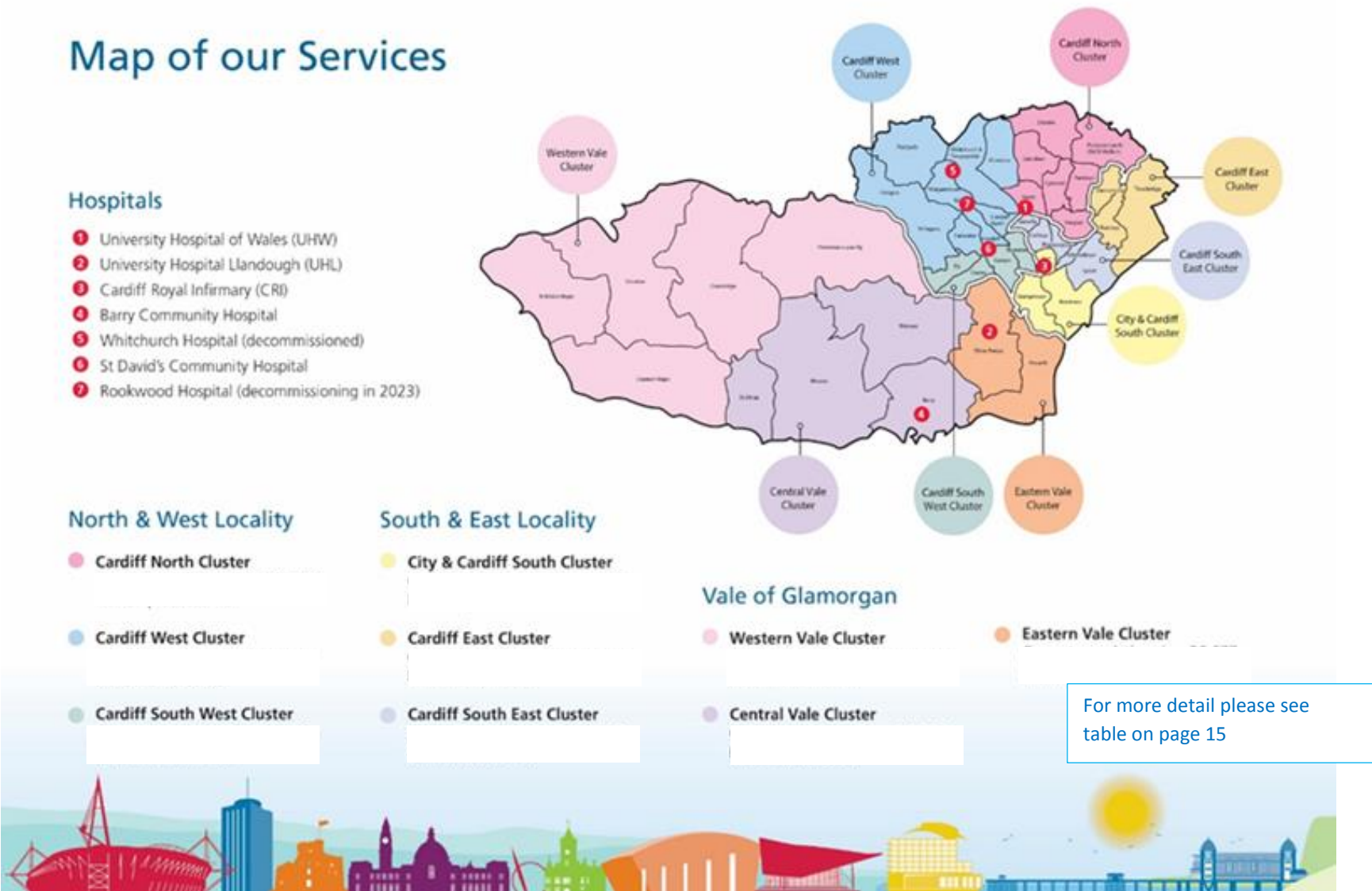
Regional (South East Wales)	Supra-Regional (South and West Wales, and South Powys)	National (All Wales)
Cardiac surgery	Clinical immunology	All Wales Medical Genetics Clinical Service
Specialised neurology	Cystic fibrosis	Orbital prosthetics
Vascular surgery	Neurosurgery	Neuropsychiatry

### Map of the reach of our tertiary services provision



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The cost of delivering this extensive range of services is around £1.4 billion annually and we employ around 14,000 staff who work across a range of sites, and delivering care in people’s homes.



## About the local population we serve



### The Population We Serve

Understanding the needs of our population is essential for robust and effective planning. Our [Population Needs Assessment](#) developed with our regional partners provides a collective view of the population challenges on which we must build our plans. It is important we look beyond simply understanding the health needs of our citizens, but look at the wellbeing of our population which encompasses environmental, social, economic, and cultural wellbeing. We acknowledge that our needs assessment is for Cardiff and Vale of Glamorgan populations only and it does not cover all the regions from which patients come to access our services as a tertiary provider.



**Population growth:** Cardiff is the fastest growing city in the UK. The population of Cardiff is growing rapidly at nearly 1% per year, or around 36,000 people over the next 10 years. While overall numbers in the Vale are relatively static, the total population of Cardiff and Vale has now exceeded 500,000 for the first time.



**Ageing population:** The average age of people in both Cardiff and the Vale is increasing steadily, with a projected increase in people aged 85 and over in the Vale of 15% over the next 5 years and nearly 40% over 10 years. The ageing population in other areas across Wales, with some seeing an accelerated increase in growth of older people numbers, will also have an impact and is equally important for our tertiary services e.g. cardiac surgery.



**Health inequalities:** There is considerable variation in healthy behaviours and health outcomes in our area – for example smoking rates vary between 12% and 34% in Cardiff, with similar patterns seen in physical activity, diet and rates of overweight and obesity. Uptake of childhood vaccinations is also lower in more disadvantaged areas. Life expectancy is around ten years lower in our most deprived areas compared with our least deprived, and for healthy life expectancy there is a difference of 22 years. Deprivation is higher in neighbourhoods in South Cardiff, and in Central Vale.

**Changing patterns of disease:** There are an increasing number of people in our area with diabetes, as well as more people with dementia in our area as the population ages. The number of people with more than one long-term illness is increasing.



**Tobacco:** One in six adults (15%) in our area smoke. While this number continues to fall, which is encouraging, tobacco use remains a significant risk factor for many diseases, including cardiovascular disease and lung cancer, and early death.



**Food:** Over two thirds of people in our area don't eat sufficient fruit and vegetables, and over half of adults are overweight or obese. In some disadvantaged areas access to healthy, affordable food is more difficult and food insecurity is becoming more prevalent due to increasing living costs and low wages.



**Physical activity:** Over 40% of adults in our area don't undertake regular physical activity, including a quarter (27%) who are considered inactive.



**Social isolation and loneliness:** Around a quarter of vulnerable people in our area report being lonely some or all of the time. Social isolation is associated with reduced mental well-being and life expectancy.



**Welsh language:** The proportion of Cardiff and Vale residents of all ages who have one or more language skills in Welsh is 16.2%, with around 1 in 10 people in Cardiff (11.1%) and the Vale (10.8%) identifying themselves as fluent. However, over one in four young people aged 15 and under speak Welsh in our area (26.7% in Cardiff and 29.6% in the Vale of Glamorgan).



Cardiff has one of the most ethnically diverse populations in Wales, with one in five people from a black or minority ethnic (BME) background. 'White other' and Indian ethnicities are the second and third most common ethnic groups after White British.

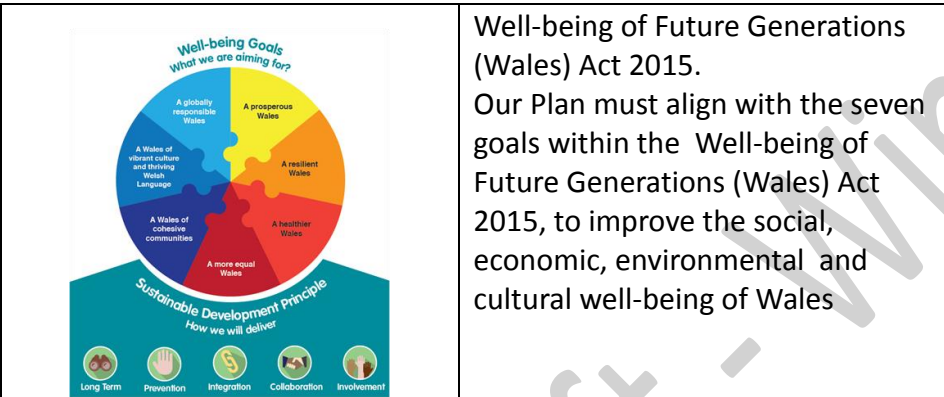


National Planning Context

Planning within the health board is influenced by national policies, underpinned by speciality/professional standards and regulatory requirements.



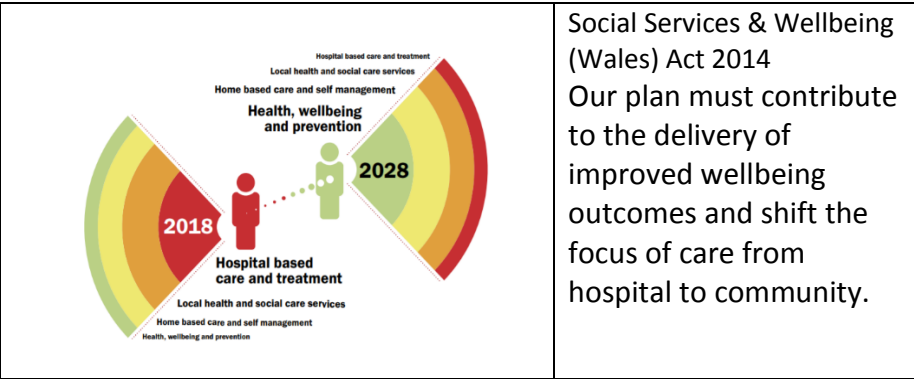
We have been working on the practical implementation of **prudent healthcare** principles since spring 2014. Our approach has also encompassed the findings from the Parliamentary Review endorsing the “one system” vision with four aims – the Quadruple Aim – that health and care staff, volunteers and citizens should work together to deliver clear outcomes, improved health and well-being, a cared for workforce, and better value for money, describe the foundation blocks on which we have developed our approach to prudent healthcare planning and delivery. The prudent principles are strongly reflected in our Shaping our Future Wellbeing strategy, which has at its core ‘*caring for people, keeping people well*’ and are at the heart of our Transformation and Improvement Programmes.



Well-being of Future Generations (Wales) Act 2015. Our Plan must align with the seven goals within the Well-being of Future Generations (Wales) Act 2015, to improve the social, economic, environmental and cultural well-being of Wales

The **Wellbeing of Future Generations (Wales) Act 2015** came into force on 1<sup>st</sup> April 2016. It requires public bodies to set and publish wellbeing objectives that are designed to maximise its contribution to achieving each of the seven national wellbeing goals, through the five ways of working (prevention, collaboration, involvement, integration and long-term). We have a [webpage](#) describing our contribution to achieving the Act’s goals. Our ten year Shaping Our Future Wellbeing strategy was developed through co-production with our citizens and patients, placing a strong emphasis on prevention and care closer to home.

The Social Services and Wellbeing (Wales) Act came into force on 6<sup>th</sup> April 2016. The Act provides the legal framework for improving the well-being of people who need care and support, and carers who need support, and for transforming social services in Wales. This means that we must work with our Local Authority colleagues through the Regional Partnership Board to drive integration, innovation and service change. We are doing this though our [Integrating Health and Social Care Programme](#).



Social Services & Wellbeing (Wales) Act 2014 Our plan must contribute to the delivery of improved wellbeing outcomes and shift the focus of care from hospital to community.





The long-term aim is to build a Wales that is prosperous and secure, healthy and active, ambitious and learning, and united and connected.

Our Plan needs to contribute to the overall Healthy and Active aim to improve health and well-being in Wales and in particular in Cardiff and the Vale of Glamorgan, for individuals, families and communities, with significant steps to shift our approach from treatment to prevention.

This strategy provides a joined-up framework to enable all organisations in Wales to work across boundaries, putting the citizen at the heart of our collaborative planning and service delivery. It provides a clear context within which Shaping Our Future Wellbeing directly fits. The five priorities that have emerged from this strategy as having the greatest potential contribution to long term prosperity and wellbeing provide a helpful focus for the UHB and partner stakeholders. The four themes within the strategy align with Shaping Our Future Wellbeing and our [Public Service Board Wellbeing Plans](#).

The **Parliamentary Review of Health and Social Care** was launched in September 2016 to consider the sustainability of health and social care in Wales. The review makes 10 recommendations with a focus on developing ‘One system of seamless health and care for Wales’. These recommendations supported the direction of travel which the health board has already started to take, to deliver more sustainable and integrated services for our population underpinned by a focus on prevention, self-care and the principle of ‘home first’. Recommendations around the implementation of the Quadruple aim, new models of seamless care and putting people in control of their own health support the principles of Shaping Our Future Wellbeing and our perfect locality model. We will continue to work with our regional and national partners to strengthen planning arrangements to support seamless models of care.



A Healthier Wales 2018 confirms our direction of travel but challenges us to increase the pace in our transformation journey particularly working with our partners and be bold in our ambition for our communities. Our plan must support the national vision and values to enable our population to live longer healthier and happier lives.

**A Healthier Wales** sets out a long term future vision of a whole system approach to health and social care, focused on health and wellbeing, and on preventing illness. It emphasises the creation of a ‘wellness system’ over the next 10 years, with prevention increasing in importance; and describes the quadruple aim for NHS Wales – specifically, improved population health and wellbeing, better quality and more accessible services, higher value health and social care, and a motivated and sustainable workforce.

## Our current service provision

As a health board we are responsible for ensuring that our Cardiff and Vale of Glamorgan citizens have access to high quality primary care services, which include: General Medical Services (GPs) General Dental Services, Community Optometry Services (Opticians) and Community Pharmacy Services to support the delivery of high quality, responsive and sustainable services to meet local need. Based within the heart of the community, they work with hospitals and other community-based healthcare staff to provide health advice, assessment, treatment and care. We have recently launched [Primary Choice](#) to help people choose the right health advice, care and treatment for their needs, so that they see the right person, first time in their local communities. Services are provided across the whole of Cardiff and Vale of Glamorgan within three **Localities: Cardiff North and West, Cardiff South and East, and the Vale of Glamorgan**. Each Locality has three Primary Care **Clusters**, where services work together in planning and delivering services for local communities, responsive to their local health and well-being needs.

Area	Current Population	Main GP Surgery Premises	GP Branch Surgery Premises located in cluster	Community Health Premises	Dental practices	Optometrists	Pharmacies
NORTH & WEST LOCALITY							
Cardiff North Cluster	102,687	10	3	Llanishen Health Centre Pentwyn Health Centre Rhiwbina Health Centre	14	14	19
Cardiff West Cluster	55,488	8	2	Radyr Health Centre 200 Fairwater Road	8	8	13
Cardiff South West	66,445	11	1	St David's Hospital Riverside Health Centre Parkview Clinic (not operational due to storm damage)	9	9	10
NORTH & WEST LOCALITY TOTALS	224,620	29	6	8	31	31	42
SOUTH & EAST LOCALITY							
City and South Cluster	40,985	7	1	Grangetown Health Centre Wellbeing Hub @ Loudoun	8	8	10
Cardiff East Cluster	54,857	4	1	Rumney Medical Centre Llanederyn Health Centre Llanrumney CELT Cardiff East Locality Team Llanrumney Medical Centre	7	3	10
Cardiff South East Cluster	63,414	8	4 (including branch sites of Practices based in other clusters)	Cardiff Royal Infirmary Roath Clinic HMP Cardiff Health Centre	5	6	16
SOUTH & EAST LOCALITY TOTALS	159,256	19	6	9	20	17	36
VALE OF GLAMORGAN							
Central Vale Cluster	64,297	7	7 (including 3 branches from Western Vale practices)	Barry Hospital Broad Street Clinic	9	8	14
Eastern Vale Cluster	36,677	4	0	Penarth Health Centre Dinas Powys Medical Centre Avon House	5	5	9
Western Vale Cluster	28,785	3	1	Llantwit Major Health Centre Cowbridge Health Centre	6	6	6
VALE OF GLAMORGAN TOTALS	129,759	14	8	7	20	19	29
HEALTH BOARD TOTAL	513,635	62	20	24	71	67	107

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\*colours to cross match to map on page 10.

As a tertiary service centre we are responsible for providing services of a specialised nature or for rare conditions to the people of Wales, as mentioned previously. These services are typically provided on an inpatient basis following referral from their local GP or hospital consultant. The full detail of these services will be outlined in our Tertiary Services Strategic Plan.

Our hospital services are currently provided from five sites across Cardiff and the Vale of Glamorgan: the University Hospital of Wales (UHW – for Cardiff & Vale and Wales)/ Noah's Ark Children's Hospital for Wales (CHfW – for Cardiff & Vale and South Wales), University Hospital Llandough (UHL – for Cardiff & Vale and South Wales), St David's Hospital (SDH – for Cardiff & Vale), Barry Community Hospital (for Vale) and Rookwood Hospital (for Cardiff & Vale and South East Wales).

### **University Hospital of Wales (UHW)**

The University Hospital of Wales is the largest hospital in Wales. It is also the largest provider of specialist tertiary services in Wales. It opened in 1971, had remedial work undertaken in 1978 and has been subject to a number of redesign and changes over the years as additional and more complex and specialised services have been provided and other hospitals have closed. Due to the changes and advances in medical care it is no longer fit for purpose nor has the right infrastructure or capacity within its buildings. It delivers a range of highly specialised and complex inpatient, outpatient and day-case services such as Cardiac surgery, a major Emergency Department, 26 Operating Theatres, Level 3 Critical Care, organ transplantation, acute oncology and birthing for mothers and babies at high risk. Complex investigations and tests using the full range of diagnostic facilities such as all types of blood and tissue tests, CT and MRI scanning are available 24 hours a day, 365 days a year. It has 934 beds across a full range of specialities and is co-located with the Noah's Ark Children's Hospital for Wales, University Dental Hospital and Cardiff University School of Health Sciences.

### **Noah's Ark Children's Hospital for Wales**

Phase One of the Children's Hospital for Wales opened in 2005 as a purpose designed and built facility with a separate entrance for children's medical and cancer services. In 2015, Phase Two opened with the full spectrum of paediatric services including purpose designed wards, Paediatric Intensive Care Unit, Neonatal Intensive Care, operating theatres, radiology department (MRI and x-ray), hydrotherapy pool, therapy and play areas. It has 137 beds. It will remain on the same site as UHW and no changes are envisaged.

### **University Dental Hospital (UDH)**

The University Dental Hospital (UDH) is a stand-alone building on the main University Hospital of Wales site. It has strong links with Cardiff University School of Dentistry and provides dental care for patients who are screened as suitable for treatment by undergraduate dental students. The School of Dentistry is the only dental school in Wales and provides unique and important leadership in dental research, training the next generation of dentists and dental

therapists, and patient care. As part of Cardiff University Biomedical and Life Science College Campus developments a new Dental Hospital will be designed to reflect more teaching and training out in community settings.

### **University Hospital Llandough (UHL)**

The University Hospital Llandough was originally built in 1933 as an infectious disease hospital and with significant refurbishment and development over time has developed into a district general hospital. It has 661 beds across a range of specialities including the Hafan y Coed Mental Health Unit, Older People's services, the Breast Unit and regional specialist Cystic Fibrosis Unit. It has the full range of diagnostic facilities such as blood tests, CT and MRI scanning, but these are available 24/7 for existing inpatients and during routine working hours for outpatients and clinics. Work is underway in preparation for the relocation of spinal and neuro-rehabilitation services from Rookwood Hospital, which will be completed in 2021, following a significant investment of Welsh Government capital funding.

### **Rookwood Hospital**

Rookwood Hospital, originally a home for gentry, became a convalescent home for Welsh paraplegic pensioners in 1918 and subsequently a hospital for people with spinal and neurological injuries and their rehabilitation, a site for elderly care assessment and Day Hospital, the Artificial Limb and Appliance Service (ALAS), the Electronic Assisted Technology Service (EATS) and the Wales Mobility and Driving Assessment Service (WM&DAS, non NHS service). It currently has 48 beds which will transfer to UHL in 2021. Elderly care services will relocate to St David's Hospital in 2020. This hospital will close in 2021 although there are currently no plans to relocate ALAS, EATS or the WM&DAS from its current location.

### **St David's Hospital (SDH)**

St David's Hospital opened in 2002 and was one of only a few hospitals in Wales to be funded via the Private Finance Initiative (PFI) programme. It has 72 beds and provides inpatient reablement and rehabilitation elderly care services, a range of outpatient services including dental clinics, therapies, the Children and Adolescent Mental Health Service, a children's centre and the Gender Identity Clinic/Service. There are no diagnostic facilities on this site.

### **Barry Community Hospital**

Barry Community Hospital opened in 1995 and provides a range of primary and secondary care services, including an Eldery Care rehabilitation ward, outpatient clinics including blood tests, Minor injuries unit (08:30 – 15:30 Monday to Friday), Radiology Department (plain x-rays only), outpatient therapies, GP Out of Hours service, dental clinics and a Young Onset Dementia Ward. It has 39 beds. As part of Shaping our Future Wellbeing: In Our Community programme it will become a Health and Wellbeing Centre for the Vale Locality. Barry Community Hospital has a rich history as a centre of the community, in October 2020 the hospital will turn 25 and we want mark this date by having a clear plan in place to launch the hospital into the next 25 years. We will be working with partners, staff, communities and service users to explore what could be included in the Health and Wellbeing Centre for the Vale.

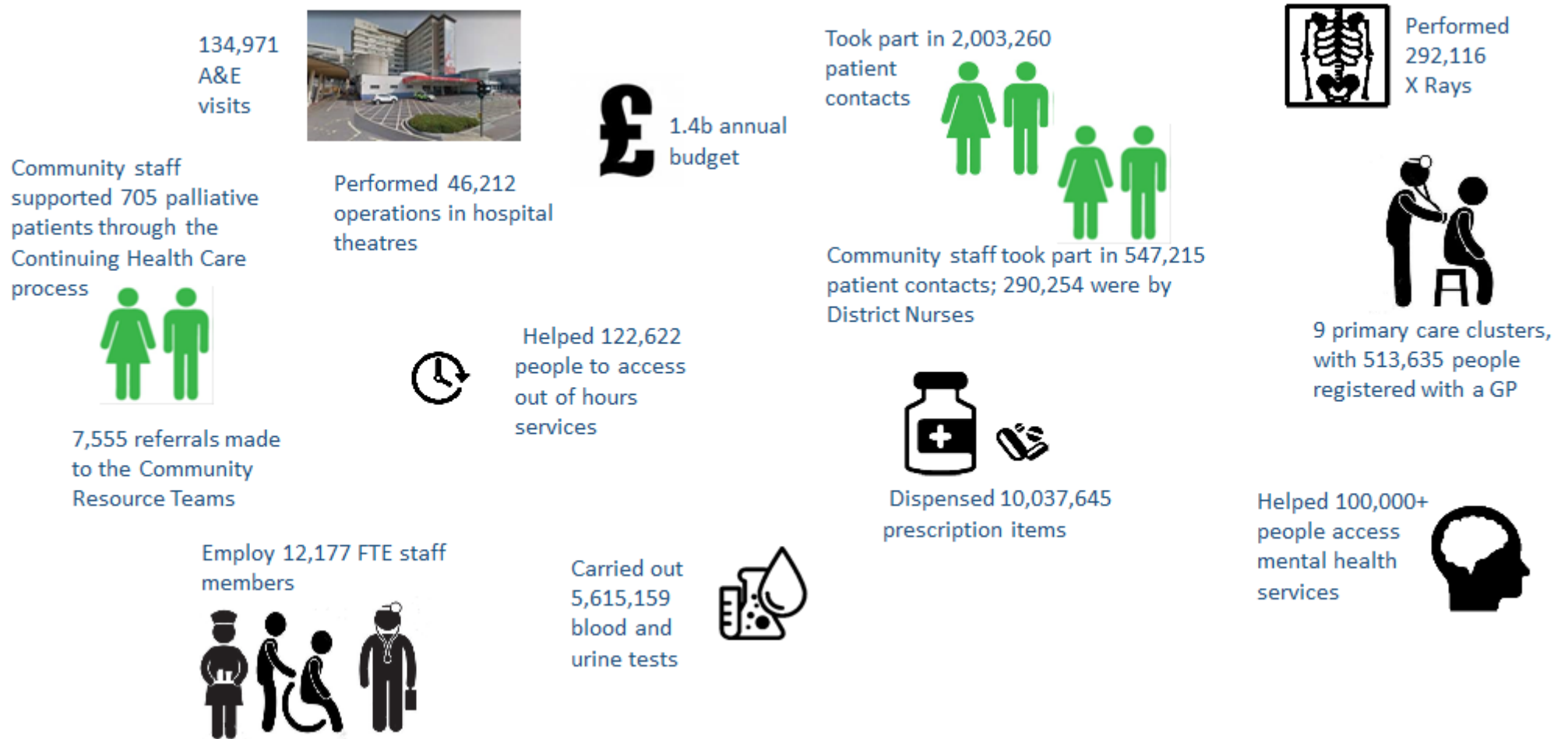
## Inpatient bed profile

Hospital Beds	UHW/CHfW	UHL	Rookwood	SDH	Barry	Total
Surgical	315	97	0	0	0	412
Medical	249	330	0	72	23	674
Specialist	271	6	48	0	0	325
Obstetrics & Maternity	99	0	0	0	0	99
Paediatrics	137	0	0	0	0	137
Mental Health	0	228	0	0	16	244
Total	1071	661	48	72	39	1891

As we change our local healthcare system to a fully integrated whole system seamless service model, work through the finer details of our urgent unscheduled care and surgical service models and deliver on our transformation programme, we expect the number of beds and how each of our hospital sites function as a part of that system to change. The configuration at UHW in particular, will also be influenced by the tertiary services strategic plan and the highly complex and specialised services that it provides for the rest of Wales. The development of Health and Wellbeing Centres and Wellbeing Hubs will enable more Cardiff and Vale citizens to access assessment and treatment in the community, closer to home.

## A Year in the life of the Health Board

A sample of some of the activities which took place across the health board in 2018/19.



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## Improvement and Implementation

We have established an internal [Transformation Enabler Programme](#) to create the right organisational environment and conditions to create a step change in the way we undertake our activities, and continue to deliver the best services for Wyn and all our patients. Our five Enabler Programmes focus on data-driven, evidence-based clinical pathway redesign methodology to improve outcomes and use our resources in the best possible way to deliver value based healthcare and align with the quadruple aim. They have been carefully selected to make big improvements in four key priorities of reducing length of stay (better outcomes for patients), reducing outpatient appointments (better patient satisfaction, better staff satisfaction), improving theatre productivity (better value) and lastly reducing waste, harm and variation (better value, better patient outcomes, better staff satisfaction). We are monitoring these against quality, resources and activity.

HealthPathways	Designed by clinicians for clinicians, HealthPathways is a digital repository of pathway information. Launched on 14 <sup>th</sup> February 2019 the system now has 40 live pathways with a further 20 expected to become available soon. Since launch, HealthPathways pages have been visited over 10,000 times.
Digitally Enabled Organisation	This programme of activity aims to improve efficiency through greater digital support and best practice, reducing duplication and increasing accuracy of patient records. The three elements of the programme include embracing technology, enabling our workforce and implementing a digital change model to deliver a refreshed digital vision.
Leadership and Culture	The UHB are introducing a new Leadership and Development Programme looking at our top 80 leaders and their preferred leadership styles whilst observing the climate they produce in the health system. Significant planning alongside knowledge from our Learning Alliance Partnership has resulted in a comprehensive programme of activity being rolled out from July 2019 onwards, beginning with Amplify 2025.
Accessible Information	The ability to use data and information to improve decision making is a key part of the UHB's Transformation approach. Data from Lightfoot, Signals from Noise has already enabled a reduction in Length of Stay over the winter period. Plans for the National Data Resource (NDR) and the business case for Clinical Data Repository (CDR) are progressing well and the team are in an excellent position for effective local implementation of this National Programme to provide accurate clinical information in a usable format.
Alliancing (working together to achieve a common goal)	Working in a multi-agency environment initially focussing on Falls Prevention, the Alliancing Programme has made excellent progress. Funding from The Health Foundation has been secured, a number of productive sessions have been undertaken and proposals have been agreed with CEDAR (Research Organisation) to support the evaluation of the approach.

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Alongside these programmes, many other initiatives and activities are being undertaken throughout the organisation that are increasingly aligned to Shaping our Future Wellbeing and designed to achieve our key priorities. Some examples of which are: Valuing our Patient's Time (Outpatients), Virtual Fracture Clinic, Patient Knows Best, Hunchbuzz, Sepsis, and the Cardiff and Vale Way for Transformation and Improvement.

### Patient Knows Best



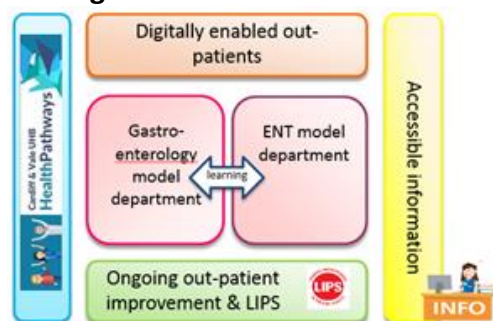
Enabling patients to have access to their electronic health record is a key part of empowering our patients about their health and wellbeing. A roll-out in ENT as part of the 'Valuing our Patient's Time' programme has demonstrated that the time saved via unnecessary appointments and improved processes has allowed specialist nurses to target elderly and isolated patients for treatment.

### Improvement and Implementation: The Cardiff and Vale Way



A new approach to Transformation is being developed to support the widespread change that the organisation is currently undertaking. A focus on benefits is key, along with a streamlined and accessible change methodology supported by a restructured team, and the development of a Visual Management System. Procurement of a Collaboration Hub will bring all transformation and Improvement information into one central place for improved governance and decision making.

### Valuing our Patient's Time



Outpatient transformation is being undertaken through the lens of valuing our patient's time. Service changes to outpatient processes are focussing on two departments - Gastroenterology and ENT, taking on board the outcomes from the many small projects taking place.

The programme will help to support patients in a primary care setting, whilst specialist services are accessed according to appropriate clinical prioritisation.

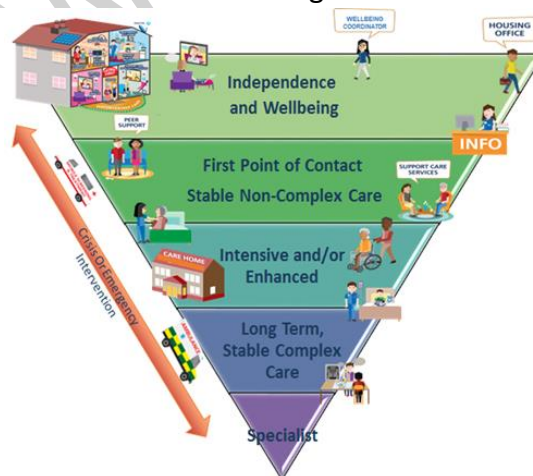


## Shaping our Future Wellbeing Strategy 2015 – 2025

In 2015 the Health Board set out its direction of travel in *Shaping Our Future Wellbeing*, our 10-year strategy. The strategy is based on our belief that everyone should have the opportunity to lead longer, healthier and happier lives. But with an ageing population and changing lifestyle habits, our health and care systems are experiencing increasing demand. We need to rapidly evolve to best serve the needs of the public and ensure that we are able to offer sustainable health services for everyone, no matter their circumstance. We want to achieve joined-up care based upon a 'home first' approach, empowering Cardiff and Vale citizens to feel responsible for their own health. We want to avoid harm, waste and variation in our services to make them more efficient and sustainable for the future. We want to deliver outcomes that really matter to patients and the public, ensuring that we all work together to create a health system that we are proud of.

In developing our strategy we worked with staff, people who use our services and partner organisations to shape our strategic direction. The strategy sets out how we intend to deliver our strategic objectives. It describes the challenges we face, the principles which underpin the development of our services and the steps we intend to make to bring about the change required to achieve our vision. It recognises the need to take a balanced approach to achieving change for **our population, our service priorities, our sustainability** and **our culture**. At its heart are the key principles of 'Home First' and 'Empower the Person', to help people to live well in their communities, with better emotional and physical wellbeing and when help is necessary, services are targeted to those most in need.

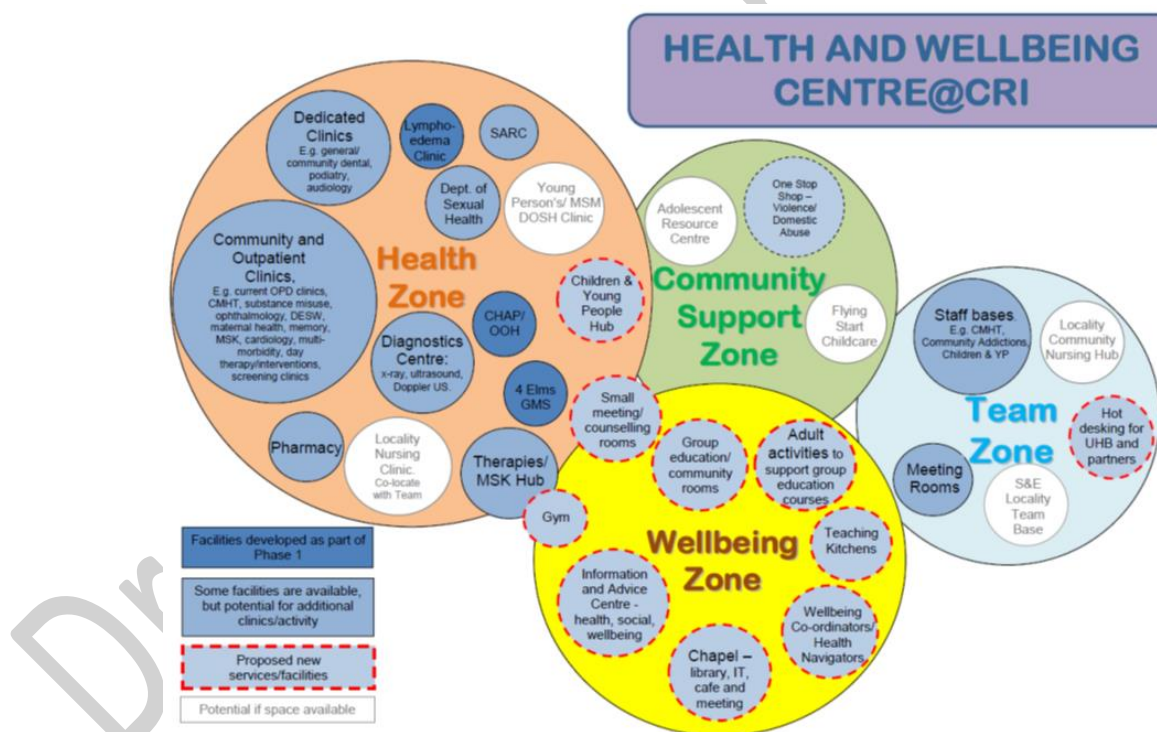
As part of delivering the strategy we have already set out a whole system service model which was developed with our partners and our [Perfect Locality](#) specification sets out how we see services in the community developing and how we make best use of the wide range of public, independent and third sector community assets and resources that are available to support health and wellbeing.



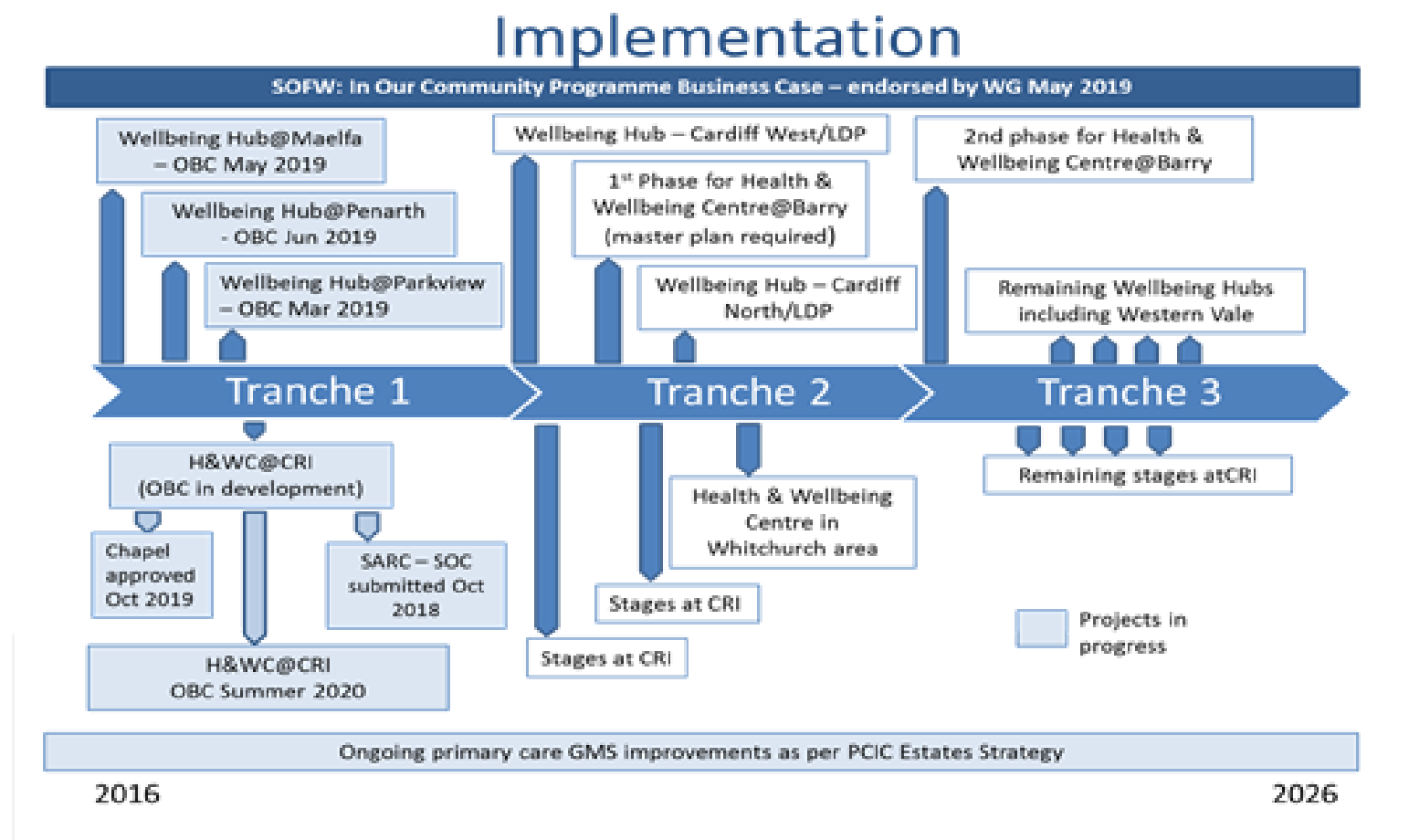
The whole system model describes how services will integrate with local authority, third and independent sectors in relation to caring for people in the community. As technology continues to develop access to services will be available from other sites than the main hospital bases. This includes outpatient appointments and reviews being undertaken over skype (or similar systems), test results and monitoring via Apps or smartphone technology. Services will integrate across the traditional primary/secondary care interface to ensure that a prudent approach to healthcare is delivered by the most appropriate person/team. Health pathways for the majority of conditions, developed collaboratively by GPs and hospital based clinicians, will set out how patients will access information, diagnosis and treatment, ensuring that, where possible, care is provided at or as close to home as possible. Over time, services will increasingly be based in the community to support this model of care, with only those services that require either a critical mass, access to critical care or theatres, or specialist diagnostic or medical equipment, provided in one of our two acute hospitals.

Shaping our Future Wellbeing: In Our Community is the next phase of this work with a series of new community facilities (buildings) to give easier access to health and wellbeing services closer to home. Our plan is to develop a Health and Wellbeing Centre in each of the three localities (Cardiff Royal Infirmary, Barry and North Cardiff) and a Wellbeing Hub in each of the Primary Care Clusters (nine in total).

#### Outline vision for services within a Health and Wellbeing Centre



The Programme will be rolled out in three phases over the coming 10 years. Phase 1 is underway. In July 2018, Welsh Government received the overarching Programme Business Case which describes our local needs, what services should change and how we want to go about doing it. In August 2019 this was formally endorsed by Welsh Government allowing us to move forward with our plans.



## Why is healthcare changing?

### Future Demand for Healthcare

We have already briefly described how the population is expected to change over the next decade and what this will mean in terms of demand for healthcare.

- The growth of our local population and the changing demographic requires a very different model of service delivery and supporting physical and digital infrastructure. It is clear that the current shape and way we provide services is not fit for purpose to meet the future demand.
- The main increases in local demands for health care services will be from the increasingly older population who will continue to require support to manage one or a combination of chronic conditions and to reduce and manage the risks associated with increasing frailty, including dementia. Local demand for palliative care support will also increase due to this changing demographic.
- There are currently almost 65,500 children under the age of 15 living in Cardiff and 23,600 living in the Vale – 89,100 in total. 74% live in Cardiff and 26% are in the Vale. By 2029, this total population will increase by 20% to 107,200. This compares to a Wales average of 0.2% increase over the same period. The demand will arise from the increased incidence and diagnosis of mental ill health in young people, and advancements in the early diagnosis and personalised treatment regimes for rare diseases. Major trauma experienced by children is also showing an upward trajectory.
- In adults, the main causes of premature death and disability remain cancer and circulatory diseases, areas where unhealthy lifestyle behaviours have a significant contributory factor. Survival rates for cancer in Wales remain amongst the worst in Europe due to a number of factors, and our draft clinical services plan reflects the need to ensure our system is able to support earlier cancer identification and intervention, alongside the work we are doing to support healthy lifestyle choices and delivery of care pathways that optimise people's chances of recovery following a cancer (or other disease) diagnosis and treatment.
- Health Inequality and the gap in healthy life expectancy is worsening, the focus must be on eliminating this gap such that a person's chances for a healthy lifestyle are the same wherever they live.
- The UHB's ambition is to develop whole system pathways for all services in order to optimise the provision of care at home or within the community. The demand for local secondary care should be at least partially if not wholly offset by the provision of more care and support in the community.
- For those patients who live outside of the UHB's resident catchment population the demand for care will be very different. All community and local secondary care will be provided by the patients' host health board. However, for the wider population of the south central and south east regions it is anticipated that the UHB will play an increasing role in the provision of specialist emergency or complex services that can only be provided from one geographical central place due to the relatively low volume of patients requiring a critical service mass in one centre, or where there is a requirement for very specialist clinical skills or equipment. We will increasingly work in networks, where clinicians may work in a regional networked service, with

clinicians forming part of a regional workforce for particular specialist services, where patients are seen locally for all pre and post-operative care, and the specialist intervention being provided in the tertiary/regional specialist centre.

- The UHB will continue to deliver and develop its tertiary services to meet the health needs of the regional, supra-regional and national populations. This includes the establishment of new services, such as the Major Trauma Centre and the Gender Identity Service, as well as progressing ongoing and future developments, such as Advanced Therapeutic Medicinal Products and the Genomics Strategy for Wales.

### **New treatments and technology**

Healthcare is a rapidly developing and evolving industry with huge investments worldwide in health care research and innovation. Our research and innovation activities, and tertiary services, keep us at the forefront of these developments. In the last year, novel cell and gene therapy treatments have been introduced, with the health board being one of the first accredited centres for new CAR-T therapies (chimeric antigen receptor T-cell), where therapy is specifically developed for each individual patient and involves reprogramming the patient's own immune system cells which are then used to target their cancer. It is a highly complex and potentially risky treatment but it has been shown in trials to cure some patients, even those with quite advanced cancers and where other available treatments have failed. These treatments will increasingly present the possibility of curing patients with a cancer or rare genetic disease diagnosis, or providing therapies that significantly slow the rate at which a disease progresses.

Precision and personalised medicine and point of care testing and diagnosis will challenge the traditional way services are delivered.

Medical IT (information technology) is evolving quickly with a single electronic patient record, where a single, one system view of the patient's details and medical information will shortly be easily accessible by all clinicians involved with their care and treatment. Modernisation of our information technology infrastructure is needed to provide an appropriate digital platform to support service transformation and enable clinicians to work in very different ways. Situated in the right environment allows clinicians to network, share practice, share research and avoid professional isolation.

Technology is also developing at a rapid rate with a significant proportion of the population now using smart phones to conduct many aspects of their daily lives. There are already many healthcare systems taking advantage of this technology to support patient initiated contact with services, as we are doing through the introduction of Patient Knows Best, and introduction of virtual on-line consultations, though Skype type contacts. The Kaiser Permanente healthcare system now provides more than 50% of its outpatient appointments via this mode of delivery. Many homes now have Amazon Echo type devices which connect to the voice-controlled intelligent personal assistant service such as Alexa. There are many trials being undertaken about the role these devices can play in supporting people to remain living well and independently in their own homes.

Modern hospital building standards dictate access to natural light, privacy, quietness, access to fresh air, minimal environmental impact and the right facilities to ensure modern infection control requirements with sufficient space to allow people to be active and speed up recovery or prepare better for surgery (prehabilitation/rehabilitation).

### **Workforce changes**

Our workforce is also key to transforming our system as we apply the 'only do what only you can do' Prudent health care philosophy. We will see the continued expansion of multi-disciplinary and multi-agency teams where the most appropriate professional takes the lead in the co-ordination and delivery of care, with the necessary inputs from all team members. How we achieve this will be outlined in an overarching workforce plan.

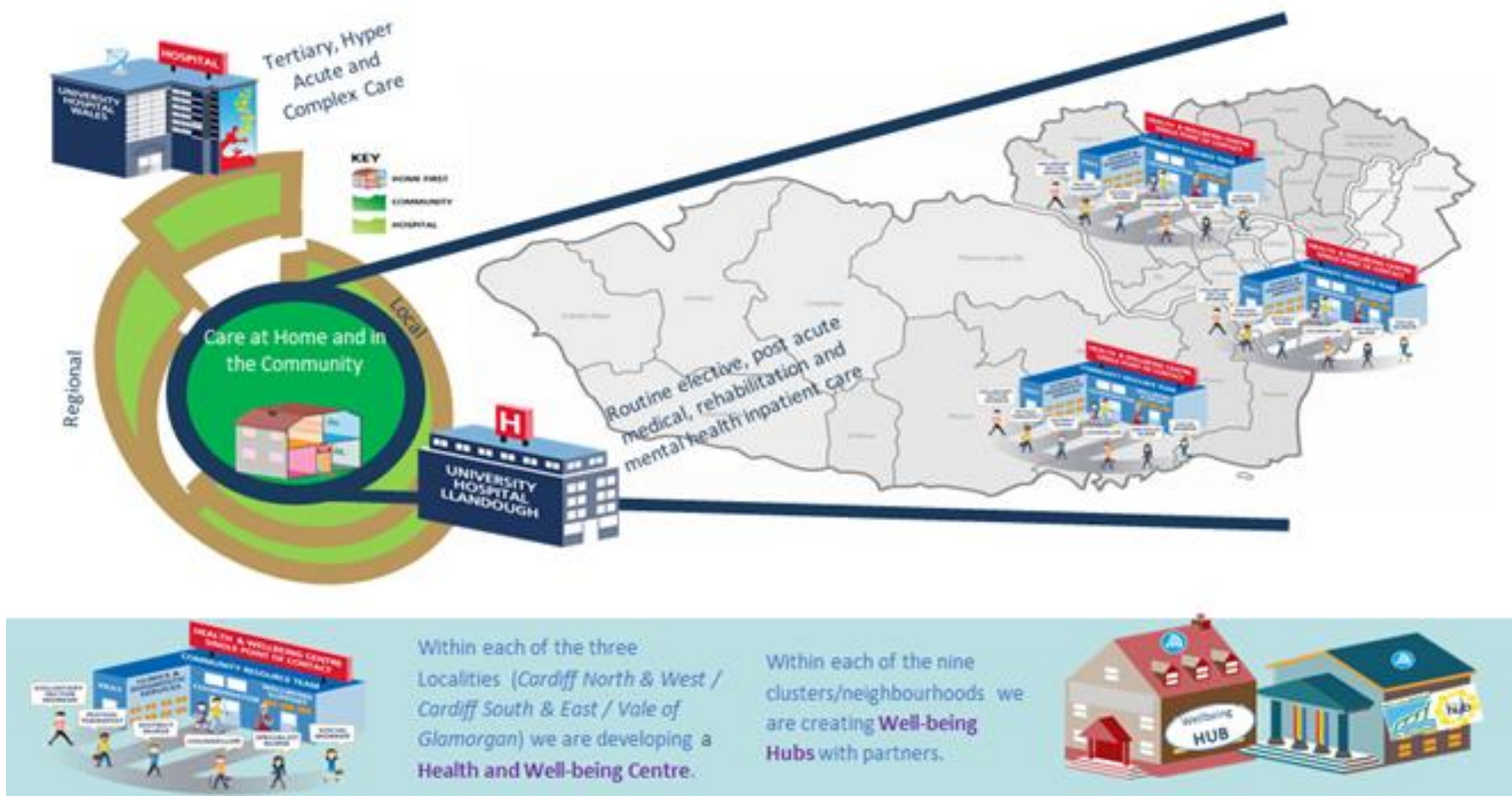
The changing demographics of our workforce and scarce skills will also influence how we deliver services, supported by increasing opportunities presented by artificial intelligence. The newly introduced FIT testing (faecal immunochemical test, a screening test for bowel cancer) is using automatic analysis process – artificial intelligence (a machine analyser) to review samples as this demonstrated to be more reliable than human review, with lower error rates in the measurement/interpretation of a result.

The life science sector is a key contributor to the economy in Wales, and has the potential to grow significantly over the next decade, linked to the work of the Welsh Government's Life Science Hub and the two City Regional Deals (Cardiff and South East Wales and Swansea and South West Wales). As a health board providing a significant contribution to the research, teaching and innovation activity in Wales, we will have a key role to play in realising this potential. In the medium term, this will bring better jobs and more wealth to Wales.



## Our vision for services

Our vision as determined in our *Shaping Our Future Wellbeing Strategy* is to optimise the independence and health and wellbeing of our citizens by taking a truly whole-system approach through an integrated seamless service model. The majority of care will be provided based on standardised clinical health pathways with improved digital information systems, electronic communication and more flexible community based support enabling the provision of more care at home. This will ensure the acute intervention is focused on providing those services that can only be delivered in a hospital environment. Key to our draft clinical services plan will be our need to provide safe and sustainable services that deliver the best possible patient outcomes and patient experience – really putting Wyn at the heart of our services.



## Tertiary Services Vision

Tertiary services are specialised services which are generally provided for small numbers of patients or are high cost, and so need to be planned for populations of more than one million.

In recognition of the unique challenges and opportunities associated with providing tertiary services, the UHB is in the process of developing a strategic plan for tertiary services. This includes a baseline and risk assessment of existing tertiary services, as well as setting out the Health Boards vision for delivering these services.

Following a workshop with representatives from the Clinical Boards that host tertiary services, a draft vision has been developed, and has been issued to key stakeholders to comment on as part of a wider engagement exercise on tertiary services. It states, that ambition of the Health Board is to provide.....

“World class specialised healthcare for Wales.

- Providing high quality care, with outstanding outcomes
- Promoting excellence in education, training and opportunity
- Supporting innovation and research
- Delivering in partnership across Wales”

The intention is to use the vision as the basis of a compact between the UHB and each of its partners involved in the delivery and commissioning of tertiary services – including Local Health Boards, NHS Trusts, WHSC, Academic Institutions, and Welsh Government.

## Our Planning and Design Principles

To make this vision a reality we have been working with clinicians and wider stakeholders to develop this draft strategic clinical services plan and describe the major service changes and critical enablers required to reshape our clinical services in order to meet the future needs of our population. This includes the redesign of our hospital based services around a very different model of care and the need to rebuild the University Hospital of Wales. The majority of care will be provided based on standardised clinical pathways with improved digital information systems, electronic communication and more flexible community based support enabling the provision of more care at home or closer to home. The focus for the acute intervention element of care and treatment will be on providing those services that can only be delivered in a hospital environment.

### Our Design Principles

- We will work collaboratively with our neighbouring UHBs, Local Authority and other public and third sector partners to provide care through a connected health and social care system to improve health and wellbeing.
- Citizens should receive care at home or as close to home as possible – hospitals should only provide assessment or care that cannot be provided in the community.
- Patients requiring hospital admission should receive high quality, high value, evidence-driven, safe and compassionate care.
- Hospital care should provide the appropriate package of specialist care co-ordinated to meet the needs of the patient and focussed on improving outcomes.
- Innovative workforce models, new technologies and a flexible digital platform across clinical and wider care providers will support new models of care.
- Redesigned clinical pathways and services driven by the UHB's Transformation programme will deliver improved outcomes and value-based healthcare.

## What will be delivered where and how will they be delivered? The future configuration of healthcare services

As outlined previously our population is changing. To meet the changing needs of our population we need to change how our services are provided. Where possible our services will be delivered predominantly in patients' homes or from facilities in the community.



- In citizens' **homes** – either accessed online through developing e-services on new digital platforms or delivered by increasingly integrated locality and cluster-based health and social care community teams to maintain citizens' independence and wellbeing at home.



- In **primary care and community facilities** such as GP practices, community pharmacies, optometrists and dental practices. General medical services (GP primary care services) are currently delivered by 62 independent practices. Increasingly services are being planned and delivered on a primary care cluster or locality basis, in line with the emerging primary care model. Increasingly multi-disciplinary and multi-agency teams will provide a greater range of services in local communities.



- In **Wellbeing Hubs**. These will be focused on delivering a social model of health, either through the development of existing assets e.g. health centres, leisure centres, and local authority community hubs or through new builds in areas of extensive new residential development or in newly developed facilities such as those under development at Maelfa and the Cogan Centre in Penarth. There will be at least one Wellbeing Hub per cluster.

### Core Services Proposed for Each Wellbeing Hub

- ✓ GP services
- ✓ Community midwifery services
- ✓ Health Visiting
- ✓ Primary Mental Health Services
- ✓ Community Children's services
- ✓ Some specific outpatient services to meet cluster health priorities
- ✓ There will be a range of additional services that will be developed with cluster leads and stakeholders to provide a tailored service model to respond to individual cluster needs



#### Tranche 1:

- Health & Wellbeing Centre @ CRI
- Wellbeing Hub @ Parkview
- Wellbeing Hub @ Maelfa
- Wellbeing Hub @ Penarth

#### Tranche 2:

- Health & Wellbeing Centre @ Barry
- Health & Wellbeing Centre @ North & West Cardiff

#### Tranche 3:

Remaining Wellbeing Hubs

In each of our three localities there will be a **Health and Wellbeing Centre (H&WBC)**. These will provide the infrastructure to support the services for the locality that cannot be provided in the wellbeing hubs due to the dependence of service on equipment, facilities or critical mass. These services will include:

- diagnostic and clinical support for ambulatory patients (care/treatment/tests provided on an outpatient basis)
- point of care testing
- plain film x-ray
- outpatient services
- a range of integrated health and social care services that will be tailored to reflect the specific needs of the locality.
- *Cardiff Royal Infirmary (CRI)* – will become the Health and Wellbeing Centre for the South and East Locality
- *Barry Hospital* – will become the Health and Wellbeing Centre for the Vale Locality
- *North Cardiff* – a small part of the Whitchurch Hospital site is proposed for redevelopment to provide the Health and Wellbeing Centre for the North and West Locality.

#### Core Services Proposed for Each H&WBC

- Ambulatory care for rapid assessment of patients with specific conditions without the need for emergency admission
- Range of point of care testing services and plain film x-ray
- Enhanced enablement services
- Range of outpatient services
- Community Mental Health Teams
- Community Childrens Services

*There will be a range of additional services that will be developed with locality leads and stakeholders to provide tailored service models to respond to individual locality needs or enhance/develop existing regional service e.g. Sexual Assault Referral Centre (at CRI) Younger Onset Dementia Centre (Barry)*

This work is being taken forward via the Shaping Our Future Wellbeing: In Our Community programme. We are currently in Tranche 1 with a full separate development and engagement programme.

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Our hospital based services need to be reshaped to support the future healthcare service needs of our local, regional and tertiary population within modern and fit-for-purpose infrastructure. The redesign of clinical pathways and development of cluster and locality based integrated care capacity will enable the capacity for hospital delivered care to be right-sized. The ambition for the two major acute hospital sites in Cardiff and Vale UHB is to clearly define their future roles in ensuring that patients are admitted for the shortest time for the provision of care that can only be delivered in a hospital environment. Our draft clinical services plan will require these two hospitals to operate differently in the longer term.

Working with our clinicians we have agreed the outline model for our two major hospital sites:

- UHW will be the hyper acute site (highly specialised tertiary centre, high acuity, complex medical/surgical patients, training/research and innovation); and
- UHL will be the ambulatory care/low acute site (ill but stable – not dependent on critical care or 24/7 acute medical care).

In order to develop these models fully and to inform the design and functionality of the new hospital to replace UHW and provide the strategic clinical direction and context for the ongoing development of services and infrastructure across the other UHB sites, including the Health and Wellbeing Centres, work is ongoing to clarify the future configuration of:

1. Tertiary service provision across the UHB;
2. Urgent unscheduled care model (front door emergency admissions at UHW and 24/7 Primary Care urgent unscheduled care non-admission model services); and
3. Elective surgery (Surgical Centre of Excellence at UHL for non-complex surgery).

### **Barry Community Hospital**

There is a commitment to support the development of a Health and Wellbeing Centre in Barry for the Vale of Glamorgan Locality to support more care to be delivered by primary care through cluster working, and integrated health pathways. The current plans are to develop Barry Hospital into the Health and Wellbeing Centre which will mean changing the focus of the services provided there. In addition a willingness to improve the facility in the shorter term in relation to identity and coordinating services accommodated/provided from Barry Hospital to ensure that there is a coherent vision to develop a facility the community is proud of and is aligned to the urgent unscheduled care medicine model and vision for Health and Wellbeing Centres. This work is being led by the Joint UHB and Local Authority Vale Locality Team and forms part of the *Shaping Our Future Wellbeing: In Our Community* programme.

### **St David's Hospital**

We want to develop St David's Hospital as a centre of excellence for rehabilitation, aimed at supporting people not quite ready to go home but who do not need to be in an acute hospital. As part of this we have already created an additional rehabilitation ward, freeing up resources at UHW. Our plan is to provide community hospital rehabilitation services following an acute episode of care at St David's Hospital with the full range of specialist rehabilitation staff and all members of the multi-agency disciplinary team present on site. This will include assessment, day hospital, therapies and inpatient services.

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## University Hospital Llandough (UHL)/Llandough Campus – Our low acuity site for ill but stable patients



### Clinical Approach for UHL

- ✓ Site for ill but stable individuals (post-acute/step down, rehabilitation)
- ✓ Surgical Centre of Excellence - non-complex planned surgery
- ✓ Specialist services that are not dependant on critical care or 24/7 on-site acute medical admissions

#### *Diagnostics & Ambulatory Care*

- Daytime imaging services – x-ray, Ultrasound, CT, MRI.
- Hot pathology/diagnostic daytime service.
- Routine endoscopy – screening, planned and follow up.
- Where patients in the community become unwell and unstable and require a specific clinical assessment, diagnostic investigation or short-term clinical intervention that is not deliverable within the community services, then the ambulatory acute medicine pathway will support the referral of triaged patients to a daytime Acute Ambulatory Medicine (AAM) service. The pathways for this service are under development and will necessarily require clear links into the community based and specialist based service provision to ensure that care can be quickly stepped up or down based on the patients' clinical needs. The opportunity to provide this AAM support within the H&WB centres will be tested to optimise local access to community based care.

#### *Medicine*

- An Urgent Unscheduled Care model workshop with a broad spectrum of professionals and colleagues across specialities and organisations yielded strong support for a no front door acute medical admission model at UHL, with pathways for rapid assessment, diagnostics and monitoring in primary care/community, and a service model that provides 24/7 cover for all patients on UHL site (Mental Health, surgery, palliative care, medicine). Further work is being undertaken to define the 24/7 Primary Care urgent unscheduled care non-admission mode, which will be tested via stakeholder involvement.
- Services to support the step-up and step-down care for patients that are not well enough to be cared for in the community but do not require immediate or 24/7 access to critical care or specialist clinical services or who require intensive specialist rehabilitation. This care will be delivered based on condition specific pathways and include Day Hospital and an Elderly Care Assessment Service.
- General rehabilitation and ongoing medical inpatient care – stepped down from UHW or local residents repatriated from other regional acute hospitals.

#### *Mental Health Services*

- Inpatient and hospital based mental health services (as currently provided).

#### *Surgery*

- Surgical Centre of Excellence – Clinical colleagues have been involved in the development of an expanded elective surgery service to optimise the capacity for non-complex elective surgical care for high volume, low risk short stay surgery based on the successful CAVOC model. This will be supported through the development of additional theatre and Post Anaesthetic Care Unit, anaesthetic daytime capacity and a comprehensive pre-assessment model including prehabilitation/rehabilitation.

#### *Tertiary Services*

- Specialist neuro and spinal rehabilitation services (transfer in 2021) and Cystic Fibrosis delivered from new purpose built facilities.

#### *Other*

- Partnership palliative care model.

**New University Hospital of Wales – our hyper acute site tertiary centre for complex medical/surgical patients (24/7, 365 days dependency on critical care)**



**Clinical Approach for UHW**

- ✓ Site for acutely ill and complex medical/surgical patients
- ✓ Regional, Supra-regional and national Tertiary services
- ✓ Acute services dependant on co-location with 24/People supported back to the appropriate care location when no longer requiring high intensity/ specialist care

The new hospital will provide a modern and fit-for-purpose facility that will be right-sized to provide the capacity and capability for the range and volume of high acuity and specialist services. Ward and service configuration will be aligned to reflect clinical interdependencies. It will be developed collaboratively with Cardiff University to support their medical and life sciences hub and to enhance the innovation, research and development opportunities with wider stakeholders. There will be immediate access to all essential diagnostic, critical care and specialist clinical services on a 24/7 basis for acutely unwell patients requiring an emergency admission or a complex, specialist or high risk elective procedure.

- Those acute services currently provided at UHL that would deliver a benefit to patients from co-location with critical care, specialist clinical support services or those services that are not clinically safely sustainable in the long term will transfer to the new UHW e.g. 24/7 urgent unscheduled care medical intake, critical care services.
- Major Trauma Centre for South Wales.
- Emergency Department (A&E) for Cardiff and the Vale of Glamorgan catchment.
- Full 24/7 diagnostics – all imaging, interventional radiology, full regional pathology laboratory services, radio-pharmacy, endoscopy and cardiac catheter laboratory services.
- All levels of critical care.
- Unselected acute medical intake for Cardiff and the Vale of Glamorgan catchment.
- 24/7 emergency theatre capacity including dedicated major trauma theatre.
- All acute emergency care and inpatient beds for all specialty emergencies – e.g. acute medicine, surgical specialties, acute oncology, cardiology, respiratory, acute stroke (HASU), acute gerontology and gastrointestinal.
- Complex elective surgery – including cancers, spinal, maxillofacial, vascular, robotic surgery.
- A co-located consultant and midwifery-led birthing centre.
- Specialist tertiary services including cardiac and neurosurgery, blood and marrow transplant, renal surgery, nephrology and transplant, thrombectomy, advanced gene and cell therapies and All Wales Genomics service.
- Noah's Ark Children's Hospital for Wales and all paediatric emergency, intensive care (PICU) and inpatient services.
- Neonatal intensive care – all levels.

It will provide this level of care for some regional patients and South Wales patients for new services either:

- commissioned through Welsh Health Specialised Services Committee and planned collaboratively with Swansea Bay UHB, or through
- regional collaboration with partner UHBs in South Central and South East Wales i.e. Cwm Taf Morgannwg and Aneurin Bevan UHBs.

## Next Steps

### Tertiary Services

The planning work on developing the strategic plan for tertiary services has commenced, with a baseline assessment of current service delivery. The aim is to develop a clear, compelling, and coherent vision for tertiary services with our partners across Wales, including Local Health Boards, Local Government, Universities, and Welsh Government. This work is proceeding in parallel and is aligned with the broader strategic, clinical service planning such that it informs the Programme Business Case for the re-provision of UHL. There will be a full engagement programme on the model. It is expected that an agreed Tertiary Services Strategic Plan will be published early in 2020.

### Urgent Unscheduled Care Model

There is strong clinical support for an urgent unscheduled care model which combines no front door medical admission at UHL with pathways for rapid assessment, diagnostics and monitoring in primary care/community, recognising that there will be a need to provide 24/7 cover for all patients on UHL site (Mental Health, surgery, palliative care, medicine). The elective surgical services model, general medical model and the rehabilitation model will influence how this is provided. There is ongoing work to develop the 24/7 Primary Care urgent unscheduled care non-admission model services recognising that sometimes it is social care support which will prevent people from being admitted to hospital; we will need to look at how this can be provided. Once outlined, the model will be tested with our stakeholders.

### Elective Surgery @ UHL – Surgical Centre of Excellence (non-complex surgery)

The provision of elective surgical services is already well-developed at UHL and the vision for the future described at a high level. The sustainability of existing and further development of additional elective, surgical services is being tested through the development of a surgical service model specification. This defines the service model in the context of the key clinical standards alongside the service, workforce and infrastructure dependencies to deliver a sustainable service model across the elective surgical specialties. Following positive feedback from a period of engagement, the initial focus is on moving planned day case and 23 hour surgery to UHL for non-complex patients building on the surgical models already established at UHL, to develop UHL as a Surgical Centre of Excellence for non-complex, routine planned surgery. This will shape progression through the full spectrum of specialities.

## Rehabilitation Strategy

A Rehabilitation Framework has been developed with full clinical and local authority involvement, led by the Director of Therapies and Health Sciences. The overarching aim is 'helping people to live longer, healthier lives'. The focus of the framework is 'closer to home' so the emphasis is on delivery in primary care and the community as well as supporting the clinical models at each of our sites. The model as outlined in the diagram below has been tested with the Stakeholder Reference Group and will be published early 2020 and shared widely.

## Helping People to Live Well



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## So what does this mean for the new UHW and UHL/Llandough Campus?

### University Hospital of Wales 2 (UHW2)

The new University Hospital of Wales (UHW2) will be a state of the art hospital for the hyper acutely ill patient for Cardiff and the Vale of Glamorgan and the largest provider of highly specialised tertiary services in Wales. It will be built with and have, the latest design and technology for the full spectrum of specialities available 24/7 for local, regional, supra-regional and national services. It will be part of the proposed Heath Park Health Science Quarter, developed in partnership with Cardiff University, Welsh Government, Cardiff City Regional deal partners and Life Science industry partners.

To complement the service change described in this document, a new UHW is required to provide modern healthcare in line with clinical pathways, service models, standards and regulations. In undertaking such a major investment, the following results must be achieved:

- *Better Patient Outcomes:*
  - World leading health outcomes for high acuity patients delivered from the new UHW but which is part of a system that empowers people to live healthy lives.
  - Reduction in health inequalities within Cardiff and the Vale.
  - Reduced length of stay through pathway management and latest prehab and rehab techniques, and strong repatriation agreements when patients come from other health boards.
  - Reduced admissions as care delivered closer to home.
- *Better Patient Satisfaction*
  - A highly accessible site.
  - A healing environment with the latest medical techniques, better adjacencies of services and departments.
- *Better Staff Satisfaction*
  - Right sized capacity meeting the need of Cardiff, Vale of Glamorgan, South Wales and Wales.
  - Benefitting from closer relationships with Cardiff University where innovation is shared.
- *More Sustainable*
  - Reducing carbon consumption.
  - Sustainable transport options.
  - Green space.



- Wider benefits for the local communities.
- A design for the local community to enjoy.
- Flexible to react and anticipate the changes seen in 21<sup>st</sup> Century healthcare.
- Create high value local employment.
- *Better Value*
  - Lower running costs.
  - Increased income from commercial activity.
  - Research and Development activity directly benefitting patients through more clinical trials.
- *Wider macro benefits*: additional years of employment for a healthier population, social value of healthy life years gained, etc.

### **University Hospital Llandough/Llandough Campus**

UHL will be a thriving and active fit for purpose local hospital site for ill but stable individuals who are not dependent on critical care for their admission or inpatient stay. A range of services based on condition specific pathways, will support earlier assessment, treatment and rehabilitation such that length of stay is as short as possible and as much assessment, treatment and care as possible is provided in the community at Health and Wellbeing Centres, primary care or Wellbeing Hubs. It will be a Surgical Centre of Excellence for non-complex planned surgery providing day case and 23 hour stays for a range of specialities. In 2021 the specialist neuro and spinal rehabilitation services will transfer from Rookwood Hospital into new purpose built facilities. It will remain the prime site for inpatient Mental Health Services for the UHB.



## So what will these changes mean for Wyn?

At the centre of our strategy is the need to put the patient at the centre of our service planning and delivery. So as we mentioned at the beginning of the document we have created 'Wyn' to help us illustrate how changes proposed by the Health Board will impact upon our patients.

Wyn is 77, born and raised in Cardiff and knows the streets of Wales' capital city like the back of his hand. He lost his wife five years ago and now lives alone in his own house. Two out of three of his grown-up children emigrated many years ago, so he mostly relies upon his friends and his daughter Cerys, who has remained local, for support. He is a retired history teacher, enjoys being active and meeting up with friends, although his mobility is not as good as it used to be. He is an ex-smoker with chronic obstructive pulmonary disease (COPD – a bad chest) and has diabetes.

<b>Wyn attends his GP practice with a lump in his groin that comes and goes. It isn't painful but it is troublesome and he is concerned about it.</b>	
<b>Current service</b>	<b>Future service</b>
<p>The GP assesses Wyn and diagnoses an inguinal hernia. She refers him to the General Surgeons for assessment and surgery. Wyn waits 8 weeks for his outpatient appointment in UHW. At his appointment he has blood tests and a pre-operative assessment and is deemed as low risk. He can therefore have his surgery on the Surgical Short Stay Unit at UHW.</p> <p>Wyn waits for a date for his surgery and is notified by letter of a date which is 3 weeks away. He is told to ring up on the morning of the day of surgery to check there is a bed for him.</p> <p>Wyn rings on the day and unfortunately due to other pressures and more urgent patients there isn't a bed for him and his surgery is cancelled. This is particularly frustrating as his daughter has arranged time off work to take him. He waits for another date and hopes that it won't be cancelled next time.</p>	<p>The GP assesses Wyn and diagnoses an inguinal hernia. She refers him to the clinic session the following week at the Health &amp; Wellbeing Centre. Wyn sees the Advanced Nurse Practitioner, has bloods taken and a pre-operative assessment which all determine that he is low risk for surgery. This means he can have his surgery at the Surgical Day Unit in UHL. Wyn is given a date for 2 weeks' time. His daughter takes him to UHL on the morning of surgery. Wyn has his surgery under a spinal anaesthetic, recovers as planned and is discharged home the following day.</p>

***Wyn is out shopping and has a fall. After a long wait he is taken to UHW by ambulance where it is discovered that he has broken his hip and requires surgery.***

Current service	Future service
<p>Wyn arrives at A&amp;E (Emergency Department), is triaged, has an x-ray and blood tests and diagnosed with a broken hip.</p> <p>He waits a while in A&amp;E whilst a ward bed is allocated to him and eventually is admitted to the general surgery ward as this is the only bed available and waits for surgery to repair is broken hip.</p> <p>Wyn has his surgery the following day and returns to the ward for recovery. As his surgery has taken place on a Saturday there is limited rehabilitation until Monday. Physiotherapy is provided on the trauma unit seven days a week to support early mobilisation. Staffing levels are not the same as Monday-Friday which impacts on the level of rehabilitation provided at the weekend. His mobility is limited and he is a little confused after the surgery so Wyn starts to decondition. He walks to the toilet using a walking frame under the supervision of the ward staff. He is assessed by the therapists on the ward, which is very different to his home environment, and it is decided that he would not be able to cope at home without a lot of support. Wyn waits for assessment by a social worker to decide what support he would need and can be provided. The assessment is completed and he needs a package of care which takes two weeks to sort out. Wyn is not happy being in hospital, his mood is low and he becomes a bit more confused due to being in a strange environment, which all limit how much he walks. Wyn is in a downward spiral, he has now been in hospital for six weeks and his discharge seems further and further away. He wonders if he will ever get home or if, as everyone seems to be indicating, he will need to go into a care home.</p>	<p>Wyn arrives at A&amp;E, is triaged, has an x-ray and blood tests and diagnosed with a broken hip.</p> <p>He waits a short while in A&amp;E whilst he is admitted to the trauma and orthopaedic ward. He has surgery later that evening to repair is broken hip.</p> <p>Wyn sees the therapists the next day even though it is Saturday and starts to mobilise with a walking frame. The ward staff contact the Get Me Home plus (GMH+) service so that Wyn can be discharged home with support (package of care) as soon as he is medically fit. Wyn is told that he has been referred to the GMH+ team and will be discharged in the next few days. A member of the GMH+ team visits Wyn on the ward, assesses him for suitability and arranges for him to be discharged within 24 hours. A GMH+ team member meets Wyn at his front door, provides equipment and assesses his needs all within his own environment. A package of care, including a full therapy programme starts immediately avoiding the lengthy stay in hospital and maintains Wyn's mental wellbeing and independence in his own home.</p> <p>On discharge from the GMH+ team Wyn is referred to the Community Resource Team who commence strength and balance programme. After a few weeks Wyn is more independent and is then referred to 'Elderfit' classes in his local community to continue with his falls prevention programme.</p>

<i>Wyn has developed a chest infection.</i>	
Current service	Future service
Wyn is well known by his GP practice who look after him for his chronic obstructive pulmonary disease (COPD). He is starting to feel unwell and rings the GP but is unable to get an appointment until much later in the day. Throughout the day he starts to feel worse, is struggling to catch his breath and his daughter is getting increasingly worried and phones 999 for an ambulance. Wyn is admitted hospital.	Wyn's COPD has been well controlled of late and he hasn't been admitted to hospital with an exacerbation for the past 6 months. His GP practice and team have been monitoring him at home for the past year using Skype technology for his COPD. He rings his GP practice as he is starting to feel unwell and his chest is getting worse today. The practice nurse links in with Wyn via Skype, gets him to use his Point of Care Testing kit and reads the results on her computer at the GP practice. She gives him an immediate appointment in the Cardiff North Wellbeing Hub – an acute care hub where all the GP teams in the Cluster work together to see patients who need to be assessed urgently the same day. Cerys takes Wyn to the Hub where he is seen by a GP, his medication is reviewed and he is prescribed antibiotics for his chest infection. The GP also arranges for Wyn to be assessed by the Elderly Care Assessment Service the following day as he is finding it a little more difficult to breathe whilst walking and doing little chores about the house. Wyn (and Cerys) is very happy that he is able to stay at home and not be admitted to hospital.

***Wyn's great niece Catrin lives in Pembrokeshire. She has been involved in a car accident, sustaining multiple broken bones and was admitted to UHW via the Major Trauma Centre. She needs to be repatriated to a local hospital closer to home in Hywel Dda Health Board for her rehabilitation.***

Current service	Future service
<p>As a result of her car accident Catrin is taken by ambulance to her local district general hospital A&amp;E department. She is assessed in the Emergency Department and X-rays are taken. She waits to see the Orthopaedic surgeons who feels she needs transfer to the University Hospital of Wales (UHW) for her treatment. Following a wait for a non-urgent emergency ambulance to be available she is transferred and arrives at UHW the next day where she is again assessed by the Orthopaedic surgeons and listed for surgery to repair her broken bones.</p> <p>Her surgery takes place the following morning and she then spends a few days at UHW recovering from her operation and physiotherapy is arranged to get her exercising and mobilising.</p> <p>Catrin is medically fit and stable enough to be returned to a hospital closer to home. Unfortunately she cannot be transferred immediately as her local hospital has prioritised the beds they have available for their new patients and it takes 4 days before Catrin is transferred back to Pembrokeshire by ambulance.</p> <p>Once in her local hospital, Catrin is again assessed for her needs and therapy is arranged. Catrin is much happier to be closer to her family and friends but feels that she is starting at the beginning again rather than a continuation of where she was in her treatment and rehabilitation.</p>	<p>Catrin is assessed at the scene of her car accident by the Ambulance crew who call for the Emergency Medical Retrieval &amp; Transfer Service (EMRTS) as she has suffered multiple fractures with life-changing injuries. Following assessment and pre-hospital treatment at the scene by a medic and critical care practitioner she is flown by helicopter to the Major Trauma Centre (MTC) at UHW.</p> <p>On arrival at the MTC UHW she is met by the Trauma team and is rapidly assessed and imaging (x-rays, CT scan) undertaken. By the time she leaves the Emergency Department her injuries have all been identified and she is taken directly to the operating theatre for treatment of her injuries.</p> <p>Following her surgery she is transferred to the polytrauma unit and the next morning a rehabilitation prescription is drawn up and rehabilitation starts in the ward that day.</p> <p>Once she is fit to go back to her local hospital a discharge plan is agreed between the MTC and the local hospital. Transfer is rapidly arranged and happens the next day.</p> <p>The rehabilitation prescription goes with Catrin and rehabilitation continues at her local hospital immediately following the agreed plan.</p> <p>She is discharged home more rapidly with better functioning of her injured limbs.</p>

## Engagement and Consultation

Final - Internal Engagement Winter 2019/20

This Plan has been shaped by conversations we have had with a range of stakeholders over the last two years. Before we enter a period of wider external engagement in early 2020, we want to test the direction of travel with Health Board staff and colleagues in local primary care, as key partners in delivery of the vision. We want to hear your views on our ambitions for UHW and UHL as a part of the wider implementation of the UHB's Shaping Our Future Wellbeing strategy.

A range of engagement materials have been developed to enable staff to give us feedback, with the aim of strengthening the draft Clinical Services Plan ahead of wider external engagement with stakeholders and the public. All documents are available on the internet:

<https://shapingourfuturewellbeing.com/clinical-services-plan-internal-engagement/>.

This document sets out draft plans for how we see community and hospital services developing over the next decade as part of a transformed system. Keeping Wyn at the centre of your thinking:

- What are your views on our ideas for what community and hospital infrastructure is needed in the future?
- What else should we take into account when we are developing these plans?
- What are the opportunities in your services to help deliver these ambitions?
- What are the challenges in your services to delivering these ambitions and how do we overcome them?
- How would you like to be involved going forward?

**Please send your feedback** – as individuals, as teams, as groups of professionals to [ShapingOur.Futurewellbeing@wales.nhs.uk](mailto:ShapingOur.Futurewellbeing@wales.nhs.uk)

**Or** Strategic & Service Planning  
1<sup>st</sup> Floor  
Woodland House  
Maes-y-Coed Road  
Cardiff  
CF14 4HH







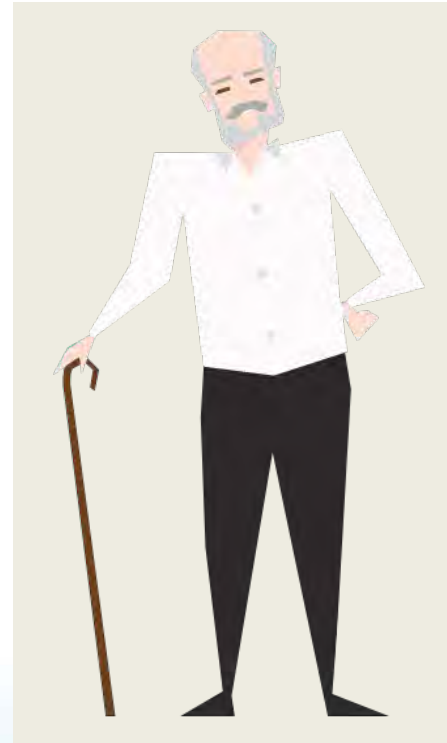
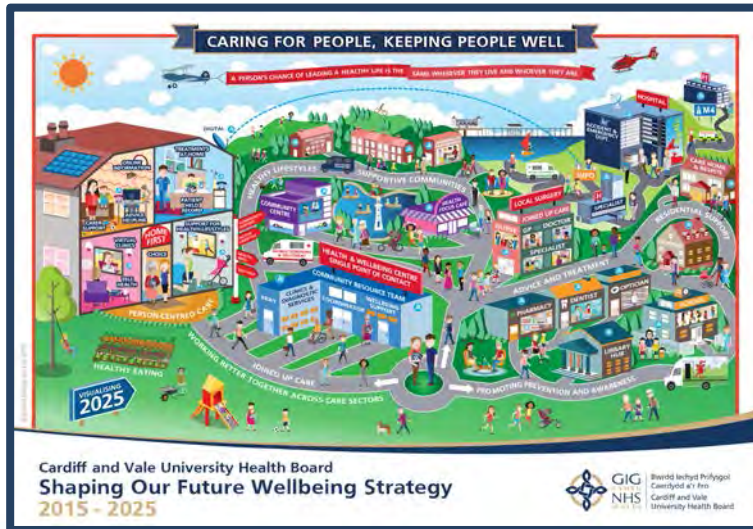
# Context

## Prosperity for All: the national strategy

Taking Wales Forward



### The 4 principles of prudent healthcare



# Background

- Population
  - Growth
  - Age Profile
  - Ethnicity
- Health inequalities
  - Disease
  - Lifestyle
- Future demand for healthcare
- New treatments and technology
- Workforce changes
- UHW not fit for purpose





# Snapshot Overview

Area	Current Population	Main GP Surgery Premises	GP Branch Surgery Premises located in cluster	Community Health Premises	Dental practices	Optometrists	Pharmacies
<b>NORTH &amp; WEST LOCALITY</b>							
Cardiff North Cluster	102,687	10	3	Llanishen Health Centre Pentwyn Health Centre Rhiwbina Health Centre	14	14	19
Cardiff West Cluster	55,488	8	2	Radyr Health Centre 200 Fairwater Road	8	8	13
Cardiff South West	66,445	11	1	St David's Hospital Riverside Health Centre Parkview Clinic (not operational due to storm damage)	9	9	10
<b>NORTH &amp; WEST LOCALITY TOTALS</b>	<b>224,620</b>	<b>29</b>	<b>6</b>	<b>8</b>	<b>31</b>	<b>31</b>	<b>42</b>
<b>SOUTH &amp; EAST LOCALITY</b>							
City and South Cluster	40,985	7	1	Grangetown Health Centre Wellbeing Hub @ Loudoun	8	8	10
Cardiff East Cluster	54,857	4	1	Rumney Medical Centre Ulanedern Health Centre Ulanrumney CELT Cardiff East Locality Team Ulanrumney Medical Centre	7	3	10
Cardiff South East Cluster	63,414	8	4 (including branch sites of Practices based in other clusters)	Cardiff Royal Infirmary Roath Clinic HMP Cardiff Health Centre	5	6	16
<b>SOUTH &amp; EAST LOCALITY TOTALS</b>	<b>159,256</b>	<b>19</b>	<b>6</b>	<b>9</b>	<b>20</b>	<b>17</b>	<b>36</b>
<b>VALE OF GLAMORGAN</b>							
Central Vale Cluster	64,297	7	7 (including 3 branches from Western Vale practices)	Barry Hospital Broad Street Clinic	9	8	14
Eastern Vale Cluster	36,677	4	0	Penarth Health Centre Dinas Powys Medical Centre Avon House	5	5	9
Western Vale Cluster	28,785	3	1	Ullantwrit Major Health Centre Cowbridge Health Centre	6	6	6
<b>VALE OF GLAMORGAN TOTALS</b>	<b>129,759</b>	<b>14</b>	<b>8</b>	<b>7</b>	<b>20</b>	<b>19</b>	<b>29</b>
<b>HEALTH BOARD TOTAL</b>	<b>513,635</b>	<b>62</b>	<b>20</b>	<b>24</b>	<b>71</b>	<b>67</b>	<b>107</b>

134,971  
A&E  
visits



£ 1.4b annual  
budget

Took part in 2,003,260  
patient  
contacts



Performed  
292,116  
X Rays

Community staff  
supported 705 palliative  
patients through the  
Continuing Health Care  
process



7,555 referrals made  
to the Community  
Resource Teams

Performed 46,212  
operations in hospital  
theatres



Helped 122,622  
people to access  
out of hours  
services



Dispensed 10,037,645  
prescription items

Community staff took part in 547,215  
patient contacts; 290,254 were by  
District Nurses



22 year difference  
in health life  
expectancy



9 primary care clusters,  
with 513,635 people  
registered with a GP

Employ 12,177 FTE staff  
members



Carried out  
5,615,159  
blood and  
urine tests



Cardiff – fastest growing city in  
UK; ↑ of 36,000 people



Helped 100,000+  
people access  
mental health  
services



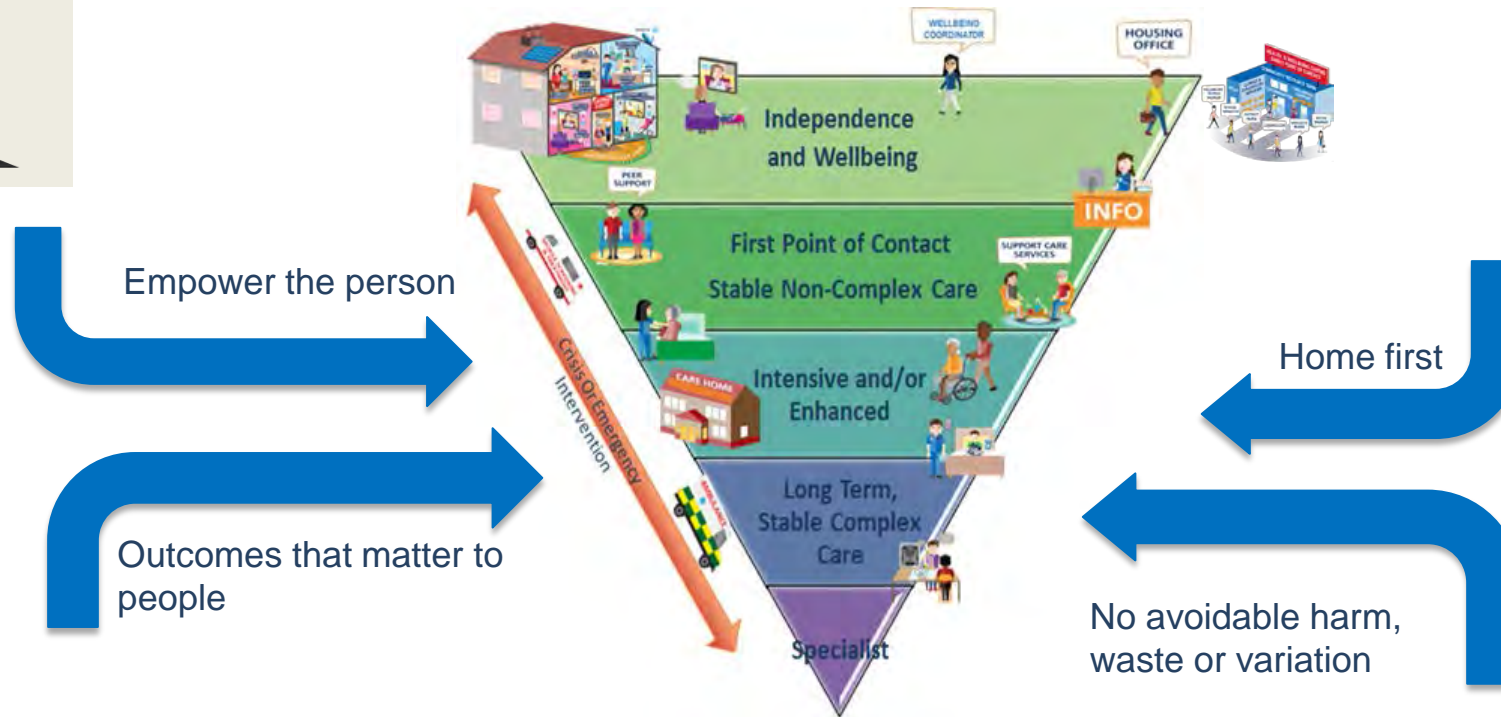
Hospital Beds	UHW/CHfW	UHL	Rookwood	SDH	Barry	Total
<b>Surgical</b>	315	97	0	0	0	412
<b>Medical</b>	249	330	0	72	23	674
<b>Specialist</b>	271	6	48	0	0	325
<b>Obstetrics &amp; Maternity</b>	99	0	0	0	0	99
<b>Paediatrics</b>	137	0	0	0	0	137
<b>Mental Health</b>	0	228	0	0	16	244
<b>Total</b>	<b>1071</b>	<b>661</b>	<b>48</b>	<b>72</b>	<b>39</b>	<b>1891</b>







## A stylized illustration of an elderly man with a grey beard and mustache. He is wearing a white long-sleeved button-down shirt and black trousers. He is holding a brown cane in his right hand and has his left hand on his hip. The background is a solid light beige color.



## Infrastructure Plan 2019 - 2029

### Ten year plan to establish the infrastructure needed to deliver healthcare into the mid-21<sup>st</sup> century in line with our clinical services plan



- Working with the two local authorities to support assistive technologies in homes to support care and support.
- Clusters enabling people to access the wide range of third sector support available in their local community.
- Developing cluster level plans for the development of primary care infrastructure to reflect the new model of primary care.
- Developing wellbeing centres for each cluster with an anchor primary care practice, linked to a council hub where possible.
- Three locality health and wellbeing centres to provide a range of service in each of our three localities – CRI, Barry Hospital and North Cardiff (likely to be Whitchurch Hospital Site).
- Development of 24/7 primary care urgent care services.
- Suitable accommodation for services for children and young people in the community.
- Continued development of UHL as our centre for general rehabilitation for those people requiring a slightly longer hospital stay to maximise their rehabilitation where it is not possible to provide this in the community. UHL will also house the specialist rehabilitation centre which will open in 2021, our centre of excellence for mental health services and our elective treatment centre, plans for the development of this, building on the orthopaedic and breast surgical centres. This will require further expansion of the theatre capacity and the reconfiguration of wards to suit a rehabilitative model of care.
- Redevelopment of UHW to provide a fit for purpose, state of the art hospital for the local population and the South Wales/Welsh regions for whom we provide tertiary services. Developed as part of a Health Science Quarter with Cardiff University and industry partners.



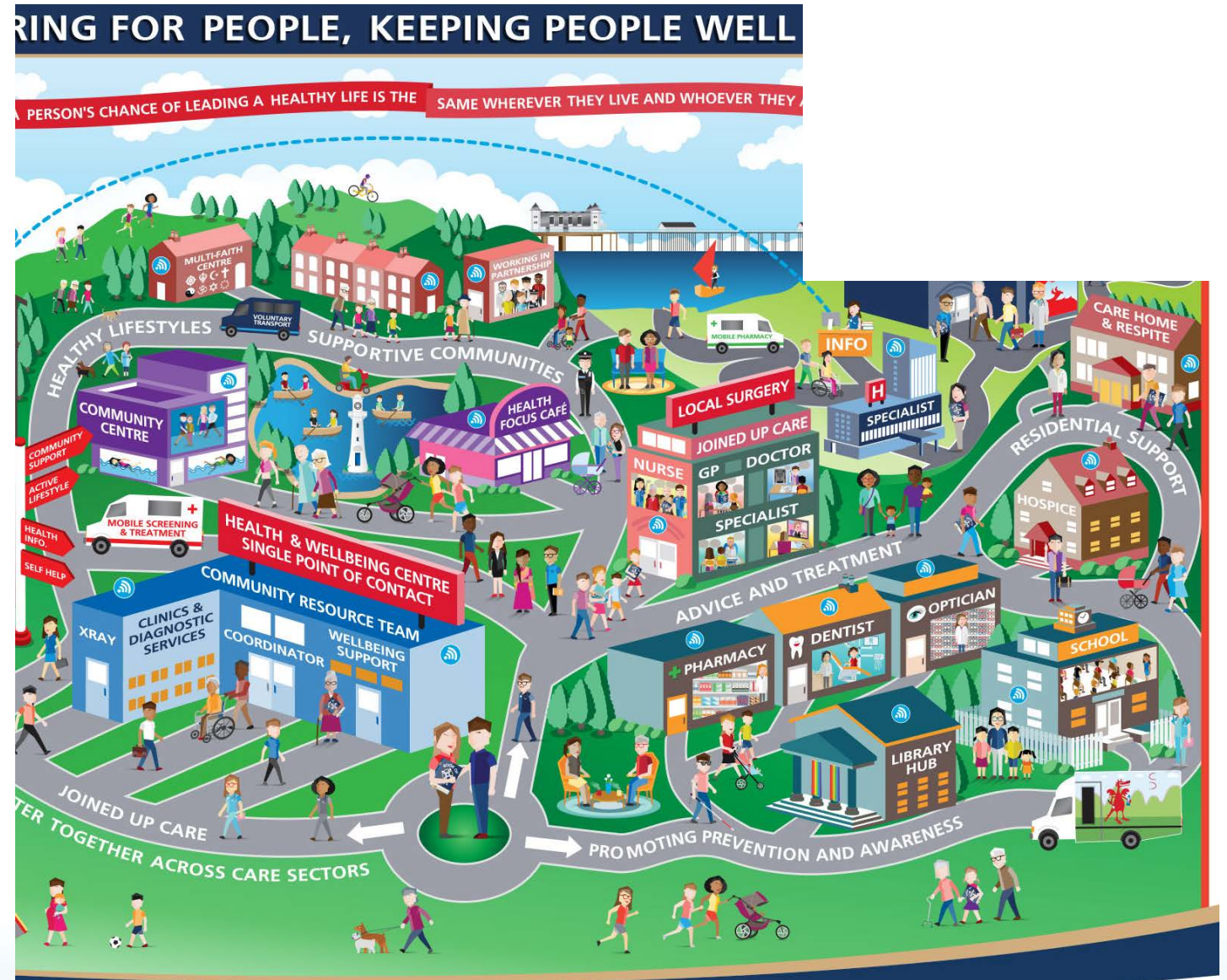




- Citizens' homes
  - ✓ online through developing e-services on new digital platforms
  - ✓ integrated locality and cluster-based health & social care community teams
- Primary care and community facilities
  - ✓ GP practices, community pharmacies, optometrists, dental practices
  - ✓ Multi-disciplinary and multi-agency teams

**Nine Clusters:** three per locality with designated Clinical Lead in each

- **Wellbeing Hubs** located within Clusters (at least 1 per cluster, all completed by 2026)
- **Wellbeing Centres** within Localities
  - CRI – for the South & Central Locality (Tranche 1)
  - Barry Hospital – for the Vale Locality (Tranche 2)
  - Whitchurch – a small part of the current site is proposed for redevelopment for the North & West Locality (Tranche 2)





Hospital Beds	UHW/CHfW	UHL	Rookwood	SDH	Barry	Total
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Total	1071	661	48	72	39	1891



- **University Hospital Llandough**

- ✓ Low acuity site for ill but stable individuals (post-acute/step down, rehabilitation)
- ✓ Surgical Centre of Excellence – non-complex, planned surgery
- ✓ Specialist services not dependant on critical care or 24/7 on site acute medical admissions

- **University Hospital of Wales**

- ✓ Hyper acute site for acutely ill and complex medical/surgical patients (24/7, 365 days, dependency on critical care)
- ✓ Regional, Supra-regional and national Tertiary services (Tertiary Services Strategic Plan early 2020)
- ✓ Acute services dependent on co-location with 24/7 specialist services e.g. critical care (L3)
- ✓ People supported back to appropriate care location when no longer require high intensity/specialist care)

- **Barry Community Hospital**

- ✓ Health & Wellbeing Centre for the Vale Locality

- **St David's Hospital**

- ✓ Centre of Excellence for rehabilitation



# Future configuration

## Our Hospitals



### *Diagnostics & Ambulatory Care*

- ✓ Daytime imaging services – x-ray, Ultrasound, CT, MRI
- ✓ Daytime 'Hot' pathology/diagnostics
- ✓ Routine endoscopy – screening, planned and follow up
- ✓ Daytime Acute Ambulatory Medicine (AAM) service

### *Acute Mental Health*

- ✓ Inpatient and hospital based mental health services (as currently provided)

### *Rehabilitation Medicine*

- ✓ Services to support step-up/step-down care for patients not well enough to be cared for in the community but do not require immediate or 24/7 access to critical care, specialist clinical services or intensive specialist rehabilitation (will include Day Hospital and an Elderly Care Assessment Service)
- ✓ General rehabilitation and ongoing medical inpatient care – stepped down from UHW or local residents repatriated from other regional acute hospitals

### *Surgery*

- ✓ Elective Treatment Centre service (Surgical Centre of Excellence) – supported through development of additional theatre and Post Anaesthetic Care Unit, anaesthetic daytime capacity and a comprehensive pre-assessment model including prehabilitation/ rehabilitation

### *Tertiary Services*

- ✓ Specialist neuro and spinal rehabilitation services (transfer in 2023) and Cystic Fibrosis (new purpose built facilities)

### *Other*

- ✓ Partnership *palliative care model*



# Future configuration

## Our Hospitals



**UHW 2** – new fit for purpose facility with latest design and technology for full spectrum of specialties 24/7 for local, regional, supra-regional and national services

- ✓ acute services currently provided at UHL that would deliver a benefit to patients from co-location with critical care, specialist clinical support services or those services that are not clinically safely sustainable in the long term will transfer to the new UHW e.g. 24/7 urgent unscheduled care medical intake, critical care services
- ✓ Major Trauma Centre for South Wales
- ✓ Emergency Department (A&E) for Cardiff and the Vale of Glamorgan catchment
- ✓ Full 24/7 diagnostics – all imaging, interventional radiology, full regional pathology laboratory services, radio-pharmacy, endoscopy and cardiac catheter laboratory services
- ✓ All levels of critical care
- ✓ Unselected acute medical intake for Cardiff and the Vale of Glamorgan catchment
- ✓ 24/7 emergency theatre capacity including dedicated major trauma theatre
- ✓ All acute emergency care and inpatient beds for all specialty emergencies – e.g. acute medicine, surgical specialties, acute oncology, cardiology, respiratory, acute stroke (HASU), acute gerontology and gastrointestinal
- ✓ Complex elective surgery – including cancers, spinal, maxillofacial, vascular, robotic surgery
- ✓ A co-located consultant and midwifery-led birthing centre
- ✓ Specialist tertiary services including cardiac and neurosurgery, blood and marrow transplant, renal surgery, nephrology and transplant, thrombectomy, advanced gene and cell therapies and All Wales Genomics service
- ✓ Noah's Ark Children's Hospital for Wales and all paediatric emergency, intensive care (PICU) and inpatient services
- ✓ Neonatal intensive care – all levels
- ✓ Regional/South Wales services:
  - commissioned through Welsh Health Specialised Services Committee and planned collaboratively with Swansea Bay UHB, or via
  - collaboration with partner UHBs in South Central and South East Wales i.e. Cwm Taf Morgannwg and Aneurin Bevan UHBs



# Questions and Comments

- The document sets out draft plans for how we see community and hospital services developing over the next decade as part of a transformed system.
- We want to hear your views on our ambitions for UHW and UHL as a part of the wider implementation of the UHB's Shaping Our Future Wellbeing strategy.
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**Or** Strategic & Service Planning  
1<sup>st</sup> Floor, Woodland House  
Maes-y-Coed Road  
Cardiff  
CF14 4HH





# Major Trauma Centre update

## SRG Wednesday 29<sup>th</sup> January

Victoria Le Grys, Programme Director



GIG  
CYMRU  
NHS  
WALES

Rhwydwaith Thrawna  
De Cymru  
South Wales  
Trauma Network

University Hospital of Wales

**MAJOR TRAUMA**

Cardiff and Vale University Health Board



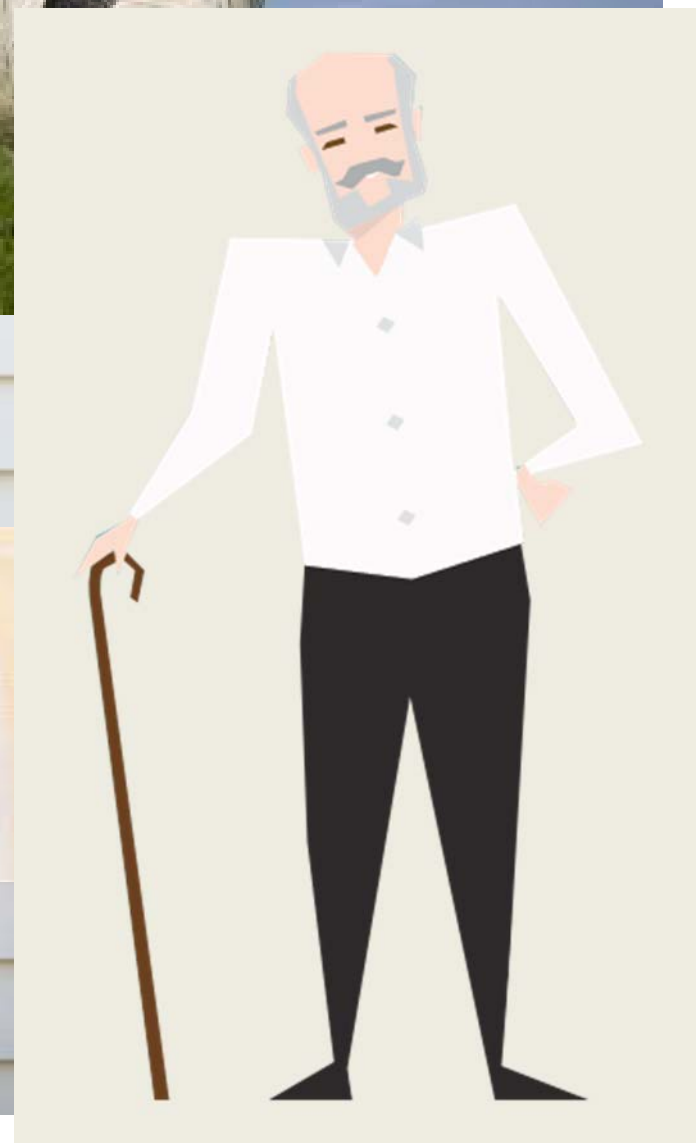




2020



# What is Major





## What is Major Trauma?



- Definitions (injury severity score >15)

- Leading cause of death <45yrs

- Significant cause of short and long term morbidity

- Falls most common mechanism of injury in UK

- Annual lost economic output in England is £3.3-3.7 billion

- Its small numbers <0.2% of Emergency Dept activity

# Patient story

32yr old female, car vs. lorry, A469 between nr. Caerphilly, 7<sup>th</sup> Dec 2018

Intubated and ventilated/blood products given and taken to UHW

10.5hrs in theatre in UHW

15<sup>th</sup> Dec 2018 – transferred to Morriston for orthoplastic procedures (8.5hrs in theatre)

Transferred back to UHW and discharged 21<sup>st</sup> Feb 2019

Currently being followed up by complex rehab clinic (Rookwood), but walking independently and living with her children

## Injuries:

Traumatic brain injury

Sternal and multiple bilateral rib fractures

Haematoma within pericardium

Ruptured diaphragm

Splenic rupture with active haemorrhage

Liver laceration and contusions

Mesenteric injury with devascularised bowel loops

Haematoma lesser curve of stomach

Laceration left kidney

Pancreatic transection

Lumbar fracture

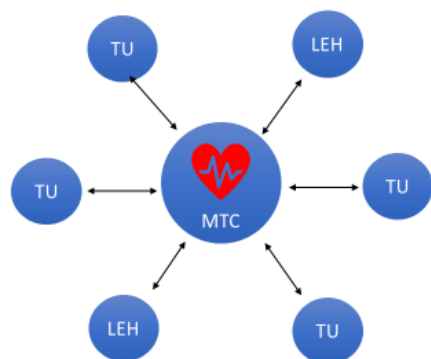
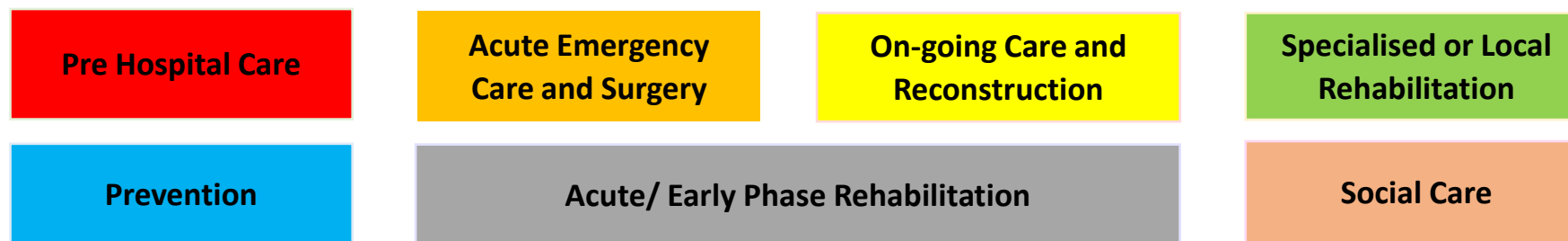
Pelvic fracture

Right and left open femoral fractures

Right and left open tib/fib fractures

Open fracture right forearm/ elbow and humerus

# What is a Major Trauma Network?



**HUB AND SPOKE MODEL**

## MTC

Multi-specialty, single-site  
Focus of network  
Consultant led & delivered care

## Trauma Units

Life-saving interventions, if  
journey to MTC >60mins.  
Transfer to definitive management

## Local Emergency Hospital /Rural Trauma Facility

Don't receive major trauma  
Local ED services only



# Why Have a Major Trauma Network ?



**The South, Mid and West region of Wales is the only region in the UK without a trauma network**



# Why Have a Major Trauma Network ?

## **Evidence base:**

- 2007 national report 'Trauma who cares?'
- 19% increase in odds of survival from severe injury in MTNs in England (Moran et al, 2018)
- Trauma Audit Research Network
- PROMS (Patient Reported Outcomes)

## **Health benefits:**

- Improved survival
- More timely care - time to intervention
- Improved outcomes
- Improved patient experience
- Improved data collection
- Injury prevention
- Enhance response at mass casualty events
- Equity of care
- Clinical skills and staff sustainability
- Economic benefits



## Why UHW as the MTC?

- We treat around 50% of the region's major trauma patients already.
- We are very good at it! – we have good outcomes for those patients we do treat.
- We have regional specialist services inc Neurosurgery, Vascular, Interventional Radiology, Oral and Max Facial, large Trauma and Orthopaedic unit.
- We have the only Children's Hospital in Wales.

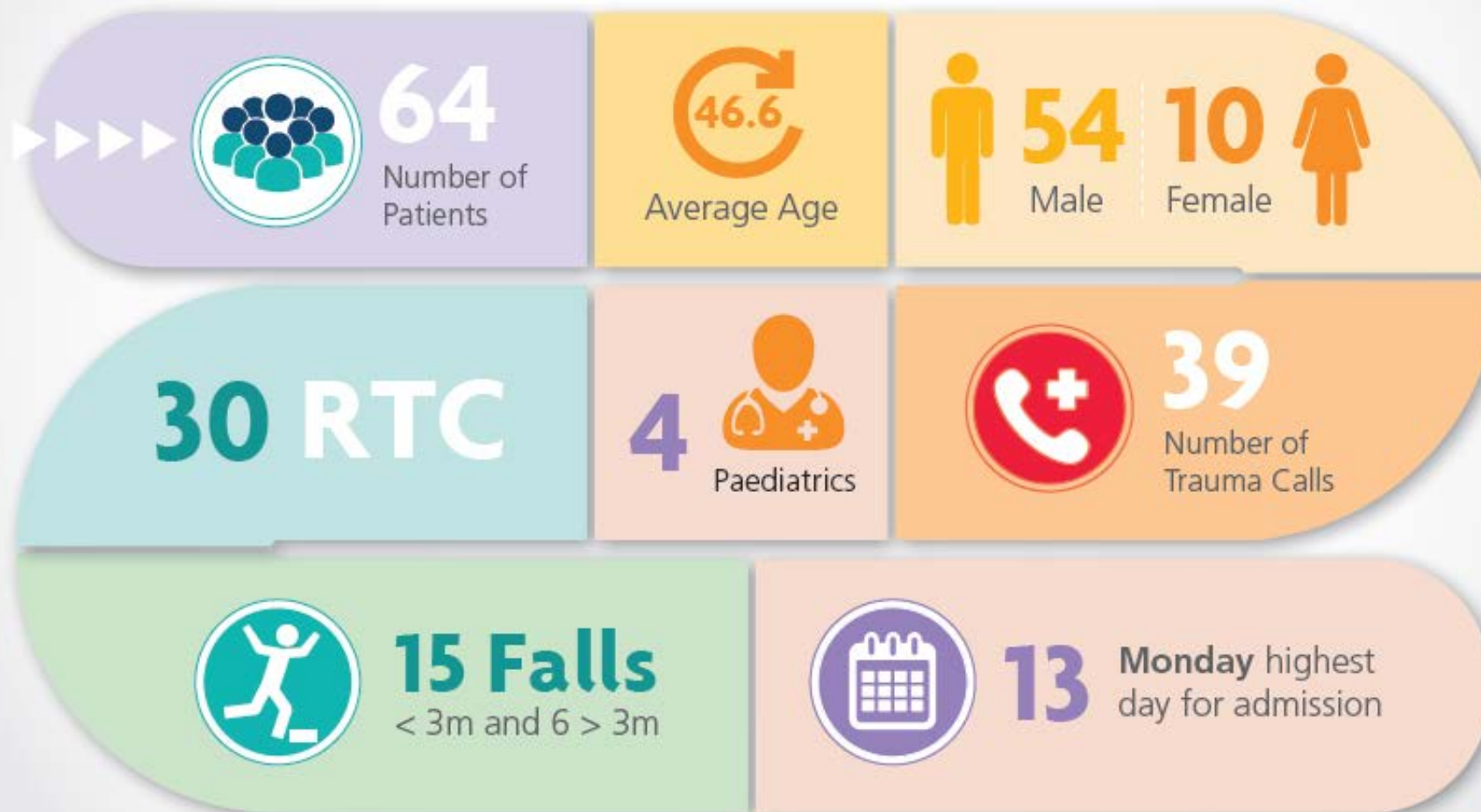
# Major trauma service data

**APRIL**

University Hospital of Wales

**MAJOR TRAUMA**

Cardiff and Vale University Health Board





# Underpinning Principles



GIG  
CYMRU  
NHS  
WALES

Rhwydwaith Thrawna  
De Cymru  
South Wales  
Trauma Network

# Underpinning Principles

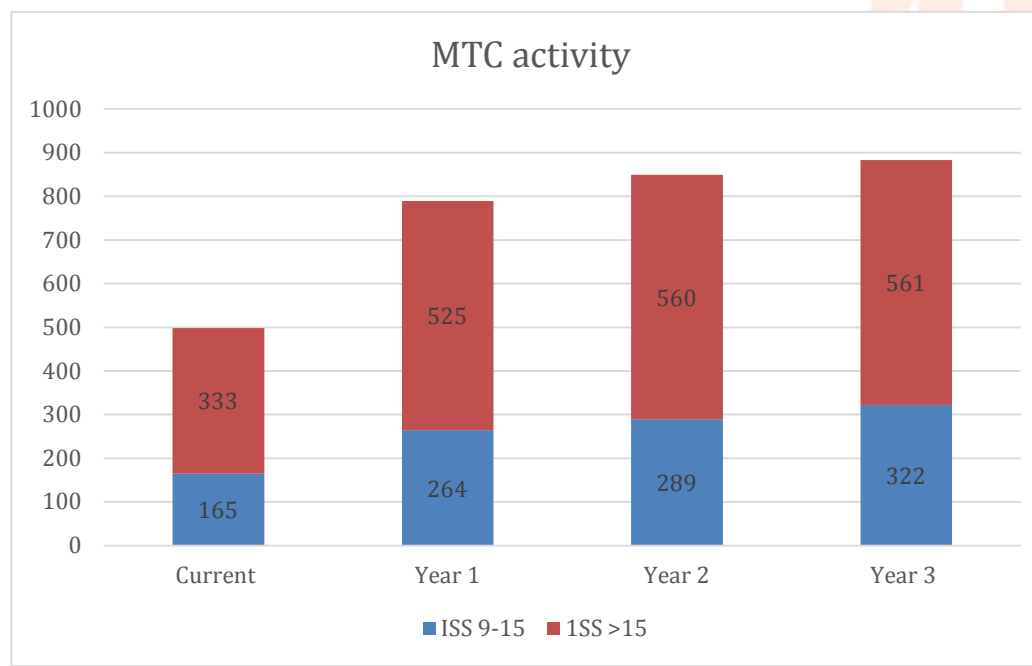
- Delivery of care in line with National Standards for Major Trauma management
- Improved outcomes, reduction in mortality and morbidity
- Parity with North Wales Network and the rest of the UK
- “Get the right patient, to the right place, at the right time, for the right care!”
- An approach built around the needs & experience of patients & their relatives
- Workforce design – Sustainability, cooperation and collaboration, a workforce for Wales

**Our mission statement:**  
‘Saving Lives, Improving Outcomes, Making a Difference’



# MTC Planning

- 98 MTC standards in total (52 adult and 46 Children's)
- 498 Candidate patients currently treated at UHW - 294 patients expected from other HB's in Year 1
- Acuity and complexity of patients important in planning for activity
- Close working with Network & other HB's & providers

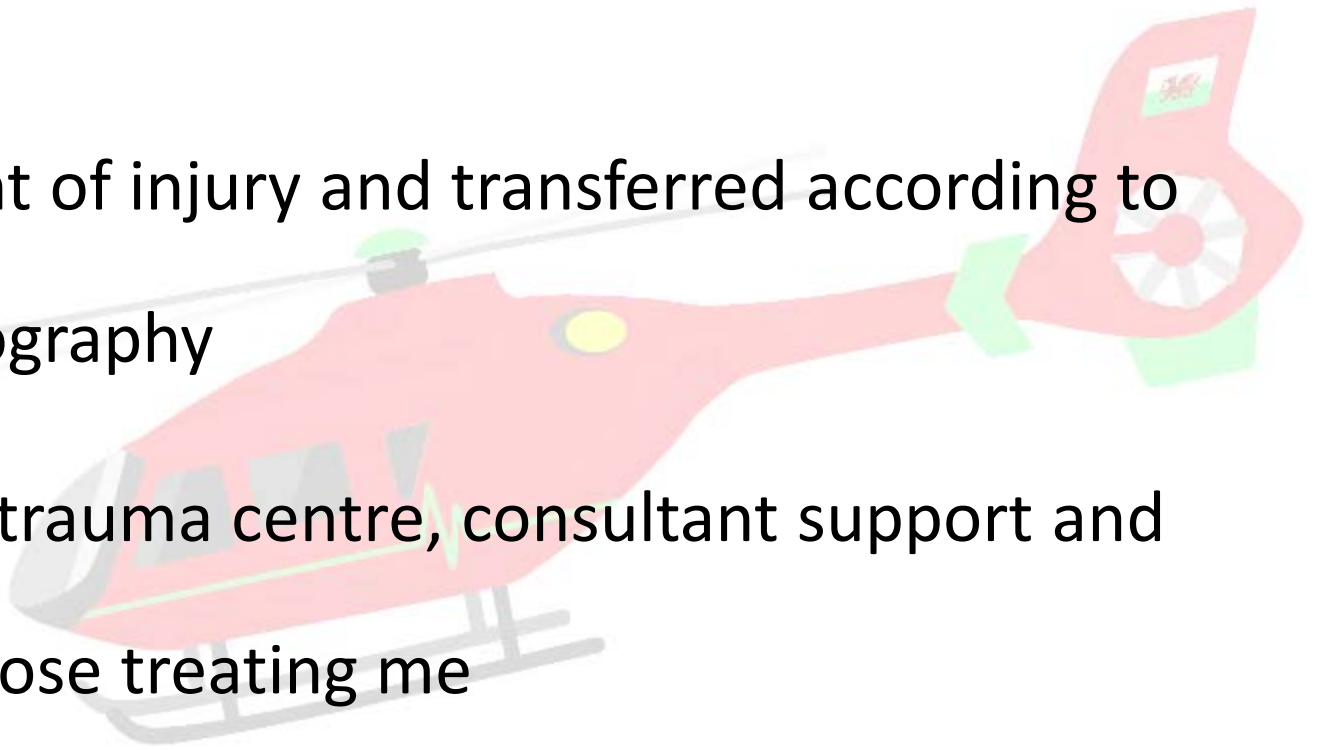


**Our mission statement:**  
Saving Lives, Improving Outcomes, Making a Difference'

# What will the investment mean for patients?

## Pre-hospital Care

- I will be assessed at the point of injury and transferred according to clinical need rather than geography
- Even if I don't need a major trauma centre, consultant support and advice will be available to those treating me

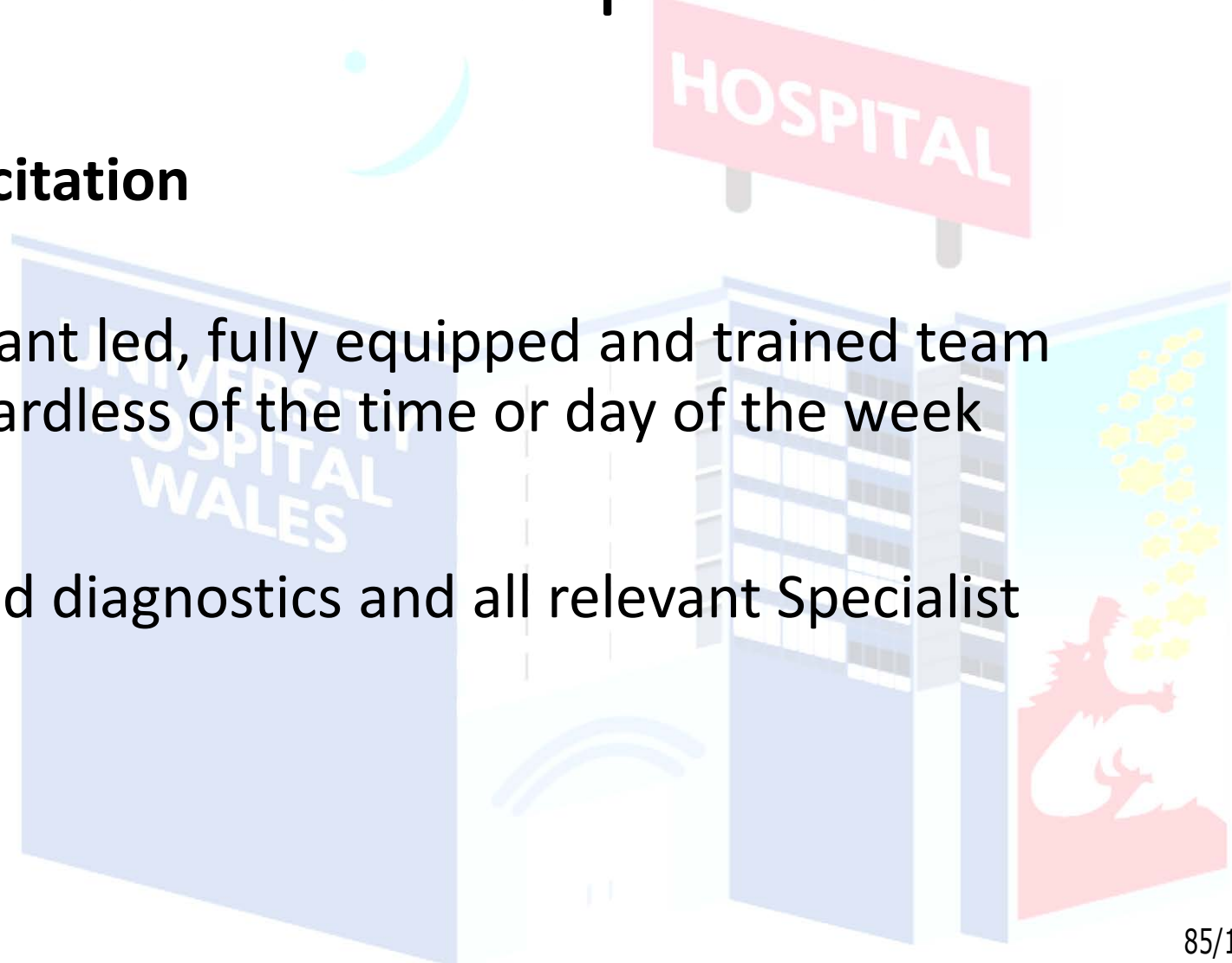




# What will the investment mean for patients?

## Trauma Reception and Resuscitation

- I will be treated by a consultant led, fully equipped and trained team when I arrive at hospital regardless of the time or day of the week
- I will have access to advanced diagnostics and all relevant Specialist Services

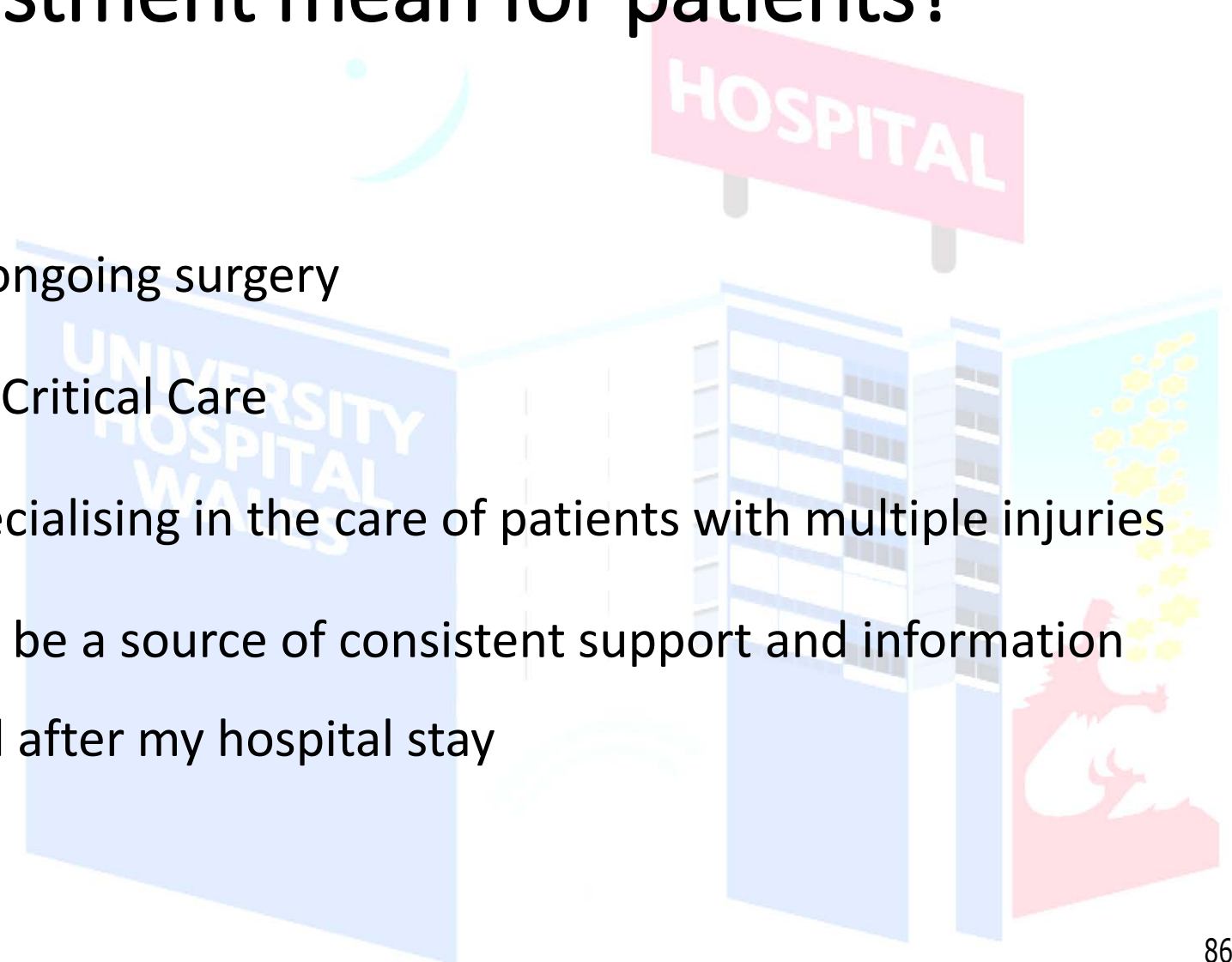




# What will the investment mean for patients?

## Definitive Care

- I will access to emergency and ongoing surgery
- I will have access to specialised Critical Care
- I will be cared for on a ward specialising in the care of patients with multiple injuries
- I will have a keyworker who will be a source of consistent support and information to me and my family during and after my hospital stay



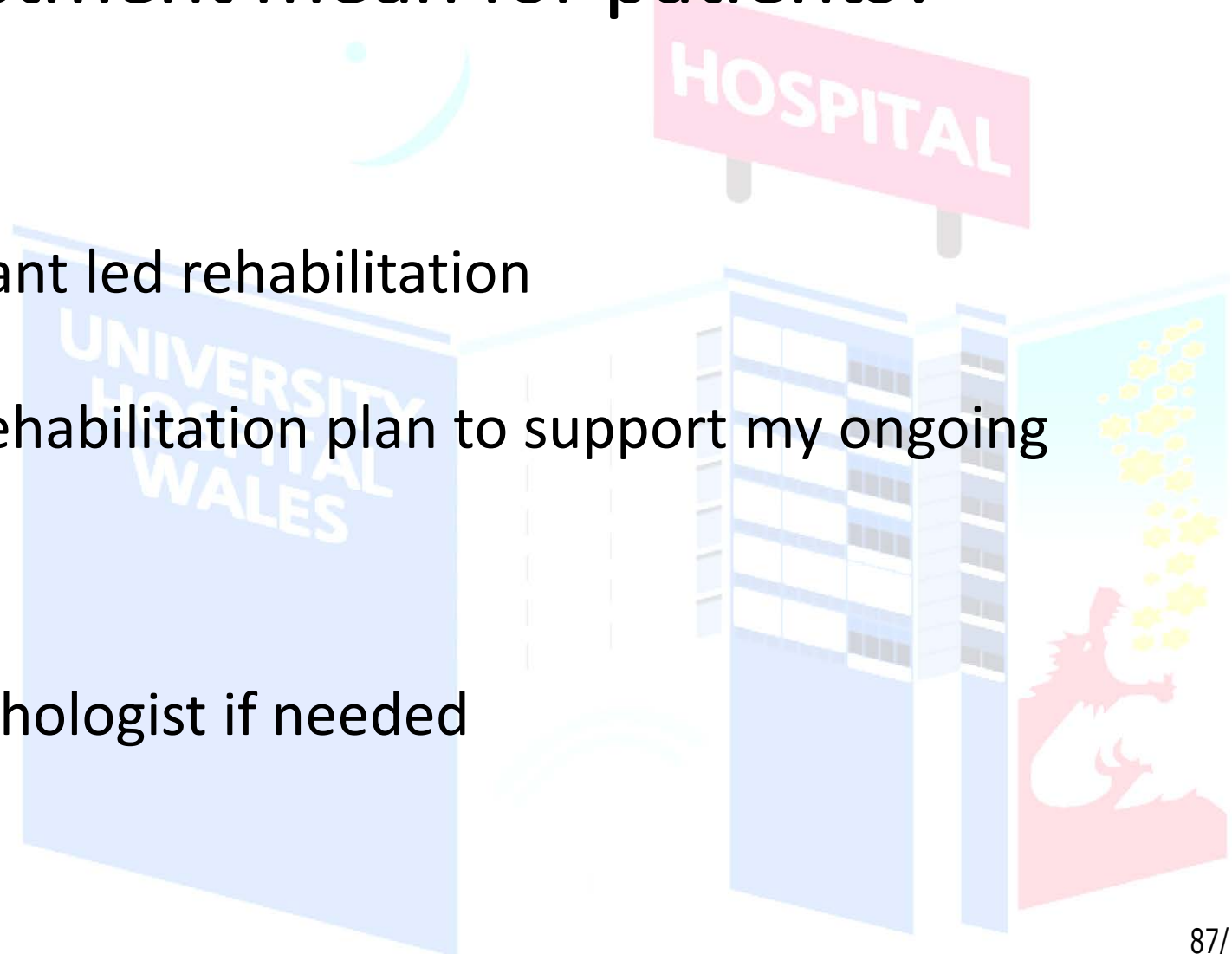




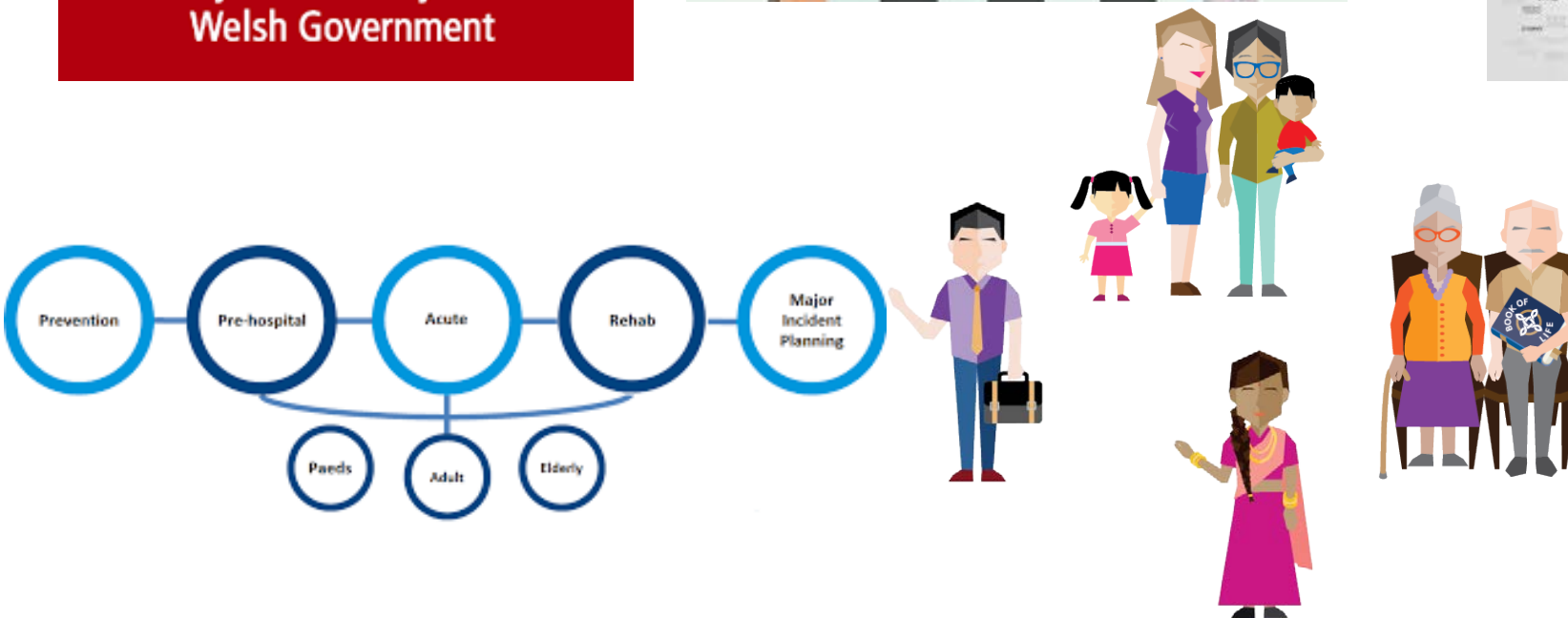
# What will the investment mean for patients?

## Rehabilitation

- I will receive early, consultant led rehabilitation
- I will receive a dedicated rehabilitation plan to support my ongoing recovery
- I will have time with a psychologist if needed



# Next steps for the programme



# Over to you....

*What do you think the public and other stakeholders will be most interested in to inform our communication plan as we head towards launch?*

## **Cardiff and Vale UHB Annual Quality Statement 2019-20**

Dear SRG member,

We are beginning to develop the 2019-20 Annual Quality Statement. The Annual Quality Statement is first and foremost for the public. It provides an opportunity for the organisation to let its local population know in an open and honest way how it is doing to ensure all its services are addressing local need and meeting high standards.

I would like to gather your views and ideas on content and presentation of the AQS can be best presented. The 2018-19 AQS can be accessed [here](#)

I would be grateful if you could consider:

- Are there any specific items you feel should be included this year?
- Was there the correct balance of words, photographs and infographics in last year's AQS?
- Was there a good balance of what went well and what did not go so well?
- Is it written in an open way?
- Do you have any other comments or ideas for improvement?

Thank you for your help

Ann Jones -Patient Safety and Quality Assurance Manager



# Annual Quality Statement 2018 / 2019



GIG  
CYMRU  
NHS  
WALES

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



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# Welcome from Our Chair and Chief Executive

We are delighted to bring you the 2018/2019 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. This year the NHS reached its 70th birthday and the UHB commemorated this anniversary with a number of celebratory events. In line with the founding principles of the NHS and with growing demands, the UHB continue to face the challenge of managing population healthcare, reducing health inequalities and improving the wellbeing of our communities.

Our strategy; Shaping our Future Wellbeing, is at the heart of the delivery of the services that will achieve this. The bottom line is that we cannot keep doing things the way we are now so we have embarked upon a programme of transformation that will support, enable and set the pace for change. It's all about 'Caring for people, keeping people well', providing our community with integrated health and social care that's most appropriate for their needs, as close to home as possible. We want to avoid harm, waste and variation in our services to make them more efficient and sustainable for the future and deliver outcomes that really matter to patients and the public. We are extremely proud that Welsh

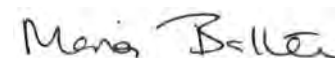
Government has recently commended the UHB as being amongst the best in Wales in key performance areas and as being on track to deliver services within its budget at the end of March 2019.

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 the awards they have won over the year for their considerable efforts in making improvements and innovations to patient care. We are exceptionally proud of our dedicated and committed workforce and we would like to take this opportunity to thank them for their hard work, care and compassion. We extend this thanks and appreciation to all of our volunteers and our partner organisations who also provide immeasurable support to our services.

We continuously monitor our systems and processes so that we can learn and improve to ensure safe and high quality care. We welcome your feedback in the form of complaints, concerns and compliments and provide a variety of ways in which you can do that. We work

together with Healthcare Inspectorate Wales and the Community Health Council who give us independent feedback in light of visits to the UHB, and ensure that we act upon their recommendations.

In this year's Annual Quality Statement we have focused upon the care of the older person and would like to extend our thanks to the teams as well as the patients who agreed to share their experiences. 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.



Maria Battle  
Chair



Len Richards  
Chief Executive

# The Independent Patients NHS 'Watchdog'



The South Glamorgan CHC, your local NHS Watchdog, has responsibility for overseeing the services provided by the Cardiff and Vale University Health Board (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

In the reporting period, the Service handled 136 complaints and recorded 467 additional enquiries. The CHC uses the information from Advocacy Service users, alongside 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.

Over the year, the CHC undertook 34 visits of which 21 were unannounced to some of the UHB's wards and departments. In addition to

these visits, the CHC undertook a thematic assessment covering 16 wards across four hospital sites, where we heard from close to 100 patients about their experience of hospital food and drink.

The CHC's visiting programme also includes follow up visits to identify the progress made with our previous report recommendations. The UHB's progress against the 2017/18 visit recommendations will be reported in our Annual General Meeting (AGM) on 22nd July 2019.

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

## Continuous Engagement and Service Change

The South Glamorgan CHC Officers and Members have continued to provide support and advice in relation to several service changes. This work included engagement processes, and specifically the Major Trauma and Thoracic Surgery Public Consultations, that were conducted on a regional basis.

Additionally, the CHC continues to attend the Health Board's Quality, Safety & Experience Committee. Through this participation the CHC can observe the process for providing advice and assurance to the Board on 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 and Vale UHB Annual Quality Statement and is confident the information provided is an honest appraisal of the services it provides to its local and regional population. The CHC has endorsed this Annual Quality Statement for 2018-2019.

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 2018 / 2019. 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 three components;

- Our Patient and Staff Story
- Quality Safety and Improvement (QSI) Framework Update
- Successes and Challenges Across the Health Board

**Our Patient and Staff Story** - To help us to explain the context of some of the themes we have worked closely with the patients and staff of the Community Resource Teams in both Cardiff and the Vale of Glamorgan. Community resource teams can help us to achieve our aspiration of "care closer to home" and are typical of how the UHB demonstrates joined up health and social care that is centred around the older person. We have also focussed on how we are ensuring older people are discharged from hospital back to their own home in a timely way.

### Quality Safety and Improvement (QSI)

**Framework Update** - Last year we told you about the Quality Safety and Improvement Framework and how this was important in helping us to identify areas that remain a priority for us, and to monitor the improvement being made within these areas. This year again we have included an update in each of the relevant chapters to explain the progress that we have made so far. Looking forward, we have also outlined the areas we will be focussing on for 2019-2020.

**Successes and Challenges Across the Health Board** - Finally we have 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 and patients have given us in developing this report helping to bring the Annual Quality Statement to life.

## The AQS Themes

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.
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.
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.
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.
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.
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 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 2017-2020



## YEAR 2 – How did it go?

This will be the second year that we have used the Quality and Safety Improvement (QSI) Framework to focus on a number of key quality, safety and improvement priorities across the organisation. The QSI framework was developed using the Health and Care Standards for Wales which incorporate the following main themes:

- Governance, Leadership and accountability
- Safe care
- Effective care
- Dignified Care
- Timely care
- Individual care

The Health and Care Standards 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:

This QSI framework will provide 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. It will support and be important to the delivery of our Integrated Medium Term Plan (IMTP) and embraces the philosophy of Caring for people, Keeping People Well; supporting the broad organisational objectives of our overall UHB strategy – Shaping our future Wellbeing Strategy – that is, to deliver outcomes that matter to people and avoid waste, variation and harm.

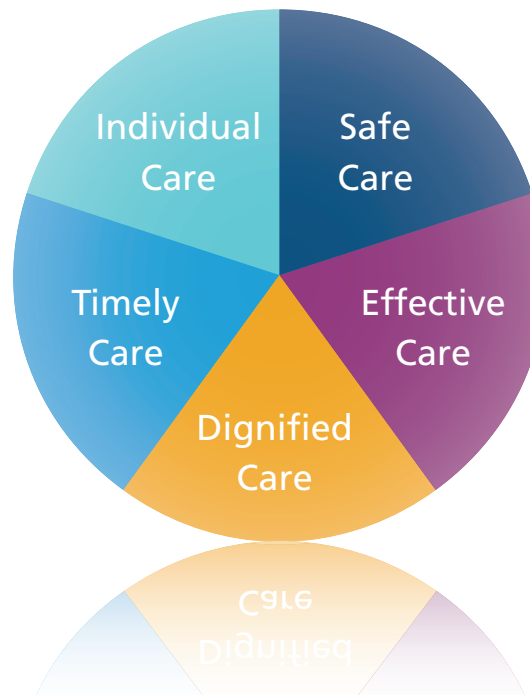
Click on this [link](#) to read the QSI Framework. Our progress in delivering the Framework is described throughout the chapters of this Annual Quality Statement.



# QSI Framework update 2017-2020: Governance, leadership and accountability

## Areas where we have improved in 2018-2019:

- We have decided to carry out a safety culture survey in 2019 so that it informs our new Quality, Safety and Improvement Strategy for 2020 -2023.
- A human factors days is included in our Leading in Patient Safety (LIPS) programme and two members of our Patient Safety and Quality team have received education and training to develop their knowledge further.
- There is now a group that meets monthly to discuss our commissioning arrangements with external organisations. We still need to do more in relation to Quality, Safety and Experience (QSE) in commissioning.
- The Clinical Diagnostics and Therapeutics Clinical Board has established a group to monitor regulatory compliance. This is now included on the QSE work plan.



## Things we are going to focus on 2019-2020:

- Continue work to embed Human factors training.
- Deliver a LIPS cohort that is aligned to the priorities of the UHB Transformation programme.
- Continue to improve the reporting of regulatory compliance to the QSE Committee.

# 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



## Heart Failure and Supportive Care Service

In 2016 a supportive heart failure service was established to improve the experience of patients with advanced heart failure and to prevent avoidable admissions to hospital. Individual treatment plans were developed to support advanced care planning to help individuals to have their care at home. Peter Moon's wife Diane was 67 when she died at the Marie Curie Cardiff and the Vale Hospice. But thanks to intervention from palliative care teams, including Marie Curie, she was able to spend her final year without enduring the emergency hospital admissions she had in the two previous years. Diane had chronic

heart failure and in the two years before 2017 she had been in and out of hospital on an emergency basis every six weeks.

## What Our Heart Failure Consultant Told Us

Heart Failure is a chronic condition that people will live with for many years. The involvement of the supportive Care Team has proved to be very beneficial for patients with severe ongoing symptoms despite optimal treatment. The care and support that the team give, allows these patients to be cared for in the place of their choice rather than be reliant on hospital admissions to manage their symptoms

## What Peter Told Us



Diane would spend about two or three weeks in Llandough hospital, there would be around seven or eight admissions a year. She was introduced to the Palliative Medicine Consultant Clea Atkinson, who signed her up to a new way of administering a drug to alleviate her

symptoms which meant she didn't have to go to hospital to get it. Peter said the opportunity to be involved in this work allowed him to support Diane at home and to spend more time with her in her final year of life.

## What Our Supportive Care Nurse Told Us

Developing the supportive care for heart failure service has been a great opportunity to work with colleagues from different specialities and work together to deliver care that helps patient understand their condition and discuss their plans for future care. It allows patients to access co-ordinated care closer to home in ways that promote comfort and dignity in an efficient effective way during their final stages of illness . It's rewarding to design and deliver services that help patients receive care that they want closer to home and tries to avoid any unnecessary emergency hospital admissions in keeping with their wishes.



## QSI Framework update 2017-2020: Individual care

### Areas where we have improved in 2018-2019:

- We continue with the deaf community to make improvements to their access to services through the booking of interpreters, use of technology, British sign language (BSL) training and deaf awareness sessions.
- We have identified over 280 young carers in 17 schools and trained 149 staff to support our young carers.
- Since the start of the Carer's Accreditation - 66% of GP practices are currently engaged with the scheme.
- We have worked with Healthcare Inspectorate Wales (HIW) to participate in a review of transition from childhood to adult services services.
- Dementia programmes are underway in line with the actions in the Dementia Strategy 2018-2028.
- 76.7% of frontline staff have completed dementia training at the 'informed' level.



### Things we are going to focus on 2019-2020:

- Consider the findings of the HIW All Wales review of the transition from child to adult services and implement the necessary changes.
- Delivery of Year 2 of the Dementia Strategy 2018-2028.
- Put in place a Carers' forum.
- Implement real time feedback system across all areas of UHB.
- Continue work to improve the experience of care for those who are deaf or hard of hearing.

# The Successes and Challenges Across the Health Board



**1,155**

formal complaints have been received

We have responded to

**78%**

of formal concerns within 30 working days - an increase of 6%

## You Said

All documents in the community clinic were in English with no Welsh versions available.

## We Did

Access to the service has been reviewed and community clinics reviewed with the CHC to improve. We are also working on ensuring we are compliant with the updated Welsh Language Standards from May 2019 which you can read about later in this document.

## You Said

The number of out of order lifts were a major concern particularly for disabled people

## We Did

The UHB estates team have been working to resolve this issue and have changed contractors, with the aim of significantly reducing the frequency whereby the lifts are 'out of action'.

**1,617**

Informal Complaints have been received



**481**

compliments have been received

## You Said

The treatment given whilst attending A&E in sickle crisis was inadequate.

## We Did

Educational resources are available and training has been set up to improve nursing and medical staff knowledge of Sickle Cell disease and the priorities for management

**1,298**

enquiries have been made through our information centres

**140,606**

contacts have been made using our Touch Screen Happy or Not Kiosks



**82%**

of contacts at Happy or Not Kiosks gave a positive response



## Show Me Where

### You Said

We needed to identify patients with learning needs and communicate with them effectively

### We Did

- The electronic patient record system now has a flag to identify patients with learning needs.
- A tool called **Show Me Where™ (SMW)** has been introduced to help staff communicate with patients
- A method of capturing ongoing patient experience feedback has been put in place



## Sensory Loss

### You Said

Organising health appointments and communicating with health professionals when you have a sensory loss can be a daunting experience and sometimes practically impossible if you are a first language British Sign Language (BSL) user. The deaf and hard of hearing community told us that we:

- don't always recognise their communication needs
- send letters asking people who are deaf to phone
- don't respect their privacy and dignity
- don't tell them if an interpreter has been booked
- don't recognise the choice of preferred interpreters
- don't recognise the additional stress that this causes
- don't use technology to help

### We did

- Medical Records are able to identify people on our system who require either a BSL interpreter or a technological solution

to aid hearing in advance of sending out patient appointments.

- A Centre of Sign-Sight-Sound (COS) service has been introduced. This offers support to people living with sensory loss and the professionals and organisations who work with them. Whether the service is delivered online, remotely or face-to-face, they can assist members of the community with a wide range of issues, from making GP appointments to communicating with health care professionals.
- Linked with COS, the UHB is also piloting DAISY Online Interpreting. **DAISY** will enable people with deafness/hearing loss patients to access services independently.
- 120 staff across the UHB and a number of GPs attended training provided by the British Deaf Association last year aimed to improve interactions and communications with people with hearing loss.
- The so called 'Interpreter on Wheels' or video interpretation has been piloted in 5 areas at UHB and has proved popular with staff and patients. While some patients will prefer face-to-face interpretation 'Interpreter on wheels' provides another option for patients.



By 2025, nearly

**7,000**

people will be living with dementia in Cardiff and Vale. As life expectancy increases the total number of people with dementia is going to increase.



Around **1** in **4** patients on hospital wards have a form of dementia.

### Joined up working between mental health and general medical teams in dementia care

Many people with dementia are undiagnosed and do not appear on GP registers. Early diagnosis can slow the progression of dementia and help individuals identify sources of support.

Dementia is a disease that often requires the expertise of both general and mental health professionals. To ensure that care for people with dementia is seamless between different teams in the UHB joint training and service development sessions are running within the Occupational Therapy departments. This shared learning helps to develop staff knowledge and skills and ensures that both teams have a common understanding of services ultimately to provide a better quality service to patients and their families/carers. You can access our 2018-2028 Dementia strategy [here](#)



### Adult community mental health users have “My say”

Cardiff and Vale Action for Mental Health asked over 100 people what they most valued from the service and where improvements could be made. Overall, people said that they had a very positive experience when they first visited their Community Mental Health Team (CMHT) and gave a number of examples of good practice. The majority of service users said they were satisfied with

the treatment and care they had been given but suggested that improvements could be made in areas such as, communication, service user involvement and crisis support. Helpful feedback was also received on the use of individual care plans, travel arrangements to CMHT buildings and access to mental health support that could be received from other organisations. The Mental Health Clinical Board are using these important messages to help improve and develop community mental health services in the future.

## Modernising Our Sexual Health Services

There is high demand for sexual health services and the Department of Sexual Health (DOSH) at Cardiff Royal Infirmary (CRI) has been working on several initiatives to improve access for patients so that

they can be seen and treated as quickly and efficiently as possible. A lot of modernisation work has been carried out in the last few years. This includes relocation to a brand new purpose built clinic providing a more suitable environment for patients seeking sensitive and confidential health advice and treatment. Electronic records have also been

introduced which has had a huge impact on the safe and efficient running of the clinic.

Previously the clinic offered a mix of booked appointments and walk in services resulting in long waiting times and a lack of flexibility if urgent patients needed to be accommodated.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Cardiff Royal Infirmary</b> Young Person's Walk-in Clinic 20 years and below (11-00-6.00)	<b>Cardiff Royal Infirmary</b> Walk-in Sexual Health Check 10-3pm <b>Glosop Clinic</b> Walk-in clinic, implants and depo injections Glosop clinic 11-5pm	<b>Cardiff Royal Infirmary</b> Walk-in repeat vaccine and bloods 10-11.30	<b>Cardiff Royal Infirmary</b> Walk-in Sexual Health Check 9-3pm	<b>Cardiff Royal Infirmary</b> Walk-in Sexual Health Check 9-12pm	<b>St David's</b> Walk-in clinic 25 years and below 10-12pm
<b>Butetown Health Centre</b> Walk-in clinic 1.30 - 3.30pm		<b>Rumney Health Centre</b> Walk-in clinic 1.30-4pm	<b>Broad Street Clinic</b> Walk-in 11-2.00 Broadstreet walk-in young person's clinic 25 years and below 3-6pm	<b>Cardiff royal Infirmary</b> walk in clinic, implants and depo injections 11-6pm	
<b>Broad Street Clinic</b> Walk-in clinic 5.30-7.30	<b>Cardiff Royal Infirmary</b> MSM City Clinic Walk-in Sexual Health Check 4.30-6.30	<b>Panarth Health Centre</b> Walk-in young person's clinic 25 years and below 3.30-6pm	<b>Cardiff Royal Infirmary</b> Walk in repeat vaccines & bloods 4.30-6pm	<b>Llanwit Major Clinic</b> Walk-in clinic First Friday of each month 11-1.30pm	

**Cardiff & the Vale of Glamorgan  
Department of  
Sexual Health Clinics**

For all general enquiries & cancellations or if you require an urgent (hot) or intrauterine device (coil) you can make an appointment at Cardiff Royal Infirmary.

**029 2033 6208**  
It may be possible to have these fitted in walk-in clinics at all other sites but it is advisable to phone the designated clinic in advance.

**BLUE** = Screening for chlamydia and gonorrhoea  
note there is limited availability during the walk-in service such as insertion of coils and implants.

**RED** = Screening for blood borne viruses (HIV, syphilis, hepatitis) available as well as testing and treatment of chlamydia, gonorrhoea, trichomonas and other genital conditions and contraception services.

For up to date clinic information please see [www.cardiffandvaleuhb.wales.nhs.uk](http://www.cardiffandvaleuhb.wales.nhs.uk)

### You Said

Patients requiring sexually transmitted disease (STI) screening and contraception could not always get a booked appointment and experienced long waits and delays

### We Did

We are now offering patients open walk in access rather than a booked appointment system. We have introduced a "Quick Test" service for STI screening so that patients use self-taken swabs, meaning they don't need to see a healthcare professional. For patients requiring continuing contraceptive pill prescriptions we have introduced "Rapid Repeat". Both of these solutions remove the need for a face to face consultation with a nurse or doctor and therefore have increased the ability of the existing service to better meet increased demand.

### You Said

The service was very difficult to navigate and that we were not providing consistent advice to patients about where and when they should attend.

### We Did

We redesigned our patient information and made it more accessible on our website

# 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.



## The Community Resource Team Turn Around Service

The Community Resource Team (CRT) is an integrated service between health, social services and the third sector. The CRT comprises of NHS, Social Services and Age Connects' staff including a Consultant, Occupational Therapists, Physiotherapists, Nurses, Speech and Language Therapists, Dietitians, Home Care Management staff, carers and Age Connects Home Support Officers. The main purposes of the CRT are to prevent unnecessary admissions into hospital and to facilitate a rapid discharge from hospital. People who might require their support are those recovering from illness after a period in hospital or those requiring support to maintain their health and independence at home. For some elderly people the hospital is not always the most ideal place for the type of care and support they require,

and the CRT are often able to provide a better alternative in the persons' own home. The CRT offer a rapid access assessment slot daily, in order to provide care and therapy support at home for people who have presented at the Emergency Unit with a fall for example, but who do not require admission to a hospital ward. This service is of real benefit to patients who are able to get better much quicker in their own home and they will in turn be less likely to experience complications resulting from a long hospital stay

Edna who is 83 fell at home and was brought into our emergency unit. She was able to be quickly discharged home with the support of the turn-around service. Click on the photograph to hear about Edna's story.

## What the Occupational Therapist Told Us

Occupational Therapists provide practical support to empower people to facilitate recovery and overcome barriers which prevent them from doing the activities that matter to them. With this definition in mind, having the ability as an Occupational Therapist to assess a patient in their own home and environment is essential to provide this role. The rapid access assessment slot that the Community Resource Team (CRT) offers is vital in supporting the patient to return home

quickly and enables them to return to their previous routines and daily activities sooner. The majority of the patients that are offered this slot in the Emergency Unit are elderly and have presented with a fracture as a result of a fall. It's therefore important for these elderly patients to return home as soon as possible to start their recovery, as if they remain in hospital they are more likely to lose their independence and become more reliant on hospital staff.







## QSI Framework update 2017-2020: Timely care

### Areas where we have improved in 2018-2019:

- We are developing a plan to ensure the majority of their patients, from the very first point where cancer might be suspected, receive cancer diagnostic tests and start their treatment within 62 days.
- Ambulance handover times have improved by 12%.
- There has been a 58% reduction in the number of patients waiting over 36 weeks for elective treatment compared to this period in 2018.
- Over 800 fewer patients are waiting over 8 weeks for a diagnostic test compared to the same period last year and the Health Board is approaching the elimination of waits greater than 8 weeks.
- The number of patients treated within four hours in our Emergency Department (ED) has increased by 3% during 2018-19 despite more than 5000 additional attendances. The number of patients waiting over 12 hours in the ED has also reduced by 30%.
- The Health Board and partner organisations has maintained the improvement made in 2017/18 in the number of patients whose transfer of care is delayed in hospital.
- Over 90% of primary mental health assessments for Children and Adolescents are now provided within 28 days, a significant improvement over the past 12 months.



### Things we are going to focus on 2019-2020:

- Roll out of new primary care models to increase capacity and improve access.
- Implementation of cancer pathway.
- Further reduction in waiting times for elective treatment.
- Improved access for Specialist Child and Adolescent Mental Health Services.
- Continued improvement in the performance of emergency services.



# Successes and Challenges across the Health Board



**789,650**

Outpatient appointment attendances



**96,921**

People failed to attend their outpatient appointment



There were

**141,290**

attendances at the  
Emergency Unit



There were

**9,350**

attendances in Barry  
Minor Injury Unit



**5,513**

Babies Born

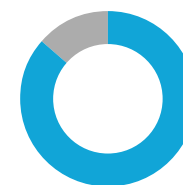


**87,472**

Inpatient Admissions

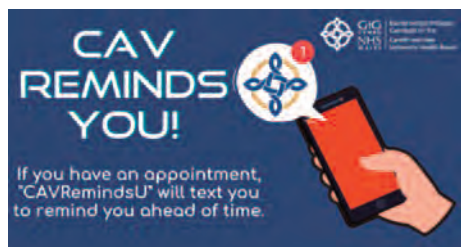


At the end of March 2019 **327** people had waited over 36 weeks from their referral to the time of their treatment. This is **58%** fewer patients than the previous year



At the end of March 2019 **87.9%** of patients waited less than 26 weeks to start treatment.

40 patients waited more than 8 weeks for a diagnostic test in 2018/19 - a 95% reduction on last year.



People fail to attend for their outpatient appointments without letting us know for a variety of reasons, however, this means those slots cannot be used for other patients and are wasted. Our online, text & phone confirmation and reminder service is now operational and aims to give patients the opportunity to let us know whether they can make their appointment or not, plus a timely reminder to ensure they don't forget.

## Emergency Unit Pressures

Our emergency unit (EU) is one of the busiest in the UK with over 137,000 adult and 35,000 child attendances per year. We are constantly striving to make sure that patients attending the EU receive assessment, diagnosis and treatment as quickly and efficiently as possible and within the targets set by the Welsh Government.

### What are we doing in the emergency unit to make sure delays are minimised?

**Patient safety huddles** are short multidisciplinary briefings designed to give clinical and non-clinical hospital staff the opportunity to understand what is going on with each patient and anticipate future risks. These have been implemented at 2 hourly intervals in the EU and have proved extremely effective in improving communication between the team in such a busy department. More importantly, the patient

experience and safety is improved through the enhanced communication which has led to swifter escalation of any untoward patient issues.

**New ways of working** - The Advanced Nurse Practitioner (ANP) and Emergency Nurse Practitioner (ENP) roles are complimentary to that of the medical practitioner. Both ANP and ENP undertake extensive training and education and they are skilled in diagnosing and treating certain conditions. This means that more patients can be seen sooner. A Nurse Consultant role is also planned in the near future.

**Triage** - is the process of deciding the priority of patients' treatment based on the severity of their condition. A second triage room is now available when required which enables adherence to the standard that patients will be triaged within 15 minutes of arrival in the EU.



# 689

people waited in the emergency unit for more than 12 hours - We need to improve on this.



# 86.3%

of patient waited for less than 4 hours in the emergency Unit



## What are we doing on our in- patient wards to reduce delays?

Red2Green is being introduced across Medicine and Surgery wards. It is based on the principle that time is important to every patient.

Patients are discussed every day by the multi- disciplinary team and using Red2Green they consider the patient's journey from arriving in the ward to leaving hospital. On Green Days everything that needs to take place is happening for that patient, but on Red Days a patient is waiting for a treatment, investigation or support to go home. Staff act to turn Red Days into Green Days, or contact others who can help.

By reviewing the patient journey daily, Red2Green helps the ward team make sure every day in hospital counts for patients. It also provides valuable information to make changes to services so patients can return home earlier.

## What the OT Told Us About Red2Green

Previously occupational therapy awaited referrals into the service and intervention was often reactive rather than proactive. Planning a prompt discharge should begin on admission, wherever possible, and involve everyone – the individual, their family and health and social care professionals – working together to achieve a smooth and timely discharge. By implementing the principles we were able to show an increase in green days.



## Stroke care

We are working to further improve the door to needle times for patients presenting with a stroke in our emergency unit. Door to needle time describes the time taken to administer clot buster medication given for



By December 2018

# 64.6%

of patients were admitted to the specialty acute stroke unit within 4hrs of arrival to hospital. This improves access to the specialist stroke team and means that patients are assessed and treated as quickly as possible. This is an improvement of approximately

# 20%

compared to the previous year

certain types of strokes, after the patient has arrived at the EU door. The target time is 45 minutes or below and we are currently achieving 60 minutes. The sooner this medication can be given the less likely the patient will experience disability as a result of the stroke. We are proud to have been awarded a Sentinel Stroke National Audit Programme (SSNAP) Quality Improvement Champion certificate for our work in 2018

We now have a 7 day multidisciplinary service to the acute stroke unit therefore patients can access specialist medical, nursing and therapy input every day.

## Cancer Target

Achievement of the urgent suspected cancer 62 day target was a challenge for the Health Board this year with performance at 84%. 16,007 patients were referred to the

Health Board in 2018-19 on an urgent suspected cancer pathway, over 2400 more referrals than the previous year. Of the 1109 patients diagnosed with cancer, we treated 928 patients within 62 days

## Single cancer pathway –what are we doing to improve?

From June 2019 every Welsh health board is developing a plan to ensure the majority of their patients, from the very first point where cancer might be suspected, receive cancer diagnostic tests and start their treatment within 62 days. In Cardiff and Vale we are working hard to improve our compliance with achieving the target. For example, previously patients being diagnosed with cancer at endoscopy (a procedure in which an instrument is introduced into the body to give a view of its internal parts) were informed of their diagnosis on the day of the endoscopy but would then have to wait up to two weeks for their staging CT to be performed

and even longer for the staging CT scan to be reported (Staging means to assess the grade of cancer). As a result, the management plan, multi-disciplinary (MDT) discussion and any additional tests required to complete staging would be unnecessarily delayed, causing anxiety to both patients and requesting clinicians. The same day staging pathway aims to perform the staging CT scan on the same day as the endoscopy (or next day), and the scans are also reported on the same or next day. The aim is to streamline the service which has benefits for the patient and the department:

- It reduces administrative work as there is no need to send out another appointment to the patient
- It reduces duplication of work and discomfort for the patient as they already have intravenous access for endoscopy and are ready for the CT
- It reduces the need for patients to take repeated bowel preparation



- Patient anxiety is reduced as they can be given a realistic timeline for MDT discussion and a next clinic appointment
- The pathway also ensures that any additional staging investigations can be identified early and helps to identify patients who are likely to require palliative (end of life) care.
- It potentially reduces the diagnostic pathway from over 2 weeks to 1 day.

### Skin cancer pathway

Skin Cancer Clinical Nurse Specialists are working towards the Welsh Cancer Delivery Plan and helping to meet National Skin Cancer Standards by now being present at diagnosis, undertaking a needs assessment to ensure holistic care and acting as a key worker to support patients during diagnosis and treatment.



### Timely surgery

#### Adult surgery

We are committed to continuously improving and modernising our surgical services to ensure people are able to access safe surgery as quickly as possible. These are some of the initiatives we have supported:

- The refurbishment and re-design of a theatre within the Short Stay Surgical Unit (SSSU) at UHW, including the addition of a new



anaesthetic room, has allowed us to increase our overall capacity and run additional gynaecology operating sessions

- A brand new operating theatre is scheduled to open in the summer of this year in day surgery at UHL. Initially this theatre will provide a state of the art environment for Ear Nose and Throat (ENT) surgery and moving forwards will also be available to other specialities, undoubtedly helping to reduce waiting times.
- Our Day Of Surgery Admission (DOSA) lounge at the University Hospital of Wales was developed and refurbished in the summer of 2018 and we

are now able to offer a purpose made facility for suitable patients to be admitted for surgery. DOSA is preferable for many patients as it reduces the amount of time spent in hospital as well as reducing pressure on our beds. The new DOSA also provides a dedicated area for clinical staff and patients to discuss the plans for surgery in a private and dedicated space.

#### Paediatric surgery

In the past we haven't always been able to ensure that children did not have long waits for surgery however this situation has improved greatly and



there are no children waiting longer than 36 weeks on our waiting list at present. You can be confident that there are systems and processes in place to ensure that children on the waiting list are monitored by their consultant or clinical nurse specialist and their surgery prioritised accordingly.

## Accessing care closer to home

Musculoskeletal (MSK) and Mental Health (MH) services have been identified as important areas to target as part of a plan to ensure the sustainability of GP services. It has been agreed that these services will be readily accessible to every GP practice, either within their own practice or in a hub practice within their cluster. Once the services are established it is anticipated that they will provide 22,000 MSK and 63,000 MH appointments each year across Cardiff and the Vale of Glamorgan freeing GPs up to see more patients with other problems.

### Mental health

It is estimated that Mental Health Liaison Workers will be operating in all GP practices in Central and Eastern Vale by the end of March 2019.

### MSK

Patients with MSK problems have already been able to access a physiotherapist as the first point

of contact in their GP surgery in a pilot study across Cardiff and Vale GP's. Expert physiotherapists who are specially trained in MSK treatment work within a strict inclusion criteria and assess and triage (prioritise) patients who would have otherwise been seen by a GP. The service is designed to support patients with a new problem or aggravations of existing MSK problems. 8,400 consultations have already been safely delivered across Cardiff and Vale, with no concerns or clinical incidents. Having a physiotherapist as the first point of contact means prompt treatment and intervention and prevention of further decline for the patients. Both patients and staff have positively evaluated the pilot.

## Accessing community mental health care

Community Mental Health Teams (CMHTs) provide a range of interventions to meet different levels of need from assessment and advice through to treatment and care coordination. Services focus on people's health, strengths and wellbeing and service users might be seen at home or in the clinic. Demand for services is high so the team have streamlined their services to make sure that users can access the right treatment in a timely way. For example;

- POBL Trust is a charitable organisation working to help people with housing, tenancy, finance and homelessness issues and now provides a weekly clinic in the Vale mental health team (VLMHT). Service users and carers attending the VLMHT can access this service on site without appointment.
- A Hafal worker is integrated into the CMHT and runs a carers group for carers of people with severe and enduring mental health problems on a monthly basis. This has resulted in carers being able to access mutual support and have better connections with the team to be able to manage their caring role.
- A representative from Mind in the Vale also provides a presence in the team so that referrals can be swiftly made. Mind in the Vale offer a range of services to help people with their mental health recovery.

## GP services Out of Hours (OOH)

We are actively supporting the introduction of a multidisciplinary approach in place of a traditional medical model in the GP out of hours services. This includes advanced nurse practitioners, clinical practitioners (paramedics), and paediatric advanced nurses. This will ensure that a multi skilled workforce is able to provide the service that people need at the point of access.

# 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.



Ensuring older people keep strong and healthy is very important as this can help the person to prevent injury from falling and maintain their independence in the home. Specially designed strength and balance training programmes have been proven to promote both good mental and physical health and are recommended by the National Institute for Clinical Excellence (NICE) - an organisation that makes recommendations to the NHS on what is best practice based upon the latest research.

## What the physiotherapist told us

The Staying Steady Clinics were set up to offer falls prevention input and advice to the public prior to them needing a more acute service. Before this, many patients would only receive falls prevention input after they had already fallen and their independence had been affected. Patients have been very positive about the clinics and

comment on the quality of the assessment and advice given and also state they have a reduced fear of falling as a result of attending the clinic. So far we have seen over 100 patients and are looking to further extend the clinics in Cardiff.

**“The knowledge and attitude of all staff give confidence and hope.”**

Stay Steady clinics are running weekly in localities in Cardiff and patients can refer themselves via independent living services. Once at the clinics patients are seen by a physiotherapist, (a trained health professional specialising in helping people to restore physical function and movement), and a falls risk assessment is completed. Any risks that are identified are addressed and advice and information is given to the patient. Patients also complete a “Fitness MOT” - this testing identifies areas of weakness so that a specific exercise program can be given. The clinic provides an individual action plan to help people avoid falls and directs them to local services and classes that may be able to help them.

**“Gives you hope that you can improve your health.”**

**“Individual attention gave me confidence.”**



**“Very impressed with the courtesy and care shown by all staff.”**



## Stop a Stroke campaign

### **STOP A STROKE** *Who Cares Wins*

Cardiff and Vale UHB is working to enable GPs to help patients to make informed, supported decisions about their care and to ultimately reduce the incidence of stroke in patients with atrial fibrillation (heart flutter).

Our 'Stop a Stroke' campaign aims to highlight the need to review the provision of anticoagulation (blood thinners) for patients with atrial fibrillation (AF). The principles that a treatment review should be timely, available close to a patient's home and with clinicians they are familiar with are considered paramount. Consequently GPs are best placed to do this but the expertise in anticoagulation, particularly in complex situations is often within hospital consultants. The project has worked to find the best way of giving GPs sufficient knowledge, confidence and motivation to deliver AF treatment reviews effectively in GP practices. This model has worked well across diverse GP clusters in Cardiff and Vale and there are plans to roll it out across the whole of Wales. You can watch the British Heart Foundation video about AF [here](#)

## Smoking and Mental Health

Smoking rates for patients with mental health conditions are amongst the highest in our population, and for those who are admitted to hospital, the dependence on nicotine needs to be considered as part of their care pathway. As part of a pilot programme last year, we were the first health board in Wales to remove the exemption which permits mental health in-patients to smoke in enclosed, outside areas of the hospital; aiming to ensure equity for all smokers accessing hospital

sites. As part of on-going evaluation of this pilot, and having assessed the impact on all visitors, staff and patients, it was agreed to allow the use of e-cigarettes inside Mental Health Units (in specific areas) and to reinstate the permission to smoke outside in designated spaces for certain mental health wards. The health board continues to monitor these measures as part of their No Smoking and Smoke Free Environment Policy and will continue to look at ways to further develop the approach to support a reduction in smoking rates for people with experience of mental health problems.



New laws in Wales will make smoking illegal outside in hospital grounds



## 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 two years. We have further expanded our popular Flu Champion peer vaccinator programme, with over 190 staff trained to vaccinated 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. With uptake at 53% in 16/17, we improved by over 10% to 64% in 17/18. In 2018/19, our uptake stands at 61% and we are already planning for the 2019/20 season.

## Dementia friendly communities

During May 2018, Cardiff was launched as a dementia friendly capital. Work across the Vale of Glamorgan also continued to support the dementia friendly communities initiative across major conurbations.

During September 2018, Relive theatre gave a performance of the experiential play Memoria for the Board and staff of the UHB, highlighting the first-hand experience of people living with

dementia and their families to inform our service developments, which was broadcast widely over social media.



## Veg Cities

Food Cardiff has worked with UK partners to help drive up the consumption of Veg through the Peas Please initiative, with the simple goal of making it easier for everyone to eat more veg. Food Cardiff partners contributed to the extra 4.8 million portions of veg sold in the UK as a result of working with stakeholders across the food system in Wales. This included commitments from Cardiff and Vale UHB to establish a fruit and veg stall at University Hospital Wales. The Grapevine is now selling thousands of portions of fruit and veg a week whilst the staff and visitor restaurant, Y Gegin continues to drive up the volume of veg

supplied through its freshly prepared meals. Food Cardiff also led the way in the development of a Veg Cities campaign to increase the availability and consumption of veg locally. This sees the likes of Cardiff Metropolitan University, Cardiff Council, schools and restaurants striving to increase the number of portions of veg sold. Twenty other places across the UK have now joined Cardiff in the Veg City journey.



## Healthy Travel Charter

In 2017/18 we deepened our partnership with public sector organisations in Cardiff, agreeing and preparing to launch a Healthy Travel Charter for Cardiff. The Charter will be launched in April 2019 and is a public commitment by major organisations in Cardiff, including Cardiff and Vale UHB, to 14 actions to support and encourage uptake of active and low carbon travel by staff. At launch there will be 11 signatory organisations representing over 33,000 public sector staff in Cardiff. Once the Charter has been launched we are looking at offering to the private sector in Cardiff, and also public sector organisations in the Vale of Glamorgan and potentially beyond. We have also been working closely with Cardiff Council on the Clean Air Strategy for the City, to reduce air pollution; and are preparing to pilot Nextbike-on-prescription, allowing GPs to offer free membership of the hugely popular Nextbike cycle hire scheme in Cardiff.



**Healthy Travel**  
**Cardiff**

## Restaurant Standards

We are the first Health Board in Wales to introduce standards for our Restaurant and Food Retail outlets. The Standards require that 75% of the food and drink sold to visitors, staff, and patients are healthy. A strong partnership approach between Catering, our local public health team and our dietitians has ensured greater success, enabling Catering staff to take ownership and further develop the food service on offer.

We audit our products and 80 % of food is now healthy. In addition to compliance with the Health Board Standards, several of the outlets have also achieved the Gold Healthy Options Award.

Both our restaurants provide freshly cooked, healthy, and nutritious food and the Aroma outlets across the Health Board provide a range of high quality sandwiches, snacks and some cakes! The UHW Concourse has seen a big transformation in the past 12 months with Bwyd Blasus and the Aroma Outlet providing healthy options daily.

The Catering Team has introduced re-usable coffee cups, increasing our sustainability and affordability of the excellent coffee and teas on offer.

<https://www.youtube.com/watch?v=Brgf924nU3o>

## Well-being of Future Generations in the UHB

The Well-being of Future Generations (WFG) Act requires the UHB to make decisions in line with the sustainable development principle. This means we need to consider the needs of future generations, as well as current generations, when making decisions. To apply this thinking systematically to our work, the Health Board's ten year Shaping Our Future Wellbeing strategy sets out a vision for sustainable health care closer to people's homes, and has been the basis for our well-being objectives. Within the UHB an Executive-led WFG Steering Group meets regularly to oversee the implementation of the Act in the organisation, as well as identifying and spreading good practice and learning, and reviewing and reporting on progress against the well-being objectives. We are full members of the two Public Services Boards in our area, and we regularly publicise projects such as [Food and Fun](#) and [Our Orchard](#) which exemplify our approach under the Act. You can read more about Future Generations in the UHB and the actions we're taking on our website at [www.cardiffandvaleuhb.wales.nhs.uk/the-wellbeing-of-future-generations-act](http://www.cardiffandvaleuhb.wales.nhs.uk/the-wellbeing-of-future-generations-act).



# The Successes and Challenges Across the Health Board



**61%**

of our staff were vaccinated against flu, a decrease of **3%** from last year however still exceeding the national target of **60%**

**191**

staff became flu vaccine champions

**21**

more than last year



**New laws in Wales will make smoking illegal outside in hospital grounds**

Over

**9,000**

smokers have been challenged on hospital grounds

**60%**

of all those challenged smoking are visitors

Overall

**76.7%**

of frontline staff delivering care to patients had received training at the 'informed' level, (including dementia friends)

Over

**6,599**

people had become dementia friends during 2018/2019 - a huge achievement



# 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 to support the care that we deliver.



## What the Evidence Told Us

The National Institute for Clinical Excellence (NICE) advise the NHS on the most up to date guidelines for clinical practice which are based on the best available evidence. The health board have a process to review all published guidance and to consider how we can ensure that our patients are receiving excellent evidence based care. NICE guidance has been published for people with motor neurone disease (MND) which aims to improve care from the time of diagnosis, and covers information and support, organisation of care, managing symptoms and preparing for end

of life care. The guidance is also endorsed by the motor neurone association (MND). MND describes a group of diseases that affect the nerves (motor neurones) in the brain and spinal cord that tell your muscles what to do. Eventually the nerves stop reaching the muscles causing them to weaken and stiffen and this can affect the persons' ability to walk, talk, eat and breathe. MND is life-shortening and there is no cure. Although the disease will progress, symptoms can be managed to help achieve the best possible quality of life.

## What this means for our patients

Both the Cardiff and Vale Community Resource Teams identified that there was an increasing need for provision of care of people with MND in their caseload. The teams wanted to ensure that their care was meeting the NICE and MND standards which meant streamlining their services to make it more responsive to people's needs. Improvements have been made so that patients only need a single referral for the duration of their care avoiding multiple referrals and potential delays in patients' being seen. Another improvement made is that the MND co-ordinator now acts as a link between the wider multi-

disciplinary team, including consultants and the palliative care service. This ensures that patients can access appropriate services at the point of need. Ultimately this also assists the team to be able to effectively manage patients' symptoms as they arise and respond quickly to their needs.

## What our Community Resource Teams Told Us

Over a couple of years the Community Resource Services have changed the delivery of care provided to patients with motor neurone disease. This makes sure all patients have a timely and coordinated journey from diagnosis to end-of-life care and helped a number of patients to avoid crises.

Patients have open access to Dietetics, Physiotherapy, Occupational and Speech Therapy alongside regular input from the medical team, this allows us to complete visits together and save time. Working closely together has allowed us to provide excellent quality of care, making sure the patient and family are supported -the feedback has been overwhelmingly positive.



## What Joan Told US

CRT got involved not long after I moved to this flat and I was admitted to hospital. I've become friends with them. The people I have seen are the Occupational therapists, Dietitians and Speech and Language Therapists. They are always on the end of the telephone, any time I want anything, they are here either a day or two later.

The CRT staff were very personal. They took in what was happening in my life and my age. 2 years ago I wasn't well and I think that was the start of this (Motor Neurone Disease). I know I'm not going to live for ever and I know life isn't peaceful and easy. I've made nice friends from the CRT and I was able to bring my dog with me.

If the CRT wasn't involved, I would have only the doctor to rely on. They provide genuine care. I wouldn't have had the hands on care that I have now. Hands on care to me means that all I need to do is text them and they are there. Having the texting option means that I don't have to wait for a response, especially in an emergency.

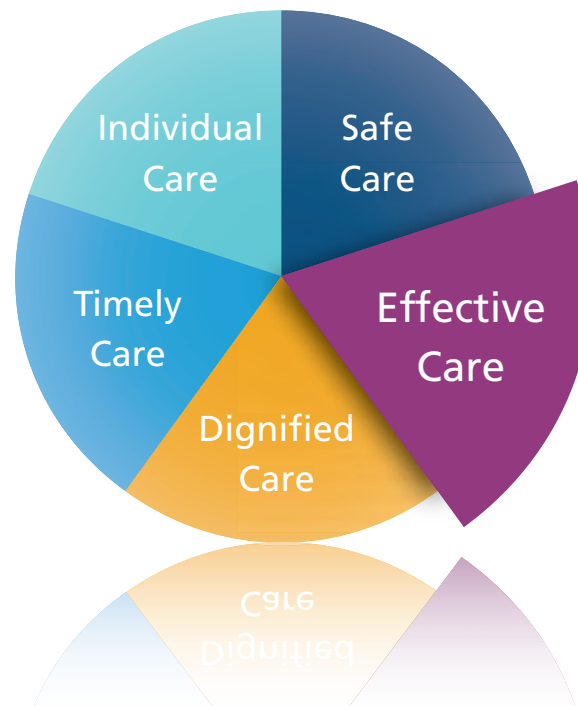




## QSI Framework update 2017-2020: Effective care

### Areas where we have improved in 2018- 2019:

- The electronic wristband system has been rolled out across the UHB. Our compliance with Patient Safety Solutions is 92%.
- WG has now issued guidance which enable us to safely introduce our electronic audit system in the coming months.
- We need to keep focusing on increasing the % of in-patient deaths subject to a mortality review. A lot of work is being undertaken to prepare for introduction of the Medical Examiner role.
- EMAT (our electronic mortality tool) has been developed to ensure that if a patient with learning disabilities dies in hospital there is automatically a more in depth review of their care.



### Things we are going to focus on 2018-2019:

- Introduction of an electronic clinical audit system.
- Put in place structures to support the Medical Examiner Role.
- Ensure that the deaths of all in-patients are reviewed.
- Continue to increase our compliance with Patient Safety Solutions.



# The Successes and Challenges Across the Health Board



**86.38%**

of patients having a particular type of heart attack, had a primary coronary intervention (when an artery is widened usually with an angioplasty balloon) within 90 minutes of arriving at UHW. Compared with 82.16% across Wales

Over  
**94.5%**

of our clinical staff are noted to be compliant with the World Health Organisation 5 moments of hand hygiene. This is important in helping to prevent the spread of infections

This year we have reviewed

**34**

individual published elements of NICE guidance

Over

**94.83%**

of our patients have a Nutritional Assessment within 24 hours of being admitted to the ward.

**2,163**

of deaths that have occurred in our hospital have been reviewed to establish if a further and more detailed review is required

The mortality rate following Emergency Laparotomy surgery is

**7.6%**

a reduction of



**2.5%**

from the previous reported year

**65%**

Of patients who have fractured their hip are mobilised out of bed on the day after their hip replacement. This is similar to the national rate but we will be working hard to improve it.

**1.6%**

of patients discharged from the paediatric intensive care unit were later readmitted. In line with UK readmission rates

Prescribing of medications to treat heart failure were as good as or exceeded the national prescribing rates



You can read some of our delivery plans here.

[Improving Eye Health Delivery Plan and Annual Report 2013-18](#)

[ME/CFS and Fibromyalgia Action Plan 2015/18](#)

## Success for our diabetes service

A doctor from our Clinical Research Facility has gained a prestigious award from the Association of British Clinical Diabetologists (ABCD). Dr Mohammad Alhadji picked up the award in 2018 for his work on immunotherapy for Type 1 diabetes. This is a condition which occurs when the body is unable to control the amount of glucose (sugar) in the blood, usually because the pancreas does not produce insulin for this to happen. Diabetes can lead to serious health complications if not managed properly. The research is trialling the regeneration of cells in the pancreas so that people with Type 1 diabetes will not need so much insulin. Clinical research is very important in developing treatment for patients. It enables healthcare staff ensure patients receive the best care available and that medicine is effective for the treatment of conditions. This means patients can be more effectively treated and managed and have a better quality of life.



## Transforming Type 2 diabetes care

Diabetes affects around 6% of the population of Cardiff and Vale and roughly 9 out of 10 people with diabetes have Type 2 diabetes. In the past, it was considered the norm for patients with Type 2 diabetes to be referred from their GPs to hospital outpatient appointments, however being able to access care closer to home is a much better option. The UHB have made much progress in establishing a community based service and additional funding has allowed the team to recruit two diabetes specialist nurses. The nurses are working closely with GP surgeries to provide education and support for patients who may be struggling to manage their diabetes. In addition, by switching patients to a more cost effective but equally clinically effective type of insulin they have also managed to save money which can be diverted to other parts of the service.

## Modernising nurses record keeping

An NHS Wales project is enabling nurses to complete their paperwork in an electronic format. If you have been a patient in the past you will know that nurses have to complete lots of documents when patients are in hospital. These are an important part of patient care and nurses are professionally bound to complete and update them. Work has begun to standardise core

documents across Wales so that wherever you live you can expect the same ones to be used. By standardising documents and making them electronic nursing staff will have easier access to them and records will be clearer and more accurate. It is not possible to change everything to an electronic format at once, this will be done gradually. The first ones to become electronic are the risk assessments and patient details which are collected by nursing staff whenever you are admitted to hospital. If you have been on our wards at the health board recently, you may have seen our staff using hand held devices and computers on wheels to record care at the bedside. Although it is early days, the benefits for patients are clear:

1. You shouldn't have to repeat your information more than once when you come into hospital (although you will be asked to confirm that it is correct).
2. Although it may take more time for nursing staff to complete the information, the quality will be better and it will reduce duplication and repeating of information by yourself or staff to others that are caring for you.

## Nurse led ECT

Electro convulsive therapy (ECT) is an effective intervention for people with severe depression. A 'one stop shop' has been implemented in the ECT department and the lead nurse is being supported by the UHB to be the first nurse in Cardiff to administer ECT, a role traditionally seen as a medical one.

The nurse led clinic accept referrals and complete all ECT preparation such as taking bloods, undertaking physical examinations, conducting ECGs, anaesthetic assessments and cognitive and mood assessments. They consent service users and prescribe treatment, monitoring its effectiveness and any side effects and organise follow up.

The clinic includes a small team of health care support workers who greet service users, family and friends and provide one-to-one support from arrival to discharge. Staff welcome family and friends to the clinic and as participants in reviews, and maintain a welcoming environment with refreshments and opportunities to share experiences. Service users' and carers' feedback has been positive and service users are invited to write positive recovery messages, modelled on nursing interventions developed as part of the Safewards programme.



## Outpatients in 2025

Preliminary work is underway to create a vision of 'Outpatients in 2025'. The aim is to capture what the experience of patients and our staff should be in 2025. The vision has had input from multiple areas including clinical staff, support staff, the IT department, patients, Stakeholder Reference Group, and Community Health Council (CHC). The work will be presented to the general public via the CHC in the near future. Alongside

outpatients 2025 work, there will be two departments (Gastroenterology and ENT) involved in creating a 'model outpatient' service, using IT and electronic solutions to work differently and make outpatients work efficiently for patients and staff. The "Patient Knows Best" system is one such electronic solution that is proposed for a modern out-patients service.

## The "Patient Knows Best"

The "Patient Knows Best" (PKB) is currently being used in out- patient hearing loss services to help patients to be able to manage their condition at home more effectively. Following a fitting of a hearing aid an online facility allows patients to create their own profile and communicate directly with a health professional without coming to the hospital. Patients can send messages to the health professional via a secure portal and they will receive a response within 5 days. Hearing aid issues or problems can be dealt with quickly and efficiently this way and patients can also access information from the online library. Eventually, the aim is to be able to answer queries in real time, providing an immediate response. The benefits of using PKB are many and include shortened appointment times, reduced need to travel to the hospital for patients thus saving their time, more convenient for patients, easy access to a clinician and a library resource. There has been

a 40% uptake of PKB for new patients coming into the adult service and this is expected to increase over time. PKB could be replicated across other specialities; it has already been successful in children's hearing services and is popular for patients receiving cochlear implants, as many live hours away from the hospital and this has reduced the need for face to face consultations.

## Female Genital Mutilation Clinic

Wales's first Specialist Female Genital Mutilation (FGM) known as the 'Women's Wellbeing Clinic' has been opened for all females affected by FGM or who are at potential risk of FGM occurring. The cultural practice of FGM is widely associated with profound health implications for all females affected and has no health benefits. Until now, females left with both the physical and psychological scars of FGM have not had access to specialist services in Wales.

The Service led by a Specialist FGM Midwife, is working in close collaboration with the Consultant Obstetric Team, Designated Child Health Consultant Paediatricians and Third Sector Agency Support. The clinic is staffed exclusively by females and held weekly, at Cardiff Royal infirmary.



Anyone affected by FGM or seeking advice around FGM can self-refer into the clinic or can be referred via a health clinician, third sector agency, the police or social services with the individual's prior consent. Any child cases will be seen in a separate clinic, which will run adjacent to the specialist FGM service by the UHB's Designated Child Health Consultant Paediatricians.

The vision for the service is to ensure that all females impacted by the physical and psychological trauma of the FGM practice are empowered to access culturally sensitive and individualised care management, support and advice. The clinic works within National Guidelines and Clinical Standards for Specialist FGM Services,



# 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.



## Endoscopy Services

An endoscopy is the most accurate way of looking at the lining of the digestive tract, to establish whether there is any disease present. This investigation is performed with a flexible instrument called an endoscope. Within each endoscope is an illumination channel, which enables light to be directed onto the lining of your bowel, and another which relays pictures back to a television screen. This test also allows us to take tissue samples (biopsy) for analysis by the pathology department if necessary. In our

2016/17 Annual Quality Statement we told you that as a result of increasing numbers of people being referred for endoscopies, waiting times had increased and several patients had not been reviewed in a timely way. Since then considerable work has been undertaken to ensure that patients are reviewed in an appropriate timeframe.

## What Our Endoscopy Management Team Told Us

Over the last few years we have worked hard to improve waiting times for patients undergoing an endoscopy test to investigate their symptoms. This has been successfully achieved through a combination of extra endoscopy lists performed during the week and at weekends and excellent team working across all of the managerial, nursing and medical staff. We have also improved the information patients have available about endoscopy procedures and our service on the Cardiff and Vale Internet page.

## What Our Gastroenterologist Told Us

Improved waiting times have had a significant benefit on patient care by being able to investigate and diagnose digestive complaints sooner. This allows us to start treatments at an earlier stage to improve quality of life. We have

also been working closely with other departments including radiology so that people with suspected cancer detected during their endoscopy can undergo a CT scan investigation within 24 hours, which has fallen from a previous waiting time of over two weeks. The whole department is really proud of the positive feedback received as a result of these improvements and benefits seen in improving patient care.

## What Our Patients Have Told Us

- Endoscopy unit very professional, doctors and nurses very caring and helpful thank you.
- Felt in competent and safe hands throughout.
- Procedure was swift, private and suitably dignified





# QSI Framework update 2017-2020: Safe Care

## Areas where we have improved in 2018-2019

- There has been a significant reduction in the number of endoscopy related incidents. We continue to monitor this closely.
- It has been over 12 months since our last Never Event in the dental setting.
- We have improved the rate and quality of reporting of pressure damage in line with WG guidance and have produced guidance and educated staff on community healthcare acquired pressure damage in particular.
- We met the WG targets for C Difficile.
- Reporting of mortality and morbidity data in relation to Sepsis and care of the deteriorating patient.
- The rate of Hospital Acquired Thrombosis has reduced from 8 in 2017/18 to 4 in 2018/19.



## Things we are going to focus on 2018-2019:

- Our work on National Safety Standards for Invasive Procedures continues – focusing on central line insertion, chest drain insertion and nasogastric tube insertion.
- Implementing our Falls Framework.
- Implementing the revised WG guidance for pressure ulcer reporting and investigation.
- Embedding a Human Factors approach through education and training.
- Putting in structures to support the Medical Examiner Role.

## Safe care for people with swallowing difficulties

Dysphagia is the medical name for swallowing difficulties and this affects patients with stroke, neurological (brain) disease, adults aged 65 and older, and more than 50 % of older people in care homes. Swallowing problems can lead to many issues including malnutrition, dehydration, choking, chest infections and a reduced quality of life. Speech and Language Therapists (SLTs) assess the swallow and advise on appropriate food/drink consistencies which is widely considered important for promoting safe and efficient swallowing. To reduce the risk of incorrect food/drinks being given it is important for staff to understand the different types of textures advised.

The International Dysphagia Diet Standardisation Initiative (IDDSI) was introduced in April 2018 as a worldwide scheme to promote the use of agreed standard descriptions of texture modified foods and thickened liquids. Cardiff and Vale UHB have supported the IDDSI implementation across all patient sites. Dietitians and SLTs have worked together to ensure these new descriptions are used in all areas across the Health Board, taking the opportunity to update staff on the importance of consistent language in texture modification to improve patient safety.



### A nursing assistant told us

It's so much easier now to work out consistencies of food and fluid with the new number system. The training was lovely... we had to practice feeding each other which made us all appreciate how it feels. The training benefitted all the team members not just the carers as often they will make residents a cup of tea. This makes sure we

are treating people with dignity and respect when we are helping them at mealtimes.

**A comment from another** Very informative; highlighting awareness that is necessary with diets and fluids for health and wellbeing. The importance of accommodating individual needs and providing a tasty, nutritious choice in their diet.

# The Successes and Challenges Across the Health Board



## 16,621

patient safety incidents were reported by staff. We actively encourage staff to report issues. This has increased from last year which is positive and means staff are actively reporting issues

## 15,173

of these incidents caused no harm or minor harm to the patients

## 336

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

## 47

of incidents reported to Welsh Government were as a result of injuries suffered after falling in hospital.

## 176

of incidents reported to Welsh Government were Pressure Damage related. This is an increase on last year due to the new reporting mechanism

**37** of incidents reported to Welsh Government were incidents of self-harming behaviour. These are mainly patients known to Mental Health Services who come to harm in the community.

## How do we know we are safe?

The Health Board has many processes in place to monitor the safety, quality and effectiveness of care. These include incident reporting, clinical audit, monitoring implementation of national guidance and alerts, mortality reviews, Coroner's inquests and Regulation 28 reports, concerns and Ombudsman reports, to name a few.

The Executive Nurse Director and Medical Director meet their corporate teams on a weekly basis to review Serious Incidents and concerns and emerging themes and trends are monitored.

Each Clinical Board has a quality, safety and experience group where relevant issues are discussed and action taken. Each of these groups reports to the Health Board's Quality, Safety and Experience Committee which is a well-established committee, chaired by an Independent Member of the Board.

## Pressure Damage

The way we report pressure damage to Welsh Government has changed.

We are now required to tell them when we have confirmed that significant grades of pressure damage (grade 3, 4 and unstageable) were determined to be avoidable after an initial investigation has reviewed the patient's skin damage. We are revising our systems and processes to meet the new Welsh Government requirements.

The Health Board has been able to upgrade hospital mattresses and beds across many hospital wards in the last year which is very positive news.

The Tissue Viability Nurses have worked with our provider, Medstrom Healthcare, to audit skin condition of our patients in many ward areas. The results of the audit are awaited.



### You Said

An Out Of Hours (OOH) Dr incorrectly converted doses of opioid (strong painkilling) medication due to an unclear table of conversion

### We Did

Palliative Care team have revised the table so that it is clearer and is available in each OOH vehicle.

### You Said

Patient was injured by the adjustable footplate on a wheelchair falling on to their leg

### We Did

All wheelchairs with an adjustable footrest are now fitted with a magnetic locking device to prevent this happening in future.

## 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](#)

In the last year we have reported 7 Never Events to Welsh Government. These included 2 medication errors, 2 incidents of problems with correct dental and surgical sites, 2 incidents where objects were unintentionally retained after invasive procedures and 1 incident of an incorrect implant used.

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](#)

One of the medication error incidents involved a medicine which can be taken daily or less frequently depending on why it is prescribed

for a patient. In our Never Event, we prescribed the medicine too frequently for the patient's needs and he took it daily for several days before the problem was noticed. Fortunately, he wasn't seriously harmed but it shouldn't have happened.

It is vitally important that patients understand what medication they are taking and why. Ask your doctor, nurse or pharmacist:

- Have any medications been added, stopped or changed? Why?
- What medications do I need to keep taking and why?
- How do I take my medications and for how long?
- How will I know if my medication is working? What side effects do I watch for?
- Do I need any tests when taking my medications?

Understanding your medications and raising questions with your doctor, nurse or pharmacist if you are unsure can help us to improve your safety.

## 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 Never Events and reducing harm from pressure damage, patient falls, self-harm to patients under the care of Mental Health Services and diagnostic processes and procedures (for example, Endoscopy services)

## Safety in Maternity

There has been media attention recently in NHS England and Wales regarding the safety of maternity services.

This prompted the Health Board to review its local maternity services in line with the recommendations from various national reports. A report was presented to the Quality, Safety and Experience Committee in December 2018 which you can read [here](#)

An action plan is in place where any issues arose. For example, funding was agreed to improve Consultant Obstetrician cover.

## Paediatric Surgery

The Royal College of Surgeons were invited to review the care of 18 children who were patients under the care of paediatric surgical services in the Health Board.

The report from the Royal College of Surgeons was shared with the Board meeting in November 2018 which you can read [here](#). It was reported that the service was safe. Actions for improvement have been taken forwards including the recruitment of additional paediatric surgeons and appointing an Assistant Clinical Director in a leadership role.

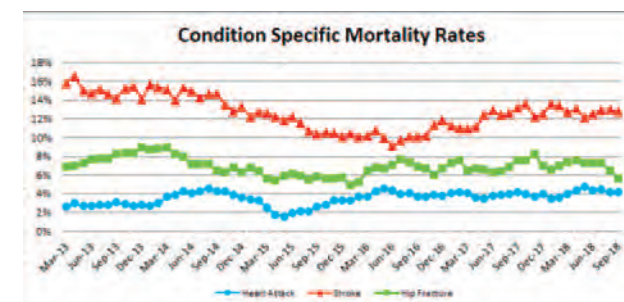


## Mortality

Mortality reviews must be undertaken following the deaths of all patients in our hospitals. We monitor to make sure these are undertaken and recorded on an electronic system.

78% of in patient deaths in UHW and UHL were subject to a Universal Mortality review in 2018/2019. We would expect to see an improvement in 2019/2020 as a result of the introduction of the medical examiner role.

We continue to monitor our condition specific mortality rates for stroke, hip fracture and heart attacks which are largely unchanged since we reported last year.



## Keeping our most vulnerable patients safe

Keeping patients in our care safe is paramount, and within our mental health areas we are constantly striving to ensure we keep some of our most vulnerable patients from coming to harm. A ligature point is anything which could be used to attach a cord, rope or other material for the purpose of hanging or strangulation. While it is not possible to remove all ligatures or potential anchor points in our care environments, we are required by Welsh Government to carry out regular ligature free audits in our acute mental health facilities, including Child and Adolescent Mental Health Services (CAMHS) and other elderly/ adult mental health environments.

A schedule of works has been carried out that has prioritised high risk ligature points in private areas such as bedrooms, bathrooms and toilets. Works have included replacement of en-suite doors with salon style doors that are attached with magnets and fall away when weight is applied in acute adult mental health wards and the older person's assessment ward. Soap dispensers, toilet paper holders and hand towel dispensers in these areas were attached to the wall with screws providing robust ligature points so screws have been removed and they are now attached with Velcro which will cause the dispensers to detach if weight is applied. Reviews are undertaken on an annual basis and high and medium risk ligature points considered by the Clinical Board. Also,

overarching risk assessments are completed and shared with all staff working in these areas.






## What are we doing to reduce infection?

- We continue to carry out monthly hand hygiene audits across the UHB which are reported at the Executive Performance Reviews.
- Root cause analysis is undertaken by the

clinical teams for all cases of S.aureus, Klebsiella and P. aeruginosa bacteraemias to understand the cause of the infection and identify where to focus our resources.

- Antiseptic Non Touch Technique (ANNT) continues to be rolled out across the Health Board. This is an internationally recognised guideline proven effective in preventing infection.
- We are making good progress on cutting down on the prescribing of antibiotics in order to

## Infection, Prevention and Control

HCAI position to the end of March 2019		Health Board Position in Wales	
	Staph.aureus (Combined MRSA/ MSSA) 75 cases over target	<b>5<sup>th</sup></b>	(of the 6 acute Health Boards)
	Clostridium difficile target met for the 2nd year running	<b>2<sup>nd</sup></b>	The target has been achieved 2 years running
	E.coli 36 cases over target	<b>1<sup>st</sup></b>	CAVUHB had the lowest number over the target
	Klebsiella target met	<b>CAVUHB are the only Health Board to achieve and exceed the target</b>	
	Pseudomonas aeruginosa target not met	<b>4<sup>th</sup></b>	

reduce antibiotic resistance. All GP practices have been supported by a prescribing advisor to look at how they are doing and what they can do to reduce their antibiotic prescribing

- 60% of GP practices have met the National Prescribing Target for prescribing of '4C' Antibiotics. (There is a particular focus on the 4C' antibiotics as they are known to be associated with a higher incidence of clostridium difficile infection)

## Internal Inspections

This year we undertook 124 internal inspections of wards and other clinical areas. We do these inspections to be assured about the standard of care that we are providing. We look at the documentation, the environment and we talk to patients during each inspection. The inspections continue to provide a positive picture of staff delivering care in a professional and dignified manner within calm, organised environments and evidence of the UHB values and behaviours being displayed by staff are seen across all areas. It was noted that there was some variation in the standard of documentation across the wards and it was noted that there were environmental improvements required in a number of areas.

## External Inspection

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of

healthcare in Wales. They provide the health board with assurance about the quality of our services and promote improvement by reporting and sharing good practice. HIW have carried out two unannounced visits, 1 announced visit to CMHT and 5 announced visits to dental practices in the last year.

The UHB reports are largely positive finding services safe and effective. Action plans are implemented to address the findings and all HIW visits and reviews are reported to the QSE Committee

The inspection reports can be read [here](#)

## Patient Identification Wristbands

New inpatient identification wristbands and printers have been rolled out across the Health Board in the autumn of 2018.

It is vital that staff check patient identification before treatment, whether that is giving medication, requesting tests, taking bloods or transferring patients between wards.

Patient misidentification can lead to medication errors, incorrect test results being given to the wrong patients and even patients undergoing procedures not intended for them.

We encourage patients to challenge staff who have not checked their identification before having treatment, whether that's in a hospital

department or community setting. For inpatients, we encourage patients to ensure they are wearing a wristband with the correct details.

## Welsh Health Specialised Services Committee (WHSSC)

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

The Health Board meets regularly with WHSSC and has had regular QSE meetings with the WHSSC Executive Director of Nursing throughout 2018-2019 to discuss quality and safety issues. There are regular meetings between senior managers and clinicians with WHSSC to discuss services and plan specialised services for the future.



# Dignified Care

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



## Get Me Home

The "Get Me Home" Service is a single access point within the hospital for all community based services. Using a collective approach, a new way of working is being developed to improve the patient journey and increase integrated working between Cardiff Council, the UHB and third sector partners. By doing this we can ensure patients have access to the full range of services in the community as required.

We are using a different approach called 'What Matters' when we talk to patients which helps us to find out about the things that really matter to patients so that we can provide holistic support tailored to their needs that supports independent living. Examples include helping patients with things like meal management, home safety and assistive technology.

## Get me Home Plus service

In January 2019, the Get me Home Plus pilot was commenced which currently includes two wards within UHW. The service provides input for those patients who;

- Have long term care needs and do not have the potential for rehabilitation
- Have existing care but this needs to be reassessed or increased
- Patients must be medically fit for discharge.

With the support of the Get Me Home plus team, the aim is to move the patient much quicker from hospital into their own homes where they are best placed to have their care needs assessed. At present, 5 patients per week can be discharged to this service.

## Case study

Mrs Williams had been in hospital for 2 weeks following a fall at a home and was extremely nervous about going home feeling that she may need to go into residential care. Through speaking to the patient face to face on the ward, and giving her reassurance of the support on offer, it was decided that she would go home and be supported by Get Me Home plus.

The care level suggested as needed on the ward was four calls a day. However, when Mrs

Williams got home, just by having the team meet her that afternoon, her confidence was raised and the care calls were actually arranged for three times a day. After four days, the Occupational Therapy assessment showed that this lady could manage with a reduced care support and made recommendation to social services that the long term care need should be once a day. This was then arranged within two weeks.

The benefits in this case study were that Mrs Williams was able to make a more informed choice in her own home, and the correct level of care support was prescribed. Whilst sitting on the ward worrying about it all, Mrs Williams may have deteriorated further from a health perspective, and may have made a decision about her future based on one unfortunate event at home meaning giving up her home for good.





## QSI Framework update 2017-2020: Dignified care

### Areas where we have improved in 2018-2019:

- We have made very good progress with implementation of our sensory loss plan, particularly in relation to people who are hard of hearing.
- We have implemented a regular survey so that we can explore the experiences of our service users with Learning Disabilities.
- We have recruited 2 MacMillan Advance Care Planning (ACP) facilitators and are working to promote greater awareness and use of ACP.
- A second MacMillan End of Life GP facilitator has been appointed to support primary and community care colleagues.
- We have participated in the National Audit into care at End of Life (NACEL) which looks at care given to patients and those close to them in the last days of life.



### Things we are going to focus on 2019-2020:

- Full roll out of the Learning Disability (LD) bundle.
- Continue to implement the Sensory Loss Plan.

# The Successes and Challenges Across the Health Board

Health and Care standards were reviewed across

**110**  
clinical areas

**1078**

responses were received from patient surveys

**95%**

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

**98%**

of patients say they were given enough water and drinks

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

**98%**

when asked about whether we provide dignified care. This has improved greatly since last year by 11.5%.

## Occupational therapy training for people with cognitive impairment

An evidence based model has been used to develop cognitive impairment training carried out by experienced occupational therapists from ABMU Health Board and delivered jointly by Cardiff and Vale and ABMU staff to occupational therapists from both Health boards. Cognitive impairment means an impaired memory. The model on which the training is based focuses on the remaining abilities of a person with cognitive impairment and enables the therapist to adapt

**96%**

of our patients agreed that nursing staff were involved in mealtime services - an increase of 3.58% on last year

the approach of caregivers as well as the environment thus maintaining the individuals participation in everyday tasks and activities. As part of the training therapists were taught how to use and analyse the assessment tools and apply this model within their clinical practice. Through their experience and knowledge they will also be able to teach others to support the widespread use of the model across the service.

**79%**

of wards provide 3 water jug changes daily for patients - we need to improve on this

## Natural awakening - A poem

As I lay warm and snug in my bed  
Where sweet dreams run through my head

Happy memories, all so clear  
No feelings or signs of fear  
A place of comfort and calm  
A place where I feel safe from harm  
A cosy place to rest

To ensure the new day be the best  
Please don't wake me in a rush  
Nice gentle tones hush hush hush  
Charts, pressures, timing the usual scene

But please understand my own routine  
Please allow me some control

I'm still me, with a beautiful soul

Take five, chill, go to break

In that time naturally I will wake

Not scared, upset or feeling hurt

Happier awake and more alert

A peaceful place and a better day

At last I do get to have my say

No more stress for you too

And from the bottom of my heart, I thank you!

(Katie Bonar, Liaison psychiatry older people service)

## Natural awakening

Adequate sleep is important for recovery and well-being in hospital. The introduction of natural awakening has helped patients to wake up feeling safer and calmer on one elderly ward. The project has been so successful, it will be rolled out to other appropriate wards in the near future.

## Brightly coloured crockery

First used on the Model ward two-tone blue crockery (including plates, bowls, and cups) has been introduced on adult wards across all Cardiff and Vale UHB sites. Appetite is often affected during a hospital admission leading to a reduction in food intake, which can increase recovery time. The benefits to patient experience include:

- Improved meal presentation as the bright colour gives a homely and relaxed feel to mealtimes. The improved appearance of the food has been proven to stimulate patients eating and hydration.
- The colour contrast between the food and the crockery allows patients to see the food more clearly, which again, increases their appetite.
- The coloured crockery can increase food intake by up to 30%. This has hugely beneficial impacts on patient nutrition, while food waste across the UHB will be dramatically reduced.

## John's campaign

Last year, the UHB launched John's Campaign. The aim of the campaign is to support carers to continue their caring role, if they wish, while the person they care for is in hospital. The campaign is currently being piloted on seven wards, across four hospital sites. As part of the pilot, carers support leads were identified in each area and received training to help them identify and support carers in line with the campaign.

Often, people in a caring role do not identify themselves as being a "carer". For those wards involved in the pilot, there is an emphasis on early identification of carers by raising awareness of what a carer is and what they do, as well as ensuring staff are communicating with carers and involving them in the care of the person they look after.



## Carers support

For many carers, GP Practices are often the first point of contact. An initiative has been set up with the aim of raising awareness of unpaid carers, improving access to information and upskilling staff within GP surgeries, allowing them to support and signpost carers appropriately.

There are now 66% of GP practices currently participating. Although it didn't win, the scheme reached the shortlist in two categories in the National Patient Experience Awards (PENNA) that took place in March 2019.

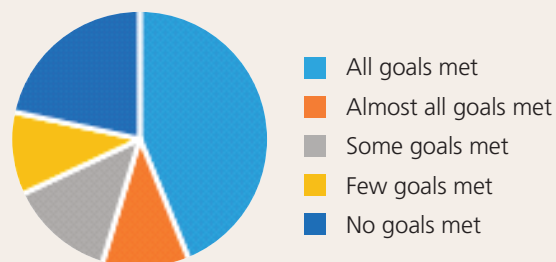




## Occupational Therapy Mental Health Outcomes

The Occupational Therapy Mental Health service has embedded the use of internationally recognised tools to identify where to start treatment, how occupational therapy is working and when people have achieved their goals. Occupational Therapists use these to understand what is important to people and to help people live a life that feels meaningful. The Occupational Therapists work with people to find occupations and develop roles that are important to the person and support them to feel part of their community. These tools help people to see how they are improving and what the next steps in their treatment are likely to be. Results shown here show that out of nearly 2000 people treated by occupational therapists the majority felt either all or almost all of their goals had been met.

**Occupational Therapy Treatment Outcomes for 1,976 people**



## Get up Get Dressed Get Moving

Last year we told you about a campaign to keep people more active in hospital called Get up, Get dressed, Get Moving.

Cardiff and Vale UHB staff across all sites and even in the community took to the challenge with great enthusiasm and vigour. They decorated wards, dressed in pyjamas to raise awareness of the campaign, ran stands to disseminate information to patients and visitors (often while in pyjamas), and the Director of Nursing for the medical clinical board even ran a marathon in a bespoke #endpjaralysis nighty.

Even more importantly, they engaged with the core concepts of the campaign and worked to support as many patients as possible to get up out of bed, get dressed into day clothes, and get them moving as freely as possible around the wards. During the 70 days from the 17th April 2018, our staff supported 6,162 patients to get dressed and helped 7,613 patients to be mobile.

The campaign was very successful, with patients and staff both noticing a positive difference to the people and the atmosphere on the wards. One patient said, "I am a changed man because of the campaign... it has given me back the next stage of my life, it has given me a different outlook, it has given me what I needed. I was



going off the ladder but now I'm focused, back on track, happy, proud and glad that I've come here as I've learnt from the NHS what you can do, what you can achieve, and what's out there for you." (Watch the full video [here](#))

Findings appear to be positive with some wards in the University Hospital of Wales reporting a reduction in their patients' length of stay during the challenge. One ward sister reported that her patients seemed much more mobile and that there had been a reduction in falls on her ward during the course of the challenge. She also reported that incidents of pressure ulcers had appeared to decrease over the 70 days.

# Our Staff and Volunteers

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



Over a third of people aged over 65 and half of those over 85 will fall every year. In Cardiff and Vale there are approximately 500 hip fracture admissions each year. In 2018 the health board brought Cardiff University Medical Students and Occupational Therapy students into local Primary Schools for the Staying Steady Schools Project. The primary aims of the project are to raise awareness and increase knowledge of falls risks, how to reduce them, and what services and support are available for those at risk. You can view the [Video here.](#)

## What the Medical student Told Us

I gained confidence and I enjoyed organising the presentation with the children and teachers, as well as

talking to the grandparents after the presentations and answering their questions. I think it is a fantastic project and something that all medical students should participate in. It helps with confidence and it makes you think about a way to explain medical conditions without using medical jargon.

## What the Occupational Therapy Student Told Us

I learned to be flexible in my communication and the value of getting children to suggest ideas. I am now more aware of the causes of falls and possible ways of preventing them. I have greatly improved my presentation skills and was flexible in communicating with adults and children. I really enjoyed the experience and feel more confident in talking about falls

## What the Audience Told Us

I'm very pleased to have all this information - so well presented and really glad to have the exercises and to know that my low blood pressure may be accounting for some of my falls and to know I should report them

## The Successes and Challenges Across the Health Board



12,358

Staff trained in infection prevention and control

11,696

Staff trained in safeguarding children

3,048

Staff trained in the Mental Capacity Act



12,405

Staff trained in Equality, Diversity and Human Rights

Over  
25

Cardiff and Vale College students have been trained into ward activity and befriender roles

## The work of our volunteers

Following feedback from patients and visitors a bookcase was installed in the Information and Support Centre, University Hospital Llandough. The book cwtch has been very popular with people taking books to read and donating their unwanted books. The information and support facilitator has also been working with volunteers to re-establish the patient library trolley service. This is now being



rolled out across the wards at University Hospital Llandough. The trolley service is supported by Cardiff and Vale UHB volunteers and includes a new young volunteer who is deaf. He is being supported by an experienced volunteer. The facilitator is also working in partnership with Cardiff Council and Vale of Glamorgan Council offering volunteering opportunities to their clients who have a learning disability.

During 2018, toiletries have been collected in the information and support centres. Toiletry bags containing essential items are available to give to homeless patients or to those who do not have anyone to bring them items when they are in hospital. Other items that are donated are given to the local foodbank for distributing to their clients. Feedback from staff and volunteers who have given out the packs has been very positive.

**The Knit and Natter Group** met 44 times in 2018, supporting 54 individual patients, with many returning during their hospital stay. Seven people have attended from the local community with some returning every week. The volunteers created a display for the NHS 70th Anniversary made out of knitted items – From the Cradle to the Grave. Volunteers have also been knitting knee blankets which are given out to patients waiting for transport in Concourse, UHW. The patients are able to keep the blankets and take them home

## Working with our young volunteers-Digital Heroes

Last year we were able to support a new volunteer role to specifically support youth volunteering. Currently the youth volunteer is working in partnership with Digital Communities Wales to deliver the Digital Heroes project. The aim of Digital Heroes is to bring older and younger people together to use and enjoy technology. The young volunteers offer support to the older generation to get online. This helps the older person become more independent while also becoming less isolated. It is also encouraging inter-generational socialising and bonding. The youth volunteer is working with ward sisters and community staff to embed this into their areas and funding is being reviewed to be able to purchase technology such as iPads and virtual reality headsets in order to run the project in the future.

## University of Wales Art Student Volunteering

This year we had the opportunity to work again with the University of South Wales Creative and Therapeutic Arts degree course for students who want to work on their practice as artists, but who also want to help other people through their art. Seven students undertaking their student placement volunteered at the University Hospital of Wales, St Davids Hospital and University



Hospital Llandough for 90 hours over an 18 week period delivering a therapeutic art project specific to the patient's needs.

#### One patient told us-

"I didn't think I could do art but once I got involved I surprised myself"



#### Musicians - Harmoni Cymru

Four volunteers have held musical sessions for a vast range of patient groups, from those in general medical care to those in long stay rehabilitation in day rooms or on the wards. Staff told us- Music has the most effect on patients, it takes them back and opens conversation. It is absolutely amazing- patients loved it. Thank you so much -please come back.

#### Our award winning information centres

Our information and support centres were awarded a Macmillan's quality standard for cancer information and support services in February of this year. This award recognises excellence in developing, delivering and improving information and support services and meeting the changing needs of people affected by cancer. The award covers 12 interlinked 'quality areas' looking at all aspects of a well-managed service which include: planning, governance, leadership, user-centred service, managing people, learning and development, managing money, managing resources and information, communication and promotion, working with others, monitoring and evaluation and results.



# Developing and caring for our workforce

## Apprenticeship Academy

In Cardiff and Vale UHB we are keen to create a culture where opportunities for people to develop their skills, experience, education and qualifications are explored.

Cardiff and Vale UHB has successfully launched its Apprenticeship Academy, with the ambition to employ 100 apprentices within the next 12 months, in an array of departments. We see apprenticeships as an opportunity to achieve this culture through maximising the potential of our

workforce by engaging with our experienced staff, so that they pass on their skills and experiences to others and support learning opportunities at all levels.

We envisage growing our apprenticeship opportunities over the next 3 years in traditional areas such as estates and crafts and also to broaden to our essential support functions of housekeeping, catering, IT, HR and Finance. We will also focus on support within clinical areas such as nursing, clinical administration and central servicing areas.

## Talent Management/ Leadership

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 Cardiff and Vale UHB to consider potential and the value staff bring to their current roles, as well as maximising their future potential in the NHS.

Cardiff and Vale UHB is excited about launching its Talent Management Programme in April 2019, supporting our culture of being 'A Great Place to Work and Learn'. The Talent Management Programme is about encouraging open, honest and constructive conversations between managers and staff about where they are now, where they want to be and how to get there. 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.

## Time to Change and CAV a Coffee Campaign

This year Cardiff and Vale UHB recommitted to the Time to Change Wales Pledge and in line with



World Mental Health Day launched its 'Cav a Coffee and Talk' Campaign.

This campaign is designed to encourage individuals to speak about their mental health and to feel confident to ask for support when needed. The campaign also encourages staff talk to their colleagues, ask how they are, listen to what they say and keep in touch. The campaign aims to make them aware that they have the ability to help that person, as even the smallest of gestures (having a coffee together for instance) can make a huge difference. This campaign is designed to empower staff to take breaks from their busy working days where and when they're able to.

We are proud of our CAV a Coffee champions, who are approachable colleagues who staff can talk to if they feel they need someone to confide in. These champions will listen and signpost staff to appropriate services if they need further support.

Our Chief Executive, Len Richards is fully supportive of this campaign:  
He explained:

"We all spend a lot of time at work and I want all staff at Cardiff and Vale UHB to feel welcomed and accepted by their colleagues and wider

organisation. No one should be made to feel out of place due to mental health problems, like stress, anxiety or depression and by rolling out this campaign as widely as possible, we can begin to change the status quo and properly support those of our staff who need our help"



## Project 95 & Nurse Recruitment

Cardiff and Vale UHB launched its Project 95 recruitment plans with the aim of recruiting talented nurses to fill current vacancies within the organisation. Project 95 has included a range of UHB wide recruitment events, including one in January which successfully recruited 70 nurses.

This achievement is partly as a result of the impressive communication that reached 275,000 hits on social media and 43,000 views on the Christmas Recruitment Advent Video.

Another aspect of Project 95 is overseas nurse recruitment. The organisation has the aim of recruiting 50 nurses from overseas to fill current vacancies.

We are always looking for ways to help and support new staff to the UHB. Worn as a badge "my orange smile" is a simple initiative that helps others recognise when a nurse is new to a ward or clinical area. It is a reminder for all members of the team to be patient and to provide extra support that is needed during what can be a challenging time.



**My Orange smile**  
means I am new to your ward.  
Please be considerate and help  
me when needed

## Re- launch of the Consensus' Mediation Service

We are pleased to announce the relaunch of Cardiff and Vale's Mediation Service 'Consensus'.



As part of the redevelopment, the Workforce and Organisational development department has invested resources into training additional staff in becoming mediators to support this vital service. We are proud to have trained 23 mediators across all Clinical Boards within the organisation who will work to resolve conflict at an early stage.

## Exit Questionnaires

When staff leave our organisation we ask them to complete an exit questionnaire. We are always looking to continually improve the service we provide to patients and the staff's work experience and that is why feedback from the exit questionnaires is so vital to Cardiff and Vale UHB. The UHB is pleased that the exit questionnaires are now a lot quicker and more accessible for staff to answer, as they're now being completed online through Survey Monkey.

## Listening to our Staff

It is important that the staff of Cardiff and Vale UHB feel that their concerns are listened to and their ideas are taken on board. Therefore, a Staff Survey Employee Stakeholder Group, chaired by the Executive Director of Workforce and Organisational Development has been created following the results of this year's Staff Survey. We sought volunteers from across the UHB and found around 50 members of staff who expressed interest in being involved with improving business practices.

3 separate workshops have been undertaken by the volunteers and members of the Executive Team to explore the group's expectations, key themes within the survey results and some actioned improvements that the volunteers can own and spread throughout the organisation. We have been working hard to improve staff engagement over the last few years and we hope the ideas and improvements generated within these workshops will play a big part in improving this.

## Freedom to speak up



Effective speaking up arrangements help to protect patients and improve the experience of NHS workers. Having a healthy speaking up culture is evidence of a well-led organisation. Safe, compassionate care is everyone's business.

**Speaking out safely and responding to concerns is something that we should all comfortably be able to do. But we know that being able to speak out is not always as easy as it sounds.**

**The way in which we respond to someone seeking to "speak up" is very important. We are relaunching the Freedom to speak up initiative to raise awareness with all staff.**

### We want to listen

Email the "freedom to speak" email address [F2SUcardiffUHB@wales.nhs.uk](mailto:F2SUcardiffUHB@wales.nhs.uk) and/or telephone line 02921 846000



## STAFF RECOGNITION AWARDS

The annual staff recognition awards took place on Friday 15th March at City Hall in Cardiff. 295 nominations were received across 15 different categories.

There were many worthy winners on the night. The award for patient experience was given to the Critical Care team for organising the real wedding of the year in 2018. A patient on the critical care unit with a very poor prognosis wanted to marry his partner of 30 years. The team worked with the bride to plan the wedding ceremony, room decorations, registrar, wedding breakfast, media coverage and photographs. Critical care became a wedding venue and a dying gentleman had his dying wishes fulfilled.





# Our Inclusive Workforce



## You Said

We don't have enough understanding and awareness of transgender issues

## We Did

We have launched a transgender pathway and employed a specialist nurse in our gender identity clinic. LGBT education is included within various training sessions with 76.47% of staff having undertaken equality related sessions in the last 3 years



## RCN Awards

Cardiff and Vale nurses were recognised for their achievements last year as they carried off several awards at the Royal College of Nursing prestigious 'Nurse of the Year' awards. Winners included advanced and specialist nursing award, CNO award, mental health and learning disabilities, mentorship award, registered nurse award and paediatric nursing award. Cardiff and Vale also carried off a number of runners up awards.

## What our Executive Nurse Director Ruth Walker told us

To have our nurses recognised was very special and was a stage upon which we, as a health board, can demonstrate that we're truly living our values and are staffed by a cohort of extraordinary, outstanding individuals.

## Welsh language standards

We take our commitment seriously to making the Welsh language as visible and accessible as possible in the UHB. In May 2019 new Welsh Language standards will be replacing the current Welsh Language scheme, these standards will set out on how the organisation will provide an effective Welsh language service for patients and service users who prefer to speak Welsh. It also sets out how our staff can use the language internally such as in receiving training or during the recruitment process.



The organisation has established the Welsh Language Standards Group, a working group with representation from across the organisation to help with the progress with the compliance. It will share good practice and success while discussing the challenges. In some cases, groups in some clinical boards have also been established to take the agenda forward in their respective areas.

# Celebrating the achievements of our staff

## Louder than words charter mark

The Dental Clinical board have been awarded the Action on Hearing Loss “Louder than Words” charter mark; a nationally recognised set of standards that if met in full, show an excellent level of service is being provided for patients and employees who are deaf or have hearing loss. People who have hearing loss can sometimes feel excluded due to communication barriers when accessing health services, for example, difficulty making hospital appointments and unclear consultations with health professionals. The dental hospital is the only NHS hospital in the whole of the UK to have achieved this prestigious award. The team have been able to demonstrate that they are achieving the Welsh Government All Wales Standards for communication and information for people with sensory loss (people who are deaf or hard of hearing, or blind or partially sighted, or both)



## Improvements included

Staff worked with audiology (hearing) and ophthalmology (eye) specialists to identify where improvements needed to be made for both hearing and visually impaired people including patients and staff. A number of improvements were introduced including deaf awareness training for staff that focussed on use of different communication methods; nominated sensory loss champions in each area; installation of loop systems and Sonidos to benefit hearing impaired patients in all areas of the dental hospital; purchase of a Braille machine for visually impaired people, and improved signage around the hospital. Members of dental hospital staff were also able to access hearing tests and health promotion material to support their own health and wellbeing in the workplace.







## RCM Awards

Cardiff and Vale University Health Board's Midwifery Team have again earned recognition at the Royal College of Midwives (RCM) UK Awards. The health board was shortlisted in five categories overall, while being highly commended in the Excellence in Midwifery Education category.

## Patient experience network national awards (PENNA)

Cardiff and Vale University Health Board has been recognised for providing its patients with positive experiences. The Health Board was shortlisted in multiple categories of the annual Patient Experience Network National Awards, which highlight best practice in patient experience throughout health and social care in the UK. The South Wales Neuroendocrine Cancer Service, which is hosted by the health board, won the 'Turning it Around' award. Dr Mohid Khan has led a transformation of the service that deals with Neuroendocrine Tumours (NET), which are increasingly prevalent cancers affecting different sites in the body including the gastrointestinal tract.

# How are we doing? – help us hear your voice



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

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

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

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



# Wales for Africa

Our health board has a multi-disciplinary coordinating group which oversees and supports our partnership working. A number of health board staff, and associated colleagues in Cardiff University, are also involved with charities that support work in Africa. Our partnerships include Mothers of Africa, Life for African Mothers, Penarth and District Lesotho Trust and the Welsh Government's International Learning Opportunities Programme. Through their work initiatives of sharing skills, establishing positive collaborative working relationships with local communities and supporting education and health, these charities in Wales are helping to build strong communities in Africa. This work demonstrates the UHB's commitment to making a positive contribution to global wellbeing. Staff are encouraged to support African charities in a number of ways. They include;

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



Images by Holly Parkhouse & Alice Hargraves, CSAD

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