Annual Quality Statement 2016 - 2017
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Welcome from the Chair and Chief Executive

We are pleased to bring you the fifth Annual Quality Statement for Cardiff and Vale University Health Board (UHB) in which we will give you an overview of the work that has been undertaken in the past year, reflect on the commitments that we made in last year’s Annual Quality Statement and acknowledge the work that is underway or is planned to meet our priorities. We are also proud to be able to showcase some of the fantastic achievements of 2016-2017 including success in the NHS Wales Awards, Royal College of Midwives Awards and the Understanding Disability Awards.

We are constantly working to improve the quality and safety of the services that we provide and the Annual Quality Statement will give you an open and transparent account of the successes and challenges that we have faced in the past 12 months. We work closely with Health Care Inspectorate Wales and the Community Health Council, who help us to ensure that the care we are providing is of a high standard. We have systems in place that allow us to recognise when things go wrong and to help us to learn from these events.

We are very proud of the innovation shown by all of our staff when considering how best to deliver care. This year we have seen some excellent examples of how services can be delivered differently, often resulting in services being accessed closer to home. Cardiac services are now delivering heart failure clinics from General Practitioner (GP) surgeries and Audiology services are providing many of their pathways in the community from diagnostic tests to treatment and monitoring.

The financial environment proved to be extremely challenging in 2016/17. The Health Board was unable to gain approval of its three year Integrated Medium Term Plan and instead it agreed a one year operational plan with Welsh Government. Despite incurring a significant deficit in 2016/17 the quality and safety of services provided by the Health Board has remained a priority.

If you would like more information about the quality and safety of our services then the Quality, Safety and Experience papers can be accessed: [http://www.cardiffandvaleuhb.wales.nhs.uk/quality-safety-experience-committee](http://www.cardiffandvaleuhb.wales.nhs.uk/quality-safety-experience-committee).

Maria Battle
Chair

Len Richards
Chief Executive
During the past year we have undertaken the following activity relating to the Health Board and listening to Patients’, Service Users and Carers who use their services.

Independent Advocacy – Cardiff & Vale UHB

131 complaints handled with 163 individual subjects related to the following services, GP Out of Hours, Community Services, Mental Health Services and Prison Healthcare.

The CHC uses the information from the users of the Advocacy Service and Continuous Engagement and other forums to focus its Scrutiny Visiting to NHS services.

Scrutiny Visits

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

18 visits undertaken to various Wards and Departments in addition 13 unannounced visits were carried out. We also undertook 15 visits to Health Centres to establish a baseline assessment of NHS services being provided and are working with the Health Board action plan. We also took part in the All Wales Dementia “One Simple Thing” survey which had over 500 responses.

Members also completed 22 visits to all GP Branch Surgeries and received 1,476 completed surveys a 34% response rate, detailing the patients’ experience. Report due to be published shortly. In addition 4 joint HIW / CHC inspections to GP surgeries.

Continuous Engagement & Service Change

We have provided support and advice to the Clinical Boards on their engagement processes, utilising the co-produced service change flow chart. We have also utilised Social Media with 293 tweets, 358 Followers and in excess of 2,130 impressions. On our new Facebook group we have 125 followers. We also attended the Cardiff Pride event and met with over 350 people and received several referrals to our advocacy service.

The CHC has provided a patient input into this year’s Health Board Annual Quality Statement and are confident the information provided is an honest assessment of the services it provides its local population. The CHC has endorsed the Annual Quality Statement for 2016 -2017.

Jill Shelton Chair

Stephen Allen Chief Officer
Introduction

2017 has seen the 45th Anniversary of the University Hospital of Wales. In 1971 the focus for delivering health care was very much centred on secondary care or hospitals and we continue to see extensive activity undertaken in all of our hospital sites. However, as we witness the advancement and changes in technology as well as an increase in the number of patients that use our services we are working with our public, patients and staff to design and deliver services that can be delivered closer to home.

Our 10 year strategy, Shaping Our Future Wellbeing, identifies the need for us to deliver care closer to home for our patients wherever possible. In 2017 we saw the opening of a new state of the art renal dialysis unit, moving this service away from a hospital site to a more accessible area and this development, mirrors changes in the way we are delivering many of our services. There are further examples within this publication.

The vision of Shaping Our Future Wellbeing, (which has been produced together with staff, local communities and the voluntary sector) is that anyone in our community should have the same chance of a healthy life no matter where they live. This is an ambitious vision but one that we are committed to achieving. All of our Clinical Boards are taking forward their plans to support our strategy through their Intermediate Medium Term Plans (IMTP). We have already started to make progress towards improving the health of our communities, enabling people to live longer and healthier lives:

- We have fewer patients waiting for elective treatments than at any time in recent years
- We are able to provide the majority of cancer treatments in time
- Our primary and community services have made significant advances, including the establishment of seven days working for our community resource teams and a new pathway to help patients get the treatment they need more speedily and reliably.

The next steps to improving our vision include three key priorities. These are our Bold Improvement Goals (BIG) and this year we have made good progress against each of them.

**BIG 1** - Reorganising the way we use our medical inpatient beds in UHW to ensure that our patients receive the right care, in the right place at the right time and from the right people.

**BIG 2** - Designing the perfect locality with the aim of caring for people and keeping them well at home as their first choice.

**BIG 3** - Embarking on a three year programme of work to reduce waste, harm and unnecessary clinical variation.

The work underpinning these Bold Improvement Goals is highlighted further within the Annual Quality Statement.

This year we launched a project to identify a set of values which will guide the way all staff work and the way we behave with others. During 2016 and the early part of 2017, the project called Values into Action, was undertaken to hear from patients and their families about their experiences in our care. We engaged with almost 3000 patients and staff with the aim of improving the experience our patients have in our care and the experience of our staff working within the organisation. The feedback has helped us to develop a revised set of values and a clear set of behaviours that we expect to see and these include the expectation that staff will always be **Kind, Caring** and **Respectful** and will act with **Trust** and **integrity** and demonstrate **Personal Responsibility**.
### Our Values

#### The Behaviours We Expect

<table>
<thead>
<tr>
<th>Kind and Caring</th>
<th>Welcoming</th>
<th>Valuing other people’s time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Welcoming</td>
<td>• Compassionate</td>
</tr>
<tr>
<td></td>
<td>• Putting people at ease</td>
<td></td>
</tr>
<tr>
<td>Respectful</td>
<td>Understanding</td>
<td>Respectful</td>
</tr>
<tr>
<td></td>
<td>• Understanding</td>
<td>• Appreciative</td>
</tr>
<tr>
<td></td>
<td>• Attentive and Helpful</td>
<td></td>
</tr>
<tr>
<td>Trust and Integrity</td>
<td>Listen</td>
<td>Teamwork</td>
</tr>
<tr>
<td></td>
<td>• Clear Communication</td>
<td>• Speak up</td>
</tr>
<tr>
<td>Personal Responsibility</td>
<td>Positive</td>
<td>Excel</td>
</tr>
<tr>
<td></td>
<td>• Professional</td>
<td>• Keep Improving</td>
</tr>
</tbody>
</table>

**Our values into action**

- Care: Gofal
- Trust: Ymddiriedaeth
- Respect: Parch
- Personal Responsibility: Cyfrifoldeb Personal
- Integrity: Uniondeb
- Kindness: Caredigrwydd
# Treating People As Individuals

## In 2016 – 2017 We Said We Would

<table>
<thead>
<tr>
<th>Description</th>
<th>How Do We Know</th>
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<tbody>
<tr>
<td>Develop a carers forum as part of our implementation of the social services and wellbeing act 2014 which puts the wellbeing of citizens, including carers at its heart</td>
<td>The forum has not yet been established but there is work underway between local authorities, the health board and the voluntary sector to develop this. Carers Trust Wales is leading work to understand the range of services that are supporting young carers.</td>
</tr>
<tr>
<td>Young carers project support officers will work with schools to identify young carers at an early stage and put in place appropriate support mechanisms. This will be evaluated in March 2017</td>
<td>A young carers in school accreditation scheme is being trialled in 12 schools across Cardiff and the Vale of Glamorgan to ensure that young carers are identified, given support and signposted to suitable resources and services. It is hoped that this will them be extended to all remaining schools in the area.</td>
</tr>
<tr>
<td>Develop more interactive and real time patients’ feedback systems. For example use portable “smiley Face” machines on hospital sites and wards to gain some timely feedback</td>
<td>The Young Carers Speak Out report can be accessed at: <a href="http://www.valeofglamorgan.gov.uk/Documents/Living/Social%20Care/Looking%20after%20Someone/Final-Young-Carers-Survey-Report-by-CASCADE.pdf">http://www.valeofglamorgan.gov.uk/Documents/Living/Social%20Care/Looking%20after%20Someone/Final-Young-Carers-Survey-Report-by-CASCADE.pdf</a></td>
</tr>
<tr>
<td>Improve access to the PALS (patient and liaison Services) informal concerns resolution team and ensure that where possible we provide timely and effective resolution to concerns</td>
<td>Happy or Not feedback machines are being used and allow service users to give us real time feedback. A kiosk will offer service users an opportunity to undertake a short survey and to provide any narrative.</td>
</tr>
<tr>
<td></td>
<td>Since March 2017 the Patient Advice and Liaison Service (PALS) have been based in all 3 information centres for weekly sessions</td>
</tr>
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</table>
Virtual Blood Disorder Clinic

The development of a new blood disorder clinic has meant that patients are able to receive their care closer to home. Some patients were travelling up to 150 miles to attend a 15 minute appointment in Cardiff. The development of virtual clinics means that patients now have pre arranged telephone appointments to discuss their health and treatment.

One of our patients told us that the service is “amazing and saved me so much time and saved me having to come down to Cardiff”

Age Awareness

The physiotherapy department celebrated Older People’s Day by encouraging people over the age of 60 to increase their levels of activity to enable them to stay fitter for longer. The team carried out fitness assessments for staff and visitors in the concourse at UHW and University Hospital Llandough, discussing simple ways of increasing activity levels as well as giving out a range of information on exercise classes in the local area.

Patient Experience

Nearly ten thousand surveys have been completed by patients during the past 12 months across all of our clinical areas. These surveys are very useful in informing us about how we are doing and helping us to identify areas where we could improve.

Positive themes include:
- Staff attitudes and behaviours
- Healthcare in general, first class, excellent
- Positive communication and information sharing

Examples of where we can improve:
- Waiting times; too long to be seen, took 4 hours to find a bed
- Car Parking/Facilities e.g. nowhere to park, more toilets, lifts not working
- Poor communication, not informed of delays, not explaining medication
- Environment, for example noise

I think I knew I should be doing more, but I had no idea how much exactly, and now I know, and I can do something about it. thank you.”
We invite children to tell us about their experience in our services using words and pictures

I love the playroom and play workers. I also love the courage beads.

All the nurses being very kind to me. Having a TV in my room so I could watch DVDs and a room on my own

I do not like being in hospital but everyone has been nice to me.

Concerns

By understanding why patients have raised a concern we can improve the quality of care and treatment provided to people using our services. During 2016-2017 we received 2701 concerns, and over 58% of these were informal complaints. The most common themes were about communication, clinical diagnosis and treatment, waiting times and cancellations, however, we have noted an increase in car parking complaints and the waiting times and cancellations in our Ophthalmology Clinics. The health board is undertaking a great deal of work to improve the way that patients are given appointments in Ophthalmology, and the way that visitors are able to access our hospital sites, details of this work are included later.
You Said

Lack of changing facilities in paediatric out patient department for children with additional needs.

A patient felt she was not being provided with any information while she was on the ward

A patient's belongings were not put away properly because the wardrobe was broken

We Did

Changing places are now available in the paediatric outpatients department

It was arranged for the patients Consultant to go and see them to address all of the concerns.

New wardrobes were provided

The Patient Advice and Liaison Service (PALS)

The PALS team are able support people raising an informal complaint and have been based in the information centres since March 2017 for weekly sessions to ensure that they are accessible to patients and visitors. The team can be contacted on 029 2074 3301 or 029 2074 4095.

Compliments

Compliments help us learn more about what we do well, and allow us to spread good practice. Along with our formal compliments, we also get numerous thank you cards and letters which are sent directly to clinical areas. We acknowledge and thank every individual that sends a compliment and we also ensure the staff and relevant areas are notified.

Holocaust Memorial Day Service

This year the Holocaust Memorial Day was attended by approximately 40 people. Eva Fielding-Jackson retold her family’s tragic, yet inspiring story. Like her, both of Eva's parents were deaf. Before they married they experienced the horrors of the Holocaust. She told how her father had survived seven different concentration camps, among them Auschwitz and Buchenwald. Following Eva’s extraordinary address, candles of remembrance were lit for the victims of the six recognised genocides and the hospital community choir closed the emotional service.

<table>
<thead>
<tr>
<th></th>
<th>2014-15</th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal Compliments</td>
<td>558</td>
<td>740</td>
<td>645</td>
</tr>
<tr>
<td>Informal Concerns (resolved within 2 working days)</td>
<td>1324</td>
<td>1220</td>
<td>1583</td>
</tr>
<tr>
<td>Formal Concerns (requires some investigation)</td>
<td>1170</td>
<td>1079</td>
<td>1118</td>
</tr>
</tbody>
</table>
Real Time Patient Feedback

During February 2017 the ‘Happy or Not’ feedback machines were introduced into the Concourse at the University Hospital of Wales, University Hospital Llandough Information and Support Centre and the Children’s Hospital of Wales. Since the introduction of the machines, during the first four weeks there have 32,258 responses over the three sites and 75% of responses have been positive.

How was your visit today?

75% Positive
Total feedback: 32,258

Vehicle Access and Car Parking

We have seen a significant increase in the number of people who access our sites in the past five years. Cardiff is one of the fastest growing cities in the UK and this results in higher levels of traffic. In 2016 a traffic survey undertaken in UHW identified that over 15,000 vehicles drove onto the site each day, almost half of these vehicles remained on the site for less than 5 minutes. Despite there being 3,121 car parking spaces at UHW and 1,617 at UHL in addition to parking at all of our other hospitals and clinics, we still have a shortfall.

Work is underway to find a long term solution to the problems of congestion and parking, much of it undertaken jointly with the Local Authority.

- Ensuring that parking facilities in St David’s Hospital and Barry Hospital are protected for the use of patients, visitors and staff using those sites.
- By closing the road in front of the Emergency Unit to all but emergency vehicles and buses we have been able to ensure that Ambulances are able to access the unit without a delay.
• The Pentwyn Park and Ride started in May 2017 and has meant that people accessing UHW site have an inexpensive and fast alternative to parking on the UHW site.
• The proposed development of a Bus Hub on the UHW site will mean easier access to the hospital by public transport. The Hub will also include cycling facilities including secure bicycle storage and shower facilities.
• Changes to the traffic light timings outside UHL at peak times has meant reduced congestion on the site.
• Consideration given to alternative ways and locations to deliver outpatient appointments clinics.

Sensory Loss

In 2015 the Community Health Council in partnership with Royal National Institute for the Blind and Action on Hearing Loss undertook a review of services for people with sensory loss. Following this, a Sensory Loss Group was formed to ensure that sensory loss matters are being addressed across the Health Board. The following examples of excellent work have been undertaken:

• Sensory Loss leads and champions have been identified within each of the Clinical Boards
• The University Dental Hospital in Cardiff has recently installed hearing loop systems in all its reception areas, making it easier for those with hearing impairments to communicate efficiently
• Best practice has been shared across the Clinical Boards e.g. Tips for Communicating with a Service User who has a Sensory Loss briefing

Annual Paediatric Memorial Service 2016

The Annual Paediatric Memorial Service offers families who have loved and lost their beloved children, to come and reflect on the memories they created as a family. Each family is sent a gold star before the service, which they can decorate, and bring to the service where they can then place it on the Christmas Tree which is then lit, reminding them of the light and joy their child brought into their lives. For many families, this service allows them to have a Christmas celebration with the child they have lost.

Radiology

The new Radiology reception area has been designed along with RNIB Cymru to ensure that it meets the ‘Visibly Better’ design standard. The area has been designed to improve accessibility by ensuring that surfaces, colour schemes, light levels etc meets the needs of those with visual loss.

To read more about the RNIB Design Standards visit:

http://www.rnib.org.uk/wales-cymru-how-we-can-help/designing-accessible-housing-and-buildings
# Timely Care

## In 2016 – 2017 We Said We Would

<table>
<thead>
<tr>
<th>Timely Care Item</th>
<th>How Do We Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve performance for our elective patients waiting more than 36 weeks</td>
<td>There were 452 fewer patients waiting more than 36 weeks for treatment this March compared to last - a 28% in-year reduction and the lowest number of patients waiting more than 36 weeks for six years</td>
</tr>
<tr>
<td>Reduce waiting times for cancer</td>
<td>• The Health Board met both national cancer targets in March 2017 - for the first time since November 2013.</td>
</tr>
<tr>
<td>Improve waiting times for patients waiting for diagnostic procedure</td>
<td>• We have seen continuous improvement in performance for patients on the 62 day urgent suspected cancer pathway this year. We have treated 167 more cancer patients on the pathway in 2016/17 and 270 more within the 62 day target.</td>
</tr>
<tr>
<td>Play an active role in the National Planned Care Programme</td>
<td>There were 1,012 fewer patients waiting greater than 8 weeks for diagnostic test in comparison to last year - a 36% in-year reduction and the lowest volume waiting greater than 8 weeks since November 2011.</td>
</tr>
<tr>
<td>Ensure our emergency care services can respond to local needs, including considering alternative models of care and providing more services in our communities to facilitate early discharge from hospital or prevent the need of a hospital admission</td>
<td>The Health Board is represented and plays an active role in all of the National Planned Care speciality boards and the Outpatient Transformation steering group. The main focus of our work is balancing demand and capacity and pathway improvement.</td>
</tr>
<tr>
<td></td>
<td>We have implemented a number of improvement initiatives in 2016-17 to improve performance and ensure our emergency care services can respond to local needs. Some examples are:</td>
</tr>
<tr>
<td></td>
<td>• Commissioning of three additional resuscitation bays into service</td>
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<tr>
<td></td>
<td>• Commissioning of an Ambulatory Emergency Care (AEC) unit in UHW, thereby further refining our ‘front door’ streaming processes</td>
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<tr>
<td></td>
<td>• In conjunction with the Welsh Ambulance Services NHS Trust, development of a number of new Emergency Unit attendance avoidance pathways</td>
</tr>
</tbody>
</table>
We are considering future roles for Mental Health Care support workers and Mental Health Nurse Practitioners

Moving to 7 day working across a number of medical specialties and within Community Resource Teams

Improved resilience in our Primary Care GP Out of Hours service

In conjunction with our partners, agreed and implemented an Integrated Winter Plan. This provided additional resilience this year resulting in better performance this winter compared to last

New roles have being developed, such as the Hospital Flexible Resource Team and Dementia Navigators.
Mental Health Nurse Practitioner roles are being developed in partnership with Primary Care to work in GP Clusters in assessing and signposting to appropriate services.

Intermediate Step Down Care **BIG 1**

We know that patients who are unable to return home after a stay in hospital or patients who need extra support to enable them to return home, can remain in hospital for a long time after they are medically fit to be discharged. Last year we trialled a new way of caring for these patients. Those who were medically fit were transferred to a 19 bed ward where they were looked after in a safe and caring environment while plans were made for their discharge. This meant that beds on acute wards were made available for patients who were unwell and needed more acute care. Because the patients were well, activities were arranged every afternoon, something that is often not possible on the acute wards. Activities including afternoon tea, Tai chi and Bingo were enjoyed by many of the patients.

They took the time and trouble to get to know each person

“My Father has dementia and doesn’t understand where he is, it is very comforting for the family to know that he is not just sitting by his bed but is being encouraged to interact with other people and try new things.”
### Elective Care

<table>
<thead>
<tr>
<th>Measure</th>
<th>March 2016</th>
<th>March 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral to Treatment Time: No. of patients waiting &gt; 36 weeks</td>
<td>1598</td>
<td>1146</td>
</tr>
<tr>
<td>% of patients on an urgent suspected cancer pathway and with confirmed diagnosis of cancer treated within 62 days</td>
<td>79.00%</td>
<td>95.37%</td>
</tr>
<tr>
<td>% of patients on an non-urgent suspected cancer pathway and with confirmed diagnosis of cancer treated within 31 days</td>
<td>94.90%</td>
<td>98.79%</td>
</tr>
<tr>
<td>Number of patients waiting over 8 weeks for a diagnostic test</td>
<td>2849</td>
<td>1837</td>
</tr>
</tbody>
</table>

### Unscheduled Care

<table>
<thead>
<tr>
<th>Measure</th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of people waiting less than 4 hours in EU</td>
<td>81%</td>
<td>84%</td>
</tr>
<tr>
<td>Number of people waiting more than 12 hours in EU</td>
<td>1098</td>
<td>685</td>
</tr>
<tr>
<td>Number of patients delayed from being transferred from a hospital bed to their next stage of care</td>
<td>March 2016 - 107</td>
<td>March 2017 - 58</td>
</tr>
</tbody>
</table>
Prostate Cancer

The urology department won an NHS Award for a project aimed to reduce the amount of time that patients with suspected prostate cancer waited from referral until the time that they received treatment. By changing the order in which tests and investigations occurred and by changing the clinic timetable the team successfully cut waiting times from 90 to 61 days. The project was also successful in reducing the number of unnecessary investigations that patients might have previously had to undergo.

Community Cardiology Clinic

Two community clinics for patients with suspected heart failure are being run from GP practices in Cardiff. All tests to diagnose heart failure are undertaken at the initial appointment and patients who are diagnosed with heart failure are followed up in cardiology services based in UHW while the remaining patients are referred back to their GP.

Audiology

Until recently patients were often seen in Ear Nose and Throat clinics before being referred to the audiology department. This pathway has changed and now all referrals are reviewed and where appropriate patients are offered appointments directly with audiology services. This has meant that 78% of patients now attend one appointment rather than two and patients with tinnitus wait 4 weeks rather than 26 weeks to be seen. Many of the appointments are delivered in a community clinic meaning that at present 6500 patients are seen closer to home and plans to duplicate this services in another areas of Cardiff will mean that a further 17000 patients will no longer have to come to UHW for their care.

Hearing Aid services

Over 11000 patients per year attend UHW and West Quay for hearing aid repairs, servicing and replacement. Until this year these appointments were only available by appointment. Since February patients needing to access hearing aid services no longer need an appointment and are able to turn up to clinics 5 days a week. Over 200 patients are seen each week with no more than a few minutes wait. Earlier this year this service was extended to allow two days of open access clinics in the Vale of Glamorgan.

Community Resource Teams

The Community Resource Teams increased the provision of their services to provide care and therapy to patients in their own homes over seven days a week (moving from a five day service). During the first 12 months operating as a seven day service between December 15 – December 16, the teams supported a total of 457 patients at the weekend, enabling hospital discharge or providing support to prevent admission to hospital on Saturdays or Sundays.
## Staying Healthy

### In 2016 – 2017 We Said We Would

- Create 6 growing centres (fruit and vegetables) in City of Cardiff Council Hubs. We will develop a plan to create growing spaces in each of the 6 neighbourhood partnership areas, growing up to 200 fruit trees and training 60 community members to propagate plants in Cardiff.

- Support Older people to live well. We will continue to develop the provision of strength and balance classes for older people to help prevent falls. We will deliver and evaluate the “Citizen Driven Health” (CDH) project, to support older people to remain living independently in their own home through accessing services and support from volunteers to achieve their goals and ambitions.

- Ensure any new UHB facilities are designed and built to support and promote the health of staff, patients and visitors and encourage healthy lifestyles and sustainable transport. This will be done by carrying out health impact assessments on all new designs which are submitted for capital funding.

- Increase the number of people aged 65 and over who are screened for risk of falls when accessing Unscheduled Care.

### How Do We Know

- There are plans to develop and deliver a 10 month community training programme, family and community and school engagement days and an “apple a day campaign” with the aim of planting 1000 apple trees and fruit bushes across Cardiff.

- There are now 14 strength and balance classes running across Cardiff & Vale, attended by approximately 120 people every week.

- “Citizen Driven Health” was delivered and evaluated demonstrating that older people improved their health and wellbeing through being supported to remain living independently and accessing services and support from other organisations.

- Discussions with Estates have progressed with a view to ensuring that the health impact of new facilities is considered as part of the Equality and Health Impact Assessment process. The aim is to support healthy lifestyles including active travel and access to healthy foods.

- All patients aged over 65 attending Unscheduled Care are screened for falls risk if they have fallen or are at risk of falling.
Deliver Making Every Contact Count (MECC) training to public and third sector staff so they can engage their patients and clients in ‘healthy chats’

Over 1300 people have received training since MECC was introduced in Cardiff and Vale. Training has been delivered to staff in health service, third sector, local authority and wider public sector organisations. Within the health board MECC is included in plans to support staff health and wellbeing. We have also contributed to the development of MECC across Wales working with other health board public health teams and Public Health Wales.

Health and Wellbeing within our Localities - BIG 2

We are looking at how facilities within our community can be best arranged to support health and wellbeing. We know that this does not stop with health and social care providers. The third sector and wider community plays an important part in supporting health and wellbeing. One of the options being considered is the development of Community Hubs that provide access to community services and resources to improve health and wellbeing. It is anticipated that as well as incorporating health services including pharmacy, outpatient clinics and diagnostic services there will also be independent living services, information and advice services, library services, computers and a cafe as well as meeting rooms.
Staff flu immunisation

All staff who have direct patient contact are encouraged to get the free flu vaccine every year, to protect patients under our care. More staff have been vaccinated each year for the last 5 years and in 2016-17 over 50% of our staff were vaccinated. We had over a hundred Flu Champion vaccinators throughout the Health Board who helped vaccinate their colleagues. There were some really good examples of team working across the Health Board to increase uptake. We don’t plan to rest on our laurels though – we are already planning how to further improve uptake among staff in 2017-18.

Healthy and Sustainable Pre School Scheme

The Healthy and Sustainable Pre School Scheme aims to promote the health of pre-school aged children, their families and carers by working through the childcare settings they attend. The scheme has been running in the Vale of Glamorgan since 2012, and encourages positive health behaviours in children from the very earliest age, that they will continue throughout their lives. Childcare organisations are required to collect evidence to show progress across a variety of topic areas such as nutrition and oral health, physical activity and active play, mental and emotional health, well being and relationships, environment, safety, hygiene and workplace health.

Slippers for Christmas

With around 500 people aged over 65 attending Cardiff and Vale’s Emergency Unit for falls each month, a new campaign was designed to remind people that falls are preventable and are not an inevitable part of ageing. Old, worn or ill-fitting slippers are one of the main causes of falls in older people, so Slippers for Christmas aimed to encourage people to buy new slippers for their loved ones. The campaign was hugely popular, with members of the public, the media and other health boards across Wales showing their support. It also had backing from politicians and sporting stars and reached over 100,000 people on social media.
Food and Fun

Food Cardiff rolled out its Food and Fun programme in summer 2016, following its successful pilot in 2015. The programme delivered healthy meals, physical activity and nutrition education to children in areas of social deprivation during the summer holidays. It was designed to ease the pressure on families who may face extra challenges during the school break, especially those in receipt of free school meals during term time. The programme in Cardiff was so successful that it was adopted by four other local authorities across Wales, including the Vale of Glamorgan, culminating in Welsh Government pledging £500,000 to fund similar programmes.

Stop Before Your Op

Dr Anthony Funnell, an anaesthetist at University Hospital of Wales, developed an animated film called ‘Stop Before Your Op’ to encourage people to quit smoking before planned surgery. The video aims to maximise successful surgery by offering weight-loss and smoking cessation support to patients. As well as attracting attention on social media, the film was also shared by media partners including Wales Online and featured in a segment about smoking on ITV Wales News. It was also supported by Stop Smoking Wales and other health boards across Wales, who shared the film through their social media channels. The film provoked conversations on Facebook, with patients sharing their success stories around weight-loss and smoking cessation.

Stop Before your Op’ Can be viewed on YouTube
https://youtu.be/V61v6BXq8aw
### Effective Care

#### In 2016 – 2017 We Said We Would

<table>
<thead>
<tr>
<th>Effective Care</th>
<th>How Do We Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop a 24 hour emergency helpline for children with diabetes and their families</td>
<td>This work is being undertaken by the Diabetes and Young Person’s Network and is ongoing.</td>
</tr>
<tr>
<td>Develop a clinical audit programme that will give us assurance around the quality and effectiveness of the care that we deliver and will inform quality improvement in all clinical boards</td>
<td>In 2016/17 clinical audits were undertaken to give us assurance around the safety and quality of our services and we took part in the National clinical audit programme.</td>
</tr>
<tr>
<td>Stroke services will enhance their rehabilitation and discharge processes by increasing the number of Rehabilitation assistants</td>
<td>A successful pilot was completed and work is underway to secure the necessary resources to be able to continue this work.</td>
</tr>
</tbody>
</table>

#### Cancer

Our Cancer Delivery plan has been developed to allow us to provide care to meet the needs of people at risk of Cancer or diagnosed with Cancer. Cancer prevention is an important part of the plan and public awareness campaigns are being run to inform people about smoking, obesity and alcohol intake. Cancer screening rates have improved in breast and bowel cancer; however, there are lower numbers of women having cervical screening in socially deprived areas of Cardiff and the Vale but there is work underway to raise awareness of the importance of screening in these areas.

#### Stroke

There are approximately 900 incidence of new strokes in Cardiff and the Vale of Glamorgan each year and more people are surviving each year.

- Over 50% of people discharged from the Acute Stroke Ward go home with Early Supported Discharge.
- Code Stroke is a system that activates a dedicated team of health professionals to attend to a patient as soon as they come into the emergency unit with a suspected stroke.

#### Liver Disease

Over the past 10 years the number of cases of liver disease has increased by half, this is because of increasing alcohol intake, obesity and hepatitis. Changes to the way that services are organised means that patients are waiting less time to be seen in specialist outpatients clinics.

You Can read our Delivery Plans at:

http://www.cardiffandvaleuhb.wales.nhs.uk/delivery-plans
Clinical Audit

Clinical audits are a way of measuring the quality of the care that we provide. Each year we take part in the National Clinical Audit programme; this programme helps us to understand the quality of the care we are providing and how we are performing in comparison to other hospitals in UK. We also undertake many audits within other clinical areas to ensure that they are effective and safe. Some examples of the results and improvement actions that have resulted from National Clinical Audits are included below:

<table>
<thead>
<tr>
<th>National Audit</th>
<th>Results</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Hip Fracture Database</td>
<td>Our patients are staying in hospital longer than many other UK hospitals, however, we have seen a sustained improvement over the past three years</td>
<td>A frailty team comprising of specialist nurses and orthogeriatricians undertake a daily review of patients care to ensure that all elements of their acute care and rehabilitation are occurring at the right time.</td>
</tr>
<tr>
<td>National Neonatal Audit</td>
<td>Not all pre term babies were receiving a developmental assessment at 2 years to ensure that developmental milestones were being met.</td>
<td>A clinic has been set up and Consultants, Paediatric Physiotherapists and Senior Nurses have received training to ensure that we can meet this standard.</td>
</tr>
<tr>
<td>National Primary Care COPD Audit</td>
<td>We needed to ensure that all health professional who were diagnosing COPD were trained and competent to do this.</td>
<td>Our respiratory centre is now an accredited training centre and it is expected that by December 2017 75% of GP practices will have at least one member of staff trained in diagnostic procedures.</td>
</tr>
<tr>
<td>National Primary Care Diabetes Audit</td>
<td>Some patients living in areas of greater social deprivation were not achieving the necessary health targets.</td>
<td>A structured programme of education for black and minority ethnic populations is being delivered. A diabetic specialist Nurse has been appointed to work in the City and South GP cluster.</td>
</tr>
</tbody>
</table>

Many of the National Clinical Audit Reports can be accessed at [http://www.hqip.org.uk](http://www.hqip.org.uk)
Neonatal Services

A brand new neonatal unit has been built that offers more space and capacity to care for more babies.

In 2015 the spread of an infection led to the closure of the existing unit. Following the infection an independent expert review was undertaken to examine the management of the process. This has been discussed at the Quality, Safety and Experience Committee and there is an action plan in place to address the recommendations, many of which have already been achieved.

You can read the external neonatal report at:

Dialysis Services

258 patients receive renal dialysis within the Cardiff and Vale Dialysis Units each week. This year the Cardiff South base has moved from Cardiff Royal Infirmary to a bright and modern unit on Penarth Road. The new base is more spacious and patients attending the unit are able to control the temperature of their individual treatment areas. This is important as previously patients have told us that they felt cold when they received dialysis.

In response to feedback from patients using the dialysis unit we have worked with our partner agencies to ensure that patients are able to travel to and from the unit as quickly as possible.

Falls

Physiotherapists have been supporting patients in the community who are at risk of falls to undertake a six month Individualised Strength and Balance Programme. The patients undertake a programme of exercises designed to strengthen muscles and to improve balance, they are assessed and reviewed at regular intervals throughout the six month programme. The programme has been successful in reducing the number of times that these patients fell by almost two thirds from the six months period prior to the exercise programme. The programme has also been successful in reducing the numbers of Emergency Unit attendances.

Paediatric Diabetes

This year a diabetes school educator was appointed to work with Schools in Cardiff and the Vale of Glamorgan to ensure that staff had the knowledge and skills required to support children with diabetes. In the first 5 months the school educator visited 103 schools to give training, education and support to staff, children and parents. The service has meant that schools are more confident in managing diabetes including acute complications eg low blood glucose levels, giving insulin and carbohydrate counting. This has meant that more children with diabetes are participating safely in all elements of school life including playing sport and going on school trips’
Reducing Variation in Eye Care and Musculoskeletal services - BIG 3

The aim of BIG 3 has been to create better outcomes that matter to people and to provide safer and more effective care. This work has started with two areas, eye care and musculoskeletal service (MSK).

Eye Care

This year work has started to develop the way that care is provided to patients with Age-related Macular Degeneration (AMD), cataracts and patients with oculoplastic needs (surgical procedures that deal with the eye socket, eyelid, tear duct and face). We want to ensure that the right people are looking after these patients at the different stages of their diagnosis, treatment and monitoring. We also want to, where possible, reduce the number of times that eye care patients have to attend appointments by ensuring that all of the right people and right services are available at outpatients clinics. By developing the way that information is shared between GPs, secondary care and community Optometrists we can avoid repeating tests and patients having to attend appointments unnecessarily.

MSK

This year we have started a project to ensure that people who are referred to our musculoskeletal services are seen by the right people in the right place at the right time. We know that some our patients have had to wait longer than they should while others receive their care quickly. The project will mean primary care and secondary care services working closely together to ensure a fairer and more equitable referral system that allows all patients to be seen with the shortest possible wait and are seen by the most appropriate clinician. Alternative settings for these services are also being considered to allow this care to be provided closer to home.

In September 2016 Healthcare Inspectorate Wales undertook a thematic review of Ophthalmology services across Wales. You can access the Cardiff and Vale UHB improvement plan resulting from the inspection at:

http://hiw.org.uk/docs/hiw/reports/170524cardiffandvaleopreviewen.pdf
In 2016 – 2017 We Said We Would

<table>
<thead>
<tr>
<th>Safe Care</th>
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<tbody>
<tr>
<td><strong>In 2016 – 2017 We Said We Would</strong></td>
</tr>
<tr>
<td>Complete the development of the Quality and Safety Framework</td>
</tr>
<tr>
<td>Establish a Patient Safety Alerts Group to deliver compliance</td>
</tr>
<tr>
<td>Further develop the Electronic Mortality Review Tool (EMAT) to include mental health patients</td>
</tr>
<tr>
<td>Establish a process for the Chief Executive to meet with clinical teams after a Never Event</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>How Do We Know</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>This has been achieved and was published in April 2017 at the Quality, Safety and Experience Committee.</td>
</tr>
<tr>
<td>Details of the framework are explained in the Moving Forward chapter of the Annual Quality Statement</td>
</tr>
<tr>
<td>A Patient Safety Alerts Group has been formed to ensure that the health board is responding appropriately to Patient Safety Alerts.</td>
</tr>
<tr>
<td>EMAT has now been developed to allow it to be used in mental health services.</td>
</tr>
<tr>
<td>The surgical Never Events were presented to the Executive team along with the Welsh Government Delivery Unit to discuss the learning from each investigation. There will be opportunities to further strengthen this process with our new Chief Executive.</td>
</tr>
</tbody>
</table>

### Infection Control

Preventing and controlling infections is a key priority for us. Some infections can be very serious such as blood stream infections related to Methicillin Resistant Staph Aureus/Methicillin Sensitive Staph Aureus and Clostridium difficile (C-diff), which can cause severe diarrhoea. In 2016 some Clinical Boards achieved 6 months free from MRSA blood stream infections, however, since December 2016 we have seen a number of cases across several of our Clinical Boards. The health board has continued to achieve a reduction in the numbers of C’difficile and Staph. aureus but have unfortunately we did not achieve the reduction expectations set by Welsh Government, narrowly missing the C’difficile target by 2 cases and the Staph Aureus target by 42 cases. This year a new target to reduce E-Coli has also been introduced. Much work is underway to prevent infections including standardising the way and the equipment we use to undertake some common procedures eg using sterile packs when we insert cannulas into patient’s veins as well as the rollout of Blood Culture procedure packs across the Health Board. Some of our policies have also been updated this year and will result in more patients being screened and swabbed when they are admitted into one of our acute hospitals. Our regular spot check audits will also continue to ensure that expected standards are being met.
Sepsis

Sepsis is caused by the body's response to severe infection and can lead quickly to death if untreated. It is thought that at least 44,000 people die each year from Sepsis in the UK. This year we have run 4 Sepsis simulation days, teaching clinicians how to recognise and treat Sepsis quickly and effectively and have launched a new Sepsis Inpatient Screening and Action Tool to support clinicians in recognising and reacting to Sepsis within the hospital settings. We have made more sepsis trolleys available on our wards containing all of the equipment and drug therapy required to treat a patient with sepsis and we are involved in a joint project with Primary Care and Welsh Ambulance Service to support pre hospital recognition and antibiotics for 999 patients with severe sepsis.

Resuscitation

Unfortunately it is inevitable that some patients within our wards will have a cardiac arrest due to the severity of their condition. After each cardiac arrest the emergency care given is reviewed, to ensure that the deterioration of the patient is recognised early enough and that the best care and treatment is given prior to and during the cardiac arrest. This has meant that 52% of patients survive a cardiac arrest within the health board as opposed to 18.4% nationally.

The graph shows the number of patients who survive a cardiac arrest and go on to be discharged.

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Safer Chemotherapy Prescribing for Children

An electronic system of prescribing chemotherapy for children is now being used. The system minimises the risk of error by ensuring that the correct type and dose of chemotherapy is prescribed and allows clinicians to safely access blood test results regardless of where the tests are taken. This is important as the Noah Ark Children’s Hospital of Wales looks after patients from across South Wales.

Endoscopy

An endoscopy is where a long thin flexible camera is used to look at the digestive tract; it can be one of the investigations undertaken if a patient has suspected cancer. The number of people being referred for endoscopies is increasing and as a result waiting times are getting longer. Unfortunately during 2016-2017 it came to light that a number of patients had not been seen or followed up in a timely way. To make things safer, the clinical team are reviewing the waiting list to ensure that those at greatest risk are prioritised. Improved communication with GPs has meant that patients are kept informed of the waiting times and that patients can be reviewed if their symptoms change. In addition to this, nurses are also being trained to perform some endoscopies so that patients can be seen more quickly.

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Im proved com m unication w ith G P s has m eant that patients are kept inform ed of the w aiting tim es and that patients can be review ed if their symptom s change. In addition to this, nurses are also being trained to perform some endoscopies so that patients can be seen more quickly.
Patient Safety Incidents

During 2016 – 2017 staff reported over 15,000 patient safety incidents. The majority of these incidents were no or low harm incidents, which is similar to other health organisations. We reported 238 incidents to Welsh Government due to their serious nature. While this is a small proportion of all incidents reported, a great deal of time and effort is taken in investigating them thoroughly to ensure that lessons are learnt and improvements are made.

<table>
<thead>
<tr>
<th>Patient Safety Incidents</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduction in the level of harm following injurious falls</td>
<td>A Falls Group has been set up. This allows the health board and partner agencies to work together to ensure that we are preventing falls from occurring whenever possible and to ensure that everyone living in Cardiff and the Vale of Glamorgan can access the same support to reduce their risks of falling.</td>
</tr>
<tr>
<td>Pressure damage that has occurred as a result of health care.</td>
<td>There is work underway to review the way that Pressure damage is prevented, identified and managed.</td>
</tr>
<tr>
<td>Identify themes and trends from reported medication incidents to ensure opportunities for learning are identified</td>
<td>There is a Medication Safety Group that reviews serious medication errors and trends. A Safety briefing is issued to staff several times a year.</td>
</tr>
<tr>
<td>Unexpected Deaths</td>
<td>There are many processes in place for us to review and understand the care that patients are given so that we can understand why they might have died. We work closely with HM Coroner and implement actions when there are lessons to be learned. We also work very closely with colleagues in the police, education and social services following the unexpected death of a child in hospital or in the community</td>
</tr>
</tbody>
</table>
Never Events – A number of serious incidents are classed as ‘Never Events’. These are serious and largely preventable patient safety incidents. We reported 7 Never Events between April 2016 and March 2017; some of these incidents continue to be investigated. The work we are taking through the National Safety Standards for Invasive Procedures (NatSSIPS) will help us to put even stronger processes in place to prevent incidents occurring again in the future.

Some examples of actions we have taken include:

<table>
<thead>
<tr>
<th>Never Event</th>
<th>Causes and Contributory Factors</th>
<th>Lessons learnt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wrong tooth extraction</td>
<td>• Failure in pre procedure checks&lt;br&gt;• Failure in swab counts&lt;br&gt;• Failure in pre operative checks</td>
<td>By undertaking a set of formal checks before, during and after a procedure the risk of human error is reduced. These checks are&lt;br&gt;being reinforced in areas where they are already used and introduced to dental services. We will undertake audits to ensure that we are adhering to these checks.&lt;br&gt;To read more about the WHO safety checklists visit: <a href="http://www.who.int/patientsafety/safesurgery/checklist_implementation/en/">http://www.who.int/patientsafety/safesurgery/checklist_implementation/en/</a></td>
</tr>
<tr>
<td>Retained foreign objects</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wrong site surgery</td>
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**WHSSC**

Welsh Health Specialised Services Committee (WHSSC) is a Joint Committee of the seven Health Boards in Wales. WHSSC works closely with the Health Boards 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 through the quality assurance frame work which is reported into the Health Board. This framework ensures a systematic approach to assuring quality, good patient experience and good health outcomes of commissioned services. It utilises the contracting process, quality schedules, standards and clinical quality indicators to support effective healthcare delivery, quality improvement and innovation across the health system for specialised services.

Patient Safety reports including all serious incidents can be read in our Board report Minutes: http://www.cardiffandvaleuhb.wales.nhs.uk/board-meetings
## Dignified Care

### In 2016 – 2017 We Said We Would

Deliver the action plan to improve patient nutrition and hydration to avoid malnutrition and dehydration

Complete the year 3 actions within the dementia 3 year plan


Implement the recommendations from the Older Peoples Commissioners Report Dementia More Than Just memory Loss and embed them in the new dementia 3 year plan.

You can view the older peoples commissioners report by visiting: [http://www.olderpeoplewales.com/Libraries/Uploads/More_Than_Just_Memory_Loss.sflb.ashx](http://www.olderpeoplewales.com/Libraries/Uploads/More_Than_Just_Memory_Loss.sflb.ashx)

### How Do We Know

This year we introduced a nutrition champion role, to improve nutrition and hydration of hospital patients within the health board. Every clinical area was asked to nominate a qualified nurse and a health care support worker to undertake 2 days of training to become “champions” supporting their colleagues on the wards to ensure the nutrition and hydration needs of their patients are met.

In November 2016 the care of every inpatient on the UHW site was reviewed to ensure that they had received an assessment within 24 hours of being admitted to identify those at risk of malnutrition and dehydration. The accuracy of these assessment was also reviewed to help us to identify where further training in the use the assessment tool was needed.

The majority of the actions in the Dementia 3 Year Plan have been completed, including pilot dementia friendly communities with now over 15,200 Dementia Friends created across Cardiff and the Vale. However there is work ongoing around increasing Memory Team capacity to cope with demand.

Many of the recommendations have been completed; however, some actions will need to be embedded into the new Dementia Strategy, such as increasing the proportion of frontline staff who have received dementia awareness training (33.0% at March 2017).
Increase the number of ward inspections undertaken so that 90% of wards and departments are inspected by March 2017

Revise existing nursing documentation and improve compliance in completing it

This has been achieved with 96 inspections being undertaken

This work is progressing with the final changes made to the Integrated assessment document. The compliance of use of this document is monitored during ward inspections. We will work with a national teams move forward with digitalisation of nurse documentation by 2020

Chaplaincy Music Project

The chaplaincy service ran a six month music project with patients in Hafan Y Coed and the Stroke Rehabilitation Centre to encourage reminiscence and social interaction as well as offering a change from the daily ward routine. A chaplaincy volunteer led weekly music session. The sessions were particularly valued by visitors of patients suffering from dementia, as it enabled them enjoy and participate in a shared activity.

Healthcare Inspectorate Wales (HIW) Inspections

HIW work closely with us, reviewing the care that we provide in our hospitals, community services, dental surgeries and GP surgeries. These inspections help us to recognise what we are doing well and where we need to make improvements. All inspection reports and improvements plans are reviewed by the Quality, Safety and Experience Committees. Some of the improvements that have resulted from these inspections include:

- Improved advice for patients to raise a concern in specific GP surgeries
- Improved decontamination processes in specific dental practices
- Review of patient information displayed on ward white boards

Essential maintenance to ward areas

Following a visit to Llandough in 2016, the Health Board put in place a very comprehensive action plan to address the findings. We are pleased to say, that during inspections during the rest of 2016-2017, the feedback has been very positive and they have told us that we have learned the lessons and put in place the necessary changes. In May 2017, HIW presented a very positive annual report to our Board members. They told us that there inspections during 2016-2017 had generally indicated that the care provided to patients is kind, compassionate and effective, being delivered by kind and enthusiastic staff. They have asked us to focus on documentation and the condition of some of our clinical environments this year.

Health Care Inspectorate Wales reports can be read on the HIW website:
http://hiw.org.uk/?lang=en
Nutrition and Hydration

Ensuring that patients in our care have a nutritious diet and enough to drink is vital to their recovery and wellbeing. The "Model Ward" is a project being undertaken to ensure that food and drinks are provided in the best possible way for patients. There are many examples of great work throughout our hospitals, for example protected mealtimes, snacks available to patients on request and dietetic support workers in a number of clinical areas assisting patients to eat and drink at mealtimes. The model ward pilot project aims to take existing examples of good practice, build on these and ensure that these are embedded in all of our areas of care to ensure our patient's physical and mental health and well being across the Health Board.

Continence

Incontinence is a common problem that affects both men and women. It is thought that between 3 and 6 million people suffer with urinary incontinence in the UK. Individuals living at home or in residential care within Cardiff and the Vale of Glamorgan who experience continence issues are assessed, and treated by a specialist team of nurses. Continence products are supplied and delivered to 4000 individuals in Cardiff and Vale to manage their continence needs. To ensure that we achieve the same high standards of assessment, treatment and management of incontinence for patients on our ward the continence nurses participate in ward inspections.

"I was very embarrassed by the problem but the nurse was very pleasant and informative and made me feel at ease"

Ward Inspections

Ensuring the quality and safety of the care that we provide is paramount. There is a significant programme of announced and unannounced inspections delivered on top of the regular supervision and support offered by senior nurses. These all help to provide us with regular information about the quality and safety of our services on a day to day basis.

In 2016 94 Safety Walkrounds by Board members were undertaken, providing insight and understanding into the quality and safety of our services and to identify areas of good practice. This year, Action on Hearing Loss, have supported the Safety Walkrounds visiting clinical areas to ensure that we communicate effectively with patients who have sensory loss.

96 ward inspections have also been undertaken by senior clinical staff, to focus on seven essential areas of care; hydration, basic continence care, administration of medicines, health care associated infections, falls, pressure ulcers and use of night time sedation. Overall the reports issued following the inspections provided a positive picture of staff working with patients to provide care in a professional and dignified manner. There have been a number of actions undertaken where areas for improvement have been identified. These have included:

- Responding to estates issues
- Improving documentation
- Standardising information displayed on ward patient information boards

Information and evidence is gathered through observation of ward/care areas, speaking to staff, patients and their families and carers and when applicable, focusing on bed side charts.
Hearing into Action: A Patient Story

Gill has been a diabetic for over 40 years and has had difficulty in controlling her condition. Her Diabetic Nurse suggested that she attend the DAFNE Course (Dose Adjustment For Normal Eating) - this is a course that provides people with Type 1 Diabetes with the skills to manage their diet and blood sugar levels. As well as having diabetes Gill is also deaf and has a cochlear implant which gives her some hearing, but she has to lip read to be able to make sense of the sounds. This initially caused some concern for Gill as she was concerned that she might not be able to follow in a classroom situation. Gill explained that people who know her, know that they need to face her when speaking to her and tend to use their lips more rather than mumble. Gill’s concerns were addressed after meeting with the two Dieticians who gave her an overview of the course content.

More importantly for Gill she was given the course material to look through before she attended, if she had received them on the day it would have been very difficult for her to read and listen to what was being said. It was also important for Gill that any communication between her and the dieticians was done via email. Gill was taken to see the room in which the course would be taking place in advance allowing her to choose a seating position ensuring the sunlight was behind her as shadows over people’s faces can make it difficult for her to lip-read. Due to the relationship Gill had built up with the dieticians and all the preparation before the course she felt comfortable attending. Gill was also pleased that the dietician’s presenting style was easy to follow, they were always happy to repeat anything she had missed, and answer any of her questions.

Gill said that as a patient it was important for her to raise her concerns, to allow for adjustments to be made. With her concerns dealt with Gill said she enjoyed the course and found it interesting and informative and it would help her with her diabetes.

To see Gill’s full patient story please visit:
https://youtu.be/3i3_R-n8pu8

“I felt comfortable on the course and that’s quite important....its nerve wracking meeting the other people who are strangers to me All in all it was a positive experience and I can’t really think of anything negative.”
Creating the Right Environment

Ensuring that we provide the right environment to support the health and wellbeing of our patients is important. Mental Health Services for Older People have created several areas that will be recognisable to patients with dementia and provide a safe and familiar place to relax. The Cwtch on ward East 18 is a 1950s style sitting room complete with record player, glass cabinets and ornaments. The bar, complete with pool table and magnetic darts board and the cafe both located on ward East 10 offer a sociable alternative to the ward environment.

The nurses were fantastic and allowed me to be part of the team in caring for my Mum with dementia. They empowered me to know what to do. I built a relationship with them and it eased my anxiety. Mum said “keep me clean and coordinated” and that was 100% achieved in a caring and professional manner. I could go home at night knowing she was happy, clean, safe and cared for.
## Our Staff and Volunteers

<table>
<thead>
<tr>
<th>In 2016 – 2017 We Said We Would</th>
<th>How Do We Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work with our staff and patients to develop and embed our values and behaviours with a series of workshops</td>
<td>Values into Action was a project that involved us working with patients and staff to hear about their experiences within the health board and to develop a set of values that underpins how we treat people.</td>
</tr>
<tr>
<td>Improve nursing and medical staffing deployment through new ways of working and recruitment campaigns</td>
<td>We are continuing to implement our plan to improve nurse recruitment and are taking action to improve retention of qualified nurses. We also have plans to address hard-to-fill medical posts.</td>
</tr>
<tr>
<td>Improve staff engagement which will be measured through the staff survey</td>
<td>The results from the NHS Wales Staff Survey 2016 were announced in December and our feedback shows an overall improvement in staff engagement. These results, together with those from the Medical Engagement Survey and our local values survey provide an insight to areas in which the UHB is performing well and where focused improvement is required.</td>
</tr>
<tr>
<td>Enable care to be provided closer to home by progressing the primary care plan</td>
<td>The primary care plan has been progressed over the past year with developments to the care provided in out of hospital settings.</td>
</tr>
</tbody>
</table>
What have we achieved in 2016 - 2017?

- Further reductions in staff sickness to 4.84%
- 60% of our staff have received a Personal Appraisal Developmental Review this year
- Medical appraisals have risen to 83%
- Recruitment - over 95% of our posts are filled
- We have created new roles including:
  - Ward handyman
  - Radiographer discharge lead
- We have achieved level 2 in the Disability Confident Scheme supporting us to be an inclusive and supportive employer.

Challenges

Turnover of staff has increased to 9.16%. Staff leaving the organisation are now being invited to complete an exit questionnaire to help us to understand the reasons for this increase.

Recruitment

We are continuing to implement our plan to improve nurse recruitment. Key elements include:

- European recruitment (109 offers have been made to European applicants. 85 offers have been accepted and 78 staff have started).
- Local Clinical Board led recruitment events, using social media to advertise and promote events
- Increasing the numbers on Return to Practice Programmes
- Introducing local adaptation programmes in Medicine and Surgery
- Improved collaboration with Cardiff University

In addition to the increased recruitment activity taking place, the Clinical Boards are also taking action to improve retention of qualified nurses. We also have specific workforce plans to address hard-to-fill medical posts:

- We helped to staff the Wales (Welsh Government) stand at the BMJ Career event in London during October 2016
- We attended the Acute Medicine event in Excel London in November 2016
- Our Medical Workforce Manager co-chaired an All-Wales initiative to recruit doctors from India to work in various specialties across Wales
- A successful Medical Training Initiative scheme was set up in Paediatrics
- Rotas are devised and changed in response to service demands

Employer of the Year at the Understanding Disability Awards

Staff at UHW have been awarded at the Understanding Disability Awards for their work in supporting staff with learning disabilities to gain employment. Two members of staff now employed in the new hospital restaurant, Y Gegin, started as interns under the “Project Enable” scheme. Pranav Rathod and Alice Bryant are fantastic members of the team, both have developed their confidence to work with other staff and customers at the restaurant. The award
shows how we have been able to create a culture that welcomes people with learning disabilities into our organisation.

Wales for Africa

The ‘Wales for Africa’ initiative was launched by Welsh Assembly Government in 2006 to support and encourage public sector organisations in Wales to make an effective contribution to international development with countries in Sub-Saharan Africa.

The Health Board has a multi-disciplinary coordinating group which overseas and supports our partnership working. 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 programme has a long term focus that is based on building resilience and sustainability in Sub-Saharan Africa and sharing skills. The health board raises monies to assist in purchasing equipment to further strengthen its contribution as a globally responsible organisation.

Royal College of Midwives Awards

Karen Jewell and Mwenya Chimba along with Ruth Mullineux from the NSPCC won the Award for Partnership Working for a project to tackle and raise awareness of female genital mutilation (FGM) with young people in Wales. They brought together a group of young people from schools across Cardiff who worked on girls’ rights and issues related to FGM, empowering and encouraging this group of young people to become cultural change-makers on FGM, raising awareness in their own places, schools and colleges and producing materials to spark conversations.

We have had fantastic success at the Royal College of Midwives annual awards this year. Laura Wyatt won both the Welsh and the UK Mother’s Midwife of the Year Award. She was nominated by mum, Jody Vaughan, for the care that she gave Jody and her partner Karl when their son died during Jody’s labour. When Laura met Jody and her partner Karl, she put them at ease straight away, not overwhelming them with information but ensuring that they understood what was being explained. Laura went on to provide antenatal care to the family, demonstrating tremendous advocacy skills and instilling confidence during an understandably anxious second pregnancy.
Ward Activity Volunteer Project

Structured activity sessions enable us to support patients, assisting to reduce loneliness and isolation, bringing stimulation and structure to what can be a long day. We are developing a volunteer programme of activities to support patients on many of our wards across the health board. Digital reminiscence equipment and activity equipment designed specifically for supporting patients with cognitive impairment are available on some of the wards. Providing the right environment alongside meaningful activities including afternoon tea and group sessions makes a difference to the patient’s experience.

Volunteers Celebration Event

Hundreds of volunteers have been thanked for their work supporting health in Cardiff and the Vale of Glamorgan. A special celebration event was held to acknowledge the hard work and dedication of the health board and third sector colleagues that volunteer. The Director of Nursing and the Vice Chair opened the event and gave their heartfelt thanks to those who give up their time to volunteer and support the patients and service users of the health board. If you have some spare time and would like to volunteer then please contact our volunteer service manager on 029 21 847867.

Hospital Radio

Radio Glamorgan, the hospital radio station based in University Hospital of Wales celebrates its 50th anniversary this year, while Rookwood Sound, based in University Hospital Llandough celebrates its 30th anniversary. Both radio stations play an important role in making patients’ stay in hospital as pleasant and stress free as possible and helping combat feelings of isolation and loneliness.

Radio Glamorgan is broadcasted online and therefore can be accessed using the free Wifi available within our hospital sites and Rookwood sound can be accessed on channels 1 and A in UHL and 9.45AM in Rookwood Hospital. Information regarding the events and news stories will be posted on their websites: www.radioglamorgan.com and studio@rookwoodsound.co.uk and on their twitter accounts: @radioglamorgan and @rookwoodsound
Cardiff and Vale College Student Project

Access to Health Care students have been recruited to support across a number of wards and hospital sites offering support to the patients and staff within our organisation by being part of the befriending and activity volunteer programme. This project was developed in partnership with the college to enable students who are studying towards a career in health to gain vital experience of a hospital environment.

Royal Volunteer Service Award

Royal Volunteer Service Volunteer, Les MacNeil, was awarded the British Empire Medal in the New Year’s honours list. This is in recognition of all her support and dedication to the service over 25 years at the University Hospital of Wales.

Les said “I feel very privileged to have been given this honour as I work with so many people at the hospital who are deserving of such recognition.”

“Volunteering definitely gives you a buzz; everyone should do it if they can. People have said to me ‘you deserve a medal for all the volunteering work you do’ – and now I have one!”

We have again made the Stonewall Workplace Equality Index Top 100 Employers list as one of their gay friendly employers. We are the TOP Health & Social Care Organisations in Wales and are in the 5 Top Health & Social Care Organisations in the UK as well as the being in the Top 10 Employers in Wales.
Looking Forward

In the previous pages we have described some of our main achievements and challenges over the last year. During this time we have also been undertaking a lot of work to develop a Quality, Safety and Improvement (QSI) Framework for the next three years.

In deciding what areas we need to focus on we took a lot of different information into account. We looked at local and national information and asked a number of questions:

- What type of patient safety incidents are most common? Are there any serious types of incidents that we need to focus more on?
- What do patients complain about most?
- What are our most common clinical negligence claims?
- What are our patient surveys telling us? What makes people happy? What contributes to a poor experience of our services?
- What have been the findings of external inspections over the last two years?
- What are some of the national reports e.g. Older People’s Commissioner, Andrews report, Evans report, Community Health Council thematic reports telling us?
- What issues do our Quality, Safety and Experience Committee discuss and require more work on?
- What did our self-assessment against the Health and Care Standards for Wales tell us?

We also spoke to a lot of people including members of the public, staff and other organisations that we work with. What has come through strongly in talking to our service users and stakeholders to date is the need for good communication and information. Hygiene standards are important, as is the need to be treated with dignity and respect and for everyone to have a shared understanding of what this means to individuals. One of our stakeholders told us that accessing care in the NHS should be ‘effortless’ – it should not be difficult for people when they visit our services or when they are dealing with lots of different departments and staff. The patient must be put at the centre of everything that we do. We know that every day, across all of our services, staff are working hard to make this happen, and we now need to build on all the fantastic work that is already being undertaken to ensure that the priorities we have identified remain an area of focus and improvement over the next three years. We have identified a range of measures that will help us monitor whether we are improving and we will report these regularly to our Quality, Safety and Experience Committee and also in our Annual Quality Statements over the next three years. The diagram opposite summarises our QSI framework.

You can read the QSI framework at include link:
### Delivering Outcomes that Matter to People

**Aim 1 - Governance, Leadership and Accountability**
- Quality Safety and Experience (QSE) Committee/Group infrastructure
- Safety Culture
- QSE performance dashboard
- Capacity and capability/LIPS
- QSE in commissioning arrangements
- Safety Walkrounds
- Health and Care Standards
- Regulatory compliance and accreditation

### Reducing Waste, Variation and Harm

**Aim 3 - Effective Care**
- Record keeping
- Evidence based care (NICE and NCEPOD, National Audit reports)
- Patient Safety Solution Compliance
- Clinical Audit/National Clinical Audit
- Mortality reviews

**Aim 5 - Timely Care**
- Waiting times
- Follow up
- Cancer targets
- 12 hour waits in Emergency Unit
- Ambulance handovers
- Access to Out Of Hours GPs

### Aim 2 - Safe Care
- Reduction in same cause serious incidents
- Avoidance of Never events
- Preventing pressure and tissue damage
- Falls prevention
- Infection prevention and control
- Sepsis
- Prompt recognition of the deteriorating patient/ Acute Kidney Injury (AKI)
- Nutrition and hydration
- Medicines management
- Medical devices
- Staffing levels
- Safeguarding children and adults at risk
- Patient Identification
- Risk formulation in patients with mental health problems
- Reduction in healthcare acquired Venous Thrombo Embolism
- Maternity care
- Patient centred care
- Point of Care Testing (POCT)

### Aim 4 - Dignified Care
- Communication with patients and families/information giving
- Sensory loss/use of modern technologies
- Mouth care
- Continence care
- Rest and sleep
- Care of patients with learning disabilities
- End of life care

### Aim 6 - Individual Care
- Listening and learning from patient feedback
- Putting Things Right (PTR) arrangements
- Promoting independence/care closer to home
- Effective transition from childhood services to adult services
- Older frail/Dementia/ delirium/
- Boredom and loneliness
- Mental Capacity Act and Consent
- Deprivation of Liberty safeguards
- Patient centred care

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**Annual Quality Statement 2016 -2017**
How are we doing? – help us hear your voice

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

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

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

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