Public Quality, Safety and Experience Committee

Tue 26 November 2024, 14:00 - 16:00

MS Teams

Agenda

14:00 - 14:05
5 min

1. Standing Items

1.1. Welcome & Introductions

Ceri Phillips

1.2. Apologies for Absence

Ceri Phillips

1.3. Declarations of Interest

Ceri Phillips

1.4. Minutes of the QSE Committee Meeting held on 08.10.2024

Ceri Phillips

1.4 - Unconfirmed QSE Public Minutes 08.10.2024_cp.pdf (6 pages)

1.5. Action Log – Following the meeting held on 08.10.2024

Ceri Phillips

1.5 - Public QSE Action Log for 26.11.2024.pdf (1 pages)

1.6. Chair's Action taken since last meeting

Ceri Phillips

14:05 - 15:45
100 min

2. Items for Review & Assurance

2.1. Mental Health Clinical Board – Assurance Report

20 mins *Daniel Crossland / Neil Jones / Mark Doherty*

2.1 - 2MHQSENov2024.pdf (22 pages)

2.2. Deep Dive - Perinatal Mortality Review Tool (PMRT)

15 mins *Abigail Holmes*

2.2 - Combined PMRT (1).pdf (7 pages)

2.3. Equity, Equality, Experience and Patient Safety Action Plan - Update

10 mins *Claire Beynon / Eloise Hamon*

2.3a - QSE Cover paper. Equity Equality Experience and Patient Safety action plan.pdf (2 pages)

2.3b - Nov 2024 update EQUITY_EQUALITY_EXPERIENCE_AND_PATIENT_SAFETY_ACTION_PLAN_V5.pdf (15

pages)

2.4. Regulation 28 PFD Improvement Plan

10 mins *Jason Roberts / Angela Hughes*

2.4 - Reg28 updatefinal.pdf (1 pages)

2.5. Royal College of Psychiatrists Verbal Update

5 mins *Richard Skone / David Fluck*

2.6. Sexual Safety

10 mins *Katrina Griffiths*

2.6 - Sexual Safety Paper for QSE 26.11.24.pdf (6 pages)

2.7. Medical Examiners (Wales) Regulations 2024 and Care After Death

10 mins *Alex Scott / David Fluck*

2.7 - Death certification (1).pdf (4 pages)

2.8. Controlled Drugs Accountable Officer Annual Update April 2023 – March 2024

10 mins *Tim Banner*

2.8 - Controlled Drugs Accountable Officer Annual Update April 2023 – March 2024.pdf (6 pages)

2.9. Director of Public Health Annual Report

10 mins *Claire Beynon*

2.9a - DPH report.pdf (2 pages)
2.9b - DPH Report 2024 QSE Presentation.pdf (7 pages)
2.9c - DIRECTOR_PUBLIC_HEALTH_REPORT_2024_ENG 18th Nov 2024.pdf (58 pages)

15:45 - 15:50
5 min

3. Items for Approval / Ratification

3.1. UHB 519 - Request for approval of the 'Development and Approval of UHB Procedure Specific Consent Forms Principles and Framework'

3.1a - PCSF - Board & Committee Covering Report 2024-25 (1).pdf (2 pages)
3.1b - PCSF Principles and Framework - June 2024 (2).pdf (26 pages)

15:50 - 15:55
5 min

4. Items for Noting & Information

4.1. Minutes from Clinical Board QSE Sub Committees and the Safeguarding Steering Group (SSG)

Jason Roberts

- *Medicine Clinical Board*
- *Children & Women Clinical Board*
- *CD&T Clinical Board*
- *Safeguarding Steering Group (SSG)*

4.1.1 - MCB QSE Minutes 18 September 2024 v2.pdf (6 pages)
4.1.2 - ATT 1 CW QSPE Minutes 24.09.2024.pdf (7 pages)
4.1.3 - Att 1 - Minutes 19.9.24.pdf (15 pages)

4.1.4 - SSG Minutes - September 2024.pdf (6 pages)

4.2. Joint Commissioning Committee Quality and Patient Safety Committee (QPSC) Chairs Report – 12.11.2024

Ceri Phillips

4.2a - QPS Chairs Report.pdf (5 pages)
4.2b - Appendix 1 - Escalation Report.pdf (5 pages)

15:55 - 15:55
0 min

5. Items to bring to the attention of the Board / Committee

Ceri Phillips

No items.

15:55 - 15:55
0 min

6. Agenda for the Quality, Safety & Experience Private Meeting:

Ceri Phillips

i) Private Minutes & Actions

ii) Any Urgent / Emerging Themes – Verbal (Confidential Discussion)

iii) Ophthalmology WET AMD

15:55 - 15:55
0 min

7. Any Other Business

Ceri Phillips

15:55 - 15:55
0 min

8. Review of the Meeting

Ceri Phillips

15:55 - 15:55
0 min

9. Date & Time of Next Meeting:

Ceri Phillips

7th January 2025 at 2pm

15:55 - 15:55
0 min

10. Declaration

Ceri Phillips

"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]"

Unconfirmed Minutes of the Public Quality, Safety & Experience Committee

Held on 8th October 2024

Via MS Teams

To view the meeting: CAVUHB Public Quality, Safety & Experience Committee 08.10.2024 (youtube.com)

Chair:		
Ceri Phillips	CP	Committee Chair / UHB Vice Chair
Present:		
Akmal Hanuk	AH	Independent Member – Community
Rhian Thomas	RT	Committee Vice Chair / Independent Member – Capital & Estates
Mike Jones	MJ	Independent Member – Trade Union
In Attendance		
Aled Roberts	AR	Associate Medical Director Patient Safety and Clinical Effectiveness
Jason Roberts	JR	Executive Nurse Director
Alexandra Scott	AS	Assistant Director of Quality and Patient Safety
Richard Skone	RS	Interim Executive Medical Director
Claire Beynon	CB	Executive Director of Public Health
Paul Bostock	PB	Chief Operating Officer
Vicki Burrell	VB	Senior Service Improvement Programme Manager
Rebecca Aylward	RA	Deputy Executive Nursing Director
Matt Phillips	MP	Director of Corporate Governance
Emma Cooke	EC	Executive Director of AHPs, Health Scientists and Community Services Development
Andy Jones	AJ	Director of Nursing/Midwifery – Children & Women Clinical Board
Lisa Green	LG	Senior Nurse – Emergency Unit
Emma Davies	ED	Nurse Staffing Levels Lead
Anna Mogie	AM	Deputy Director of Nursing - PCIC
Helen Kemp	HK	Deputy Clinical Board Director - PCIC
Siobhan Lewis	SL	Consultant – Internal Medicine
Observers		
Secretariat		
Rachel Chilcott	RC	Corporate Governance Officer
Apologies		
Angela Hughes	AH	Assistant Director of Patient Experience

QSE 24/10/001	**Welcome & Introductions** The Committee Chair (CC) welcomed everyone to the meeting in English & Welsh.	**ACTION**
QSE 24/10/002	**Apologies for Absence** Apologies for absence were noted.	
QSE 24/10/003	**Declarations of Interest** No declarations of interest were raised.	

QSE 24/10/004	**Minutes of the Committee meeting held on 16.07.2024** To view the minute: https://youtu.be/QLBg2PxIwvQ?t=12 The minutes of the Committee meeting held on 16.07.2024 were received. **The Committee resolved that:** a) The minutes of the meeting held on 16.07.2024 were approved as a true and accurate record of the meeting.	
QSE 24/10/005	**Action Log following the Meeting held on 16.07.2024** To view the minute: https://youtu.be/QLBg2PxIwvQ?t=45 The Action Log following the Meeting held on 16.07.2024 was received. **The Committee resolved that:** a) The Action Log from the meeting held on 16.07.2024 was noted.	
QSE 24/10/006	**Committee Chair's Actions** No Chair's Actions were raised.	
	Items for Review & Assurance	
QSE 24/10/007	**PCIC Clinical Board – Assurance Report** To view the minute: https://youtu.be/QLBg2PxIwvQ?t=100 The Deputy Director of Nursing - PCIC (DDON-PCIC) and the Deputy Clinical Board Director - PCIC (DCBD-PCIC) presented the Assurance Report which provided the Committee with a summary of the arrangements, progress and outcomes within the PCIC Clinical Board. Regarding the dental services, the Executive Director of Public Health (EDPH) asked whether the prioritisation of children on the waiting list would continue once the waiting lists had been centralised, and whether patients would be required to go out of their Health Board boundary. The EDPH also asked for further clarification on the numbers of patients on the waiting lists, as there was a discrepancy in the numbers between the report and presentation. The DDON-PCIC informed the Committee that she would enquire with her team around the prioritisation of children on the dental waiting list and would share the information following the Committee. The DDON-PCIC confirmed that the number discrepancy was due to a validation exercise, which removed 6000 names from the waiting list. The DCBD-PCIC noted that the mandate from Welsh Government (WG) meant that the Dental Access Portal (DAP) would be managed centrally, which would allow patients to choose their dental practice and go outside of Health Board boundaries. The Independent Member – Trade Union (IM-TU) asked what the current level of staff vacancies were within the prison, and how they compared to Parc Prison in Bridgend. The DDON-PCIC and DCBD-PCIC responded with the following: • There had been an improvement in filling vacancies. • Workforce modelling was needed to determine the required skills and bands, which impacted on recruitment and retention. • Other prisons also faced similar staffing challenges. • Efforts included linking with other Health Boards and developing training modules, such as an online prison nurse qualification, to support and retain staff. There was	

	also discussion about establishing a national nurse bank to further aid recruitment and retention. • The introduction of pharmacy technicians was a strategy to optimise nursing time • From a medical perspective, efforts were being made with Health Education and Improvement Wales (HEIW) and the Primary Care Academy to support the uptake of general practice as a specialty through a portfolio career pathway. The GP sustainability team connected interested individuals with vacancies, which included prisons. • There had been discussions around whether incentivisation should be addressed regionally or nationally, potentially through the Agenda for Change, and conversations were ongoing to determine if this was necessary across all prisons. The Committee Vice Chair (CVC) asked for an insight into CAV 24/7's current contribution and impact. Additionally, she asked for more context on the issues of staff sickness and high turnover rates. The DDON-PCIC responded that: • The context and impact of CAV 24/7 had changed since its introduction, as initially the CAV 24/7 service was not part of the National 111 service. Now CAVUHB utilised the 111 service. • The 111 service now included a "press 2" option for direct access to mental health practitioners, which was delivered by a small team who sat within the CAV 24/7 Out of Hours (OOH) GP service but was not hosted by them. • The small team consisted of Band 5 mental health practitioners (often psychology graduates), supervised by Band 6 & 7 mental health registrants. Issues included long-term sickness amongst the supervisors and high turnover amongst the Band 5 staff. • It was suggested that better alignment with the mental health services could improve support and retention. The CC asked for clarification to be provided to the Committee members around the prioritisation of children within the centralised dental waiting list. **The Committee resolved that:** 1) The current position and the actions taken since the previous report to strengthen assurance and manage the risks within the PCIC Clinical Board was noted.	
QSE 24/10/008	**Quality Indicators Report** To view the minute: https://youtu.be/QLBg2PxIwvQ?t=2389 The Assistant Director of Quality and Patient Safety (ADQPS) presented the Quality Indicators Report and slides which provided assurance in relation to several quality, safety and patient experience priorities. The CC noted concern around the current performance of infection, prevention and control (IP&C) incidents and medication errors. The ADQPS responded with the following: • Significant work was ongoing to improve the reporting of medication incidents. Progress had been made in identifying themes and trends from the data. • The implementation of the Electronic Prescribing and Medicines Administration (EPMA) system was expected to be a major improvement, particularly for critical time medications and risk assessments. • Most incidents resulted in no or low harm, which was indicative of a strong reporting culture. • The Quality Excellence Programme Board would play a key role in driving further improvements.	

	The Interim Executive Medical Director (IEMD) noted that significant work had been done on IP&C, with constant monitoring and real-time reactions to infections. They would implement a “back to basics” approach which focused on hand washing and no-touch techniques. The Executive Nursing Director (END) emphasised their focus on eradicating avoidable harm through the “Shaping Our Future Quality Excellence” strategy, which focused on personal responsibility. The two main areas of focus were IP&C and reducing patient length of stay in hospitals. A significant push was planned for November to drive this initiative forward, with ongoing discussions with the Comms team to refine the strategy. The EDPH noted at the previous meeting, equity indicators were requested to be included in the Quality Indicators Report, and she asked for an update on the development of these indicators. The ADQPS responded that the Public Health Team had identified some indicators and were exploring the use of emergency department data related to self-triage for potential equity indicators. Conversations were ongoing, but there were challenges in collecting certain data. The Independent Member – Community (IM-C) asked how they collected data from staff’s perspective and whether there were any metrics to reflect the experiences, challenges, and opportunities faced by staff. The ADQPS responded that the Quality & Patient Safety team planned to develop a comprehensive quality outcomes framework over the next 12-18 months which moved beyond the current performance indicators and would include workforce data. They would start with around 10 indicators and add more gradually, with the aim to make the data accessible and detailed for clinical boards. They also planned to align with the national Beacon dashboard to enhance the quality of care across clinical areas. **The Committee resolved that:** 1) The assurance provided by the quality indicators was noted.	
QSE 24/10/009	**Improving Patient Experience within Emergency Unit Department following HIW Inspection** To view the minute: https://youtu.be/QLBg2PxIwvQ?t=3823 The Senior Nurse – Emergency Unit (SN-EU) presented the slides to the Committee which provided a summary of the significant pressure faced within the Emergency Unit (EU) post-COVID, the main findings from the unannounced HIW visit to the EU in June 2022, the ED and Assessment Unit (AU) redesign, other stakeholders, retention and the findings from the unannounced HIW visit in March 2024. The END thanked the team and noted that the second HIW visit commended them for their extensive efforts to enhance patient experience and address environmental issues. The IM-TU asked how much positive feedback they had received from patients and their relatives. The SN-EU responded that the latest Civica report indicated that 68% of people were very satisfied with their care, whilst 12% were not satisfied. The main concern from patients was around waiting times, which was being addressed. **The QSE Committee resolved that:** a) The Improving Patient Experience within Emergency Unit Department following HIW Inspection update was noted.	

QSE 24/10/010	**Emergency Unit, Acute Medicine and Frailty Showcase** To view the minute: https://youtu.be/QLBg2PxIwvQ?t=5601 The END highlighted the improvements made in the emergency department, particularly regarding the care and experience of older, frail patients. Significant efforts had been made to enhance the frailty model and patient flow, ensuring that elderly patients spend less time in the EU and were quickly moved to appropriate care pathways. The Consultant – Internal Medicine (C-IM) presented the slides which provided data on the risks of adverse outcomes for frail older people, the evolution of the acute hospital frailty service at CAV, data since the implementation of the pathway and next steps. The Chief Operating Officer (COO) emphasised future aspirations for improving acute medical care, utilising facilities at UHW, Lakeside and UHL, and expanding seven-day working. He noted that about one third of acute beds were now covered, and early indicators showed fewer medical patients needing care over weekends. **The QSE Committee resolved that:** 1) The Emergency Unit, Acute Medicine and Frailty Showcase was noted.	
QSE 24/10/011	**Looked After Children – Assessment Backlogs** To view the minute: https://youtu.be/QLBg2PxIwvQ?t=7035 The END referred to the ongoing challenges in conducting assessments for children under local authority care. He outlined the three types of assessments required: 1. An immediate assessment when a child is deemed to be looked after by the local authority; 2. Biannual assessments for children aged under 5; 3. Annual assessments for children aged over 5. The END noted that these challenges were identified 14 months ago within the Executive monthly reviews and formed part of a recent assessment and improvement plan for the Joint Inspection of Child Protection Arrangements (JICPA). The Director of Nursing/Midwifery – Children & Women Clinical Board (DN/M-CWCB) presented the report which provided the Committee with a summary of their updated position regarding assessments for Looked After Children. The CVC highlighted ongoing delays in notifications from the local authority and asked about the steps being taken to address this. The DN/M-CWCB responded that discussions had taken place in the Regional Partnership Board (RPB) and with Cardiff Children's Services. Emphasis was on timely communication and notifications, and they hoped that increased engagement would lead to improvements. The END emphasised that this was an ongoing journey, and that regular executive oversight would be maintained. He noted his concern around the rising number of children being looked after and the relatively small team undertaking their assessments. The DN/M-CWCB confirmed that he would bring an update back to the Committee in six months' time. **The QSE Committee resolved that:** 1) The content of the paper and the actions taken to mitigate the risks associated with child health assessments were noted.	

QSE 24/10/012	**Royal College of Psychiatrists Review – Update** *This item was postponed.*	
	Items for Approval / Ratification	
QSE 24/10/013	**Policies** To view the minute: https://youtu.be/QLBg2PxIwvQ?t=7762 The following policies were discussed: 1) UHB 068 – Blood Component Transfusion Policy 2) UHB 528 – Development and Approval of UHB Local Procedure Specific Patient Information Leaflets Principles and Framework **The QSE Committee resolved that:** a) The policies were approved.	
	Items for Noting & Information	
QSE 24/10/014	**Minutes from Clinical Board QSE Sub-Committees** To view the minute: https://youtu.be/QLBg2PxIwvQ?t=7879 **The QSE Committee resolved that:** 1) The minutes from the Clinical Board QSE Sub-Committees were noted.	
QSE 24/10/015	**Ombudsman Annual Letter** To view the minute: https://youtu.be/QLBg2PxIwvQ?t=7893 **The QSE Committee resolved that:** 1) The Ombudsman Annual Letter was noted.	
	Items to bring to the attention of the Board / Committee:	
QSE 24/10/016	*No items.*	
	Agenda for Private QSE Meeting	
QSE 24/10/017	*i) Minutes and Action Logs from the Private QSE Committee on 16.07.2024* *ii) Any Urgent / Emerging Themes – Verbal Update* *iii) Plans / Trajectories for Overdue Follow Ups – Ophthalmology* *iv) Discharge Advice Letters - Update*	
	Any Other Business	
QSE 24/10/018	*No items.*	
	Date & Time of Next Meeting:	
QSE 24/10/019	Tuesday 26th November 2024 at 2pm via MS Teams	

Action Log

Public Quality, Safety & Experience Committee

Update for meeting 26th November 2024
(Following the meeting held on 8th October 2024)

MINUTE REF	SUBJECT	AGREED ACTION	DATE BY	LEAD	STATUS/COMMENT
Actions					
QSE 24/07/005	**Royal College of Psychiatrists Review**	For an update on work being undertaken following the Royal College of Psychiatrists Review to be presented.	**26/11/2024**	Richard Skone / Jason Roberts / Paul Bostock	**COMPLETED** *Item deferred to the November 2024 QSE meeting.*
QSE 24/10/007	**PCIC Clinical Board – Assurance Report**	For further detail around the dental waiting list prioritisation for children to be shared with Committee members.	**26/11/2024**	Anna Mogie / Helen Kemp / Paul Bostock	**COMPLETED** *Information circulated to Committee members on 09.10.2024*
QSE 24/10/011	**Looked After Children – Assessment Backlogs**	For a 6-month update on the Assessment Backlogs for Looked After Children to be provided to the Committee.	**01/04/2025**	Jason Roberts / Andy Jones	**COMPLETED** *Added to Forward Plan for April 2025 QSE meeting.*
Actions referred to Board / Committees					
Actions referred FROM Board / Committees					

Report Title:	*Clinical Diagnostics and Therapeutics Clinical Board Assurance Report*					Agenda Item no.	*2.1*
Meeting:	Quality, Safety and Experience Committee		Public	X		Meeting Date:	26.11.2024
			Private				
Status *(please tick one only):*	Assurance	x	Approval			Information	
Lead Executive:	Executive Director of Nursing						
Report Author:	Mark Doherty, Director of Mental Health Nursing						

Main Report
Background and current situation:

Background:

This report has been prepared to provide assurance to the Quality, Safety and Patient Experience Committee. It aims to demonstrate that quality, safety and patient experience is at the heart of the delivery of services to the mental health service users within Cardiff and Vale University Health Board

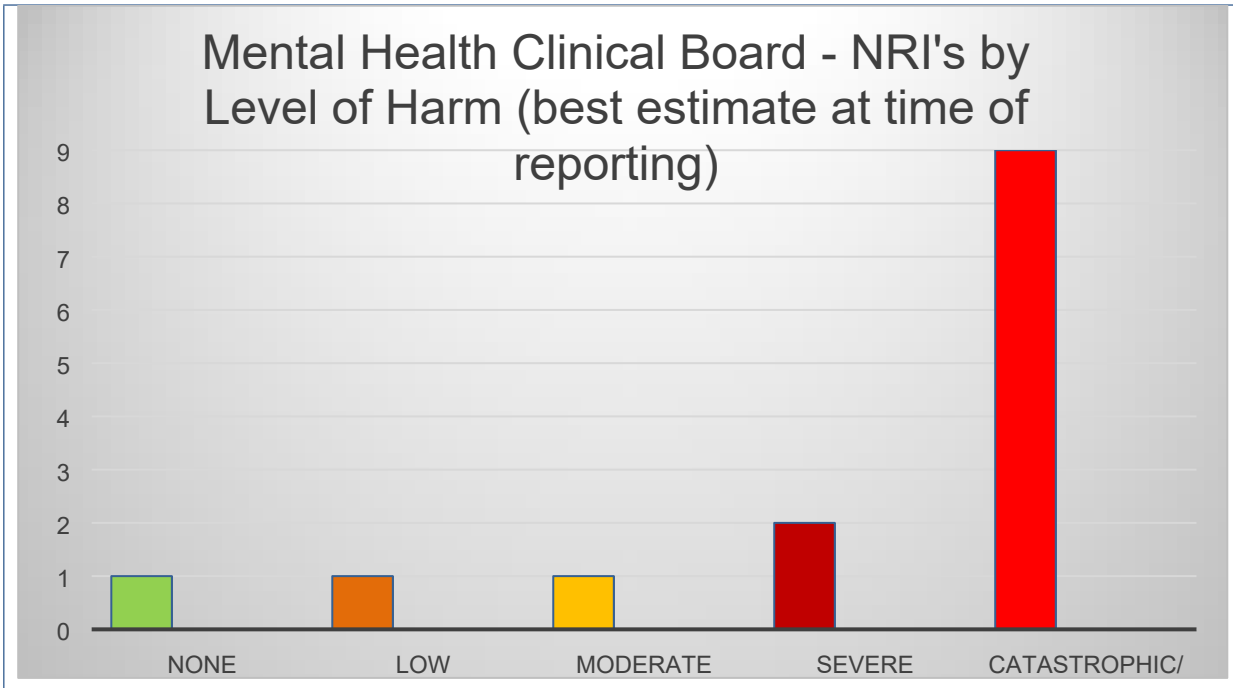
The Mental Health Clinical Board is continuously trying to improve quality within a positive risk management culture to promote recovery. The Clinical Board will seek to ensure that risks, untoward incidents and errors are identified quickly and acted upon in a positive and constructive manner so that any lessons learnt can be shared, appropriate action taken and resources prioritized. The CB is equally focused on the identification of good practice and opportunities to translate these lessons across the service.

MHCB continues to learn lessons from the time of COVID, when significantly higher than normal levels of in-patient deaths took place. Although there have been no in-patient deaths (other than those expected for medical reasons) in MHCB for the last eighteen months, our efforts to interrogate the themes and factors from this “cluster” have continued in an exhaustive and rigorous way, and include developments around safety planning, the receipt of an invited review of adult mental health services by the Royal College of Psychiatrists.

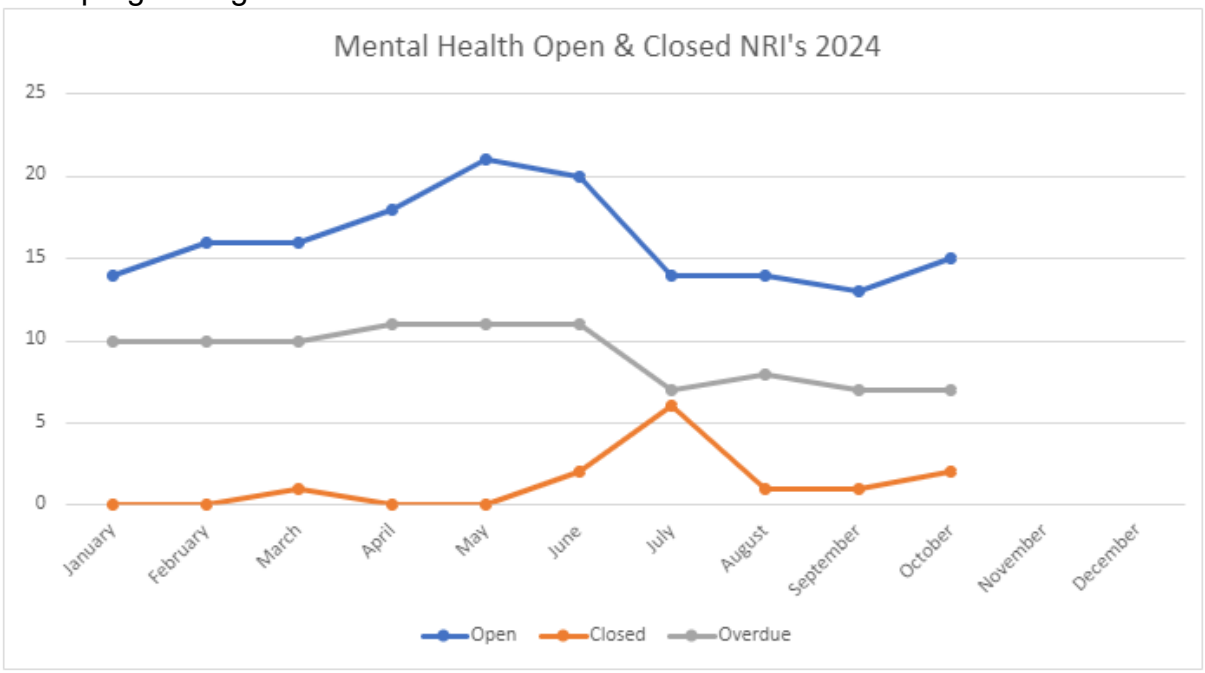
At the same time the Clinical Board is focused on developing services with a particular emphasis on compassionate approaches, constantly moving further towards a Co-produced ethos, and a willingness to engage with as wide a range of voices as possible, including the “non-traditional”.

National Reportable Incidents

NRI (National Reportable Incident) Management During 2024
To date in 2024, 14 Nationally Reportable Incidents (NRIs) have been reported to the NHS Executive within the Mental Health Clinical Board. As the chart below demonstrates, most incidents (9) were reported due to an outcome of catastrophic harm/death. There were two incidents reported as severe, and one each for moderate, low and none, respectively.



The Clinical Board started 2024 with 14 open NRIs, which rose to 21 In May. As the result of a good closure profile from May, we were in a better position which meant by September we were down to 13 NRIs progressing.



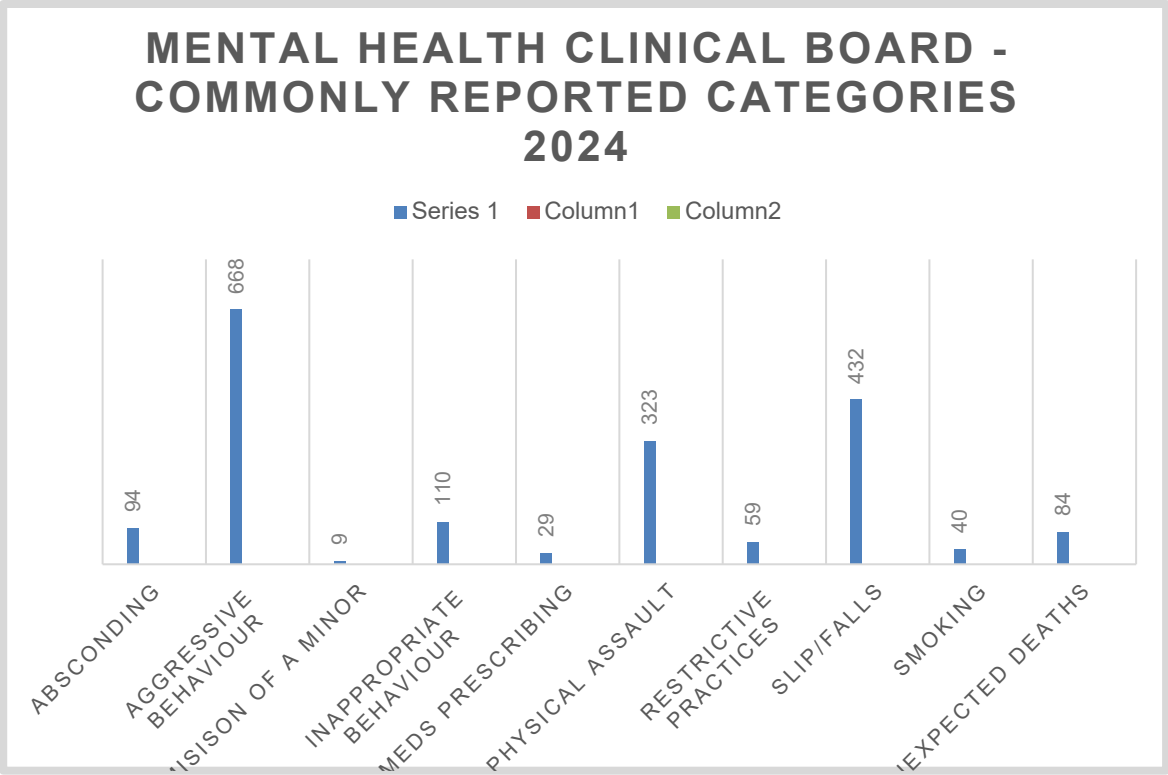
At the time of writing the Clinical Board has 14 open NRI's, 6 of which are overdue:

- Four incidents are in their final stages of approval, and it is envisaged that they will be closed during the month of November. This number includes two incidents that are currently overdue.
- One of the overdue incidents relates to a homicide, and the investigation has been delayed due to the on-going police investigation.

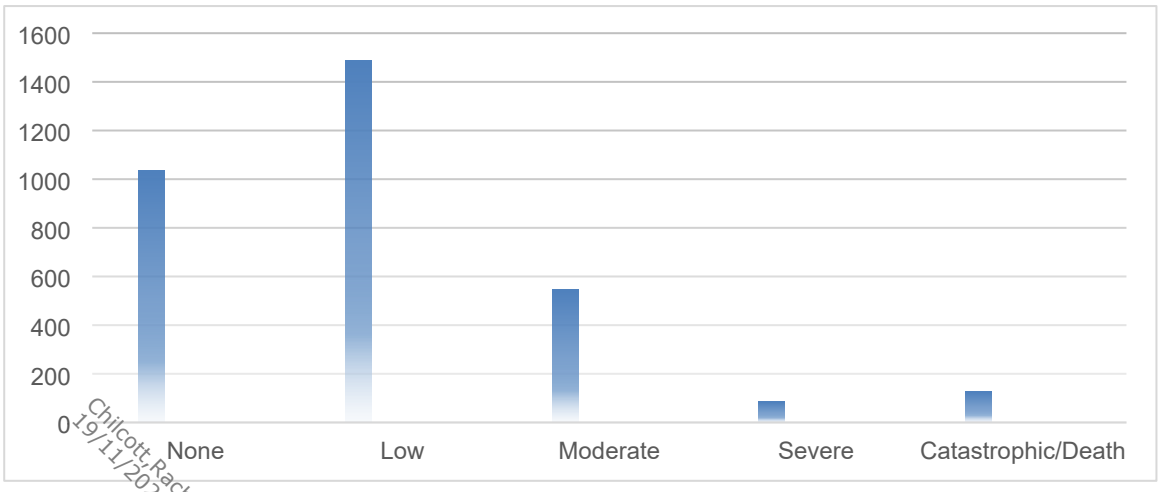
The Clinical Board has a robust review of all NRI's through initial fact-finding meetings, with subsequent NRI progress meetings, followed by a closure and action planning meeting.

The Clinical Board also undertake *'Round Table'* meetings as part of the review process. This allows staff members involved the opportunity to be included in the process of the review, and to ensure that factual accuracy and staff engagement are at the forefront of any investigation.

The Clinical Board also have post-closure feedback meetings following the conclusion of each review, to ensure actions are completed and also embedded in clinical practice to provide further reassurance. Each review is shared widely as appropriate. We are committed to ensuring that NRIs are closed within timescales set by NHS Wales Delivery Unit to ensure patients and their families receive feedback in a timely manner. At times when we are unable to do this, we are able to maintain an open dialogue with the patient/family via our newly appointed Family Liaison Officer (FLO), who is a permanent point of contact for them to receive updates/timescales etc.



The Clinical Board demonstrates an open reporting culture, with high numbers of incidents reported. Fortunately, the majority result in no harm or minor harm. Of the 3279 incidents reported in 2024, only 757 were initially reported as moderate or above.

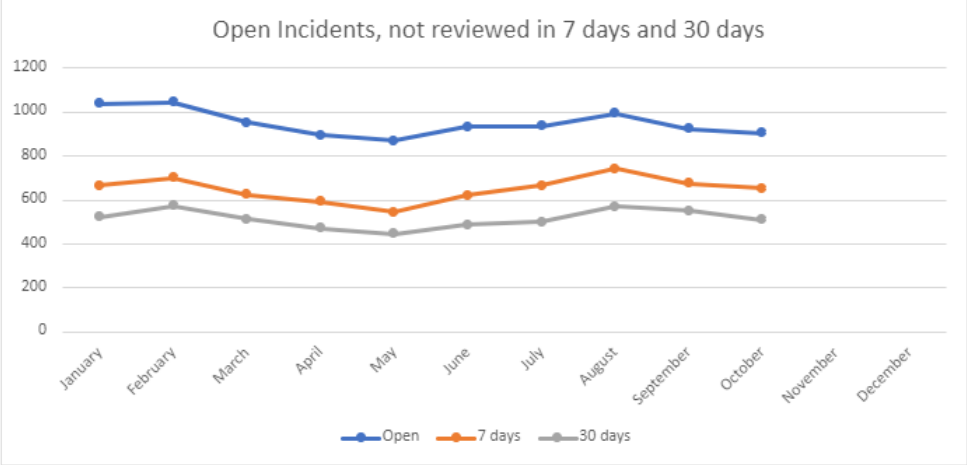


Of the 127 incidents reported initially as Catastrophic/Death that we have closed to date:

- 59 were closed as ‘no ‘harm’
- 5 were closed as ‘low harm’
- None were classified as ‘moderate’

- None were classified as ‘severe’
- 4 were classified as ‘catastrophic/death’

The challenges for timely closure are acknowledged, and those deemed severe or catastrophic harm remain the primary focus for the clinical board. However. Since 1st April 2023, all ‘no harm – moderate incidents’ are under review by the Duty of Candour Team to review levels of harm, whereas all severe and catastrophic incidents are reviewed by the Patient Safety Team



In January, there were 1038 open incidents, with 666 not having been reviewed for 7 days, and 522 not having being reviewed for 30 days.
At the time of writing there are 933 open incidents, with 670 not having been reviewed for 7 days, and 507 not having being reviewed for 30 days.

The Mental Health Clinical Board continues to encounter clinical incidents which are reportable to Welsh Government / NHS Executive. These incidents include, but are not restricted to, suspected suicides or harm to others. Other reportable incidents may include never events (in the case of MHCB we have reported an incident of drug administration by the wrong route, in which the patient came to no harm) and events that present with significant opportunities for organizational / national learning.

Each NRI inevitably requires significant input from at least one investigating officer and the support of the Patient Safety Team and the MHCB Quality Nurses, and also needs to be triangulated with the Patient Safety Learning Review process and the requirements of His Majesty’s Coroner. The workload inherent in the NRI is considerable, and the Clinical Board has struggled—with some success—to work its way through the current NRIs. The graph above demonstrates that the rate of NRI management is generally steady and that as new ones are commissioned, older ones are closed; however we continue to submit NRIs late, although there has been a reduction in the number of overdue NRIs and we expect this rate of reduction to continue.

MHCB has invested a great deal in the quality of NRI / Patient Safety Learning Reviews as well as the quantity, with particular regard to implementing the principles of the Royal College of Psychiatrists Safety Incident Response Accreditation Network (SIRAN) and the comments in the recent Royal College of Psychiatrists Review (see below). Themes from NRIs are identified and examined in our weekly Sentinels review meetings and our regular Lessons Learned meetings.

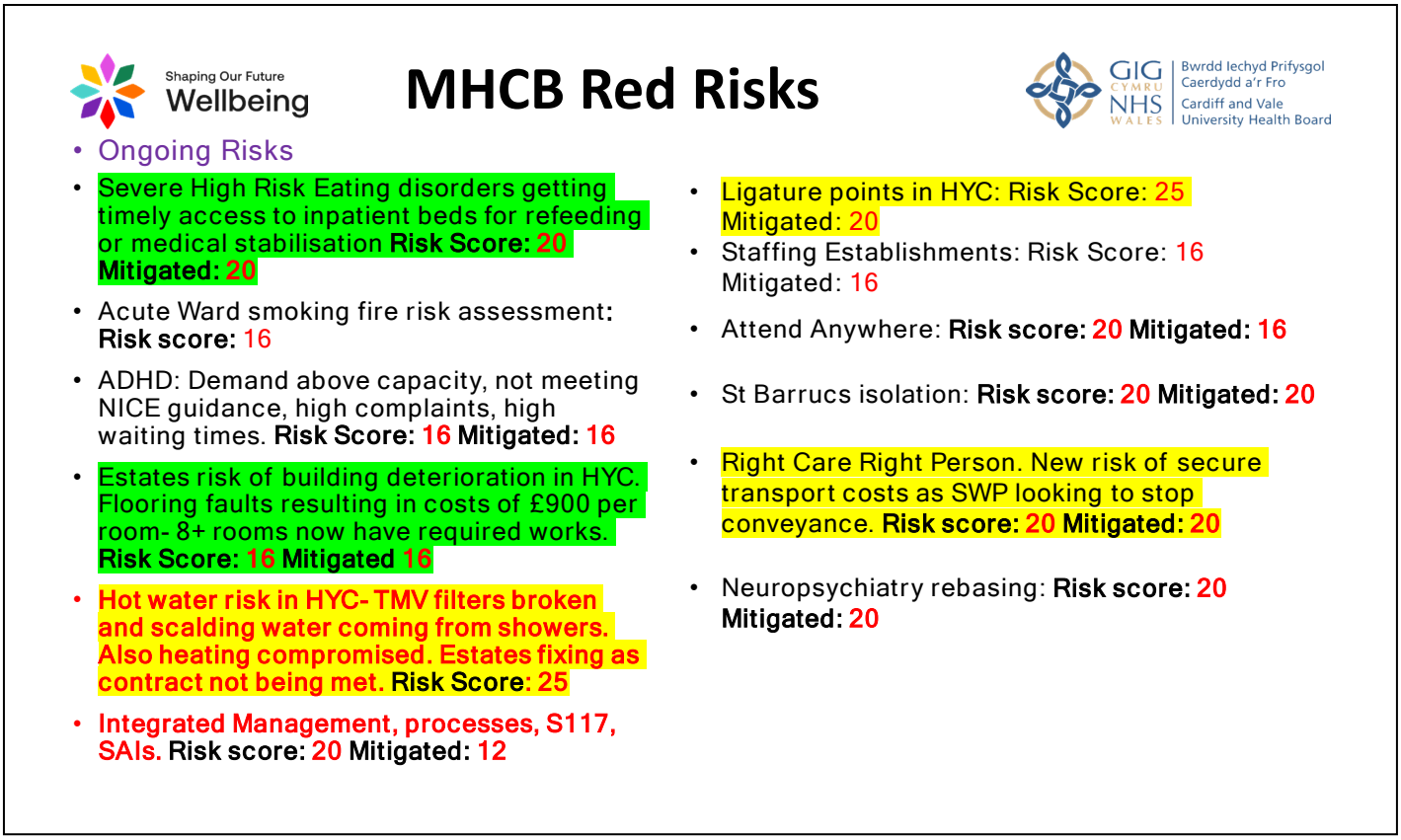
Sentinels

The MHCB weekly Sentinels meeting is a multi-disciplinary discussion in which all adverse or significant events, including but not restricted to Nationally Reportable Incidents, are presented, analyzed and managed. There are currently 29 open cases, 16 of which are related to suicides (or suspected suicides), 9 of which relate to the management of physical health in the mental health setting or deaths from medical causes both in the in-patient and community settings, and 2 cases relate to criminality.

Mortality and Morbidity Reviews

Historically the Morbidity and Mortality format as a means of governance is not often seen in mental health context. It can be argued that many of the functions of M&M reviews are performed by the Sentinels and Lessons Learned process that we already have in place. However, following an exploration of the topic in a recent Executive Review meeting we are now looking at the utility of the M&M format in mental health; it is suggested that physical health-related Morbidity and Mortality in the mental health setting may be one potential topic. MHCB will develop this approach over the coming year.

Risks



The table above describes the most salient risks facing the Mental Health Clinical Board.

Broadly, these break down into:

- estate-related issues (deteriorating Hafan Y Coed premises, the remoteness of the St Barrucs Young Onset Dementia Unit in Barry Hospital)
- organizational (lack of Local Authority Integrated Managers in the Community Mental Health Teams, continuing efforts to improvement the substantive In-patient staffing establishments)
- gaps or under-resourcing in areas of considerable clinical demand (the need for local Eating Disorder beds, the demand of Attention Deficit Hyperactivity Disorder assessment and treatment significantly outstripping organisational capacity)

All items on the "Red Risk" register are subject to regular discussion in Clinical Board / Executive Reviews and mitigation plans are at various stages of development.

Tendable

The In-patient element of MHCB is now fully on board with Tendable, the electronic system that comprehensively supports real-time analysis of quality and safety in the wards on a daily basis. Although the Tendable system was not designed for mental health it does have the capacity for modification and the Lead Nurses is particular have worked with Corporate Nursing to develop indicators that are specific to mental health.

Tendable has been invaluable in clearly spotlighting themes and issues, including:

Patient experience

- Ranging between 79-86% - further work needed with the recovery college and lived experience team to support this.
- We have also completed risk assessment for the Kiosks from the UHB patient experience team to be situated in HYC
- All Wales discharge experience survey has been sent to all those discharged from treatment wards, cedar and East 18 in September (awaiting feedback)

SafeTool
- Poor compliance with SAFE tool framework following training – action for SAFETool to be integrated to PARIS (as currently paper only) and statement from clinical board on direction of use needed.

Environmental Checks
- Work required for environmental check compliance.
- In depth audits outside of tendable undertaken by Service Manager in Adult Mental Health
- Establishment reviews include a member of staff to be allocated to environmental checks

IP&C
- Bare below the elbow scores ranged from 60-100% - issue with watches
- Reminder sent to staff about the uniform policy

Medicines Management
- Staff reporting they are being interrupted during medication rounds.
- CD keys with usual medication keys
- Action for above – Senior Nurse for Physical Health developing a QI project to explore issues and will link in with Medicines Management lead

Although Tendable is still “embedding” in Mental Health services, it is already providing real time information that allows for managers and clinical staff to intervene early. Discussions are underway to develop a Tendable module for the community teams.

Audit

Tier 1 audits/ National Audits:
- Adult Mental Health : National Clinical Audit of Psychosis EIP 2023
- National Audit of Inpatient Falls (NAIF) FFAP
- Suicide (and homicide) by people under mental health care (NCISH)
- Suicide by people in contact with substance misuse services(NCISH)

Tier 2 Audits/ Patient safety audits:
- RCPsych Prescribing Observatory for Mental Health – UK (POMH_UK) audits 2024
- Rapid Tranquillisation
- The use of Melatonin
- Opioid medication in mental health services

(Each of the POMH QI programmes focuses on prescribing practice relating to a particular illness and/or a particular medication or class of medication. By supporting the collection of reliable national data for each programme, POMH provides a wealth of information on the quality of prescribing practice thus allowing individual clinicians, multidisciplinary teams and service providers to compare the standard of evidence-based care they provide with that of other clinicians within their own service and other similar services nationally.)

- Audit of prolactin monitoring and management of hyperprolactinaemia in people prescribed antipsychotic medication.
- Does the Community Mental Health Team Respond to Referrals for Assessment of New Diagnoses of Adult ADHD in Line with Current Guidelines?

- Assessing the pharmacological prevention and management of Clozapine induced constipation in a clinic setting

Tier 3 /Personal interest :

Adult:

- An evaluation of the role of the Specialist Primary Mental Health Liaison Professional (SPMHLP).
- An Audit of EDSOTT Against the TrACE Toolkit
- Audit on the presence of CO2 and CO3 forms in a low secure forensic unit.
- Evaluation of Smoking Cessation Advice and Prescription of Nicotine Replacement Therapy in Hafan Y Coed Psychiatric Unit
- Improving services for High Risk Eating Disorder (SHED) patients in Cardiff and Vale University Health board with reference to NICE guidelines and organisation targets
- Physical healthcare in mental health in-patients on admissions ward (Cedar ward) in Llandough hospital in line with NCEPOD guidance
- Service Evaluation of the Eating Disorder Services Type 1 Diabetes and Disordered Eating (T1DE) Pathway
- The use of Flumazenil to improve seizure quality during ECT.
- Transferring complex patients for ECT using intravenous ketamine

Psychology :

- An evaluation of a Compassion Focussed Therapy group within Community Mental Health Teams in Cardiff.
- Evaluation of a Compassion Focused Therapy Group for Eating Disorders
- Why am I being asked to complete this? The perspectives of older adult's service users and clinicians in a later life secondary care mental health service."
- Care coordinator delivery of psychological therapies within an Early Intervention Psychosis service: what are the enabling factors and barriers?

- Experiences of trauma-informed support for women and birthing people in Cardiff and Vale UHB.

- Why are Fewer Men than Women Referred to Psychological Services within The Memory Team?

Substance Misuse

- Review of the Buvidal Psychological Support Service
- A service evaluation analysing changes in quality of life and psychological distress scores over time among people receiving a new opiate substitute treatment (Buvidal) in two treatment contexts in Wales.
- A Service Evaluation Assessing the Experiences and Needs of Service Users Considering Planned Detox from Long-acting Injectable Buprenorphine at the Community Addictions Unit (CAU)
- An Audit to assess compliance with DVLA guidelines in Cardiff Addictions Unit
- A Service Evaluation Assessing the Opinions of Service Users who have Detoxed from Long-acting Injectable Buprenorphine (Buvidal) at the Community Addictions Unit (CAU).
- Evaluation of Inpatient Conversion from High Dose Methadone to Long-acting Injectable Buprenorphine

- 12 month follow up data from the Buvidal Psychological Support Service (BPSS) pilot project **seeking to follow up clients who have accessed the Buvidal Psychological Support Service, to evaluate the effectiveness of interventions offered to clients.**

MHSOP

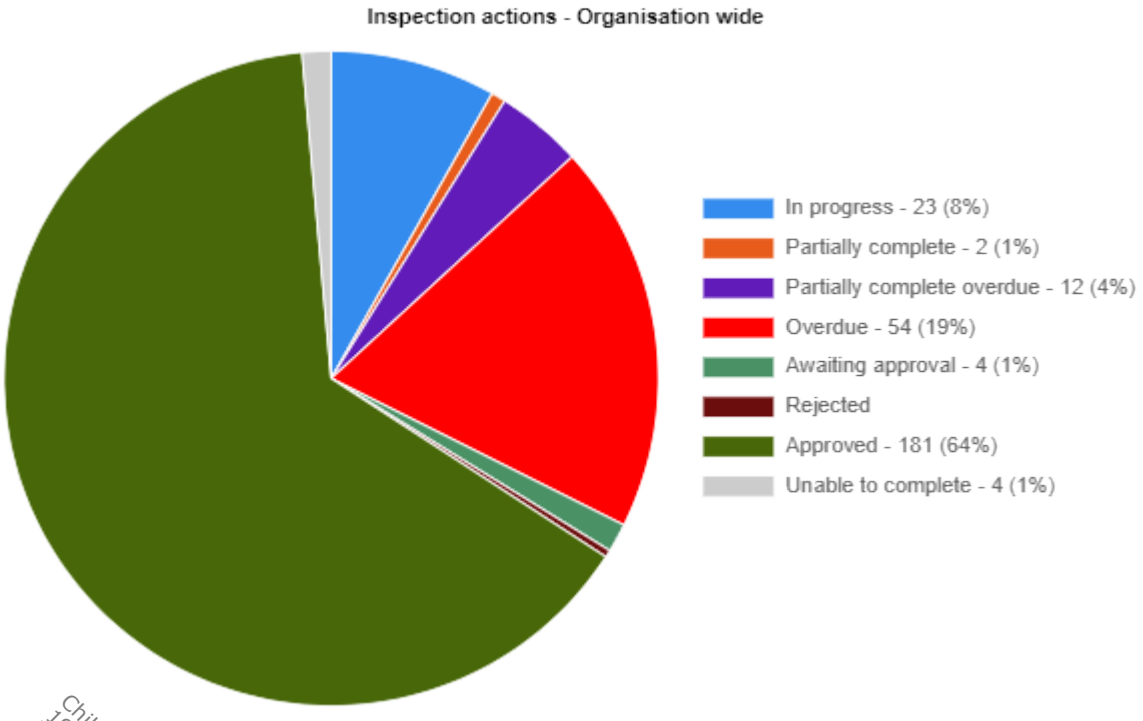
- [Planned re-audit: 20/05/2024] Antipsychotic Prescribing For Dementia Patients In An Older Person Crisis Team - How Well Do They Adhere To The Guidelines?- completed
- Evaluating the influence of Open Dialogue training for clinicians across older adult mental health

- Evaluation of Suicide Awareness and Mitigation Training
- Exploring Perceptions and Experiences of the "Talking about Suicidal Behaviour" Intervention Amongst Nurses on the MHSOP REACT Team

Quality Improvement projects:

- MHSOP/2024-25/01 - Implementing of the Care Fit for VIPS framework onto wards in MHSOP
- (The VIPS toolkit uses Professor Dawn Brooker's widely recognised VIPS framework of person-centred care. Brooker, D. (2007) Person Centred Dementia Care: Making services better, and the 2015 second edition)
- 2023-24/16 - Improving the Quality of Physical Health Observations Post-Intramuscular Rapid Tranquilisation on Adult Psychiatric Intensive Care
- Improving the service of Liaison Psychiatry for Older People for patients within the Assessment Unit
- Mental health/2024-25/01 - Get There Together: A Resource To Support The People Of Wales To Access Their Communities (Development of an app that provides digital stories/videos to help people living with dementia feel confident in accessing services etc within their communities.)
- Analysis of Mental Health Act scrutiny forms and Learn from failed scrutiny forms
- Psychiatric Disorders and Fitness to Drive – Quality Improvement Project

Improvement Plan Compliance



MHCB is working through an extensive list of improvement plans, generated from untoward events, directions from His Majesty's Coroner, Datix reports and concerns. Of the total number of actions in the last year MHCB has been able to complete 64% whilst a further 8% are in progress and 14% are partially complete. This indicates a vigorous level of activity around improvement plans and a significant level of progress.

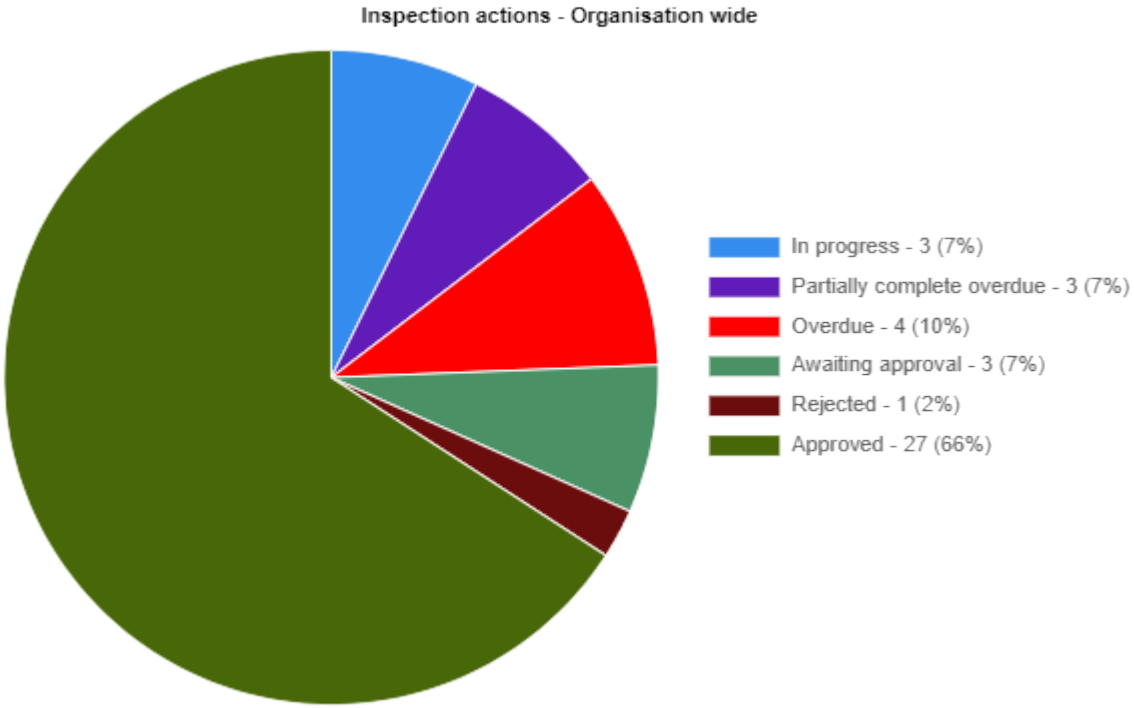
Health Inspectorate Wales reports

MHCB had two unannounced visits from HIW this year:

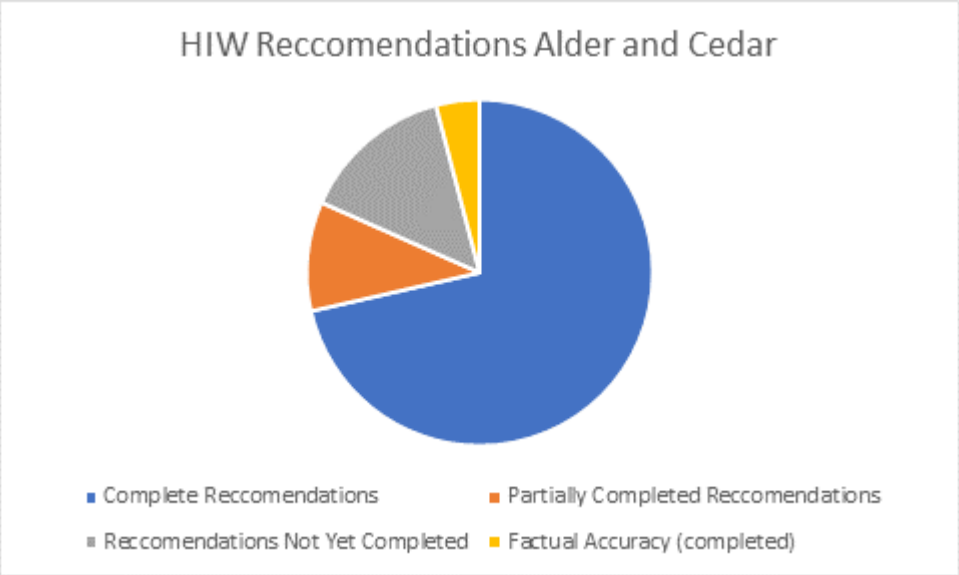
St Barrucs (Young Onset Dementia) Ward at Barry Hospital 3rd-5th June
Cedar (Acute Assessment Ward) and Alder (Psychiatric Intensive Care Ward) at Hafan Y Coed 1st, 2nd and 3rd July

Both visits generated action plans and the charts below indicate the level of progress made against both plans, which has been considerable.

St Barrucs:

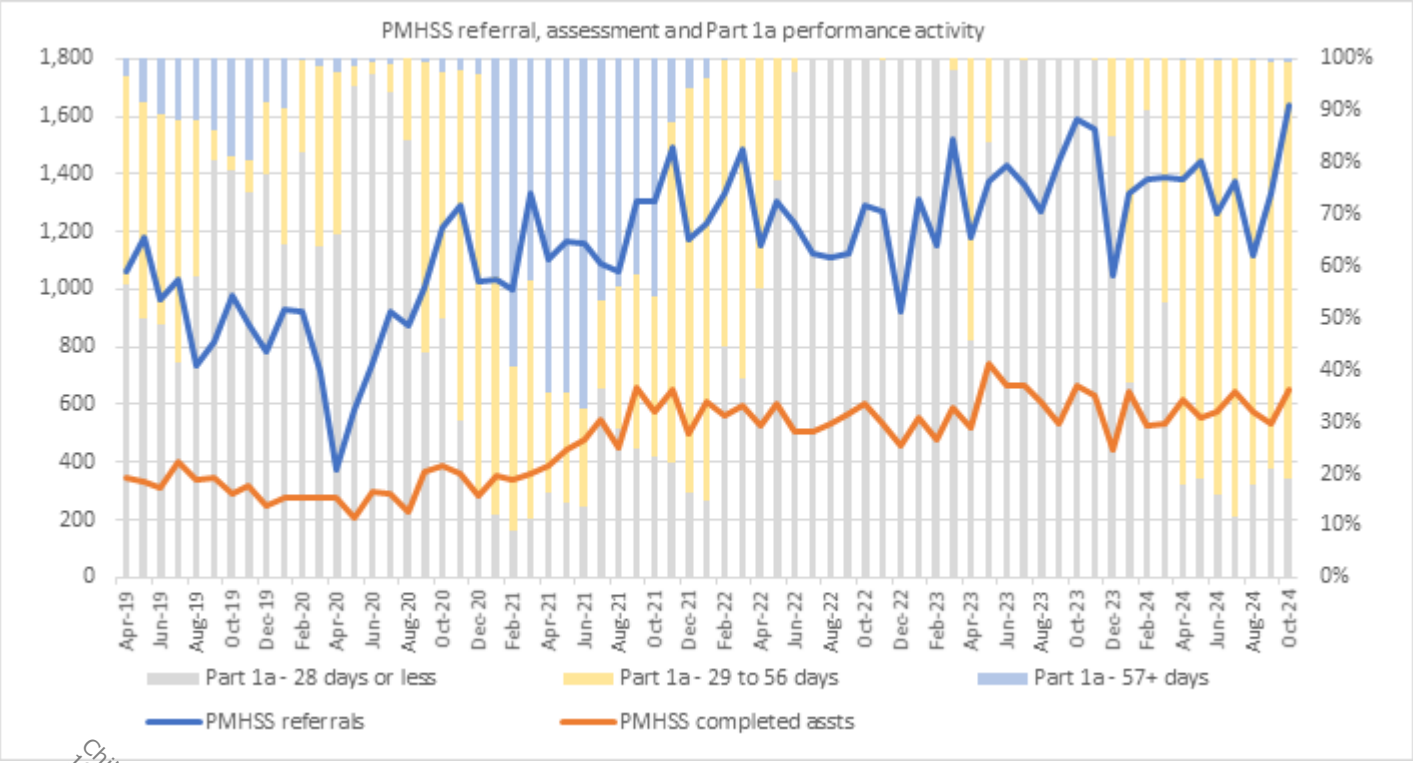


Cedar / Alder:



Primary Mental Health performance

- Part 1a: 22.4% compliant with target (80%). 19.2% last week. Team increased by 3 average following Demand / Capacity review which indicated 200 more referrals per month since April 2021.
- Part 1b 100% compliant with target



Clinical Risk Management / Patient Safety

Following a cluster of deaths in the In-patient setting (that were reported on in Quality and Safety Assurance in 2022) the Mental Health Clinical Board took a series of measures to strengthen clinical risk management and improve safe care for mental health patients. These include:

- The implementation of the Wales Applied Risk Reference Network (WARRN) as the default risk assessment method for all users of secondary mental health services. (84% of inpatients had a WARRN risk assessment within 24 hours in October 2024.)
- The roll out of 4 Mental Health Suicide Mitigation Training across all areas of the MHCB
- Supported by the University Health Board we commissioned the Royal College of Psychiatrists to conduct a review of our clinical risk management and lessons learned process. We are now in receipt of this report which, as we expected, challenges us in a number of areas:

Invited Review Service Report May 2024 of Hafan y Coed, Mental Health Services Cardiff and Vale University Health Board Date site visits carried out: 25th -26th October 2023

- Risk Assessment; management of risk and safety planning
- Care Planning and Formulation
- Therapeutic Engagement
- Continuity of Care
- Diagnosis and Treatment
- Observation levels
- Mental Health Act
- Serious Incident Investigations

All Wales In-Patient Safety Programme

The Mental Health Clinical Board is now a participant in the NHS Executive-led National Mental Health In-patient Safety Programme, which has developed over the last year in response to a recognition that all in-patient mental health settings in Wales are in need of support and development in order to make them as safe as they can be. Over the next year the programme will generate a series of tangible, deliverable projects that can be trialled in participating wards (5 of which are in Cardiff and Vale MHCB) before rolling out as evidence-based improvement projects in relevant wards across the country. There are four workstreams in the programme:

Procedural Safety - Drawing together existing procedures and policies surrounding restrictions and working to understand and realise opportunities for improvement.
Relational Safety - Continuing to embed the Person Centred Safety Planning Programme, working to enhance and standardise MDT support to wards, delivering an evidence review around risk formulation and piloting Safe Wards.
Environments of Care - Reviewing ligature risk assessments, developing and implementing an all-Wales ligature assessment and management process, and publishing an all-Wales training package.
Safe Discharge - Co-designing a broad set of discharge standards with patients, families and carers, and developing and implementing a standardised approach to 72-hour follow up.

--a fifth workstream, concerned with Psychological Safety, is in development. The Mental Health Clinical Board has representatives on all workstreams. We see this programme as key to our ongoing improvements in terms of Quality, Safety and Patient Experience and will be pleased to report back to this committee as initiatives are implemented and evaluated.

The National Confidential Inquiry into Suicide and Safety in Mental Health

NCISH is the set of principles and standards against which all mental health services are required to self-assess. Recent achievement in the categories set out by NCISH include:

<u>Safer Wards</u>
- Participation in All Wales Inpatient Steering group
- Co-produced Inpatient information leaflet
- Section 17, Therapeutic Observation and Engagement policy
- Initial self- assessment of QNWA standards
- Involvement in review of QNWA standards Royal College of Psychiatry

<u>Early Follow-up on Discharge (72 hours)</u>
- Practice in place
- CRHTTs are configured to support Early Discharge
- IPFD (preparing for discharge) 5-day course now in place facilitated by Recovery College

<u>No out of area admissions</u>
- Patient Flow Manager
- Development of Mind Supportive living project to improve access to appropriate accommodation and reduce DTOC
- Daily bed management huddles

<u>Family involvement</u>
- Family engagement event to be held in partnership with the Lived Experience Team Nov 12th
- Family Liaison Officer now in place
- Co-hosting forum with carers group on person centred approaches, action plan in progress
- Co-producing and delivering on Recovery College Course for supporting families - Experience of Caring

- Developing partnerships with charitable groups exploring to develop better understand experiences of people using mental health services
- WARRN and Suicide Mitigation training includes the importance of including family voice in care and treatment planning and risk mitigation
- Engagement with FLOs from various health boards to share learning and develop network of good practice

Personalised risk management

- WARRN – 708 staff members trained
- SAMT – 815 staff members trained
- Review of Clinical Risk Management policy
- Safetools now available on Paris, awaiting switch on
- Benchmarking of risk mitigation approaches with neighbouring and national HB's

Low staff turnover

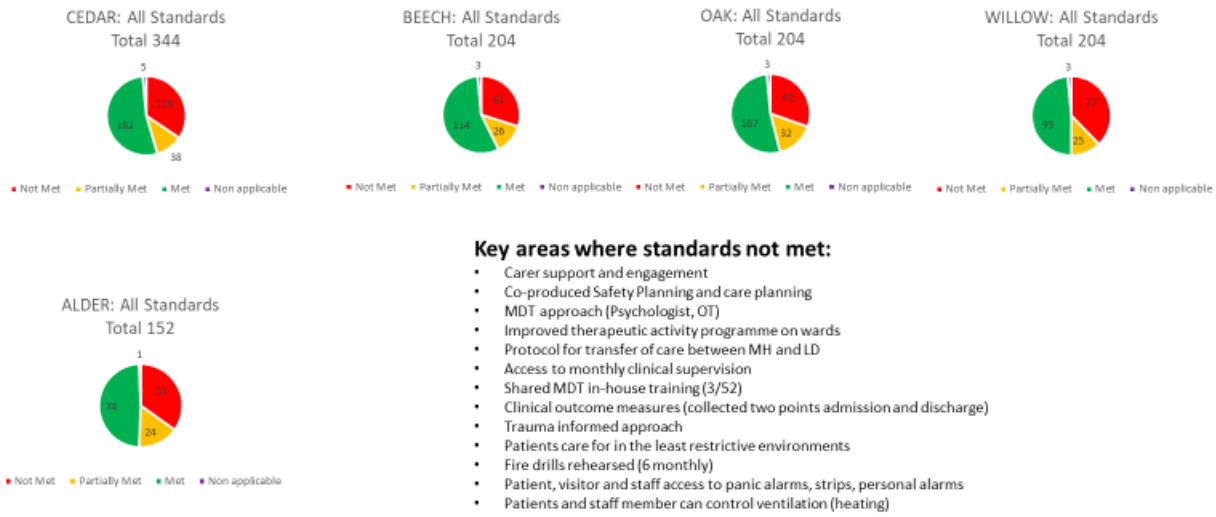
- Sickness panels in place to support return to work and better understand reasons for absence and support return
- Review of MDT and Nursing Establishment and skill mix for Inpatient Services
- Appointment of Inpatient Psychologist Lead and Trauma Informed Practitioner for Inpatient Adult Services
- Post incident support in place as routine practice (CRS, Tim, rapid referral pathway to EWBS)
- Employee Wellbeing Drop -n sessions in place
- Safe Care in place to highlight red flags
- Recruitment of Internationally Educated Nurses, Cardiff and Vale to be regional training site for Mental Health
- Three awards for MHCB teams in the Cultural Competence Certification
- Restorative Clinical Supervision pathways in place

Reducing alcohol and drug misuse

- Dual Diagnosis Steering Group re-established May 2024
- Focus of Dual Diagnosis Team now primarily on delivery of assessment/advice to Crisis Assessment Ward and Adult Acute wards, training for brief interventions for drugs/alcohol also available for ward-based staff.
- CAU has 9 staff trained to provide Motivational Interviewing Training across the Adult Mental Health Directorate from December 2024.
- Existing referral pathways in place for CAU/CMHTs/Crisis Team being reviewed as part of the CAU Project

Quality Network for In-patient Working Age Mental Health Services

QNWA Standards: Measurement in Adult Acute December 2023



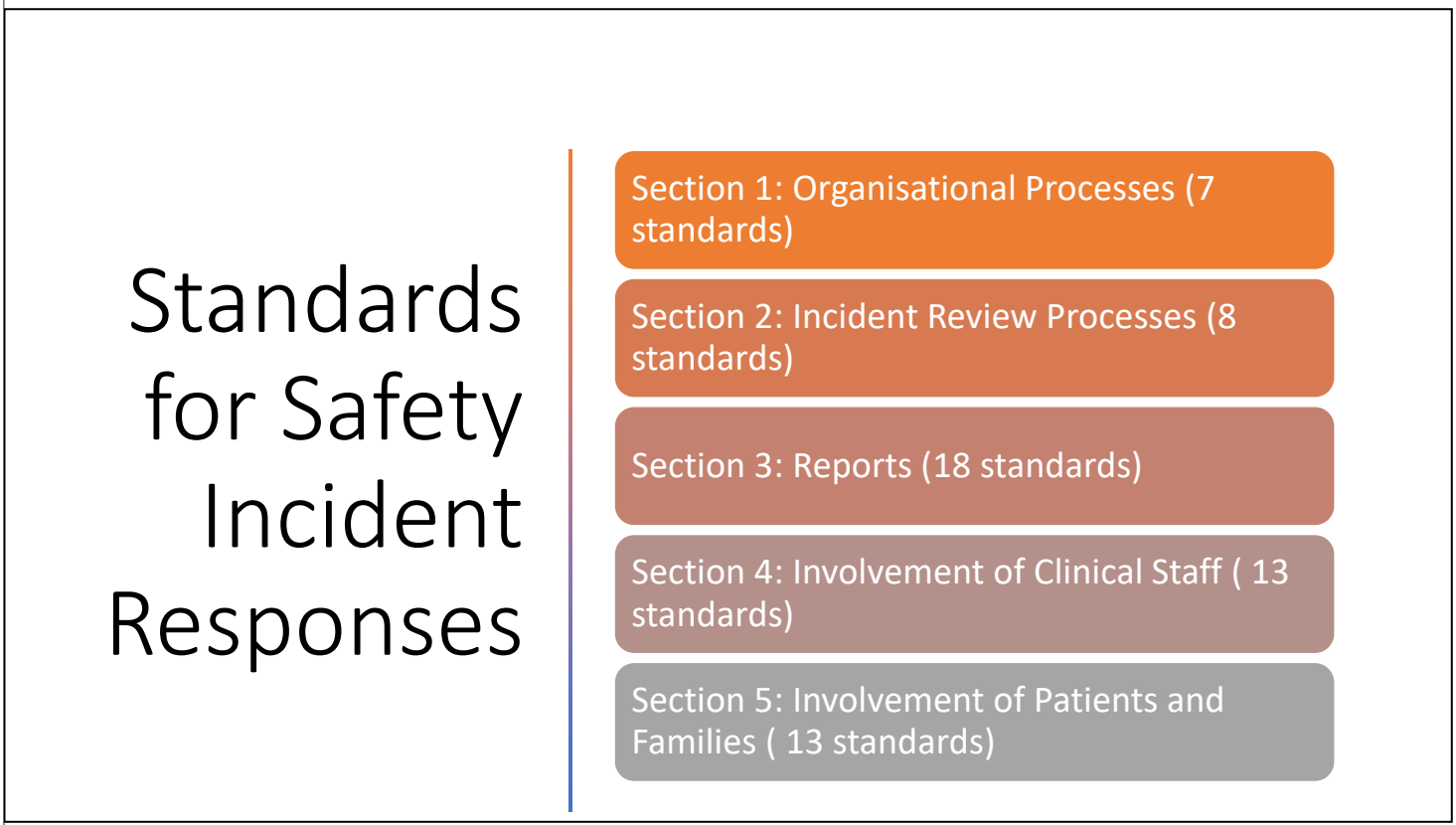
Key areas where standards not met:

- Carer support and engagement
- Co-produced Safety Planning and care planning
- MDT approach (Psychologist, OT)
- Improved therapeutic activity programme on wards
- Protocol for transfer of care between MH and LD
- Access to monthly clinical supervision
- Shared MDT in-house training (3/52)
- Clinical outcome measures (collected two points admission and discharge)
- Trauma informed approach
- Patients care for in the least restrictive environments
- Fire drills rehearsed (6 monthly)
- Patient, visitor and staff access to panic alarms, strips, personal alarms
- Patients and staff member can control ventilation (heating)

The Mental Health Clinical Board has taken the decision to formally register with this network, which offers the main set of quality standards in use across England but is not in common use in Wales. This is a detailed set of standards (the picture above gives an indication of our self-assessment at December 2023 and the level of progress that can be made).

We are the only HB in Wales to be involved in setting standards for QNWA, and we are at the forefront of Wales in our association with the network.

Safety Incident Response Accreditation Network



The Mental Health Clinical Board has worked over the last 18 months to align itself with the SIRAN standards. We became a member of this arm of the Royal College of Psychiatrists in March 2023, conducted a self-assessment against the standards over the summer and autumn and a peer review was undertaken on 9th November 2023. We achieved accreditation on 5th March 2024. We see this as a major step in our efforts to ensure high quality learning from events that is supportive of staff and involves families and carers in a meaningful way. We are the first in Wales to achieve this accreditation and one of only five organizations in the United Kingdom.

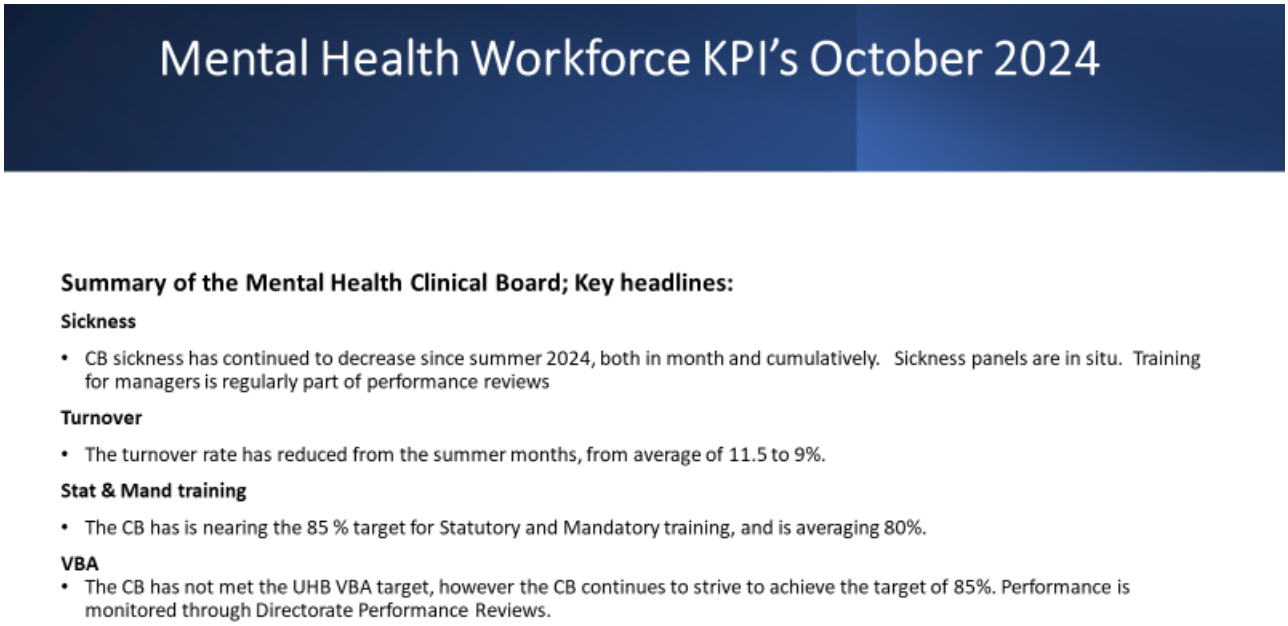
Workforce

Healthroster and Safecare

MHCB has implemented the Healthroster system (in alignment with the rest of the University Health Board). This required us to overhaul our shift patterns (which in itself resulted in more efficient rostering) and an to deploy an Organisational Change Programme. This in turn has allowed us to implement the Safecare electronic platform, which allows us to interrogate staffing and acuity profiles in real time. Although there is still no Safer Staffing Act in Wales for Mental Health, there is an All Wales set of Levels of Care and we are able to analyse our day to day performance against those, as well as identify with some precision areas of acuity, workload and “red flag” instances. We are the first in Wales to implement these systems.

Staffing review

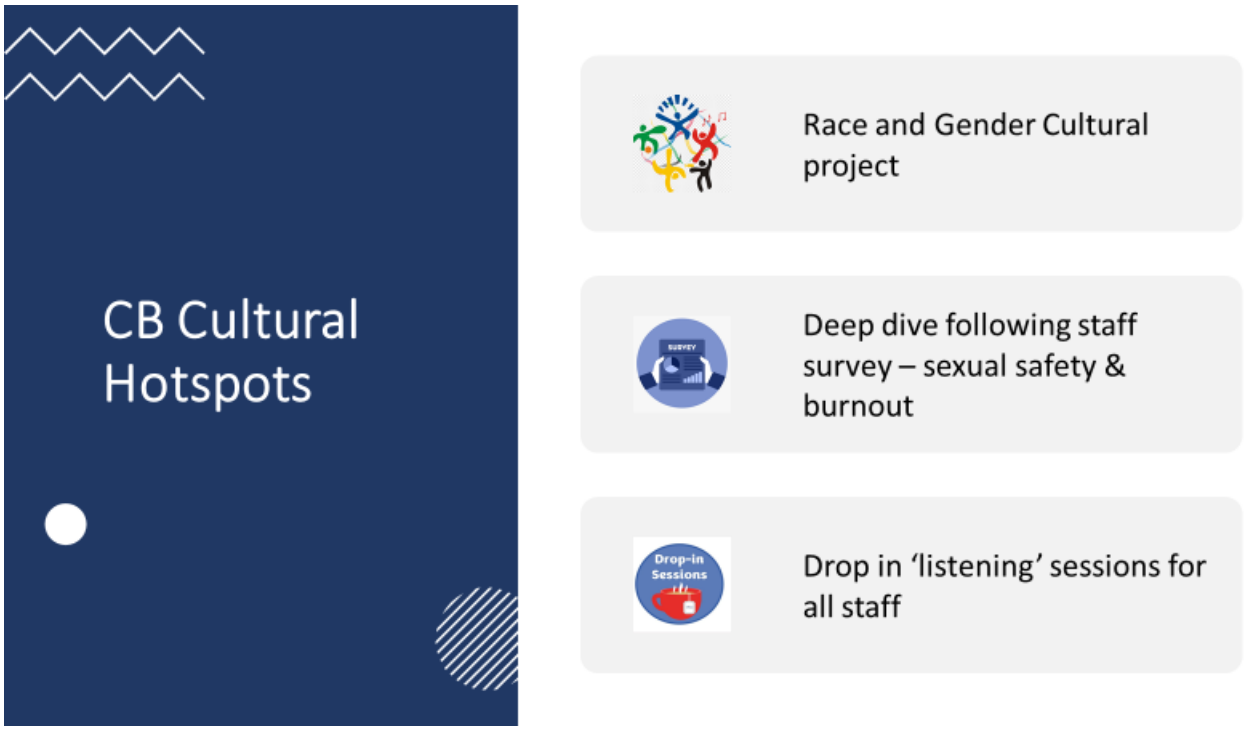
It is recognized that, even in the absence of Safe Staffing Legislation, the historical establishments for in-patients do not meet the principles agreed by the All Wales Senior Nursing Group for Mental Health, and we do have an ongoing level of temporary expenditure on nursing that indicates the establishments are not where they should be. Healthroster and Safecare are helping us to extract detailed information as to what the correct establishments should be, and we are being supported by the UHB in developing a business case to take this forward.



Key Mental Health Clinical Board achievements over the last year include:

- Redevelopment and skill mixing of existing positions to develop new clinical pathways into services (111p2 and seamless pathways
- CRSS and TIM champions.
- Won 3 Awards as a Clinical Board for Cultural Competency – progression plan in place – Bronze distinction

- Lived experience individuals to become equality champions within our workplace area by April 2025
- Partnership Board newsletter – in partnership with Staff Side
- Recovery College - recruited large numbers of peer workers into our workforce. We have 4 senior Peer positions at manager and senior manager grades to support our inclusion and co-production agenda
- Yearly Staff Recognition Awards
- IPS – We Thrive opportunities for recruitment from trained pipeline
- 'grow our own' initiative – 22 HCSW's on BsC programme – sponsored degrees
- Development of staff to deliver effectively and to receive and deliver quality supervision and training; New starter programme; clinical leadership programme; 120 trained clinical supervisors; trauma learned approach training.
- Promotion of participation of resources of Ty Dysgu Leadership Portal to further develop managerial capabilities
- Access to Recovery College courses - co-produced and co-delivered by health care professionals and peer trainers with lived experience of mental health and physical health challenges



Developments

- IPS Thrive [WE:THRIVE- Recovery through Employment (sharepoint.com)]

Individual Placement Support (IPS) is the approach with the best evidence towards achieving long-term stable work outcomes for people with mental health challenges. The project is funded by Welsh Government for 18 months and works by placing people directly into matched employment and wrapping support around the individual to make the placement a success. The service launched in mid October 2024 and reports back on a monthly basis to Welsh Government with a series of KPIs.

- South East Wales University Partnership

A partnership with the 4 Universities in Cardiff and Vale and the Mental Health Clinical Board. This has led to the development of MHULS and the University CBT service. More widely the partnership supports the universities on matters of Mental Health and provides a direct line to the NHS around any

relevant issues (including challenges such as Neurodevelopmental presentations, AI developments and research in Mental Health and opportunities for joint working.

- Mental Health University Liaison Service (MHULS)

This is the first dedicated Liaison service designed to support students and wellbeing services to get access to mental health assessment and handovers to NHS teams by having a dedicated team of Mental Health professionals working in the universities. The innovation is funded by the 4 universities and there has been a national exploration across all universities in Wales to consider national implementation.

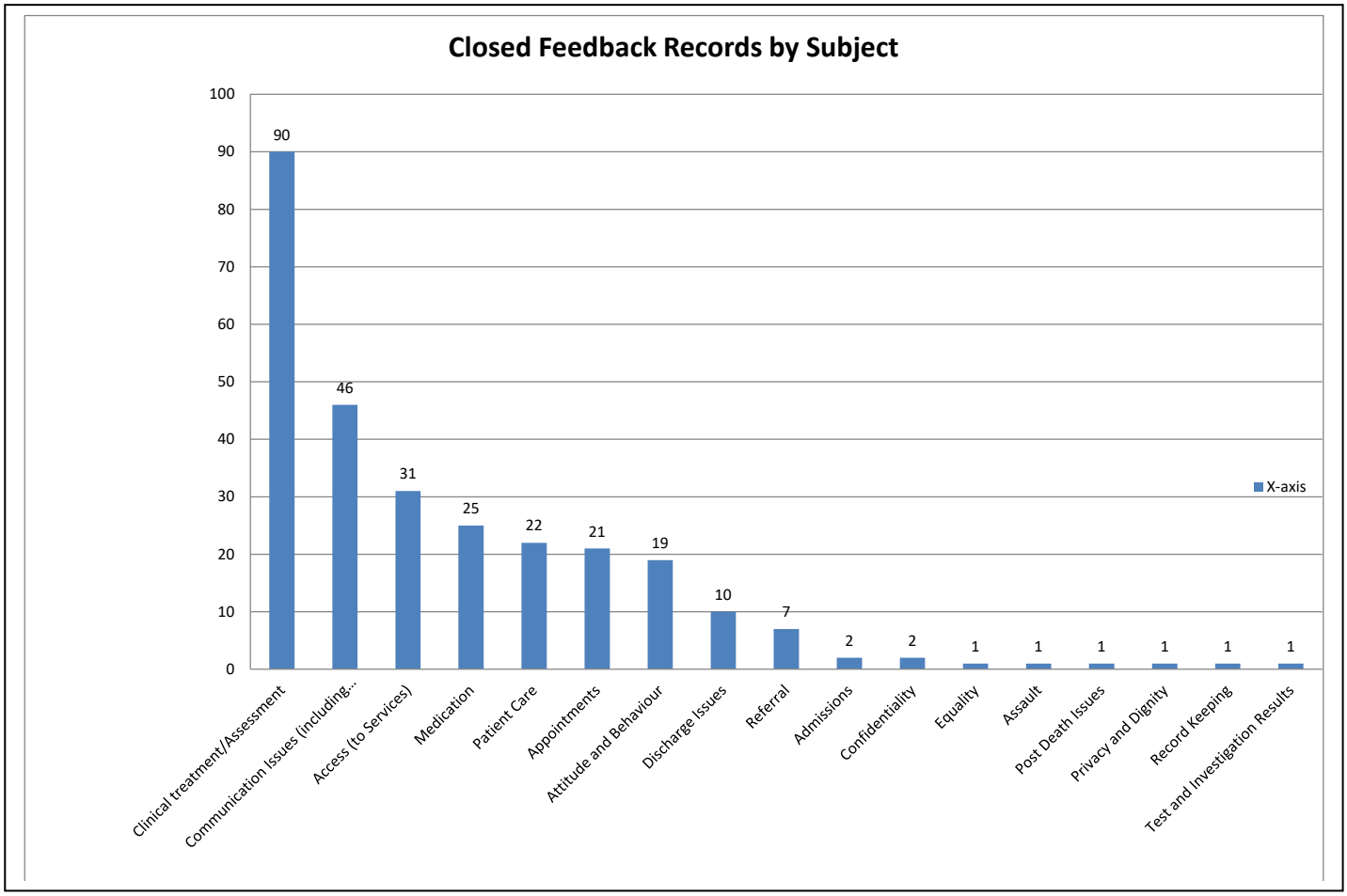
- Mind Housing

A local innovation with housing provision and support commissioned by the MHCB to meet the needs of 26 service users with housing support needs, at an affordable cost of £7,500 per year per person. This compares favourably to Supported Living costs of approximately £52k per year per person. The plan is to expand this to the Vale of Glamorgan for an additional 4 beds.

- Sanctuary Sanctuary is an alternative out of hours provision for people in wellbeing crises who are redirected to a supportive listening intervention by our commissioned Third Sector providers via the 111 Press 2 helpline.
- Lived Experience: Recovery College, Co-production, Caniad, Peer Support Recovery and Wellbeing College information (padlet.com). The offer locally is more developed than any other Health Board in Wales. 4 of our staff have been seconded during the national development of Lived Experience workstreams to develop the national strategy via HEIW.
- Buvidal Psychological Support Service. This innovation is funded by the Area Planning Board to support patients starting Buvidal by providing rapid, tiered access to Psychological Therapies and trauma interventions. Early evaluation indicators show high engagement and positive clinical outcomes across all measured scales.
- Serious Incidents Review Accreditation Network. The MHCB is now the only accredited site in Wales.

Concerns and Compliments

The Mental Health Clinical Board received 275 concerns over the last twelve months (October to October) which we understand to be a relatively low number. We have maintained the significant improvement made in 2022, when the number of outstanding concerns was above 80 and waiting times were over a year. The number of open concerns today is 28, and whilst there has been a decline in the rate of concerns closed off within 30 days (currently standing at only 48%) this was due to a concerted effort being made to work on the longer standing concerns. The graph below describes the relatives themes within mental health concerns, and it is noteworthy that the highest ranking theme is Clinical Treatment and Assessment, a large proportion of which relates to assessment and treatment for Attention Deficit Hyperactivity Disorder.



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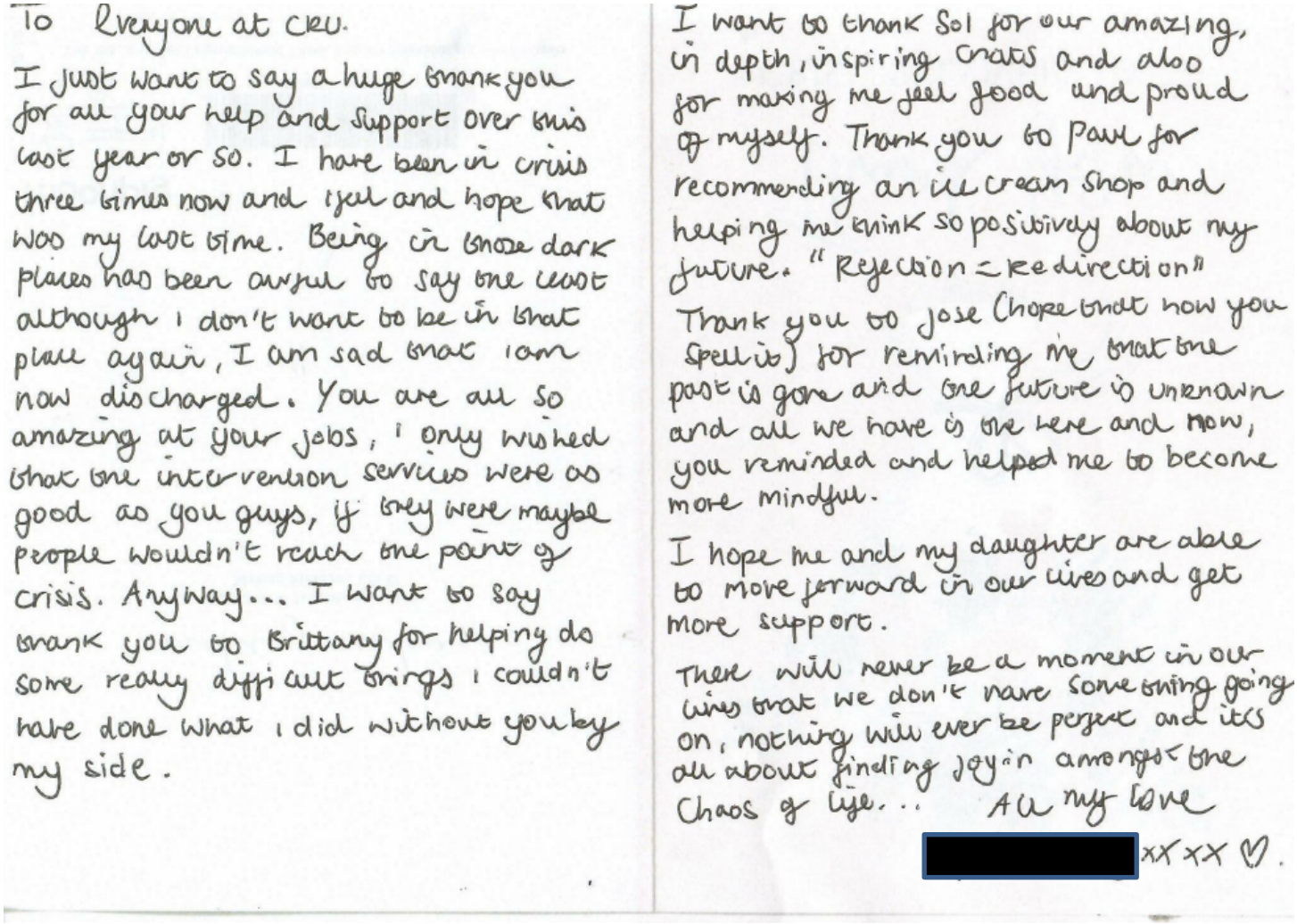


To Everyone at CRU.

I just want to say a huge thank you for all your help and support over this last year or so. I have been in crisis three times now and I felt and hope that was my last time. Being in those dark places has been awful to say the least although I don't want to be in that place again, I am sad that I am now discharged. You are all so amazing at your jobs, I only wished that the intervention services were as good as you guys, if they were maybe people wouldn't reach the point of crisis. Anyway... I want to say thank you to Brittany for helping do some really difficult things I couldn't have done what I did without you by my side.

I want to thank Sol for our amazing, in depth, inspiring chats and also for making me feel good and proud of myself. Thank you to Paul for recommending an ice cream shop and helping me think so positively about my future. "Rejection = Redirection"

Thank you to Jose (hope that how you spell it) for reminding me that the past is gone and the future is unknown and all we have is the here and now, you reminded and helped me to become more mindful.

I hope me and my daughter are able to move forward in our lives and get more support.

There will never be a moment in our lives that we don't have something going on, nothing will ever be perfect and it's all about finding joy in amongst the chaos of life... All my love

[redacted] xx xx ♡.

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

Recommendation:

The Committee is requested to:

a) Note the progress made by the Clinical Board to date
b) Note the content of the report and assurance given by the Mental Health Clinical Board

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an "X" in the below boxes as relevant.

1. Putting People First		Providing Outstanding Quality	x
Click the objective above to view more detail.		2.	

		Click the objective above to view more detail.	
3. Delivering in the Right Places **Click the objective above to view more detail.**		Acting for the Future 4. **Click the objective above to view more detail.**	

Five Ways of Working (Sustainable Development Principles) considered *Please place an "**X**" in the below boxes as relevant*									
Prevention		Long term		Integration		Collaboration		Involvement	

Impact Assessment: *Please state **yes** or **no** for each category.* ***If yes please provide further details.***
Risk: Yes/No
N/A
Safety: Yes/No
N/A
Financial: Yes/No
N/A
Workforce: Yes/No
N/A
Legal: Yes/No
N/A
Reputational: Yes/No
N/A
Socio Economic: Yes/No
N/A
Equality and Health: Yes/No
N/A
Decarbonisation: Yes/No
N/A

Approval/Scrutiny Route *(please note anywhere else this paper has been before):*	
Committee/Group/Exec	Date:

Chilcott Rachel
19/11/2024 09:07:02

Report Title:	*Perinatal PMRT Review*			Agenda Item no.	*2.2*
Meeting:	QSE Committee	Public	X	Meeting Date:	26.11.2024
		Private			
Status *(please tick one only)*:	Assurance	X	Approval		Information	
Lead Executive (**Title**):	Executive Nurse Director				
Report Author (**Title**):	Kylie Hart (NICU Risk and Governance Lead Nurse) Laura McLaughline Risk and Governance Midwife				

Main Report
Background and current situation:

The Perinatal Mortality Review Tool Process (PMRT) ensures a standardised approach to perinatal mortality reviews across the NHS. It requires that all aspects of care provision are robustly reviewed and informs a comprehensive report published once a year. At Cardiff and Vale (CAV) a monthly Perinatal Mortality Review Forum (PMRF) with a dedicated multidisciplinary team, is held where all stillbirths are reviewed and the PMRT is completed. All neonatal deaths are reviewed via the Cardiff and Vale neonatal mortality review forum, and at the All Wales neonatal mortality forum, where the final grading for each case is assigned.

MBRRACE-UK conducts national surveillance and investigates the deaths of women (maternal programme) and babies (perinatal programme) who die during pregnancy or shortly after pregnancy in the UK. The PMRT process is used to review all deaths, including those which are reported to MBRRACE.

All Stillbirths and neonatal deaths that are reportable to MBRRACE-UK are also reported to Welsh Government as a nationally Reportable Incident (NRI).

<u>Neonatal</u>

Neonatal mortalities are reported to MBRRACE-UK by designated reporters in the neonatal team. All deaths undergo a clinical review by a senior clinician who has had no or minimal involvement in the care of the infant, using the standardised Perinatal Mortality Review Tool (PMRT). Inclusion Criteria for the MBRRACE-UK report:

- Infants born at a gestational age of 24 weeks and above
- Infants born at a hospital within C&V UHB
- Infants died within 28-days of birth

The care of Infants that do not meet the MBRRACE-UK reporting criteria (those born between 22-24 weeks, out-born, or those that died after the first 28-days) but who have received care from the UHW neonatal team is subject to the same level of review by a senior clinician using PMRT despite not being reported to MBRRACE-UK. Reviews are initially presented and discussed internally within the team and allocated a grading of care. All infants who received care on the NICU and who have died are presented at the Wales Maternity and Neonatal Network (WMNN) mortality review meetings.

The Neonatal team reviews all deaths within a mortality review forum once per month.

In the year April 1st 2022 to March 31st 2023, the NICU had 28 deaths, of which, 15 met the criteria for reporting to MBRRACE-UK. All 28 deaths have been reviewed and care graded by the NICU team. In the year 1st April 2023 to 31st March 2024, the NICU had 25 deaths, 11 met the criteria for reporting to MBRRACE-UK. 20 deaths have been reviewed and care graded the remaining 5 cases are still undergoing review.

Grading of care for the above two years are as follows:

Grade	Classification	April 1st 2022 to March 31st 2023	April 1st 2023 to March 31st 2024 *
A	No issues with care	10	6
B	Care issues that would have made **no difference to the outcome**	16	10
C	Care issues which **may have made a difference** to the outcome	3	4
D	Care issues which were **likely to have made a difference** to the outcome	0	0

There are no national rates for grading of care available for comparison. However, the recently published PMRT report (for reviews completed between March 2022 and February 2023) shows that across the UK over 19 out of 20 reviews identified areas for improvement (Grade B) and 4 out of 20 identified at least one issue that *may* have made a difference for the baby (Grade C)[1].

Since April 2022, there have been three cases highlighted by the mortality review process who required further investigation and NRI reporting (above routine MBRRACE NRI reporting process) One additional case was subject to external review.

Key learning Points

- Women who have been administered opioids during induction of labour are now under close observation and monitored regularly for signs of progression of labour. The neonatal team to be informed of any opioids given during labour when attending the birth
- The Fungal prophylaxis guideline has been reviewed and updated
- QI work commenced to reduce delays in commencing antibiotic administration
- Improved haemodynamic assessment in the extreme pre-term-born infants
- Bereavement nurse has liaised with ty-Hafn to clarify roles and responsibilities
- Thermoregulation at birth for the new-born requires continuous monitoring, QI work ongoing to improve thermoregulation at birth.
- Work continues with WAST to develop SOP for transferring babies born out of hospital to maternity wards and not ED
- Need to improve capacity to enable timely delivery of mothers and workforce development to increase nurse staffing availability
- All staff attending resuscitation are new-born Life Support (NLS) trained
- Improved management of neonatal blood pressure in extreme preterm infants
- Improved prescribing practices required within the neonatal unit

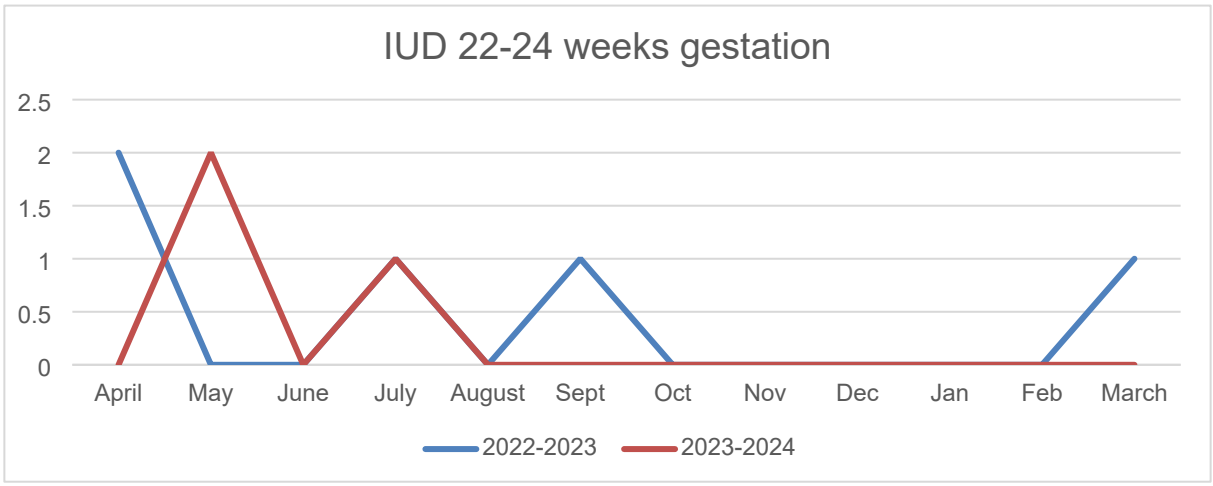
Maternity

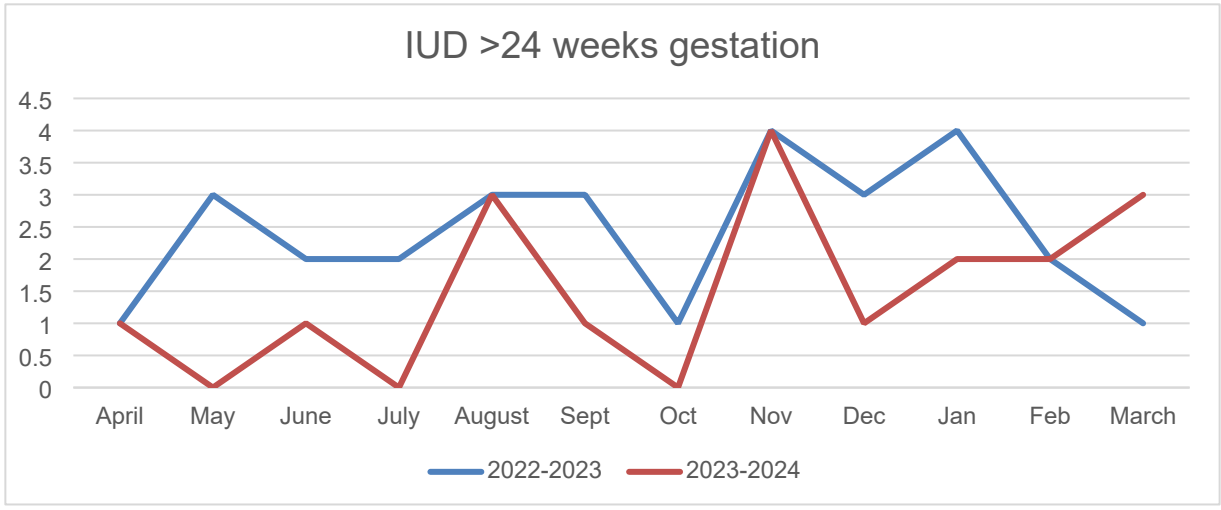
Key summary for CAV 1st April 2022-31st March 2024 data:

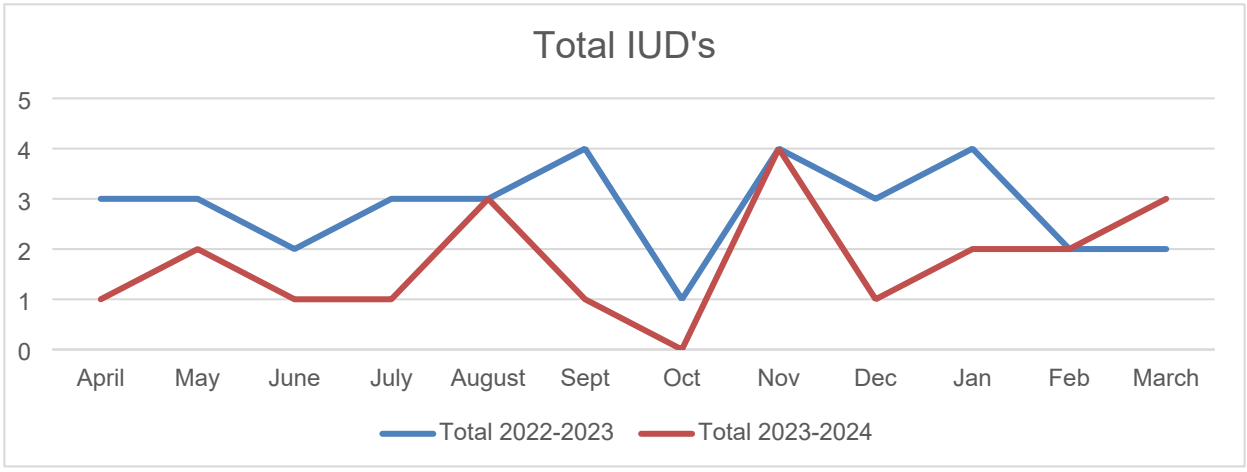
Between 1st April 2023 to 31st March 2024 within CAV, there were 21 Intrauterine Deaths (IUD's) greater than 22 weeks gestation (MBRRACE classification), a rate of 4.34 deaths /1000 live births. This compared to 34 IUD's (>22 weeks gestation) between 1st April 2022 to 31st March 2023 with a rate of 6.69 deaths/1000 live births (this is crude data populated prior to MBRRACE adjustments). Therefore, comparisons to published MBRRACE data for previous years should be performed with caution.

In 2021 MBRRACE reported a national rate of 3.54 deaths/1000 live births and for 2022 this was 3.35 deaths/1000 live births (adjusted rates).

Cardiff and Vale Data







Case Demographics

Between 1st April 2022-31st March 2023, 29 of the 34 women received antenatal maternity care from CAV, 5 women received antenatal care in a neighboring health boards and 7 received care from the Fetal Medicine team within CAV. 25 out of the 34 women received Obstetric led care (OLC) whilst 8 women received Midwifery Led care (MLC) antenatally. 1 patient had not accessed maternity care in their pregnancy.

Between 1st April 2023-31st March 2024 all of the 21 women received antenatal maternity care from CAV, 2 of these women also received care from the Fetal Medicine team. 13 of the 21 women

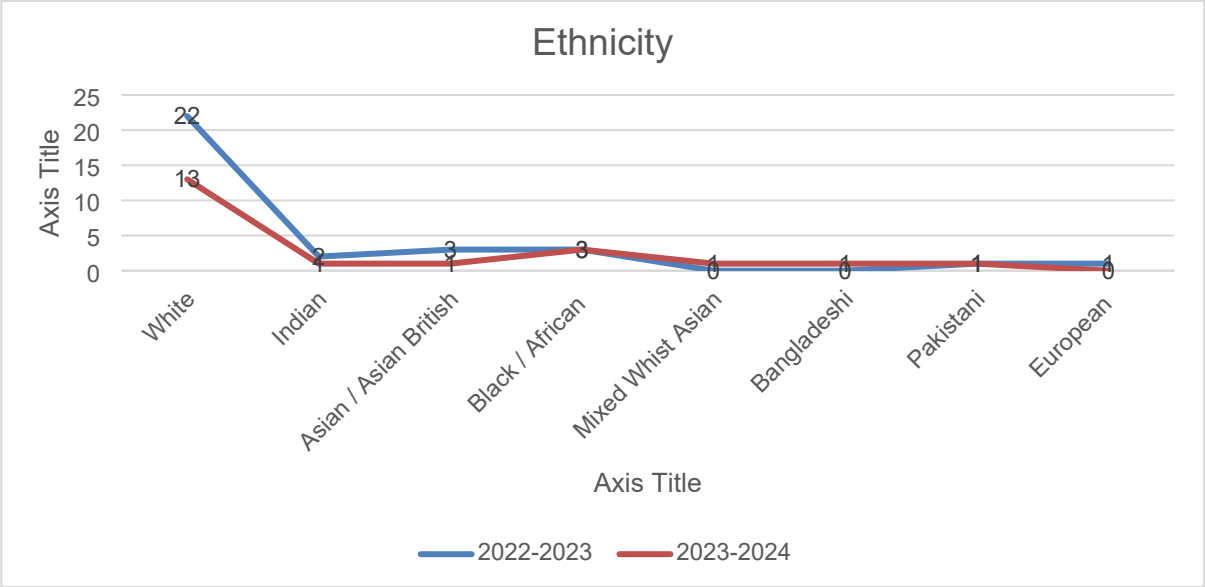
received Obstetric led care (OLC) whilst 7 received Midwifery Led care (MLC) antenatally. 1 patient had not accessed maternity care in their pregnancy.

Data is also collected on some of the 7 Protected characteristics;

- Age *
- Sex (all female at birth)
- Disability
- Ethnicity*
- Marital status*
- Religion
- Sexual identity

*(*Routinely collected data)*

Work is ongoing to develop digital solutions to capture outcomes stratified against each characteristic.
Women experiencing fetal loss were most commonly aged between 30-34 for both data sets and were either, co-habiting, married are known to have a partner.



Work continues to address health inequalities for women from the global majority.

Grading of care and areas for learning

For 1st April 2022-31st March 2023 1 case is awaiting grading as there is an ongoing review of care joint with a neighbouring health board. There are 4 incomplete grading of care where antenatal care has been received outside of CAV- These have been assigned to the appropriate neighbouring health boards for review on MBRRACE. There was 1 case identified during this time period for further review from PMRF.

For 1st April 2023-31st March 2024 there is 1 case awaiting grading as there is an ongoing review of care. There were 2 cases identified during this time period for further review from PMRF.

Gradings are as described in the table above (page 2). For maternity reviews there are two gradings

- Care prior to the fetal death
- Care after the fetal death

	1st April 2022-31st March 2023	1st April 2023-31st March 2024

Grading of care		
A/A	15	14
A/B	6	1
B/A	6	4
B/B	1	0
C/A	0	1*
B/C	1	0
Not graded	1*	1*
Incomplete	4	0

*cases with ongoing reviews

Key Learning points

- Electronic plotting of symphysis fundal height (SFH) has been implemented to avoid mis-plotting
- All discharge summaries are uploaded onto the Welsh Clinical Portal (WCP)
- Cav has adopted the All Wales Guidance for small for gestational age
- CO monitoring is now undertaken for all pregnant women
- Partogram to the completed for all women in active labour
- Referral pathway for growth scans currently under review.

Summary

Neonatal

- In the year April 1st 2022 to March 31st 2023, the NICU had 28 deaths, of which, 15 were for inclusion within the MBRRACE-report. All 28 deaths have been reviewed and care graded by the NICU team.

- In the year 1st April 2023 to 31st March 2024, the NICU had 25 deaths, 11 were for inclusion within the MBRRACE-report. 20 deaths have been reviewed and care graded.

- Between 1st April 2022 and 31st March 2024, 7 out of 53 cases had their care graded as C (Care issues which **may have made a difference** to the outcome). No cases have been graded D.

- There are no national rates for grading of care available for comparison. However, the recently published PMRT report (for reviews completed between March 2022 and February 2023) shows that across the UK over 19 out of 20 reviews identified areas for improvement (Grade B) and 4 out of 20 identified at least one issue that *may* have made a difference for the baby (Grade C).

- The internal processes for reviewing all neonatal deaths is robust. This is followed by additional external scrutiny within the Neonatal Network.

- The recent employment of a nursing risk and governance lead alongside a dedicated bereavement nurse will further improve the PMRT process and ensure the greater involvement of the families.

Maternity

- Between1st April 2023 to 31st March 2024, 21 cases were reported to MBRRACE through the PMRT. In the 12 months previous 1st April 2022 to 31st March 2023, 34 cases were reported.

- Between1st April 2023 to 31st March 2024, 14 cases were graded A/A for care. A breakdown of each category is included within the report. For all cases graded B learning was identified, actions and progress are detailed within the report, for cases graded C further reviews into care have been conducted. No cases were graded D.

- Maternity Services has a robust process for reviewing all fetal losses. All Wales work continues to develop a clear process for external reviews.

- Work continues to develop outcome data based on protected characteristics

- Work to reduce health inequalities continues

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

Recommendation:

The Committee is requested to:

a) Note the contents of the report

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please place an "X" in the below boxes as relevant.

1. Putting People First **Click the objective above to view more detail.**		2. Providing Outstanding Quality **Click the objective above to view more detail.**	
3. Delivering in the Right Places **Click the objective above to view more detail.**		4. Acting for the Future **Click the objective above to view more detail.**	

Five Ways of Working (Sustainable Development Principles) considered
Please place an "X" in the below boxes as relevant

Prevention		Long term		Integration		Collaboration		Involvement	

Quality Impact Assessment Completed?

		No – ***not required***		*Comment here*

Impact Assessment:

Risk: n/a
Safety: n/a
Financial: n/a
Workforce: n/a
Legal: n/a
Reputational: n/a
Socio Economic: n/a
Equality and Health: n/a
Decarbonisation: n/a
Welsh Language: n/a

Approval/Scrutiny Route *(please note anywhere else this paper has been before):*

Committee/Group/Exec	Date:

[1] PMRT_Report_19-Dec-2023_-_Main_Report_v10_.pdf

Report Title:	*Equity, Equality, Experience and Patient Safety Action Plan Update*				Agenda Item no.	*2.3*	
Meeting:	QSE		Public	X	Meeting Date:	26/11/2024	
			Private				
Status *(please tick one only):*	Assurance	X	Approval		Information		
Lead Executive:	Claire Beynon – Executive Director of Public Health						
Report Author:	Eloise Hamon – Specialty Registrar in Public Health						

Main Report
Background and current situation:

Background
Health inequities and inequalities are preventable, unfair and unjust differences in health between groups, populations or individuals.

The aim of this work is to deliver equitable and excellent preventative and clinical services/ approaches in Cardiff and Vale University Health Board (UHB). As a provider of prevention, primary and community care, secondary and tertiary health services, we have a duty under the Equalities Act (2010) to look for and address inequalities in the access to, experience and outcomes from our services.

In 2023, a three-step process – the 3i Framework – was developed to help staff think through how their services could make a difference to reducing health inequalities. The framework together with a Support Pack was developed to assist staff with applying the framework in practice. The Health Board identified a number of initial actions that have strategic importance to delivering on the Equality, Equity, Experience and Patient Safety agenda. These 24 projects were described in the first action plan. The actions needed are organisation wide: Planned Care, Equitable Employee Experience, Unscheduled Care, Maternity Care, Prevention, Analytics, Primary Care, Representation, Mental Health and Patient Safety.

Current Situation
The Equity, Equality, Experience and Patient Safety action plan sets out the initial action areas, providing updates approximately six months on from their previous update, along with target completion dates. We will provide further updates in six months' time.

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

We need to deliver equitable and excellent preventative and clinical services/ approaches for the population of Cardiff and the Vale of Glamorgan.

This action plan provides six-month updates on progress across the Health Board on current projects of strategic importance to equity, equality, experience and patient safety.

Recommendation:

The Committee is requested to:

a) Support the actions under way in the action plan to address health inequities in Cardiff and the Vale of Glamorgan.
b) Acknowledge the six-month progress that has been made against the actions, including the challenges around health inequality data availability.
c) Agree to receiving further updates in another six months.

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please place an "X" in the below boxes as relevant

1. Reduce health inequalities	X	6. Have a planned care system where demand and capacity are in balance	X

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

Five Ways of Working (Sustainable Development Principles) considered *Please place an "X" in the below boxes as relevant*									
Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

Impact Assessment:
Please state yes or no for each category. ***If yes please provide further details.***

Risk: Yes

Inaction in these action areas poses a risk of widening health inequalities in Cardiff and the Vale of Glamorgan.

Safety: Yes

Patient safety actions within the action plan seek to reduce variation in patient safety and quality of reporting incidents.

Financial: No

Are there any Financial implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Workforce: Yes

Implementation of the actions in the action plan will improve the experience and health of employees in the Health Board.

Legal: Yes

Achieving the actions in this report will facilitate the Health Board complying with the Socio-economic Duty Equality Act 2010.

Reputational: Yes

Achieving the actions in this report will facilitate the Health Board complying with the Socio-economic Duty, Equality Act 2010, and the More Equal Wales aspect of the seven well-being goals set out in the Wellbeing of Future Generations (Wales) Act 2015.

Socio Economic: Yes

Achieving the actions in this report will facilitate the Health Board complying with the Socio-economic Duty Equality Act 2010.

Equality and Health: Yes

The majority of the actions in this action plan will address health inequalities.

Decarbonisation: Yes

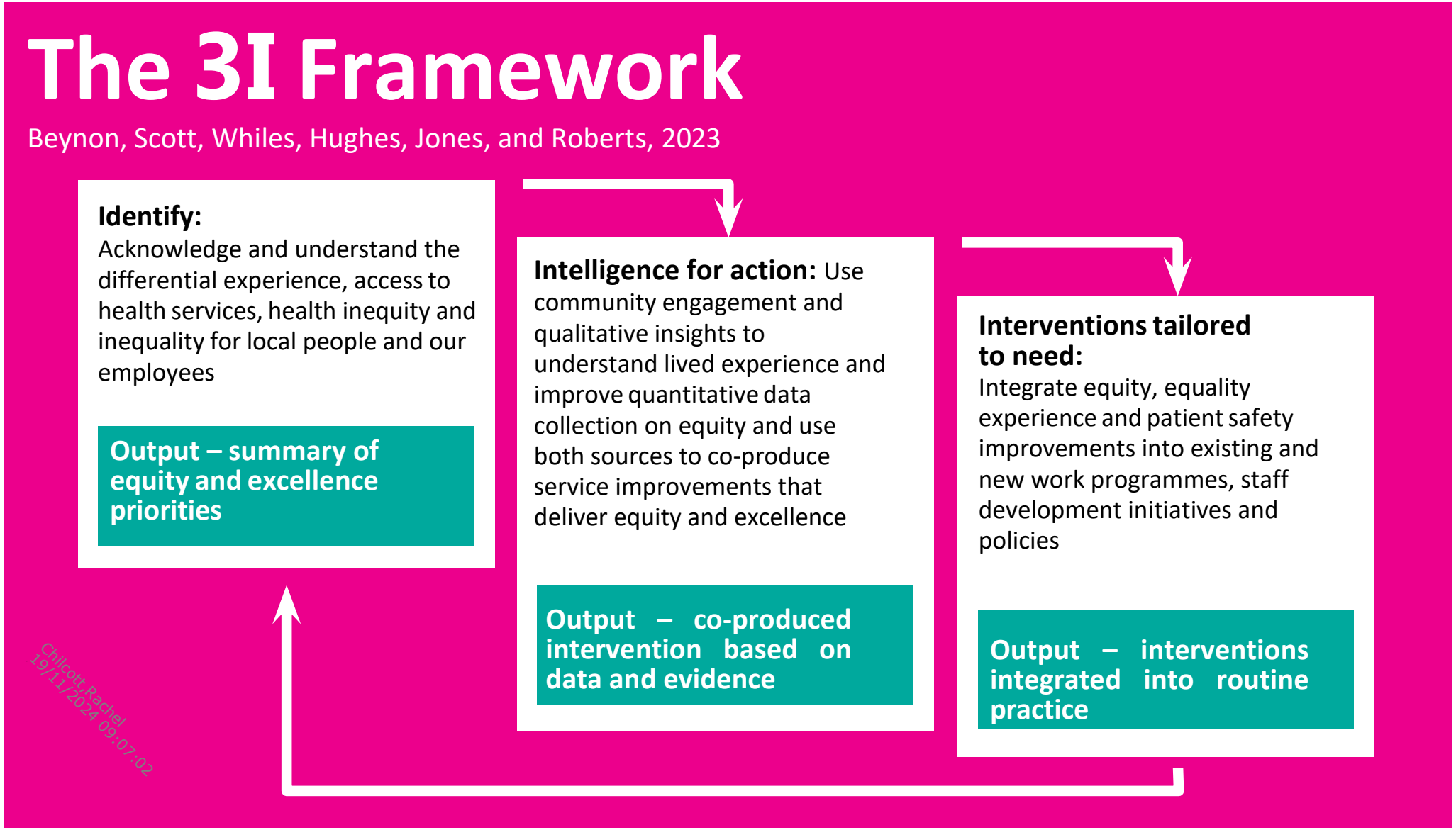
Reducing health inequalities in access to services will reduce demand for high value services in secondary care. Prevention is the best form of decarbonisation.

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Chilcott Rachel
19/11/2024 09:07:02

Equity, Equality, Experience and Patient Safety

Action Plan (update November 2024)



Version 5.0 November 2024

Contents

Introduction

People often think that tackling inequities is someone else's business, or think that it is too difficult or that they are doing all they can already.

In 2023 an Equity, Equality, Experience and Patient Safety Framework support pack was produced and released, to support individuals and teams to make a positive difference. The support pack was developed by our staff, for our staff to help tackle issues around equity, equality, experience and patient safety in Cardiff and Vale Health Board.

The aim: To deliver equitable and excellent preventative and clinical services/approaches.

The objectives:

- To reduce variation in health outcomes
- To reduce variation in access to services
- To reduce variation in quality of services
- To have a workforce that is representative of the population, who have an equitable experience of work, career development and personal growth at CAVUHB

Cardiff and Vale University Health Board take seriously our responsibility to our patients, staff, volunteers, and community with regard to equity, equality, experience and patient safety.

Our main responsibilities as a Health Board are two-fold:

- Firstly, we are here to help people live well - from having a healthy start in life through to maintaining health in later years.
- Secondly, we are here to provide excellent care and treatment for people who need healthcare services to keep well or recover to get well.

As a provider of prevention, primary and community care, secondary and tertiary health care services, we can look for and address inequalities in the access to, experience of and outcomes from our services.

Ensuring we collect the data we need to be able to find and address inequalities is fundamental and will be supported by our digital transformation over the coming years.

We can also be a listening organisation and take the time to understand what services our communities need and co-design those services with our communities so that they are fit for purpose and drive a reduction in health inequalities. We can look after and promote the health and wellbeing of our staff in the same way that we look after our patients.

A three-step process – **The 3I Framework** – was developed to help staff think through how their services could make a difference *(see Figure 1 to the right).*

The Health Board identified a number of projects that have strategic importance to delivering on the Equality, Equity, Experience and Patient Safety agenda. This list is not exclusive, but guides the organisation to deliver on strategically important work. If local teams wish to make service improvements this should be supported.

This action plan sets out these initial areas of focus for Cardiff and the Vale University Health Board, providing updates six months on from the previous update.

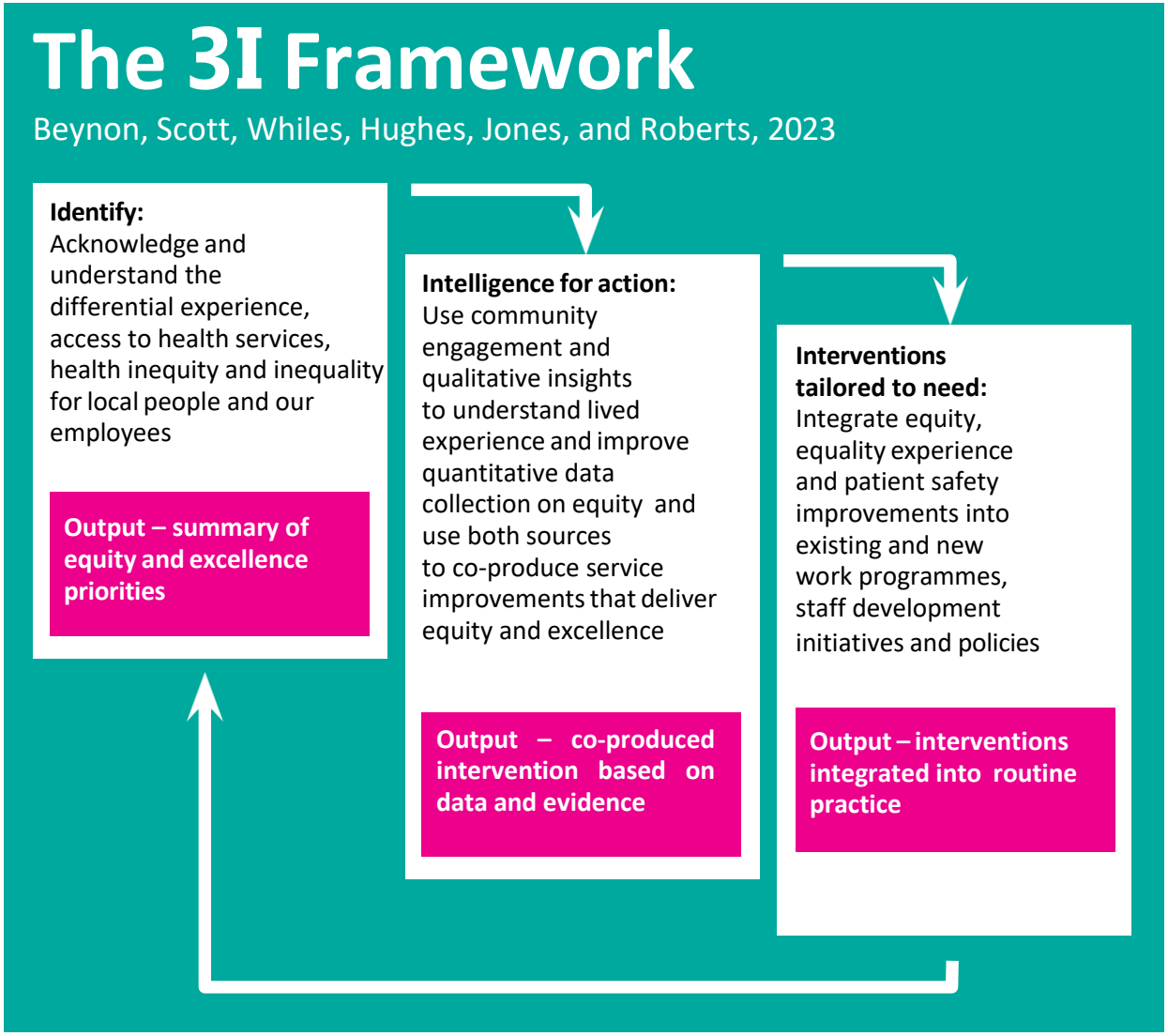


Figure 1: Three I Framework: a three-step tool to support teams in making positive changes to equity, equality, experience and patient safety in Cardiff and Vale University Health Board

Action Plan

Action area	Lead	Actions	Update	Target completion by (date)	Completed on (date)
Planned Care	**Adam Wright** *Head of Service Planning (Operations)*	Examining waiting lists by postcode (Welsh Index of Multiple Deprivation – WIMD) to aid prioritisation	As per previous update- we have now received an updated analysis of our inpatient and outpatient waiting lists by Welsh Index of Multiple Deprivation (WIMD) decile. Our next step was to review the analysis undertaken within our Strategic Planned Care Programme Board to consider how it can shape our approach moving forwards. Original target date for this was Sep 2024, however unfortunately we have been unable to progress this and have set the target completion date for a further 9 months time from November.	August 2025	
	Steven Thomson *PROMS Programme Manager (Digital Health and Intelligence)*	Analysis of PROMs by protected characteristics	Currently we are unable to analyse PROMs data by protected characteristics, as protected characteristics data is not currently routinely collected as part of the PROMs or in the Health Boards patient administration systems. PROMs data is also not currently stored in the Cardiff and Vale warehouse with the other Cardiff and Vale data, and so cannot be linked to the PROMs data at present. To overcome this, we will be doing the following: • Integration between My Clinical Outcomes (MCO) PROMs data and Cardiff and Vale UHB will allow data to easily flow back to Cardiff and Vale UHB. • Work is underway to store PROMs data in the Cardiff and Vale warehouse. Target date is for current services, with ongoing work as more services come online. • The PROMs Steering Group will discuss options for linking PROMs data to existing data sources in the warehouse for analysis, once the PROMs data is in the warehouse	Integrating MCO PROMs data with CaV data - June 2024 Storing PROMs data in the Cardiff and Vale warehouse - September 2024 Discussing options for linking data - December 2024	
	Emma Cooke *Deputy Director of therapies and Health Sciences*	Supporting Patients Whilst Waiting work	In August 2023, Welsh Government published the 3Ps Policy (Promote, Prevent, Prepare). This policy explicitly requests that all Health Boards establish a single point of contact for patients waiting for treatment. This is modelled on an established service in Hywel Dda that was set up during Covid. Clinical leads for this service came into post in Sep/Oct 2024 with an admin post hopefully starting in Nov. However, call handlers are not currently in post. These jobs will be published on trac soon (for the third time of advertising... pursuing a new angle of advertising trying to entice HCSWs). We have advised Welsh Gov (who are funding the service) that this will go live in January 2025.	January 2025	

Action Plan

Action area	Lead	Actions	Update	Target completion by (date)	Completed on (date)
Equitable Employee Experience	**Claire Whiles** *Assistant Director (Organisational Development, Wellbeing and Culture)*	Embedding and enaction of the Anti-Racist Action Plan (e.g. policy review)	The Exec Team met with Welsh Government on 3 September 2024 to discuss the Health Board's Workforce Race Equality Standards (WRES) report and next steps. A draft plan is being developed by People & Culture to be presented to Senior Leadership Board. The Health Board has also received the recommendations from Diverse Cymru's audit report on all Wales policies and procedures. A gap analysis has been undertaken by the People & Culture Team. A task and finish group will be established to take this work forward and to update the Health Board's Anti-racist Action Plan, as appropriate.	Quarter 2 2025/26	
	Claire Whiles *Assistant Director (Organisational Development, Wellbeing and Culture)*	Establishing and growing Employee Resource Groups (Networks)	Following the recruitment drive for the LGBTQ+ Staff Network, a Co-Chair and Communication and Engagement Lead have been appointed to the Network. The LGBTQ+ Staff Network is supporting the Health Board in shaping its LGBTQ+ Action Plan. Viva Engage Pages have also been established for the LGBTQ+ Staff Network and Rhwyd-Iaith, the Welsh language staff network. The Viva Engage pages have created virtual spaces for members of the network to build relationships and share ideas and experiences. A meeting has been arranged with the founder of The Power of Staff Networks for 27 November to discuss opportunities to collaborate and develop the Health Board's staff networks.	Quarter 4 2024/25	
	Claire Whiles *Assistant Director (Organisational Development, Wellbeing and Culture)*	Benchmarking and progress monitoring (e.g. Employers Network for Equality and Inclusion)	Review of membership options for the Health Board to support with benchmarking, including ENEI and Stonewall's Diversity Champions programme.	Quarter 2 2024/2025	

Action Plan

Action area	Lead	Actions	Update	Target completion by (date)	Completed on (date)
Unscheduled Care	**Katya Empson** *Consultant (Emergency Unit)*	Examining EU waits by demographics e.g. ethnicity to support 6 goals of urgent and emergency care	e-triage is being introduced in May, which will allow Emergency Unit attendees to self-register on arrival and will include the opportunity for them to record their ethnicity if they choose to. This will in turn allow reviewing of our quality metrics against different ethnicities. It is however yet to be tested and we anticipate that attendees may choose not to register their ethnicity as it will not necessarily be clear to individuals how this information will be used.	Implementation of e-triage 27/05/24	
	Katya Empson *Consultant (Emergency Unit)*	Analysis of frequent users by postcode (WIMD)	The Business Intelligence Department hold a Frequent Attendees report that collates by post code, which can be refreshed, but it's not currently scrutinised. This information is available for us by the frequent attenders team who work to put in place management plans for the more complex and/or high frequency attenders.		10/04/24
	Katya Empson *Consultant (Emergency Unit)*	New model for inclusion health based on need	The 6G programme board and unscheduled care clinical leads work closely in partnership with the CAV HIS team. This allows alignment of strategic planning across clinical services and also closer operational working with acute changes. The Emergency Unit has a 'Safeguarding Hub' with direct input from specialist nurses from key areas; homelessness, violence prevention, drug and alcohol misuse and close links with the CAV HIS team to include support for asylum seekers and others with potentially complex health needs. The aim is to ensure that, in addition to the medical input from the clinicians in the emergency unit, further consideration is given to individuals' wider health and social care needs and the right experts are available to support when appropriate. This expertise is not available 24/7, but through closer working the knowledge and experience of the clinical team in the emergency unit has broadened.		10/04/2024

Action Plan

Action area	Lead	Actions	Update	Target completion by (date)	Completed on (date)
Maternity Care	**Judith Cutter/ Alys Gower** *Consultant Midwives (Maternity)*	Understanding the needs of ethnic minority people	• Maternity Services has completed the staff-training days required as part of the Welsh Government's Diverse Cultural Competency Scheme and is working toward submission for formal accreditation in 2025. • We continue to work with the Birth Partner Project to provide face-to-face sessions in the community, as previous. We are currently arranging the 2025 timetable for clinicians and specialists to attend and provide information on post-birth physiotherapy, birth experiences, public health messages. • We are now expanding the BPP sessions to involve Health Visitors. • We are working with Cardiff's Women's Advocacy Network to support establishment of a peer-led network within local diverse communities. This network intends to offer peer services including breastfeeding peer support and childcare assistance; the network will work with us to ensure that women and birthing people from diverse backgrounds are able to contribute to service development. • Following successful trial of face-to-face antenatal education sessions for non-English speaking families, the project has been established within the Community Midwifery programme of classes to continue on a permanent basis. • We have introduced the 'Inclusivity' session which now runs as a part of mandatory training into the induction training for newly qualified midwives entering employment with the health board.	Summer 2025	Cultural competency training days completed. Ongoing work to achieve cultural accreditation. Aim for submission in Summer 2025.

Action Plan

Action area	Lead	Actions	Update	Target completion by (date)	Completed on (date)
Maternity Care	**Judith Cutter/Alys Gower** *Consultant Midwife (Maternity)*	Supporting people with obesity in pregnancy	• HPC continues to provide individual support for women with higher BMIs in line with the Healthy Weight, Healthy Wales workstream and strategy group. • The HPC team are currently working with Diabetic specialists to examine opportunities for enhanced care for women on GLP-1 medications, so as to ensure healthy weight management throughout pregnancy and into the postpartum. • The HPC team and Antenatal Clinic are working to ensure women who have had gastric surgery are included within the pathway.	Ongoing work with new maternity informatics system to input BMI dataset. Aim for March 2025 when informatics system in place.	
Prevention	**Suzanne Wood** *(Reduce obesity) Consultant in Public Health Medicine (Local Public Health Team)*	Using 'Amplifying Prevention' to increase immunisation and reduce obesity	• Stakeholder workshops held and revised Framework developed shaped by a wide range of voices and perspectives from across the system. Good Food and Movement (2024-2030) Framework for Cardiff and the Vale of Glamorgan (previously Move More, Eat Well) sets out our shared priorities against key themes Healthy Environment, Healthy Settings, Healthy People and Leadership and Enabling Change. The Framework will drive forward our whole system approach to healthy weight. Framework and priority actions for 2024-2026 shared and endorsed by Public Service Boards. • Work with Local Authorities ongoing with HFSS restrictions included as part of tender process for new advertising contracts in Cardiff. NIHR PHIRST Healthier advertising evaluation early findings shared with full report due December 2024. • The HIA stakeholder workshop on the Cardiff LDP Deposit Plan took place in May 2024. The public consultation on the Deposit Plan will now take place from January to March 2025, delayed from the initial proposed date of September 2024.	Dec 2024 Jan-Mar 2025	2024

Action Plan

Action area	Lead	Actions	Update	Target completion by (date)	Completed on (date)
Prevention	**Dino Motti** *(Increase immunisation) - Consultant in Public Health Medicine (Local Public Health Team)*	Using 'Amplifying Prevention' to increase immunisation and reduce obesity	Vaccine Community Champions, six at present, have focused on increasing childhood vaccination rates for MMR, flu, and HPV. 'Vaccine champions' build direct links with schools and communities and disseminating accurate health information. The Champions engage with the community, address cultural hesitancies, and create a trusted environment where parents, care givers and pupils can raise concerns openly. By collaborating with Public Health Wales, Cardiff and Vale University Health Board, the Champions have co-designed resources in multiple languages and provided interpreters at events to ensure accessible, relevant health education. The Champions have attended and facilitated engagement events—such as those at Cathays High School that encourage direct dialogue between parents, pupils and health professionals from the Immunisation Coordinators and the School Nursing Immunisation Team. These parent evenings have received overwhelmingly positive feedback, with attendees voicing appreciation for the accessible information and support. Following the Sandwell model in the West Midlands, the program is expanding to reach more communities, with the support of a newly established role focused on coordinating efforts among Cardiff Council, Vale of Glamorgan Council, and local Education Authorities.	Ongoing	Recruitment into role with Cardiff Council Aug 2024
Analytics	**Tom Porter** *Consultant in Public Health Medicine (Local Public Health Team)*	Identification of potential indicators	Potential equity indicators have been identified and shared with the Business Intelligence team. A Digital Service Desk request was sent on 15.04.2024 for development of a Health Equity Indicator dashboard.		15th Apr 2024

Action Plan

Action area	Lead	Actions	Update	Target completion by (date)	Completed on (date)
Analytics	**Kerry Ashmore** *Head of Business Intelligence (Digital and Health Intelligence)* **David Thomas** *Director of Digital and Health Intelligence* **Dave Price** *Head of Architecture and Analytics*	Development of a dashboard.	Digital Service Desk request for development of a Health Equity Indicator dashboard received from the Public Health team on 15/04/24. It has not yet been allocated to a developer. Next steps will be for Local Public Health Team representative to work with Digital Services to produce a dashboard. We anticipate starting work on this just before Christmas and will provide a further update with respect to timescales in the New Year.	2025	
Primary Care	**Sian Griffiths** *Consultant in Public Health Medicine (Local Public Health Team)*	Scope how to identify unmet need e.g. cardiovascular risk	• Additional data items are being regularly added to PHW's Primary Care Clusters Dashboard, which benefit clusters in identifying unmet need. • The development of Place Based Planning, informed by the Cluster analysis and assessment of the needs of the population, enabling a shared understanding of need and to identify potential areas to further strengthen existing action, that can be tailored to the circumstances in any place. • Cardiovascular risk assessment remains paused.	Q4 2024/5	Complete In progress TBC
	Emma Holmes *Head of Nutrition and Dietetics*	Consider diabetes prevention programme expansion	Cardiff and Vale has rolled out the AWDPP (All Wales Diabetes Prevention Programme) to 6 of the 9 community clusters through mixed funding. Activity across all clusters was paused June-Sept due to staff movement. Work to investigate longer-term funding is still underway.	Ongoing	

Action Plan

Action area	Lead	Actions	Update	Target completion by (date)	Completed on (date)
Representation	**Claire Whiles** *Assistant Director (Organisational Development, Wellbeing and Culture)*	Understanding current workforce demographics (Workforce Race Equality Standard)	The Exec Team met with Welsh Government on 3 September 2024 to discuss the Health Board's Workforce Race Equality Standards (WRES) report and next steps. A draft plan is being developed by People & Culture to be presented to Senior Leadership Board. An organisational campaign is underway to improve the recording of equality monitoring data in the Health Board, starting with senior leadership roles.	Quarter 2 2024/2025	
	Jonathan Pritchard *Assistant Director (People Resourcing)*	Proactive community outreach to promote UHB as an employer	Progress continues with a number of initiatives to promote employment within UHB. 1. Young adults who have been brought up in care- 4 local organisations worked with us to provide work placements. 2 young adults recently began work placements within the hospital and feedback is excellent so far. Work with Cardiff and Vale college, both Cardiff and Vale of Glamorgan councils and 'into work' services is ongoing. 2. Those with learning disabilities and/or autism. The UHB is now in its 4th year of delivering the Project Search program, designed to support young adults with learning disability and/or autism in gaining employment. It has been a highly successful project with 31 individuals completing the scheme with 14 gaining employment, 7 getting further placements and 7 going to college for further study. The program has been recognized with awards at the DFN Project Search awards in Blackpool and the National HR awards in London. 3. Minority ethnic groups- we have engaged with various events within the minority ethnic community, collaborating to support individuals in gaining work experience and employment within the UHB. We have also focused extensively on secondary schools in the deprived areas of Cardiff and the Vale to inspire interest in NHS careers. 4. Refugees- We hold regular meetings with the Welsh Refugee Council to support aspiring nurses in obtaining NMC registration. We have helped many through the recruitment process and have employed 4 nurses, 6 HCSWs and 6 doctors who have been displaced from their countries.	Ongoing	

Action Plan

Action area	Lead	Actions	Update	Target completion by (date)	Completed on (date)
Representation	**Claire Whiles** *Assistant Director (Organisational Development, Wellbeing and Culture)*	Listening to understand barriers, challenges and views	Overarching UHB Staff Survey results received February 2024. The UHB dashboard was available late July 2024; this data was broken down to Directorate level and shared with the Clinical Board Triumvirates during August 2024. Clinical Boards are currently developing key actions, which they are presenting back during their performance reviews and People & Culture Committee.	Quarter 1 2024/2025	
Mental Health	**Dan Crossland** *Director of Operations (Mental Health Clinical Board)*	Training and self-certification commissioned from Diverse Cymru	There are 20 service areas in the Mental Health Clinical Board undertaking training and self-certification at various stages. As of December 2023, 2 Clinical Board level trainings were completed. We were aiming for submission of the remaining service areas to Diverse Cymru for review by Q1 of 2024-25. This is now complete. We had confirmation recently that the MHCB has won a Bronze Award with Distinction! We also had a silver award for Psychology and Psychological Therapies Directorate and a Bronze 'foundation' for our Headroom 1st Episode Psychosis service.	Complete	2024
	Dan Crossland *Director of Operations (Mental Health Clinical Board)*	Work with Police and Crisis Care Concordat to improve and understand shared ethnicity recording	We have requested a report to cover Welsh Language compliance (would they prefer to speak in Welsh), preferred language and Ethnicity report by team. Our data set does match the police one now in terms of detail.	Complete	2024

Action Plan

Action area	Lead	Actions	Update	Target completion by (date)	Completed on (date)
Patient Safety	**Alexandra Scott** *Assistant Director of Quality and Safety (Patient Safety team)*	Understand variation in quality and patient safety reporting	This has been delayed because of issues with the data extraction tool which is part of the Datix Cymru system. The majority of these issues have been fixed in the latest software update, so we are now able to start work on the dataflow into power BI. It's anticipated that the first data will be available early January as there is quite a bit of development and testing needed. The first stage will be getting the incident data available for analysis, then the patient details - this is quite a bit more complicated because of the way Datix Cymru holds the details of the patients/service users affected by the incidents.	Jan 2025 onwards	
		Scope a pilot of variation in Medical Examiner Referrals by postcode	Dicussed with medical examiner but they are not unable to progress. To consider potential to progress within the UHB once power BI analysis of datix information is enabled	Jan 2025 onwards	
		Undertake a baseline assessment of National audit data set to identify measures of inequity	This piece of work has begun and is currently in progress.	2024	

Next Steps

Work to be undertaken to complete the actions outlined above

University Health Board to be updated of progress in six months time

SUMMARY ACTION PLAN – REGULATION 28 REPORT (UPDATE @ 10/11/24)

Requirement	Action	Status	Assurance
Requirement for Improved Care Planning to encourage Prisoner engagement with prison medical services/ ensure regular assessment of physical condition, regular mental capacity assessment/Food and Fluid Policy to guide healthcare staff in Management of Prisoners refusing food and/or fluids	Joint Food and Fluid Policy (UHB and HMP) developed and in operation		• Policy clarifies the responsibilities of Healthcare and HMPPS staff in management of prisoners who are suspected of/are refusing food and fluids & level of mental and physical health assessment that should be undertaken during the course of treatment as well as management of escalating concerns • Care Plan and Food Fluid Charts are now available in electronic format via Systmone, with further system developments required to include further health assessments . • Team Briefings embedded to coordinate care across the MDT • Training provided to Healthcare and HMP staff on use of the Policy –
Junior Healthcare Staff Needs to Feel Supported to Raise Concerns about Actions of HMP Staff	To ensure staff are aware of and supported in their responsibilities to escalate/raise concerns		All staff have been reminded of the availability of the Freedom to Speak Up Policy
Improvement in Nursing Skills to Manage Deteriorating Patients/Patients Suffering from symptoms of Food and Fluid Refusal	All staff have received Basic Life Support Training All established RNs trained in News 2 assessment skills All staff provided with training on Mental Capacity Assessment		Training plan in place for; • New starters • Annual updates/refresher training • Training on Food and Fluid Policy including observations of symptoms associated with dehydration and malnutrition • Regular weekly attendance of Practice Development Nurse to support with TNA/training/development and induction • Mental Capacity assessment module now mandatory via ESR • Operational model and workforce plan to ensure there is a clear definition of daily roles and tasks to safely provide all core functions and care needs, including emergency response (code calls) • Following ongoing staff turnover and commencement of new Head of Healthcare and Senior Nurse a further review of staff training and induction led by the new management team is underway to ensure this as well as other key training is embedded for all existing and new starters induction program. • As part of this the new management team are ensuring that a scoping exercise is undertaken to identify staff training needs and Standard Operational procedures are in place for all clinical aspects of healthcare provision • Use of Tendable as an core audit/assurance/improvement tool is being further developed
Requirement to Increase the Level of GPs to Meet the Demands of the Service	Agreement to increase core GP establishment in April 2024, with additional GMS sessions commissioned via SLA on 01/08 (3 GP Sessions per day)		▪Impact of revised medical model needs to be evaluated to evidence impact of the model ▪Transition in Model has highlighted some deficits in core skills/performance amongst existing GPs, to be addressed as part of the workforce plan. • The increase in core GP establishments has significantly improved demands on the service and offered the opportunity to review the previous referral model and introduce more effective triage as well as highlighting areas where development of more nurse led clinics would better meets the needs of the service and prison population ▪Meeting with salaried GPs regarding expectations was undertaken on 13/11/24

Report Title:	Speak up Safely - Sexual Safety in the Workplace				Agenda Item no.	2.6	
Meeting:	Quality, Safety & Experience Committee		Public	X	Meeting Date:	26/11/24	
			Private				
Status:	Assurance	X	Approval		Information		
Lead Executive:	Executive Director of People and Culture						
Report Author:	Associate Director of People & Culture						

Main Report
Background and current situation:

Cardiff and Vale University Health Board along with all other NHS organisations in Wales and England has a culture that has allowed misogyny and sexual harassment to become 'common-practice', things that occur on a day-to-day basis often without consequence. This is evident in the NHS Staff Survey results. This is unacceptable and completely against the UHB's Values and we must put measures in place to improve our culture, address existing behaviour of this nature, and minimise the risk of behaviour of this nature escalating further.

It is important to note that creating a culture and environment where staff feel safe is complex and requires our staff to feel psychologically safe to speak up when something is not right. Whilst this paper outlines a proposed way forward, this is the start of a journey that will inevitably extend beyond this initial proposal to ensure our colleagues are well supported and aware that they will have a voice that counts. It must be recognised that there are examples where we have not got this support right and learning from these situations is already feeding into the work that is being progressed. Equally, as with any complex and sensitive situation, there will continue to be further learning for the Health Board to take as we progress the next steps. Preventing sexual harassment means placing people at the centre of a culture built on the principles of dignity and respect which should form part of the organisation's framework for equality, diversity and inclusion (EDI).

<u>How is Sexual Harassment defined by law in the UK?</u>

- Sexual harassment is 'unwanted conduct of a sexual nature which has the purpose or effect of violating the dignity of a worker, or creating an intimidating, hostile, degrading, humiliating or offensive environment for them' (S26(2) Equality Act).

- This includes individuals treated less favourably because they rejected or submitted to unwanted sexual conduct (S26(3) Equality Act).

<u>Examples of Sexual Harassment</u>

- Written or verbal comments of a sexual nature, such as remarks about an individual's appearance, questions about their sex life, or offensive jokes.
- The employer or colleagues displaying pornographic or explicit images.
- Receiving unwanted communications, such as emails, with content of a sexual nature.
- Sexual assault.

The Health Board has a duty of care to protect colleagues from unlawful discrimination. They are also vicariously liable for colleagues' actions if steps to prevent sexual harassment have not been taken.

<u>Change in the Law from October 2024 (The Worker Protection)</u>

A new duty on employers to take "reasonable steps" to prevent sexual harassment of employees in the course of their employment came into force on 26 October 2024. The preventative duty only applies to sexual harassment which consists of unwanted conduct of a "sexual nature". Although the law has

primarily been introduced to protect women, it applies equally to people of any gender and an intersectional approach will be required.

What are reasonable steps?
As a Health Board we should:

- Consider the risks of sexual harassment occurring in the course of employment.
- Consider what steps we could take to reduce those risks and prevent sexual harassment of their workers.
- Consider which of those steps it would be reasonable for the UHB to take.
- Implement those reasonable steps.

What is reasonable will vary from employer to employer, a large organisation like the Health Board with a dedicated People & Culture department will have a higher threshold.

Preparing for the new duty

- Develop targeted training for managers and colleagues.
- Ensure clear path and access for reporting and dealing with complaints.
- Develop detailed procedure on effectively handling complaints in a sensitive manner, including informal and formal resolution routes.
- Assess and conduct targeted risk assessments to identify risk factors and take action to minimise risk.

The Equality and Human Rights Commission (EHRC) have the enforcement powers to investigate the Health Board if they suspect the preventative duty has not been compiled with. The preventative duty does not depend upon an incident of sexual harassment taking place to be enforceable. They can issue an unlawful act notice, confirming the Health Board has breached the Act and the requirement to prepare an action plan setting out how we will remedy any continuing breach of the law and prevent future breaches.

Local Findings
In the recent NHS Staff Survey colleagues were asked the following questions:

- **In the last 12 months how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualized conversation (including jokes), touching or assault from a patient or service user?**

Frequency	Never	1-2	3-5	6-10	More then 10	Prefer not to say
Percentage	88.26%	7.07%	2.46%	0.63%	0.87%	0.71%
Number of colleagues	3232	258	90	23	32	26

- **In the last 12 months how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualized conversation (including jokes), touching or assault from a colleague?**

Frequency	Never	1-2	3-5	6-10	More then 10	Prefer not to say
Percentage	94.23%	3.83%	0.68%	0.08%	0.36%	0.85%

Number of colleagues	3450	140	24	2	13	31

On first viewing, although unacceptable the percentages look small, but in the context of the number of individuals that sit underneath the smaller percentages, this means that as a minimum:

- 179 colleagues experienced unwanted behaviour of a sexual nature from other colleagues
- 31 colleagues chose 'prefer not to say'

It is important to note that the staff survey was completed by just 21.4% (3662) of the workforce of the Health Board, therefore the actual number is likely to be higher.

'This means that, even from this small sample size, the number of people who have confirmed that they have experienced unwanted behaviour of a sexual nature is high (between 429 and 608 colleagues)'.

Importantly, this does not include any of the 78.6% of staff who did not complete the staff survey, meaning the actual numbers of staff impacted are likely to be much higher.

National Findings

- Nationally, the recent staff survey results have revealed that almost 5% of staff reported unwarranted sexual approaches from other colleagues last year, equating to 1050 NHS workers. (Note, 4.66% reported experiencing unwanted behaviour out of 22,535 respondents)

- NHS England has released a charter on **sexual safety at work**, which asks employers to commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards colleagues. NHS England » Sexual safety in healthcare – organisational charter

As signatories to this charter, organisations commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards the workforce. They commit to the following principles and actions to achieve this:

1. We will actively work to eradicate sexual harassment and abuse in the workplace.
2. We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.
3. We will take an intersectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.
4. We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours.
5. We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.
6. We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators.
7. We will ensure appropriate, specific, and clear training is in place.
8. We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.
9. We will take all reports seriously and appropriate and timely action will be taken in all cases.
10. We will capture and share data on prevalence and staff experience transparently.
11. These commitments will apply to everyone in our organisation equally.

- There has been significant work in this area by **Surviving in Scrubs** who published the Surviving in Healthcare report in 2023 https://www.survivinginscrubs.co.uk/app/uploads/2023/11/Surviving-in-Scrubs-Surviving-Healthcare-Report.pdf which received significant media attention. The organisation was born from a 2021 report from the BMA which reported:

"91% of women doctors had experienced sexism in the last 2 years and 47% felt they had been treated less favourably due to their gender"

The Surviving in Scrubs website has a section for anonymous reporting of incidents which are very challenging to read but demonstrate that Healthcare must tackle this issue seriously in a post 'me-too' era.

Other reports that have been published recently include:

- **Breaking the Silence - Sexual Misconduct in Surgery (September 2023).** Breaking_The_Silence_Addressing_Sexual_Misconduct_In_Healthcare.pdf (wpsms.org.uk)
- **Sexual assault in surgery: a painful truth (August 2021).** Sexual assault in surgery: a painful truth (rcseng.ac.uk)
- **Surviving Healthcare: Sexism and Sexual Violence in the Healthcare Workforce (2023)** Surviving Healthcare Report (survivinginscrubs.co.uk)

All of this information provides evidence that sexual safety is a concern for our Health Board and the wider NHS and highlights that steps need to be taken to create a safe and supportive environment for our colleagues and students. As a Health Board, as leaders and as managers, we need to unequivocally refuse to accept sexual misconduct and violence in any of its forms, despite this being an endemic problem for society and the wider NHS.

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

Many Health organisations in England and Wales are addressing this issue through focused cultural work, examples of what WAST and AACE have done to date are outlined below:

- Reducing Misogyny and Improving Sexual Safety in the Ambulance Service - aace.org.uk
- Uncomfortable Conversations: abuse of position of trust - aace.org.uk
- Understanding Resistance (aacesite.s3.eu-west-2.amazonaws.com)
- BBC Wales Today – Sexism and Sexual Safety at the Welsh Ambulance Service - YouTube

Outlined below is some of the actions already taken by the Health Board in order to take the reasonable steps needed to prevent sexual harassment and to reduce misogyny and improve sexual safety.

- Executive Sponsor – Paul Bostock, Chief Operating Officer alongside Rachel Gidman, Executive Director of People and Culture have been identified as Executive Sponsor's. The UHB will consider how we utilise the inclusion ambassadors in other areas and an intersectional approach – e.g. Race; LGBTQ+). It is important that support for this work comes from the very top of the organisation, with sexual safety being one of the Chief Executive Officer's key priorities.
- Action Group has been Developed, with representation from across the organisation. The Group has an agreed term of reference and is chaired by the Deputy Director of People & Culture, with the Associate Director of People and Culture as the nominated vice Chair. The group is considering learning and recommendations from previous cases, as well as the reports mentioned in the previous section, to understand if any learning or actions would be appropriate.

The group's first priority was to review data and information we currently hold (discovery) and a programme of work for the next 12-24 months has been agreed, aligning the movement to the Speak up Safely Framework and the launch of 'Work in Confidence'. The plan incorporates the actions below:

- **Speak up Safely** – aligned to the programme of work being led by the Director of Governance, ensuring we have a mechanism for colleagues to raise concerns and be signposted to the appropriate wellbeing services and external specialist to support with sexual safety concerns.

- **Establish a mechanism to encourage, support and learn from staff stories and experiences**

- **Agree a set of principles/charter** – An All Wales Task and Finish Group has been set up to review the NHS England Charter with a view to adopting this across Wales.

- **Policy and Guidance** - A Sexual Safety Procedure and Manager Toolkit is being developed, shaped by those who have lived experience. Line managers play a pivotal role in fostering a working climate that prevents sexual harassment and challenges any form of unfair treatment. They need to have the knowledge to recognise sexual harassment when they see it and the confidence to intervene early.

- **Communication & Engagement** – Development and implementation of a communication and engagement plan to promote the launch of work of the group will be essential, including CEO video message, updates to 'Our Charter/Principles', manager briefing document for team meetings, staff network engagement, all staff webinar, etc. We will be asking senior managers to proactively raise and talk about the programme of work and show commitment.

- **Training** - Sexual safety training will be rolled out to support the sexual safety at work charter/principles/guidelines. It is intended that this can be accessed by any of our colleagues. It is proposed that this will also be built into all management and leadership training/development programmes. Training and education for colleagues will increase knowledge of what constitutes sexual harassment, as well as how to spot and report alleged incidents.

  In addition, training for Investigating Officers, specific to sexual harassment will be introduced and supported by the Legal & Risk team.

- **Wellbeing support** for colleagues going through a formal employment process will be essential, colleagues are normally offered six counselling sessions by the Employee Wellbeing team, we recognise that this may need to be extended depending on the need of the individual.

- **Internal audits of sexual harassment cases** – to ensure that cases are being managed appropriately, aid continuously learning, etc.

We recognise that there is a lot to do, it is important that we continually adjust the plan as work progresses. Whilst we appreciate the need for pace, we also appreciate that this work has to be done correctly to ensure that it embeds into our Health Board culture, a balance will ned to be struck.

Link to Board Assurance Framework (BAF)
There are several potential risks and implications of sexual misconduct to the Health Board, with this impacting several BAF risks, including any that have a dependency on colleagues. There are particular links to the following BAF risks:

- Attract, recruit and retain
- Culture
- Wellbeing

Recommendation:

The Committee are asked to **note** the contents of the report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

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

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention		Long term		Integration		Collaboration		Involvement	

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: No
Safety: No
Financial: No
Workforce: Yes
Workforce risks and mitigating actions taken are described throughout this report
Legal: No
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: n/a

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Strategy & Delivery	

Report Title:	*Medical Examiners (Wales) Regulations 2024 and Care After Death*			Agenda Item no.	*2.7*
Meeting:	Quality Safety and Experience Committee	Public	x	Meeting Date:	26th November 2024
		Private			
Status *(please tick one only):*	Assurance		Approval		Information x
Lead Executive:	Executive Medical Director				
Report Author:	Assistant Director of Quality and Patient Safety				

Main Report
Background and current situation:

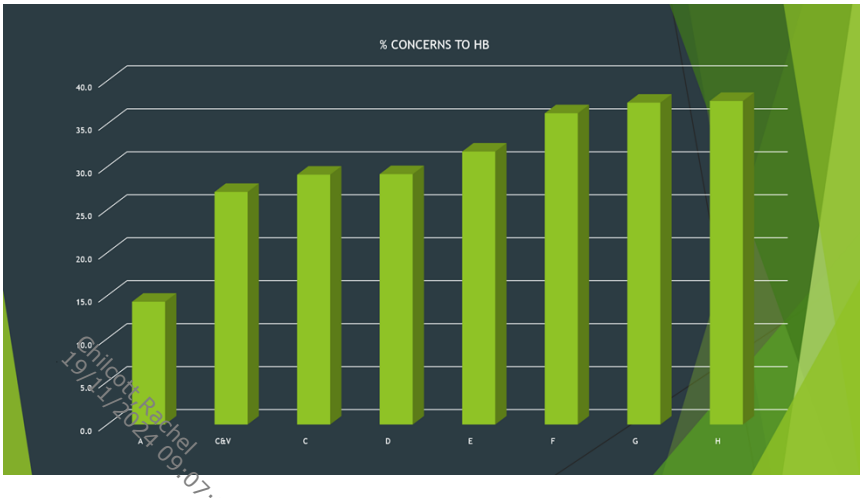
Legislation
The legislation relating to death certification has been largely unchanged for the last 50 years. However, on Monday 9th September, a number of important changes come into force with the introduction of The Medical Examiners (Wales) Regulations 2024.

From 9th September, all deaths that are not investigated by a coroner must be reviewed by a Medical Examiner. The Medical Examiner (ME) service is designed to provide bereaved families with greater transparency and opportunities to raise concerns, to improve the quality and accuracy of medical certification of cause of death, to ensure deaths are notified to coroners where appropriate. The ME will also support local learning and improvement by identifying matters that require escalation through local clinical governance and other processes, provide the public with greater safeguards through improved and consistent scrutiny of all non-coronial deaths and align with and inform existing clinical governance processes.

Following national clarification of the death certification regulations and the Medical Act 1983, it has been established that FY1 resident doctors cannot legally sign the Medical Certification of Cause of Death as they hold provisional GMC registration and the Medical Certification of Cause of Death (MCCD) can only be signed by doctors with full GMC registration (FY2 and above). This has been fully implemented across the UHB since September.

External Scrutiny and Learning
Following scrutiny by the ME, concerns from the bereaved or the ME office are referred back to the UHB for further consideration. In March 2023 referral rates back to the UHB from the Medical Examiner was 27.1% as shown in below.

ME referral rates to Health Boards in Wales

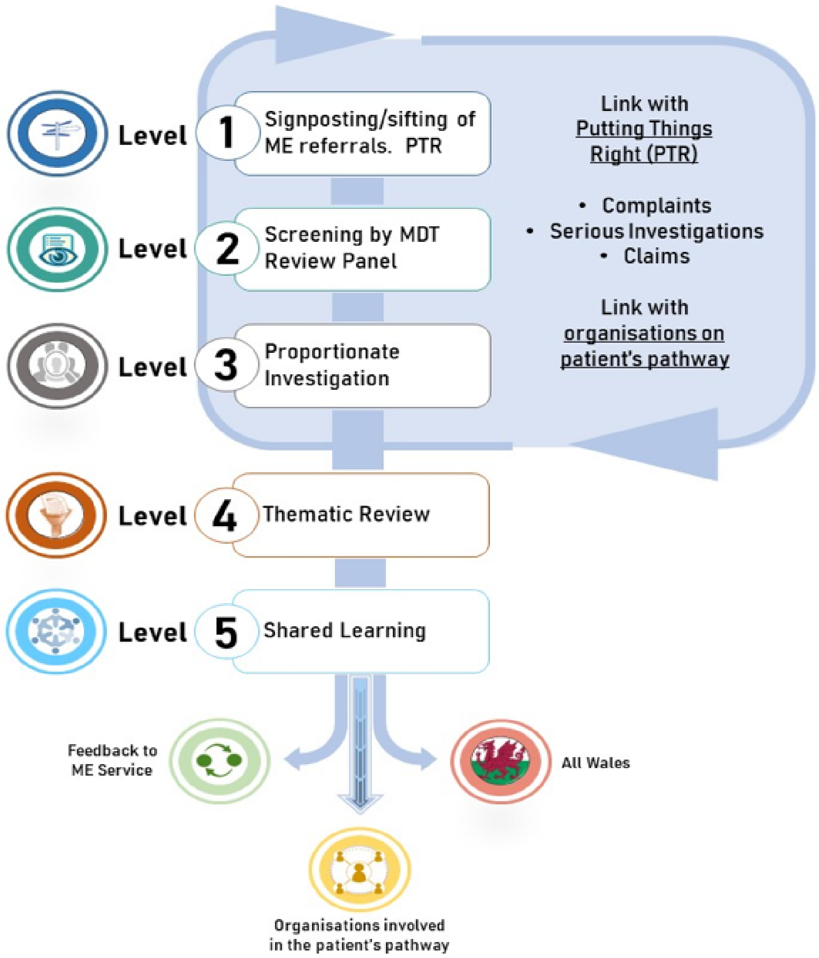


The All Wales Learning from Mortality Review Framework was developed in partnership with health organisations in Wales to standardise the approach to scrutinising referrals from the Medical

Examiner and to ensure that the necessary learning and improvements are implemented in line with the Putting Things Right regulations and the Duty of Candor.

This Framework aims to support NHS organisations in Wales to ensure that:

- A mortality review process is in place that covers every sector of the patient care pathway, so that concerns raised in relation to one sector will be addressed even when the death occurs in another sector and where more than one organisations is involved
- There is a clear structure, governance process, and consistency across Wales for undertaking MRs providing a whole system approach to learning from mortality reviews.
- An integrated approach to the management of risk is implemented, which uses the analysis of linked data to target key areas of concern.
- All areas of healthcare will be included in the review processes conducted by organisations so that the review follows the patient pathway throughout the episodes of care.



The scrutiny process varies from the structured mortality review used in NHS England and an initial review of ME scrutiny and referrals rates undertaken by the ME service illustrated that the process in place in Wales resulted in a higher referral rate back to Health Boards.

All ME referrals are received centrally in the Health Board and are cross referenced with concerns and patient safety incident databases to understand if the concern is already in a UHB process. Clinical concerns are discussed at a multi-professional panel to agree a proportionate review process. Outcomes of the ME process, inquests and oversight of wider mortality data is overseen by the UHB Learning from Mortality Group. Themes and trends relating to ME reviews are fed into the UHB clinical advisory groups to support development of policy or strategy. The UHB has developed a set of codes to allow the analysis of mortality themes through Power BI. National work is underway to agree a set of mortality codes which will ultimately support the analysis of mortality referrals

through the Datix Cymru system and will allow the collation of national themes and support benchmarking.

Death Certification
The UHB death certification process is coordinated by the Bereavement Office and until recently communication with the ME or HM Coroner was reliant on medical staff attending the office in person. Challenges in identifying the appropriate medical staff to support this process meant that there were multiple delays in the death certification process.

In September 2024 this system was revised and a digital Care After Death process was developed to support direct contact with the ME and HM Corner from clinical teams on the ward. This system allows communication of a proposed cause of death, identification of the relevant medical teams and clear oversight of progress through the scrutiny and death certification process, including management of the patient records, communication with ME and HMC and completion of medical certification of the Cause of Death. Wide spread training was delivered to Resident Doctors, QR codes developed to ensure ease of access to the digital system and guidance was developed to standardize process across all clinical areas which is hosted on a newly developed Care After Death SharePoint page.

Compliance data demonstrated that 74% of inpatient deaths that occur in UHW and 63% of deaths in UHL are now managed through the digitized system and the average time from death to completion of the MCCD from the beginning of October was 8 days.

Further education and support is being delivered and performance with the revised system will continue to be monitored until fully embedded.

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

The National Medical Examiner (Additional Functions) Regulations 2024 came into force on 9th September 2024 ensuring independent scrutiny of all causes of death.

It has been established that the Medical Certification of Cause of Death can only be completed by doctors with full GMC registration and this has been fully implemented across the UHB.

Health Board process are in place to receive referrals from the Medical Examiner and to support the necessary consideration and further review or investigation as required, but also to analyse and respond to themes.

A digitized Care After Death system has been implemented to ensure effective communication with the ME and HMC and eradicate delays in death certification.

Recommendation:

The Committee is requested to:

a) **NOTE** the assurance around UHB processes to consider Medical Examiner Referrals and to **NOTE** the assurance provided around the revised Care After Death processes.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an "X" in the below boxes as relevant.

1. Putting People First **Click the objective above to view more detail.**		2. Providing Outstanding Quality **Click the objective above to view more detail.**	x

3.  **Click the objective above to view more detail.**		4.  **Click the objective above to view more detail.**	

Five Ways of Working (Sustainable Development Principles) considered ***Please place an "X" in the below boxes as relevant***									
Prevention		Long term		Integration		Collaboration		Involvement	

Quality Impact Assessment Completed? *Please place an "**X**" in the below boxes as relevant. A blank QIA and guidance on how to complete a QIA can be found by clicking the link here:* ***Quality Impact Assessment Information***				
Yes – (***please provide completed QIA document***)		No – ***(Please provide reasoning, e.g. not required)***		*Comment here*

Impact Assessment: *Please state **yes** or **no** for each category.* ***If yes please provide further details.***
Risk: Yes/No
n/a
Safety: Yes/No
n/a
Financial: Yes/No
n/a
Workforce: Yes/No
n/a
Legal: Yes/No
n/a
Reputational: Yes/No
n/a
Socio Economic: Yes/No - *Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance | GOV.WALES*
n/a
Equality and Health: Yes/No - *Useful guidance on the completion of an EHIA can be found at the following link: EHIA toolkit - Cardiff and Vale University Health Board (nhs.wales)*
n/a
Decarbonisation: Yes/No
n/a
Welsh Language: Yes/No
n/a

Approval/Scrutiny Route *(please note anywhere else this paper has been before):*	
Committee/Group/Exec	Date:

atReport Title:	*Controlled Drugs Accountable Officer Annual Update April 2023- March 2024*			Agenda Item no.	*2.8*
Meeting:	QSE	Public	✓	Meeting Date:	26.11.2024
		Private			
Status	Assurance ✓	Approval		Information	
Lead Executive:	Executive Medical Director				
Report Author:	Timothy Banner,Clincial Director for Pharmacy and Medicine Management				

Main Report
Background and current situation:

Introduction

Harold Shipman, the biggest serial killer in UK history, managed to kill over 200 people in a period spanning 25 years by secretly diverting controlled drugs. (CDs). The Shipman Inquiry ran for 3 years and following on from the Fourth Report the Government introduced new measures to strengthen the systems for the management of controlled drugs (CDs). These changes were aimed to minimise the risks to patient safety caused by inappropriate use.

CDs are under Home office legislation: The Misuse of Drugs Act 1971. In January 2009 the Controlled Drugs (Supervision of Managment and Use) (Wales) Regulations 2008 came into force. These support the safe management and use of CDs in Wales. Under these regulations designated bodies are required to appoint a Controlled Drugs Accountable Officer (CDAO). For Cardiff and Vale UHB this is held by the Clinical Director of Pharmacy and Medicines Management.

Responsibilities of the CDAO.

The CDAO is responsible for the safe effective use and management of controlled drugs across the area. The responsibilities cover a broad range of activities in relation to controlled drugs such as ensuring: -

- adequate and up-to-date standard operating procedures (SOPs) are in place
- adequate destruction and disposal arrangements for CDs
- appropriate arrangements for monitoring/auditing the use and management of CDs are in place including
    - Monitoring and analysing NHS and private prescribing of CDs
    - Developing incident reporting systems for untoward incidents involving CD
    - Establishing systems to alert the CDAO of any complaints/concerns involving CDs. o
- access to appropriate training to support the safe and secure management of CDs.
- procedures are in place for assessing and investigating concerns and taking appropriate action as necessary
- periodic declarations and self-assessments from General Practitioners, Dentist, Community Pharmacists are requested for assurance purposes

They are also authorised to carry out periodic inspections of premises, not subject to inspection by HIW, CSSIW or GPhC, used in connection with the management or use of CDs

Cardiff and Vale Local Intelligence Network

The regulations require the CDAO to establish a CDLIN for sharing information in relating to the management and use of CDs. This was established in 2010 and is chaired by the CDAO. The LIN network covers Local Health Board, primary care contractors, NHS hospitals, private hospitals, hospices and care homes in Cardiff and the Vale of Glamorgan. As part of this it has agreed local principles for sharing controlled drug (CD) intelligence between agencies. It also serves to support the AO in the discharge of their duties.

The membership includes, but is not limited to the following people:-

- Accountable Officer Cardiff and Vale (Chair)
- Controlled Drugs Lead, Primary Care
- Chief Pharmacist (or designated alternative), Secondary care
- Nursing representation
- Clinical Governance representation
- Primary Care representation
- South Wales Police Pharmacy Liaison Officer
- Cardiff and Vale Counter Fraud Officer
- Area Planning Board
- Health Inspectorate Wales
- Care and Social Services Inspectorate Wales
- General Pharmaceutical Council Inspector
- Independent hospitals and hospices representative
- Local Authority Representative
- Shared Services Partnership
- HMP Cardiff Representative
- Welsh Ambulance Services Trust (WAST)

Memberships have the duty to co-operate with other members of the LIN.

The network meets on a quarterly basis.

Occurrence reports

Each organisation that is represented at the LIN is required to submit a quarterly occurrence report detailing concerns and incidents relating to CDs that have been raised and investigated appropriately.

Cardiff and Vale has a template for reporting these. In addition to DATIX which is not available to all organisations.

Designated Body	**Total Incidents April 2023-March 2024**
Cardiff and Vale UHB – secondary care	307
Cardiff and Vale UHB – primary community and intermediate care	116
Cardiff and Vale UHB – HMP Cardiff	16
Kaleidoscope	8
Marie Curie	7
Velindre |NHS Trust	15
WAST	4
Ty Hafan	1
Spire	1

The CD LIN requests assurance that all incidents have been fully investigated, brought to a satisfactory conclusion and that learning has been cascaded appropriately. NB For Velindre and WATS incidents relate ot the Cardiff and Vale catchment area.

The Medicines Code

The UHB medicine Code covers off policies and procedures relating to CDs for the Health Board. UHB 389 Medicines Code 2023.docx (sharepoint.com) Other organisations are encouraged to have

similar polices in place governing CDs. Template standard operating procedures are available for other organisation to modify.

Self-Declarations

Under the Controlled Drugs (Supervision of Managment and Use) (Wales) Regulations 2008 healthcare organisations providing clinical services, and relevant social care organisations, are required to complete a periodic declaration (at least every 2 years) on whether they, or their organisation, keep stocks of controlled drugs and whether there are any special circumstances that might explain any seemingly unusual patterns of prescribing or supply. The CDAO is responsible for asking primary care clinicians, on the health board's Performers List, to complete a CD declaration/self-assessment.

During this year the self-declaration was sent to the dental practitioners. Results were collated and feedback issued in the form of a newsletter to dentists. Here were no concerns identified following this exercise.

CD Destructions

The UHB has trained personal that can witness the destruction of controlled drugs. These are known as Authorised Witnesses (AW). They are subject to a code of conduct or a DBS check.

The UHB has SOPs for this process.

The primary care team also provide training for external and internal personal to become an AWs. During this year another session has been held training an additional 21 people.

Between April 2023 and March 2024 647 controlled drugs have been destroyed in primary care. This ensures unwanted/out of date stock is taken out of circulation so it doesn't become a target for diversion.

Monitoring

Each quarter the primary care medicine management team monitor CD prescribing in primary care. The aims to pick excessive prescribing and identify outliers. Prescribers are individually challenged and supported where needs arise. Although a key governance task it is important to note that this alone would not pick up someone who acted like Harold Shipman. This would rely on intelligence from all organisations.

National Prescribing Indicators

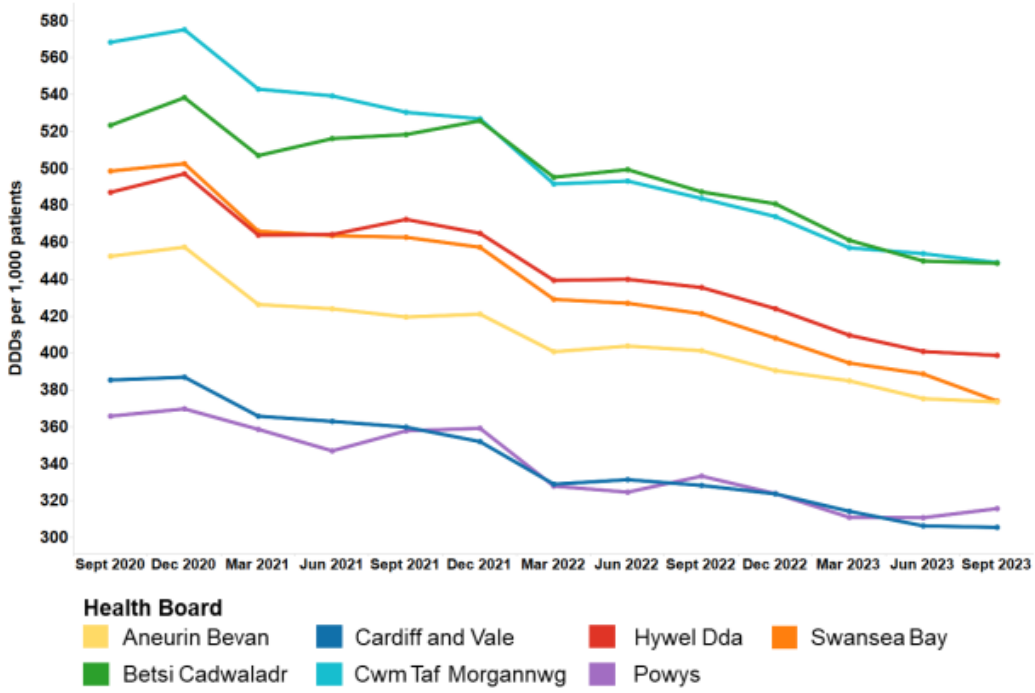
The All Wales National Prescribing Indicators have been produced to show variation in the prescribing of certain medicine across Health Boards. Unfortunately, two of the All Wales National Prescribing indicators, relating to CDs, had to be suspended due to problems with the national data. These were: -

- Opioid burden (DDD per 1,000 patients)
- High strength opioid prescribing (DDD per 1,000 patients)

GP practices are still monitored locally on these parameters.

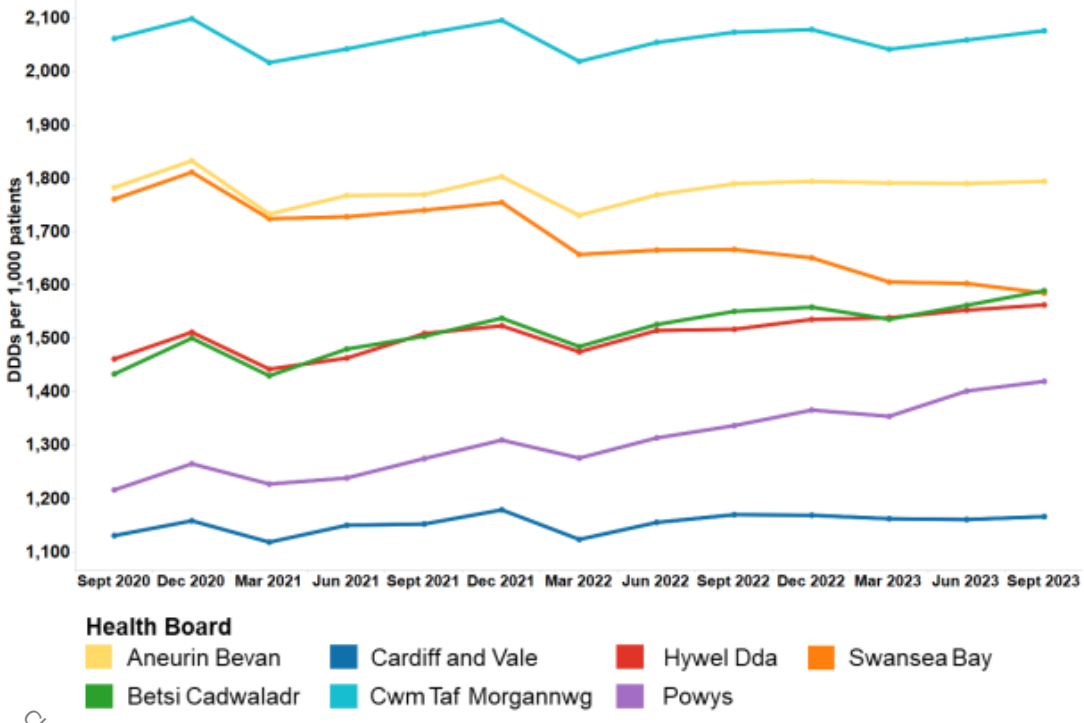
For Tramadol, an opioid pain killer, prescribing in Cardiff and Vale primary care is the lowest compared to other HBs and is sowing a downward trend.

Figure 3. Trend in tramadol prescribing DDDs per 1,000 patients



The gabapentinoids are also starting to plateau out as well and Cardiff and Vale once again performs well.

Figure 4. Trend in gabapentin and pregabalin prescribing DDDs per 1,000 patients



Licenses

Organisations who store stocks of CDs or who supply stock CDs are required to obtain a licence from the Home Office for this activity. There are certain exemptions to these regulations, such as hospitals (under a clear definition) can stock CDs for individual named patient use – within CAV this exemption covers CRI, Barry Hospital and St Davids' Hospital. Clarity in relation to the position of supply of CDs between hospital sites of the same legal entity (i.e., UHL supplying stock to Barry)

was sought across Wales and advice received indicted that licenses were required for this activity. Therefore supply licenses have been applied for UHW and UHL (inspection Q4 23/24 – results pending), additionally a CD stock license for Newlands (CDAT Barry) is in the application process as the only other site in CAV which did not meet an exemption criteria.

Next steps

Over the next 12 months the CDAO, in collaboration with the CDLIN will build on the achievements made to date to further strengthen the arrangements for the safe and secure management of controlled drugs across the Health Board.

This will include:-

- Gain assurance of the management of CDs in general practice through the self-declaration process
- Develop an action plan for the LIN with clear timescales
- Promote the uptake of incident reporting
- Developing monitoring of CD usage ins secondary care
- Explore the opportunities to encourage CD reporting from care homes
- Support and inform the development of a national CD monitoring dashboard
- Taking the opportunity in secondary care to look at what data is captured and how CD Governance is monitored.

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

Recommendation:

The Quality and Safety Committee is asked to recognise:
• The progress that has been made during the last 12 months.

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please place an "X" in the relevant box below ***(this section must be completed)***

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

Five Ways of Working (Sustainable Development Principles) considered
Please place an "X" in the relevant box below ***(this section must be completed)***

Prevention	✓	Long term		Integration		Collaboration	✓	Involvement	

Impact Assessment:
Please state yes or no for each category. ***If yes please provide further details. This section must be completed***

Risk: No

Safety: No

Financial: No	
Workforce: No	
Legal: No	
Reputational: No	
Socio Economic: No	
Equality and Health: No	
Decarbonisation: No	
Approval/Scrutiny Route: ***Please insert any previous meetings where this paper has been received***	
Committee/Group/Exec	Date:

Report Title:	*Director of Public Health Annual Report: Prioritising the early years- Investing for the future*			Agenda Item no.	*2.9*
Meeting:	Quality, Safety and Experience Committee	Public	X	Meeting Date:	26/11/24
		Private			
Status	Assurance X	Approval		Information	
Lead Executive:	Executive Director of Public Health				
Report Author:	Executive Director of Public Health				

Main Report
Background and current situation:

This theme of this year's Director of Public Health's Annual Report is on the health of children aged 0-5 years. It is a response to a recent report by the Academy of Medical Sciences, which sets out the rationale and scientific basis for a strong, sustained policy focus on improving health in the early years.

Health in the early years forms the basis for mental and physical health and wellbeing through the rest of the life course with consequent benefits to population health, national productivity, innovation and the prosperity of the nation. The early years provide a crucial window of opportunity to improve children's health in the short and long term, providing cumulative benefits, and avoiding the greater challenge and expense of intervening later in life. However, the importance of the early years is not always recognised or prioritised.

The DPH report focuses on four key areas where action could be taken quickly to improve outcomes, including:

- Childhood vaccinations
- Good food and movement
- Oral health
- Supporting breastfeeding

The report identifies the current situation in C&V, celebrates case studies of innovative and collaborative approaches to improve the health of our young children, and identifies recommendations for each of the four themes.

The current situation in Cardiff and Vale of Glamorgan:

- 31,492 0-5-year-olds living in Cardiff and the Vale of Glamorgan (2022).
- Adjusting for local housing costs, 29.4% of children (0-15 years) in Cardiff, and 23.9% in Vale are living in relative poverty (2022/23)
- 32.2% children aged 5 have tooth decay, and this is higher in our disadvantaged communities
- 21.2% of children aged 4 or 5 are overweight or obese, and this rises in our disadvantaged communities.
- Less than 40% of babies are breastfed at six weeks old.
- 80.5% of children at age 4 are up-to-date with all scheduled vaccines, with fewer vaccinated in our disadvantaged communities.

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

The Director of Public Health report is a tool to shine a light on important health issues for the whole system, it is not just a report for the Health Board. Some of the key recommendations are highlighted here:

- Provide community-based vaccination opportunities, to make it easier for families to access children's vaccinations conveniently.
- Ensure the gelatine-free flu vaccine is equally available at all vaccination opportunities for our early years (GP, and school settings).

- Review local strategic plans and policies to identify opportunities to maximise support for good food and movement, for example, strengthening strategic policies within the Local Development Plan (LDP).
- Develop a shared understanding of current resource and training available and explore the opportunities and challenges for the early years workforce to; have healthy conversations, promote food related benefits and embed play and physical literacy.
- Collaborate with communities and partners to identify and improve public spaces for play in targeted areas.
- Undertake insight work to develop a public campaign on the importance of outdoor play
- Advocate for 'Healthy Start' vouchers to be automatically provided, rather than needing to apply for them
- Explore reasons for eligible primary schools and nurseries for not participating in the Designed to Smile programme.
- Increase opportunities to provide proactive support to breastfeeding mothers including those who may struggle with breastfeeding due to circumstances such as additional medical needs

Recommendation:

The Committee is requested to:

a) NOTE this year's Director of Public Health Annual Report: Prioritising the early years- investing for the future.

Link to Strategic Objectives of Shaping our Future Wellbeing:			
1. Putting People First **Click the objective above to view more detail.**	x	2. Providing Outstanding Quality **Click the objective above to view more detail.**	x
3. Delivering in the Right Places **Click the objective above to view more detail.**	x	4. Acting for the Future **Click the objective above to view more detail.**	x

Five Ways of Working (Sustainable Development Principles) considered:									
Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

Quality Impact Assessment Completed?				
Yes		No	x	

Impact Assessment:
Risk: No
Safety: No
Financial: No
Workforce: No
Legal: No
Reputational: No
Socio-Economic: No
Equality and Health: No
Decarbonisation: No
Welsh Language: No

Approval/Scrutiny Route *(please note anywhere else this paper has been before):*	
Committee/Group/Exec	Date:

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

Shaping Our Future
Wellbeing

Director of Public Health Report 2024

Prioritising the Early Years – Investing for the future

November 2024

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Tim Iechyd Cyhoeddus
Cardiff and Vale University Health Board
Public Health Team

Summary

- Every child deserves to thrive.
- Investing in early years creates a foundation for life-long health and wellbeing.

Report content:

- The current context in Cardiff and the Vale of Glamorgan
- Four topic areas:
  - Vaccination,
  - Good Food and Movement,
  - Oral Health
  - Breastfeeding
- Case studies highlighting innovation and collaboration
- Recommendations for each of the four topic areas.

Shaping Our Future
Wellbeing

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Tim Iechyd Cyhoeddus
Cardiff and Vale University Health Board
Public Health Team

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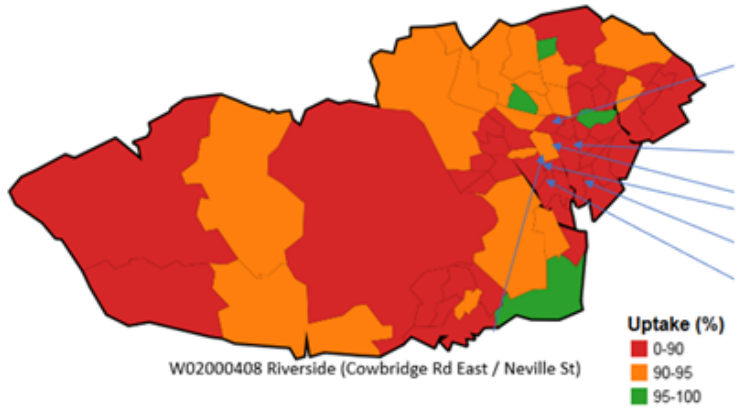
Cardiff and Vale University Health Board

Childhood Vaccination

- 81% of 4 year old children in Cardiff and the Vale are up to date with all vaccines. This is the lower than the Welsh average (85%) and below the WHO target (95%)
- Overall trend in vaccination uptake has shown a decline in uptake in recent years which accelerated during the COVID pandemic
- There is particularly low uptake in the South-Eastern neighbourhoods of Cardiff where deprivation and ethnic diversity is higher.
- Insights were gathered from communities with low uptake to gain an understanding of their needs and experiences.
- The importance of reliable, culturally appropriate information via trusted sources were key themes.

Uptake of recommended routine vaccinations*** in children turning 5 years of age Apr2022-Mar2023, by MSOA of residence; Cardiff and Vale UHB



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Good Food and Movement

- Good food and movement in our early years contributes to health, happiness, social development and academic achievement

- Families are up against a flood of unhealthy food options
- Children don't have enough opportunities to be active and play

- The new Good Food and Movement Framework takes a systems based approach to prioritise collective efforts and create change

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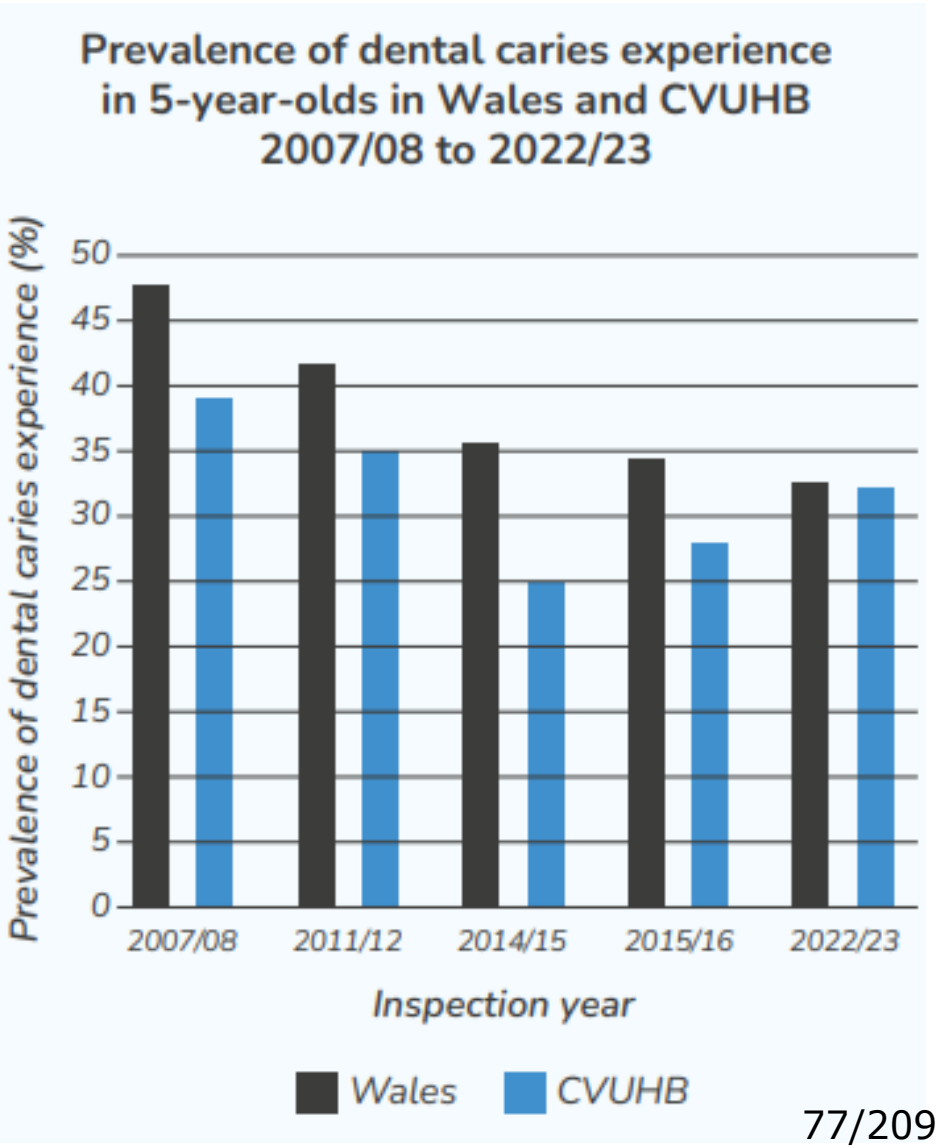
Oral Health

- Young children experiencing dental decay are most likely to be from more deprived areas.
- Children aged 0-5 years seen in Primary Dental Care are mainly from the least deprived areas.
- Extraction of decayed teeth is the most common reason for hospital admissions in young children.

- 70% of settings in Cardiff and the Vale are involved in supervised toothbrushing via 'Designed to Smile' - many children still missing out on this important preventative programme.



Shaping Our Future
Wellbeing

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Cardiff and Vale University Health Board
Public Health Team

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Cardiff and Vale University Health Board

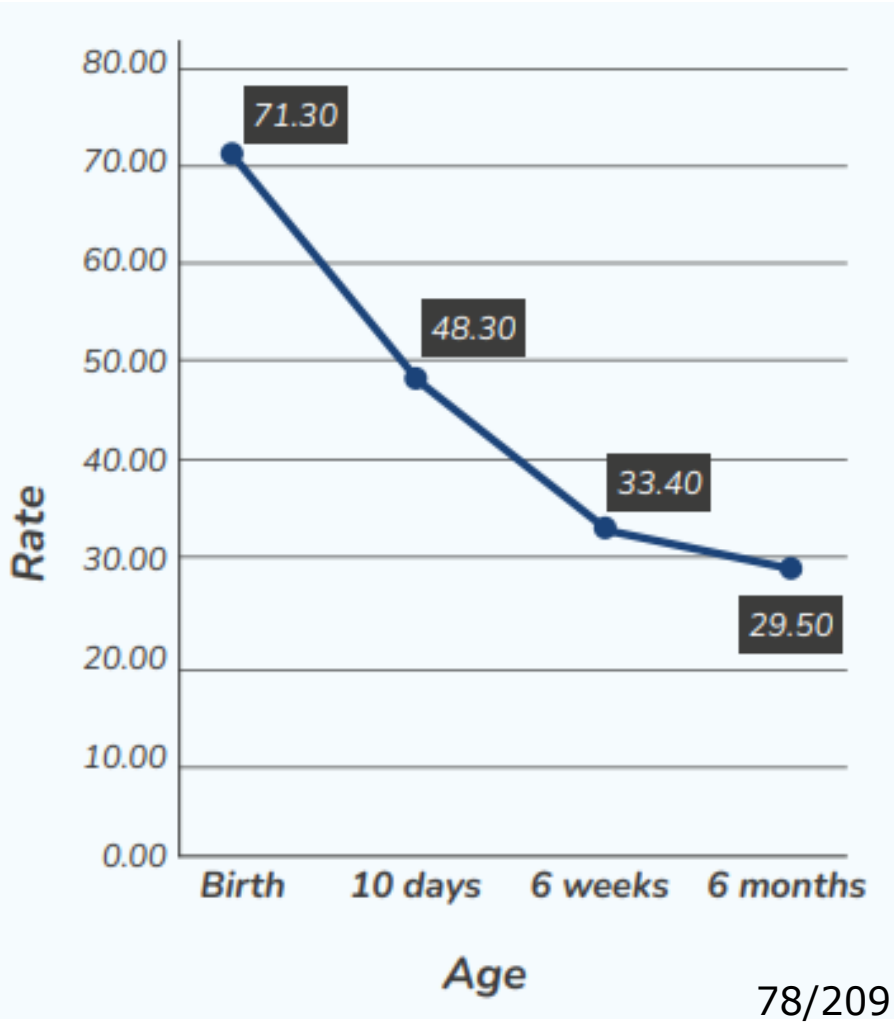
Breastfeeding

- The likelihood of initiating and continuing breastfeeding shows strong links to the age of mother, living in a deprived area, and ethnicity.
- These differences widen health inequalities.
- New local research showed enablers for breastfeeding were promoting the health benefits to baby, cost and convenience

Challenges included:

- accessing information
- access to support groups
- support for people who did not have a natural birth or who experienced complications.

Breastfeeding, quarterly rates by age.
Jan – Mar 2024



Recommendations include:

- Provide **community-based vaccination** opportunities, to make it **easier for families.**
- Ensure **the gelatine-free flu vaccine is equally available** at all vaccination opportunities.
- Review local strategic plans and policies to identify opportunities to **maximise support for good food and movement**, for example, strengthening policies within the Local Development Plan (LDP).
- Develop a **shared understanding of current resource and training available** and explore the opportunities and challenges for the early years workforce to; have healthy conversations, promote food related benefits and embed play and physical literacy.
- Collaborate with communities and partners to **improve public spaces for play** in targeted areas.
- Undertake insight work to **develop a public campaign on the importance of outdoor play**.
- Advocate for 'Healthy Start' vouchers to be **automatically provided.**
- **Explore reasons** for primary schools and nurseries for **not participating** in Designed to Smile.
- Increase opportunities to provide **proactive support to breastfeeding mothers** including those who may struggle with breastfeeding due to circumstances such as additional medical needs.

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Tim Iechyd Cyhoeddus
Cardiff and Vale University Health Board
Public Health Team

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Cardiff and Vale University Health Board

Director of Public Health Report

Prioritising the Early Years – Investing for the Future

Contents

Acknowledgements

With thanks to the those in Cardiff and Vale Public Health Team and all those who contributed to writing, editing and producing this report including:

Rhianon Urquhart, Jonny Currie, Cheryl Williams, Anup Karki from Public Health Wales, Anwen Cope from the Welsh Oral Health Information Unit, Lauren Idowu, Rebecca Stewart, Rebecca Winslade-Rees, Kate Roberts, Dino Motti, Lisa Parry, Lisa Cordery, members of the Youth Board at Cardiff and Vale University Health Board, Melissa Melling and Richard Evans from Medical Illustration at Cardiff and Vale University Health Board.

Thanks also to all of our colleagues from Cardiff and Vale University Health Board, Cardiff Council, Vale of Glamorgan Council, Glamorgan Voluntary Services and Cardiff Third Sector Council who contributed their time and expertise to having conversations with us and providing case studies, photos, allowed for diagrams and data to be shared.

This report was inspired by The Academy of Medical Sciences report 'Prioritising early childhood to promote the nation's health, wellbeing and prosperity'. Thank you to the report's authors and particularly to Angel Yiangou and Eliza Kehoe.

Foreword

Never before have we had so much knowledge and understanding of how important early childhood moments and years are to the health of our wider society.

As Executive Director of Public Health for Cardiff and the Vale, I have chosen for my first report to focus on children aged 0-5 years – the 'early years' - recognising that we have the opportunity to create healthy conditions in this period that can have lasting impacts, both now and into the future.

We are fortunate regionally to have immense energy, innovations and experience around child health and wellbeing. Integrating our efforts and using a public-health approach with data and evidence, with staff, parents and young people themselves, could help us reach even higher. We know partners in the region are committed to creating the best start for children and young people, from our Joint Area Plan for 2023-2028.

A recent report by the Academy of Medical Sciences summarised all the evidence that prioritising early years can improve the nation's health and prosperity; this report is a call to action, highlighting the importance of investing at this critical time in a child's life. We know children were among the most affected by the COVID-19 pandemic, but there is still a chance to shift our focus and invest in their health now.

It is my hope that these findings provide the inspiration and evidence so we can explore what is working well locally and highlight improvements for action.

My report describes the state of health in the early years, identifying recommendations to address vaccine-preventable diseases, healthy weight, oral health, and breastfeeding. I look forward to hearing your feedback and to working with people across Cardiff and Vale in implementing our recommendations. To give children in Cardiff and Vale the best and healthiest start in life.

Claire Beynon
Executive Director of Public Health

Cardiff and Vale University Health Board
Youth Board Foreword

As a Youth Health Board member, I believe deeply in the importance of investing in health during the early years of life.

Through my studies as a medical student, I've had the privilege of learning from midwives and health visitors about the profound impact these early years have on a child's development, future health, and overall well-being.

They have shown me how early health influences physical, cognitive, and emotional development, all of which shape a child's future potential. The early years are a sensitive period where children's brains and bodies are highly responsive to the quality of care and support they receive. Ensuring every child has the best possible start can lead to healthier, more resilient adults, while lack of investment in these years can hinder growth and opportunities later in life. Therefore, giving children a strong start in life is a crucial responsibility that we all share.

However, not every child begins life on equal footing. Children from low-income or minority backgrounds often face barriers to accessing essential resources like healthcare, nutritious food, safe housing, and educational opportunities, which can negatively affect their development. As someone from an ethnic minority and low socioeconomic background myself, I have seen the reality of these disparities first-hand and understand the lasting impact they can have on a child's life. These gaps in health investment in the early years can create a cycle where disadvantaged children grow up facing more health and social challenges, limiting their life outcomes and widening inequalities.

Addressing these disparities requires a collaborative, cross-sector approach. Early years settings and schools play a key role by fostering supportive environments and early education programmes; the third sector, including charities and community organisations, can provide resources and outreach to support families in need; and local and policing authorities can help maintain safe communities where children can grow and play without fear. Healthcare providers, midwives, and health visitors are also essential, as they can monitor and support children's health from birth. Each sector has a role in ensuring all children, regardless of background, can grow up in environments that nurture their development and health.

The recommendations in this report are a much-needed call to action, emphasising the urgency of doing more to support health in the early years. Investing in these years isn't just an investment in individual children but an investment in a healthier, more equitable society. I am excited to see these recommendations put into practice and to witness the positive change they can bring to early childhood health and well-being.

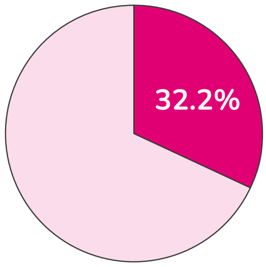
Athika Ahmed
Youth Board Member

Early Years at a Glance

Population estimates mid-2022[1]

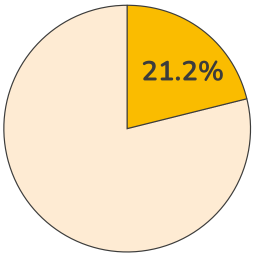
31,492
0 – 5 year olds

Children aged 5 who have had tooth decay in Cardiff and Vale[2]



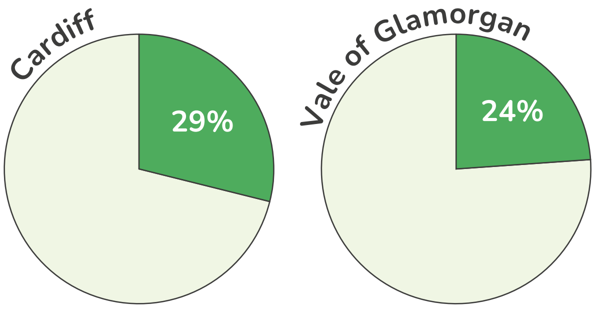
Tooth decay is a preventable condition affected by nearly a third of all 5-year olds. This is higher in our disadvantaged communities.

Children aged 4 or 5 in Cardiff and Vale either overweight or obese[3]



Over a fifth of children aged 4 or 5 are overweight or obese. This rises in our disadvantaged communities

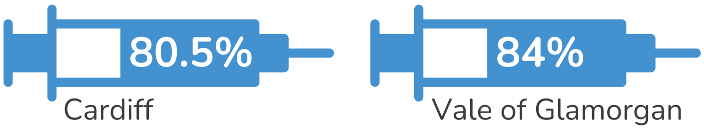
Percentage of Children 0-15 years old living in Relative Poverty (2022/23)[4]



Immunisations

Childhood vaccination targets not met[5]

% of children at age 4 up to date with all scheduled vaccines (22-23)

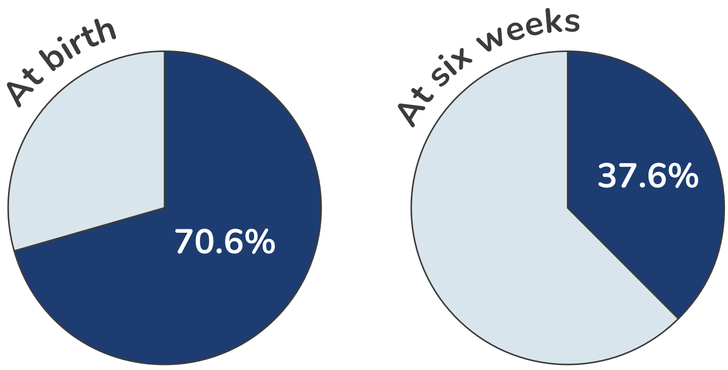


The majority of routine childhood vaccinations programmes do not meet the 95% coverage target set by the World Health Organisation, and this has led to preventable infectious diseases and death.

Breastfeeding

Less than 40% of babies are breastfed at six weeks.[6]

Exclusive breastfeeding (Cardiff and Vale – quarterly October - December 2023)



The World Health Organisation recommends exclusive breastfeeding for the first six months of life

1 https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/estimatesofthepopulationforenglandandwales

2 https://phw.nhs.wales/services-and-teams/dental-public-health/files/oral-health-intelligence/cardiff-and-vale-uhb/

3 https://phw.nhs.wales/services-and-teams/child-measurement-programme/cmp-2022-23/

4 https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fassets.publishing.service.gov.uk%2Fmedia%2F65fd4758f1d3a0001d32ad89%2Fchildren-in-low-income-families-local-area-statistics-2014-to-2023.ods&wdOrigin=BROWSELINK

5 https://phw.nhs.wales/topics/immunisation-and-vaccines/cover-national-childhood-immunisation-uptake-data/cover-archive-folder/annual-reports/vaccine-uptake-in-children-in-wales-cover-annual-report-2023/

6 https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Primary-and-Community-Activity/Breastfeeding/breastfeedingquarterlyrates-by-age-lhb

Young Persons' Voice

As part of preparing this report we visited the Health Board's Youth Board to ask them about their experiences and thoughts about vaccinations, good food and movement, oral health and breastfeeding.

We used the Thorn, Bud, Rose Framework.

Thorn: A challenge around the topic

Bud: A new idea or an opportunity

Rose: A highlight, something that works well or is positive.

Thorn: lack of appointments for dentists so parents will not receive guidance for their children on how to look after oral care at such young ages.

Bud: Increase number of free NHS appointments especially across weekends so that parents are more likely to be able to take children to them.

Rose: parents can gain knowledge about how to brush their children's teeth and prevent any further dental problems.

Thorn: immunisations may be given in a place far away from urban areas and in some areas it is unlikely to have cars.

Bud: Make immunisations available in more local GP surgeries or community centres so people do not have to travel so far to the main place to receive immunisations.

Rose: places for immunisations are now in walking distances are so much more accessible.

Thorn: Picky eaters! Major issue especially for younger kids, I vividly remember only wanting to eat fries and bread.

Bud: encourage wider variety of food from as early as possible. Make food options cheaper so they are as accessible as unhealthy options.

Rose: whenever I discovered a new food that I liked I was generally happy and felt like I had unlocked something new.

Some of the other comments included:

"lack of knowledge about vaccines and being healthy – talks could be given in schools on the importance."

"make letters from public health services more child friendly e.g. including pictures, icons and more colour. This would make it easier for them to read the information and also be more engaging."

"School allows all children to try new fruit and drink milk. Schools have thriving breakfast clubs which encourage healthy options."

"Encouraging children to ride their bikes, scooters to school."

"Primary schools play time involves running around and letting out energy. High school – it's not cool to act like that anymore – teens just chill!"

Chapter One
Health and Wellbeing in the Early Years

Introduction

Every child deserves to thrive. Investing in the early years creates a foundation for life-long health and wellbeing.

The gap in health outcomes between our most and least deprived communities continues to grow and requires sustained attention and action. Health inequalities impact families across generations, affecting individual wellbeing and community prosperity. Focussing efforts on parents, babies and young children gives us the chance to provide the conditions which can promote good mental and physical wellbeing with the benefits experienced into adulthood.

The health of the UK population is worsening – between 1960 and 2020, the ranking of life expectancy in the UK fell from 7th to 23rd amongst OECD (the Organisation for Economic Co-operation and Development) member countries[7]

What affects the health and wellbeing of our children?

There are many factors which affect our health and how we live. The 'socio-ecological model'[8] overleaf (Figure 1.) helps us understand and consider the range of influences and describes each 'layer' (like an onion). To improve the health and wellbeing of our young children and families, we need to think about the positive conditions that are needed to create good health in each layer and how we influence them. For example: in the physical environment layer, we need to ensure that everyone has affordable and healthy food near to where they live and all children have the opportunity to play and be active.

Making changes to these wider factors (instead of only considering individual behaviours) will give us a better chance to improve the health of our children and families. However, no single organisation can tackle these factors alone; it will require working together across many sectors and organisations, all working together towards a shared goal.

Cultural norms and ideologies

Language, myths, assumptions, mindset, beliefs all all influence how we raise our children, such how we feel about vaccinations, breastfeeding or screentime for our children.

Policy

Laws, policies, regulations such as food advertising, maternity/paternity rights, family benefits.

Physical environment

Streets we live on, parks our children play in, access to facilities and shops for healthy food, and the safety of the spaces where we walk, scoot, cycle.

Organisations and institutions

Such as healthcare, early years settings, pre-schools, childminders, workplaces, faith organisations, charities, clubs the extent to which they encourage, support, enable all influence our lives.

Social environment

Individual relationships, families, support groups, social networks.

Individual

Individual capabilities, motivations, opportunities, knowledge, needs, behaviours, physical and mental health and wellbeing.

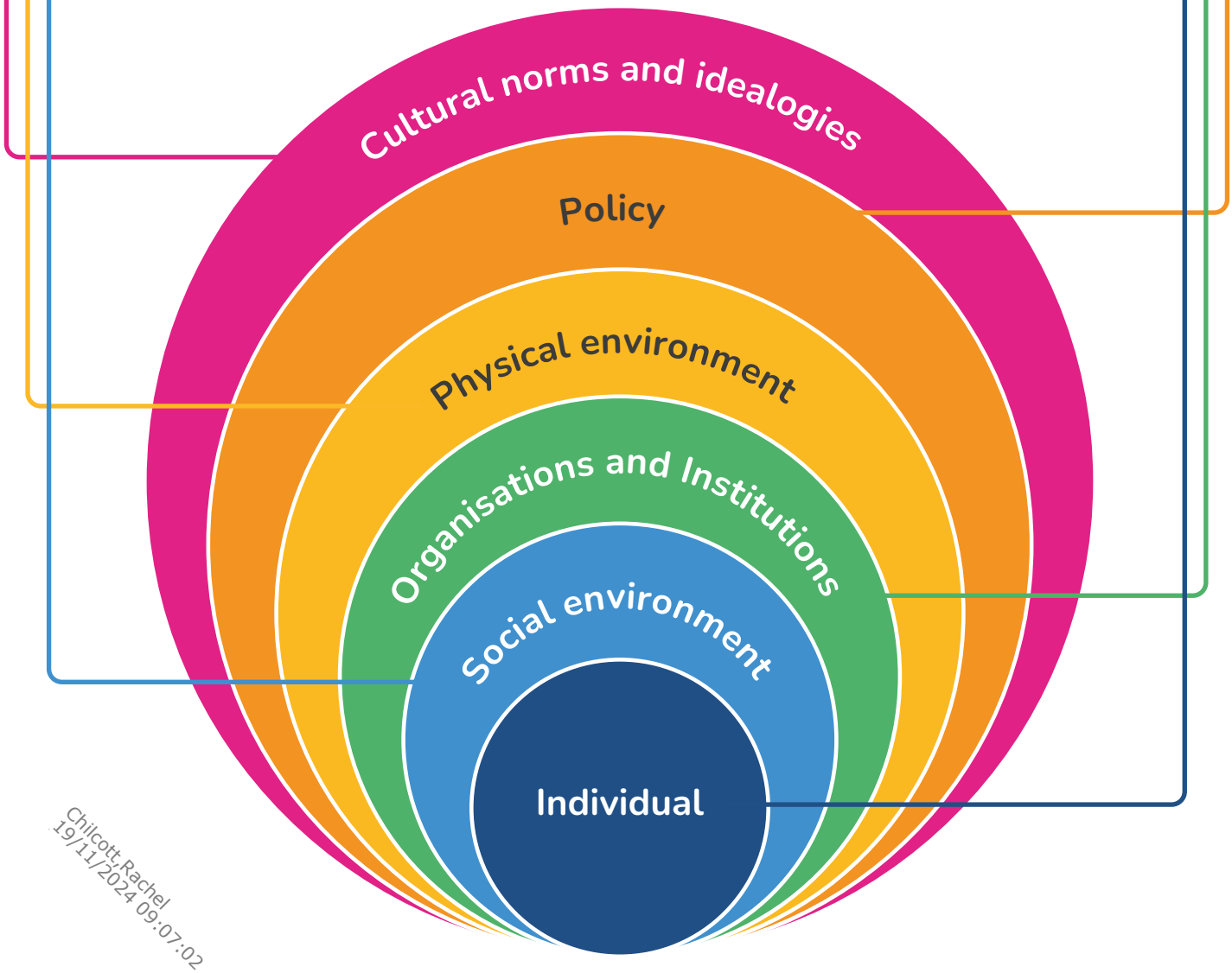


Figure 1. Based on the socio-ecological model[8]

How poverty affects outcomes for our children

The effects of poverty on children's health can be seen even before birth. Children born to parents living in poverty are more likely to be of a lower than average weight at birth which is linked to poorer outcomes in later life. These children are also less likely to survive the first year of life and to suffer from asthma and other childhood diseases. Children in poverty are more likely to have poor mental health and are at higher risk of psychological distress.

Children growing up in poverty on average do less well in education. Gaps open up early in a child's life, even before they start school, and these gaps persist and widen. Children from lowest income families are less likely to achieve education benchmarks aged 11, make slower progress in secondary school, and are much less likely to attend higher education. This has an impact on levels of educational attainment and later job opportunities and wages.

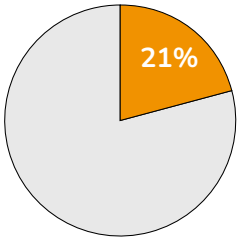
In addition to the costs to an individual of child poverty, it also places costs on society. Having so many families and children in poverty draws costs from other government budgets. Poorer physical and mental health impacts the NHS, poorer educational attainment reduces workforce skills, and additional public services are needed to cushion the effects of living in poverty.[9]

Information from the Child Poverty Action Group states that in 2023 the basic cost (excluding rent and childcare) to bring up a child to aged 18 was estimated at £76,000 for a couple and over £122,000 for a lone parent. The cost is higher for lone parents as they cannot achieve some economies of scale that can help couples. For a family not in work, benefits cover less than half of what a family with two children requires. Three times more children were living in extreme poverty in 2022 compared to 2019. The cost to our society- through things like increased healthcare needs, lower educational achievement, and reduced future earnings, was estimated at £39 billion in 2023. That's close to £600 for every person in the UK.[9] However, child poverty is not inevitable. Making sure every child gets a good start in life is crucial in ensuring the best possible outcomes for families and for society.

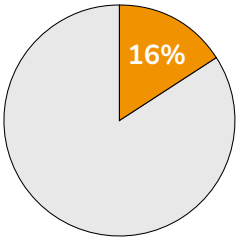
The child mortality rate in Wales is 70% higher for children in the most deprived groups than the least deprived children.[10]

In Wales, Senedd Research[10] reported:

- There is a clear association between childhood deprivation and being unemployed and/or living in poverty as an adult, with the links between these at UK level being amongst the strongest of European countries.
- In 2023 in Cardiff 21% of children under the age of 16 years were living in Relative Low-Income families with 16% of children under the age of 16 years in Vale of Glamorgan[11].



Cardiff



Vale of Glamorgan

School readiness

The term ‘school readiness’ refers to a measure of a child’s cognitive, social, and emotional readiness to begin formal schooling.

Being ready to begin school is associated with many positive outcomes, therefore improving school readiness is vital. Children with low school readiness need additional support from schools for learning, developing required social and academic skills, and catching-up with their school-ready peers. Children who are not ready for school can take many years to catch up with their class mates, if ever. This can contribute to widening inequalities.

Therefore, identifying the factors that contribute most significantly to a child’s readiness to start school is crucial to their future health and well-being, and that of society.

There are many factors which may affect a child’s school readiness, such as: eligibility for free school meals, low school attendance in early years (e.g. nursery), extremely low birth weight. Increased poverty and the cost of living crisis are also likely to result in lower school readiness and decreased educational attainment.[12]

Those children who are not school-ready find it difficult to catch up and can be affected later in their education. A recent UK study following 60,000 children found that those who were not school-ready were nearly 2.5 times more likely to be persistently absent from school[13], affecting their life chances and health into adulthood. The importance of the early years to set children up for success at school and beyond is vital as it is for their health and wellbeing.

Research indicates that attending early years childcare settings promotes school readiness and contributes to later school attainment and positive life outcomes into adolescence.[14] As well as affecting cognitive and educational outcomes, there is clear evidence that early years childcare experience can have long-term positive consequences for socio-emotional development.

In Wales, school readiness data stopped being published in 2019. As an important indicator of future health and wellbeing, re-establishing this for monitoring and to contribute to evidence of any interventions will be of importance.

Why prioritise and invest in the early years?

The first five years of life shape lifelong health, yet we face growing evidence that the health of our young children is under increasing pressure.[15]

The time to act is now. This year's report highlights the importance of health in the early years – which for this purpose, incudes the first five years of a child's life, as it is becoming apparent that health in the early years is increasingly under threat[15].

Intervening earlier can also be easier than when a person is older and may already have started to have negative health outcomes from less healthy eating habits, a lack of physical activity or not having good oral health care in place for example.

Investing in early years yields powerful returns for society. When we create the right conditions for health from the start- through good services, supportive environments, and fair access to opportunities we significantly improve outcomes for children, families and communities. Evidence shows that early investment brings substantial economic and social returns.

For example, every **£1 invested in supervised toothbrushing programmes generates £3 in returns** through reduced treatment costs, better health outcomes, and improved life chances.[16]

Services can make a real difference for children and their families, if delivered at the right time and in the right way. Some families struggle to get support and by improving services and help we can maximise their health outcomes now and later in life.

This is our opportunity to focus on the importance of investing in children and understand what the early years looks like across Cardiff and the Vale and make recommendations for future action.

What is our national and local context?

Wales has a strong policy landscape to promote and develop health, wellbeing and opportunities for babies and children through world leading national legislation such as the Wellbeing of Future Generations Act (2015)[17] which requires public bodies to think about the long-term impact of their decisions. This offers a huge opportunity to make a long-lasting positive change to current and future generations.

Both Cardiff and the Vale of Glamorgan's Public Services Boards (PSB) Wellbeing plans highlight the importance of having the best start in life with Cardiff's aim of: **'a great place to grow up'**[18] and the Vale of Glamorgan plan aiming to build on their objective **'to give children the best start in life'**[19] recognising the importance of the early years.

In October 2023, Cardiff became the first city in the UK to be formally recognised a UNICEF Child Friendly City (CFC)[20], recognising that Cardiff is embedding a child rights-based approach across local strategy, policy, service delivery and public space. Key to the work of a Child Friendly City is the involvement of children, young people and families in having a say on the design and delivery of services and wider decision making. Public Services Board partners have worked to implement a number of ambitious projects, initiatives and actions to ensure children and young people, across the city, are able to claim their rights and address the barriers which may limit their life chances.

Our regional Joint Area Plan 2023-2028 was developed by the Cardiff and Vale Regional Partnership Board with partners from the NHS, councils and third sector - has a goal of:

"a better start for children and young people".[21]

The Regional Partnership Board's priorities for babies, children and young people are delivered by the Starting Well Partnership which includes membership from social services, education, the Health Board, and third sector. The partnership is using the NEST (Nurturing, Empowering, Safe and Trusted) Framework to reflect and improve the way services support the wellbeing and mental health of babies and children, seeing them within the context of their families, communities and societies they are in. The Framework will help to assess where services are currently at against a range of themes, and plan together how to make improvements.

A specific piece of work is the Early Years Pathfinder, a national programme of work designed to bring a more coherent and joined up approach to the delivery and support for young children and families. Locally this has been delivering support across the Cardiff and the Vale to support and upskill the workforce around neurodiversity, perinatal and infant mental health, children looked after with additional learning needs and the childcare workforce and additional needs/ additional learning needs.

Complementing the work on young children's mental health, is a project introduced by the Vale of Glamorgan Healthy and Sustainable Pre-School Scheme within pre-school settings. The scheme teamed up with Barnardos to deliver the PATHS® Programme for Schools (UK version), which supports young children to grow into adults with a healthy understanding of themselves and their relationships with others.

Children in their earliest years are navigating an unfamiliar landscape of experiences and relationships, some which bring immediate joy, others which bring confusion, contradiction and discomfort. Through these experiences children develop skills which they will continue to use throughout their lives. Using stories, puppets, games and activities, children explore their emotions and feelings, and relationships with the significant others in their lives. The success of this programme enabled two Vale of Glamorgan childcare settings to join only four others across the UK to achieve 'Model Pre School Status'. It offers an opportunity for children to develop skills across all areas of their lives, helping them grow into secure, confident adults.

Local partners have collaborated to develop a scheme that, if funded, could support families with children experiencing child poverty targeted at areas of most need in Cardiff and the Vale. "Building Futures: Action on Child Poverty at the Edge of Care in Cardiff and the Vale of Glamorgan" focuses on accessible, joined up services and collaborative working. For more information on the proposal see Appendix 1.

The Health Board as an organisation is committed to improving the outcomes for children, and has been developing a new children and young persons plan; 'Our Babies, Children and Young Persons Plan to 2035'. The ambition of the plan is to deliver outstanding care for babies' children and young people ensuring outcomes and experience for all that compare with the highest performing peer organisations. Delivering seamless, timely, and specialised care to every baby, child and young person, ensuring no one is left behind.

There is a large early years workforce supporting and improving the health of our families and young children from health services, education, third sector and other childcare settings. Integration and collaboration between services and sectors working with our children and their families is challenging and complex. The two case studies over the next pages describe two pieces of work which are helping to promote and integrate services and data.

CASE STUDY 1

Integrating and collaborating between early years services, using Summary Care Viewer (SCV)

Many departments and organisations provide services for children in their early years who live in Cardiff and Vale of Glamorgan. They all use different digital/ data systems to record patient notes and information, and traditionally those data systems don't talk to each other.

A new programme initiated by the Regional Partnership Board will connect health and care data systems together and display key information into a Summary Care Viewer, pulling it together for different teams/ organisations and sectors to view. For our early year's workforce, this would mean that health visitors, GPs, the Emergency Unit, and care planning teams would have access to live information on the Summary Care Viewer. It will ensure that the right information is available in the right place, at the right time and to the right staff, supporting the improvement of outcomes for patients, service users and carers.

This will mean that services are more integrated and connected with each other, we will have a more informed workforce who can make faster and safer decisions, and it will reduce duplication and save time.

This is a huge programme of work which will take time to complete, so it will begin with testing and piloting in two areas, one of which is within health and care teams who support children referred to neurodevelopmental pathways. At present staff rely on phone calls and emails to discover if a child has been referred to the Neurodevelopmental service and at what position the child is on the waiting list. It is anticipated that by surfacing this data in the Summary Care Viewer will save time spent obtaining the data and help staff to target referrals more effectively.

Once the pilots are complete, the intention is to focus on urgent care services for at risk children.

The vision for this is that NHS staff will be provided access via the Summary Care Viewer to local authority child data when a child presents in an urgent care setting and local authority staff will be given access to view details of appropriate and relevant urgent care events for the children they are responsible for.

CASE STUDY 2

Improving integration between primary and secondary care for children, through Paediatric Integrated Clinics (PIC)

Traditionally, children will first see a doctor at their local GP surgery (primary care), who will make a referral to an appointment with a specialist such as a paediatrician, who is usually based in the hospital (secondary care).

Paediatric Integrated Clinics is a new approach which provides joined up care close to home, avoids over-medicalising problems and empowers families. It brings the specialist teams to the local community and improves integration between primary and secondary care in early years.

The approach beings together a multi-disciplinary team, including a paediatrician who triages all GP referrals and requests for advice from the cluster (a group of GPs in a geographical area) of GPs in that community. Paediatric clinics are held in GP surgeries, with joint consultations by the paediatrician with a GP from the GP practices in the cluster. Multi-disciplinary team meetings are also held, with representation from local health visitors and school nursing teams, ensuring that there is input and joined up working across the family, social and educational context. These Multi-disciplinary Teams are open to any cluster GP to join ad-hoc for advice This joined up working reduces waste and enables getting things right first time.

The new Paediatric Integrated Clinics approach began in one GP cluster area, and has seen extremely positive results:

- Halved the demand for new appointments
- Reduced missed appointments (previously 15%, now 6%)
- Reduced waiting list (previously 26-36 weeks, now 8 weeks)
- Estimated return on investment is £2.40 for every £1 spent

The Paediatric Integrated Clinics have also improved the patient experience, with improved ease and equity of access, as patients are not having to travel to hospitals which may be far from their home. This may mean children and families miss less school or work. Consultations in the GP practice are also more relaxed. Professional feedback suggests that clinicians value the much-strengthened relationships, mutual learning and partnership working. Schools and social care have also appreciated easier joint working around particularly vulnerable patients.

The new Paediatric Integrated Clinic approach is being spread and scale to the whole of Cardiff and the Vale, cluster by cluster.

We want to ensure we're getting services right and explore opportunities to enhance conditions for children to live, grow, play and learn in supportive environments. We all have a responsibility for our children's health and wellbeing and partnership working is only way to achieve this aim.

What to prioritise?

The Academy of Medical Sciences[15] gave examples of key areas where they believe action could be taken quickly to improve outcomes including:

- **Childhood vaccinations**
- **Good food and movement**
- **Oral health**
- **Supporting breastfeeding**

Investment in these areas early on can pay dividends into improved physical health in adulthood, decreasing the impact and demand on health services. This report therefore dedicates a chapter to each topic. The local data demonstrate the need for urgent action in these areas and demonstrates how working collaboratively produces the best outcomes for babies, young children and their families.

There are many examples of innovative and collaborative approaches to create the conditions for children, young people and families to flourish in Cardiff and the Vale of Glamorgan. Some examples are highlighted in further case studies throughout the report.

Recommendation

Explore options for improving intelligence on inequalities in child development and school readiness between population groups, including collaboration if appropriate with Digital Health Care Wales.

Chapter Two
Childhood vaccination

Why are childhood vaccinations important?

Vaccines are one of the most successful public health interventions of all times, second only to sanitation and clean water for their impact on saving lives.

They are the only measure that ever managed to eradicate a human disease so that nobody would have to be affected from it again. The first vaccine, against smallpox, was invented by Edward Jenner in 1796. **It proved so successful that it eventually led to the disappearance of a disease that had killed 300 million people in the 20th century alone.**

Since then a wide range of very effective vaccinations have been developed. The schedule for vaccination in Wales begins at 8 weeks and continues into older age[22] (Figure 2). Today every child in Wales is offered protection from 14 diseases (15 with Chickenpox from January 2025) before they turn 5, but in some cases they are already protected before birth by maternal immunity which, like in the case of vaccines for respiratory syncytial virus or whooping cough, passively covers the newborn while their immune system is still maturing.

Road map of vaccinations for babies and children aged 0 to five years

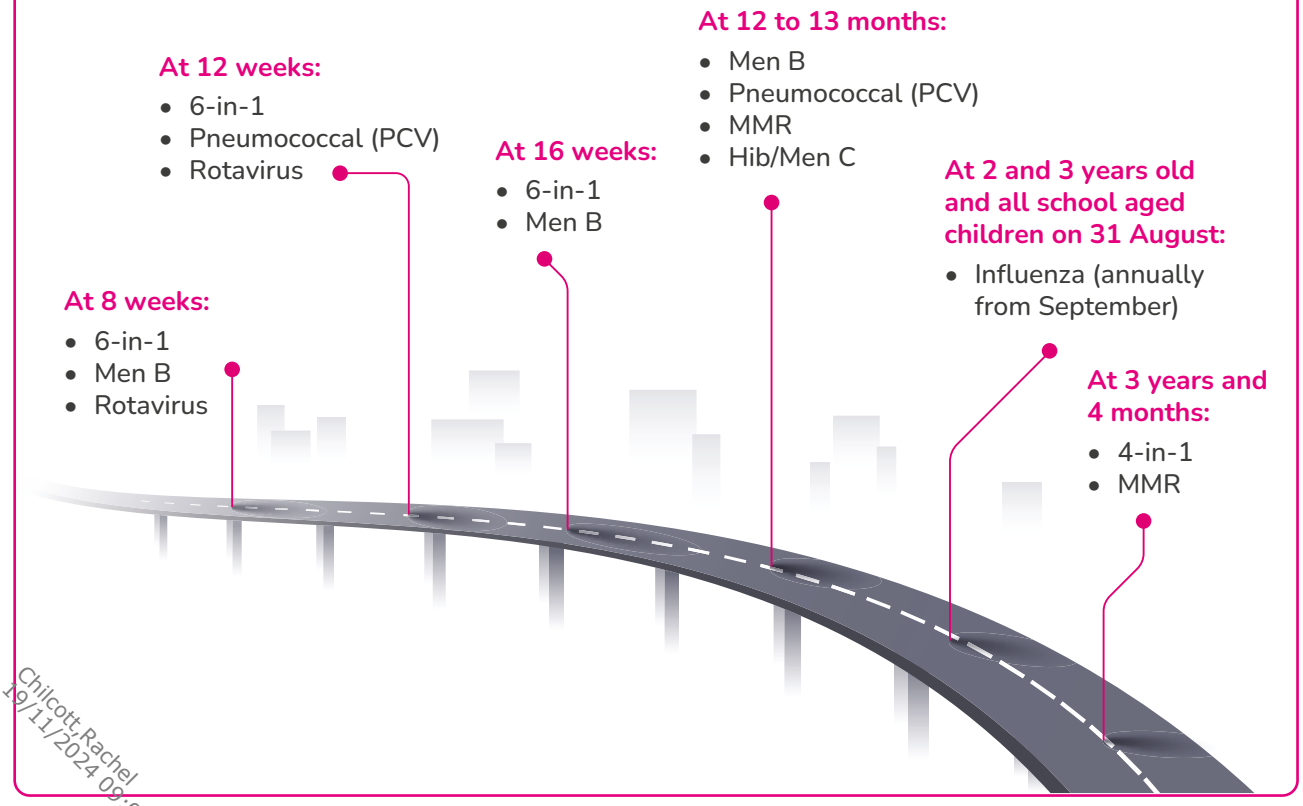


Figure 2. Source: Public Health Wales, 2024. Information about vaccinations for babies and children aged 0 to 5 years.

Vaccines are so effective that they have unfortunately become the victim of their own success. Measles, before the introduction of a vaccine, infected hundreds of thousands of people, killing 100 children every year in the UK alone. While it used to infect 80% of the population in childhood, thanks to vaccination it has now become so uncommon that most have never met anyone who had it and may grow to believe it has disappeared.

This has allowed complacency to grow among our population, meaning that in the UK in recent years, the percentage of children receiving their recommended vaccinations has steadily declined[23]. Lower rates of vaccination in the population mean there is an increased risk of highly infectious childhood diseases spreading, such as measles. Measles has been controlled, but not eradicated, and it remains one of the most infectious diseases known to humanity. As immunity wanes, so grows the risk of dangerous outbreaks. In Wales recently we had two, one in Cardiff in the winter of 2023 and in Gwent in 2024. Outbreaks in unvaccinated communities can result in lengthy school closures, periods of isolation of up to a month, permanent disabilities and even death.

Vaccination remains one of the most important ways of protecting our own health and well-being and that of others. It is a form of personal, family and social responsibility towards the most vulnerable members of our communities. This includes small children that cannot yet be vaccinated, the frail and the elderly, but also those among us who are undergoing cancer therapy, who have weak immunity or received an organ transplant.

In Cardiff and Vale most childhood vaccines are given in GP practices, except the nasal flu spray in 4 year olds and older, and the HPV (human papillomavirus) vaccines, which are given in school.

To reach children who missed their scheduled vaccination or who moved to Cardiff and the Vale recently, the Health Board, in collaboration with partner organisations organises catch-up campaigns. Here those who have missed their scheduled vaccinations are given the opportunity to get up to date. These have often been offered in a range of locations, including schools and at community vaccination centres. Similar campaigns have recently taken place for Measles, Mumps and Rubella vaccines to improve coverage in some schools and communities.

In April 2024, 81% of 4-year-old children in Cardiff and Vale were up to date with all scheduled vaccines. This is lower than the Welsh average of 85%, and although there was a rise in the last quarter of 2023/24, the overall trend has shown a decline in uptake in recent years which accelerated during the COVID Pandemic. *(Figure 3[24].)*

This is well below the World Health Organisation (WHO) target of 95% of children needing vaccinated to achieve protection against e.g measles.

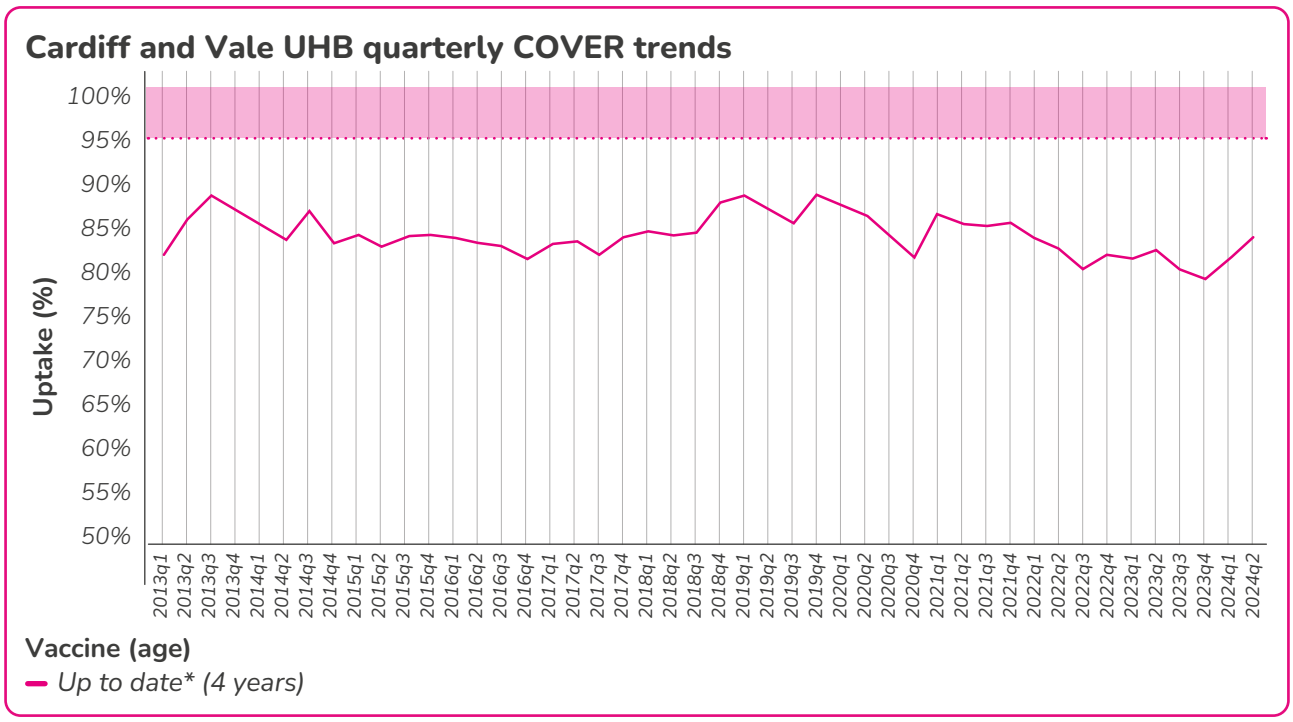


Figure 3. All vaccines up to date at 4 years old, 2013/14 – 2023/24, Cardiff & Vale.

Vaccine uptake is generally lower in areas of higher deprivation and where there are higher concentrations of ethnic minority communities.

Work is underway, as described in the next section, to explore and address barriers to access or other factors that may affect uptake. Figure 4 shows the unequal distribution of uptake in Cardiff and the Vale and it highlights areas of particularly low uptake in the South-Eastern Neighbourhoods of Cardiff City where deprivation and ethnic diversity is higher[24].

Figure 4 confirms this inequality by showing the variation in uptake of the first MMR (Measles, Mumps and Rubella) dose by GP cluster level[16]. The target for uptake is 95%, and many areas are below this with some of the Middle Super Output areas (MSOAs) within the clusters as low as 60%.

Uptake in Cardiff and Vale UHB GP Clusters (Apr2024-Jun 2024)

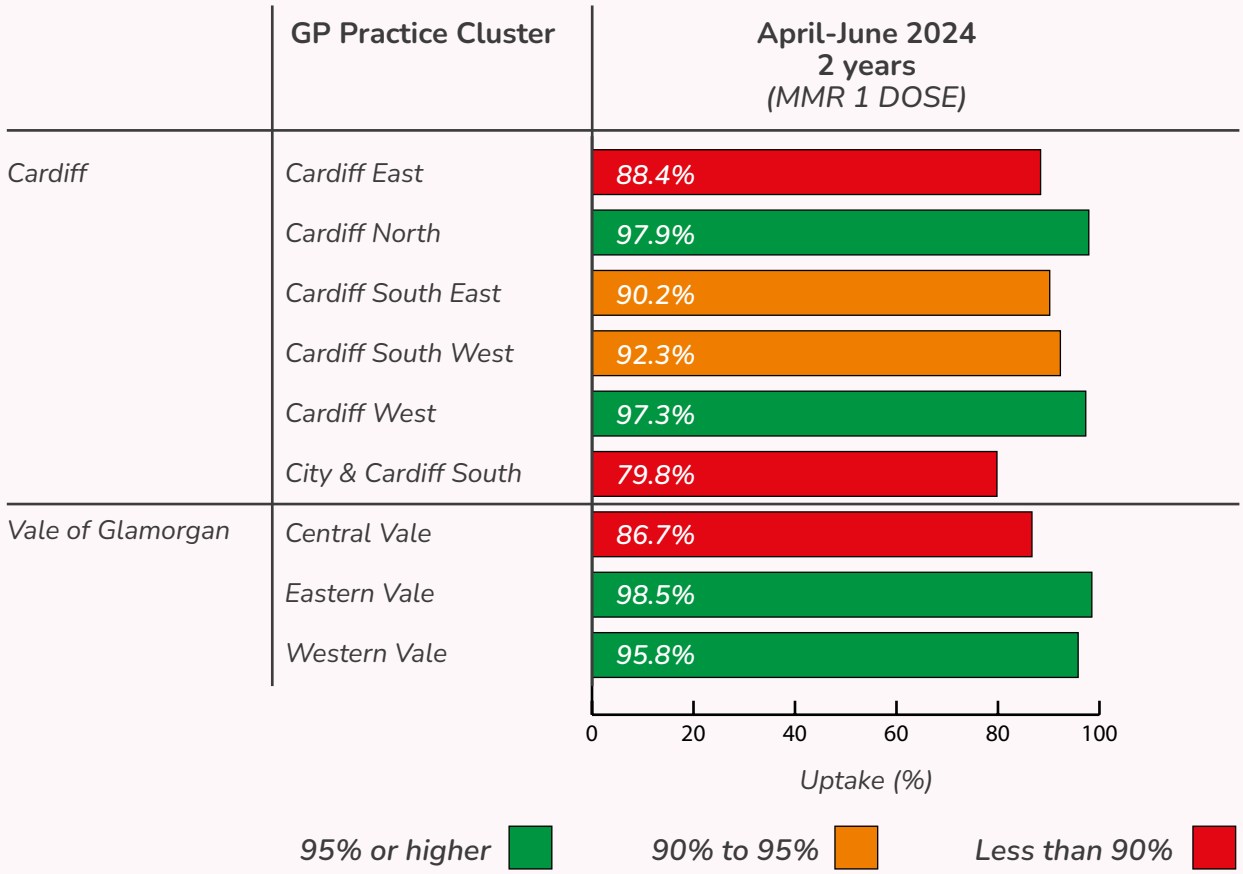


Figure 4. MMR 1 uptake for children turning 2 years old, Apr 2023 – Jun 2024

Barriers and actions to address them

There are many barriers to and factors affecting uptake of vaccinations in children. A model to explain these was developed by the World Health Organisation (WHO).[25] It divides barriers in three main categories:

Convenience **if accessing vaccinations is not easy and accessible it can be a barrier.**

Complacency **people might not see the need for vaccinations as they don't know of people in their community with the disease it prevents.**

Confidence **not having the knowledge about why vaccines are important or the confidence to know they are safe.**

During our conversations with communities in 2024 about childhood vaccinations, local families shared important insights about their needs and experiences. Our communities emphasised the importance of having reliable, culturally appropriate information available through trusted local networks to help counter misinformation.

Community members highlighted specific concerns about gelatine-containing vaccines and many shared they weren't aware that gelatine-free alternatives existed. The current system of having to specifically request these alternatives and book specific appointments created unnecessary barriers for families wanting to make this choice.

Working together with local communities, we have updated consent forms to clearly explain the gelatine-free vaccine options. Campaign materials have also been developed in partnership with community members to share this information through existing trusted networks and spaces where families already gather and connect.

Figure 5. Source: Example of campaign materials developed, Cardiff and Vale UHB, 2024.

A Childhood Immunisation Action Plan for Cardiff and Vale was developed in 2023, based on the principles of the National Immunisation Programme for Wales and designed to address the '3 C's' by taking a multi-factorial approach. Some examples of action include:

Data informed approaches: tailored support for GP practices where uptake is particularly low has been put into place, including production of a toolkit and templates, and contacting families by trained call handlers to encourage them to take up vaccination.

Community-based vaccination provision: childhood vaccination is being offered at community events, and at mass vaccination centres. MMR vaccine catch--up sessions have been offered at schools across Cardiff and Vale where uptake is less than 90% of pupils.

Leverage support from community leaders: events delivered which engaged leaders in delivering key messages to the community, including an event during Ramadan which saw over 300 people from ethnic minority communities attend to hear about screening and vaccination.

Engage with stakeholders and community representatives to understand needs, and the most appropriate ways to meet needs: 'lunch and learn' sessions with interpreters, supported by the UHB's Multi-cultural Link Workers have provided opportunities for community members to discuss vaccinations and ask questions about them.

Develop and cascade communication and information resources: several new resources have been developed, with several tailored to specific communities such as ethnic minority groups.

CASE STUDY 3

Partnership working to increase childhood vaccinations in an area of low uptake.

In 2023/24 the South West Primary Care Cardiff cluster agreed to focus on increasing the uptake of childhood immunisation rates. Two significant pieces of work helped to achieve this: checking records and inviting patients for catch up appointments using multiple communication methods; and holding a community event where vaccinations were offered.

The first project was a three-month quality improvement project, aimed to bring children under 5 years up to date with any vaccinations they may be missing. The initial process involved checking the records to ensure the GP held records aligned with the Child Health records held by the Health Board to establish the baseline of children missing vaccinations. Initial reports identified 267 children under 5 in the cluster missing vaccines, after data cleansing this reduced to 215 children.

This highlighted the significance of data quality when dealing with vaccination. A 20% discrepancy within the vaccination records is a significant factor that can hinder targeted efforts to vaccinate and hide the true level of immunity in the community.

GP practices then invited families to bring their children for catch up appointments, using different communication methods including phone calls, letters, texts, reminders through Health Visitors, and holding a drop-in clinic. A campaign promoting childhood immunisation was promoted through social media, GP TV screens, on websites and at community events.

The project was a success, reducing the number of children aged 5 still missing their vaccines from 215 to 120. The South West Cluster have shared their methods and learning with other clusters, as well as the resources (invite letters, FAQ sheets, and communications campaign resources). South West Primary Care Cluster intend to repeat the same process bi-annually.

The community event was a Halloween party which brought the communities together, and also offered the chance for health advice and an opportunity for children to receive vaccinations. **During the event school nurses administered the flu vaccination to 89 children, 22 immunisations were administered, and over 20 patient records checked for accuracy.**

Recommendations

To improve the level of uptake of childhood vaccinations, we need to:

Provide community-based vaccination opportunities, and make it easier for families to access children's vaccinations conveniently.

Ensure the gelatine-free flu vaccine is available at all vaccination opportunities for our early years (GP, and schools settings).

Work with communities with lower uptake of early childhood vaccinations to support and address vaccine hesitancy using methods such as face-to-face information sessions and tailored communications.

Work more closely with GP practices where uptake is particularly low to provide tailored support aimed at improving uptake.

Engage with and influence the national process of development of a single Welsh Immunisation System (WIS) for all vaccines in order to improve data access, quality and completeness.

Chapter Three
Good food and movement - why is it important?

Good food and movement in our early years contributes to health, happiness, social, development, and even academic achievement.

Active children are healthy, happy, school ready and sleep better. Being active in the early years helps build relationships and social skills, maintain health and weight, contributes to brain development and learning, improves sleep, develops muscles and bones, and encourages movement and co-ordination.[26]

Children are often active when they play. There are many additional benefits of playing, such as improved self-esteem and learning to manage our emotions through opportunities to express ourselves in a safe way.[27]

A healthy diet in early childhood has many benefits: helping children to grow; prevent against obesity[28]; improve oral health; strengthen immune system; support brain development; and even improve concentration and behaviour which can result in higher academic performance.[29]

The benefits and harms from our early years track into later childhood and adulthood. Children who are living with overweight or obesity at age 4 to 5 years are more likely to still be when they reach the end of primary school and are five times more likely to go onto live with obesity in adulthood.[30] We need to act now to improve the health of our children in Cardiff and the Vale of Glamorgan.

What affects food and movement in our early years?

The options and opportunities we all have available to us affect how healthy and active we are. Our society is often awash with unhealthy food options, and many neighbourhoods have few opportunities for children to play safely, and be active.

Unhealthy food options are in the spotlight. Aggressive advertising aimed at children and fun promotions in supermarkets cast unhealthy options in a starring role in children's minds. Healthier food options get lost in the background or are pushed entirely offstage. We need to set the stage for health for all children.[31]

What surrounds us shapes us. The streets we live on, parks our children play in, the safety of the spaces where we walk, scoot or cycle all affect how active we are. Our childcare settings also have a big part to play in establishing a life-long enjoyment of moving. We need to focus on creating communities where our children can run and play, walk to school, play outside, and cycle safely, and be active.

All children deserve to be treated fairly and have the same chances to thrive and be healthy, no matter where they live. Many families do not have access to the things children need to be healthy. Unfairness around weight starts early. In a classroom of 30 children aged 4 to 5 years-olds in Cardiff and the Vale of Glamorgan, more children from our disadvantaged communities are categorised as overweight or obese (8 out of 30) as shown in Figure 6, than those in our less disadvantaged communities (5 out of 30).

Unfair differences can also be seen between ethnicities on a Wales wide basis with Asian or Asian British children more likely to be a healthy weight than White or Black, Black British, Caribbean or African children.

In a class of 30 children aged 4-5, 5 are living with overweight or obesity in our less disadvantaged areas.

This rises to 8 in our more disadvantaged areas.

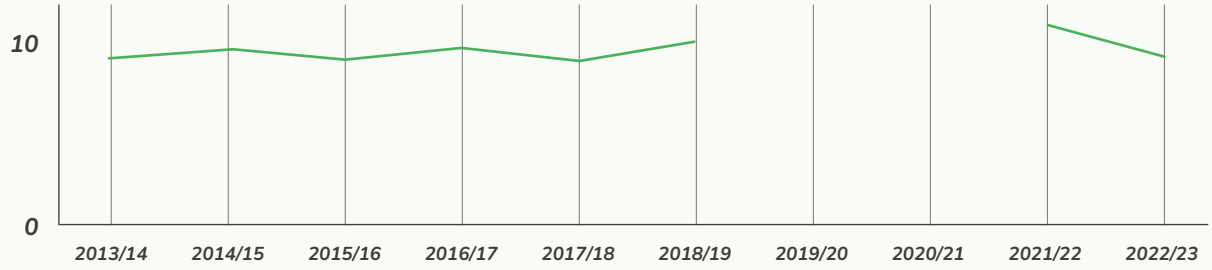
Figure 6. Source: Child Measurement Programme Data 2022-2023, Public Health Wales, 2024.

Families are up against a flood of unhealthy food options, and our children don't have enough opportunities to be active and play. We can improve children's health by improving the flow of affordable, healthy food options and set up our streets and schools so that children can run and play.

We have seen a slight reduction in the proportion of children aged 4 to 5 years with obesity in Cardiff and the Vale of Glamorgan[32] (Figure 7), but there is little room for complacency, as we still have much higher levels than other parts of the UK and amongst countries with similar economic status.[33]

Proportion of children aged 4 to 5 years with obesity, Health Board, 2013/14-2022/23

Produced by Public Health Wales, using CMP (DHCW)



Due to interruptions in data collection during the pandemic period, data are unavailable for 2019/20 and are incomplete for 2020/21 and 2021/22

Figure 7. Source: Child Measurement Programme Data 2022-2023 . Public Health Wales 2024.

What can we do?

Child obesity is a national emergency in Cardiff and the Vale of Glamorgan, and the UK, but we can tackle this and help all children to be healthy with concrete steps that are within our reach as a society.

Reductions in population level child obesity levels has been achieved in Amsterdam, where they reduced the prevalence of 2–18-year-olds with overweight or obesity from 21% to 18.7% in a five-year period. The programme aimed to improve children's physical activity, diet and sleep though action in the home, neighbourhood, school and city, working across sectors for multilevel impact.

Locally, we need to make sure that we are driving change across all of the influences (see layers of the onion in Figure 1). Traditional approaches have focused on promoting and modifying individual behaviours, for example to promote healthy diets or physical activity. However, as the responsible factors extend far beyond individual behaviour, change is needed across the layers of influence.

To make these changes need we can not rely solely on one sector or organisation.

We need to join together, and it needs to be everyone's business. We are all part of the solution- health, local government, third sector, sport, leisure, private sector, planning, transport, police and more!

Current action

The new Good Food and Movement Framework was shaped by a wide range of ideas, perspectives and voices from across Cardiff and the Vale of Glamorgan.

It describes our approach, where we will prioritise our collective efforts, and how we will work together to create change to enable good food and movement in Cardiff and the Vale of Glamorgan over the next six years. The Framework and first Implementation Plan (2024-2026) recognise the importance of early years, and many actions will impact upon or relate specifically to the early years.

There is so much to share beyond the stories and examples in this report. The case studies below are just two examples of local work which are helping to shape our early years settings, and redesign local policies.

CASE STUDY 4

Creating conditions for outdoor play in our early year's settings

Playing, learning and having fun outdoors helps improves health, wellbeing and resilience. It also gives children the opportunity to develop a life-long appreciation of the natural world and has a positive impact on educational attainment.

We want to increase outdoor play opportunities for our young children in Cardiff and the Vale of Glamorgan. Many children attend childcare settings, such as childminders, playgroups, nurseries, and school-based nurseries. These settings can enable, support and promote our young children to be active, such as through outdoor play.

Cardiff Council and Vale of Glamorgan Play Teams, Cardiff and Vale Public Health Team, and Play Wales came together to increase the opportunities for outdoor play within early years settings. The project involved:

- Play Wales brought a group of early years settings together in a focus group to develop the tools, templates and resources that settings would benefit from to provide and support outdoor play.
- From this, they developed and published an Outdoor Play Toolkit for staff and settings, with practical ideas and tips and policy ideas.
- An online webinar was offered to a range of early years settings to talk them through using the toolkit, enabling staff to create conditions for children to play outdoors.
- The toolkit has been printed and widely shared with early years settings.
- Its use and impact will be evaluated by Sheffield University.

The work was complemented by improved play equipment at sheltered accommodation, and a wider public campaign on 'World Play Day' emphasising the benefits and importance of play and outdoor play.

Chwarae Cymru
Play Wales

CASE STUDY 5

Changing advertising policies to promote healthier advertising

Very young children see, understand, and remember advertising[35] and children as young as three can easily identify corporate logos, especially McDonalds, Disney and car brands.[36]

It's not just brand recognition we need to worry about. Advertisements can influence what we buy and what we eat. People who are more aware of adverts that feature foods and drinks that are high in fat, sugar and/or salt (HFSS) consume a greater level of HFSS food and drink products. Children's exposure to HFSS adverts can lead to; strong brand awareness, stronger preferences for HFSS foods and drinks; more snacking and over consumption as well as HFSS food replacing healthier foods. Exposure to HFSS advertising is also unequal across society, with those in our disadvantaged communities more likely to report having seen HFSS advertising. The food and drink sector have huge budgets for marketing and advertising, spending a huge £175 million on Out of Home (OOH) Outdoor advertising in 2021 in the UK[37] (across a variety of mediums).

The powerful marketing tactics that put unhealthy food centre-stage need to be minimised. Reducing local HFSS advertising and allowing more space for healthier food and drink advertising is one step in the right direction to improving children's health.

Cardiff and Vale University Health Board, Cardiff Council, and the Vale of Glamorgan Council have come together and committed to reducing the advertising of HFSS food and drinks on their owned and run advertising sites. Some of the work so far has included:

- Bringing the organisations together to discuss and share challenges and get a better understanding of the push back from commercial advertising agencies.
- Learning from elsewhere. Other Local Authorities from across the UK have successfully developed Healthier Advertising policies and are now restricting HFSS advertising and creating space for healthier advertising. Their policies are based on 'swapping out' HFSS foods and drinks. This means that all Food and Drink companies can

still advertise, but that adverts need to feature healthy foods and drinks. Transport for London recently evaluated the impact of the introduction of Healthier Advertising Policy across the network, which showed an association between the implementation of restrictions, and the reductions in average household weekly purchases of energy, sugar, and fat from HFSS food and drink products. This is estimated to be around 1,000 fewer calories in average weekly household purchases of energy from HFSS food and drink products.

- Understanding our advertising landscape. We have been mapping and monitoring HFSS advertising on bus stops across Cardiff and Vale.
- Describing the problem. This is one street in Cardiff city centre. We asked children in a local primary school to react to what they see. It is a powerful visual of the problem.

Scan the QR code to watch the video

- Understanding what the public think about food and drink advertising in their community, and what the effects of reducing it may be. The PHIRST evaluation team will evaluate our local work in Cardiff and Vale. The results will be used to help inform our local policies.

Next steps will be to develop policies to help restrict the advertising of unhealthy food and drink, creating more space for healthier advertising, and improving children's health.

There is lots of excellent local action, ranging from services and schemes which support and enable children and families to enjoy good food and movement, to changes at the environment and policy level. Some are mentioned below, to give a flavour of the breadth, but it is by no means exhaustive.

At an individual and social level, health visitors play a key role in supporting families enjoy good food and movement. They offer advice and support on healthy weaning, introduction to solids sessions, breastfeeding advice and support groups, and assessment and advice on child development and physical literacy. Flying Start teams provide extra help and support for parents in specific communities on a range of issues, such as feeding, weaning, sleep routines, and more.

Services such as NYLO (Nutrition for Your Little One) support families with children under 5 in Cardiff and the Vale of Glamorgan to build confidence in providing a healthy balanced diet alongside the promotion of active play. AFAL (Active Families, Active Lives) supports children and young people aged 2-18 years to manage their health and weight. PIPYN (Pwysau Iach Plant Yng Nhymru) supports families with children aged 3-7 years from minority ethnic communities in south Cardiff. Community cookery courses and nutrition information courses also provide community members with confidence, knowledge and skills to cook affordable and healthy food. Play Teams develop and deliver play opportunities for children and young people, including younger children provision, such as pre-school family sessions.

There is a lot of support to our early years settings to ensure they offer the children in their care the best start in life.

The Healthy and Sustainable Pre-school Scheme is a national accreditation scheme for pre-school settings, supporting settings to embed health and wellbeing within its day to day life, working on a range of topics including physical activity and play, nutrition and oral health. A range of training opportunities are delivered to the early years workforce by many partners, such as nutrition training, physical literacy, play and many more. The Gold Standard Healthy Snack Award recognises childcare settings providing healthy snacks and drinks in a safe and happy eating environment.

Many teams and organisations are involved in creating physical environments which enable children to be active, ranging from putting play cubes in community spaces, improving play equipment, closing streets for play, developing inclusive and safe playgrounds and improving walking and cycling infrastructure.

Recommendations

Review local strategic plans and policies to identify opportunities to maximise support for good food and movement, for example, strengthening strategic policies within the Local Development Plan (LDP).

Develop a shared understanding of current resource and training available and explore the opportunities and challenges for the early years workforce to; have healthy conversations, promote food related benefits and embed play and physical literacy.

Collaborate with communities and partners to identify and improve public spaces for play in targeted areas.

Undertake insight work to develop a public campaign on the importance of outdoor play.

Advocate for 'Healthy Start' vouchers to be automically provided, rather than having to apply for this.

Chapter Four
Oral Health

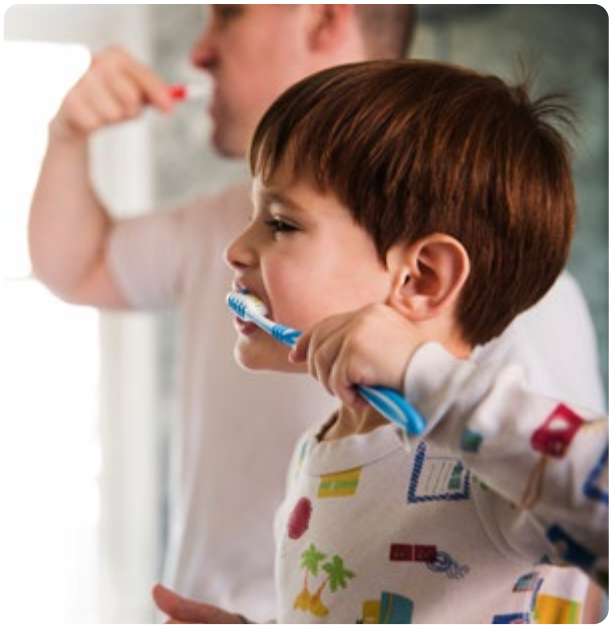
The importance of oral health in the early years

A child's mouth is of huge importance to their early development. It supports nutrition, speech and language development, and social interaction. Even though primary (baby) teeth are naturally lost as a child grows, the health of these teeth is important. They help a child to consume a varied diet, allow them to smile with confidence, and make space for, and guide, permanent (adult) teeth.

Dental caries (tooth decay) occurs when sugars from food and drink interact with bacteria in tooth plaque. This produces acid, which causes cavities to form in teeth. The two main behaviours associated with dental caries in young children is having a diet high in free sugar and poor oral hygiene.

In the short term, untreated dental caries can lead to pain and infection. Longer term, it is linked with poor oral health in later life and negative effects on physical and emotional development.

The extraction of decayed teeth is the most common reason for hospital admissions in young children. Dental caries in young children are often difficult to treat. The children are too young to safely co-operate with standard dental treatment in a general dental practice setting. As a result, many will need to be treated in specialist settings and treatment may need to be conducted under general anaesthesia.



The proportion of children with dental caries in the UK has fallen in recent decades. In Cardiff and Vale in 2007/08 in a class of 30 five-year-old children, 12 had dental caries. By 2022/23 this had fallen to 10 out of 30 (Figure 8).[38]

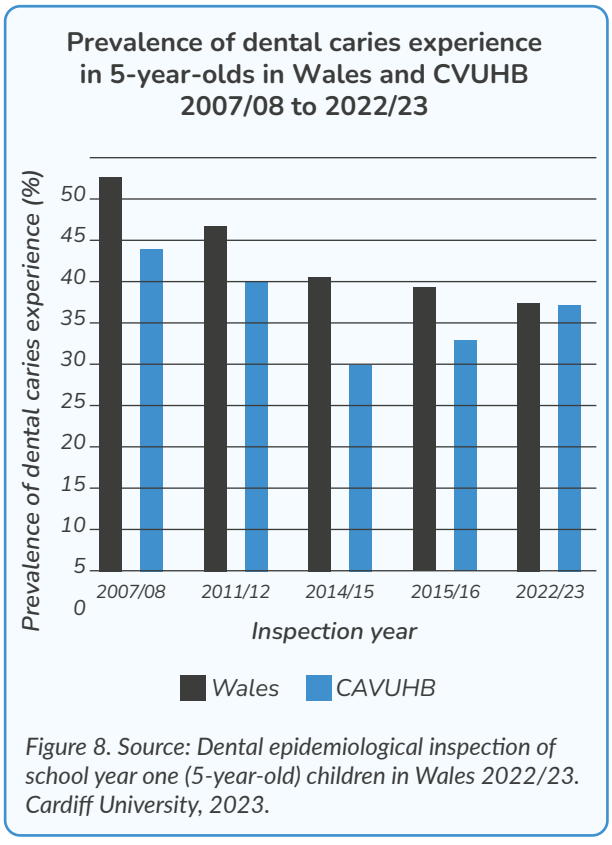


Figure 8. Source: Dental epidemiological inspection of school year one (5-year-old) children in Wales 2022/23. Cardiff University, 2023.

However, whilst fewer children have dental caries, the severity of untreated dental caries amongst affected children has increased in the Cardiff and Vale area since 2007/08[38]. Since dental caries is a condition that affects the more disadvantaged groups in our society more greatly, dental decay is increasingly becoming a disease of deprivation. (Figure 9).[39]

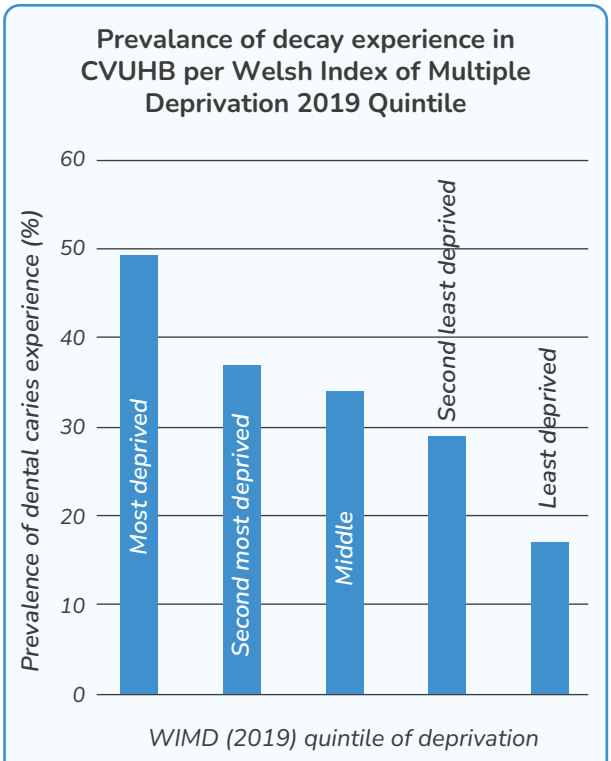


Figure 9. Source: Welsh Oral Health Information Unit, Cardiff University, 2024.

The impact of poor oral health is felt by the child and their family members.

In Cardiff and Vale, 1 in 3 families who have a child affected by dental caries report that it has negatively affected their quality of life.

Dental Service Access by 0-5 year-old children

Most dental patients are seen in the General Dental Services (GDS), also known as high street dental practices. In addition to the GDS, the Health Board's Community Dental Service and Cardiff Dental Hospital also provide dental care to children living in the Health Board area. Due to the impact of the pandemic and other factors, a smaller percentage of children can access dental care now compared to the pre-pandemic period.

The National Institute for Health and Care Excellence (NICE) guidance[40] recommends that children are recalled for check-ups (assessment) at intervals of 3 months to 12 months depending on the child's oral health status. Only 35% of 0-5 year old children were able to access dental care in 12 months prior to March 2024 (Table 1).[41] Most of the children who accessed dental care were from the least deprived quintiles (Figure 10).[41] This figure includes those who only accessed urgent dental care in that period.

Age Group (year)	Mid-year 2023 population estimates	Number of 0-5 year old children seen in 12 months in 2023/24	% of the population seen
0	4693	146	3%
1	5183	1117	22%
2	5059	2022	40%
3	5275	2237	42%
4	5411	2431	45%
5	5543	2933	53%
0-5 yr old children total	31164	10886	35%

Table 1. Percentage of 0-5 year old children seen in primary dental care is low.

Out of those 0-5 year old children who were seen in Primary Dental Care in 2023/24, the majority were from the least deprived areas

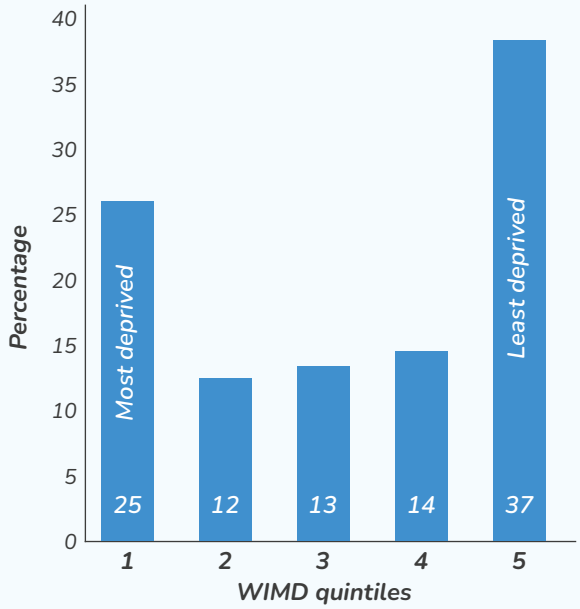


Figure 10. Source: Welsh Oral Health Information Unit, Cardiff University, 2024.

In Cardiff and the Vale over the course of a year (2022/23), 1379 children were referred to hospital (2022/23)[42] and community dental services for management of tooth decay. Many of these children need multiple teeth extracted under general anaesthesia.

Current actions to improve oral health

Designed to Smile (D2S) is a targeted, evidence based national programme to improve the oral health of children living in deprived areas in Wales. The case study for this chapter gives further details of this programme.

Children are now prioritised for dental access

The Health Board holds a 'waiting list' of people living in Cardiff and Vale of Glamorgan who want to access regular dental care. Currently Health Board prioritises children over adults for dental check-ups. care. An Electronic Dental Access Portal (DAP) is being developed by the Digital Health Care Wales team which is being implemented in Quarter 3 of 2024/25. Health Board's 'centralised waiting list' will be transferred to the DAP.

As a part of the Welsh Government's dental reform programme in Wales, there is intention to include delivery of prevention through the dental practice setting, improve access through greater use of skill mix and to ensure limited capacity of dental access is based on need.

Monitoring of dental health of 5-year-old children

Tooth decay is included in the Public Health Outcomes Framework (PHOF). The Dental Epidemiology Programme in Wales includes a plan for regular dental inspection of school year 1 children in Wales that provides oral health trends. The Health Board's Community Dental Service collects data from randomly selected primary schools in the Health Board area which provides picture of dental health of 5-year-olds in the Health Board.

CASE STUDY 6

Designed to Smile – preventative oral health care in education settings

Designed to Smile (D2S) is a national preventative programme which aims to improve the oral health of children in Wales. It's delivered by the Community Dental Services in partnership with education and childcare settings and early years health professionals.

In areas of higher need, nurseries and primary schools are offered support from the Designed to Smile team to run a supervised toothbrushing programme. In the 2023-24 academic year, 73% (127 out of 174) of eligible settings participated, with 5,273 young children aged 2-5 years old (nursery to reception age) taking part.[43]

Trained staff also visit eligible schools across Cardiff and the Vale twice a year to apply fluoride varnish to children's teeth. This year, 94% (77/84) of eligible settings participated, with 3,006 young children aged 3-5 years old receiving the varnish (nursery and reception-age). Where signs of decay are noted when giving fluoride varnish, a card is sent home to the parent or guardian recommending they access dental care. For those who are not registered with a dental practice, an email address is provided to join the centralised waiting list for an NHS dentist. Key oral health messages are also included around toothbrushing and healthier eating.

The Designed to Smile programme also includes:

- Giving training cups and toothbrushing home packs to children. 14,257 children in Cardiff and Vale were estimated to have received a pack from their nursery and school this year[43].
- Resources such as lesson plans for teachers to introduce information on oral health and healthy eating to children.
- Oral health training for relevant staff such as health visitors and midwives ensuring consistent key messages and signposting for oral health and dental care. The training includes Lift the Lip, a way for parents or guardians to check their children's teeth in the presence of a health professional to check for early signs of tooth decay.
- Providing oral health information and activities and distribute toothbrushing packs to the children at the Food and Fun School Holiday Enrichment sessions during the summer holidays.

Further information is available on D2S Annual Monitoring Reports.

A Bright Start Nursery who are participating in the scheme said:

"When new parents/child start at the setting we discuss with them about the 'Design to Smile' scheme and provide them with a leaflet about the scheme. Design to Smile also attend the setting every few months to provide advice and answer any questions we may have, and to replenish any required equipment, toothbrushes, toothpaste needed".

"The children are happy to be involved. At tooth brushing time we bring out the toothbrush train, the children recognise their names and are given their toothbrushes, before we commence".

This chapter has shown that whilst there are areas of action around improving support for young children's oral health, more could be done to prevent dental caries in young children, particularly in those groups who are more likely to experience worse oral health. Designed to Smile has good uptake but there are still eligible settings which aren't participating, meaning children there aren't getting the benefits of supervised brushing or fluoride varnishing. As these settings are eligible due to being in areas of higher need, the reasons for refusal by the primary schools and nurseries should be explored so there is a better understanding of the barriers for participating and overcoming these.

Oral health is closely linked with higher intake of sugary foods and drinks. In the Good Food and Movement chapter, the role of the wider environment is explored and the case study around healthier food advertising shows the influence of our surroundings shaping our choices. A healthier food environment will support our children to have better oral health.

Accessing preventive dental care before treatment is required should be prioritised. The numbers of children experiencing dental caries is very high. Preventive dental care (not just reactive) pathways should be created between dental services and health and social care teams. The Designed to Smile team and other health professionals that come in contact with 0-5 year old children should be able to refer children for timely dental assessment and preventive care. To achieve this, capacity within primary care dental services will need to be created for this so that referral of children to hospital and specialist dental service can be reduced. One way of creating some capacity in dental services is by investing in dental therapists and nurse workforce.

Almost all children 0-5 year old children can be seen and treated by dental therapist and nurse team within the Health Board's salaried or community dental service and high street dental practices (general dental service).

A better understanding and regular monitoring of how young children are accessing dental services is needed to inform improvement plans. The Primary care team in the Health Board should work with the system partners, especially Welsh Government and NHS Business Services Authority, so that dental services access data for children is regularly analysed by smaller age groups and deprivation. Another key area for improving uptake of preventive dental services and oral health care is to understand the 'lived experience' of children and parents. The 'voice' of families to inform local oral health plans and programmes will provide insight into how best to make progress in improving oral health of young children.

Recommendations

- Explore reasons for eligible primary schools and nurseries for not participating in the Designed to Smile programme.
- Explore how to create more capacity within primary care for proactive co-ordinated preventive dental care for children.
- Monitor the dental service access rate and inequity in access for children including 0-5 year old children.
- Understand the experiences of families on challenges to accessing regular preventive dental care.

Chapter Five
Breastfeeding

Creating the conditions to support breastfeeding in Cardiff and the Vale of Glamorgan.

Success in breastfeeding is not the sole responsibility of a woman – the promotion of breastfeeding is a collective societal responsibility.[44]

Why is breastfeeding important?

There are benefits to both parent and baby of breastfeeding. These last into adulthood. Breastfeeding gives complete nutrition to a baby and provides early protection against diarrhoea and respiratory infections, reduces the risk of hospitalisation and protects against middle ear infections in under two's.[45]

It promotes healthy brain development and in later life it reduces the risk of obesity and chronic diseases and abnormal alignment of teeth.[45] In mothers, breastfeeding lowers the risk of breast cancer, ovarian cancer, cardiovascular disease and type 2 diabetes.[46]

Breastfeeding also supports relationship building between mothers and babies and increases Intelligence Quotient (IQ) in babies and school achievement levels. This can increase adult earning potential, helping babies have the best chances of a healthy productive life well into their later years[47]. Because of its strong positive effect, it is a highly cost-effective area of public health focus with a moderate increase in breastfeeding rates modelled at saving over £17million a year for the UK.[48]

Families face various pressures when making infant feeding decisions, including the rising cost of living and food prices. While breastfeeding can help reduce household costs, we recognise that infant feeding choices are complex and personal. For families using formula, support is available through schemes like Healthy Start, which provides vouchers towards essential foods, which includes formula milk. However, we understand that current voucher values may not fully meet families' needs given rising costs.

The World Health Organisation recommends exclusive breastfeeding for the first 6 months of life with continued breastfeeding up till 2 years with foods introduced from 6 months[49]. Across Wales there are significant variations in breastfeeding initiation and length of feeding which contributes to health inequity across our population.

How to create supportive environments for breastfeeding?

As with other topics in this report, the influences for breastfeeding are complex and cannot be tackled on one level alone. The Academy of Medical Sciences highlight that there are a number of structural barriers to increasing rates including "gender inequities, a lack of consistent quality care in the healthcare environment, adverse social infant feeding norms and embedded inequalities, and poor accommodation of women's reproductive rights in the labour market."[15]

Creating environments that support breastfeeding requires understanding how policies, culture, communities, and individual experiences interconnect, and recognising that sustainable change starts with structural foundations that enable and empower communities and individuals.

For example, barriers such as maternity benefits for working women and workplaces not having policies or facilities to support breastfeeding women to continue to breastfeed upon return to work impact on breastfeeding initiation and continuation.[46]

Strong policy, supportive organisations, communities and families are essential building blocks for breastfeeding. At the policy level, a number of factors are important: breastfeeding rights should be protected; parental leave is necessary; investment is needed in community services and robust regulation of formula marketing must be implemented. These policies come alive through our diverse communities, where local attitudes shape acceptance, peer networks offer crucial support, and accessible services meet families where they live. Organisations then translate these policies into practical support, from baby-friendly healthcare settings to workplace facilities for expressing milk, and from welcoming community venues to early years settings that champion infant feeding choices. This interconnected system ensures that strategic vision translates into real-world support for families.

Local Picture

The All Wales Breastfeeding Action Plan has a goal of 'More babies in Wales will be breast-fed, and for longer, and the current inequalities in breastfeeding rates between groups will be reduced'[50].

It aims to create settings and environments with an inclusive and positive ethos towards breastfeeding including workplaces. Action 6 of the All Wales Breastfeeding Action Plan states "Each health board will provide a coordinated support model which is inclusive of health professionals, peer supporters, professional education and community led services".[50]

In Cardiff and Vale 71% of babies were recorded as being exclusively breastfed at birth dropping to 33% at 6 weeks then to 30% at 6 months in the quarter January – March 2024 (Figure 11).[5] Despite continued work to promote and support breastfeeding in Cardiff and the Vale of Glamorgan, these inequities have persisted.

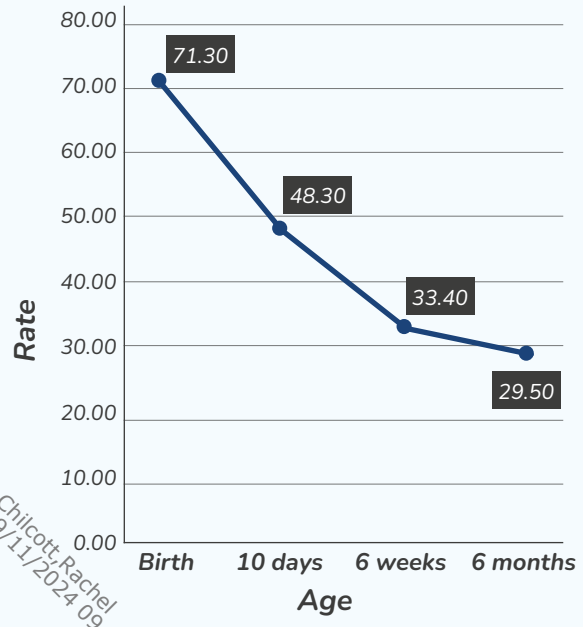


Figure 11. Source: Breastfeeding quarterly rates by age and LHB, StatsWales, 2024.

Research into the likelihood of initiating and continuing breastfeeding shows strong links to: the age of the mother; if the mother is living in a deprived area; and ethnicity. These differences having the potential to widen health inequalities.[51, 52] This is reflected in the picture across Wales with younger mothers aged 16-19 years much less likely to breastfeed at birth than mothers in their thirties (Figure 12).[5] Babies from Black or Asian backgrounds are around 20% more likely to be breastfed at birth than those from White backgrounds (Figure 13).[5] A strong correlation between living in areas of deprivation and initiation of breastfeeding can also be seen across Wales (Figure 14).[5] The intention to breastfeed is linked to the number of times mothers had previously given birth. Across Wales the more times you've given birth, the less likely mothers are to intend to breastfeed dropping from 70% for first-time mothers to 56% of mothers who had given birth multiple times.

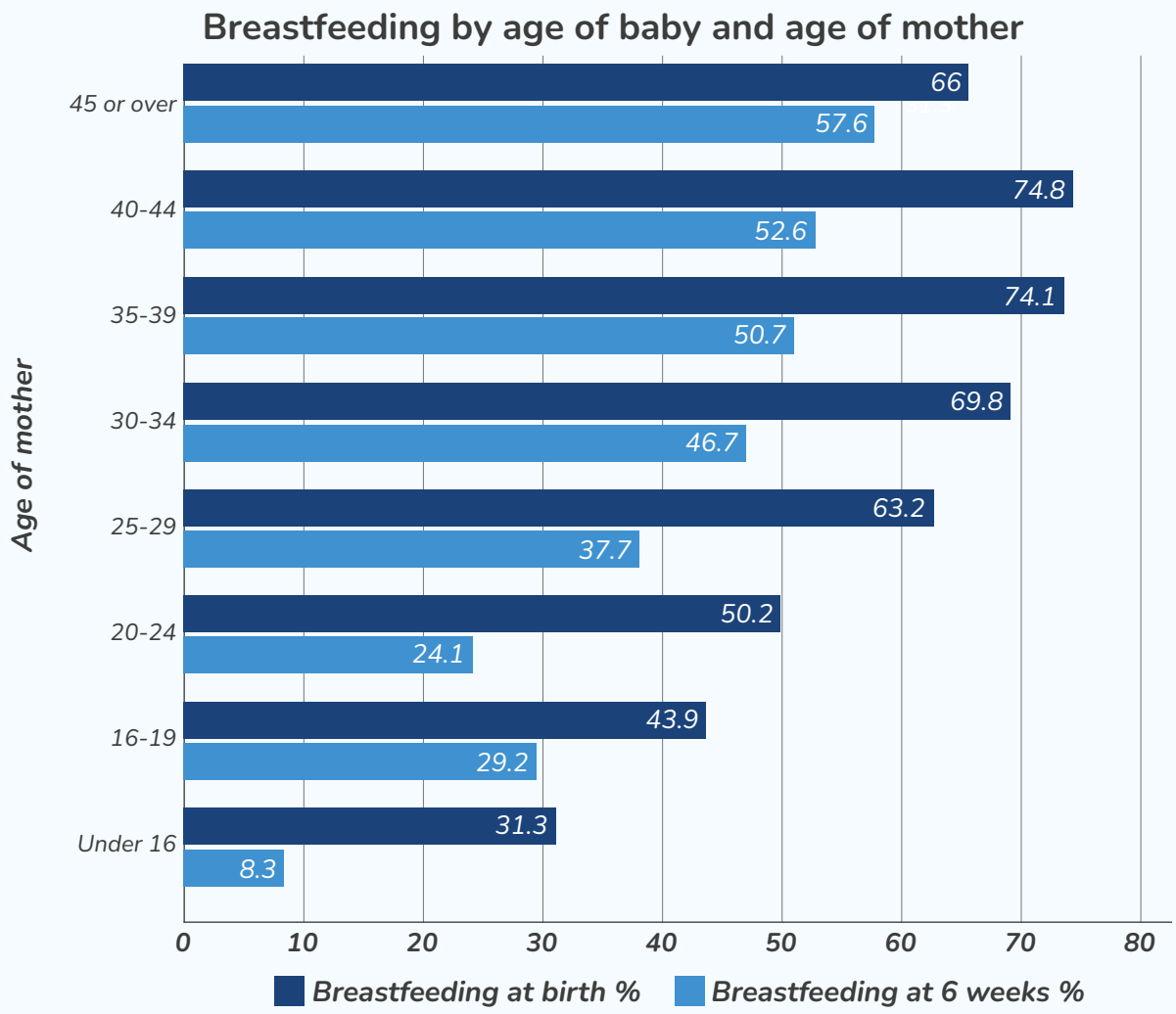


Figure 12. Source: Breastfeeding at birth in Wales by age of mother, StatsWales, 2024.

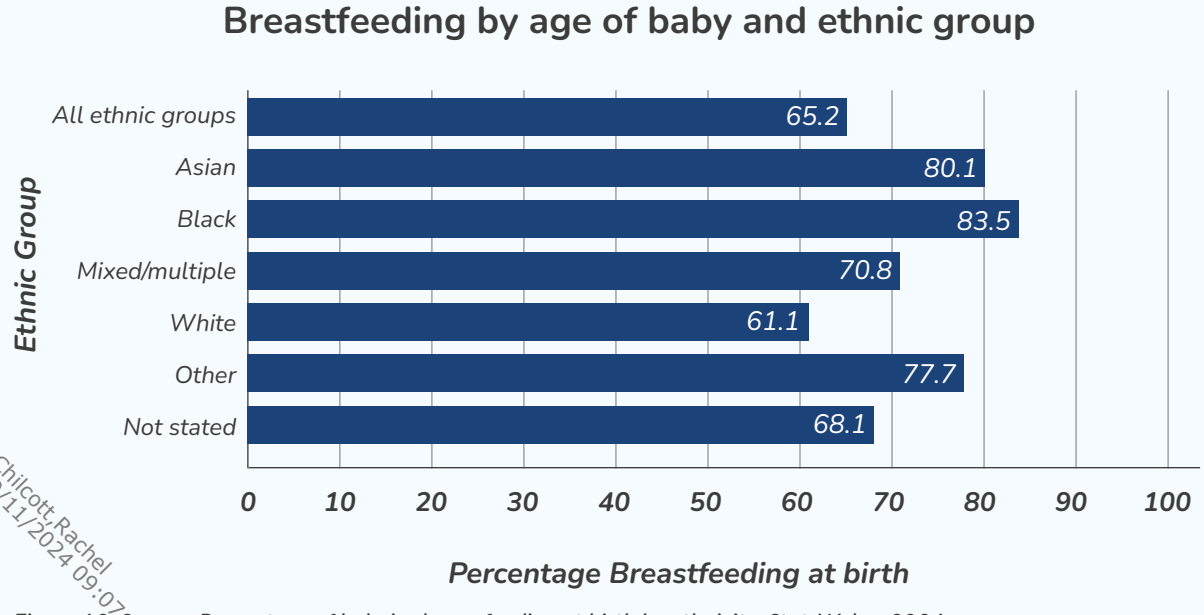


Figure 13. Source: Percentage of babaies breastfeeding at birth by ethnicity, StatsWales, 2024.

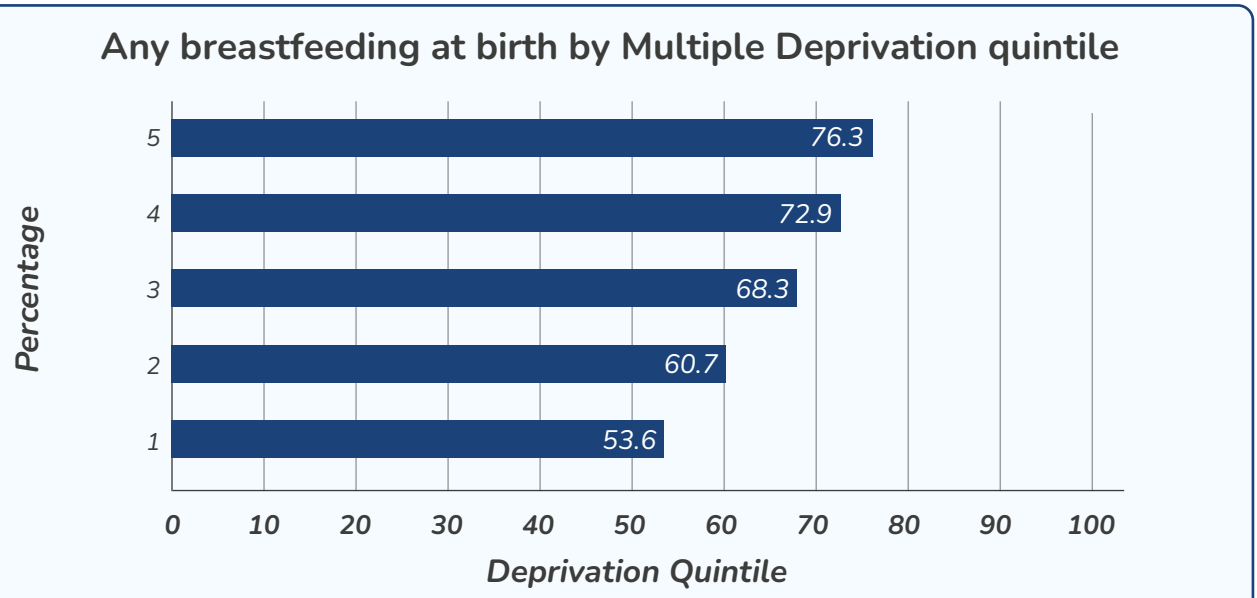


Figure 14. Source: Any breastfeeding at birth by Multiple Deprivation quintal Percentage, StatsWales, 2024.

£17 million a year

Savings for the UK modelled on a moderate increase in breastfeeding[48]

£44 - £88 per month

Cost of feeding a 10 week old baby branded infant formula in 2023[53]

97

Average monthly attendance at breastfeeding support groups in Cardiff and Vale

(Sept 2023 – Aug 2024)

Average referrals per month to Infant Feeding Team

(Sept 2023 – Aug 2024)

26

What are we doing?

Ante-natal Support

The Cardiff and Vale Maternity Services run on-line breastfeeding workshops that any pregnant mother can attend. The Vale Flying Start Maternity Team also provide a face to face breastfeeding workshop that is open to all pregnant mothers across Cardiff and Vale.

Pregnant Women who live in a Flying Start area of Cardiff and Vale can receive two antenatal home visits by their health visitor and community nursery nurse, this enables the conversations regarding infant feeding to begin early.

Post-natal Support

Maternity

The Maternity Service's Seren Team runs three specialist breastfeeding clinics a week for babies up to 28 days old. They also provide breastfeeding support at home. There are a number of Breastfeeding Network volunteer "Helpers" that work in collaboration with health care professionals within the maternity unit providing early postnatal support to breastfeeding mothers.

Health Visiting

Breastfeeding mothers are welcome to attend any one of our three breastfeeding support groups in Cardiff and Vale. A breastfeeding support group is a collaborative environment where mothers and partners can share experiences and provide mutual support and encouragement. Groups organised by the Health Visiting Service are led by trained community staff nurses and community nursery nurses. Women requiring infant feeding specialist support will be referred to the Infant Specialist Feeding Team which runs a weekly clinic and offers home visits.

Peer Support

Cardiff and Vale have two Peer Support Groups that are run by The Breastfeeding Network “Helpers”. When available the Helpers will support the health visiting run groups alongside the health professionals attending the groups.

Specialist Support

Support for people with complex issues is provided by a Specialist Midwife based in the Cardiff and Vale Health Inclusion Service (CAVHIS) who provide appropriate and culturally sensitive care. Care is planned through the use of interpreting services throughout antenatal, birth and postnatal period, to provide safe and effective care to women.

CASE STUDY 7

Understanding cultural norms and ideologies on breastfeeding

To understand the influences for mothers in Cardiff and the Vale around breastfeeding, a new piece of research was commissioned for this report. The research used a mixed method approach used an e-survey and interviews to explore the barriers and facilitators to breastfeeding experienced by local mothers and potential recommendations for future practice. A summary is presented below and the full report is available here:

33 people completed the survey. Of these respondents:

- **45%** had breastfed before
- **82%** indicated that they had planned to breastfeed
- **12%** women planned to combination feed
- **3%** woman planned to use formula or had no plan.

In response to a question which asked if they were currently breastfeeding their baby:

- **3%** had not breastfed at all
- **12%** were combination feeding
- **64%** were exclusively breastfeeding
- **21%** had breastfed but stopped.

People told us:

The enablers to breastfeeding were health benefits to baby, cost, and convenience.

> I knew the health benefits for both of us and also the importance of bonding

> Don't need to pack bottles and can feed on the go

> [Breastfeeding] support group so vital to my [breastfeeding] journey

> Had loads of support once I asked for it. But felt like I had to ask for the support.

The main challenges were around how mothers access information, for example support groups and the perception of what the support groups are.

> They told me about this [support group] but I didn't feel like I needed the support like that... I didn't realise it was kind of like this where you can just have a coffee and stuff

People told us that social media platforms had been helpful and should perhaps be considered when signposting to services.

Responses provided in this study have also highlighted the greater need for emotional support for those that did not have a natural birth (e.g. c-section) or experienced other complications.

> When unwell with sepsis I was admitted as an emergency to [the hospital] - there was no consideration of how to manage my exclusively breastfed baby.

The largest percentage of people not breastfeeding are a younger demographic (under 19 years old). Further work focussing on ascertaining the views and lived experience of these mothers would be beneficial.

Recommendations from the breastfeeding research

- Provide information to those who are pregnant earlier on breastfeeding, its benefits and the available support using social media channels where information is often sought
- Increase opportunities to provide proactive support to breastfeeding mothers including those who may struggle with breastfeeding due to circumstances such as additional medical needs
- Further research with more mothers especially those that are less likely to breastfeed to include social and family influences and support networks.

Chapter Six
Summary and Recommendations in Full

Giving children the best start in life in Cardiff and Vale

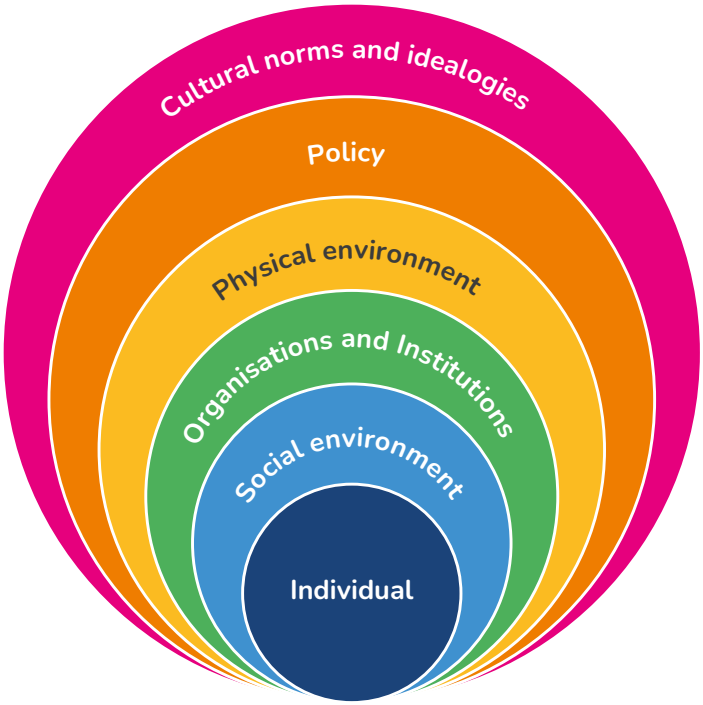
This report has described the state of health in the early years in Cardiff and Vale – highlighting what is working well, as well as what gaps and inequalities we know we need to address to give children the best start in life in the area.

My recommendations, to colleagues and partners in the NHS, local authorities, third sector and wider, set out practical steps that we could take to act on our ambitions to improve the health and wellbeing of children.

As you read this, I would ask you to consider what you could do, individually, in your team or service, or in your family or community, recognising success will require action in all places and at all levels.

We look forward to working with you in discussing and acting upon these recommendations and to working towards giving children and young people the start in life they need and deserve.

Recommendations



General

Explore options for improving intelligence on inequalities in child development and school readiness between population groups, including collaboration if appropriate with Digital Health Care Wales.

Owner: Cardiff and Vale Public Health Team, Education, Health visiting and paediatric colleagues

Layer: Organisations and Institutions

Vaccinations

Provide community-based vaccination opportunities, to make it easier for families to access children's vaccinations conveniently.

Owner: Cardiff and Vale University Health Board

Layer: Organisations and Institutions

Ensure the gelatine-free flu vaccine is equally available at all vaccination opportunities for our early years (GP, and schools settings).

Owner: Cardiff and Vale University Health Board

Layer: Policy

Work with communities with lower uptake of early childhood vaccinations to support and address vaccine hesitancy using methods such as face-to-face information sessions and tailored communications

Owner: Cardiff and Vale University Health Board together with partner organisations and communities

Layer: Cultural norms

Engage with and influence the national process of development of a single Welsh Immunisation System (WIS) for all vaccines in order to improve data access, quality and completeness.

Owner: Cardiff and Vale University Health Board

Layer: Organisations and Institutions

Work more closely with GP practices where uptake is particularly low to provide tailored support aimed at improving uptake

Owner: Cardiff and Vale University Health Board

Layer: Organisations and Institutions

Good Food and Movement

Review local strategic plans and policies to identify opportunities to maximise support for good food and movement, for example, strengthening strategic policies within the Local Development Plan (LDP).

Owner: Good Food and Movement Leadership and Enabling Change Group
Layer: Policy

Develop a shared understanding of current resource and training available and explore the opportunities and challenges for the early years workforce to; have healthy conversations, promote food related benefits and embed play and physical literacy.

Owner: Cardiff and Vale Public Health Team, together with a wide range of partners
Layer: Organisations and Institutions

Collaborate with communities and partners to identify and improve public spaces for play in targeted areas.

Owner: Cardiff and Vale Public Health Team with Public Health Dietetics and PIPYN Reference Group
Layer: Physical environment

Undertake insight work to develop a public campaign on the importance of outdoor play

Owner: Cardiff and Vale Public Health Team with partners including Play Wales and play teams
Layer: Cultural norms

Advocate for 'Healthy Start' vouchers to be automatically provided, rather than having to apply for this.

Owner: Cardiff and Vale Public Health Team
Layer: Policy

Oral Health

Explore reasons for eligible primary schools and nurseries for not participating in the Designed to Smile programme.

Owner: Cardiff and Vale University Health Board

Layer: Organisations and Institutions

Explore how to create more capacity within primary care for proactive co-ordinated preventive dental care for children.

Owner: Cardiff and Vale University Health Board

Layer: Organisations and Institutions

Monitor the dental service access rate and inequity in access for children including 0-5 year old children.

Owner: Cardiff and Vale University Health Board

Layer: Organisations and Institutions

Understand the experiences of families on challenges to accessing regular preventive dental care

Owner: Cardiff and Vale University Health Board

Layer: Individual

Breastfeeding

Provide information to those who are pregnant earlier on breastfeeding, its benefits and the available support using social media channels where information is often sought

Owner: Cardiff and Vale University Health Board Wales and play teams

Layer: Individual

Further research with more mothers especially those that are less likely to breastfeed to include social and family influences and support networks.

Owner: Cardiff and Vale Public Health Team

Layer: Social environment

Increase opportunities to provide proactive support to breastfeeding mothers including those who may struggle with breastfeeding due to circumstances such as additional medical needs

Owner: Cardiff and Vale University Health Board

Layer: Organisations and Institutions

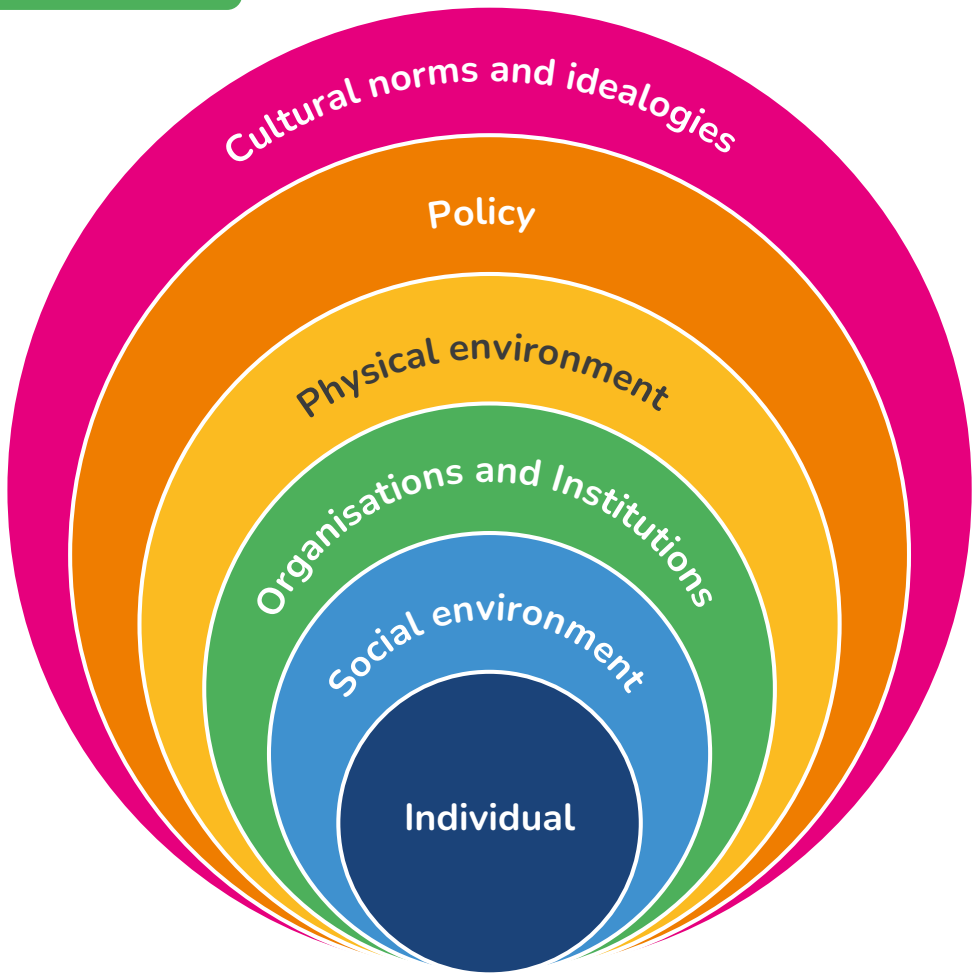


Figure 1. Based on the socio-ecological model[8]

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Appendix One
Building Futures

Action on Child Poverty at the Edge of Care in Cardiff & the Vale of Glamorgan

This bid was prepared by a range of partners across Cardiff and the Vale of Glamorgan to address child poverty. Whilst it was unsuccessful it is important to recognise that addressing child poverty would improve the health of the population.

Child poverty has emerged as a key risk factor for children entering care with strong evidence of an association between growing up in poverty and childhood adversities. To better support families, more effective coordination of social work, health and public health, schools, public and community services is needed.

Addressing the needs of those on the 'edge of care' is important because it prevents those at-risk of entering care from the adverse life-long consequences of being in care, including poorer educational attainment, mental health and physical health. This disadvantage also extends into the child's adult life, creating a cycle of intergenerational poverty

The proposed project set out to complete a detailed systems analysis of child and family support services available to those on the 'edge of care'. This analysis would help to inform recommendations for integration of services and changes in the way the services are provided to better meet the needs of the families accessing support and a shift to more preventative action rather than crisis response.

A collaborative approach would focus on two target areas with the highest levels of deprivation in Cardiff and the Vale of Glamorgan. Ely and Caerau in Cardiff and Gibbonsdown, Court and Buttrills in the Vale of Glamorgan using a two-step approach.

1. Locality system analysis. To improve knowledge of what demands are currently placed on services, what unmet need there is, what is available to families currently and how effective this support is. A wide range of sources of information will be used including learning from best practice, practitioners and those using services.
2. Identifying opportunities for change and producing recommendations for system change initiatives. Testing ideas and user-focussed design.

The learning from these areas and improvements would go on to shape wider service design.

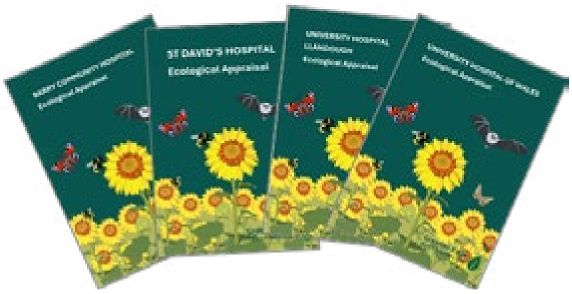
Appendix Two

Update on previous Director of Public Health report

Recall of the wild: Reconnecting with and restoring nature for biodiversity and health

Following publication of Recall of the Wild in December 2023, actions have been taken to meet the recommendations:

Ecological surveys at four Health Board hospital sites: these were commissioned by the Local Public Health Team at University Hospital of Wales, University Hospital Llandough, Barry Hospital and St David's Hospital. These have provided us with an understanding of the biodiversity at each site, along with proposing recommendations for the enhancement and improved land management of green areas to enable us to restore and reconnect with nature.



Vale Public Services Board Nature Charter development: Working with the Vale Public Services Board (PSB), and Natural Resources Wales (NRW), we have developed a Climate and Nature Charter. This is a renewal of the pre-existing Climate Charter to incorporate nature-focused commitments, encouraging public organisations to restore biodiversity and improve opportunities for nature connections.

Biodiversity enhancements at sites: following the ecological surveys, and site visits with co-ordinators from the Vale of Glamorgan and Cardiff Local Nature partnerships, proposals have been presented to and approved at the Senior Leadership Board for enhancements of green areas at sites.

RSPB Nature Prescriptions: We are going to be working with the RSPB to bring their nature prescriptions scheme to the Cardiff and Vale UHB area. This will provide new opportunities for Healthcare Professionals to signpost people to nature-based activities to improve their health and wellbeing. The scheme is already successful in Scotland and England, with this being the first time it will be provided in Wales.

RSPB
CYMRU

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Tim Iechyd Cyhoeddus
Cardiff and Vale University Health Board
Public Health Team

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

Report Title:	Request for approval of the 'Development and Approval of UHB Procedure Specific Consent Forms Principles and Framework'			Agenda Item no.	*3.1*
Meeting:	Quality, Safety and Experience Committee	Public		Meeting Date:	26.11.2024
		Private			
Status:	Assurance		Approval	X	Information
Lead Executive:	Executive Medical Director				
Report Author:	MCA Project Lead				

Main Report

Background and current situation:

The Welsh Risk Pool, via the All Wales Consent to Examination Treatment Group, aim to improve patient safety and ensure compliance in relation to the process for sharing information and obtaining informed consent to examination and treatment.

There have been requests from many areas to develop procedure specific consent forms for frequently carried out procedures. Previously areas have taken it upon themselves to develop their own consent forms which has led to issues around quality and suitability of the information provided. The All Wales Group have responded to this request by providing templates of the All Wales Consent Forms 1 & 2 and accompanying guidance, which has been adapted to Cardiff and Vale UHB. This will ensure that standards are upheld and areas can develop procedure specific forms which will be legally sound. To ensure quality of the forms, arrangements have been made with Medical Illustration for their team to manage final documents, monitor version control and arrange printing.

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

The attached guidance has been developed to outline a clear framework and templates for the development of procedure specific consent forms.

This sets out a clear process for clinicians to follow when the need for a procedure specific consent form is identified and will help to ensure the quality of the documentation meets the standards set out by the Welsh Risk Pool.

Recommendation:

The Committee is requested to:

a) Review the contents of this guidance and consider approval for publication

Link to Strategic Objectives of Shaping our Future Wellbeing:

1. Putting People First **Click the objective above to view more detail.**		2. Providing Outstanding Quality **Click the objective above to view more detail.**	X
3. Delivering in the Right Places **Click the objective above to view more detail.**		4. Acting for the Future **Click the objective above to view more detail.**	

Five Ways of Working (Sustainable Development Principles) considered:

Prevention	X	Long term		Integration		Collaboration		Involvement	

Quality Impact Assessment Completed?:				
Yes – (***please provide completed QIA document***)		No – ***(Please provide reasoning, e.g. not required)***	X	*Not required*

Impact Assessment:
Risk: No
Safety: No
Financial: No
Workforce: No
Legal: No
Reputational: No
Socio Economic: No - *Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance | GOV.WALES*
Equality and Health: No - *Useful guidance on the completion of an EHIA can be found at the following link: EHIA toolkit - Cardiff and Vale University Health Board (nhs.wales)*
This procedure supports the UHB's Consent to Examination and Treatment Policy, for which an EHIA has been undertaken, in terms of ensuring that the UHB provides appropriate patient information to support the consent process where there is no EIDO or nationally recognized alternative available.
Decarbonisation: No
Welsh Language: No

Approval/Scrutiny Route *(please note anywhere else this paper has been before):*	
Committee/Group/Exec	Date:

Reference Number: *TBA unless document for review* **Version Number:** 1	**Date of Next Review:** *To be included when document approved* **Previous Trust/LHB Reference Number:** *Any reference number this document has been previously known as*

Development and Approval of UHB Procedure Specific Consent Forms Principles and Framework

Introduction and Aim

This guidance aims to set out the principles and framework for the development and approval of Procedure Specific Consent Forms (PSCFs) within the UHB, to ensure that they are evidenced based and up to date.

It aims to assist the UHB to comply with its external obligations to meet the standards laid down by Standard 4.2 in the Health and Care Standards for Wales which reinforces the need for people who use health care services to be given information which enables them to make appropriate choices, to make informed decisions about their health and care and which enables them to lead healthier lives.

Objectives

PSCFs provide particular benefits to enhance the informed consent process and improve patient safety as well as reducing risk for both individual healthcare professionals and the UHB. The benefits are;

- Improved communication of the nature of the treatment or procedure as well as risks, benefits and alternatives,
- Standardisation of evidence-based information which is reviewed for readability and meets Welsh Language requirements,
- Clinical teams can agree and develop forms and implement across the UHB, leading to standardised care delivery across the organisation,
- The template is standard and compliant with All Wales Consent Form 1,
- Using PSCFs can improve the efficiency of the informed consent process in out-patient clinic or treatment areas so allowing more time for discussion and agreement with patients.

The UHB encourages clinical staff to generate PSCFs according to the process set out in this guidance.

Scope

This framework applies to all our staff in all locations including those with honorary contracts who are looking to develop PSCFs.

Equality and Health Impact Assessment	An Equality and Health Impact Assessment (EHIA) has not been completed, as this procedure has been developed in support of the Consent to Examination or Treatment Policy.
Documents to read alongside this Procedure	Consent to Examination or Treatment Policy, 2023
Approved by	Consent Group

Reference Number: *TBA unless document for review* **Version Number:** 1	**Date of Next Review:** *To be included when document approved* **Previous Trust/LHB Reference Number:** *Any reference number this document has been previously known as*

Accountable Executive or Clinical Board Director	Executive Medical Director
Author(s)	Consent Lead

Disclaimer

If the review date of this document has passed, please ensure that the version you are using is the most up to date either by contacting the document author or the Governance Directorate.

Summary of reviews/amendments			
Version Number	**Date of Review Approved**	**Date Published**	**Summary of Amendments**
1			New document

Contents

1. ROLES AND RESPONSIBILITIES

Executive responsibility for this procedure lies with the Medical Director.

Clinical Board Directors are responsible for ensuring that staff are aware of this procedure, how to access it and what to do if they have queries about it.

All staff who are involved in the development of Procedure Specific Consent Forms have a responsibility to familiarise themselves with, and follow the content of, this framework and to ensure that they remain up to date regarding relevant legislation, case law and guidance regarding Consent to Examination or Treatment.

1.1 Consent Lead

The Consent Lead will:

- Ensure that the PSCF is compliant with the requirements of this Guide – namely that the CAVUHB (Cardiff and Vale University Health Board) PSCF template has been adopted
- Keep a register of PSCF's developed in accordance with this guidance
- Monitor the date that a PSCF is due for review
- Archive PSCF's that are no longer applicable / in use following a review.

1.2 Specialties

Specialties are responsible for:

- Development and seeking approval and translation of PSCFs in accordance with this guidance
- Initiating the review of PSCFs
- Conducting the review of PSCFs
- Complying with the framework described in this guidance.

Specialties are responsible for appointing a lead clinician who will identify the necessity for and the development of the PSCF.

Specialties should at all times endeavour to create a UHB wide PSCF in relation to the treatment / procedure. If this is not possible a clear explanation needs to be given when the PSCF is submitted to the specialty's relevant clinical governance group for approval.

1.3 Healthcare professionals

Healthcare professionals are responsible for:

- Knowing how to access patient information from SharePoint
- Ensuring that their departments keep up to date PSCFs
- Giving patients PSCFs appropriate to their condition and/or treatment and ensuring that the latest version is provided
- Using PSCFs to support verbal information given to patients
- Identifying the need to develop PSCFs in line with service requirements
- Adhering to this Guidance and to the UHB's Consent to Examination or Treatment Policy.

2. SOURCE OF PATIENT INFORMATION FOR PROCEDURE SPECIFIC CONSENT FORMS

On 2nd July 2020, the Welsh Risk Pool (WRP) Committee issued a WRP Management Alert, number 2020/01 requiring all Welsh health bodies to use EIDO leaflets, where available, as part of the consent to treatment process. On 3rd December 2020, the Criteria for use of Procedure-specific Patient Information Leaflets following publication of RMA2020-01 was issued.

Therefore, the UHB's first option is the use of EIDO Patient Information documents, which provide detailed information to support and inform consent for specific treatments. They are available on the intranet site to download EIDO Healthcare (eidosystems.com). These documents will then provide the patient information which is included in the PSCF.

The second option is to use existing nationally produced procedure specific leaflets such as leaflets from the Royal Colleges or Professional Associations, NICE, Cancer Research UK and MacMillan if available

The final option, if there is no EIDO or nationally produced leaflet, is to produce a UHB own patient information leaflet. Such leaflets must be developed in accordance with UHB's Development and Approval of UHB Local Procedure Specific Patient Information Leaflets Principles and Framework.

The procedure to confirm use of nationally produced patient information leaflets or approval of UHB developed patient information leaflets to the WRP is set out in All Wales Consent to Examination and Treatment Improvement Programme SharePoint page.

3. PROCEDURE SPECIFIC CONSENT FORM TEMPLATE

3.1 Compulsory content

The **All-Wales Procedure Specific Consent Form template (Appendix 2 (English) and 4 (Welsh))** contains the content / matters for discussion during the consent process which must be included in all PSCFs.

This includes the following sections which require completion:

(a) Title of Procedure Specific Consent Form
(b) In relation to the treatment / procedure the:
- Benefits,
- Risks (any significant, unavoidable, or frequently occurring side effects)
- Other important (material) risks specific to the actual patient being consented
- Alternatives for the treatment or procedure
- What the procedure is likely to involve
- Any particular concerns of the patient

(c) Details of further information and documentation provided to the patient e.g. full title of any patient information leaflet or DVD in relation to the procedure that has been handed to the patient.
(d) Patient's statement and signature
(e) Health professional's confirmation and signature

3.2 The law on consent to treatment

All clinical staff should have regard to the judgement in the case of:
Montgomery –v- Lanarkshire Health Board Montgomery Update & McCulloch v Forth Valley Supreme Court Update

Following this case, **clinical staff are reminded of their professional responsibility to take "reasonable care to ensure that the patient is aware of any material risks involved in any recommended treatment, and of any reasonable alternative or variant treatments." The test of whether a clinician acted in accordance with a responsible body of medical practitioners (The Bolam Test) should no longer be applied in relation to consent to treatment and clinical staff should move away from the percentage risk of an occurrence as set out in Chester v Afshar.**

Clinical staff must decide what counts as a "material risk" to the patient in question. The test of materiality is fact and patient sensitive. The law defines it as either a risk to which a reasonable person in the patient's position would be likely to attach significance to or a risk that a doctor is or should be aware that the particular patient would be likely to attach significance to it.

An adult person of sound mind is entitled to decide which, if any, of the available forms of treatment to undergo, and consent must be obtained before treatment.

This standard of consent is similar to that required in GMC Guidance – Decision making and Consent – 9th November 2020.

You must give patients clear, accurate and up-to-date information, based on the best available evidence, about the potential benefits and risks of harm of each option, including the option to take no action. You should tailor the discussion to each individual patient, guided by what matters to them, and share information in a way they can understand. See GMC Guidelines Decision Making and Consent.

Doctors must now be satisfied of all the following:

- The patient knows about the material risks of the treatment proposed
- The patient knows about reasonable alternatives to this treatment
- He / She has taken reasonable care to ensure that the patient actually understands all this
- Whether any of the exceptions to the duty to disclose apply here

The three exceptions to the duty to disclose are:

- The patient tells the doctor that he or she prefers not to know the risks.
- The doctor reasonably considers that telling the patient something would cause serious harm to the patient's health.
- Consent is not required because the patient requires urgent treatment and is unconscious or lacks capacity.

Further information can be found on this case and Consent to Treatment at Consent (sharepoint.com).

3.3 Process for developing a new Procedure Specific Consent Form (please read in conjunction with Appendix 1)

a) Getting started - Authors must use the All-Wales PSCF template to develop their PSCF (Appendix 2 and 3). Note – Sections / text on this form which are not relevant to the procedure / treatment can be deleted when developing the template form – see guidance on the first page of the template.
b) Review of the draft by users – by the relevant specialty's reader panel (stakeholder reference group & virtual editorial panel)
c) Specialty approval –The PSCF should then be ratified by the specialty's relevant Clinical Governance Group
d) Final approval – All PSCFs should be sent to the Consent Lead for review before being taken to the Health Board's Consent Group for final ratification.
e) Translation – the author or the specialty identified Lead Clinician (if different) shall send the English PSCF to CAV's Welsh Translation Service Welsh Translation Services
f) Publication
   - Links to both English and Welsh versions of the form should be available on the relevant specialty's SharePoint page

- Once completed, the PCSF should be sent to Medical Illustration for printing. This will ensure management of version control and quality of the forms. The specialty is responsible for all printing costs.

3.4 Archive

All forms that are out of date and which have been superseded by a newer version will be archived by the Consent Lead. A copy of each form will be archived including a copy of any revised forms which may be electronic or paper copies. Copies of revised forms will be retained in line with the Health Board's Record Management Policy.

3.5 Review

The PSCF should be reviewed by the relevant specialty every three years following the publication date or earlier in light of new evidence / information. It is the specialty's responsibility to ensure that this is done.

Any errors in the PSCF should be recorded and corrected by the author before being sent for review at the specialty's relevant clinical governance group.

If significant changes are made to the content of the form, the form should be re-sent to the Consent Lead for initial review and will be taken to the Consent Group for final ratification.

3.6 Audit

Audit of all PSCFs is required in order to ensure that the documents developed are appropriate and that their development is compliant with this guidance. Clinical audit of the use and completion of the PSCF should be undertaken by the relevant specialty.

4. EQUALITY INCLUDING WELSH LANGUAGE

An Equality Impact Assessment has not been carried out as this procedure has been developed in support of the UHB's Consent to Examination or Treatment Policy. There is no evidence that the Consent Policy adversely affects any of the equalities groups and it is neither directly nor indirectly discriminatory under the equalities legislation.

When producing a PSCF, authors will need to consider the needs of different groups of people. These groups will include people whose first language is not English or Welsh and people with sight or learning difficulties. People with learning difficulties may need a healthcare professional to go through the leaflet with them, especially if the leaflet has not been specifically designed for people with learning difficulties. The Mental Capacity Act 2005 requires clinicians to optimise every patient's ability to make decisions.

The UHB is committed to providing information to patients in a range of formats i.e. other languages, easy read, and other formats (including audio).

The guidance advises on use of the Welsh Language where appropriate. The PSCF template has been designed to be bilingual, thus supporting the taking of consent in the welsh language.

5. TRAINING

All staff developing PSCFs and seeking consent from patients should undertake Consent training. This is available through ESR via the NHS Wales Consent to Examination and Treatment E-learning Programme and classroom sessions provided by the Mental Capacity Team.

It is recommended that relevant staff undertake Consent training once within each revalidation cycle.

6. DISTRIBUTION

This procedure will be made available on the UHB's SharePoint site.

7. REVIEW OF THIS GUIDANCE

This procedure will be reviewed every three years or sooner if appropriate.

Example Appendix 1 - Procedure Specific Consent Forms - Summary of Process

Purpose & Registration	New document – do you need it? Does it already exist? Follow the Health Board guidance
Development	Adhere to **Development and Approval of UHB Procedure Specific Consent Forms Principles and Framework** guidance for the development of Written Information. Use NHS Brand identity checklists and All Wales Procedure Specific Consent Form template when drafting.
Content	Check compulsory contents: use the All Wales Procedure Specific Consent Form template. **(Appendix 2 and 3)**
External Review	Forward document to Reader Panel (stakeholder reference group & Virtual editorial panel) to check readability.
Division's approval	Obtain ratification of the PSCF by the speciality's relevant clinical governance group. **Important** – give explanation if PSCF **not** Health Board wide.
Publication / Notification	Send final version of PSCF to the Consent Lead for review and final ratification by the Consent Group. Explanation required if PSCF not UHB wide.
Translation	Send the document to the translation department for translation into Welsh (contact details in **Appendix 4**).
Printing of PSCF	Contact Medical Illustration - MedicalIllustration.CAV@wales.nhs.uk - regarding printing of PSCF. It is important that consent forms are printed to a high quality and not photocopied numerous times.
Archiving	Document review (every 3 years or earlier in light of new evidence / information). Upon notification by the specialty, archiving will be the responsibility of the Consent Lead.

Appendix 2 - Template Procedure Specific

Consent Form

Rhaglen Cydsynio i Driniaeth Cymru Gyfan

All Wales Consent to Treatment Programme

All Wales Model Procedure Specific Consent Form Template

Important – please read all paragraphs

- This procedure specific consent form (PSCF) template is based upon the content of All Wales Consent Form 1 and is compliant with the legal framework for consent to examination and treatment. Health Boards / Trusts can prepopulate this template with information relating to a procedure / treatment and use it during the consent process.

- Wording highlighted in grey requires the author to delete or insert text when developing the PSCF.

- Sections / text highlighted in yellow on this template which are not relevant to the procedure / treatment in question may be deleted when developing the PSCF form.

- Sections / text highlighted in red wich are not relevant to young people aged 16 years and over with mental capacity or children under 16 years of age who are Gillick competent may be deleted when developing the PSCF form.

- All other text / sections are essential.

- There is a Welsh version of this template. The form once developed must be translated into Welsh and must be offered to all Welsh speaking patients.

- The PSCF is supported by the Guidance for professionals attached to All Wales Consent Form 1.

- Important - This page does not form part of the PSCF and should be deleted once the form has been drafted.

Reference Number: *TBA unless document for review* **Version Number:** 1	**Date of Next Review:** *To be included when document approved* **Previous Trust/LHB Reference Number:** *Any reference number this document has been previously known as*

Insert Health Board / Trust Logo here.	**Patient details (or pre-printed label)** Patient's surname/family name ..... Patient's first names ..... Date of birth ..... ☐ Male ☐ Female NHS Number (or other identifier) .....

Patient agreement to examination or treatment

This form is to be used for adults and young people aged 16 years and over with mental capacity or children under 16 years of age who are Gillick competent **(see supporting Guidance to health profesionals – link here)**. If the patient lacks mental capacity, All Wales form 4 should be used. If the patient is not Gillick competent, All Wales consent form 2 should be used.

This form is also available in Welsh / Mae'r ffurflen hon ar gael yn Gymraeg

Is this patient Welsh speaking? Tick here - Yes ☐ No ☐

If yes – please initial here to confirm that you have offered a Welsh medium copy of this form to this patient ☐

This consent form can be made available in other languages, print and formats upon request.

Patient details (or pre-printed label)	**Special requirements**
Patient's surname/family name ..... Patient's first names ..... Date of birth ..... ☐ Male ☐ Female NHS Number (or other identifier)	(e.g. other language/other communication method) ....

Name of proposed procedure or course of treatment (include brief explanation if medical term not clear)

.....

Anaesthetic This procedure will involve:*[choose what is relevant when developing the PSCF]*

☐ general and / or regional anaesthesia ☐ local anaesthesia ☐ sedation ☐ none

Any extra procedures which may become necessary during the procedure: :*[choose what is relevant when developing the PSCF]*

☐ None expected ☐ Blood transfusion.....

☐ Other procedure (please specify) .....

Statement of health professional (health professional must have appropriate knowledge of proposed procedure)

People aged 16 years and over (are presumed to have capacity to consent to treatment). Please tick ONE box:

☐ In my opinion there are no reasons to doubt the patient's capacity to make this decision; **OR**

☐ The patient's mental capacity to consent to/refuse this treatment has been assessed and the patient has the mental capacity to make this decision. A note of the assessment has been placed on the patient's record.

People under 16 years of age

☐ After a full explanation of the procedure and its risks and benefits, I believe that the child has sufficient maturity and intelligence to be capable of understanding fully the treatment proposed and making a decision based on the information provided. I therefore believe that the patient **is *Gillick* competent** to make this decision.
The child has ☐ **agreed** / ☐ **declined** to involve someone with parental responsibility in this decision.

Advance Decisions (for patients aged 18 years and over only)

☐ The patient has made a valid and applicable advance decision refusing this treatment / procedure **or** a treatment or procedure which may become necessary during the treatment / procedure in question. *(Ensure the patient completes full details in the Advance Decisions section on the opposite page.)*

Insert Health Board / Trust Logo here.

Patient details (or pre-printed label if not printing back to back)
Patient's surname/family name……..
Patient's first names……
Date of birth……..
☐ Male ☐ Female
NHS Number (or other identifier)…….....

Information about the procedure/treatment
I have explained the procedure to the patient. In particular, I have explained:

Intended *benefits [insert detail here when developing the PSCF]*……

Significant, unavoidable or frequently occurring risks:
During the procedure / treatment: *[insert detail here when developing the PSCF]*……

Following the procedure / treatment: *[insert detail here when developing the PSCF*]……..

Other important (material) risks specific to this patient during and following the procedure / treatment (to be completed at the time that consent is sought from the patient:
……
.....
.....
I have also discussed:
☐ what the procedure is likely to involve
☐ any particular concerns of this patient
☐ the benefits and risks of any available alternative treatments (including no treatment)

Please include details: ……

☐ I have provided the following leaflet / cd / dvd / weblink *[please specify title of the leaflet and date of issue; title of the cd/dvd and "version" when developing the PSCF]*
……..
……
☐ Check leaflet / cd / dvd / weblink title / date / version identical to the above. If different note below:
……

Signed ……..…….…….…… Date ……..……..……

Name (PRINT) ……..…….…… Job title ……..……..……..……

Professional registration number (e.g. GMC, NMC, GDC, HCPC, etc) ……..……..……..…..

Contact details (if patient wishes to discuss options later) …….....

Statement of interpreter (where appropriate). I have interpreted the above information to the patient to the best of my ability and in a way in which I believe s/he can understand.
Signed ……..…….…… Date ……..……..……
Name (PRINT) ……..……..Contact details ……..……..……

Statement and signature of patient

You will be offered a copy of this form. If you have any further questions, do ask – we are here to help you. **You have the right to change your mind at any time**, including after you have signed this form.

I understand:

- the information that I have been given about the examination or treatment described on this form.
- that you cannot give me a guarantee that a particular person will perform the procedure. The person will, however, have appropriate experience.
- that I will have the opportunity to discuss the details of anaesthesia with an anaesthetist before the procedure, unless the urgency of my situation prevents this. (This only applies to patients having general or regional anaesthesia.)

- that any procedures *in addition* to those described on this form and which are not the subject of an advance decision (see below) will only be carried out if it is necessary to save my life or to prevent serious harm to my health.

I agree to the procedure or course of treatment described on this form.
I do / do not agree* that students may be present during the procedure (*please delete as appropriate).

Advance Decisions (for patients aged 18 years and over only)

☐ I have previously made an advance decision refusing this treatment or procedure, but have now changed my mind and am happy to have the treatment /procedure described on this form.

☐ I have an existing advance decision refusing a treatment / procedure which may become necessary during the treatment / procedure described on this form. This includes: ……

……

(if this advance decision is in writing, file a copy in the medical record. If it is verbal, make detailed notes. If it refuses life sustaining treatment it must be in writing, signed, dated, witnessed, and clearly state that the decision applies even if the patient's life is at risk.)

☐ I have been told about additional procedures which may become necessary during my treatment. I have listed below any procedures **which I do not wish to be carried out** without further discussion, even if not performing such procedures immediately could or would lead to serious permanent injury or death. ……

……

……

Patient's signature ……. Date ……

Name (PRINT) ……

A witness should sign below if the patient is unable to sign but has indicated his or her consent. Young people / children may also like a parent to sign here (see notes).

Signature …….. Date ……..

Name (PRINT) …….. Relationship to patient ……

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient has signed the form in advance)

On behalf of the team treating the patient, I have confirmed with the patient that they have no further questions and wishes the procedure to go ahead.

Signed …… Date ……

Name (PRINT) …… Job title ……

Professional registration number (e.g. GMC, NMC, GDC, HCPC, etc) ……

I confirm that I still want the procedure / treatment to go ahead.

Patient's signature …… Date ……

Name (PRINT) ……

Patient has withdrawn consent

Ask patient to sign / date here and write **"VOID"** across all pages of the form.

Patient's signature …….. Date ……

Name (PRINT) ……

Appendix 3

Guidance to health professionals
(to be read in conjunction with the Consent Policy)

What a consent form is for

This form documents the patient's agreement to go ahead with the examination or treatment you have proposed. It is not a legal waiver – if patients, for example, do not receive enough information on which to base their decision, then the consent may not be valid, even though the form has been signed. Patients are also entitled to change their mind after signing the form, (provided the person retains mental capacity for making this decision). If the patient has lost mental capacity before the treatment starts health professionals should consider whether or not the treatment is in their best interests.

The form should act as an *aide-memoire* to health professionals and patients, by providing a checklist of the kind of information patients should be offered, and by enabling the patient to have a written record of the main points discussed. **In no way, however, should the written information provided for the patient be regarded as a substitute for face-to-face discussions with the patient.**

Health professionals should only take consent in specific clinical situations where they have undertaken formal training including on consent and mental capacity and have been competency assessed. They should familiarise themselves with any appropriate professional guidance, their organisation's consent policy and Welsh Government's guidance on consent.

The law on consent

See the Welsh Government's Reference *guide to consent for examination or treatment* (www.wales.nhs.uk/consent).

Who can give consent

Everyone aged **16 or more** is presumed to have the mental capacity to give or refuse consent for themselves unless the opposite is demonstrated. However, this does not apply to interventions that do not confer a direct health benefit on the young person such as the donation of blood and tissue (other than for diagnostic purposes). For young persons (aged 16-17) who wish to undergo such "interventions" an assessment of their capacity to give consent will be required.

If a child under the age of 16 has "sufficient understanding and intelligence to enable him or her to understand fully what is proposed and make a decision based on the information provided" (*Gillick* competence), then he or she will be competent to give consent for himself or herself (NB. Consent and refusal by competent minors are not seen by the law as entirely symmetrical in that a *Gillick* competent child can lawfully consent but a refusal may be over-ridden). Even where a child is able to give consent for himself or herself, you should always involve those with parental responsibility in the child's care, unless the child specifically asks you not to do so.

Young people aged 16 and 17, and *Gillick* competent younger children, may therefore sign this form for themselves, but may like a parent to countersign as well.

If the child under the age of 16 is not able to give consent for himself or herself, someone with parental responsibility may do so on their behalf and a separate form (Consent Form 2) is available for this purpose.

If a patient has the mental capacity to give consent but is physically unable to sign a form, you should complete this form as usual, and ask an independent witness to confirm that the patient has given consent orally or non-verbally.

When NOT to use this form

If the patient is **16 or over** and lacks the mental capacity to give consent, you should use *Form 4 - Treatment in best interests* instead of this form. A patient lacks mental capacity if they have an impairment of the mind or brain or disturbance affecting the way their mind or brain works and they cannot do one or more of the following:

- understand information about the decision to be made;
- retain that information;
- use or weigh that information as part of the decision-making process; or
- communicate their decision (by talking, using sign language or any other means).

You should always take all reasonable steps (for example involving more specialist colleagues) to support a patient in making their own decision, before concluding that they are unable to do so.

Relatives **cannot** be asked to sign a form on behalf of an adult who lacks mental capacity to consent for themselves, unless they have been given the authority to do so under a Personal Welfare Lasting Power of Attorney or they are a Court appointed Deputy with the relevant authority.

Consent Form 2 should be used in respect of children aged under 16 who are not Gillick competent.

Provision of Information

Information about what the treatment will involve, its benefits and risks (including side-effects and complications) and the alternatives to the particular procedure proposed, is crucial for patients when making up their minds.

The patient should be informed about important (material) risks. Materiality is whether, in the circumstances of the particular case

- **A reasonable person in the patient's position would be likely to attach significance to the risk, or**
- **The doctor is or should be aware that the particular patient would be likely to attach significance to it.**

Health professionals should make a record of the information given. Further advice is given in the GMC guidance on consent.

You should always answer questions honestly. If there is insufficient space on the consent form to include all the details discussed, these should be documented in full in the patient's notes.

Sometimes, patients may make it clear that they do not want to have any information about the options but want you to decide on their behalf. In such circumstances, you should do your best to ensure that the patient receives at least very basic information about what is proposed. To give valid consent the patient needs to understand in broad terms the nature and purpose of the procedure. Where information is refused, you should document this on the form or in the patient's notes.

Pre-registration students

The Welsh Government Reference Guide for Consent to Examination or Treatment requires a patient's written consent if pre-registration students are to be present during examination or treatment using sedation or anaesthetic. Patients are, therefore, asked if they agree or disagree with students being present.

Welsh Language

Health professionals should ask the patient whether they speak Welsh and tick the relevant box on the form. If the patient does speak Welsh, a Welsh medium copy of this form should be offered to the patient. The health professional should initial to say that this has been done.

Patients who wish to give consent in Welsh should be given the opportunity to read the Welsh version of the form before signing the English copy of the form. It is essential, for patient safety, that the English version of the form is the one filed in the patient's case notes.

Other All Wales Consent Forms

FORM 2
Agreement of person with parental responsibility to examination or treatment for a child under 16 years of age who is not *Gillick* competent.

FORM 4
Treatment in best interests: Form for patients aged 16 years and over who may lack the capacity to consent to examination or treatment.

(FORM 3 has been discontinued)

Appendix 4 – Templed Ffurflen Cydsynio

I Driniaeth Benodol

Rhaglen Cydsynio i Driniaeth Cymru Gyfan

All Wales Consent to Treatment Programme

Templed Ffurflen Cydsynio i Driniaeth Benodol Enghreifftiol Cymru Gyfan

Pwysig - darllenwch bob paragraff

- Mae'r templed ffurflen cydsynio i driniaeth benodol (PSCF) hwn yn seiliedig ar gynnwys Ffurflen Gydsynio 1 ar gyfer Cymru Gyfan ac mae'n cydymffurfio â'r fframwaith cyfreithiol ar gyfer cydsynio i archwiliad a thriniaeth. Gall Byrddau Iechyd / Ymddiriedolaethau lenwi'r templed hwn ymlaen llaw gyda gwybodaeth sy'n ymwneud â thriniaeth a'i defnyddio yn ystod y broses gydsynio.

- Mae'r geiriad sydd wedi'i uwcholeuo'n llwyd yn ei gwneud yn ofynnol i'r awdur ddileu neu fewnosod testun wrth ddatblygu'r PSCF.

- Gellir dileu adrannau / testun sydd wedi'i uwcholeuo'n felyn ar y templed hwn nad ydynt yn berthnasol i'r driniaeth dan sylw wrth ddatblygu'r ffurflen PSCF.

- Gellir dileu adrannau / testun sydd wedi'i uwcholeuo'n goch nad ydynt yn berthnasol i bobl ifanc 16 oed a throsodd sydd â galluedd meddyliol neu blant o dan 16 oed sy'n gymwys yn ôl safon Gillick wrth ddatblygu'r ffurflen PSCF.

- Mae pob testun / adran arall yn hanfodol.

- Unwaith y caiff ei datblygu, rhaid cyfieithu'r ffurflen i'r Gymraeg a rhaid ei chynnig i bob claf sy'n siarad Cymraeg.

- Cefnogir y PSCF gan y canllawiau ar gyfer gweithwyr proffesiynol sydd ynghlwm wrth Ffurflen Gydsynio 1 ar gyfer Cymru Gyfan.

- Pwysig - Nid yw'r dudalen hon yn rhan o'r PSCF a dylid ei dileu unwaith y bydd y ffurflen wedi'i drafftio.

Reference Number: *TBA unless document for review* **Version Number:** 1	**Date of Next Review:** *To be included when document approved* **Previous Trust/LHB Reference Number:** *Any reference number this document has been previously known as*

Rhowch Logo'r Bwrdd Iechyd / Ymddiriedolaeth yma.

Manylion y claf (neu label wedi'i argraffu ymlaen llaw)
Cyfenw/enw teulu'r claf.....
Enwau cyntaf y claf.....
Dyddiad geni
.....
☐ Gwryw ☐ Benyw
Rhif GIG (neu fanylion adnabod eraill).....

Cydsyniad claf i archwiliad neu driniaeth

Dylid defnyddio'r ffurflen hon ar gyfer pobl 16 oed a hŷn sydd â galluedd meddyliol a phobl dan 16 oed sy'n gymwys yn ôl safon Gillick **(gweler y Canllawiau ategol i weithwyr iechyd proffesiynol – dolen yma).** Os nad oes gan y claf alluedd meddyliol, dylid defnyddio Ffurflen Gydsynio 4 ar gyfer Cymru Gyfan. Os nad yw'r claf yn gymwys yn ôl safon Gillick, dylid defnyddio Ffurflen Gydsynio 2 ar gyfer Cymru Gyfan.

Gellir darparu'r ffurflen gydsynio hon mewn ieithoedd, print a fformatau eraill ar gais.

Manylion y claf (neu label wedi'i argraffu ymlaen llaw)	**Gofynion arbennig**
Cyfenw/enw teulu'r claf	(e.e. iaith arall/dull cyfathrebu arall)
Enwau cyntaf y claf	.....
Dyddiad geni	.....
☐ Gwryw ☐ Benyw	.....
Rhif GIG (neu fanylion adnabod eraill)	

Enw'r driniaeth arfaethedig neu'r cwrs o driniaeth (dylid rhoi esboniad cryno os nad yw'r term meddygol yn glir)

.....

Anesthetig Bydd y driniaeth hon yn cynnwys: *[dewiswch yr hyn sy'n berthnasol wrth ddatblygu'r PSCF]*
☐ anesthesia cyffredinol ac/neu anesthesia rhanbarthol ☐ anesthesia lleol ☐ tawelydd ☐ dim

Unrhyw driniaethau ychwanegol a allai ddod yn angenrheidiol yn ystod y driniaeth: *[dewiswch yr hyn sy'n berthnasol wrth ddatblygu'r PSCF]*
☐ Dim disgwyl y bydd angen unrhyw driniaeth ychwanegol ☐ Trallwysiad gwaed .....
☐ Triniaeth arall (nodwch)
.....

Datganiad y gweithiwr iechyd proffesiynol (rhaid i'r gweithiwr iechyd proffesiynol fod â gwybodaeth briodol am y driniaeth arfaethedig)

Pobl 16 oed a hŷn (tybir bod ganddynt y galluedd i gydsynio i'r driniaeth). Ticiwch UN blwch:
☐ Yn fy marn i nid oes unrhyw reswm i amau galluedd y claf i wneud y penderfyniad hwn; **NEU**
☐ Aseswyd galluedd meddyliol y claf i gydsynio/i wrthod y driniaeth hon ac mae gan y claf y galluedd meddyliol i wneud y penderfyniad hwn. Cofnodwyd yr asesiad ar gofnod y claf.

Pobl dan 16 oed
☐ Ar ôl esbonio'r driniaeth yn llawn, ei buddion ac unrhyw risgiau cysylltiedig, credaf fod y plentyn yn ddigon aeddfed a deallus i ddeall y driniaeth arfaethedig yn llawn ac i wneud penderfyniad sydd wedi'i seilio ar yr wybodaeth a ddarparwyd. Felly, credaf fod y claf **yn gymwys yn ôl safon *Gillick*** i wneud y penderfyniad hwn. Mae'r plentyn wedi ☐ **cytuno** / ☐ **gwrthod** cynnwys rhywun â chyfrifoldeb rhiant yn y penderfyniad hwn.

Penderfyniadau a wnaed Ymlaen Llaw (ar gyfer cleifion 18 oed a hŷn yn unig)
☐ Mae'r claf wedi gwneud penderfyniad dilys a chymwys ymlaen llaw i wrthod y driniaeth hon **neu** driniaeth a all ddod yn angenrheidiol yn ystod y driniaeth dan sylw. *(Gwnewch yn siŵr fod y claf yn nodi'r manylion llawn yn yr adran Penderfyniadau a wnaed Ymlaen Llaw ar y dudalen nesaf.)*

Gwybodaeth am y driniaeth
Rwyf wedi esbonio'r driniaeth i'r claf. Yn arbennig, rwyf wedi esbonio:

Buddion y bwriedir eu cael *[rhowch fanylion yma wrth ddatblygu'r PSCF]*
……

Risgiau sylweddol, risgiau na ellir eu hosgoi neu risgiau sy'n digwydd yn aml:
Yn ystod y driniaeth:*[rhowch fanylion yma wrth ddatblygu'r PSCF]*……

Yn dilyn y driniaeth: *[rhowch fanylion yma wrth ddatblygu'r PSCF*] ……

Risgiau pwysig (perthnasol) eraill sy'n benodol i'r claf hwn yn ystod ac yn dilyn y driniaeth (i'w cwblhau ar yr adeg y ceisir cydsyniad gan y claf:
.....
.....
.....
Rwyf hefyd wedi trafod:
☐ yr hyn y mae'r driniaeth hon yn debygol o'i olygu
☐ unrhyw bryderon penodol sydd gan y claf
☐ buddion a risgiau unrhyw driniaethau eraill sydd ar gael (gan gynnwys dim triniaeth)

Rhowch fanylion: ……

☐ Rwyf wedi darparu'r daflen / cd / dvd / dolen we *[nodwch deitl y daflen a dyddiad ei chyhoeddi; teitl y cd/dvd a'r "fersiwn" wrth ddatblygu'r PSCF]*
……
……
☐ Gwiriwch fod y daflen / cd / dvd / teitl dolen we / dyddiad / fersiwn yn union yr un fath â'r uchod. Os yw'n wahanol, nodwch hynny isod:
……

Llofnod …… Dyddiad ……

Enw (LLYTHRENNAU BRAS) …….. Teitl swydd

……

Rhif cofrestru proffesiynol (e.e. GMC, NMC, GDC, HCPC, ac ati)

……

Manylion cyswllt (os bydd y claf am drafod opsiynau yn ddiweddarach)

.....

Datganiad y cyfieithydd/dehonglydd (pan fo'n briodol). Rwyf wedi cyfleu'r wybodaeth uchod i'r claf hyd eithaf fy ngallu ac mewn ffordd y gall ei deall yn fy marn i.
Llofnod …… Dyddiad ……
Enw (LLYTHRENNAU BRAS) …… Manylion cyswllt
……

Datganiad a llofnod y claf

Byddwn yn cynnig copi o'r ffurflen hon i chi. Os oes gennych unrhyw gwestiynau eraill, cofiwch ofyn - rydym yma i'ch helpu. **Cewch newid eich meddwl unrhyw bryd,** gan gynnwys ar ôl i chi lofnodi'r ffurflen hon.

Rwy'n deall:
- yr wybodaeth rwyf wedi'i chael am yr archwiliad neu'r driniaeth a ddisgrifir yn y ffurflen hon.
- na allwch sicrhau y bydd rhywun penodol yn cyflawni'r driniaeth. Fodd bynnag, bydd gan yr unigolyn brofiad priodol.

Reference Number: *TBA unless document for review* **Version Number:** 1	**Date of Next Review:** *To be included when document approved* **Previous Trust/LHB Reference Number:** *Any reference number this document has been previously known as*

Rhowch Logo'r Bwrdd Iechyd / Ymddiriedolaeth yma.	**Manylion y claf (neu label wedi'i argraffu ymlaen llaw)** Cyfenw/enw teulu'r claf..... Enwau cyntaf y claf..... Dyddiad geni ..... ☐ Gwryw ☐ Benyw Rhif GIG (neu fanylion adnabod eraill).....

- y caf y cyfle i drafod manylion yr anesthesia gydag anesthetydd cyn y driniaeth, oni fydd natur frys fy sefyllfa yn atal hyn rhag digwydd. (Dim ond i gleifion sy'n cael anesthesia cyffredinol neu anesthesia rhanbarthol y mae hyn yn berthnasol).
- mai dim ond os yw'n angenrheidiol i achub fy mywyd neu i atal niwed difrifol i'm hiechyd y darperir unrhyw driniaeth *yn ychwanegol* at y rhai a ddisgrifir yn y ffurflen hon ac nad ydynt yn destun penderfyniad a wnaed ymlaen llaw (gweler isod).

Rwy'n cytuno i'r driniaeth a ddisgrifir yn y ffurflen hon.
Rwy'n cytuno/Nid wyf yn cytuno* y gall myfyrwyr fod yn bresennol yn ystod y driniaeth (*dilëwch fel sy'n briodol)

Penderfyniadau a wnaed Ymlaen Llaw (ar gyfer cleifion 18 oed a hŷn yn unig)

☐ Rwyf wedi gwneud penderfyniad ymlaen llaw i wrthod y driniaeth hon, ond rwyf wedi newid fy meddwl yn awr, ac rwy'n fodlon cael y driniaeth a ddisgrifir yn y ffurflen hon.

☐ Rwyf eisoes wedi gwneud penderfyniad ymlaen llaw i wrthod unrhyw driniaeth a allai fod yn angenrheidiol yn ystod y driniaeth a ddisgrifir yn y ffurflen hon. Mae hyn yn cynnwys:.....
.....
(os gwnaed y penderfyniad hwn mewn ysgrifen, ffeiliwch gopi yn y cofnod meddygol. Os yw'n benderfyniad llafar, gwnewch nodiadau manwl. Os yw'n gwrthod triniaeth i gynnal bywyd, rhaid iddo fod mewn ysgrifen ac wedi'i lofnodi a'i ddyddio, a'i lofnodi gan dyst, gan ddatgan yn glir fod y penderfyniad yn sefyll hyd yn oed os yw bywyd y claf mewn perygl.)

☐ Rwyf wedi cael gwybod am driniaethau ychwanegol a allai fod yn angenrheidiol yn ystod fy nhriniaeth. Isod, rwyf wedi rhestru unrhyw driniaethau **nad wyf am iddynt gael eu cyflawni** heb drafodaeth bellach, hyd yn oed os byddai peidio â rhoi triniaethau o'r fath ar unwaith yn golygu, o bosibl, anaf parhaol difrifol neu farwolaeth
.....
.....

Llofnod y claf ..... Dyddiad .....

Enw (LLYTHRENNAU BRAS).....
Dylai tyst lofnodi isod os na all y claf wneud hynny ond bod y claf wedi dangos ei fod yn cydsynio. Efallai yr hoffai pobl ifanc/plant i riant lofnodi yma (gweler nodiadau).

Llofnod ..... Dyddiad.....

Enw (LLYTHRENNAU BRAS) ..... Perthynas â'r claf.....

Cadarnhau cydsyniad (i'w gwblhau gan weithiwr iechyd proffesiynol pan dderbynnir claf i'r ysbyty ar gyfer y driniaeth, os yw'r claf wedi llofnodi'r ffurflen ymlaen llaw)

Ar ran y tîm sy'n trin y claf, rwyf wedi cadarnhau gyda'r claf nad oes ganddo unrhyw gwestiynau eraill a'i fod am fwrw ati â'r driniaeth.

Llofnod ..... Dyddiad.....
Enw (LLYTHRENNAU BRAS) .....
Teitl swydd .....
Rhif cofrestru proffesiynol (e.e. GMC, NMC, GDC, HCPC, ac ati).....

Rwyf yn cadarnhau fy mod am barhau â'r driniaeth.

Llofnod y claf ..... Dyddiad .....
Enw (LLYTHRENNAU BRAS).....

Y claf wedi tynnu ei gydsyniad yn ôl

Gofynnwch i'r claf lofnodi a rhoi'r dyddiad yma ac ysgrifennu "**DI-RYM**" ar holl dudalennau'r ffurflen
Llofnod y claf ..... Dyddiad .....
Enw (LLYTHRENNAU BRAS).....

Appendix 5

Canllaw i staff proffesiynol iechyd

(i'w ddarllen ar y cyd â'r Polisi Cydsynio)

Beth yw pwrpas ffurflen gydsynio?

Mae'r ffurflen hon yn dogfennu cytundeb y claf i fynd ymlaen â'r archwiliad neu driniaeth rydych chi wedi'i gynnig/chynnig. Nid yw'n hawlildiad cyfreithiol – os na fydd cleifion, er enghraifft, yn cael digon o wybodaeth i seilio eu penderfyniad arni, mae'n bosibl na fydd y cydsyniad yn ddilys, er bod y ffurflen wedi cael ei llofnodi. Mae gan gleifion hefyd yr hawl i newid eu meddwl ar ôl llofnodi'r ffurflen (cyn belled bod yr unigolyn yn parhau i fod â'r gallu meddyliol i wneud y penderfyniad hwn). Os bydd y claf wedi colli galluedd meddyliol cyn i'r driniaeth ddechrau, dylai gweithwyr iechyd proffesiynol ystyried a yw'r driniaeth er ei fudd neu beidio.

Dylai'r ffurflen fod yn *gymorth cof* i weithwyr iechyd proffesiynol a chleifion, trwy ddarparu rhestr wirio o'r math o wybodaeth dylid ei chynnig i gleifion, a thrwy alluogi'r claf i gael cofnod ysgrifenedig o'r prif bwyntiau a drafodwyd. **Fodd bynnag, ni ddylid ystyried yr wybodaeth ysgrifenedig mewn unrhyw ffordd fel rhywbeth sy'n cymryd lle trafodaethau wyneb-yn-wyneb â'r claf.**

Dim ond dan amgylchiadau clinigol penodol ddylai staff proffesiynol iechyd dderbyn cydsyniad, yn dilyn ymgymryd â hyfforddiant ffurfiol, gan gynnwys cydsynio a gallu meddyliol a'u bod wedi'u hasesu'n alluog. Dylent gyfarwyddo eu hunain gydag unrhyw ganllaw proffesiynol priodol, polisi cydsynio'u sefydliad a chanllaw Llywodraeth Cymru ar gydsynio.

Y gyfraith ar gydsyniad

Gweler canllaw Cyfeirio *Llywodraeth Cymru at gydsyniad ar gyfer archwiliad neu driniaeth*).
http://www.wales.nhs.uk/sitesplus/documents/1064/Welsh%20Government%20Guide%20to%20Consent%20for%20Examination%20or%20Treatment%20%28July%202017%29.pdf

Pwy all gydsynio

Tybir bod gan unrhyw un sydd yn **16 neu hŷn** y gallu meddyliol i roi neu wrthod cydsynio eu hunain, oni bai yr arddangosir i'r gwrthwyneb. Fodd bynnag, nid yw hyn yn berthnasol i ymyriadau nad ydynt yn cyflwyno buddion iechyd uniongyrchol ar yr unigolyn ifanc, megis rhoi gwaed a meinwe (heblaw ar gyfer pwrpasau diagnostig). I bobl ifanc (16-17 oed) sy'n dymuno derbyn "ymyriadau" fel hyn, bydd angen asesiad o'u gallu i roi cydsyniad.

Os yw plentyn o dan 16 â "digon o ddealltwriaeth a gallu i'w alluogi ef neu hi i ddeall yn llawn yr hyn a gynigir a gwneud penderfyniad yn seiliedig ar yr wybodaeth a ddarparwyd" (Gallu *Gillick*), yna bydd ef neu hi'n alluog i roi cydsyniad ei hunan (DS Ni ystyrir cydsyniad a gwrthodiad gan blentyn dan oed galluog yn ôl y gyfraith yn hollol gymesurol, o ran mae plentyn galluog *Gillick* yn gallu cydsynio'n gyfreithlon, ond gellir gwrthwneud gwrthodiad). Hyd yn oed pan fydd plentyn yn gallu rhoi cydsyniad ei hun, dylech bob amser gynnwys y rheini sydd â chyfrifoldeb rhieniol yng ngofal y plentyn, oni bai bod y plentyn yn gofyn yn benodol i chi beidio â gwneud hyn.

Felly gall pobl ifanc 16 a 17 oed, a phlant iau â Gallu *Gillick*, lofnodi'r ffurflen hon eu hunain, ond efallai y byddan nhw'n dymuno i riant gydlofnodi hefyd.

Os na fydd y plentyn o dan 16 oed yn gallu rhoi cydsyniad ei hun, gall rhywun â chyfrifoldeb rhiant wneud hyn ar ei r(h)an ac mae ffurflen ar wahân (Ffurflen Gydsynio 2) ar gael at y diben hwn.

Os oes gan glaf y galluedd meddyliol i roi cydsyniad ond nid yw'n gallu llofnodi ffurflen yn gorfforol, dylech lenwi'r ffurflen hon fel arfer, a gofyn i dyst annibynnol gadarnhau bod y claf wedi rhoi cydsyniad ar lafar neu heb fod ar lafar.

Pryd i BEIDIO â defnyddio'r ffurflen hon
Os yw claf yn **16 oed neu hŷn** a heb y gallu meddyliol i roi cydsyniad, dylech ddefnyddio *Ffurflen 4 Triniaeth er lles* yn lle'r ffurflen hon. Nid oes gan gleifion alluedd meddyliol os oes ganddyn nhw nam ar y meddwl neu'r ymennydd neu gynnwrf sy'n effeithio ar y ffordd mae eu meddwl neu ymennydd yn gweithio ac ni allent wneud un neu fwy o'r canlynol:

- deall gwybodaeth am y penderfyniad y mae angen ei wneud;
- dal gafael ar y wybodaeth;
- defnyddio neu bwyso a mesur yr wybodaeth honno fel rhan o'r broses benderfynu; neu
- ni all gyfathrebu ei benderfyniad (trwy siarad, defnyddio iaith arwyddion neu unrhyw fodd arall).

Dylech bob amser gymryd pob cam rhesymol (er enghraifft cynnwys cydweithwyr mwy arbenigol) i gefnogi claf i wneud ei benderfyniad ei hun, cyn dod i gasgliad na all wneud hynny.

Ni ellir gofyn i berthnasau arwyddo ffurflen ar ran oedolyn sydd â diffyg gallu meddyliol i gydsynio dros ei hun, oni bai rhoddwyd awdurdod i wneud dan Bŵer Atwrnai Parhaus Lles Personol neu eu bod yn Ddirprwy a benodwyd gan lys gyda'r awdurdod perthnasol.

Dylid defnyddio Ffurflen Gydsynio 2 ar gyfer plant dan 16 oed heb fod â Gallu Gillick.

Darparu Gwybodaeth
Mae gwybodaeth am yr hyn bydd y driniaeth yn ei chynnwys, ei buddion a'i risgiau (gan gynnwys sgîl-effeithiau a chymhlethdodau) a'r dewisiadau amgen i'r weithdrefn benodol a gynigiwyd, yn hanfodol i gleifion wrth iddyn nhw wneud penderfyniad.

Dylid hysbysu'r claf am risgiau (perthnasol) pwysig. Mae perthnasedd yn golygu, dan amgylchiadau'r achos dan sylw

- **Byddai unigolyn rhesymol yn sefyllfa'r claf yn debygol o allu cysylltu arwyddocâd i'r risg, neu**
- **Dylai/mae'r meddyg yn rhesymol ymwybodol bod y claf penodol yn debygol o allu cysylltu arwyddocâd iddo.**

Dylai staff proffesiynol gofnodi'r wybodaeth a roddwyd. Rhoddir cyngor pellach yng nghanllawiau'r GMC ar gydsyniad.

Dylech bob amser ateb cwestiynau'n onest. Os nad oes digon o le ar y ffurflen gydsynio i gynnwys yr holl fanylion a drafodwyd, dylid eu dogfennu'n llawn yn nodiadau'r claf.

Weithiau, bydd cleifion yn mynegi'n glir nad ydyn nhw eisiau cael unrhyw wybodaeth am yr opsiynau, ond eisiau i chi benderfynu ar eu rhan. Mewn achosion fel hyn, dylech wneud eich gorau i sicrhau bod y claf yn cael gwybodaeth sylfaenol iawn o leiaf am yr hyn a gynigir. Er mwyn rhoi cydsyniad dilys, mae angen i'r claf ddeall natur a phwrpas y weithdrefn yn

gyffredinol. Pan fydd claf yn gwrthod gwybodaeth, dylech ddogfennu hyn ar y ffurflen neu yn nodiadau'r claf.

Myfyriwr cyn-gofrestru
Mae Canllaw Cyfeirio Llywodraeth Cymru ar gyfer Cydsynio i Archwiliadau neu Driniaethau angen cydsyniad ysgrifenedig claf os bydd myfyrwyr cyn-cofrestru yn mynd i fod yn bresennol yn ystod archwiliad neu driniaeth sy'n defnyddio llonyddiad neu anesthetig. Felly, gofynnir i gleifion a ydynt yn cytuno neu anghytuno i fyfyrwyr fod yn bresennol.

Y Gymraeg
Dylai staff proffesiynol iechyd ofyn i'r claf a yw'n siarad Cymraeg ac yna'n rhoi tic yn y blwch perthnasol ar y ffurflen. Os yw'r claf yn siarad Cymraeg, dylid cynnig copi cyfrwng Cymraeg o'r ffurflen hon i'r claf. Dylai'r staff proffesiynol nodi eu blaenlythrennau i ddweud bod hyn wedi'i wneud.

Dylai cleifion sy'n dymuno cydsynio yn Gymraeg gael y cyfle i ddarllen y fersiwn Gymraeg o'r ffurflen hon cyn llofnodi copi Saesneg y ffurflen. Mae'n hanfodol er diogelwch y claf, mai'r fersiwn Saesneg o'r ffurflen yw'r un a gwblheir yn nodiadau achos y claf.

Ffurflenni Cydsynio Cymru Gyfan eraill.

FFURFLEN 2
Cytundeb unigolyn gyda chyfrifoldeb rhieniol i archwilio neu driniaeth ar gyfer plentyn 16 oed neu iau heb allu *Gillick*

FFURFLEN 4
Triniaeth er budd: Ffurflen i gleifion 16 oed a hŷn a all fod heb y gallu i gydsynio i archwiliadau neu driniaethau.

(FFURFLEN 3 - wedi'i therfynu)

Appendix 6 - Contact Details

Consent Lead, Safeguarding - Tel: 029 2183 2001

Head of Corporate Governance - Tel: 029 2183 6691

Appendix 7 - Approval of Procedure Specific Consent Form (Form to be sent with final version of consent form)

Title of Document	
Name of Lead Clinician (identified by specialty – *responsible for clinical information content*) Base: Phone Number: Email: Signature:	
Name of main author (if different to above): Base: Phone Number: Email:	
Reader Panel Approved	Date
EIDO Healthcare Patient Information Leaflet title and document reference / Nationally recognised Patient Information Leaflet document title / Health Board [Trust] developed leaflet (If applicable). Please provide link / attach the relevant leaflet here:	
Does the PSCF apply Health Board wide? If no, please explain why	Yes / No
Attach minutes of the relevant Clinical Governance Group (equivalent Group / Committee) ratifying the PSCF here	Date of meeting:
Attach electronic versions of the PSCF here	
Review Date:	

This form should be forwarded to the Consent Lead at: mca-lps.cav@wales.nhs.uk

Minutes of the Medicine Clinical Board Quality, Safety & Experience Committee Meeting Held on 18 September 2024 14:30 – 16:00, Via MS Teams

Present:	
Barbara Davies	Interim Director of Nursing (Chair)
Dr Katja Empson	Consultant/ interim Clinical Board Director
Ceri Richards-Taylor	Interim Deputy Director of Nursing
Sian Rowlands	Head of Quality and Clinical Governance
Katherine Prosser	Quality and Governance Lead
Cath Evans	Patient Safety Facilitator, Patient Safety Team
Aneurin Buttress	Consultant Respiratory Physician/ Clinical Director
Derek King	Clinical Nurse Specialist, Infection, Prevention and Control
Chisom Uwaezuoke	Clinical Nurse Specialist, Infection Prevention and Control
Sarah Wright	Clinical Nurse Specialist, Infection Prevention and Control
Hibaq Musa	Clinical Nurse Specialist, Infection Prevention & Control, Corporate Nursing
Liz Vaughan	Professional & Practice Development Nurse
Jason Roome	General Manager, Integrated Medicine
Wayne Parsons	Lead Nurse Integrated Medicine
Natasha Whysall	Lead Nurse Integrated Medicine
Marianne Jenkins	Consultant Nurse Emergency Medicine
Beth Jones	Senior Nurse, Specialised Medicine
Rachel Maiden	Senior Nurse, Integrated Medicine
Nicholas Denny	Organisational Learning Facilitator, Mortality Lead
Manon Owen	Pharmacist
Mark Davies	Acute Physician
Elisabeth Cham	Claims-Redress Manager
Secretariat	
Sheryl Gascoigne	MCB Secretary/ Project Support Officer
Apologies:	
Angela Jones	Senior Nurse, Resuscitation Service
Alex Scott	Assistant Director of Quality & Safety, Corporate Nursing
Claire Main	Interim Director of Operations for MCB/ Acute and out of hospital care
Dave Mcrae	Lead Pharmacist, Medicine
Brijesh Srivastava	Consultant Hepatologist, Gastroenterology/ Deputy Clinical Director
Sharon Jones	Consultant, Rheumatology/ Clinical Director
David Pitchforth	Lead Nurse, Specialised Medicine
Lisa Green	Interim Lead Nurse, Emergency and Acute Medicine
Sam Hughes	Professional & Practice Development Nurse
Sian Brookes	Senior Nurse, Integrated Medicine

Item No	1. Standing Items	Action
MCBQSE/ 2024/0132	**Welcome and Introductions** – were undertaken.	
MCBQSE/ 2024/0133	**To receive the minutes of the previous meeting held on 21/8/24** – the group were asked to read the minutes and advise if any amendments are required by 20/9/24. The group resolved: if no amendments are required, the minutes will be accepted.	
MCBQSE/ 2024/0134	**Action Log** – an update of the action log is deferred to the next meeting.	
MCBQSE/ 2024/0135	**Declarations of Interest** – none.	
2. ITEMS FOR REVIEW AND ASSURANCE		
MCBQSE/ 2024/0136	**Patient Story – Integrated Medicine** – delivered by Wayne Parsons	

	This relates to a family who considered they had a poor experience regarding the end of life care of their mother. The Ward Manager on East 2 took the feedback and implemented improvements regarding end of life care as below: - Work has been undertaken to improve the environment of the day room. - Signage has been added around the cubicles where patients are at end of life. - A trolley is available with bone china cups, information leaflets and signposting. The group resolved: The Palliative Care Team created a symbol which has been piloted on B7, which is being taken to the Nursing Midwifery Board to request approval to roll out to highlight to all staff those patients on an end of life care pathway. **Actions from discussion**: to keep sharing feedback.	
MCBQSE/ 2024/0137	**Concerns, Claims, Compliments** **Compliments** - were shared in relation to the Emergency Department. **Concerns** – the Putting Things Right process requires concerns to be responded to within 30 days. Some concerns were over 100 days old. There has been a significant improvement in the long outstanding concerns. The average number of active concerns in A&E have reduced from 45 to 24, which is a great improvement. **General themes regarding concerns**: communication; waits to be seen; dignity and respect in care; attitude of staff. The group resolved: to note the above. **Actions from discussion**: to keep sharing feedback.	
MCBQSE/ 2024/0138	**Family Feedback ME Reports** - Civica reports now capture family feedback. The group resolved: to note the action below. **Actions from discussion:** KP will circulate the family feedback received.	Kath Prosser
MCBQSE/ 2024/0139	**Care After Death Phase 1 Implementation Feedback** – presented by Nick Denny From 9/9/24 the Deputy Chief Medical Officer Letter Death Certification Reforms came into place. The aim: - To reduce the time between the death of a patient and the notification to either the Medical Examiner (ME) or the Coroner. - For the medical team to complete the QR code and, or Coroner's referral directly from the ward using either the ward computers or their phones/ iPads. All junior doctors have been encouraged to seek support from their consultants in making these referrals. The QR code will have a single point of contact person who can identify who is completing that paperwork. - Accurate and thorough completion of the form will aim to negate the need for a discussion with the ME Service. - For information: F1's are not able to complete a death certificate, it must be completed by staff of a higher grade. - The ME is able to complete a death certificate under due guidance. The Coroner's electronic portal allows referrals to be directly imported onto the system. The Coroner will not accept any other format of referral. When a case is sent to the ME, the Bereavement Office are aware and then contact the team if a referral to the Coroner is also required. A process is in place regarding if for religious reasons a person needs to be buried within 24 hours of death. Scoping of M&M Groups has taken place. A questionnaire has been sent to various groups asking what their M&M process was. Responses were received and showed that some groups have good representation. A number of groups are not using a specific template or tool. The recommendation is that staff follow a template structure, then feed the learning and actions via their directorate Q&S meeting. The group resolved: it would be good to have formal communication regarding this. **Actions from discussion:** ND will share the presentation with SG for the group.	Nick Denny
MCBQSE/ 2024/0140	**Infection Prevention and Control (IP&C) update:** 34 days since last MRSA bacteraemia	

	8 days since last MSSA bacteraemia 26 days since last *C difficile* 8 days since last *E. Coli* bacteraemia 14 days since last *Pseudomonas* bacteraemia 56 days since last *Klebsiella* bacteraemia 3 outbreaks within the MCB, affecting 18 patients, 10 staff members, resulting in 3 bed days lost to date. DMT scores – all wards within MCB remain compliant for the last 4-week period. HCAI reduction goals – there have been new cases of all reduction goal organisms, except for Pseudomonas in August 2024. MCB did not achieve any of the 6 reduction goals during the period 2023-2024. MCB position based on same period 2023-2024: ○ 300% increase with *Pseudomonas.* ○ 45% increase with *C. difficile.* ○ 44% reduction with *E. coli.* ○ 12 % reduction with SAUR Bacteraemia's. ○ 33% reduction *with Klebsiella.* There are 14 outstanding RCAs. **Audit results** - are showing good improvement with hand hygiene and bare below the elbow at UHW. Commode audit compliance has improved at UHL. Immediate compliance is required with PVC compliance. **Bed & mattresses audits** – a number of wards at UHL failed this audit. New bed cleaning checklists have been implemented. Executive Review regarding MRSA on East 2 takes place in October, **Back to basics training** – UHL and St David's staff have had this training which was well received. Training will continue in September 2024. **Winter planning** - teaching will take place shortly. **HCID training** - is being undertaken as a matter of priority. M pox has been declared by the World Health Organisation as an outbreak, although the current risk in the UK is low, preparations are ongoing. Work is ongoing regarding negative pressure cubicles. Wendy Clutterbuck, AU has been endeavouring to improve safe to move documentation and has been conducting audits with excellent results. The group resolved: to note the above. **Actions from discussion**: KP/BD to invite Wendy Clutterbuck to a future MCB QSE meeting to share her audit work.	Kath Prosser/ Barbara Davies
MCBQSE/ 2024/041	**PRUDiC (Procedural Response to Unexpected Death in Childhood)** - Procedure 2023. - Information Leaflets for Professionals and Families. The group resolved: this information includes children up to the age of 18 years old. **Actions from discussion**: to note the above and share as required.	ALL
MCBQSE/ 2024/0142	- **HEIW Visit to GIM at UHL and UHW 24.07.2024 Action Plan.** - **Skin Cancer Service Peer Review Report and Action Plan.** - **HIW Emergency Department Visit (March 24) Updated Improvement Plan.** The group resolved to note the above. **Actions from discussion**: to note the above.	
3 ITEMS FOR APPROVAL/ RATIFICATION		
MCBQSE/ 2024/0143	**National Reportable Incidents (NRIs)** **MCB NRI Position** – there are currently 17 open NRIs across the Clinical Board. Integrated Medicine have 1 open. Specialised Medicine have 13 open. Acute & Emergency Medicine have 4 open (2 have breached the closure date). **NRIs for closure:** **Integrated Medicine**: ID57968 GH This refers to the sudden death of a lady on West 2. A note was found in her lap regarding the care she was allegedly experiencing on the ward. Safeguarding and Police investigations are taking place.	

Issues identified/Recommendations:
- Escalation/documentation of news score.
- Awareness training regarding patient's mental wellbeing.
- Awaiting further toxicology results. No defined cause of death at present.

Discussed regarding the DoC process and how this can be difficult for staff, and for families if you are contacting them some time after their death.
The Patient Safety Team are looking into training being developed.

Integrated Medicine: ID62388
A gentleman was admitted with acute kidney injury. Whilst an in-patient, the patient developed healthcare acquired avoidable unstageable pressure damage to the right heel.
Issues identified:
- The patient was nursed on a foam mattress.
- It took two weeks for the pressure damage on the heel to be acted upon.
- A care plan to support clinically effective safe care for the patient was not present.

Learning:
Tendable audits are undertaken on the wards to ensure standards are maintained to ensure the correct mattress selection is being maintained, and documentation in relation to pressure damage treatment and prevention.

ID14289
A lady was admitted with general decline. Whilst an inpatient the patient developed Category 3 healthcare associated avoidable pressure damage to the heel.
Issues identified:
- The patient had a fracture whilst an in-patient which required the use of an air cast boot. .
- The patient's heels were not being reviewed correctly and the boot was not correctly positioned secondary to a lack of education.

Learning:
- Education for all staff to care for an air cast boot was undertaken immediately.
- Tendable audits to ensure all aspects of pressure damage treatment and prevention are maintained in line with best practice.

Specialised Medicine: ID46167 PG
In 1999 a patient diagnosed with Primary Biliary Cholangitis (PBC). The patient was seen in 2011 and had normal liver function blood tests at that time. Unfortunately, the planned follow up which was due in 2012 did not take place. On 28/10/23 the patient presented as an emergency admission and was diagnosed with primary Liver cancer. The patient sadly died and is subject to HMC Inquest.
Issues identified:
- The DNA process was not followed.
- Poor communication with the GP due to non-attendance at clinic.
- Multiple contacts with hospital, however the need to follow up on USC was not seen.
- Was the referral categorisation of 'routine' appropriate considering the time since review in 2011.
- The patient was removed from the waiting list and the Gastroenterology Team were not aware of this.

Recommendations noted as:
- Review the current clinical guidelines for the surveillance and management of patients with PBC and HCC.
- To understand the first lost to follow up in 2011.
- The review of the referral back to the GP to refer to Hepatology following a Rheumatology review and to understand if the routine was correct.
- To understand the post Covid validation process, how it was governed and communication around removal from the waiting lists.
- Are patients and GP's aware of the importance of 6-monthly surveillance.
- Review current waiting lists in Gastroenterology.

	- Agree waiting list removal process from hepatology waiting lists. - Review of waiting list validation process for hepatology patients. - Consider whether to implement a local PBC/ HCC surveillance database and programme. - Review patient information provided about PBC/HCC surveillance. - Review method of delivery of hepatological training to primary and secondary care partners to ensure awareness of PBC/HCC surveillance standards. **The group resolved**: to note the above. **Actions from discussion:** none.	
MCBQSE/ 2024/0144	**Learning from Events, Claims/ Concerns/ Redress Overview** The purpose is to settle a claim or concern with a financial offer. Take-action to prevent a recurrence of what has happened. The first £25,000 of any claim is paid for by C&VUHB, the rest is paid by Welsh Risk Pool (WRP) who undertake the reimbursement. Pressure damage claims can be expensive. **Case example**: a gentleman was admitted in March 2020. The patient had a grade 2 pressure damage which evolved to unstageable avoidable healthcare associated pressure damage. Health Board Solicitors advised this should be settled at an approximate cost of £60,000 in compensation and £25,000 going to Solicitors for legal costs. WRP has very high expectations and require everything evidenced. **The group resolved**: Learning from Events Reports are provided to WRP. **Actions from discussion:** learning from events plans must be meaningful. These plans should be shared widely, not just at high level. When training staff, the process is shared with staff. Stress the importance of learning from events. **Action:** going forward a summary of claims which have been settled is required. **HEIW action plan** – is for noting and assurance. The visit took place 24/7/24. A paper has been submitted and accepted by HEIW. The action plan will progress. A re-visit will take place in approximately 6 months-time. **Skin cancer peer review** – final report received and action plan. **ED HIW visit** – shows how the actions are progressing.	All Sian Rowlands
MCBQSE/ 2024/0145	**Patient Information Leaflets for Lung Function and Sleep Apnoea Department**: the following patient information leaflets have been updated. Exercise Induced Asthma Full Pulmonary Function Test 6 Minute Walk Test Muscle Function Tests Spirometry Test CPAP Initiation Virtual CPAP Review CPAP Check Up Sleep Monitors Cardio Pulmonary Exercise Testing Fractional Exhaled Nitric Oxide Ear Lobe Blood Gas **The group resolved**: the leaflets have been through a governance process and have been brought here for ratification. **Actions from discussion:** if anyone has any comments on the leaflets, please raise comments with BD by Monday 23/9/24. If no comments are raised the leaflets will be accepted.	All
4	**ITEMS FOR NOTING AND INFORMATION**	
MCBQSE/ 2024/0146	**Patient Safety Alerts/MDAs/ISNs:** Public Health Wales briefing - Outbreak of Clade I M pox in the African Region Direction from Welsh Government following a Regulation 28 Report made in connection with a Coroner's case in North Wales.	

	The group resolved: for noting. **Action from discussion**: shared for information.	
MCBQSE/ 2024/0147	**Medicines Management** A process has been prepared for the Approval of Non-formulary Medication Costs. **The group resolved**: for noting. All were happy with the process. **Action from discussion:** Shared for information	
MCBQSE/ 2024/0148	**Minutes from Directorate QSE Groups and Chairs Reports/Exceptions** Acute & Emergency Medicine meeting 14/8/24 (await confirmed minutes) Integrated Medicine UHL/UHW (await confirmed minutes from meeting held June 2024) Integrated Medicine UHL/UHW next QSE meetings September 2024 EUG last meeting 18/7/24 minutes previously shared. Next meeting TBC **The group resolved**: for noting. **Action from discussion:** Directorate minutes are required to be shared at MCB QSE. Work to be done to track all Directorate QSE meetings and ensure minutes are followed up.	All Directorates
MCBQSE/ 2024/0149	**Minutes from QSE Sub Groups:** IP&C held 2/8/24 await approved minutes. H&S minutes last meeting 7/8/24 await approved minutes. Medicines Access and Governance Group last meeting 6/9/24 await approved minutes. Professional Nursing Board 12/8/24. **The group resolved**: to note the above. **Action from discussion:** none.	
MCBQSE/ 2024/0150	**Feedback from UHB QSE Committee** – a summary will be shared at the next MCB QSE meeting. **The group resolved**: to note the above. **Action from discussion:** none.	
MCBQSE/ 2024/0151	**Safeguarding Newsletter** – CR-T will take the lead for safeguarding for MCB. **The group resolved**: for information. **Action from discussion:** to note the above.	
5. ANY OTHER BUSINESS		
MCBQSE/ 2024/0152	**Any Other Business** **Non-completion of Discharge Advice Letters (DALs)** – there is an alarming trend of this happening at present across all areas. A communication is being sent to the medical teams regarding this. When supporting flow, it is important to remind clinicians DALs must be completed as well. It is essential DALs are completed on discharge and ensure the letter is sent to the relevant GP. Regarding the Acute footprint, AB has a list of patients being discharged where GP's have not received discharge letters. This is a substantial risk being carried. Action: Mark Davies will share this with colleagues on the Acute footprint and will be monitored via the A&E QSE forum. Action: Cath Evans will check if UHB wide work is being carried out regarding DAL's. Action: SG will ensure Katja Empson to be made aware of this risk. Action: JR and MD to consider if this needs to go on the risk register for IM and A&E.	Mark Davies Cath Evans Sheryl Gascoigne Jason Roome/ Mark Davies
6. DATE AND TIME OF NEXT MEETING		
MCBQSE/ 2024/0153	16 October 2024 at 14:30 – 16:00 via MS Teams	

Minutes of the Children & Women's Clinical Board QSE (CWQSE) Committee
Held on Tuesday 24th September 2024 at 8.30am
Via Microsoft Teams

Present:		**Title**
Andy Jones	AJONES	Director of Nursing, C&W Clinical Board (CHAIR)
Abigail Holmes	AH	Director of Midwifery & Neonatal Services, C&W Clinical Board
Samuel Barrett	SB	Deputy Director of Operations, C&W Clinical Board
Paula Davies	PD	Lead Nurse, CYPFHS Directorate
Nia Evans	NE	Associate CNS, Infection, Prevention & Control
Louise Platt	LP	General Manager, CHFW Directorate
Chisom Uwaezuoke	CU	Senior Nurse, Infection, Prevention & Control
Emma Bramley	EB	Quality & Safety Lead, CHFW Directorate
Jane Jones	JJ	Clinical Director, CYPFHS Directorate
Alison Lewis	AL	Patient Safety Facilitator
Becci Ingram	BI	General Manager, CYPFHS Directorate
Natalie Vanderlinden	NV	Designated Education Clinical Lead Officer (DECLO)
Angela Jones	AJ	Senior Nurse, Resuscitation Service
Genevieve Thueux	GT	Asst Clinical Director, CHFW Directorate
Hannah McLoughlin	HM	Clinical Governance & Risk Lead Midwife, O&G Directorate
Kylie Hart	KH	Clinical Governance & Risk Lead Nurse, Neonatal Services
Rachel Sykes	RS	Assistant Head of Health & Safety
Rim Al-Sam Sam	RA-S	Clinical Director, CHFW Directorate
In Attendance		
Kirsty Hook	KHOOK	Risk, Governance & Patient Experience Facilitator, C&W Clinical Board
Bindu Avatapalle	BA	Consultant in Paediatric Endocrinology and Diabetes
Aled Rees	AR	Consultant in Endocrinology and Diabetes
Apologies		
Anthony Lewis	AL	Clinical Board Pharmacist
Siwan Jones	SJ	Clinical Nurse Specialist, Infection, Prevention & Control
Lois Mortimer	LM	Head of Midwifery / Lead Nurse for Gynaecology , O&G Directorate

Item No	Agenda Item	Action
CWQSE/ 2024/147	**Welcome & Introduction** The chair welcomed everyone to the meeting.	
CWQSE/ 2024/148	**Apologies for Absence** **The CWQSE resolved:** a) The apologies were noted	
CWQSE/ 2024/149	**Minutes of the previous Q&S Meeting held on 27th August 2024** The minutes of the meeting held on 27th August 2024 were agreed to be an accurate record. **The CWQSE resolved:** a) The minutes were noted	

CWQSE/ 2024/150	**1.4 To note and update the latest action log (from AMaT System)** The action log is now available via AMAT for live updates to be provided. Outstanding actions from the last meeting were noted. Requests were made for the action log to be updated via the AMaT system following the meeting. **Thematic Reviews – ATAIN** Theme identified related to the ATAIN cases, Significant progress has been made and there is ongoing work to complete the outstanding cases. It was agreed that this action could be closed. **Sodium Valproate** It was noted that the MHRA guidance notes that any child on sodium valproate requires double consenting. Work is progressing for the appointment of a Clinical Nurse Specialist for Epilepsy which is anticipated will support as a second consent, and to help with the current backlog. It was agreed that the action would remain open whilst work continues. KHOOK agreed to request a further update from AL also. **MHRA Compliance – Bed Rails** Continuing to use Avant Guard, M5000 and Solos on the wards appropriately. All trial beds available in the UK that meet the MHRA compliance have been reviewed and feedback has been provided to procurement. Awaiting further update from Medstrom following suggestion of changes being made to the original beds. AJONES asked for the feedback to be shared for information. **Paediatric Resus** No further update available at present. The risk is currently on the Health Board Risk Register and has been discussed as part of the Clinical Safety Group. Agreed that a meeting would take place to look at possible options for support on the way forward. **Training Competency Compliance Review** Ongoing. Further update to be provided at the next meeting on progress **Perinatal Mortality Review Backlog** Ongoing and backlog almost complete. **Fit Testing** PD noted that whilst further guidance is awaited for community services, work is currently underway prioritising higher risk areas initially within community that will require patient contact. **The CWQSE resolved:** a) Action Leads to update outstanding actions directly on AMaT system b) Further update to be provided on any outstanding actions at the next meeting. c) Information on feedback of the trial beds to be shared with AJONES d) Meeting re: Paediatric Resus Practitioner to be arranged	**ALL** **ALL** **EB** **AJ**
GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY		
CWQSE/ 2024/151	**Adolescent Transition – Paediatric Endocrinology** BA and AR were welcomed to the group. Presentation was provided outlining the current issues relating to transition of Paediatric endocrinology patients to adult services.	

	The background to the situation was provided. The service is a JCC commissioned service and is set up to deliver care until 16yrs of age, however there are some exceptions based on cognitive age as opposed to just age cut off. Patients are seen in outreach clinics with liaison paediatricians. There is currently no specialised endocrinology service for adult patients in Wales, therefore some straightforward endocrine conditions are transferred to local adult endocrinology or to the GP. There is a specialised endocrinology service commissioning process taking place however work on this is currently ongoing. Currently the service is not compliant with Welsh/NICU/NCEPOD guidance for safe transition of adolescents, which is a clinical risk and poor patient experience. A recent audit in 2022 highlighted a significant % of patients who have been lost to follow up. The service is exploring the possibility of setting up a young adult clinic (both consultant led and consultant delivered) by reorganizing existing clinics which is hoped will support these patients whilst the commissioning process is ongoing. It was acknowledged that there is Health Board Transition Group which it would be useful to link into. Discussion ensued and it was acknowledged that other services are experiencing similar restraints for the transition of 16-18yr olds, and work is ongoing to put in more robust processes for transition across all specialties. NV noted that the ALNET Act legislation arrangements should also be considered with regards to transition discussions. NV agreed to link in with the transition group. It was noted that there has been a Bevan Commissioned exemplar Project entitled “Falling off a cliff” a digital carabiner rare diseases and young people & their families transitioning into adult care where there may be shared learning from this recent project that could be considered. **The CWQSE resolved:** a) Update noted. b) Presentation to be shared for information	**KHOOK**
CWQSE/ 2024/152	**Health & Care Standards Directorate QSE Exception Reporting** The Directorates were asked to provide updates on specific areas of escalation and noting. **CYPFHS Directorate Report** • Ongoing risks regarding the Neurodevelopment Service. Long term sickness is impacting and plans are being reviewed to look at options to manage this and mitigate further risks. • Ongoing risks regarding the administrative vacancies. • Increasing risk regarding complex patients and management within the community (learning disabilities specifically). Further discussions needed with regards to a recent case which has highlighted wider issues relating to complex patients. Risk assessment on the management of these patients will be considered outlining the risk this poses. • Recent missed birth, patient born in Aneurin Bevan Health Board. Registered with the Taffs Well MC, however no birth visit completed due to the C&V Health Visiting team being unaware of the patient. No birth check completed, and was not known to the service until 8 weeks old. Notice has been served to Cwm Taf HB regarding withdrawal of the service, with the deadline for handover being the end of November, however it was agreed that there is a need to escalate this most recent incident highlighting the risk that this service provision is posing. BI agreed to draft a letter to outline the most recent incident and risks.	

	• CCNS Improvement plan work is ongoing and further Executive Summit scheduled for 21st October 2024. • School Nursing service demand and capacity issue remains, particularly in relation to the rollout of the safeguarding assessment this month. • Fluenz delivery – unaware of the change in the vaccine which will require retrospective addition to WIS system as the new vaccine is not available to select. Guidance is required for senior authorisation of the previous vaccine being recorded on the WIS system as directed by DHCW. If this way forward is not agreed, there will be a significant backlog produced due to retrospective reporting. It was noted that as both the PGD and the new consent form have the new vaccine listed, it was felt that there no clinical risk to record temporarily. • Eating disorder urgent referrals new risk has been added to the Directorate risk register **Timely Access** • 80% compliance against Part 1B interventions, and monitoring is ongoing. Part 1A is currently at 90%. Compliant on all three measures. • LAC numbers are decreasing. Detail on the numbers to be shared with AJONES. **The CWQSE resolved:** a) The report provided was noted for information and key highlights recorded. b) Authorisation of recording for change in vaccines for Fluenz Programme to be agreed. c) Detail regarding LAC numbers to be shared.	**BI** **BI**
CWQSE/ 2024/153	**CHFW Directorate Report** • X2 open NRI's which are progressing • No pressure damage over the last month • Datix incidents review system has been implemented within NICU with regards to monitoring and management of the reported incidents. This process will be mirrored across the Directorate and fully launched by January 2025, with monthly meetings to review themes and required actions to ensure that the process is more streamlined. • No new risks reported for the Directorate Risk Register. The highest risks currently held have mitigations in place and are regularly reviewed. • Medicines Management – no themes identified in the last month. Recent theme related to POMS. Booklets have been reviewed and changes made. No further POMS incidents have been reported since this change. • From an IP&C perspective, there are X3 open bacteraemias which are progressing. MRSA outbreak within NICU, with actions progressing and staff testing has now commenced. MPOX and HCID pathway is in progress. • No psychologist within PICU at present to support staff wellbeing. Wellbeing meetings will continue and the advert is currently out for replacement. Opportunities for cross cover support is being explored whilst the advert progresses • Winter plan is now complete and is being shared through Professional Nurse Forum (PNF). **Timely Access Update** • X3 patients will breach 52 weeks in September. All patients have dates for October (cancellations related to sickness) • Paediatric Endoscopy remains a pressure area. There are 67 patients on the waiting list, 63 of which are over the 8-week target. Meeting taking place	

	this week to explore how the waiting list can be managed and plan going forward. It was agreed that an update would be provided on the plan when available. **The CWQSE resolved:** a) The update was noted for information and key highlights recorded. b) Letter to be drafted to Cwm Taf HB re: recent incident	
CWQSE/ 2024/154	**O&G Directorate Report** • Datix – cumulative total of 704 (x516 Obstetrics, x127 Gynaecology and x57 Perinatal). Weekly Datix clinics continue to support review and operational management • X4 NRI's within Maternity, x14 MBBRACE cases, x14 LRI's, x6 of which are Birth Injury Tools. 3 NRI's within Gynaecology and x7 LRI's • OG31, OG32, OG33 – new risks reported in month. Further update will be available shortly. Ongoing issues with Euroking overlay data. Badgernet training is being rolled out in readiness for the new implementation • Number of estates issues ongoing, all of which are progressing with the Estates Dept. Work is due to commence on the refurbishment of Lift 9 which is anticipated will take approximately 12 weeks to complete. **Timely Access** Provided as part of the directorate update. No specific issues highlighted as part of the meeting. **The CWQSE resolved:** a) The update was noted for information and key highlights recorded.	
CWQSE/ 2024/155	**Exception Reporting / New Risks to be considered for the Clinical Board Risk Register** Detail noted as part of the Directorate report updates. No new risks for the Clinical Board Risk Register. **The CWQSE resolved:** a) Update noted.	
SAFE CARE		
CWQSE/ 2024/156	**Patient Safety Update** It was noted that the Clinical Audit department now sits as part of the patient safety team. Discussion ensued with regards to audits and assurance and ensuring completion of actions in a timely manner. It was suggested that an overview be provided to the Clinical Board following initial conversations being held with the Directorate Q&S leads in the first instance. **The CWQSE resolved:** a) Update noted. b) Clinical Audit discussion to take place with Directorate Q&S Leads	**RC/DMT's**
CWQSE/ 2024/157	**Infection Prevention Control Update Report** The report was shared for information. There were no specific issues to report for this meeting at this time. MRSA Outbreak update provided. There have been x13 cases reported, with x8 different strains identified. An action plan has been developed and actions continue. Parental testing has now been commenced, with no specific issues to report. Decision made to move to staff testing across neonatal and maternity services for a 6-week period. Visiting teams across Acute Child Health are also	

	being screened. CU noted that recent audits on hand hygiene and bare below the elbow has been reporting 100% compliance within NICU, however it was acknowledged that there is no monitoring of parents for hand hygiene and work is ongoing to strengthen guidance and advice to parents. KH to explore options. **The CWQSE resolved:** a) Update noted. b) Explore options for hand hygiene monitoring for parents/carers	**KH**
CWQSE/ 2024/158	**Safeguarding/Mental Capacity Act (MCA)** The following documents have been shared for information and onward sharing. • Independent Office for Police Conduct (IOPC) Campaign – "You Have a Voice" Launch • Right Care, Right Person – Phase 2 rollout • PRUDiC Information **The CWQSE resolved:** a) Documents noted.	
CWQSE/ 2024/159	**Patient Safety Alerts (internal/external)/Welsh Health Circulars** • Safety Memo – Blunt Fill Needles with Filter • Safety Memo – Phenytoin Toxicity All alerts have been circulated for onward sharing and action as necessary. There were no specific exceptions to note. **The CWQSE resolved:** a) Alerts noted.	
CWQSE/ 2024/160	**NICE Guidance – Update on Progress** No specific update to note for this meeting. All were asked to highlight the importance of completion of updates on guidance as part of the AMAT system. **The CWQSE resolved:** a) Update noted.	
TIMELY CARE		
CWQSE/ 2024/161	**Directorate concerns & assurance update** Discussed as part of the directorate reports. **The CWQSE resolved:** a) Update noted.	
ITEMS TO BE RECORDED AS RECEIVED AND NOTED FOR INFORMATION BY THE COMMITTEE		
CWQSE/ 2024/162	No items for information	
ANY OTHER BUSINESS		

CWQSE/ 2024/163	**Staff Winter Vaccinations** Champions have been identified and a programme of pop up vaccination clinics is being implemented from 21st October 2024. All were asked to promote across all areas. **The CWQSE resolved:** a) Update noted. b) Promote vaccination programme across all areas.	**ALL**
CWQSE/ 2024/164	**STRaW Practice** Staff trained as Sustaining Resilience at Work practitioners within the Clinical Board. All were asked to promote the service across all areas to ensure staff are aware of this support. **The CWQSE resolved:** a) Update noted. b) Promote service across all areas.	**ALL**
CWQSE/ 2024/165	**Date and Time of Next Meeting** Tuesday 22nd October 2024 (H&S Focus), Microsoft Teams	**ALL to note**

Minutes of the Clinical Diagnostics and Therapeutics Clinical Board Quality, Safety and Patient Experience Sub-Committee

Held on 19th September 2024

Present:		
Helen Luton (Chair)	HL	Director of Nursing/Multi Professional Teams
Sarah Lloyd	SL	Director of Operations
Suzanne Rees	SR	Lead Nurse for CD&T
Jonathan Davies	JD	Health and Safety Adviser
Carole Oshea	CO	Deputy Site Superintendent Radiographer UHW
Jo Fleming	JF	Quality Lead, Radiology
Edward Chapman	EC	Head of Clinical Engineering/ Medical Devices Officer/Assistant Director of Therapies and Health Sciences
Sue Lawless	SL	Laboratory Service Manager, Haematology
Stephen Coombs	SCo	Podiatry Professional Lead
Julia Dinley	JDi	Head of Speech and Language Therapy (for Kim Atkinson)
Suzie Cheesman	SC	Nurse Advisor, Medicines Management
Robert Bracchi	RB	Medical Advisor to AWTTC
Melissa Melling	MM	Head of Medical Illustration
Sion O'Keefe	SO	Head of Business Development/ Directorate Manager of Outpatients/Patient Administration
Susan Beer	SB	Public Health Wales Representative
Alana Adams	AA	Principal Pharmacist Medicines Information and Advice
Rhys Morris	RM	CD&T R&D Lead
Scott Gable	SG	Laboratory Service Manager, Cellular Pathology
Tracy Wooster	TW	Sister, Outpatients
Bill Salter	BS	Lead Staff Representative
Sian Jones	SJ	Directorate Manager, Laboratory Services
In attendance:		
Sarah Clements	SC	Head of Adult Speech and Language Therapy
Secretariat:		
Helen Jenkins	HJ	Business Support Manager
Apologies:		
Adam Christian	AdC	Clinical Board Director
Alison Lewis	AL	Patient Safety Coordinator
Paul Williams	PW	Clinical Scientist, Medical Physics
Alicia Christopher	AC	General Manager, Radiology & Medical Physics/ Clinical Engineering
Seetal Sall	SS	Point of Care Testing Manager
Nigel Roberts	NR	Laboratory Service Manager, Biochemistry
Jamie Williams	JW	Senior Nurse, Radiology
Debra Woolf	DW	Sister, Outpatients
Sandra Watts	SW	Senior Nurse, EPMA
Timothy Banner	TB	Clinical Director, Pharmacy
Yvonne Hyde	YH	IP&C Team Representative
Elaine Lewis	EL	General Manager, Pharmacy

Kim Atkinson	KA	Clinical Director of Allied Health Professions
Becca Jos	BJ	Deputy Director of Operations

Item No	Agenda Item	Action
PRELIMINARIES		
CDTQSE 24/272	**Welcome & Introductions** HL welcomed everyone to the meeting.	
CDTQSE 24/273	**Apologies for Absence** Apologies for absence were noted.	
CDTQSE 24/274	**Minutes of the previous meeting** The minutes of the previous meeting were received. **The Group resolved that:** a) The minutes of the previous meeting held on 25th July 2024 were accepted as an accurate record.	
CDTQSE 24/275	**Matters Arising/Action Log** The action log was received and it was noted that a number of the actions had been completed. The outstanding actions were updated as follows: *CDTQSE 24/114 Radiology SOP for Chaperoning* JF to present at the next meeting. *CDTQSE 24/164 NRI re Stent Removal* JF to present the NRI at the next meeting. *CDTQSE 24/180 Information Asset Owners* All directorates to provide HJ with the names of their Information Asset Owners. *CDTQSE 24/250 New Bereavement Process* It was requested that the Bereavement Team present the changes to the death certification process at the November meeting. *CDTQSE 24/251 BMSU Guidelines in Ultrasound* To be presented at the November meeting. By this time, a number of long waiters will have been seen and feedback can be provided on any potential impact of harm to the patients. HL and JF will discuss how to frame this presentation.	**JF** **JF** **All** **SO** **HL/JF**

	CDTQSE 24/252 Cellpath Video HL will share the video at the October meeting. *CDTQSE 24/267 Park and Ride Scheme* HL has not fed back that staff have requested for more frequent buses as discussions are being held around the sustainability of the scheme at UHB level. BS noted that Staff Representatives are also raising concerns around the removal of the Park and Ride Service at UHL and also with the shuttle bus between UHW and UHL and the need for a more reliable service. **The Group resolved that:** a) The update on the actions outstanding from the previous meeting were noted.	**HL**
6 DOMAINS OF QUALITY		
SAFE		
CDTQSE 24/276	**Concerns and Compliments Report** In August 2024, the Clinical Board received 39 concerns; 11 formal and 28 early resolution concerns. There was 1 breach in response times and 3 compliments. The top reasons for concerns for August relate to the waiting times for test results/scan reports and difficulties cancelling and arranging appointments. The Group resolved that: a) Teams were thanked for their efforts to attempt to resolve formal concerns in a timely manner. Also, for their efforts in attempting to contacting patients to address and meet the challenging turnaround times for early resolution concerns.	
CDTQSE 24/277	**National Reportable Incidents** Incident ID 64589 was reported by Radiology and has been assigned to Medicine Clinical Board for investigation. Incident ID 65211 – following discussion with the Surgical Team involved in the patient's care, it was clarified that this incident is not classified as an NRI as the outcome for the patient would not have been altered. Incident ID 57482 is a complex case relating to the route of a referral. The investigation is ongoing and when concluded feedback will be brought back to a future meeting. Incident ID 44284 is an LRI and the investigation is under review.	

	Incident ID 62644 is a Never Event relating to a retained sheath in an EVAR procedure within Radiology. There are 4 new Pathology NRIs, and as these all relate to delays in the pathology laboratory, these will be presented to this group when the investigations are concluded as a theme. Incident ID 67285 relating to a heel pressure ulcer is now closed. SR to request for the case to be presented at a future meeting. **The Group resolved that:** a) The learning from the Pathology incidents will be presented to the meeting in February.	**SR** **SG**
CDTQSE 24/278	**Duty of Candour Cases** Duty of Candour cases relate to the NRIs discussed. Patients have been made aware of the delays to their pathways and they have been sent letters detailing points of contact within the Health Board. **The Group resolved that:** a) There are no new cases to report.	
CDTQSE 24/279	**Risk Register Updates** POCT submitted a new risk assessment form relating to Radiometer devices that has been included on the risk register. HL has discussed the risk relating to the poor internet connection in AWTTC which was scored at 25. This involved a patient with a cardiac arrest which was a challenging clinical situation that caused great stress. Although the consequence scored a 5, the frequency did not merit a scoring of 5 and HL agreed to meet with the directorate to discuss the potential mitigation that can be put in place and review the scoring. JF noted that a risk relating to reliability issues of mobile x-ray units in the Children's hospital has been added to the risk register. Capital bids have been submitted for replacements and CO will provide EC with the details on the bid submitted outside of the meeting. During the Operation POET exercise, it emerged that the power supply to the air handling unit in CT UHL was not connected to the emergency power supply to the backup generator. Solutions are being considered. Also. within Radiology, there were issues with electronic reporting today due to lack of memory storage which resulted in the inability to undertake electronic reporting today. A solution is being worked on and it is hoped that this will be resolved later	**HL** **CO/EC**

	today. Business continuity plans were activated to prioritise most urgent patients. **The Group resolved that:** a) It was requested that if there are any updates to the directorates' risk registers to submit them to HJ. b) SL asked directorates to ensure their business continuity plans are amended to reflect any issues highlighted following the Operation POET exercises.	**All**
CDTQSE 24/280	**Patient Safety Alerts** **Safety Memo Blunt Fill Needles with Filter** EC highlighted the importance of ensuring the correct needle is used to fill and dispense drugs as there is a risk of taking a piece of rubber from the bung of the vial if the wrong type of needle is used. **The Group resolved that:** a) The safety memo has been circulated for information.	
CDTQSE 24/281	**Medical Device/Equipment Risks** **The Group resolved that:** a) There were no new risks or issues to raise.	
CDTQSE 24/282	**Point of Care Testing** **The Group resolved that:** a) There were no issues to report.	
CDTQSE 24/283	**IP&C/ Decontamination Issues** The IPC and Decontamination Groups are being held next week. SR asked for feedback from directorates relating to IPC issues for her to escalate. HL noted that HCID Preparedness Meetings have been set up, looking at pathways from ED to A7. HL suggested that a representative from Radiology should be involved to consider the pathway to Radiology. This was agreed and HL will forward on the meeting invitation. With winter approaching there will be an increase in respiratory illnesses where there may be a requirement for FFP3 masks. HL reminded directorates for staff to review their fit testing compliance records, noting that the Health and Safety team are running monthly fit testing sessions.	**HL**

	The Group resolved that: a) Hoods are available if fit tests fail. Directorates to contact JD if these are required.	
CDTQSE 24/284	**Safeguarding Update** Directorates reported difficulties in collating the training compliance figures for level 2 and level 3 training and HL has fed this back to the Safeguarding team. HL asked directorates to provide her with their figures, acknowledging the difficulties of this. There are issues with accessing level 3 training due to a lack of availability. Clarity was sought whether all Band 6 staff require the training as some ESR records do not have this module against their compliance. It was noted that all clinical patient facing staff at band 6 and above require the training. SR reported that the Consent Group met yesterday and each Clinical Board are tasked to complete a template which includes consent and safeguarding issues and training compliance and any audits being undertaken. A link was provided to the consent template in the Teams Channel for directorates to review. Mental Capacity Act training compliance will also be monitored and it was requested that directorates to check their staff's records to ensure the right modules are assigned to the right staff groups. JDi reported that a discussion was held on the use of EIDO leaflets that are available on the SharePoint site for the Consent Group. There was a reminder that if a specific EIDO leaflet is available then this should be used. If a specific leaflet that is needed is not available then professional body leaflets are a suitable alternative, but this needs to be documented carefully with good version control in place. There is a process for developing leaflets inhouse where an EIDO leaflet is not available. EIDO are interested to receive any requests for new leaflets to be developed across Wales and will prioritise the most requested leaflets. JF noted that a request has been submitted for Interventional Radiology leaflets however this is a slow process and in the interim the department are using information that they currently have available. **The Group resolved that:** a) An agenda item for consent will be added to future meetings.	**HJ**

CDTQSE 24/285	**Health and Safety** **Health and Safety Claim in Cellular Pathology – Learning from Events Report** SG provided a presentation on the summary of events. On 31st August 2023 at 6.30am a Biomedical Scientist (claimant) working in the Electron Microscopy Unit of UHW. The claimant slipped on a deposit of water from a leak onto the floor from the ceiling above. The claimant lost balance, twisting the lower back and wrist, resulting in an injury. An investigation was undertaken. Directly above the area of the leak is an inpatient ward. It used to be a library and it was converted to a ward and the shower has been leaking intermittently since its installation. This has been raised with Estates on 16 occasions over a 2-year period, and each time work was undertaken and the leak stopped, however the root cause was not addressed, resulting in further leaks. Visible hazard cones were placed in the area for awareness, however as they have been permanently placed there, there has been a level of complacency. The area is highly restricted with only a small number of staff with access and no access to members of the public. It houses expensive equipment and all staff are aware that this equipment can be hazardous given the potential for leaks. On the day of the incident, the claimant arrived in the department half hour earlier than the commencement of their working day and there were no witnesses present. The claimant's footwear was conformant with the local dress code. However, it was a sunny day with daylight illuminating through the laboratory windows and the claimant walked past three light switches and did not switch on the lights prior to reaching the spillage. Following investigation into the incident, an offer was made of 75/25% split in the claimant's favour. Following the investigation, the department was able to demonstrate to Welsh Risk Pool that there was evidence that mitigations and actions were already in place: There was evidence of regular MR requests. There was liaison with the ward manager in the area above to work collaboratively to manage the leak and an appropriate system of reporting was in place. There was use of absorbent materials and barriers to contain and manage the spread of water at source and procedures for managing spillage were in place. The implementation of a routine inspection schedule is needed by Estates.	

	Local records of all inspections are maintained. A risk assessment of the issue was already produced. An SOP for appropriate PPE is in place. Health and Safety training compliance was above the 85% target with scientific and technical staff compliance figures at 92.5%. Change control procedures are updated and stored on Q-Pulse system. The investigation highlighted that the claimant did not illuminate the laboratory with artificial lighting and staff have been reminded to turn on the lights when entering the laboratory area. JD enquired if there are still intermittent leaks occurring. SG understands that the root cause has now been resolved. SG will share the presentation for shared learning purposes. JF reported that a change of practice on ITU on detectors being placed behind patients resulted in a number of staff injuries when assisting patients. From last week all patients unable to assist themselves are being log rolled for placing the detector behind the patient. The ward has linked in with Radiographers on this change of practice. RB reported that due to a number of issues within the Academic Centre building , a risk register specific to the Academic Centre is being produced. There are issues with the lift, leaks and intruders climbing onto the roof of the building and jumping from it. advised that Matt Temby, Managing Director for UHL site meets regularly with Estates and suggested he is contacted with a list of the issues. EC noted that there was an issue with youths accessing the roof of Fieldway over a year ago and placing a safety gate at the top of the fire escape was not a complete solution as one youth managed to overcome this. JD commented that this is still a risk as the UHB has not discharged its responsibilities as it is aware that children are still accessing the roof. SL stated that the departments in the building have taken as much reasonable action as is expected to try and prevent this, however this is a capital and estate risk as it relates to a building with multiple occupants. EC noted that it has been a year since the last incident so it is hoped that there will be no further issues. JD will check that this is on the Estates risk register along with the risk of the Academic Building. EC also reported an issue with the guttering at the back of the Fieldway building which is separating from the roof. A contractor and estates have assessed this and it is not deemed as a high risk of falling off.	**SG** **JD**

	JD provided feedback from the Operational Health and Safety Group. The UHB is reporting an improvement in the number of Riddors being reported compared to last year and there have been 0 Riddors reported in this Clinical Board to date. The next phase of the tunnel improvement work will be taken forward from Paeds EU through to the Children's Hospital. There has been reports of waste being placed in the tunnels again and this is an issue that will need to be addressed. An updated COSHH request form is available on the Health and Safety SharePoint site. Sypol users are being extended as there may be areas that would benefit managing Sypol more closely themselves. JD reminded the group that fit testing is available and also fit tester training is also available. The South Wales Fire and Rescue prosecution relating to the lack of control of ignition sources in Mental Health is proceeding on 21st October. MM has not received a definitive response from the Occupational Health department as to whether Health Surveillance occurs automatically. JD will ask the team to link in with MM. MM also reported that Estates have closed the maintenance request relating to the concrete in the ceiling. JD stated that an assessment was undertaken and he will follow this up. **The Group resolved that:** a) Staff need to be aware that health and safety should be considered as a priority and staff should not take the view that they are saving the UHB costs by not switching on lights in their working environments, particularly in clinical areas such as laboratories.	**JD** **JD**
CDTQSE 24/286	**Regulatory Compliance** **The Group resolved that:** a) There was no meeting held in August.	
TIMELY		
CDTQSE 24/287	**Initiatives to Improve Access to Services** **The Group resolved that:** a) There were no issues to report.	

CDTQSE 24/288	**Waiting Times Performance** The backlog in Microtomy is showing a much-improved position and is currently reduced to under 300. For August, the number of patients waiting 8 weeks or greater for diagnostics is 10849. The number of patients waiting 14 weeks or greater for Therapies is 659. **The Group resolved that:** a) The teams involved are taking measures to address their waiting times and are prioritising the most clinically urgent cases.	
EFFECTIVE		
CDTQSE 24/289	**Feedback from UHB QSE Committee** **The group resolved that:** a) The August meeting was cancelled and the next meeting will be held in October.	
CDTQSE 24/290	**NICE Guidance** **The Group resolved that:** a) There was no new guidance to share.	
CDTQSE 24/291	**Research and Development** The Clinical Board R&D Group met yesterday. There has been reliable attendance from representatives from AWTTC and Medical Illustration, however there is a request for representatives from other directorates to send deputies if unable to attend. RM is seeking volunteers to present at the next Clinical Board R&D Forum. HCRW have opened new IFS and personal funding calls. Following an issue in Physiotherapy, University based Chief Investigators of trials need to engage more with frontline staff in Cardiff and Vale when trials are being set up to avoid recruitment problems. **The Group resolved that:** a) The update from the R&D Lead was noted.	
CDTQSE 24/292	**Service Improvement Initiatives** **The Group resolved that:**	

	a) There were no initiatives to report.	
CDTQSE 24/293	**Information Governance/Data Quality** SO reported that a Demographics Group has been set up by the Digital Health Intelligence Team for the EPMA go live. A follow up meeting of the group is being arranged and Health Records will be involved. Radiology and Laboratory Medicine will also need involvement to work off a Master Index which will be run through the PMS system. **The Group resolved that:** a) The update was noted.	
CDTQSE 24/294	**HIW/LLAIS Reports and Improvement Plans** **The Group resolved that:** a) There have been no other inspections held that have impacted on this Clinical Board.	
CDTQSE 24/295	**Policies and Procedures** **The Group resolved that:** a) There are no relevant UHB policies or procedures out to consultation and no Clinical Board policies or procedures to be received.	
EFFICIENT		
CDTQSE 24/296	**Exception Reports from Directorates** Medical Illustration and Therapies submitted reports. **The Group resolved that:** a) There were no other issues raised from directorates.	
CDTQSE 24/297	**Clinical/Internal Audits** **The Group resolved that:** a) There were no updates relating to audits to report.	
CDTQSE 24/298	**Waste and Sustainability** **The Group resolved that:** a) The were no updates or issues to report.	
EQUITABLE		
CDTQSE 24/299	**Feedback from Clinical Board Inclusion Ambassadors Group**	

	The UHB Equality Adviser attended the last Clinical Board Ambassadors Meeting and shared the UHB EDI priorities. HJ to share the presentation slides. **The Group resolved that:** a) The Group needs to be reinvigorated and aligned to the staff survey results.	**HJ**
CDTQSE 24/300	**Equality and Diversity Issues** Sarah Clements, Therapies EDI Representative/ Lead for Adult Speech and Language Therapy presented on the EDI work being undertaken in Therapies. An EDI Action Plan is being developed for Therapies. Every meeting, policy and decision takes a proactive EDI approach and needs to meet the legal and ethical standards. EDI is a key consideration in the recruitment process: • Job adverts need to use inclusive language. • Job offers should offer flexible working patterns where possible. • There must be consistent use of inclusive language during the interview process. Sample interview questions that consider EDI issues have been produced. • Interview rooms to be welcoming and accessible. • Eliminate unconscious bias and change the mindset to focus on recruiting for skills rather than people. The workforce needs diversity and needs to include people with Protected Characteristics. Therapies have linked in with Diverse Cymru's Black, Asian and Minority Ethnic Cultural Competence Certification Scheme. This scheme consists of 2 parts; Cultural Competency and Self-Assessment. The aim is to achieve platinum status. The aim is to cascade learning throughout Therapies and the Clinical Board. Speech and Language Therapy and Podiatry have been involved in Project Search and offered placements over the summer. The Speech and Language Therapy team have fed back that the placement had a positive impact on the team, it brought them together to provide the student with tasks that would provide him with the best experience and it also reinforced their values and behaviours. The student was enthusiastic and had a positive work ethic. His reflections on his experience were also positive. SLT and Therapies have set up a Welsh Language Committee. Minutes are in Welsh. The work of this committee is to audit current provision against Welsh Standards. It will consider how to encourage staff to learn Welsh and improve Welsh in the workplace and how to receive feedback from Welsh speaking patients.	

	Ongoing actions in Therapies include: • Writing up a formal EDI action plan and they asked for support from anyone with experience in writing action plans. • Identify and liaise with stakeholders as a key aim is to provide outcomes that matter to people. • Recruit EDI champions from across Therapies HL thanked SC for attending and the presentation slides will be shared with the Group. JDi referred to a patient with cognitive impairment that wanted to volunteer for the Health Board but experienced barriers in the administrative process. HL asked if the details could be shared for her to follow up with the Patient Experience Team on how this process can be simplified. **The Group resolved that:** a) Other directorates that have participated in Project Search also provided positive feedback. b) Sion O'Keefe offered support to SC to write an EDI action plan. c) There is interest in the Diverse Cymru Scheme in other departments. Given the costs, SC advised that there are resources available to run an inhouse scheme/ provide cascade training. d) SC to share outputs from the Diverse Cymru scheme and the learning at a future meeting.	**HJ** **JDi**
PERSON CENTRED		
CDTQSE 24/301	**Patient Story - Pharmacy** AA presented a patient story from Pharmacy. There are issues nationally with medicine shortages and this is impacting on patients who are reporting that they are unable to locate medicine supplies. The focus of this patient story is on the shortage of Methylphenidate used to treat ADHD. These medicines are prescribed by brand and when a patient becomes used to using a particular brand, switching brands can cause issues with the control of the condition and can cause adverse side effects. In an ideal situation, patients will remain on the same brand. A patient, 31 years old, was diagnosed with ADHD in adulthood and also has a diagnosis of Asperger's syndrome. They were stabilised on a particular brand received through their GP. Over the last few months there have been difficulties in obtaining supplies which has impacted on their daily life. The patient has permanent employment and in a romantic relationship. They	

	work in accountancy in an office environment where they need to work quietly. The patient has been trying to make their supply last by not taking the medication every day and retaining supplies for days when they attend the office. The patient was stable prior to the shortage and is therefore concerned that their stability will not be maintained. The employer is supportive and some days there is the option to work from home where they can avoid taking their medication. The patient is worried about the medication shortage and are concerned that they are becoming loud and hyperactive and that stability will not be maintained. The patient's mother has visited local pharmacies in abundance and has found supplies but of an alternative brand. However, the GP will not make the switch automatically as input is required from a Specialist in secondary care to advise on a suitable alternative. This is a similar theme for other patients with no stock available of their prescribed medicine. Hundreds of patients are awaiting supplies across the country and when medicines become available they are being dispensed as soon as they arrive back in stock. Also given awareness of the shortages, some patients are stockpiling supplies, which is compounding the position. The Pharmacy team are dealing with stock enquiries on a daily basis. There are instances where consultants telephone pharmacy dispensaries to ask what brands they have in stock so that they can prescribe medication to patients that are currently available. Teams are dealing with distraught patients, particularly parents of children, who are unable to access medicines. Sadly, the shortage situation is concerning particularly for people whose condition has destabilised where their jobs could potentially be at risk and for children who are unable to attend school. **The Group resolved that:** a) The national shortage of medicines has been raised at the Clinical Safety Group, to raise awareness across Clinical Boards.	
24/302	**Initiatives to Promote the Health and Wellbeing of Patients and Staff** A McMillan cake sale is taking place in Fieldway on 26th September. AHP Week commencing 15th October. Events will be held over the week. World Pharmacy Day is taking place on 25th September. OT week commences 3rd October.	

	Global Clinical Engineering Day will be held on 21st October. Over the summer Pharmacy set up running and rugby teams which has improved staff morale and team spirit. HL thanked the teams for their enthusiasm in supporting Improving Diagnostics on World Patient Safety Day. **The Group resolved that:** a) Directorates to consider how they can support the health and wellbeing of their staff and their patients.	
CDTQSE 24/303	**Any Initiatives Relating to the Promotion of Dignity** **The Group resolved that:** a) There were no initiatives to report.	
CDTQSE 24/304	**National User Experience Framework/Feedback from Patient and Service User Surveys** The Staff Survey results have been received. HL will circulate the results but directorates are to be mindful that the response rate was low at around 25%. The next staff survey will commence in October and teams are asked to encourage their staff to complete the survey so that more meaningful information can be obtained from the results. **The Group resolved that:** a) Walk rounds will be undertaken in conjunction with Partnership colleagues to encourage staff to complete the survey.	**HL**
CDTQSE 24/305	**Staff Awards and Recognition** **The Group resolved that:** a) Nominations for the Clinical Board Recognition Scheme are encouraged from all staff in the Clinical Board.	
ITEMS TO RECEIVE/NOTE FOR INFORMATION		
CDTQSE 24/306	Medical Illustration Exception Report Therapies Exception Report	
ANY OTHER BUSINESS		
CDTQSE 24/307	Nothing further to report	
CDTQSE 24/308	**Date & time of next Meeting** The next meeting will be held on 25th October 2024 at 10am via Teams.	

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

Safeguarding Steering Group Meeting
Tuesday 27th September 2024
Via Teams

Present:

Linda Hughes-Jones	Head of Safeguarding, C&V UHB	Corporate Nursing
Pippa Johnson	Mental Capacity Team	Corporate Nursing
Faye Protheroe	Bereavement Lead Nurse	Corporate Nursing
Emma Davies	Nurse Staffing Levels Lead	Corporate Nursing
Bethan Williams	Paediatrician – Lead Dr for CLA Team	C&W Clinical Board
Judith Cutter	Consultant Midwife	C&W Clinical Board
Helen Luton	Interim Director of Nursing	CD&T Clinical Board
Ceri Richards-Taylor	Interim Deputy Director of Nursing	Medicine Clinical Board
Beverley Oughton	Senior Nurse, Cardiothoracic	Specialist Clinical Board
Cath Twamley	Interim Director of Nursing	Specialist Clinical Board
Anna Mogie	Deputy Director of Nursing	PCIC Clinical Board
Marianne Seabright	Lead Nurse for MHSOP	Mental Health Clinical Board
Natasha James	Safeguarding OM - Vale LA	Vale Local Authority
Annette Blackstock	Interim Assistant Director, Public Health Wales	Public Health Wales, Safeguarding Service

	PART 1: PRELIMINARIES *(Chair)*	**ACTION BY**
1.1	**Welcome**	
1.2	**Apologies for Absence** Zoe Roberts, David Murray-Dickson, Jason Roberts, Jane Murphy, Katina Kontos, Andy Jones, Ceri Lovell, Clare Biddlecombe South Wales Police, Helen Whalley, Nicholas Howard, Paula Davies, Jeff Morgan, Rachel Raymond, Andrew Crook, Natalie Pughsley, Angela Stephenson	
1.3	**Approval of SSG Minutes from the previous meeting**	
1.4	**Action Log**	

PART 2: STRATEGIC DIRECTION AND SERVICE IMPROVEMENT		
2.1	**Update from on the Multi-Agency Response to the Cardiff JICPA actions and improvement deadlines:** Deferred as Andy Jones unavailable due to change of original meeting date. **Update of SOP from Paula Davies** Deferred due to unavailability.	Nov 24
2.2	**Clinical Board Reports presented by Director of Nursing or representative:** **Medicine** – safeguarding training compliance is currently 76-80% Slight improvement in attendance since the last meeting. MCA training attendance has improved by 9%. As1 submissions have increased. MARF's have decreased which could be due to the summer holidays. **Surgery/Dental** – apologies sent **Specialist Services** – MCA Training – medical staff compliance is currently at 29% attendance. This has been discussed at the performance review where an improvement action plan has been devised with the Clinical Director. A champion has been identified to help increase the attendance. The MCA team will be offering multiple MCA Level 2 training dates to F1s and F2s in standard teaching blocks from January 2025 to increase junior medics compliance. There is an increase in open adult safeguarding cases. Some of the cases are closed but require a VA2 to closure to safeguarding. **CD&T** – apologies sent at this point in the meeting. Late attendance at the meeting. **PCIC** – Medical and Dental colleagues are being targeted to improve attendance with safeguarding training. AS1 health led cases are low for PCIC but the majority of the referrals are Local Authority led cases (19). **Children and Women –** MARF referrals are lower possibly due to the summer holiday period. Language line costs in August were down by over £12,000 from July. **Mental Health –** Health AS1's has increased in August from 8 to 14 with 32 cases open. There are 16 open professional concerns which is also an increase from previous months. **Head of Safeguarding**, Linda Hughes-Jones explained that there has been exceptional amount of sickness within the corporate safeguarding team. This has affected the training and safeguarding supervision being provided to staff. Two safeguarding supervision sessions have been cancelled and one Level 3 training has been cancelled. **Action: Level 3 training to be re-organised for October 2024.** **Action: Interim safeguarding supervision measures to be arranged for 3 specific Flying Start Health Visiting Services.** **Action : Safeguarding to send out HLP list to CBs to update if required** **Action : AJ to share information on language line costs** **Action: Consider data from Advocacy Support Cymru to be shared bi-monthly at SSG** **Quarterly Corporate Safeguarding Dashboard: July & August 2024** 1083 MARFS submitted	

	266 Ask &Act referrals- 176 positive disclosures 41 CP medicals undertaken 199 AS1's submitted by the UHB 178 VPT referrals (20% under 18 years) 121 Active Section 5 / professional allegations/ concerns	
PART 3: ORGANISATIONAL PERFORMANCE AND EFFECTIVENESS		
3.1	**NRI report to be presented by CAMHS and MH services** Deferred due to unavailability	
3.2	**CLA Health Assessments update undertaken by HV service** Deferred due to unavailability	
3.3	**Update from Emergency Department of a complex case following discharge/ ED Adolescent Meeting update**. Deferred due to unavailability	
PART 4: GOVERNANCE		
4.1	**MCA/ DoLS Assessments / Consent Lead presented by Chloe Evans:** The calls **received by the** Mental Capacity Act team are a represented from across all clinical boards. Training sessions are increasing this includes the additional sessions offered to regional GPs training around self-neglect. There has also been bespoke training around children and young people. There is availability for the practical application of the MCA course. Chloe explained that this is suitable for any staff completing capacity assessments. Information regarding MCA can be found on the Mental Capacity Act Team share point There are ongoing delays for assessment to DoLS MCA have identified the impact of the South Wales Police " Right Care, Right Place" on DOLS as well as the Mental Health Act so plan to look at this and feedback to LHJ. PCIC have linked in with the MCA team to provide a sample of patients where their PARIS records can be reviewed to undertake an audit of MCA / Consent for patients known to the DN & CRT teams.	4.1 MCA-DoLS update for SSG Sep 2024.pptx
PART 5: REPORTS/ MINUTES FROM OTHER GROUPS/COMMITTEES		
5.1	**RSB Update from Natasha James:** JICPA recommendations were presented at the last RSB Delivery Board. The Child Protection audit came from a Child Practice Review by Cwm Taf. Health lack of representation at core groups and review child protection conferences leaves a gap in the multi-agency risk planning discussion. There is a work plan in place to develop a neglect tool kit for children.	
5.2	**NHS Safeguarding Network Update from Annette Blackstock:** "One for Wales" launch date has not been finalised. The launch has been deferred to 1st November 2024. All Wales Safeguarding Clinical Supervision guidance is complete and will be shared shortly.. PREVENT scoping has been completed and will be shared in October 2024.	

PART 6: FOR INFORMATION: available on TEAMS Channel		
6.1	Training Strategy Reviewed 2024 Deferred until next meeting due to corporate safeguarding workload.	
PART 7: ANY OTHER BUSINESS		
7.1	RSB National Safeguarding Week is 11-15th November 2024. There will be lunch and learn sessions regarding self-neglect via Teams. This will be identify, how to manage a case through the safeguarding processes. Email CARDIFFANDVALERSB@CARDIFF.GOV.UK to book a place. A draft version of the safeguarding annual report will be prepared for the November SSG meeting. An internal audit will be ready for sign off for November SSG meeting. SUSR – awaiting the pilot report that has been undertaken within C&V RSB.	
PART 8: KEY MESSAGES FROM MEETING		
PART 9: NEXT MEETING OF THE UHB SAFEGUARDING STEERING GROUP		
	22nd November 2024	9.30-11.30

ACTION LOG

MINUTE POINT	ACTION 27th September 2024	PERSON RESPONSIBLE	TIMESCALE
2.2	Action: AJ to share information on language line costs	**Andy Jones**	**November 2024**
2.2	Action: Level 3 training to be re-organised for October 2024**.** Action: Interim safeguarding supervision measures to be arranged for 3 specific Flying Start Health Visiting Services. Action : Safeguarding to send out HLP list to CBs to update if required. Action: Consider data from Advocacy Support Cymru to be shared bi-monthly at SSG	**Linda Hughes-Jones**	**November 2024**

Rolled over from previous meetings

MINUTE POINT	ACTION 30th July 2024	PERSON RESPONSIBLE	TIMESCALE
2.1	Paula Davies to present the outcome of the school health nurse pilot of health assessments in the East of Cardiff.	Paula Davies	**November 2024**
3.2	Digital pathway or app to be introduced.	Andy Jones/ Zoe Roberts/ Adele Watkins	**November 2024**
4.1	Linda / Chloe and DW to meet to discuss how to improve health applications	LHJ / CE/ DW	**November 2024**

MINUTE POINT	ACTION 17th May 2024	PERSON RESPONSIBLE	TIMESCALE
2.2	Action: SAFE to be invited to return to the SSG in 9 months to discuss progress	LH-J/ CD	**March 2025**

MINUTE POINT	ACTION 15th March 2024	PERSON RESPONSIBLE	TIMESCALE
3.4	NRI to be shared at SSG once completed. The business plan to be brought to SSG in July 2024	Ceri Lovell	**November 2024**

	ACTION 23rd November 2023		
2.5	RR to return in May to update SSG on the pilot	Rachel Raymond	**November 2024**

	ACTION 28th September 2023		

3.2	Dr Bethan Williams to work together with Dr Zoe Roberts and Adele around amalgamating the health care needs form and the acute emergency care form	Bethan Williams/ Zoe Roberts/ Adele Watkins	**November 2024**

	ACTION 17th March 2023		
2.1	Undertake rolling programme of evaluation of training on a 6-12-months basis. (Feedback on training)	NJ safeguarding team	**Annual update**

	ACTION 26th January 2023		**TIMESCALE**
3.3	Lisa to share an update at the next meeting on a complex case following discharge	Lisa Green	**November 2024**

	ACTION 25th November 22		
3.6	BW to feedback to the SSG the continuity of records for adopted children when resolved	Bethan Williams	**On hold**

Reporting Committee	**Quality and Patient Safety Committee (QPSC)**
Chaired by	**Ian Green**
Lead Executive Director	**Director of Nursing & Quality**
Date of Meeting	**4th November 2024**

Summary of key matters considered by the Committee and any related decisions made

1. PATIENT STORY

Members received a video of a patient and donor's experience whist undergoing a Bone Marrow Transplant. The service is commissioned from Cardiff & Vale University Health Board in the South and The Christie in the North. The video demonstrated the needs for a whole team approach and the support the patients receive during and after the transplant. As well as outlining the process the Lead clinician spoke about the need to increase the bank of donors. A member of the Joint Commissioning Committee (JCC) Quality Team attended a celebration event when the donor visited Wales to be reunited with the recipient one year after his transplant.

2. WELSH KIDNEY NETWORK REPORT

Members received a report outlining the current Quality and Patient Safety issues within the Welsh Kidney Network (WKN) and a summary of risk register was provided. Concerns were raised regarding the importance of early intervention and the role of public health going forward. The Committee were reassured that the appointment of a Public Health Advisor was progressing within the JCC and an update would be provided at the next meeting.

3. COMMISSIONING TEAM AND NETWORK UPDATES

Reports from individual Commissioning Teams were received and taken by exception. Members noted the information presented and a summary of the services in escalation as attached. The key points for each service are summarised below and updates regarding services in escalation are attached in the tables at the end of the report.

4.1 Cancer & Blood Plastic Surgery

It was noted that the JCC had agreed additional funding that will achieve the Key Performance Indicators (KPI) for identified higher priority patients (including

paediatric patients and patients waiting for Deep Inferior Epigastric Perforator (DIEP) reconstruction after cancer surgery) awaiting plastic surgery. The trajectory is currently being finalised however, the committee requested that in the meantime any direct harm to paediatric patients needed to be considered and escalated appropriately.

Neuroendocrine Tumours
Cardiff & Vale University Health Board received confirmation from the European auditors on the 3rd October that following submission of their annual return data they have maintained the European Neuroendocrine Tumour Society (ENETS) certificate for another year. This maintains accreditation status as a European Centre of Excellence.

4.2 Cardiac
Obesity Surgery Waiting Times
It was reported that there had been no improvement in the waiting list positon for Salford which was resulting in an inequity of service provision between the North and South Wales obesity services. As a result the JCC Senior Leadership Team endorsed a proposal submitted by the Commissioning Team for a portion of the resource allocated to SBUHB to be used to support the recruitment of an additional dietician. This will enable the Welsh Institute of Metabolic and Obesity Surgery (WIMOS) to undertake a number of additional procedures for BCHUB and North Powys patients. The Committee asked if the NHS England service needed to be placed into escalation as a direct result and it was agreed that the Commissioning Team would now consider this as a matter of urgency.

Cardiac Surgery
Cardiff and Vale Cardiac Surgery Service was de-escalated from Level 2 to Level 1 of the Escalation Framework in May 2024. The JCC team have been informed that the Health Board are undertaking an internal review of cardiac services following a number of incidents. The team will request the Terms of Reference and ensure that the JCC are fully sighted on the timescales of the review and its findings.

4.3 Neurosciences and Long-Term Conditions
Deep Brain Stimulation
It was noted that significant progress had been made with North Bristol to secure the pathway for South Wales patients and will monitored over the coming months.

4.3 Women & Children
Children's Hospital For Wales
A reset meeting took place on the 18th September to consider the services in escalation and undertake a collaborative approach to agreeing the way forward. Further work was required to agree the data set for monitoring and the next

escalation meeting is scheduled for 25th November. A detailed update with actions is provided in the escalation table.

Wales Fertility Institute
Members noted the significant work that had been undertaken to improve the service. The risk score has been reduced from 15 to 8, following receipt of 3 months comprehensive dataset received from the provider. The Commissioning Team reviewed the evidence and the level of escalation has been reduced from three to one as a result. Quarterly meetings will continue to be held and data submissions will be required in order to ensure the service remains at an appropriate level of service provision with reduced risks. A Letter has been sent to provider to inform them of the decision to reduce the level of escalation.

Infection Prevention & Control Issues
The committee were given an update on the two Methicillin-resistant Staphylococcus aureus (MRSA) outbreaks in the neonatal units in SBUHB and CVUHB. The JCC Quality team we part of the outbreak meetings and will continue to provide support into the units. Welsh Government are aware of the position. Further work will need to be undertaken to fully understand if the units are outliers and what actions are required to prevent further outbreaks and transmission.

4.4 Mental Health
High Secure Services
The service at Rampton High Secure Unit remains in enhanced monitoring via NHS England & the Care Quality Commissioning (CQC) due to significant staffing issues. There are beds available but all admissions are managed via this process. There is one Welsh patient awaiting admission. The Commissioning Team continue to have oversight of commissioning of high secure services via the National Oversight Group (NOG) which include fortnightly SITREP's, site visits and Bi Monthly Strategic Executive Information System (StEIS) meetings.

4.5 Intestinal Failure (IF) – Home Parenteral Nutrition
Members received an update on the quality issues for services relating to the Intestinal Failure Commissioning Team Portfolio.

5.0 OTHER REPORTS RECEIVED

Members received reports on the following.

5.1 Services in Escalation Summary
Members noted that there were a number of examples given where services had been in escalation for a considerable length of time and in some instances this was due to a lack of data being submitted in a timely fashion by the provider.

The committee requested that any delays were escalated to the JCC Senior Leadership team and the provider Health Bards made aware at Executive Level.

A copy of each of the services in escalation is attached to the report at **Appendix 1.**

5.2 Quality and Safety Report - Ambulance and 111

A report providing an update on quality and safety matters for the Ambulance and 111 commissioned services was received. The committee received a copy of the Quality Dashboard which has been produced in line with the requirements of the Duty of Candour and the Duty of Quality and reports around the Six Quality Domains.

Regulation 28

The committee was informed that it had recently received a regulation 28 order as a result of a delay of an ambulance getting to a patient. This would need to be considered in a system wide approach and joint working with the NHS Executive and WAST was required. A further update would be provided at a future meeting.

5.3 Incident and Concerns Report

Members received a report outlining the incidents and concerns reported to JCC and the actions taken for assurance. This excluded both Mental Health and Ambulance as they were included within their separate reports. Work is planned to align the processes going forward.

5.4 Joint Commissioning Committee Risk Register

The risk register for the JCC was presented to the committee, which encompasses risks scoring 15 and above taken from the commissioning teams and directorate risk registers across the former EASC, NCCU and WHSSC predecessor organisation risk registers. This Risk Register was approved by the JCC in September 2024, and considered by the CTM Hosted Bodies Audit and Risk Committee (ARC) in August October. Members noted the significant amount of work done to bring this together, mindful there was still a lot of work to be done with scores and assessing risks to ensure consistency across the range of NWJCC services.

A summary of the risks related to the Ambulance and 111 service was presented to the Committee and a paper was due to be received by the JCC next week.

5.5 Policy Group Report

Members received an update on activity and output from the JCC Policy Group during the period 01 July 2024 – 30 September 2024 together with an updated overview of all JCC policies and service specifications including those published during the current financial year. The Committee acknowledged the significant work that had been undertaken.

6. ANY OTHER BUSINESS

QUALITY SAFETY AND OUTCOMES SUB COMMITTEE (QSOSC) Terms of Reference & Operating Arrangements (Schedule 3.1 of the Standing Orders)

A discussion took place regarding the Terms of Reference for the new Quality Safety and Outcomes Committee and the changes to the membership following the appointment of Independent Members for the JCC. The Chair assured the Committee that the JCC would continue to work with the Health Board Board Secretaries to ensure that a Chairs Report would still be made available to the Health Boards QPS for assurance purposes. As the meetings would be held in public the papers would be readily available and anyone could attend as an observer.

It was noted that the Director of Nursing wrote the Health Board QPSC members on the 25th October outlining progress and changes in establishing the new Joint Commissioning Committee (JCC) Quality, Safety and Outcomes (QSOSC) sub-committee and thanked them for their significant contribution and commitment to the Committee. The Chair also took the opportunity to thank them personally at the meeting.

Key risks and issues/matters of concern and any mitigating actions

- Confirmation of appointment of Public Health expertise into the JCC
- Assurance on any harm resulting in delays in plastic service for paediatrics to be confirmed
- Note position of obesity pathway and consider if the service for North Wales patients' needs to go into the escalation process.
- Escalation objectives to be agreed for services in escalation in Childrens Hospital for Wales
- Risks relating to ambulance services will be considered by the JCC next week
- Continue to input into the MRSA outbreaks within the neonatal units and provide an update to the next meeting

Summary of services in Escalation

- Attached (**Appendix 1**)
- Escalation to SLT if delay in data information received into JCC

Matters requiring Committee level consideration and/or approval

None

Matters referred to other Committees

As above.

Confirmed minutes for the meeting are available upon request

Date of Next Scheduled Meeting	TBC

Executive Director Lead: Carole Bell
Commissioning Lead:
Commissioning Team: Women and Children

Date of Escalation Meetings: 10/10/23, 19/12/23, 16/05/24
Date Last Reviewed by Quality & Patient Safety Committee: 02/09/24

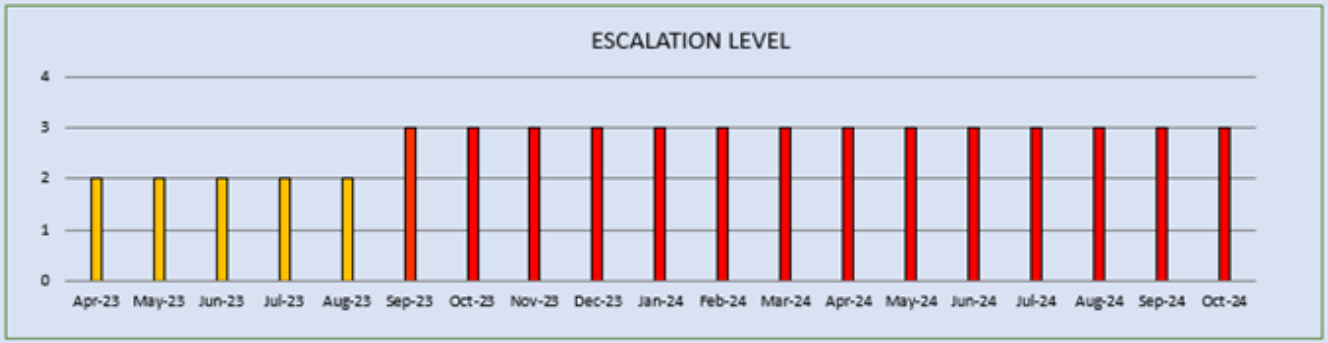
Service in Escalation: Paediatric Intensive Care

Current Escalation Level 3

Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	↔ OCT 2024
↔	Escalation remains the same	
↑	Escalation level escalated	

Escalation Trajectory:



Escalation History:

Date	Escalation Level
April 2023	2
September 2023 – Increased level from 2 to 3	3

Rationale for Escalation Status :

Following concerns regarding bed availability due to workforce shortages, refusal rates and pressure sore incidents the service was escalated to level 2. There was limited progress over a 3 month period against the objectives therefore the decision was taken to further escalate to level 3.

Background Information:

There is a risk that a Paediatric intensive care bed, in the Children's Hospital for Wales, will not be available when required due to constraints within the service. There is a consequence that Paediatric patients requiring intensive care will be cared for in, inappropriate areas where the necessary skills or equipment is not available or the patient being transferred out of Wales. The availability of a bed and staffing constraints have been brought to the attention of JCC through various routes including HiW and the daily SITREP.

JCC assurance and confidence level in developments:

Low – HB have submitted draft action plan, a final version has been requested. The escalation is predominantly linked to workforce and the lead in time for mitigations is medium term, in particular the recruitment of International

Actions:

Action	NWJCC Lead	Action Due Date	Completion Date
Requested demand and capacity plan from HB to develop sustainable contracting framework for PIC and HD	Senior Planning Manager	30 June 2024	
Requested sight of the Pressure Sore report presented to the HB Quality and Patients Safety Committee.	Senior Planning Manager	-	17th July 2024
Re-set meeting to discuss and agree actions/objectives in collaboration with the health board	Senior Planning Manager	18th September 2024	18th September 2024

Nurses. New streamliners have begun in the HB and although supernumerary at present and will not directly fill PIC vacancies it will support the wider workforce challenges across the Children's Hospital. JCC are still awaiting detailed demand and capacity in order to develop a sustainable contracting framework for Paediatric Intensive Care and High Dependency. Escalation status being discussed at executive level within the JCC. The Paediatric and Neonatal Escalation Reset Meeting is to take place on the 18th September where an overview of the service will be discussed to gain an understanding from the health boards perspective of where they feel they are in the process, rather than discussing actions and objectives. The overarching objectives for the service are in the development phase and when agreed within the commissioning team they will be shared with the health board for comments and then presented at the reset meeting, to ensure they are agreed collaboratively. New executive leads for both organisations will be agreed as part of this process to ensure all are in agreement. Actions/Objectives agreed on the 18th September in collaboration with the health board. Monthly escalation meetings to re-commence on the 25th November to monitor progress.	Escalation meeting to discuss detail and progress against action plan (monthly)	Senior Planning Manager	-	25th November 2024
Issues/Risks:				

Plot Area

Chilcott Rachel
19/11/2024 09:07:02

Executive Director Lead: Carole Bell
Commissioning Lead:
Commissioning Team: Women and Children

Date of Escalation Meetings: 10/10/23, 19/12/23, 16/05/24
Date Last Reviewed by Quality & Patient Safety Committee: 02/09/24

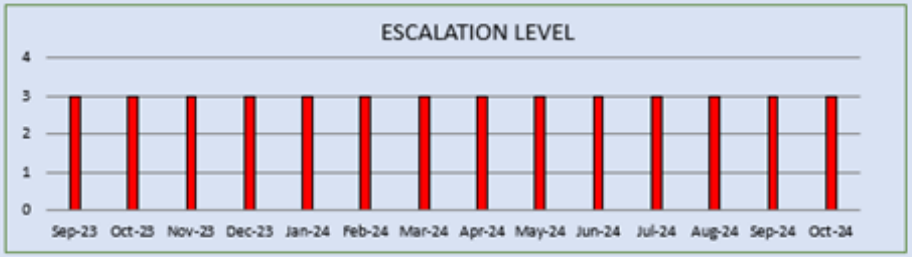
Service in Escalation: Neonatal Intensive Care Unit

Current Escalation Level 3

Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	↔ OCT 2024
↔	Escalation remains the same	
↑	Escalation level escalated	

Escalation Trajectory:



Escalation History:

Date	Escalation Level
September 2023	3

Ratio Plot Area **Escalation Status :**

High levels of cot closures reported across all three levels of care, blood stream infection rates and progress implementing the new cot configuration.

Background Information:

There are currently two risks on the CRAF relating to Neonatal services at Cardiff and Vale UHB, lack of cot availability due to workforce and the service being a negative outlier status for blood stream infections, on the National Neonatal Audit Programme (NNAP). Limited progress has also been made against implementing the workforce required to support the cot configuration.

NWJCC assurance and confidence level in developments:

Low / Medium – First draft of an action plan has been received however further detail has been requested. The mitigations required to support safe staffing levels and improvements against infection rates requires a robust workforce plan which has a medium to long term lead time for completion. Escalation status being discussed at executive level within the JCC.

The Paediatric and Neonatal Escalation Reset Meeting is to take place on the 18th September where an overview of the service will be discussed to gain an understanding from the health boards perspective of where they feel they are in the process, rather than discussing actions and objectives. The overarching

Actions:

Action	NWJCC Lead	Action Due Date	Completion Date
Working with C&V UHB executive team to develop a plan to implement new baseline as all other HBs are in a position to go live	Director of Planning	16th August 2024	See comment in development section
Re-set meeting to discuss and agree actions/objectives in collaboration with the health board	Senior Planning Manager	18th September 2024	18th September 2024
Escalation meeting to discuss detail and progress against action plan (monthly)	Senior Planning Manager	-	25th November 2024

objectives for the service are in the development phase and when agreed within the commissioning team they will be shared with the health board for comments and then presented at the reset meeting, to ensure they are agreed collaboratively. New executive leads for both organisations will be agreed as part of this process to ensure all are in agreement. Actions/Objectives agreed on the 18th September in collaboration with the health board. Monthly escalation meetings to re-commence on the 25th November to monitor progress. Working with C&V UHB executive team to develop a plan to implement new baseline as all other HBs are in a position to go live – Phase 1 implementation paper to be taken to management group on 28th November to recommend a way forward to progress with the implementation of the new baseline.	

Issues/Risks:

March 24 - The service have not submitted an action plan despite being in escalation since Sept 23, they are unable to increase their cot numbers based on the new cot configuration and reported that they cannot safely deliver on the cots that they are currently commissioned, no progress made with exec to exec meeting, possibility that outsourcing from the service may be required, the service remains at escalation level 3 but if there are no improvements increasing the escalation will be considered.
May 24 - Through quarterly assurance meetings with all neonatal units in the South & West of Wales it has been reported that there has been increased pressure across the network for cot availability
July 24 – Temporary closure of Princess of Wales (PoW) Maternity and Neonatal unit for essential maintenance work from September to December. JCC currently commission 4 High Dependency (HD) cots within the PoW and Prince Charles Hospital (PCH) sites within CTMUHB. PCH are able to flex their cot base from 15 cots to 19 to provide HD capacity and Special Care based on clinical need. Consultation and communication with all stakeholders is underway alongside Maternity users who this will impact upon. Swansea Bay University Health Board and Cardiff and Vale have been asked to support the delivery of maternity care based on demand and demographics of the planned maternity users. Work is currently underway within CMTUHB to gain the appropriate data and demographics of the women currently booked to birth during this period. The Welsh Ambulance Service and the Neonatal network are working with CMTUHB to ensure safe delivery and appropriate preparation of pathways to enable safe transfer and clear guidance for the maternity users and clinical teams. Ongoing weekly project meetings have been put in place, NWJCC have been invited to attend these. Updates from these will be shared within the NWJCC to understand the impact this will have on current commissioned cots. An early warning notification has gone to Welsh Government.

JCC assurance and confidence level in developments:	14th March 2024

Executive Director Lead: Iolo Doull
Commissioning Lead:

Commissioning Team: Women and Children

Date of Escalation Meetings: 07/08/23, 19/09/23, 10/10/23, 07/12/23, 15/02/24, 14/03/24, 11/04/24, 08/05/24, 13/06/24, 18/07/24, 08/08/24, 12/09/24
Date Last Reviewed by Quality & Patient Safety Committee: 02/09/24

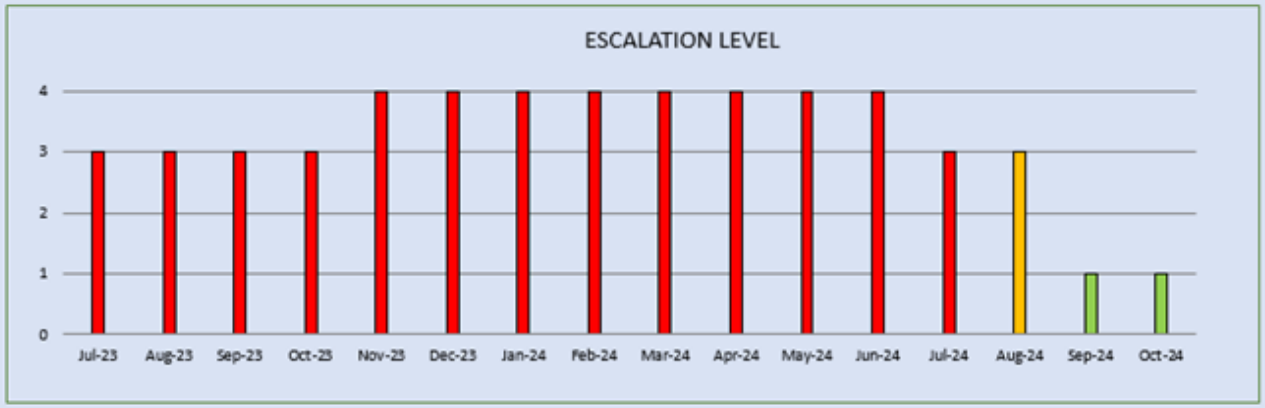
Service in Escalation: Wales Fertility Institute

Current Escalation Level 1

Escalation Trend Level

Trend	Rationale	Current Trend Level
↓	Escalation level lowered	↓ SEPT 2024
↔	Escalation remains the same	
↑	Escalation level escalated	

Escalation Trajectory:



Escalation History:

Date	Escalation Level
July 2023 – JCC escalation	3
November 2023 – JCC escalation	4
July 2024 – JCC escalation	3
September 2024 - JCC escalation	1

Rationale for Escalation Status :
Concerns from a number of routes with regards to the service including the JCC contract monitoring data submission; adherence to JCC policies and HFEA performance outcomes below National average.

Background Information:
A number of concerns regarding the safety and quality of service had been raised through different routes, including HFEA re-inspection report January 2023, JCC quality and assurance meetings and WFI IPFR requests regarding Wales Fertility Institute leading to the escalation of the service.
There is a risk the Wales Fertility Institute (WFI) in Neath & Port Talbot Hospital is not providing a safe and effective service due to 7 major concerns identified during a relicensing inspection by HFEA in January 2023. There is a consequence that families who have treatment at this centre are not receiving the quality of care expected from the service and in turn impacting outcomes.

Actions:

Action	Lead	Action Due Date	Completion Date
Monthly escalation meeting to review progress against Action Plan Escalation meeting 19th September 2023 10th October 2023 7th December 2023 15th February 2024	Assistant Specialised Planner	Monthly	13 June 2024