CARDIFF AND VALE UHB STAKEHOLDER REFERENCE GROUP
1.30 – 4.00pm on Thursday 24 January 2019
Cardiff Community Housing Association offices, Tolven Court, Dowlais Rd, Cardiff CF24 5LQ

AGENDA

PART 1: ITEMS FOR DISCUSSION		
1 1.30pm	**Welcome and Introductions**	Abigail Harris, Director of Strategic Planning
2	**Apologies for Absence**	Abigail Harris, Director of Strategic Planning
3	**Declarations of Interest**	Abigail Harris, Director of Strategic Planning
4	**Confirmation of SRG Chair elect**	Nicola Foreman, Director of Corporate Governance
PART 1: ITEMS FOR DISCUSSION		
5 1.45pm (5 mins)	**Minutes and Matters Arising from the SRG meeting on 27 November 2018**	Chair
6 1.50pm (10 mins)	**Feedback from Board** *To receive feedback from the Board meeting of 29 November*	Nicola Foreman, Director of Corporate Governance
Deliver Outcomes that Matter to People		
7 2.00pm (45 mins)	**Shaping our Future Outpatients** *To receive a presentation on work to transform the delivery of Outpatient services and to discuss patient experiences*	Hannah Brayford Head of Programme Management
Our Service Priorities		
8 2.45pm (45 mins)	**Cardiff and Vale of Glamorgan Healthy Weight Framework** *To discuss the development of a Cardiff and Vale of Glamorgan Healthy Weight Framework in the context of the national Obesity Strategy 'Healthy Weight, Healthy Wales' due to be published 17 January 2019*	Suzanne Wood Consultant in Public Health Medicine
Culture and Values		
9 3.30pm (15 mins)	**Annual Quality Statement** *To seek members' views to help shape the development of the Annual Quality Statement*	Alex Scott Patient Safety and Quality Assurance Manager
10 3.45pm (10 mins)	**Revised SRG Terms of Reference** *To receive an update on the revised Terms of Reference and the recruitment of new members*	Anne Wei Strategic Planning and Partnership Manager/ Nicola Foreman, Director of Corporate Governance

Sustainability		
	No items	
PART 2: ITEMS TO BE RECEIVED AND NOTED FOR INFORMATION BY THE STAKEHOLDER REFERENCE GROUP		
1	**Walking Aid Return and Refurbishment** *To receive a written update on progress and next steps following previous presentation and correspondence*	
2	**Next Meeting of SRG** 9.30 – 12pm Wednesday 27 March 2019 Seminar Room, Hafan Y Coed, University Hospital of Llandough	

UNCONFIRMED MINUTES OF CARDIFF AND VALE STAKEHOLDER REFERENCE GROUP MEETING HELD ON TUESDAY 27 NOVEMBER 2018, PRIMARY SEMINAR ROOM, HAFAN Y COED, UNIVERSITY HOSPITAL LLANDOUGH

Present:	
Paula Martyn	Care Forum Wales (Chair SRG)
Posy Akande	Carer
Garry Davies	South Wales Fire and Rescue
Liz Fussell	UHB Volunteer
Geoffrey Simpson	One Voice Wales
Richard Thomas	Care and Repair Cardiff and the Vale
In Attendance:	
Abigail Harris	Director of Planning, UHB
Jon Campbell	GP and GP Advisor for GP Support Team (item 18/27 only)
Chris Darling	Assistant Director of Operations, Primary, Community & Intermediate Care Clinical Board, UHB (item 18/27 only)
Lee Virgo	Senior Primary Care Development Manager, UHB (item 18/27 only)
Ceri Walby	GP and GP Advisor for GP Support Team (item 18/27 only)
Anne Wei	Strategic Partnership and Planning Manager, UHB
Keithley Wilkinson	Equality Manager, UHB
Apologies:	
Sarah Capstick	Cardiff Third Sector Council
Suzanne Duval	Diverse Cymru
Ben Gray	Vale of Glamorgan Council
Stuart Parfitt	South Wales Police
Linda Pritchard	Glamorgan Voluntary Services
Secretariat:	Gareth Lloyd

SRG 18/22 WELCOME AND INTRODUCTIONS

The Chair introduced and welcomed Garry Davies to the SRG.

SRG 18/23 APOLOGIES FOR ABSENCE

The SRG **NOTED** the apologies.

It was **NOTED** that although not members of the SRG, apologies had been received from Marie Davies, Nikki Foreman and Angela Hughes.

SRG 18/24 DECLARATIONS OF INTEREST

There were no declarations of interest.

SRG 18/25 MINUTES OF STAKEHOLDER REFERENCE GROUP MEETING HELD ON 24 MAY 2018 AND MINUTES OF JOINT HEALTHCARE PROFESSIONALS' FORUM AND STAKEHOLDER REFERENCE GROUP MEETING HELD ON 25 JULY 2018

The SRG **RECEIVED** and **APPROVED** the minutes of the SRG meeting held on 24 May 2018.

NHS at 70
The Chair confirmed that she had provided the independent care home sector with the calendar of events. Some organisations had marked the occasion.

Car Parking
Abigail Harris explained that the new car parking management arrangements at UHW had initially been a great success, however, since September there had been increasing problems with individuals being unable to find parking spaces which had led to congestion on site. It was thought that these problems were due in part to staff and students using the parking spaces designated for visitors. The situation was being reviewed and consideration being given to tightening the eligibility criteria for staff parking permits although it was acknowledged that this could lead to more staff using the visitor spaces. The UHB was also looking into increasing the frequency of the Park and Ride bus service to every ten minutes. Potential park and ride locations in west Cardiff were also being considered although the existing facilities in the area were not owned by the local authority.

The UHB was exploring the option of adding an additional tier to the multi-deck car park at UHL although funding had not yet been identified. The UHB had also secured planning permission to make the temporary UHL car park at the bottom of the hill a permanent facility.

Abigail Harris informed the SRG that the UHB had purchased a large property, Woodland House, on Maes Y Coed Road. Approximately 700 non-front line staff would relocate there from UHW and other sites including the Primary and Intermediate Care Clinical Board that would relocate from CRI and Public Health who would relocate from Global Link. This should relieve some of the pressure on car parking on the UHW site.

The SRG **RECEIVED** and **APPROVED** the minutes of the joint SRG/HPF meeting held on 26 July 2018 subject to replacing the word 'patent' with 'patient' in item HPF/SRG 18/15.

Consultation on Adult Thoracic Surgery
Abigail Harris informed the SRG that the UHB Board would consider the Welsh Health Specialised Services Committee's (WHSSC) recommendations on the future provision of Thoracic Surgery at its meeting on 29 November. The Board would be asked to approve the recommendation that Thoracic Surgery Services for the people of south east Wales, west Wales and south Powys are delivered from a single site and that this be Morriston Hospital. This was conditional upon the detailed workforce model and medical rotas to provide 24/7 Thoracic Surgery cover to the Major Trauma Centre at UHW being signed off by WHSSC. The Cardiff and Vale Community Health Council (CHC) had not supported the WHSSC recommendations as the prevailing view amongst its local population is that the recommendations should be opposed.

Winter Planning
The Chair informed the SRG that there were several care homes willing to work with the UHB on its winter planning.

Abigail Harris stated that the independent care home sector was very fragile in Cardiff. The Regional Partnership Board had acknowledged that there was a need to review the way that services were commissioned.

SRG 18/26 FEEDBACK FROM BOARD

The SRG **RECEIVED** and **NOTED** the agendas of the Board meetings held on 26 July 2018 and 27 September 2018.

Abigail Harris drew the SRG's attention to two specific items.

- Child and Adolescent Mental Health Services would be repatriated back to the UHB from Cwm Taf UHB.
- The Board had received the report of the Royal College of Surgeons' review of Paediatric Surgery in the UHB. The report had concluded that although children had not been put at risk, ways of working could be improved. An improvement plan was now in place.

SRG 18/27 GP SUSTAINABILITY

The SRG **RECEIVED** a presentation form the Primary, Community and Intermediate Care Clinical Board on the sustainability issues facing General Practitioner (GP) practices and how it engages with the public about their relationship with primary care.

The SRG was informed that General Medical Services (GMS) was the term used to describe the range of health care provided by GPs. The Cardiff and Vale of Glamorgan Local Development Plans (LDPs) represent two of the biggest risks to the GMS in Cardiff and the Vale. The LDPs set out where new houses can be built based on forecasted significant population growth. The impact of this population growth can be summarized as follows

General Practice
- Insufficient physical capacity
- Not able to recruit new GPs in advance of growth due to current funding model

Community Care
- Community clinics are not necessarily in the correct locations to provide services to the new communities

Wider Primary Care Contractors
- Pharmacy, Dental and Optometric capacity

Hospital base Secondary and Tertiary Care
- The age profile of the predicted new residents suggests that their health needs will be largely the same as the current population, therefore demand will increase in line with current needs.

The SRG was informed that the GMS was becoming increasingly fragile and recruitment of GPs was becoming more difficult. The accepted planning ratio is one GP for every 1,800 residents whereas the current Cardiff ratio is 1:2,300. New ways of working are, therefore, required in order to maintain GMS.

The SRG then discussed these challenges and the opportunities for new ways of working. Some of the issues raised were as follows;
- It might be necessary to revise the GP: patient ratio to reflect the multi-disciplinary GMS model.
- The multi-disciplinary GMS model is not necessarily the most appropriate model for all.
- The student population in Cardiff can have a significant impact on GP sustainability. Abigail Harris explained that an examination of Emergency Unit attendance data had found it peaked in September. This was attributed to students who had not registered with local GPs. The UHB was working with local universities to encourage students to register with GPs.
- GP recruitment is a problem across Wales.
- The total number of GPs in Wales has remained fairly constant since 1999, however many of them now work less than five days per week.
- It is considerably more profitable to be a Locum GP. Abigail Harris informed the SRG that the UHB was working with neighbouring Health Boards on a standard fee for GP Out Of Hours (OOH) locum costs.

Jon Campbell informed the SRG that there was also a move towards a multi-disciplinary model for OOH services.

- The 'Ask My GP' pilot had been less successful than anticipated. Its success had been constrained by the UHB's IT systems.
- There were good examples of multi-disciplinary team GMS models in both Alaska and Prestatyn but this model alone would not address all the sustainability issues.

The SRG then considered four specific questions:

- How do we influence social behaviours to change how people access services?
- How do we ensure people are mindful of personal responsibility e.g. self-care, use of resources?
- How do we ensure we communicate effectively with the public?
- What is already happening around positive public communications that we can maybe tap into in order to convey messages?

The SRG made several observations:

- Proper change management processes must be adopted and changes should be subject to robust evaluation.
- Positive stories that describe how people have benefitted from accessing different forms of support should be publicised.
- Volunteers can help individuals engage and use other resources such as IT.
- The message that there is a range of alternative forms of primary care help and support is beginning to get through to the population. The challenge is to educate those who insist on a GP consultation.

It was agreed that the presentation would be emailed to SRG members.

Action: Gareth Lloyd

SRG members should submit any further comments to Gareth Lloyd/Anne Wei.

Action: All

SRG 18/28 UHB CLINICAL SERVICES PLAN

The SRG **RECEIVED** a presentation from Abigail Harris on the development of a Clinical Services Plan.

The core planning assumptions are:

- Shaping our Future Wellbeing in the Community will provide the overarching capital programme for the community infrastructure development to support the shift of care from secondary to community.
- UHW will be replaced with a new fit-for-purpose facility developed collaboratively with Cardiff University to support their medical and life sciences hub.
- Demand for tertiary and specialist, complex care will continue to increase for the South Central region and South Wales which will be delivered from the 'new UHW'.
- UHL and St David's Hospital will form key components of the hospital services infrastructure to support the clinical services plan.

The SRG then considered three specific questions:

- Does this make sense as a model?
- What are the potential impacts for your own sectors?
- Are there any opportunities for greater partnership working?

The SRG made a number of observations:

- The emerging Plan makes perfect sense.
- The capital cost of replacing UHW is likely to be a significant issue. Abigail Harris informed the SRG that the UHB was looking into the possibility of funding the redevelopment through the Mutual Investment Model (MIM). Under MIM, private partners build and maintain public assets and in return Welsh Government pay them a fee to cover the cost of construction, maintenance and financing the project.
- A radical strategy is required given the increased pressure that the increase in population and age profile will place on health and social care. The current funding formula will not help the UHB to meet the increased demand on services resulting from the increase in population
- The increasing age profile of staff should be considered.
- A positive trend is that people are beginning to take more responsibility for their own wellbeing and older people are remaining fitter for longer.
- Local authorities could invest in recreation spaces for older people as well as children.
- If Cardiff and Vale UHB is approximately seven years behind Canterbury District Health Board is it be possible to catch it up? Abigail Harris explained that it would be possible to implement many aspects of the Canterbury model but this would require cultural change and would have to be clinically led.

It was agreed that the presentation would be emailed to SRG members.

Action: Gareth Lloyd

SRG members should submit any further comments to Gareth Lloyd/Anne Wei.

Action: All

SRG 18/29 REVIEW OF THE SRG

The SRG **RECEIVED** a paper on the future of the SRG together with comments received from some members in advance of the meeting. These papers were then discussed.

Anne Wei explained that that the existing Terms of Reference had not been reviewed for several years. The paper that had been circulated had been produced following a meeting with Abigail Harris and Nikki Foreman, the new Director of Corporate Governance, who is starting a review of a number of UHB standing groups. The SRG is working as a mature and effective group that is valued and respected by the UHB Board. The proposals are designed to ensure appropriate accountability and governance whilst minimising disruption to the successful functioning of the SRG.

In response to an enquiry, Anne Wei explained that consideration had been given when the SRG was first established as to whether the local authority members should be officers or elected local authority members. The decision to have elected members had been on the basis that they were arguably better placed to provide a 'lay' perspective and that officers were already heavily involved in a range of partnership working arenas.

The SRG **AGREED** that

- The Terms of Office be revised to align them with those of the UHB Board i.e. members shall be appointed for no longer than four years in any one term but that members may be re-appointed but must not serve a period of more than eight years.
- The role of the Health and Social Care Facilitators should be made permanent as they play a unique role. They will be full and equal members of the SRG and would count towards its quoracy.
- Correspondence be sent to current members who are not regular attendees to explore their ongoing interest and any constraints on their attendance or consideration of more appropriate nominees from their organisations.
- The quoracy be reduced to four or one third of the membership whichever is greater.

The SRG was then asked to consider some specific questions:

- From your experience, what is the most important contribution that the SRG makes to the work of the UHB?
- In the context of other partnership working, what is unique about the conversations that happen at SRG?

- What could be improved about the way the SRG currently works?
- To be most effective, who do we need to have around the table at SRG – from stakeholders and communities, and from within the UHB?

The SRG made a number of observations

- Members each bring their own experiences and perspectives which are likely to be closer to those of the patient and lay person than those of staff
- Members feel their views are respected and that engagement is genuine
- The UHB is able to act as a sounding board to test ideas in a trusting environment and to engage in an open and frank debate.
- Public meetings could stifle open and frank discussion.
- It is helpful to have specific questions to consider in advance of meetings
- It would be helpful to receive updates on actions taken following meetings.
- Papers should include page numbers and footers.
- There is an excellent Secretariat supporting SRG
- There should be short comfort breaks during meetings and it would be good if the UHB could provide water/tea/coffee
- To enable the SRG to reflect the diversity of the communities we serve, consideration should be given to the membership being extended to include nominees from: third sector mental health and children and young person organisations; the housing sector; the UHB Youth Board; and front line nursing and social work staff.

Keithley Wilkinson informed the SRG that he had considered whether each of the nine protected characteristics should have its own member on the SRG. He had concluded that this would be too many members and that he and Suzanne Duval could provide the necessary equalities perspective. Furthermore, all SRG members had a responsibility for raising equalities issues.

It was agreed that discussions be held with the Health and Social Care Facilitators regarding mental health, children and young people and housing sector nominations.

Action: Anne Wei

Anne Wei reported that Paula Martyn had reached the end of her extended term of office as a nomination from Care Forum Wales. SRG supported a proposal from the UHB that Paula be invited to continue as a member of SRG not as a nominee from Care Forum Wales but to provide an invaluable independent care sector perspective.

Action: Anne Wei

Anne Wei reported that the current SRG Vice Chair, Richard Thomas, had been approached informally with regard to assuming the SRG Chair. He explained that whilst he would be happy to fulfil this role, the Chair was expected to attend UHB Board meetings and he would find it difficult to fulfil this obligation. The SRG endorsed Richard Thomas' nomination and agreed that the Vice Chair could attend UHB Board meetings in his absence. Anne Wei explained that the Chair was expected to provide the UHB Board with a written report of every meeting. Gareth Lloyd would draft these reports on their behalf.

It was agreed that correspondence be sent to SRG members seeking nominations for the role of Vice Chair.

Action: Anne Wei

SRG 18/30 PROPOSED SERVICE CHANGE: WARD C7 NORTH, UHW

Anne Wei reminded colleagues that they had been sent a link to the Engagement Document on the proposed transfer of 19 beds from ward C7 North at UHW to Lansdowne ward at St David's Hospital. The deadline for comments was 30 November and SRG members were encouraged to respond.

Action: All

Discussions about transferring Rookwood Day Hospital were currently on hold.

SRG 18/31 ANY OTHER BUSINESS

SRG Chair
It was noted that it would be Paula Martyn's final meeting as Chair of the SRG. Anne Wei thanked her on behalf of the SRG. The Group had matured into a valued and effective advisory committee to the UHB Board and this was due in no small part to the way that she had chaired meetings.

SRG 18/32 NEXT MEETING OF SRG

The next meeting of the SRG will take place 1.30pm-4pm, Thursday 24 January 2019, Care & Repair Cardiff and the Vale, Tolven Court, Dowlais Road, Cardiff, CF24 5LQ.

NOVEMBER BOARD MEETING
1pm on 29th November 2018
Boardroom, University Hospital Llandough

AGENDA

	PATIENT STORY – Sexual Assault Referral Centre (SARC)	
1	Welcome and Introductions	Oral
2	Apologies for Absence	Oral
3	Declarations of Interest	Oral
4	Minutes of the Board meeting held on 27th September	Chair
5	Action Log	Oral Chair
6	Chair's Report	Chair
7	Chief Executive's Report	Chief Executive
8.0	**Items for Approval / Ratification**	
8.1	Adult Thoracic Surgery: Outcome of the Public Consultation and Recommendations on the Future Service Model for South Wales (i) WHSSC Board Report (ii) Consultation Report (iii) CHC Response to Thoracic Surgery Consultation	Executive Director of Strategic Planning CHC
8.2	Board Assurance Framework	Director of Corporate Governance
8.3	Nurse Staffing Act Changes	Executive Nurse Director
8.4	Childs' Rights Approach	Interim Executive Director of Public Health
8.5 8.5.1 8.5.2 8.5.3 8.5.4 8.5.5 8.5.6 8.5.7	Committee Minutes: Quality Safety and Experience Committee – September Strategy and Delivery Committee – September Finance Committee – August and September Mental Health and Capacity Legislation Committee – June Health and Safety Committee – July Shared Services Partnership – September Emergency Ambulance Services Committee – July and October	Committee Chairs Len Richards
8.6	Advisory Group Minutes No Advisory Group Minutes to receive	Advisory Group Chairs

9.0	**Items for Review and Assurance**	
9.1	Quality Safety and Experience Report	Executive Nurse Director
9.2	Performance Report	Deputy Chief Executive / Director of Transformation
9.3	Sustainable Travel and Clean Air (presentation)	Interim Executive Director of Public Health
9.4	Transformation and Improvement Programme and Plan to include details of Learning Alliance (presentation)	Deputy Chief Executive / Director of Transformation
9.5	Falls Framework	Executive Director of Therapies and Healthcare Sciences
9.6	Staff Survey Results	Executive Director of Workforce and OD
9.7	Brexit Update	Executive Director of Strategic Planning
10.0	**Items for Noting and Information**	
10.1	Clinical Services Plan Update	Executive Director of Strategic Planning
10.2 10.2.1 10.2.2 10.2.3 10.2.4 10.2.5 10.2.6	Key issues from Committee and Advisory Group Meetings since September to bring to the attention of the Board: Health and Safety Committee Quality Safety and Experience Committee Strategy and Delivery Committee Finance Committee Mental Health and Capacity Legislation Committee Local Partnership Forum	 Chair H&S Oral Chair QSE Oral Chair S&D Oral Chair Finance Oral Chair MHCL Oral Chair LPF
10.3	Agenda of the Private Board Meeting • Governance Review • Employment Tribunal Update	Chair
10.4	To note the date of the next Board Meeting 31st January 2019 at 1pm venue to be confirmed.	
11.0	**Any Other Urgent Business**	Oral

Adjournment to Discuss Matters of a Confidential Nature

Shaping Our Future Outpatients

Stakeholder
Reference Group
24th January 2019

Outpatients in 2025

Is the label 'out-patients' unhelpful? When thinking of the pathway in 2025 workshop participants called it 'specialist advice, management and treatment that doesn't require an overnight stay'

Patient experience

- A.I. / technology interface for advice at home
- Tools to track health e.g. wearable tech
- Point of care testing in community
- Online booking / health screening
- Patient Portal / recording
- Education opportunities
- Assisting devices to promote independence and self-care

Staff experience

- Responsibility for / focus on population health
- Consultants attached to clusters to provide advice, support and education

Monitoring my own health

- I want choice – time, place, consultant
- Preliminary info to understand pathway / potential process / patient journey
- I want to know where I am on the patient journey, and why I am there with proactive updates on what's happening
- Provisional advanced scheduling of all probable steps in pathway
- I want to have a single point of contact (for queries and also job for concerns/changes in circumstance regarding the condition)
- Individual needs taken into consideration for transparent prioritisation
- Informed consent
- I am able to easily inform someone if I want to come off the pathway

- Standards for referral (health, outcomes) and management of variance applied to all referrals (not just GPs)
- Variety of consultation options – e-advice, face to face, remote, group etc.
- If appointment cancelled / deferred, management plan for rescheduling
- Early shared decision making continued through patient journey

While waiting as short a time as possible for specialist input

- Intelligent prioritisation
- Can request diagnostics before consultation
- Seasonal capacity and demand matched
- Flexibility around job planning
- Visible job plans
- Flexibility of where and how to provide input
- Flexible workforce so can be seen at same time e.g. MDT or one visit – intelligent scheduling

- Accessible/ Good Integrated Transport Links offering choices of how to travel
- Navigators – good meet and greet – detailed information on where to go
- Areas for mobile working / childcare
- Interaction based on me needs/ availability e.g. length and time of appointment outside 9 to 5
- An interface that suits me e.g. skype / face to face
- I'll be clear who I am seeing and why
- I want to see the person with the right skills in a single visit

- I need all the information to help me make shared decisions
- Easy, real-time access to information, whole patient record, guidelines and data (not just CBW)
- Information to be immediately available for out of area patients
- Good infrastructure
- Visible productivity to enable staff lunge
- Minimal paper
- Access to home monitoring info and point of care testing results
- Decent IT / Technology / WiFi
- Coding from free-text

Specialist input

- No unnecessary tests/procedures/consultations
- I want to go in with a problem and come out with a solution
- I want to leave each appointment with an agreed date for the next appointment
- I need all the information to help me make shared decisions
- I want to have a Single Point of Contact for any queries/concerns/changes in my condition while waiting
- I want to be able to give feedback

- Can upskill for new technology easily
- I want to be able to give feedback
- Electronic prescriptions to feed automatically to pharmacies to be delivered to patient
- There is space to interact with others and have downtime
- Hot clinic slots
- MDT as standard with minimum delegation to autonomous staff and consultant/GP surrounded by team
- Voice recognition software – real time letters with management plan to patients/referrers
- POCT on site
- Effective training process/environment

Managing my own health

- I want to be enabled, not disenabled
- I want one point of advice e.g. key worker
- I want to hold my own data and notes and be able to update it
- Access to the current management plan including multi-agency with clear escalation plans
- Prescriptions get brought to my house
- Signposting and access to self-management groups
- I get recalled if there is new knowledge / treatment of my condition (remotely)
- I know my way back in to see the specialist if needed
- Easy and access to guidelines

- I want to see positive and negative outcomes even though I've not seen the patient for follow-up

Outpatients 2025

Key Design Principles

1. Enable people to maintain their health in their own home

2. Primary care supported to retain patients in primary care settings

3. Specialist services delivered to the most urgent cases first

4. Patients manage their own follow-up care at home with easy access to support & review

Shaping Our Future
Outpatients Programme

1. Enable people to maintain their health in their own home	• Patient knows best – an online portal for patients to help manage their care and for clinicians to share information
2. Primary care supported to retain patients in primary care settings	• HealthPathways – an online repository for GP's to outline pathways and referral routes into secondary care
3. Services delivered according to appropriate clinical prioritisation	• Flexible workforce design – making sure our workforce can meet the challenges in the future
4. Patients manage their own follow-up care at home with easy access to support & review	• Route back in – linking with patient portal and enabling patients to have route back into secondary care should they need it

How Strategic Reference Group can help

- Is this the experience we want in the future?
  - What is most important?
  - And what are the gaps?
- Do you broadly agree with the design principles?
- What do you think the public's view on the principles would be?
- Are there any particular areas of work that SRG would like to see at a future meeting?

Outpatients in 2025

Is the label 'out-patients' unhelpful? When thinking of the pathway in 2025 workshop participants called it 'specialist advice, management and treatment that doesn't require an overnight stay'

Patient experience

- A.I. / technology interface for advice at home
- Tools to track health e.g. wearable tech
- Point of care testing in community
- Online booking / health screening
- Patient Portal—recording
- Education opportunities
- Assisting devices to promote independence and self-care

Monitoring my own health

- I want choice—time, place, consultant
- Preliminary info to understand pathway / potential process / patient journey
- I want to know where I am on the patient journey, and why I am there with proactive updates on what's happening
- Provisional advanced scheduling of all probable steps in pathway
- I want to have a single point of contact (for queries and also raising concerns/changes in circumstance regarding the condition)
- Individual needs taken into consideration for transparent prioritisation
- Informed consent
- I am able to easily inform someone if I want to come off the pathway

While waiting as short a time as possible for specialist input

- Accessible/Good Integrated Transport Links offering choices of how to travel
- Navigators—good meet and greet—detailed information on where to go
- Areas for mobile working / childcare
- Interaction based on my needs/availability e.g. length and time of appointment outside 9 to 5
- An interface that suits me e.g. skype / face to face
- I'll be clear who I am seeing and why
- I want to see the person with the right skills in a single visit

Specialist input

- No unnecessary tests/procedures/consultations
- I want to go in with a problem and come out with a solution
- I want to leave each appointment with an agreed date for the next appointment
- I need all the information to help me make shared decisions
- I want to have a Single Point of Contact for any queries/concerns/changes in my condition while waiting
- I want to be able to give feedback

Managing my own health

- I want to be enabled, not disenabled
- I want one point of advice e.g. key worker
- I want to hold my own data and notes and be able to update it
- Access to live current management plan including multi-agency with clear escalation plans
- Prescriptions get brought to my house
- Signposting and access to self-management groups
- I get recalled if there is new knowledge / treatment of my condition (remotely)
- I know my way back in to see the specialist if needed
- Easy and access to guidelines

Staff experience

- Responsibility for / focus on population health
- Consultants attached to clusters to provide advice, support and education

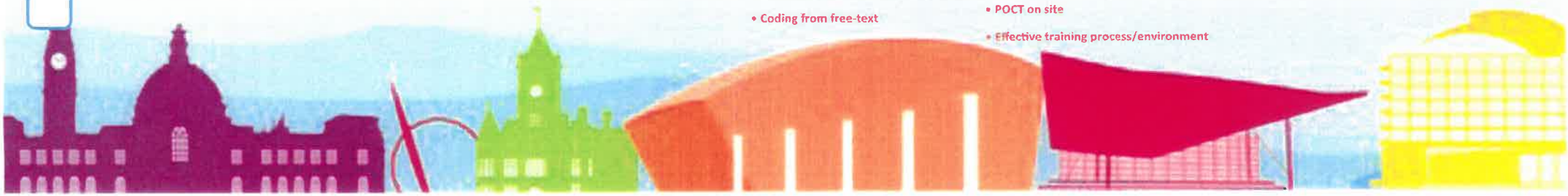
- Standards for referral (health pathways) and management of variance applied to all referrals (not just GPs)
- Variety of consultation options—e-advice, face to face, remote group etc
- If appointment cancelled / deferred, transparent plan for rescheduling
- Early shared decision making continued through patient journey

- Intelligent prioritisation
- Can request diagnostics before consultation
- Seasonal capacity and demand matched
- Flexibility around job planning
- Visible job plans
- Flexibility of where and how to provide input
- Flexible workforce so can be seen at same time e.g., MOT in one visit – intelligent scheduling

- I need all the information to help me make shared decisions
- Easy, real-time access to information, whole patient record, guidelines and data (not just C&V)
- Information to be immediately available for out of area patients
- Good infrastructure
- Visible productivity to enable challenge
- Minimal paper
- Access to home monitoring info and point of care testing results
- Decent IT / Technology / WIFI
- Coding from free-text

- Can upskill for new technology easily
- I want to be able to give feedback
- Electronic prescriptions to feed automatically to pharmacies to be delivered to patient
- There is space to interact with others and have downtime
- Hot clinic slots
- MDT as standard with maximum delegation to autonomous staff and consultant/GP surrounded by team
- Voice recognition software—real time letters with management plan to patients/referrers
- POCT on site
- Effective training process/environment

- I want to see positive and negative outcomes even though I've not seen the patient for follow-up



Cardiff and Vale University Health Board Annual Quality Statement 2018-2019 (AQS)

Dear SRG member,

The 2016-2017 Annual Quality Statement (AQS) was developed with support from colleagues patients and relatives across the Heath Board. The 2017-2018 AQS can be accessed at:

http://www.cardiffandvaleuhb.wales.nhs.uk/publications-annual-reports-accounts

We are now starting to think of the 2018-2019 version of the AQS. We would like to gather your views on how this could be presented?

Do you feel that the context of each of the chapters was explained in the 2017/18 AQS?

Did you feel that the balance of photographs / informatics/ videos and text was appropriate in the 2017/18 AQS?

Did you feel that the electronic version of the 2017/18 AQS was accessible ? was the hardcopy as accessible?

Did you feel that the 2017/18 AQS was informative and covered the points you expected to see?

Are there particular Issues you want to see included in the 2018/19 AQS

Would you make any changes to the format?

Thank you for your contribution

Alex Scott

Head of Patient Safety and Quality Assurance

Annual Quality Statement 2017 / 2018

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Cardiff and Vale University Health Board

Contents

Welcome from Our Chair and Chief Executive

We are very proud to be able to bring you the 2017 /18 Annual Quality Statement for Cardiff and Vale University Health Board (the UHB). The document gives us an opportunity to explain the approach that we take to ensure that we are delivering safe care and high quality clinical services.

As a UHB, we have a responsibility for around 475,000 people living in Cardiff and the Vale of Glamorgan. Our local population is growing rapidly, with Cardiff projected to be the fastest growing major British city over the next 20 years, with population growth in the capital city (73,400) expected to exceed the growth in population of the rest of Wales combined (63,300) over this period. Our services include health promotion and public health functions as well as the provision of local primary care services (GP practices, dentists, optometrists and community pharmacists) and the running of hospitals, health centres, community health teams and mental health services. The UHB also works increasingly closely with other Health Boards and Trusts across South Wales as well as our local authority and third sector partners to provide a full range of health services for our local residents and those from further afield in both Wales and England who use our specialist services.

You will be aware of the financial pressures that exist in the NHS and we continue to work closely with Welsh Government to deliver plans to take forward our UHB Strategy - Shaping our Future wellbeing, - within the budget that is allocated to us. At the same time we are committed to maintaining the quality and safety of our services and ensuring that everyone who uses them has a good experience.

You can be confident, that within the UHB, we have a range of systems and processes in place to continuously monitor, learn and improve. We value your feedback in the form of complaints, concerns and compliments. We undertake 1000 real time surveys each month to listen and act on what you are telling us. We also work closely with our inspectorates such as the Community Health Council and Health Inspectorate Wales, who give us independent feedback following visits to the organisation and work with us to ensure that we make the necessary improvements as required.

The Annual Quality Statement has allowed us to showcase some of the fantastic achievements of our staff and some of the awards that they have won for their notable accomplishments during the year. We are enormously proud of all of our staff who consistently deliver high quality services to our patients and we would like to take this opportunity to thank them for their continued hard work, care and professionalism. In addition, we would like to thank all of our volunteers and partner organisations.

The patient and staff stories were developed in conjunction with the Paediatric Diabetes clinical team and their patients and we want to thank the teams and in particular, Tom and Alys and their parents, for their help in sharing their experiences To the best of our knowledge the information provided in this Annual Quality Statement is accurate and provides a true reflection of our organisation at the time of publication. It has been subject to an Internal Audit scrutiny process and awarded a rating of substantial assurance – the highest possible rating.

Maria Battle
Chair

Len Richards
Chief Executive

Cardiff and Vale of Glamorgan Community Health Council

CYNGOR IECHYD CYMUNED
COMMUNITY HEALTH COUNCIL

The Cardiff & Vale of Glamorgan Community Health Council your local NHS Watch-dog has responsibility for overseeing the services provided by the Cardiff and Vale University Health Board from a public, patient / service user perspective.

During the last year the CHC undertook

- 43 new visits completed (8 of which were unannounced)
- 6 hospital site visits to undertake the Sensory Loss Assessment (129 areas covered)
- 27 Follow-up visits on previous recommendations

We made 121 recommendations in our reports to the Health Board and can report that 90 have been achieved in their entirety or part totalling an average 74% compliance rate. For example:

The impact this has had resulted in

1. 3 Healthcare Support Workers trained in foot care – St Barruc Ward, Barry Hospital
2. A Play Therapist was employed on the Unit, additional toys had been purchased including interactive toys on the corridor walls and colourful notice boards placed in the waiting room – Children's Assessment Unit, UHW
3. Rubber runners on the bottom of shower doors to prevent consistent flooding – Ward East 1, Llandough
4. A therapeutic beauty room fitted with hair dryers on stands, mirrors and shelving is planned, funded by the charitable fund – Ward East 12, Llandough
5. Additional clinics to reduce the waiting list for hip and knee replacements – CAVOC, Llandough
6. Radios purchased and patients actively encouraged to bring their own devices – Ward T4, UHW
7. The development of a dual purpose room that could allow patients to access a quiet room – Ward B4, UHW

The Complaints Advocacy Service provided by the CHC has supported a number of clients with our current case load for Cardiff and Vale of Glamorgan being in excess of 100 cases. We also receive data on cases relating to the health board from other CHCs across Wales. Again the impact on complainants has been for example

Brief details of complaint

Client's husband is frail and elderly and has dementia. He was unable to tolerate an excessively long waiting time in the outpatient clinic so had to miss an appointment.

Another appointment was cancelled without the patient being informed resulting in a long journey to the hospital being made unnecessarily.

Outcome

As the result of a letter of complaint to the HB, an apology was given and an offer to reimburse the couple's travel and parking costs was made.

In addition, the HB agreed to give the patient the first appointment of the outpatient clinic in future so that he would be seen without having to wait too long.

The CHC have reviewed the content of this Annual Quality Statement and believe it to be a true reflection on the challenges, progress made by the Health Board.

J. M. Shelton

Jill Shelton
Chair

Stephen Allen
Chief Officer

About The Annual Quality Statement

Welcome to our Annual Quality Statement (AQS) where we describe the successes and challenges that we have experienced in 2017 / 2018. The Annual Quality Statement is an opportunity for Cardiff and Vale University Health Board to demonstrate in an open and honest way how it is performing and the progress that is being made to ensure that all of the services that we provide meet the high standards required.

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

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

Our Patient and Staff Story - To help us to explain the context of each theme we have worked closely with the staff and patients from the Paediatric Diabetes Services. Although paediatric diabetes services care for a very small proportion of our population the approach that they take to deliver excellent care is typical of services across the entire health board.

Quality Safety and Improvement (QSI) Framework - Last year we told you about the Quality Safety and Improvement Framework and how this was important in helping us to identify areas that remain a priority for

us and to monitor the improvement being made within these areas. This year we have included an update in each of the relevant chapters to explain the progress that we have made so far.

Succeses and Challenges Across the Health Board - Finally we have given you an update about some of the work that has been underway across the rest of the health board.

We are very grateful to the support that all of our staff have given us in developing this report in particular the Paediatric Diabetes Team, but we would like to give an extra big thank you to Alys and Tom, their parents and Ysgol y Wern who have helped to make the Annual Quality Statement so meaningful.

The AQS Themes

Treating People as Individuals	The way that we provide care to people must respect their individual choices in the way that they care for themselves and must ensure that all people are treated equally. We learn from what people tell us about their experiences in our care.
Timely Care	People should have access to services that are provided in a timely manner to ensure that they are treated and cared for in the right way, at the right time, in the right place and by the right staff.
Staying Healthy	We help people to make the right decisions about their own health, behaviour and wellbeing and to access the right information to help them to have a healthy, active and long life.
Effective Care	We work hard to ensure that people receive care and treatment that reflects best practice, which means that there is evidence that to support the care that we deliver.
Safe Care	We are continually looking for ways to be more reliable and to improve the quality and safety of the services that we deliver. There are occasions when we don't do things as well as we could, when this happens we always try to understand what went wrong and make sure that we learn from this and improve the care that we deliver as a result.
Dignified Care	Our patients should expect to be treated with dignity and respect, this means that the care that we provide must take into account every person's needs, abilities and wishes
Our Staff and Volunteers	All of our staff and volunteers help us to ensure that we provide a high quality and safe service

Quality, Safety and Improvement Framework 2017-2020

YEAR 1 – How did it go?

Last year we told you about the work we had undertaken to develop a Quality Safety and Improvement (QSI) Framework for 2017 -2020. We had spent time talking with a lot of people including members of the public, staff and with other organisations that we work with. At the end of the process we identified a number of key quality, safety and improvement priorities that we wanted to focus on across the organisation. We used the Health and Care Standards for Wales to develop our framework, focusing on the following main themes:

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

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

This QSI framework will provide us with a way to check and monitor the quality of our services and to measure whether there has been improvement across all our services in primary, community, hospital and mental health services. It will support and be important to the delivery of our Integrated Medium Term Plan (IMTP) and embraces the philosophy of Caring for people, Keeping People Well; supporting the broad organisational objectives of our overall UHB strategy –Shaping our future Wellbeing Strategy – that is, to deliver outcomes that matter to people and avoid waste, variation and harm.

Click on this *link* to read the QSI Framework. Our progress in delivering the framework is described throughout the chapters of this Annual Quality Statement.

QSI Framework update 2017-2020:

Governance, leadership and accountability

Areas where we have improved in 2017-2018:

- Our internal audit department have told us we are doing really well with our Quality Safety and Experience (QSE) groups in our Clinical Boards.
- We are writing more focused **QSE reports** to Board to ensure that there is always discussion around our QSE priorities.
- **Leading Improvement in Patient Safety (LIPS)** - over 750 people have now attended LIPS and the number of quality improvement projects is around 150.
- We have trained staff with skills in human factors to help us work with other staff to help prevent mistakes
- We have agreed a way to monitor quality and safety in services we buy from organisations outside of the UHB (we call these commissioned services)

Things we are going to focus on 2018-2019:

- A safety culture survey of UHB staff
- Embedding of a human factors training programme
- Embedding of a multi-disciplinary QSE across the UHB
- Further work on QSE in our commissioning arrangements with external organisations
- Looking at the way we report and monitor regulatory compliance to the QSE Committee e.g how we meet the requirements of the Human Tissue Act

Treating People as Individuals

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

Moving into Adult Services

Moving from the care of a paediatric team to an adult health team can be an anxious time. To make this transition smoother, the paediatric and adult diabetic teams have developed a programme of joint clinics that are delivered over 2 years designed to ensure that the young people have an opportunity to meet all of the staff involved in their care and to ensure that important topics are discussed.

What Tom Told Us

Transitioning to adult services from the paediatric team is daunting. I have spent years developing my relationships with the paediatric staff and trust their judgement completely. They have become part of my family support network. Transition has been made easier through having the adult service consultants and nurses present in our clinic visits.

What Our Youth Worker Told Us

In October 2017, a youth worker, Rebecca Soundy, joined the diabetes team to work with young people aged 11-25. The focus of my role is to work with young people through the transition from child to adult health teams and working with the young people to improve engagement with their diabetes and to support them with other aspects of their life such as school, work or family. My role is not clinical but by working closely with both diabetes teams to provide a holistic approach the hope is that the patient's diabetes management will have the benefits.

QSI Framework update 2017-2020:
Individual care

Areas where we have improved in 2017-2018:

- **Patient Experience Framework** - the UHB can demonstrate achievements and activity in all four quadrants
- The UHB has maintained very good patient satisfaction scores throughout out 2017-2018 achieving an overall score of 89%
- There has been an increased % of concerns managed informally and a sustained improvement in the formal response times. With 72% being responded to within 30 working days.
- District Nursing Patient Satisfaction Surveys were undertaken in September and October 2017
- **Dementia care**: The National Dementia plan was published in February 2018 and a local strategy is currently being developed
- Dementia Champions are in place on every ward
- John's Campaign was launched in February 2018
- Katie's Wish was launched in March 2018 to combat boredom and loneliness in inpatients with cognitive impairment.
- 'Read about me' was launched in 2017
- 61.82% of the staff had completed Dementia Training by the end of February 2018

Things we are going to focus on 2018-2019:

- Implementation of Year 2 of the Patient Experience Framework including:
  - ✔ Improving access for people with sensory loss
  - ✔ Identifying more young carers in schools
  - ✔ Increase the number of GP surgeries achieving Carers Accreditation
- Transition from childhood to adult services
- Development of the local Dementia plan
- Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

The Successes and Challenges Across the Health Board

1080
formal complaints have been received

1648
Informal Complaints have been received

4,294
Surveys have been undertaken on our Touch Screen Patient Experience kiosks

We have responded to
72%
of formal concerns within 30 working days an increase of 19%

672
compliments have been received

165,040
people respond on the happy or not Kiosks

You Said
That a number of appointments for Botox clinics to treat muscular disorders had been cancelled increasing the amount of time you were waiting for treatment

We Did
We organised an additional evening clinic to teat 200 patients

85%
gave a positive response

The highest number of concerns we receive is about clinical diagnosis and treatment, waiting times and cancellation of appointments.

The Clinical Boards investigate all of these concerns to ensure that they can be properly addressed and to ensure that as a health board we learn from them and improve care as a result.

You Said
That you have difficulty in parking and this frequently makes you late for your appointments

We Did
We introduced a Park and Ride service this year to relieve some of the pressure around parking on the UHW site. The service has been used 32000 times by people who may otherwise have brought their vehicles onto the UHW sites.

The touch screen Patient Experience kiosk situated in the outpatients department was well used and gave us valuable information.

You Said
You were bored and lonely when staying in hospital

We Did
We have worked hard with our staff and our volunteers to develop activities to combat isolation.

- we have started an arts and crafts group,
- Knit and Natter group,
- provided wards with activity boxes,
- recruited befriending volunteers and
- worked with other organisations to provide musical activities

You Said
Sometimes we don't communicate well enough about your appointments and admissions

We Did
We contacted the clinical areas on your behalf to find out as much information as possible including, where possible, the dates of appointments and admissions.

You Said
We needed to provide more support for carers

We Did
We have started a project to support carers. The project is starting on seven wards across four hospital sites with a plan to extend this further.

We want to ensure that we are always identifying the carers of the patients who are staying on our wards and to ensure that we support them to continue to be actively involved in the care of their relatives if they wish to be.

We care for those who care
Rydym ni'n gofalu am y rheini sy'n gofalu

You Said
We needed to recognise our young carers

We Did
A project with our Local Authorities to work with schools to identify and support young carers

Timely Care

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

The On Call Phone Service

The diabetes out-of-hours on-call phone service is run by the Paediatric Diabetes Specialist Nurses together with the diabetes/endocrine consultants. Its purpose is to provide reassurance to patients and their families that, in the event of an out-of-hours emergency, they will be able to obtain specialist diabetes management advice. This service is of significant benefit to families as they are be able to speak to someone from their diabetes team who knows them at a time when they are anxious and worried. Families typically call if their child develops an everyday childhood illness that has affected their usual blood glucose management. Speaking to a member of the diabetes team often prevents an unnecessary admission to hospital as we offer specialist advice that keeps the child safe and at home.

What Tom Told Us

The on call phone provides a clinical back up to treatment and this service has been vital in providing fast and timely advice in times of emergency. We have used the service many times to get advice when I have high ketones and blood sugars that are uncontrollable. This has prevented me from having to go to the hospital on many occasions. I have even contacted the team whilst on holiday, when the insulin pump broke down and I needed emergency advice on accurate insulin dosage through injections. Without this help I would have got very ill, very quickly

What Alys' Mum Told Us

The oncall phone service that we have access to is invaluable. I have called a few times on a weekend and spoken directly to one of the diabetes specialist nurses/doctors. Their advice and guidance has helped during a stressful time which has allowed us to care for Alys at home and saved us from taking her directly in to the UHW assessment unit. For example when Alys recently had a stomach bug, Dr Warner advised me over the phone how to keep Alys' blood sugar levels up and her ketones down and this meant we could nurse her back to health.

QSI Framework update 2017-2020:
Timely care

Areas where we have improved in 2017-2018:

- There has been a reduction in the number of patients waiting longer than 8 weeks for diagnostic tests to less than 1000 compared to this time in 2017
- There has been a 32% reduction in the number of patients waiting longer than 36 weeks for elective treatment, compared to this period in 2017
- There has been a 49% reduction for patients waiting longer than 52 weeks for elective treatment, compared to this period in 2017
- No patients are waiting longer than 14 weeks for therapy services at this point in time
- Overall there is an improving picture during 2017-2018 in relation to the number of patients whose care has been delayed in hospital
- Throughout the year there has been an improving picture in relation WG targets for compliance with the Mental Health Measure

Things we are going to focus on 2018-2019:

- Implementation of the Single Cancer Pathway
- Ambulance handover times
- Reduction in the number of 12 hour waits in the Emergency Unit
- Access to Out of Hours General Practitioners
- Continued reduction in the number of patients whose discharge is delayed
- Referral for psychological therapies
- Access to Children and Adolescents' Mental Health Services

Successes and Challenges across the Health Board

785,731
Outpatient appointment attendances

105,464
People failed to attend their outpatient appointment

There were
136,469
attendances at the Emergency Unit

There were
8786
attendances in Barry Minor Injury Unit

5639
Babies Born

87,385
Inpatient Admissions

At the end of April 2018 **783** people had waited over 36 weeks from their referral to the time of their treatment. This is **32%** fewer patients than the previous year

Our aim is to reduce the number of people waiting over 36 weeks even further next year

86.5%
of our patients were referred and treated within 26 weeks in 2017 /2018.

We halved the number of patients waiting more than 8 weeks for a diagnostic test in 2017 /2018

By the end of next year we aim to have no patient waiting longer than 8 weeks for a diagnostic test

1359

Mental Health Inpatient Admissions

270

Mental Health Day Cases

Emergency Unit Pressures

This year we have seen 4444 more patients in our Emergency Unit and in Barry Minor Injuries Unit. The Emergency Unit has experienced a very challenging winter with some patients experiencing long waits and others remaining in ambulances outside the department for extended periods. Delays in transferring patients from ambulances into the department has meant delays to Welsh Ambulance Service NHS Trust (WAST) responding to emergency calls. There were occasions when it was impossible to bring patients into the emergency unit for treatment or find them a space from the waiting room due to overcrowding. The pressures have been as a result of a number of factors but include increasing numbers of attendances to the Emergency Unit, high numbers of flu cases and patients who have increasingly complex needs including frailty and are more unwell as well as a lack of capacity within the hospital to admit patients.

To support the patients being cared for in the right place and by the right people two projects run jointly with WAST have been undertaken this winter.

The **Hospital Avoidance Project** has seen Physiotherapists, Emergency Nurse Practitioners (ENP) and Occupational Therapists working with Paramedics to deliver care in the patient's home and where possible to avoid conveying the patients into hospital. This care has included accessing equipment for patients who had fallen, referring and discussing with the patients GP and suturing wounds in the patient's home.

The **HALO project** has meant that a senior paramedic has been based in the Emergency Unit reviewing and assessing patients arriving in ambulances in conjunction with the Emergency Unit staff to ensure that they are brought into EU in order of need.

1066

people waited in the emergency unit for more than 12 hours

83.68%

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

Musculoskeletal Services

A successful project to run knee, shoulder and spine musculoskeletal services from the community is now being rolled out to the whole of Cardiff and the Vale. Patients are being assessed and treated in the community setting by a GP and physiotherapists. 70% of the referrals into this service would otherwise go into our hospital based trauma and orthopaedic clinics. Now patients have the benefit of being seen closer to home, having a shorter waiting time and our specialist trauma and orthopaedic appointments are available for those that need them.

Hepatitis Screening on the Salvation Army Bus

The Blood Borne Virus Team along with volunteers spent their evenings aboard the Salvation Army bus in Cardiff City Centre, where they carried out liver screening and hepatitis tests for some of the most vulnerable people in our society. The team occupied the upper deck of the Salvation Army bus for one week to not only carry out testing, but to raise awareness of the virus amongst this vulnerable population, including how to prevent infection, and to make arrangements to deliver treatment when required. Reducing the burden of Hepatitis C is not only good for these individuals who receive treatment, but also all for

other members of society as treatment decreases demand on valuable resources, such as liver transplant, and also decreases the risk of onward transmission.

Cancer Target

We met the non urgent suspected cancer (USC) 31 day target 9 months out of 12 and were very close the remaining 3 months.

Whilst the UHB only achieved the USC 62 day target for one month in 2017/18, our performance improved in comparison to the previous year. Our performance was 88% in 2017-18, a 3% improvement on the previous year. We treated 55 more people and 84 more within target compared to the previous year

Single Point of Access for Children's Services

At present children requiring unscheduled or emergency care in hospital can come into our services through either the Paediatric Emergency Unit or through the Children's Assessment Unit. We want to ensure that all children who require urgent or emergency care receive this at the right time, in the right place and delivered by the right people. In order to achieve this, we are reviewing the way in which unscheduled care for children is currently delivered. Our aim is to improve quality of care, efficiency and patient experience by reducing the variation that exists in the current system and agreeing a standardised approach to service delivery in the future.

Endoscopy

An endoscopy is an investigation where a long thin flexible camera is used to look at the digestive tract. There are a number of reasons why a patient might have an endoscopy but it can be one of the investigations undertaken if a patient has suspected cancer. Last year we told you that out waiting times were increasing and we have seen the same thing happen this year as a result of higher number of referrals into the service. To address this problem we have outsourced some of these endoscopies to private providers as well as training some of our nursing staff to undertake these investigations.

UHL Dental Service

A new dental surgery has opened in Llandough Hospital. Patients at the Adult Mental Health Unit at Hafan Y Coed are now able to receive dental care onsite. Patients have access to a Specialist Consultant who is able to provide appropriate dental treatment to meet patient needs.

Teledermatology

A project to allow GPs to get advice from a dermatologist on the best way of treating skin conditions without having to refer the patient to an outpatient department was so successful that the system was adopted for all dermatology referrals. In the first year up to August 2017 17,000 referrals were reviewed and 5000 patients were given diagnostic management without the need to attend the clinic.

Staying Healthy

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

Ensuring that patients are given the right information to allow them to manage their conditions and to make healthy choices is vital. When a child or young person is diagnosed with type 1 diabetes the information that they are given and the way that they are taught about their condition is balanced and takes into consideration their age. Parents are supported to manage the health of younger children and as the child gets older they are provided with the information that they require to help them manage their own condition more independently.

What Tom Told Us

The teenage clinics offer a safe and welcoming environment where I can discuss matters that are affecting me as a young person. I have been provided with access to advice on teenage issues and diabetes, such as sex and alcohol. I have also had opportunity to take part in cooking with diabetes courses, to help prepare me for living alone at university.

What Alys' Mum Told Us

Alys has been living with type 1 diabetes for over 4 years so we as parents have become experts in her diabetes management. However, UHW continue to provide training to supplement the knowledge that we have and keep us up to date on developments. For example, they rolled out an advanced carbohydrate counting class which taught us about the effect of fat and protein on insulin absorption. Keeping us up to date with new tips and tools is very useful.

SEREN is a structured education programme that breaks the subject of type 1 diabetes down into different topics. It supports the individual to build up their knowledge of diabetes as they work through the SEREN programme with the diabetes team over 6 to 8 weeks. SEREN helps by breaking down information into smaller easier chunks and helps individuals to feel able to manage type 1 diabetes in order to achieve health and happiness.

The Successes and Challenges Across the Health Board

64%

of our staff were vaccinated against flu, over 10% higher than last year and exceeding this year's target

170

staff became flu vaccine champions

22

Strength and Balance Classes are running across Cardiff and the Vale

62%

of the patients on our wards who are smokers have been provided with information in relation to smoking cessation

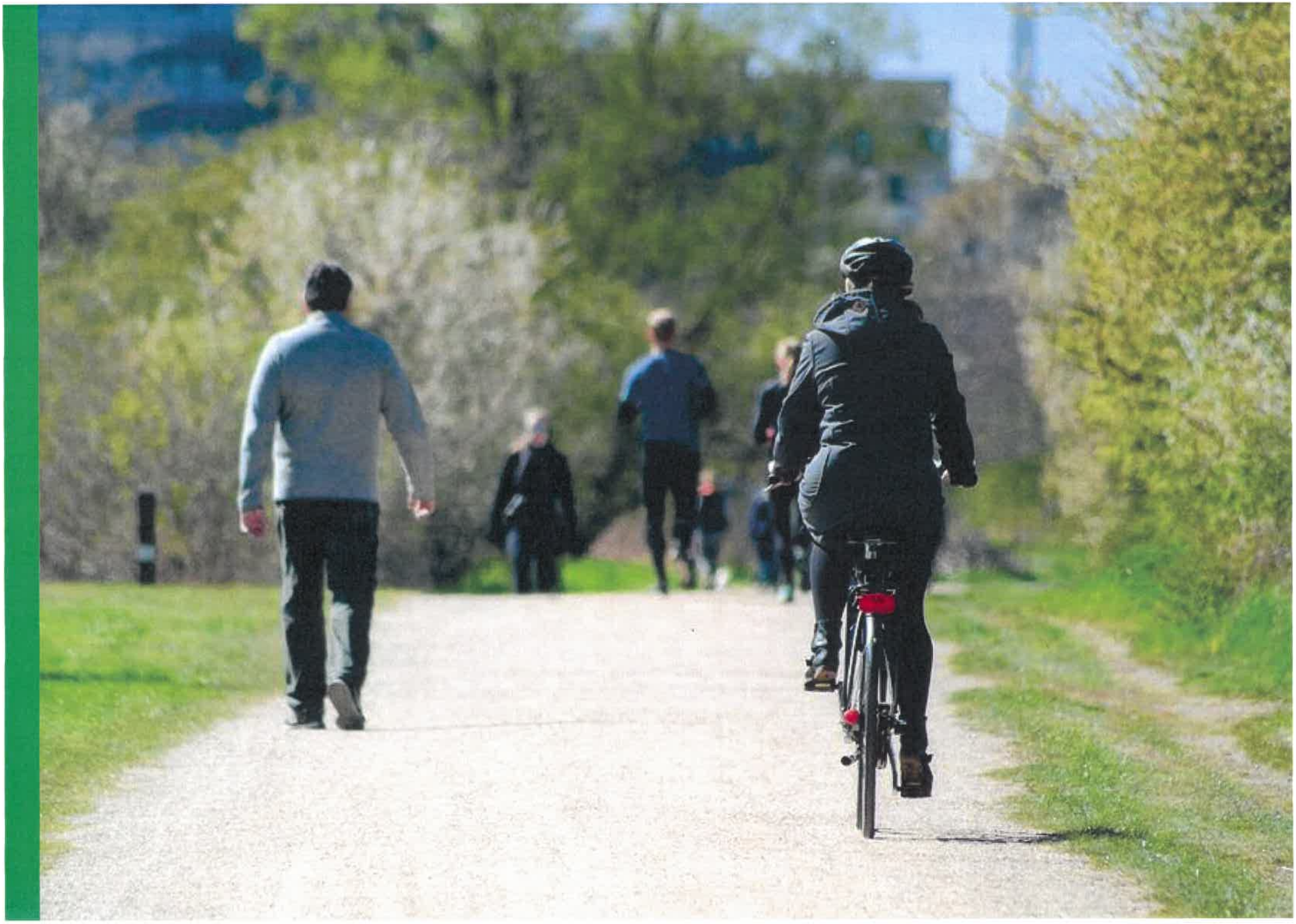
£80

the fine issued by the Smoking Enforcement Officer for littering on health board sites

Expansion of the Food and Fun Programme to include children from 15 different schools in Cardiff and Vale.

Smoking and Mental Health

Smoking rates for patients with mental health conditions are typically over 80% and tailored smoking cessation programmes are required to support those people wishing to quit smoking, as nicotine dependence is often higher with greater volumes of tobacco. In January 2018 the Health Board, as part of a trial period, removed the exemption which permits mental health patients to smoke in enclosed, outside areas of the hospital. This followed a comprehensive planning and engagement process which aims to ensure fairness and equity for all smokers accessing hospital sites. This pilot programme will be monitored continually with an evaluation report produced. If successful, Cardiff and Vale UHB will be the first health board in Wales to comprehensively include mental health patients within a No Smoking Policy.



Healthy Travel

We are working in conjunction with partner organisations in Cardiff and Vale Public Services Boards to increase the number of staff across the public sector who walk or cycle to work; with transport and planning colleagues to support improvements to cycling and walking infrastructure; and with communications colleagues to support people in our area to spend less time sat in traffic jams and more time enjoying themselves and staying fit in the great outdoors.

Read the Annual Report of the Director of Public Health for Cardiff and Vale in 2017, '*Moving Forwards*'

Staff Flu

All staff with patient contact are encouraged to have the flu vaccine each year, to protect themselves and their patients from serious illness. Our staff uptake has increased every year for the last five years and the 17/18 season was no exception. We further expanded our popular Flu Champion peer vaccinator programme, with over 170 staff trained to vaccinated colleagues in their clinical area; and highlighted Flu Stars across the organisation - staff who have gone over and above the call of duty to help vaccinate their peers. With uptake at 53% in 16/17, we improved this by over 10% to 64% in 17/18, exceeding a new 60% target introduced by Welsh Government. We are already planning our campaign for 18/19 and hope to improve uptake even further.

Skin Cancer

This year our dermatology team have become ambassadors with SKCIN http://www.skcin.org/ a skin cancer charity. They are working hard to raise awareness of skin cancers such as malignant melanoma as well as supporting other health professionals and people working in the beauty industry to recognise skin cancers and sign post individuals to the right place to get help. This work has included supporting the healthy schools scheme, helping to promote and reinforce sun safety in school and at home.

Effective Care

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

What the Evidence Told Us

The National Institute for Health and Clinical Excellence (NICE) produce clinical guidance that is developed using the best available evidence. The health board have a process to review all published guidance and to consider how we can ensure that our patients are receiving excellent, evidence based care. NICE have recommended that some children and young people with type 1 diabetes who have frequent episodes of hypoglycaemia (low blood glucose) can benefit from continuous glucose monitoring rather than relying on finger prick blood tests.

What the Diabetes Team Told Us

Last year the Diabetes Specialist Nurses launched the virtual clinic. This allows patients to upload their insulin pump data on to a shared platform (Diasend) which the Diabetes team can also access. This has been helpful as it provides an opportunity to discuss treatment change on a regular basis (weekly if needs be) in between clinic appointments.

What Alys' Mum Told Us

Alys has been lucky to receive access to new technologies since her diagnosis. This made the process of living with type 1 diabetes much easier - it gave the flexibility for her to receive insulin more regularly throughout the day - which in turn provided Alys with more freedom. Recently Alys has trialled the Freestyle Libre and Dexcom via the UHW - these are a continuous glucose monitors which allow us as parents to test her blood glucose less often via finger prick tests which can be painful and irritating for her. Since using these technologies, Alys' health has improved year on year.

What Tom Told Us

Since being diagnosed with diabetes, the technology to help me maintain good blood glucose levels has made huge advances. Having an insulin pump means I can take control of my diabetes. The continuous blood glucose sensor has been the main and most valuable addition, allowing me to ensure that my blood glucose levels remain within an acceptable range. I believe that this is the main way I have achieved a low HBA1c.

QSI Framework update 2017-2020:
Effective care

Areas where we have improved in 2017-2018:

- **Patient Safety Solutions** – we have increased our compliance from 81% in January 2017 to 91% in March 2018. We are investing in an electronic wristband system which will achieve compliance with an historical alert that the UHB has been non-compliant with for over 10 years.
- **Mortality reviews** – we have undertaken a lot of development on our electronic system EMAT that we use to record this data. Reported incidents can now be seen at individual patient and consultant level.
- 80% of in-patient deaths have been subject to Universal Mortality Review (UMR). We still need to do better than this.

Things we are going to focus on 2018-2019:

- Roll out of the electronic wristband system to ensure full compliance with NPSA notice 24 – July 2007 - Standardising wristbands improves patient safety and PSN 026 Positive Patient Identification
- Introduction of an electronic clinical audit system
- Standards for record keeping and audit
- Increasing the % of in-patient deaths subject to a mortality review
- Further development of EMAT to ensure that if a patient with learning disabilities dies in hospital there is automatically a more in depth review of their care.

The Successes and Challenges Across the Health Board

116

Pieces of NICE guidance were circulated within the health board for clinical areas to consider implementing

Participation in

31

national clinical audits

164

local clinical audits were registered

LEADING IMPROVEMENT LIPS IN PATIENT SAFETY

184

People completed the Leading Improvement Through Patient Safety (LIPS) course undertaking 31 quality improvement projects

95%

of our patients are seen by a Clinical Nurse Specialist – National Bowel Cancer Audit

National Clinical Audits

The health board participates in the National Clinical Audit and Outcome Review Plan. This is a programme of audits designed to measure the quality of clinical practice and to evaluate this practice against published guidelines. The findings of these audits are fully considered and improvements are put in place where necessary.

2163

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

Breast Cancer for Older People

In 2017 the National Audit of Breast Cancer in Older People demonstrated that nationally older patients were less likely to receive surgical treatment for breast cancer and were less likely to have treatments that conserved their breast. The audit highlighted the fact that as a health board we had not developed a formal process to assess the frailty or cognition of older patients diagnosed with breast cancer, important factors when deciding on appropriate treatment.

To address these findings the breast surgery team are working with colleagues from Clinical Gerontology to develop a formal assessment to ensure that every patient receives the most appropriate and effective treatment.

Critical Care Physiotherapy

Physiotherapy is one of the main therapy services delivered in critical care units, but the role that physiotherapist plays has changed in recent years with a greater focus on early rehabilitation of patients and with physiotherapist being required to deliver care 24 hours a day. To ensure that all Physiotherapists working within the department have the appropriate skills a project was undertaken jointly with Cardiff University and Sheffield Teaching Hospital to develop a minimum standards skills framework. The project will be important in reducing variation in clinical practice by ensuring that all of our staff working in these areas have the right skills and experience.

You Can Read our Delivery Plans Here

Stroke Delivery Plan

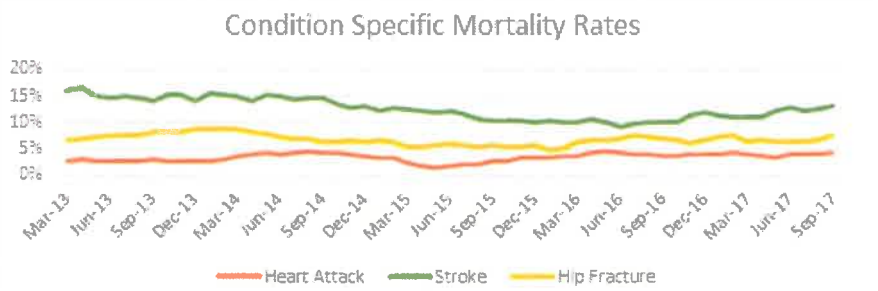
Eye Delivery Plan

Stroke Delivery Plan

Local Oral Health Delivery Plan

Neutropenic Sepsis

A project to reduce delays in antibiotic treatment for young patients who have developed sepsis as a result of chemotherapy has won the Improving Patient Safety NHS Wales Award. Chemotherapy can mean that patients are more susceptible to infections and are more likely to develop sepsis. Sepsis is the second most common reason of hospital admissions among children and young people with cancer. Patients who come into hospital should have antibiotics within 1 hour of arriving in hospital but an audit demonstrated that this target was only met 27.3% of the time. A project undertaken in the Teenage and Young Adult Cancer Service supports specially trained nurses to give the antibiotics to patients age 14 and over who have had anticancer treatment in the last 4 weeks who develop Sepsis . The project has been a great success and 87% of the patients seen by the nurses received their antibiotics within 1 hour.



We are pleased to see a general improvement in Stroke mortality rates. Our mortality for hip fracture has fallen from its peak of 8.9%. We have not seen the same improvement in heart attack, which we need to further examine. This remains unchanged.

Safe Care

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

What Alys' Mum Told Us

Alys was admitted to the UHW assessment unit a year ago with very low blood glucose levels and high ketones as a result of a stomach bug. Because Alys' blood glucose was low and she could not stomach any food or drink to raise her levels, we were advised to stop her insulin pump. Whilst this resulted in her blood glucose levels rising, it also meant that her ketone levels rose dangerously high and resulted in Alys becoming poorly very quickly. In hindsight, the insulin shouldn't have been stopped but this was quickly addressed with the arrival of the diabetes consultant.

What Our Diabetic Team Told Us

We quickly established that some staff lacked confidence in the use of insulin pump therapy. Shortly after we became aware of this we took the opportunity, to support junior paediatric medical staff to present the case to their colleagues at an educational meeting and run a practical diabetes workshop specifically addressing insulin pump therapy, carbohydrate counting and hypoglycaemia management.

What Our Clinicians Told Us

The insulin pump training session was very useful, as this is a piece of medical equipment that I have very limited experience in using and operating. The session explained to me how the pumps work and how to troubleshoot problems I may encounter with them. It also highlighted to me that patients and parents are very familiar with how their pumps operate and can be a valuable source of information when they are admitted to hospital. I feel more able to care for a patient with an insulin pump following the training session.

QSI Framework update 2017-2020:
Safe Care

Areas where we have improved in 2017-2018:

Same cause serious incidents - there has been a reduction in the number of reported serious incidents from 238 to 232 in the previous year. Also the number of incidents of:

- self-harming behaviour (suicide, serious self-harm, drug and alcohol related deaths) has reduced from 35 in to 29
- serious falls have fallen from 74 to 48
- serious medication errors has reduced from 7 to 3
- unnecessary exposure to radiation has reduced from 10 in to 4
- never events have reduced from 7 to 4 and overall there has been a reduction in the number of same cause never events, particularly in relation to retained swabs. The number of never events related to dental extraction remains the same.

Pressure damage: we have improved reporting and have a very good Pressure Ulcer group.

Things we are going to focus on 2018-2019:

- Our endoscopy improvement plan
- Prevention of further same cause never events in the dental setting
- Improved quality of reporting of pressure damage in line WG guidance with specific focus on community healthcare acquired pressure damage
- WG targets for healthcare acquired infections
- Implementation of the electronic wristband system
- Reporting of mortality and morbidity data in relation to Sepsis and care of the deteriorating patient
- Prevention of Hospital Acquired Thrombosis

The Successes and Challenges Across the Health Board

15,434

patient safety incidents were reported by staff. We actively encourage staff to report issues. It is important that we encourage an open and safe reporting culture

14,118

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

232

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

48

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

74

of incidents reported to Welsh Government were Pressure Damage related

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

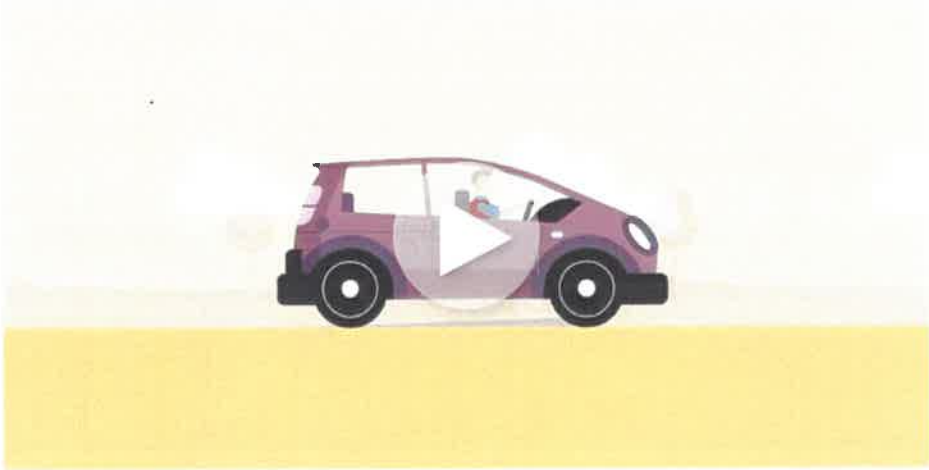
Patient Falls

This year our Falls Lead has started in post, he will be working with colleagues across the health board to reduce avoidable patient falls.

We are actively engaged in ageing well in Wales and the Steady On... Stay Safe awareness campaign to help people be more aware of how they can best take care of themselves, their friends and family, and reduce the number of falls suffered by older people. We have also developed and published a video explaining the simple steps all of us can take to "keep our tank topped up" and reduce our risk of falling.

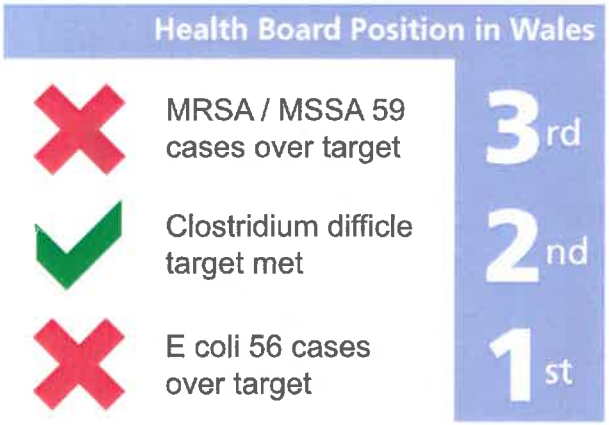
Never Events

A never event is a serious and largely preventable patient safety incident. Last year we told you that we had reported a wrong tooth extraction as a never event. This year we have seen further similar incidents. To help us to understand where we can improve our care we will be reviewing work undertaken in England around standardising the process.



What We are Doing to Reduce Infections

- Our IP&C teams undertake regular audits and focus on areas where there has been increased incidence of infection
- We undertake monthly hand hygiene audits which are reported at the Executive Performance Reviews
- 100% of clinical areas had aprons, gloves and masks available when audited



Pressure Damage

All grade 3 and 4 pressure ulcers are investigated by Clinical Boards using an All Wales investigation tool and the lessons learnt are shared in the Quality Safety and Experience sub committees.

92.4% of patients who needed assistance to look after their skin had evidence of an up to date plan of care which was being implemented and evaluated and which had been reviewed within the appropriate timescale.

We have revised the health board Pressure Ulcer Risk Assessment, prevention and Treatment Procedure

Welsh Health Specialised Services Committee (WHSSC)

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

Inspections

In 2017 /18 Healthcare Inspectorate Wales (HIW) undertook a number of Inspections within the health board to give assurance about the standards of care that we are providing.

These included:

- 4 General Practice Inspections
- 18 Dental Inspections
- 4 Hospital Inspections
- 3 Thematic Reviews

The unannounced hospital inspections were largely positive, finding services safe and effective. Recommendations made by HIW included

- Information for patients and visitors to be clearly displayed
- ✔ The appropriate information was displayed and is checked monthly
- There was poor compliance with the no smoking policy outside Hafan y Coed
- ✔ A No Smoking and Waste Enforcement Officer was present on UHL site from 21st May 2018
- The health board had to ensure that children who needed emergency surgery received care in a timely manner
- ✔ An emergency surgical list operates twice a week in children's theatre and options are being considered to extend this further

Dignified Care

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

Providing dignified care for children diagnosed with type 1 diabetes means that we have to ensure that they are able to fully participate in and benefit from all of the activities that children of their age enjoy.

What the School Educator Told Us

Living with a medical condition like type 1 diabetes can have a great impact on a child's health as well as their educational achievement if they do not have access to the right help and support at school. Children spend much of their time at school, so it is very important that their health needs are met during school time. I assist school staff to feel empowered to promote an environment that allows pupils to develop, grow and flourish in their school life despite the daily challenges of living with diabetes, which is complex to manage and requires considerable dedication to treatment if health complications are to be avoided.

The education sessions I provide are designed to meet the individual needs of the pupil and the school. Some sessions are delivered to large groups of staff to help staff recognise a diabetes emergency and understand what action to take. Other sessions involve small groups of staff who have volunteered to help a pupil with their daily blood glucose monitoring and administering insulin.

Many schools offer residential trips and if a pupil with diabetes wants to participate I will meet with the staff attending the trip and provide the necessary education regarding how to:

- help with carbohydrate counting and insulin administration at meal times
- how to safely support increased activity levels
- how to recognise a life-threatening diabetes emergency (severe low blood glucose levels or high blood ketone levels).

What Alys' School Told Us

Alys developed diabetes before she came to the school. We contacted the diabetes nurse and had our first training in 2015. Since then we try to train new staff every year. The School Educator leads the

training and she is very patient as she delivers it clearly and slowly. All the teachers and Learning Support Assistants have different anxieties about administrating the insulin but the School Educator and mum go through all the questions and worries with each member of staff until they feel more secure. We arrange these meetings every year and the School Educator is always easy to get hold of and very accommodating. If ever we need more training or anything else we know she is only a phone call away.

What Alys' Mum Told Us

The training provided by the school educator means that Alys can be included in all school activities, such as gym classes and school trips, with the knowledge that the staff have been trained to manage her daily needs as well as any acute complications such as low blood glucose levels.

This service has given us, as parents more confidence in our daughter's diabetes management and it has also led to an improvement In her health

Members of the paediatric diabetes team were instrumental in assisting Diabetes UK Cymru to lead a group of health and children's organisations to ensure the new Additional Learning Needs and Educational Tribunal (Wales) Act (known as the ALN Act) specifically mentions children with medical conditions such as type 1 diabetes. Dai Williams, National Director, Diabetes UK Cymru, said, "The ALN Act is vital new legislation which will make a difference to thousands of families across Wales. It will give children and young people with medical conditions like type 1 diabetes support they have never had before. It is very encouraging to see some schools already adopting the new framework, and we hope many more do so in the near future. Diabetes UK Cymru would like to thank the paediatric diabetes team at Cardiff & Vale University Health Board for its help in making this change happen. Your support will make a real difference to children with medical conditions like type 1 diabetes, now and for future generations, ensuring they are no longer left behind."

Diabetes UK Cymru

QSI Framework update 2017-2020:
Dignified care

Areas where we have improved in 2017-2018:

- **Mouth care** –there has been a trial of the current assessment documentation and an action plan has been put in place.
- **Patients with learning disabilities** - The 1000+ lives guidance for improving general hospital care for people with Learning Disabilities has been rolled out.
- **End of Life care** – there has been increased funding/ workforce for the CVUHB/Marie Curie Hospice at Home Team to improve length of stay and patient experience.
- **Continence care** – we responded fully to the Older People's Commissioner in relation to continence care and we have agreed a pathway for the use of appropriate continence aids.
- **Quality of sleep** – we have approved and are monitoring an action plan to promote better sleep.

Things we are going to focus on 2018-2019:

- **Our Sensory Loss Plan**
  We will progress the All Wales Standards for Accessible Communication and Information for People with Hearing Loss Action Plan
- **Exploring the experience's of our service users with Learning Disabilities**
  We will be undertaking patient experience surveys with patients with Learning Disabilities being cared for by us.
- **End of Life Care**
  We are recruiting 2 Macmillan Advance Care Plan Facilitators to support patients

The Successes and Challenges Across the Health Board

We have undertaken

4768

face to face continence assessments

87.02%

of patients told us that they felt that they always had their hygiene needs met.

We have completed

122

unannounced internal inspections of our wards and clinical areas.

78.27%

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

92.42% of our patients agreed that nursing staff were involved in the mealtime services. But...

67.8% of our patients have told us that they have their water jug changed three times a day. We need to do this for all our patients.

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

86.5%

when asked about whether we provide dignified care.

Model Ward

Between May and July 2017 two wards ran a project to improve the nutrition and hydration of the patients. In 2011 it was recognised that 45% of patients being admitted to hospital in Cardiff and Vale were malnourished compared with 25% nationally.

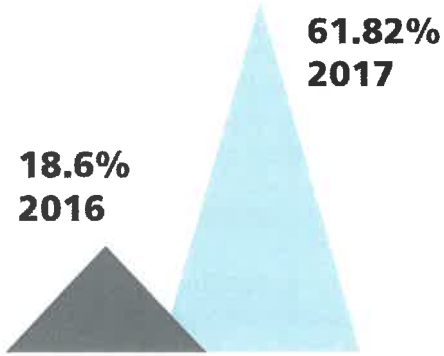
Malnourishment can lead to poor outcomes for patients including increasing the risk of pressure ulcers, developing kidney problems and an increased risk of falls. To ensure that patients on the participating wards received the best possible nutrition the menu choices were increased and patients were able to see images of what they were choosing on an ipad. Wherever possible, patients ate together in the dayroom with plenty of staff available to help where necessary. The numbers of snacks and drinks between meals was increased. Patients were overwhelmingly positive about the project and it was noted that they required less nutritional supplements, less laxatives and enemas and a decreased use of Intravenous fluids. Funding has been agreed to extend this project to four more wards to allow us to study the benefits in greater detail.

Volunteers on A7

The ward receptionist on A7 has an interest in dementia has secured funding to set up a dementia room with activities special lighting etc to benefit dementia patients, it has been such a success that additional funding has been secured to set up dementia boxes to loan to other wards across UHB.

Success for Younger Onset Dementia Service

The Younger onset Dementia Service has been awarded the Innovation in Mental Health Award at the Health Service Journal Awards. The service works closely with patients who receive a diagnosis of dementia before they are 65 years old. Young people with dementia often have different needs , they might still be in work when they are diagnosed or have younger children living at home with them. The service work closely with both the patients and their families to connect them with the support that they need.



We want all of our staff including porters, doctors, receptionists and nurses to be confident in providing excellent care to patients who have dementia. In November 2017 over **60%** of our staff had received training in dementia a huge increase from the previous year

Caring for Patients with a Learning Disability

We have introduced a risk assessment, pain assessment tool and National Early Warning score chart to be used when we care for patient who have a learning disability. The tools ensure that this group of patients have access to the same investigations and assessments as the rest of the population but recognises that the assessments might need to be delivered differently in order to get the same outcomes.

Read About Me' Person-Centred Toolkit

The 'Read About Me' person-centred toolkit for people with a cognitive impairment or dementia was launched in October 2017. The toolkit includes information including the patient's likes and dislikes, personal interests and family details. This allows staff to be able to have a better understanding of the patient and the things that are important to them. Patients can take the 'Read About Me' with them wherever their journey takes them: e.g. theatre, x-ray and any other departments they might visit during their inpatient stay or also within the community so that anyone who cares for them can ensure that they can provide patient centred care

Exercise Clubs

Physiotherapists and ward staff at Llandough Hospital have been working with elderly inpatients to prevent de-conditioning by holding regular exercise classes followed by lunch clubs. Deconditioning is the physiological change to the body, such as wasting of the muscles, developed through prolonged bed rest.

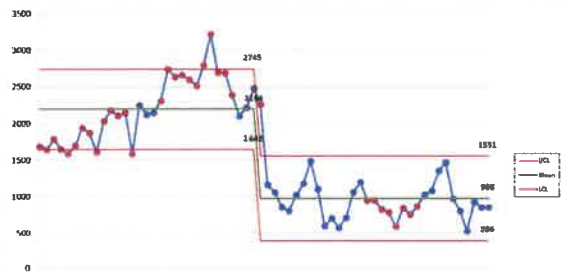
In a group led by physiotherapists, up to 8 patients participate with simple exercises and ball games to increase their activity levels whilst in hospital. The classes run 2-3 times a week on several of the medical wards at Llandough Hospital. The staff experience of the exercise clubs has been positive, and patients have reported feeling the benefits of attending the class. The exercise classes increase patient appetite, so it helps that the classes are followed by lunch clubs. The sequence of the classes ensure patients are already up and mobile to eat lunch in a group together in the day room, rather than in their beds in isolation. They not only promote movement, but also socialising with other patients which further provides peer support for

eating meals. For cognitively impaired patients, the social aspect and verbal encouragement from peers can be even more important.

Enhanced Supervision

Some patients on our wards require additional supervision due to behavioural disturbances that could cause them to fall. Providing additional supervision on a 1 to 1 basis can be restrictive for patients and is also requires additional staff to be available. An enhanced supervision framework has been developed to ensure that patients receive the appropriate level of supervision and are supported towards a more active recovery with more therapeutic activities and stimulation being provided. Since the development of the framework the use of bank and agency staff within the Medicine Clinical Board has reduced by over 50% and has led to improvements in the quality of care experienced by patients.

Temporary Staffing Hours per Week



September 2106 – January 2018

Sensory Loss

Loop systems and Sonidos have been installed in all clinical areas throughout the Dental Hospital and the Community dental clinics to benefit patients who have hearing loss when they are attending these services.

Pagers giving visual and vibration alerts are being used to inform patients with sensory loss when they are being called for their outpatient appointments.

Get up Get Dressed Get Moving

Once admitted to hospital, many patients resign themselves to simply staying in bed, in their pyjamas, for the duration of their stay. However, research shows that bed rest is not a good way to recover from many illnesses or injuries and may actually increase recovery times. Staying in bed and not moving can actually contribute to a number of other problems. That's why we are running a campaign get up Get Dressed Get Moving, to help people keep patient active and independent in hospital. It is conjunction with the nationwide #EndPJparalysis challenge.

The messages are:

- get up - stay out of bed in the daytime, as you would at home.
- get dressed - change from your pyjamas into your clothes in the daytime as you would at home.
- get moving - at least every hour. When sitting, move your arms and legs regularly.
- use it (your muscle strength) or lose it.
- get home well.

Many of our staff are supporting the scheme on social media by sporting their pyjamas

#endPJparalysis

Steady on... Stay SAFE

Our Staff and Volunteers

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

Diagnosing Type 1 Diabetes

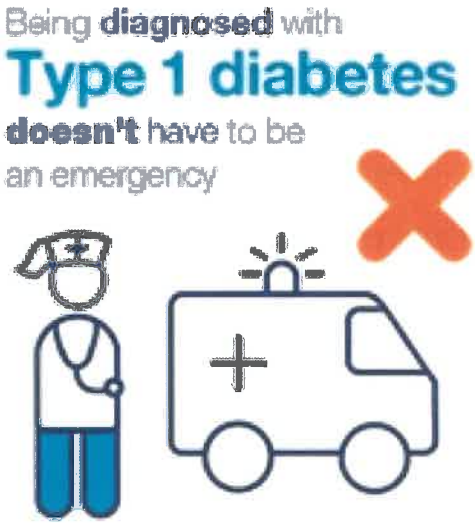
Avoiding an emergency situation at the diagnosis of type 1 diabetes helps make the start of a family's journey with diabetes far calmer. Diagnosis is invariably a very emotional time for parents and the children as the enormity of the diagnosis starts to sink in. If a child can be 'well' at diagnosis as opposed to being 'sick' the diabetes team can swiftly focus on providing the support needed to deal with all the practical elements of managing diabetes (blood glucose monitoring and insulin administration) as well as starting the SEREN structured education programme that covers everything families need to know including 'what is diabetes', 'hypoglycaemia', 'carbohydrate counting', 'illness and diabetes' and 'coping with diabetes'.

Children can't be prevented from developing type 1 diabetes, but with greater awareness of the signs and symptoms of type 1, children can be prevented from becoming critically unwell with DKA at diagnosis. An early diagnosis prevents the emotional trauma of a medical emergency and promotes the smooth delivery of the support and education families need from the diabetes team.

Providing excellent care to our patients always requires us to work together and to collaborate to ensure that we achieve the best possible outcomes. Our paediatric diabetes team have worked closely with colleagues from secondary care or hospital based services and primary care or community health services, the Royal College of General Practitioners and The Children's and Young People's Wales Diabetes Network to develop a pathway that ensures that children presenting with type 1 diabetes for the first time are assessed and treated quickly and effectively.

What our Paediatricians Told Us

Work between primary Care (General Practice and community services) and hospital services is being undertaken to ensure that Children with type 1 diabetes are diagnosed swiftly reducing the risk of life threatening complications. A referral pathway ensures that the first health professional to see a young person who has suspected type 1 diabetes knows what signs to look out for and what tests to undertake and immediately refers the child to the Children's Assessment Unit. When a GP Referral has been made, the Diabetes Specialist team write to the GP to commend good practice and also to highlight how things might have been improved.



The Successes and Challenges Across the Health Board

3182
Staff trained in safeguarding children

7396
Staff trained in the Mental Capacity Act

345
Staff nominated for staff recognition Awards

2390
Staff trained in infection prevention and control

9.33%
Staff turnover rate
We are continuing to try to reduce this

We have a
5.73%
vacancy rate

72.04%
Staff had completed their mandatory training

57.19%
of our staff had an Annual Performance and Development Review

We have over
600
volunteers working with us to make improve the experience of our patients.

There are over
30
different roles undertaken by volunteers within the health board

Wales for Africa

Our health board has a multi-disciplinary group which oversees and supports our partnership working. A number of health board staff, and associated colleagues in Cardiff University, are also involved with charities that support work in Africa. Our partnerships include Mothers of Africa, Life for African Mothers, Penarth and District Lesotho Trust and the Welsh Government's International Learning Opportunities Programme.

Through their work initiatives of sharing skills, establishing positive collaborative working relationships with local communities and supporting education and health, these charities in Wales are helping to build strong communities in Africa. This work demonstrates the UHB's commitment to making a positive contribution to global wellbeing.

SRA

STAFF RECOGNITION AWARDS

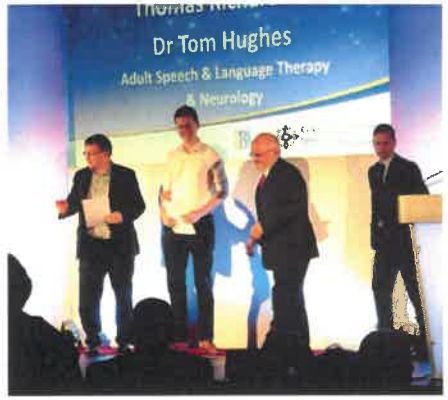
345 nominations were received across 16 categories and over 400 staff members were invited to attend the evening.

This year we introduced two new categories, the first was the 'Acting Today for a Better Tomorrow' award which focuses on our work with the Well-being of Future Generations Act 2015. The second was the 'Living Our Values' award which will highlights the work which has taken place around the UHB Values and Behaviours framework.

Recruitment

To improve the recruitment of nursing staff

- The health board has been represented at national recruitment events
- Individuals who have been out of nursing for some time are being supported to undertake return to practice training
- A number of health Care support Workers have been accepted on the Nurse Adaptation Programme
- We are reaching out to wider numbers of nurses through social media



A Poem Written about the staff on Ward 7 in Rookwood hospital by one of their patients

Superheroes

Today I'd like to talk
About Superheroes, not the type
You see in magazines,
Or that wear capes.

The type that work in hospitals.
Give up their time, not just
To save people's lives and nurse
Them back to health.

They also keep patients company
And are a friend to them,
Even just a smile can make
A lonely patient's day.

I've been fortunate enough to
Have the pleasure of having
The company of these superheroes.
They really have changed my life.

I wish I could return the
Good they have kindly gave
To me for four months of my
Short sixteen years of life.

Working with students

We are working with universities and colleges across Cardiff and Vale to recruit student volunteers into befriending and activity roles across the health board

Our Inclusive Workforce

During LGBT History Month, people from the Lesbian Gay Bisexual & Trans (LGBT+) LGBT community have been asked to share their history, their lives and their experiences. One of our colleagues has provided an insightful look at how life has changed over the past few decades.
I grew up in an environment where being gay was taboo, there was still quite a bit of homophobia around. Jokes about gay people were pretty commonplace, and even those who may have seemed quite accepting would pass it off as "just a bit of banter".

By the time I was in my late 20s I'd developed the art of gender neutral conversations. This only changed when I met an NHS senior manager who was both successful and out. This was a combination I didn't think possible. The realisation that I could be out, and just be me, able to mention my partner by name occasionally, or use the pronoun 'she' and not 'they', was life changing.

Flying the Rainbow Flag, and wearing Rainbow lanyards reflect acceptance and support for the LGBT+ community. This is important for our patients as well as our colleagues. Those who are feeling vulnerable need to know that the people important to them are recognised too.

RCM Awards

For the second year in a row a Cardiff and Vale midwife has won the Royal College of Midwife Emma's Diary Mum's Midwife of the Year Award. Sarah was nominated for the prestigious award by Elouise, after seven failed attempts at IVF, Elouise and her husband Paul finally found an amazing friend, Jen, willing to be a surrogate. Thankfully Jen fell pregnant and went on to deliver beautiful twin boys, Jude and Joshua in June 2017.

With Elouise and Paul living in Birmingham and Jen and her family living in Barry, Wales, it meant every scan, every midwife appointment and every visit to fetal medicine was miles away, reinforcing the physical separation and administrative hurdles to overcome. Elouise was also understandably anxious about how surrogacy would impact their treatment and the care afforded to their surrogate. Whether they would feel like "parents", be treated like "parents" and how the hospital would accommodate their family. They needn't have worried, as their midwife, Sarah, put their minds at ease instantly, spending time with them to understand their relationship, their needs, their fears and their expectations. She kept in touch for months via email and met them twice prior to delivery, even giving them a tour of the hospital

Corporate Health Standard

The UHB has been successfully revalidated for both the Gold and Platinum Corporate Health Standard (CHS), the national quality mark for health and wellbeing. The CHS assessors highlighted a number of our key strengths, including:

- **Union involvement** - they described full collaboration and partnership working to an extent they have never seen elsewhere. They felt the unions had full ownership of the agenda and were engaged with the health board in every aspect of health and wellbeing. Midwifery's engagement with the RCN's work on health and wellbeing was highlighted, as was the Unions' lead on developing the work on menopause.

- **Passion, enthusiasm and buy-in** - they recognised that the Health and Wellbeing Advisory Group set the vision and then Clinical Boards and corporate departments take ownership for innovative delivery locally, choosing what they do and how they do it. They heard some fantastic stories of engagement and health and wellbeing initiatives from across several sites. Staff even sought the assessors out to share stories and experiences over the two days.

- **Catering** - singled out due to their recent huge developments. The assessors were extremely impressed with the thought that has gone in to all aspects of catering provision.

- **UHL** - the assessor who attended UHL was incredibly impressed with the extent to which the health and wellbeing of staff had been integrated into the design of Hafan y Coed, the HeARTh Gallery and The Orchard.

The Platinum Standard focuses more on our corporate social responsibility activity including strong partnership working with local and national partners, improved use of volunteers and community engagement including the work on Smoke Free Playgrounds and Smoke Free School Gates.

Areas for future development include becoming better at sharing our achievements within and beyond the UHB, targeting staff groups we may have failed to reach in the past to ensure they are empowered and have access to opportunities, medical engagement, and mental wellbeing.

Living Our Values

The UHB always strives to put patients first. During 2017, a project called Values into Action listened to staff to find out what it's like to work for the UHB and how to improve things, and to hear from patients and families about their experiences in our care. We identified values from these conversations and have developed a set of behaviours to accompany them. We are now using these values and associated behaviours within all of our staffing processes including recruitment, induction and appraisals to ensure that we all demonstrate the commitment to live our values every day.

We want to create an environment where our four values reflect the behaviours we want to see from one another, and inspire us to keep improving our patient and staff experience. We have begun to put boards up around the site to remind us about those behaviours and the leaders across the organisation have been given tools to support them.

Our Chief Exec and Executive Team have committed to our pledge "...to be kind and caring in my dealings with others and look after their wellbeing, to treat everyone with respect, to conduct myself with integrity, trusting others and learning from mistakes, and to take personal responsibility for my actions at all times."

Looking forward

The health board has sought out best practice from other organisations, including Canterbury District Health in New Zealand which has delivered a shift in models of care towards more community based services. The Canterbury journey has taken nearly ten years and is an organisation similar in nature and demographics to the UHB. A visit took place in December 2017 and highlighted several key learning points which have been used to inform the development of Transformation within the UHB.

The four key aims of the Transformation Programme are agreed as follows:-

1. To reduce outpatient appointments on hospital sites;
2. Reduce length of stay ;
3. Reduce harm, waste and variation;
4. To improve the productivity of our theatres.

The Programme will also focus upon the following seven approaches:-

1. Delivering care in a consistent way
2. Ensuring that staff are able to access all of the information they require to deliver excellent care
3. Ensuring that we have the right information technology to provide excellent care
4. Working with other organisations;
5. Supporting culture change and build capability and capacity;
6. Having a sustainable community health system that delivers the right outcomes for the population
7. Embedding our vision , values and behaviours.

Our aspiration is that the aims will support the delivery of our Shaping Our Future Wellbeing Strategy. We will also be working with partners such as Cardiff and the Vale of Glamorgan Councils to ensure that our approach is cohesive and aligned to our population needs. In particular, we are working together to implement the recommendations of the Parliamentary Review on Health and Social Care.

How are we doing? – help us hear your voice

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

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

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

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

Annual Quality Statement Bibliography

P06 Quality Safety and Improvement Framework
www.cardiffandvaleuhb.wale.nhs.uk/publications/deliveryplans plans

P08 Paediatric Diabetes Youth Worker
https://tinyurl.com/pdyouthworker

P11 Harmoni Cymru
https://tinyurl.com/harmoni-cym

P18 Tom discusses the Teenage Diabetes Clinic
https://tinyurl.com/teenage-diab

P21 Annual Report of the Director of Public Health for Cardiff and Vale in 2017
www.cardiffandvaleuhb.wales.nhs.uk/publications/annual -reports -and -accounts

P22 Tom discusses the Technology he uses to manage his diabetes
https://tinyurl.com/diabetes-technol

P25 Delivery Plans
www.cardiffandvaleuhb.wales.nhs.uk/publications/deliveryplans

P28 Falls Prevention Fuel Tank
https://tinyurl.com/fall-fuel-tank

P 30 The School Educator Role
https://tinyurl.com/diabetes-school-ed

We would like to know if you've enjoyed reading the Annual Quality Statement and to get some feedback from you. Please take 2 minutes to answer this brief survey to help to us to produce a document that you enjoy and find informative.
https://www.surveymonkey.co.uk/r/ZMF2HXL

THE STAKEHOLDER REFERENCE GROUP

Draft Revised Terms of Reference and Operating Arrangements

1. INTRODUCTION

1.1 The Stakeholder Reference Group's (SRG) role is to provide independent advice on any aspect of University Health Board (UHB) business. This may include:

- Early engagement and involvement in the determination of the UHB overall strategic direction
- Provision of advice on specific service proposals prior to formal consultation; as well as
- Feedback on the impact of the UHB's operations on the communities it serves.

2. PURPOSE

2.1 The purpose of the SRG is to:
Facilitate full engagement and active debate amongst stakeholders from across the communities served by the UHB, with the aim of reaching and presenting a cohesive and balanced stakeholder perspective to inform the UHB's decision making.

3. DELEGATED POWERS AND AUTHORITY

3.1 The SRG will, in respect of its provision of advice to the Board:

- offer advice to the UHB when specifically requested on any aspect of its business
- offer advice and feedback even if not specifically requested by the UHB.

3.2 Authority

The UHB may specifically request advice and feedback from the SRG on any aspect of its business, and the SRG may also offer advice and feedback, even if not specifically requested by the UHB.
The SRG may provide advice to the Board:

- at Board meetings, through the SRG Chair's participation as Associate Member
- in written advice, and
- in any other form specified by the Board.

The Board may determine that the SRG should be supported by sub groups to assist it in the conduct of its work, or the SRG may itself determine such arrangements, provided that the Board approves such action.

4. MEMBERSHIP

Chair Nominated from within the membership of the SRG by its members and approved by the Board.

Vice Chair Nominated from within the membership of the SRG by its members and approved by the Board.

Members The membership of the SRG must be drawn from within the area served by the UHB, and should ensure involvement from a range of bodies and groups operating within the communities serviced by the UHB.

In determining the overall size and composition of the SRG, the UHB must take account of the:

- demography of the areas served by the UHB;
- need to encourage and reflect the diversity of the locality, to incorporate different ages, race, religion and beliefs, sexual orientation, gender, including transgender, disability and socio-economic status;
- balance needed in both the range of difference stakeholders and the geographical areas covered, taking particular care to avoid domination by any particular stakeholder type or geographical area;
- design and operation of the partnership/stakeholder fora already influencing the work of the UHB at local community levels;
- need to complement, and not duplicate the work of CHCs; and
- need to guard against the over involvement of particular stakeholders through their roles across the range of partnership/stakeholder arrangements in place.

The Health and Social Care Facilitators will have permanent member status in recognition of their unique role. They will be full and equal members of the SRG and will count towards its quoracy.

Secretariat As determined by the Director of Corporate Governance.

In Attendance The Executive Director of Planning, Executive Nurse Director, Director of Corporate Governance, Strategic Partnership & Planning Manager, Equality Manager and Community Health Council representative will attend the SRG, and the Board may determine that designated Board members or UHB staff should be in attendance at the SRG. The SRG Chair may also request the attendance of Board members or UHB staff, subject to the agreement of the UHB Chair.

Support to Committee Members

4.6 The Director of Corporate Governance, on behalf of the SRG Chair, shall:

- arrange the provision of advice and support to group members on any aspect related to the conduct of their role, and
- ensure the provision of a programme of organisational development for SRG members as part of the UHB's overall OD programme developed by the Director of Workforce and Organisational Development.

5. TERMS OF OFFICE

5.1 Appointments to the SRG shall be made by the Board, based upon nominations received from stakeholder bodies/groupings, and in accordance with any specific requirements or directions made by the Welsh Government (WG). The Board may seek independent expressions of interest to provide a stakeholder perspective where it has determined that formal bodies or groups are not already established or operating within the area.

Members shall be appointed for a period specified by the Board, but for no longer than three or four years in any one term (depending on outcome of WG review of Board Standing Orders). Those members can be reappointed but may not serve a total period of more than five or eight years consecutively (depending on outcome of WG review of Board Standing Orders). The Board may, where it considers it appropriate, make interim or short term appointments to the SRG to fulfil a particular purpose or need.

5.2 The ***Chair*** will be nominated from within the membership of the SRG, by its members, in a manner determined by the Board, subject to any specific requirements or directions made by the WG. The nomination will be subject to consideration by the Board, who must submit a recommendation on the nomination to the Minister for Health and Social Services. The appointment as Chair will be made by the Minister, but it will not be a formal public appointment. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board, and the appointment of the Chair to this role is on the basis of the conditions of appointment for Associate Members set out in the Regulations.

5.3 The Chair's term of office will be for a period of up to two years, with the ability to stand as Chair for an additional one year (to be reviewed following WG review of Board Standing Orders), in line with that individual's term of office as a member of the SRG. That individual may remain in office for the remainder of their term as a member of the SRG after their term of appointment as Chair has ended.

5.4 The ***Vice Chair*** will be nominated from within the membership of the SRG, by its members, in a manner determined by the Board, subject to any specific requirements or directions made by the WAG. The nomination shall be subject to consideration by the Board, who must submit a recommendation on the nomination to the Minister for Health and Social Services. The appointment as Vice Chair will be made by the Minister, but it will not be a formal public appointment. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board. In the SRG Chair's absence, the Vice Chair will also perform the role of Associate Member on the UHB Board. The appointment of the Vice Chair is therefore also on the basis of the conditions of appointment for Associate Members set out in the Regulations.

5.5 The Vice Chair's term of office will be for a period of up to two years, with the ability to stand as Vice Chair for an additional one year, in line with that individual's term of office as a member of the SRG (to be reviewed following WG review of Board Standing Orders). That individual may remain in office for the remainder of their term as a member of the SRG after their term of appointment as Vice Chair has ended.

5.6 A member's tenure of appointment will cease in the event that they no longer meet any of the eligibility requirements determined for the position. A member must inform the SRG Chair as soon as is reasonably practicable to do so in respect of any issue which may impact on their eligibility to hold office. The SRG Chair will advise the Board in writing of any such cases immediately.

5.7 Where the Board determines it appropriate, the UHB may extend membership to individuals in order to provide a perspective from stakeholders where there are not already formal bodies or groups established or operating within the UHB area.

6. RESIGNATION, SUSPENSION AND REMOVAL OF MEMBERS

6.1 A member of the SRG may resign office at any time during the period of appointment by giving notice in writing to the SRG Chair and the Board.

6.2 If the Board, having consulted with the SRG Chair and the nominating body or group, considers that:

- it is not in the interests of the health service in the area covered by the SRG that a person should continue to hold office as a member, or
- it is not conducive to the effective operation of the SRG

it shall remove that person from office by giving immediate notice in writing to the person and the relevant nominating body or group.
A nominating body or group may request the removal of a member appointed to the SRG by writing to the Board setting out an explanation and full reasons for removal.

6.3 If an SRG member fails to attend any meeting of the Group for a period of three consecutive meetings, the Board may remove that person from office unless they are satisfied that:

i the absence was due to a reasonable cause, and
ii the person will be able to attend such meetings within such period as the Board considers reasonable.

6.4 Before making a decision to remove a person from office, the Board may suspend the tenure of office of that person for a limited period (as determined by the Board) to enable it to carry out a proper investigation of the circumstances leading to the consideration of removal. Where the Board suspends any member, that member shall be advised immediately in writing of the reasons for their suspension. Any such member shall not perform any of the functions of membership during a period of suspension.

7. MEMBER RESPONSIBILITIES AND ACCOUNTABILITY

The Chair

7.1 The Chair is responsible for the effective operation of the SRG:

- chairing meetings
- establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all business is conducted in accordance with its agreed operating arrangements, and
- developing positive and professional relationships amongst the Group's membership, and between the SRG and the UHB's Board and its Chair, and Chief Executive.

7.2 The Chair shall work in close harmony with the Chairs of the UHB's other advisory groups, and, supported by the Director of Corporate Governance, shall ensure that key and appropriate issues are discussed by the Group in a timely manner, with all the necessary information and advice being made available to members to inform the debate and ultimate resolutions.

7.3 As Chair of the SRG, they will be appointed as an Associate Member of the UHB Board. The Chair is accountable for the conduct of their role as Associate Member on the UHB Board to the Minister, through the UHB Chair. They are also accountable to the UHB Board for the conduct of business in accordance with the governance and operating framework set by the UHB.

The Vice Chair

7.4 The Vice Chair shall deputise for the Chair in their absence for any reason, and will do so until either the existing Chair resumes their duties, or a new Chair is appointed, and this deputisation includes acting in the role of Associate Member of the UHB Board.

7.5 The Vice Chair is accountable to the SRG Chair for their performance as Vice Chair, and to their nominating body or grouping for the way in which they represent their views at the SRG.

Members

7.6 The SRG shall function as a coherent advisory group, all members being full and equal members and sharing responsibility for the decisions of the SRG.

7.7 All members must:

- be prepared to engage with and contribute fully to the SRG's activities and in a manner that upholds the standards of good governance, including the values and standards of behaviour set for the NHS in Wales
- comply with their terms and conditions of appointment
- equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development

programmes, and
- promote the work of the SRG within the professional discipline they represent.

7.8 SRG members are accountable to the Chair for their performance as Group members, and to their nominating body or grouping for the way in which they provide an informed perspective of the matters under discussion.

Relationship with the Board

7.9 The SRG's main link with the Board is through the SRG Chair's membership of the Board as an Associate Member.

7.10 The Board may determine that designated Board members or UHB officers should be in attendance at Group meetings. The SRG's Chair may also request the attendance of Board members or UHB officers, subject to the agreement of the UHB Chair.

7.11 The Board should determine the arrangements for any joint meetings between the UHB Board and the SRG.

7.12 The Chair of the Board should put in place arrangements to meet with the SRG Chair on a regular basis to discuss the SRG's activities and operation.

8. RELATIONSHIP BETWEEN THE SRG AND OTHERS

8.1 The UHB Board must ensure that the SRG's advice provides a balanced, co-ordinated stakeholder perspective from across the local communities served by the UHB. The SRG shall:

- ensure effective links and relationships with other advisory groups, local and community partnerships and other key stakeholders who do not form part of the SRG membership;
- ensure its role, responsibilities and activities are known and understood by others; and
- take care to avoid unnecessary duplication of activity with other bodies/groups with an interest in the planning and provision of NHS services, e.g., Public Services Boards.

8.2 The SRG shall work together with Community Health Councils (CHCs) within the area covered by the UHB to engage and involve those within the local communities served whose views may not otherwise be heard

8.3 The SRG shall make arrangements to ensure designated CHC members receive the SRG's papers and are invited to attend SRG meetings.

9. SUPPORT TO THE SRG

9.1 The UHB's Director of Corporate Governance, on behalf of the Chair, will ensure that the SRG is properly equipped to carry out its role by:

- overseeing the process of nomination and appointment to the SRG;
- co-ordinating and facilitating appropriate induction and organisational development activity
- ensuring the provision of governance advice and support to the SRG Chair on the conduct of its business and its relationship with the LHB and others;
- ensuring the provision of secretariat support for SRG meetings;
- ensuring that the SRG receives the information it needs on a timely basis;
- ensuring strong links to communities/groups; and
- facilitating effective reporting to the Board

thus enabling the Board to gain assurance that the conduct of business within the SRG accords with the governance and operating framework it has set.

10. COMMITTEE MEETINGS

Quorum

10.1 At least four members or one third of the total membership whichever is greater must be present to ensure the quorum of the SRG.

Frequency of Meetings

10.2 Meetings shall be held bi-monthly and otherwise as the Chair of the SRG deems necessary – consistent with the UHB annual plan of Board Business.

Openness and Transparency

10.3 The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out by others to advise it in the conduct of business. The Board therefore requires, wherever possible, the SRG to hold meetings in public unless there are specific, valid reasons for not doing so.