

THREE YEAR INTEGRATED MEDIUM TERM PLAN

2019 – 2022 Final March 2019

Local Annexes: Book A2

Quality and Patient Safety (including Research and Development)



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1. QUALITY AND PATIENT SAFETY

1.1 AIM

The Health Board is committed to achieving the vision clearly articulated in 'A Healthier Wales' (Welsh Government 2018) and in particular echoing the NHS core value of putting quality and safety above all else. This also aligns with the Quadruple Aim, which is fundamental to the Health Board's approach and the Institute of Medicine's STEEP principles, i.e. the provision of safe, timely, effective, efficient, person centred care, provides the framework that supports quality planning, assurance and improvement within the Health Board. The importance of the seven steps to patient safety in ensuring that quality and patient safety is firmly at the heart of everything the Health Board does, cannot be over emphasised. This requires a culture that enables the active involvement of the people who receive care along with those who provide it, in every part of the organisation, with a focus on learning and improvement – see **Section 6 of the IMTP**. Hence, quality is a golden thread throughout this plan.

It is recognised that 2018/19 has been a challenging year in relation to quality for the Health Board. Whilst the decision to escalate the monitoring status of the Health Board has resulted in further detailed introspection, it has also presented an opportunity and the determination to exceed in terms of demonstrating that quality and patient safety are at the heart of the Health Board's planning and delivery of healthcare.

It is recognised that there has been variation in the way in which the functions of quality and patient safety have been discharged across services and directorates. The reasons for variation include demand, complexity, culture, and resource in its broadest sense. The external review of processes commissioned by Welsh Government to improve local mechanisms is welcomed and it is envisaged that the recommendations expected during quarter 1 of 2019/20 will be fully implemented.

The Health Board has benefited from the scrutiny and recommendations made by external stakeholders, it has also taken the opportunity to celebrate and share good practice, for example, through local and national award nominations, and various media, including publication and social platforms. Additionally, the Health Board has enlisted and consolidated the varied information and intelligence sources to help identify areas of good practice and high levels of patient satisfaction, as well as areas where outcomes and experience could be improved. The way in which quality planning, quality assurance and quality improvement are used secure good quality, safe care, which is at the heart of the Health Board.

1.2 QUALITY STRATEGY

During 2018, the Health Board expressed its strategic intent in relation to quality via a high level quality strategy, identifying six areas of aspiration that will help shape the approach to quality and patient experience over the years of the Plan:

- Listen: to and act upon, the voices of the population we serve and the staff who provide our services, so that we work together as equal partners to achieve the outcomes important to the individuals who receive care and intervention, further developing outcome focussed planning, delivery and evaluation.
- Equity: the broader determinants of health define our community's opportunity to maximise health and wellbeing. We are committed to further developing and trialling a systematic approach to population health with a longer – term commitment to 'no avoidable deaths'.
- Enable: our staff, as members of the population we serve as well as employees, by supporting strong clinical leadership and ownership via workforce development, acknowledging the effect of human factors on quality.
- Transparent: we remain absolutely committed to openness with the population we serve, and key stakeholders in relation to the quality of the healthcare we commission and provide, sharing learning within and across professions, division sectors and communities.
- Assure: increasingly using electronic platforms to achieve robust data collection, collation and analysis, to triangulate, prioritise, monitor, report and act on findings, ensuring we are safe, prudent and deliver value-based healthcare.
- Improve: by attaining quality healthcare provision through robust quality planning based on national and international policy, strategy and philosophy, along with drawing on the local, national and international quality improvement expertise to actively enable it.

During 2019/20, the quality strategy requires revision to ensure that the population of Bridgend are equally represented and are integral to the strategic direction for quality over the next three years. The strategy requires developing in partnership with key stakeholders as will the plan to implement it. It is envisaged that the strategy will be in development during quarters 2 and 3, and finalised with an agreed realistic implementation plan by quarter 4. Whilst the intention is to develop the strategy ahead of these timelines, it is likely to be challenging in terms of opportunity and resource, given the need to establish robust quality assurance and improvement mechanisms across the new organisation, as well as embed the new quality and patient safety governance framework.

1.3 QUALITY ASSURANCE

Quality assurance provides a systematic approach to maintaining consistently high quality by constantly measuring and reporting on effectiveness, highlighting the need for improvement and enabling the sharing of good practice.

During 2018, the Health Board's focus has intensified on ensuring there are well established, robust quality assurance and quality improvement processes in place, in conjunction with more focused work within maternity pathology and radiology services (**Book A3, Sections 3.6; 7.2 and 7.3 respectively**). Building on initial work commenced in September 2018 and further spurred by escalation to enhanced monitoring by Welsh Government, a Quality and Patient Safety Governance Framework has been developed. The framework is an important part of the Board Assurance Framework and forms part of the Health Board's response to the recommendations made by the Wales Audit Office structured assessment. It is rooted in the principles of 'Being Open' and reasserts the Board's unequivocal endorsement of an open, just and transparent safety culture. The framework has been developed through a comprehensive engagement process with staff, external stakeholders and partners, and reflects the functions required at service delivery and Board level to ensure the delivery of safe care. It aims to support connectivity between services data systems to inform planning, delivery and evaluation of care. It also helps to secure scrutiny and challenge at every level in pursuit of the highest possible standards. An improvement plan detailing how the framework is implemented is currently being developed, to maximise its opportunity to support the provision of high quality, safe care.

Looking to the future, the Health Board needs to prepare for the quality developments explored in 'services fit for the future'. Embedding the quality and patient safety governance framework across the organisation will provide a firm basis on which to build.

Target 1: During the first quarter of 2019, develop a comprehensive improvement plan that illustrates how the framework will be embedded across the health board, including how staff will be supported to develop and consolidate good practice and how the plans effectiveness will be assessed – see **Section 6 of the IMTP**. Additionally, building on interim arrangements already agreed through written communication, flowcharts, polies and protocols, ensure clarity in relation to lines of responsibility, reporting and accountability particularly in relation to quality governance. By quarter 3, evidence of implementation of the framework across the health board is available, during quarter 4, evaluation of the frameworks effectiveness will be achieved, with refinements identified based on the recommendation of internal audit with longer term planning for 2020- 2021.

Target 2: During the first two quarters of 2019, plan and start to undertake a range of scheduled and unscheduled internal assurance activities generating quality assurance, identifying good practice and areas for quality improvement. The ways in which internal assurance can be sought (non-exhaustive) include:

- Real time patient feedback, complemented by a planned programme for capturing the experience and outcomes for people receiving care
- Peer review: undertaken by a multi-disciplinary team, using an assessment tool, e.g. CQC's 5 key questions
- Peer reviewed Health and Care Standards Audit
- Locally agreed audit cycle driving quality improvement
- Regular scheduled Independent Member and Executive visits demonstrating leadership, and an open culture, enabling people receiving care and people providing care to be heard and effect change

- Unannounced Partnership Dignity Visits led by the Vice Chair, aimed at gaining contemporaneous exposure to the experience of people receiving care and people, providing care across a range of settings.
- Exploration of 'patient for a day', where a member of the executive team spends some time in a clinical area undertaking an observational visit to experience first-hand the environment with patients and staff, subsequently supplemented by discussion with patients, staff and the provision of quantitative quality triggers. This approach would generate a well-rounded assessment that would add value.
- Mortality Reviews have been long established within the Health Board and will be further complemented by the development of the new Medical Examiner role in April 2019 – **see BookA3, Section 7.2.1.1**. The amalgamation with the healthcare community of Bridgend also provides opportunity to take the best of both mortality review models and therefore maximise the effectiveness of review.

Additionally, there are a range of means by which quality can be assessed by external stakeholders, some of which are detailed below:

- The NHS Wales Health and Care Standards (April 2015) form the basis of the current quality assurance framework, for example, the quality report is predicated on the domains (although the quality report will be superseded during 2019),
- The NHS Outcomes Framework key quality indicators, where outcomes and performance are linked to quality, are captured via the quality performance data, providing another source of information to inform quality improvement.
- The NHS Wales National Clinical Audit and Outcome Review Plan 2018/19 generates highly reliable data in terms of the quality of services provided, as well as enabling benchmarking with similar services across the UK. Clinical audit is a fundamental component of the organisations quality assurance process, based on transparency and candour. The Health Board Clinical Audit Forward Plan identifies all of the clinical audit projects from the National Clinical Audit and Outcome Review Plan that must be undertaken for 2019/20. The Health Board is fully compliant with the national audit programme
- The role of stakeholders in quality assuring the Health Board's services and the experience of people who receive care and treatment, is invaluable. The unscheduled visits undertaken by the Community Health Council, Partnership Dignity Visits, and those undertaken by external regulators, for example, Healthcare Inspectorate Wales, in pursuit of 1.2.5 assurance, have significant impetus in driving quality improvement.
- Intensive scrutiny can also result in attaining levels of assurance, and also identify areas for improvement. This is demonstrated in various forms, for example, Her Majesty's Coroner via Regulation 28s, and Section 16 reports from the Public Services Ombudsman for Wales.
- Confidential enquires, child practice reviews and other external investigations can all generate quality assurance as well as areas for quality improvement.
- Welsh Health Circulars, Welsh Government correspondence, patient safety alerts and notices, communication from the Chief Medical Officer and Chief Nursing Officer all prompt an internal review to understand the quality of services provided and gain assurance. Examples of the Health Board's compliance with the above can be found in Quality Safety & Risk Committee Board papers.
- Reports detailing themes and trends generated from complaints, incidents and claims are scrutinised in detail by two sub-committees of the Board. Particularly serious events are reported to the full Board.

Target 3: Throughout 2019-2021, ensure there is robust corporate overview that actively supports services to learn from one another and improve, as well as support scrutiny by Board and its subcommittees.

In terms of quality assuring within independent, primary and community based services, a range of approaches are utilised, particularly where legislation and policy context exist, for example, the Regulation and Inspection of Social Care (Wales) Act 2016, and 'Our plan for a primary care service for Wales up to March 2018' (Welsh Government).

1.4 SHARING LEARNING

Learning from patient experience is essential so that effective and sustainable actions are taken to improve the quality of care, experience and outcomes. Learning from and sharing, good practice is of course, as important. Whilst learning is quickly embedded locally, there is an imperative to ensure that learning is made available organisation wide, and on occasions, more widely.

There are a number of ways in which learning is shared across the organisation, including conferences, celebration events, the annual quality summit, legal seminars and the learning from events newsletter. Those that add value will be used as a foundation to develop a strengthened, coordinated, organisation wide approach to shared learning.

Sharing best practice across primary and community care is achieved via clinical governance meetings, team development, contractor profession liaison groups, dissemination of national guidance and other evidenced based research, clinical leadership fora, appraisal process, quarterly and monthly CPD programme, peer review, academic detailing, outcome-driven quality improvement and all the features of Cluster Network Development to review quality.

Target 4: by the 2nd quarter of 2019 -2020, a multidisciplinary group will be established to establish and oversee shared learning, including that generated by quality and patient safety focused working groups and via a trial of a quality improvement hub. By quarter 4, evidence of effective means by which to share learning across the health board will be available and during 2020-2021, the most effective approaches will be identified prioritised and become the main way in which learning is enabled.

1.5 ENGAGING WITH CITIZENS AND PATIENTS

The Health Board is fully committed to creating a culture that welcomes and facilitates the involvement of patients, relatives and carers from the communities it serves to help shape, develop, improve and monitor the quality and safety of the care and treatment provided. The Health Board presently has a number of mechanisms in place to listen and learn from patient feedback, which assists the board with assurance of patient safety, quality and experience. These include patient surveys and stories, patient focus groups, patient safety incidents, complaints, claims, compliments and real time feedback. The importance of listening to, and learning from, the experiences of people who receive care cannot be over emphasised, and has proven to be absolutely instrumental in driving quality improvement within maternity services. This approach will be further strengthened during 2019- 2020 with the inclusion of real time patient feedback in maternity and mental health services – **see Book A3, Section 3.6.**

Citizen engagement priorities in 2019/20 include:

- The continued implementation of Citizen Engagement Plan.
- Regular meetings of the Health Board Stakeholder Reference Group (SRG), which ensures that a range of stakeholder views (including representatives from local authorities, third sector, Community Health Council, community groups, independent sector, patients and carers) are heard and can influence the planning, design and delivery of services.
- Regular meetings of the Health Board's Locality Public Foras to ensure continuous engagement as well as undertake any formal consultations about the design and delivery of services. Communities are engaged on a range of issues to ensure the public has a voice.
- With our partners in the Public Service Board, a co-ordinated approach to engagement and consultation activities will thrive with the continued use of the online community engagement hub
- Joint working with neighbouring Health Boards on a range of regional service developments.
- Work closely with the Community Health Council to ensure that engagement is timely and meaningful so that people understand the case for change and the options being considered. As a result of the extensive work that has been undertaken, we have been able to engage with a wide range of groups 'seldom heard' and develop a more robust approach to equality impact assessments.
- The corporate website contains information about key services and cross promotes the work of our partners including Dewis and the Public Service Board's new website 'Our Cwm Taf.' You can view the Health Board's new website here.
- Continue to produce a monthly e-newsletter using direct marketing to reach people who have signed up to receive regular updates and information from Cwm Taf.
- Continue to embrace the use of social media to interact with more patients and staff across our hospital sites.

- We continue to produce impactful short films to illustrate key campaigns such as our One Small Change staff health campaign, service re-design plans and patient stories. All our short films can be found on our Cwm Taf YouTube channel.
- Continue to support and guide the newly appointed Bevan Advocates for Cwm Taf.
- In partnership with the Cardiff University School of Medicine, work towards a common goal in ensuring a citizen centred approach to research, service design and evaluation.
- The All-Wales PROMs, PREMs and Effectiveness Programme (PPEP) collects patient reported outcome and experience measures across NHS Wales. The programme aims to invite all patients attending secondary care services across Wales to complete electronic PROMs and PREMs Surveys. The funding for the PROMs programme of work is currently under review for 2019/20.

Target 5: Between quarters 1-3, the recommendations made in March 2019 by internal audit in relation to patient experience are fully implemented. During 2020- 2021, improved means by which the experience of people using services outwith of secondary care will be better understood and feature more prominently in the Health Board's revised patient experience plan. Although a priority, this is likely to be challenging given the diversity of services, settings and populations groups that access them, particularly as there is variation in the evidence base available to inform the approach taken, and challenge in terms of linking patient experience to outcomes

Information related to patient experience can be viewed within the [Board](#) and [Quality, Safety & Risk Committee](#) papers, published on our Website.

1.6 ACCESSIBLE COMMUNICATION & INFORMATION FOR PEOPLE WITH SENSORY LOSS

The All Wales Standards for Accessible Communication and Information for People with Sensory Loss focus on the needs of people with sensory loss. This includes people who are deaf, deafened or hard of hearing; blind or partially sighted; or deaf/blind whose combined sight and hearing impairment cause problems with communication, access to information and mobility.

The steering group is now well established and supported by a stakeholder reference group. Progress has been made in many aspects of the plan, however, there remains significant work to be undertaken in some areas, including the availability and accessibility of information, for example, information related to hospital appointments. Progress on the delivery of the sensory loss plan is monitored by both the Steering Group and the Stakeholder Reference Group and is reported formally to the Board. **See Section 6 of the IMTP.**

Work continues on developing a Welsh Government funded project to pilot on-line interpretation for British Sign Language and also to trial hearing equipment in a range of areas. There has been progress in the roll out of hearing equipment which has been implemented throughout secondary care in order to improve communication for people who are hard of hearing and improve their patient experience. It has also been extended to primary GP practices and community care, Out of Hours services etc. Feedback has indicated that the equipment has been beneficial to both patients and staff. Roll out is continuing to Dental, Optometrists and Pharmacy practices.

The use of sight loss equipment in Ysbyty Cwm Rhondda, Ysbyty Cwm Cynon and Y Bwthyn is continuing.

Many staff have now undertaken sensory loss awareness and/or deaf awareness training and this has facilitated a sensory loss champion network.

The deaf wellbeing project is based on a co-production approach in conjunction with the local deaf community, the British Deaf Association, New Horizons, Interlink and the Centre for Equality Human Rights. The aim of the project is to help deaf people access services more easily and also better manage their physical and mental health.

1.7 QUALITY IMPROVEMENT

Quality improvement is integral to the provision of high quality care and is predicated on effective quality assurance and quality planning. Quality improvement is achieved via a number of routes within the health board

including via established Committees including Research and Development, Infection, Prevention Control & Decontamination, Thrombosis, Consent, Transfusion, Organ Donation, RRAILs, Medicines Management, Point of Care Testing, falls, pressure ulcers, nutrition & hydration improvement groups. Additionally, the Annual Quality Statement aims to share a range of quality improvement initiatives undertaken during the previous year.

During 2018 -2019, informed by the findings and recommendations following unannounced inspections by external regulators, Royal Colleges, the Community Health Council and internal investigation, targeted quality improvement plans have been developed and implemented in a number of services provided by the Health Board. In particular, progress has been made in maternity services; mental health services, pathology and radiology.

Alongside the findings of external scrutiny, and informed by triangulation of intelligence, data and the experience of both service users and staff, a number of quality improvement priorities have been identified for the coming year, these include:

- Implementation of the mental health improvement plan (see **Book A3, Section 4.2**).
- Implementation of the maternity services implementation (see **Book A3, Section 3.6**).
- Implementation of the HTA improvement plan within pathology services (see **Book A3, Section 7.2**).
- Continued progression of the radiology improvement plan related to reducing delayed diagnosis and management of red flags (see **Book A3, Section 7.3**).
- Further establish, evaluate and consolidate improvements in hydration of vulnerable older people in hospital through the Droplet and Hydr8 initiatives, along with extending these into care homes locally
- Fully participate in 1000 Lives National Care Home Programme
- Finalise and implement a revised approach to meal times referencing the IDDSI descriptor and ensuring Patient Safety Notice compliance
- Reducing healthcare acquired pressure ulcers
- Reducing inpatient falls
- Local safety standards for invasive procedures, in particular ensuring the WHO Checklist is well established across all surgical settings where minor and major surgery is undertaken
- Implementing a plan to ensure clinical polices current and based on best evidence
- improve antimicrobial prescribing, reduce antimicrobial resistance and Clostridium Difficile cases
- Improving care and experience of patients with cognitive impairment
- All Wales Standards for Information and Communication with People with Sensory Loss
- Compliance with the Nurse Staffing Levels (Wales) Act 2016

Achieving the priorities above will be supported by:

- Listening to the messages within the staff survey, offering a range of opportunities to actively support and enable individuals to maximise their wellbeing in work and therefore provide high quality care (see **Section 6 of the IMTP**).
- The provision of a quality improvement virtual hub and increasing update of Improving Quality Together – Model for Improvement,
- Linking closely with opportunities through Workforce and Organisational Development to influence the development of a learning and just culture, offering alternative means by which to learn and develop through learning events (see **Section 6 of the IMTP**).
- Improved peer support, review, coordination and shared learning through the development of a new sub group reporting in the Quality Safety and Risk Committee
- Review of the organisations’ policy for NICE Implementation during the first 2 quarters of 2019.
- Increasing availability of expertise within the workforce to provide targeted support and development for individuals and teams

Target 6: development of a quality dashboard that reflects the functions of quality and patient safety, a prototype by the 2nd quarter, refined throughout the year with the aim of enabling easy access to a minimum quality data set that compliments (not duplicates) existing data available by year end .

1.7.1 Quality Improvement in Primary Care

In relation to quality improvements in primary and community care, the following have been identified:

- Improve the range and quality of General Medical Services delivered within clusters.
- Continue collaborative work within cluster groups evidenced by a range of initiatives with third sector agencies, Local Authorities, WAST and other health and social care professionals.
- GPs, Dentists, Optometrists and Pharmacists to test new initiatives related to preventative interventions.
- Improve the number of patients being optimally managed by their GPs.
- Reduce the gap in life expectancy between the most and least deprived areas by paying attention to the inverse care law principles, e.g. CVD Health Check Programme.
- Testing population profiling and risk stratification methodologies to gain an insight into morbidity patterns with Cwm Taf population, identifying cohorts of patients for intervention and the development of a new way of delivering primary care based complex case management.
- Learning from mortality reviews across community hospitals and GP Practices.
- Continued establishment of 'Leg Clinics' first within the Rhondda Valley.
- A small number of Primary Care measures are being monitored as part of a Primary Care and Localities Dashboard. There are regular reports of key incidents to the Board and Quality and Safety Committee. Two pieces of work are taking place on a National level via the Directors of Primary, Community and Mental Health. A set of 30 quality and delivery measures are being developed and refined in conjunction with NWIS and the Primary Care Portal. A large amount of the information to feed the measures are pulled from the GPs clinical systems. Also running parallel to this is another set of 5-6 'key indicators'. It is felt that these indicators are important because they influence delivery, sustainability, effectiveness and development of primary care, they are:
 - Workforce Indicators.
 - Sustainability.
 - Access.
 - Patient Experience.
 - Outcomes.
 - Under each category there is a set of indicators.
- Improving flow through community hospitals: Keeping patients independent by reducing unnecessary time spent in community hospitals is extremely important to maintaining health and well-being.
- IQT (Improving Quality Together) Training: It is our aim that all Ward Managers across all the hospitals in the Localities Directorate will undertake IQT silver level training and all Band 6 Deputies will have undertaken IQT bronze. The Health Board is working with 1000 Lives Improvement Team to design an IQT programme for Primary and Community Care.
- Increase dental activity within the Merthyr Tydfil Locality: The oral health of patients within Merthyr Tydfil is the worst in Wales. It is intended that we will commission additional units of dental activity from April 2015 in an attempt to respond and improve this All Wales position.
- Develop a strategy and set of actions to focus on targeting children and their parents to start oral health promotion and prevention early in a child's life.
- Formalise the Minor Oral Surgery (MOS) scheme in Primary Care in order to reduce the number of referrals being made and outpatient appointments in secondary care.
- Review the current operational management of the DTU with a view to introducing a more "practice" based focus and thereby better prepare Dental Foundation Trainees for entering General Dental Practice.
- Review the current contractual arrangements for the Community Dental Service (CDS) provided by Cardiff and Vale UHB, including compliance with the recently published Welsh Health Circular.
- Work with Post Graduate Medical and Dental Education (PGMDE) to ensure dental teams have access to high quality postgraduate training to address educational needs in oral cancer, including information on appropriate Third Sector organisations and websites which patients can access for evidence based advice and support.
- Developed interface and joint working with Health @Home and Stay Well @Home service to prevent admission from Accident & Emergency.
- Roll out of Dementia friendly ward to YCC ward 1 Duffryn Suite and develop community hospital dementia friendly environments to encompass all areas.

- Improve the management of wound care through the development of a wound cluster service initially in the Rhondda and Cynon Localities with further roll planned for Taf & Merthyr Tydfil Localities.
- Development of a shared care model with Mental Health to support our patients with co morbidities in our community hospital ward environments.
- Implementation of the All Wales District Nursing Principals to support patients at home.

Measuring Improvement in General Practice is aligned with the Quality and Outcomes Framework (QOF), which is one measure used to monitor the performance of General Practitioners. QOF is widely recognised as having introduced improvement in the quality of data recording in general practice and management of patients with chronic conditions, although QOF as a tool is becoming less important as successive GMS Contract negotiations have seen more and more indicators relaxed. The delivery of more care in the community and closer to home through primary care clusters is a key strategic driver in Wales, The demonstrating quality work stream is informing thinking on quality measurement and improvement.

An All-Wales comparison of achievement within the Health Board and externally against other Health Board areas will continue to be available on an annual basis for those indicators which are still active. Detailed local analysis continues to be undertaken annually and individual Cwm Taf practice QOF achievement is compared to identify low achievement and significant variance. This process also informs priority areas for the QOF programme of visits. Where significant variance is identified, the individual GP(s) are visited by the Head of Primary Care and the Locality Clinical Director to discuss the low achievement and plans for service improvement. Our data shows that where areas have been identified through this process and practices have been visited improvements are made in the following year and not repeated.

GPs are now required to continue implementing the relaxed QOF indicators however this is difficult to monitor as national negotiations have resulted in there being no longer a requirement for the GPs to peer review and there is no requirement for the UHB to monitor achievement. Opening Hours and Appointment System within GP Surgeries: GP Practices within Cwm Taf Localities are working hard to improve opening times and access to appointments. The annual statistical release has demonstrated year on year improvement. Where concerns are raised through patient complaints, practices are visited and action plans for improvement are agreed and implemented. Each practice and cluster is required to analyse their access annually, review and make recommendations and actions for improvement.

Tier 1 targets around vaccination and immunisations for GP practices are monitored on a quarterly basis and Cwm Taf has continually achieved high target thresholds and compared well against other Health Board in Wales. General Dental Services: Sharp differences remain between individuals (adult and children) with the best and worst oral health in Wales; in Cwm Taf our performance lags behind similar areas. Prevention is at the core of the plan and reducing the risk factors that lead to oral disease is only possible if the delivery of dental services and oral health improvement programmes are oriented towards primary health care and prevention. Improvement of children's oral health is a local priority and a dedicated Childrens Oral Health Group has been established to take forward key actions.

General Dental Services: Regular monitoring of claim trends and achievement of activity against agreed UDA (Units of Dental Activity) is undertaken. Dental Practitioners are advised if the practice has a percentage of claims above the average and advice is sought from the Dental Advisor in Public Health Wales. When clinical concerns or inappropriate claiming is suspected a detailed review of the clinical records is undertaken by the Clinical Policy Advisor from the NHS Business Services Authority Dental Division. Childrens oral health in Cwm Taf continues to be a priority. A strategy and set of actions will continue to be undertaken to focus on targeting children (0-5 years) and their parents to start oral health promotion and prevention early in a child's life, via the roll out of such schemes as Baby Teeth Do Matter. Formalise the Minor Oral Surgery (MOS) scheme in Primary Care in order to reduce the referrals and outpatient follow up appointments in secondary care.

General Optometry Services: A rolling programme of Post Payment Verification visits is undertaken by NHS Wales Shared Services Partnership. Where appropriate recoveries are made and performance issues identified. The Wales Eye Care Steering Group has identified 10 priority areas and these are incorporated in the Local Eye Care Plan. Under the priority theme of early detection of poor eye health and sight problems, targeted for people at

risk: To deliver quality assured vision screening service to children in mainstream schools on school entry and a service that provides an annual sight test to children in special schools; Work with key stakeholders and clusters to ensure good quality eye care is provided to frail older people, those with dementia and to people in care homes and residential care; Work towards ensuring that all optometrists practising in Wales are providing the enhanced Eye Health Examination Wales service to enable more people to be managed closer to home.

A small number of Primary Care measures are being monitored as part of a Primary Care and Localities Dashboard. There are regular reports of key incidents to the Board and Quality and Safety Committee. Two pieces of work are taking place on a National level via the Directors of Primary, Community and Mental Health. A set of 30 quality and delivery measures are being developed and refined in conjunction with NWIS and the Primary Care Portal. A large amount of the information to feed the measures are pulled from the GPs clinical systems. Also running parallel to this is another set of 5-6 'key indicators'. It is felt that these indicators are important because they influence delivery, sustainability, effectiveness and development of primary care, they are:

- Workforce Indicators.
- Sustainability.
- Access.
- Patient Experience.
- Outcomes.

Under each category there is a set of indicators. A Performance Dashboard for Primary Care has been developed and there are regular reports of key incidents to the Board and Quality, Safety and Risk Committee. Further work encouraging practice audit, peer review and qualitative research is on-going through the professional representative bodies and development groups.

1.8 PUTTING THINGS RIGHT

It is essential that Putting Things Right supports and enables quality and patient safety. The recommendations of the external review into processes related to Putting Things Right currently being undertaken by the Delivery Unit, are eagerly awaited as there is real appetite for change that will result in improvement and heightened performance. A number of improvements have already been instigated including:

- An increased the level of support and emphasis on the quality of incident reporting, and good progress is being made to establish a sustainable model.
- Increased emphasis on generating organisation wide themes and trends based upon soft intelligence, listening to patients, staff and other stakeholders, triangulating with exception reporting and other datasets to enable the health board to adopt an integrated risk management approach to cross cutting issues and concerns
- Proactive support and enable clinical teams to identify the root causes when things go wrong and to articulate the learning and quality improvements that can result
- Continued oversight and management of complex issues related to Putting Things Right including serious incidents, redress, clinical negligence; the interface with HM Coroner and the Public Services Ombudsman for Wales, Healthcare Inspectorate Wales and other external regulators.
- Further development of access to quality related datasets and report generation to assist in wide reporting to Board and its Committees and subgroups related to all quality and patient safety

Target 7: by Quarter 2, adopt the serious incident model established within a Abertawe Bro Morgannwg University Health Board and identify good practice already established in Bridgend that can be built upon, during quarter 3, fully implement the recommendations of the external review with a sustainable model of service provision articulated and realised by quarter 4, improving compliance with national targets following devolving resource as far as possible into directorates localities and services. During 2020- 2022, consolidate model of service provision.

1.9 SAFEGUARDING AND PUBLIC PROTECTION

Safeguarding involves working with our partner agencies to protect children and adults at risk of abuse, neglect or other kinds of harm and actively prevent them from becoming at risk of such harm. Public Protection seeks

to protect, promote and improve the health, safety and well-being of our population. The Health Board has a range of statutory obligations in relation to safeguarding (adults and children) & public protection which require the Health Board to ensure:

- Compliance with section 47 of the Children Act 1989 [child protection investigations] and sections 25, 27(2) (a) (b), 28 and 31 of the Children Act 2004 [duty to cooperate to safeguard & promote the welfare of children].
- Compliance with Part 6 [Looked After Children] and Part 7 [safeguarding children & adults at risk] of the Social Services and Well-Being (Wales) Act 2014.
- Compliance with the requirements as the Supervising and Managing Authorities for the Deprivation of Liberty Safeguards (DOLS) as outlined in the Mental Capacity Act 2005 and amended in the Mental Health Act 2007.
- It discharges its duties as a Multi-Agency Public Protection Arrangement (MAPPA) Duty to Co-operate Agency under s325 Criminal Justice Act 2003.
- It discharges its duties under the Violence Against Women, Domestic Abuse, Sexual Violence (Wales) Act 2015 [develop & implement a local strategy with the Local Authority].
- Complies with s5B of the Female Genital Mutilation Act 2003 (amended by the Serious Crime Act 2015) [mandatory reporting of FGM in under 18 year olds to the police].
- It discharges its duties under Counter Terrorism & Security Act 2015 [to address those drawn into, or at risk of being drawn into terrorist or extremist behaviour].
- Compliance with safe recruitment and monitoring arrangements following Disclosure and Barring (DBS) Code of Practice.

The Health Board has particular challenges in relation to safeguarding and public protection; measured by indicators such as rates for children on the child protection register, the number of Children Looked After and incidence of domestic abuse. The Health Board has rates, which exceed the Welsh average in all these areas. The amalgamation with the Bridgend health and social care community will bring both opportunity and challenge for the Health Board as it looks to ensure that the whole population are appropriately in relation to the services available and provided. The approach being taken is fully articulated within the transition planning process. Additionally, building on interim arrangements already agreed through written communication, flowcharts, policies and protocols, ensure clarity in relation to lines of responsibility, reporting and accountability particularly in relation to safeguarding and public protection.

The Cwm Taf Multi-Agency Safeguarding Hub (MASH) is a pioneer in the field of safeguarding and is one of only a handful of MASHs nationally that recognises safeguarding and protection across the spectrum of children, adults at risk and domestic abuse. It is already attracting interest from other safeguarding partnerships across Wales and England as this integrated approach is being seen as a pathfinder for the rest of the UK. The impact of legislation relating to Safeguarding and Public Protection upon the Health Board and their resource implications from 2019 and beyond are considered in this plan:

- Social Services and Well-Being (Wales) Act 2014 Implemented on 1 April 2016, Part 6 of the Act relates to Looked After Children and Part 7 of the Act to Safeguarding Children and Adults at Risk.
- Violence Against Women, Domestic Abuse, Sexual Violence (Wales) Act 2015 This legislation has established statutory duties on public services, specifically the Local Authority and the Health Board in respect of Domestic Abuse.
- Female Genital Mutilation (FGM) Protection Orders These Orders were introduced on 17 July 2015 to help safeguard girls who are at risk of FGM at home or abroad (or who are already victims).
- Mandatory Reporting of Female Genital Mutilation (FGM) This mandatory requirement in relation to under 18 year olds, which is for registered health professionals, came into effect on 31 October 2015.
- Counter Terrorism and Security Act 2015 The Act requires the Health Board to participate in the local CHANNEL Panels, which has placed a duty on statutory bodies including Health Boards to address those drawn into, or at risk of being drawn into terrorist and extremist behaviour.

1.10 HEALTHCARE ASSOCIATED INFECTIONS (HCAI)

The Health Board is expected to achieve a rate of less than or equal to 18 per 100,000 population of *Clostridium difficile* (C.difficile) by the end of March 2019. Currently, the rate is estimated as 20.60 per 100,000 population.

A multi-disciplinary IPC huddle has been introduced to undertake a root cause analysis for all C.difficile cases in secondary care and a root cause analysis process in primary care has been introduced.

Focus is continuing on reducing the S.aureus bacteraemia rates set for 2018/19 which is 20 per 100,000 population. The rate is currently estimated as 35.47 per 100,000 population and not on trajectory to achieve the expectation set. A significant proportion of the S.aureus bacteraemia are associated with intravenous devices and interventions are being implemented to improve education and practice. To improve the root cause analysis process a multi-disciplinary huddle will be arranged for all future bacteraemia associated with an invasive device to promote learning and influence practice. It can be difficult to determine if the S.aureus bacteraemia is healthcare associated, as the organisms can be part of the patients own flora unless it can be directly linked to a recent procedure or intervention. The rates are monitored for trend purposes and do not give a true picture of S.aureus bacteremia related to health care. The Infection Prevention and Control team are improving the root cause analysis process to identify and share lessons learned to influence future practice.

E.coli bacteremia reduction expectation for 2017/18 was a rate of no more than 67 cases per 100,000 population. Despite having less cases in 2017/18 the year end rate of 91.58. The 2018/19 reduction expectation for E.coli bacteraemia is to achieve a rate of less than or equal to 67 per 100,000 population. Currently, the rate of E.coli bacteraemia is 94.40 per 100,000 population. 75% of the E.coli bacteraemia are detected within 48 hours of the patients' admission to hospital and interventions must be introduced in primary care to achieve the reductions expected. An additional resource is required to introduce the interventions needed in primary care which will influence and improve patient safety.

A new reduction expectation has been set this year to reduce other gram negative bacteraemia by 10% based on 2017/18 data. The Health Board is not on trajectory to meet the reductions expected for Klebsiells spp. or Pseudomonas aeruginosa bacteraemia. Collaborative multi-disciplinary work has commenced to reduce gram negative bacteraemia associated with urinary catheters in secondary and primary care.

During 2019 – 2022, the approach taken by the Health Board in relation to infection prevention control and decontamination will be shaped and influence by the amalgamation with the Bridgend healthcare community and the need to develop an approach that increasingly focusses on communities, population health and primary care settings.

1.11 OPENNESS AND TRANSPARENCY

The Health Board is committed to being open and transparent with the public, patients and service users in relation to the quality of the services provided, sharing good practice and achievements, as well as identifying areas for improvement. Sources of information are listed below:

- The Health Board papers: Quality and Performance reports, Board and Committee papers.
- Annual Quality Statement.
- My Local Health Service – NHS Wales, quality data and performance.
- Public Forum events across Cwm Taf Localities.
- Welsh Government website and published reports.
- Health board's social media feeds.
- Welsh Audit Office.
- External regulators and stakeholder reports.

1.12 DUTY OF CANDOUR

Regulated professionals are already expected to practice within their Code of Conduct, all of which identify duty of candour as a core requirement. Professional bodies and Royal Colleges actively endorse this and the all Wales 'Procedure for NHS Wales Staff to Raise Concerns Policy' sets clear direction in relation to this matter. Welsh Governments White Paper: Services Fit for the Future, alludes to the expectation duty of candour will become a lawful requirement in Wales.

Actively enabling individuals to exercise duty of candour and raise concerns provides all stakeholders including people receiving care and those providing it, that quality and patient safety is at the heart of everything the

health board does. A diagram illustrating the way in which individuals can raise concerns, including via the Procedure for NHS Wales Staff to Raise Concerns Policy', is included within the Quality and Patient Safety Governance Framework.

1.13 RESEARCH AND DEVELOPMENT

The Health Board has an extensive research and development portfolio, undertaking and supporting high quality collaborative commercial and non-commercial research studies registered on the Health and Care Research Wales Clinical Research Portfolio (CRP) and "Pathway to Portfolio" projects. The R&D agenda is a key factor in the Health Board obtaining and maintaining its University Health Board status. The strategic leadership and responsibility is provided by the Assistant Director for Research and Development (Professor John Geen), directly accountable to and performance managed by the Executives of the University Health Board and Research & Development (R&D) Division in Welsh Government. The Assistant Director for R&D also represents the Health Board at the NHS R&D Delivery Board and the South East Wales R&D Planning Group. The R&D Manager is a member of the Support and Delivery Operational Group, also part of the Welsh Government R&D infrastructure. Executive support for the R&D agenda and ambitions are provided by the Director for Public Health, who as the Executive lead for University Health Board status, represents R&D interests at Board level and the Joint Executive meetings with Welsh Government.

Cwm Taf UHB has an R&D strategy for 2019-2022 which outlines the aims and objectives of the organisation in developing and optimising the research opportunities across the Health Board for commercial and non-commercial research. It is critical that Cwm Taf patients are given access to high quality research and that researchers are provided with the necessary support to be able to deliver such research.

Through the hard work and endeavours of all our researchers and the Cwm Taf R&D team, 2017-2018 was the most successful year to date, in terms of the number of studies opened (64) and patients recruited (2324) onto high quality non-commercial research studies. Cwm Taf also had its most successful year for commercial studies opened (7) and patients recruited onto commercial studies (36).

Key strategic outcomes of the R&D strategy are aligned to the Welsh Government R&D Key performance indicators (as detailed in the *Delivery Framework for the Performance Management of NHS R&D 2018-19*) and the *Health and Care Research Wales Strategic Plan 2015-2020*. This ensures that the research activity is aligned to national priorities, policies and legislation to include *Sustainable Social Services for Wales: A framework for action*, *The Well-being of Future Generations Act (Wales) 2015*, *Prosperity for all: the national strategy 2017* and *A Healthier Wales 2018*.

Such visible Executive support of the R&D agenda demonstrates that a healthy R&D culture is well established across the Health Board at Board level. The Assistant Director for R&D is awaiting confirmation from by the Board Secretary to attend a Board development session in spring 2019, to present on the current status of R&D against the Health Board's new R&D strategy. The invitation will provide the opportunity for the Assistant Director to also present details on the Welsh Government R&D performance data, an update on the R&D infrastructure (national, regional and local), give case examples of good R&D practice, knowledge mobilisation and highlight priority areas identified as requiring further support and development of the Health Board's R&D strategic aims and objectives, with a view to seeking support from the Executive and Non-Executive Team.

The Health Board's commitment to R&D at a strategic level is demonstrated by the active engagement between the Assistant Director for R&D and the Health Board's planning team and processes. This enables the inclusion of a comprehensive R&D section within the Health Board's IMTP, confirming R&D's essential and integral role in the current and future service delivery and strategic vision of the Health Board. The ongoing inclusion of R&D representation at key high level committees such as the Academic Partnership Board, Academic Partnership Steering Group and the Quality, Patient Safety and Risk Committee and invitations to present at large professional specific events (e.g. Therapies Audit day), all support the promotion of R&D across the Health Board to many different professionals and patients.

The Academic Partnership Board has developed a programme of work, of which R&D is a major contributor over the next 3 years. All members share and promote the high quality work being undertaken across the Health

Board for dissemination in each of their areas. Having a R&D presence at such high level committees ensures that R&D is central to the decision making culture of improving patient care through an evidence based approach and that the R&D activity and performance is scrutinised within the Health Board and partners.

These committees are in addition to the Health Board's tri-annual Research & Development Committee enables open scrutiny of the R&D departments Operational Plan by Executive and partner organisations. An additional opportunity for increasing awareness of the Health Board's R&D activity for partners, collaborators, industry, staff and patients is the annual R&D Conference, where all are encouraged and supported to attend and contribute, by the R&D department.

The Health Board has taken a very proactive approach to meeting its own priorities detailed in its Local Delivery Framework, the Primary care research framework, The Fifth Wave (Public Health), the local and national R&D strategic objectives and the Welsh Government key performance indicators, through investment in the R&D infra-structure to increase the capacity and capability, utilising research and traditionally non-research related funding. The Health Board has invested in primary and community care, a key priority area for the Health Board, through funding two new research posts (post doctorate Principal researcher and Clinical research facilitator) to develop and support the primary care research agenda, to include the development of its own Chief Investigators. Funding from the Efficiency through Technology Fund has been awarded to carry out a Community Digital INR Self-Testing project to test the utility of a device that patients can use to test their own INR levels, thereby reducing the number of visits needed at their INR Clinic. This project has been adopted onto the Clinical Research Portfolio (CRP) with Chief Investigator status affiliated to Cwm Taf UHB. Discussions are underway with Swansea University to support the set-up of a CRP project in primary care, looking at patient acceptability and clinical effectiveness of combined Raman-FIT testing for colorectal cancer diagnosis. R&D support is currently being provided to a UHB employed Dentist to develop project ideas into grant applications, which is anticipated will attract Chief Investigator affiliation status once the projects are adopted onto the CRP. Increasing commercial activity in primary care is another priority for the UHB and potential commercial projects are circulated from the R&D Department for GPs to express their interest in undertaking and conduct site feasibilities. Commercial research projects looking at osteoporosis and cardiovascular disease have recruited patients (2 and 1 respectively) in primary care to date this financial year. The Health Board has also funded a high level post (post doctorate) through non R&D related funding, to support the mental health R&D agenda and disease prevention, both key priority areas for the Health Board. The Health Board has also been awarded funding to help scope and undertake evaluative and research projects related to the work being undertaken to develop the early diagnosis pathway for cancer, helping to address the need for access to timely care and prevent early unnecessary deaths due to cancer.

Investment in research and robust evaluation by the Health Board demonstrates its commitment to embed research into the role and function of all staff and its importance in informing change and future service delivery.

The Health Board has also been very supportive of the national HealthWise Wales (HWW) initiative through agreeing to recruit, co-manage and host the HWW support workers for the South East Wales Region. This demonstrates the Health Board's commitment to encouraging and supporting an active research culture for the benefit of both staff and patients.

On a national level the Health Board has provided its support to the recent Respiratory Innovation Wales application to Welsh Government, the Stroke Hub Wales and has representation on the Board of the Welsh Wound Innovation Centre and the C³ Faculty hosted by Swansea University. The National Imaging Academy Wales being hosted by the Health Board will be another area for potential development of research activity and increased collaboration.

Recognition of the importance of research in service delivery has allowed new posts to have ring-fenced research time identified in job descriptions and job plans, across all healthcare professionals, which will help develop the research leaders of the future. It is important for the Health Board to encourage and support the development of research leadership by impressing the importance of a healthy research culture, in addition to research activity, as these are all critical in attracting high quality research and researchers into the organisation. The R&D Department has facilitated this by supporting and developing in-house Principal Investigator's (PI's) to Chief

Investigator (CI) status. E.g. R&D funding has been allocated to ring-fence 0.6 WTE of an Occupational therapist to develop grant applications, write protocols and recruit to studies, investigating occupational health delivery to patients with dementia. The successful grant applications (x2) has ensured that the project is adopted onto the Clinical Research Portfolio, contributing to the activity based funding and Chief Investigator affiliation premium from Welsh Government. The number of Chief Investigators affiliated to Cwm Taf UHB has increased from 6 in 2016 to 12.3 in 2018. Cwm Taf R&D Department has the target of having greater than 20 CI's aligned to the Health Board by the end of 2019/20.

Key milestones in the annual R&D plan show that the R&D department has undertaken further investment in delivery and support staff to help meet its performance metrics, notably the number of non-commercial and commercial studies opened, recruits into commercial and non-commercial studies and recruiting to time and target. The delivery staff include, research nurses (in support of Primary and Secondary care), psychology / mental health support and a jointly funded clinical research fellowship in Rheumatology. The R&D department has also utilised some of its R&D allocation to jointly fund 0.6wte post (post doctorate Principal Researcher) in Public and Population Health Medicine, to support the R&D agenda in population based research and help research the inequalities in health across the Health Board. The R&D agenda is also cognisant of the objectives documented in the Health Board's "The Fifth Wave" Public Health strategic document, detailing a whole society (system wide) approach to improving well-being in Cwm Taf. R&D is a key theme in the document with a recommendation to develop a "Population Well-Being Research Centre called "Cwm Taf Analytics". The R&D finance analyst funded through R&D continues to support the R&D Department and researchers with performance management, grant funding, excess treatment costs, study costings using the HRA costings attribution tool for non-commercial NHS research, full study cost recovery, industry related costs / funding using the industry costing template, timely distribution of the NHS R&D allocation (via the request for funding process in place and aligned to the R&D spending plan agreed with Welsh Government), and development of research related finance procedures, to include a clear scheme of delegation in line with the Health Board's Standing Financial Instructions. This has been further facilitated by the implementation of the Welsh Government R&D Finance Policy in April 2018.

The R&D department have also provided funding for two years in support of an innovation role that can seek to facilitate the recording and transfer of knowledge across the UHB, resulting from high quality research.

The Cwm Taf R&D Department has matured considerably over the last five years and continues to demonstrate and provide increasing support for commercial and non-commercial research and researchers in all clinical areas, to include primary and secondary care and public and population health medicine. The current portfolio of research spans many clinical specialties to include AKI, paediatrics (including CAHMS), Sepsis, cardio-vascular disease, mental health, ENT, Midwifery, primary care, diabetes, therapies, cancer, respiratory disease, new diagnostic technologies, chronic disease management, health literacy, dementia, medicines management, social care, sexual health, public health medicine, nutrition, integrated care, education and training, plus other areas that fall within the research and development priorities identified by the R&D Division in Welsh Government and the Health Board.

Taking a proactive approach to workforce development and the provision of expert support in research provides an important contribution to the Health Board's Workforce & Organisational Development Strategy by facilitating the recruitment and retention of the highest quality, ambitious healthcare professionals. The R&D Department continuously seeks opportunities to fund researcher time in all different clinical specialties, to allow them to open, support and recruit to studies on the research portfolio. The R&D department also seeks to develop its own workforce through the development of a health structure with development and promotion opportunities.

The R&D Department has set itself ambitious targets to include undertaking at least 10 commercial studies per year, recruiting 40 patients to commercial studies per year, undertaking 80 non-commercial studies on the research portfolio and recruiting 3,000 recruits per year by the end of 2019/20. The Health Board is well placed to meet these ambitious targets.

The R&D Department continues to provide a second fully equipped office in the centre of the community at Keir Hardie University Health Park, to facilitate primary care, community care and public and population health research by clinicians and academic colleagues. It has been extensively used by researchers undertaking studies on the research portfolio.

One medium- to long-term objective is to ensure that the recently appointed national research specialty leads feedback into Cwm Taf and raise awareness of new studies being developed and opened across the UK. Working with the national delivery leads (HCRW), will help facilitate this communication through the Assistant Director for R&D to the clinicians in each specialty. This will help NHS organisations prepare for these studies for rapid set up.

The R&D Department continues to circulate the research activity to each Directorate on a quarterly basis, to highlight the work being undertaken by colleagues within the directorate and the contribution to the Health Board's research. In addition the R&D team provide updated lists of studies on the research portfolio which are shared with researchers to encourage them to adopt and open such studies within the Health Board. The R&D team also circulate funding calls to all research active professionals across Cwm Taf with the offer of support to help with the costing and submission of funding applications and assistance in sign posting to academic colleagues.

The R&D Department and the Health Board recognises the importance of increasing research income for the continued investment and development of the research infra-structure and all its associated benefits. As such this is an important and key strategic objective. Undertaking more commercial research is one way that this can be achieved and would complement the funding received as part of the Welsh Government NHS R&D allocation, successful grant applications and commercialisation opportunities. As the commercial research increases the R&D department have developed a band 7 role to support the Assistant Director of R&D and the R&D Manager in ensuring that the Health Board meets the requirements of the MHRA, quality standards, clinical trials regulations, internal audit and identify, attract and co-ordinate the planned increase in commercial research.

There will also be a requirement to ensure the appropriate training and training records are in place for staff, ensuring clarity of roles and responsibilities, ensuring adherence to trial documentation. The development of SOPs is vital in demonstrating adherence to these requirements. Cwm Taf's R&D department is progressing the development of SOPs for all staff undertaking research in Cwm Taf but further development is required.

The Cwm Taf R&D team are continually seeking to develop the infra-structure notably to increase research delivery capacity, creating additional Research Assistant roles during 2018/19 to recruit to studies. Plans are in place to recruit x1 additional research nurse, 1x support officer and x1 research officer in 2019-2020, funding permitting, with the support currently being provided in Pharmacy, Radiology and Pathology also requiring review.

Health and Care Research Wales have now adopted the centralised approach to research governance, taking responsibility for the ethical, medicines management, radiology (e.g. IRMER), data protection review of studies on behalf of each non-sponsoring NHS organisation listed as a research site in line with the requirements of Welsh risk pool. NHS organisations still have responsibility for assessing and confirming capability and capacity for a study to take place. These changes to the governance processes may provide an opportunity for the R&D departmental team roles and functions to be reviewed and developed, moving towards a greater delivery facing function. This in turn will increase the capacity for some elements of research support and delivery to the researchers and research partners working with the Health Board.

The R&D department had representation at the Health and Care Research Wales General Data Protection Regulations (GDPR) task and finish group, which helped inform and provide the clarity at Health Board level of the impact of this new legislation on research governance and activity post May 2018.

Health and Care Research Wales are also currently seeking to review the model for the provision of support and delivery of research in Primary care with a view to replacing the existing Primary Care Research Incentive Scheme (PICRiS). As a result of the success Cwm Taf R&D department have had in promoting and undertaking Primary

Care research, the Assistant Director for R&D has been invited to contribute to the model development with a view to Cwm Taf UHB acting as a pilot site for the proposed new model.

Recent discussions at Welsh Government level with NHS R&D Directors have indicated that the current Activity Based Funding formula and approach to NHS R&D funding is also under review, for possible implementation in April 2020. A new model may consider a mixed funding mechanism to include a “core” and “activity” related (incentivisation) funding constituents.

In addition the development of a Clinical Research Facility at the Royal Glamorgan Site will help deliver on this strategic objective. The costs of refurbishing an existing location are currently being established and is likely to require a degree of capital investment from the Health Board. This will provide equity of access to non-commercial studies on the research portfolio and commercial studies for researchers and patients across Cwm Taf. Having well developed facilities will make Cwm Taf UHB more attractive to industry partners to set up and deliver commercial research, providing an additional mechanism to generate funding to reinvest in the research infrastructure and increasing the opportunity for the Health Board’s patients to be involved in high quality research. The CRF will provide appropriate accommodation facilities for academic and industry partners as well as the R&D team, who have outgrown their current space at the Royal Glamorgan Hospital site.

Discussions with the Industry Team within the Health and Care Research Wales Support Centre with a view to increasing commercial research is also a priority and aligned to the objectives detailed in the previously published *Industry Engagement in Wales* document.

The Health Board has participated in the recent NIHR led feasibility pilot scheme in association with the industry team at HRCW the findings of which have informed a change in approach from within the Health Board to encourage more commercial research activity and take an “OneWales” approach. This has been facilitated by the centrally managed distribution of new commercial studies across NHS organisations in Wales which provides a central mechanism taking an “OneWales” approach and simplifying the process for Industry partners.

Centralised costings and contracting is also currently under review.

Through Health Board membership of MediWales, South East Wales Academic Health Science Partnership (SEWAHSP), Health Innovation Cymru Wales and attendance at appropriate conferences such as Biowales, MediWales awards, UK MedTech and HCRW annual conference, additional routes and opportunities are provided to engage with healthcare and biotech companies across Wales. The Health Board R&D team regularly set up a stand with information on current studies and researcher activity and names, to help generate discussion and maximise networking potential.

Another route to increasing income for the NHS is the development of the commercialisation of research and development outputs. However, this requires the Health Board to develop a Health Board wide intellectual property and benefits sharing policy, in addition to building collaborative relationships with experts in medical technology transfer processes. It is understood that the Welsh Government is currently developing a document that provides guidance on Intellectual Property (IP) and commercialisation within the NHS and with its academic and industry partners. Recent financial investment at Health Board has developed a new role part of which is to have IP advisory responsibilities for the organisation. The Health Board have also developed an excellent working relationship with AgorIP (hosted by Swansea University), funded by Welsh Government and which provides an all Wales support and advisory service for recognising and developing partnership (industry, academia, investors) and commercialisation opportunities in health. Recent discussions have confirmed that AgorIP will provide funding for two years for capacity building within Cwm Taf, to help support intellectual property, proof of concept, research collaborations, for seeking additional investment, through to knowledge mobilisation and commercialisation of new developments arising from research. The R&D department are also building a good relationship with the ACCELERATE team, another opportunity to apply for European funding hosted by Universities across Wales.

All helping the health and well-being of the population, through improved health care and job creation.

The R&D Department is very active in developing academic and industry partnerships, notably with a view to submission of high quality grant applications that will enable such studies to be adopted onto the clinical research portfolio. These include, Research for Patient and Public Benefit (RfPPB), Innovate UK, Burdett Nursing Trust (£98K), Cherish D (£10K), Stroke Research, Innovation and Education Fund (£75k), National Institute of Health Research (NIHR) Health Technologies Award, Royal Colleges, Efficiency Through Technology Fund (ETTF) (£30K), Research Capacity Building Collaboration (RCBC) (£12,978).

£2.3 million of Horizon 2020 European funding has been awarded to undertake the Breathspect project. This is a collaborative study between Imspex Diagnostics UK (Abercynon) and the University of Warwick, which is a multicentre prospective, observational, longitudinal cohort study in adult patients with suspected upper or lower respiratory tract infection (UTI/LRTI) to identify a spectrum of biomarkers in exhaled breath to discriminate participants with bacterial RTI from participants without. Two thousand participants are to be recruited from six sites across the UK. Cwm Taf will be the only recruiting site from Wales.

The R&D department continues to support Knowledge Economic Skills Scholarships II (KESS II), European funding scheme and work collaboratively with academic partners to include Cardiff Metropolitan and Cardiff Universities and the University of South Wales. To date, two studies have been undertaken in the last two years with four studies active, five studies in set-up and three studies awaiting the funding decision, all researching a range of research fields to include mental health, sexual health, diabetes, lymphoedema, dementia, social prescribing, dental skill mix and spiritual well-being (dementia patients).

Cwm Taf researchers have excellent links with many academic partners and this is becoming more important as academia recognises the positive effects of collaborating with the NHS on the Research Excellence Framework (REF) 2012. Collaborating academic partners include Cardiff, Cardiff Metropolitan, Bangor, Oxford and Swansea Universities and the University of South Wales, in addition to links with HCRW funded centres such as PRIME Centre Wales. Cwm Taf also have an active research partnership with the SAIL databank, employing large datasets to investigate factors that could affect the length of stay of patients with respiratory disease in secondary care and its financial impact, in line with Welsh Government Prudent healthcare principles. The R&D department has part funded time for researchers to work closely with SAIL, notably in the field of finance.

Strong research links are developing with industry partners, seeking to develop and apply their technologies and therapeutics, but require clinical expertise and patient involvement, to demonstrate the clinical impact and patient benefit of their devices and products. These collaborations can only serve to benefit the health, wealth and prosperity of the population of Cwm Taf and Wales.

Cwm Taf researchers are also working with a number of industry partners, to include local Wales based companies, to develop commercial partnerships with medical technology, diagnostic and pharmaceutical companies to progress clinical applications of innovative solutions to health and social care problems. Current examples include work with Imspex Ltd, PulmonIR, Ortho-Diagnostics, Balsamee, Rocialle, Medpace, Boehringer Ingelheim, Huntleigh, GlaxoSmithKline, Bayer Health Care, Renishaw, Simbec, Thermo-Fisher and AmCo. Working with such companies helps the Health Board to meet its social and corporate responsibilities in supporting and promoting research and innovation with local industry to improve not only the health, but prosperity and well-being of the population.

Other successful partnerships developed between the Health Board researchers and academia include Cardiff University, notably, Clinical Trials Centre Cardiff, CuReMeDE, the School of Health Care Sciences and the School of Mathematics. The Health Board R&D Department is supporting a jointly funded PhD student investigating “patient level costing” and how it could influence operational initiatives and priorities, which commenced 2017 through to 2020.

The Health Board is aware of the importance of translating research findings into clinical practice to ensure the impact of research is maximised. This is facilitated by the dissemination of the work being undertaken to as wide an audience as possible, through written and verbal communication. The Health Board will also work with the recently established Health Technology Wales, to help new technologies and practices be adopted in response to research findings.

Recent examples of projects undertaken at Health Board that have had an impact on service delivery and policy would include:

- Investigating new technologies for the detection of Ureaplasmas and Mycoplasmas in sexual health clinics and identification of bacterial antimicrobial resistance in this patient cohort.
- Development of a Web-based psychoeducational intervention ('MoodHwb') for young people with, or at high-risk of, depression and their families/carers, friends and professionals. A National Institute for Health Research/ Health and Care Research Wales doctoral fellowship programme.
- Investigating the capability of Fourier Transmission Infra-Red (FTIR) technology for the detection of lung cancer detection in sputum and the development of a predictive for lung cancer.
- Investigating the potential links in the variation in the length of stay (LOS) of COPD admissions and differences in COPD services received in primary care.
- Investigating the extension of scope of practice and workforce redesign through work-place based teaching sessions and the impact on the knowledge and image interpretation skills of a cohort of radiographers.
- Through longitudinal follow-up of an ADHD cohort, to investigate whether persistent childhood irritability is associated with the development of depression symptoms to aid the recognition of a target group for early intervention and prevention of depression.
- An ongoing collaborative project across South East Wales, investigating the management of patients with Acute Kidney Injury (AKI), has resulted in several publications, the results of which are informing the development of the AKI patient care pathway across Wales.
- The Health Board is one of the identified sites hosting a research nurse and recruiting to the PRIMUS study. The study has been identified as an exemplar in the HCRW document on Research Impact.

The examples described above demonstrate that the findings of studies in different fields can translate through knowledge mobilisation, to changes in practice and policy. Acquiring the evidence base through a robust methodology, can have a positive impact and benefit patient care and behaviours.

The R&D Department organises an annual Research and Development Conference, to showcase the multi-disciplinary research being hosted and undertaken within the Health Board, which is attended by collaborators and colleagues from academia, NHS, Welsh Government, Clinical Research Organisations and patient representatives. The conference is held at the University of South Wales, with the aim of strengthening the partnership and providing an opportunity for students and academic staff to further develop the networks between academic, industry and University Health Board researchers. At the most recent conference, in November 2018, there were 11 oral presentations, 60 poster presentations and 187 delegates registered for the event, from health care, academia, industry, Welsh Government and the public. The event was also shared via the Cwm Taf R&D Twitter account #beresearchactive.

The R&D Department helps fund opportunities for researchers to attend conferences to disseminate and learn of other developments in their respective fields. The Health Board provides research active professionals and collaborators with the opportunity to showcase their findings at the annual R&D conference and through publication. This demonstrates that the Health Board optimises every opportunity to disseminate research findings, uptake of best practice and service developments resulting from research and innovation. This will be strengthened through the developing central repository, "Eyes on the Evidence" which will detail ongoing research, research findings, publications, service developments, best practice, quality initiatives, and innovation across Cwm Taf, with access to all, by November 2019. This will build on the current systems described above on ensuring that the Health Board maximises impact from research through knowledge mobilisation.

In addition, the Cwm Taf R&D Team has contributed to the Health and Care Research Wales "Good News Stories" via the HCRW Communications Team, by providing examples of research best practice, grants and service awards won by Cwm Taf researchers. These include, the National Centre for Mental Health (NCMH) Public Involvement Achievement award won by Professor Catherine Robinson, PÂR academic lead, and Bethan Edwards (Research OT at Cwm Taf UHB) member of the public, submitted the winning project 'Partnership in Research (PÂR)'. Award given at the Health and Care Research Wales conference in October for their work on public involvement in mental health research.

Mr Kendal Smith and Andrew Jones have been shortlisted for the HFMA (Healthcare Financial Management Association) National Healthcare Finance Awards. Winner to be announced on 8 December 2018.

To help develop the research capability of the workforce, the R&D Team provides educational sessions on research governance and partnership building with university partners and also organise GCP (Introduction and Refresher) training days at the Health Board. A training event on “how to increase income in clinical research” took place at Keir Hardie University Health Park in February 2018 and “MHRA Inspection Readiness” training was held at Prince Hospital in July 2018. Such initiatives help promote the value of undertaking research to researchers within and outside the Health Board and helps build their capability in delivering high quality research.

The medical education facility on the Keir Hardie University Health Park site is now accepting and training undergraduate medical students from Cardiff Medical School. This will ensure the inclusion of research opportunities and teaching as part of the medical training. This will help promote research to the younger medical generation and demonstrate its vital role in improving patient care at an early stage of their careers and education. The planned further development of the Keir Hardie site and the establishment of care for the elderly, including dementia care, will provide another potential research opportunity for a condition that is an ever important priority for the NHS locally and nationally.

A report from the Royal College of Paediatrics and Child Health “harnessing the power of child health research” has identified a need to increase research in children and young people. The Health Board hosts and provides research support for the South Wales Child and Adolescent Mental Health Services (CAMHS) network which undertakes high quality internationally recognised research in disorders such as ADHD and therapies such as Psychoeducation.

The Assistant Director for R&D has regular discussions with the Professor of CAHMS and Psychiatry, National Centre for Mental Health (NCMH), Cardiff University to identify areas where additional R&D support can be provided to aid recruitment. Funding and additional research nurse and research psychologist support has been provided by Cwm Taf to help recruitment to CAHMS studies on the Clinical Research Portfolio.

The Cwm Taf R&D Team continues to sign post its research active professionals to other invaluable research resources such as the Research Design and Conduct Service and Centre for Trials Research, to help develop high quality Welsh lead research studies and funding applications.

The Health Board has started to engage with its research community to develop its academic and evaluative approach to primary care. The next immediate and practical steps are to establish an academic primary care unit.

This work will also allow the Health Board to:

- Utilise the cluster structure of primary care to facilitate research.
- Provide a focus on short-term, evidence based and purposeful interventions that will have an impact on long term patient and population outcomes.
- Lay out a long-term plan for population health over the course of several assembly cycles.
- Create the opportunity for meaningful portfolio career structures for GPs across practice, enhanced practice and research and teaching.
- Potential to develop an active high quality programme of research where projects are externally funded and adopted onto the research portfolio.
- Bridge the broad academic endeavours of Cwm Taf’s primary and community workforce into a shared body of knowledge, with a sense of alignment towards population health outcomes.
- Support the development of Keir Hardie and Dewi Sant Health Parks as academic and practitioner hubs.
- Re-establish the academic reputation that links back through Archie Cochrane and Julian Tudor-Hart.
- Work with the Bevan Commission in establishing a Primary Care Hub.

Emerging priorities for research activity in primary care have been agreed by Cwm Taf UHB and are focussed on key local population health issues and address health inequalities and include:

- Early stage cancer diagnosis.
- Cardiovascular risk.
- Dementia.
- Health literacy.
- Social prescribing.
- Antibiotic resistance/complex polypharmacy / stewardship.
- Joint management.
- Acute exacerbations.

Each project will have a project lead which will generate progress reports for submission to the Health Board's Academic Partnership Steering Group.

The R&D department works closely with the Primary Care community to provide support for the R&D agenda in this field. The NHS R&D funding allocation has been used for the provision of additional support for GP colleagues to meet their Primary Care Research Incentive Scheme (PiCRIS) targets and further incentivise practices within Cwm Taf to become members of the scheme.

In order to demonstrate the research undertaken in Cwm Taf is in compliance with the Research Governance Framework for Health and Social Care Wales and associated legislation, it is vital that an audit of governance processes and documents is undertaken. The R&D Committee has requested that this audit is added to Cwm Taf's work programme.

The Health Board is committed to including wider population based representatives on its strategic and operational internal groups.

A key challenge for the Cwm Taf R&D department will be the acquisition of the Bridgend population, healthcare facilities and researchers. Discussions are underway with R&D colleagues at ABMUHB and Welsh Government to ensure a safe and effective transition to the new organisation. This will include ensuring that all research governance matters are resolved and studies are transferred appropriately from one organisation to another. There will also be a requirement for appropriate resources (financial and staffing) to be transferred from Bridgend to the new organisation to be able to support current and future research activity. The acquisition of the Bridgend population and researchers is an exciting opportunity to build on the work and complementary research already being undertaken across the two organisations.

The most important outcome of research activity is to provide the evidence base required to translate robust research findings into clinical practice for the health, clinical improvement and experience of our patients and well-being of the population. However, the additional benefits that research and innovation can generate, to include a considerable contribution to the wealth and economic development and stability of the population and community, meeting the objectives detailed in *A Healthier Wales* should not be underestimated. The Cwm Taf R&D department has clear priorities in its operational plan and is increasing the available capacity to enable the department to meet all of its strategic and performance objectives and targets.

Future Priorities and Development for the R&D Department 2019-20

No	Priority	Target Date
1	Safe and effective transition resulting from change of Cwm Taf UHB's boundary to include Bridgend sites, population and research activity (current and future)	Apr-19
2.	Review research support and delivery infrastructure in light of Cwm Taf UHB boundary change.	Apr-19
3.	Development of a Clinical Research Facility at the Royal Glamorgan Hospital site.	Nov-19
4.	Recruit x1 additional research nurse, x1 additional research officer, 1 x additional research support officer.	Jun-19
5.	Continue to support Primary Care research activity to include dentistry and optometry. Participate as Pilot Organisation for potential new model of research activity in partnership with Welsh Government	Mar-20
6.	Undertake at least 10 commercial studies and recruit at least 40 patients during 2019/20.	Mar-20
7.	Undertake at least 80 clinical research portfolio studies and recruit at least 3000 patients during 2019/20	Mar-20
8.	Development of SOPs for all staff undertaking research in Cwm Taf.	Feb-19
9.	Developing the central repository, "Eyes on the Evidence" to detail ongoing research, research findings, publications, service developments, best practice, quality initiatives, and innovation across Cwm Taf.	Nov-19
10.	Development of an R&D internet webpage.	Apr-19