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University Health Board



# Annual Quality Statement

August 2014

(Technical support document)

This document has been produced as an additional resource to supplement our public Annual Quality Statement.

The document provides detailed information and data on the topics required under the Welsh Government “*National Quality and Safety Forum. The Annual Quality Statement Guidance for 2013/14*”

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# Staying Healthy

## *Local Population Health Priorities – our achievements and challenges*

In common with most areas of Wales the key challenge for the Health Board with respect to population health lies in addressing the inequalities between different groups within the population. Whilst, in general, the health and well-being status of the North Wales population is relatively favourable compared to many parts of Wales, the benefits of better health and well-being are unevenly distributed among the population.

Some of these inequalities can be clearly seen on a geographical basis and relate in the main to socio-economic differences between groups. The differences can clearly be seen in that, on the whole, those living in more affluent circumstances experience:

- Considerably higher life expectancy overall and substantially increased healthy life expectancy
- Much lower rates of premature mortality – that is death before the age of 75
- Lower rates of chronic conditions, especially heart disease and cancer
- Significantly better mental well-being which itself has a direct impact on improved physical health

Other significant inequalities in health are experienced by specific groups of people within the population as a consequence of learning disability, age, gender, sexual orientation, or racial origin and background. These differences often lead to individuals also experiencing profound socio-economic deprivation because of challenges relating to access to appropriate housing, education, employment and healthcare.

It is important to recognise that there are very few areas of inequality which can be addressed by the NHS in isolation. Many of the solutions needed are complex and can only be delivered by working together with people in their own communities, and in partnership with other public sector bodies and voluntary and independent sector partners. Other sections of the Annual Quality Statement describe how we work with our partners.

The Health Board's own response to improving population health is laid out in the Local Public Health Strategic Framework (LPHSF) which was first developed by the Local Public Health Team on behalf of the Health Board in 2011/12. Over the first 2 years of implementation, on the advice of the Director of Public Health, we took the decision to focus on a small number of the key areas (Tobacco, Alcohol, Obesity, Early Years, Immunisation and Workplace health) and the section which follows highlights some of the key achievements we have made in those areas. Progress against the delivery of the LPHSF is monitored in a number of ways, including

through annual review of Standard 3 of the Standards for Health Services, separate twice yearly reports on key milestones to Welsh Government, and through the Health Board's regular performance reporting to Welsh Government.

It is important to note that these represent only a fraction of the health improvement and health protection work which is going on in our teams working in both hospital and community settings, in primary care practices (including GPs, Pharmacists, Dentists, Optometrists) and in people's own homes, but they represent some of the key things we know need to be in place in order to improve the health of the population. It is also important to note that a number of these are actions which are necessary and will *contribute* to the achievement of a population health outcome but will not be sufficient to deliver the outcome in its entirety. The joint planning we do with our partners is crucial to ensuring that all the actions necessary to deliver the population health outcomes are ongoing.

### **Key achievements 2012/13**

#### **Smoking in pregnancy**

- ✓ 68% of midwives, trained to deliver structured smoking cessation advice to pregnant women; 100% will be trained by July 2013
- ✓ Carbon Monoxide (CO) monitors purchased for all Community Midwives to support smoking cessation work
- ✓ Betsi Cadwaladr University Health Board taking part in national research project to assess effectiveness of different models of support for smoking cessation for pregnant women
- ✓ 739 referrals made to Stop Smoking Wales and 171 assessment sessions booked between January and December 2012 – highest of all referrals in Wales accounting for 40.4% of all referrals and 26% of assessments
- ✓ 64% of health visiting staff and 66% of school nurses trained to deliver structured smoking cessation advice to young people and families.
- ✓ Extensive bilingual resources provided to midwives, health visitors and school nurses to support No Smoking Day, Fresh Start Wales (Welsh Government campaign to stop smoking in cars where children are passengers) and Filter national campaigns

#### **Preoperative Smoking Cessation**

- ✓ 93.7%, 93.7%, 91.6% and 100% Preoperative Assessment Clinic staff trained to deliver structured smoking cessation advice to patients prior to surgery in West, Central and East areas, and Llandudno hospital respectively
- ✓ Between January and December 2012 Betsi Cadwaladr University Health Board had the 2<sup>nd</sup> highest number of referrals to Stop Smoking Wales, with 509 referrals and 165 sessions booked

## **Other Tobacco control activities**

- ✓ Overall detailed profiling by locality suggests that 3.7% of smokers in North Wales are currently accessing smoking cessation services. This does vary considerably across North Wales. Welsh Government has recently set a target of 5% for achievement in 2013/14.
- ✓ A North Wales Tobacco Alliance has been established with representation from all sectors and ASH Wales
- ✓ Nicotine Replacement Therapy is now routinely available on all hospital wards to ensure that staff can offer this quickly to smokers admitted to hospital
- ✓ A series of integrated and high profile activities have taken place across North Wales in support of the Health Board's Smoke Free Hospitals policy
- ✓ 3 Local Authorities launched Smoke Free Playgrounds in March 2013; plans are in place for the other 3 to follow
- ✓ Pilot work is ongoing in Wrexham to target illicit tobacco sales to young people which includes intelligence sharing with Trading Standards; learning from this pilot work will be shared across North Wales

## **Alcohol**

- ✓ 434 front line health and social care workers have been trained to give structured brief advice about alcohol consumption. This is the highest number across all the Health Boards in Wales
- ✓ A national Alcohol Awareness Toolkit has been developed by North Wales staff
- ✓ The Public Health Team and Occupational Health Department held alcohol information sessions for Health Board staff across North Wales prior to Christmas period, and further sessions will be delivered in summer period
- ✓ Over 200 individuals took part in a Service User consultation for those with alcohol and other substance misuse issues. The experiences and perceptions of the participants will inform the development of services and planning of care.

## **Obesity – Healthy and Safe Weight for pregnancy**

- ✓ A Public Health maternity conference was delivered to 102 attendees, including 80 midwives to increase awareness of, and knowledge and skills needed to address maternal obesity
- ✓ A training programme on Nutrition, Physical Activity and Weight management, accredited by the Royal College of Midwives, has been developed and

delivered to 26% of Community Midwives in North Wales. Plans are in place for roll out to remaining staff

- ✓ A tailored bilingual resource, based on Royal College of Obstetricians and Gynaecologists guidance, on exercise in pregnancy has been produced for use in North Wales
- ✓ An innovative exercise and weight management pilot scheme has been delivered in Conwy by health and leisure centre staff working jointly to support 30 pregnant women. The learning from the pilot will inform further development of schemes across North Wales
- ✓ An innovative scheme in Flintshire has been developed in which overweight women who are trying for a pregnancy will be supported in a targeted programme by WeightWatchers. Evaluation of the scheme, supported by a local University, will inform future developments

### **Obesity – Community Weight Management and Physical Activity**

- ✓ An innovative bilingual toolkit, developed in partnership with Communities First colleagues, has been published to guide community development workers in promoting healthy weight
- ✓ The National Exercise Referral Scheme (NERS) is now a core part of several care pathways for chronic conditions and for weight management programmes
- ✓ NERS activity across all 6 Local Authority areas consistently exceeds national targets set by Welsh Government
- ✓ An innovative approach to weight management for people needing joint replacement surgery has been established in all 6 Local Authority areas in North Wales.

### **Early Years – other achievements**

- ✓ A comprehensive bilingual sex and relationships education resource has been developed for use in primary and special schools. It was developed in Gwynedd, accompanied by an extensive training programme for teachers and parents, and Train the Trainers courses have now been delivered across the rest of Wales.
- ✓ A perinatal mental health protocol has been developed to support the mental well-being of all parents during pregnancy and early parenthood.
- ✓ Staff from 28 community pharmacies serving more deprived areas in North Wales have been trained to deliver targeted information and signposting for parents with young children



## Workplace health

- ✓ The Health Board secured Gold standard of the Corporate Health Standard in 2012

## Immunisation Uptake

Target levels which will give population level immunity have been achieved in a large number of the scheduled immunisation programmes. In those programmes where target levels have not been achieved uptake is among the highest in Wales for the majority of programmes.

Immunisation	Achievement
Scheduled programme at age 1	Uptake above 95% in all 6 Local Authority areas
Scheduled programme at age 2	Highest uptake in Wales; over 95% in 5 out of 6 Local Authority areas
Scheduled programme at age 5	Highest in Wales; uptake 92.5% (MMR2) and 93.3% (4 in 1)
Scheduled programme at age 16	Highest in Wales MMR 1(95.5%) and MMR 2(90.3%); 3 in 1 Teenage Booster 95.4%
Seasonal Influenza	Highest uptake in Wales; uptake Age 65+ (70%); at risk under 65 (52.2%); pregnant women (50.5%)
Seasonal Influenza – NHS staff	Targets (50%) are not yet achieved; overall uptake 34.8%; staff with direct patient contact 36.1%
Pertussis for pregnant women	Highest uptake in Wales (47% as from 8/1/13)

## *Working with our communities – our achievements and challenges*

There are many national strategies that support and drive change in North Wales, and which influence more innovative service delivery in a community setting<sup>1</sup>. The Together for Health strategy outlines the way forward for delivering care closer to patient's homes.

During the last year we have made good progress through a number of developments in the community across North Wales.;

**Enhanced Care** - provides an increased level of care to patients in their own homes, who otherwise would have to be admitted to a community or acute hospital. For patients who are already in hospital, Enhanced Care can also support some of them to be discharged home sooner than they might have been., In the past twelve months we have recruited and trained staff have, who are now delivering care in all of; Conwy, Denbighshire, Anglesey, and parts of; Gwynedd, Flintshire and Wrexham.

We have developed patient/carer questionnaires and these are collated by the Community Health Council, with excellent feedback. A further 45 GP practices have been approached to date with almost 70% agreeing to take part in delivering the service.

### **Development of Community Based Falls Telerehab Service – East**

This innovation enabled the community practitioner to link in with acute hospital assessment services via a video conference (VC) route. The project focused on a virtual consultation between the Nurse Case Manager based in the District Nursing Services and the Consultant, Advanced Nurse Practitioner and Physiotherapist based in the Outpatients Department in a patient Rehabilitation Unit. The Nurse Case Manager (community based) can carry out the VC from a clinic base, GP surgery, patient's home or a 24 hour care setting and patient is involved in the process of assessment and planning.

This new service enables the early and local assessment of patients. The team can provide early advice and planning of investigations that can be carried out in primary care. This also reduces the waiting times for patients. The project fully links with other services such as community falls, the voluntary sector and the Red Cross for patients who need further support.

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<sup>1</sup> The full list of strategies is exhaustive, however a short summary of the most influential strategies including those of our partners are *Together for Health*, (a five year vision for the NHS in Wales), Health, Social Care and Well Being strategies ,Local Authorities Strategies for social care, including: Fulfilled Lives, Supportive Communities and individual commissioning strategies,Third sector strategies ,Delivering Local Health Care (2013),Rural Health Plan (2009),Setting the Direction (2010),

**Dolgellau Hospital Health Promotion Hub** - The aim of the service based at the outpatient department is to be a hub for the community where patients have access to a comprehensive range of health advice and support such as the Healthy Hearts programme, diabetic retinopathy screening, skin cancer screening, smoking cessation, prostate awareness service and the promotion of self care. A presentation



of this programme was given at the CNO conference in Cardiff in 2013.

A six month audit of the health hearts programme demonstrated that participants continued to achieve their goals, consultants were enthusiastic about the programme with referrals from a number of specialities. We are extending this to include rheumatology outpatients, inpatients, staff and some patient's homes in 2014. We are also expanding our prostate awareness service, which includes information and education for patients as well as offering bladder scans and urine flow rate tests. The development of a lymphoedema service for Meirionnydd to provide lymphoedema therapeutic massage, telemedicine to reduce travelling for patients and a carers support service We have made good progress in this area at the end of March 2014, but we want to improve this further.

**HealthCare in North Wales is Changing (HCiNWic)** - One of the biggest challenges has been the implementation of the Healthcare in North Wales is Changing (HCiNWic) recommendations which led to the closure of three community hospitals and changes in opening hours and other services in a number of other community hospitals. We actively engaged with the local communities in implementing the changes and in gaining their ideas and views of the future provision of services. The majority of changes have been implemented however some are still outstanding, such as the full delivery of enhanced care described above.

### **Administration of Intravenous medications and blood transfusions at Community Hospitals and Home**

We are working to deliver blood transfusions and injections for patients locally at a number of our community hospitals. This means patients won't have to travel to their local District General Hospitals or Walton Hospital in Liverpool. We have made good progress in this area and are working to extend it further across North Wales. In Wrexham, we commenced a programme of linking Inpatient Intravenous services with District Nursing services across a number of localities. We trained our staff in the clinical skills required to deliver antibiotics and Blood Transfusions at home. Now, patients have choice about where their care is provided. Care can be provided in a setting which is most appropriate for them. The patient can attend the IV Suite, or be visited in their own home or 24 care setting. At times, a patient may have their care in both settings, this is often dependant on their general condition at the time.

**North Wales patient satisfaction survey of Community Nursing, undertaken in conjunction with the Community Health Council** – this survey gathered information as to both the patient and carer satisfaction with our services service provided by community nursing teams. The overall results were positive with questions relating to being treated with dignity and compassion scoring 100% across

all areas. Where patients told us we needed to improve we have made progress, however not all of the actions have been completed. The work is an example of good practice and it is possible that this survey will be adopted on an All Wales basis and form part of a national piece of work relating to community nursing

**Denbigh Hospital Respiratory Care beds** – this service provides a step down facility for patients who no longer need to be in an acute hospital following an acute exacerbation of their respiratory condition. As noted above IV medications can be administered at the hospital, along with specialist advice from the respiratory consultant and specialist nurse. This piece of work is currently being evaluated.

These are a small number of service developments and changes which we are implementing in a community setting during 2013/14.

Some of the challenges we have faced during the last twelve month have been the coordination across North Wales in terms of delivering a complex service in extremely rural areas, engaging with GPs and changing culture. Working with six different local authorities has also proved challenging to us.

We have learnt that each locality is individual and there has been a need to develop individual operational policies to suit local needs. We have also learnt that changing the public perception of hospitalisation versus services that we are now able to deliver in the home requires changing our culture. Our original plans were to rollout to eight local areas by December 2013, however we missed this target by three months achieving it three months later at the end of March 2014. We are working with Bangor University to evaluate this service.

# Safe Care

## Infection Prevention and Control

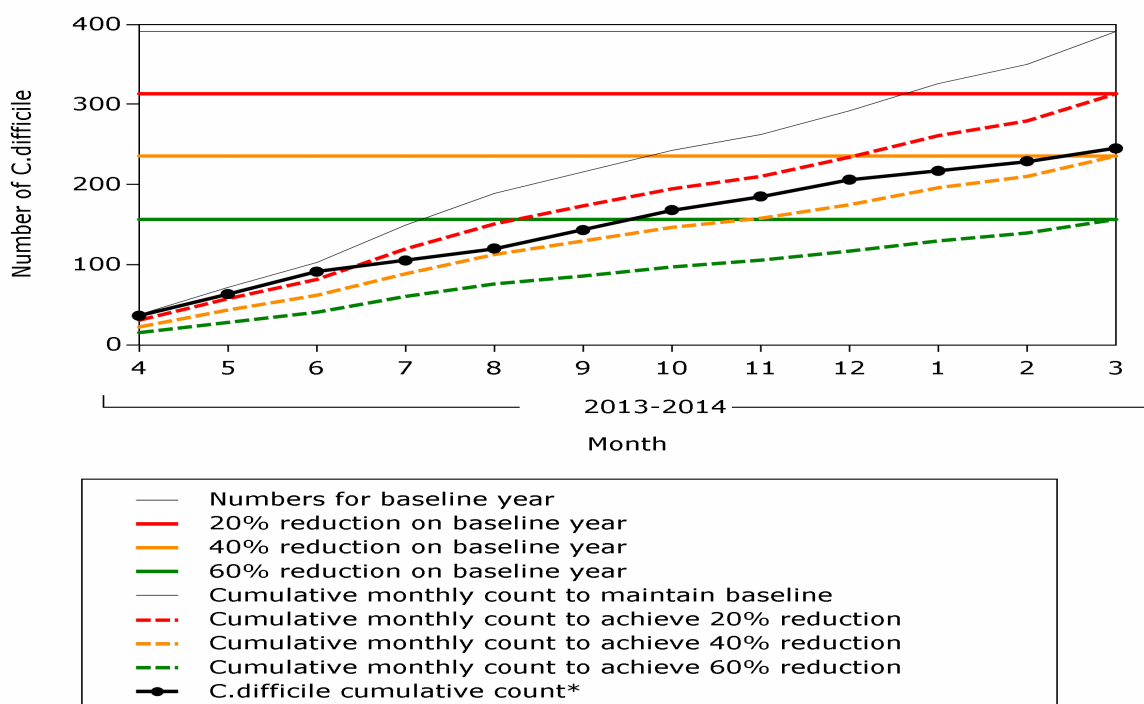
BCUHB is committed to reducing preventable infections as a key priority. This section describes progress with the prevention of infection across BCUHB during 2013-14.

In 2012-13 an outbreak of *Clostridium difficile* infection occurred at Ysbyty Glan Clwyd. A review of the arrangements for infection prevention and control across the Health Board was subsequently performed by an expert microbiologist. Since this review the Health Board has implemented strengthened structures and processes for the prevention of infection.

### Clostridium difficile infection

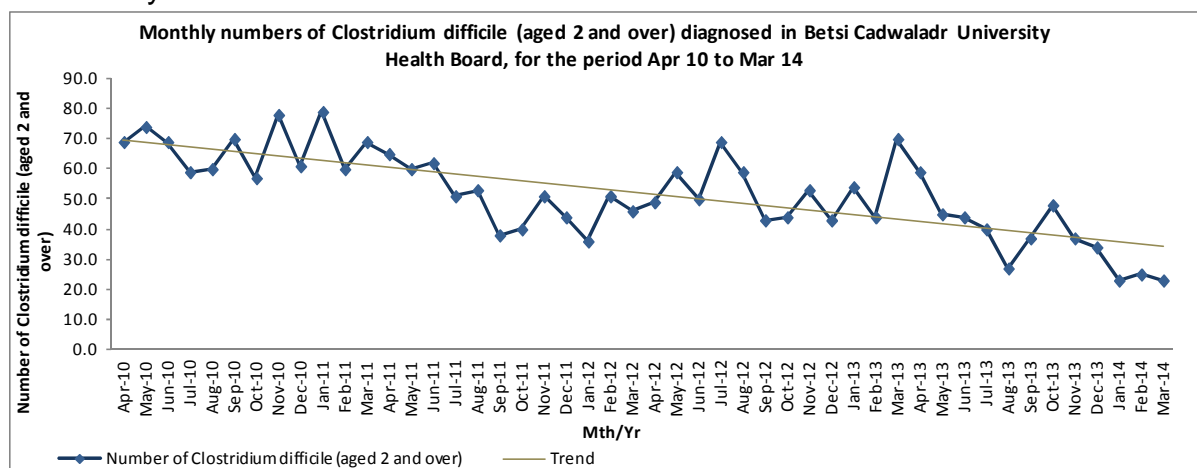
A 20% reduction in the number of cases of *Clostridium difficile* infection in inpatients aged 66+ has been set as the national target in 2013-14. BCUHB has achieved this target with a near 40% reduction, as shown in the graph from the Welsh Healthcare-Associated Infection Programme below:

Numbers of *Clostridium difficile* in inpatients aged 66+ in Betsi Cadwaladr University Health Board for the period 01/04/2013 to 31/03/2013 – progress against baseline year (April 2012 - March 2013):



However, BCUHB does still have a higher rate of *Clostridium difficile* infection than other Health Boards in Wales. We are taking many actions to bring this rate down, and we are pleased that the number of cases is reducing across all areas of the Health Board. This is shown in the graph from the Welsh Healthcare-Associated Infection Programme below:

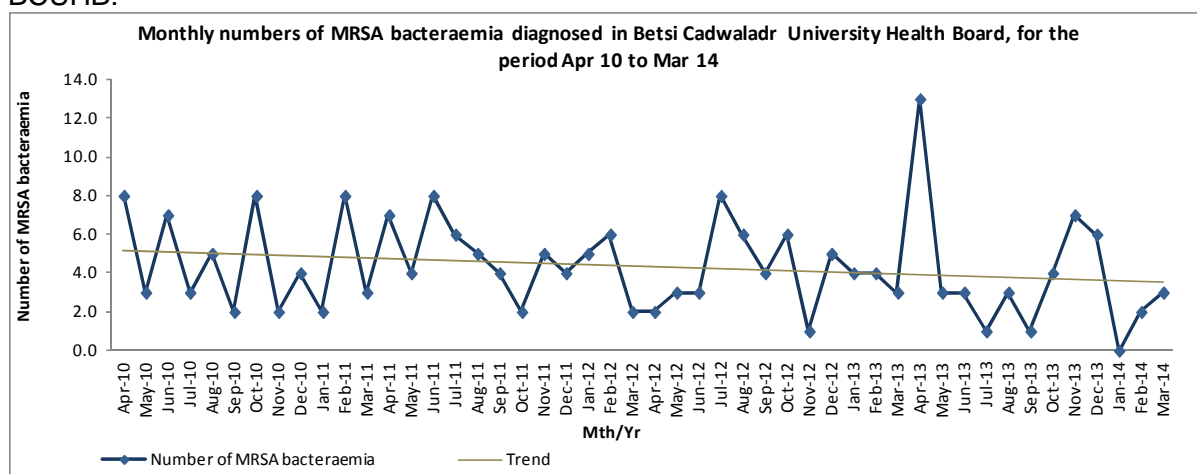
Monthly Numbers of *Clostridium difficile* (aged 2 and over) across all hospital and community areas of BCUHB:



### Meticillin-Resistant *Staphylococcus aureus* (MRSA) bacteraemia

The rate of Meticillin-Resistant *Staphylococcus aureus* (MRSA) bacteraemia is higher than the average rate in Wales. The number of cases across all areas of the Health board is shown in the graph from the Welsh Healthcare-Associated Infection Programme below:

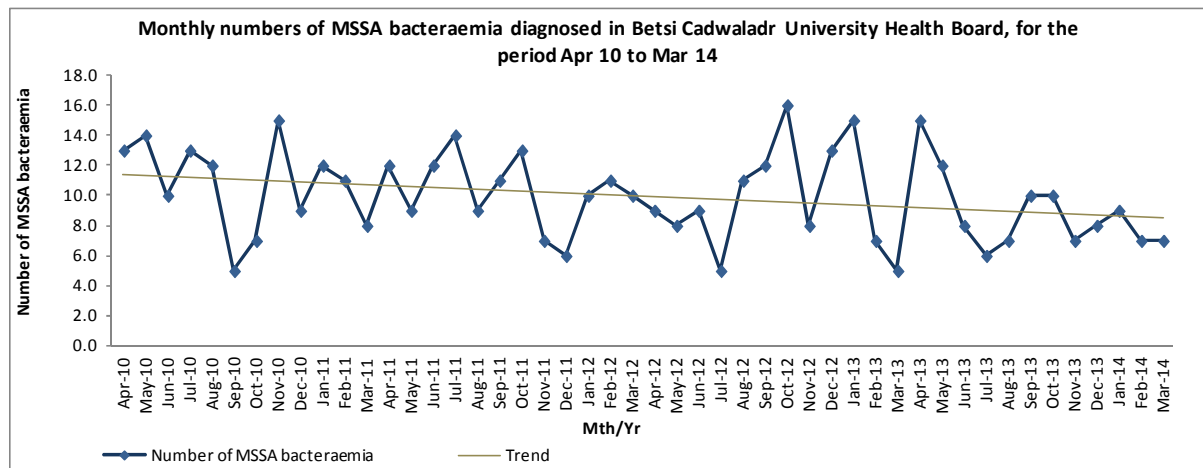
Monthly Numbers of MRSA Bacteraemia across all hospital and community areas of BCUHB:



### Meticillin Sensitive *Staphylococcus aureus* (MSSA) bacteraemia

BCUHB has a better than average rate of Meticillin Sensitive *Staphylococcus aureus* (MSSA) bacteraemia, compared to the all-Wales rate. The number of cases is shown in the graph from the Welsh Healthcare-Associated Infection Programme below:

## Monthly Numbers of MSSA Bacteraemia across all hospital and community areas of BCUHB:



The most up-to-date information on our infection rates is always available on our website, at the following address; [www.wales.nhs.uk/sitesplus/861/page/68237](http://www.wales.nhs.uk/sitesplus/861/page/68237)

### Achievement/Celebration

The Health Board has taken many actions to reduce infections this year. We have an infection prevention improvement plan in place. This plan includes the actions we will take next to reduce infection further.

A programme of rapid review audits is in place. Audits are performed within 24 hours of new in-patient cases of *Clostridium difficile* infection. These audits quickly identify anything we need to improve, and action is taken to reduce infection risk to other patients in the ward.

In December 2013 the Health Board launched 10 key standards for all wards and departments, to help prevent infections developing. These focus on high standards of hand hygiene and cleanliness. Monthly monitoring is in place to make sure we achieve these standards.

Improvements have been made to the cleaning systems we have in place. This includes use of a chlorine-detergent cleaning product that is more effective than previous products used. More work is planned to improve cleaning standards further.

Improving the prescribing of antibiotics in hospital and primary care has been a key focus this year. New policies have been launched, and education is being provided to help improve prescribing.

### Challenges

We must continue to make improvements and changes as quickly as possible, so that the number of infections reduces as fast as possible. This is a key challenge for us.

The structure and staffing of the Infection Prevention Team has been reviewed and is being strengthened. This team provides vital expertise and support for clinical staff on the prevention of infection. Recruitment processes have commenced, but will take several months to complete.

### **Lessons Learnt**

There were many lessons from the outbreak at Ysbyty Glan Clwyd. These were summarised in the report from Professor B Duerden. We have accepted his recommendations in full, and have learned from the report.

The prevention of infection is a key priority for the Board. We now ensure that infection issues are considered at every meeting of the Health Board. Leadership and expertise on infection prevention has been strengthened, and we have a clear programme in place to ensure action is taken on all the issues identified.

### **Improvements for 14/15**

In 2014-15, BCUHB will reduce preventable infections significantly. We will use our annual infection prevention improvement programme to guide our work. This will include:

- Setting ambitious reduction targets for key infections. We will monitor the number of infections monthly to ensure progress.
- We will provide a broad programme of infection prevention education for staff. This will give staff the knowledge to deliver excellent clinical practice.
- An audit programme to monitor key practices will be in place. This will give assurance that patients are being protected from infection.
- Further work to improve standards of cleanliness, including roll-out of a microfibre cleaning system.
- Continuing the work to improve antibiotic prescribing, both in hospitals and with General practitioners in primary care.
- Better information on infection prevention will be provided for the patients and the public. This is important so that people across North Wales have the information they need about the prevention of infection.



## *Patient Safety alerts*

The National Patient Safety Agency (NPSA) was created in July 2001 to co-ordinate the efforts of the entire country to report, and more importantly to learn from mistakes and problems that affect patient safety. The NPSA played a key role in bringing patient safety matters to a national level and to support this approach it released alerts and advice on the patient safety issues it identified.

The function of the NPSA was transferred to the NHS Commissioning Board Special Health Authority in June 2012 and the last Patient Safety Alert was issued in March 2012.

During its period of operation the NPSA issued the following:

- **19 Patient Safety Alerts (PSA)** - requires prompt action to address high risk safety problems and has a specific timeline for implementation
- **39 Rapid Response Reports (RRR)** - providing an urgent warning to healthcare organisations of substantive risks which are new (or not well known).
- **12 Safer Practice Notices (SPN)** – advises on the implementation of particular recommendations or solutions

The BCUHB have informed the Welsh Government (WG) of the following:

- **17 PSA complete**, 2 under review
- **31 RRR complete**, 8 under review
- **11 SPN complete**, 1 under review

## *Learning from serious incidents and reviews*

An open reporting and learning culture is important to enable the NHS to identify trends in incidents and implement preventative action. Based on the evidence about the frequency of adverse events in hospital, it is likely there is significant under-reporting. The rate of reported safety incidents should therefore increase as the reporting culture improves. We have seen this since April 2012 at BCUHB following the implementation of Datix online web based reporting. Within this year, a total of 17,662 patient safety incidents have been reported within the Health Board, this equates to an increase in reporting of 38%. Incidents categorised as 'slips, trips and falls' (43%) remains the highest reported category across all three acute and community regions. Almost 90% of the incidents reported were categorised as causing no or minor harm.

During this reporting period 241 incidents have been reported to the Welsh Government as serious incidents, the health board is required to inform the Welsh Government of the outcomes of the investigations and confirm that lessons have been learnt. These incidents represent 1.4% of all reported clinical incidents.

Of these serious incidents eleven have been categorised as 'Never Events', that is, with the right systems and processes in place these events should not occur (table below). For eight of these incidents the investigations and any follow on actions have been completed. Three remain ongoing at the time of this report.

Serious incidents are investigated using 'root cause analysis' methods to establish precisely why the incident occurred so recommendations can be made for changes to practice in order to reduce the chances of it happening again. The investigations undertaken have identified that incidents have occurred due to the following:

- A breakdown or the lack of effective communications
- Inadequate staffing levels for activity being undertaken
- Lack of formal procedures
- Written control documents (procedures) not being followed
- Lack of specific training

- Lack of or inadequate supervision
- Lack of or inadequate appropriate / necessary information
- lack of formal procedures
- Staff not engaged
- Lack of risk assessments
- Low perception of the importance of safety issue

Some of the lessons learnt from incidents during 2013-14 are included below under the headings of Care & Treatment, Information & Communication, and Improving Policy and Procedures to ensure Best Practice.

#### Care & Treatment:

- Training and awareness raising in relation to specific clinical practices, procedures and protocols
- Issued alerts, raised awareness and implemented further training in relation to the use of equipment.
- Issued alerts and raised awareness around patients not having identification wrist bands which could lead to potentially serious outcomes.

#### Staffing & Supervision

- Reviews of staffing levels
- Nursing staff have received training on the assessment, particularly risk assessment, and management of, or prevention and treatment of pressure ulcers in line with published guidelines.
- Staff role to listen to patient concerns

#### Information & Communication

- Improvements in patient handover - information and processes
- Communications both written and verbal
- Improvements in interagency communication
- Providing patients with relevant information regarding their condition and medication
- Providing patients with timely results in order to alleviate concern and anxiety
- Training and awareness raising in record keeping for both medical and nursing staff
- Putting Things Right training including root cause analysis training provided across the health board
- Ensure the patient understands what is planned care and that care/treatment is explained
- Patients to be kept informed of delays

## Improving Policy and Procedures to ensure Best Practice

- Development of protocol for urgent referral by clinician
- Integrated care pathway for elective and emergency c-sections has been developed and implemented
- The reviewing and amending as necessary of clinical and administrative procedures
- Raising awareness amongst staff of the importance of following set procedures

## *Incident and complaint reporting – Primary Care*

Incidents and complaints which are reported to the Health Board in relation to Primacy Care Contractors are reviewed and managed by the Primary Care Support Unit. To ensure any lessons learnt are shared across all the practices, a Bi-monthly newsletter is produced called 'Stories for Sharing'. During 2013/14 a total of 742 incidents were reported by Primary Care Contractors as having occurred either relating to their practice or to another provider or the Health board and a total of 196 formal complaints and 162 On the Spot complaints were made by patients or their representatives.

### Incidents reporting in Primary Care

Quarter	Incidents received			
	EAST	CENTRE	WEST	TOTAL
Apr 2013 – Jun 2013	43	64	73	180
Jul 2013 – Sep 2013	59	36	34	129
Oct 2013 – Dec 2013	86	35	68	189
Jan 2014 – Mar 2014	81	71	92	244
<b>TOTAL</b>	<b>269</b>	<b>206</b>	<b>267</b>	<b>742</b>

### Complaints reporting in Primary Care

Formal Concerns - Quarter	TOTAL	WEST	CENTRE	EAST
Apr 2013 – Jun 2013	56	12	17	27
Jul 2013 – Sep 2013	49	9	21	19
Oct 2013 – Dec 2013	42	14	12	16
Jan 2014 – Mar 2014	49	14	18	17
<b>TOTAL</b>	<b>196</b>	<b>49</b>	<b>68</b>	<b>79</b>

OTS - Quarter	TOTAL	WEST	CENTRE	EAST
Apr 2013 – Jun 2013	34	6	7	21
Jul 2013 – Sep 2013	43	7	13	23
Oct 2013 – Dec 2013	47	6	20	21
Jan 2014 – Mar 2014	38	11	12	15
<b>TOTAL</b>	<b>162</b>	<b>30</b>	<b>52</b>	<b>80</b>

## *Stories for Sharing Newsletter*

A Primary Care Support Unit Newsletter is produced for contractors in response to lessons learned from concerns (complaints and incidents). Four newsletters have been disseminated between January 2013 and February 2014, and have included the following topics:

- INR related incidents
- Poor Communication and prescribing errors
- Safeguarding and paediatric injury chart
- Health and safety issues – Sharps regulations, COSHH, Hep B status for clinicians, Violence and Aggression
- Use of unlicensed medicines
- OPD clinic letters
- Glaucoma patient reviews
- Temporary residents and INR testing and dosing
- TTO's and change in medications
- Chrons disease and oral contraceptives.

## Never Events

Of these serious incidents six have been categorised as 'Never Events', that is, with the right systems and processes in place these events should not occur (table below).

A never event is a serious, largely preventable patient safety incident that should not occur. During 2013-14 we had a total of 6 never events across the Health Board. The incidents for the Health Board were:

Incident Type	Number of Incidents
Misidentification of Patients	1
Wrong Site Surgery	1
Maladministration of Insulin	2
Failure to monitor and respond to oxygen saturations	1
Wrong implant/prosthesis	1
<b>Total</b>	<b>6</b>

At the end of 2014 we also had 2 never events outstanding from 2012-13. All of the incidents are undergoing review by Senior staff within the Health Board.

Serious incidents are investigated using 'root cause analysis' methods to establish precisely why the incident occurred so recommendations can be made for changes to practice in order to reduce the chances of it happening again. The investigations undertaken have identified that incidents have occurred due to the following:

- A breakdown or the lack of effective communications
- Inadequate staffing levels for activity being undertaken
- Lack of formal procedures
- Written control documents (procedures) not being followed
- Lack of specific training
- Lack of or inadequate supervision
- Lack of inadequate or appropriate / necessary information
- Lack of formal procedures
- Staff not engaged
- Lack of risk assessments
- Low perception of the importance of safety issue

# Effective Care

## *Delivery Plans*

The Health Board has service specific delivery plans that form part of our 3 year strategic plan and align to the expected standards for these services. While many of these plans are technical in nature, we are aiming to provide we are aiming to provide shorter public facing summaries during the next 12months to provide clarity as to the present service standards we are delivering and identify the work underway and timescales to further improve these services. The delivery plans include: Cancer, Stroke, Cardiac, Diabetes, End of Life, Critical Care, Ophthalmic Delivery plans. These are presented to our Quality and Safety Committee of the LHB and once agreed posted on the website – ([BCUHB Delivery Plans](#))

## *Clinical Audit & Effectiveness – Achievements and Challenges*

Clinical audit is a key element of clinical effectiveness and can support the delivery of the safety and quality agenda. All Health Boards and Trusts should support staff to participate in clinical audit thus allowing them to question practice and, where necessary, implement change. Clinical Audit is a means of identifying whether care meets agreed standards which may be set either nationally or locally. It is an opportunity for health care staff to reflect on clinical practice to support and encourage improvements and deliver better quality treatment and care outcomes for patients.

The Welsh Government *National Clinical Audit and Outcome Review Committee* have identified and prioritised a number of national clinical audits and outcome reviews for 2013/14.

The Health Board receives assurances from a corporate and CPG level that clinical audit is undertaken as evidenced by the Standards for Health Services Wales Standard 6 - Participating in Quality Improvement Activities and Standard 7 - Safe and Clinically Effective Care.

Over the last 12 months we have supported participation in the 43 national clinical audit projects supported by the Welsh Government. It is important that the clinical staff have the opportunity to take part in the projects as they provide good opportunities for benchmarking and to assess local services against national standards. As well as the national audit programme, each Clinical Programme Group (CPG) agrees an annual prioritised clinical audit programme which include themes from patient concerns, local risks, national guidance such as NICE as well as the national audit programme.

Participation in the Welsh Government Clinical Audit & Outcome Reviews and the local CPG clinical audit programmes has been a challenge but one we realise we need to meet. Local leads have been identified for all projects and any concerns are discussed at an early stage to try and support participation where ever possible but competing priorities can often take staff away from planned projects. However, close communication between clinical and support staff ensure that the relevant support and guidance is available to complete projects.

It is important that clinical audit activity supports the delivery of safe and effective patient care. It has become clear over the last 12 months that the best way we can do this is to focus on key priorities. This provides us with the opportunity to plan projects, share findings and results and importantly, to make sure we use clinical audit to identify improvements in service delivery.

The following are examples of this:

The Health Board Dementia Operational Forum has developed an action plan that encompasses work from 1000 Lives Improvement campaign intelligent target and



the Mental Health Measure, the introduction of the Butterfly scheme, training programmes for Health Care Assistants, ward environment audits to name a few. Participation in the National Audit of Dementia should reflect the impact of these activities and allow us to identify progress made since the last National Audit.

The Fundamentals of Care audit is included in the Welsh Government national audit programme and the outcomes support the work we are doing across wards encompassing the Transforming Care quality improvement programme and local clinical audit activity such as Mouth Care in Hospital (1000 Lives Improvement Campaign).

#### Improvements for 14/15

To work with the Welsh Government National Clinical Audit and Outcome Review programme for 14/15 and to maintain engagement and participation. To review the Clinical Programme Groups prioritised annual clinical audit programmes against actual activity to inform 14/15 programme.

At a corporate level the Clinical Effectiveness Sub Group will continue to work with clinical leads from the Clinical Programme Groups to provide assurance of the delivery of safe and effective care through robust clinical audit.

## *Research and Innovation – achievements and challenges*

We actively support local and nationally led health services research and work closely with partners in academic institutions, with other health care providers and the commercial sector to provide evidence based care for the population of North Wales.

The Welsh Government National Institute for Social Care and Health Research (NISCHR) provides strategic direction for research and development (R&D) and innovation across Wales.

The Health Board also receives assurances from a corporate and CPG level that research is undertaken to specific standards as evidenced by participation in the Standards for Health Services Wales standard 21 Research and Innovation.

Each year the Health Board aims to maintain or improve the number of patients recruited into research projects. In April 2013 to March 2014, over 5000 patients from across the Health Board were recruited into studies providing opportunities to participate in a broad range of research. This has been achieved through successful partnership working between the Health Board, Welsh Government, colleagues in academic institutions and industry.

Our aim is to increase the number of clinical staff who successfully apply for research grants providing opportunities to explore and develop new approaches to the delivery of health care and treatments for our patients. This will provide further opportunities for patients to take part in research studies. However, success is very much dependent on the competition and we therefore need to make sure that our applications are robust and reflect the health needs of the population of North Wales. Applications also need to reflect the involvement of patients, health care professionals, academic colleagues and other partners.

To be a successful active research organisation, we recognise that this will require involvement by all partners including patients, health care professionals, academic staff and other partners. As evidence of this, in October 2013, we were informed that three bids submitted to an All Wales funding call had been successful and each of the bids clearly outlined the involvement of patients, the health service and academic institutions.

### **Improvements for 14/15**

We wish to continue to develop partnerships and to share findings from research with our patients and the public and with our staff. To help this move forward a conference is in the planning stages for 2014. This will provide opportunities to share research outcomes and to listen to the experience of being involved in and engaged with research. Patients, staff from the Health Board, Bangor and Glyndwr Universities and partners from local industry will be welcomed.

## ***Quality Assurance Visiting Programme (QAVP)***

The Quality Assurance Visiting Programme (QAVP) is the mechanism by which, the Primary Care Support Unit (PSCU) will be gaining assurance and provide support and guidance to independent contractors. The GP programme was commended on the 27<sup>th</sup> march 2014 and during 2014/15 the Dental and Community Pharmacy programmes will commence.

To support and underpin the new QVAP programme a practice risk profile has been created as a means of collating intelligence about GP, Dental and Community Pharmacy contractors/practices in the areas of: contracting, clinical governance, finance and medicines management. The purpose of the practice risk profile is to assist PSCU staff in monitoring where risks and concerns have been highlighted and to assist in deciding the level and frequency of QAVP visit the contractor requires.

The QAVP for each stream is planned to follow the same format with two levels of visit dependent on the current risk status of the contractor:

- A level 1 visit is classed as a 'rapid review' and will be completed for practices identified as a low or moderate risk for who a detailed in-depth multi-disciplinary team visit is not required. The visit will be completed by members of the clinical governance team and contracting team, who will use an assessment tool to identify where the contractor / practice is compliant, partially compliant or non-compliant against a set of criteria.
- A level 2 visit is classed as a comprehensive team visit which may include an Assistant Medical Director, Medicines Management Pharmacist, Practice Development Nurse, Head of Clinical Governance, Head of Contracting PCSU, Dental Advisor and Dental nurse depending on the stream visit being completed. The visit will be a more detailed review of the practice; key risks which have been identified prior to the visit and any areas the team consider need to be reviewed.

The General Dental assurance system has an additional element to it as compared to GP and Community Pharmacy contractors which is supported by a robust framework for the professional review of standards. This is supported by Public Health Wales, and includes an annual Quality Assurance Self Assessment which is reviewed by Primary Care Dental Advisors with actions followed up by the PCSU. Processes are also in place for monitoring compliance with contractual quality specifications which includes visits to practices and follow up of concerns.

## Utilisation of the All Wales CG Practice Assessment Tool for GP's

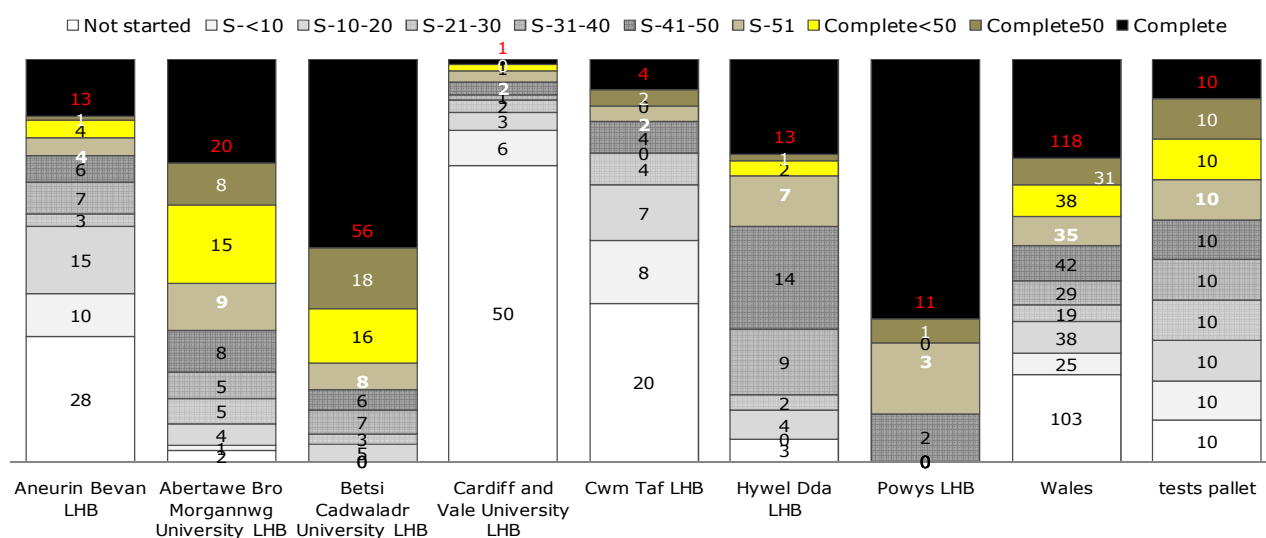
In addition to the rolling programme of visits, practices are requested to annually complete the All Wales Clinical Governance Practice Self Assessment Tool (CGPSAT). This is an essential part of the quality assurance of contractual requirements and completion of the tool could also support GPs in their appraisal and revalidation processes.

The Clinical Governance Practice Self Assessment Toolkit (CGPSAT) is designed to encourage general practices to reflect and assess the governance systems they have in place in order to facilitate the delivery of safe and effective clinical practice. The Public Health Wales Primary Care Quality and Information Service developed the tool which is designed to measure improvement over time from 2010.

The following graphs demonstrate practice engagement and uptake of the CGPSAT within Wales for 2013/14. BCU LHB general medical practices have maintained continuous progress in use of the tool over the first 4 years of the programme. The first graph shows the position for completion of the whole tool across BCU LHB compared to other health boards as at May 2013 and the second demonstrates progress in 2012/13 across Anglesey, Conwy, Denbighshire, Flintshire, Wrexham and Gwynedd.



**All Wales Clinical Governance Self assessment tool 2012/13 practice progress all matracies (number of questions with answer) health board area (May 2013)**



As can be seen from the above graph, Betsi Cadwaladr University Health Board is the second best performing Health Board in Wales for the use and completion of the tool kit.

Commencing in 2014/15, completion of the CGPSAT will form part of the Quality & Productivity domain of the Quality & Outcomes framework of the GMS contract. PCSU Clinical Governance team is strongly recommending and supporting practice to continue to engage with the toolkit and develop plans for improving their levels of achievement.

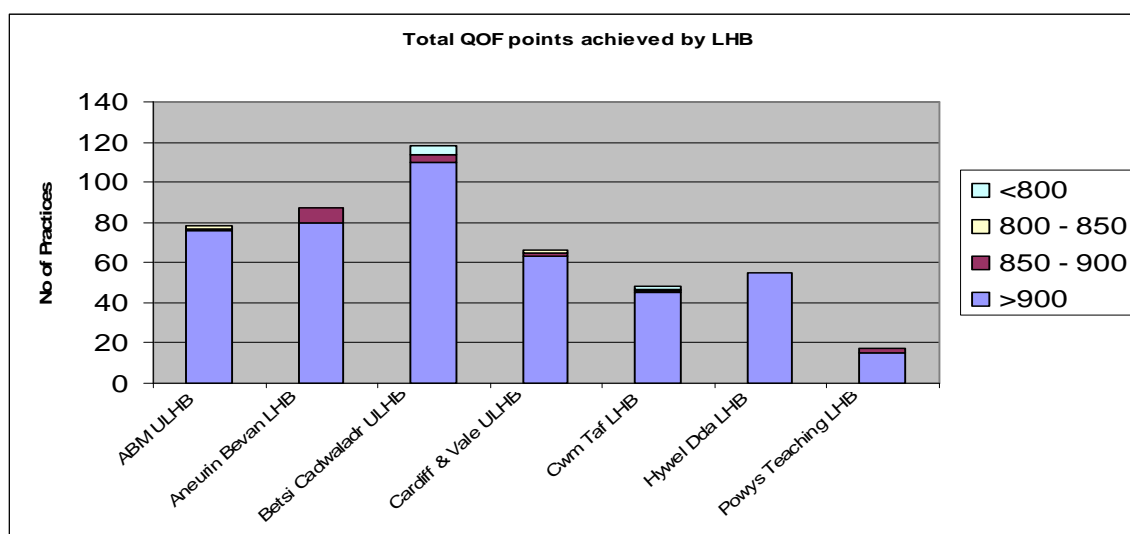
### *Use of Quality and Outcomes Framework (QOF) data*

The proactive utilisation of QOF clinical outcome data to drive health improvement is an area for development where localities and PCSU could actively work together to maximise the use of available primary care data to drive service improvement for the Health Board. QOF data is currently discussed at a practice visit as part of a validation process to identify data quality concerns, where case finding may be inadequate or where improvements can be made. Please note that this section of the report relating to QOF data refers to 118 Practices within BCUHB (not 114 as was the actual number during 2013/14). This is because a number of practices have amalgamated, but the QOF system continued to run them as separate Practices during this financial year.

Within the Clinical Domain there are 18 clinical areas

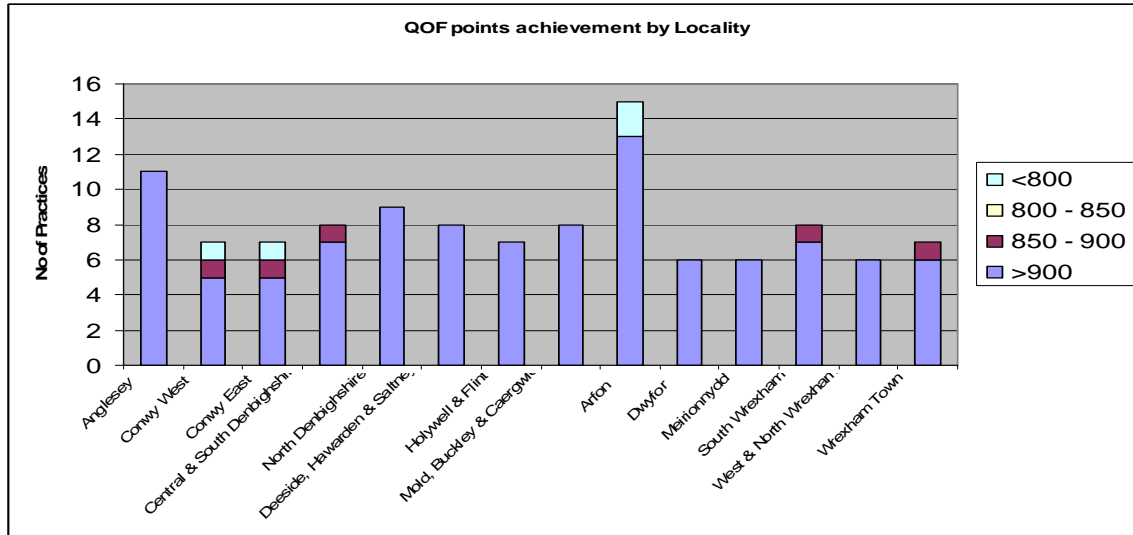
Chronic Heart Disease	Stroke
Hypertension	Diabetes
Chronic Obstructive Pulmonary Disease	Epilepsy
Hypothyroidism	Cancer
Palliative Care	Mental Health
Asthma	Dementia
Depression	Chronic Kidney Disease
Atrial Fibrillation	Obesity
Learning Disabilities	Smoking

### **Total QOF points achievement by LHB 2013**



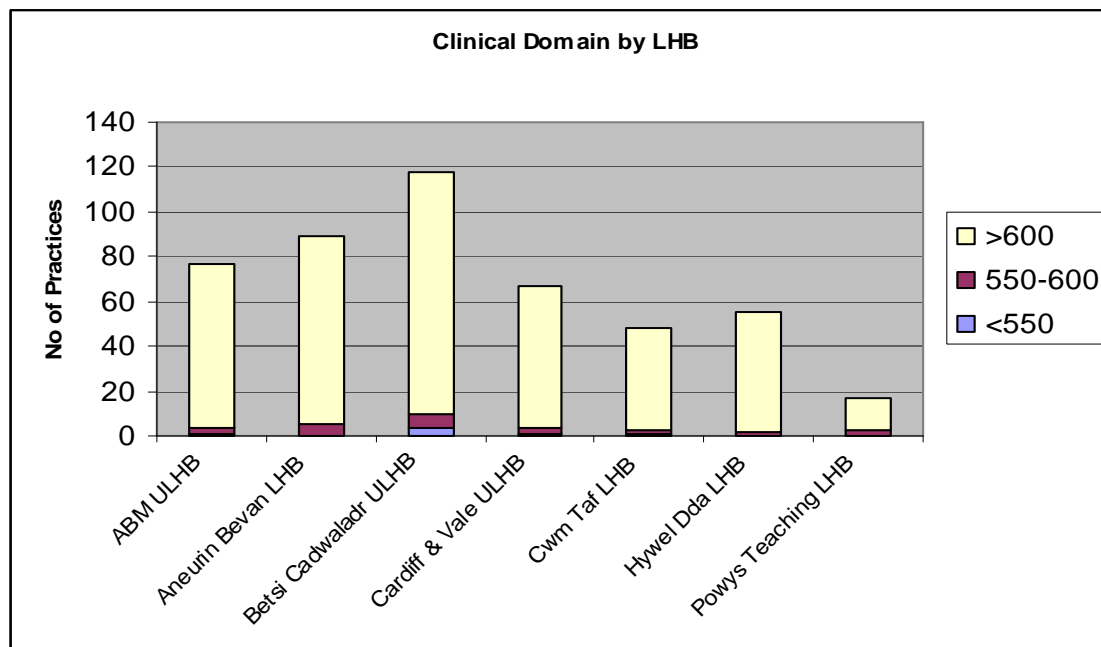
Of the 118 Practices in BCUHB, 111 (93%) achieved over 900 QOF points in 2012-13 (including 2 practices who achieved 1,000 points) and 115 (96%) achieved over 800 points. Four practices achieved fewer than 800 points. BCUHB was the best performing Health Board in Wales for QOF as compared to the other 6 Health Boards.

### Total QOF points achievement by Locality 2013



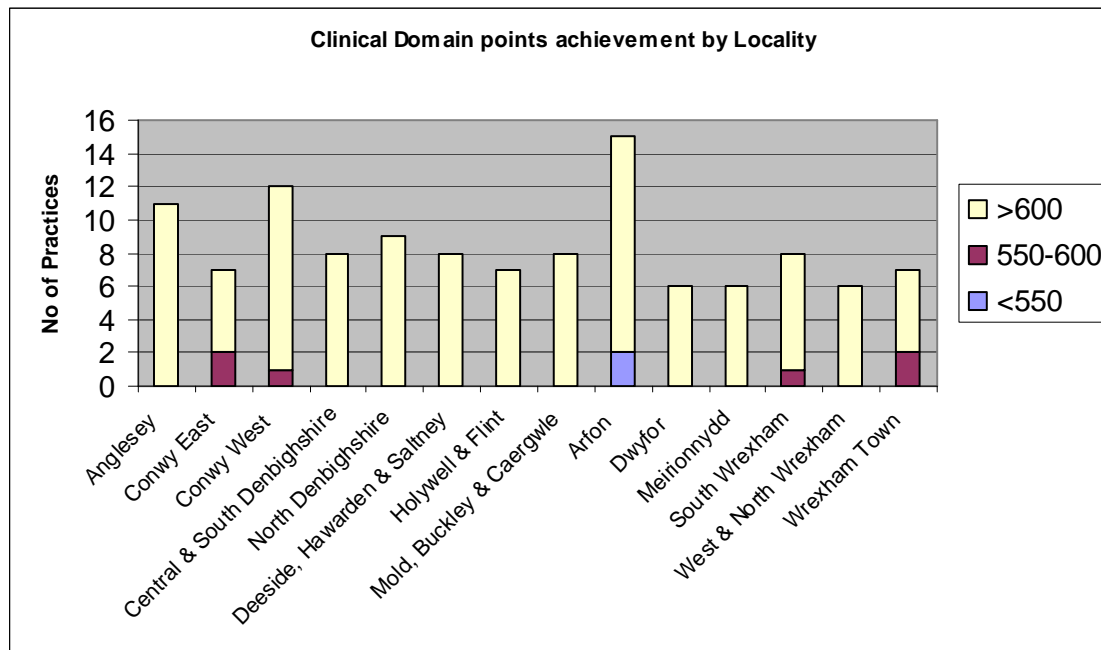
In 8 out of 14 localities, all practice achieved over 900 points in total

### Clinical Domain points achievement by LHB 2013



For the Clinical Domain, the range of points achieved by practices in Wales was between 359 and 669 points. 110 of the 118 BCUHB practices (93%) achieved over 600 points. BCUHB was the best performing Health Board in Wales for OQF as compared to the other 6 Health Boards.

### Clinical Domain points achievement by Locality 2013



For the Clinical Domain, the range of points by practices in the BCUHB area was between 368 and 684. In 9 of the 14 localities, all practices achieved over 600 points.

### Enhanced Services

A comprehensive range of Directed, National and Local Enhanced Services continue to be commissioned from and provided by GP practices across North Wales.

Individual Enhanced Services for IUCDs and Parental Contraceptive Sub-dermal Devices have been combined into a single Contraceptive LES, with an option for practices to apply to provide these services to patients of other practices. This is an example of where locality based service provision can be further developed to maximum the use of different skills and expertise across all healthcare practitioners.

PCSU has worked with colleagues across North Wales as part of the review of the provision of anti-coagulation services to patients. Medical colleagues have supported the movement of this service out to Primary Care where it is safe and

appropriate to do so for some time, and agreement has now been reached that all practices with appropriate training and clinical governance arrangements in place were afforded the opportunity to provide a full point of contact service to patients prescribed with Warfarin in 2013.

PCSU officers have continued to support the BCU Immunisation Lead in contacting and encouraging practices to achieve the up-take of influenza vaccinations for each of the target groups in the Enhanced Service specification including the introduction of nasal immunisation for two year olds in 2013.

In 2013-14 the Enhanced Prevention of Cardiovascular Disease (EPoC) LES was replaced with the Chronic Obstructive Pulmonary Disease LES. The aims of this

LES are to:

- Support and improve COPD clinical leadership and learning in practices
- Identify patients with undiagnosed COPD
- Improve the identification and assessment of depression associated with COPD and the referral of patients to appropriate support services
- Improve management of people with very severe COPD
- Improve the review and management of people post hospital admission and improve the accuracy of hospital coding of COPD

The overall impact of this LES will be assessed using the NICE Quality Statements and associated quality measures for COPD.

Further to support the use of Welsh, the Health Board has commissioned a Welsh Language LES for 2013-14 to encourage the use of bilingual information and the medium of Welsh in the primary care setting.

### ***Development of Localities***

BCUHB is committed to implementing the principles and recommendations detailed in 'Setting the Direction' - the Primary and Community Services Strategic Delivery Programme for Wales'. Locality working is firmly at the heart of developments in our communities in North Wales with the programme of work being guided by the multi-agency Primary & Community Implementation Board. The vision is to:



- Promote good health, helping to improve the quality of people's lives now and in the future;
- Support people with long-term conditions, such as diabetes and heart failure, to have more control over their own health, avoid hospital admission and receive more care in their own homes or closer to home;
- Provide enhanced patient education and support for self care;
- Support collaborative working with our partners in Local Authorities and the voluntary sector to deliver integrated care.

All 14 Locality Leadership Teams (LLT) continue to meet regularly and report progress against their Locality Action Plans. Each has developed a local action plan for 2012/13 in response to key deliverables set for the year by the Primary & Community Implementation Board and which also support the delivery of the BCUHB Five Year Plan.

The Locality Leads meet on a bi-monthly basis to discuss cross-cutting issues across the LLTs and debate ideas to support the further development of locality working. A programme has been developed over the course of a year providing a coordinated approach to key training in leadership and management skills for them and Locality Matrons.

Three Clinical Directors for the Community have been appointed from the existing GP Locality Leads which will further enhance and develop joint working across the interface. Inter Clinical Programme Group meetings take place on a weekly basis and a rota is in place within the locality leads for them to attend these meetings which help establish a network and connection between primary and secondary care.

### ***Development of Locality Outcome Measures***

The need to develop and monitor outcome measures to support locality working and help determine the direction of travel is well recognised. Work continues at a national level to establish common measures and in North Wales a set of outcome measures has been developed and agreed across agencies.

The reference to outcome measures by locality and performance against these have started to be included in the overall Performance Reports to the Board. These include measures such as reduction in emergency admissions, reduction in average length of stay, discharge to usual place of residence and access to expert patient programmes.

Currently, reporting on key outcome measures by locality is being further developed to ensure any anomalies with regard to coding and accuracy are overcome. The new report includes more outcomes agreed with Social Services such as understanding the reduction in support required by service users previously having reablement, outcomes relating to the Carers Measure and other appropriate outcomes contained within Sustainable Social Services for Wales: A Framework for Action (2011).

It is also intended that the overall outcome for localities will demonstrate the link with the Local Public Health Strategic Framework and the NHS Wales Planning Framework 2012/13 – 2016/17 – Making Change Happen.

Each Locality Leadership Team has access to these reports to support their plans and the information is also considered by the Primary & Community Implementation Board, as well as contributing to the Board's Performance Report.

As Locality Leadership Teams are currently developing their priorities for 2014/15, support is being provided to them to develop outcome measures for individual projects using performance accountability methodology.

## Dignified Care

In 2011, in response to an increasing number of concerns expressed by older people, the Older Peoples' Commissioner visited all the acute hospitals in Wales to review the in-patient care of older people. The findings of this review indicated that the treatment of some older people in Welsh hospitals was inadequate and the Commissioner made twelve recommendations to improve inpatient care. Each Health Board in Wales was required to produce an action plan to meet the twelve recommendations listed below and submit regular progress reports to Welsh Government.

- |                               |   |
|-------------------------------|---|
| -Leadership                   | -Discharge from hospital                        |
| -Communication                | -Dementia Care                                  |
| -Innovative use of volunteers | -Capturing patient experience                   |
| -Continence                   | -Staffing Levels                                |
| -Privacy                      | -Identify and share good practice               |
| -Ward Environment             | -Staff to have appropriate skills and knowledge |

The Health Board has made good progress in meeting these recommendations and there are a number of projects ongoing to continue these improvements, but further work is required to demonstrate what outcomes have been achieved as a result of these initiatives.

- **Leadership:** Good leadership is key to maintaining standards and the Health Board has worked in collaboration with Bangor University and Glyndwr University to provide a programme of leadership development for nurses from the point of registration, though to senior management posts.
- **Dementia Care:** This is a high priority for the Health Board. In the last twelve months we have won a place to participate in a UK wide Dementia development programme led by the Royal College of Nursing; we have introduced the Butterfly Scheme which lets people with Dementia make health care staff aware of their diagnosis in a dignified way through the use of a discreet butterfly symbol. This then alerts staff to implement a specific person centred way of working, by following the Dementia Care Pathway. We have also commissioned the Dementia Services Development Centre at Bangor University to run a Level 3 Certificate in Dementia Care course for health care support workers. 50 staff completed the course in 2013, and a further 80 will complete the course in 2014.

- **Continence Care:** The All Wales Continence Bundle was introduced within the Health Board in 2013. This care bundle guides staff to diagnose and treat incontinence according to the best practice guidance. An area that has been identified for improvement in relation to continence care is in relation to nurses responding quickly to call bells. In a recent audit of our Dignity Pledge (<http://howis.wales.nhs.uk/sitesplus/861/document/313651>) , only 62% of patients indicated that the nurse always responded promptly to call bells, 30% stated that nurses sometimes respond quickly and 8% stated that nurses did not respond quickly.
- **Privacy:** This recommendation is about the sharing of personal information in the hearing of others: The feedback from patients at BCUHB tells us that this is an area for improvement. In June 2013 the Health Board received a report from a large scale survey of 867 patients who had been in-patients; 31% of these inpatients reported that they were not always given privacy when discussing sensitive information. These results have been fed back to the clinical teams to raise awareness of the need to make sure they take patients to a private area for sensitive conversations; this is a challenge when patients are confined to bed. When wards are refurbished such as the Glan Clwyd Hospital redevelopment programme the need for sufficient private areas that are fit for purpose has been incorporated into the plans.
- **Discharge from Hospital:** The Older Peoples commissioner recommended that more needed to be done to ensure older people do not experience delays when leaving hospital. There are a number of projects ongoing to improve the discharge process, such as, regular monitoring of time of discharge and reasons for late discharges (after 5pm); additional funding to employ a physiotherapist and occupational therapist at weekends to support discharge planning and progress and workshops for staff to discuss discharge planning,
- **The appropriate use of Volunteers:** (see page 62)
- **Staffing Levels to reflect the need of older people:** The Welsh Government provided £2.2 million to assist with this issue, there is an ongoing recruitment programme in place to make sure that nurse staffing levels meet the recommended standard stated by the Chief Nursing Officer.
- **Changes in ward environment:** This recommendation is in relation to changes that will improve patient dignity. The Health Board has commissioned a review of ward environments from an expert based at Bangor University. This review looked at simple changes to ward environments to help older people with dementia, such as colour coded areas and large clock

faces. This is priority for 2014 and there is a programme in place across all inpatient wards to implement these changes.

- **Effective Communication:** This recommendation is in relation to adapting communication according to patients needs. The importance of communication in patients' language of choice is emphasised in the Dignity Training that is provided to student nurses and Health Board staff. There is also a comprehensive action plan in place to address the All Wales Standards for Accessible Healthcare for those with Sensory Loss; one of the recent improvements in this area has been to purchase a "communication tool" that is picture based and suitable for patients with sensory loss; learning disabilities or Dementia.
- **Capturing older people's views about their experience:** (see page 46)
- **Identifying good practice and sharing learning:** As well as having systems for identifying poor practice the Health Board has a number of ways to share good practice; one of these methods is to share a patient story at Board Meetings. The Executive Director of Nursing and Midwifery has also put in place a regular programme of workshops for nursing staff to present and share good practice.
- **Staff who work with older people having the appropriate skills and knowledge:** There are a number of training programmes aimed at equipping staff with the skills and knowledge to deal with older people, such as the Equalities and Human Rights training which is mandatory for all staff, Dementia Awareness and Dignity Training.

## *Improving care for people with dementia*

Dementia is a national priority for Wales and emphasis is placed upon Health Boards being able to provide assurance that they support people to live well with dementia. This means feeling part of a supportive community, being able to live a life that has value, meaning and purpose, feeling listened to and valued, being safe and compassionately cared for when ill and ultimately dying with dignity.

We have aimed to improve the experience of care for people with dementia whether this is in the community, in a district general hospital, a community hospital or a specialist mental health unit. To achieve this we introduced a plan to increase health care staff's knowledge, skill and confidence to care

**Achievement/Celebration** - In the past twelve months we have:

Won a place to participate in a UK wide dementia development program led by the Royal College of Nursing. This has given staff national support to focus on projects to improve dementia care.

Introduced the Butterfly scheme in all our District General Hospitals and are rolling this out to our community hospitals. This scheme lets people with dementia make health care staff aware of the diagnosis in a dignified way through use of a discreet butterfly symbol. It alerts staff to implement a specific person centred way of working.

Introduced an acute care dementia pathway to ensure that anyone with dementia admitted to our hospitals should receive all the care they need and that nothing is overlooked.

Increased staff awareness of the importance of creating dementia supportive environments on our wards. Commissioned a report from Bangor University about our wards and received evidence based recommendations that are being implemented.

Supported the development of a new initiative for primary care and community staff looking after people with dementia. Dementia RED (respect, empathy and dignity) has created GP dementia champions, held road shows to raise awareness in the local community and has introduced specific training for district nurses.

Introduced new governance arrangements for dementia across the health board. This allows us to better communicate with every part of the organisation about the contribution they can make to achieving dignified dementia care.

Trained staff to be dementia care mappers and to use this skill to observe care on our dementia in-patient units and better evaluate the well-being of our patients. Additionally we have made available sixty places for health care support workers to study for a certificate in person centred dementia care.

Prepared all our memory services for national accreditation in 2014. This has seen each service measuring itself against national standards and making changes to improve quality. This has led to a reduction in waiting times.

We have reduced our prescribing of anti-psychotic drugs by around a third and have received national recognition for this. The focus on this means that people with dementia in our care are less likely to be prescribed an anti psychotic drug.

**Challenges** - The greatest challenge has been the pace of change and the management of so many dementia related initiatives. It has been difficult to provide the levels of support necessary to firmly embed each into routine practice. However the new governance arrangements have helped and the enthusiasm of many staff has been a great asset.

**Lessons Learnt** - The principle lesson learned has been the need for effective communication about the dementia related initiatives and the need to directly involve people with dementia in the process. Working with the Community Health Council we are collecting patient stories as evidence to show whether our initiatives are meaningful to those on the receiving end.

### **Improvements for 14/15**

An equal number if not more training places for HCSW's to complete certificate in person centred dementia care and we will commission sixty places for staff to train as dementia trainers.

We will place emphasis upon the importance of dignified care and report on what we have achieved in our annual quality statement.

The Butterfly scheme and the acute care dementia pathway will be in place in every hospital we are responsible for.

We will ask people with dementia and their carers what they want to see included in our dementia audit plan and action this.

Work will commence on developing dementia supportive ward environments.

## *Transforming Care*

Transforming Care is a quality improvement programme with specific outcomes for patients by engagement and empowerment to bring about improvements to patient

Specific patient focused aims of Transforming Care are:

- Increasing the amount of time a registered nurse spends in delivering value added care to patients
- Reduction of adverse events for patients- that include Health Acquired Pressure Ulcers and inpatient falls
- Improving the patient and staff experience.

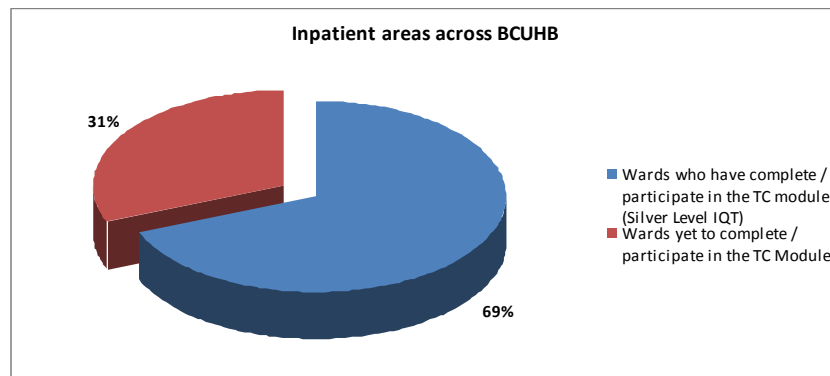
Transforming Care is unique to Wales and endorsed by the Chief Nursing Officer for Wales Professor Jean White, initially launched through the patient safety campaign 1000 lives. Transforming Care has recently been recognised as been equivalent to Silver level training of the current Improving Quality Together (IQT) programme where by individuals whom undertake the training are able to facilitate recognised quality improvement methods at ward level.

BCU HB aim is to introduce the foundations Transforming Care to all inpatient areas across the Health Board. BCU HB took the unique approach of introducing the foundations Transforming Care as a degree level module for our ward sister/charge nurse and aspiring ward sister/charge nurses with ward level support by members of the Transforming Care team.

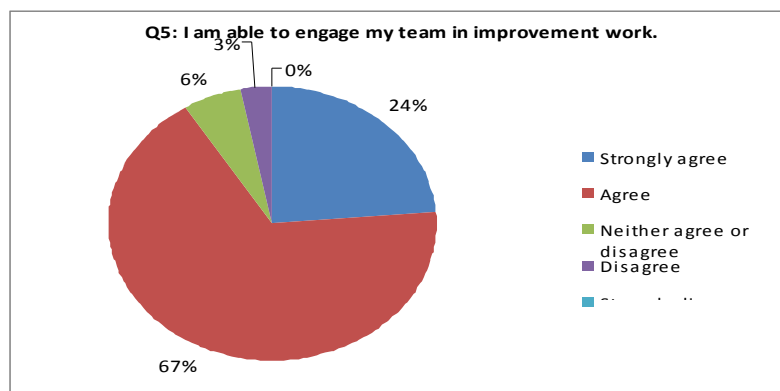
This approach was taken as it is recognised the crucial impact clinical leadership has on the standard of care and the quality improvement. To date we have achieved **135** ward sister/aspiring ward sisters/charge nurses completing or about to complete the Transforming Care module.

This means that currently **69%** of inpatient wards have a member of the senior nursing team who has completed Transforming Care Module (Silver Level IQT). The percentage has altered minimally due to new appointments at ward sister level. The remaining 31% of inpatient wards are implementing elements of Transforming Care.





Evaluation of the Transforming Care Module 3 months following completion has shown that ward sisters/aspiring ward sisters feel able to engage their teams in improvement work. Completing Transforming Care has provided a platform to introduce other patient safety improvement programmes such as Oral Hygiene bundle more easily.



Other benefits to patients include

- Increase in time at the bedside by the ward teams reviewing their systems and processes such as handovers;
- Improved communication by using Patient Status at a Glance Boards highlighting patient safety items e.g. risk of falls, patient requiring assistance with diet and fluids.

### **Challenges**

- Sharing innovations/ good practice across the Health Board;
- Accessibility to the module not always appropriate for all areas;

- Standardising the information boards or knowing how we are doing boards that are used to share the success or data collected as part of the improvement work.

### **Lessons Learnt**

- Adaptation to the approach of implementing the foundations of Transforming Care for some clinical areas;
- Ward sister/Charge nurse undertaken Leadership development prior to undertaking Transforming Care crucial;
- Aspiring ward sisters/charge nurse completing the module following ward sister has kept the momentum and enthusiasm.

### **Improvements 14/15**

☑ Recently commenced a programme of events/ conferences to celebrate the innovations in nursing, midwifery and health visiting with attendances of over one hundred staff and guests-Aim to continue the programme

☑ About to launch a facebook and twitter account to share innovations and ideas

☑ Currently developing with clinical areas a bespoke approach to Transforming Care.

☑ Stock take of all wards in respect of the elements of Transforming Care by adaptation of a proforma previously used by NLIAH

# Timely Care

## *Emergency Departments – achievements and challenges*

Most of our patients come to see us by first visiting their GP, however sometimes they need urgent care because of a serious illness or existing condition which has quickly gotten worse. We run a range of services to care for this group of our patients; out of hours GP services, emergency dental services, minor injury units as well as the most well known; Emergency Departments. We know that it's important to our patients to be assessed quickly by a qualified clinician and get appropriate treatment when they feel unwell.

Nationally, the Welsh Government requires that 95% of our patients wait less than four hours in Emergency Departments.

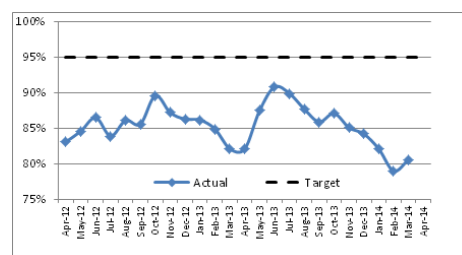
We are not achieving this target and we know that this causes distress to patients across North Wales. Overall, despite our efforts in this area our performance at March 2014 was 80.6% compared to last year.

### Improvements for 2014-2015

The things we are doing to make the care of patients needing urgent care are;

- Working with national experts on improving urgent patient flow through the whole hospital so that patients don't get stuck in bottlenecks in our processes. This includes looking at out-of-hospital care provision too, so that patients don't stay in hospital any longer than they need to.
- Increasing the numbers of medical, nursing and health professional staff who assess, diagnose and treat our patients.
- Creating a new Emergency Quarter at Glan Clwyd Hospital to improve the physical size of the department.
- Working closely with the Ambulance Service so that patients are not kept waiting in Ambulances outside Emergency Departments and so that Ambulances are free to respond to patients who need emergency treatment.

The chart shows how well we have done this year compared to last year. At the start of year we started to show some real improvements, however towards the end of the year we have not done as well as we planned. This is very similar to the position at hospitals across the rest of Wales. Since April we have been slightly better than or at the Welsh Local Health Board average level. How well we did varied across each hospital across North Wales, with Ysbyty Gwynedd improving its waiting times compared to last year significantly.



## *Waiting Times for Patients – achievements and challenges*

Reducing the amount of time patients wait for any appointment, whether waiting for an appointment, diagnostic test, admission for surgery is important to us. Reducing waiting times is a national priority from the Welsh Government, but more importantly it's a priority for us because we know that waiting increases uncertainty and causes concern for many of our patients.

We aim to treat all of our patients within a maximum 36 weeks from the date we receive the referral.

During the last twelve months we have spent an extra £3.7million on reducing waiting times for patients. During the year we began new initiatives to reduce waiting times which included additional clinics and operating sessions to treat more patients.

Despite our efforts, the position worsened during the year, with an increase in patients waiting over 36 weeks. The position at the end of March 2014 shows an increase in the numbers of patients waiting over 36 weeks to 2,911

The challenges we have faced have included increased cancellations due to emergency patients and the outbreaks of infection during the year. This meant there were fewer beds for us to treat patients. In response we have increased the resources available to our infection control teams, increased nurse staffing levels and introduced new procedures to reduce infection. You can read more in our section on reducing infections.

### Lessons Learnt

We know that shortening waiting times is important to our patients and this is an area which we are working on detailed plans for improvement next year. This includes improving how we use our operating theatres so that we can treat more patients, and making the best use of our outpatient clinic facilities at our major hospitals and community hospital sites.

### Improvements for 14/15

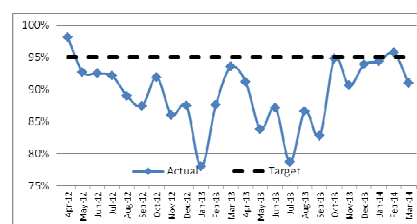
The Welsh Government targets for reducing waiting times are to further shorten waiting times to 26 weeks. We will be working with our doctors, nurses and patients to make the NHS services we provide more efficient and increase capacity where it is right do to it and it is affordable to do. We will be telling the Board and the public about how well we are doing in this area every month in our performance reports.

## Waiting Times for Cancer – achievements and challenges

We are always working to reduce waiting times for suspected and diagnosed cancer patients. We know that being diagnosed with cancer is a shock even when doctors have warned that it is a possibility. As a result we work hard to make that patients get the tests and treatment they need quickly. This means giving our patients the opportunity to understand the type of cancer they have, make sense of the treatment options available, possible side effects and understand the support that health services offer.

Reducing waiting times for cancer is important to us and the Welsh Government has marked this as a Tier 1 (or Top) priority. Patients who are suspected as having cancer require diagnosing and treatment within 62 days. For those patients who are not suspected as having cancer, but go on to be diagnosed with cancer are treated within 31 days as standard.

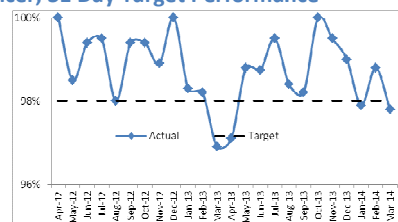
Cancer, 62 Day Target Performance



We monitor waiting times for cancer patients on a daily basis and track patients throughout their journey. We have worked through the backlog of patients during the year and at the end of March we treated 91% of patients diagnosed with cancer within 62 days.

We did much better against the target for patients who are referred to us with suspected cancer. For this group we achieved the target in 10 of the last 12 months, and at the end of March 97.8% of patients were treated within 31 days.

Cancer, 31 Day Target Performance



The challenges we face in delivering waiting times for cancer patients relate to the very short windows for treatment. In the last 12 months we have identified challenges in patients getting their first appointment, requiring multiple tests and scans and delays for endoscopy.

We have worked hard to shorten waiting times for first appointments during the year. This has included reviewing where we have capacity shortfalls and revising our clinics and processes so that patients can be seen by a suitably qualified doctor in the right specialty quickly. We have increased the numbers of patients we scan on our CT and MRI machines and treating additional endoscopy patients.

We have introduced a new tracking system to allow us to track patients more effectively.

### Improvements for 14/15

The Welsh Government targets for reducing waiting times are to further shorten waiting times. We will be working with our doctors, nurses, radiographers and patients to make the NHS services we provide more efficient and increase capacity where it is right do to it and it is affordable to do. We will be telling the Board and the public about how well we are doing in this area every month in our performance reports.

## Individual Care

It is important that our patients, their carers and families tell us about their experience of using our services. This feedback, whether good or bad, allows us to praise staff for doing a good job and make improvements when needed.

We obtain this feedback in a number of ways:

### *Comment cards*

These cards are available in hospital in-patient and out-patient areas. They are a way of gaining comments or suggestions.

On average we receive 70 cards a month. Almost 50% of these are compliments for staff or services.

They are also useful as an 'early warning' tool and allow us to respond quickly to emerging problems.

Examples of action taken in response to comment cards are:

- Changes to visiting times at Glan Clwyd Hospital to make sure mealtimes and visiting times were not clashing
- Improving in-patient meal choices during bank holidays

### *Patient Stories*

These stories allow patients and/or relatives to tell us what it feels like to receive care or a service.

They are powerful messages that remind us every patient is individual and the impact that we can make on their lives.

The stories can be digitally recorded or in written format. We include a patient story at the start of every board meeting.

They are also used for staff education sessions.

It would seem that there are grounds for great improvement and it would seem that such long waiting times are beyond any normal standard, please improve.

*All staff showed good manners, politeness, concern for my comfort and wellbeing, very attentive in a fully professional manner excellent*

Examples of actions taken following patients stories:

- Strengthening support for mums who are breast feeding on the children's ward
- Provision of funding to redecorate or upgrade wards
- Putting diaries at the bedside in Intensive Care Units for relatives/staff to record events when patients are unconscious or heavily sedated. Patients tell us they find it unnerving when they cannot remember certain events

## *Patient Surveys*

### **Picker In-patient and Outpatient Survey**

During 2013 we received the results of two large scale surveys that were conducted by an independent organisation involving almost 4000 patients who had received service as an in-patient or out-patient.

### **Your NHS Experience Survey**

In August 2013 we introduced the "Your NHS Experience" survey. This is an all Wales survey introduced by welsh Government to make sure that patients are given the opportunity to provide feedback soon after their care experience.

We introduced this first in the in-patient wards at 3 District General Hospitals and the main out-patient clinics.

**Patient Satisfaction and dignity and respect within GP Services** - Data provided by the Welsh Government from the 2012/13 National Survey for Wales demonstrates that, people living in Betsi Cadwaladr area had the highest rates of satisfaction with GP care in Wales (92%). People living in Betsi Cadwaladr area gave the highest score (72%) for ease of making a convenient GP appointment. The scores given by people living in Betsi Cadwaladr area who agreed they were treated with dignity and respect at their GP appointment compared favorably with all Health Boards at 97%. None of these differences were significant. (WG 02/01/14)

## *Fundamentals of Care*

The Fundamentals of Care Standards were introduced by the Welsh Government to make sure that patients could expect high quality nursing care wherever they are looked after in Wales. Each Health Board is required to measure its performance against the 12 standards as part of a national audit on a yearly basis. There are three parts to this audit, a staff survey, a case note review and a patient survey.

*The staff were extremely busy which did not compromise care but I felt they would benefit from having some extra staff to ease their workload*

The patient survey took place in November 2013. There were 1,297 patients involved and it included in all inpatient wards, Accident and Emergency Departments, Main Outpatient areas and Day Units. Overall 87% of patients said they were satisfied with their experience of care. There were many positive comments from patients with regard to their overall experience.

## Common themes

There are common themes identified from all the surveys the Health Board has undertaken; the areas where patients would like to see improvements are:

- Hand hygiene
- Waiting times for out-patients appointments
- Staff to inform patients the reason for long waiting times
- Written information should be clear and easy to understand
- Discharge from hospital information should be issued routinely, telling patients/carers what to do and who to contact if they have problems
- Noise at night times
- Mixed sex accommodation
- Staffing levels
- References to the poor quality and choice of food available
- Car Parking

*All staff making the experience as pleasant as possible by being kind & treating people with dignity & respect during their hospital stay*

*Very Poor parking facilities, I had to drive around multiple times to find a space and was late for appointment*



## Learning and listening from individual feedback

*This section provides a summary of how the health board is working to learn from the experiences of patients and staff to improve services in the future.*

### ***Putting Things Right***

As a Health Board we strive to always provide safe, high quality care and treatment to all but sometimes things go wrong and we let our patients down. If this happens we respond to the concerns raised in line with the *Putting Things Right* Regulations. The aim is to 'investigate once, investigate well' ensuring that the concern is dealt with in the right way, the first time round and that we learn from the concern in order to prevent it from happening again.

### ***Complaints***

Staff try to resolve concerns raised by patients/service users and their carers / relatives as they arise. In 2013-14, the Health Board recorded 2282 concerns which were sorted out 'on the spot'. However, some patients/service users, their carers/relatives choose to make a formal complaint. In 2013-14, 1743 complaints were received, an increase of 146 (9%) on the previous year.

The Health Board continues to strive to respond to complaints within the agreed timeframes. This is an area of significant challenge for the Health Board and we have failed to comply with the standard this year. The table below compares 2012-13 and 2013-14 performance.

No. of Formal Complaints Received		Difference from previous year	Acknowledged within 2 working days		Responded to within 30 working days	
2012-13	2013-14		2012-13	2013-14	2012-13	2013-14
1597	1743	9%	98%	94%	42%	32%

The four main areas of concern have been:

- Treatment, procedure
- Access, Appointment, Admission, Transfer, Discharge
- Consent, Confidentiality or Communication
- Abusive, violent, disruptive or self-harming behaviour

The health board has acted to ensure lessons have been learnt from complaints received. These include:

- Improvements in communications both written and verbal
- Training and awareness raising in relation to record keeping
- Providing patients with relevant information regarding their condition and medication
- Providing patients with timely results in order to alleviate concern and anxiety.
- Reviewing and amending as necessary clinical and administrative procedures
- Review of staffing levels in order to ensure that staffing levels are adequate for activity / acuity.
- Raising awareness amongst staff of the importance of following set procedures

A number of complaints received have also raised concerns regarding the cumbersome nature of the 'complaints handling procedures', in response to these the Health Board has undertaken a complete review of the procedure, streamlined the administrative processes as well as implementing a new web based risk management system. Improvements in joint working and communication with regular scheduled meetings between the corporate team and CPGs have brought about swifter resolution to complex issues

### ***Public Service Ombudsman for Wales (PSOW)***

Complainants are advised of their right to request an independent review by the Public Service Ombudsman for Wales (PSOW) if they are dissatisfied with the Health Boards response. Of the formal complaints received during 2013-14, 113 were referred to the Ombudsman's office

- 46 went on to be investigated by the Ombudsman
- 14 were upheld in full or in part by the Ombudsman
- 2 cases found serious failings and were reported as a 'section 16' public interest reports. These reports pertained to care and treatment, specialist referral and discharge arrangements.

The remainder of the cases were either withdrawn, out of jurisdiction, premature, not upheld or closed after further consideration.

Summary of the issues and lessons learnt in response to the Section 16 reports received in 2013-14.

Case 1 – 201201954 – Complaint regarding the shortcomings in the care and treatment and diagnosis provided to a patient at Glan Clwyd Hospital from 2000 up to his death in 2010. The Ombudsman's investigation found that the patient was not made aware of his diagnosis nor was he given the necessary lifestyle advice; he was also left without medical supervision for several years, with no information about his condition. The Ombudsman also advised that had the patient been treated on his initial attendance in 2010 he should have recovered from the serious infection and had a chance of receiving organ donation, the opportunity to survive and flourish was denied him. The Ombudsman made a number of recommendations to the health Board, all of which were accepted.

Learning in this case related to the following:

- Individual Consultants undertaking a reflective practice with regard to the learning points from this case and discuss this with their appraiser.
- Review of the appointment system and processes
- Review of the gastroenterology care pathways

Case 2 – 201201275 - Complaint regarding the care and treatment received as a patient at Glan Clwyd and Wrexham Maelor Hospitals. The Ombudsman's investigation concluded that there were failures in record keeping, medication administration and discharge planning. The Ombudsman made a number of recommendations to the Health Board, all of which were accepted.

Learning in this case related to the following:

- Instigation of the Health Board's Medicines Management Assessment Workbook and Competencies document in accordance with Health Board procedures.
- The need for staff training in record keeping
- The incident reporting requirements when security officers are called upon to provide support to staff.
- The need for staff awareness raising regarding the updated discharge protocol.

## **What are we doing to improve patient's experience?**

In response to the information gained from our patient feedback, work is underway to address the areas for improvement. There are a number of working groups in place to take forward the actions, for example;

- nursing establishments have been reviewed and Welsh Government funding has been provided, the recruitment of additional nurses is ongoing;
- the Outpatient and Accident and Emergency Departments have been reminded to ensure waiting times are updated on the notice boards in waiting areas; An Outpatient Department forum has been set up to take forward a number of actions for improvement;
- Discharge Planning Workshops for staff have been put in place to raise awareness, share knowledge and provide updates on key changes in relation to patient discharge.

### ***Communication needs***

In May 2013 the Minister for Health wrote to all Health Boards introducing the All Wales Standards for Accessible Communication and Information for People with Sensory Loss. A Steering Group was established at Betsi Cadwaladr University Health Board under the sponsorship of the Executive Director of Nursing and Chaired by Assistant Director of Organisational Development to lead this important work. The Group have been working to identify the Health Board's current position relative to the Standards, to identify progress which can be made relatively quickly and also identify areas which present more significant challenges. A consultation meeting took place on February 13<sup>th</sup> 2014 with stakeholders to discuss the identified priorities for action. There was representation at this meeting from individuals and organisations representing those with sensory loss. The Group worked with us to inform our priority areas further and were supportive of the approach adopted by the

Health Board; further engagement meetings are planned. Further information:  
<http://www.wales.nhs.uk/sitesplus/861/page/73099>.

### ***Protected Characteristics***

The values of fairness, respect, equality, dignity and autonomy, set out within the equality duties and the principles of human rights, underpin our work at the Health Board. The Strategic Equality Plan seeks to ensure that equality is properly considered within the organisation and influences decision-making at all levels. Importantly it aims to promote knowledge and understanding amongst our employees and help shape the culture of our organisation. The general duty covers the following protected characteristics:

- • Age
- • Gender reassignment
- • Sex
- • Race – including ethnic or national origin, colour or nationality
- • Disability
- • Pregnancy and maternity
- • Sexual orientation
- • Religion or belief – including lack of belief
- Further information: <http://www.wales.nhs.uk/sitesplus/861/page/47421>

## Our Staff

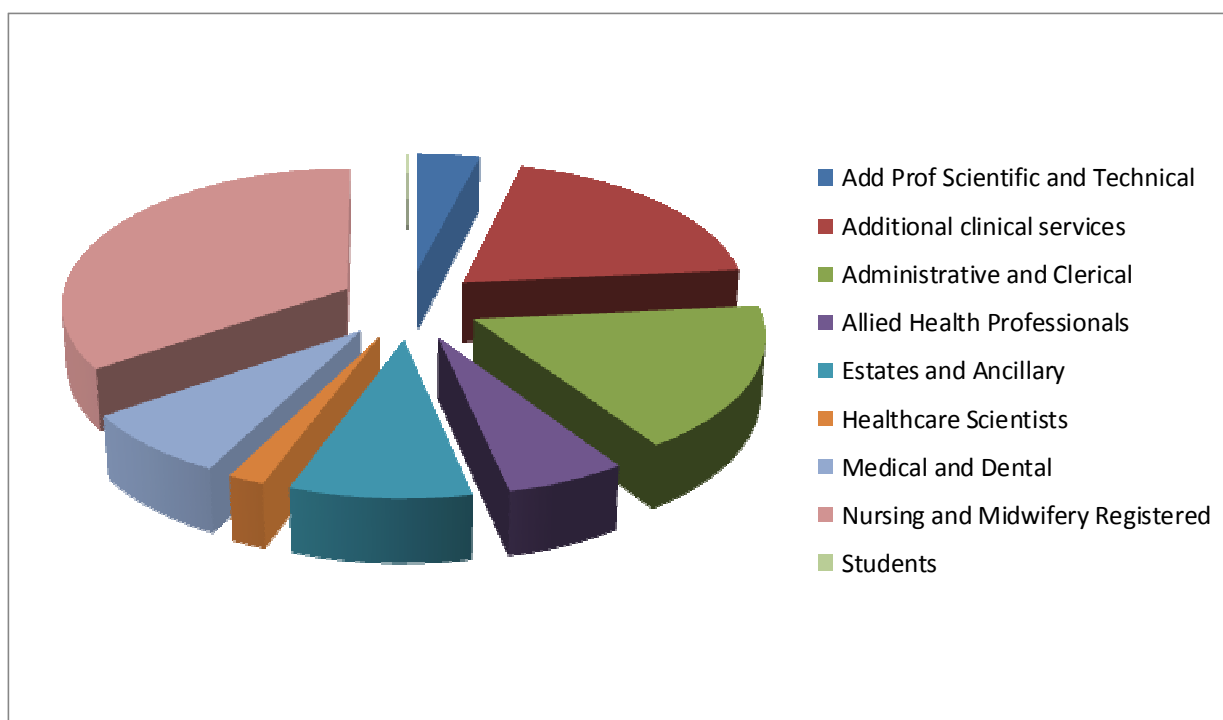
In order to assist BCUHB in providing a safe workforce there are national NHS guidelines that BCUHB has to take cognisance of, these guidelines relate to:

- Criminal Record and Barring Standard
- Employment History and reference checks
- Professional registration and qualification checks
- Right to work checks
- Identity checks
- Work health Assessments

The guidance provided nationally ensures we have rigorous checks in place to recruit the right staff with the correct skills to provide excellent patient care.

We employ over 16,000 staff across our premises in North Wales.

The table below shows the number of our workforce at the end of the year. The graph shows that our largest single category of staff are Nurses and Midwives.



### Achievement/Celebration

What we have done in the last 12 months and more importantly what difference has this meant for our patients.

BCUHB aims to recruit high calibre staff that are professional, appropriately qualified and eligible to work in the United Kingdom. Once staff are recruited they attend a wide range of mandatory training to ensure their existing skills are further developed. Staff are required to undertake an annual appraisal (referred to as PADR) to ensure any training needs can be met and objectives agreed to ensure the best possible service can be provided to patients and customers . PADR is informed by the values of the Organisation. By continually developing BCUHB staff to a high standard the standard of service to patients and customers is enhanced.

BCUHB Clinical Programme groups and Corporate Departments are required to develop annual workforce plans to ensure they have the right staff with the correct skills in place to provide an adequate service to patients and clients. These plans feed into the Organisations overall service plan to ensure appropriate staffing and skill levels are maintained.

BCUHB has recently appointed a number of senior staff. These staff were appointed following a rigorous recruitment process and ensuring that patient care was outlined as a top priority for all successful applicants. BCUHB is regularly reviewing its recruitment processes ensuring 'values' become a significant part of the recruitment processes

### **Challenges**

It can be a challenge to recruit staff in a timely manner and to ensure the checks required are undertaken promptly. Regular reviews of current practices take place to ensure they are effective and not placing patients or clients at risk.

PADR (referred to above) is key to maintaining; developing; motivating and informing staff of current issues. PADR training for managers has become a priority and a number of additional training sessions have been made available for staff.

### **Lessons Learnt**

- The continuing need to train and develop staff in new skills and offer training in a variety of ways on-line; at specific sites and in particular disciplines
- To ensure the BCUHB values informs everything we do
- That patient feedback is essential in informing our Policies

### **Improvements for 14/15**

Audits of our workforce will be undertaken in regard to statutory training; patient complaints; timescales involved in recruiting staff; PADR compliance

- Benchmark our performance against other similar organisations
- Obtain patient feedback on how our staff perform
- Ensure person specifications adequately reflects the skills required to undertake the job

## General Medical Services Workforce

One of the areas of greatest concern during 2013/14 has been the increasing awareness of the difficulties being experienced in recruiting and retaining staff within the GMS workforce. The issue has predominantly been around recruitment of GPs, but there have also been some issues in appointing nurses to work within Primary Care.

### GP numbers

Early in 2013, information from the Medical Performers' List, the Deanery and the latest GMS survey was collated to obtain a demographic picture of the North Wales GP workforce.

The resulting data demonstrated that there were 641 GPs in North Wales, 422 of whom were described as Contractors, and the remaining 219 in roles such as locums, Registrars & Salaried GPs:

Table 1 – North Wales GP workforce

Age Bands						
	Up to 50	51 - 55	56 – 60	61 - 65	66 and over	Total
Contractor	213	87	87	14	4	405
Sole GP	5	1	2	7	2	17
Total Contractors	218	88	89	21	6	422
Locum	74	11	12	11	10	118
Salaried	28	3	5	0	1	37
Other	61	3	0	0	0	64
Total Non-Contractors	163	17	17	11	11	219
Total	381	105	106	32	17	641



Further review of the data showed the age distribution across the 14 locality groups (table 2 below). The number of GPs over 50 years of age varies from 31% in Anglesey to 61% in Dwyfor.

The trend for more part-time working amongst younger doctors and in a number of cases, the reluctance to sign up to a Partnership agreement and the resulting financial implications of a large capital investment is also having an impact on the overall workforce availability and capacity within Practices.

*Table 2 – North Wales GP workforce by locality*

	Age Bands					Total	% over 50
	Up to 50	51 - 55	56 – 60	61 - 65	66 and over		
Anglesey	31	9	4	1	0	45	31%
Arfon	26	8	10	1	1	46	43%
Central & South Denbighshire	20	10	4	0	0	34	41%
Conwy East	23	7	4	4	0	38	39%
Conwy West	36	10	6	2	0	44	41%
Deeside, Hawarden & Saltney	16	9	7	2	0	34	53%
Dwyfor	7	5	4	2	0	18	61%
Holywell & Flint	12	6	1	3	1	23	48%
Meirionnydd	16	8	8	0	0	32	50%
Mold, Buckley & Caergwrle	20	6	4	2	1	33	39%
North Denbighshire	20	6	5	0	1	32	38%
South	24	5	8	1	0	38	37%

Wrexham							
West & North Wrexham	14	6	4	1	1	26	46%
Wrexham Town	11	8	5	1	1	26	58%
	276	103	70	20	5	474	42%
Other	105	2	36	12	12	167	
Total	381	105	106	32	17	641	41%

There is no single central database which officially records GP vacancies since the demise of the Medical Practices Committee. The structure of the new GMS contract allowing practices to determine their own clinical workforce needs also makes it difficult to identify where GP vacancies exist as some Practices have begun to replace former GP posts with other clinicians such as Advanced Nurse Practitioners where suitable opportunities have arisen.

A number of practices in North Wales have advertised Partner vacancies with little or no success in recruiting and in a number of cases no interest has been shown at all in the advertised opportunity. The Health Board has similarly had difficulty in filling vacant GP Practices and has had to directly manage Practices over the last couple of years. On a more positive note, however, the Health Board has successfully filled a vacancy in Corwen with permanent GPs commencing the contract there as of 1<sup>st</sup> April 2014 and is currently in discussion with prospective GPs to take over the vacant contract in Porthmadog.

The current problems practices are experiencing in recruitment identify a risk in relation to the future viability of general practice under traditional models of General Medical Services. As stated above, other healthcare professionals are increasingly being appointed to undertake appropriate clinical work within Primary Care, and the Health Board is exploring alternative ways of delivering the services required. There is, however, nervousness amongst the general public in terms of moving away from a GP based model, and a view that it is purely an exercise to save money and reduce the quality of services provided. Prior to any substantial change to the traditional model of Primary Care delivery, it would be prudent to undertake an assessment of the risks and costs – not just at Health Board level, but also by Welsh Government and Practices themselves.

## *NHS Wales Staff Survey 2013*

The NHS Wales Staff Survey was conducted in January and February 2013. There was a 28% response rate in BCU (4580 responses). The results of the survey were communicated widely and presentations made to a range of forums within the Health Board including the Board advisory committees. In addition a number of staff engagement events were held including world cafés, intranet on-line questionnaires and roadshow drop-in sessions. Each Clinical Programme Group and Corporate Function also received their specific results to enable local discussions.

Together for Health, the five year vision for NHS Wales recognises that all staff have a vital role in creating safe and effective care for the people of Wales and in shaping the future of our services. In order to deliver this, a strategic workforce and organisational development framework that secures the right staff and fully supports and engages them in delivering excellent care has been developed.

### **Achievement/Celebration**

The areas of strength for the Health Board from the survey include:

A strong sense of commitment and discretionary effort by staff demonstrating that they are happy to go the extra mile when required and have a strong sense of pride in the difference their role makes to patients.

Staff feeling trusted to do their job and supported by work colleagues and line managers.

Line managers are seen positively in terms of empowerment and ethical behaviour. Staff report being treated with dignity and respect by line managers and colleagues

There is a reflection of a strong culture of reporting errors, incidents and near misses

A full action plan has been developed in partnership with trade union colleagues and presented to the Health Board. The action plan will focus on 7 high impact improvement actions as the key priorities emanating from the results. These actions would have a demonstrable impact on workforce engagement and service outcomes.

All targets have been met in terms of involving staff and Trade Union colleagues in the development of the improvement action plan and submission of the plan to the Board for approval.

## **Improvements for 14/15**

### **New Commitments**

- Identify methods for assessing safe staffing levels for other professional areas building on the work already undertaken in Nursing.
- Introduce core brief system to improve organisational wide communication.
- Improve visibility of Board members and senior managers with front-line staff through drop-in sessions and 'back to the floor' shadowing.
- Strengthen the whistleblowing policy by introducing a 'safe haven' reporting system.

### **Re-commitments**

- Improve the appraisal process by simplifying the paperwork and guidance and making appraisal training mandatory for managers.
- Ensure feedback is a mandatory element within the Incident Reporting process.
- Review change management processes and training including local implementation of the national Organisational Change Policy.

## *Staff Achievement Awards*

For the fourth year running staff and volunteers at BCUHB have come together to celebrate their achievements and commitment to improve patient care over the last 12 months at a special awards ceremony.

The awards are an excellent opportunity to acknowledge and reward staff and volunteers who have made an exceptional contribution to the running of the service. The awards were presented to staff and volunteers by Dr Peter Higson – Chairman, Geoff Lang – Acting Chief Executive, Martin Jones – Executive Director of Workforce & Organisational Development and Jenie Dean - Independent Board Member.

The achievement awards are special, not only because they acknowledge the hard work and dedication of all the different jobs and specialities of the staff and volunteers who work for BCU HB, but also because the nominations are made by other staff. Once again, this year we received an unprecedented number of nominations, making the shortlisting process a very difficult process for the panel.

## ***Volunteers***

Volunteers play a crucial role in improving the patient experience. There are a number of voluntary organisations who provide services to the hospital such as the League of Friends, the Royal Voluntary Service, Macmillan Cancer Support and Red Cross. In addition to these organisations the Health Board recruits volunteers directly for the following roles:

### **Robins Volunteers**

These volunteers, known as “Robins” for the distinctive red t-shirts they wear, work on the in-patient wards and out-patient clinics. Ward Volunteers act as befrienders by talking to patients, carrying out errands, making drinks and by assisting nursing staff with the lighter non-clinical duties. There are also Robins guides in one of the district general hospital who greet patients and visitors as they arrive at the hospital and provide guidance and directions to the various departments within the hospital.

### **Public Members**

The role of a Public Members is to provide a patients’ perspective on how the service is delivered and on any future developments, they are in essence the organisations ‘critical friends’. They assist on a practical level by conducting surveys, testing the readability of patient information leaflets and attend workshops, committees and groups.

### **Chaplaincy Volunteers**

These volunteers assist the hospital chaplains by visiting the wards to offer a listening ear to patients and provide spiritual and/or religious care.

## ***Quality Improvement Training***

Based on the work of the 'Qulturum' at Jonkoping and as a response to an All Wales requirement to implement a framework for delivering the awareness and application of quality improvement science to all disciplines of healthcare staff, BCULHB has developed an extensive Improving Quality Together 'IQT' training programme across North Wales, led by the Improvement and Business Support Team. At various levels of intensity, the course provides detailed exposure to the following areas; Model for Improvement, Systems Thinking, Co-Production, Voice of the System/Staff/Patient, Change/Transition Management, Root Cause Analysis, Measurement for Improvement, PDSA Cycles, Creative Thinking and Sustainability. According to Berwick (2012) *'this mastery of quality improvement science should be part of initial preparation and life-long education of all healthcare professionals'*.

To date, BCULHB has been at the forefront of developing the IQT syllabus at a national level, has trained the most staff nationally at both Bronze and Silver-levels and has received national recognition for the quality of the improvement projects generated from the training, as six of the eight abstracts selected for presentation at the last National Improving Quality Together 'IQT' Conference originated from Cohort 1 of our local IQT Silver programme. We have now received several submissions for formal Agored Cymru Level 5 accreditation and have even submitted an IQT-based Improvement project for the NHS Awards 2014. The programme has been supported by several CPG's and a diverse range of staff from both primary and secondary care, including Consultants, Practice Nurses, Radiographers, Senior Physiotherapists, Biomedical Scientists, Clinical Audit, NISCHR, Senior Management etc and feedback from staff has been exceptional.

Despite limited formal promotion of the course (particularly as Silver-level), at the end of March 2014 within BCULHB, 1695 members of staff have undertaken Bronze training and approximately 120 staff have undertaken Silver training.