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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Annual Quality Statement 2013/14



To improve health and provide excellent care

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This document forms part of our annual reporting. In addition to this report, further detail can be found in our technical document that has been produced to accompany this report and also links to our Annual Report and Annual Governance Statement. All of these can be found via the following link.

[Health Board Publications](#)

This report and any supporting documents can be made available in other languages or formats on request from:

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To improve health and provide excellent care

Welcome from the Chairman and Chief Executive

Welcome to the second Annual Quality Statement for Betsi Cadwaladr University Health Board.

The aim of this document is to describe, openly and honestly, how we are working to provide safe, high quality care to our patients across North Wales.

It summarises the action we have taken during 2013/14 to make our services better and to share some of the many examples of excellent care in our Health Board. It also outlines the challenges we face and the areas where we need to improve. It is an opportunity for us to ask ourselves “are we meeting people’s needs?”

The past year has been a difficult one for us, as failings in the Health Board were brought into sharp focus by the publication of a report by the Healthcare Inspectorate Wales and the Wales Audit Office in June 2013.

A lot has changed since then. We are moving forward and are seeing results.

We are working closely with our staff, patients and partners to make sure that the standards of care that our patients receive are continuously improving. We are looking very carefully at the support in place to help our staff deliver the care they want to, and to remove obstacles to us functioning effectively.

At the beginning of the year we agreed a new purpose, values and commitments so that all 16, 000 of our staff sign up to a way of behaving, a common goal, and a shared vision – *to improve health and provide excellent care.*

As does the rest of the NHS, we need to constantly adapt to changing needs and demands. However, our top priority remains – making sure our patients receive high quality, safe, sustainable and compassionate care.



Dr Peter Higson OBE, Chairman



Professor Trevor Purt, Chief Executive

To improve health and provide excellent care

Our population

Betsi Cadwaladr University Health Board is the largest health organisation in Wales, providing a full range of primary, community, mental health and acute hospital services for a population of around 678,000 people across North Wales and a significant number of visitors and tourists to the area. Our purpose is to improve health and provide excellent care.

We:

- Employ around 16,700 staff
- Have a budget of around £1.2 billion
- Run three district general hospitals (Ysbyty Gwynedd in Bangor, Ysbyty Glan Clwyd in Bodelwyddan and Wrexham Maelor Hospital)
- Provide care at 18 other acute and community hospitals and a network of over 90 health centres, clinics, community health team bases and mental health units
- Co-ordinate the work of 114 GP practices and NHS services provided by dentists, opticians and pharmacies

To help health, social care and community services to work together effectively to support residents, NHS services outside of hospitals have been organised into 14 localities. The localities are as follows:

- Anglesey
- Arfon, Dwyfor, Meirionnydd
- Conwy West, Conwy East
- North Denbighshire, Central/South Denbighshire
- North West Flintshire, South Flintshire and North East Flintshire
- West and North Wrexham, Wrexham Town, South Wrexham

2013/14 Improvements and Challenges

Following a challenging year, our priority has been to improve the quality and safety of care that we provide with a particular focus on the two areas below:

Governance Arrangements

During the summer of 2013 a joint report was published by the Wales Audit Office (WAO) and Healthcare Inspectorate Wales (HIW) into how we run our systems, processes and policies within the Health Board. The report highlighted significant failings and we have since been working to strengthen both the quality of the care we provide and the assurance processes that use to monitor care. Wales Audit Office undertook a further review during the summer of 2014 to monitor our progress since their first visit.

A copy of the report can be found here:

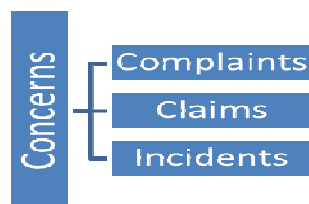
[Joint review by HIW/WAO](#)
[Copy of the updated report](#)

Following the report, we have reviewed the responsibilities of our Executives and all our quality and safety work is now the responsibility of Angela Hopkins the Executive Director of Nursing and Midwifery

The Executive Director of Nursing and Midwifery has responsibility for the implementation of “Putting Things Right”*, and has put in place robust governance and leadership arrangements for infection prevention and control.

In addition, we have a Quality Assurance Executive Group which includes senior staff from all departments across the Health Board along with our Medical and Nursing directors. This group looks at and actions any areas of safety we may have.

**Putting Things Right* is the way in which we deal with things that go wrong in the NHS in Wales.



Mental Health Services

During 2013 external inspectors found problems within the Hergest Mental Health Unit at Ysbyty Gwynedd. During December 2013, following concerns by carers, we asked external inspectors to also review our procedures at the Ablett Unit, Ysbyty Glan Clwyd. Work is ongoing with the regulatory authorities involved in these reviews and reports will be further detailed in our report next year. An update against the Hergest Unit can be found here: [Hergest Unit update](#)

Infection prevention and control

We have taken steps to review and change arrangements for infection control and prevention, following an outbreak of *Clostridium difficile* at Glan Clwyd Hospital in March 2013. There was an independent review by infection control expert Professor Brian Duerden. We have made significant progress although challenges remain. Professor Duerden has been invited to undertake a further review in May/June 2014 to assess the improvements made.

[Response to Professor Duerden's report](#)
[Professor Duerden's update](#)

Staying Healthy

The health and well-being of our population is good in comparison to other parts of Wales. However, inequalities between the least and the most deprived communities remain. The statement of need in our [Plans](#) show the main things that support good health and these have driven our work to keep our population healthy in 2013/14.

Some of our work to ensure that children and young people have the best start in life:

- ✓ 94 per cent of community midwives and support staff have had training to help pregnant women to stop smoking. This has resulted in steady increases in referrals to Stop Smoking Wales
- ✓ We have an innovative social marketing project aimed at stopping young girls (aged 11-12) from starting to smoke

- ✓ We offer an Integrated Care Pathway for overweight pregnant women supported by community midwives who have all had training focusing on nutrition and physical activity in pregnancy.
- ✓ Our maternity services have been involved in Public Health Wales' 'Empower to Choose' project to increase uptake of long acting reversible contraception in young women at risk of teenage pregnancy.

People are protected through vaccination and Immunisation Programmes – some examples of improvements

- ✓ Childhood immunisation uptake rates have continued to increase, and the targets to secure population level immunity have been achieved or maintained in many of our immunisation programmes
- ✓ Our flu immunisation rates in over 65s were the highest in Wales in the period up to the beginning of April 2014, and second highest in those under 65 at particular risk from flu because of existing medical conditions

Action to support people to stop smoking

- ✓ A toolkit to support GPs to increase referrals to specialist Stop Smoking services
- ✓ We are working in partnership with local authorities to tackle littering caused by cigarette ends on our hospital sites.

HealthCare in North Wales is Changing

One of our biggest challenges has been to make the changes recommended following the Healthcare in North Wales is Changing consultation, which led to the closure of four community hospitals. It also meant changes in opening hours and services offered in other community hospitals. We actively engaged with local communities in implementing the changes and in asking for their ideas and views about how services would work best in the future. We continue to work on the full delivery of enhanced care described below.

Dolgellau Hospital Health Promotion Hub - the Outpatient Department is to be a hub for the community where patients can reach a wide range of health advice and support such as the Healthy Hearts programme, diabetic retinopathy screening, skin cancer screening, smoking cessation, and prostate awareness.



(Dolgellau Hospital)

Administration of Intravenous Medications and Blood Transfusions at Community Hospitals - 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 and are extending it further across North Wales.

Enhanced Care - Provides extra care to patients in their own homes, who otherwise would have to be admitted to hospital. For patients who are already in hospital, Enhanced Care can support them to be discharged home. We are now delivering Enhanced Care across areas of Conwy, Denbighshire, Anglesey, and parts of Gwynedd, Flintshire and Wrexham.

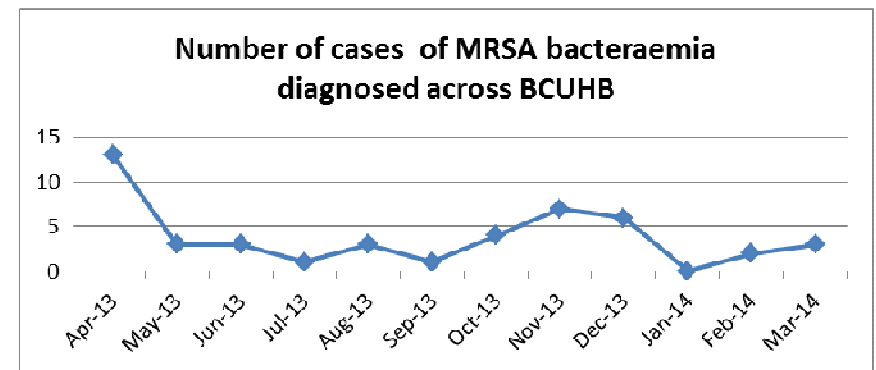
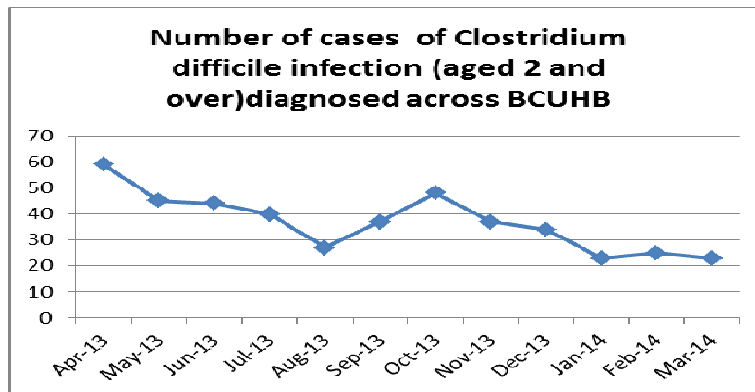
Safe Care

Infection Prevention and Control

The prevention of infection is a key priority for us. Infection issues are considered at every Board meeting. Leadership and expertise on infection prevention has been strengthened and we have a clear programme in place to make sure action is taken. We have also put in place:

- A programme of rapid review audits that happen within 24 hours of new inpatient cases of *Clostridium difficile* infection to quickly identify areas for improvement and take action to reduce the infection risk to other patients
- '10 key standards' for all wards and departments to help prevent infections developing. These focus on high standards of hand hygiene and cleanliness and are monitored monthly
- Improvements have been made to our cleaning systems such as using a new, more effective chlorine-detergent cleaning product
- Better prescribing of antibiotics in hospital and primary care has been a key focus this year

How Have We Improved?



	2012/13	2013/14	Better or worse than the rest of Wales at the end of 2014
Number of cases of <i>Clostridium difficile</i> infection (aged 2 and over) diagnosed across BCUHB	637	442	☹
Number of cases of MRSA bacteraemia diagnosed across BCUHB	49	46	☹
Number of cases of MSSA bacteraemia diagnosed across BCUHB	118	106	☺

Whilst we have seen a reduction in the number of reported cases year on year we know that we have improvements to make to match the rest of Wales

In common with many hospitals across England and Wales, BCUHB has seen cases of diarrhoea and vomiting due to Norovirus during 2013/14. We have focused on quickly identifying patients with possible Norovirus and making sure control measures are in place to limit its spread. As a result, the number of outbreaks has reduced since January 2014. BCUHB has participated in a research study led by the Infection Prevention Society to improve Norovirus control measures in the future.

Serious Incidents

We record any incident which results in some degree of harm to the patient or a near miss.

It is really important that we fully investigate these incidents and ensure that where the incident occurred as a result of deviation from policy, professional practice or systems and processes we put that right and learn the lessons to ensure that that type of incident is not repeated. Incidents are graded by the level of seriousness and this is determined by criteria set by Welsh Government.

The serious incidents (grade 1&2) should be investigated and a report developed along with the action plan for improvements. The investigation and action plan should be completed within a specific timescale (between 30 days and 3 months). If the case is very complex this can be completed in 6 months. We have had far too many serious incidents which have not been investigated in a timely manner.

We fully acknowledge the need for improvements which were highlighted by an external review.

Work has been undertaken on this in the last 6 months of 2013/14 and the number of outstanding action plans from Serious incidents reduced however the number of outstanding cases to resolve all actions are:

From 2012/13 :
2 cases were “Never Events”

From 2013/14:
6 cases from these numbers were “Never Events”.

- ✓ A formal process is now in place to ensure that these Incidents are fully investigated and concluded as soon as possible and our focus for 14/15 will be on a much more timely process of investigation and the full involvement of the family where they would like to be involved. We must demonstrate that we are actively learning lessons from these investigations and apply these consistently to reduce the likelihood of these incidents taking place.

Our [Quality Improvement Strategy](#) will focus on the safety improvements we need to make over the next 3 years.

Quality Improvement Strategy



The Board's Strategic Implementation Plan
2014 – 2017

**A “Never Event “is a serious, largely preventable patient safety incident that should not occur*

Effective Care

Clinical Audit

Clinical audit is how we measure healthcare against agreed standards. Outcomes from clinical audit activity are one way we know whether care meets expected agreed local or national standards. It allows health care staff to reflect on their clinical practice to help deliver better quality treatment and outcomes for patients. It supports the delivery of safe and effective patient care.

Participation in national and local clinical audit programmes can be a challenge due to competing clinical priorities. However, it has become clear over the last 12 months that we must align local need with national programmes.

We have combined local and national audit to improve service delivery and use staff time and expertise effectively. Examples include:

- ✓ Our Dementia Operational Forum developed an action plan that includes evaluation against a number of established measures (see Dignity section). Participation in the next round of National Audit of Dementia in the autumn of 2014 will identify progress made since the last National Audit
- ✓ A local audit of medical handover focussed on two problems areas, namely weekend, and day to night handovers. As a result, changes in practice were recommended including use of the Royal College of Physicians guidelines

Research and Innovation

From April 2013 to March 2014 over 5000 patients were recruited into a range of research projects. Patients recruited add real benefit to the way healthcare is researched and improved in North Wales. Research helps us to explore and develop new approaches to the delivery of healthcare and treatment for our patients.

Innovation

- ✓ We support staff to be innovative and provide opportunities for staff to explore new ways of working. Our Medical Physics Department has successfully designed and manufactured the Celt Phantom
- ✓ A local audit of medical handover focussed on two problems areas, namely weekend, and day to night handovers. As a result, changes in practice were recommended including use of the Royal College standards

Primary Care Services are provided mainly by three groups: GP's, Dentists and Community Pharmacies, which are contracted via nationally agreed contracts. There are a number of ways by which the Primary Care Support Unit support and monitors activity and quality provided by primary care contractors. Some of these are outlined below:

- A quality and outcomes Framework (QOF) is a system of financial incentives for general medical practices to gain quality improvements in the care they provide as GP's

Quality Outcomes Framework



- On the 27th March 2014, a new Quality Assurance Visiting Programme for GP's commenced and by the 4th June 2014 23 practices received a visit. The further development and roll out of Quality Assurance Visiting Programmes for Dental and Community Pharmacies continues, with a plan to implement these by December 2014.

Quality Assurance Visits to GP / Dentists / Community Pharmacies



- This is a self report toolkit which GP practices complete at the end of each financial year. They assess themselves against 51 different matrices which cover all aspects of patient safety and clinical governance.

GP Clinical Governance Practice Self Assessment Toolkit



For the past 3 years North Wales GP's have been the best performing in Wales for the engagement and completion of the Clinical Governance toolkit.

- These services are additional to the General Medical Services provided by all GP's.
- They are optional and are either developed by the Welsh Governance (Direct Enhanced Services) or by the Health Board (Local Enhanced Services)
- They have been designed to enhance the care provided to patients in primary care and the community, thereby bringing care closer to home.

GP Enhanced Services



- We will follow 'Setting the Direction' - the Primary and Community Services Strategic Delivery Programme for Wales'.
- This includes:
- Support collaborative working with our partners in Local Authorities and the voluntary sector to deliver integrated care.

Locality Work



The activity, monitoring and support for these primary care contractors from BCUHB is via our Primary Care Support Unit.

To improve health and provide excellent care

Dignified care

In 2011, due to an increasing number of concerns expressed by older people about hospital care, the Older Peoples' Commissioner for Wales visited all acute hospitals in Wales to look at the care of older people. She found that the treatment of some older people was inadequate and made twelve recommendations for improvement. Each Health Board in Wales had to produce an action plan to meet the recommendations and submit regular progress reports to Welsh Government. We have made good progress against the recommendations and there are a number of projects in place to maintain the momentum. The next step is to measure the outcome of this work.

Recommendation	BCUHB Actions 2013/14
Leadership	Working in partnership with local universities to provide a programme of leadership development for nurses.
Dementia care	We are taking part in a UK wide Dementia Development programme. We use of a discrete butterfly symbol to alert staff to follow a Dementia Care pathway.
Continence care	We have introduced the All-Wales Continence Care Bundle, to support staff to diagnose and treat incontinence in line with best practice. We know that we need to do better with the use of this Care Bundle.
Privacy	We have introduced measures to ensure that there is greater privacy for our patients. This includes the use of "Care in Progress" sign. In addition, the refurbishment of our sites now ensures that enough areas for privacy are included.
Discharge from hospital	There are a number of projects to improve the discharge process, such as workshops for staff on discharge planning, regular monitoring of time of discharge and reasons for late discharges (after 5pm); and extra funding to employ a physiotherapist and occupational therapist at weekends to support discharge planning and progress.

The appropriate use of volunteers	For information about volunteering please refer to our Technical Document
Staffing levels to reflect the need of older people	There is an ongoing recruitment programme in place to ensure that nurse staffing levels meet the recommended standard stated by the Chief Nursing Officer
Changes in ward environment	We commissioned a review of ward environments from an expert based at Bangor University. It 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	Language of choice is emphasised in dignity training that is provided to student nurses and Health Board staff. A recent improvement in this area has been the purchase of a picture-based communication tool for patients with sensory loss, learning disabilities or dementia.
Capturing views about experience	We have adopted a number of approaches to measuring the views of service users (see page 20).
Identifying good practice and sharing learning	We have introduced Patient Stories to the Board agenda during the year to help share learning and areas for improvement.
Staff skills and knowledge	We are committed to equipping our 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, and also dementia awareness and dignity Training.

Timely Care

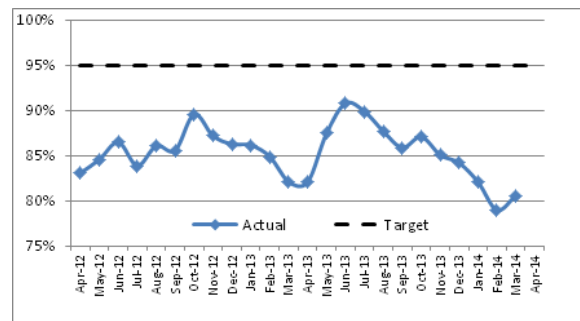
GP Opening Hours

We know that being able to access a GP appointment quickly is important to our patients. We have been working closely with GP practices across North Wales so that more practices are open during working hours and more appointments are available after 5pm in the evening. Last year we improved our working hour's opening times. 70% of practices were open within an hour of their core hours, which are 8.00 am to 6.30pm. We have shown improvements in later appointment availability too, as now 94% of our practices offer appointments after 5pm. We know we have further to go and are working with GP practices to make more appointments available in the core hours



Emergency Departments

Most of our patients come to see us by first visiting their GP, however sometimes they need urgent care because of an injury, 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.



Although the early part of the year showed real improvement, at the end of March 2014, the Health Board achieved 80.6% against the target of 95%. 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 we have made a limited (1%) improvement compared to last year.

The New Emergency Quarter at Glan Clwyd Hospital



We know we can do better for our patients. The chart shows how we have done this year compared to last year. At the start of the year we started to show some real improvements, however towards the end of the year we have not done as well as we planned. Between April 2013 and March 2014 there were 2,685 patients who waited longer than 12 hours. Improving this experience for our patients is really important to us.

This is very similar to the position at hospitals across the rest of Wales. How well we did varied across each hospital across North Wales with Ysbyty Gwynedd improving its waiting times compared to last year significantly.

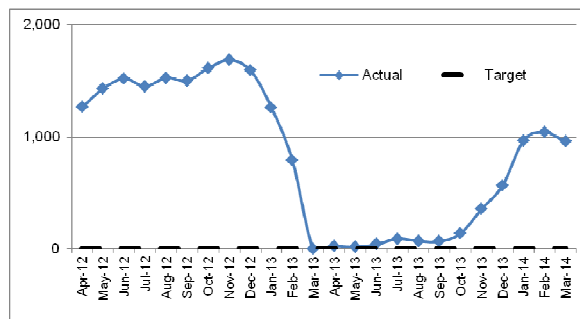
We are working closely with our partners in the Welsh Ambulance Trust to reduce the turnaround time for ambulances at hospitals.

Waiting Times for Treatment

Reducing the amount of time patients wait for any appointment, whether it's a consultation, diagnostic test or admission for surgery is important to us because we know that waiting increases uncertainty and causes concern for many of our patients.

During the last twelve months we have spent an extra £3.7million on reducing waiting times for patients. In total, we provided over 1.05million appointments, admissions and tests. We ran 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.

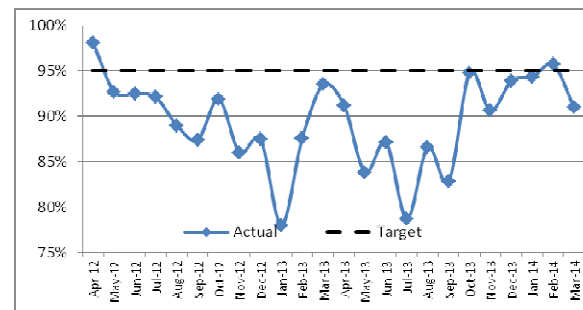
We are improving how we use our operating theatres so that we can treat more patients and make the best use of our outpatient clinic facilities at our major hospitals and community hospital sites.



Waiting Times for Cancer

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. We work hard to make sure 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.

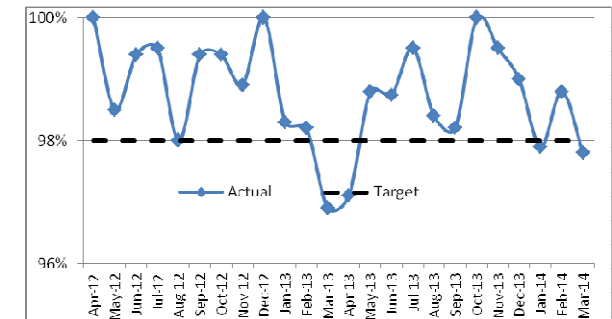
Cancer, 62 Day Target Performance



At the end of March, we treated 91.0% of patients referred with suspected cancer within 62 days.

We did much better against the target for patients who are subsequently diagnosed 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



We have worked hard to shorten waiting times for first appointments during the year. We have revised 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 treated additional endoscopy patients. We are also undertaking new clinical trials which test how well new drugs can be used to treat cancer patients.

Treating people as individuals

Patient experience

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 also to make improvements when needed. We collect feedback in a number of ways:

Comment cards

These cards are available in hospital inpatient and outpatient areas and are a way of gaining comments or suggestions. On average we receive 70 cards a month, which is an excellent 'early warning' tool and alerts us to pick up on and respond quickly to emerging problems.

For example, we changed visiting times at Glan Clwyd Hospital to ensure mealtimes and visiting times did not clash.

Patient stories

These stories allow patients and/or relatives to tell us what it feels like to receive care or a service and are powerful messages that remind us every patient is individual and the impact that we can make on their lives.

Examples of actions taken following patient stories:

- ✓ Strengthening support for mums who are breastfeeding on the children's ward
- ✓ Providing funding to redecorate or upgrade wards

- ✓ Putting diaries at the bedside in Intensive Care Units for relatives/staff to record events.

Patient surveys

Picker Inpatient and Outpatient Survey

During 2013 we received the results of two large scale surveys that were conducted by an independent organisation involving almost 4,000 people who had been inpatients or outpatients.

"I cannot praise the staff highly enough for the care and consideration they gave the elderly patients on Erddig and Morris wards. Thos patients with Dementia are treated with dignity." (Source: Comment Card. December 2013)

Your NHS Experience Survey

The All Wales survey was introduced by Welsh Government to ensure that patients can provide feedback about their care. We introduced this first in the inpatient wards at our three district general hospitals and our main outpatient clinics in August 2013.

What we are doing to improve patients' experience

We have established working groups to take action to improve areas of concern identified in the surveys, for example:

- 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 noticeboards in waiting areas
- We run discharge planning workshops for staff to share knowledge and provide update on important changes in relation to patient discharge
- Volunteers have been recruited and these play a crucial role in the patient experience

"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."
(Source: NHS Experience Survey, October 2013)

Supporting Carers

In 2010, the Welsh Government introduced a new law called the Carers Measure. It places a duty on us to make sure that the needs of carers are met. We have produced the North Wales Carers Information and Consultation Strategy (<http://www.wales.nhs.uk/sitesplus/861/opaendoc/225001>) in partnership with the six local authorities and the third sector carer support organisations. It outlines how we will identify carers as soon as possible and give them the information and support they need.



Fundamentals of Care

Each Health Board must measure its performance against 12 standards as part of a national audit on a yearly basis.

A patient survey on this took place in November 2013. 1,086 patients from all wards were involved, as well as Accident and Emergency departments, main outpatient areas and day units. Overall 87 per cent of patients said they were satisfied with their experience of care.

We identified common themes from these surveys. The areas where patients would like to see improvements include:

- Hand hygiene
- Waiting times for outpatients appointments
- Staff to inform patients the reason for long waiting times
- Written information should be clear and easy to understand
- Noise at night

A copy of the full report can be found here: [Fundamentals of Care](#)

Patient satisfaction and dignity and respect within GP Services

Data provided by the Welsh Government from the 2012/13 National Survey for Wales shows that people living in North Wales had the highest rates of satisfaction with GP care in Wales (92 per cent).

People living in North Wales gave the highest score (72 per cent) for ease of making a convenient GP appointment.

The scores given by people living in North Wales who agreed they were treated with dignity and respect at their GP appointment compared favorably with all Health Boards at 97%

“Overall the treatment could not be faulted. Staff were kind and caring and the constant checking on our condition was first class.” (Source: Fundamentals of Care Audit, November 2013)



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 (complaints, claims and serious incidents) raised in line with the 'Putting Things Right' Regulations (PTR). 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.

In 2013/14 however, the Health Board realised that we were not supporting patients in a timely manner. The Welsh Audit Office and Healthcare Inspectorate Wales undertook a joint review of Governance systems, which highlighted that the Health Board were failing in its obligations under PTR and the entire structure and process required re-organisation.

We had too many complaints where the final response had not gone out within the expected 30 days and in many cases responses were overdue up to a year with a smaller number waiting over a year.

The new Director of Nursing and Midwifery commissioned an external review which took place in the Autumn of 2013, which provided a range of recommendations to improve the systems and processes and timeliness of responses to patients and their families.

Complaints

Staff strive to resolve concerns raised by patients/service users and their carers / relatives as they arise. In 2013/14, the Health Board recorded 2218 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 144 (9%) on the previous year.

We continue to strive to respond to complaints within the agreed timeframes.

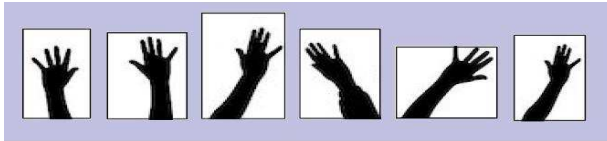
This is an area of significant challenge for the Health Board and we have failed to comply with the standard this year.

We brought in additional leadership with an Interim Director of Quality Assurance to focus on the improvements required and with that support the Clinical programme groups and Corporate concerns team have made progress but this has been slow.

The Health Board continues to place a priority on resolving the outstanding complaints as well as dealing with the new complaints coming into the Health Board.

Our Staff

BCUHB Staff Survey



Following on from the Staff Survey at the beginning of 2012/13 a number of actions have been undertaken during the year including:

- ✓ Appointment of a Staff Satisfaction champion to lead the action plan and to report progress to the Board
- ✓ Development of the role of trade union equality representatives
- ✓ Improving the appraisal process
Introduction of a code of conduct and expected leadership behaviours for managers
- ✓ Strengthening the Whistle blowing Policy by introducing a 'safe haven' reporting system

We will continue to work with staff to make sure that they are happy to work here and provide excellent care.

A safe workforce

Whichever department or service you go to, you want to be reassured that there are adequate numbers of properly trained staff to care for you.

Having the right number of staff helps us to give high quality, compassionate care. We are progressing our commitment to identifying methods for assessing safe staffing levels for all clinical and non-clinical staff.

We want a system that gives us an accurate picture of the staff and their skill mix in any department or ward and how this relates to the patient needs.

For example, the right number and skill mix of:

- Nurses, midwives and health visitors to deliver safe care to all our patients on a daily basis
- Pharmacists to provide patients with medicines
- Phlebotomists to cope with the demand for blood tests so that the patient is not delayed in having the treatment they need

GP workforce

One of the areas of greatest concern to us during 2013/14 has been the increasing difficulty in recruiting and retaining GPs.

GP numbers

Information from early last year shows that there were 641 GPs in North Wales, 422 of whom were described as contractors with the remaining 219 in roles such as locums, registrars and salaried GPs. The number of GPs over 50 years of age varies from 31% in Anglesey to 61% in Dwyfor.

Volunteers

There are a number of voluntary organisations who provide services to our hospitals, such as the League of Friends, Royal Voluntary Service, Macmillan Cancer Support and Red Cross. In addition to these organisations the Health Board recruits volunteers directly.

These roles are a vital for our workforce and support patients, carers and the public each and every day, for which we continue to be very grateful. We have outlined their roles in more detail in the technical document, which can be accessed on the following link: <http://www.wales.nhs.uk/sitesplus/61/page/40903>



Quality Improvement Training

We have developed an extensive Improving Quality Together 'IQT' training programme across North Wales.

IQT helps our staff to play a vital part in transforming NHS Wales into the service that people need. We have also submitted an IQT based Improvement Project for the NHS Awards 2014. There will be four levels of educational programmes namely bronze, silver, gold and an Executive level.



Looking forward

In the introduction to the Annual Quality Statement, we have been very open about the improvements which need to be made. The first step on the journey to improve quality is to be clear and explicit about the standard of care patients and service users can expect.

We acknowledge through this Annual Quality Statement that whilst much of the care provided across BCUHB meets the required standards, and in many cases exceeds the agreed standard, regrettably however some aspects of care have not always met the expected or required standards of care. This has led to delays and omissions in care and to less than best care outcomes and poor patient experience. A Quality Improvement Strategy is being finalised and will be considered for approval in the September Health Board meeting.

A Strategy which establishes our ambitions for Quality Improvements

Implementation of our quality improvement strategy is our top priority – we know that improving the quality of our service lies at the heart of being a sustainable and successful integrated Health Board. In order for us to deliver our Strategy we must improve all three dimensions of quality:

- The patient experience
- The safety of our services to improve health outcomes
- The quality of outcomes delivered through clinical excellence

Our Quality Improvement Strategy (QIS) is supported by explicit year on year objectives across these 3 areas to ensure that quality is everyone's business within the Health Board and reflects our commitment to develop a seamless service for the population that we serve. We also know that being open with the public we serve is also essential if we are to build the confidence in our services. As an Integrated Health Board we will focus equally on promoting health for our population as well as the safety and improving the experience of their care. The Quality and Outcomes Framework (QOF) will be utilised to achieve quality improvements in care provided by General Practitioners.

The areas within the QOF are included within this strategy and the outcomes will be published annually (www.mylocalhealthservice.wales.gov.uk). Continuing to use national guidelines and best practice tools, we will develop and enhance the care delivered within BCUHB and not only monitor the clinical outcomes but a range of patient experience feedback methods developed as a framework of best practice in caring for patients.

How will we improve and by how much?

We predict that through the development and implementation of the Quality Improvement Strategy, and by identifying ambitious annual clinical services “*Quality Development Plans*”, we will achieve further improvements in clinical quality and patient safety over the next three years.

Achieving ongoing improvements in patient experience with the aim of: “**Getting it right first time, every time, for all our service users, outpatients and inpatients**” As evidenced by:

- Real time patient feedback being in top **20%** performance with clear actions demonstrated on the top 5 areas where experience is not optimal and to make those improvements whilst patients are still in our care
- Meet Welsh Government minimum national cleaning standards and exceed them
- **90%** of inpatients and outpatients rate their care as “excellent” overall
- **90%** inpatient and outpatient care delivery will be able to demonstrate carer and patient involvement in decisions and care delivery

Scheduled Care:

- Achieve comparable national best practice clinical outcomes consistently across all services
- Ensure a **100%** of all patients achieve their Welsh national waiting and access times
- Delivery of the 31 day standard (**98%**) and 62 day (**95%**) standard referral to treatment for Cancer patients

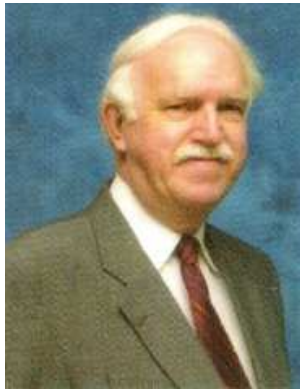
Unscheduled Care:

- Eradication of over 12 hour waits within all hospital emergency care facilities (A&E)
- Eradication of Ambulance waits of longer than 1hr (turnaround time)
- **95%** of patients spend less than 4 hours in all hospital emergency care facilities from arrival until admission, transfer or discharge
- Being reviewed by a specialist within 1 hour of request
- If decision to admit then admission to a bed within 4 hours

Achieving high levels of patient safety by 2017 evidenced by a reduction in patient mortality rates, supported by:

- Elimination of 'avoidable' hospital acquired pressure ulcers at grade 3 and 4 by 2017
- 80% reduction of inpatient falls resulting in harm by 2017
- Mandatory reporting criterion are in place for Methicillin-resistant Staphylococcus aureus (MRSA) bacteraemia, Methicillin-sensitive Staphylococcus aureus (MSSA) and Clostridium Difficile and these will be reduced in line with national targets and to exceed national target in the 3 year period

Statement from North Wales Community Health Council



As an independent organisation that represents the interests of the patient and the public in the National Health Service, the Community Health Council (CHC) welcomes the publication of an Annual Quality Statement.

The role of the CHC is varied. As part of its role, it seeks the views of patients and the public on local health services; presents these views to managers of those services; inspects NHS premises and makes recommendations for improvement where necessary; and supports people who wish to make a complaint about NHS care through its independent advocacy service. The NHS must consult the CHC about changes in local and national services and the CHC works to ensure that peoples' experiences of services are taken into consideration when the health board plans and delivers services. In all of this work, the CHC seeks to help ensure the delivery of quality health services.

Throughout the year, the CHC has worked to help the health board understand the needs, views and experiences of local people when it comes to their health care - and has provided people with an independent organisation to do this. The CHC continues to monitor the Health Board's efforts to involve and inform people of its proposals and the implementation of its plan. Detail of our work, including "Bugwatch" reports, the all-Wales Hospital Patient Environment reports and our annual report are freely available at www.bcchc.org.uk.

The health board sought the CHC's views on the content and presentation of this Statement. Members of the CHC's Executive Committee commented on early drafts of the Statement and I and the Chief Officer have met with the Health Board to ensure that the Statement covers the issues of importance to people who use the service.

Gordon Donaldson, Chair, North Wales Community Health Council