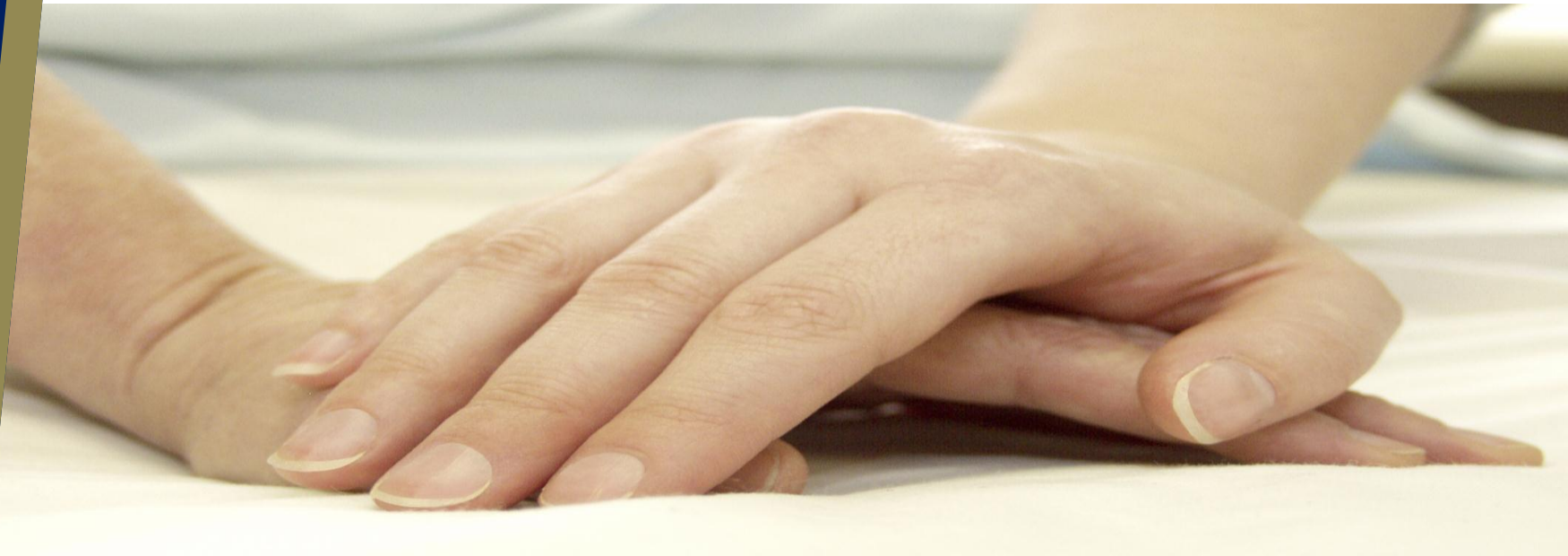




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Betsi Cadwaladr  
University Health Board

# Annual Quality Statement April 2014 – March 2015



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:**

**The Corporate Communications Unit**

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## Welcome

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

Our purpose at Betsi Cadwaladr University Health Board is to improve health and provide excellent care to the people of North Wales.

We take this responsibility very seriously. We and our staff are determined to work together with patients, families, carers and communities to put the physical and mental wellbeing of our population at the heart of everything we do. Working with primary care and in partnership with others - including local authorities and the voluntary sector - is vital if we are to provide more care nearer to patients' homes and away from hospitals. We are committed to strengthening these relationships to ensure that we meet the needs of all and in particular those who are most vulnerable.

This report summarises the action we have taken during 2014-15 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.

2014-15 presented a number of challenges. These included the ongoing investigations into the Tawelfan Ward in Ysbyty Glan Clwyd and concerns in relation to the sustainability of obstetrics and gynaecology services across North Wales.

The redevelopment of the Glan Clwyd site has continued and our new Emergency Department has been opened and is now fully operational. During November 2014 the Health Board agreed a Quality Improvement Strategy which will ensure a structured approach to the improvements we need to make. Publishing the outcomes of quality each year in this Annual Quality Statement will help to develop a confidence in caring for the population of North Wales.

In June 2015 the Health Board was placed in special measures because of ongoing concern about our governance and leadership, mental health services, maternity services, GP Out of Hours services and the need to reconnect with the public. These issues will be further addressed in our report for 2015-2016.



Dr Peter Higson OBE, Chairman



Mr Simon Dean, Interim Chief Executive

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**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 14,268 whole time equivalent staff (this does not include bank staff)
- Have a budget of around £1.3 billion
- Run three district general hospitals (Ysbyty Gwynedd in Bangor, Ysbyty Glan Clwyd in Bodelwyddan and Ysbyty Maelor in Wrexham)
- 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 113 GP practices and NHS services provided by dentists, opticians and pharmacies



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To improve health and provide excellent care

## Challenges and improvements:

### Maternity Services Review

The Board has been very concerned for some time about the fragility of maternity services across North Wales and at Ysbyty Glan Clwyd in particular. In February the Health Board decided that urgent change was needed. This decision was challenged through the courts. In July 2015 the Health Board conceded the Court Case and agreed to undertake a public consultation on the options for interim changes. The latest information on maternity services can be found on:

### [Maternity Services](#)



### Tawelfan

In December 2013 the Health Board shut Tawel Fan ward because of serious concerns about the quality of patient care. The Health Board commissioned an independent expert review and the findings were handed over to the Police. They concluded their criminal investigation in May 2015. We are now able to move ahead with our own disciplinary investigation and more information on the actions we have been taken to improve services and get assurance on the quality of Mental Health Services across North Wales is available at

### [Tawel Fan Ward, Ablett Unit](#)

### Older People's Commissioner

During the year the Older People's Commissioner identified key quality recommendations for all Health Boards. We have started work on reviewing these recommendations and they will be reported on in our 2015-2016 report.

### Governance Follow up review

Following the publication of the review of Governance arrangements at the Health Board in July 2013, a follow up review was published in July 2014.

The report acknowledged that "*progress had been made but significant challenges remain, and will need to be addressed with some urgency if the Health Board is to rebuild the confidence in its abilities amongst its staff, key stakeholders and the people it serves*"

A further review of progress will be made during 2015.

A copy of the updated review can be found here:

### [Overview of Governance Arrangements](#)






## Staying Healthy

We currently use a small number of key measures which help us assess how we are improving the health of our population. As these are set by Welsh Government, they allow us to monitor our own improvement over time and also allow us to compare how we are doing in comparison to other areas of Wales.




The data presented here covers up to the end of March 2015, and has been revised nationally following an investigation into the accuracy of data.

### Childhood Immunisation


Our key target is 95% vaccination of all children by age 4 with all scheduled vaccines

90.4% of 4 year olds have had all their immunisations	This is the highest in Wales	
97% of children have had their 5 in 1 vaccination by the age of 1	This target has been exceeded in previous quarters	
96.4% of children have had one dose of MMR by their 2nd birthday	This is the third highest in Wales	
94.4% of children have had 2 doses of MMR by their 2 <sup>nd</sup> birthday	This is the joint highest in Wales	
92.3% of children have had 2 doses of MMR by the age of 16	This is the second highest in Wales	

## Seasonal Influenza Vaccination

70.2% of people over 65 had their flu vaccination	This is the highest in Wales however our target was 75%	
51.5% of those under 65 at clinical risk have had their flu vaccination	This is the third highest in Wales. Our target was 75%	
48.8% of pregnant women have had the flu vaccination	This is the highest in Wales however our target was 75%	

We also have a target of 50% uptake amongst NHS staff to ensure that staff do not pass influenza on to the patients they are caring for, and also to ensure that staff themselves remain as healthy as possible throughout the winter and spring when flu may be circulating. This helps to ensure we maintain safe staffing levels.

50.3% of staff with direct patient contact have had their influenza vaccination	This is the second highest amongst health Boards in Wales, and represents an increase of 9.6% on the previous year. In order to achieve this 5585 staff with direct patient contact were vaccinated. In total, 8019 members of Health Board staff were vaccinated.	
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## Smoking Cessation [www.stopsmokingwales.com/](http://www.stopsmokingwales.com/)

Stopping smoking is the single most important thing individuals can do to improve their own health, we have a specific quality target to support 5% of all smokers to make an attempt to quit via smoking cessation services each year, with at least 40% of these to have quit successfully. BCUHB is acknowledged as the only Board in Wales to have achieved the 5% target at any point during 2014/15, but as yet this has not yet been achieved on a consistent monthly basis. A total of 4279 (3.6%) smokers were treated during 2014/15, and 1329 of these quit smoking which is 31% of those treated, but is below the 40% target level.



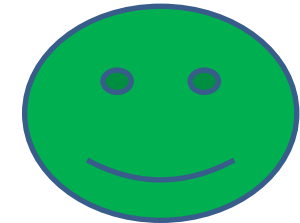
During the last 12 months a number of developments and changes were implemented in the community setting across North Wales;

We are proud of **our achievements and these include:**

**Future Hospitals – Cartref (CARE)** delivered with Telemedicine to support Rural Elderly and Frail patients - The Health Board is now one of only four NHS organisations in the UK acting as Future Hospital Development sites.

**Dolgellau Hospital Health Promotion Hub** - Health promotion activities have continued at the site with the introduction of the healthy hearts programme and staff healthy heart walking challenge.

**Residential Home Project Conwy** - The purpose being to provide a dedicated Residential home liaison nurse based within the District Nursing team to focus on three residential homes within the Conwy area.



**Work in progress includes.....**

**Macmillan 121 Project** – Macmillan have agreed to fund a community cancer project worker for a period of 12 months. The aim of this post will be to work with the existing 121 team and community nurses to develop the role of the care coordinator and develop the self care agenda for cancer survivorship.

**Quality Monitoring in Nursing Homes** – the Health Board commissions care for patients in nursing homes, and has implemented a programme of quality monitoring the care provided in the homes.

**Community Hospital framework** – as a result of a number of serious incidents at a community hospital in 2013, a framework for the community hospitals has been developed detailing the performance standards required by each member of the team





A number of new developments are planned.....

**Tywyn Hospital** -. There will be a purpose built 16 bedded ward at the Hospital as well as a new build which will house the primary care health centre, podiatry, mental health and childrens clinics.

Development of **Advanced Nurse Practitioners** as a means to develop Nursing in Dwyfor and provide more support to the pressured GP workforce as well as developing support for Community Consultant initiatives

The Developing Community Services bid was successful in securing over £500k to help develop new ways of working.



We still face a number of challenges.....

Recruitment and retention of staff across all professions

Implementing the recommendations of the Welsh Audit Office Review of District Nursing

Developing the Fundamentals of Care for community nursing, this work is being undertaken across Wales.



Further details on the work undertaken in the community can be accessed via the technical document. [Health Board Publications](#)

## Safe Care

## Infection Prevention and Control


The prevention of infection is a key priority for the Health Board. We are committed to achieving very low rates of infection, and excellent infection prevention practices across BCUHB. The Health Board has continued to demonstrate sustained improvement in the reduction of *Clostridium difficile* and MRSA blood stream infection (bacteraemia) which is summarised in the table below although as a Health Board we did not meet the target set by Welsh Government. We are aiming to achieve the new way forward through continuing a determined focus on improving clinical practices, antimicrobial prescribing and the environment of care, and by continually improving the knowledge of our staff so that they can achieve excellent standards of infection prevention practice.


The Health Board were also faced with significant challenges during the year including a sudden upturn in *Clostridium difficile* infections in December 2014. The Health Board very swiftly implemented and maintained a range of escalation measures which saw the situation contained very quickly and figures normalising by the following month.

In March 2015 the Health Board received a Food Hygiene rating of 2 at the Ysbyty Glan Clwyd Main Kitchen and a rating of 1 at Denbigh Hospital. Swift remedial actions were taken and a new robust management system put into place. The Environmental Health Team have now been back to rescore Ysbyty Glan Clwyd and a food hygiene rating of 4 has now been put in place. We are currently awaiting a rescore assessment for Denbigh.

Further details on our Infection Prevention and control data can be found here: <http://www.wales.nhs.uk/sitesplus/861/page/68237>



	2012/13		2013/14		2014/15		BCUHB improvement	WAG Trajectory 2015	BCUHB gap to trajectory
	All Wales	BCUHB	All Wales	BCUHB	All Wales	BCUHB			
Clostridium difficile infection per 100,000 population	62.91	<b>92.26</b>	51.16	<b>64.60</b>	42.82	<b>57.52</b>		217	181
	1934 cases	<b>637 cases</b>	1577 cases	<b>447 cases</b>	1320 cases	<b>398 cases</b>	49 fewer than 2013/14 239 fewer than 2012/13	Trajectory No longer achievable by September 2015	

	2012/13		2013/14		2014/15		BCUHB improvement	WAG Trajectory	BCUHB gap to trajectory
	All Wales	BCUHB	All Wales	BCUHB	All Wales	BCUHB			
MRSA bacteraemia per 100,000 population	5.24	<b>7.10</b>	5.35	<b>6.79</b>	5.39	<b>5.49</b>		18	20
	161 cases	<b>49 cases</b>	165 cases	<b>47 cases</b>	166 cases	<b>38 cases</b>	9 fewer than 2013/14 11 fewer than 2012/13	Trajectory No longer achievable by September 2015	

## **Patient Safety Incidents and Never Events**

One of the top priorities for the Health Board is to maintain and increase the focus on patient safety across the organisation and we actively encourage staff to report when things go wrong, or where there is a 'near miss' so that we can learn from and minimise the risks of repeated incidents.

Patient safety incidents are investigated fully and help us to ensure that lessons are being learned and implemented to improve patient safety across the Health Board.

Set by the Government, there are patient safety incidents that are considered as unacceptable in the NHS. These are referred to as 'never events', which are defined as serious, largely preventable patient safety incidents that should not occur if the available preventable measures have been implemented by healthcare providers.

Of the 20,521 patient safety incidents reported across the Health Board last year, the majority were negligible or minor, however 5 were categorised as 'never events' and as such were reported to Welsh Government. Immediate action was taken to mitigate risks and all incidents were fully investigated to understand what went wrong, how and why and to ensure actions were taken and changes were implemented. The outcomes of the investigations were shared with staff to ensure learning and that corrective / preventative actions were maintained.

## **Mortality reviews**

Our hospitals are very safe and for the majority of measures we are better than the Welsh average. Around 7,000 people die in North Wales each year. Heart disease, stroke and cancer are the biggest killers. The Health Board takes the safety of its patients very seriously and monitors deaths in its hospitals on a regular basis, with any concerns investigated.

In North Wales we use mainly RAMI (Risk adjusted mortality index). This measure takes the number of deaths occurring in the hospital and adjusts for factors such as the illness of the patient and the procedure that is being undertaken. The latest figure on RAMI for the Health Board is 118 against an all Wales average of 113. We review Mortality regularly and identify areas where we can improve practice, where there is a pattern of rising RAMI or any particularly high figures we investigate these with particularly focused mortality reviews. We aim to bring RAMI figures down and are seeking to achieve a RAMI of below 100 at BCUHB as part of our organisations targets.

Up to date mortality data can be found here: <http://www.wales.nhs.uk/sitesplus/861/page/63290>

# Effective Care

## Research and Development (<http://www.wales.nhs.uk/sitesplus/861/page/47682>)

Research helps us to explore and develop new approaches to the delivery of healthcare and treatment for our patients.

It is expected that over a period of one year over 5,000 patients will be recruited into a range of research studies. Patients recruited add real benefit to the way healthcare is researched and improved in North Wales in collaboration with academic partners. Research helps us to explore and develop new approaches to the delivery of healthcare and treatment for our patients.

The Research and Development office:

- Encourages participation in high quality collaborative research
- It provides the Health Board patients with an opportunity to gain access to new medicines and technologies.

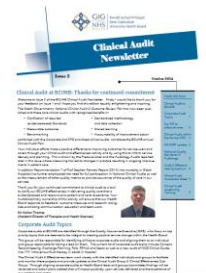
One of our anaesthetists has researched the accuracy of a new temperature measurement device in anaesthetised patients. It was found to be the ideal thermometer that would be able to estimate core body temperature without invading the body. Periodically the UK government sponsors a process, the Research Excellence Framework (REF) that grades the research activity in all UK universities, the most recent results released for REF in 2014 state that Bangor University's research has a major impact around the world. More than three quarters of Bangor's research is either world-leading or internally excellent.

## Clinical Audit and Effectiveness

Clinical Audit is a way of looking at what we do as a Health Board in the light of what best evidence tells us we should do. The care and treatment we provide for our service-users and carers is compared to national standards in order to make improvements to quality if needed.

The launch of a Clinical Audit Newsletter has been well-received and provided an opportunity to share learning, promote good audit and raise awareness of national and local developments amongst our staff.

Following the Health Board's response to National Dementia Audit findings and recommendations, a group which is chaired by a carer representative has been formed to direct dementia-related clinical audit activity.



## National Clinical Audit

A priority focus for the Clinical Audit and Effectiveness Department has been the Welsh Government's NHS Wales [National Clinical Audit and Outcome Review Plan: 2014/15](#). This consists of 40 clinical audit projects that focus upon topics that Health Boards must participate in.

Participation with the audits has led to a number of initiatives that have improved care:

- As a result of pathology's *Serious Hazards of Transfusion (SHOT)* audit, a new blood transfusion request form has been planned which will reinforce accurate patient identification and selection of the correct blood product.
- A local action following the *Epilepsy* audit identified a need to develop an education and information pack for patients and carers. These have been introduced in electronic and hard copy, Welsh and English language formats and an evaluation has been planned.
- There has been particular attention from Welsh Government on the *National Chronic Obstructive Pulmonary Disease* audit and this has highlighted local improvements. For example, in our West area these include; creation of a care pathway which focuses upon ensuring patients quickly receive specialised care, national publication of a research paper and also creation of care 'bundles' which outline the care these local patients receive routinely on discharge. Further work has also been initiated across the organisation as part of our Health Board's respiratory plan.

## Service Delivery Plans

Together for Health Delivery Plans provide a mechanism by which services are encouraged to continuously improve to meet expected evidence based standards of care for patients with a number of common conditions. These include: Cancer, Stroke, Respiratory, End of Life, Diabetes, Heart Conditions, Critical illness, Oral and Eye Care. During 2014-15 the health board has published a number of progress and annual reports for these plans.

<http://www.wales.nhs.uk/sitesplus/861/page/72877>

## Quality Development Plans

Following the release of our Quality Improvement Strategy, each of our Clinical Programme Groups have been required to develop quality plans to ensure that we continue to improve the quality of care we provide to our patients.

## Dignified care

Listening and acting upon the views of our patients, their families or carers is an essential part of a good care experience. It helps us to identify service improvements and acknowledge the professionalism and kindness that patients tell us that our staff demonstrate on a daily basis. We ask for feedback in a number of ways as laid out in the all-Wales [Framework for Assuring Service User Experience](#)

### Ward Quality Audits

In 2014, new 'Ward Quality Audits' were introduced in acute inpatient wards, community hospitals, mental health and Learning Disabilities. The audits have been refined to take into account the recommendations of the Andrew's report: '*Trusted to Care*'. The audit provides a feedback mechanism between wards and the Board. It covers the key elements of patient experience such as overall satisfaction, nutrition, hydration, dignity, pain management etc. In relation to the overall Patient Experience the audits are indicating a month on month improvement with an overall score of 93%. This chart shows figures for April 2014-March 2015.

	Patient Experience	Nutritional Assessment	Continence	Falls	Hydration	Infection Prevention	Privacy & Dignity	Medicine Storage & Administration	Pain Management	Patient Observations	Pressure Ulcer Prevention
April	88%	90%	86%	85%	95%	90%	98%	73%	90%	94%	91%
May	91%	90%	88%	90%	94%	95%	99%	75%	93%	90%	90%
June	90%	91%	87%	92%	92%	93%	99%	69%	91%	90%	90%
July	89%	89%	81%	90%	91%	93%	98%	68%	88%	94%	92%
August	93%	87%	73%	84%	87%	75%	93%	76%	76%	81%	83%
September	92%	88%	80%	85%	87%	82%	95%	77%	76%	83%	88%
October	93%	91%	78%	86%	87%	83%	93%	82%	78%	84%	91%
November	94%	92%	83%	89%	92%	84%	96%	85%	82%	87%	90%
December	95%	94%	82%	88%	88%	83%	96%	82%	82%	86%	90%
January	96%	92%	85%	90%	91%	89%	94%	87%	85%	90%	91%
February	96%	93%	86%	89%	94%	87%	98%	88%	83%	90%	94%
March	95%	91%	83%	88%	93%	84%	94%	84%	83%	89%	93%



## **Your NHS Experience' all-Wales Survey**

In the Health Board the survey is carried out in acute in-patient areas, outpatient services and Maternity Units. The findings from these surveys indicate that:

**Outpatient Services:** Our results from April 2014 to March 2015 indicate that 84% of people are satisfied with the service they receive, with 96% consistently saying that staff are polite.

Areas where patients would like to see improvement are waiting times, environment of care and receiving assistance when requested

**Inpatient Services:** The survey is issued to all patients discharged from hospital in a given month with a reply paid envelope. During the year, on average 82% of people are satisfied with the service they receive, with 96% consistently saying that staff are polite.

Areas where patients would like to see improvements are waiting times and receiving assistance when requested.

**Maternity Services:** This survey is issued to women prior to discharge from midwifery care. 87% of parents are satisfied with the service they receive, with 96% stating that staff are polite, 92% of parents felt that they were supported and 94% understood what was happening in their care.



## **What are we doing to improve Patient Experience**

Feedback suggests that patients, families and carers consider staff to be friendly, polite, supportive, professional and caring. Feedback for improvement maps into '5 Top Improvement Actions', these show a relationship to recommendations within Fundamental of Care Standards and link to recommendations made within national reports such as the [Older People's Commissioner reports](#), and the [Trusted to Care report](#)

## **The 5 Top Improvement Actions to improve patient experience are:**

Care Planning,  
Communication,  
Dignity,  
Environment,  
Nutrition



Some of the Improvements we have made during 2014 following patient feedback from comments cards, patient surveys and patient stories are:-

- Park and Ride facility at Glan Clwyd Hospital <http://www.wales.nhs.uk/sitesplus/861/news/34341>
- Refurbished toilets in main entrance at Wrexham Maelor Hospital
- Additional window and guttering cleaning
- Training video developed on Compassionate Communication
- Making educational patient stories available on Youtube

There are also a number of work streams in place in response to recommendations from two national reports by the Older Peoples' Commissioner for Wales (Dignified Care: the experiences of older people in hospital in Wales 2011; "A Place to Call Home", Care home review report 2014). Some of the improvements made as a result are:-

### **Dementia Care**

Dementia directly affects the lives of around eleven thousand people who live in North Wales as well as many more of their family who devote their time to offering care and support. As a health board we aspire to support people to live well with dementia, to feel part of a supportive community, to live a life that has value, meaning and purpose, to feel listened to and valued, to be safe and cared for when ill and ultimately to die with dignity. This is challenging but as Chris Roberts a person with dementia and dementia ambassador states:

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**To improve health and provide excellent care**

‘If you get it right for a person with dementia you get it right for everyone’

We are doing a lot of work to try and achieve this and we acknowledge that we have much to learn from people with dementia, their carers and wider families, particularly as we seek to fully listen and learn before making changes to how we deliver services.

Some of the things we have been doing

- **Accrediting Services** – people who use our services need to feel confident that their individual needs can be met and we believe that services work best when they follow national standards that ensure the quality of care and treatment. All three Memory Services that we provide have successfully been accredited by the Royal College of Psychiatrists (these are the only such services in Wales to achieve this) and two of those achieved a mark of excellence. This means that services which see people right at the start of their life with dementia can feel confident that the way in which the service works has been looked at very closely and measured against the most recent standards.
- **Training Staff** – people with dementia should expect that those who provide care are appropriately trained to do so. We have been putting together a wide range of opportunities for staff to become dementia aware and to develop their knowledge and skills. Whilst most staff need some training there are others who because of where they work or how much time they spend with people who have dementia need much more. For those we have jointly introduced with Bangor University a degree and Masters degree in dementia. Training needs to be practical and relevant so we have been offering a package that includes effective communication, compassion and how to recognise and work with individuality.
- **Introducing Activity Workers** – it is well known that coming into any NHS hospital is often a poor experience for people with dementia. Many find themselves staying too long and even when ready to be discharged but still needing some care there are delays in finding somewhere to provide that care. There is a need for people to have access to purposeful and meaningful activity that can help maintain social skills and create a sense of normality. We have been introducing and training dementia activity workers to work on our care of the elderly wards specifically to ensure that these things happen. Outcomes showed high levels of patient wellbeing; reduced falls; reduced behaviour that challenges; better sleep and reduced complaints about care.

- Involving Families – we have learnt from events on Tawel Fan ward that families of people with dementia have not always felt listened to, included or involved in the care provided and what can happen as a consequence. We have worked with carers, carer organisations and our staff to develop and introduce 'Care to Talk'. This is a carer owned file that encourages open, honest conversations between ward staff and families of those people with dementia. It provides families with an opportunity to document the conversations that are happening and for all concerned to feel that they are being listened to and understood. It is being offered in older people's mental health wards initially.

### Continence Care ( <http://www.wales.nhs.uk/sitesplus/861/page/51628>)

- **All Wales Continence Care Bundle:** The recent introduction of our Adult Patient Risk Assessment Documentation now promotes the timely assessment of toileting needs for all patients within 4 hours of admission / transfer. As a result, toileting needs are prioritised in care routines to ensure the promotion of continence and the effective management of incontinence. This will help us to achieve optimum standards of continence care and patient experience.
- **Clinical Skills Training in Continence Care for Nursing Homes:** The Health Board Practice Development Nursing Team have been delivering clinical skills training to all nursing homes for staff in best practice for continence care
- **Training** – Training in various forms is provided by Continence Nurse Specialist to provide staff with the knowledge and skills required to provide safe and effective continence care. An e-learning programme is also available.

### Falls Prevention

- **North Wales Falls Project Implementation** A multi-agency group led by BCUHB has been working together on the North Wales Falls Prevention Project. The work is focused across three settings, Hospital, Care Sector and Community Living to prevent falls and subsequent injuries amongst older people. As part of the project a number of resources have been developed to support a consistent approach to falls prevention which will help us to get a better understanding of our preventative work. We will continue to monitor this work and provide details of how this has helped our patients in next year's report.

## **External Reviews**

### **Trusted To Care (Andrews Report)**

During July 2014 the Health Board underwent an unannounced inspection by Healthcare Inspectorate Wales following the release of this report. The feedback from the inspectors stated that they had been impressed with the positive attitude of staff and stated that they had witnessed some superb examples of compassionate care delivery to patients.

Following the release of the report the Health Board has undertaken action including:

- ✓ Monthly quality and safety audits have been started across all wards.
- ✓ The outcomes of the audit are being included in an [Integrated Quality and Performance report](#) which is provided to the Board.
- ✓ We have implemented the All Wales Medication Safety Monitoring tool.
- ✓ We have reviewed information with our Primary Care teams to review quality monitoring within our nursing homes.

All reports from external inspections have an action plan which allows us to monitor performance to ensure that we review, monitor and increase standards of care for our patients. This is closely monitored by the Quality and Standards Manager and reported formally to the Quality, Safety and Experience Committee to ensure all actions are implemented.

### **Healthcare Inspectorate Wales**

During 2014 -2015 Healthcare Inspectorate Wales undertook a total of 8 Dignity and Essential Care Inspections across the range of our services including our main hospitals, community settings and Mental Health Services. A copy of these reports can be found here: [HIW reports](#) . As a result of these reports the following actions have already been taken:

- Symbols have been purchased and displayed in ward areas to assist those with sensory loss or learning needs
- New door locks and cabinets have been ordered to ensure the safe storage of medicine
- The Health Board has received 23 new profiling beds to prevent pressure ulcers
- A review of secure storage of files and patient records has taken place.

## Timely Care

### Enhanced Care

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 the scheme has been extended to Central and South Denbighshire, East and West Conwy as well as continuing in N W Flintshire, S Wrexham, Meirionnydd and Anglesey. N Denbighshire has been operational since 2010.

Between April 2014 to March 2015, 985 patients have been “admitted to the service”, and 10,550 hospital bed days saved. This equates to approximately 29 inpatient beds, if this care had been delivered in a hospital setting.

I was in a desperate position at the time. I was so relieved to have the help of the Enhanced Care Service Team until my husband improved.

### Emergency Departments and Minor Injury Units

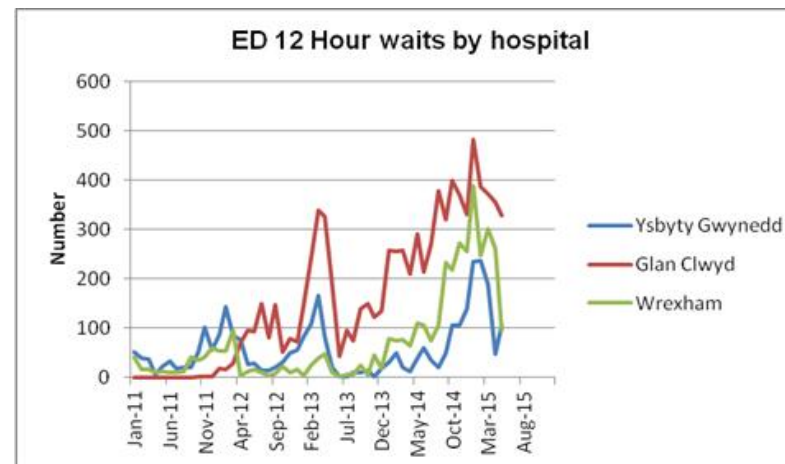
Most of our patients come to see us by first visiting their GP, however sometimes they need urgent care because of an injury, serious illness or existing condition which has quickly worsened. We run a range of services to care for this group of our patients; out of hours GP services, emergency dental 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.



Ysbyty Alltwn, Tremadog

Although the early part of the year showed real improvement for our Emergency Departments, at the end of March 2015, the Health Board achieved 78.4% against the target of 95%. We are not achieving this target and we know that this causes distress to patients across North Wales. We know we can do better for our patients

The chart shows how we have done this year compared to last year. Performance over the winter months has proven a challenge to our Health Board as elsewhere in the NHS. We have worked on our winter plan throughout to improve how we manage beds across the hospital, and ensure patients can be moved more easily between the Emergency department and the main hospital when they need to. In line with all Wales policies the Health Board has introduced an escalation and ambulance handover protocol to ensure patients receive their care in a safe and timely manner.



A significant number of patients waited over 12 hours in an Emergency Department in North Wales during 2014-15. As a result of this the Health Board has introduced a monthly audit of the care received by those patients to provide assurance that the care and treatment was safe and clinically effective despite the patient having to wait a lot longer for a bed. A detailed work programme is in place to improve the bed availability across the Health Board.

## Cancellations

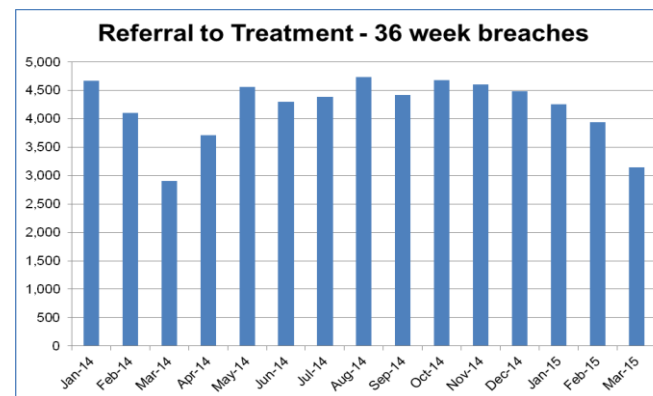
We only ever cancel a patient's operation as a very last resort. We know the distress that cancelling operations causes patients and their families and we apologise to the patients whose operations have been cancelled. Cancellations usually happen when a patient with a more urgent condition needs a bed or operating theatre. We make every effort to avoid cancellations, but in exceptional circumstances some patients are cancelled twice. We aim to rebook these patients within 14 days wherever possible, between April 2014 and March 2015 we undertook 56,860 procedures, of which 268 patients were cancelled more than once. We offered dates within 14 days to 122 of the patients (45%).



## Waiting Times for Treatment

Reducing the amount of time patients wait for any appointment, whether waiting for an appointment, 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 allocated an extra £15.4 million on reducing waiting times for patients. In total, we provided over 1.05 million appointments, admissions and tests. We ran additional clinics and operating sessions to treat more patients, as well as working with partner hospitals in the North West of England to reduce waiting times for patients. We are working on detailed plans for improvement next year. Our goal is to treat all our patients within 36 weeks by March 2016.



**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. As a result 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.

By the end of March we had treated 98.9% of patients diagnosed with cancer within 31 days. By the end of March 91.5% of patients were treated within 62 days.

Going forward into 2015-2016 the achievement of shorter waiting times for our cancer patients is a key priority. We will be working to reduce waiting times at every point in the patient journey from referral, clinic appointment, diagnostic scan, endoscopy, surgical treatments, radiotherapy treatments and chemotherapy treatments.



## 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 opening times. 89% 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 98% (increase of 9%) of our practices offer appointments after 5pm and 94% of practices offer appointments before 9am (increase of 5%). We know we have further to go and are working with GP practices to make more appointments available in the core hours



## Dental Access

For the 24 months up to October 2014 the access level across North Wales has been 50.42% with a peak of 51% during 2013, compared to 53% across Wales as a whole. Access rates are higher in the least deprived areas with attendance highest in children aged 6-17years and a greater proportion of females than males attending dental appointments.

The Health Board regularly reviews its dental provision to ensure that appropriate levels of access are available in the areas of greatest need.



## GP Out of Hours Services

The opening of the new Emergency Department at Ysbyty Glan Clwyd has allowed for the first time the GP Out of Hours services to be located under the same roof.

In December 2014 an external review was commissioned as a result of a number of concerns emerging regarding the performance of the Out of Hours Service and a report was presented in March 2015.

Following this review a number of immediate actions were undertaken and a full action plan was developed.

A copy of our response and action plan can be found here:

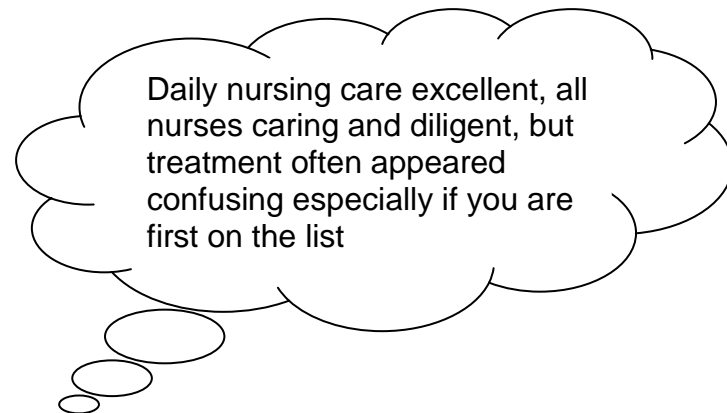
[GP Out of Hours](#)

## Individual Care

*iWantGreatCare*

<http://www.wales.nhs.uk/sitesplus/861/page/75107>

*iWantGreatCare* has often been termed as the 'Trip Advisor' of healthcare. BCUHB ran a pilot study from October 2014 to March 2015 in Wrexham Maelor Hospital on behalf of the Welsh Government. *iWantGreatCare* is a paper and web-based system which enables patients to provide real-time feedback on their inpatient experience and for the wards to receive weekly patient feedback reports. As the feedback is in the main very complimentary it has had a positive impact on staff morale but has also identified some areas for improvement. During the pilot study 1,960 reviews have been posted on the Wrexham Maelor site: <http://bcuhb.iwgc.net>. This has resulted in the Maelor Hospital receiving an overall star rating of 4.76 the highest rating on the *iWantGreatCare* website is 5.



## Supporting Carers

The North Wales Carers Information and Consultation Strategy outlines our intentions to improve how we involve and support carers. (<http://www.wales.nhs.uk/sitesplus/861/opendoc/244601>)

We have participated in an all Wales survey to gain a baseline view of carers experience of health services (results can be viewed at <http://www.wales.nhs.uk/sitesplus/861/page/61372>)

### **All Wales Standards for Accessible Communication and Information for People with Sensory Loss**

Over 20% of the total population of Wales suffer from a degree of sensory loss and we know this can have adverse consequences for health and wellbeing; it is increasing especially among older people. The Health Board has put in place an improvement plan to better meet the needs of people with sensory loss; books have been purchased for clinical areas to aid communication by using symbols and pictures, a toolkit resource to support staff in meeting patient needs has been developed and we have been working with stakeholders to develop way finding guidance. We have worked in partnership with service users in response to their request to develop an accessible health communication card. The purpose of this is to enable the patient to raise awareness of their specific communication needs when accessing health services.

Further details on our equalities work can be found here: <http://www.wales.nhs.uk/sitesplus/861/page/54509>

## Fundamentals of Care



There are 12 Fundamentals of care (FOC) standards. These are audited once a year and this provides an overview of the quality of care delivered to our patients at a set point in time. This audit is a requirement of Welsh Government for all Health Boards to complete. The Health Board has taken steps to improve areas that were highlighted as problem areas in the 2013 audit and as can be seen from the table opposite, there has been an improvement in the standards during 2014. Further areas for improvement have been identified in standard 2, 5, 7 and 10.

<http://www.wales.nhs.uk/sitesplus/861/opendoc/260435>

*(The results in this table are changed from our March 2015 paper to the Quality, Safety and Experience Group following a review of the all Wales system following its upgrade of the reporting mechanism.)*

Operational Questions Overall Summary (%)		2013 FOC Audit	2014 FOC Audit	Improvement
Std 1	Communication and information	86%	89%	
Std 2 & 5	Respecting people and relationships	72%	83%	
Std 3	Ensuring safety	91%	94%	
Std 4	Promoting independence	90%	92%	
Std 6	Rest & sleep	81%	88%	
Std 7	Ensuring comfort & alleviating pain	82%	80%	
Std 8	Personal hygiene, appearance and foot care	76%	86%	
Std 9	Eating and drinking	89%	90%	
Std 10	Oral health & hygiene	49%	83%	
Std 11	Toileting needs	88%	88%	
Std 12	Preventing pressure sores	95%	94%	
Overall Health Board Score		82%	88%	

## Putting Things Right – Learning when things go wrong

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)

<p><u>Complaints</u></p> <p>In 2014-15, the Health Board recorded 2554 concerns which were sorted out 'on the spot'</p> <p>In 2014-15 the Health Board also recorded 1826 formal complaints. This was an increase of 81 (4%) on the previous year.</p>	<p><u>Putting Things Right</u></p> <p>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. As a result of our investigations in the last year we identified 53 cases where a payment was made as part of redress for harm we caused.</p>
<p><u>Claims</u></p> <p>The Health Board has a legal duty of care towards those it treats, together with members of the general public and its staff. People who consider they have suffered harm from a breach of this duty can make a claim for compensation and damages against the Health Board, either:</p> <ul style="list-style-type: none"> <li>• clinical/medical negligence claims</li> <li>• personal injury claims</li> <li>•</li> </ul> <p>During 2014/15, the Health Board received 310 new claims and had a total of 891 claims open; an increase of 25 and 115 claims respectively on 2013/14. Payments totalled £8,974,527 in damages and claimants costs and £711,358 in defence costs</p>	<p><u>Inquests and Ombudsman Cases</u></p> <p>There are many reasons why the Coroner may hold an inquest when someone dies and the Health Board will provide evidence as requested by the Coroner. In 11 cases the coroner was critical of the care we had provided and we have taken steps to address these concerns.</p> <p>If someone is not satisfied by our response to their complaint they can ask the Public Service Ombudsman Wales to look into it. Last year 83 people did this and the Ombudsman decided to investigate 51 cases; so far 14 have been upheld or partially upheld.</p> <p>Further details of the cases reviewed by the Ombudsman can be found online in the <a href="#">Public Service Ombudsman for Wales Annual Report</a></p>



## Primary Care Services

Primary Care Services are provided mainly by three groups: GP's, Dentists and Community Pharmacies, which are contracted via nationally agreed contracts. Across North Wales there are currently 114 GP practices, 155 Community Pharmacies and 97 Dental Practices. The Health Board is the only Health Board to have a dedicated Primary Care Support Unit. There are a number of ways by which the Primary Care Support Unit support and monitors activity and quality. Some of these are outlined below:

**Quality Assurance Visits to GP's / Dentists / Community Pharmacists** In 2014 we started a new visits to GPs to look at quality and by the 7<sup>th</sup> April 2015, 80% (91 of the 114) GP practices received a visit. There were no significant issues or concerns in relation to patient safety identified during the visits completed.

**GP Clinical Governance Practice Self Assessment Toolkit** GPs assess themselves against all aspects of patient safety and clinical governance. In 2014/15 North Wales GP's have been the best performing in Wales for the engagement and completion of the Clinical Governance Toolkit with a submission rate of 99.1%.

**Quality Assurance Statements from Dentists and Community Pharmacies** All Dentists and Community Pharmacies are required annually to complete a Quality Assurance Return and provided this to the Health Board for review. The QAS covers a number of areas such as Infection Control, Safeguarding, Training, Health and Safety.

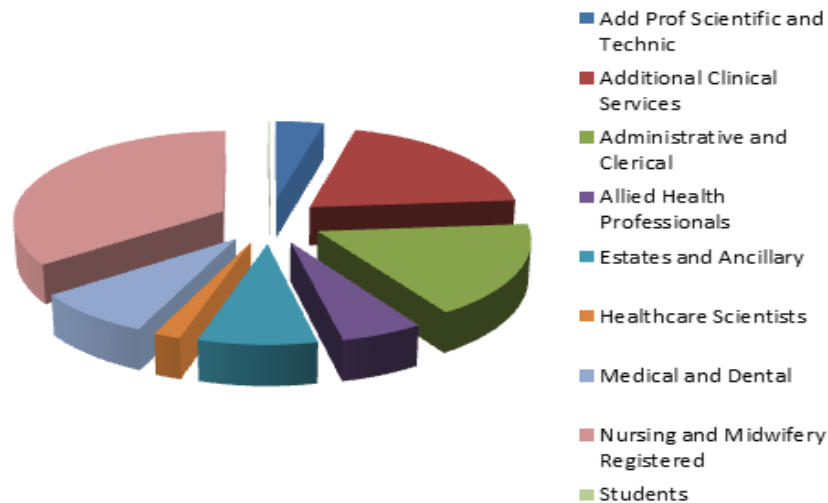
**Cluster / Locality Working** There are currently 14 cluster groups based around locality areas such as Ynys Mon, Dwyfor, Conwy East, Central Wrexham. The cluster groups have been designed to support GP practices to engage with each other and the Health Board on setting the direction of health care in line with the requirements of the local population.

### **Community Pharmacies**

There are 155 Community Pharmacies across North Wales which are mainly provided by corporate groups such as, Lloyds, Rowlands, Boots, Tesco's, Asda and Morrison's with the rest being provided by smaller groups and single independent providers.

## Staff and Resources

The recruitment and retention of the right numbers of high calibre staff that are professional, appropriately qualified and safe to work for the Organisation, is of great importance to the Health Board.



### Job roles in the above Staff Groups include:-

**Additional Professional, Scientific and Technical - Clinical**  
*Psychologist; Operating Department Practitioner; Pharmacist; and Chaplain*

**Additional Clinical Services - Health Care Support Worker;**  
*HCA; Nursing Assistant; Nursery Nurse; Assistant Psychologist; Medical Laboratory Assistant*

**Allied Health Professionals - Occupational Therapist; Physiotherapist; Dietician; Podiatrist; Orthoptist; Radiographer; Speech & Language Therapist and Art Therapist**

**Estates and Ancillary - Domestic; Porters; Gardener; Catering Assistant; Works and Maintenance**



The Health Board has a number of agency staff but we continue to actively recruit to vacant positions as a result of the £2.2 million Welsh Government nurse staffing funding allocation in September 2013 and vacancies as a result of natural turnover, maternity leave and long term sickness. A number of strategies are in place to address the continued difficulties in recruiting to registered nurse positions.

This year we received the Chwarae Teg Exemplar Employer Award recognising our work in promoting access to flexible working for staff across the health board. We will continue to build upon positive employment initiatives such as Positive about Disabled People and the Mindful Employer Charter.



**We continue to support our staff in a number of ways:**

### **Education, Training and Appraisal**

Effective and high quality education and training is provided to ensure that BCUHB staff are available in the right numbers with the right skills, values and competencies to deliver both excellent clinical outcomes together with patient-centred care. Staff will be supported by the Health Board through their working lives by effective support, supervision and appraisal.

[Pinnacle](#) is a new website. Pinnacle provides useful online tools, films, support and resources specifically aimed at BCUHB supervisors, managers and leaders - as well as access to the more traditional approaches to learning.



### **Performance Appraisal and Development**

BCUHB have strived to improve the PADR appraisal process by making paperwork simpler and regular reporting of compliance and data validation. However our compliance rate is still only 36%. Medical staff develop Continuous Personal Development activities through their appraisal supported by protected time in job plans and Study Leave.

### **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. The Health Board has currently trained 3341 staff to bronze level and 436 staff at Silver level.



### **Coaching**

A one day programme has been designed for BCU employees on 'Coaching Skills in the Workplace' as part of the work done around the BCUHB Leadership Strategy designed to promote a coaching culture within the organisation.

### **Staff Survey**

The following actions have been implemented in line with the Staff Survey action plan:

- 1.Introduction of team briefing to improve internal communications
- 2.Increased change management and engagement training for managers
- 3.Changes to the incident reporting system to improve feedback to staff raising incidents
- 4.Planning for launch in 2015 of a 'safehaven' system to encourage reporting of concerns

## 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 BCUHB recruits volunteers directly, these BCUHB managed volunteers are known as 'Robins'

### Robin Volunteers

<http://www.wales.nhs.uk/sitesplus/861/page/66609>

The Robins Volunteering Scheme celebrated its 10<sup>th</sup> year. . Currently there are 251 Robins, who are gifting over 2000hours per month Their ages range from 17 to 79. The main role of the Robins is to provide a befriending service on wards and in departments or a Meet & Greet service. The Robin's have been welcomed by staff and the volunteers feel valued and part of the team. In addition they have assisted with:

- The continuation of the Prevention of Delirium (POD) pilot scheme in Ysbyty Gwynedd.
- 'Hand Holding' service in Abergele Hospital, Eye Theatre
- The setup and facilitation of the Art & Activities Afternoon in Llandudno General Hospital.
- Signposting services in Xray and Out patients clinic

### Chaplaincy Volunteers

More than 30 Chaplaincy volunteers visit the wards to offer a listening ear to patients and provide spiritual and religious care.

### Public Members

The public members Group (who are members of the public who have used BCUHB services) continue to provide support to gain patient feedback via surveys, comment on readability of patient information and give a "lay" view of any service developments.

### Critical Friends

In addition to the Public Members Group , these are retired healthcare professionals who are recruited as volunteers to support the health board with its quality improvement work by being the independent voice with an experience of working in the NHS



## North Wales Community Health Council

<http://www.wales.nhs.uk/sitesplus/900/Home>

### Community Health Council Assessment Visits

CHC members undertook over 500 assessments during 2014-15. Reports were produced following each assessment and these were submitted to the Health Board for consideration and response.

Combined assessment results and information regarding complaints supported by the Advocacy Service was also provided to BCUHB on a regular basis. This information was presented to a number of BCUHB groups and committees.

In addition to assessment visit reports, the CHC escalated issues to BCUHB managers for urgent response on 33 occasions and made a further 26 requests for information/clarification.

The following assessments were undertaken during the year:

#### Emergency Department (ED) Watch

An Emergency Department (EDWatch) assessment at each District General Hospital.

#### BugWatch

BugWatch considered markers of good infection prevention practice. Two rounds of BugWatch were undertaken at the three District General Hospitals and two were undertaken at fifteen other hospitals. 139 individual ward BugWatch assessments were undertaken.

### CareWatch

CareWatch considered markers of good patient care. Two rounds of CareWatch were undertaken at three District General Hospitals and one was undertaken at fifteen other hospitals. 135 individual ward CareWatch assessments were undertaken. 14 of the CareWatch assessments were undertaken during the night. Recommendations following CareWatch included the need to:

- review and improve the provision, quality and clarity of literature on how people can raise an issue or make a complaint;
- review and improve the process for managing linen supplies to ensure adequate provision on the wards; and
- urgently review procedures for identifying patients who need assistance to eat to ensure they are sufficiently robust and offer assurance that all patients who need assistance will receive it.

### Hospital Patient Environment (HPE) Assessments

In addition to its own programme of inspections the CHC undertook 59 Hospital Patient Environment (HPE) assessments as part of the 2014 assessment. These covered the three District General Hospitals as well as Abergele, Bryn Beryl and Holywell hospitals. 18 “follow-up” assessments were also undertaken to assess progress following the 2013 assessment

## Looking forward

The [Quality Improvement Strategy](#) was approved by the Health Board in November 2014. The focus for quality and safety for 2015-2016 was agreed at a workshop held in April 2015 and will include:

Reference number and Title of priority objective	Executive lead	New Corporate clinical lead
1. Demonstrate an on-going reduction in the Mortality rate (demonstrated in Stroke, myocardial Infarction and Fractured Neck of Femur)	Medical Director	Secondary Care Medical Director
2. Meet the national standards for Venous Thromboembolism (VTE) compliance	Medical Director	Secondary Care Medical Director
3. Improve the response to the deteriorating patient – Implement the revised chart and re-launch RRAILS improvement to achieve 100% compliance.	Medical Director	Secondary Care Nurse and Medical Director
4. Sepsis Bundle – to re-launch the sepsis bundle to achieve 95% compliance of all elements of the bundle by December 2015.	Medical Director	Secondary Care Nurse Director
5. Improved Medicines Management- demonstrated through improvements in prescription and administration of:- Insulin, Heparin & Warfarin, and Oxygen.	Executive Director of Nursing and Midwifery	Area Director for Clinical services
6. WHO safer surgery- demonstrated by 100% compliance to the 5 stages of safer surgery ( World Health Organisation)	Executive Director of Nursing and Midwifery	Associate Director for Professional regulation
7. WHO safer procedural checklist	Executive Director of Nursing and Midwifery	Director of Quality Assurance & clinical lead for Quality and Safety.
8. Eradication of Grade 3&4 Pressure ulcers	Executive Director of	Area Director for Clinical

	Nursing and Midwifery	services
9. Unscheduled Care Quality methodology demonstrating improvements in care whilst waiting in Emergency Dept	Medical Director	Hospital Director (West)
10. Falls- demonstrated through a reduction of Inpatient falls resulting in harm.	Executive Director of Nursing and Midwifery	Area Director for Clinical services
11. Mental Health Clinical Division- Developing Quality metrics and methodology across primary, Community and secondary care to provide timely assurance of care provision.	Executive Director of Nursing and Midwifery	Mental Health Director and Nurse lead
12. Full implementation of the Infection prevention and Control improvement plan (full action plan supporting the specific sections for improvement)	Executive Director of Nursing and Midwifery	Associate Director for Infection, prevention and Control
13. Putting Things Right- continual improvement made in the management of concerns (Serious Incidents and Complaints) eradicating overdue complaints and concerns and creating confidence in investigation process and provision of trends and themes of areas for action and improvement	Director of Corporate services	Assistant Director for concerns and patient support services
14. Improved provision of timely GP discharge letters from Community and Secondary Care	Executive Medical Director	Assistant Medical Director (Primary Care)

There will of course be other objectives which will be progressed as set out in the Quality Improvement Strategy; however, the new organisational leadership team will work with their Peer colleagues and teams to implement these improvements across secondary care, community services and primary care.

The Older People's Commissioner has requested that the Health Board considers and includes data on a range of 12 quality indicators which will enable us to identify where that been negative impact on the older person's care and subsequence independence whilst in hospital. The Health Board has started to identify the data for this request and will arrange for it to be reported to future Quality, Safety and Experience groups. A final summary will be available in the 2015-2016 AQS.