



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Annual Quality Statement

(Technical Document)

April 2015 – March 2016



Content

Page

Contents

| | |
|--|-----|
| Welcome | 3 |
| Our population | 4 |
| Staying Healthy | 10 |
| Safe Care | 136 |
| Effective Care | 27 |
| Dignified care | 31 |
| Timely Care | 40 |
| Individual Care | 44 |
| Staff and Resources | 52 |
| North Wales Community Health Council | 58 |
| Looking forward 2016-17 Quality priorities | 60 |

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:

Welcome

It is our pleasure to introduce the Annual Quality Statement for Betsi Cadwaladr University Health Board for the year ended 31st March 2016.

Every day the people of North Wales and those from beyond who access our services put their faith in our staff to deliver safe, compassionate, high quality care and in the vast majority of cases that is the experience they receive. We are extremely fortunate to have committed, highly professional staff who consistently give their best, often in challenging circumstances, to deliver such care. Throughout this Report you will see examples of where our staff have delivered improvements in service quality, safety, research and learning, all of which go to support a better experience for those people who access our services. We are extremely grateful to them and extend our thanks to everyone of them for the contribution they make to improving quality within the Health Board.

In last year's report we set out a commitment to work in partnership with Primary Care, Local Authorities and Voluntary Organisations to put the physical and mental wellbeing of patients, families, carers and communities at the heart of what we do. We said that we would concentrate on delivering more care closer to peoples' homes and away from hospital. Through our newly established Area Teams we have begun this important work. We have met with people in communities and worked with partners to understand what is good about what we do and where we might improve further. We will continue this engagement and increasingly use the information we gather to point to areas where we need to improve further and to provide feedback on the services we deliver.



Dr Peter Higson OBE, Chairman

Whilst there has been much good work in 2015/16 it has been a challenging year for the Health Board. In June 2015 the Health Board was placed into Special Measures due to concerns over a number of areas of service delivery and governance. An Interim Chief Executive was appointed and focussed work was undertaken, starting with 100 day plans to deliver improvement in the areas of concern which had been highlighted. Much good work has been progressed and the Board will report in May 2016 to Welsh Government to demonstrate how the



first phase of requirements of the Special Measures Improvement Framework have been met. We are confident that we have made positive progress and set the Health Board on a firm footing to deliver further improvement through our Annual Operational Plan in 2016/17

Mr Gary Doherty, Chief Executive

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 16,548 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



alth and provide excellent care

Special Measures

On the 8 June 2015, following a meeting between the Welsh Government, the Wales Audit Office and Healthcare Inspectorate Wales, the Minister for Health and Social Services announced that he had accepted the recommendation that the Health Board should be placed in special measures under the NHS Wales escalation framework. This reflected the health board's failure to make sufficient improvement in relation to the long-standing concerns about governance, leadership and other issues which had already resulted in the Health Board's escalation status being raised to Targeted Intervention.

In response the Health Board initially developed a series of 100 day plans that set out the actions to deliver rapid improvements in the specific areas of concern highlighted by the Minister.

In October 2015 Healthcare Inspectorate Wales and the Wales Audit office undertook a high-level review of progress after the first four months of Special Measures. As a result of their recommendations, on 22nd October 2015 the Deputy Health Minister announced that the Health Board should

remain in special measures for the next two years with progress and milestones reviewed every six months.

In January 2016, the Deputy Minister for Health issued a Special Measures Improvement Framework to the Health Board, setting out expected improvement milestones over the next two years, divided into three phases:

Phase 1 – November 2015 – April 2016

Phase 2 – May 2016 – November 2016

Phase 3 – December 2016 – November 2017

The expectations are that each phase will focus on a set of 6 improvement areas: Leadership and Governance, Strategic and Service Planning, Engagement, Mental Health, Maternity Services and Primary care.

Further details of our work against the special measures can be found here:

<http://www.wales.nhs.uk/sitesplus/861/page/81806>

What we said we would do in 2015-2016

The actions identified below form our 3 year quality improvement strategy. As you will see we have made some progress but not as much as we would have liked. We will continue to work on these priorities in 2016/2017.

| 2015-2016 Priority | What we have done | How have we done? | What else do we need to do? |
|--|---|---|---|
| <p>Demonstrate an on-going reduction in the Mortality rate (demonstrated in stroke, myocardial infarction and fractured neck of femur).</p> <p>Mortality Definition- to develop and oversee delivery of a co-ordinated and effective approach to reducing avoidable mortality.</p> | <p>Review of stroke care completed. We established Level 1 & 2 mortality reviews on all acute sites. This is now being rolled out across Community Hospitals, Mental Health and Primary Care.</p> |  | <p>We need to ensure that all specialites have mortality reviews with Health Board wide governance processes which will allow us to monitor outcomes.</p> |
| <p>Meet the national standards for Venous Thromboembolism (VTE) compliance.</p> <p>VTE definition = Positive Deep Vein Thrombosis(DVT) or Pulmonary Embolism (PE) which can be linked to a hospital admission up to 90 days after discharge.</p> | <p>A baseline audit was undertaken between September and December 2015 to provide a clear trajectory for improvements. Compliance results against national standards were poor. Three site teams have been set up to review and drive compliance for VTE reduction.</p> |  | <p>Increase appropriate treatment rates and increase education of VTE for both staff and patients.</p> |
| <p>Improve the response to the deteriorating patient – implement the revised chart and re-launch RRAILS improvement to achieve 100%.</p> | <p>Revised NEWS charts in use, Sept 2015 Snap shot audit showed 95% compliance in all RRAILS bundles for response, admission and recognition. Monthly review through quality audits demonstrates on-going use of NEWS chart.</p> |  | <p>Drive improvement across all disciplines to ensure compliance.</p> |
| <p>Sepsis bundle – to re-launch the sepsis bundle to achieve 95% compliance of all elements of the bundle by December 2015</p> | <p>Bundle compliance for Sepsis for 2015 was 99.1%.</p> |  | <p>Re-audit this position in June 2016.</p> |

-

| | | | |
|--|--|---|---|
| <p>Improved Medicines Management – demonstrated through improvements in prescription and administrations of Insulin, Heparin and Warfarin, and Oxygen.</p> | <p>“Think Glucose” programme has been purchased for BCUHB.</p> <p>An All Wales Medication Safety monthly audit is being undertaken.</p> <p>The student nursing programme includes oxygen competencies and the nursing preceptorship covers storage and use of cylinders and administration.</p> |  | <p>Ensure that sufficient time is allocated to induction training and that new doctors are competent to prescribe.</p> |
| <p>World Health Organisation (WHO) Safer surgery – demonstrated by 100% compliance to the 5 stages of safer surgery.</p> | <p>Compliance against this measure across the three sites is providing averages of:</p> <p>Central – 89% East – 95% West – 98%</p> <p>The % compliance has been variable and work with theatre teams is required to ensure full compliance is achieved and sustained.</p> |  | <p>Site specific actions plans will be developed to ensure all areas have 100% compliance</p> <p>Areas who do not achieve 100% compliance will be required to undertake further audits.</p> |
| <p>WHO Safer procedural checklist – to introduce internationally recognised safety tools (for use outside theatres).</p> | <p>A baseline position was developed across all acute sites to understand what checklists and consent processes were followed in 2015/16.</p> <p>WHO Safer procedural checklists were introduced in Radiology Services in 2015/16. An audit of compliance was undertaken with some refinements of use recommended.</p> |  | <p>Introduce safer procedural checklist into outpatient departments across the health board.</p> |

| | | | |
|--|--|---|---|
| Eradication of Grade 3 & 4 pressure ulcers. | A Strategic Healthcare Committee was formed to ensure all acute and area clinical teams co-ordinated improvement actions. Eradication of Grade 4 sustained in 2015/16 until 1 case in Feb 2016. Grade 3 pressure ulcers reduced in 2015/16 but did not meet the trajectory. |  | Revised trajectory in 2016/2017 will be achieved by Quarter 3. |
| Unscheduled care quality methodology demonstrating improvements in care whilst in Emergency Department. | The review and audit of the care provided for patients waiting 12 hours or more in the Emergency Department was used across all 3 main hospitals, however the collating of trends and issues for improvement needs to be reported consistently through the Unscheduled Care Board. |  | Aligned to unscheduled care performance targets. Quality outcomes will be closely monitored. |
| Falls – demonstrated through a reduction of inpatient falls resulting in harm. | All patients admitted to hospital are assessed using a Falls assessment tool. A falls group representing all clinical areas has been formed to lead this work. A clear baseline position and action plan has been developed with clear trajectories. However, no reduction has been achieved. |  | Implement improvement actions to ensure reduction of falls resulting in harm and undertake baseline position for community falls with North Wales partners. |
| Mental Health Clinical Division – Developing Quality Metrics and methodology across primary, community and secondary care to provide timely assurance of care provision. | The objective to provide an appropriate quality audit tool which references mental health measure, Older People’s Commissioner standards and Health and Care Standards has been fully achieved. The tool has been rolled out in all inpatient areas and has supported |  | Further develop metrics to measure the quality of service in Community settings and extend the real time patient feedback process. |

| | | | |
|---|--|---|--|
| | the development of a performance dashboard. | | |
| Full implementation of the Infection prevention and control improvement plan (full action plan supporting the specific sections for improvement). | Significant work has progressed against the action plan leading to improvements in 2015/2016. However the reduction in MRSA and C-Difficile cases did not meet the trajectory set by Welsh Government. |  | Detailed action plans in place to ensure reduction targets achieved in 2016/17. |
| 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. | The historic backlog has been cleared. Concerns management procedure being revised to better support learning and timely response rates. Improvement trajectories and plans in place as part of the Annual Operational Plan. |  | Actions in line with improvement plan to be implemented in 2016/17. |
| Improved provision of timely GP discharge letters from Community and Secondary Care. | Work has progressed against the action plan. However, The roll out is slower than hoped for, and will need to be managed within resources. |  | A system will be chosen across Wales, which will allow co-production with community pharmacy colleagues. A re-audit is planned for September 2016. |

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.

Childhood Immunisation

Our key target is 95% vaccination of all children by age 4 with all scheduled vaccines but we monitor and report a number of other milestones.

Detailed data for each Local Authority area is available at:

[http://nww2.nphs.wales.nhs.uk:8080/CommunitySurveillanceDocs.nsf/3dc04669c9e1eaa880257062003b246b/59f98cb09086438780257fc0004c5041/\\$FILE/COVER20152016_v1.pdf](http://nww2.nphs.wales.nhs.uk:8080/CommunitySurveillanceDocs.nsf/3dc04669c9e1eaa880257062003b246b/59f98cb09086438780257fc0004c5041/$FILE/COVER20152016_v1.pdf)

| | | |
|---|--|---|
| 89.2% of 4 year olds have had all their immunisations | This is the second highest in Wales |  |
| 96.5% of children have had their 5 in 1 vaccination by the age of 1 | This target is now consistently maintained |  |
| 96.4% of children have had one dose of MMR by their 2nd birthday | This is the highest in Wales |  |
| 90.3% of children have had 2 doses of MMR by the age of 16 | This is the second highest in Wales |  |
| 85.2% of 16 year olds have had the 3 in 1 teenage booster | This is the third highest in Wales |  |

Data source: Accessed 6/4/2016

[http://nww2.nphs.wales.nhs.uk:8080/VaccinationsImmunisationProgsDocs.nsf/\(\\$All\)/40313BDFFE1C227B80257F6300329071/\\$File/Cov15q4%20\(Report%20117\)%20v1.pdf?OpenElement](http://nww2.nphs.wales.nhs.uk:8080/VaccinationsImmunisationProgsDocs.nsf/($All)/40313BDFFE1C227B80257F6300329071/$File/Cov15q4%20(Report%20117)%20v1.pdf?OpenElement)

Seasonal Influenza Vaccination

The data here is the latest available and correct as of 30/3/2016:

| | | | |
|---|------------|-------------------------------------|---|
| 68.7% of people over 65 had their flu vaccination | Target 75% | This is the highest in Wales |  |
| 49.3% of those under 65 at clinical risk have had their flu vaccination | Target 75% | This is the second highest in Wales |  |
| 44.2% of pregnant women have had the flu vaccination | Target 75% | This is the third highest in Wales |  |

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.

Data source: Accessed 6/4/16

[http://nww2.nphs.wales.nhs.uk:8080/CommunitySurveillanceDocs.nsf/\(\\$All\)/5C0F8FE52E83C5F980257EED0051C006/\\$File/Weekly%20update%20on%20influenza%20immunisation%20uptake.pdf?OpenElement](http://nww2.nphs.wales.nhs.uk:8080/CommunitySurveillanceDocs.nsf/($All)/5C0F8FE52E83C5F980257EED0051C006/$File/Weekly%20update%20on%20influenza%20immunisation%20uptake.pdf?OpenElement)

Smoking Cessation

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.

Despite a comprehensive programme of work to increase the number of smokers accessing services, during the past year the target has not been achieved on a consistent monthly basis, but we do anticipate a slight improvement on the overall total achieved last year (3.6%).

Over the past 12 months we have pioneered a number of innovative schemes to seek to improve uptake of smoking cessation services.

These include:

- Integration of local services in 3 small areas in Holyhead, Rhyl and Wrexham, with additional training for staff to equip them with new skills to support and encourage smokers to consider stopping smoking;

- The development of the Quit for Them initiative (www.quit.wales) which inspires parents to quit for their children, and uses the inspiring stories of North Wales parents to encourage others to quit. Up until the beginning of March over 930 “Quit Kits” have been requested, with increased contacts to smoking cessation services as a direct consequence of the scheme.

Addressing Inequalities

The past year has seen the early stages in the development of a new approach to addressing inequalities in health in North Wales. The “Well North Wales” programme takes its inspiration from programmes developed in North West England and in London. It will work with local people in small geographical areas to identify new and different opportunities for improving health by redesigning the way local services are delivered. Identification of the first communities in which this approach will be implemented is now underway.

Dolgellau Hospital Health Promotion Hub - Dolgellau Community Magazine

In order to provide patients waiting to access clinics and Minor Injuries Units with health-related reading material that encourages self-help and health and wellbeing a hospital magazine was introduced. All departments are asked to contribute and the aim is to provide a format for local health-related services to advertise and to include news from the hospital and community as well as health promotion articles. The magazine will be updated every three months.

Coleg Meirion Dwyfor

Consultation with college staff and the Out Patient Department has resulted in a new and original initiative linking the hospital with the college. The college has agreed that as part of their Health and Social Care course, all students will be required to give a health education presentation to a targeted group. They will plan, research and collate evidence. They will then implement the project, giving a presentation to their target audience. With photographic and written evidence, they will form a laminated story board of their work. The staff have helped with resources and taken part in planning the sessions and attended presentations. The final story boards were judged and an award given at the annual prize giving in September. The story boards will also be displayed in NHS hospitals.

Encouraging young people to be practically involved in health education will enhance the Outpatients Department role as a Health Promotion Hub, providing lifestyle change support for each generation.

Dolgellau Leisure Centre and Dolgellau Health and Wellbeing Hub

Following a meeting between the Outpatient Department and Leisure Centre staff it was discovered that both groups had the same aim i.e. to encourage sustainable and acceptable exercise for less-able people or those lacking in confidence. It was apparent that for some client groups one barrier identified was the lack of confidence in making the first step through the doors of the Leisure

Centre. A member of staff now attends the sessions with the clients in order that they have a familiar face to accompany them and also arranges short walks.

Ffordd Gwynedd

'Ffordd Gwynedd's' principles ensure that Gwynedd's people are at the Centre of all that we do. This is what staff are trying to do every day. But the system or processes in place are hindering instead of supporting this. Ffordd Gwynedd Health and Care's aim is to simplify these work processes and avoid blockages that will lead to a better Service for the individual. This is an integrated team of both NHS and social care professionals.

Paediatric Helpline

A Paediatric Helpline was launched in the Central area in October 2015. The Helpline provides an opportunity for parents and professionals to discuss potential referrals, waiting times, general queries and any concerns. It allows Speech and Language Therapy staff to give advice and to signpost to other services where appropriate. It is an opportunity for us to engage further with our service users ensuring they can access timely advice and support when appropriate. Service benefits include reductions in inappropriate referrals, dealing with concerns in a timely manner and being more accessible to our service users.

Paediatric Dysfluency Pathway

We have developed and implemented a new dysfluency pathway to meet the needs of children who stammer. All paediatric staff have received training in Michael Palin Parent Child Interaction Therapy and Lidcombe, ensuring that we have a range of evidence based therapies that we can use to work with these children and their families.

The Glan Clwyd Stroke Early Supported Discharge (ESD) team

The ESD team had another successful year. Funding has been agreed for a further 9 months until December 31st 2016. This is currently for the North Denbighshire area. To date, 49 patients have been supported to return home from hospital. Rehabilitation outcome measures demonstrate that positive gains have been made by patients during the ESD rehabilitation period. Patients and their families were very satisfied with the service and provided positive feedback through patient satisfaction questionnaires.

Hope Medical Centre

The new Health Centre in Hope is due to open in May and will provide a much enhanced area for the GP practice and specifically Health Visitors. The aim for the Health Visitors is to provide a dedicated space for support for young families in terms of health and education and to become a much needed and improved hub for mother and baby sessions. The facility will also centre on additional services for health promotion such as smoking cessation.

Child and Adolescent Mental Health Services (CAMHS)

- Seven day service for assessment of admissions to ED with CAMHS nurses based in the Maelor plus Child Psychiatry on call all weekend from 3rd April 2016.
- Outcomes will benefit all partners in the following ways:
 - Timely specialist assessment of young people
 - Reduced length of stay in hospital
 - Improved communication and service to looked after children

Alcohol Treatment Centre

- Opened 18th December 2015 and funded for 12 months initially. Joint venture between WAST BCUHB, Wrexham Council, North Wales Police, British Red Cross and Street Pastors.
- Working well with positive outcomes for all partners. Data supports a reduction in WAST and ED alcohol related issues at weekends.

Breastfeeding

In line with UNICEF Breastfeeding Standards we are progressing to having an area breastfeeding co-ordinator/specialist. This builds on the service we already deliver through our Flying Start Partnership. It will offer Wrexham and Flintshire parents improved access to breastfeeding support in line with the Level 3 accreditation which we achieved in 2015.

In February 2016, a number of community nursing and health prevention services were relocated into Caia Park Health Centre.



Intermediate Care

Through the development in partnership with Flintshire and Wrexham Local Authority the ICT are looking after, between 60 and 80 patients per day through a “Virtual Ward” system which allows daily review of every pt and to ensure goal setting and care progression.

Come and cook

Sarah Powell-Jones has won an advancing healthcare award for outstanding achievement in acknowledgement of her work on the Come and Cook/Dewch I Goginio programme.

It supports people to prepare, eat and enjoy a healthy diet by improving practical cooking skills and confidence to prepare nutritious meals. Activities are incorporated to link the food prepared by participants with nutrition messages that promote good health and well being. Participants also have the opportunity to gain credit for learning through the Welsh awarding organisation Agored Cymru.



Disability Sports Wales (DSW) Service Promotion.

The Posture & Mobility service in partnership with Disability Sports Wales, has set up a resource area with the Wrexham centre which promotes various sports across the North Wales area that are available. We have weekly visits by the area development officers to engage with clients on site and also a self referral process which enables client to make contact with the Area development officers. Also we promote the various sports available via the services display screens.

Diet and pregnant mums

One of our dieticians based at our Wrexham hospital has won an award for her work in encouraging healthy eating in expectant mums. The work has included educating community midwives to help them give pregnant women advice on eating well, avoiding harmful foods and staying active during pregnancy.

Healthy Prestatyn

The new [Healthy Prestatyn Iach](#) primary care service will launch on 1st April. This new service, operated by the Health Board, will provide primary care for the patients of the town's former Pendyffryn Medical Group and Seabank



Practices.

In the new service, GPs will be joined by other health professionals - Nurse Practitioners, Occupational Therapists and Pharmacists - to form five multi-disciplinary 'KeyTeams' that will each take on responsibility for caring for a specific group of patients. This arrangement will mean that patients can be seen directly by the person most appropriate for their care needs, while also ensuring that GPs can devote their time to those patients who need to see a doctor.



Safe Care

The total number of Never Events reported during 2015/16 was 6. Of these 6 reported 4 cases remain open.

| | Falls from poorly restricted windows | Misplaced Naso or oro-gastic tubes | OD of Insulin due to abbreviations or incorrect advice | Wrong route administration of medication | Wrong site surgery | Total |
|----------------|--------------------------------------|------------------------------------|--|--|--------------------|----------|
| Secondary care | 0 | 1 | 0 | 0 | 0 | 1 |
| Primary Care | 0 | 0 | 1 | 0 | 0 | 1 |
| Secondary care | 0 | 0 | 0 | 1 | 0 | 1 |
| Secondary Care | 1 | 0 | 0 | 0 | 0 | 1 |
| Secondary Care | 0 | 0 | 0 | 0 | 1 | 1 |
| Secondary Care | 0 | 0 | 0 | 0 | 1 | 1 |
| Total | 1 | 1 | 1 | 1 | 2 | 6 |

The never events have been investigated and reports submitted to Welsh Government. We have learned from the findings of these incidents and helped improve the care for our patients. As a result of the 2015/16 incidents the following actions have been taken:

- A formalised induction process has been developed for agency clinicians;
- A Safety checklist has been introduced for Radiology;
- An eight week assessment period has been introduced for all locum surgeons undertaking major abdominal surgery;
- The handover process from On call consultant (day) to On call consultant at night (and vice versa) has become a formalised process;
- We have set up an ultrasound governance board to monitor the safe use of ultrasound across all areas of the health board.

Hospital Acquired Pressure Ulcers

While recognising pressure ulcers are often a complication of serious acute or chronic illness, BCUHB understand the major burden pressure ulcers are to patients, families and the Health Care System and is committed to the elimination of all avoidable grades of pressures ulcers. Consequently, we have set minimum targets, for the reduction of all pressure ulcers against which improvements can be measured. We are expecting our sustained excellent current performance of zero grade 4 pressure ulcers to continue as well as the apparent trend of reducing grade 2, which has frequently fallen below target. Although, fewer in numbers pressure ulcer classified as grade 3 have failed at times to attain the strict minimum target. As each occurrence is investigated immediately by Senior Staff, clinical areas have seen timely delivery of local actions plans to ensure swift remedial actions and prevention strategies.

In August 2015, we launched a new project with the setting up of a 'Strategic Health care Acquired Pressure Ulcer Group' to oversee and coordinate with all three Local Healthcare Acquired Pressure Ulcer Groups. This new way forward has encouraged an improved focus on pressure ulcer prevention and reduction activity across BCUHB. Key priorities include gaining a better understanding of the key themes contributing to pressure ulcer development, ensuring prompt, accurate reporting and creating a culture where roles and responsibilities are clearly defined.

In analysing contributory trends in reporting pressure ulcers, the 'Strategic Healthcare Acquired Pressure Ulcer Group' has identified the key areas requiring improvement: patient clinical documentation, accurate timely reporting on Healthcare systems and patient non-concordance with advice or treatment. The Group are currently supporting the development of Guidelines for Non-concordant patients and Pressure Ulcer Prevention Patient information leaflet. One major priority over the next months is a coordinated pan BCUHB initiative to review and standardise patient clinical documentation templates to promote accurate clinical records associated with the delivery of effective pressure ulcer prevention strategies in clinical areas.

In November, to supplement the excellent education initiatives offered throughout BCUHB, over 135 delegates attended the second 'Stop Pressure Ulcer Day' conference held in Venue Cymru, Llandudno. Focus was on legal aspects documentation, wound infection, classification of pressure ulcers and correct pressure relieving equipment selection. Positive evaluations were given by attendees who represented all staff levels, including Management, Student Nurses and Healthcare Assistants from both Private and Health Board sectors.

Infection Prevention and Control

The prevention of infection is a key priority for Betsi Cadwaladr University Health Board. The Health Board is committed to achieve 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. In January 2016 BCUHB made a significant improvement for both *Clostridium difficile* and MRSA blood stream infection. The Health Board is aiming to maintain the new trajectory through 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.

Below is a summary of the interventions introduced in 2015/16 financial year to support this overarching aim. The Health Board were also faced with significant challenges during the year including a sudden increase in *Clostridium difficile* infections in the East during June and July 2015. The Health Board very swiftly implemented and maintained a range of actions which saw the situation contained very quickly and the number of new cases dropped back to a low level by the end of September 2015.

| | 2012/13 | 2013/14 | 2014/15 | 2015/16 (April to February) |
|--|-----------|-----------|-----------|-----------------------------|
| | BCUHB | BCUHB | BCUHB | BCUHB |
| Clostridium difficile infection per 100,000 population | 92.26 | 64.60 | 57.52 | 51.01 |
| | 637 cases | 447 cases | 398 cases | 354 cases |

| | 2012/13 | 2013/14 | 2014/15 | 2015/16 (April to January) |
|---|----------|----------|----------|----------------------------|
| | BCUHB | BCUHB | BCUHB | BCUHB |
| MRSA bacteraemia per 100,000 population | 7.10 | 6.79 | 5.49 | 4.90 |
| | 49 cases | 47 cases | 38 cases | 34 cases |

| Date | Intervention Introduced | |
|----------------|--|---|
| APRIL 2015 | <ul style="list-style-type: none"> • CHC Bugwatch Acute Hospitals report - “Good performance is being maintained at all three hospitals. Many wards have outstanding performance and there have been some notable improvements in performance by some wards”. |  |
| MAY 2015 | <ul style="list-style-type: none"> • Hand Hygiene Awareness week campaign launched to promote • <i>Approval and launch of management of MRSA protocol in line with national guidance</i> |  |
| JUNE 2015 | <ul style="list-style-type: none"> • Launch of admission and weekly MRSA screening for critical care patients in line with National guidance. • Launch of Strategic Food Safety Group to oversee food safety arrangements across BCUHB |  |
| JULY 2015 | <ul style="list-style-type: none"> • Launch of admission screening for MRSA for all elective Orthopaedic patients in line with national guidance. |  |
| AUGUST 2015 | <ul style="list-style-type: none"> • Completion of roll-out of new microfiber cleaning system to all wards in acute hospitals. |  |
| SEPTEMBER 2015 | <ul style="list-style-type: none"> • Flu vaccination campaign commenced • ICNET infection management system– full rollout of live link and interfacing of systems complete. |  |
| OCTOBER 2015 | <ul style="list-style-type: none"> • North Wales Infection Prevention Conference hosted at Llandudno, over 100 delegates and very well and positively evaluated. • Clear the clutter campaign launched, to help clinical staff improve the environment and make cleaning easier. |  |
| NOVEMBER 2015 | <ul style="list-style-type: none"> • Antimicrobial prescribing awareness day held, as part of European Antibiotic Awareness Day to promote the benefits of prudent prescribing to reduce <i>Clostridium difficile</i> and antimicrobial resistance. |  |
| DECEMBER 2015 | <ul style="list-style-type: none"> • Specific key infection prevention standards rolled-out for Mental Health & Learning Disability environments of care, based upon the 10 key standards already in place across BCUHB acute areas. |  |
| JANUARY 2016 | <ul style="list-style-type: none"> • Initial feedback from the Whole Genome Sequencing research project for <i>Clostridium difficile</i> very positive. |  |

Falls

Inpatient falls are common and remain a great challenge for the NHS. Falls in hospital are the most commonly reported patient safety incident and all falls, even those that do not result in injury can cause patients and their family to feel anxious and distressed. For those who are frail, minor injuries from a fall can affect mobility and undermining their confidence and independence. Some falls in hospital result in serious injuries and sadly even death.

Reducing falls with harm is one of the Health Board's top priorities within its quality improvement strategy. Tackling the problem of inpatient falls is challenging as there are no single or easily defined interventions which, when done on their own, are shown to reduce falls. However, research has shown that multiple interventions performed by the multidisciplinary team can reduce falls. These interventions are particularly important for patients with dementia or confusion, who are at high risk of falls in hospitals.

During 2015-16 Betsi Cadwaladr University Health Board established a strategic falls group to deliver improvements. This has allowed us to understand how we are doing against this evidence base. We participated in the annual National falls and frailty fracture audit and will continue to do so to show how well we are progressing with our ambition to reduce falls across the Health Board. Fundamental to this is that on admission to hospital all patients are assessed using the Health Board's Falls Assessment Tool. Where patients are identified as being at high risk of falls they are placed on the Health Board's Falls Pathway with an appropriate care plan.

We want to prevent as many falls as possible, particularly those that result in harm and we will build on this year's work to do more during the next year and have set a target of a 50% reduction by March 2017 for falls that cause harm to patients.

The Mental Health division has increased its scrutiny in relation to falls in all older people's wards using the Cochrane review. The aim is to reduce the harm from falls in addition to learning lessons that could prevent falls reoccurring. Each ward is monitored on a monthly basis by the Consultant Nurse and if more than an expected number of falls happen; or if a patient falls more than once; or any patient sustains harm, then a review is triggered. That review looks at what happened, how it was managed, whether national guidance was followed, whether documentation is full and complete and what can be learned and implemented to prevent reoccurrence. Since the review system was introduced in October 2015 there have been 169 falls across the five wards of which 65 met the criteria for review. Compared to the same period in the previous year (October 2014 to March 2015) there has been a slight reduction in total falls (from 176 to 169); a very low level of harm as a consequence of a fall (2%); high levels of compliance with national guidance for post fall management and; improving quality of documentation. This additional scrutiny is in addition to the usual PTR review.

Nutrition

The Health Board has introduced a number of initiatives following the Nutrition and Hydration week. These include regular tea parties including finger food mealtimes within identified areas such as community hospitals and the elderly mental health units. Educational sessions delivering “back to basics” focussing on nutrition and hydration for the acute hospitals, this has included nutritional screening and planning and evaluating nutrition and hydration care. As part of our learning lessons, we have changed our practise relating to tube feeding through a nasogastric tube; our nutrition teams (Doctors, Nurses and Dieticians) across North Wales have also provide intensive support through workshops, education and training at ward level for registered health professionals involved with nasogastric tube feeding.



The Health Board has supported additional support for the Nutrition Nursing Team which will enable us to manage patients closer to home across North Wales. The Nutrition Nurses support patients and family/carers, healthcare teams both in the Hospitals and Community (including Nursing Homes) to manage specialised feeding techniques our Nutrition Nurses are currently being trained up to attain the expert knowledge and skills required to undertake their duties.

In the next 12months we have prioritised improving compliance with protected mealtimes and joining in Johns Campaign through routinely inviting relatives/significant “others” to visit during mealtimes, offering a “visiting passport” encouraging and enabling help at mealtimes.

Nursing homes

Under the Health and Safety at Work Act (HSWA) 1974 we have a statutory duty to protect the health, safety, and well-being of NHS patients. This includes where a provider is providing services on behalf of the NHS for example in care homes, independent hospitals, and domiciliary care settings. There are currently 76 Nursing homes that provide nursing care for BCUHB patients. A small number of these are under formal escalating concerns procedures and being jointly monitored by the relevant Local

Authority, CSSIW and BCUHB. The common themes in relation to the homes under escalating concerns are staffing levels and recruitment, leadership and management, clinical issues such as tissue viability, nutrition, falls, and documentation.

In order to ensure safe and evidence based practice within Nursing Homes the Health Board employ a team of Practice Development Nurses. This team undertake annual quality monitoring in all of the Nursing homes and provide education, training, and professional clinical support to all the staff. The team also develop and implement annual training programmes for care home staff (both Nursing and residential homes), this is provided free of charge to the homes. Last year approximately 1500 care home staff attended this training. The Health Board also employ Continuing Health Care teams who are responsible for the individual patients within the homes and undertake regular monitoring and reviews of individual patients.

In response to the Operation Jasmine review into standards of care into care homes in South Wales, BCUHB has developed an action plan with key responsible leads and timescales incorporating the key themes and lessons learnt from the review. The Older Peoples Commissioner following a review into care homes across Wales also issued the Health Board with 12 required actions for development. Key workstreams are underway in response to both the Older Peoples Commissioner review and Operation Jasmine. The Health Board is currently developing Advanced Practitioner (AP) roles for care homes to provide advanced skills within the homes and improve the quality of health care to patients. The AP's will co-ordinate the health care of people with multiple long term conditions, using advanced clinical and diagnostic skills to develop, implement and evaluate treatment pathways and individual management plans for patients in care homes. The AP's will improve access to care by appropriate referrals to other services and improve the residents care and outcomes through the ability to assess, treat and preventative therapy.

Six steps

There is variation and inconsistency across the Nursing Homes in North Wales in relation to palliative care training and the quality of end of life care. This can result in inappropriate hospital admissions and residents dying in hospital rather than in their preferred place of care. The Macmillan End of Life Care Plan Facilitation Team work in palliative care services delivering specific training/educational projects to all health professionals to improve the patient experience.

This project was set up to potentially address the following issues:

- To provide equality of end of life care training across North Wales to Nursing homes;
- To drive up the standard of end of life care available to residents in Nursing Homes;
- To reduce inappropriate admissions into the acute sector;
- To increase the use of advance care planning and patient choice;
- To increase the knowledge, skills and confidence of registered nurses working in nursing Homes;
- To provide seamless care and improved communication between care providers.

It is our belief that targeting the development and education of general palliative care providers will ultimately positively affect residents being able to achieve their preferred type and place of care and death; this is the key aim of the Six Steps to Success Project. Promote accessibility through the direct empowerment of all general palliative care providers across Nursing Home settings in BCUHB through the provision of advice, support and education to support the aims and objectives of the service, resulting in the delivery of the highest standards of general palliative and end of life care to all patients in the last year of life, together with the support for their families. Identification of people who are approaching the last year of life is an essential first step in providing effective end of life care services. Identifying those who are likely to die within the next year and initiating the necessary, and often difficult, conversations is complex and requires considerable skill and experience. The programme will facilitate health care professionals to Supporting and educating health professionals about the management of the last days of life. Every year on average 41,969 people die in a nursing home (National End of Life Care Intelligence Network 2010).

Mortality

For healthcare, in determining whether a service is safe and effective an inevitable measure is mortality. The Health Board takes the safety of its patients very seriously and continuously monitors deaths in its hospitals as a key outcome. The numbers of deaths are monitored as Crude Mortality, and- adjusted to take account of factors such as the illness of the patient and the procedure that is being undertaken,- the Risk Adjusted Mortality Index (RAMI). On a rolling basis by October 2015, Crude Mortality was 1.86%, while RAMI was 111, both of which are on par with Welsh averages.

All deaths are reviewed in our District General Hospital. BCUHB will implement a move to an IT based system and building on the successes of the current processes these will be extended to include Emergency Departments, Mental Health and Community Hospitals. Where either the data or other sources indicate a concern, this triggers more specific targeted review. BCUHB strives to continually improve the quality of care, and mortality reduction is a specific goal. Both the data and findings from the mortality review process are used to focus attention and guide improvement efforts.

Over the past year the organisation has made significant progress on stroke mortality and other outcomes. Applying a similar approach and working with the cardiac network the next focus is on heart attacks, with these anticipated to improve over the next year.

Mortality data reports from Wrexham are currently subject to an extensive review. This includes a thorough review of case notes, using an evidence based methodology, and by which the organisation intends to identify clear themes as opportunities for improvement, based on which BCUHB will direct improvement efforts.

A Reducing Avoidable Mortality Committee has now been established, and through this BCUHB will deliver the outcome improvements expected through the Quality Improvement Strategy approved by the Board.

Hospitals in North Wales are very safe, and for the majority of measures this can be evidenced by performance against the Welsh Average. Further up to date detailed information is available from <http://www.wales.nhs.uk/sitesplus/861/page/63290>

Quality Assurance Visits to GP's

Between 27th March 2014 and 1st October 2015 the Primary Care Support Unit completed visits to all 112 GP practices. There were no significant issues or concerns in relation to patient safety identified during the visits completed. The GP programme has not only provided the LHB with assurances, but has given each practice an opportunity to gain direct support from the visiting LHB staff in areas of concerns or knowledge development.

Quality Assurance Visits to Dentists

In October 2015 the Primary care Support Unit commenced a programme of Quality Assurance Visits following the model used for GP's. As of the 30th April 2016 23 Dental practices have been visited. The dentists have welcomed the visits and overall have viewed them as being very positive. There were no significant issues or concerns in relation to patient safety identified during the visits completed. The GP programme has not only provided the LHB with assurances, but has given each practice an opportunity to gain direct support from the visiting LHB staff in areas of concerns or knowledge development.

Safeguarding

Over the past five years there has been significant progress within BCUHB in relation to the reporting of adults at risk. During 2015 / 16 there were 720 adults at risk. Of the 720 Adults at Risk referrals received during 2015 / 16, 33% have been closed, 45% remain on-going with no formal outcome noted by Local Authority. Monthly meetings have been set up between the adult safeguarding team and the Coordinators / leads from each county to verify progress regarding outcomes and share any concerns in relation to trends of referrals (some of which can be addressed with in house training and development).

| Number of referrals | | | | | |
|---------------------|------------|------------|------------|------------|------------|
| Area | Quarter 1 | Quarter 2 | Quarter 3 | Quarter 4 | Total |
| Wrexham | 26 | 46 | 48 | 50 | 170 |
| Flintshire | 23 | 21 | 10 | 10 | 64 |
| Denbighshire | 29 | 30 | 33 | 39 | 131 |
| Conwy | 29 | 42 | 37 | 42 | 150 |
| Gwynedd | 19 | 30 | 42 | 55 | 146 |
| Anglesey | 24 | 6 | 10 | 19 | 59 |
| Total | 150 | 175 | 180 | 214 | 720 |



Alleged abuse can take place in a number of settings and details of these are listed below, the majority of which are in the home. For alleged abuse in a hospital setting; incidents include abuse by fellow patients, patients discovered after a fall, reports of abuse to staff by a family member/partner and reports of professional allegations.

Work is planned within 2016 / 17 to further strengthen the reporting framework for adult safeguarding. Support has been sought from Informatics in relation to strengthening the current adult safeguarding data collection processes that are readily available for areas and divisions.

During late autumn 2015, the clinical specialists for adult safeguarding contacted the Local Authority leads for updates in monitoring outcomes of adult at risk referrals received.

Monthly meetings have been set up between adult safeguarding team and the POVA Coordinators /leads from each county to verify progress regarding outcomes and share any concerns in relation to trends of referrals (some of which can be addressed within in house training and development). Please note relatively low number in relation to referrals that did not meet the adults at risk thresholds (n=49/ 7% of actual referrals made).

Of the 720 Adults at Risk referrals received during 2015 / 16, 33% (n=237) have been closed, 45% (n= 321) remain ongoing with no formal outcome noted by Local Authority.

Ongoing work is planned within 2016 / 17 to further strengthen the reporting framework for adult safeguarding into Q&S and QAE. Support has been sought from Informatics in relation to strengthening the current adult safeguarding data collection process (to include Domestic Abuse, MAPPA, Adult Practice reviews and Escalating Concerns) that are readily available for areas and divisions.

Welsh Health Specialised Services Committee (WHSSC)

A Joint Committee of the seven Health Boards in Wales. WHSSC works closely with the Health Boards to ensure that any specialised service commissioned is of a high standard and that there are no concerns identified from a quality perspective. They do this on our behalf through a quality assurance frame work which is reported into the Health Board.

Effective Care

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

The information and feedback you provide to us is really important as we use it, together with the results of research, to constantly improve the care and treatment we provide so that it is more effective in making you better, or managing your condition. The Health Board recognises that research is the foundation on which quality improvement is based. We have further developed and strengthened research collaborations with academic partners as well as industry partners. As a result we were able to take part in research that has led to improvements in the effectiveness of the care and treatments we provide. The Health Board currently has a portfolio of nearly 400 active research projects across all specialities. Below are a few examples:



- Mums-to-be suffering acute pelvic pain are being offered help by a North Wales businessman who was inspired to design a special support girdle following his wife's agony during her pregnancy. He contacted a consultant obstetrician who went on to support him through development, research and in gaining funding for clinical trials. We are currently trialling the pelvic girdle's effectiveness and to ensure it meets all medical and design standards and are about to launch it on the market.

- GP practices across North Wales are increasingly applying to become part of a Primary care research inventive scheme for them to obtain support, mentorship and funding to become research active and embed research activity into daily practice. One GP commented, "The self monitoring of blood glucose study has seen an excellent response from our patients...having the opportunity to further medicine is both exciting and rewarding".

- A nursing health student is improving the lives of vulnerable people through Art Therapy. This research uses Art Therapy at a homeless drop-in centre to collect data to reinvent ways in which homeless people are helped. The knowledge and understanding gathered from the weekly sessions will hopefully help implement quality improvement initiatives into the health care service. It has been successfully used to assist people who have mental health problems.



- An innovative app called the 'Book of You' has been developed with the aim to help people with dementia. The app was trialled in care homes and day centres and launched earlier this year. The app is seen to be of particular benefit to people in the early stages of dementia and producing a life story book results in a better quality of life, and as reported by family, improved quality of relationships. The app is set to benefit thousands of people with dementia, their families and carers and, as a social enterprise, all profits from the app will be reinvested into expanding the service across the UK.

Clinical Audit and Effectiveness

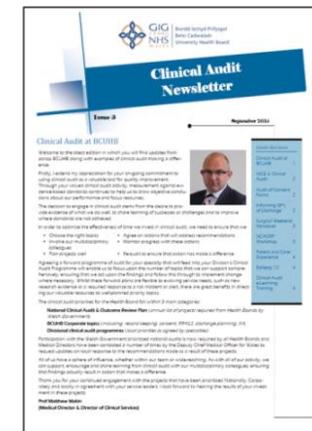
The Health Board continues to identify how well care and treatment is delivered by using 'Clinical Audit' to measure practice against agreed standards. The standards are based upon the best available evidence, which may be national guidance, clinical expertise or research findings. In this way improvements to quality are identified and acted upon.

There continues to be a process of prioritising the topics selected for clinical audit activity in order to gain best results from engaging in this improvement activity. These priorities are motivated by factors important to improving outcomes and listening to feedback from patients and carers. These include the National Clinical Audits which Welsh Government list as requirements for all Health Boards, along with learning from feedback, incidents, concerns and research.

We continue to share good examples of audit via our Clinical Audit Newsletter which enables staff to learn from colleagues and be encouraged as examples of good practice are highlighted and their improvement journey is shared.

BCUHB 'e' learning to be used as 'All-Wales tool'

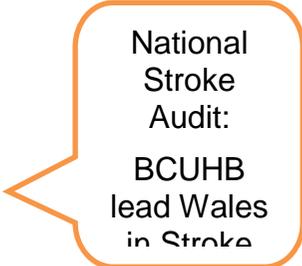
The BCUHB Clinical Audit and Effectiveness Department has developed 'Introduction to Clinical Audit' 'e' learning training for staff. Following a period of development, it has been agreed that this BCUHB introductory training will be adopted as an 'All-Wales' package for use by other Welsh Health Boards.



An example is the *National Emergency Laparotomy Audit* (NELA) where local clinical audit projects were generated in response to the national audit recommendations. These audits were focused upon the use of antibiotic therapy and radiology looking at time waiting for a scan. Improvements have been noted in relation to the introduction of an assessment 'clerking' form for which there has been on-going audit to ensure it is used.

A continuing priority has been the Welsh Government's NHS Wales ***National Clinical Audit and Outcome Review Plan: 2015/16***. This consists of clinical audit projects and outcome reviews that enable learning and comparison of our performance against other organisations in England and Wales.

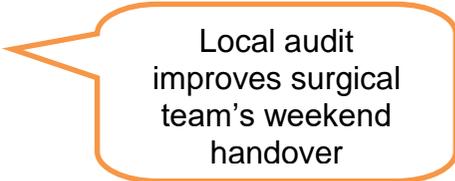
One example of where the Health Board has used this opportunity to achieve improvements that will be experienced directly by service-users and carers is the *Sentinel Stroke National Audit Programme* (SSNAP). This has resulted in the greatly encouraging position where we now lead Wales in relation to Stroke care. The audit highlighted improvements in the speed and availability of assessment and treatment; such as 24-hour availability of CT Scans, fast communication with ambulance staff and Emergency Department, availability of specialist beds and Clinical Nurse Specialists and ability to provide timely 'clot-busting' thrombolysis. Previously, the Health Board had not performed highly against these standards; however, this is a striking example of where good teamwork, leadership and best use of resources impact on patient survival and level of recovery. These improvements were recognised when Deputy Health Minister, Vaughan Gethin visited Wrexham Maelor Hospital.



National Stroke Audit:
BCUHB lead Wales in Stroke

An example of a local clinical audit project that has made a difference was conducted by a team of junior doctors in relation to surgical ward weekend handovers to the surgical on-call team. The aim of the audit was to improve weekend handover focusing on improving continuity of patient care over the weekend, improving efficiency of the weekend team and maintaining patient flow.

The team agreed a standardised handover pro-forma was to be developed and introduced to ensure all relevant information was included and documented. This was to be supported by an education session for new doctors during their induction week. The team also agreed to introduce a traffic light system of urgency that would highlight those patients that required senior review over the weekend and improve the efficiency of the ward rounds / reviews.



Local audit improves surgical team's weekend handover

Following the implementation of the agreed actions the team decided to re-audit the process, the results of which demonstrated an overall improvement in the surgical team's weekend handover. Feedback from staff on the use of the traffic light system have reported how it has helped clarify the patients that need the most attention and lessened the workload of the on-call team, leaving them with more time to spend dealing with the acute issues that arise out of hours.

The National Audit of Schizophrenia highlighted areas for improvement and these were translated into a local audit of Physical Health Checks for patients on antipsychotics. The results were shared with the Clinical Director for the Division who has called for improvement and ongoing compliance will be monitored as part of the monthly quality audit process.

Service Delivery Plans

As a Health Board we are encouraged to continually improve to meet the expected evidence based standards of care for patients with a range of common conditions. These include Cancer, Critically ill patients, heart conditions and neurological conditions.

Further detail of our progress can be found via the following link:

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

Dignified care

Dementia

During 2015/2016 we have started to roll out [John's Campaign](#). The Johns Campaign was established in Scotland after the death of Dr John Gerrard in November 2014, he was diagnosed with Alzheimers in his mid 70s. Having spent 5 weeks in hospital, with restricted visiting, his health declined.

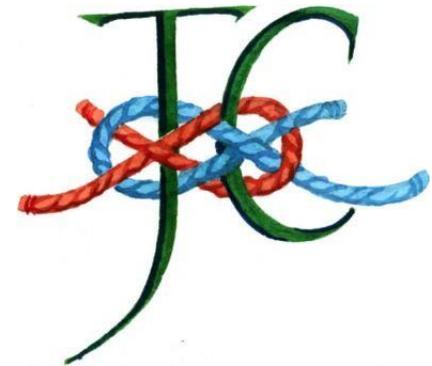
Johns Campaign is more than having the flexibility to visit a loved one with Dementia or Delirium. Involving carers to assist provides an enriched care planning approach that can explore the quality of `life at the moment` for the person with cognitive impairment, carers insight and knowledge about their loved ones is an integral part of developing and administering an individualised, relationship centred care, in order to meet the needs of the individual and improve outcomes.

Having carers by their side during their stay can be reassuring and comforting as an admission into hospital for any individual can be an unsettling experience. However, for a person with cognitive impairment it can be a particularly frightening and disorientating time, especially if they do not have a familiar face by their side. Carers are very much part of the ward based team, their understanding of the individual with dementia ensures that the individuals' needs are better understood.

Having carers supporting their loved ones during their stay in hospital has proven benefits of better outcomes for patients. The family carer has been the expert in the patients care and if they are accepted as part of a team, they can immediately provide insight, facilitate communication and ensure continuity of care, whilst also respecting the professional work of the staff.

As of the 30th March 2016 the Health Board has also provided Dementia training to 66.5% of all applicable staff. This figure is in excess of the Welsh Government target of 50%.

In March the Board publicly committed the health board to this campaign and all older persons mental health wards now fully support the campaign.





Throughout 2015-16 families and carers of patients on the three dementia wards within the mental health division were invited, every two months, to comment on quality of and satisfaction with care being provided. When asked if, in their opinion, staff treated patients with dignity and respect the score obtained was consistently 100%.

Additionally Bryn Hesketh ward in partnership with Ysgol Llewelyn have opened up a programme of work talking to primary school children about mental health, well-being and dementia. The children have written and published on 'youtube' their song inspired by visits to the ward and which they have named 'respect your elderly'.

A framework "Care to Talk" that promotes ward staff and family carers talking to each other about the kind of care that is needed and how it is to be delivered. The framework was jointly developed by carers, carer organisations and staff from across three wards in our mental health units.

Care to Talk welcomes family carers into the nursing process as the only real experts in the individuality of the person who, because of their dementia, may not be able to speak on their own behalf. It encourages family carers to jointly write the care plan, provide care (if they wish) and evaluate care along the way. During 2016-17 it will be firmly embedded on the dementia wards whilst a revised version will be made available to all other wards across not just the Division but the health board with an invitation to use it.

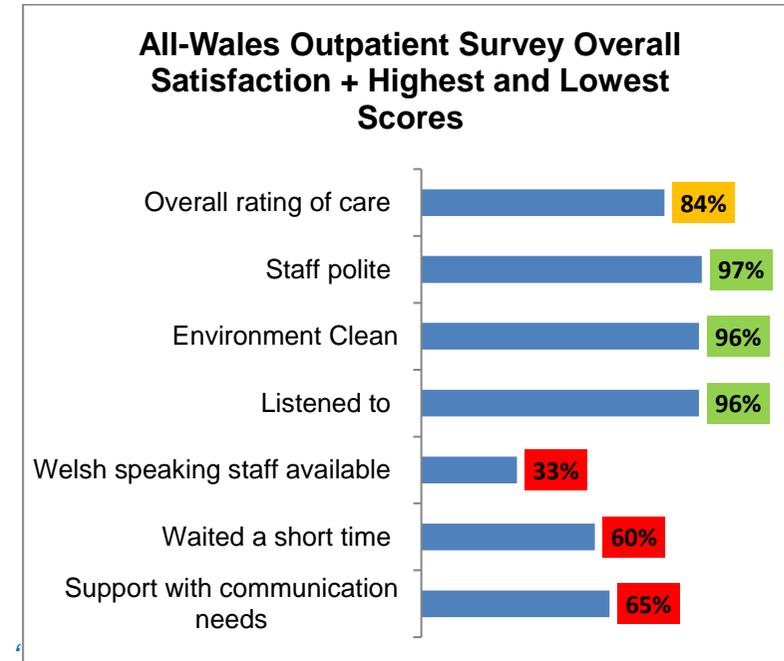
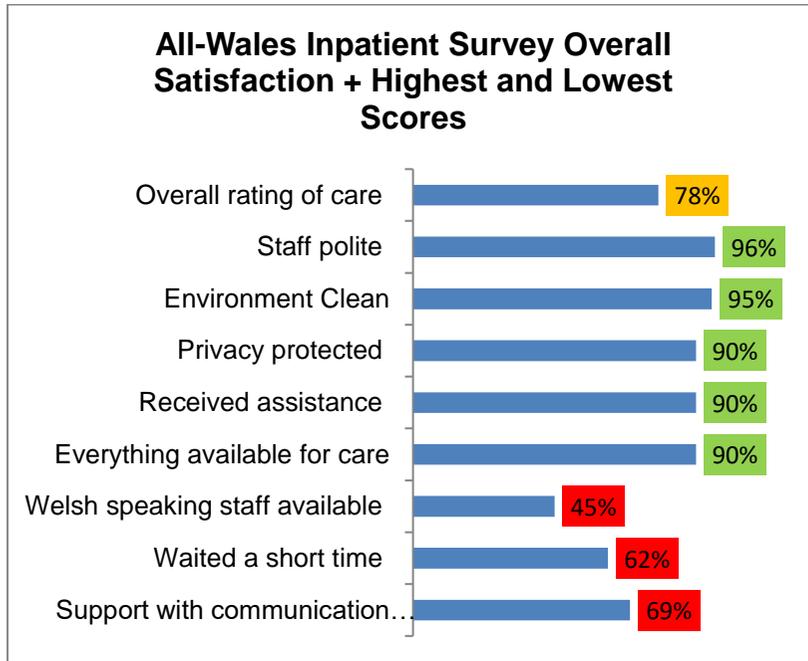
Patient Experience

'Listening and Learning from the experience of individuals' is one of our strategic objectives. Feedback from patients, carers and families helps us to identify service improvements, acknowledge good practice and thank staff on behalf of patients. We ask for feedback in a number of ways as laid out in the all-Wales Framework for Assuring Service User Experience.

Your NHS Experience all-Wales Survey

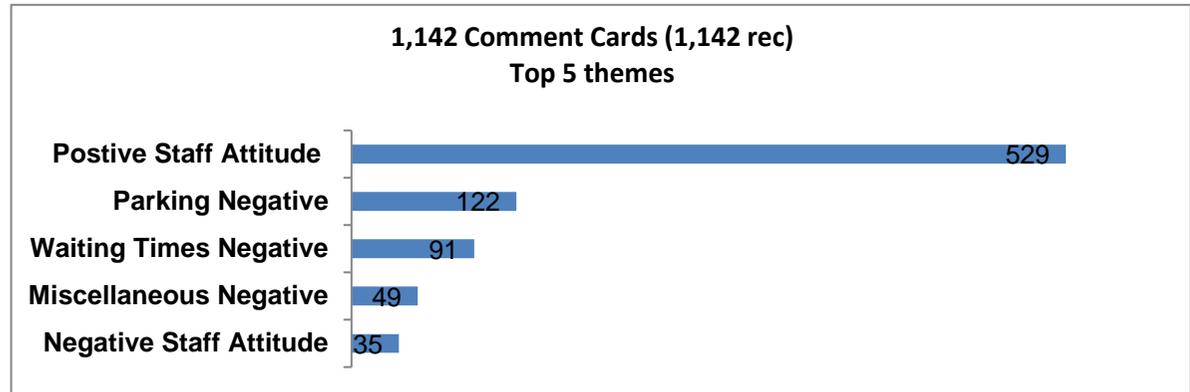
In the Health Board the all-Wales NHS Experience survey is carried out in acute inpatient and outpatient services. 944 inpatients and 1025 outpatients provided feedback on their patient experience.

The diagram below illustrates element of the service that patients rate highly and areas where improvements are required:



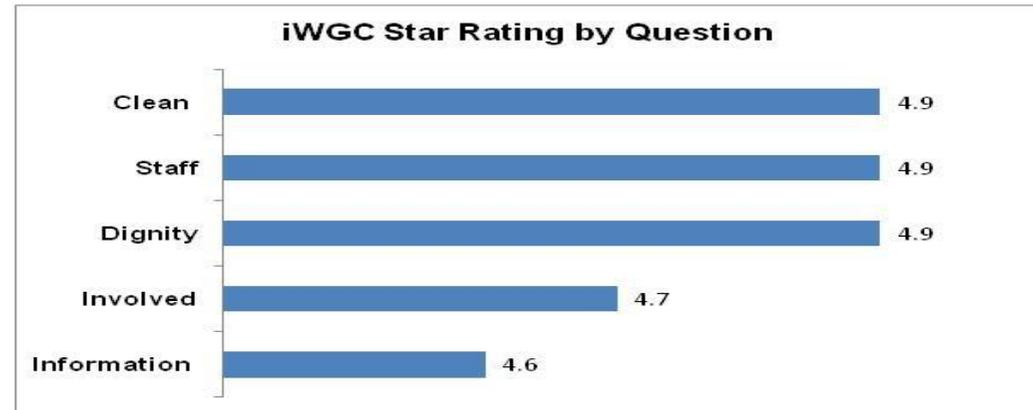
Comment Cards

Comment cards are available throughout BCUHB's wards and departments; these encourage service users to record comments or suggestions about the services or care received. 1,142 were received during this time period the top five themes from the comment card scheme are:



I Want Great Care Real Time Patient Feedback system

iWantGreatCare (iWGC) is a paper and web-based system that enables patients to provide feedback on their experience and for wards to receive weekly patient feedback reports. Results are presented as an overall Star Rating. At present iWGC runs in Wrexham Maelor Hospital only. 4937 patient reviews were received during this period of those 93% would recommend the hospital to others and the hospital received an overall **4.81** Star Rating out of a possible **5**. In addition patients provided the following ratings.



Ward Quality Audits

In October 2015, BCUHB's Ward Quality Audit questions were refined to ensure they matched the requirements of the NHS Health and Care standards for Wales with the addition of a question relating to staff introducing themselves to patients. These audits concentrate on the key elements of patient experience such as overall satisfaction, nutrition, hydration, dignity, pain management etc. The audits act as a regular monitor of patient experience and a feedback mechanism between wards and the Board. *(Data below relates October 2015 – March 2016 as previous data was set against different audit questions)*

| Column1 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 |
|--|--------------|--------|--------|--------|--------|--------|
| Given full information about care | 93% | 93% | 93% | 88% | 91% | 94% |
| Treated with dignity and respect | 99% | 99% | 98% | 99% | 98% | 96% |
| Were given privacy | 97% | 96% | 99% | 98% | 98% | 97% |
| Helped to be independent as possible | 98% | 98% | 98% | 98% | 97% | 99% |
| Clinical area clean, tidy, uncluttered | 99% | 99% | 99% | 97% | 98% | 99% |
| Staff responded in a timely manner when called | 95% | 92% | 93% | 88% | 93% | 92% |
| Provided with nutritious food and snacks | 94% | 96% | 92% | 88% | 90% | 89% |
| Provided with fresh water and plenty of drinks | 99% | 99% | 99% | 99% | 99% | 99% |
| Given help with eating and drinking if needed | 96% | 99% | 98% | 95% | 98% | 99% |
| Felt safe | 98% | 99% | 99% | 99% | 100% | 97% |
| Got enough rest and sleep | 84% | 83% | 85% | 83% | 82% | 86% |
| Made to feel comfortable | 98% | 99% | 99% | 99% | 97% | 98% |
| Kept pain free | 96% | 98% | 94% | 97% | 98% | 95% |
| Personal hygiene needs met | 96% | 99% | 98% | 99% | 99% | 98% |
| Received help to use the toilet quickly and discreetly | 96% | 96% | 93% | 92% | 97% | 97% |
| Given help if needed with oral hygiene | 94% | 97% | 95% | 94% | 95% | 99% |
| Given help to look after their skin | 96% | 99% | 98% | 96% | 96% | 98% |
| Rating of overall care | 90% | 92% | 92% | 91% | 90% | 92% |
| Staff introduce themselves | not included | 94% | 95% | 93% | 91% | 91% |

Listening and Learning from Patient Experience

Key findings from the patient experience data is themed under three domains defined by the Welsh Government's Framework for Assuring Service User Experience

First and Lasting Impressions:

- Patients tell us that find staff *polite, friendly and professional*.
- Waiting times remains one of the sources of reduced satisfaction. Regular negative comments are received about waiting times in Emergency Departments. Patient flow through Emergency Departments and reducing waiting times overall are key objectives for the Health Board.
- Patients are experience frustration and anxiety about parking on some of our sites particularly Wrexham Maelor Hospital and a review of car parking has been conducted at this site.

Environment of Care (safe, healing environment):

- Patients rate highly the cleanliness of the clinical environment and report that their privacy and dignity is protected.

Understanding and Involvement in Care:

- Patients consider that they are involved in decisions about their care and understood what was happening to them.
- Areas where improvements are required are support with communication needs. A Sensory Loss Toolkit has been issued to staff to enable staff to better understand the communication needs of patients with sensory loss. Staff have also been involved in Sensory Loss Awareness sessions.
- The availability of Welsh speaking staff in acute hospitals outside Gwynedd remains consistently low. This will be addressed as part of the Health Board's Welsh Language Scheme.

Examined by lovely doctors who were so kind, nursing staff friendly and extremely professional.

I would like to thank all the members of your team for all they have done for me. Your staff are second to none in my eyes and we are lucky to have them. They are all amazing at their jobs.

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

Continence Nurse Specialists continue to provide a nurse-led service across the Health Board for patients presenting with complex bladder and / or bowel dysfunction or incontinence. Assessment and treatment is evidence based, patient-centred and is underpinned by local protocols, policies and in accordance with NICE / WG / DH and other guidance. The Continence Service reduces and prevents inappropriate and unnecessary referrals to secondary care.

It is not possible or necessary for Continence Nurse Specialists to see all patients who present with bladder/bowel problems. Continence care is every nurse's responsibility. The BCUHB Adult Patient Risk Assessment Documentation 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. Hospital acquired incontinence is prevented by ensuring fundamental aspects of care are maintained at all times. Particular attention is paid to the timely answering of call bells and prompt assistance with toileting needs as indicated in the toileting risk assessment.

The BCU adapted All Wales Continence Bundle / Pathway provides staff with a framework to diagnose the type of incontinence and implement appropriate patient focussed treatment to achieve optimum standards of continence care and patient experience. It also allows for patients who fail to respond to treatment to be referred directly to the Continence Service for specialist intervention. There is however uncertainty amongst some staff regarding continence documentation. As a result a pilot is being undertaken at the Maelor Hospital in conjunction with Transforming Care to ascertain staff opinion regarding barriers to continence assessment and how these can be overcome.

Monthly monitoring of continence standards is undertaken utilising the Quality & Safety Audit. This identifies and celebrates areas of good practice but also highlights areas for improvement. Continence Nurse Specialists provide additional support to these areas to embed continence standards in the culture of the care setting thereby improving patient care. The standards for elimination have also been set within the Ward Assessment & Accreditation Framework 2015-17 to also support best practice and identify areas for improvement.

Training in various forms is facilitated by Continence Nurse Specialists to provide staff in a range of care settings with the knowledge and skills required to provide safe and effective continence care. An e-learning programme is also available as a flexible alternative for staff. Awareness raising sessions are also provided on request to various Carer / Support groups where continence issues are common for example, Dementia, Parkinson's disease, Multiple Sclerosis etc.

Within the community, a comprehensive training programme to expand the role of the HCSW has been introduced in the East Area in conjunction with the QCF. This will provide HCSW's with knowledge and a range of skills to enhance continence care within District Nursing Teams. It will promote the timely re-assessment of patients requiring annual continence reviews thus reducing clinical and financial risks.

A community continence/urology product formulary has been developed and will be launched in April. It aims to provide assurance that products being used in practice have been assessed as suitable both clinically and cost effectively. It will ensure patients receive the correct product/s and correct amounts to prevent crisis intervention. Patients will also be offered an annual review to ensure products remain suitable.

Welsh Language

The Health Board embraces every opportunity to promote the Welsh language with stalls held at all three main hospitals on Day of the (Working Welsh) Badge, Diwrnod Su'mae and St. David's Day. These events were met with great enthusiasm and allowed us to have the opportunity to engage, inform and support staff in the delivery of bilingual services.

The Health Board received eight awards at last year's Welsh Language in Healthcare Awards. These included: the Integrated Team for Disabled Children winning the award for for the creation of, 'May I join you?', a bilingual booklet to support parents in developing their children's needs. The Gyda'n Gilydd Team, bringing together Gwynedd Council's Early Years Unit, the Health Board, Barnados and Citizens Advice was awarded for providing a wide range of preventative services bilingually to families and Denbighshire's Single Point of Access provision between Denbighshire County Council and the Health Board, including British Red Cross .



Alaw Griffith sharing Welsh language CDs specially made to help staff learn the language at Glan Clwyd Hospital

External Reviews

In September 2015, Welsh Government produced a report "Learning from Trusted to Care – one year on". This report provided an update on progress against the actions from Abertawe Bro Morgannwg University Health Board and the four Welsh Government

actions. The issues raised in this report have been cross reference with our internal auditing and reporting processes and all results are monitored on a monthly basis. A copy is available via the following link:

<http://gov.wales/docs/dhss/publications/150923reporten.pdf>

In October 2015 the Welsh Government Delivery unit wrote to the Health Board to advise that they were to undertake an assurance review in respect of Older Persons Mental Health In-patient services across Wales. A review of these services is expected to take place in May 2016.

Healthcare Inspectorate Wales

During 2015-2016 Healthcare Inspectorate Wales undertook 6 reviews across the Health Board including our 3 community hospitals, 3 mental health services, 4 GP practices and 30 Dental practices. A copy of these reports can be found here:

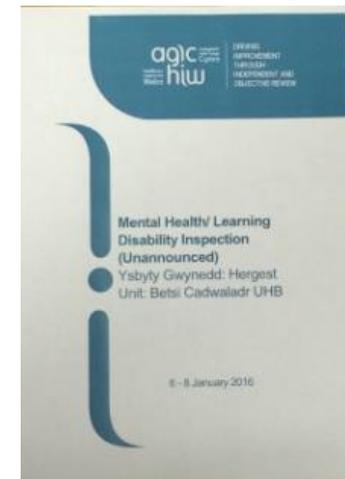
<http://www.hiw.org.uk/documentmap?search=true&searchtype=EXACT&metatype=&filetype=&libraryid=&keywords=betsi&sort=datepublished&sortasc=desc>

Following each of these reports an action plan has been developed to help to meet the recommendations and improve the care for our patients. As a result of these recommendations these actions have already been taken:

- New equipment has been purchased;
- Personal alarms, worn on the wrist, have been given to patients at risk of falls;
- Anti ligature beds have been purchased within the mental health unit;
- Activity co-ordinators have been employed;
- Review of staffing levels has been undertaken to ensure safe care.

There are still a number of improvements that we need to make:

- Increase the number of staff who have up to date mandatory training;
- Work needs to be undertaken on our wards and buildings.

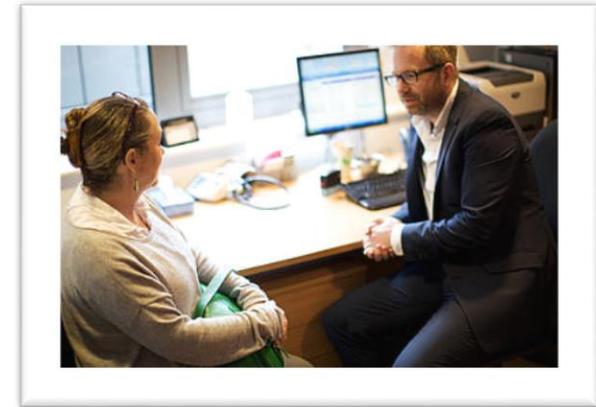


Timely Care

GP Opening Hours

We are working with our GP partners to extend opening hours so patients can have better access to convenient appointments. 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.

This year we improved our working hours opening times again. 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 95% 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 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 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.

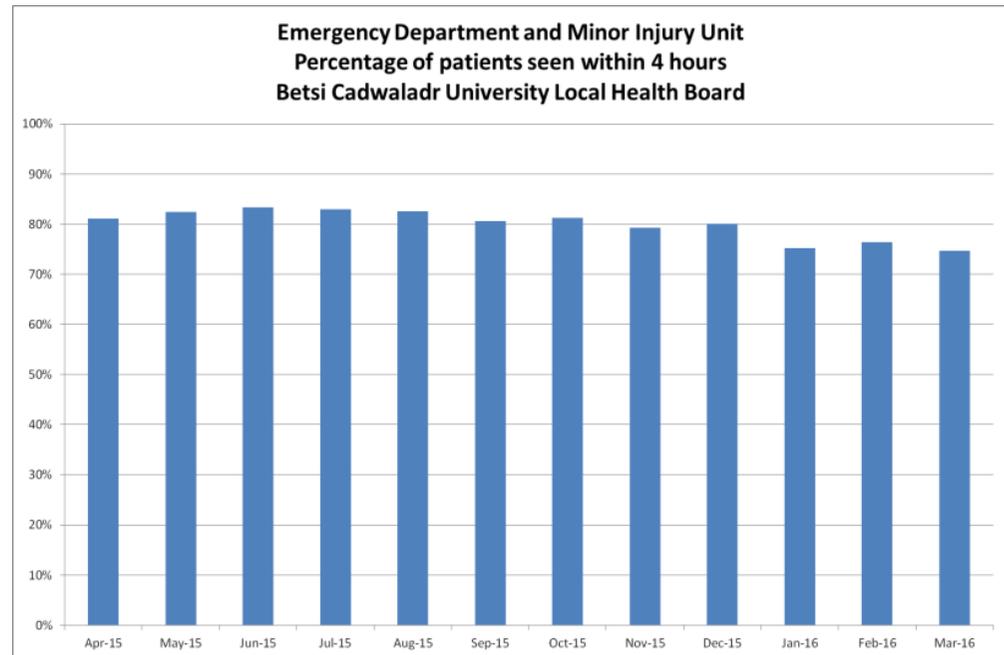
We are working closely with our partners in the ambulance service to reduce the time patients wait when transferring from ambulances into hospital. There were 7,213 ambulance handovers which took longer than an hour. We are working to improve hospital capacity to shorten handover times



The new entrance to the Emergency Department at Glan Clwyd

Although the early part of the year showed real improvement, at the end of March 2016, the Health Board achieved 75% 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.



Delayed Transfers of Care

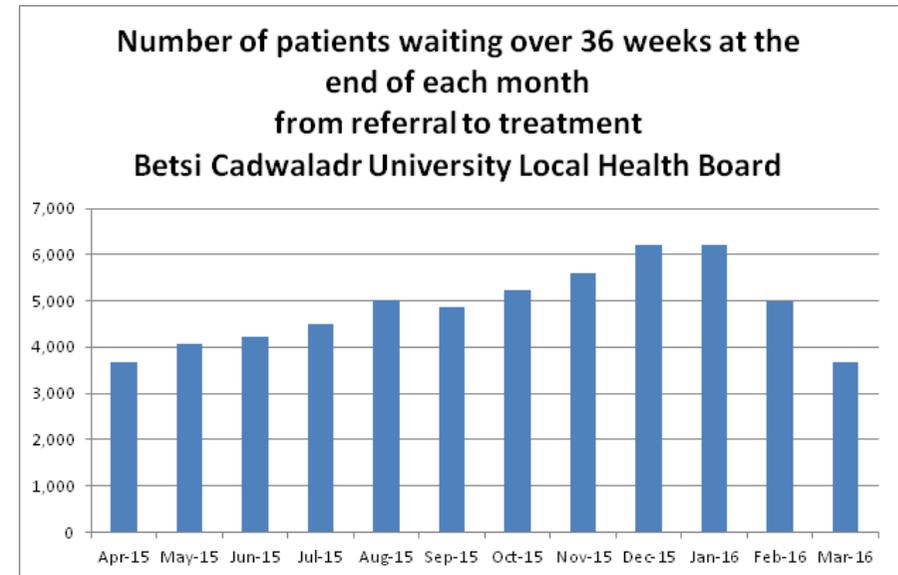
Patients who are ready to leave hospital but require community and social care support on discharge from hospital (sometimes referred to as Delayed Transfers of Care) remain a challenge for us. We are working hard with patients and their families to reduce the time patients spend in hospital whilst waiting to go home, or to a nursing or residential care home of their choice.

We have also put in place joint working arrangements with social care services to ensure patients can be discharged from hospital to the most appropriate setting.

Waiting Times for Treatment

Reducing the amount of time patients wait for any appointment, whether waiting for an appointment, diagnostic test, 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 £8.0 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.



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; in March 2016 we undertook 5,672 procedures, of which 66 patients were cancelled more than once. We offered dates within 14 days to 26 of the patients (40%).

Waiting Times for Cancer

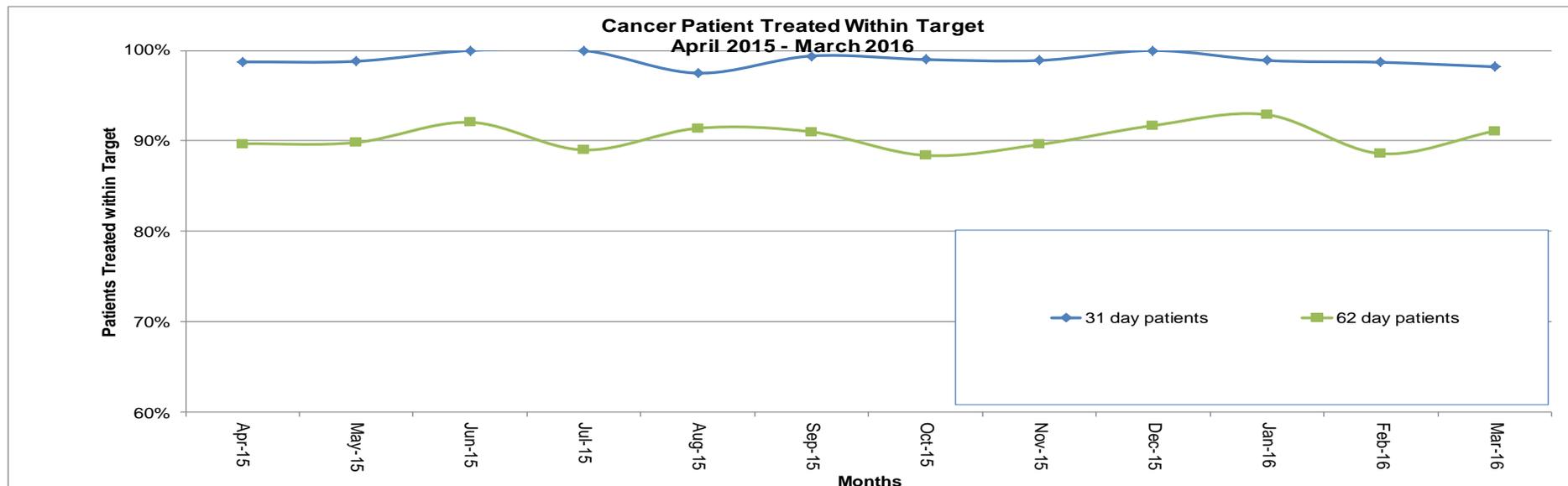
We are always working to reduce waiting times for suspected and diagnosed cancer patients. We know that being diagnosed with cancer is a shock even when doctors have warned that it is a possibility. As a result we work hard to make sure that patients get the tests and treatment they need quickly. This 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.

For patients who are referred to us by their GP with suspected cancer, we have treated 91.1% of these patients within 62 days at the end of March 2016. For patients whose cancer is

diagnosed at a different stage, often as part of a routine treatment, we treated 98.2% within 31 days.

The figures we have shown for the end of February are the most up-to-date at the time of writing.

Going forward into 2016-2017 the achievement of shorter waiting times for our cancer patients is a key priority. We will be working across 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.



Individual Care

Patient Centred care project

This project was launched in order to improve the experience of cancer patients, with the aim that by September 2015 all patients across North Wales requiring cancer care would have a **key worker**, ongoing **holistic assessment of needs**, individualised and dynamic **care planning** and provision of information to support them and their carer's personal needs.

It was also the aim to enable people who have been diagnosed with cancer to lead as healthy and active a life as possible, for as long as possible. This would focus on early introduction to **health and wellbeing** services including exercise, diet and psychological support.

The project focused on the implementation of 'The Recovery Package' which supports people living with and beyond cancer by helping people to regain as normal a life as possible. Staff working in cancer care were supported to develop their skills and knowledge in order to integrate the principles of person centred care into their everyday practice.

Facilitating the provision of education and information to patients allowed clinical staff the benefit of working with patients who are more engaged and focused and thus preparing patients to live with and beyond cancer.

A nurse project post has been put in place to work across our main hospitals over the next 12 months to implement recommendations following a review of Clinical Nurse Specialist

There are 6 recommendations:

- 1 Staff need to work in teams and take a hospital approach as to how the overall team functions;
- 2 All cancer patients should have a key worker;
- 3 Develop the use of technology in assisting assessment;
- 4 Review of all cancer clinical pathways with the Multi Disciplinary Teams;
- 5 Develop and agree standards for core job description; competencies in practice; Job plans; Key performance indicators; Education of others and self;
- 6 Review provision of admin support, team structures and skill mix.



Wrexham Street Triage

Wrexham Street triage is an innovative project that has been set up in Wrexham which will improve the way that services respond to people in a mental health crisis. It is a collaborative approach between North Wales Police and Betsi Cadwaladr University Health Board. A team comprising of a uniformed police officer and a registered nurse will be able to jointly undertake an assessment of an individual's needs where there is concern that a person may be having difficulties. Assessment by the team provides officers with vital information to assist them in making decisions about how best to support the needs of individuals in the most appropriate and least restrictive way possible.

Mental Health

We have, as part of our approach to shaping future services, been talking to users and carers of our mental health and learning disability services, to staff and to our community networks, advocacy services and Local Authority and Third Sector partners over the past 6 – 9 months. This has provided us with an understanding of what they would like to see from our services. Our individual and organisational stakeholders have provided us with invaluable feedback which we have summarised into priority actions, including the focus on mental health and well-being is seen as a key area of focus, with prevention and early intervention a key issue across all services, but with a particular emphasis on early years.

Scanning

During the year the first weight bearing MRI scanner in the UK was installed in Ysbyty Glan Clwyd. The innovative, weight-bearing aspect means patients can be scanned in any position, from standing vertically to the traditional position lying flat. This may help to reveal conditions that may not be apparent on a scan when the patient is lying down. The design also means a better experience for patients with claustrophobia as they are not enclosed in a tunnel for the scan.

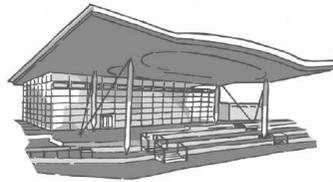


Health and Care Standards

We now have an innovative range of processes which are helping us to continuously measure our performance regarding the key quality recommendations from the Older People's Commissioner (OPC), and make sure that they are a key focus for quality improvement.



This is an **Easy Read** document from the Welsh Government



July 2015

Quality and Safety Audit

Our medical, surgical, Gynaecology and community hospital wards undertake a monthly quality and safety audit process, of which 45 % of the elements align with the Older People's Commissioner recommendations. The Mental Health and Learning Disability inpatient areas complete a similar process with 62% of the elements mapping to the OPC recommendations.

These elements include patient feedback, observations of care and the quality of risk assessments and care planning, providing us with a timely framework to both identify strengths and highlight areas for improvement in relation to the recommendations.

This data is captured in the online Health and Care Standards Monitoring system, which provides us with the ability to easily develop, monitor and evaluate improvement plans. We will be starting this process in Paediatrics, Critical Care and Emergency Departments during 2016.

Leadership Walkarounds

We have refreshed and standardised our leadership walk a rounds, during which a set of quality and safety measures are gathered. They are also aligned to the OPC recommendations and will be captured in the Health and Care Standards Monitoring System.

Older People's Commissioner Matrix

This is a practical tool used during case note reviews which easily maps information gathered against the OPC recommendations.

Patient Diary

We are developing a daily process to capture thoughts and feelings from patients regarding their care; this is another rich source of data and feedback which will help us to ensure that the Older People's Commissioner recommendations are central to quality improvement at ward level.

Equalities

This year has provided an exciting opportunity to review our equality objectives. We have found it very helpful to hear stories from patients and learn more about local issues including the barriers faced by some protected characteristic groups accessing services and the importance of meeting the needs of disabled people, those with communication needs or sensory loss, as well as improving services for some seldom heard and vulnerable groups. We are grateful for the continued and ongoing engagement with our Equality Stakeholder Group at BCUHB. We have received valuable feedback from recent targeted consultation and engagement activity and also at our joint North Wales Public Sector Equality Engagement Event held in October. Our revised objectives seek to improve access to services, the experiences of those using our services and outcomes for patients; further information is available on the intranet site:

<http://howis.wales.nhs.uk/sitesplus/861/page/65854>.

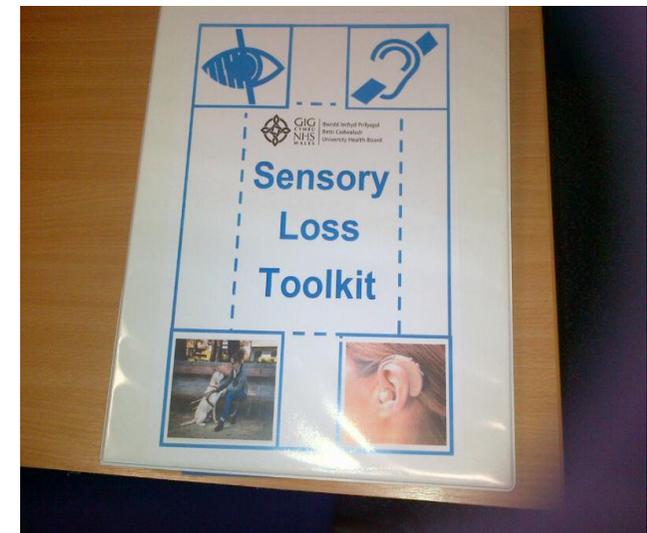
We would like to thank everyone who has helped shape this work; it is incredibly valuable to us.

Sensory Loss Toolkit

A Sensory Loss Toolkit was developed to assist staff access appropriate services and resources in a timely manner in order to support patients who have a sensory loss.

- Positive comments have been received from colleagues in Wales in relation to the toolkit and electronic versions have been shared through all-Wales networks.

The toolkit was issued in December 2015, and early indications are that there has been a reduction in negative comments about patient experience



Healthcare and the Transgender Patient

A patient's story was recorded to advise BCUHB staff of some practical steps they can take to improve the healthcare experience of people who are transgender. Patients who are trans tell us that many healthcare professionals may not have received any formal training about the needs of transgender patients. This lack of information can cause embarrassment, lead to barriers with communication and has the potential to lead to less than optimal care. The patient's story has been shared widely within the organisation and with others in NHS Wales; it promotes recent publications such as:

- *"It's Just Good Care – A guide for health staff caring for people who are trans"*
<http://howis.wales.nhs.uk/sitesplus/861/page/41982>
- *Unhealthy Attitudes* (2015) a Stonewall Cymru publication <http://www.stonewallcymru.org.uk/agweddau-afiach>

The key messages from transgender patients are:

- Respect their preferred gender identity;
- Treat them as individuals;
- Simply ask them how they wish to be addressed;
- Consider the needs of the older trans population;
- Treat them with dignity and respect.

Supporting Carers

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

During the year 2015/16 we have focused our attention on improving support for carers in primary care by providing funding for the employment of Primary Care Facilitators in each local authority area. These posts are hosted by the 3rd sector carers organisations, early indications are that there has been an increase in the number of carers signposted for support. During April 2015- March 2016 the GP Facilitators have:

- Signposted 190 carers from the GP surgeries;
- Visited GP Practices across North Wales 643 times to replenish information, raise awareness and discuss carers with staff;
- Delivered 66 staff training sessions to receptionists, practice managers, GP's and nurses;
- Attended 32 flu clinics to identify carers directly.

As a result of the GP Facilitators working with Primary Care Services, carers are being identified at an earlier stage and supported by carer's services in their local area. Carers identified will also be offered a flu jab.

We have also funded two hospital facilitator posts to concentrate on the early identification of carers in the acute care, one in Wrexham Maelor and one in Ysbyty Gwynedd,. Carer referrals to support services during 2015-16 have exceeded expectation where original targets aimed to refer 250 carers over the year, the posts have referred over 400 carers.

By supporting carers in this way, when patients are ready to be discharged, all support is in place, which in turn ensures that discharge is successful and quick. The post holder explains the discharge process from all angles and gives a realistic view of the situation following discharge, this, along with the ongoing support from the carers organisations ensures carers are prepared for their role.

We have also been working with the young carers (under 18's) organisation's to improve early identification and support for young carers. A young carer's fun day was held in January 2016 where over 100 young carers across North Wales took part in fun activities and consultation workshops as well as a raffle and a band came to play for them at the end of the day. The event gave young carers some the chance to be involved and engage with health, social care and third sector services discussing how they would improve services, develop information and steer the investment in their services. There was also the added benefit of a day where they could be teenagers and have some fun.

The objectives for planning and delivering the young carer event were:

- To listen and engage with young carers regarding service provision and feedback comments which would be used to inform the development of the young carer's action plan;
- To gain an understanding of the impact a caring role has for young people and how we can better support young carers as BCUHB in partnership with Local Authority and Third Sector partners.

The event engaged and involved young carers in four areas of service provision:

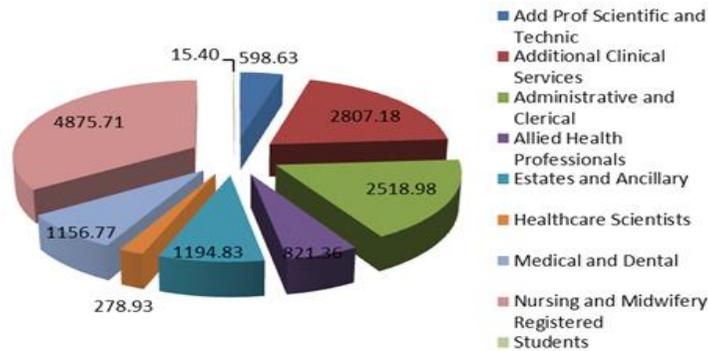
- Primary care: To find out about the experience of young carers when accessing GP practices, school nurses and pharmacies.
- Information: To research and comment regarding the ability to access information and the quality of information available to young carers across North Wales.
- Getting involved and being heard: Why do young people need to be heard?
- Investing in care: To compare how young carers would invest in services with how we currently invest



Putting Things Right

| | |
|---|--|
| <p><u>Serious Incidents & Never Events</u></p> <p>The Health Board has to report certain Serious Incidents to the Improving patient Safety Team at Welsh Government In 2015-16 408 such cases were reported , all of which were fully investigated ,with robust action plans and lessons identified.</p> | <p><u>Concerns</u></p> <p>The Health Board strives to respond and resolve concerns raised by patients and /or families in a timely fashion Concerns can be raised and recorded as “On the Spot”, these should be resolved within 2 working days. In 2015-16 the Health Board recorded 2314. Concerns can also be dealt with in a formal manner, these are fully investigated and responded to within 30 working days. In 2015-16 the Health Board received 1904 This is an increase of 4% on 2014-2015.</p> |
| <p><u>Claims</u></p> <p>The Health Board has a legal duty of care towards those in its care; members of staff, visitors and most importantly, patients. Under English and Welsh Law, an individual may be entitled to compensation if they have been injured as a result of the negligence of another person. Those who considered they have suffered harm can seek compensation, by way of a:</p> <ul style="list-style-type: none">• Clinical Negligence Claim;• Personal Injury Claim. <p>During 2015-2016, we received 250 new claims and had 771 Active claims across the organisation.</p> <p>The appointment of Investigation Managers, at a senior level, will assist the Health Board in learning from Claims, to improve safety and reduce harm, sharing best practice across the organisation.</p> | <p><u>Inquests</u></p> <p>In 2015-16, 128 inquests were held in relation to patients under our care. Each of these underwent investigation. Where the Coroner feels that that there is an issue for the health board to review and change practice urgently he will issue a Regulation 28 report (Prevention of Future Deaths) In 2015-16 we received 11.</p> <p><u>Public Service Ombudsman For Wales</u></p> <p>If patients and /or carers are unhappy with the response that the Health Board has provided they have the right to ask the PSOW to review and investigate further . In 2015-16 128 Such cases were referred of which the PSOW decided to investigate 49, to date 16 have been upheld.</p> <p>Where the PSOW feels that significant issues are raised then the report will be made public – A Section 16. The health Board has received 1 case. Further information can be found here: PSOW Annual report</p> |

Staff and Resources



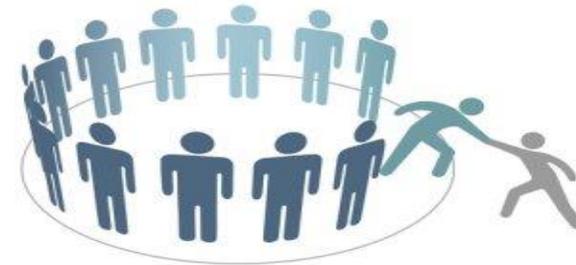
Job roles in the above Staff Groups include:-

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 - *Domestics; Porters; Gardener; Catering Assistant; Works and Maintenance*



Workforce challenges

Our workforce is committed to providing safe services for our population and this commitment will continue to underpin each of the Clinical areas across the organisation in delivery of our services. Equal access to services across all of our sites, and the sustainability of those services remain key workforce challenges for our workforce today and for the future.

Key workforce Challenges

The challenges facing the workforce both now and in the future are well recognized. In summary these are:

- 75% of the organizations budget is spent on workforce costs;
- Growing recruitment and retention difficulties;
- Growing importance of the informal workforce;
- Changing nature of the work;
- Roles that span health and social care, primary & secondary care, and greater team working is needed;
- Provision of 24/7 care/services.

The Health Board employs 14,267.78 full time equivalent, 16548 headcount, 79% of which are female and 21% men.

We have further developed our staff network for Lesbian, Gay, Bisexual and Transgender (LGBT) staff this year, The network are involved in wider equality initiatives within the Health board and have worked hard to increase their membership and create a better understanding of the barriers faced by LGBT staff and service users. Following our work in 2015 we are proud that Stonewall has named Betsi Cadwaladr University Health Board as its most improved employer, in the Top 100 list for 2016.



Recruitment difficulties

The Health Board has recruitment difficulties across Nursing, Medical and specialist posts. Attracting staff to North Wales and health services is a priority for the future sustainability of the service. GP recruitment is specifically challenging and training initiatives to attract foundation grades to North Wales may support recruitment.

Medical & Dental Workforce challenges

The ability of BCUHB to recruit and retain its Medical Workforce is impacted upon by both national and local issues.

Nursing Workforce Challenges

The ability for the Health Board to recruit and retain its Nursing and Midwifery workforce is paramount to ensuring the delivery of safe high quality services.

Staff Survey

Actions taken:

- Staffing Information Boards
- Team Brief introduced
- Communications refreshed & improved
- Regular Pulse Surveys
- Raising Concerns-Safehaven launched
- Change Management –local practice/management training
- Incident reporting- feedback to staff

Pulse Surveys

4 Pulse Surveys have been held to date:

- How well are you supported? - 311 returns
- Quality of care. – 207 returns
- What is work like for you? - 347 returns
- Health, Wellbeing and how we work – 276 returns

Why did we do it?

Strong commitment to listening to and learning from the experience of staff. Identifying areas of good practice and further room for improvement.

Rebuilding organisational trust and credibility.

Engagement

Events held:

6 x World Café's – 62 attendees

3 x Big Conversations – 66 attendees

47 x Drop ins at main hospital sites and community hospitals

Approximately 700 staff engaged with the process during Mandatory training days, and approx 800 footfall during Drop Ins.

Our aim is to develop an organisation in which engagement is a continuous feature of the way in which we work.' (BCU Response to HIW/WAO).

Create processes that ensures leaders have opportunities for dialogue with staff, capture views and ideas for improvement and act on these suggestions. Establish Discover, Debate, Deliver – an engagement process to capture the views and ideas of staff and convert these to improvement actions and changes in practice. Rollout of Team Based Working to 50% of operational teams by March 2019.

Generation 15

This bespoke programme has been developed to support Ward Managers in their day to day roles as managers and leaders. The NHS is a constantly moving entity and it can be challenging to keep up with the demands of a busy clinical role whilst also juggling the need to lead an effective and high performing team and deliver an excellent service. It provides practical skills and tools which will enable the Ward Manager to manage and lead their team effectively to enable improved patient outcomes.

Ward Accreditation

The Programme supports the implementation of the Ward Assessment & Accreditation Framework (WAAF). The WAAF provides patients, families and carers, ward staff, Directors and the Board assurance that quality care is being provided by all health care professionals/staff.

The framework is designed around the Health and Care Standards 2015 which are: Staying Healthy; Safe Care; Effective Care; Dignified Care; Timely Care; Individual Care; Staff and Resources. Each standard is subdivided into elements of Environment, Care and Leadership.

Mandatory Training

A monthly report is submitted to managers and the Board. The reports detail those staff who are non-compliant with their mandatory training and PADR in order for managers to ensure their staff can attend the necessary training and organise a PADR at the earliest opportunity to ensure full compliance.

Overall mandatory training compliance for the organisation has increased from 44% to 62% in the year. The Executive team have set a requirement for operational teams to demonstrate deliverable improvement trajectories.

PADR

Staff learning and development needs are recorded on an individual's Personal Development Plan which is completed during the Performance Appraisal and Development Review (PADR). This reflects the needs and priorities of services and aligns to corporate, service and team objectives. As of 31st March 2016 46% of Agenda for Change staff have received a PADR.

The Workforce & OD team have undertaken significant training, and provision of guidance to support managers.

It is expected that Nursing Revalidation and Pay Progression policies will drive up the figures in 2016/17 and in addition Operational teams are required to set improvement trajectories. Medical & Dental Appraisal rates are around 98%.

BCUHB Staff Achievement Awards

Following five previous extremely successful events since 2010, the Health Board held its sixth annual Achievement Award ceremony. The event continues to promote 'Our People at their Best' which aims to celebrate good practice and innovation across the Health Board and also share new ways of working.

Colleagues across the Health Board are hardworking and

constantly strive to provide the highest standards of care for patients as well as working well in their respective teams. Celebrating success seeks to recognise this outstanding work. These awards are an opportunity to share the many new ways of working, celebrate the success of these innovative approaches and be justly rewarded for the effort involved. The achievement awards are special, not only because they acknowledge the hard work and dedication of all the different jobs and specialities of the staff and volunteers who work for the Health Board, but also because the nominations are made by other staff.

Royal Alexandra Hospital

For implementing an innovation to raise standards in managing swallowing difficulties within the community setting – empowering patients and their families whilst keeping patients safe.



Category – Improving Patient Safety Adult Community Team (Fay Ramessur, Alison Roberts and Ellen Newcombe) Speech and Language Therapists,

BCUHB Long Service Awards

We recognise and value the contribution of all our employees. Many of our staff have worked, not only for the Health Board, but for the wider NHS for many years and the loyalty, commitment and high level of skill brought by individuals is the key factor in success, not only of the Health Board, but of the NHS as a whole.

We celebrate with those staff who have reached the milestone of working for the NHS for 25 years, by providing a system of awards for long service, achieved whilst still in service. 190 staff were in receipt of a 25 year long service award in 2015.

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 3766 staff to bronze level and 550 staff at Silver level. We also have 7 staff undertaking the Gold level.

GP numbers

The current numbers of GP's across North Wales are 597 GPs working in a specified practice and 112 locums who work across a number of practices when they are required. The number of GPs over 50 years of age varies from 33% in Anglesey to 53% in Dwyfor.

GP workforce

One of the areas which continues to be of greatest concern to us during 2015/16 has been the increasing difficulty in recruiting and retaining GPs. A Website called Medics North Wales has been established detailing information about Working in North Wales and the current vacancies in GP practices across all North Wales. The Primary Care team are currently planning to attend the Royal College of GP's national conference in Harrogate in October 2014, with a stand which had information about all the vaccines for GP practices and information on working in North Wales. The Primary Care Support Unit at the time of this report are continuing to establish a salaried GP services, whereby BCUHB will employ GP's who will provide support not only for practices managed by the LHB, but also practices struggling to recruit and or access locums.

Dental Workforce

There are currently 97 dental practices across North Wales with 297 dental practitioners undertaking NHS dental work. Dental surgeries in the main provide both NHS and private work. Dental practices that provide private work only, do not currently come under the remit of the LHB

Volunteers

Volunteers play a crucial role in improving the patient experience.

During 2015/16 five engagement events were held which were attended by 200 people from 35 organisations including the North Wales County Voluntary Councils and Third Sector Partners. The poster below is a summary of the key messages from the events and is being used to support the development of a North Wales Volunteer strategy. In 2016/17 we will start to implement this plan to ensure all volunteers are supported, provided with training and guidance in their work with ourselves and other aspects of volunteering across North Wales.

There are many Voluntary and Third sector partners and BCUHB Volunteers who work in partnership giving their time and energy to benefit patients across North Wales in both hospital and community settings.

Below is a small selection of the Volunteer work being undertaken within the Health Board

North Wales County Voluntary Councils and Third Sector

League of Friends, the Royal Voluntary Service, Macmillan Cancer Support and Red Cross

BCUHB directly managed or supported Volunteers

Over 150 Robins volunteer in the acute and community hospitals, complementing the care our staff provide to patients through befriending and support. A successful Robin Guiding service that has been established in Wrexham Maelor is being rolled out to Ysbyty Glan Clwyd and the Royal Alexandra Hospital. We also have successful volunteer programmes in Speech and Language Therapy and Audiology.



Chaplaincy Volunteers

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

North Wales Community Health Council

The North Wales Community Health Council (NWCHC) is the independent health services watchdog for North Wales. It represents the interests of patients and the public who use the health services in our area. This role is of great importance given that every person is likely to experience the health service at some time in their lives, to varying degrees and in different ways.

NWCHC plays a crucial role in influencing the way that health services are planned and delivered in our area in order to ensure the best possible health and wellbeing outcomes for the people of North Wales.

One of its core strategies is to monitor and scrutinise health services to ensure their safety and quality and to work with health service planners to improve patient's experiences of those services. In order to do this, the NWCHC has continued to visit health service premises in North Wales throughout the year. The NWCHC's annual visiting programme for this period has included the NWCHCs FoodWatch, CareWatch and BugWatch methods.

- **BugWatch** – is a snapshot of infection prevention practice in District General Hospital and Community Hospital settings. The Survey has been designed by Infection Prevention professionals and is undertaken by NWCHC members – who are lay people. The results of surveys give an indicator of the quality of Infection Prevention practice – not the presence of MRSA, C.difficile or any other healthcare associated infections.

Throughout the year NWCHC completed a total of 75 BugWatch inspections.

- **CareWatch** - is designed to highlight and encourage high standards of patient care, respect and dignity; to identify poorly performing wards/ hospitals and to monitor progress towards improvement. The inspections are undertaken on an unannounced basis in District General Hospitals and Community Hospital settings – with some of these undertaken at night-time. The survey is undertaken by NWCHC members.

Throughout the year NWCHC completed a total of 137 CareWatch inspections – 54 of these were undertaken at night.

- **FoodWatch** – its primary focus is to monitor patient nutrition and hydration practices and the inspection of ward kitchens (including fridges). FoodWatch also ensures a regular NWCHC on North Wales hospital wards.

Throughout the year NWCHC completed 22 FoodWatch inspections.

The CHC's annual visiting programme also includes a number of other inspection methods -further information is attached in the breakdown of Monitoring Visiting Activity 2015-16 attached (2015-16). In total 352 inspections of BCUHB sites/ premises were undertaken by the NWCHC during the reporting period.

Looking Forward. 2016-2017 priorities

| 2016-2017 Priority | What do we need to do? |
|---|--|
| <p>Demonstrate an on-going reduction in the Mortality rate (demonstrated in stroke, myocardial infarction and fractured neck of femur)</p> <p>Mortality Definition- to develop and oversee delivery of a co-ordinated and effective approach to reducing avoidable mortality.</p> | <p>We need to ensure that all specialites have mortality reviews with Health Board wide governance processes which will allow us to monitor outcomes</p> |
| <p>Meet the national standards for Venous Thromboembolism (VTE) compliance.</p> <p>VTE definition = Positive Deep Vein Thrombosis(DVT) or Pulmonary Embolism (PE) which can be linked to a hospital admission up to 90 days after discharge.</p> | <p>Increase appropriate treatment rates and increase education of VTE for both staff and patients.</p> |
| <p>Improve the response to the deteriorating patient – implement the revised chart and re-launch RRAILS improvement to achieve 100%</p> | <p>Drive improvement across all disciplines to ensure compliance</p> |
| <p>Sepsis bundle – to re-launch the sepsis bundle to achieve 95% compliance of all elements of the bundle by December 2015</p> | <p>Re-audit this position in June 2016</p> |
| <p>Improved Medicines Management – demonstrated through improvements in prescription and administrations of Insulin, Heparin and Warfarin, and Oxygen</p> | <p>Ensure that sufficient time is allocated to induction training and that new doctors are competent to prescribe</p> |

| | |
|--|--|
| World Health Organisation (WHO) Safer surgery – demonstrated by 100% compliance to the 5 stages of safer surgery | Site specific action plans will be developed to ensure all areas have 100% compliance. Areas who do not achieve 100% compliance will be required to undertake further audits |
| WHO Safer procedural checklist – to introduce internationally recognised safety tools (for use outside theatres) | Introduce safer procedural checklist into outpatient departments across the health board. |
| Eradication of Grade 3 & 4 pressure ulcers | Revised trajectory in 2016/2017 will be achieved by Quarter 3 |
| Unscheduled care quality methodology demonstrating improvements in care whilst in Emergency Department | Aligned to unscheduled care performance targets. Quality outcomes will be closely monitored. |
| Falls – demonstrated through a reduction of inpatient falls resulting in harm | Implement improvement actions to ensure reduction of falls resulting in harm and undertake baseline position for community falls with North Wales partners. |
| Mental Health Clinical Division – Developing Quality Metrics and methodology across primary, community and secondary care to provide timely assurance of care provision | Further develop metrics to measure the quality of service in Community settings and extend the real time patient feedback process. |
| Full implementation of the Infection prevention and control improvement plan (full action plan supporting the specific sections for improvement) | Detailed action plans in place to ensure reduction targets achieved in 2016/17 |
| 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 | Actions in line with improvement plan to be implemented in 2016/17 |

| | |
|---|---|
| Improved provision of timely GP discharge letters from Community and Secondary Care. | A system will be chosen across Wales, which will allow co-production with community pharmacy colleagues. A re-audit is planned for September 2016 |
| Ensure consistent support for all inpatients to maximise their nutrition and hydration intake in order to maximise recovery | <ul style="list-style-type: none"> • Introduce consistent 100% protected mealtimes with carer involvement • Introduce John's campaign across the Health Board • 100% compliance evidenced from monthly ward audits <p>Where less than 100%, improvement action plans from audit evidenced in monthly quality assurance processes and leadership walkabouts</p> |