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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Annual Quality Statement April 2015 – March 2016



To improve health and provide excellent care

Content

Page

Contents

Welcome	3
Our population	4
Staying Healthy	8
Safe Care	11
Effective Care	19
Dignified care	21
Timely Care	26
Individual Care	30
Staff and Resources	34
North Wales Community Health Council	38
Looking forward 2016-17 Quality priorities	37

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

[Health Board Publications](#)

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

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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 every one 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 the Health Board is 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











To improve health and provide excellent care


What we said we would do in 2015-2016

The actions identified below form our three 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?
Demonstrate an on-going reduction in the Mortality rate (demonstrated in stroke, myocardial infarction and fractured neck of femur). Mortality Definition - to develop and oversee delivery of a co-ordinated and effective approach to reducing avoidable mortality.	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.		We need to ensure that all specialites have mortality reviews with Health Board wide governance processes which will allow us to monitor outcomes.
Meet the national standards for Venous Thromboembolism (VTE) compliance. 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.	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.		Increase appropriate treatment rates and increase education of VTE for both staff and patients.
Improve the response to the deteriorating patient – implement the revised chart and re-launch RRAILS improvement to achieve 100%.	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.		Drive improvement across all disciplines to ensure compliance.
Sepsis bundle – to re-launch the sepsis bundle to achieve 95% compliance of all elements of the bundle by December 2015.	Bundle compliance for Sepsis for 2015 was 99.1%.		Re-audit this position in June 2016.

Improved Medicines Management – demonstrated through improvements in prescription and administrations of Insulin, Heparin and Warfarin and Oxygen.	<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>		Ensure that sufficient time is allocated to induction training and that new doctors are competent to prescribe.
World Health Organisation (WHO) Safer surgery – demonstrated by 100% compliance to the five stages of safer surgery.	<p>Compliance against this measure across the three sites is providing averages of: 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>
WHO Safer procedural checklist – to introduce internationally recognised safety tools (for use outside theatres).	<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.</p> <p>An audit of compliance was undertaken with some refinements of use recommended.</p>		Introduce safer procedural checklist into outpatient departments across the health board.
Eradication of Grade 3 & 4 pressure ulcers.	<p>A Strategic Healthcare Committee was formed to ensure all acute and area clinical teams co-ordinated improvement actions.</p> <p>Eradication of Grade 4 sustained in 2015/16</p>		Revised trajectory in 2016/2017 will be achieved by Quarter 3.

	until 1 case in Feb 2016. Grade 3 pressure ulcers reduced in 2015/16 but did not meet the trajectory.		
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 the development of a performance dashboard.		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).	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	The historic backlog has been cleared.		Actions in line with

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 in areas for action and improvement.	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.		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.

Key:

	We have achieved this priority
	We have made progress towards achieving this priority
	We still have a lot of work to do on this priority

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 and

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>

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 in 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. During this year we achieved 89.2% against this target and further work will be undertaken during the coming year to improve this compliance.

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.

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

- Integration of local services in three 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.

Further information can be found via [Director of Public Health annual report](#)

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 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.

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's 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.

The Glan Clwyd Stroke Early Supported Discharge (ESD) Team has had another successful year. To date, 49 patients have been supported to return home from hospital. Patients and their families were very satisfied with the service and provided positive feedback through patient satisfaction questionnaires.

Child and Adolescent Mental Health Services (CAMHS)

The Service has introduced a seven day service for assessment of admissions to the Emergency Department at Wrexham. The outcome will benefit patients in the following ways:

- Timely specialist assessment of young people;
- Reduced length of stay in hospital;
- Improved communication and service to looked after children.

Breastfeeding

Health visitor teams across North Wales have been praised for the support they provide for new breastfeeding mums and have received a major accreditation from [UNICEF](#).

Our Health Visiting teams have joined Maternity teams in Ysbyty Gwynedd and Ysbyty Glan Clwyd in becoming fully accredited UNICEF Baby Friendly services. They have recently successfully passed their UNICEF Stage 3 assessment which grants full accreditation.



Come and Cook

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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 helps people to prepare, eat, and enjoy a healthy diet by improving practical cooking skills and confidence in preparing 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 the availability of various sports activities throughout North Wales. 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.

Healthy Prestatyn

Significant planning and multi disciplinary work has been undertaken in 2015/16 to enable the new [Healthy Prestatyn Iach](#) primary care service to be launched 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 'Key Teams' 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

During 2015/2016 we reported six [never events](#) of which 4 remain open. (**a never event is a serious, largely preventable patient safety incident that should not occur*). In 2014/2015 we reported a total of 4 never events.

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:

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- 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

We understand the major burden pressure ulcers are to patients, families and the Health Care System and are committed to the elimination of all avoidable grades of pressure ulcers, while recognising pressure ulcers are often a complication of serious acute or chronic illness. Consequently, we have set minimum targets, for the reduction of all pressure ulcers against which improvements can be measured. As each pressure ulcer 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 November, to supplement the education initiatives offered throughout BCUHB, over 135 delegates attended the second 'Stop Pressure Ulcer Day' conference held in Venue Cymru, Llandudno. 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

We are committed to achieve very low rates of infection, and high rates of infection prevention. We have continued to demonstrate improvement in the reduction of [Clostridium Difficile and MRSA blood stream infection \(bacteraemia\)](#). We are aiming to continue this good work.

We were 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. Lessons learnt from this event will be shared should there be any further outbreaks.

	2012/13	2013/14	2014/15	2015/16
	BCUHB	BCUHB	BCUHB	BCUHB
Clostridium difficile infection per 100,000 population	92.26	64.60	57.52	51.01
Total Cases	637 cases	447 cases	398 cases	354 cases

	2012/13	2013/14	2014/15	2015/16
	BCUHB	BCUHB	BCUHB	
MRSA bacteraemia per 100,000 population	7.10	6.79	5.49	4.90
Total Cases	49 cases	47 cases	38 cases	34 cases

Falls

Reducing falls with harm remains one of our top priorities, even those that do not result in injury, can cause patients and their families to feel anxious and distressed.

When 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. We also work with local authority and third sector partners to agree actions to reduce community falls.

The Mental Health division has increased its scrutiny in relation to falls in all older people's wards. 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.

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. As part of our learning lessons, we have changed our practise relating to tube feeding through a nasogastric tube; our nutrition teams across North Wales have also provided intensive support through workshops, education and training at ward level for staff involved with nasogastric tube feeding.

The Health Board has provided 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. Nutrition and Hydration will be one of the priority objectives for 2016/17 so that we can make consistent improvements, supporting patients in all areas.



Nursing homes

We have a commissioning responsibility for the Quality and Safety of care provided in Nursing Homes. There are currently 76 Nursing homes that provide nursing care for our patients. A small number of these are under formal Escalating concerns procedures and are jointly monitored by Local Authority and the Health Board. 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 we employ a team of Practice Development Nurses who undertake annual quality monitoring and provide education, training, and professional clinical support to all the staff. Last year approximately 1,500 care home staff attended this training. We 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 and a review by the Older Peoples Commissioner we have developed action plans to ensure services in the Nursing Homes are safe and effective.

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 have delivered specific training/educational projects to all health professionals in Nursing Homes and the Health Board to improve patient experience.

It is our belief that targeting the development and education of general palliative care providers will help residents to achieve their preferred type and place of care and death, and this is the key aim of the Six Steps to Success Project. 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 continue to facilitate health care professionals in supporting and educating health professionals about the management of the last days of life.

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 the RAMI was 111, both of which are on par with Welsh averages.

Over the past year we have made progress on stroke mortality reviews and establishing level 1 & 2 mortality reviews on all acute sites. We are working with the cardiac network, with a focus on heart attacks, with outcomes anticipated to improve over the next year. We have recognised that we need to improve the way we monitor outcomes so we have a Health Board wide view on improvements which can be made in the care we provide.

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>

Maternity Services Review

Concerns relating to obstetrics and gynaecology services were raised by clinical leaders in September 2014. Against the background of these concerns the Board considered the case for temporary change to obstetrics and gynaecology, and associated changes to neonatal services and breast services. Following formal consultation during the Autumn of 2015 and presentation at the Board meeting in December 2015 it was agreed that there would be no temporary change to current services. Close scrutiny of the service relating to Quality and Safety outcomes and staffing has been maintained and reported.

Quality Assurance Visits to GPs

Between 27th March 2014 and 1st October 2015 the Primary Care Support Unit completed visits to all 112 GP practices as part of our 18 month programme. There were no significant issues or concerns in relation to patient safety identified during the visits completed.

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 Dental programme has not only provided us with assurances, but has given each practice an opportunity to gain direct support 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 on 2015-2016					
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 above, 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.

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 framework 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 is really important to us 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 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. 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 incentive 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".



Developers of a new pelvic girdle for pregnant women



Art Therapy champion Stephanie Morris

- 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. 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

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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.

The *Sentinel Stroke National Audit Programme* (SSNAP) 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. These improvements were recognised when Deputy Health Minister, Vaughan Gethin visited Wrexham Maelor Hospital.

We lead
Wales in
Stroke
care

We have improved weekend handover focusing on improving continuity of patient care over the weekend. A handover pro-forma has been developed and introduced to ensure all relevant information is included and documented. This has been 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.

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 John's 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.

Having carers by your 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. Carers are issued with a "passport" that allows them onto the wards at restricted times to help with their loved ones.



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

We continue to use the butterfly scheme across our hospital sites. The butterfly is a visual aid for our staff to identify patients with dementia ensuring these patients receive effective and appropriate care. 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%.



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%.

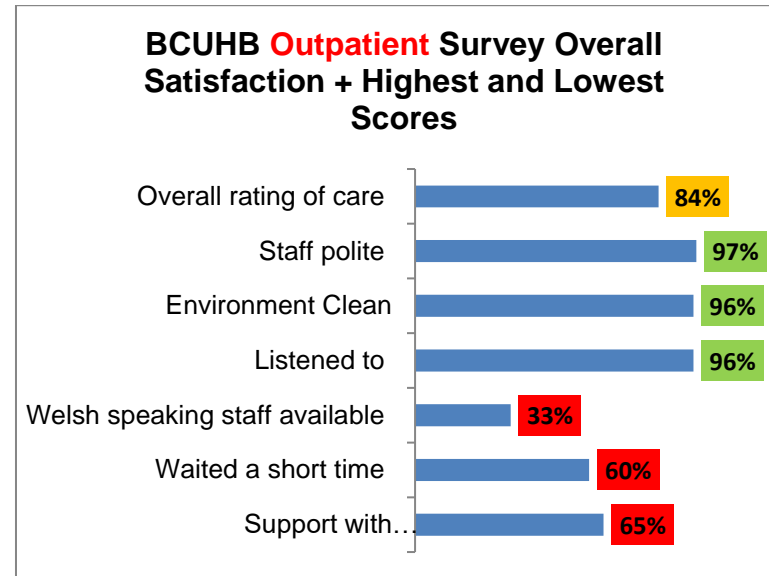
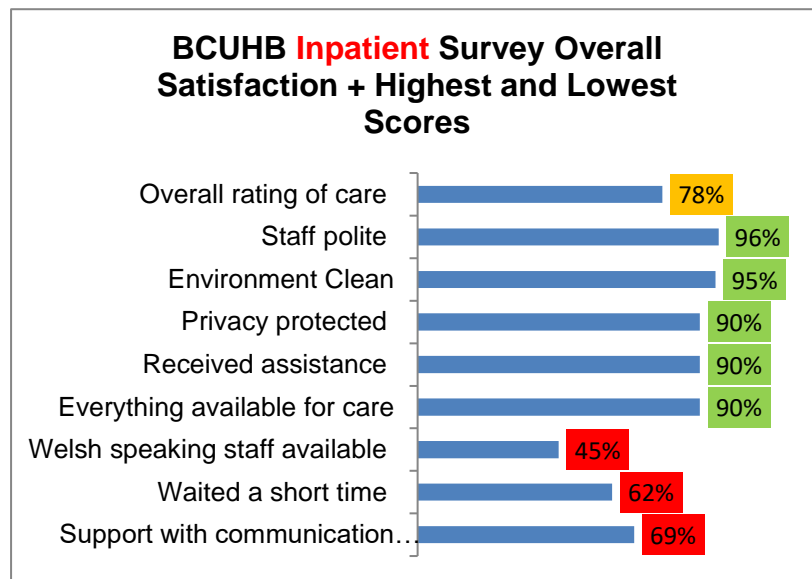
Additionally the Bryn Hesketh ward, in partnership with Ysgol Llywelyn have opened up a programme of work talking to primary school children about mental health, well-being and dementia. The children have written and published on YouTube their song inspired by visits to the ward and which they have named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

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 elements of the service that patients rate highly and areas where improvements are required.



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 they 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 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 and other sites.

Environment of Care (safe, healing environment):

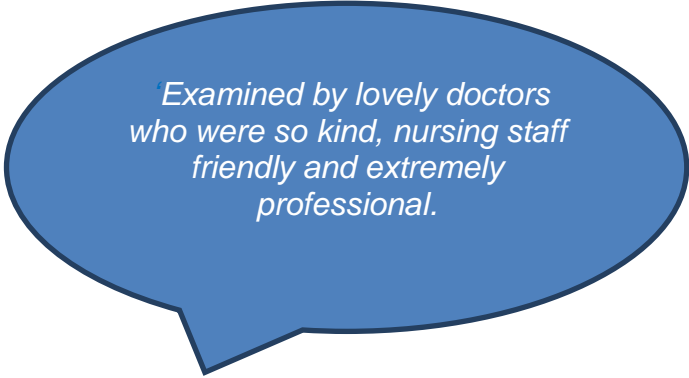
- Patients rate highly the cleanliness of the clinical environment and report that their privacy and dignity is protected.

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 is being addressed as part of the Health Board's Welsh Language Scheme.



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 job.'



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

Continence Care

To improve health and provide excellent care

It is not possible or necessary for our Continence Nurse Specialists to see all patients who present with bladder/bowel problems. Continence care is every nurse's responsibility. Hospital acquired incontinence is prevented by ensuring basic 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. Monthly monitoring of continence standards is undertaken using our Quality & Safety Audit. This identifies 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.

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. For further information on Continence Care, visit <http://www.wales.nhs.uk/sitesplus/861/page/51628>.

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 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 crossed 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 Governments 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. We are working closely with our partners in the ambulance



The new entrance to the Emergency Department at Glan Clwyd Hospital

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.

4 Hour Emergency Department target

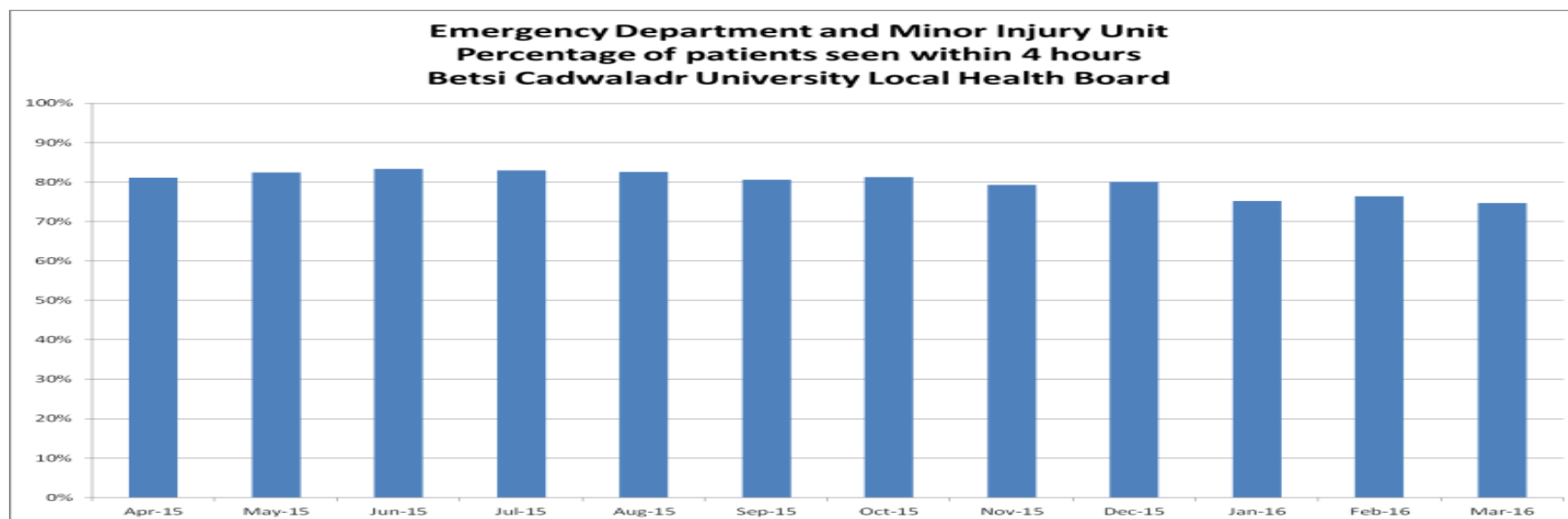
Although the early part of the year showed real improvement, at the end of March 2016, the Health Board achieved 75% against the target of 95%. We are not achieving this target and we know that this causes distress to patients across North Wales. We know we can do better for our patients.

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.

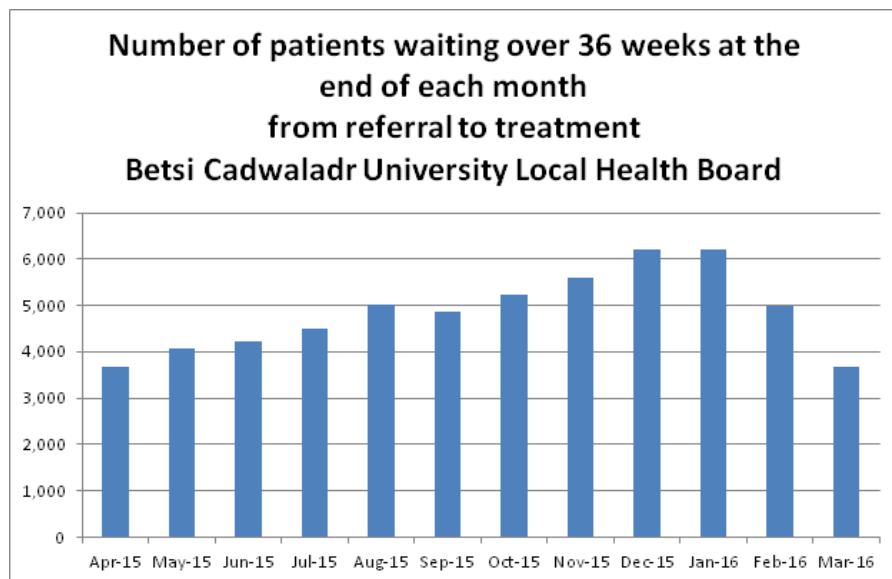
We have also put in place joint working arrangements with social care services to ensure patients can be discharged from hospital to the most appropriate setting.



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.

In the last twelve months we have spent an extra £8 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 Patients

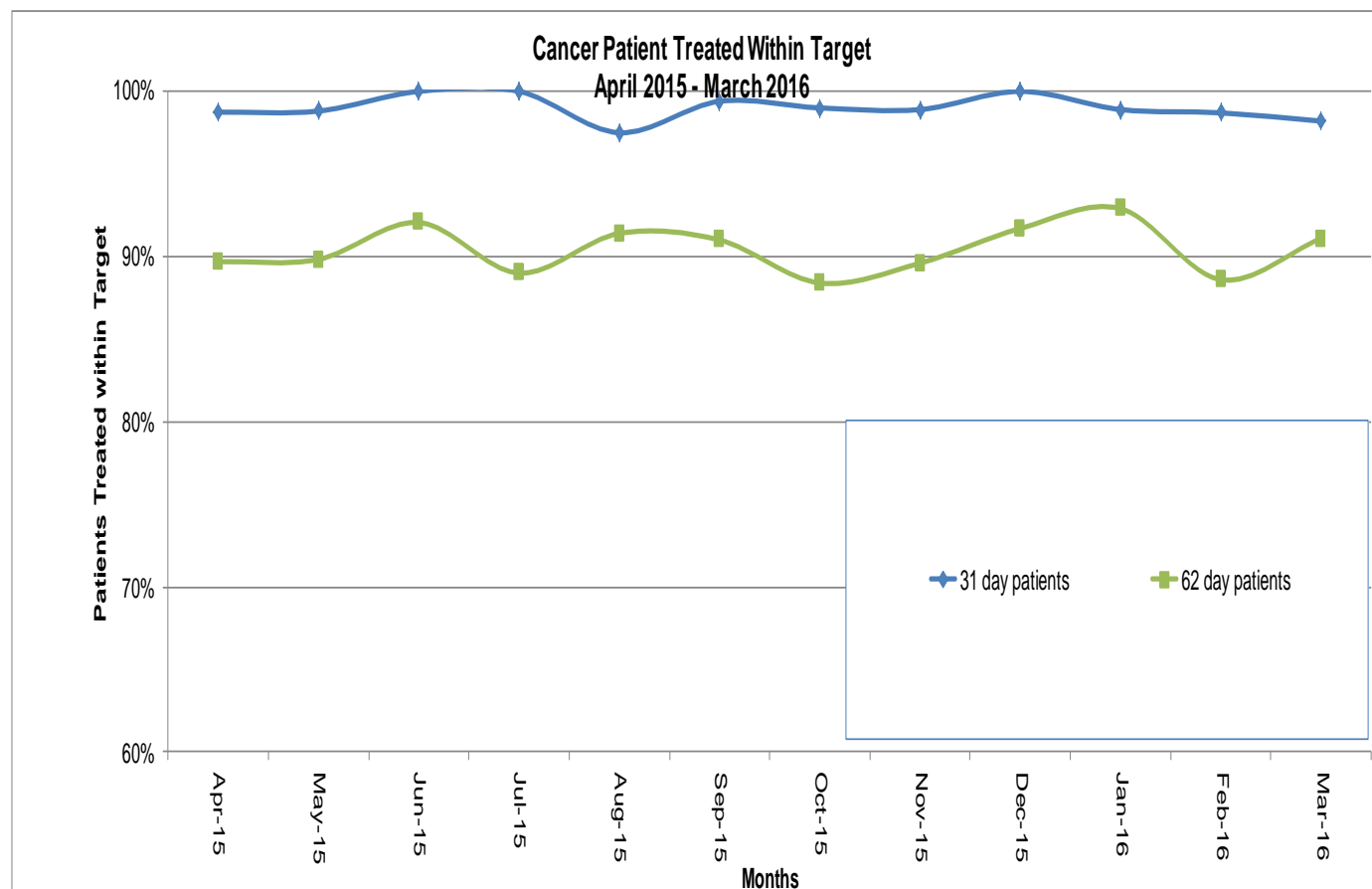
We are always working to reduce waiting times for suspected and diagnosed cancer patients. We know that being diagnosed with cancer is a shock even when doctors have warned that it is a possibility. As a result we work hard to make sure that patients get the tests and treatment they need quickly.

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.

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

Some examples of how we have sought views on 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, on-going 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.



Wrexham Street Triage

Wrexham Street triage is a project that has been set up which will improve the way that services respond to people in a mental health crisis. It is a joint approach between North Wales Police and ourselves. A team comprising of 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.

Mental Health

We have, as part of our approach to shaping future services, been talking to a range of people who use our Mental Health services. This has provided us with an understanding of what they would like to see from our services.

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. 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.

Quality and Safety Audit

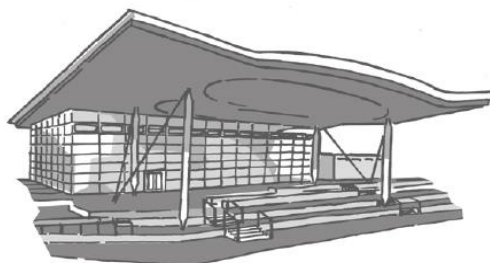
In October 2015, our Ward Quality Audit questions were refined to ensure that they matched the requirements of the [NHS Health and Care standards for Wales](#)

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. Each of our individual wards create an action plan in response to these audits.

Health and Care Standards



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



July 2015

Leadership Walkarounds

Feedback via the recent Health and Care Standards staff survey demonstrated a need to increase visibility and accessibility of our Senior Leaders within our clinical areas. The Walkarounds recommenced in 2015/16 and will provide the Senior Leadership Team with real time feedback / evidence to focus on safety, leadership and listening and valuing staff.

Patient Diary

We have developed a daily process to capture thoughts and feelings from patients regarding their care in a number of pilot wards; This has been positively evaluated and will roll out further in 2016/17. 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 including those with communication needs or sensory loss, as well as improving services for some seldom heard and vulnerable groups. 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. Further information is available on the internet site

<http://www.wales.nhs.uk/sitesplus/861/page/84458>

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.

Supporting Carers

(<http://www.wales.nhs.uk/sitesplus/861/opendoc/244601>).

During 2015/16 we have focused our attention on improving support for carers in primary care by providing funding for the staff in each local authority area. Early indications are that there has been an increase in the number of carers signposted for support. During April 2015- March 2016 the staff 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

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 facilitators 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.

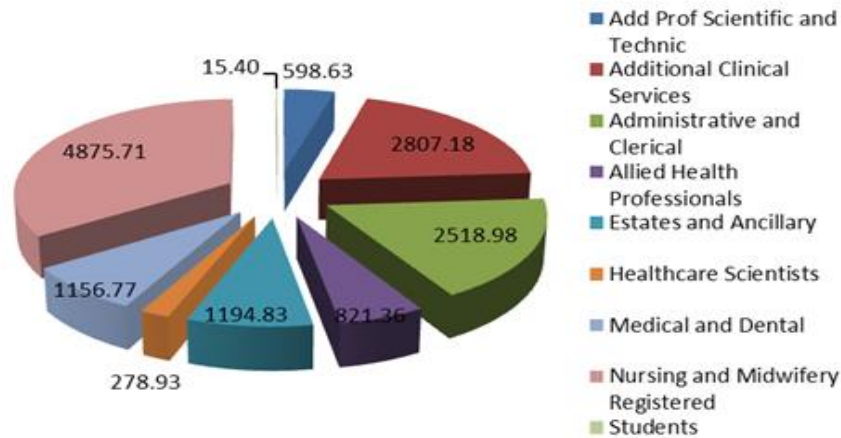
We have also been working with the young carers (under 18's) organisation's to improve early identification and support for young carers. A young carer's fun day was held in January 2016 where over 100 young carers across North Wales took part in fun activities and consultation workshops as well as a 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.



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 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



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.

We have developed a system 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.

Mandatory Training

We are required to provide a range of training that ensures our staff have the correct level of knowledge and skill to operate safely and that a safe and health working environment is maintained. This is called mandatory training. Overall mandatory training compliance for the organisation has increased from 44% to 62% in the year.

Personal Appraisal and Development Review

The PADR process allows staff, in discussion with their line Manager, to review their past performance and identifies further needs for development.

As of 31st March 2016 46% of staff have received a PADR.

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. 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.



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 received a 25 year long service award in 2015.



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.

Volunteers

Volunteers play a crucial role in improving the patient experience.

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 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 LH.

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.

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

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.



BCUHB directly managed or supported Volunteers

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.

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.

BugWatch – is a snapshot of infection prevention practice in District General Hospital and Community Hospital settings. The BugWatch Survey has been designed by Infection Prevention professionals and is undertaken by NWCHC members – who are lay people. The results of BugWatch 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 nighttime. 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. 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?
Demonstrate an on-going reduction in the Mortality rate (demonstrated in stroke, myocardial infarction and fractured neck of femur)	We need to ensure that all specialites have mortality reviews with Health Board wide governance processess which will allow us to monitor outcomes
Meet the national standards for Venous Thromboembolism (VTE) compliance	Increase appropriate treatment rates and increase education of VTE for both staff and patients.
Improve the response to the deteriorating patient – implement the revised chart and re-launch RRAILS improvement to achieve 100%	Drive improvement across all disciplines to ensure compliance
Sepsis bundle – to re-launch the sepsis bundle to achieve 95% compliance of all elements of the bundle by December 2015	Re-audit this position in June 2016
Improved Medicines Management – demonstrated through improvements in prescription and administrations of Insulin, Heparin and Warfarin, and Oxygen	Ensure that sufficient time is allocated to induction training and that new doctors are competent to prescribe.
World Health Organisation (WHO) Safer surgery – demonstrated by 100% compliance to the 5 stages of safer surgery	Site specific actions 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 this internationally recognised safety tool (for use outside of 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>