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Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



# Annual Quality Statement

April 2016 – March 2017

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To improve health and provide excellent care

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## About this report

The Annual Quality Statement is an opportunity for us to share what we have been doing to improve the quality of our services over the last year. This report is set out under the following Health and Care Standards<sup>1</sup> themes, which help us to provide the best possible care:

**Staying Healthy** - you are well informed and supported to manage your own physical and mental health.

**Safe Care** - you are protected from harm and protect yourself from known harm.

**Effective Care** - you receive the right care and support as locally as possible and contribute to making that care successful.

**Dignified Care** - you are treated with dignity and respect and treat others the same.

**Timely Care** - you have access to services based on clinical need and are actively involved in decisions about your care.

**Individual Care** - you are treated as an individual with your own needs and responsibilities.

**Staffing and Resources** – we have enough staff with the right knowledge and skills available at the right time to meet your need

## BCUHB Health Board

The purpose of the Board is to govern the organisation effectively. We aim to build confidence in the quality and safety of care that we provide. For more information about Board Members, please use the following link: <http://www.wales.nhs.uk/sitesplus/861/page/40834>

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<sup>1</sup> published by the Welsh Government on the 1<sup>st</sup> April 2015. For further information about the standards please use the following link: <http://www.wales.nhs.uk/sitesplus/documents/1064/150717whc032en.pdf>

This document forms part of our annual reporting. In addition to this report, further detail can be found in our Annual report and Annual Governance Statement. All of these can be found via the following link:

<http://www.wales.nhs.uk/sitesplus/861/page/87716>

This report and supporting documents can be made available in other languages or formats on request from the Corporate Communications Team:

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## There are lots of opportunities to get involved and share your ideas about how we can improve health in North Wales

We are keen to hear from you, whether as a member of the public, patient or carer, or if you have a compliment or a suggestion.

**It's your local health services.  
Help us to help you!**

You can also sign up to our involvement scheme. By registering (please use the link below) you will get our newsletter, hear about how you can share your views and ideas and get updates on activities and events. We want to involve everyone irrespective of age, disability, gender, gender identity, race, religion or belief or sexual orientation.

<http://www.bcugetinvolved.wales/register>

## Welcome: Chief Executive and Chair

It is our pleasure to introduce the Annual Quality Statement for Betsi Cadwaladr University Health Board for the year ended 31st March 2017.

Throughout this document, you will see examples of where our staff have delivered improvements in quality, safety, research and learning, all of which go to support a better experience for those people who access our services. We are extremely proud of our staff and grateful for their hard work and would like to offer our thanks to every one of them for the contribution they make to improve the quality of care across BCUHB. However, whilst there has been so much good work over the last year, it has also been another challenging year for us. Whilst we remain in Special Measures due to concerns over a number of areas of service delivery and governance, significant progress has been made and we continue to report to Welsh Government to demonstrate how the third phase requirements of the Special Measures Improvement Framework have been met.

We are confident that we have made progress and we will continue this improvement through our Annual Operational Plan in 2017/18.



Dr Peter Higson OBE,  
Chairman



Mr Gary Doherty,  
Chief Executive

## Statement: Chair of the Quality & Safety Committee and Executive Director of Nursing

Improving health and providing excellent care is a responsibility we take very seriously. Patients, families and their carers who access and use our services have a right to expect care and treatment that is of the highest quality. They deserve to be treated with dignity and compassion. We always strive to meet these expectations. However, on occasions when we fail to do so, it is important that we are open, honest and can demonstrate learning from patients' experiences and the feedback you provide.

This report illustrates the improvements and developments in services we have taken forward over the last year to continuously improve the quality of the care we provide. In the summer of 2017, we are launching our new Quality Improvement Strategy that will demonstrate our ambition to improve our services across North Wales, to ensure we provide the best possible care.



Mrs Margaret Hanson,  
Vice Chair / Chair of the  
Quality & Safety Committee



Mrs Gill Harris,  
Executive Director of  
Nursing & Midwifery



Budget  
**£1.4bn**



Number of Staff  
**17,158**



Population of North Wales  
**678,000**



**3**  
District General Hospitals



**18**  
Community Hospitals



**110**  
GP Practices



**155**  
Community Pharmacies



**87**  
Dental Practices

## What we said we would do in 2016-17

During 2016/2017, we set ourselves a number of priorities to ensure that our care was safe and of high quality. Our priorities included:

### Safe Care

- ) Reducing our mortality rate
- ) Eradicate Grade 3 and Grade 4 pressure ulcers
- ) Reduce Falls
- ) Implement our infection control and prevention plan
- ) Review the management of our concerns and demonstrate learning
- ) Ensure support for patients who have difficulty with nutrition and hydration

### Timely Care

- ) Demonstrate improvements in care for those in our Emergency Departments

### Effective Care

- ) To improve our medicines management
- ) Review the management of our concerns and demonstrate learning
- ) Improve the timeliness of GP discharge letters

### Dignified Care

- ) To provide assurance about the quality of care within our Mental Health Services

Our performance against these priorities in 2016/17 has been variable. Although some improvements have been made, they have not always been sustained as we had planned and expected. However, during the year we have developed a comprehensive understanding of the risks and issues and are now in a better position to tackle these priorities in 2017/18. Under the leadership of our newly appointed Executive Director of Nursing and Midwifery, Executive Medical Director and Executive Director of Therapies and Health Sciences, we have put together a revised Quality Improvement Strategy for the next three years. The priorities listed above have been carried forward into the strategy so we make the necessary improvements to the quality and safety of services we provide. More information about the progress we have made against these priorities in 2016/17 can be found in the relevant section of this report






# Staying Healthy

*I am well informed and supported to manage my own physical and mental health.*

## Childhood Immunisation

Staying Healthy

We currently use a small number of measures, which help us assess how we are improving the health of our population. These are set by Welsh Government and allow us to monitor our improvement over time and compare how we are doing across Wales.

<p>91.4% of 4 year olds have received their preschool booster 89.6% of 4 year olds have received their 2<sup>nd</sup> MMR</p>	<p>These are amongst the highest in Wales (All Wales Target of 95%). Uptake still does not meet the required target level to fully protect our children's health</p>	
<p>96% of children have had their 5 in 1 vaccination by the age of 1</p>	<p>This target has now been consistently achieved for a number of years (All Wales Target of 95%). Recent uptake has, however, begun to decline, and further falls could pose a risk to our children's health</p>	
<p>96.3% of children have had 1 dose of MMR (Mumps, Measles &amp; Rubella) by their 2nd birthday</p>	<p>This target has now been consistently achieved for a number of years and is the second highest in Wales (All Wales Target of 95%).</p>	
<p>88.9% of children have had 2 doses of MMR by the age of 16</p>	<p>This is the second highest in Wales (All Wales Target of 95%). Uptake remains below the target level needed to fully protect our children's health</p>	
<p>83.9% of 16 year olds have had the 3 in 1 teenage booster</p>	<p>This is amongst the highest in Wales (All Wales Target of 95%). Although uptake remains below the target level to fully protect our children's health, recent trends suggest improvement</p>	

**To improve health and provide excellent care**





Flu is a common infectious viral illness spread by coughs and sneezes. It can be very unpleasant, but most people begin to feel better within about a week.

The annual flu vaccine can help reduce your risk of getting flu each year, although it's not 100% effective because it doesn't work against every possible type of flu virus. Annual flu vaccination is the single best way to protect against catching and spreading flu.

The best time to have the vaccine is in the autumn, before flu starts to circulate. You should have the flu vaccination every year so you stay protected, as the viruses that cause flu change every year.

Beat Flu, the annual national flu campaign to encourage our staff and people in eligible groups across Wales to have the free NHS flu vaccination was launched on 10 October 2016. During this time 50.2% of our staff with direct patient contact took up our offer for vaccination which was an improvement on previous years. Alongside our staff campaign we undertook a campaign for the public to receive the flu vaccine. The Welsh Government target for 2016/17 was to ensure that 75% of those people aged 65+, people with long term medical conditions and pregnant women took up the offer for a free flu vaccination. Our uptake included 75.3% of pregnant women, and 68.7% of patients aged 65+.

For more information on who should have the flu vaccine and how to get it please use the following links:

- ) [Which children should have the flu jab?<sup>2</sup>](#)
- ) [Who should have the flu jab?<sup>3</sup>](#)

<sup>2</sup> <http://www.nhsdirect.wales.nhs.uk/doityourself/vaccinations/WhichChildrenfluvaccine/>

<sup>3</sup> <http://www.nhsdirect.wales.nhs.uk/doityourself/vaccinations/Flujabwho/>

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 make an attempt to quit via smoking cessation services each year with at least 40% of these validated to have quit successfully through Carbon Monoxide monitoring. A comprehensive programme of work to increase the number of smokers accessing services has been implemented and, over the past year, we have:

- ) Established a data collection and management system to improve data collection (piloted in Rhyl);
- ) Increased the uptake of smoking cessation for pregnant women through the work of Community midwives;
- ) Used social media to encourage parents and grandparents to quit smoking. The “Quit for Them” website has been visited over 28,000 times by over 20,000 people: <http://www.quit.wales/> <http://stopia.cymru/>;
- ) Offered training and updates to all Advanced Nurse Practitioners (from participating community pharmacies) across North Wales.

Despite these developments, our targets have not been achieved on a consistent quarterly basis. We will continue to work with those individuals who wish to give up smoking.



### The Designed to Smile oral health improvement programme

This programme targets young children in nursery and school and involves the children brushing their teeth every day at school. The key message for dental health (and this applies for all ages) is to brush for two minutes and to spit the excess toothpaste out, DON'T RINSE with water or mouthwash afterwards.

This programme has reached **over 110,000** children across North Wales.

This brushing activity has had an impact with a drop of 12% nationally in the numbers of 5 year olds affected by dental decay.

For more information, please visit [www.designedtosmile.co.uk](http://www.designedtosmile.co.uk)

## Safe Care

*I am protected from harm and protect myself from known harm.*

### Safeguarding

Safe Care

Safeguarding is about protecting children and adults from abuse or neglect and educating those around them to recognise the signs and dangers. Safeguarding is everyone's responsibility. All of our staff, volunteers and contractors have a duty to do everything they can to ensure that children and adults who may be at risk are protected from abuse.

Over the past 12 months:

- ) Our staff have raised 218 enquiries for potential victims of domestic abuse with 96 (44%) reaching the threshold of harm (high risk) that meets the criteria for a Multi-Agency Risk Assessment Conference (MARAC). MARAC meet to discuss these high-risk cases, sharing information and developing action plans to support the victim and to make links with other public protection procedures, particularly those that relate to perpetrators and help to safeguard children and adults at risk.  
For the 96 high-risk cases we have worked in partnership with Local Authorities, North Wales Police, and Fire and Rescue Services to ensure people remain safe and free from harm.

### Missing Persons Procedure

Safe Care

We have worked with North Wales Police service to develop a Missing persons procedure. As part of this, they have also worked with us to review our site security, surveillance and define search areas (search zone). We now work together to ensure there is a coordinated search for when a patient is identified as being missing.

### Hospital Acquired Pressure Ulcers

Safe Care

Pressure ulcers tend to affect people with health conditions that make it difficult to move, especially those confined to bed or sitting for long periods. Patient's with a pressure ulcer experience pain, are at risk of infection and have a longer stay in hospital.

During 2016, we undertook a successful programme of work in Wrexham Maelor hospital to reduce the number of pressure ulcers.

- ) We assessed patients on admission and patients at risk were put onto appropriate pressure relieving equipment preventing breakdowns in their skin;
- ) We revised documentation, introduced a "STOP" sticker to highlight at risk patients;
- ) We introduced a Traffic light system – with new guidance for staff on frequency of turning patients;

- ) The Tissue Viability Team provided specialist advice on pressure ulcers;
- ) Daily reviews were undertaken with prompt follow up of the patients and detailed investigations when needed

We have shared our findings and learning with other clinical areas across BCUHB

## Serious Incidents & Never Events

Safe Care

We are required to report serious incidents to Welsh Government and have reported 625 such cases in 2016-17. This compared to 408 in 2015-16. The reporting of incidents is an opportunity for learning. The increased numbers of reported incidents this year shows us that staff are recognising opportunities to learn and feel confident to report them to ensure improvement. We are also now reporting additional incidents due to a change in reporting criteria as defined by Welsh Government.

Never Events are serious, largely preventable patient safety incidents that should never occur. 2 Never Events have been reported to the Welsh Government in 2016-17, which is significantly less than the 8 reported the previous year. Learning for these events is critical and following one of these events we ensured that all relevant staff were reminded of the importance of counting swabs and only used swabs with tails (swabs with long string attached to the end) in all of our maternity units.

## Coroner Inquests

Safe Care

177 inquests were held in relation to patients under our care in 2016-17. Each of these underwent investigation. Where the Coroner feels that there is an issue for us to review and change practice urgently, they will issue a Regulation 28 Report (Prevention of Future Deaths). In 2016-17 we received 10, a reduction on the 13 received the previous year. When a breakdown in communication at one of our hospitals was highlighted by the Coroner, the Medical Director put in new measures to improve communication between staff and different wards and departments as well as reviewing the way we discharge patients from our acute hospitals.

## Public Service Ombudsman for Wales (PSOW)

Safe Care

If patients and/or carers are unhappy with the response that we have provided, to the concerns they have raised, they have the right to ask the PSOW to review and investigate further. In 2016-17, 131 such cases were referred, of which the PSOW decided to investigate 60. To date 18 cases have been upheld. Where the PSOW feels that significant issues are raised the report will be made public (Section 16). We have received 3 such cases in 2016-17, which is an increase on the previous year where 1 was received. The feedback from the PSOW investigations provides an opportunity for us to improve our services provided. As a result of one of these investigations whereby a patient was transferred home from overseas, we have put in place processes to ensure repatriated or transferred patients are accepted by both the receiving consultant and the ITU team.

Please use the following link for further information: <http://www.ombudsman-wales.org.uk/en/Investigations/investigation-reports-other-20162017.aspx>

## Nutrition & Hydration

Safe Care

We continue to focus on the importance of patient nutrition and hydration. The new Nutrition Nurses team has enabled patients to be supported closer to home across the whole of North Wales. Additional investment has helped make mealtimes more engaging and enjoyable with tea parties being organised across BCUHB. We continue to receive positive feedback from patients in relation the taste and choice of food they have whilst in hospital.

We have successfully implemented the changeover of safer systems for connecting feeding tubes to artificial feeding systems across all care settings in North Wales. This means patients have greater choice and the portion size can be adjusted at the point of care, where they receive feeding through a tube safer systems are in place to prevent potential harm.



## Pharmacy and Medicines Management

Safe Care

We have further developed the roles of our Advanced Pharmacist Practitioner within primary care. Over 1500 patients have had a medication review since April 2016 which would have previously been completed by GPs.

A clinical pharmacist led service has been introduced to manage the prescription process and drug monitoring which provides the GPs with more time and increases the satisfaction of the patients.

Our pharmacy department now prepare bags of antibiotics for intravenous services, which saves about 20 minutes of the nurse's time on each occasion.

We have introduced a community pharmacy emergency supply service to help reduce the number of urgent requests for medication. Over the last 12 month, pharmacies providing this service have undertaken 8025 emergency supply consultations.

The prevention of infection is a key priority for the Health Board. We are committed to achieving very low rates of infection and excellent practices across North Wales. We have continued to demonstrate improvement in the reduction of *Clostridium Difficile* (C-Diff) and Staphylococcus aureus (MRSA and MSSA) blood stream infection.

The number of patient infections with *Clostridium difficile* was reduced from 122 cases in 2015/16 to 107 in 2016/17. Staphylococcus aureus infections reduced from 135 in the preceding year to 82, of which 17 cases were of Methicillin-resistant Staphylococcus aureus (MRSA). However, we were faced with significant challenges during the year including a sudden increase in *Clostridium Difficile* infections during August 2016 and Staphylococcus bacteraemia in October 2016.

**Hand Hygiene Rate**

(March 17):

**97.8%**

We implemented and maintained a range of actions which saw the situation contained very quickly and the number of new cases dropped back by the following month. In January 2017 we had our lowest rate of *Clostridium Difficile* in 5 years.

The Wrexham region has faced a considerable challenge from the circulating Norovirus in the surrounding community and January 2017 saw a number of wards closed. Following this outbreak to ensure GP admissions do not attend the Emergency Department and an increase in the hours of cleaning in the Emergency Department. We are also looking at short and medium term plans to increase isolation capacity in the Emergency Department.

**Did you know...**

**Norovirus:**

- Can occur at any time of the year;
- Is a virus and the most common cause of stomach bugs;
- Cannot be cured with antibiotics;
- Anti-diarrhoea medicines should not be used as they may prolong the illness;
- You are infectious from the moment you first feel unwell until 2 days after symptoms have stopped.

**You can catch Norovirus through:**

- Contact with an infected person;
- Touching contaminated surfaces, objects, food and drink;

**How you can help ....**

Stay at home and avoid contact with other people until 48 hours after your symptoms have cleared in full; Please **DO NOT** visit loved ones / friends in hospital until you have been 48 hours symptom free.

Falls in hospital are the most commonly reported patient safety incident. 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, even minor injuries from a fall can affect mobility and undermine confidence and independence. Some falls in hospital result in serious injuries and sadly, even death.

Reducing falls is one of our top priorities. Tackling inpatient falls is challenging as there is no single intervention which will prevent falls. However, research has shown that multiple interventions can reduce falls. These interventions are particularly important for patients with dementia or confusion, who are at high risk of falls in hospitals. During 2016-17 we reviewed our falls pathway and developed / launched a new policy for the prevention and management of inpatient falls. A key decision has been to mandate the training on falls prevention for ward based staff. Increasing awareness and knowledge of staff is vital. On admission to hospital, all patients are assessed using a Falls Assessment Tool. Those identified as being at high risk of falls are placed on a Falls Pathway with an appropriate care plan developed for them.

There are currently 72 Nursing homes in North Wales who provide nursing care for approximately 2760 patients.

Nursing home provision in North Wales is becoming increasingly fragile and there have been a number of home closures over the last 4 years. Over the last year there has been a lot of support provided by BCUHB for the Nursing home sector working in partnership with the Local Authorities and Care and Social Services Inspectorate Wales (CSSIW). The demand for nursing homes to deliver complex nursing care is expected to increase as our population changes and as a result of advances in health care. We will continue to work together to support the development and maintenance of a highly skilled, flexible modern workforce so that patients can be cared for safely.

Quality and Development in Nursing Homes



## Development of a new Advanced Nurse Practitioner (ANP) role within the nursing home setting

Safe Care

*“This innovative new role is putting caring for the patient in the right place at the right time”*

This new unique role utilises advanced clinical and diagnostic skills to provide safe and efficient same day care, which is supporting existing GP services. Initial evaluations have clearly demonstrated its effectiveness in supporting vulnerable patients with multiple complex conditions living in both nursing and residential care homes. This role has improved communication and provides a quicker response to crisis calls with data indicating that 500 GP visits have been

prevented. The success of our initial findings is helping to promote the new ANP role across Wales.

## Mortality

Safe Care

One way for us to determine whether our services are safe and effective is to monitor mortality. We take the safety of our patients very seriously and continuously monitor deaths in our hospitals as a key outcome. The numbers of deaths are monitored and reported as Crude Mortality. For the 12 months to January 2017, the average number of deaths per month was 290 across BCUHB. The crude mortality rate for the 12 months to January 2017 was 1.80% (1 in 56 patients) which is on a par with the Welsh average at 1.85% (1 in 54 patients).

Further up to date detailed information is available from <http://www.wales.nhs.uk/sitesplus/861/page/63290>

## Quality Assurance Visits to Dentists & Community Pharmacists

Safe Care

In October 2015, we commenced a programme of Quality Assurance Visits in Dental practices. To date 58 Dental practices have been visited. The programme for Community Pharmacies began in October 2016 and follows a very similar format to that of the GP and Dental visits. To date, 6 community pharmacies have been visited with a plan for all visits to be completed by 31<sup>st</sup> December 2017. There were no significant issues or concerns in relation to patient safety identified during any of our visits.

All Dentists and Community Pharmacies are required annually to complete a Quality Assurance Return and provide this to the Health Board for review. The Quality Assurance Return covers a number of areas such as Infection Control, Safeguarding, Training, Health and Safety. Areas of non-compliance identified, are discussed with the contractor to ensure concerns are resolved and patient safety is maintained. For 2016 there was 100% return for both community pharmacies and dental practices.

## GP Clinical Governance Practice Self-Assessment Toolkit

Safe Care

This is a self-report toolkit which GP Practices complete at the end of each financial year via self-assessment against 49 different aspects of patient safety and clinical governance and is an essential framework to support GP Practices. In 2015/16 our GP's were the best performing in Wales for the engagement and completion of the Clinical Governance Toolkit with a submission rate of 95% and this year we have achieved an increased submission rate of 95.3%.



## Redevelopment of Glan Clwyd Hospital

Safe Care

We have just completed year 5 of a 7-year programme to remove asbestos from the original main block building. This has given us a great opportunity to redesign and rebuild the hospital from the inside out taking into account the latest technology and design, including making the hospital more dementia friendly.

To add to improved facilities already provided in earlier years, the redevelopment of the hospital in 2016/17 has enabled us to provide:

- ) A newly refurbished outpatient department
- ) A newly refurbished main entrance and main foyer area;
- ) 3 more newly refurbished wards which opened in Spring 2017, the hospital now has 6 newly refurbished wards in use;
- ) A newly refurbished Day of Surgery Arrivals meaning improved privacy and dignity for patients having surgery.



## Sub Regional Neonatal Intensive Care Centre (SuRNICC)

Safe Care

In October 2016 work commenced in Glan Clwyd Hospital on the construction of the new state of the art Sub Regional Neonatal Intensive Care Centre (SuRNICC). This new unit will care for premature and sick new-born babies from all areas in North Wales and be supported by the two Special Care Baby Units in the Wrexham Maelor Hospital and Ysbyty Gwynedd, Bangor. This ensures that once babies are improving and do not require Intensive Care they will be transferred to a unit close to their home.

## Effective Care

*I receive the right care and support as locally as possible and I contribute to making that care successful.*

### Research and Development

Effective Care

Research is a daily part of our work. It helps to improve the health and wellbeing of the people of North Wales. We are always looking at new ways to prevent, manage and treat disease and of bringing hope to people living with illness. The research staff are mostly the same doctors and health professionals you will see at your appointments. Researchers making these breakthroughs need help from members of the public to take part in clinical research studies. As well as being involved in research studies you can also be involved with shaping research priorities, through groups such as 'Health Wise Wales' and 'Get Involved'.

The following are examples of innovation this year:

- ) "Dietetic Support in the Community project" carried out patient focus groups for people who struggle with weight management. The patient meeting with a health professional is perceived as key in defining the journey and success in making lifestyle changes to lose weight;
- ) One local GP practice had the top UK recruitment numbers that evaluated the effect of a digital disease management tool in type 2 diabetic patients;
- ) We are leading in testing wireless measurements of pulse, temperature and breathing rates to allow earlier recognition and prevention of deterioration in hospitalised patients;



### Clinical Audit and Effectiveness

Effective Care

We continue to use a variety of quality improvement methods to identify how well our care and treatment is delivered for our patients and carers. One of these approaches includes using 'Clinical Audit' to measure practice against agreed standards. The standards are based upon the best available evidence (national guidance, clinical expertise or research findings). This way, quality improvement needs are identified and acted upon.

One example of where local improvement has resulted from engagement with National Clinical Audit includes a recent review of patient falls within a ward for older people with Dementia. This audit helped us to highlight the importance of documentation and assessment as part of the wider falls work (discussed in further detail on page 20).

HIW provide the public with independent and objective assurance of the quality, safety and effectiveness of healthcare services, making recommendations to us as a Health Board to promote improvements. During 2016-2017 Healthcare Inspectorate Wales undertook 10 inspections across the Health Board including 5 in Mental Health / Learning Disabilities, 3 in Community Hospitals and 2 in our main hospitals.

HIW also published both their annual report for BCUHB specifically and an All Wales annual report which can be accessed using the following link:

<http://hiw.org.uk/find-service/?lang=en>

We have plans in place to address the things that we need to improve.

### *What we did well ...*

- ✓ Multi disciplinary team working;
- ✓ Handling and disposal of waste;
- ✓ Staff treating patients with respect and kindness;
- ✓ Patients had a good experience of care overall;
- ✓ Evidence of strong leadership in many areas.

### *What we need to improve...*

- ✗ Estates issues (e.g. such as lighting in some garden areas & locks to be replaced etc);
- ✗ Staffing numbers and time for staff to provide individualised care
- ✗ Bed management (e.g. number of beds)
- ✗ Multi Disciplinary Team working in some areas;
- ✗ Delays in the recruitment process.

There are 25 community nursing teams caring for patients in their own homes with a wide variety of illnesses, often with complex needs. The focus of the teams' work over the last year has been to prevent hospital admission for patients with acute illness by providing increased support and health services to facilitate early discharge from acute and community hospitals.

We have increased our staff to provide more services to support care at home and now provide a 24-hour community nursing service. The teams have close links with our hospitals and liaise with the hospital staff to help get patients home as soon as possible with support. The teams work closely and continuously with a wide variety of staff to meet the needs of the patients at home. This includes Occupational Therapists, physiotherapists, Macmillan Nurses and podiatrists to name but a few.

## Accreditation for Community Mental Health Services

Effective Care

Our Denbighshire Community Mental Health Team has received Royal College accreditation (Accreditation for Community Mental Health Services ACOMHS). ACOMHS is an accreditation scheme for teams that provide treatment and care for people with a spectrum of mental health problems, ranging from common and limited conditions through to those that are complex, enduring and severe. They are the first in Wales and only the fourth in the UK to receive this accreditation.

All three Memory Assessment Services are also accredited by the Royal College of Psychiatrists through their Memory Services National Accreditation Programme with two of the three achieving a rating of excellent. These were the first such services to be accredited in Wales and BCUHB remains the only Health Board in Wales with fully accredited memory services.

## Cardiac Catheter Labs, North Wales Cardiac Centre at Glan Clwyd Hospital

Effective Care

Since August 2014 with the opening of a second Lab, the unit now carry out all the Cardiac Angiography and Angioplasty work across North Wales. For patients it means less travelling to Chester and Liverpool, they see a Cardiologist and will have their Diagnostic Angiogram done in Glan Clwyd Hospital before (if required) being referred for a pulmonary stent or other cardiac intervention / treatment in Ysbyty Glan Clwyd Hospital or Surgery in Liverpool. We have a “Radial Lounge” where inpatients can relax, talk to other patients, have access to Wi-Fi, TV and tea / Coffee facilities. Studies have shown that patients are less stressed and have fewer complications within this environment. Having 2 Labs and more specialised equipment and highly trained staff has resulted in an increase in the numbers of patients treated in a timely manner, in a safe, clean environment.



## Implementation of Medicines Transcribing and E-Discharge (MTeD)

Effective Care

A group was set up to look at processes and modernisation of systems on Dewi Children's Ward, Ysbyty Gwynedd. Previously, paper prescriptions were used when discharging patient's home from the ward and families were given a copy to take their GP surgery. The MTeD electronic discharge system combines the discharge letter and prescription into one which can be electronically transferred to the GP surgery within 4 hours of the child's discharge from hospital. Since using MTeD we have made a significant improvement with 94% of letters from Dewi Childrens Ward now reaching the GP within the target (compared to 6% of letters and 28% of prescriptions before MTeD). We are now looking to spread this work across the Health Board

## Dignified Care

*I am treated with dignity and respect and treat others the same.*

### Welsh Language

Dignified Care

One of the core principles in 'More than just words' is to provide a Welsh speaking "Active Offer" to patients. A project has been piloted in Ysbyty Gwynedd to identify Welsh speaking patients with dementia on our wards using the 'Speaking Welsh' magnetic symbol. This ensures staff are aware of which patients are Welsh speaking leading to better quality of care for patients. Following its success, further roll out is planned for all wards.

(<http://www.menteriaithbangor.org>)



Work was also carried out in partnership with Bangor University to translate cautionary labels, working towards integrating the Welsh language within health services in North Wales.

A number of staff have attended Welsh language lessons to improve their ability to communicate bilingually. In order to provide further support, we appointed a Welsh Language Tutor who is delivering a range of courses to meet the needs of our workforce.

Actively offering and being able to communicate with patients in their first language means our patients have a better experience and the quality and effectiveness of care is improved.

### Care to Talk

Dignified Care

This is an approach jointly developed by carers and staff from older people's mental health services. It is a way of promoting conversations between ward staff and families when a person with dementia is admitted to an older person's mental health ward. From the point of admission, families have a named nurse to talk to and these conversations are documented. The approach has been welcomed by families and is being evaluated before being rolled out to other areas.

### Johns Campaign

Dignified Care

We support John's campaign, a UK wide initiative established by carers of people with dementia which stresses the importance of sharing information about a patient during their hospital admission and advocates for the main carer to remain with the patient during their stay. A family overnight room has been opened at Cefni Hospital with a second in Bryn Hesketh (Colwyn Bay) opening later this year. During 2016/2017 we have firmly embedded the principles of the campaign in day to day practice.

## 'Creative Well' – Arts in Health and Wellbeing

Dignified Care

Our Arts in Health and Wellbeing Team work to deliver creative services for patients and staff. This work contributes to improving the health of our patients. Creativity plays an important role for patients whilst in our care and helps to support their recovery. The team aim to improve experience of BCUHB services through the delivery of arts activity such as “singing with Dementia<sup>4</sup>” and “The D Word<sup>5</sup>” and also work to enhance the hospital environment via artwork and creative signposting. The team work positively with local authorities, the voluntary sector, cultural organisations/ establishments, social enterprises and charities with the current programme funded by the Arts Council of Wales which is also contributing to the Welsh Governments interest in rolling out similar Arts, Health and Wellbeing programmes across all health boards:

<http://gov.wales/docs/drah/publications/161213-a-vision-for-culture-in-wales-en.pdf>



## Continence Care

Dignified Care

Continence Nurse Specialists continue to provide a nurse led service across BCUHB for patients presenting with complex bladder and / or bowel dysfunction or incontinence. The Continence Service reduces and prevents inappropriate and unnecessary referrals to hospital. Hospital acquired incontinence is prevented by ensuring fundamental aspects of care are maintained at all times with particular attention paid to the timely answering of call bells and prompt assistance with toileting needs. Training in various forms is provided to staff in a range of care settings with the knowledge and skills required to provide safe and effective continence care.

<sup>4</sup> A weekly music therapy group session held in Ysbyty Cefni, Ynys Mon.

<sup>5</sup> A play commissioned by the professional playwright and director Jany's Chambers which captures the touching, personal and family experiences of dementia.

**Attending Healthcare Environments:** We were successful in winning £600,000 to tackle anxiety and dementia in relation to attending health care appointments. We have engaged widely with people living with dementia to consider specific needs. This whole project is led by Mr Chris Roberts, our SBRI<sup>6</sup> Ambassador who is himself a person living with dementia.



*“Imagine being lifted out of your comfort zone or put into a foreign environment and trying to cope, that’s what it’s like living with dementia. Any change to plans make you very anxious and nervous, which makes your dementia worse. Technology is amazing now and I’m sure someone can come up with something to help us make it easier to get to hospital appointments or manage anxiety whilst waiting. If we can get it right for dementia it’ll help so many other people such as those with brain injuries or mental health problems.”*

*Mr Chris Roberts, Dementia Ambassador*

**Transgender Community:** We met with older members of the transgender community to discuss their concerns about the needs of transgender people with dementia. This has initiated a programme of work that has seen mental health services for older people working closely with older transgender people to begin to develop quality standards and guidance for healthcare staff.

**Dementia Support Workers:** This year has seen increasing numbers of dementia support workers across the Health Board. These posts are helping patients with dementia cope better with being in the unfamiliar hospital environments that can cause anxiety and distress.

In Ysbyty Wrexham, the support workers have created a sensory garden with the support of Cadburys. In Ysbyty Glan Clwyd they are heavily involved in supporting carers with information and drop in sessions and in Ysbyty Gwynedd they have helped emphasise the importance of Welsh Language in dementia care.

**84%** BCUHB staff<sup>1</sup> received Dementia Training

**75%** Welsh Government Target

<sup>6</sup> Small Business Research Initiative

## Timely Care

*I have access to services based on clinical need and am actively involved in decision about my care.*

### Waiting Times App

Timely Care

A new ground-breaking app has been introduced for people who are ill or injured to find out how many people are waiting to be seen at their nearest hospital. The app (currently only available in North Wales) provides “up to the minute” information on waiting times at all North Wales Minor Injuries Units and Emergency Departments. It also provides opening times, contact details and directions for each unit as well as outlining the types of care they provide.

This service is currently only available via a smart phone app – please scan the QR code to download:



### Common Ailment Scheme (CAS) rolled out across North Wales

Timely Care

A scheme trialled in Gwynedd has helped people get the most appropriate service for their ailment (such as hay fever, head lice or thrush) and has now been extended across North Wales. During the 2-year pilot, 19 pharmacies took part. CAS enables people to receive treatment from a pharmacist for common ailments instead of seeing their GP. CAS forms part of ‘Choose Pharmacy’ which sees pharmacists taking responsibility for helping patients with minor ailments, thus freeing up GPs’ time to deal with more complex needs. In the space of twelve months, participating pharmacies have carried out more than 2,000 consultations.

*“We are very pleased to be able to roll this out further and be able to offer the service to more patients. Pharmacists have the skills and knowledge to be able to support patients with minor illness and the Choose Pharmacy scheme will enable them to do just that. Anything we can do to ease the burden on our local GPs, whilst delivering timely and prudent advice to patients can only serve to benefit us all.”*

**Sera Roberts, Locality Team Leader in the West**

### Child and Adolescent Mental Health Services (CAMHS)

Timely Care

There is now a 7-day service for assessment of admissions to the Children’s Units. This means that young people benefit from timely specialist assessment, a reduced length of stay in hospital, improved communication and service for looked after children and specialist advice and support for staff on Children’s Units



## Integrated Care Team Eifionydd Alltwn Hospital (Ffordd Gwynedd)

Timely Care

This pioneering team support timely patient discharges from hospital and prevent readmissions. Work is centred on the “What Matters<sup>7</sup>” conversation supporting patients to make an informed choice, at the right time and in the right place. Each patient has a care co-ordinator to whom they can relate. Care outcomes become more personal and specific to each individual with services’ tailored to achieve these outcomes and promote wellbeing. Links between health and social care teams have improved to become one integrated team. Through the development of a more streamlined journey our services for the patient experience has improved and staff time used more efficiently and productively.

*“Mrs Jones is a blind and deaf lady who was admitted to hospital following a fall where she fractured her right thigh and also to her right arm. Mrs Jones was discharged from hospital to a local residential home where physiotherapy was continued. What mattered most to Mrs Jones during her stay in hospital and at the home was to be able to return home to be with her dog.*

*Mrs Jones is now home (with a re-enablement package of care) and has 2 visits a day for her and one visit to walk her dog.*

***Mrs Jones is now walking once again with her 3 wheeled walker and is building her exercise tolerance to be able to walk her dog”.***

## GP Access

Timely Care

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 to ensure more are open during working hours and more appointments are available after 5pm. During 2016-17, working hours / opening times improved with 70.6% of practices opening within an hour of their core hours (8am to 6.30pm) at least 5 days per week 96.3% of practices all offer later appointments after 5pm. Work is ongoing to make more appointments available in the core hours.

We have made good progress in implementing the new GP Out of Hours standards. This includes prompter access to services for patient’s quicker response times for urgent and routine calls.

## Dental Access

Timely Care

For the 24 months up to March 2017, the access level across North Wales has been 49.9%, compared to 54.9% across Wales as a whole<sup>8</sup>. Access rates are higher in the least deprived areas with attendance highest in children aged 6 to 17 years and a greater proportion of females than males attending dental appointments. We regularly review dental patient numbers to ensure that appropriate levels of access are available in the areas of greatest need. This year, additional activity has been offered to current Dental practices to help increase access.

<sup>7</sup> <http://gov.wales/topics/health/publications/socialcare/guidance1/assessment1/?lang=en>

<sup>8</sup> NHS patients, some of the population across North Wales choose to go to a private dentist practice

## Advanced Physiotherapy Practitioners (APP) in Primary Care

Timely Care

Research demonstrates that up to 30% of a GPs caseload are patients with musculoskeletal (MSK) conditions. Musculoskeletal conditions are injuries or pains that can affect your muscles, bones and joints. This service aims to make APPs the first point of contact for MSK conditions in the GP practice.

This is beginning to demonstrate reductions in multiple referrals and or re-referrals, relieve pressure on GPs and create a safe, sustainable solution whilst ensuring appropriate and timely access to services.



## Community based intravenous and blood transfusions

Timely Care



Our IV Suite supports the administration of medication that is given through a patient's vein, usually through a line fitted into their arm. Soon after the suite opened it quickly extended the hours of operation to 8am – 10pm over 7 days (rather than 5 days) due to the continual increasing demand, especially within the community. The IV suite is managed by an Advanced Nurse Practitioner (ANP) who works very closely with the medical team, microbiologist and pharmacy team in the individual management plan of each patient's care. The IV team also support the administration of blood transfusions both in the IV suite and in patient's homes, particularly in palliative care situations. This also prevents the need for a hospital admission or support earlier discharge for patients who wish to be with their family at home. Patient and family feedback is extremely positive.

*"Thank you for allowing my mum to be cared for at home with dignity".  
"It was so much more comfortable having my blood transfusion in my own living room".*

**To improve health and provide excellent care**

**Admissions:** We have been working to reduce the number of times patients with long-term chronic conditions who are admitted to hospital as an emergency. We have achieved the lowest admission rates in Wales by supporting patients, their families and carers with expert help at home or in the community.

**Cancellations:** We try very hard not to cancel a patients' surgery especially at short notice. We have reduced the number of operations postponed after patients come in to hospital compared to last year. This has reduced from 5% to 3%.

**Emergency Department (ED) Waiting Times:** We know this is an area where we need to find ways to improve our performance and work is ongoing. As of March 2017, 78% of our patients were spending no longer than 4 hours in ED against an All Wales target of 95%. Work is taking place with the ambulance service and local authorities to ensure more patients can be cared for closer to home avoiding the need to attend our Emergency Department.

**Referral to Treatment:** This measures the total time a patient waits after they have been referred by their GP until they start to receive hospital treatment (including time spent waiting for Outpatient appointments, scans etc.). Our performance for 2016/ 2017 showed that 87% of patients were waiting less than 26 weeks to start their treatment.

**Cancer Diagnosis and Treatment:** We have achieved the All Wales target for patients starting treatment within 31 days of an unsuspected diagnosis of cancer. We have also exceeded the year-end expectation for patients referred with suspicion of cancer, treating 92% within 62 days. We are holding weekly meetings (and in some cases twice weekly) to minimise these delays and implement improvements in treatment times.



## Individual Care

*I am treated as an individual, with my own needs and responsibilities.*

### Equalities

Individual Care

Through our planning and engagement work we aim to ensure that all protected characteristic groups have the opportunity to fully participate and that we respect people as individuals. Our focus this year has been to ensure, as far as possible, that when we make a decision, develop a strategy or policy, or do anything else that affects our service users or staff, then we do so in a fair, accountable and transparent way taking into account the needs and rights of all those who might be affected.

We held our first ever Equalities Week in May 2016 to promote wider awareness of equality and human rights issues that affect our staff and service users.



### Minority Ethnic Elders Advocacy (MEEA) Project in North Wales

Individual Care

We have continued to meet with elders from minority ethnic groups across North Wales via the MEEA Project (a North Wales Regional Equality Network project with whom BCUHB work in partnership) to listen and learn about the barriers they experience in accessing services. A range of initiatives have been progressed including working with the Wales Interpretation and Translation Service (WITS) to offer interpreter training to the communities in North Wales.

### Accessible Healthcare

Individual Care

November 2016 was designated sensory loss awareness month and provided the focal point for us to work with voluntary organisations to raise the awareness of the needs for patients with sensory loss amongst front line staff and managers. Training for front line staff and managers is vital with employees actively encouraged to complete the NHS Wales course on Sensory Loss, and sensory loss awareness is an important component of organisational and departmental induction programmes.



HMP Berwyn opened in February 2017 in Wrexham. We will be responsible for the delivery of health care services to the 2100 men who will reside there.

The new prison is the first to be built in north Wales and is a category C prison. It is the largest in the UK and is established as three house blocks, a health and well being centre, two industrial units and an education centre.

The health and wellbeing centre provides enhanced primary care services. It includes purpose built clinical rooms, a full pharmacy, two dental surgeries, therapies, group rooms and an x-ray / ultrasound room. We have met the challenging recruitment targets in 2016/2017.

The majority of clinical care will be provided within the prison health and well-being centre in order to minimise the requirement for attendance at health facilities outside the prison.

## Putting Things Right

**Concerns:** 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 2016-17, the Health Board recorded 2812 'On the Spot' concerns. Concerns can also be dealt with in a formal manner and these concerns are fully investigated. During 2016-17, the Health Board received 1785 formal Concerns compared to 1904 in 2015-16. This year we have also reduced delays in responding to concerns that patients and their families have raised with us.

**Claims:** The Health Board has a legal duty of care towards those in its care, members of staff, visitors and most importantly, patients. During 2016-17, 300 new claims have been received. 230 of these claims related to clinical negligence and 70 were for personal injury. We currently have 1226 active claims across the organisation of which 938 are clinical negligence and 288 are personal injury.

## 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.

Key findings from the patient experience data is themed under three domains defined by the Welsh Government's Framework:

**First and Lasting Impressions:**

- Patients tell us that they find staff *polite, friendly and professional*.
- Waiting times remains one of the main sources of reduced satisfaction. Negative comments are regularly received about waiting times in Emergency Departments. Patient flow through Emergency Departments and reducing waiting times overall are key objectives for the Health Board. Following patient feedback improvements to the waiting area in Wrexham Maelor Hospital's Emergency Department have been made.

**Environment of Care (safe, healing environment):**

- Patients rate our cleanliness in the clinical environment positively 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. As part of Sensory Loss Campaign awareness sessions have been held with staff including student nurses. BCUHB Sensory Loss Toolkit has been adapted for use by district nursing staff.
- 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 and a Welsh Language tutor has been appointed.

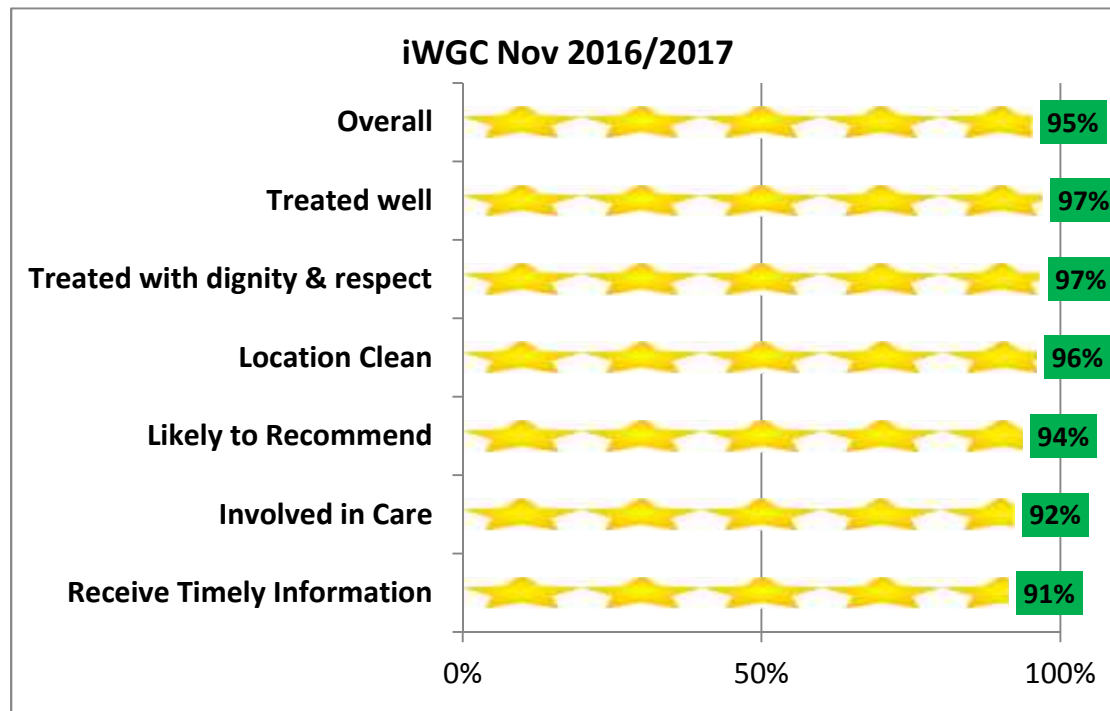
**Comment Cards:** are available throughout our wards and departments; these encourage service users to record comments or suggestions about the services or care received. 1,412 were received between April 2016 and March 2017, the top five themes from the comment card scheme are:



In addition, a Patient Advice Service is to be introduced in 2017. This will provide a listening and signposting service with the aim of providing a speedy response to queries raised by patients, families etc.

**Your NHS Experience all-Wales Survey:** Every quarter the all-Wales NHS Experience Survey is sent to 1000 randomly selected inpatients and outpatients from across the Health Board, 1,197 inpatients and 383 outpatients provided feedback in 2016/2017. The table illustrates elements of the service that patients rate highly and areas where improvements are required.

	Inpatient Survey 2016/2017 Overall Satisfaction	Outpatient Survey 2016/2017 Overall Satisfaction
Enough privacy	89%	96%
Staff polite	94%	96%
Environment clean	92%	95%
Support with communication	90%	95%
Received assistance	90%	94%
Everything available for care	90%	92%
Given information	84%	91%
Waited a short time	83%	86%
Clean hands	87%	84%
Welsh speaking staff available	72%	63%
<b>Overall rating of care</b>	<b>85%</b>	<b>90%</b>



**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. The system runs in Wrexham Maelor Hospital (Acute wards, Children's Ward and the Emergency Department). During 2016, the system was also introduced in the Community Hospitals in the Wrexham Area with 4240 patients reviewing our services in 2016/2017. This resulted in an overall 4.76 Star Rating out of a possible 5 with 94% of patient saying they would recommend the service to others.

# Staffing and Resources

## Staff Engagement

Staffing and Resources

A Staff Engagement Working Group has been established to provide strategic direction and oversight of the staff engagement work programme. Key achievements have included:

- ) Further development of the Balch o/Proud of campaign including promotion of our values, photo boards at each main hospital site and establishment of local working groups to make improvements;
- ) Launch of a new staff engagement process for BCUHB – **Discover, Debate, Deliver** - identifying staff ideas and solutions to operational issues;
- ) A more effective Team Brief system and Listening Leads to improve internal communications.

## Gwobr 'Seren Betsi Star' Award

Staffing and Resources

This award aims to recognise employees that go the extra mile to embed the values deep within the organisational culture. It takes place informally where the Chief Executive arrives at the workplace unexpectedly to present the member of staff / team with a certificate, badge and plaque to recognise their valuable contribution. Any member of staff or the public can nominate any other staff member employed by BCUHB.





As a member of Stonewall's Diversity Champions programme we have been recognised as a 'Top 100 Employer' in the UK for promoting the rights of Lesbian Gay Bisexual and Transgender (LGBT) Staff. We have been recognised as the 'Most Improved Employer' in Wales in 2016 for the work we have done with our staff network Celtic Pride to help make sure that every LGBT employee can be themselves in the workplace. This recognises the organisation's ongoing commitment to being an inclusive employer, supporting equality; fairness and respect in the way all colleagues are treated; irrespective of sexuality and gender identity. We have also piloted a new reverse mentoring programme where volunteers from Celtic Pride and our LGBT staff Network act as mentors for more senior staff. We have been pleased with the progress made and the enthusiasm from our staff.



The 2016 Staff Survey results (released in December 2016) identified an increase in the overall **engagement index** increased from 3.35 to 3.51 (measured out of 5), measuring; job satisfaction, ability to contribute to improvements at work and whether staff would recommend the organisation as a provider of care and as an employer.

Below are some of our findings:

- 71% of staff say that the care of patients/service users is their organisation's top priority (55% in 2013) – all Wales 79%
  - 51% of staff say that they would recommend their organisation as a place to work (42% in 2013) – all Wales 61%
  - 61% say that if a friend or relative needed treatment, they would be happy with the standard of care provided by the organisation (51% in 2013) – all Wales 68%
  - 54% of staff say that they are proud to tell people they work for their organisation (47% in 2013) – all Wales 65%
- All of these scores show improvements since 2013, but are below the all Wales average

Area of Improvement for 2017	Recommendations <i>(to be actioned later this year and an update provided in next year's Annual Quality Statement)</i>
<b>Communication</b>	Improving communication between senior managers and staff
<b>Engagement</b>	Involving colleagues in problem solving and decision-making and on changes that affect their work, team or department
<b>Feedback</b>	Providing feedback on how the organisation has responded where staff have raised concerns and reported errors and incidents
<b>Recognition</b>	Providing recognition and demonstrating that the organisation values the work of its staff
<b>Resources</b>	Ensuring that staff have the time, resources, equipment and sufficient colleagues to meet the demands on them and provide high quality services
<b>Culture</b>	Encouraging a culture of openness and trust
<b>Change</b>	Improving how change is managed
<b>Health</b>	Working to improve mental wellbeing including reducing stress
<b>Policy</b>	Effective use of policies to ensure everyone is treated with dignity at all times
<b>Support</b>	Reducing violence against staff and supporting staff when this happens

Further full details of our staff survey results please follow this link:

<http://www.wales.nhs.uk/sitesplus/documents/861/Agenda%20bundle%20Health%20Board%20public%2018.5.17%20V1.0.pdf>

## International Health Partnerships (IHP)

## Staffing and Resources



We have signed up to the Charter for IHP in Wales promoting global health and sustainable development. As well as benefitting people in poorer countries with less developed healthcare systems, our staff are involved in humanitarian overseas work. This includes sharing teaching and leadership skills, generating ideas for health service delivery within limited resources, learning about the delivery of healthcare to people from different cultures and also gaining direct experience of global diseases that may pose a risk to Wales. Teams of nurses, doctors, midwives, public health specialists and researchers are involved in developing international health links, most notably as part of the **Wales for Africa Programme** involving GPs in Quthing, Lesotho, hospital care in Hossana Hospital, Ethiopia and eye care in Hawassa, Ethiopia. This support can mean the difference between life and death to many people in less developed countries. Upon their return from overseas projects, our staff share their learning to improve the quality of health services for patients in North Wales.

**To improve health and provide excellent care**

At year-end, 52% of staff had undertaken an appraisal in the last year with 98.7% of Medical Staff undertaking an appraisal to January 2017. 72% of our staff had also completed their mandatory training.

The development of our workforce is important to us and each year our workforce are supported to continue their professional development (such as degrees, master’s and doctorate level study). Partnership working with local Universities and Colleges enables a broad range of training and development opportunities for employees to develop their knowledge and skills to promote quality patient care.

**Practice development of Health Care Support Workers (HCSW):** is an ongoing programme across BCUHB incorporating both theory and practice. Study sessions include communication skills, the role of the HCSW in an Emergency, Fundamental Care Skills and Clinical Skills. The achievement of a recognised care qualification is a mandatory requirement of all HCSWs within BCUHB with consistent support and training provided.

**Apprenticeship in Care Scheme:** delivered in partnership with Coleg Llandrillo / Menai in North West Wales (with placements now being rolled out in Central and North East Wales) this scheme provides young people the opportunity to develop skills required to deliver high quality patient care whilst achieving a recognised qualification. The majority of the apprenticeship is achieved while on placement in the clinical environment delivering hands on patient care (supported by our staff) reinforced by classroom time. Those who successfully complete the course may use the learning to begin a career in the health service, to access nurse education or to move on to higher care qualifications.

**All Wales Health Care Support Worker (HCSW) Framework Implementation:**

The All Wales HCSW Framework was launched in 2016 with the expectation that it will become mandatory throughout Wales by 2018. It ensures that all HCSWs have the appropriate skills and knowledge to deliver consistently high quality care to patients/ Service users. The Framework supports HCSWs from their initial induction through their career development, during which they are given the support and resources to meet national standards and achieve relevant qualifications ensuring that all HCSWs are compassionate, competent and safe practitioners.



## Nursing & Medical Recruitment

Staffing and Resources

It is our aim that by creating innovative and exciting jobs that are tailored to Doctors, we will attract the right people to lead the delivery of health services for North Wales. Solutions include the Mountain Medicine fellowship programme<sup>9</sup> in Ysbyty Gwynedd's Emergency Department (which gives doctors the opportunity to work with the Mountain Rescue team in Snowdonia) and collaboration with Amrita University in India to create bespoke roles with the gastroenterology team in Wrexham Maelor Hospital.

This year we have successfully recruited 66 nurses via local recruitment events. We have also recruited 95 Spanish Nurses since 2014 who continue to be valued members of the ward and department teams with a high proportion having settled in North Wales. Overseas recruitment continued into 2017 with a visit to India to recruit due to the challenge of recruiting Nurses (a UK wide challenge). We have also prioritised recruitment to our Nurse Bank. We attended 7 job fairs across UK and Ireland which resulted in approximately 800 potential candidates.

## Nurse Staffing

Staffing and Resources

Following the publication of the Safe Nurse Staffing Levels Bill in Wales, we have purchased an electronic application called SafeCare as an addition to our existing electronic staffing system. SafeCare can be used to monitor staffing levels on a shift-by-shift basis to ensure safe staffing levels appropriate to our patients on the ward. SafeCare is in the early stages of implementation with the first four pilot wards commencing using the system from April 2017.

## Step into work programme

Staffing and Resources

The Step into Work programme provides a programme of volunteer work placements for a range of people, such as young people who are not in employment or training etc. Offering structured volunteer work placements is a valuable way of providing the local population with work experience that can potentially lead to employment. We offer a six-week placement of a minimum of 16 hours a week in a chosen job role roles such as porters, domestics, administration services, laboratories and health care support workers. Volunteers who successfully achieve all of the required training, competencies and meet the essential criteria of the post that they are applying for are guaranteed interviews. Further information regarding the programme please e-mail [BCU.AdultVolunteerPlacements@wales.nhs.uk](mailto:BCU.AdultVolunteerPlacements@wales.nhs.uk)



<sup>9</sup> [http://www.mountainmedicine.co.uk/Mountain\\_Medicine\\_Bangor/Welcome.html](http://www.mountainmedicine.co.uk/Mountain_Medicine_Bangor/Welcome.html)

## Return to Practice (RTP)

Staffing and Resources

These courses are approved by the Nursing and Midwifery Council and are delivered at both Bangor and Glyndwr Universities. The aim of the course is to enable Nurses and / or Midwives (whose previous registration has lapsed) to re-gain 'live' registration together with the ability to function safely and effectively as an accountable professional through the updating of knowledge and skills. This year we have had 28 students go through the course.

## GP numbers and workforce

Staffing and Resources

We have 426 GPs working GP's across North Wales in specific practices and 150 locums who work across a number of practices when they are required. The number of GPs over 50 years of age continues to increase with a number opting for early retirement and therefore surrendering their contracts to us. The increasing difficulty in recruiting and retaining GPs is a major concern for us. Our area teams are testing out new models of primary care services, utilising the role of nurses, pharmacists and therapists to reduced demand on GPs.

We have also had the opportunity to manage a number of GP practices this year that occurs when the existing contract holder resigns or retires and there is no clear succession. Practices then come under our management for long term or on a short term "caretaking" basis.

## Volunteers

Staffing and Resources

We recognise the valuable contribution that volunteers make in a variety of ways to so many people who visit and use our services. The number of volunteers continues to grow and we have reviewed and updated the way in which we recruit and support them.

It has been a very busy year for the volunteers and volunteering department. Some examples of the great support received are:

- ) Guiding members of the public and patients around Ysbyty Glan Clwyd during the major re-development of the hospital site
- ) Assisting at staff flu clinics, ensuring they are run smoothly and efficiently;
- ) Working with Caniad to ensure we hear and listen to the voices of mental health service users
- ) Volunteer Guides assisted during the Norovirus outbreaks by handing out information leaflets

Our critical friends are a group of retired senior nurses who support projects across BCUHB. They act as coaches /mentors for staff but more specifically in supporting our monthly Quality and Safety audits process by speaking to patients about their experiences whilst in our care. All members bring differing expertise and knowledge to the role, which is invaluable to the projects they support.

*“I have enjoyed spending time in the clinical area and the opportunity to contribute is very much appreciated and I hope of some value”*

*Kathy Jones, Critical Friend & Retired senior nurse*

The Chaplaincy Department across North Wales has a long standing relationship with volunteers. A team of volunteers are crucial in the delivery of an effective pastoral care service for our patients, families and staff on a number of levels:

- ) **Pastoral care support:** Volunteers spend their time on wards, offering friendship and support beyond the specific religious care delivered by the chaplains themselves. They are able to spend quality time supporting others.
- ) **Access to Pastoral Care Services:** Volunteers on our wards provide a channel of communication that result in referrals to the chaplains for specific religious care.
- ) **Multi Faith dimension:** Volunteers are from diverse religious and spiritual communities and enhance the spectrum of direct pastoral care that can be offered e.g. Baha’i, Pagan, Buddhist. This also provides channels of communication with respective faith communities
- ) **Delivery of religious care:** Volunteers are crucial in supporting the Chaplains with daily religious rites such as Holy Communion.
- ) **Formal services:** The Chaplaincy is able to provide a diverse diary of services at its Chaplaincy Centres by using volunteers from those faith communities are not represented by the Chaplains themselves e.g. Baha’i, Unitarian.

## Special Measures

In June 2015, the Health Board was placed in special measures by Welsh Government. This followed a recommendation by the Wales Audit Office and Healthcare Inspectorate Wales (HIW) who were concerned that we were not making sufficiently rapid improvements on a number of key issues.

We appointed a new Chief Executive who has been in post since February 2016; we also have 4 new Directors and 3 Independent Members who have joined the Board over the last two years.

We have been making progress in the way we report on quality and safety indicators to the Board and its Committees. We have also been working on how we handle complaints more effectively.

We have continued to connect with the public through an extensive programme of engagement and have introduced a new public involvement scheme and website.

We have appointed a new Mental Health Leadership team and overhauled the way we manage Mental Health and Learning Disability Services. We have worked extensively with service users and other partners to produce a strategy for Mental Health setting out how we plan to develop and improve services in the future.

We have stabilised our Maternity Services through the appointment of additional midwives and senior doctors. The new leadership team are working to National standards supported by better training. We have also worked with the public and service users to make sure our maternity services are meeting their needs.

Following the success of our new GP practice model in Prestatyn, we have been developing a plan for primary and community services in the future. We have made improvements to the way in which calls and patient triage are dealt with by the GP out of hours service. More detail on our progress with special measures can be found via the following link:

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

## Tawelfan

The independent investigation and governance review into the concerns raised about the care and treatment of patients on Tawelfan Ward prior to its closure in December 2013 is ongoing.

The Chief Executive and Chairman have held monthly meetings with the families to keep them updated on the progress being made.

In January, Welsh Government appointed an external oversight panel. The panel is made up of 3 external independent members and has started its work to ensure that progress is made. The role of the panel is to oversee the process and ensure that the reports are robust and free from undue influence.





The North Wales Community Health Council (NWCHC) is the independent health watchdog for North Wales. It represents the interests of patients and the public who use our health services in North Wales. The NWCHC monitors and scrutinises our health services to ensure safety and quality. They also work with our service planners to improve the patient experience within these services; one of the many ways the NWCHC does this is by visiting health premises using the following inspections (undertaken by NWCHC members):

**BugWatch:** is a snapshot of infection prevention practice in our Hospital settings. The BugWatch Survey has been designed by Infection Prevention professionals. The results of these surveys give an indicator of the quality of Infection Prevention practice (not the presence of MRSA, C.difficile or any other healthcare associated infection). Throughout the year, NWCHC completed a total of 111 BugWatch inspections across our Hospitals.

**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 our Hospitals with some of these undertaken at night. Throughout the year, 132 CareWatch inspections were completed, 48 of which 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 presence in our hospital wards. Throughout the year, 26 FoodWatch inspections were completed.

In addition to the above inspections, the NWCHC's annual inspection programme also includes a number of other inspection methods including visiting and inspecting the external and internal common areas within hospital settings. During the year, a total of 391 of these additional inspections were undertaken.

The NWCHC continues to work closely with our Transforming Care Team to review the inspection questions and it is anticipated that this collaborative approach will ensure a greater scrutiny of current standards and practices.

## Looking Forward. 2017-2018 priorities

2017-2018 Priority	What do we need to do?
No Avoidable Deaths	<ul style="list-style-type: none"> <li>) We will use mortality reviews to find areas for improvement in care pursuing our aim of having no avoidable deaths.</li> <li>) Learn from all aspects of our care in order to make care consistently safer.</li> </ul>
Harm free care	<ul style="list-style-type: none"> <li>) To deliver care in the right place, by the right member of staff at the right time to place.</li> <li>) Finalise the development of an IT system to help efficiently track and manage performance around Harm called the Harm Dashboard.</li> </ul>
Achieve the highest level of reliability in clinical care	<ul style="list-style-type: none"> <li>) Strengthen our clinical pathways to ensure reliability against NICE (National Institute for Clinical Excellence), WHO (World Health Organisation), NCEPOD (National Confidential Enquiry into Patient Outcome and Death) etc.</li> <li>) Develop and introduce an accreditation programme for wards, departments and community.</li> </ul>
Deliver “What Matters” Work in partnership with patients, carers and families to meet their needs and actively improve their health	<ul style="list-style-type: none"> <li>) Move towards open visiting times.</li> <li>) Include patients, carers and families in the delivery of care. This will ensure there is access to Doctors, Midwives, Nurses and other health professionals to discuss treatments.</li> <li>) We will measure and act on results from patient feedback in real time.</li> <li>) Introduce a Patient Advisory Liaison (PAL) team to manage (in a timely manner) local resolutions.</li> </ul>
Deliver innovative and integrated care close to home which supports and improves health, wellbeing and independent living	<ul style="list-style-type: none"> <li>) Track Performance through the development of a Business Intelligence Community Dashboard.</li> <li>) Measure the responsiveness of our community crisis teams.</li> <li>) Get patient feedback (and act on it) from surveys in the community and intermediate settings.</li> </ul>

**To improve health and provide excellent care**