

Bringing people and services together

Annual Report
2009/10



Best in class

Our strategic direction is based on five themes of making it....safe, better, work, sound and happen

“I could not have had better or more professional treatment anywhere and I am most appreciative and grateful to the NHS and medical staff who looked after me”

Mr B, patient



Two North Wales GPs received awards from the Royal College of General Practitioners in December 2009. Dr Ian Williams (*pictured with the Chief Medical Officer for Wales*) of Gyffin Surgery, Conwy won “GP of the Year” nominated by one of his patients who said:

“Being a great doctor is more than giving out pills; it’s helping people live and feel good about themselves. I am alive because of the care I received from Dr Williams – he helped me change my life and I can see a future”.

Dr Williams’ partner – Dr Gwynfor Evans was first runner up in the same category.

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Chairman's welcome



Welcome to the University Health Board's first annual report. Our aim to be 'best in class' comes from our people and the population we serve. We are proud and privileged to be part of the largest Health Board in Wales and take our responsibility to improve the health and well-being of the population seriously.

The Welsh Assembly Government took the innovative and bold step to create a system of integrated health care by abolishing the internal market. We have therefore been able to bring public health, primary, community, mental health and acute hospital services together for the first time and in partnership with local government and the voluntary sector.

As a University Health Board we can now focus on the whole experience of others to make sure NHS professionals and others work together for the benefit of all. Our Annual Report illustrates some of the exceptional work that has been done so far to realise this.

Our staff are the most valued resource. Although we have been through a period of reorganisation, we have seen many put their concerns aside to make sure that the needs of patients, services users, carers and families always come first. Business more than usual was our motto and the staff held to this. We are proud of their commitment, determination and sheer tenacity to make a difference for others.

The support and good working relationships with our trade union partners has helped make the transition to a new organisation smoother. We thank them for this.

A handwritten signature in dark ink, appearing to read 'M. Williams'.

Michael Williams
Chairman

Foreword from the Chief Executive



As the University Health Board reaches across North Wales, inequity in access, service provision and standards of care have been exposed. We are determined to raise standards across North Wales and although we have started this, there is more to do. Strengthening the bilingual nature of our care is a key objective to help achieve this. We are at the beginning of a long, but worthwhile journey to achieve all our aspirations.

Part of this requires strong clinicians whose leadership will see a reduction in harm, variation in practice and waste. The eleven Clinical Programme Groups with their Chiefs of Staff and teams are bringing people together to make sure standards do improve and families benefit.

So far we have seen changes in mental health, children and young people, surgery and medicine to name a few, but again there is more to do.

Our University status is very important to us. It helps to build academic study and expand research and development. Becoming part of the Academic Health Science Collaborative, expanding the North Wales Clinical School and working toward a combined Medical School at Bangor University has started. We look forward to what 2010/11 brings in this regard.

We hope you enjoy this Annual Report. It is only a flavour of what has taken place since our formation in October 2009, but one that shows what has been done and more importantly what can be done with the exceptional and dedicated workforce we have in North Wales.

A handwritten signature in dark ink, appearing to read 'M Burrows'.

Mary Burrows
Chief Executive

About us

The Betsi Cadwaladr University Health Board (hereafter referred to as the Health Board) was established as a statutory health organisation on the 1st October 2009 following implementation of the Welsh Assembly's *One Wales* national reform programme for the NHS in Wales.

We have taken over the responsibilities of the six Local Health Boards (Anglesey, Conwy, Denbighshire, Flintshire, Gwynedd and Wrexham) and the North Wales and North West Wales NHS Trusts. This change was driven by a desire to have arrangements for the NHS in Wales that are effective for improving the quality, performance and accessibility of services to patients.

Our 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 676,000 across North Wales as well as some parts of North Powys, Cheshire and Shropshire.

The Health Board is a clinically and professionally led organisation operating in a devolved governance framework through its Clinical and Corporate Programme Groups.

Our principles are laid out in the document *A Strategic Direction 2009/12* with five key themes of making it safe, better, sound, work and making it happen.

These principles form the chapters of the Annual Report and demonstrate what we have done so far.

We proudly employ around 17,000 staff and have a budget of around £1.2 billion. We are responsible for the operation of three district general hospitals (Ysbyty Gwynedd in Bangor, Ysbyty Glan Clwyd near Rhyl, and Wrexham Maelor Hospital) as well as 22 other acute and community hospitals, and a network of over 90 health centres, clinics, community health team bases and mental health units.

We coordinate the work of 121 GP practices and NHS services provided by dentists, opticians and pharmacists.



How we are organised

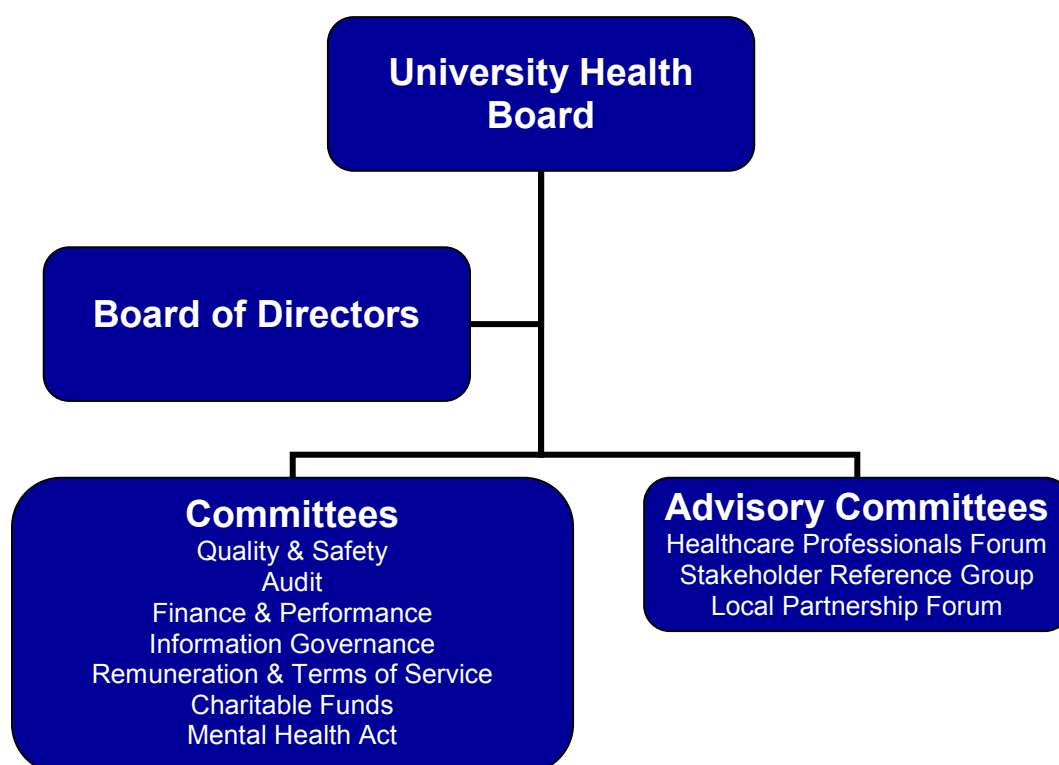
“In developing our committee and staffing structures, our obligation and commitment remains resolute in addressing public health, prevention and treatment for the citizens of North Wales, and ensuring that staff are treated fairly.”

We have developed our Health Board and committee structures as shown below.

Each of the formal committees has agreed Terms of Reference which states their purpose, aims, membership and sets out the lines of reporting and accountability. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees, which are all chaired by independent members rather than employed officers of the Health Board. To support this culture, all committee minutes are received by the Board in public session. A key committee is the

Audit Committee which advises and assures the Board whether effective governance arrangements are in place, to support sound decision-making and delivery of corporate objectives, in accordance with the standards of good governance determined for the NHS in Wales.

Clinical Programme Groups (CPGs) are the way in which we have organised the range and complexity of clinical services across North Wales. Each of the eleven CPGs are led by a Chief of Staff who is a clinically qualified practising professional, who takes responsibility for services and is supported by a team of clinicians and managers.



The way we provide services

Our staffing structures continue to be developed across all Clinical and Corporate Programme Groups, with the majority of senior appointments now in place. The Health Board's Executive Team are based geographically across North Wales, and meet weekly to ensure the core business of the organisation moves forward. They lead the strategic clinical development and are operationally responsible for their staff in the delivery of safe and effective care.

Chiefs of Staff profiles and in-year priorities



Anaesthetics, Critical Care and Pain Management - Dr David Counsell

A Consultant Anaesthetist at Wrexham Maelor Hospital since 2001, he came to North Wales after 10 years as a consultant at Blackpool. He works within the three main elements of the anaesthetic service - pain, critical care and general anaesthesia.

Making day case surgery normal practice, making use of new technology to improve outcomes and a community based pain management service to serve rural areas are current areas of work.



Cancer and Palliative Medicine - Dr Matthew Makin

A Consultant in Palliative Medicine in Wrexham since 2001, Matt has been Clinical Lead for Cancer Services since 2004 before taking up his post as Chief of Staff for Cancer Services in North Wales NHS Trust.

He is a Visiting Professor of Palliative Medicine at Glyndwr University. He holds a MA in Medical Ethics as well as an MD in Pharmacology.

Being the best in class for rural cancer care, improvements in palliative medicine and to develop the academic and research base are their areas of focus.



Emergency, Specialist Surgery and Dental -

Dr Tony Shambrook

A Consultant Anaesthetist and Clinical Director in Ysbyty Gwynedd since 1995, he has led and implemented many significant innovations in the area. He was an important part in the North West Wales NHS Trust's role as a pilot site for the Amended Consultant Contract in Wales.

His commitment to improving services in surgical care and dentistry through innovation and best practice will help make these services 'best in class' for Wales. This includes innovation in orthopaedic services and the development of sustainable and safe surgical practice.



Pathology -

Dr Mark Lord

Dr Lord is a Consultant Histopathologist based at Ysbyty Gwynedd and was formerly Acting Clinical Director for the Diagnostics Directorate at the North West Wales NHS Trust. Dr Lord was appointed to his current post in 2002.

His focus has been in developing networked services for North Wales in Histopathology and Cytopathology.

He has interests in Cytopathology, Renal, Breast and Gynaecological Pathology and is a trained Paediatric Pathologist. He is the Designated Individual under the Human Tissue Act for mortuary and theatre services. He was previously a principal in General Practice and chaired the Ceredigion LHG prior to his move back to the laboratory service.



Primary, Community and Specialist Medicine -

Dr Olwen E Williams OBE

Dr Williams studied medicine at Liverpool University and embarked on a career in Genitourinary Medicine in 1988. She was appointed to her current post as Consultant in Genitourinary Medicine at Wrexham Maelor Hospital and Glan Clwyd Hospital in North Wales in 1992 and became Director of Sexual Health Services in 2007. She leads the largest Clinical Programme Group.

Her special interests are child sexual abuse, adolescent sexual health and HIV / AIDS. She has

been a Statutory Member of Equality and Human Rights Commission Wales since 2007. Dr Williams was made an Honorary Fellow of the University of Wales, Bangor in 2005 and was honoured with an OBE for services to Medicine in Wales in the Queens Birthday Honours.

Dr Williams and her team are leading on the integration of primary and community medicine and improvements in emergency care, building on best practice already operating in North Wales.



Radiology - **Dr Robert Byrne**

Dr Byrne is a Consultant Radiologist based at Ysbyty Glan Clwyd and was formerly Chief of Staff for Radiology in the North Wales NHS Trust.

Imaging services are crucial in supporting primary and secondary care services. Dr Byrne's focus has been on direct access for general

practice, improving the technology between hospitals and general practice, introduction of new techniques to reduce interventions and to develop sustainable services for the future.



Women's Services - **Mr Nigel Bickerton**

Mr Bickerton is a Consultant Obstetrician and Gynaecologist at Ysbyty Glan Clwyd. He is the North Wales Regional College Advisor for Cardiff University's Post Graduate Medical and Dental Education.

Addressing maternal care in midwifery and improving access to care in an environment of a reducing specialist workforce are challenges that clinicians and stakeholders have been working through to make sure services are safe in the future.



Therapies and Clinical Support Services – **Mr Clive Sparkes**

Clive Sparkes is Consultant / Director of Audiology and is a state registered Clinical Scientist at Ysbyty Glan Clwyd's Audiology Unit. His local interests are Paediatric Audiology, Service Development and Medical Informatics.

His outside appointments include membership of the Welsh Scientific Advisory Committee, the Standing Specialist Advisory Committee in Audiology and he is an Honorary Senior Lecturer in Health Studies.

Current aims for this CPG are integrating a range of therapy and scientific services, reducing inequity and improving disability services.



Children and Young People – Dr Brendan Harrington

Dr Harrington has been a Consultant Paediatrician in Wrexham since 1998. Prior to coming to work in Wales he was a Lecturer in Child Health at the University of Manchester, undertaking research in neonatal medicine. He has always been heavily involved in Medical Education at local, regional and national levels.

Developing services that are community based with local authority partners, enhanced nursing support in schools and improving acute care are his main aims for the year using the reducing numbers of junior medical staff being trained in paediatrics to affect more of a multi-disciplinary team approach.



Mental Health and Learning Disability – Dr Giles Harborne

A Consultant in Adult and Rehabilitation Psychiatry in Wrexham since 1995, he works with young people with severe and disabling mental illness, and has established a network of recovery and supported living services across the area.

Dr Harborne moved to work in the old North Wales Hospital in 1992, and has been Clinical Director for Mental Health in Wrexham and Flintshire since 2000.

His research interests include workforce redesign and the development of independent nurse prescribing.

Introducing a social model of care, reducing reliance on hospital admissions and improving community mental health and speciality services with local authorities are main areas of work where improvements are being seen.



Pharmacy and Medicine Management – Mrs Anne Bithell

Anne Bithell has been Chief Pharmacist at Wrexham Maelor Hospital since March 2008 and Chief of Staff Pharmacy and Medicine Management for the North Wales Trust.

She studied pharmacy at Manchester University and has worked in hospitals throughout North-West England.

She has a particular interest in education and training and was for a time seconded to Manchester University to help develop pre-registration pharmacist training in North-West England.

Bringing community and hospital medicines management through the 1000 lives approach has been a major focus and driver to reduce harm to patients.

Recognition for our work

We are proud of our reputation for delivering first class healthcare services. The high levels of achievement have been recognised with a number of accreditations and awards which reflect the innovation and commitment of our staff. Here are just some of them:

1

The Health Foundation for the Shine Award - Cardiac Services to demonstrate improvement in quality of care while reducing waste, harm and cost per capita of the care delivered.

2

Orthopaedic Pre-operative Assessment was awarded good practice status by the Welsh Assembly who suggested that all Health Boards in Wales should follow the example set by the Orthopaedic team in relation to improved patient care.

3

Two of our nurses being inducted as **Queen's Nurses**. The Queen's Nursing Institute is a charity dedicated to championing community nursing and allowing people to receive healthcare in their own communities.

4

Two members of staff were awarded the prestigious **MBE in the Queen's New Years Honours List** - Jane Eryl Jones, recently retired Senior Nurse at Ysbyty Eryri, Caernarfon, and Robin Jones, an Out of Hours Co-ordinator in Gwynedd.

5

The **Housekeeping Supervisors** in Gwynedd were awarded Adult Learners of the Year. The awards are an annual celebration of adult learning in Wales and the Housekeeping supervisors were nominated after successfully completing in-house STEP courses.

6

The **Ablett Unit at Ysbyty Glan Clwyd** with 'The Star Wards Award for outstanding patient care.' Star Wards is a project which works with Mental Health Units in the UK to enhance inpatients' daily experiences and treatment plans.

7

Taith, the Therapeutic Community Day Service in Wrexham was an NHS Wales award winner. The service was the first of its kind in Wales to cater for clients with self destructive behaviours and relationship difficulties. Users have reported increased self confidence and many have been able to stop self destructive behaviours such as self harm.

8

Canolfan Crwst, a new integrated health and social care centre in Llanwrst developed as a partnership venture involving the Health Board, Conwy Borough Council and Pennaf Housing Association won national awards.

Improving Health in Wales

“The Annual Report highlights examples of the progress that has been made to realise this vision”

In 2001 the NHS set out a plan to improve health in Wales. The challenges have been considerable but the people of North Wales deserve nothing less. The main objectives for the NHS over this period have focused on:

- Life long investment in population health
- Involving citizens and patients in defining health needs and identifying solutions
- Working in partnership with local government and the voluntary sector
- Renewing the workforce
- Improving performance
- Turning the NHS into a unified and whole system
- Improving the buildings, equipment and information technology
- Making the NHS more democratically accountable



Making it safe

‘Do no harm’ is our primary duty to patients, service users and staff yet the complexity of health care and its intervention sometimes make it potentially unsafe. Our aim is to develop and deliver services for the population providing choice, equity of provision, prevention and treatment.

Putting safety first sets the tone for the Health Board and is what drives us to promote high quality patient focused services, ensuring the principle of putting patients at the centre of healthcare and ensuring that the views of patients, carers, relatives and staff are heard.

1000 Lives Campaign

Chief Executive Mary Burrows said: “The 1000 Lives Campaign has helped us to maintain a real focus on the delivery of high quality services for patients in a safe environment and has delivered successful initiatives that are saving lives now and will save many more in the future.”

2009/10 marked the second and final year of the national 1000 Lives Campaign to improve on mortality rates and reduce harm to patients.

The national campaign resulted in an estimated additional 862 lives being saved in 18 months and 29,000 events of harm being avoided in the first 12 months. We are proud to have actively contributed to this improvement.

- Ensuring every Board meeting starts with a patient story which helps to provide

valuable insight into the impact of NHS services

Standardisation of information collected from patients about their medicines when they are admitted to hospital. This ensured that while the patient is in hospital they can continue to take their medicines as usual and any new medicines can be taken safely

The introduction of executive ‘WalkRounds’ in hospitals and the community enabling staff to directly raise safety concerns with senior staff and action to be quickly taken

Improved treatment for patients with chronic heart failure through enhanced services, including improvements in diagnosis, medication and lifestyle advice

A reduction in infections in patients following surgery thanks to improved monitoring of temperatures and the replacement of all razors with surgical clippers

Infection control

Infections that people get as a result of the care and treatment they received from the NHS are known as Healthcare Associated Infections (HCAIs). They cause pain, distress and sometimes, sadly, even premature death to some of those who experience them. They can affect anyone wherever they are receiving their healthcare treatment.

We have produced an Infection Prevention and Control Strategy designed to reduce infections that patients and service users get which are linked to their healthcare.

A new multi-disciplinary approach to managing the care of patients with *Clostridium difficile* shows a 35% reduction in infection. This work was showcased at an international conference on quality and safety in healthcare.

Other Areas of Progress

- “Transforming Care” Programme to improve patient contact time at ward level. This was achieved using visual management aids to reduce wasteful interruptions to staff time, ensure the ward environment is
- uncluttered and that all equipment was easily identifiable and appropriately located visual aids
- Falls in hospital are a major cause of injury, disability and mortality. As part of the transforming care at the bedside programme, a falls prevention initiative was undertaken and resulted in a reduction of inpatient falls by 25%.
- Membership of the UK-wide “Safer Patient Network” which uses collaborative learning and application of improvement methodology to support the delivery of high quality care for our patients all the time.



Health and safety

We understand and take our statutory responsibilities very seriously to protect the health, safety and welfare of patients, visitors and staff. As well as ensuring compliance with all relevant legislation, the Health Board undertakes programmes of risk assessment and monitoring to identify local opportunities for improvement. Key areas of work during the year were:

- CCTV cameras placed in the Emergency Department (A&E) in Ysbyty Gwynedd have helped to secure convictions against offenders who are violent or aggressive towards staff
- A complete review of asbestos related emergency planning and procedures was carried out and a new survey of our buildings for asbestos was commissioned and started. An ongoing programme of air monitoring for detecting asbestos was put in place
- A wide range of health and safety training was provided for staff, including: Risk Assessment, Violence and Aggression, Manual Handling, Asbestos Awareness, Stress Awareness, Working at Heights and the electronic reporting of incidents
- Environmental monitoring including anaesthetic gases, noise and dust
- Future work will include the participation in a Welsh Assembly Government pilot scheme for a lone worker alert system and helping with the development of health and safety systems within the newly formed Clinical Programme Groups

Information governance



There have been a number of positive developments notably the appointment of Mr Mark Scriven, Executive Medical Director, as the Caldicott Guardian for the Health Board and the formation of the Information Governance Committee. All patient identifiable information is collected, stored and shared in line with the Data Protection Act

1998 and Caldicott guidelines, which govern confidentiality in the NHS.

We have produced an improvement plan which has seen additional technical measures being introduced, such as the procurement of the national encryption support contract and hard disk encryption for all laptops and high risk

desktop PCs to support the security of information.

A regular training programme on confidentiality, data protection, information security, information sharing and records management is provided by the Information Governance Team.

In 2009 the Health Board signed up to Wales Accord on the Sharing of Personal Information. The purpose of this Accord is to enable organisations directly concerned with the well being of individuals to share information between them in a lawful, intelligent way and to an agreed set of principles and standards.

Local Information Sharing Agreements have been developed in line with the Accord and work is continuing to review and update them to ensure they are fit for purpose.

Further information can be obtained from the following website: <http://www.wales.nhs.uk/sites3/home.cfm?orgid=702>

The Freedom of Information Act is part of the Government's

commitment to greater openness in the public sector and came into force on 1st January 2005.

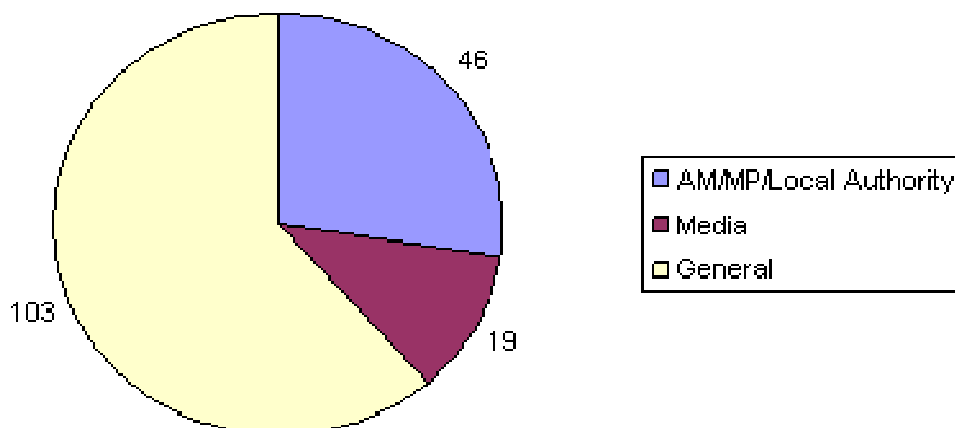
The underlying principle is that all non-personal information held by a public body should be freely available unless an exemption applies. We are committed to comply with this Act and from October 2009 to March 2010 the Health Board received 168 requests for information.

Full details of the requests can be obtained from the Health Board's disclosure log on its website: <http://www.wales.nhs.uk/sitesplus/861/page/41504>

As required by the Act, the Health Board endeavours to make as much information as possible available to the public via its publication scheme.

We are constantly adding information to the website and hard copies are available on request. The Publication Scheme sets out the type of information available from the Health Board and how that information can be accessed.

Analysis of FOI Requests from 01/10/2009 to 31/03/2010



Occupational Health and Wellbeing

A key achievement for the Occupational Health and Wellbeing Teams this year was our quick response to the H1N1 (swine flu) incident and working with the emergency planning teams to design and deliver a programme of vaccination for frontline staff in health and social care.

The Occupational Health and Wellbeing Service continued to improve its services across the health community, through working together to develop a set of values for the service and bringing together core health and wellbeing strategies from the former organisations occupational health and health at work departments.

Our objective is to support and improve the health, wellbeing and lives of working people and the wider health community. A measure of this will be the Corporate Health Standard achievement next year.

Emergency preparedness

This Health Board is categorised as a Category 1 Responder for emergency response, and is required to comply with all of the legislative duties set out within the Civic Contingencies Act of 2004, as well as comply with guidance issued by the Welsh Assembly Government. These duties include:

- Co-operation with other organisations
- Information sharing
- Risk assessment
- Emergency planning
- Business continuity management
- Warning and informing the public

We work with others to meet our obligations through effective planning and

preparing arrangements which support our capability to manage major emergencies.

A key milestone was the development of a Major Emergency Plan which received Board approval in December 2009. This document sets out how the organisation will respond to a major emergency and establishes a vision that states that the Health Board will work to ensure that “its entire staff are aware and capable of supporting the needs of the North Wales communities should they be involved in an emergency or call upon the services of the Health Board during a major emergency.”

In order to deliver this vision and maintain compliance with the Civil Contingencies Act, we have entered into a partnership agreement with the Welsh Ambulance Services NHS Trust, and work closely with other health and social care partners to establish a forum where health related civil protection matters can be planned for. This work will focus initially on establishing a command and control structure across partner organisations that are suitably trained and experienced in managing any major emergency. A further area of work has been to look inwardly at our organisation and develop plans and capabilities that support us in mitigating any disruption to our day-to-day operations.

Pandemic flu

Our response to the pandemic flu was a real test of our preparedness as an organisation as well as a partner with others. We were able to support general practice, community services and hospital admissions when needed. Patients were cared for safely and other services were still able to operate. Staff are to be congratulated for the professionalism and dedication they showed. The learning from this experience will provide the necessary expertise in the future.



Primary care services - the building block of health care

Primary Care is usually the first point of contact for patients with the health service. Whilst a number of patients do access health services via Emergency Departments (A&E) or Minor Injuries Units in hospitals, over 90% of patient contacts with the health service occur in Primary Care. These services include:

- General Medical Services (GMS) usually provided by General Practitioners (GPs), and other practice staff e.g. Practice Nurses

- General Dental Services (GDS) or Personal Dental Services (PDS) provided by Dentists in practices
- General Ophthalmic Services provided by Optometrists in practices
- Pharmaceutical services provided in Community Pharmacies.

In North Wales for 693,666 registered patients (and the hundreds of thousands of visitors to the region each year) we have:

- 121 GP Practices and 423 GPs
- 54 branch surgeries
- 153 Pharmacies
- 90 Optometry outlets and 204 Opticians
- 102 Dental Surgeries and 243 Dentists providing NHS Services

Primary Care providers are either independent contractors who hold contracts with the NHS (e.g. GPs) or can be businesses that employ clinicians to provide services (e.g. large pharmaceutical chains).

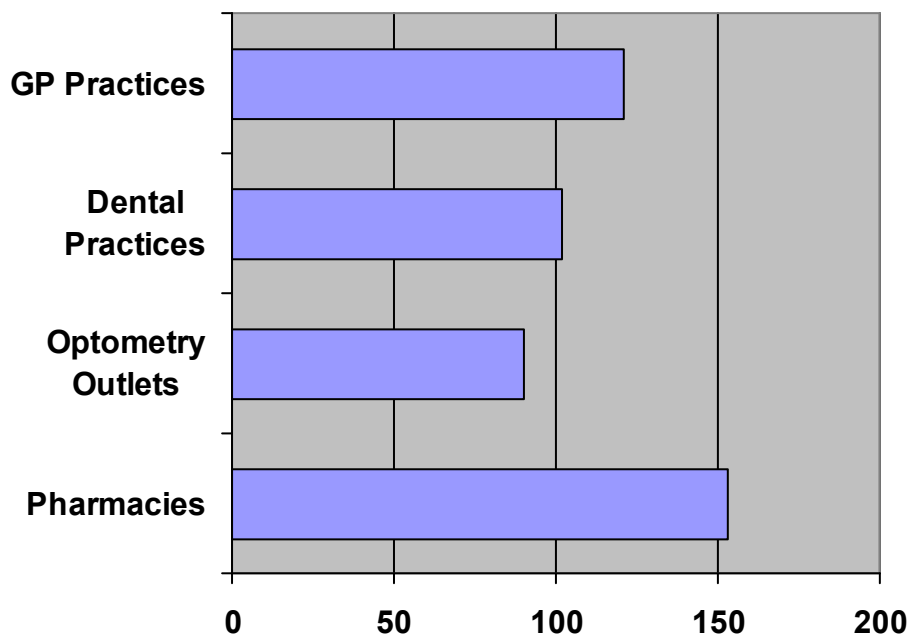
Primary Care providers are therefore not usually directly employed by the NHS. It is the responsibility of the Health Board to agree contracts with Primary Care contractors for the provision of their services.

We are also responsible for ensuring that the services provided meet appropriate quality and safety standards and are delivered by clinicians who are appropriately trained and qualified to provide those services.

In 2009/10 approximately £28 million was spent on NHS dental services and £111 million on services provided by GPs and their staff. It is interesting to note that whilst some very expensive drugs are used for treatment within hospital settings, approximately £121 million was spent on medicines and prescription items in Primary Care, compared to around £10 million in hospitals.

The Quality and Outcomes Framework (QOF) was designed to encourage high quality services in general practice, and was introduced as part of the new GMS contract in 2004. It consists of a range of national standards based on best available research evidence.

In 2009/10, 6 out of 121 practices (or 5% of practices) achieved the full 1000 QOF points across North Wales. The average QOF points across North Wales Practices = 949.65 points.



Primary and community development

Primary and community care services form the bedrock of services in the NHS and make an invaluable contribution to ensuring the health and well-being of the population we serve. Following the North Wales Acute Services Review of 2006, *“Designed for North Wales”*, the lack of attention given to the impact of proposed acute service changes on primary and community care was highlighted.

We have worked with patients, carers, staff and partner organisations to develop a Clinical Strategy for Primary and Community Services and agreed the following recommendations:

- **Localities** - to support the planning and provision of services at a locality level (based on a population of 30-50,000)
- **Communications Hub** - to support emergency service provision by developing a communications hub to help professionals co-ordinate care for patients

- **Service Profile** - together with the Public Health Wales, keep information up to date about care provided outside hospitals

- **Finance** - further develop a financial model to support the future planning of services in our communities

To coordinate the delivery of all these proposals, a Primary and Community Services Implementation Board has been established. This is chaired by our vice chairman Dr Lyndon Miles, with representation from Local Authorities, Voluntary Sector and the Welsh Ambulance Services NHS Trust.



Chronic conditions management (CCM) Demonstrator project



Chronic Conditions Management Demonstrators
Arddangoswyr Rheoli Cyflyrau Cronig

The national CCM Demonstrator Project is operational in North Wales and is closely monitored by the Welsh Assembly Government.

The work of the Demonstrator Project is available on their website:
www.ccmdemonstrators.com

Activities undertaken during the year include:

- testing 'virtual' and e-mail clinics to help bridge the gap between primary and secondary care, and provide easier access to services
- establishing a befriending, listening and signposting scheme with the help of volunteers from the South of Gwynedd
- trialling two different methods for 'risk stratification' in general practice to identify patients at high risk of their health deteriorating, with a view to keeping them well and avoiding hospital admission
- putting in place new ways to engage with the public when we are developing services
- establishing the Hafan Lles integrated service in Prestatyn

Supporting self care

We firmly believe in an individual's ability and power to manage their own care. Our role is to promote self-care for the population facilitated by the Expert Patients Programme in North Wales. During the last year, 41 'Expert Patients Programme' courses for patients or 'Looking after Me' courses for carers were completed in North Wales, supporting almost 200 patients to improve their ability to self-care. This is the future of improving the mental and physical health and

wellbeing of communities.

A participant from the Prestatyn course writes:

"Without this course life would not seem better understanding me was the best ever"

New courses have been developed including a course 'In Working Condition' tailored to help people to gain or maintain work while living with a long term health condition. 'Dealing with Feelings' has also been developed and

rolled out, to support those living with depression to self-care effectively for their condition and any associated depression.

Developments are underway within the Expert Patient Programme in North Wales to link closely with the emerging locality teams, who will provide effective supported self-care, consistent and appropriate to the needs of people in their own communities.

Making it better

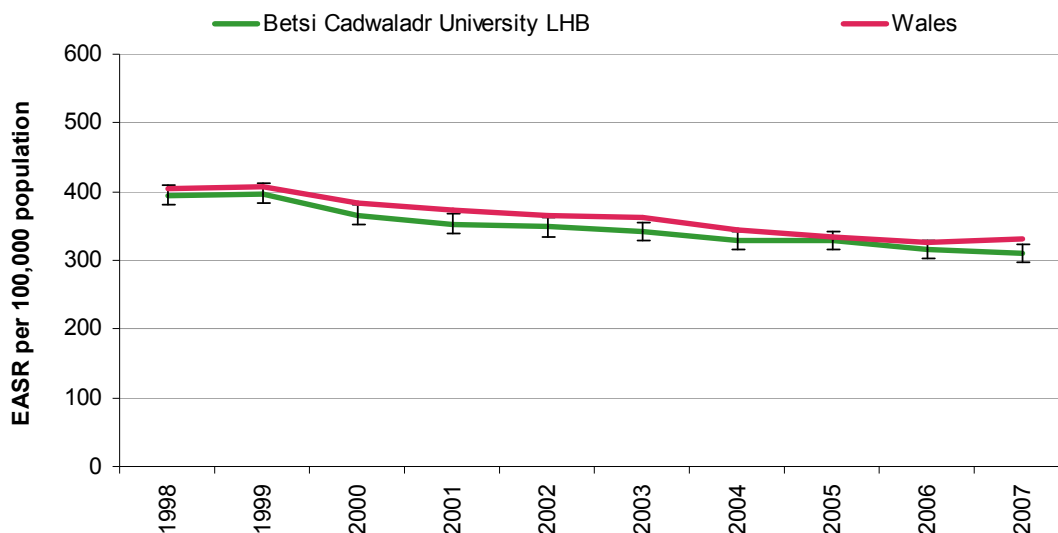
Health of the population

Within the Health Board area, the health and wellbeing status of our population as a whole is relatively good in comparison to many areas of Wales. Some of the key indicators of this include:

- Life expectancy at birth for both males and females is higher than the average for Wales (Wales – Male 76.8 years and Female 81.2 years; BCUHB – Male 77.2 years & Female 81.5 years) (*Persons born between 2005 and 2007. Source: WAG*)
- In comparison to the rest of Wales, the population of North Wales also experiences:
 - ⇒ Lower death rates from circulatory disease (heart disease and stroke) and respiratory disease
 - ⇒ Lower percentage of adults reporting limiting long term illness or disability
- The overall death rates in people under 75 have fallen steadily since 1998

European age standardised mortality rates for Betsi Cadwaladr University LHB: All causes, all persons aged under 75, 1998 to 2007

Data source: ONS

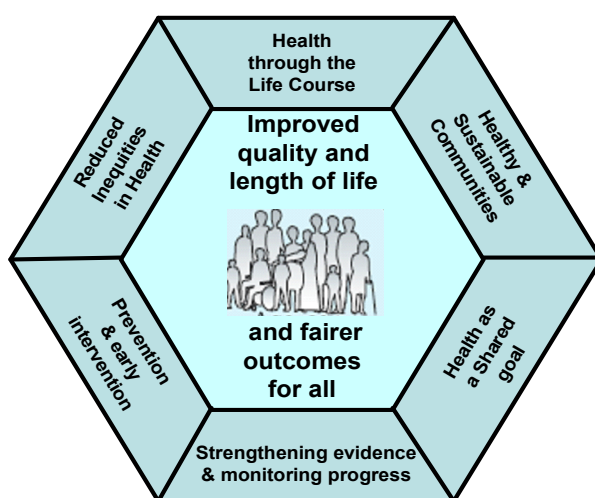
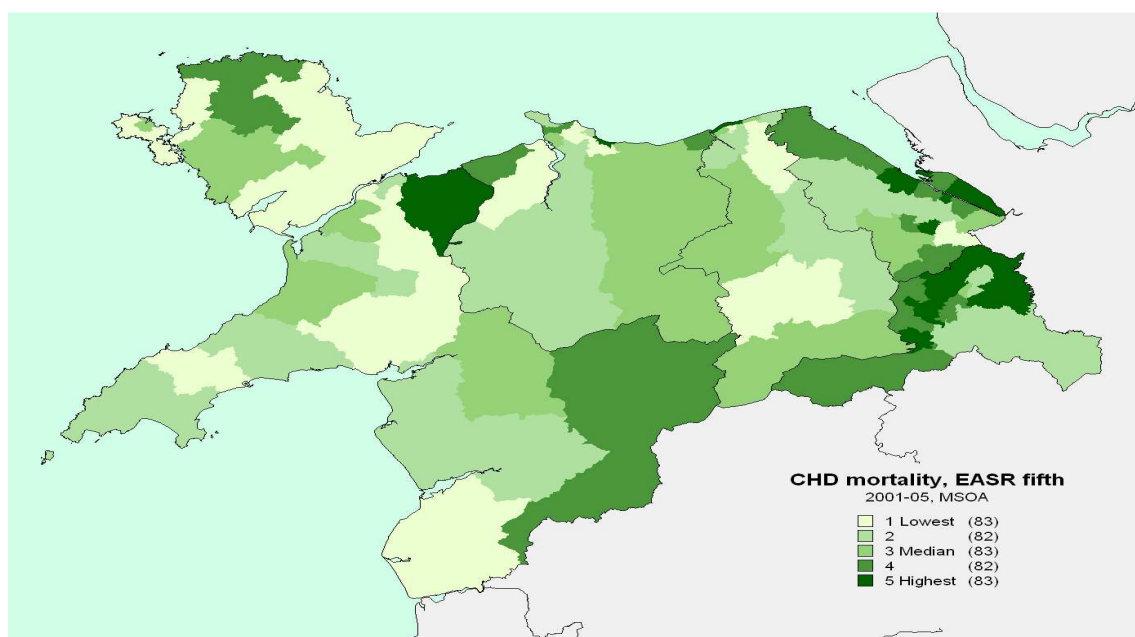


Whilst these aspects are a cause for celebration, we know that the health of the population of Wales itself compares poorly with other areas of the UK and Europe, so we cannot be complacent in relation to the need to improve health status and outcomes generally across the whole of North Wales. We also know that better health and well-being is unevenly

distributed across different geographical areas and different groups within our communities across North Wales. For example:

- The percentage of Low Birth Weights across North Wales ranges from 2.9% to 8.2%

- Death rates from circulatory disease, which includes heart disease and stroke, range from a highest of 378 per 100,000 to a lowest of 136 per 100,000



To a large extent, people's health is determined by the context in which they live their lives, and by what are termed the "determinants of health". These include lifestyle factors (such as smoking, alcohol use, diet and exercise); and also factors relating to family circumstances, friends and community support; environmental, living and working conditions (including education, income, housing, work / unemployment and access to healthcare and other services).

A key focus of our work, with partners across the public, voluntary and private sectors in North Wales, is to find ways of tackling these determinants of health, and thus reducing the inequities such as those illustrated above.

With the support of Public Health Wales, the Health Board is already building a new Public Health Strategic Framework called *Our Healthy Future* into all our work.

The 1000's of daily contacts our staff have with people in communities, workplaces, GP surgeries, clinics and hospitals are particularly important opportunities to highlight the importance and responsibility for us all to maintain a healthy lifestyle.

We have given a particular focus to areas in which we can make a particular contribution – these include helping people (staff and patients) to stop smoking, increase physical activity and healthy eating.

We are also placing particular emphasis on workplace health for all our staff as this strengthens our capacity to deliver sustainable high quality services and also maximises the financial resources we devote to patient care.

From 2011 onwards, our Director of Public Health will produce a public health annual report. This report will contain more detailed analysis of the wide range of information available to us to better understand the health needs of the people of North Wales.

Continuous improvement in our understanding of this information, combined with greater awareness of the experiences of those who use our services, will be crucial in guiding and informing our decisions for the future.

Monitoring of our services



DRIVING
IMPROVEMENT
THROUGH
INDEPENDENT AND
OBJECTIVE REVIEW

As a statutory public body, we are subject to a robust programme of review, assessment and inspection. This is to ensure that our statutory and legislative duties are met, we identify areas for improvement and make sure our internal systems and procedures are fit for purpose and effective.

Some assessments are part of annual work plans by internal and external auditors, some are initiated by the Welsh Assembly, and some are requested by the Health Board.

Healthcare Standards are at the centre of driving continuous improvement in the quality and experiences of services and care that the citizens of North Wales have a reasonable right to expect.

A Healthcare Standards Improvement Plan was developed and approved by the Health Board in October 2009. Future actions will be focused on looking at outcomes for service users.

Key achievements from October 2009 to April 2010 were:

- Continued support of the highly successful Expert Patient Programme across North Wales
- Ensured that the implementation of the key recommendations of the numerous transitional Workstreams were considered by the newly established Board Committees and Sub-Committees, where appropriate
- Following an extensive consultation process, developed and approved our first Single Equality and Human Rights Scheme in March 2010
- Ensured there was a clear system in place for the approval of exceptional care and treatment for individual patients

All outstanding issues from the Healthcare Standards Improvement Plan 2009/10 have been reviewed and included into the Plan for 2010/11.

What people say of their experience

For many years NHS organisations in North Wales have sought the assistance and opinion of local people in helping the NHS to provide and shape their services to improve the service user experience.

With our establishment in October 2009 we welcomed the opportunity to build on previous experience across North Wales, learn from other organisations and lead the way in developing new ways of capturing information on service user experience. This has helped us improve patient care and services for the people of North Wales.

During 2009/10 we have:

- Set up the Improving Service User Experience Sub-Committee and made progress on issues
- Produced the 3 year Improving Service User Experience Strategy and associated action plan to deliver improvements to services

- Improved our bereavement facilities across North Wales
- Improved our Multifaith facilities across North Wales
- Increased the number of hospital volunteers and services they provide

During the coming year, we will introduce a Customer Care Programme for all staff, introducing a Patient Advice and Support Service which will be staffed by trained volunteers. We will also develop an improved Arts Health and Wellbeing Programme to improve service user experience across North Wales.

Involving staff through good communication

Staff engagement and communication is continually improving the services we provide for a motivated workforce. There are effective formal partnership arrangements and other mechanisms that help improve our communication including a weekly 'Corporate Briefing' which includes organisational news, new policy arrangements, service developments and issues. It is also a staff news resource to help ensure key messages are available both quickly and throughout Health Board sites.

The intranet site has been significantly developed as a key communication mechanism, with staff being encouraged to use the site to receive the latest information and also to raise issues via the "rumour hotline" facility.

Staff are also encouraged to raise issues of concern or make suggestions to improve services directly to the Chief Executive via the Mail to Mary Forum.

The screenshot shows the Betsi Cadwaladr University Health Board Intranet website in a Microsoft Internet Explorer browser window. The address bar shows the URL: <http://howis.wales.nhs.uk/sites3/home.cfm?orgid=836>. The website header features the Betsi Cadwaladr University Health Board logo and the GIG CYMRU NHS WALES logo. Below the header is a navigation menu with links such as News & Events, What's New, Contact Details, FAQs, Working for Us, Health Board Information, Services, Clinical Resources, Press Releases, Policies & Key Documents, Links, Primary Care Support, Site Map, and Feedback. The main content area is titled "Betsi Cadwaladr University Health Board Intranet" and includes a search bar and a "Print this page" link. A large blue box in the center contains the text "Hysbysfwrdd Corfforaethol Corporate Noticeboard". To the right of this box are three smaller boxes labeled "Local News West", "Local News Central", and "Local News East". Below these boxes are two images: a trophy labeled "Gwobrau Cyrhaeddad 2010 Achievement Awards" and a red mailbox labeled "Mail to Mary". On the left side of the page, there is a "Hot topics" section with links to various news items, including "Maternity & Child Health Review", "Organisational Change", "H M Stanley Reprovision Project", "Tier 4 Consultation Documents", "Patient Safety Issues", "Policies & Key Documents", "Noticeboard!", and "What's New". On the right side, there is a "Careers" section with links to various career-related topics, including "A4C Pay Scales 2010", "Corporate Induction", "Employment Forms", "E-Rostering Links", "ESR Links", "Essential Skills", "Gifts and Hospitality", "Health & Safety", "KSF", "Medical Staff", "NHS Jobs UK Site", "Organisational Change", "Payroll", "Recruitment", "Sickness Absence", "Referral", "Staff Benefits", "Training & Development", "Travel Claims", "Two Tick Scheme", and "Work Experience".

Iaith Gymraeg / Welsh Language



We are very proud to be leading the development of the Welsh language in the health service and understand that for many people, communicating in Welsh is a necessity. Responding to this is an important part of delivering safe and effective services.

The Reverend Hywel Meredydd Davies is our Welsh Language Champion.

As an Independent Member of the Board, he ensures that the language receives due attention. He chairs the Welsh Language Forum which monitors the progress in developing bilingual healthcare services.

We are however, conscious that there is still a lot to be done to ensure that bilingual services are offered to meet the needs of our population. Our Welsh Language Scheme was produced following

extensive public consultation and work is ongoing to implement it with a strong emphasis on providing clinical services in Welsh where they are needed most.

As the Betsi Cadwaladr University Health Board we were delighted to have swept the board at this year's Welsh Language in Healthcare Awards, which recognises staff contribution to Welsh language development during the first part of 2010, and included an award for the Chief Executive and Chair for the 'establishment of a bilingual organisation' category.

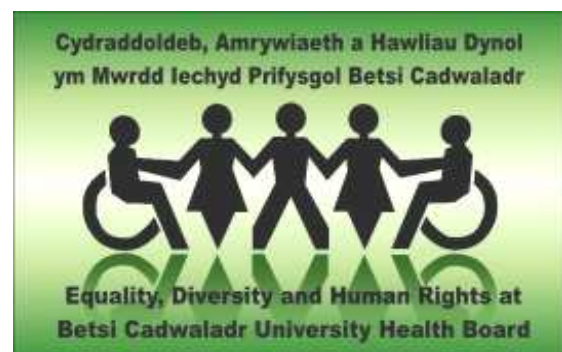
Equality, diversity and human rights

We believe equality and human rights is part of our everyday work. Developing a strategy to advance Equality and promote Human Rights in health has been the focus this year. It has given us the opportunity to reflect on the organisational learning gained by all legacy organisations, agree an approach and model for our Single Equality and Human Rights Scheme (SES).

Equal Opportunities – our aims

- Eliminate discrimination and harassment
- Advance equality of opportunity and fair treatment
- Identify and remove barriers to access for service users and staff/applicants

- Foster good relations
- Ensure that the Health Board complies with all equality legislation and Codes of Practice as an absolute minimum standard



Workforce monitoring

The Health Board has a statutory duty under The Race Relations (Amendment) Act 2000 to monitor the ethnic backgrounds of employees and applicants.

Other personal information is also collected from individuals to help the organisation monitor the wider equality profile of its workforce.

This will help to identify any areas of potential discrimination or inequalities – for example, comparing applications for flexible working from staff, by gender, or ensuring that disabled employees are not disadvantaged by our employment policies.

We also collect information from applicants via the national “NHS Jobs” software system.

This helps us to monitor the equality profile of job applicants, and track this through those shortlisted, and those appointed.

Information relating to the 11641 applications received as at 31st March 2010 can be found on our website at www.bcu.wales.nhs.uk

A summary of the equality profile of the organisation as at 31st March 2010 is shown below:

Gender	Male	3,530	21.0%
	Female	13,281	79.0%
	Undefined	0	0
report total		16,811	100%

Disability	Yes	191	1.14%
	No	4,303	25.60%
	Undisclosed	95	0.57%
	Undefined	12,222	72.70%
report total		16,811	100%

Religion	Atheism	363	2.16%
	Buddhism	22	0.13%
	Christianity	3,858	22.95%
	Hinduism	58	0.35%
	Islam	47	0.28%
	Jainism	1	0.01%
	Judaism	2	0.01%
	Sikhism	4	0.02%
	Other	525	3.12%
	Undisclosed	613	3.65%
	Undefined	11,318	67.32%
report total		16,811	100%

Age	16 - 20	84	
	21 – 25	794	
	26 – 30	1,535	
	31 – 35	1,624	
	36 – 40	2,284	
	41 – 45	2,706	
	46 – 50	2,886	
	51 - 55	2,260	
	56 – 60	1,636	
	61 – 65	801	
	over 65	201	
report total		16,811	

Sexual Orientation	Lesbian	7	0.04%
	Gay	27	0.16%
	Bisexual	13	0.08%
	Heterosexual	4,726	28.11%
	Undisclosed	432	2.57%
	Undefined	11,606	69.04%
report total		16,811	100%

“Undisclosed” and “Undefined” are categories within the NHS Payroll System - the Electronic Staff Record (ESR). They relate to incidences where staff have exercised their right not to declare certain personal information, or where data has not been recorded on ESR.

Ethnic Origin			
0	White	3	0.02%
4	Indian	2	0.01%
9	Not given	3	0.02%
A	White – British	3,662	21.78%
B	White – Irish	85	0.51%
C	White – Any other white background	2,810	16.72%
C2	White – Northern Irish	8	0.05%
C3	White – Unspecified	50	0.30%
CA	White – English	898	5.34%
CB	White – Scottish	69	0.41%
CC	White – Welsh	2,931	17.44%
CF	White – Greek	3	0.02%
CH	White – Turkish	1	0.01%
CK	White – Italian	1	0.01%
CP	White – Polish	3	0.02%
CQ	White – Ex-USSR	2	0.01%
CU	White – Croatian	1	0.01%
CX	White – Mixed	10	0.06%
CY	White – Other European	53	0.32%
D	Mixed – White and Black Caribbean	5	0.03%
E	Mixed – White and Black African	10	0.06%
F	Mixed – White and Asian	8	0.05%
G	Mixed – Any other mixed background	12	0.07%
GA	Mixed – Black and Asian	1	0.01%
GB	Mixed – Black and Chinese	1	0.01%
GC	Mixed – Black and White	1	0.01%
GF	Other / Unspecified	2	0.01%
H	Asian or Asian British – Indian	256	1.52%
J	Asian or Asian British - Pakistani	56	0.33%
K	Asian or Asian British - Bangladeshi	10	0.06%
L	Asian or Asian British – Any other Asian background	54	0.32%
LD	Asian East African	1	0.01%
LE	Asian Sri Lankan	2	0.01%
LH	Asian British	2	0.01%
LJ	Asian Caribbean	1	0.01%
LK	Asian Unspecified	1	0.01%
M	Black or Black British – Caribbean	4	0.02%
N	Black or Black British – African	39	0.23%
P	Black or Black British – Any other Black background	2	0.01%
PC	Black Nigerian	2	0.01%
PD	Black British	1	0.01%
PE	Black Unspecified	5	0.03%
R	Chinese	23	0.14%
S	Any Other Ethnic Group	66	0.39%
SB	Japanese	1	0.01%
SC	Filipino	55	0.33%
SD	Malaysian	1	0.01%
SE	Other Specified	3	0.02%
	Undefined	4,957	29.49%
Z	Not Stated	634	3.77%
		16,811	

Research and development

Research and Development (R&D) provides an opportunity to explore innovative ways of delivering health care that is safe, efficient and novel.

We know that it is important for staff and patients to have the opportunity to participate in good quality research. R&D developments include:

- Streamlining of management systems and consolidation of a close working relationships with the Research Ethics Committees
- Establishment of research clinics to enable researchers to share their projects at an early stage so potential obstacles and barriers can be identified and dealt with before formal

submission for approval

- Provision of training on a variety of topics from research methods to statistics

- Representation of the higher education institutions at Board level by the Vice Chancellor of Bangor University, providing discussion and debate of training, education and research issues

- Development of proposals with Bangor and Glyndwr Universities on how to ensure patients can benefit from high quality research, how we can increase the opportunities for patients to become involved in clinical trials and how we can use the results and findings

from research to influence and improve patient care at a local level

Local research projects cover a wide range of subject areas across both primary and secondary care, ranging from how to manage disease, what treatments are effective, to what it is like to live with ill health.

Research is carried out in hospitals, GP practices and university settings as well as in patients' own homes or care homes. This provides a wealth of opportunities for challenging existing practices and to develop new ways of working resulting in the development of safe, effective, evidence based clinical services.

Clinical Audit

Clinical Audit is an activity undertaken to examine whether clinical treatments and services are being delivered according to best practice. A great deal has been achieved by the Clinical Audit Departments and Teams, including:

- A streamlined approach to the registration of clinical audit projects
- An agreed method for reporting results and findings
- Review of existing training programmes
- Establishment of a Clinical Audit Group
- Discussions with patients and service users around identifying areas of importance to them which will inform the Clinical Audit Programme
- Provision of training for some lay members and patients in how to undertake audit
- Establishing of links with local and national initiatives such as the 1000 Lives Plus Campaign
- Staff supported to present and share their findings with colleagues to promote best practice and as part of educational programmes across the departments and specialities

Making it sound

Our University Health Board

Making it sound is about good governance – how we behave and account for ourselves as a National Health Service organisation responsible for the safe, effective and best use of taxpayer resource.

The Board is made up of Independent, Executives and Associate Members, who together are responsible for the delivery of health care and improving the health and well-being of the population. The Health Board is accountable to the Welsh Assembly Government through the Minister for Health and Social Care.

Independent Members



Chairman

Michael Williams

Vice Chairman

Lyndon Miles

Independent Member

Hywel Davies

Independent Member

Professor Merfyn Jones

Independent Member

Keith McDonogh

Independent Member

Jenie Dean

Independent Member

Harri Owen Jones

Independent Member

Hilary Stevens

Independent Member

Chris Tillson

Executive Team



Chief Executive

Mary Burrows

Executive Director of Finance

Helen Simpson

Executive Director of Public Health

Andrew Jones

Director of Governance & Communications

Grace Lewis-Parry

Executive Medical Director & Director of Clinical Services

Mark Scriven

Executive Director of Nursing, Midwifery and Patient Services

Jill Galvani

Executive Director of Workforce & Organisational Development

Martin Jones

Director of Improvement & Business Support

Mark Common

Executive Director of Therapies & Health Science

Dr Keith Griffiths

Executive Director of Primary, Community & Mental Health Services

Geoff Lang

Executive Director of Planning

Neil Bradshaw

Risk management

We know that because of the nature of health care, things sometimes go wrong. We manage this by understanding what the risks are, how we can reduce them, monitor and review arrangements and to make sure everything possible is being done to avoid harm.

In October 2009 the Risk Management Strategy and Policy Statement was approved by the Health Board, which identified the organisation's key risk areas following an analysis of the former organisations' Legacy Statements. The key elements of the risk and assurance framework are:

- creating a culture that puts patients at the centre of everything we do
- creating a fully 'risk aware' approach
- encouraging the open reporting of errors made and ensuring that lessons are learnt and that measures to prevent recurrence are promptly applied
- making sure that managing risk is everyone's responsibility

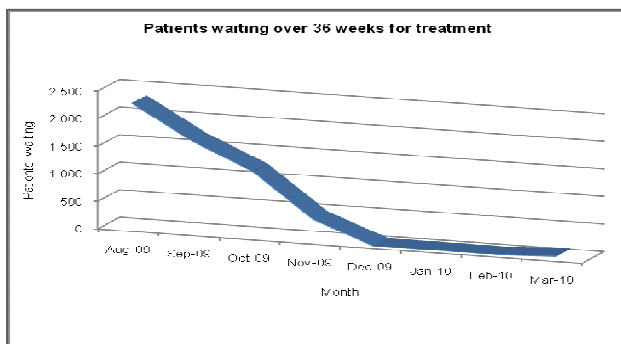
Performance

We are continuously improving our services for all patients. Some of the achievements are highlighted here:

GP Opening Hours

100% of General Practice (GP) opening hours were reviewed during the year so patients see someone at their practice when they need to.

We have some of the best general practice in Wales. The involvement of GP Assistant Medical Directors and the appointment of 14 locality leads in 2010/11 will bring community based care that patients, and us as a University Health Board, are seeking.



Faster Access to Services

We have been able to dramatically reduce waiting times for patients in North Wales during 2009/10. Patient's journeys from their GP to treatment have been redesigned in partnership between patients, doctors, nurses and other healthcare workers. This has improved care to deliver safe, high quality, effective and efficient treatment for patients.

Knee Surgery

The Enhanced Recovery Programme for knee surgery has been recognised as an example of good practice, engaging patients and their carers from preparation to recovery.

This has proven to reduce patient hospitalisation and readmission rates.

Patients undergoing this programme report improved experience and recovery from surgery.

“Joint School involved me in my care to a far greater degree than any previous operations”



Therapy Services

All therapy services, for example; podiatry, physiotherapy or speech therapy, have sustained their previous good performance in relation to first appointments for patients and delivered the national 14 week target month on month throughout the year.

Concerns

We continually strive to improve patient care and are encouraged by the high number of compliments received from patients and relatives and recognise the importance of listening to and learning from our service users.

We receive complaints, concerns, comments and compliments from patients, their friends and relatives, and from representatives including Members of Parliament, Assembly Members, Community Health Councils and other advocates. We use the information from any complaints, and our investigations into them, to identify ways to improve what we do.

This means we can improve our services and help to meet our patients' expectations. Where a complaint leads to changes being made, we inform the complainant of these outcomes.

During October 2009 to March 2010:

- 14,860 compliments were received. However, a small minority of patients or relatives were unhappy with the service of care they received and 345 formal complaints were received
- 99.7% (344) of the complaints received were acknowledged within two working days

- 49% (168) of the complaints received a full response within 20 working days, with the more complex cases requiring more time for resolution
- 15 requests were made for an Independent Review between the 1st October 2009 and 31st March 2010. Of the 15 requests, 7 were referred back to the Health Board for further local resolution, 6 required no further action, and the outcome of 2 is awaited

- 19 complaints were referred to the Public Services Ombudsman. Of the 19, 3 were upheld with recommendations made to the Health Board, the Ombudsman did not uphold 4, 1 has progressed to a legal claim, 3 have been declined and the decision of 8 are still awaited

We have acted positively in relation to complaints received and have used the lessons learnt as a basis for service improvement. Some of the measures implemented include:

- Arrangements made to ensure that unnecessary personal data, e.g. date of birth, is removed from address labels when mailing information to patients
- The investigation by a clinical team into the backlog of patients waiting for a review appointment resulted in extra clinics being arranged and waiting time initiatives being developed

- The number of available beds being reviewed to ensure their efficient use and to reduce the length of time that patients are required to wait in Emergency Departments

- A computer programme being put in place to check for unreported radiological investigations

- Bilingual consent forms being produced to replace separate Welsh or English versions

- Proposals being considered to develop a weekend service for scanning appointments

- A review of procedures by a dental practice, with follow up by the Health Board, to ensure their procedures and communications with patients are in line with national guidelines

- Resolution of training issues around the new ordering system within a pharmacy

- Provision of guidance to doctors working in the Gwynedd and Anglesey Out of Hours Service around advice to patients on what to do if their symptoms worsen

The Welsh Assembly Government's "Putting Things Right / NHS Redress" project looks at the way in which the NHS handles concerns and has made recommendations for how this can be done more effectively. A consultation was held between January and April 2010 on the proposed arrangements.



Making it work

Estates

We deliver our services from a network of District General Hospitals, Community Hospitals, clinics and offices across North Wales. The market value of the estate, as valued in April 2009 by the District Valuer on a modern equivalent asset basis is £51.555m (land) and £383.996m (buildings). There has been substantial investment in our buildings over the last 12 months, all of which will help to improve the quality of patient care. There is also a responsibility to ensure that the services provided within the primary care setting are delivered in fit for purpose buildings.

Primary Care

A number of Primary Care schemes have been completed, with new developments opening in Bethesda, Victoria Dock Caernarfon, Abergele and Llanrwst. The development in Llanrwst is a multi agency project including Extra Care Housing, Social Services, Primary and Community Care built in conjunction with the Local Authority and a Housing Association.

The developments in West Rhyl and Connah's Quay were also under construction and completed in May 2010.

The GPs at Abergele occupied their new leased premises from the 18th January 2010.

The premises provide an array of contemporary facilities including state of the art accommodation for the doctors, practice staff and visiting healthcare professionals, and will also accommodate dedicated clinics.

Dr Jeremy Honeybun, a partner of the practice said "We are delighted with our new building, which will allow the practice to offer a more comprehensive range of services to patients in the Abergele area"



The new £2.5 million Primary Care Centre opened in Bethesda on 15th February following a successful funding bid to the Welsh Assembly Government by the former Gwynedd Local Health Board. The building design is in keeping with its surroundings and the construction was carried out by local workers, with much of the building materials being locally sourced from quarries in Bethesda and Blaenau Ffestiniog.

The centre now accommodates the four Bethesda GPs and their staff, Boots Pharmacy and staff from the Health Board whose services include district nursing and health visiting, midwifery and chiropody. In addition, the centre includes a dental suite and a new NHS dental service which commenced on 29th March 2010.

Senior Partner Dr Nicoletta Heinersdorff said: "We are delighted with our new state of the art building. It contributes to closer cooperation between primary and community health professionals who all work from the same premises. This will enable us to continue improving the range and quality of services offered for the benefit of our patients."



A number of other schemes were also approved within the year for developments in Mold, Harlech, Felinheli, Amlwch and Benllech, and these projects are due to commence construction in 2010.

We continue to work in partnership with GP practices on the alteration and refurbishment of existing surgery premises to enhance the accommodation and facilities for providing community based health care and to ensure compliance with statutory standards such as the Disability Discrimination Act regulations.

Hospital care

The new North Wales Adolescent Unit at Abergele was completed in June 2009 and services transferred in July 2009. This development increases the capacity of the service in North Wales and allows patients who previously had to go to England to be treated locally.

In January 2010 the extension, remodelling and refurbishment of the Emergency Department at Wrexham Maelor was completed. This development allowed for

co-location of GP Out of Hours, streaming of patients and dedicated children's facilities.

A refurbishment of accommodation at Dolgellau Hospital was completed in December 2009, which allows the co-location of the Community Clinic, Outpatients and Imaging departments on to the Community Hospital site.

Major capital developments on the electrical infrastructure at Ysbyty Gwynedd, the extension to

the North Wales Cancer Treatment Centre at Ysbyty Glan Clwyd and the Mental Health Campus at Wrexham Maelor are underway and due to complete in 2010.

Work was also completed on a project which created two new Laparoscopic Theatres and Urology Department at Ysbyty Glan Clwyd.

At Ysbyty Gwynedd the new High Dependency Unit was completed. This facility will be commissioned and opened in 2010.

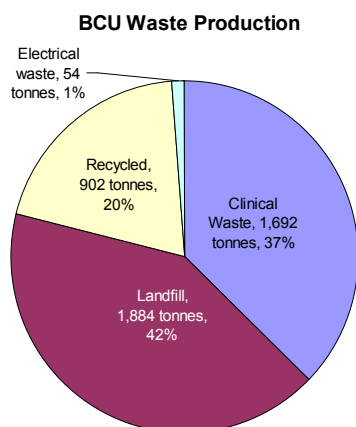
Environmental issues - our carbon footprint

We are committed to minimising our impact on the environment by conforming to all environmental regulations, minimising energy, water use and waste production, promoting recycling and sustainable transport policies and minimising the environmental impact of procurement.

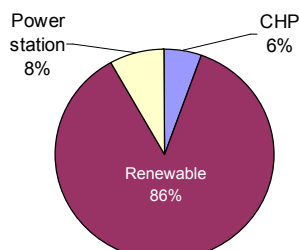
In the year to 31st March 2010, 1692 tonnes of clinical waste and 2840 tonnes of other wastes were produced. 956 tonnes (general recyclates plus electrical) were recycled which represented 21% of the total weight generated. If the clinical waste is subtracted from the waste total the percentage recycled becomes 37% of the wastes with recycling potential.

92% of the electricity used is generated by renewable sources and combined heat and power.

The carbon reductions in 2009/10 have been achieved by retrofitting energy saving devices e.g. heating controls, variable speed motor drives, low energy lighting and high efficiency boilers. Energy awareness campaigns and environment weeks are annual features on the Health Board's Calendar.



BCU Sources of Electricity



During the year the action plans arising from the Sustainable Travel Plans were being implemented. Measures included proposals to reduce car use via the use of pool cars, encouragement for car sharing, better utilisation of public transport and walking and cycling to work schemes.

Video conferencing facilities are available that enable meetings between staff to take place without the need to physically travel long distances which means both financial savings and reductions in the amount of time spent travelling by staff.

We work with Local Authority partners through the Local Service Boards who have pledged to reduce emissions by at least 80% by 2050 in line with the Climate Change Act 2008 and at least a 3% per annum reduction from 2011 as a minimum target.

Sickness absence

The focus on the management of absence is part of our health and wellbeing responsibilities towards our staff, through the application of strategies and programmes to support them. 37% of staff employed had no sickness absence during the financial year 2009/10. We know that this can be improved. A summary of the sickness absence for 2009/10 is shown below:

Total Days Lost	244,262.49
Total Staff Years	5,236,232
Average Working Days Lost	10.64
Total staff employed in period (headcount)	16,791
Total staff employed in period with no Sickness Absence (headcount)	6,204
% staff employed in period with no Sickness Absence	36.95%

A training package has been developed in response to the introduction of the All Wales Sickness Absence Policy and a drive to reduce sickness absence costs across the Health Board. The training will be rolled out at three levels

- Executive Briefings
- Policy overviews for Senior Managers looking at the strategic effects of policy implementation
- Operational Training for Line Managers, staff and Trade Unions

Financial report

As the new University Health Board for North Wales, we oversee the provision and transformation of services to citizens across North Wales as well as some services for citizens of North Powys and South Cheshire.

As the largest Health Board, our revenue expenditure is in the region of £1.2 billion and a capital programme of £50.6 million.

We took over the functions of the predecessor bodies as well as their assets and liabilities.

The annual accounts of the Health Board have been prepared as if it came into existence as at 1st April

2010 and properly reflect the activities, assets and liabilities of all of the predecessor bodies detailed above.

This approach is consistent with the relevant reporting standards and was applied across Wales. The opening balances of the Health Board are summarised in the table below:

1 st April 2010	£000
Opening General Fund	365,369
Revaluation reserve	69,861
Donated asset reserve	12,612
Total BCU LHB reserves	447,842

The opening balances include the assets and liabilities recorded on the Balance Sheets of the predecessor bodies. The assets include capital assets such as buildings, plant, equipment, amounts due from 3rd party debtors, stocks and cash.

The liabilities reflect amounts due to 3rd parties on 1st April 2009 and will include other NHS bodies, trade creditors and provisions.

No revenue surpluses were brought forward.

The current deficit within the UK economy brings an unprecedented need for major financial savings whilst maintaining service improvement through integration, service redesign and collaboration.

Interests of Directors and Members

All Board members along with senior officers of the Health Board are required to declare any interest they have that could affect their impartiality with regard to their work with the Health Board. A register of these is held by the Health Board and a summary of these interests is shown on the following pages. Information for declared interests for predecessor organisations can be found on our website at:

www.bcu.wales.nhs.uk

The following Directors and Board Members have declared their interests listed below:

Dr L Miles	Vice Chairman	<ul style="list-style-type: none"> • GP Partner, Bron Derw Medical Centre • Chairman, Wales NHS Confederation • Trustee, NHS Confederation Charity
Dr K Griffiths	Executive Director	<ul style="list-style-type: none"> • Henry Leach Associates
A Jones	Executive Director	<ul style="list-style-type: none"> • Spouse is also an employee of the LHB
Rev H Davies	Independent Board Member	<ul style="list-style-type: none"> • Menter Môn • Tearfund Cymru • Crossroads Ynys Môn
H Owen-Jones	Independent Board Member	<ul style="list-style-type: none"> • President, Age Concern, NE Wales • Trustee/Director Flintshire Local Voluntary Council
H Stevens	Independent Board Member	<ul style="list-style-type: none"> • Unity Creative Ltd • Yildz Lunn LTL Ltd • Trustee, Denbighshire Voluntary Services Council • Ron Smith Cancer Fund • National Childbirth Trust
Dr C Tillson	Independent Board Member	<ul style="list-style-type: none"> • GP Partner, Bodnant Surgery
Professor M Jones	Independent Board Member	<ul style="list-style-type: none"> • Vice Chancellor, Bangor University

The following Board Members have declared that they do not have any potential conflicts of interest as follows:

T M Williams	Chairman
M Burrows	Chief Executive
C Jenn	Acting Director of Finance (ceased January 2010)
H Simpson	Director of Finance (commenced January 2010)
M Scriven	Medical Director and Director of Clinical Services
G Lang	Director of Primary, Community and Mental Health Services
G Lewis-Parry	Director of Governance and Communications
M Common	Director of Improvement and Business Support
N Bradshaw	Director of Planning
J Galvani	Director of Nursing, Midwifery and Patient Services
J M Jones	Director of Workforce and Organisational Development
K McDonogh	Independent Board Member
J Dean	Independent Board Member

Statement of Internal Control

As the Accountable officer the Chief Executive is responsible for maintaining a sound system of internal control that supports our organisation's policies, aims and objectives whilst safeguarding public funds and our assets. This is in accordance with the responsibilities assigned by the Accounting Officer of the NHS Wales.

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure.

It can, therefore, only provide reasonable and not absolute assurance on effectiveness. It is an ongoing process designed to identify and prioritise risks, evaluate the likelihood of the risks and then to manage them efficiently, effectively and economically.

The Accountable Officer is responsible for reviewing the effectiveness of our system of internal control.

This review is informed by the work of the Health Board's internal auditors, the Executive Directors who have specific responsibility for the development and maintenance of the internal

control framework and other sources such as reviews undertaken by the external regulators and auditors.

The findings of the review for 2009/10 did not highlight any significant internal control issues which the Accountable Officer needs to bring to your attention. However, opportunities for improvement have been identified and these will be taken forward during 2010/2011.

The full statement of internal control can be found within the Health Board's Statement of Accounts for 2009/10.

Financial sustainability

The deficit within the UK economy provides unprecedented financial challenges for public services throughout the UK and Wales will take its share of the impact. This Health Board is the largest in Wales with revenue expenditure in excess of £1.2 billion and current forecasts show that savings could be required in the region of £300 to £400 million over the five year planning period.

We are committed to meeting the health needs of our service users within an environment where patient safety and quality of care are paramount. The challenges faced by the Health Board require that we adopt a robust and proactive approach to our long term planning to maximise the benefits of service integration and rationalisation brought about by the merger. This will enable the delivery of effective healthcare within the financial targets placed on us.

The financial challenges provide us with the opportunity and impetus to redesign services to ensure that they deliver the right healthcare, of the right quality at the right time. We are an outward looking clinically and professionally led organisation which has a five year plan for service modernisation and improvement. The emphasis is on improvement of service whilst driving out of waste and inefficiency and we are committed to the development of a number of key themes which include improvements in the procurement of goods and services, workforce rationalisation and modernisation; and the provision of business support functions within a shared service with other NHS bodies.

Operating and Financial Review

Operating Financial Review and Summary Financial Statements

The following financial statements are a summary of the full set of accounts for the year 1st April 2009 – 31st March 2010. In accordance with guidance from the Welsh Assembly Government six month accounts for the predecessor bodies were previously produced covering the period 1st April – 30th September 2009. The Health Board's full year accounts have been prepared as if it had been existence for the whole year and properly reflects the transactions of the predecessor bodies. This approach is consistent with all other NHS bodies in Wales and is consistent with IFRS.

Achievement of Main Financial Performance Targets

The Health Board is required to achieve financial targets set by the Welsh Assembly Government.

Revenue Resource Limit – the Health Board remained within the allocated revenue resource limit of £1.239 billion and generated a surplus of £86,000. The revenue resource limit is set by the Welsh Assembly Government and reflects the funding that is available to the Health Board to meet expenditure.

Capital Resource Limit - the Health Board achieved its capital resource limit of £50,578,000 by £33,000.

Cash Resource Limit – the Health Board remained within its cash resource limit, receiving assembly funding of £1,212,261,000.

Better Payments Practice Code – the Health Board is required to pay 95% of its non-NHS creditors within 30 days of delivery of goods or receipt of a valid invoice (whichever is later). The LHB achieved this target with 96.9% being paid within the target period.

Summary Financial Statements and Report of the Auditor General for Wales

The summary financial statements shown include the following:

1. Operating Cost Statement
2. Revenue Resource Limit
3. Statement of Financial Position
4. Capital Resource Limit
5. Cash Flow Statement
6. Report of the Auditor General for Wales

The summaries below may not contain sufficient information for a full understanding of the Health Board's financial performance and position and a full set of annual accounts may be obtained directly from Helen Simpson the Director of Finance.

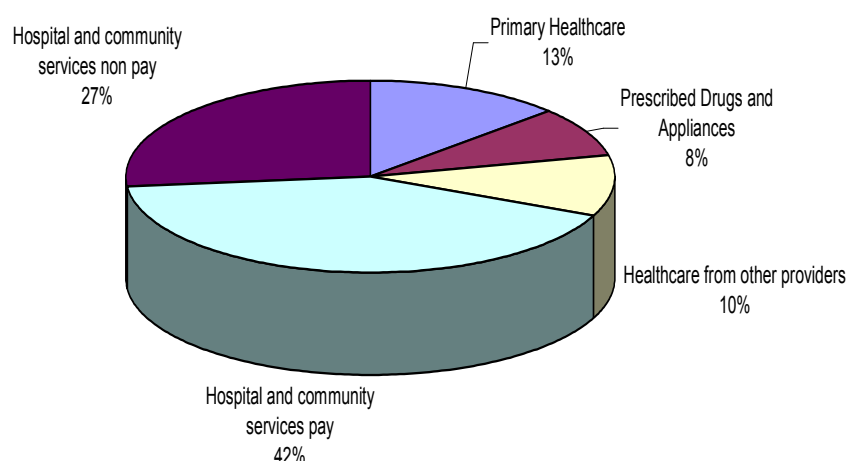
The Auditor General for Wales has issued an unqualified report on the full version of the accounts. Assurances that the summary accounts are consistent with those of the full accounts has been provided within the Auditor General's certificate on page 49 of this report.

Operating Cost Statement for the year ended 31 March 2010

As Health Boards are now within the resource boundary we are required to report in a format that is consistent with all Government Departments. The resource boundary reflects expenditure covered by the Parliamentary vote, an element of which is devolved to the Welsh Assembly Government. The Operating Cost Statement details all expenditure and miscellaneous income but specifically excludes the funding from the Welsh Assembly Government. Therefore, the net operating costs reflect the cost of providing services before receipt of funding.

	2009/10 £000	2008/09 £000
Expenditure		
Primary Healthcare Services	285,113	279,149
Healthcare from other providers	137,965	121,509
Hospital and Community Health Services	903,655	751,525
	1,326,733	1,152,183
Less Miscellaneous income	95,490	114,616
LHB Net operating costs before interest and other gains and losses	1,231,243	1,037,567
Less Investment income	93	2,369
Other (Gains) / Losses	(320)	47
Finance costs	10,067	17,778
Net operating costs for the financial year	1,240,897	1,053,023

This chart shows a split of expenditure across the major expenditure headings for 2009/10.



Achievement of Operational Financial Balance

Revenue Resource Limit

The Health Board's revenue resource limit provides authority to incur expenditure on revenue items. The table below provides confirmation that the Health Board achieved the target of operating within the resource limit.

	2009/10
	£000
Net Operating costs for the financial year	1,240,897
Less Non Discretionary Expenditure	2,248
Less Revenue consequences if bringing PFI schemes onto SoFP	0
Net operating costs less non-discretionary expenditure and revenue consequences	1,238,649
Revenue Resource Limit	1,238,735
Underspend against Revenue Resource Limit	86

Statement of Financial Position as at 31 March 2010

This statement records the assets and liabilities of the Health Board as at the financial year end. This statement was historically known as the Balance Sheet and the new terminology reflects the move to International Financial Reporting Standards. Current assets and liabilities are defined as those that are expected to be received or paid within 12 months of the financial year end.

	31 March 2010 £000	31 March 2009 £000
Non-current assets		
Property, plant and equipment	525,299	524,745
Intangible assets	2,378	2,113
Trade and other receivables	203,560	120,014
Other financial assets	0	0
Other assets	0	1,225
Total non-current assets	731,237	648,097

Current Assets

Inventories	10,482	8,490
Trade and other receivables	209,660	206,353
Other financial assets	0	0
Other current assets	4,713	3,469
Cash and cash equivalents	5,635	14,181
	230,490	232,493
Non-current assets classified as "Held for Sale"	1,145	546
Total current assets	231,635	233,039
Total assets	962,872	881,136

Current liabilities

Trade and other payables	132,223	124,731
Other financial liabilities	0	0
Provisions	178,680	183,508
Other liabilities	0	0
Total current liabilities	310,903	308,239
Net current assets/(liabilities)	(79,268)	(75,200)

Non-current liabilities

Trade and other payables	83,479	58,582
Other financial liabilities	0	0
Provisions	130,014	66,473
Other liabilities	0	0
Total non-current liabilities	213,493	125,055
Total assets employed	438,476	447,842

Finance by:**Taxpayers' equity**

General Fund	360,376	365,369
Revaluation reserve	65,931	69,861
Donated asset reserve	12,169	12,612
Government grant reserve	0	0
Total taxpayers' equity	438,476	447,842

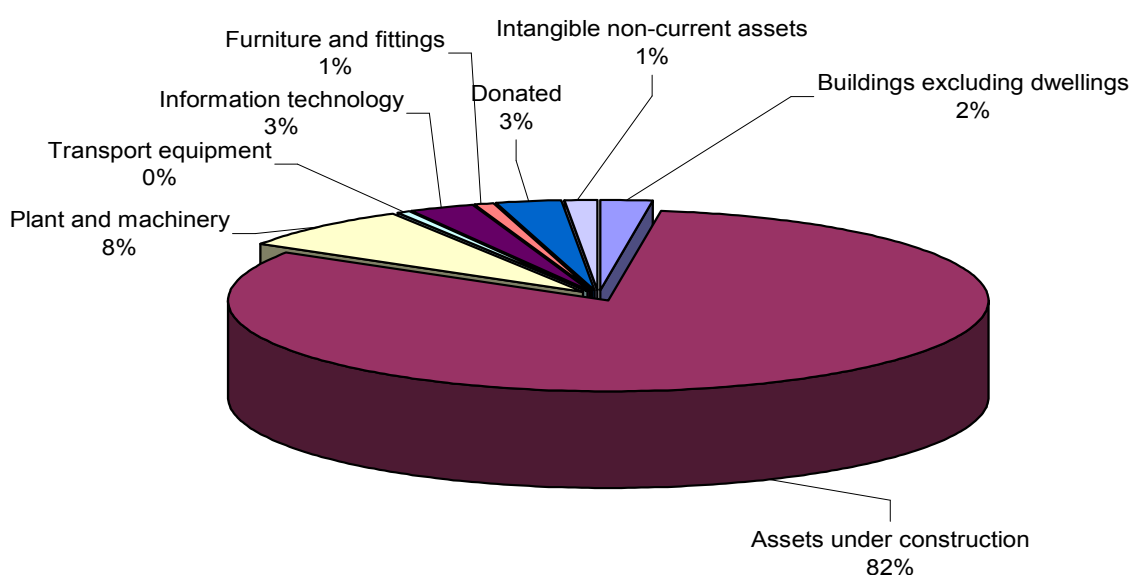
Capital Resource Limit

The Health Board is provided with a capital allocation to undertake its capital programme. Capital items include land, building, property, plant and equipment as well as IT related projects. All expenditure incurred needs to meet the requirements of the Assembly's Capital Accounting Manual. We are pleased to confirm that the Health Board met its Capital Resource Limit for 2009/10.

	£000
Gross capital expenditure 2009/10	52,937
Add Loss in respect of disposals of donated assets	0
Less NBV of disposals of property, plant and equipment and intangible assets	847
Less Capital grants	0
Less Donations	1,545
Charges against Capital Resource Limit	50,545
Capital Resource Limit	50,578
Underspend against Capital Resource Limit	33

The chart below provides a breakdown of the capital expenditure by type.

Gross Capital Expenditure by type



Statement of Cash flows for year ended 31 March 2010

	2009/10 £000	2008/09 £000
Cash flows from operating activities		
Net operating cost before interest	(1,231,243)	(1,037,567)
Movements in working capital	(29,452)	5,923
Other cash flow adjustments	103,889	7,825
Provisions utilised	(9,312)	(12,084)
Interest paid	(82)	(46)
Net cash outflow from operating activities	(1,166,200)	(1,035,949)
Cash Flows from investing activities		
Purchase of property, plant and equipment	(58,298)	(54,106)
Proceeds from disposal of property, plant and equipment	1,167	1,149
Purchase of intangible assets	(726)	(190)
Proceeds from disposal of intangible assets	0	0
Payment from other financial assets	(48,000)	(294,000)
Proceeds from disposal of other financial assets	52,540	298,000
Payment for other assets	0	0
Proceeds from disposal of other assets	0	4
Interest received	105	2,534
Rental income	0	0
Net cash inflow/(outflow) from investing activities	(53,212)	(46,609)
Net cash inflow/(outflow) before financing	(1,219,412)	(1,082,558)
Cash flows from financing activities		
Welsh Assembly Government funding (including capital)	1,212,261	1,080,411
Capital receipts surrendered	0	0
Capital grants received	0	741
Capital elements of payments in respect of finance leases and on-SoFP	(92)	(139)
Cash transferred (to) / from other NHS bodies	0	0
Net financing	1,212,169	1,081,013
Net increase/(decrease) in cash and cash equivalents	(7,243)	(1,545)
Cash and cash equivalents at 1 April	12,878	14,423
Cash and cash equivalents at 31 March	5,635	12,878

Report of the Auditor General for Wales to the National Assembly for Wales on the Summary Financial Statements

I have examined the summary financial statements contained in the Annual Report of Betsi Cadwaladr University Local Health Board as set out on pages 40 to 48.

Respective responsibilities of the Directors and Auditor

The Directors are responsible for preparing the Annual Report. My responsibility is to report my opinion on the consistency of the summary financial statements with the statutory financial statements, and the remuneration report. I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statements.

Basis of opinion

I conducted my work in accordance with Bulletin 2008/3 'The auditor's statement on the summary financial statements' issued by the Auditing Practices Board for use in the United Kingdom.

Opinion

In my opinion the summary financial statements are consistent with the statutory financial statements, and the remuneration report of Betsi Cadwaladr University Local Health Board for the year ended 31 March 2010 on which I have issued an unqualified opinion.

I have not considered the effects of any events between the dates on which I signed my report on the full financial statements on 21 July 2010 and the date of this statement.

Gillian Body
Auditor General for Wales
September 2010

Wales Audit Office
24 Cathedral Road
Cardiff
CF11 9LJ

Making the connections statement

We remain committed to making best use of resources in order to deliver the highest quality patient care services we can. “Making the Connections” sets out the Welsh Assembly Government’s vision of maximising efficiency gains.

A fundamental part of the our Financial Plan for 2009/10 was the need to achieve a substantial cost savings programme in order to deliver a break even position. The programme successfully delivered over £80m of cost reduction and cost avoidance savings with approximately £31m of new cost reductions achieved in line with “Making the Connections” themes.

Smarter Procurement

We have focused on “Smarter Procurement” for a number of years and have delivered significant savings in the past. These achievements were built upon delivering a further £4.9m savings in 2009/10 by focusing on securing price reductions. This will be an area that we will be pursuing further in 2010/11.

Streamline support functions

Savings have been achieved within the Health Board by targeting cost reductions in Corporate Support departments. These savings have resulted in reducing the percentage of management costs incurred by the Health Board. This has allowed resources to be freed up for front line clinical services.

Shaping public services

We have made further progress in managing our healthcare capacity more efficiently. This enables services to be delivered in a more cost effective and productive way. It is intended to build upon this in 2010/11 with the Health Board planning to deliver further clinical efficiencies through service modernisation.

Making better use of staff

We continue to achieve better cost effectiveness by reducing the use and cost of Bank and Agency nursing staff. The initiative, which has been in place for a number of years, has been supplemented by additional savings made in the use of staffing through workforce modernisation. Part of this is in response to ensure that there is benefit realisation from the introduction of pay modernisation initiatives that have been implemented in recent years.

86% of the new savings achieved in 2009/10 are recurrent. In addition we plan to build upon our achievements made to date by ensuring that in year savings achieved non recurrently in 2009/10 are met recurrently in future years and by seeking further efficiency savings in 2010/11. These savings will be required to deliver an even more challenging financial agenda.

Significant Accounting Policies

The Health Board's Statement of Accounts for 2009/10 have been prepared in accordance with the Local Health Board Manual for Accounts and the Financial Reporting Manual (FReM) issued by HM Treasury. These documents reflect applicable International Financial Reporting Standards (IFRS) which were fully adopted by the NHS in Wales for the 2009/10 financial year.

Historically the Accounting Policies were based on UK Generally Accepted Accounting Principles. As this is the first year that International Standards have been fully adopted by the NHS in Wales, all prior year comparative figures have been restated to enable proper comparison.

The particular accounting policies adopted by the Health Board are described in the full Annual Accounts, a full copy of which can be obtained from Helen Simpson, Director of Finance.

Income Generation Activities

The main source of funding for the Health Board is funding from the Welsh Assembly Government. In addition, the Assembly will provide funding for non discretionary items including particular pharmaceutical or ophthalmic services.

Miscellaneous income relates to the operating activities of the Local Health Board and is not funded directly by the Welsh Assembly Government. This includes services provided to other NHS bodies, income recovered following road traffic accidents as well as income generating activities.

In summary for 2009/10 the Health Board reported:

Assembly funding	£1,212,261,000
Non Discretionary expenditure	£2,248,000
Miscellaneous income	£95,490,000

The miscellaneous income included £992,000 under non patient care income generation schemes. These schemes do not form part of the core services of the Health Board and include activities such as the provision of Occupational Health and Wellbeing Services to 3rd parties.

Senior Managers' Remuneration

The Remuneration for the Health Board's Chairman and its Independent Board Members is set by the Welsh Assembly Government.

Remuneration for Executive Directors and other very senior managers of the Health Board, along with other aspects of their Terms and Conditions of Service is determined by the Remuneration and Terms of Service Committee. This comprises the following members:

- Chairman - TM Williams (LHB Board Chairman)
- Vice Chair - H Owen-Jones (LHB Board Independent member)
- Member - L Miles (LHB Board Vice Chair)
- Member - K McDonogh (LHB Board Independent member)
- Member - Professor M Jones (LHB Board independent member)
- Member - J Dean (LHB Board independent member)
- In attendance - M Burrows (LHB Board Chief Executive)
- In attendance - JM Jones (LHB Board Director of Workforce and Organisational Development)

The full Remuneration Report for 2009/10 includes details of remuneration paid to the Health Board and the former NHS Trusts and LHBs, however, only current members of the Health Board are shown. Details for the former Trusts and LHBs are included on our website at www.bcu.wales.nhs.uk

The benefits in kind relate to the provision of lease cars and are the taxable benefits which have been calculated in accordance with the guidance provided by the HMRC. However, these do not reflect the actual cash contributions made by the Health Board which do not exceed £5,000 for any Director.

Better Payments Practice Code

The Confederation of British Industry's Better Payments Practice Code requires that all trade creditors are paid within 30 days of receipt of goods or a valid invoice, whichever is later.

The Welsh Assembly Government has set a target of 95% compliance for the number of invoices paid to non-NHS creditors.

	2009/10	2009/10
	Number	Value £000
Non NHS		
Total bills paid	248,127	295,604
Total bills paid in target	240,426	288,728
Percentage of bills paid within target	96.9%	97.7%

We are pleased to be able to confirm that the Health Board exceeded this target and the performance details are shown below.

External Audit Arrangements and Costs

The appointed External Auditor of the Health Board is the Wales Audit Office. The work undertaken includes the audit of the Statement of Accounts and an opinion on the organisation's arrangements for securing value for money.

The audit fee levied for 2009/10 was £1,658,000 reflecting the requirement to produce Statement of Accounts for the demised bodies in accordance with Welsh Assembly Guidance. These accounts were prepared for the period 1st April 2009 – 30th September 2009 and were subject to External Audit. The Health Board also prepared a set of statutory accounts for the period 1 April 2009 to 31 March 2010 as if it had existed in its current configuration for the twelve month period. Also, included within this fee is an element which relates to the audit of Shared Service Centres providing services to the Health Board.

Pension Liabilities

Past and present employees are covered by the provision of the NHS Pensions Scheme. The Scheme is a national unfunded, defined benefit scheme that covers all NHS employers, general practices and other bodies allowed under the direction of the Secretary of State. As a consequence it is not possible for the Health Board to identify its share of the scheme's underlying assets and liabilities. Therefore, the Health Board's Statement of Accounts includes the employer contributions of 14% of pensionable pay. The total pension cost relating 09/10 was £55,127,000.

Further details on the pension scheme are available in the full annual accounts which are available on application to Helen Simpson, Director of Finance, as set out on page 59.

Salary and Pension tables

Salaries and allowances

Key:

C&D: Conwy & Denbighshire NHS Trust

NW: North Wales NHS Trust

ALHB: Anglesey LHB

CLHB: Conwy LHB

FLHB: Flintshire LHB

BCU : Betsi Cadwaladr University Health Board

NEW: North East Wales NHS Trust

NWW: North West Wales NHS Trust

GLHB: Gwynedd LHB

DLHB: Denbighshire LHB

WLHB: Wrexham LHB

Name and title	2009/10			2008/09		
	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Benefits in kind (Rounded to the nearest £000)	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Benefits in kind (Rounded to the nearest £000)
	£000	£000	£000	£000	£000	£000
Mrs M Burrows Chief Executive: NEW, NW, BCU (from 7 th May 2008)	190 - 195	0	7.5	150 - 155	0	7.5
Mr M Scriven Medical Director: NEW, BCU (to 30 th June 2008 & from 1 st October)	50 - 55	20 - 25	3.0	10 - 15	20 - 25	0
Mrs J Galvani Director of Nursing: C&D, NEW, BCU	120 - 125	0	4.2	95 - 100	0	3.4
Mr N Bradshaw Director of Planning: NEW, BCU Director of Strategy Planning: NW	120 - 125	0	3.9	100 - 105	0	3.9
Dr K Griffiths Director of Therapies & Health Sciences: BCU (from 1 st October 2009)	45 - 50	0	0	0	0	0
Mr G Lang Chief Executive: WLHB Director of Primary Care & Community Partnerships: NW Director of Primary, Community & Mental Health Services: BCU	120 - 125	0	5.0	60 - 65	0	5.0

Mr J M Jones Chief Executive: NWW Director of Workforce & Organisational Development: BCU	120 - 125	0	1.5	120 - 125	0	2.0
Mr A Jones* Director of Public Health: BCU (from 1 st October 2009)	0	0	0	0	0	0
Mrs G Lewis-Parry Chief Executive: GLHB Director of Governance & Communications: BCU	85 - 90	0	3.0	80 - 85	0	3.0
Mr M Common Director of Operations: NEW Director of Performance: NW Director of Improvement & Business Support: BCU	110 - 115	0	7.1	100 - 105	0	8.1
Mrs H Simpson Director of Finance: BCU (from 4 th January 2010)	30 - 35	0	0.9	0	0	0
Mr C Jenn Director of Finance: FLHB, BCU (to 3 rd January 2010)	80 - 85	0	2.3	70 - 75	0	2.4

* Mr A Jones is an employee of Public Health Wales

Pension Benefits

Name and title	Real increase in pension at age 60 (bands of £2,500) £000	Lump sum at aged 60 related to real increase in pension (bands of £2,500) £000	Total accrued pension at age 60 at 31 March 2010 (bands of £5,000) £000	Lump sum at age 60 related to accrued pension at 31 March 2010 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2010 £000	Cash Equivalent Transfer Value at 31 March 2009 £000	Real increase in Cash Equivalent Transfer Value £000	Employer's contribution to stakeholder pension £00
Mrs M Burrows Chief Executive: NEW, NW, BCU	2.5 - 5.0	10.0 - 12.5	30 - 35	100 - 105	745	605	110	0
Mr M Scriven Medical Director: NEW, BCU (to 30 th June 2008 & from 1 st October)	0.0 - 2.5	0.0 - 2.5	50 - 55	160 - 165	1,048	235	28	0
Mrs J Galvani Director of Nursing: C&D, NEW, BCU	5.0 - 7.5	15.0 - 17.5	45 - 50	140 - 145	878	676	168	0
Mrs H Simpson Director of Finance: BCU (from 4 th January 2010)	0.0 - 2.5	0.0 - 2.5	30 - 35	100 - 105	569	493	13	0
Mr C Jenn Director of Finance: FLHB, BCU (to 3 rd January 2010)	10.0 - 12.5	30.0 - 32.5	35 - 40	105 - 110	828	726	274	0
Mr M Common Director of Operations: NEW Director of Performance: NW Director of Improvement & Business Support: BCU	2.5 - 5.0	7.5 - 10.0	50 - 55	150 - 155	1,159	1,005	103	0
Mr J M Jones Chief Executive: NWW Director of Workforce & Organisational Development: BCU	0.0 - 2.5	0.0 - 2.5	40 - 45	125 - 130	803	719	48	0

Mr N Bradshaw Director of Planning: NEW, BCU Director of Strategy Planning: NW	2.5 - 5.0	12.5 - 15.0	25 - 30	75 - 80	533	387	126	0
Dr K Griffiths Director of Therapies & Health Sciences: BCU (from 1 st October 2009)	0.0 - 2.5	0.0 - 2.5	45 - 50	145 - 150	0	0	0	0
Mr G Lang Chief Executive: WLHB Director of Primary Care & Community Partnerships: NW Director of Primary, Community & Mental Health Services: BCU	7.5 - 10.0	22.5 - 25.0	35 - 40	105 - 110	588	419	148	0
Mrs G Lewis- Parry Chief Executive: GLHB Director of Governance & Communications: BCU	0 - 2.5	5 - 7.5	20 - 25	65 - 70	420	350	53	0
Mr A Jones* Director of Public Health: BCU (from 1 st October 2009)								

* Mr A Jones is an employee of Public Health Wales

Making it happen

Organisational development

We know how significant the restructuring work has been in order to develop a successful organisation. Some key achievements in the first few months since the University Health Board was established are:

- Creation of a Board Development Programme for executive and independent board members
- Implementation and monitoring of the All Wales Organisational Change Policy
- Provision of “Managing your Career” workshops for staff, which included support in CV writing, interview skills, thriving during transition and personal career management
- Internal consultancy support for developing and building new teams, which is key to supporting the creation of common values across the organisation

Partnership working with trade unions

As an employer we are fully committed to partnership working with Trade Union partners and recognise the added value of this. A partnership framework has been established designed to meet the business needs of the Health Board whilst ensuring partnership working principles are embedded throughout the organisation.

A Local Partnership Forum has been established which is an advisory committee of Betsi Cadwaladr University Health Board. The Local Partnership Forum meets bi-monthly and the forum is jointly chaired by the Chief Executive and Chair of Local Trade Union.

Partnership with universities

Our links with the Universities of Bangor, Glyndwr and Cardiff have been and remain strong. There are a number of joint and honorary appointments between University and Health Board staff with many research projects being undertaken on clinically related topics within the Universities and

in clinical areas in the Health Board. Many staff are involved in organising and teaching on a wide range of courses at undergraduate and postgraduate level.

The development of more of courses, particularly at post registration level, is seen as being part of the

solution to the pressures facing the Health Board in that it will help staff widen their skills and extend their roles.

There is a strong commitment from all sides to increase the already significant research agenda with the aim of capturing more external funding.

How to contact us

Should you require further copies of this report or wish to obtain more information regarding the work of the Health Board, please contact:

e-mail: info.bcu@wales.nhs.uk

Telephone: 01248 384384

or write to: Headquarters
Ysbyty Gwynedd
Penrhosgarnedd
Bangor
Gwynedd
LL57 2PW

Website: www.bcu.wales.nhs.uk

We would also welcome your feedback on this Annual Report. If you would also like information in another language or format please ask us.