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WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



# Annual Report 2010 - 11

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# Welcome from the Chairman and Chief Executive

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Welcome to this year's Annual Report. As you see, it is one that demonstrates how we are committed to continually improving the safety and quality of care for the residents of North Wales. You will also see that it has been a year where we have brought together people and organisations to have a common purpose and goal which is to provide good public services that work together for the benefit of all.

We'd like to start this year's report with thanks to the dedication, leadership and commitment shown by staff. Managing a flu outbreak and very bad winter weather at the same time showed how individuals put patients and families first to make sure they were looked after. Without the porter, catering assistant, receptionist, practice nurse, maintenance engineer, healthcare assistant, biomedical scientist, therapist, information technology officer, manager, doctor and nurse (to name a few) the safety and quality of patient care could not have been maintained. Their actions at times were heroic and must be recognised.

We have been operating as an integrated healthcare organisation for 18 months and this last year has remained one of change. You may ask why. First, we have seen a global economic downturn on a scale many of us have not experienced. Second, an increase in life expectancy through better treatment and advancements in medicine have prompted questions about what type of healthcare is needed in the future. Third, even though we brought eight organisations together, all had different ways of working, cultures and behaviours that need time to adapt and learn to work as one system of healthcare serving the population of North Wales. Last and most importantly, we have been able to further shine a light on some areas of excellent healthcare as well as exposing elements of care that have been unacceptable by anyone's standards.

This has not been easy at times, but it shows a real determination by this University Health Board to make sure that we fulfil our obligations to the public in terms of public health, public protection and good healthcare.

Our aim this year has been to raise standards to the best. We are a practicing public health organisation so we know the improvements that are needed take time. We manage by:

- Focusing on improving the health of the population
- Improving the standard, quality and reliability of care including the experience people have and how it can be better
- Making sure we can control or reduce our costs thus making best use of the money we are given

What underpins our approach is engagement and involvement of many - staff, patients, service users, carers, third sector, community groups, regulation and inspection bodies, Community Health Council, local government and other public agencies. Our relationship with Universities and Local Authorities has grown. We have secured more in research grants than ever before. We have embarked on joint ventures to develop medical and clinical education and research that will bring benefits to North Wales.

With the six local authorities, there are 14 localities where the GP, social workers, volunteers and clinical staff work together in communities to meet local need, but there is still more to do.

As the retiring Chairman of the largest Health Board in Wales, it has been both an honour and a privilege to lead the NHS Reforms in North Wales, see the creation of a University Health Board and be a vital part of its beginning. There is much to be proud of, especially the staff who we employ and those we serve. The voice of the patient, service user and carer is one that we must continually listen to and respect. This is what has driven me in this role and I know it is what will drive those that follow me. Both the Chief Executive and I commend this report to you.

A handwritten signature in black ink, appearing to read 'Michael Williams'.

**Michael Williams**  
Chairman

A handwritten signature in black ink, appearing to read 'Mary Burrows'.

**Mary Burrows**  
Chief Executive

## About Us

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Betsi Cadwaladr University Health Board was established on 1 October 2009 following implementation of the Welsh Assembly's One Wales National Reform Programme for the NHS in Wales and is made up of two former NHS Trusts and 6 Local Health Boards.

Our Health Board is the largest health organisation in Wales and we provide a full range of primary, community, acute hospital and mental health services for a population of approximately 676,000 across North Wales and some parts of North Powys.

We are responsible for the operation of three District General Hospitals as well as 22 other acute and community hospitals, over 90 health centres, clinics, community health team bases and mental health units.

We co-ordinate the work of 121 GP Practices and NHS services provided by Dentists, Opticians and Pharmacists.

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 this Annual Report and demonstrates what we have done during 2010/11.

We employ approximately 16,772 staff and have a budget of about £1.2 billion.

The 11 Clinical Programme Groups (CPGs) are led by Chiefs of Staff, operating in a devolved governance framework.



## How we are Organised

The Health Board has 7 main Committees covering various aspects of Board Business. The main priorities of the Committees during 2010/11 were:

### **Quality and Safety Committee:**

Providing assurance to the Board on the robustness of arrangements for safeguarding and improving healthcare quality and patient safety.

### **Finance and Performance Management Committee:**

Overseeing on behalf of the Board matters relating to budgetary control, capital expenditure, working capital and also performance and outcomes as measured against Welsh Government targets.

### **Remuneration and Terms of Service Committee:**

Advising the Board on the remuneration and terms of service of senior staff and dealing with workforce issues such as workforce planning and approval of policies.

### **Information Governance Committee:**

Advising and assuring the Board on standards for collecting, storing, using and sharing information.

### **Mental Health Act Committee:**

Maintaining an overview of compliance with legislation, implementation of improvements and the operation of the Hospital Managers Power of Discharge Committee.

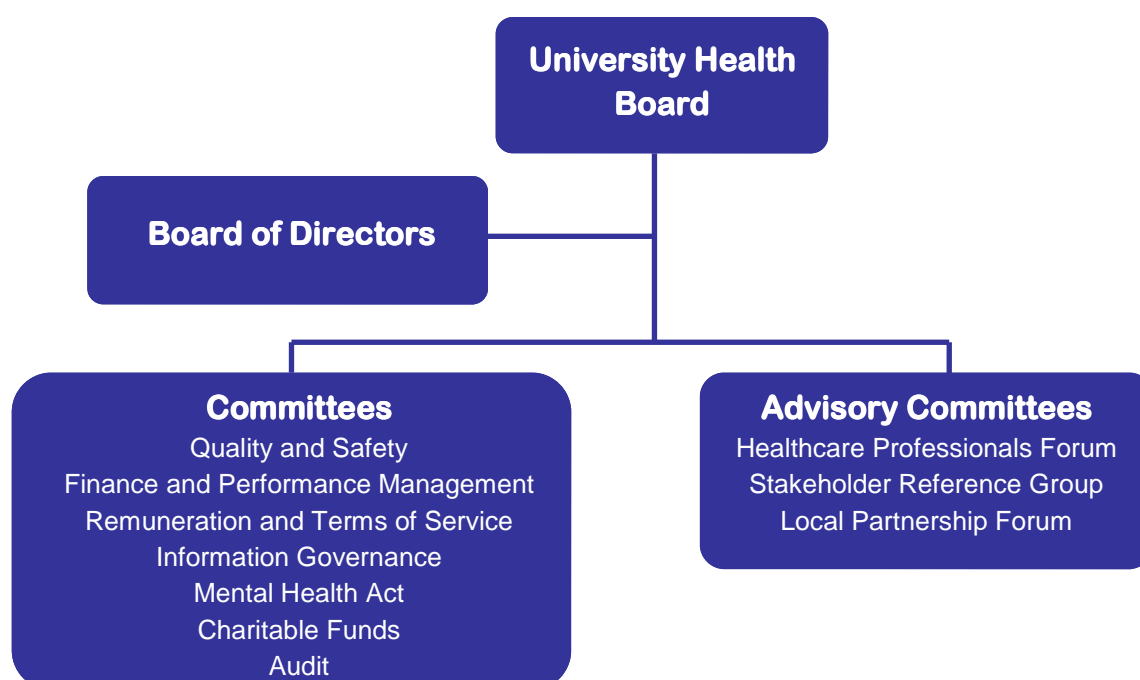
### **Charitable Funds Committee:**

Determining and monitoring management arrangements for charitable funds held and allocated by the Health Board, in line with legal, ethical and sound investment considerations.

### **Audit Committee:**

Assuring the Board and Chief Executive on the effectiveness of the Health Board's assurance framework and governance arrangements.

Three joint Advisory Committees, **Healthcare Professionals Forum**, **Stakeholder Reference Group** and **Local Partnership Forum** provide the Board with additional scrutiny, assurance, involvement and engagement.



# Chiefs of Staff In-Year Priorities

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## **Anaesthetics, Critical Care and Pain Management**

Dr David Counsell

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Ensuring a 'fit for purpose' critical care service and safe hospital environment for sick patients was one of the many priorities identified by the CPG in 2010/11.

Work is continuing on establishing community-based Pain Services for North Wales, developing a BCU-wide service for resuscitation, long term ventilation and to support further expansion of day cases, enhanced recovery and orthopaedic surgery.

## **Cancer and Palliative Medicine**

Professor Matthew Makin MA MD FRCP

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The incidence of cancer is increasing in North Wales but the mortality associated with cancer has fallen. The aim of the CPG is to improve survival and chance of cure and to ensure patients and their families feel well supported before, during and after treatment.



We will continue to improve support and care for people being diagnosed and recovering from cancer by identifying a specific care plan for each patient and ensuring they have access to an appropriate 'Key Worker'. We have also been working with Macmillan and other partners to improve access to practical information and welfare rights as well as to emotional and psychological support.

Clinicians and patients have also come together to shape the Health Board's Clinical Haematology Services, developing a North Wales approach and strengthening specific areas such as Bone Marrow Transplant and Haemophilia Services.

End of life care remains a key priority for the CPG and we aim to work closely with colleagues in Primary and Secondary Care to promote the principle that patients should be cared for in a place of their choice, but when it is necessary for patients to be cared for in a Hospital or Nursing Home, they are supported by services that ensure their end of life care is anticipated, well planned and they are treated with dignity and respect.



## Mental Health and Learning Disability

Dr Giles Harborne

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The CPG's priorities during 2010/11 have included the establishment and implementation of a Repatriation Programme for complex Learning Disability clients and implementing the recommendations of the All Wales Dementia Action Plan.

Work is progressing on the Adult Mental Health repatriation programme, the development of Home Treatment for Substance Misuse and the Review and Rationalisation of Community Bases.

A Home Treatment and Crisis Management Service has been established in Anglesey and Gwynedd.



## Pathology

Dr Mark Lord

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Since the formation of BCUHB, the Pathology CPG has been working extremely hard to develop its services. Work is progressing on the introduction of the new Laboratory Information Management System (LIMS) and we are supporting the introduction of the Welsh Clinical Portal and Welsh Clinical Gateway.

Completion and service redesign for Cellular Pathology and Immunology is ongoing. The Service Review for Microbiology will need to be completed and implemented. Service reviews on bereavement services and blood sciences, to include the 24/7 laboratory services redesign, will be undertaken.

Refurbishment of the laboratories at Ysbyty Gwynedd and Maelor Hospital will need to be completed, as well as the new build laboratory and mortuary at Glan Clwyd Hospital.



## Radiology

Dr Robert Byrne

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The CPG is focussed on delivering high quality imaging services and the clinical expertise to support decisions about patients' care. We have replaced some of our specialist scanners and are preparing to replace the technology and software that links our services with GPs and Consultants, enabling radiology images to be shared electronically across North Wales.

We are continuing to look at ways to make our services more sustainable, and to spread best practice across our sites and our service reviews are key to this.

We are engaged within the wider clinical service reviews across the Health Board and identifying the changes needed within Imaging Services to support the new models of care.

## Primary, Community and Specialist Medicine

Dr Olwen E Williams OBE

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The Primary, Community and Specialist Medicine CPG will continue to support GPs and other primary care practitioners to deliver more care close to or in people's own homes, thereby further reducing reliance on hospital beds.

To encourage our clinicians to lead service planning and delivery, 14 GP Locality Leads and 12 Speciality Leads for our hospital-based specialities will be appointed.

The GP Out of Hours Service across North Wales will be reviewed to enhance service delivery and ensure standardisation of access.

We will work with our partners to agree an overarching 'vision' for the delivery of unscheduled care services across North Wales. This will inform a review of community hospitals, including Minor Injury Units, the development of a single point of access for unscheduled care and the development of 'pathways of care' which support the delivery of integrated care across primary, community and specialist medicine.

We will support the implementation of Stroke Standards including the development of intelligent targets, 24 hour access to imaging services and improved access to psychological therapies.





## Pharmacy and Medicines Management

Mrs Anne Bithell

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2010/11 was a very successful year for the Pharmacy and Medicines Management CPG. Anne Bithell was appointed as Chair of the All Wales Chief Pharmacists Group with Berwyn Owen leading as Project Director for the National Medicines Management Programme.

The overarching aims for the CPG during the year were to improve population health, improve patient experience and provide safe and cost effective services. During the year the CPG successfully supported the BCU Public Health agenda through community pharmacies promoting the uptake of influenza vaccinations and the National Bowel Cancer Screening Programme, reducing smoking prevalence and raising awareness of the health issues associated with excessive alcohol consumption.

The CPG's priorities during the year were reducing waste and wasteful clinical interventions, improving patient experience and safety and promoting best clinical practice with the development of a BCU-wide Integrated Prescribing Formulary.

Further Academic links have also been developed with Bangor University with the appointment of Professor Dyfrig Hughes.

## Surgery and Dental

Dr Tony Shambrook

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In its first year, the Surgery and Dental CPG has established a strategic programme of Speciality and Service Reviews to support the delivery of sustainable, safe and affordable services across North Wales. The review process commenced with Orthopaedics / Trauma and Emergency General Surgery.

Operationally the CPG is pursuing an ambitious improvement agenda to increase day surgery rates, improve the elective surgery facilities, redesign patient pathways, increase same day admissions, reduce wasteful and ineffective actions and centralisation of complex urological cancers.

The CPG is creating a strong clinical leadership structure and culture to facilitate the delivery of these challenging changes and ensure that quality and safety are foremost in our actions.



## Therapies and Clinical Support

Mr Clive Sparkes

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The Therapies and Clinical Support CPG's vision for services is to continue to deliver safe and effective healthcare to patients and to move, where appropriate, the delivery of more therapy and clinical support services to community settings. This is achieved by having a workforce that is flexible, motivated and affordable.

The priorities for 2010/11 are workforce redesign, service redesign, rationalisation of estate, review of administrative services and IM&CT and demand management. This has been monitored by a performance framework and progress reported to the F&P Committee and the CPG Board in partnership. Some of the successes have included achieving financial balance and 100% compliance to access targets.

## Women's Services

Mr Nigel Bickerton

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During 2010/11, our main priority is to provide high quality, cost-effective obstetric and gynaecological services. These services are benchmarked against best practice, based on sound governance arrangements and incorporating collaborative working, thereby ensuring the best outcome for women and their families.



The CPG has incorporated the broader public health agenda into its services, with particular reference to breastfeeding, maternal smoking rates and obesity.

Work is continuing to establish a North Wales Centre of Excellence for Complex Gynaecological Cancers at Ysbyty Gwynedd, Bangor. Work is also progressing on developing staffing structures that will provide more front-line staff as well as working towards meeting performance targets and ensuring high-quality outcomes.



## Children and Young People

Dr Brendan Harrington

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The Children and Young Peoples CPG priorities during 2010/11 are to complete the Maternity, Neonatal and Children's Services Review in order to direct the evidence and changes required to achieve improved health outcomes and care across its services. In the coming year, the CPG wants to increase the work it does in preventing ill health in children (and adults). This means a greater focus on working in the community on factors which lead to physical and psychological ill health, reducing the need in later life for hospital-based care. To achieve this we need to work in partnership with the public, the voluntary sector and other public bodies (councils, education and social care) as well as people who directly use the service.

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# Making it Safe

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## Health and Safety

We take our statutory responsibilities very seriously to protect the health, safety and wellbeing of patients, visitors and staff. In addition to ensuring compliance with relevant legislation, we undertake programmes of risk assessment and monitoring to identify opportunities for improvement. Key areas during 2010/11 were:

- An ongoing programme of air monitoring for detecting asbestos throughout Glan Clwyd Hospital
- Representatives of the Hospital Management Teams took part in regular safety walkabouts to monitor safety compliance and look for unsafe conditions
- An overarching safety risk assessment scheme for construction and refurbishment schemes was devised and implemented
- Participation in a Welsh Government Pilot Scheme for a Lone Worker Alert System and development of health and safety systems within Clinical Programme Groups



## Information Governance

The Information Governance Committee was set up to provide assurance to the Board on the safe collection, storage and use of information by the Health Board. The Records Management Policy and Access to Health Records Procedure were approved in principle by the Committee during 2010/11.

## Caldicott and Confidentiality

A Data Protection Officer was appointed to assist the Caldicott Guardian with confidentiality and data protection issues/concerns.

Following completion of the online self-assessment toolkit, based on the standards set out within Caldicott: Principles into Practice (C-PIP), an improvement plan has been developed and this will be used to inform the Information Governance Workplan for 2011/12.

## Information Sharing Protocols

All members of the Information Governance Team are now trained Facilitators to ensure that Information Sharing Protocols (ISPs) are developed using the new Wales Accord for Sharing Personal Information (WASPI) guidance and templates. Work is underway to review and update existing ISPs so that they are in line with the new documentation.

## Freedom of Information

The Freedom of Information Act is part of the Government's commitment to greater openness in the public sector. 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 April 2010 to March 2011, we received and responded to 403 requests for information:

Applicant	%
General Non-Specific Organisation	51
Assembly Member or Member of Parliament	19
Media	15
Other	15

Full details of the requests can be obtained from the Disclosure Log on our website: <http://www.wales.nhs.uk/sitesplus/861/page/41504>

The majority of requests were responded to within the 20 working days and it will be part of the 2011/12 Workplan to ensure that this is improved upon.

We endeavour to make information available to the public via our Publication Scheme: <http://www.wales.nhs.uk/sitesplus/861/page/40808>

## Primary Care Services: Safety and Quality

The Health Board is responsible for ensuring that services provided by primary care providers meet appropriate quality and safety standards. During 2010/11 governance arrangements were developed to include:

- Robust reporting of incidents, with each one reported being reviewed by a senior clinician
- The highest number of practices across Wales completed the Clinical Governance Self-Assessment Tool (113/121 = 93%), which provides a structured approach to a review of governance arrangements within

practices, for example cleanliness, infection control, safeguarding and incident reporting

- Risk assessments of all GP, Pharmacy and Dental Practices were undertaken to identify practices which would benefit from formal visits. These have commenced as part of a 3 - 4 year rolling programme.

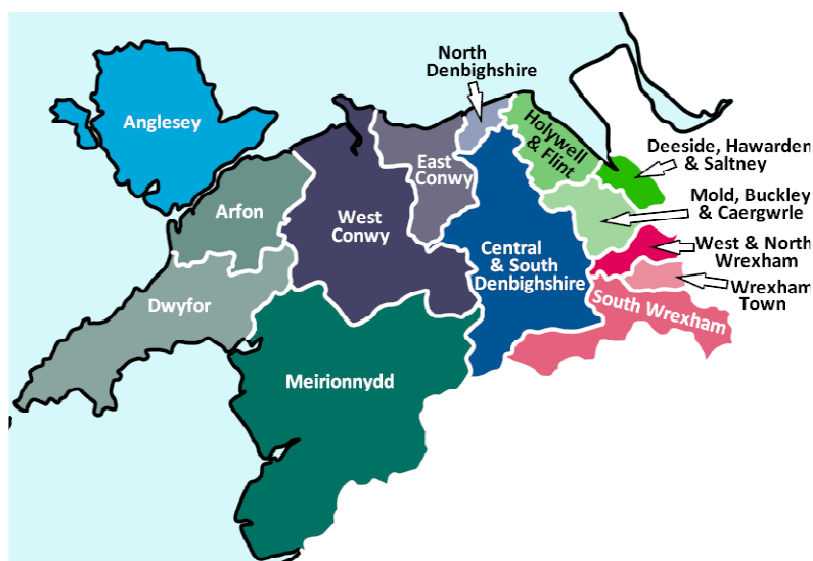
Across North Wales, 4 out of 121 GP practices achieved the full 1000 Quality and Outcomes Framework (QOF) points. The average QOF points across the practices was 959.

## Developments in Local Communities

The National Chronic Conditions Management Demonstrator Project was completed in March 2011. This work has informed both national and local developments and supported thinking around the role of Locality Working. Numerous learning papers have been published and can be found on the Demonstrator website:

[www.ccmdemonstrators.com](http://www.ccmdemonstrators.com)

Each Locality serves a population of approximately 30,000 - 50,000, supported by a core team including a GP Lead, Locality Matron, Pharmacist, Therapist, Social Worker and Voluntary Sector representative who meet to review and plan services within their local communities.



The Locality model is now firmly operational within the structures of the Health Board with fourteen Localities agreed with the North Wales Local Authorities, along with a set of principles to support their establishment.

Examples of local service projects undertaken in 2010/11 include:

- Development of Locality-based IV antibiotic services and blood transfusions
- Funding of £240k was secured from the Rural Health Fund to support four projects, namely Suicide Prevention, Rural Outreach Mobile Unit, Designed for Competence and Telerehab
- Information has been collated which provides early evidence of reduced reliance of acute hospital services for patients with chronic conditions, with a reduction in length of stay and readmission rates to hospital
- New facilities have been developed across North Wales in Rhyl, Prestatyn, Llanrwst and Connah's Quay
- Funding of £8.9m was secured from the Welsh Government to support Continuing Health Care Strategic Schemes to support people within their own communities, reduce hospital admissions, provide reablement and avoid increased dependency. These were implemented with partners across a range of service areas
- The three former GP Out of Hours Services across North Wales were brought together with all services now being provided 'in-house', improved integration with other unscheduled care services with co-location of some centres with Emergency Departments and the launch of a single telephone number: **0300 123 55 66**

## Occupational Health and Wellbeing

The Occupational Health and Wellbeing Service is required to support and improve the health and wellbeing of its staff and managers. The key activities during 2010/11 include:

- Sickness Absence Management training provided to over 1000 managers
- Introducing revised employment screening to comply with Equality Act requirements
- Delivering 4506 flu vaccinations over the winter period, with a proportion of 27.2% staff who provide direct patient care and 26.2% operational staff receiving the vaccination
- Establishing a revised Staff Health and Wellbeing Group which includes representatives from across the organisation. The Group's initial focus will be working towards the national Corporate Health Standard Award at Gold level
- Reviewing policies and standards for the Service
- Commencement of training for managers on the Health & Safety Executive's 'Management Standards of Stress'

## 1000 Lives Plus

We are active participants in the 1000 Lives Plus Programme which aims to reduce mortality and harm to patients.

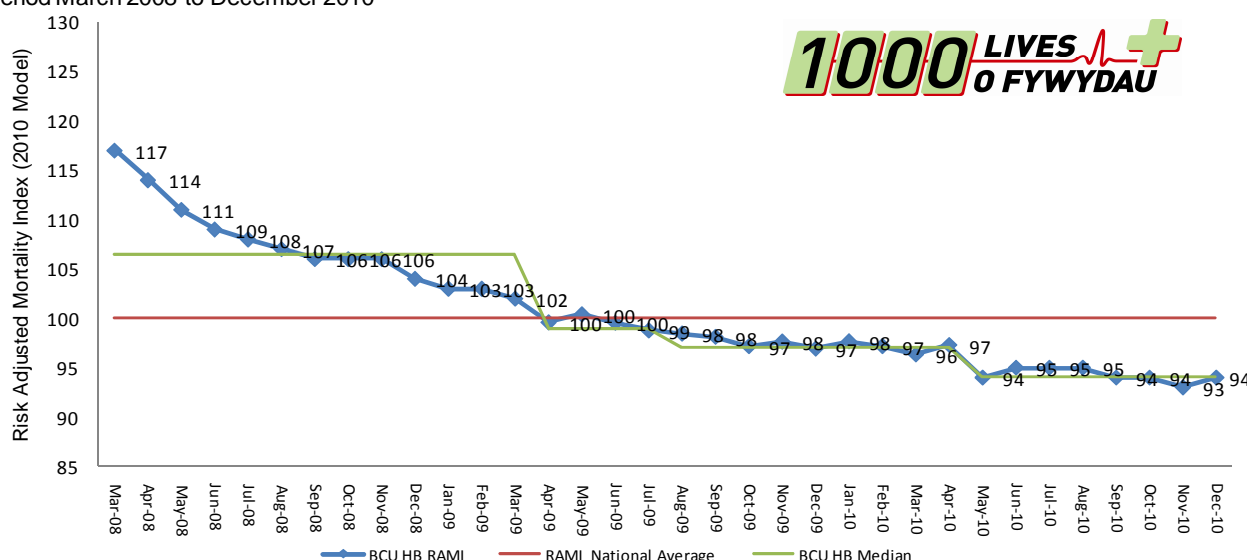
Using evidence, collaboratives across the Health Board are delivering improved outcomes for our patients.

Examples of benefits delivered for patients include:

- Increased access to early diagnosis of stroke
- Increased clinical training, raising awareness of acute illness, reducing the incidence of cardiac arrest
- Increased compliance with World Health Organisation safety check list in operating theatres
- Reduction in ventilator acquired pneumonia

### BCU HB Combined Secondary Care Units

Rolling 12 Monthly Risk Adjusted Mortality Index (RAMI 2010 Model)  
Period March 2008 to December 2010





## Emergency Preparedness

Emergency Preparedness is about ensuring that we are prepared for an emergency or major incident which would cause our services to be placed under increased pressure, resulting in them being unable to function as normal.

We are categorised as a Category 1 Responder for emergency response and are required to comply with the legislative duties set out within the Civic Contingencies Act 2004, as well as comply with guidance issued by the Welsh Government.

These duties include:

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

We have a Major Emergency Plan and Site Specific Plans for the three acute hospitals at Bangor, Bodelwyddan and Wrexham, which describe the arrangements that would be put into place to ensure the effective management of a large scale, complex or evolving major incident.

The plan sets out our strategic, tactical and operational responsibilities and the role we would take in the event of a large scale emergency / major incident requiring a regional or Wales-wide response.



# Making it Better

## Public Health

The publication of two key documents, our Director of Public Health's Interim Annual Report in January 2011 and a detailed profile of the health of the population published by our North Wales Public Health Team in December 2010, has further developed our understanding of the needs of the population we service. We celebrate the relatively good overall health status much of our population enjoys, but these reports also help us to identify stark inequalities in health outcome in some communities. Addressing these inequalities is central to the actions we have delivered within the Health Board, and also central to the future plans we have developed in partnership with Local Authorities across North Wales. The Director of Public Health Annual Report for 2010/11 and future updates of the North Wales profile will allow us to assess the progress we are making.

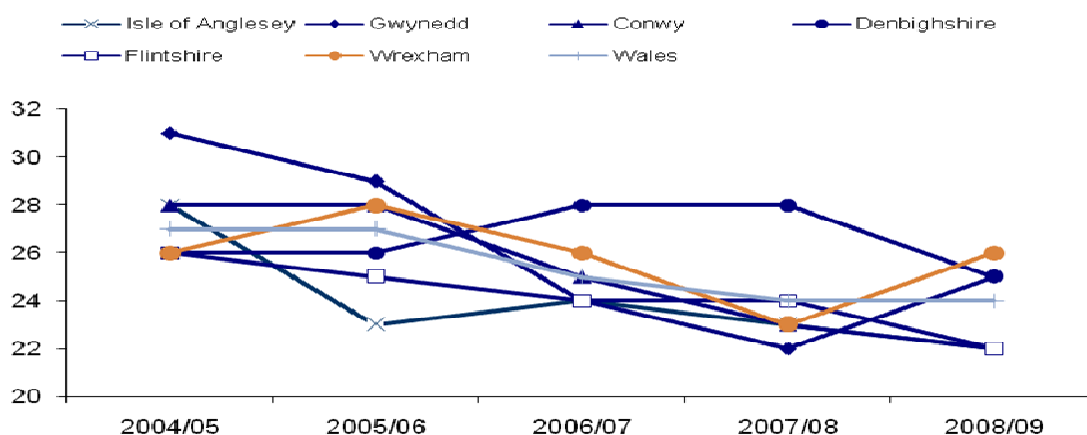
Recognising the importance of visible strong leadership, in March 2011 the Board committed itself as a "Practising Public Health Organisation" as defined by the World Health Organisation.

This means that we will actively promote health and wellbeing and deliver actions to protect and promote health and prevent ill health throughout our organisation. During the year one of our Independent Board members, Mr Keith McDonogh, also agreed to take on the crucial role of Board Champion for Public Health.

Recognising that good evidence exists about what works in helping people to stop smoking, we have placed an emphasis on the development of our Tobacco Control Action Plan during the past 12 months. As the chart below illustrates, although the proportion of people smoking has steadily declined since 2003, around 24% of the population of North Wales do still smoke. This has considerable impacts on the health of individuals and is also estimated to account for 22% of all adult hospital admission costs, 6% of outpatient costs, 13% of GP consultation costs and 14% of prescription costs.

### Adult current smokers by Local Authority, age standardised, Wales: 2004/05 to 2008/09

Data Source: Public Health Wales Observatory from WAG (Welsh Health Survey)



Considerable progress has been made in key areas such as supporting people who are due for surgery to stop smoking, enabling staff who want to stop smoking by allowing them time to attend support sessions during the working day, supporting pregnant women to stop smoking and in preparing for the launch of our Smoke Free Policy.

Each of our 11 Clinical Programme Groups has identified action they will take to support the reduction of smoking, both amongst their staff and the patients they serve.

In addition to smoking, we have also developed a comprehensive initial approach to addressing all the priorities identified

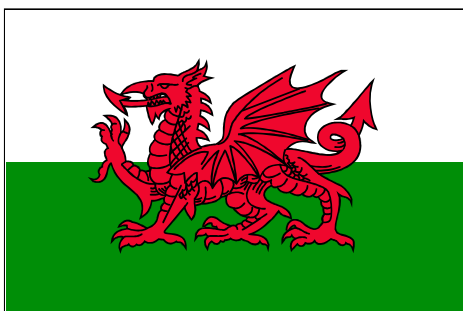
within *Our Healthy Future - the Public Health Strategic Framework for Wales* - for which we received very positive feedback from the Welsh Government. Ongoing developments are reflected in our own Local Public Health Strategic Framework which we will be taking forward with our partners over the coming 12 months.



## Welsh Language

We have made significant progress in improving Welsh language services during the year. Welsh language champions have been established in all Clinical Programme Groups and many of our Independent Members are Welsh speaking. Work is in progress to conduct a linguistic skills survey and ensure that all correspondence is bilingual.

As a fully bilingual organisation, we encourage and promote the use of Welsh during meetings and translation facilities are available to those who do not speak Welsh.



A new basic Welsh Language Course has been developed for staff who have no previous experience of the Welsh language and a CD to accompany the course has been produced. This was successfully piloted with 50 of our staff across the organisation. The course materials have been made available to all staff via the Welsh Language site on the Intranet.

The Executive Team continue with regular basic Welsh lessons. Plans have also been approved to recruit a Welsh Language Tutor to help more of our staff to deliver services bilingually.

A new independent monitoring process has been set in partnership with the Community Health Council.

## Monitoring our Services

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

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



**Healthcare Standards** are at the centre of continuous improvements in quality and experiences of services and care that the population of North Wales have a right to expect.

As required by the Welsh Government, a Governance and Accountability Self-Assessment was completed.

## Equality, Diversity and Human Rights



Our focus this year has been to build a culture that recognises and respects equality and human rights as part of our everyday work. We have ensured clear accountability; strengthened leadership and governance, strategy and policy, practices and processes. We are working with our staff and citizens to empower service users, carers and staff about human rights and enable stakeholders to participate in our equalities work in a meaningful way.

Equality and human rights principles are a core part of the Strategic Direction and Five – Year Corporate Plan. This ensures that meeting equality duties is a commitment running through all activities.

### The Equality Act 2010

The Equality Act 2010 (Statutory Duties) (Wales) came into force on the 6<sup>th</sup> April 2011. We have actively contributed to the consultation in respect of the Act and more recently the Specific Duties in Wales and have been preparing to meet the strengthened requirements of the Equality Act. A range of initiatives and events have been facilitated to support this work. Details of activity this year is published on the equality internet pages.



## Improving Service User Experience

During 2010/11, the Picker Institute was commissioned to seek the views of patients from our three acute hospitals. The feedback was generally positive and a high number of patients told us that:

- Their care was good to excellent (92%)
- That doctors and nurses worked well together (92%)
- The environment was clean (94%)
- Their dignity was respected when being examined or treated (88%)

Patients told us we needed to provide more single sex accommodation and improve on doctor / patient communication and discharge information. We are listening and will improve on these areas.

A framework for recording Patient Stories has been developed and is being used to capture the experiences of service users, their families and carers. The use of Patient Stories is now becoming part of routine Health Board business and these are used at the beginning of each Improving Service User Experience Committee meeting to inform the agenda.

## Hospital Robins win UK Befriending Project Recognition Award

The Robin Ward Volunteers in six North Wales hospitals were nationally recognised at the UK Mentoring and Befriending Recognition Awards which took place in London, hosted by Esther Rantzen, CBE.

The Robins spend time befriending patients on hospital wards, day units, clinics, A&E and the eye theatre. This includes spending time in general conversation, assisting at mealtimes, running errands for patients and accompanying patients for therapies and tests.



Plans are in place to extend the Robins Ward Volunteer Scheme across the Health Board by September 2011.

For more information about the Robins Ward Volunteers, please contact Joanna Tann on 01745 445471 or e-mail [Joanna.tann@wales.nhs.uk](mailto:Joanna.tann@wales.nhs.uk)

## Involving Staff through Good Communication

We continue to develop effective ways to communicate and engage with our staff .

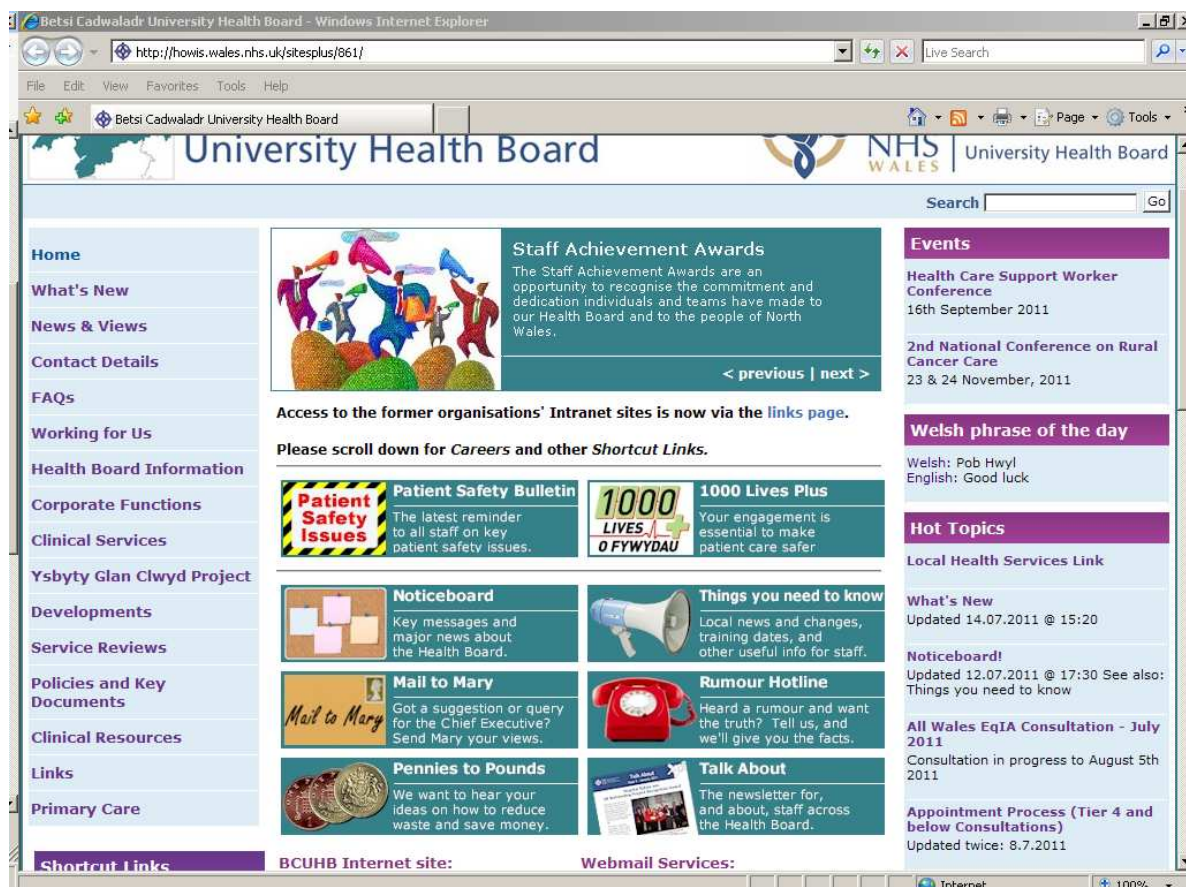
Formal partnership arrangements and mechanisms are in place including a weekly 'Noticeboard', a round-up of news from across the organisation which includes new policy arrangements, service developments, reviews and issues of interest.

The 'Things you need to know' section provides local news, training, awareness and other useful information.

We actively encouraged our staff to raise issues of concern or make suggestions to improve services either directly to the Chief Executive via the 'Mail to Mary' Forum, via the Rumour Hotline or The Big Conversation.

Our Internet and Intranet sites are continually developed to include a wealth of information for staff and the public.

Social networking is an increasingly powerful communications tool used by millions. All our news is now available via Facebook.





## Research and Development (R&D)

Research and Development provides an opportunity to explore innovative ways of delivering health care that is safe, efficient and novel. There are over 400 'live' research projects across the Health Board providing:

- Opportunities for patient recruitment into clinical trials
- To support staff to develop new skills and work in partnership with colleagues in academic institutions and industry
- To consolidate the long history of partnership working with the Universities in Bangor and Wrexham
- Staff to undertake projects in the areas of Mental Health, Psychology, Oncology, Children and Young People and Medicine. The research fellows will be supported by academic mentors
- Increase the research infrastructure in pathology, imaging and pharmacy
- Develop a Biomedical Research Unit at Bangor University to establish medical image analysis and visualisation techniques
- Colleagues from Cancer Services will work in collaboration with Cardiff University following a successful bid for a Biomedical Research Centre

Our process for R&D management has been reviewed in line with the All Wales R&D Permissions Streamlining Project to ensure that research applications are reviewed in a timely fashion by expert panels that reflect national and local organisational change.

The National Institute for Social Care and Health Research (NISCHR) provides strategic direction for health services R&D in Wales. In 2010, we were successful in securing a number of NISCHR grants:



## Clinical Audit

Clinical Audit provides an opportunity to scrutinise local practice against standards to ensure patients receive best practice. During 2010/11 there were 560 projects registered across the Health Board.

- In November 2010, a Clinical Effectiveness Day provided opportunities for staff to showcase their work
- Staff actively participated in national initiatives such as national audit programmes and national confidential enquiries across England and Wales
- Clinical Programme Groups established clinical audit plans and provided opportunities for staff to present and share their clinical audit findings as part of educational programmes
- Links have been made with academic colleagues to ensure staff embarking on postgraduate studies receive support

In March 2011, a Clinical Activity Day attended by CPG audit leads was held to explore how best to ensure clinical audit activity is based on priorities, has patient / service user engagement and results in relevant and agreed changes in practice.

## Making it Sound

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Making it Sound is about good governance, how we behave and account for ourselves as an NHS organisation responsible for the safe, effective and best use of taxpayer's money.

The Board is made up of Independent, Executive and Associate Members who are responsible for the delivery of healthcare and improving the health and wellbeing of the population we serve. We are accountable to the Welsh Government through the Minister for Health and Social Care.

### Independent Members



**Chairman**  
Mr Michael Williams



**Vice Chairman**  
Mr Lyndon Miles



**Independent Member**  
Rev Hywel Davies



**Independent Member**  
Ms Jenie Dean



**Independent Member**  
Mr Harri Owen Jones



**Independent Member**  
Professor Merfyn Jones



**Independent Member**  
Mrs Hilary Stevens



**Independent Member**  
Dr Chris Tillson



**Independent Member**  
Mr Keith McDonogh

## Executive Team



**Chief Executive**

Mrs Mary Burrows



**Executive Medical Director &  
Director of Clinical Services**

Mr Mark Scriven



**Executive Director of  
Finance**

Mrs Helen Simpson



**Executive Director of Primary,  
Community & Mental Health  
Services**

Mr Geoff Lang



**Executive Director of  
Nursing, Midwifery and  
Patient Services**

Mrs Jill Galvani



**Executive Director of  
Workforce & Organisational  
Development**

Mr Martin Jones



**Executive Director of Public  
Health**

Mr Andrew Jones



**Executive Director of  
Planning**

Mr Neil Bradshaw



**Executive Director of  
Therapies & Health Science**

Dr Keith Griffiths



**Director of Governance &  
Communications**

Mrs Grace Lewis-Parry



**Director of Improvement &  
Business Support**

Mr Mark Common

## Risk Management

Due to the nature of healthcare, we know that sometimes things can go wrong. We manage this by understanding what the risks are, how we can reduce them and by having robust monitoring and review arrangements to ensure that everything that can be done is being done to avoid harm.

In October 2010, we approved our Risk Management Strategy and Policy. The elements of the risk and assurance framework include:

- Creating a culture that puts the patient at the centre of everything we do
- Encouraging open reporting of errors and ensuring that lessons are learnt and measures to prevent recurrence are promptly applied
- Creating a full 'risk aware' approach
- Making sure that managing risk is everyone's responsibility

## Performance

We continue to improve the services provided to our patients. Achievements during 2010/11 include:

### Enhanced Recovery Orthopaedic Unit

This redesigned patient pathway has been recognised as World Class via the NHS Awards and European Reference Centre Status.

Patients using this service are experiencing lower levels of post-operative sickness and pain, earlier mobilisation and return to routine activities, reduced length of hospital stay and re-admission to hospital after initial discharge home. Patients have reported significant improvement in their experience and outcome of the surgery.

### Home Enhanced Care Service Working Well

In June 2010 we started a new 'Home Enhanced Care Service'. This service allows us to provide more care for people at home. For some, this will mean that they do not need to go into hospital, receiving the care they need at home. For others, this service will allow an earlier discharge from hospital by providing extra support at home.

The service ran initially for a trial period of 6 months for patients registered with one of the 4 GP practices in Rhyl and Prestatyn who agreed to take part in the project.

A patient survey was undertaken by the Community Health Council and the feedback was very complimentary of the Service, which has now been extended for a further 6 months.

A full evaluation of the project will be undertaken in July 2011 which will help us to decide on the best way to continue to provide care at home and in the community.

It is recognised that not all patients are suitable for home care, and when people need a hospital bed they get it.

We are committed to providing the best possible care, whether this is in hospital, in the community or in people's homes.



## Concerns

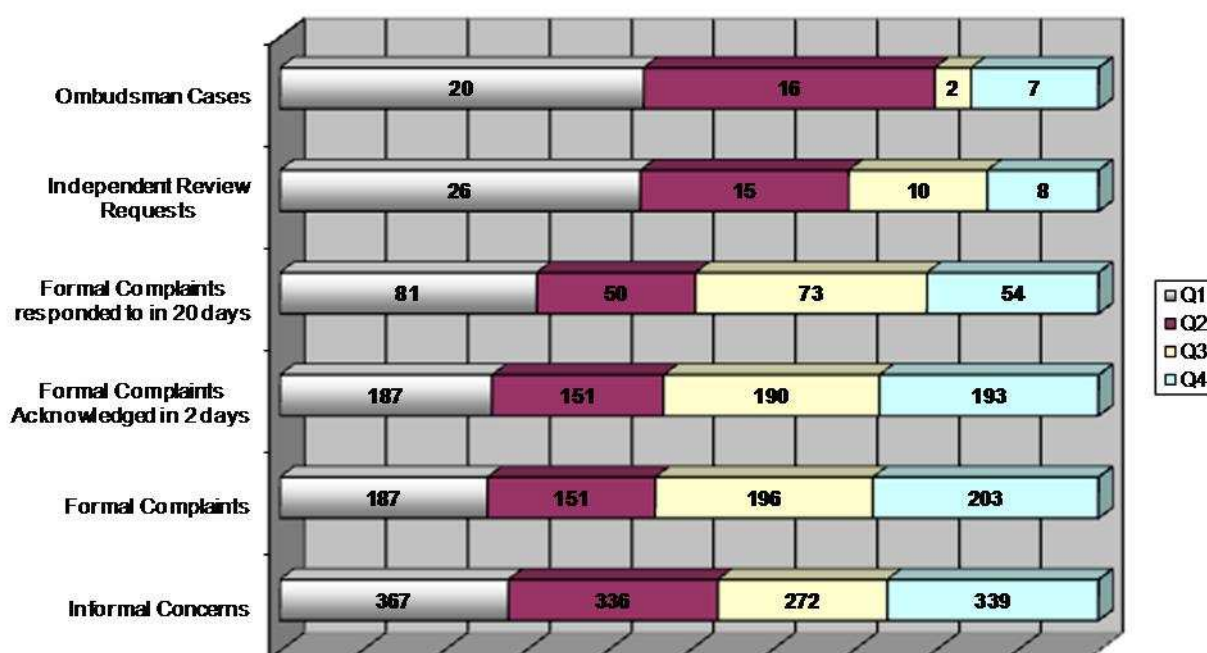
We receive complaints, concerns, comments and compliments from patients, their friends and relatives and from representatives including MPs, AMs, Community Health Councils and advocates. We continually strive to improve patient care and use the information from concerns and investigations to improve our services and help to meet our patients' expectations.

From 1 April 2011, the way in which NHS organisations in Wales deal with complaints, claims and incidents (collectively known as concerns) will change. These new arrangements will be called **Putting Things Right** ([www.puttingthingsright.wales.nhs.uk](http://www.puttingthingsright.wales.nhs.uk)) and will require a different approach to dealing with concerns whereby the aim will be to 'investigate once, investigate well' ensuring that concerns are dealt with in the right way, the first time round.

NHS staff will receive training, support and encouragement to sort problems as they arise and being open if something has gone wrong.

During 2010/11:

- 29,458 compliments were received
- 1,314 informal concerns were received
- 737 formal complaints were received
- 721 (98%) complaints were acknowledged within 2 working days
- 258 (35%) of complaints received a full response within 20 working days, with more complex cases requiring more time for resolution
- 59 requests for an Independent Review
- 45 complaints referred to the Public Services Ombudsman





## Specialist Cancer Services Best in Wales

Our Specialist Cancer Services have been highly praised following an independent review.

Upper Gastrointestinal (stomach and gullet) Cancer Services recently received a 97% peer review ranking, the best in Wales and amongst the best in the UK.

Hospital mortality rates following surgery have been reduced by 50% since the specialist service for this highly expert procedure was established at Wrexham Maelor Hospital in 2007. The clinical expertise is now concentrated to provide a full range of services including anaesthetics and pain management, physiotherapy and dietetics.

The independent report also highlighted the quality of information available to patients and measures to ensure patients were only discharged after they had fully recovered from surgery.

We can also report that data from the Welsh Cancer Intelligence and Surveillance Unit (WCISU) shows a 46% improvement in survival rates for patients with head and neck cancer. This follows the establishment of the North Wales Cancer Treatment Centre and the specialist team at Ysbyty Glan Clwyd in 2000.

The recent opening of the Specialist Gynaecological Cancer Centre at Ysbyty Gwynedd is intended to bring similar benefits to patients.

## Developments

### Ysbyty Glan Clwyd Project

Work to redevelop Ysbyty Glan Clwyd in Bodelwyddan has commenced.

Following the approval of £5.7 million of Welsh Government capital funding, work to remove asbestos from the theatre block and other areas has started.

This work has given us a 'once in a lifetime' opportunity to make improvements to patient care. We are now in the process of developing the first of three business cases for submission to the Welsh Assembly. Regular updates can be found on our website: <http://www.wales.nhs.uk/sitesplus/861/page/51556>.

### Llandudno Hospital Project

Plans to develop services at Llandudno Hospital have progressed well during 2010/11.

Developing services at Llandudno Hospital are a key part of our strategy to provide high quality healthcare for the people of North Wales.

The main areas for development will be:

- Unscheduled care
- Elective treatment and diagnostics
- Rehabilitation
- Women's Health
- Mental Health





# Making it Work

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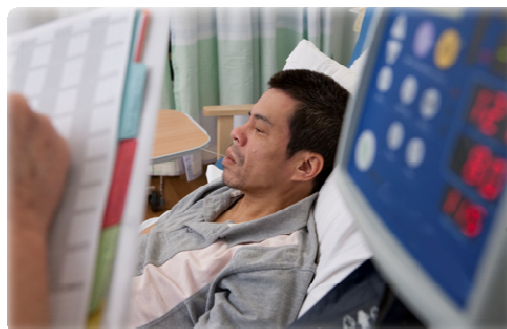
## Clinical Decision Units open in North Wales Hospitals

Clinical Decision Units (CDUs) have been opened in the Emergency Departments at Ysbyty Gwynedd, Bangor and Wrexham Maelor Hospital.

The Units provide a facility for managing Emergency Department patients who are not suitable for immediate discharge, but who do not need to be admitted to a specialist inpatient ward.

Emergency Department staff provide initial treatment and carry out any necessary tests, following which suitable patients can be transferred to the CDU. Patients will spend no more than 24 hours at these units.

The Units will reduce Emergency Department overcrowding as well as the demand for specialty ward beds. Most patients admitted to the CDUs will simply require a period of observation before they can go home.



## 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. 38% of staff employed had no sickness absence during the financial year 2010/11. This is something that we constantly strive to improve. The sickness absence target set by the Welsh Assembly Government for the Health Board was 4.55% and we achieved this target with an overall absence rate of 4.54%.

A summary of the sickness absence for 2010/11 is shown below:

<b>Total Days Lost</b>	<b>232,923.09</b>
<b>Total Staff Years</b> (where a full time employee working all year is equivalent to one staff year, an employee working part time at 50% will be half a year etc)	<b>428,916.42</b>
<b>Average Working Days Lost</b>	<b>10.33</b>
<b>Total Staff Employed in Period (Headcount)</b>	<b>16,513</b>
<b>Total Staff Employed in Period with No Absence (Headcount)</b>	<b>6,207</b>
<b>Percentage of Staff with No Sick Leave</b>	<b>37.59%</b>

A new scheme will be launched in October 2011 to support staff who are absent due to sickness (CARE). This will provide dedicated support and guidance to staff from the 1st day of absence, and it is expected that this initiative will result in reduced sickness absence. A project plan is currently being developed for roll-out of the scheme.

## Interests of Directors and Members

All Board members, along with senior officers, are required to declare any interest they have that could affect their impartiality with regard to their work within the Health Board.

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

Dr L Miles	Vice Chair	Partner, Bron Derw Medical Centre, Bangor
Dr K Griffiths	Executive Director	Henry Leach Associates
A Jones	Executive Director	Spouse is also an employee of BCUHB
H M Davies	Independent Board Member	Menter Môn Tearfund
H Owen-Jones	Independent Board Member	President, Age Concern, NE Wales Trustee Flintshire Local Voluntary Council
Dr C Tillson	Independent Board Member	GP Partner, Bodnant Surgery
Prof M Jones	Independent Board Member (until May 2010)	Vice Chancellor, Bangor University
H Stevens	Independent Board Member	Trustee, Denbighshire Voluntary Service Council Board Member, Wales Council for Voluntary Action Ron Smith Cancer Fund NEWCIS
K McDonogh	Independent Board Member	Trustee of Roman Catholic Diocese of Wrexham Chair of its Finance/Property Advisory Committee Safeguarding Co-ordinator (Diocese of Wrexham) Vice Chair, St Mary's RC Primary School, Wrexham Governor, St Winifred's RC Primary School, Holywell

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
M Scriven	Medical Director and Director of Clinical Services
H Simpson	Director of Finance
N Bradshaw	Director of Planning
G Lang	Director of Primary, Community and Mental Health Services
J Galvani	Director of Nursing, Midwifery and Patient Services
J M Jones	Director of Workforce and Organisational Development
G Lewis-Parry	Director of Governance and Communications
M Common	Director of Improvement and Business Support
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 policies, aims and objectives whilst safeguarding public funds and our assets. This is in accordance with the responsibilities assigned by the Accounting Officer of 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 risk 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 our Internal Auditors, Executive Directors who have specific responsibility for the development and maintenance of the internal control framework and other sources such as reviews undertaken by external regulators and auditors.

The findings of the review for 2010/11 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 2011/12.

The full Statement of Internal Control can be found within the Health Board's Statement of Accounts for 2010/11.

## 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.

We are the largest Health Board in Wales with revenue expenditure in excess of £1.2 billion.

We are committed to meeting the health needs of our service users in an environment where patient safety and quality are paramount. The challenges we face require that we adopt a robust and proactive approach to our long term planning to maximise the benefits of service integration and rationalisation. This will enable the delivery of effective healthcare within the financial targets placed on us. The financial challenges provide us with an opportunity to redesign services to ensure that we deliver the right healthcare, of the right quality at the right time.

We are a 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 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 service, workforce rationalisation and modernisation.



## Operating Financial Review

The Health Board is directly funded by the Welsh Government and receives annual allocations in respect of both revenue and capital expenditure. The revenue allocation for 2010/11 was £1.20 billion and the capital allocation was £49.0 million. The Health Board is required to operate within these allocations and achieve financial balance each financial year. We also receive other operating income in respect of additional services, including the provision of services to other NHS bodies, local authorities and education and research.

We are required to produce a set of annual financial statements using a format that is common to all NHS bodies in Wales. The annual statements are subject to audit and an audit opinion is provided by the Auditor General for Wales. The Welsh Government sets the Health Board a number of statutory financial performance targets that must be achieved.

The following sections provide information on our performance against the financial targets and also include summary extracts from our audited accounts.

## Financial Performance Targets

We achieved all of the financial performance targets set by the Welsh Government. Our actual performance is provided in the table below:

Key Target	Target	March 2011 Audited	Comments
<b>Achievement of Operational Balance £000</b>			
Achievement against Revenue Resource Limit	0	84	The Health Board must not exceed the revenue resource limit of £1.2 billion set by the Welsh Government. The Health Board achieved this with a small surplus of £84,000
Achievement against Capital Resource Limit (CRL)	0	31	The Health Board received capital resource limit of £49m and must ensure that the capital programme does not exceed this amount. The Health Board achieved this with a small underspend of £31,000
<b>Public Sector Payment Policy (paid by number)</b>			
Non NHS	95%	96.91%	The Health Board must pay all non-NHS invoices within 30 days of the letter of a valid invoice or receipt of goods. The Health Board exceeded this target
<b>Cash Management £000</b>			
Cash Balance at year end	4,061	2,173	The Health Board is required to ensure that it does not hold cash in excess of its immediate requirements. The year end cash balance was within the target set by the Welsh Government

## Summary Financial Statements and Report of the Auditor General for Wales

The Health Board's Financial Statements were prepared in accordance with the format and timetable set by the Welsh Government. The accounts were subject to external audit by the Welsh Audit Office and an unqualified audit opinion was given on 14 June 2011.

The Health Board hosts a number of All Wales Services and the transactions of these are consolidated into the Health Board's Financial Statements on which the Auditor General for Wales provides an opinion. These services are managed separately from those of the Health Board and do not present any financial risk to the Health Board.

A full set of consolidated financial statements are available from Mrs Helen Simpson, Executive Director of Finance. The summary financial statements included in this report are those of the Health Board's activities only and the Auditor General for Wales' certificate confirms that these summary financial statements are consistent with the full accounts on which the audit opinion was given.

The summary financial statements shown include the following:

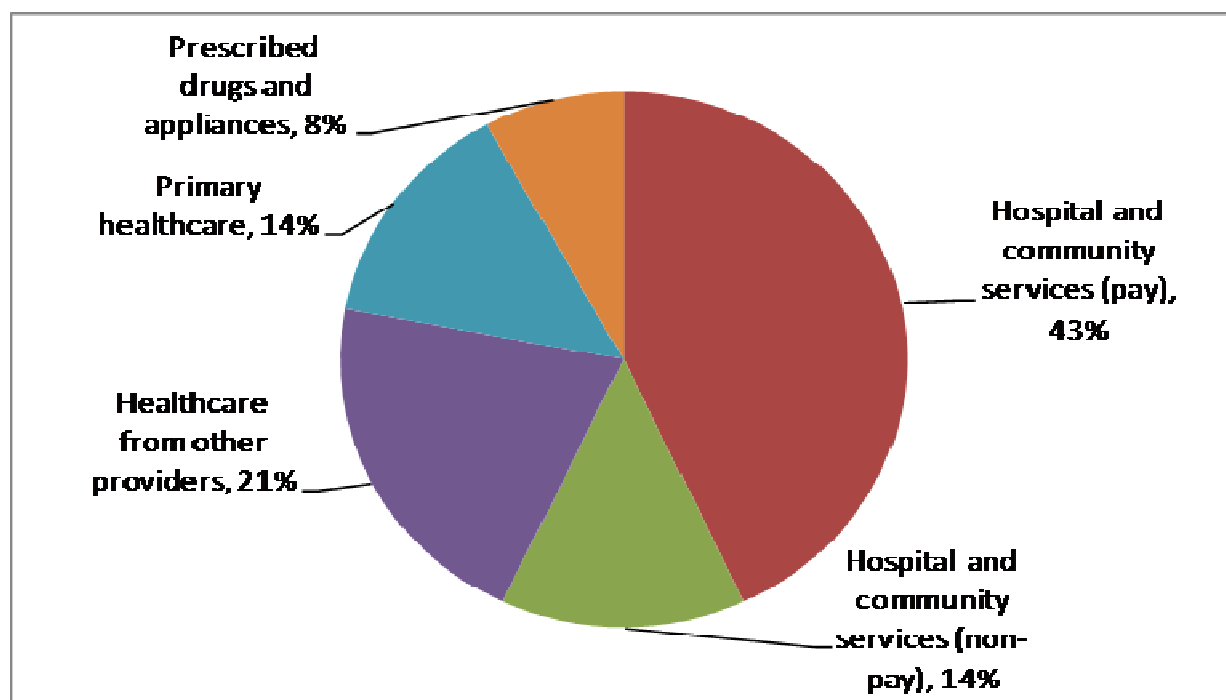
1. Statement of Comprehensive Net Expenditure
2. Revenue Resource Limit
3. Statement of Financial Position
4. Capital Resource Limit
5. Statement of Cash Flows
6. Report of the Auditor General for Wales

## Statement of Comprehensive Net Expenditure for the Year Ended 31 March 2011

The Health Board incurred expenditure of £1.31 billion during 2010/11 providing services to the population of North Wales. As an integrated Health Board this includes primary care, community and hospital services. The Health Board also commissions services from other providers including specialised services from other NHS bodies and meeting the cost of providing ongoing nursing care for patients with long term needs.

	2010/11 £'000	2009/10 £'000 Restated
<b>Expenditure</b>		
Primary Healthcare Services	287,965	285,113
Healthcare from other providers	277,627	149,802
Hospital and Community Health Services	752,631	765,912
	<b>1,318,223</b>	1,200,827
Less: Miscellaneous Income	(116,991)	(110,693)
<b>LHB net operating costs before interest and other gains and losses</b>	<b>1,201,232</b>	1,090,134
Investment Income	0	84
Other Gains	(148)	(320)
Finance costs	163	8,777
<b>Net operating costs for the financial year</b>	<b>1,201,247</b>	1,098,507

This chart shows a split of expenditure across the major expenditure headings for 2010/11.



### 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.

	2010/11 £000
Net operating costs for the financial year	1,201,247
Less Non-discretionary expenditure *	(1,101)
<b>Net operating costs less non-discretionary expenditure and revenue consequences of PFI</b>	<b>1,200,146</b>
Revenue Resource Limit	1,200,230
<b>Under spend against Revenue Resource Limit</b>	<b>84</b>

\* This includes non discretionary items such as the cost of prescriptions issued in Wales but dispensed in England



## Statement of Financial Position as at 31 March 2011

This statement records the assets and liabilities of the Health Board as at the financial year end. Formerly known as the Balance Sheet, 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.

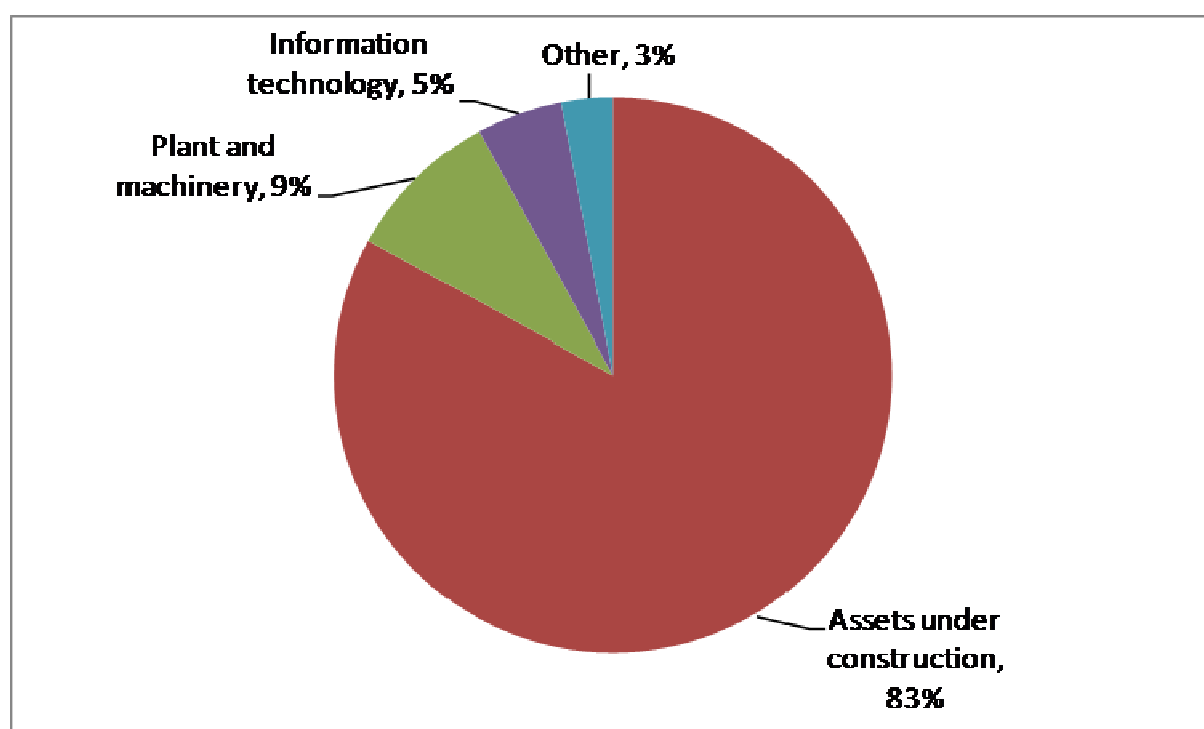
	31 March 2011 £'000	31 March 2010 £'000
<b>Non-current assets</b>		
Property, plant and equipment	515,656	525,299
Intangible assets	2,102	2,378
Trade and other receivables	31,047	14,262
Other assets	1,626	0
<b>Total non-current assets</b>	<b>550,431</b>	<b>541,939</b>
<b>Current assets</b>		
Inventories	10,503	10,482
Trade and other receivables	38,836	57,183
Other current assets	3,048	4,713
Cash and cash equivalents	2,173	3,816
	<b>54,560</b>	<b>76,194</b>
Non-current assets classified as "Held for Sale"	380	1,145
<b>Total current assets</b>	<b>54,940</b>	<b>77,339</b>
<b>Total assets</b>	<b>605,371</b>	<b>619,278</b>
<b>Current liabilities</b>		
Trade and other payables	118,367	118,999
Provisions	24,378	30,369
<b>Total current liabilities</b>	<b>142,745</b>	<b>149,368</b>
<b>Net current assets/ (liabilities)</b>	<b>(87,805)</b>	<b>(72,029)</b>
<b>Non-current liabilities</b>		
Trade and other payables	1,446	1,992
Provisions	34,407	29,442
<b>Total non-current liabilities</b>	<b>35,853</b>	<b>31,434</b>
<b>Total assets employed</b>	<b>426,773</b>	<b>438,476</b>
<b>Financed by :</b>		
<b>Taxpayers' equity</b>		
General Fund	369,709	360,376
Revaluation reserve	43,884	65,931
Donated asset reserve	12,325	12,169
Government grant reserve	855	0
<b>Total taxpayers' equity</b>	<b>426,773</b>	<b>438,476</b>

## Capital Resource Limit

The Health Board is provided with a capital resource allocation to undertake its capital programme. Capital items include land, building, property, plant and equipment as well as IT related projects. The Health Board met its Capital Resource Limit for 2010/11

	2010/11 £000
<b>Gross capital expenditure</b>	<b>52,587</b>
Add: Loss in respect of disposals of donated assets	0
Less NBV of disposed property, plant and equipment and intangible assets	(1,755)
Less capital grants	(855)
Less donations	(993)
<b>Charge against Capital Resource Limit</b>	<b>48,984</b>
Capital Resource Limit	49,015
<b>Underspend against Capital Resource Limit</b>	<b>31</b>

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



## Statement of Cash flows for year ended 31 March 2011

	2010/11	2009/10
	£'000	£'000
<b>Cash Flows from operating activities</b>		
Net operating cost before interest	(1,201,232)	(1,090,134)
Movements in Working Capital	(7,852)	619
Other cash flow adjustments	52,286	74,918
Provisions utilised	(14,657)	(9,312)
Interest paid	(70)	(82)
<b>Net cash outflow from operating activities</b>	<b>(1,171,525)</b>	<b>(1,023,991)</b>
<b>Cash Flows from investing activities</b>		
Purchase of property, plant and equipment	(42,383)	(58,298)
Proceeds from disposal of property, plant and equipment	1,903	1,167
Purchase of intangible assets	(324)	(726)
Payment for other financial assets	0	(48,000)
Proceeds from disposal of other financial assets	0	52,540
Payment for other assets	(1,626)	0
Interest received	0	96
<b>Net cash inflow/(outflow) from investing activities</b>	<b>(42,430)</b>	<b>(53,221)</b>
<b>Net cash inflow/(outflow) before financing</b>	<b>(1,213,955)</b>	<b>(1,077,212)</b>
<b>Cash flows from financing activities</b>		
Welsh Assembly Government funding (including capital)	1,210,464	1,075,697
Capital receipts surrendered	0	0
Capital grants received	1,848	0
Capital element of payments in respect of finance leases and on-SoFP	0	(92)
<b>Net financing</b>	<b>1,212,312</b>	<b>1,075,605</b>
<b>Net decrease in cash and cash equivalents</b>	<b>(1,643)</b>	<b>(1,607)</b>
<b>Cash and cash equivalents (and bank overdrafts) at 1 April 2010</b>	<b>3,816</b>	<b>5,423</b>
<b>Cash and cash equivalents (and bank overdrafts) at 31 March 2011</b>	<b>2,173</b>	<b>3,816</b>

## **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 the Betsi Cadwaladr University Local Health Board set out on pages 26 to 33.

### **Respective responsibilities of the Directors, the Chief Executive and the Auditor General for Wales**

The Directors and the Chief Executive 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, the Board Members' report, management commentary 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 financial statements and the Remuneration Report of Betsi Cadwaladr University Local Health Board for the year ended 31 March 2011 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, 14 June 2011 and the date of this statement.

Huw Vaughan Thomas  
Auditor General for Wales  
September 2011

Wales Audit Office  
24 Cathedral Road  
Cardiff  
CF11 9LJ

## Senior Managers' Remuneration

In line with good practice the Health Board formally reports the remuneration of its Very Senior Managers. Senior Managers are those responsible for the overall governance of the Health Board and includes all Directors as well as Independent Board Members. The level of remuneration for Independent Board Members is set by the Welsh Government whilst the remuneration and other Terms and Conditions for the Directors is determined by the Health Board's Remuneration and Terms of Service Committee.

The Health Board was established on the 1<sup>st</sup> October 2009, following the integration of six Local Health Boards and two NHS Trusts.

The comparative figures for 2009/2010 also include payments made to individuals in respect of their roles within the legacy bodies for the period 1<sup>st</sup> April 2009 – 30<sup>th</sup> September 2009. Other remuneration relates to payments to Directors and Independent Members arising from their clinical practice.

The benefits in kind relate to relocation expenses and the provision of lease cars and have been calculated in accordance with the guidance provided by the HMRC. The benefit in kind is determined for taxation purposes and may differ from the actual cash contributions made. The cash contributions for lease cars did not exceed £5,000 for any Director.

Name and Title	2010/11			2009/10		
NW: North Wales NHS Trust NWW: North West Wales NHS Trust GLHB: Gwynedd LHB CLHB: Conwy LHB DLHB: Denbighshire LHB BCU: Betsi Cadwaladr University Health Board	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)	Salary (bands of £5,000)
	£000	£000	£000	£000	£000	£000
<b>Mrs M Burrows</b> Chief Executive: NW, BCU	200-205	0	6	190-195	0	8
<b>Mr M Scriven</b> Medical Director: BCU	120-125	50-55	6	50-55	20-25	3
<b>Dr M Duerden</b> Joint Medical Director: CLHB and DLHB (to 30/09/09) Acting Medical Director: BCU (15/11/10 - 13/03/11)	15-20	0	0	42-45	0	0
<b>Mrs J Galvani</b> Director of Nursing: NW, BCU	125-130	0	4	120-125	0	4
<b>Mrs H Simpson</b> Director of Finance: BCU (from January 2010)	135-140	0	10	30-35	0	1



<b>Mr M Common</b> Director of Performance: NW Director of Improvement & Business Support: BCU	110-115	0	8	110-115	0	7
<b>Mr J M Jones</b> Chief Executive: NWW Director of Workforce & Organisational Development: BCU	125-130	0	0	120-125	0	2
<b>Mr N Bradshaw</b> Director of Strategy Planning: NW Director of Planning: BCU	125-130	0	4	120-125	0	4
<b>Dr K Griffiths</b> Director of Therapies & Health Science: BCU (from October 2009)	100-105	0	0	45-50	0	0
<b>Mr G Lang</b> Chief Executive: WLHB Director of Primary Care & Community Partnerships: NW Director of Primary, Community & Mental Health Services: BCU	125-130	0	2	120-125	0	5
<b>Mrs G Lewis-Parry</b> Chief Executive: GLHB Director of Governance & Communications: BCU	95-100	0	5	85-90	0	3
<b>Mr A Jones*</b> Director of Public Health: BCU	0	0	0	0	0	0
<b>Mr T M Williams</b> Chairman: NW, BCU	65-70	0	0	65-70	0	0
<b>Dr L Miles</b> Chairman: CLHB and GLHB (to 30/09/09) Independent Member: BCU	55-60	0	0	50-55	0	0
<b>Mr K McDonogh</b> Independent Member: NW, BCU	15-20	0	0	10-15	0	0
<b>Mr H Owen-Jones</b> Independent Member: NW, BCU	15-20	0	0	10-15	0	0

<b>Rev H Davies</b> Independent Member: BCU	15-20	0	0	5-10	0	0
<b>Mrs H Stevens</b> Independent Member: BCU	15-20	0	0	5-10	0	0
<b>Ms J Dean**</b> Independent Member: BCU (from January 2010)	0	0	0	0	0	0
<b>Dr C Tillson</b> Independent Member: BCU	15-20	0	0	10-15	0	0
<b>Professor M Jones***</b> Independent Member: BCU (to May 2010)	0	0	0	0	0	0

\* Mr A Jones is an employee of Public Health Wales

\*\* Ms J Dean is an employee of the Health Board and is the Trade Union Representative on the Board

\*\*\* Professor M Jones was an employee of Bangor University during this period

## Pension Benefits

Name and Title	Real increase in pension at age 60 (bands of £2,500)	Lump sum at aged 60 related to real increase in pension (bands of £2,500)	Total accrued pension at age 60 at 31 March 2011 (bands of £5,000)	Lump sum at age 60 related to accrued pension at 31 March 2011 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2011	Cash Equivalent Transfer Value at 31 March 2010	Real increase in Cash Equivalent Transfer Value	Employer's contribution to stakeholder pension
	£000	£000	£000	£000	£000	£000	£000	£000
<b>Mrs M Burrows</b> Chief Executive	2.5-5.0	7.5-10.0	35-40	110-115	750	745	5	0
<b>Mr M Scriven</b> Medical Director	10.0-12.5	32.0-35.0	65-70	195-200	1,150	1,048	102	0
<b>Dr M Duerden **</b> Acting Medical Director (15/11/10 to 13/03/11)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Mrs J Galvani</b> Director of Nursing	0.0-2.5	5.0-7.50	45-50	145-150	817	878	(61)	0
<b>Mrs H Simpson</b> Director of Finance	7.5-10.0	27.5-30.0	40-45	125-130	643	569	74	0

<b>Mr M Common</b> Director of Improvement & Business Support	0.0-2.5	2.5-5.0	50-55	155-160	1,107	1,159	(52)	0
<b>Mr J M Jones</b> Director of Workforce & Organisational Development	0.0-2.5	5.0-7.5	40-45	130-135	744	803	(59)	0
<b>Mr N Bradshaw</b> Director of Planning	0.0-2.5	2.5-5.0	25-30	80-85	513	533	(20)	0
<b>Dr K Griffiths</b> Director of Therapies & Health Science	0.0-2.5	2.5-5.0	50-55	150-155	0	0	0	0
<b>Mr G Lang</b> Director of Primary, Community & Mental Health Services	2.5-5.0	10.0-12.5	35-40	115-120	559	588	(29)	0
<b>Mrs G Lewis-Parry</b> Director of Governance & Communications	2.5-5.0	7.5-10.0	25-30	75-80	426	420	6	0
<b>Mr A Jones *</b> Director of Public Health	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

\* Mr A Jones is an employee of Public Health Wales

\*\* Dr M Duerden was a General Practitioner during the period that he was Acting Medical Director of BCUHB. The NHS Pensions Agency is unable to provide separate pension benefit details for the LHB service of a Board Member who is also a Primary Care Practitioner

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

	2010/11	2010/11	2009/10	2009/10
	Number	£000	Number	£000
<b>Non-NHS</b>				
Total bills paid	<b>233,936</b>	<b>284,261</b>	248,127	295,604
Total bills paid within target	<b>226,869</b>	<b>277,102</b>	240,426	288,728
Percentage of bills paid within target	<b>97.0%</b>	<b>97.5%</b>	96.9%	97.7%



# Making it Happen

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## Organisational Development

We have a leadership programme which is delivered through Board development sessions and the Board of Directors, supported by NLIAH.

Simple and coherent sets of values have been identified as a first stage in building a new culture for the Health Board and agreeing the core organisational capabilities to underpin Organisation Development intervention.

To generate the 'Big Conversation' about values and principles for the Board, a series of open discussion forums for staff have begun across North Wales. These have been followed by 'World Cafe' events to test the values being identified. These will lead to an agreed value set for the Health Board which is founded on staff's own values and ideals

## Partnership Working with Trade Unions

As an employer, we continue to be committed to working in an embracing partnership with Trade Union Representatives.

The Local Partnership Forum as an advisory committee, comprising of managers and Trade Union Representatives, has continued to meet on a regular bi-monthly basis.

The Forum meets to discuss and resolve, in partnership, issues involving staff, their wellbeing and working conditions, changes in work practice and employee relations legislation.

Partnership working principles is a key method of ensuring the smooth running of the organisation, maintaining the delivery of high standards of care and the health, safety and wellbeing of staff.





## Service Reviews

As an organisation, we need to ensure that we provide a safe and high quality services to our patients. In order to achieve this, our services must be clinically, operationally and financially sustainable.

During 2010/11, Service Reviews were commenced / ongoing in the following areas:

- Maternity, Neonatal, Gynaecology and Child Health Services
- Redevelopment of Glan Clwyd Hospital
- Older Persons Mental Health
- Development of 5-year Clinical Services Strategy - Trauma and Orthopaedics
- Emergency General Surgery
- Llandudno Hospital Redevelopment Project
- Relocation of Clinical and Non-Clinical Services from HM Stanley Hospital
- Llangollen Hospital
- North Denbighshire Community Healthcare Services

Service users, staff, partner organisations and other stakeholders are an integral part of this process and have been invited to express their views on these reviews.

## Long Service Awards

We recognise and value the contribution of our employees, many who have worked not only for our Health Board, but for the wider NHS, for many years. The high level of skill brought by individuals is the key factor to our success.

In recognition of this, we are committed to celebrate with those staff who have reached the 'milestone' of working for the NHS for 25 years by providing a system of awards for long service achieved whilst still in service.

During 2010/11 we held a total of nine award ceremonies throughout North Wales where staff were congratulated and presented with an award in recognition of their achievement.



## Workforce Monitoring

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

Other information is also collected from individuals to help us monitor the wider equality profile of our workforce. This helps to identify any areas of potential discrimination or inequalities.

Gender		
Female	10,850.99	77.5%
Male	3,142.64	22.5%
<b>Grand Total</b>	<b>13,993.63</b>	

Disability		
No	4,031.60	28.81%
Not Declared	139.17	0.99%
Undefined	9,639.07	68.89%
Yes	183.80	1.31%
<b>Grand Total</b>	<b>13,993.63</b>	

Sexual Orientation		
Bisexual	15.71	0.11%
Gay	30.38	0.22%
Heterosexual	4,767.47	34.07%
I do not wish to disclose	415.88	2.97%
Lesbian	11.55	0.08%
Undefined	8,752.65	62.55%
<b>Grand Total</b>	<b>13,993.63</b>	

Religious Belief		
Atheism	413.89	2.96%
Buddhism	25.50	0.18%
Christianity	3,616.59	25.84%
Hinduism	93.06	0.67%
I do not wish to disclose my religion/ belief	642.28	4.59%
Islam	70.08	0.50%
Jainism	2.64	0.02%
Judaism	3.00	0.02%
Other	578.02	4.13%
Sikhism	3.33	0.02%
Undefined	8,545.24	61.07%
<b>Grand Total</b>	<b>13,993.63</b>	

Age Band	
16 - 20	43.20
21 - 25	666.16
26 - 30	1,323.05
31 - 35	1,375.86
36 - 40	1,802.39
41 - 45	2,208.08
46 - 50	2,512.49
51 - 55	1,990.99
56 - 60	1,371.94
61 - 65	583.55
66 - 70	99.87
71+	16.05
<b>Grand Total</b>	<b>13,339.63</b>

<b>Ethnic Origin</b>		
White	2.40	0.02%
Indian	2.00	0.01%
Not given	3.00	0.02%
White – British	3295.17	23.55%
White – Irish	67.10	0.48%
White – Any other white background	2343.39	16.75%
White – Northern Irish	6.65	0.05%
White – Unspecified	40.09	0.29%
White – English	710.56	5.08%
White – Scottish	56.35	0.40%
White – Welsh	2418.42	17.28%
White – Greek	5.00	0.04%
White – Turkish	0.64	0.00%
White – Italian	1.00	0.01%
White – Polish	4.00	0.03%
White – Ex-USSR	2.00	0.01%
White – Croatian	1.00	0.01%
White – Mixed	7.02	0.05%
White – Other European	45.56	0.33%
Mixed – White and Black Caribbean	4.10	0.03%
Mixed – White and Black African	11.49	0.08%
Mixed – White and Asian	11.04	0.08%
Mixed – Any other mixed background	10.40	0.07%
Mixed – Black and Asian	0.21	0.00%
Mixed – Black and Chinese	1.00	0.01%
Mixed – Black and White	0.20	0.00%
Mixed - Chinese and White	1.00	0.01%
Mixed - Other / Unspecified	1.00	0.01%
Asian or Asian British – Indian	242.09	1.73%
Asian or Asian British - Pakistani	61.44	0.44%
Asian or Asian British - Bangladeshi	7.12	0.05%
Asian or Asian British – Any other Asian background	45.16	0.32%
Asian East African	2.00	0.01%
Asian Sri Lankan	7.00	0.05%
Asian British	2.00	0.01%
Asian Caribbean	1.00	0.01%
Asian Unspecified	5.07	0.04%
Black or Black British – Caribbean	4.80	0.03%
Black or Black British – African	32.76	0.23%
Black or Black British – Any other Black background	4.00	0.03%
Black Mixed	0.53	0.00%
Black Nigerian	2.00	0.01%
Black British	1.73	0.01%
Black Unspecified	5.00	0.04%
Chinese	18.02	0.13%
Any Other Ethnic Group	61.22	0.44%
Filipino	52.71	0.38%
Malaysian	4.00	0.03%
Other Specified	13.44	0.10%
Undefined	3861.99	27.60%
Not Stated	506.72	3.62%
<b>Grand Total</b>	<b>13,993.63</b>	

## Staff Achievement Awards

The annual Staff Achievement Awards are an opportunity to recognise the commitment and dedication individuals and teams have made to the Health Board and to the people of North Wales. Staff are encouraged to nominate their colleagues as a way of saying 'thank you' and 'well done'. Nominations are welcomed from individuals, teams and/or departments.

The awards scheme identifies exemplary behaviour, creates inspirational activity and gives staff the opportunity to celebrate and be celebrated by peers, colleagues and senior management.



## How to Contact Us

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

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**Telephone:** 01248 384384

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