



Betsi Cadwaladr University Local Health Board

Annual Report and Accounts 2012/13



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University Health Board

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Welcome from the Chairman and Acting Chief Executive

Welcome to the Annual Report for Betsi Cadwaladr University Health Board for 2012/13. The past year has been a challenging one for the Health Board as we seek to deliver improvements in the services and care we provide, whilst ensuring that they are safe and sustainable within the resources that we have available to us.

Yet again we can report excellent achievements by our staff, and those who work in primary care. Their commitment, professionalism and determination to give excellent care bring great benefits to the population of North Wales. This Report highlights examples of innovation and improvement in day to day service delivery of which we as a Board and, more importantly, the staff involved can be rightly proud.

The organisation is fortunate to be supported by such staff. Together they hold a vast wealth of experience and knowledge and over the coming year we will be seeking to draw on this expertise as we continue to develop our services.

During 2012/13 the Board embarked upon an extensive engagement and consultation programme *"Healthcare in North Wales is Changing"*. This programme addressed some of the challenges we face to make sure that our services are fit for the future and will support the evolving needs of the people of North Wales.

The resulting changes - developing primary care and community based services, transforming care for older people with mental health problems, centralising major vascular surgery and commissioning long term neonatal intensive care from Arrowe Park Hospital - are designed to make services more safe, sustainable and reliable. We are now working on implementing these changes and we will monitor these closely to ensure that these benefits are delivered.

As we look forward we know that further change is necessary and we will learn from our experience during this period of engagement and consultation to further develop our approach to planning future services for the people of North Wales.

Whilst there is much that we can be positive about in the past year, we know that we do not always get things right for every person who uses our services, their carers and families. We encourage feedback from people who use our services and will continue to seek to use this as a means of improving what we do; whether through concerns and complaints, patient stories or other less formal feedback. As a Board this gives us a unique insight into where we can improve and we must respond effectively to this opportunity.

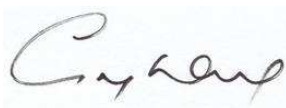
During 2012/13 we were made aware of significant concerns from Wales Audit Office and Healthcare Inspectorate Wales relating to the governance of the Board and potential implications for the quality and safety of the care we provide. As a result there was a joint review into these concerns and a report - *"A review of governance arrangements in Betsi Cadwaladr University Health Board"* - was published in June 2013.

This report highlighted weaknesses in governance and leadership within the Health Board and made a number of significant recommendations for change. It also highlighted specific concerns in relation to the management of infection control within the Health Board. The Board has accepted fully the findings of this Report. A detailed programme of work is underway which will continue throughout 2013/14 to ensure that Board leadership and governance is effective, and our arrangements to ensure safe, sustainable clinical services are robust.

In concluding, we would like to thank our staff, our contractors and their staff in primary care, those who volunteer to support our services, and those partner organisations who work with us. It is only through everyone's coordinated efforts that we are able to deliver care to the population we serve 24 hours a day, every day throughout the year.



Prof Merfyn Jones CBE
Chairman



Geoff Lang
Acting Chief Executive

About the Health Board

The Health Board is responsible for the provision of a full range of primary, community, mental health and acute hospital services for a population of about 678,000 people across the six counties of North Wales (Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham).

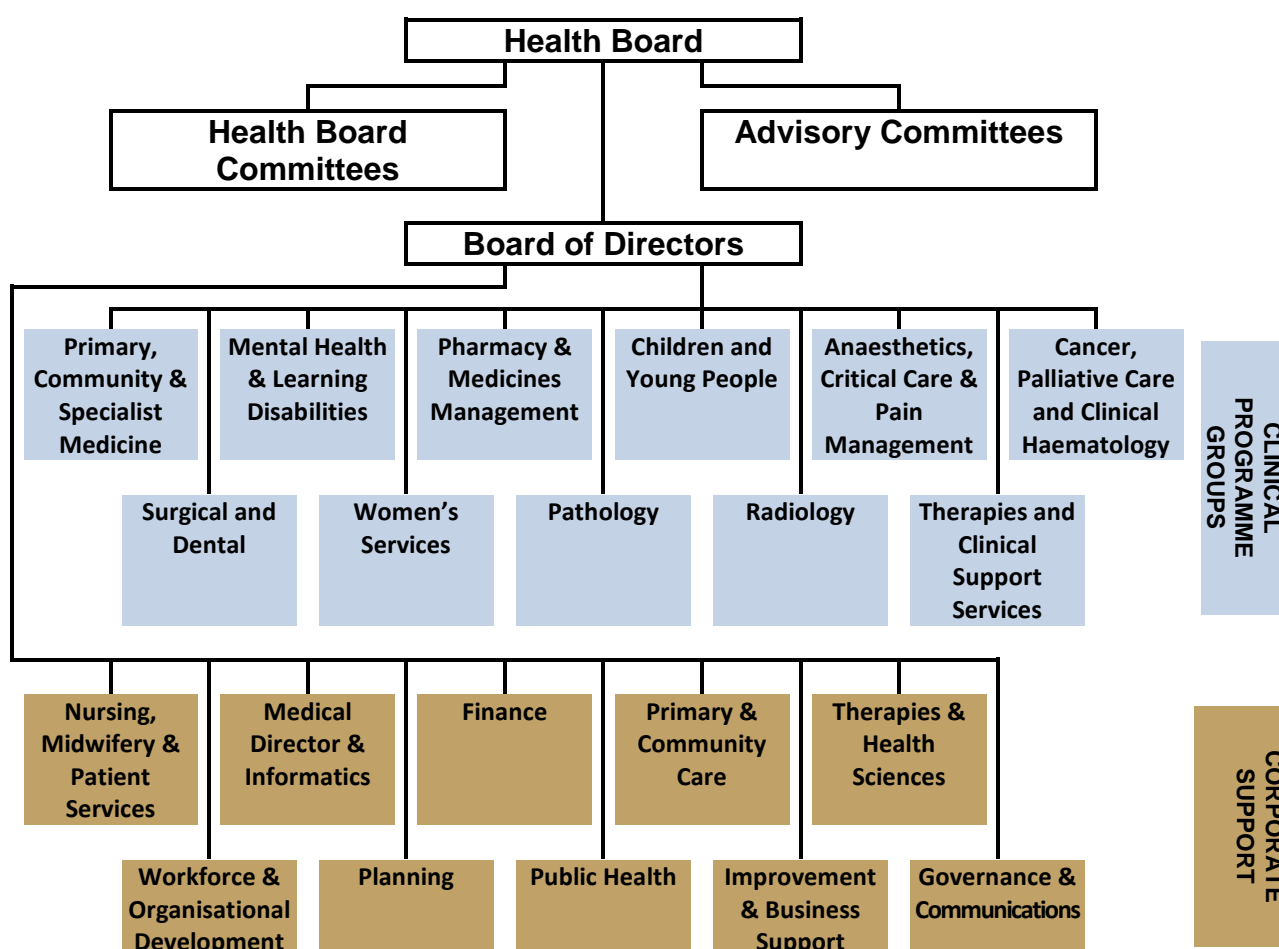
We are responsible for the operation of three acute hospitals (Ysbyty Gwynedd in Bangor, Glan Clwyd Hospital, Bodelwyddan and Wrexham Maelor Hospital), along with a network of community hospitals, health centres, clinics, mental health units and community team bases.

We also coordinate the work of 115 GP practices, and the NHS services provided by dentists, opticians and pharmacists across the region.

To help health, social care and community services to work together effectively to support residents, NHS services outside of hospitals have been organised into 14 'localities' as follows:

- Anglesey
- Arfon, Dwyfor, Meirionnydd
- Conwy West, Conwy East
- North Denbighshire, Central/South Denbighshire
- North West Flintshire, South Flintshire and North East Flintshire
- West and North Wrexham, Wrexham Town, South Wrexham

Clinical services across the hospital sites are organised into Clinical Programme Groups (CPGs) led by senior clinical staff who are accountable for the quality and delivery of services.



The Chiefs of Staff, together with the Executive Directors, form the Board of Directors which leads the operational management of the organisation. They are ultimately accountable to the Chief Executive of the Health Board. The Health Board itself comprises the Chairman, Independent Members and the Directors and sets the strategic direction for the organisation. Through its committee structures, the Board works to ensure that we adhere to standards of good governance and achieve our performance targets.

In March 2013, Wales Audit Office and Healthcare Inspectorate Wales agreed that they would undertake a joint review to look at the corporate clinical and financial arrangements of the Health Board. This review assessed if these arrangements were appropriate, operating effectively and were sufficient to ensure the quality, safety and sustainability of services for the population served by the Health Board.

The [report](#) which was published at the end of June 2013 identified a number of significant failings with the Board's management and governance systems. With external support, facilitated by Welsh Government, the Board has been working urgently to address the serious concerns raised.

Following the publication of this report, the Chairman of the Board stepped down from his role and the Vice Chairman resigned from his post.

Achievements & Awards

During the year our staff and departments received national and international recognition for their innovation and the quality of their services.



Lee Garner, Security Manager for the Health Board won the National Personal Safety Day Award for his work with National Patient Safety Day in 2011. He was presented with the Award at the Annual National Personal Safety Awards which took place in London on 14 November.

The judges chose Lee for his work in raising the profile of personal safety and the National Personal Safety Day, not only through our own Health Board but across the NHS in Wales.

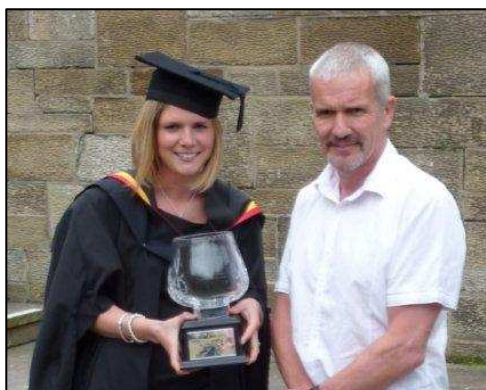
Lee Garner receives his Award from Paul Lamplugh, father of Suzy Lamplugh and founder of the Suzy Lamplugh Trust

Jane Williams, Staff Nurse with the Therapeutic and Rehabilitation Support Service won the Student Nursing Times 'Mentor of the Year' at the inaugural Student Nursing Times Awards held in London.

The winners of the ten award categories were drawn from across the UK, with Jane the only winner to be based in Wales.



**Left to right:
Adam Roxby, Student Editor, Nursing Times; Jane Williams;
Trish Griffin, Principal Lecturer, Kingston University London
and Jenni Middleton, Editor, Nursing Times.**



Anna Feely, an Operating Department Practitioner (ODP) in Glan Clwyd Hospital was presented with the Robin Huw Owen Award for the best OPD Student at the annual graduation ceremony at Bangor University.

Anna Feely receives her award from Arwel Jones, Senior ODP, Ysbyty Gwynedd.

The Betsi Cadwaladr University Health Board Staff Achievement Awards

The Annual Staff Achievement Awards are organised and administered by the Workforce and Organisational Development Department. The 2012 Awards attracted a large number of nominations across each category, which highlighted the innovation, energy and commitment of our staff. The winners were:

- **Improving Patient Safety:** Elaine Roberts, Colorectal Nurse Practitioner
- **Evidence in Practice:** Bridget Roberts, Child Psychologist
- **Most Outstanding Contribution to Improving the Life of Patients:** Sarah Hookes and Alison Shields and the Core Midwifery Team
- **Contribution to the Wider Community:** Irfon Williams, CAMHS Service Manager
- **Outstanding Voluntary Contribution:** North Wales Breast Feeding Peer Supporters
- **Haydn Hughes Award for Outstanding Contribution to the Workplace:** Sharon Langford, Medical Secretary
- **New Ways of Working:** Therapeutic and Rehabilitation Support Service
- **Working in Partnership:** Ronnie Jones, Catering Manager; Sue Kirk, Principal Speech and Language Therapist; Jan Jenkins, Specialist and Rachel Kudrycz, Specialist
- **Dr E C Benn Award:** Gail Barton-Davies, Professional Manager of the Children's Unit
- **Advancing Equality:** Human Rights Nutrition and Hydration in Healthcare Steering Group
- **Quality in Primary Care:** Dr Steve McVicar, General Practitioner, Beaumaris
- **Outstanding Contribution to Improving the Health and Wellbeing of Staff in the Workplace:** Christine Clark, Consultant in Obstetrics and Gynaecology
- **Services to Bilingual Healthcare:** Clare Evans, Health Visitor
- **Excellence in Leadership:** Sue Wood, Clinical Nurse Manager



Making it Safe

Patient safety lies at the very heart of what we do. Although there will always be some risks associated with clinical intervention and running a service as complex as the NHS, we can limit these by taking the appropriate control measures. This need for safety extends to all areas of our work: the clinical safety of the care and treatment we provide, health and safety measures to protect patients and staff in our premises, keeping safe the information we hold about our patients so we can provide effective care and making sure we are ready to respond if we ever face a major emergency.

This year we have also published a separate Annual Quality Statement which brings together more detail about how the organisation has been working over the past year to improve the quality and safety of the services we plan and provide. This can be accessed on our website: www.bcu.wales.nhs.uk

Quality and Safety

1000 Lives Plus Campaign

Quality is about consistency – making sure that we do the right things, to the right standard, every time for each patient. This is one of the central themes of the national 1000 Lives Plus Campaign that is running in Wales to reduce mortality and harm to patients.

We are an active member of the campaign, and are running over twenty improvement collaboratives – projects that bring together a number of staff from different disciplines to work together on safety improvements for patients with specific conditions and for services including improving life for patients with heart conditions, enhanced recovery after surgery, rapid response to acute illness, preventing falls and improving mouth care for patients on the wards.

These groups use an evidence-based methodology to develop ‘care-bundles’ – a series of specific steps that should be carried out for every patient to make sure that each person is given consistent care that is in line with best practice.



This work is resulting in demonstrable improvements in outcomes such as patient satisfaction and the length of time patients have to stay in hospital.

Infection Control

This year has been challenging for the Health Board. A large outbreak of *Clostridium difficile* infection at the start of 2013 resulted in a major review of infection prevention standards across the Health Board. As a result we have been paying even greater attention to preventing healthcare-associated infections, and have adopted a zero-tolerance approach to poor practice.

The Chief Medical Officer for Wales requested that Public Health Wales assist and support the Health Board and ensure all necessary action was being taken to control the outbreak at Glan Clwyd Hospital. [Public Health Wales' report](#) concluded that although the Health Board response to the outbreak was effective, more could and should be done to provide a safe environment for patients.

The Health Board brought in an independent expert, Professor Duerden to review infection control arrangements and help identify ways in which we can improve and drive down infection rates of *Clostridium difficile* as well as other hospital acquired infections.

[Professor Duerden's report](#) is now available on our website and the Board has already put in place a detailed improvement plan.

A wide-ranging work plan has been in place throughout 2012/13, focussing on improving hand hygiene, ensuring rapid isolation of patients with infection, monitoring and minimising key infections including *Staphylococcus aureus* bacteraemia, and implementing interventions from the '1000 Lives Plus' programme.

We participate in the Welsh infection surveillance programme which includes surveillance of orthopaedic infections and post-operative caesarean section infections. Overall results show: orthopaedic hip surgery surveillance = 0% infections; orthopaedic knee surgery surveillance = 2.2%; caesarean section = 2.7%. Detailed results of infection surveillance for BCUHB are published on the [Welsh Healthcare-Associated Infection Programme](#) website.



Hand hygiene is the single most important infection prevention measure to protect patients. Our policy is based upon the World Health Organisation '5 moments' guidance. To monitor compliance there is a comprehensive audit programme carried out by each clinical area every month. Results are spot-checked by the infection prevention and control team on a targeted basis. Practice has improved throughout the year, rising from an average compliance score of 90% up to 94% in March 2013. We will continue to focus on this in 2013/14.

Invasive devices increase the risk of infection to patients; the '1000 Lives Plus' programme includes several interventions to reduce avoidable infections related to devices. This year Clinical Programme Groups have been developing care interventions related to urinary catheters and peripheral venous catheters in line with 1000 Lives Plus methodology. We will increase the pace and scope of this work in 2013/14.

We know that the cleanliness of our hospitals matters to patients, and we monitor both cleanliness and the condition of hospital buildings through a monthly programme of inspections. Overall we achieved 90% compliance rating against national standards. We have had a number of major construction and refurbishment work taking place during the year. When these projects are complete they will result in a significantly improved environment that can be kept clean and tidy more easily.

The multi-disciplinary infection prevention and control team also continues to provide expert advice and guidance, and to support staff at all levels of the organisation to develop and implement programmes of work that reduce the risk of infection to our patients.

Keeping People Safe

Health & Safety

We take our statutory responsibilities to protect the health, safety and wellbeing of patients, visitors and staff very seriously. As well as making sure we comply with relevant legislation, we carry out a programme of risk assessment and monitoring to identify opportunities for improvement. Key areas of work during 2012/13 were:

- Putting in place plans to enable us to meet the requirements of the Health & Safety (Sharp Instruments in Healthcare) Regulations 2013
- Expanding the suite of safety related guidance pages on our website for staff
- Developing a new training course for Managers, Supervisors and Safety Leads entitled 'Managing Safely in BCUHB'
- Continuing an ongoing programme of air monitoring for detecting asbestos throughout Glan Clwyd Hospital
- Regular safety walkabouts by members of the Hospital Management Teams to monitor safety compliance and look for unsafe conditions
- Further developing the health and safety systems within Clinical Programme Groups and Corporate Functions involving local Safety Leads

Keeping Information Safe

The Information Governance Committee provides assurance to the Board on the safe collection, storage and use of information by the Health Board. During the year the Committee reviewed and/or approved policies and associated procedures for Records Management, Access to Information, IM&T Security, Confidential Waste and the safe storage and transportation of patient/person identifiable or sensitive information.

Caldicott and Confidentiality

The Medical Director is the Health Board's Caldicott Guardian, ensuring that all patient identifiable information is dealt with in line with the Data Protection Act 1998 and Caldicott guidelines, which govern confidentiality in the NHS. The Medical Director is supported by an Information Governance Team who help, advise and educate staff with regard to data protection and confidentiality issues.

The Caldicott report along with the Data Protection Act 1998 set out key recommendations and principles to help make sure that 'person identifiable information' (including that of patients, staff and service users) is adequately protected.

During the year we again completed the national online Caldicott self-assessment toolkit and improved our compliance to 82% which achieved a 4 Star rating – demonstrating a good level of assurance of information governance risks; but there is still work to be done. The areas of non-compliance include privacy impact assessments; business continuity and disaster recovery; and audit of staff access to IT systems. A work plan has been developed to address all areas of partial compliance.

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 easily available, unless there is a cost or an exemption applies.

We are committed to comply with this Act and the Welsh Government's guidance for Managing Public Money and endeavour to make information available to the public via our [Publication Scheme](#).

We also receive requests for specific information from individuals and organisations. Between April 2012 and March 2013:

- 518 Freedom of Information and Environmental Regulation requests were received and all were acknowledged within 2 working days (compared with 397 the previous year)
- 358 (69%) of requests received a full response within 20 working days, with more complex requests requiring further retrieval and collection of information
- 4 complaints were received, requesting an Internal Review of our response
- 1 Internal Review was referred to the Information Commissioners Office, who issued a Decision Notice to uphold the Health Board's decision to withhold the information

Full details of the requests can be obtained from the [Disclosure Log](#) on our website.

Work is continuing across the Health Board to ensure the compliance rates for responding within the twenty day target improves.

Information Sharing

We continue with our commitment to share information appropriately and in compliance with the Wales Accord for Sharing Personal Information (WASPI) and all members of the Information Governance Team are trained Facilitators.

Training

Across North Wales we delivered 55 formal and informal Information Governance training sessions to our staff, which includes data protection, confidentiality, records management and information & IT security.

Serious Untoward Incidents

During the year we reported one serious incident to the Information Commissioners Office (ICO). This involved a restricted number of bilingual patient appointment validation letters being issued with one patient's details on one side and other patient's details on the other side. A full internal investigation has been undertaken. A number of immediate actions were implemented to prevent a reoccurrence and we are awaiting the outcome from the ICO Enforcement Department.

Ready for an Emergency

Emergency Preparedness is about ensuring that we are ready for any emergency or major incident that would put our services under increased pressure, resulting in them being unable to function as normal. We are a Category 1 Responder and therefore must comply with the duties set out in the Civic Contingencies Act 2004, as well as comply with guidance issued by the Welsh Government.

These duties include:

- Sharing information with our partners in order to enhance civil protection
- Risk assessing our communities to develop proportionate arrangements
- Developing emergency plans that control and mitigate the Health Board response to an incident
- Co-operating with our partners to ensure a collective, co-ordinated response
- Developing business continuity management arrangements which mitigate disruption to core services
- Warning and informing the public



A casualty decontamination exercise at Glan Clwyd Hospital

We have a Major Emergency Plan and site-specific plans for our three acute hospitals at Bangor, Bodelwyddan and Wrexham. These are integrated with our partners' plans, and 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.

We also have a number of individual plans to deal with other specific threats to services, such as for pandemic influenza or other outbreaks of infectious disease and wide-scale disruption arising from severe weather.

We work in partnership with other emergency services, local government and other statutory agencies through the Local Resilience Forum to develop integrated plans and to give staff members access to relevant courses, training and exercises on emergency planning and response. We also carry out a range of internal training and testing of plans. This all helps to build the skills and knowledge of our key clinical, managerial and administrative staff.

Making it Work

To make everything work, we need to bring together the right skills and expertise of our staff around each patient or service user. We must make sure our staff have the equipment and systems they need to do their jobs, and the right facilities and environment to deliver high quality care.

Our Workforce

The Health Board is the largest employer in North Wales, employing approximately 16,000 people.

Demand for our services is growing, both in volume and complexity, largely due to an ageing population, with more complex problems and multiple health conditions. More community based care is required to support people in their own communities and homes and we need a flexible, efficient workforce to meet this demand and support the changes to the way services are to be provided.

To achieve this we are focussing on the education, training and development of our existing staff to support them to attain their full potential through 'lifelong learning' and innovative employment practices.

The economic downturn has reduced staff turnover; this is likely to continue for the foreseeable future.

Our ability to recruit and retain medical staff is affected by both national and local issues. Nationally there are current and future shortfalls in several specialities such as Emergency Medicine and Paediatrics, fewer junior doctor training places offered by the Wales Deanery, changes to immigration laws which have reduced the number of overseas doctors we employ and the move towards more consultant-led and consultant-delivered care.

Locally we face an ageing GP population in North Wales and challenges in operating services across a large geographic area with a relatively widely-spread population.

Some non-medical posts in speech and language therapy and occupational therapy have also been identified as difficult to recruit to, and provide an indicator of where we need to look at alternative staffing skill mix and innovative ways to deliver our services differently to ensure appropriate care to our patients.

Effective utilisation of the organisation's workforce has therefore been a priority for the Health Board to meet the challenges of increasing demand, rising expectations, changing working patterns and finite financial resources.

We must also ensure that all our services are delivered in a way that promotes equality, protects human rights and tackles discrimination.

The overall composition of our workforce is indicated in the table below, which shows how staff numbers have changed over the course of the year.

Staff in Post by Staff Group	Assignment Count as at 1 April 2012	Assignment Count as at 31 March 2013
Add Prof Scientific and Technical	752	717
Additional Clinical Services	3055	3222
Administrative and Clerical	3009	2813
Allied Health Professionals	1013	980
Estates and Ancillary	1622	1540
Healthcare Scientists	285	234
Medical and Dental	1253	1265
Nursing and Midwifery Registered	5685	5760
Students	12	8
Total	16686	16539

*Assignment Count is the number of posts held by staff employed as some staff have more than one post with the Health Board.

** The April 2012 figures include Shared Service staff who were transferred to another Healthcare Body on 1 June 2012.

Caring for our Staff

In November following a two day assessment by four Corporate Health Standard Assessors, the Health Board was delighted to gain the national Corporate Health Standard Award at Gold level. The assessors informed us that they had 'a really pleasurable experience' and a 'tremendous couple of days' when they visited various sites and spoke to members of staff about their experiences.



Members of the Health and Wellbeing Group receive their Gold Corporate Health Standard Award from Dr Ruth Hussey, Chief Medical Officer

Having a healthy workforce is key to ensuring we support our staff and patients. During the Olympic year we continued to strive to promote health and wellbeing. A number of initiatives were held to promote wellbeing, in particular a focus on staff and teams working together to take responsibility and support each other to promote their own health and becoming fitter and healthier to care.

Protection of staff against communicable diseases is key to preventing the spread of infection. Over the winter season we continued to provide staff with their annual flu vaccination with a 35.4% uptake. In March, following the outbreak of measles in South Wales, we started a campaign to increase the uptake in MMR vaccination for staff.



To recognise our staff activities, as part of our annual awards of achievements, we introduced a new award for 'most outstanding contribution to improving the health and wellbeing of staff in the workplace'. The award was won by Dr Christine Clark, Consultant in Obstetrics & Gynaecology. Chris started a small running club and went on to organise the Ysbyty Gwynedd Mile as part of Sports Relief. The Betsi Runaways consist of a group of mixed ages and abilities and Chris has devised a running plan to suit their individual needs and has encouraged and inspired the Runaways to great success.

Christine Clark winner of 'most outstanding contribution to improving the health and wellbeing of staff in the workplace' award

Champions for Health

Championing health was an important theme during the year with 274 staff enrolling in a six month initiative to look at behavioural changes for: eating healthily, working towards an ideal body weight, stop smoking, taking regular exercise and drinking safely. In October, Tom James, Gold Olympic medallist visited staff to give support for the Champions for Health challenge.



Tom James Gold Olympic medallist visited staff to give support for the Champions for Health challenge

A mental wellbeing and stress management procedure was introduced to help staff cope with pressures. Counselling services were also reviewed to increase provision and provide additional stress awareness training and sessions for staff.

Extending our service to General Dental Practices across North Wales means other health care workers employed in the region have now gained access to Occupational Health provision.

Staff absence continues to be a challenge. Since April 2012, all departments in the Health Board have had access to the CARE (Confidential Advice and Support Service) for staff from day 1 of sickness absence. Over a year, 11,776 referrals have been received to help provide staff support and advice at an early stage. The feedback from staff indicates that the service has been well received and much support and advice has been provided to help staff. 93% of staff felt that the support adviser had a genuine interest in them and 84% felt that the CARE Service 'could not be improved' in any way. Staff have told us *'very helpful service, I found it very beneficial to my recovery – thank you'* and *'overall the service was useful and made me realise that the organisation cares about me'*.

Despite such measures to support staff in work and improve attendance, unfortunately, the sickness absence rate increased during the year. Action is being taken to deal with sickness absence, which includes better use of the Health and Wellbeing Group to identify and resolve long term sickness issues; delivering sickness and absence training sessions; monitoring of audits and training sessions to assess how this has or has not reduced sickness levels; and instructing Clinical Programme Groups and departments to take 3 steps to reduce sickness levels and report back to the Director of Workforce on how effective the measures have been.

The sickness absence target set by the Welsh Government for the Health Board was 4.55% and the cumulative absence rate achieved for 2012/13 was 5.15%.

38% of staff took no time off work due to sickness.

A summary of the sickness absence for 2012/13 is shown below. The Headcount and Full Time Equivalent (FTE) in the table below are an average over a 12 month period and therefore cannot be compared to other staffing data contained within this report.

	2012/13	2011/12
Days lost (long term)	162,978	148309
Days lost (short term)	95,160	90819
Total days lost	258,139	239128
Total staff employed	13,859	13961
Average working days lost	11.67	10.74
Total staff employed in period (Headcount)	16,083	16,157
Total staff employed in period with no absence (Headcount)	6,173	6664
Percentage staff with no sick leave	38.38%	41.25%

Please note:

- A proportion of Health Board staff work part time hours and some staff work a smaller number of extended-hour shifts each week, therefore a system of annualised hours is used to calculate absence rates and the average working days lost figures quoted above
- The total number of staff employed fluctuates during the year, the 'total staff years' figure indicates the total contracted staff time employed during the year, expressed as an equivalent number of full time employees
- The full length of periods of sickness is recorded – this may include days when staff were not rostered to work and therefore the 'Days lost' figures do not directly correlate to those for average working days lost

Engaging and Communicating with Staff

We have close engagement with staff and strong partnership arrangements with our Trade Unions to help us to plan and deliver services effectively. Our Local Partnership Forum (LPF) brings Health Board senior management and Trade Union partner representatives together at bi-monthly meetings. Here they work in partnership to discuss and resolve issues involving staff, their wellbeing and working conditions, and receive updates in respect of finance, performance, planning, and workforce and organisational development matters.

During 2012/13 the LPF has continued to feed into and be involved with matters relating to Health Board service reviews, including 'Healthcare in North Wales is Changing'. The forum has also received regular updates on progress relating to organisational change and restructuring processes within the Health Board and provided input into associated matters including job evaluation and changes to 'Agenda for Change' terms and conditions of service. Regular updates and discussions have also taken place regarding staff engagement activities within the Health Board.

Engagement with medical staff is supported by partnership working through the Local Negotiating Committee. Trade Union partners are members of Clinical Programme Group Boards and attend a number of Board Committees.

We also provide a range of ways to communicate with, and receive feedback from, our staff. The internal Intranet site contains a Noticeboard of regularly updated news and operational information and a bulletin board called 'Things You Need to Know' where staff members can post information that colleagues may need to know. Items from these two resources form the basis for a weekly bulletin that is circulated to all staff.

An Intranet discussion forum provides an opportunity for open debate and discussion on matters of interest and concern to staff. A rumour hotline also gives colleagues a chance to raise issues of concern and to get a definitive response to any questions that members of staff may have

Estates and Infrastructure – Investment and Developments

We deliver our services from a network of clinics, team bases, community hospitals, major acute hospitals, and offices across North Wales. There was significant investment in our estate during 2012/13, as well as planning on more development and improvement schemes that will move to the construction phase over the coming year.

Primary Care

A number of Primary Care schemes have progressed during the year, with the new development in Llanrwst completed in July 2012. Work on the Felinheli scheme is due for completion in June 2013. Further schemes which have been approved include developments that will take place in Benllech, Harlech, Caia Park (Wrexham), Hope, Buckley and Chirk.

We continue to work in partnership with GP practices and local community services, and the business case for Hope was submitted during 2012/13 with further business cases being developed for facilities in Borrass (Wrexham) and Colwyn Bay.

Improvement Grant Schemes for 2012/13 include approval for work to be undertaken at Plas y Bryn Medical Centre in Wrexham to improve security at the site.

Glan Clwyd Hospital Redevelopment Project

Since this £80million project began in 2008, we have already seen vast improvements to the hospital's facilities, which have enhanced the treatment and care provided to patients. The first major milestone was realised in May 2012 with the opening of the main Operating Theatre Department, on time and on budget.

We were told by the Health and Safety Executive that we needed a formal plan to remove asbestos from the Glan Clwyd site in an agreed timescale.

Compliance has been achieved on 4 previously issued improvement notices:

HSE No. 30413520 Mortuary	Closed 28 February 2013
HSE No. 304013537 Catering 7A	Closed 30 November 2012
HSE No. 304013591 Theatres 7 and 8	Closed 31 July 2012
HSE No. 304013500 Ground Floor Centre Core	Work in hand, Notice closes 30 November 2013

The Health & Safety Executive have confirmed that further Improvement Notices will be issued against each phase (as detailed in the approved asbestos removal programme) as the project continues to move forward.



Asbestos Removal

Further asbestos removal works have been completed to the old mortuary; part of the dining room and dining room corridor; the ground floor centre core; theatres 7 and 8 on the ground floor; and soil remediation surrounding the new emergency quarter.

Pathology

The Pathology Department will be completed in August 2013 and commissioned and operational during September 2013.

Main Boiler / Heating System

Work has commenced on the phased removal and replacement of the main heating boilers and steam generators which includes the installation of new gas mains supply. It is anticipated that this work will be completed in September 2013.

Medical Gases

A major 2 day shutdown of medical gases was undertaken to allow for the installation of medical gas valves on each floor of the hospital.

Catheter Laboratory

In January 2013, we received Business Case approval for £2.95million for the provision of a comprehensive local cardiac service for all North Wales patients, supporting the Health Board's cardiac repatriation plans. Design work is ongoing and construction work is due to commence by September 2013 with an anticipated completion date for March 2013.

North Denbighshire Community Health Care Services

In May 2013, the North Denbighshire Community Health Care Services Strategic Outline Case was submitted to Welsh Government for capital investment of £22.2million. The Project allows us the opportunity to develop a single integrated community hospital facility (with NHS inpatient beds) that brings together a full range of health, social care and third sector services over extended hours, 7 days per week.

The development of the Business Case followed a formal public consultation on *Healthcare in North Wales is Changing* following Health Board approval of recommendations for changes to the way health care services are delivered in North Wales.

Bryn y Neuadd Hospital

During the year work progressed on the plans for the proposed Assessment and Treatment Unit at Bryn y Neuadd Hospital. This scheme will be the third major development on the site, following upgrade and renewing ageing infrastructure and the Tan y Coed Development, which was designed for individuals with continuing health needs who need a homely environment to prepare them for community placements.

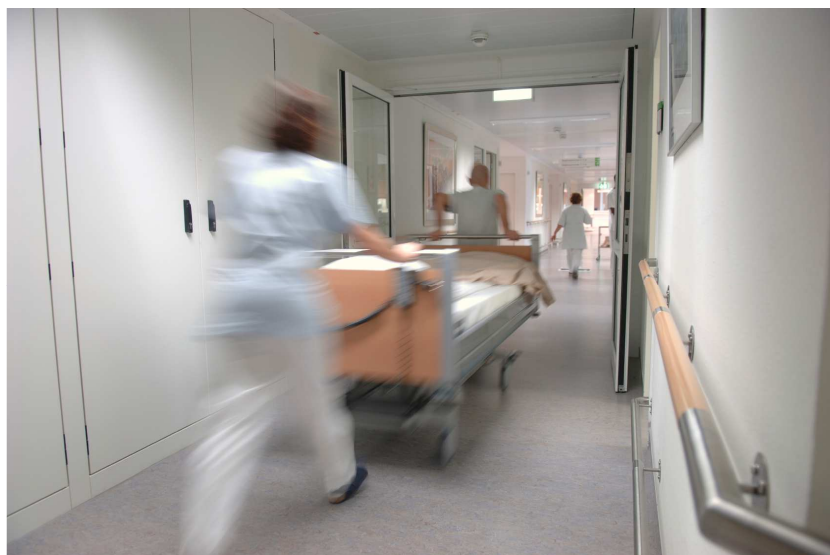
Ysbyty Gwynedd Emergency Department

An Outline Business Case for capital investment of £8.4million in the Emergency Department (A&E) at Ysbyty Gwynedd was submitted to Welsh Government in the summer of 2012. The Project will enable us to:

- Modernise and reconfigure emergency care services
- Make sure we have the capacity we need to meet national performance targets
- Achieve the key service principles and recommendations of the North Wales Clinical Service Strategy

Llandudno Hospital Project

A Services and Estate Strategy for developing Llandudno Hospital was submitted to the Welsh Government in December 2010. Planning for this has continued, and a case for capital investment of £2 million to develop a new Minor Injuries Unit has been submitted to the Welsh Government.



Making it Happen

Making it Happen is all about outcomes: our performance and what we actually achieve. This is measured across a number of areas, including the number of patients we treat, waiting times, financial targets and our environmental performance. But it's not just about looking back at what we have done; it's also looking forward at how we can deliver more in the future, by developing and adapting our services and by working more closely with our partners.

Performance & Financial Review

Waiting times

We understand that minimising waiting times is important for patients, both in terms of their physical health and their experience of the quality of our services.

We have worked with our patients, doctors, nurses, and other healthcare workers to re-design patients' journeys, from when they first see their GP to when their treatment starts either in hospital or with our community services. This has streamlined the referral process, making sure that the right course of treatment is agreed and patients are directed to the most appropriate service or specialist more quickly.

This process has been supported with additional investment in key areas to help us bring down waiting times more quickly, including the first full year of operation of the redeveloped theatre complex at Glan Clwyd Hospital.

Clinical developments also mean we have been able to increase the number of patients who we can safely treat as day cases, with patients being admitted, having their treatment and returning home on the same day.

Our inpatients are experiencing shorter hospital stays, with the majority now being admitted on the day of their procedure, and better after care and new medication meaning people can often return home sooner.

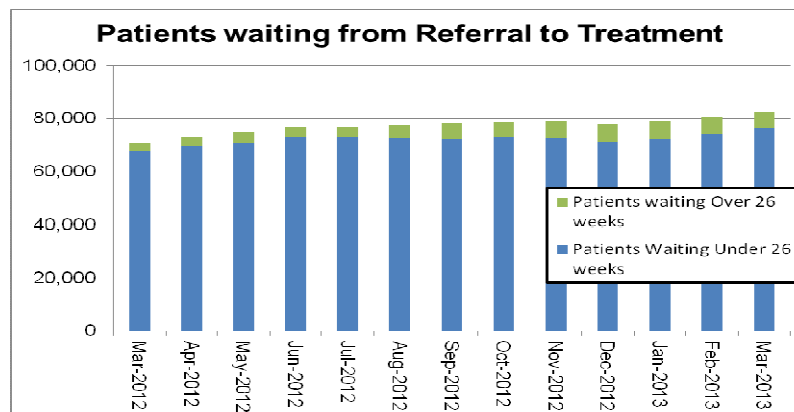
In the NHS in Wales Referral to Treatment (RTT) measures the total time a patient waits after they have been referred by their GP or another medical practitioner until they start their active hospital treatment and includes time spent waiting for outpatient appointments, diagnostic tests, therapy services and inpatient or day-case admissions. The two targets for Wales are that:

- 95% of patients are treated within 26 weeks
- No patients wait longer than 36 weeks

We are determined to improve performance and reduce waiting times for patients. Our performance at the end of the year was: 92.15% of patients waiting less than 26 weeks and 958 patients waiting more than 36 weeks.

This is disappointing and happened because we were unable to commission additional planned elective surgery in the final quarter of the year, together with the pressures on bed capacity leading to the cancellation of some operations as a result of the demands for emergency care.

We do have detailed plans to improve waiting times for patients. The plans include safely increasing the productivity of our operating theatres; redesigning the patient pathway so that some patients can go straight to diagnostic tests rather than wait for an outpatient appointment first; and additional consultant sessions to increase the capacity to treat patients. The plans include the requirements for supporting staff to ensure the safe delivery of services for our patients.

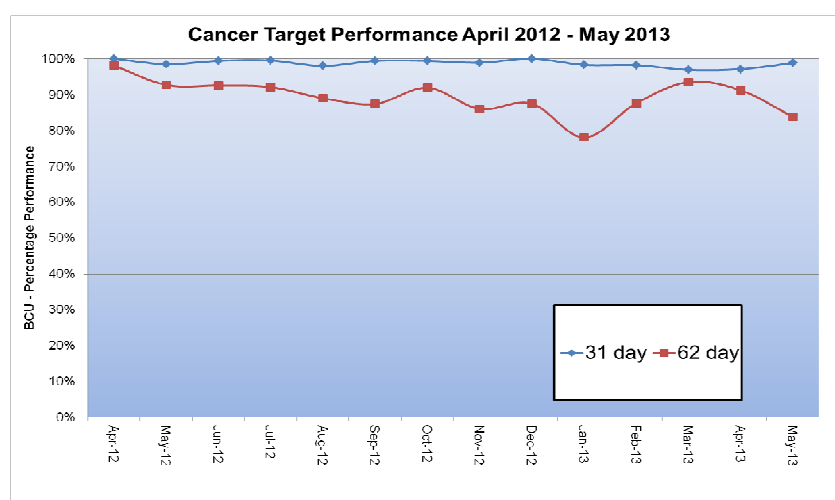


Waiting times for patients with cancer

Patients who are suspected as having cancer should start treatment within 62 days of referral. Patients who are referred and are not originally suspected as having cancer, but after tests and examinations are then diagnosed as having cancer, should start treatment within 31 days of the diagnosis being made.

As the following chart shows we were close to the 31 day standard throughout the year. Performance on the 62 day standard declined over the first nine months of the year. There was then a marked improvement but this was not sustained until the end of the year.

The reduction in cancer performance is due, in the most part, to capacity limitations within our hospitals. To address these shortfalls we have taken several actions such as prioritising the treatment of cancer patients for surgery and extended working hours in the radiotherapy department. Furthermore, there are opportunities to improve waiting times for diagnostics. We are working across all departments to ensure that any late referrals are managed quickly through hospital systems. This will improve opportunities for departments to work together to rectify problems in the patient pathway. We will be working in particular to improve the experience for patients with bowel and urological cancers.



Accident and Emergency Department

Patients should wait no longer than four hours until they are treated, transferred or admitted to hospital. During the year 85% of patients who attended Accident and Emergency Departments were seen within 4 hours, compared to a Welsh average of 86% and a target figure of 95%.

Activity

The number of emergency inpatients seen in hospitals across North Wales continued to increase. There were a total of 1.26 million patient visits and these are shown in more detail in the table below. These figures do not include patient contacts in primary care (GP practices, community pharmacies, local dental practices and opticians) which account for over 90% of NHS activity.

	2011/2012	2012/2013
Elective admissions: in-patients and day cases	49,597	46,522
Emergency admissions: in-patients	83,257	84,045
New Outpatients (including Emergency Department and Minor Injuries)	411,846	408,792
Emergency Department: new attendances	217,421	210,737
Follow Up Outpatients (including Emergency Department and Minor Injuries)	443,750	446,164
Regular Day Attenders	40,837	42,951
Minor Outpatient Procedures	2,221	2,178
Endoscopy	16,957	17,475

Financial review

We are directly funded by the Welsh Government and receive annual allocations for both revenue expenditure (our running costs) and capital (investment in buildings, facilities and equipment). The revenue allocation for 2012/13 was £1.26 billion and the capital allocation was £31.4 million.

We have a statutory duty to operate within these allocations and to achieve financial balance each financial year. We also receive some operating income in respect of additional services, including the provision of services to other NHS bodies, local authorities and education and research.

2012/13 was an extremely challenging year because of the wider pressures of the economy and public finances in general. Along with the rest of the NHS in Wales, we face challenges in the future as we strive to meet the demands of providing safe and effective healthcare within a constrained financial envelope. The provision of safe services remains at the forefront of the Health Board's priorities.

We are grateful for the dedication, professionalism and support of our staff, partners and stakeholder in managing our resources within our statutory limits.

For 2013/14, the funding allocations will remain broadly static compared with 2012/13. With the cumulative effect of the austerity measures displayed in the underlying deficit carried forward, the Health Board is determined to manage its services safely and effectively within the financial envelope. This will necessitate the delivery of significant savings on a recurring basis to ensure that the financial health of the Health Board is not compromised.

Expenditure is expected to be higher due to a number of pressures, mainly due to the rising demand on our services, but also due to pay awards where applicable, and the impact of guidance from the National Institute of Clinical Excellence. Our savings target for the year is therefore £78.05 million.

Key areas that we are carefully considering include workforce redesign and innovation as we develop and modernise services and the repatriation of work back into North Wales that we are currently paying for from external providers.

We are also focusing on productivity and efficiency, including length of stay in hospital, bed occupancy rates, making maximum use of operating theatre time and increasing the proportion of patients we can treat as day cases.

Financial Performance Targets

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

Achieve operational financial balance against Revenue Resource Limit

Target: do not exceed the revenue resource limit of £1.26 billion set by the Welsh Government. This was achieved with a small underspend of £5,000.

Achieve operational financial balance against Capital Resource Limit

Target: ensure that the capital programme does not exceed the capital resource limit of £31.4 million. This was achieved with a small underspend of £20,000.

Public Sector Payment Policy

Target: Pay 95% of non-NHS invoices (by number) within 30 days. This was achieved, paying 95.7% of invoices within 30 days.

Cash Management

Target: Hold an end-of-year cash balance between zero and £4.1million. This was achieved with an end-of-year cash balance of £417,000.

Our Environmental and Social Commitments

Wales for Africa

We are an enthusiastic contributor to the Wales for Africa programme, building on links originally set up between Glan Clwyd Hospital and Hossana Hospital in Ethiopia.

The Wales for Africa programme is part of the Welsh Government's commitment to support the Millennium Development Goals, giving NHS staff the opportunity to share their expertise and time to help improve health in Africa.

Our Director of Workforce and Organisational Development is the Executive Lead for this programme which is recognised as an example of best practice. It enables our staff to visit Africa to help with training and education, equipment repairs and infrastructure projects. At the same time we learn from the ingenuity and approach of our African counterparts, providing healthcare without the benefit of all the facilities that we take for granted in the UK. All our links have had a busy and productive year and the reports from our work are shared overleaf:

Ysbyty Gwynedd / Quthing District Hospital (Lesotho) Link

Three members of the Health Board's staff were well received at Quthing District Hospital in March 2012 to assess the needs of the hospital's services: a Midwife, HIV Specialist Nurse and IT Specialist funded by the Health Board's Charitable Funds. The knowledge gained was used when we joined three other links in an application for the THET/DFID Multi Country Partnerships Fund.

Support from Dolan, in particular through visits by Dr Tony Jewell, Dr Carl Clowes and Dr Paul Myres was instrumental in getting the link on to a firmer basis. Betsi Cadwaladr Charitable Funds supported two of the three members of a second needs assessment visit to explore the primary care and public health aspects of the health system. This took place in February 2013, using an asset based needs assessment method, which was felt to be the most useful approach for these circumstances and this was indeed confirmed by a very rich report which appeared to be particularly responsive to partners' expressed needs.

Ysbyty Glan Clwyd / Hossana Hospital (Ethiopia) Link



The overall aim of our health link is to develop a long term relationship between our two hospitals. Such a link will increase each partner's understanding of global health issues. The key objective is to assist with capacity building in Hossana hospital through teaching and training, provision of equipment and expertise and through jointly agreed infrastructure projects. All such activities are jointly agreed between the link group in Glan Clwyd Hospital and the hospital management team in Hossana.

Staff Nurse Annie Myers with the Ward Sister in Hossana

Last year we undertook:

- Completion of the water tower construction and sewage system restoration in Hossana Hospital
- Funding of dental equipment and an infection control course in Hossana run by the sanitarian and local medical staff
- Visit of UK staff in February 2013 to run a three day course on trauma, infection control, respiratory medicine and paediatrics for health officers and masters students. A review of pharmacy services was carried out, ward based teaching on infection control and perhaps most effectively, a volunteer plumber from North Wales fitted taps in wards, theatres and outpatients, to bring readily available water to most areas of the hospital
- Various awareness raising events in Glan Clwyd Hospital, including the junior doctors summer ball





HMS Stanley / Yirga Alem Hospital Link

In March 2012 we visited Yirga Alem Hospital (YAH) and delivered an intensive teaching programme for 9 ophthalmic nurses. We taught general ophthalmology and refraction to nurses who subsequently qualified in June 2012. They went on to other eye units in Southern Ethiopia to work, often independently in deprived communities with high levels of eye disease.

Hawassa College of Medicine Health Sciences

During the year we developed an on-line newsletter, presented a poster at the Cardiff Wales4Africa meeting and arranged various fundraising events including a GP Teaching Day and car boot sale.

Environmental Commitment

Our performance in 2012/13, measured by a set of key indicators, is summarised in the following table:

Reporting Area	2011/12 Performance	Annual Comparison	2012/13 Performance	Annual Comparison	Notes Targets
Greenhouse Gas Emissions (Energy) tCO2	46,235	-5.71%	46,994	1.64%	3% year on year Red
Estate Energy Consumption (kWh)	164,111,341	-5.67%	172,124,178	4.88%	3% year on year Red
Estate Energy Cost	£7,648,489	20.91%	£8,829,339	15.44%	
Estate Waste (Tonnes)	4,161	-7.31%	4,160	-0.02%	3% year on year Red
Estate Waste Cost	£1,058,100	-5.64%	£1,056,031	-0.20%	
Estate Water Consumption (m3)	530,375	-4.70%	457,704	-13.70%	3% year on year Red
Estate Water Cost	£1,111,318	-5.36%	£1,208,722	8.76%	
Corporate-owned Transport Consumption (tCO2)	4,065	10.79%	5,032	23.79%	Dir Owned Fleet
Corporate-Owned Transport (Miles)	16,094,798	9.21%	15,900,053	-1.21%	Omitted in 2011/12

As part of our corporate commitment towards the environment we are implementing an Environmental Management System (EMS), designed to achieve the following key principles:

- Sustainable development
- Compliance with relevant legal and Government requirements
- Prevention of pollution
- Mitigation against the impact of climate change
- A culture of continuous improvement

To make sure we have effective environmental management we:

- Have an Environmental Steering Group that undertakes regular reviews of the effectiveness of the EMS
- Promote our environmental policy to all relevant stakeholders
- Identify all significant environmental aspects and associated legal requirements that arise from service developments, new legislation and other changes
- Establish and monitor objectives and targets aimed at reducing environmental and financial impacts, in line with those issued by the Welsh Government

- Provide appropriate training to all relevant personnel
- Carry out regular internal and external audits
- Work with local, regional and national partners to achieve a consistent public sector approach to environmental management and to make sure best practice procedures are identified and implemented

Summary of Energy and Waste Improvements 2012/13

Expansion of ISO 14001 to all our District General Hospitals is now complete. Our 3 year programme is extending the ISO 14001 registration to all hospitals in Year 2, followed by all health clinics by the target date of December 2014.

Environmental Action Plans and external audit programmes are embedded in ISO 14001 procedures. An action plan to Welsh Government standard and format has also been developed and implementation will be monitored and reported annually. Existing and new partnership arrangements will also be pursued as part of continuous development of our carbon reduction strategy.

Energy projects conducted during 2012/2013 include:

1. A new-build CHP (combined heat and power generator) installation using Trigenation has been proposed at the new Mortuary and Pathology Laboratory, Glan Clwyd Hospital
2. A feasibility study and report has been produced for a containerised biomass installation at Bryn Beryl Hospital and associated size sites
3. Corporate CRC data collection strategies and procedures preparation works have been conducted
4. A water audit and infrastructure condition survey has been conducted at Glan Clwyd Hospital
5. A successful STOR (short term operating resource) implementation and Triad management strategy has been implemented at Ysbyty Gwynedd. (A net CO₂ increase, but an excellent carbon saving for the National Electricity Network)
6. A local area woodchip production project study has been undertaken in conjunction with Gwynedd Local Service Board partners
7. A major energy centre refurbishment has commenced at Glan Clwyd Hospital

Comparing year on year waste data, the reported figures for 2012 confirm that the recycling rate for our sites increased from 19% to 25%, exceeding the 3% annual increase target set by the Environmental Steering Group.

The percentage is calculated on the total waste produced (including clinical) which is currently regarded as 100% non-recyclable, and represents 1500 tonnes of the 4160 tonnes produced annually. SRCL, the NHS Wales waste treatment contractor, is developing commercially viable uses for the end products of the clinical waste treatment processes and it is anticipated that the successful utilisation of these products will benefit the recycling figures of all Health Boards in Wales.

The figures for 2013 indicate that the year on year improvements recorded for 2012 have been maintained. For example in the year to 31st March 2013, 980 tonnes of waste were recycled compared with 742 tonnes in the previous financial year.

Our Environment Team has been working with the Aneurin Bevan Health Board and the North Wales Shared Services Partnership on the development of a general waste contract. Preferred contractors have been selected and the tender report is progressing through the approval process. This contract focuses on working with contractors to improve recycling rates.

The contract also gives the two Health Boards the flexibility to work with other organisations on sustainable waste management initiatives without compromising the terms of the contract.

We have submitted successful applications for WRAP recycling grants to subsidise the purchase of additional recycling bins for patient and visitor areas around the hospital sites. This will significantly raise the profile of recycling in the public domain and reinforce the existing mixed recycling schemes for plastic, cans, paper and cardboard.

New procedures for managing confidential waste were introduced in 2012. On-site shredding is now the standard practice for desensitising hard copy text. Coupled with the new procedures are arrangements for recycling the shredded material. More than 47 tonnes of shredded paper have been recycled since the introduction of on-site shredding.

Although considerable effort has been directed towards diverting waste from landfill it is recognised that the recycling percentages will quickly level off. It is the Environmental Team's longer term objective to work with colleagues and NHS stakeholders to prevent waste and promote reuse wherever possible. The waste hierarchy, which advocates prevention and reuse above recycling, is central to our waste management policy.

Staff awareness and training underpin the environmental initiatives. Within the last 12 months an updated e-learning orientation course has been introduced for new starters and some managers. Porter staff have also enrolled on City & Guilds Sustainable Waste Management certificate and diploma courses.

Primary Care and Localities

Over 90% of patient contacts with the health service take place in primary care: in GP practices, community pharmacies, local dental practices and opticians.

In North Wales we have just over 400 GPs, working from 115 practices and 52 branch surgeries as well as 154 pharmacies, 90 optometry outlets with 204 opticians and 243 dentists providing NHS services in 101 dental surgeries. Most of these are independent contractors or businesses that have contracts with the Health Board to provide services to NHS patients.

Although we do not directly employ most of these primary care providers, as a Health Board we are responsible for making sure their services meet the needs of patients, meet quality and safety standards and for coordinating their work with other parts of our community and hospital services.

Each independent contractor is linked to one of the fourteen localities we have established, with our partners in local authorities and the third sector, across North Wales. Locality Leadership Teams have been set up in each locality, in line with Welsh Government policy. They now form the basis for planning and organising our local community health services and working with our social care and voluntary sector partners.

Each locality has a GP Lead, Locality Matron, Pharmacist, Therapist, Social Worker and Voluntary Sector representative who meet to review and plan services within their local communities. Their main objectives are to:

- Promote good health now and also help ensure healthier lives for future generations
- Improve patient education so people have more control over managing their conditions
- Support people with long-term conditions, making more care available close to their homes rather than in main hospital sites

The localities are based around local authority boundaries, with some of these divided into two or three areas so that each locality is of comparable size, serving a population of between 30,000 and 50,000 people. These locality areas have been agreed with the North Wales local authorities.

Developments that have been taking place during the year include:

- Extending the Enhanced Care at Home service and starting to roll this out across North Wales
- Piloting an Advance Care Planning Scheme for people who are in the last eighteen months of life so more can stay in their own homes, or other places of residence, while we care for them towards the end of their lives
- Developing the concept of Hospital Hubs, in line with the proposals in the *Healthcare in North Wales is Changing* service review, to enabling more specialist services to be provided in community hospitals
- A new chest clinic, with a specialist chest consultant visiting GP surgeries to promote a shared care approach
- More co-location of health and social care teams to improve joint working
- Further development of intravenous antibiotic services and blood transfusions in the community
- A photo-triage referral system for Dermatology
- Dementia Champions are being established and trained in GP practices to help identify people with dementia earlier and so improve care
- Plans are in place to provide more 'one-stop' falls assessment clinics
- Improved patient information to help people access continence support and services
- Piloting a Community Pharmacy Project for minor illnesses in Dwyfor – once the initial phase is completed this will be rolled out across North Wales
- Work with Public Health Wales to promote smoking cessation services
- Developing remote 'tele-rehab' services, giving patients access to doctors and other health staff without the need to travel
- Working closely with GP practices to review referral practices, reducing the need for surgical treatments such as tonsillectomies

A key part of the work of primary care is about preventing illness and promoting good health. During the year we achieved significant improvements in childhood immunisation rates and the response to the seasonal influenza vaccination campaign. A programme set up in response to a measles outbreak in South Wales succeeded in increasing the number of young people protected by the MMR vaccination.

We are putting measures in place to help with the early identification and effective management of hypertension (which plays a key role in preventing cardiovascular disease) and initiatives to support patients who wish to stop smoking, address obesity and undertake more physical activity to improve their health.

We are also working to give people easier access to GP and dental services and arrangements that have been made during the year will result in more provision of NHS dentistry in areas of need in North Wales in the coming year.

We are required, by the Welsh Government, to produce a detailed [Primary Care Improvement Report](#), which is available to view on our website.

Engagement and Consultation: Involving People in our Plans

The Health Board, along with all other health service organisations, has a statutory (legal) duty to involve people and consult with them when planning, developing and delivering health services. However it is not just the legal duty that makes it important that we involve people – patients, carers and families, local community groups and many others; we can plan services better and deliver them more effectively if we know about the needs and views of local people. We cannot always meet everyone's wishes – but hearing what people think and need can help shape the services we provide. Sometimes we have to make difficult decisions about services and we need to discuss with local people about why these decisions need to be made.

Involving other organisations – such as local authorities, voluntary groups and local community representatives – in discussions about healthcare services from an early stage is an important part of the Health Board's work. We have agreed the principle that we talk to important stakeholders about our services. By stakeholders, we mean people who have an interest in the service because they work in the service, work alongside or work with the services, use the services or could be affected by any changes.

During 2012/13, we undertook a formal consultation on some changes to healthcare services, called *Healthcare in North Wales is Changing*. The changes that were agreed were the culmination of two years' work that built on previous reviews of health services in North Wales. They were designed to improve the quality of care and to ensure that services continue to be safe and sustainable in the long term.

The changes aimed to provide the services that patients use most regularly as close to their homes as possible, so we don't admit people to hospital when we could provide more appropriate care locally.

They aimed to make community hospital services more dependable and consistent by focusing resources in key locations. This means that minor injuries services and x-ray can be provided at regular times, so patients know they can depend on them.

For some local areas, however, this meant there were more significant changes, with some services being relocated to neighbouring areas, so that services could be more effectively and efficiently provided for a wider geographical area.

For more specialist services, the changes will improve the quality of care by supporting increased specialisation and ensuring that those who need complex care are treated by clinicians with high levels of experience and expertise.

We have provided updates on progress on a regular basis through Board meetings and other groups. More information about the changes can be found on the website at the [Join the Debate](#) page.

Interested in being involved? If you'd like to be included on our database of people who we keep informed about major changes, or be involved in any discussions that might affect your local area, please send your name and contact details to jointhedebate@wales.nhs.uk

Working with our Partners

To provide effective and good value services, we work in partnership with many statutory and voluntary organisations across North Wales. This enables us to make better use of our resources and add value to the services we provide by recognising interdependence, sharing expertise, risks and benefits and designing services around the needs of patients and citizens.

Our key partners are the Welsh Ambulance Service NHS Trust, North Wales Police, North Wales Fire & Rescue Service and the six local authorities: Anglesey County Council, Gwynedd Council, Conwy County Borough Council, Denbighshire County Council, Flintshire County Council and Wrexham County Borough Council.

We sit as members of four statutory partnerships:

- Local Service Boards (LSB)
- Health, Social Care and Well Being Strategic Partnerships
- Children and Young People's Partnerships
- Community Safety Partnership (including Substance Misuse)

In 2012/13 we:

- Contributed to a review of Statutory Partnerships in Conwy and Denbighshire, resulting in a single LSB with revised supporting structures and closer alignment with the localities in each county
- With local authorities we set up a Regional Commissioning Hub for high-cost individual placements, improving quality while reducing costs
- Worked with local authority and third sector partners to implement the requirements of the Mental Health (Wales) Measure 2010
- Established a mental health collaborative with the six North Wales local authorities to ensure equality of services across the region
- Developed and approved a Carers Information Strategy to improve access to information for carers
- Worked with Denbighshire County Council to establish a 'single point of access' demonstrator for professionals to refer jointly to the Council and Board to get the most appropriate service for their patients
- Worked with local authorities and third sector partners to roll out enhanced care for patients in the community
- Supported Communities First in Denbighshire to develop service specification and appoint a Delivery Partner for Emotional Wellbeing in North Denbighshire, working with the lead delivery body, service users and the third sector
- Engaged with Community Transport Wales, Taith and local community transport providers to consider how transport arrangements can ease access to health services

In addition we work closely with many voluntary organisations who work in the field of health care and support. In 2012/13 we invested over £6 million commissioning services from voluntary sector organisations. Key areas of work included:

- A new talking therapies service from the 3rd sector, PARABL, to support implementation of the Mental Health Measure in North Wales
- Funding facilitators to work with Voluntary Services Councils to help voluntary organisations develop to support health and social care services across North Wales
- Working with British Red Cross on effective short term wheelchair services

- Securing extra Welsh Government funding so Care and Repair agencies in North Wales can continue to undertake adaptations to allow people to continue living in their own homes whenever possible
- Joint working with British Red Cross and St John's Ambulance to provide staff and patient transport during periods of bad weather
- Providing increased funding to Stepping Stones to increase their capacity to meet additional demands created by Operation Pallial and media coverage of historic abuse in North Wales

Organisational Development

Organisational Development plays a vital part in ensuring sustainable improvements, knowledge creation and realising collective and individual potential in order to ensure the Health Board continues to develop as a high performing organisation. The focus during 2013 has been to continue investing in leadership development to equip all our medical, clinical and business leaders with the skills and knowledge they need to lead our services effectively and efficiently.

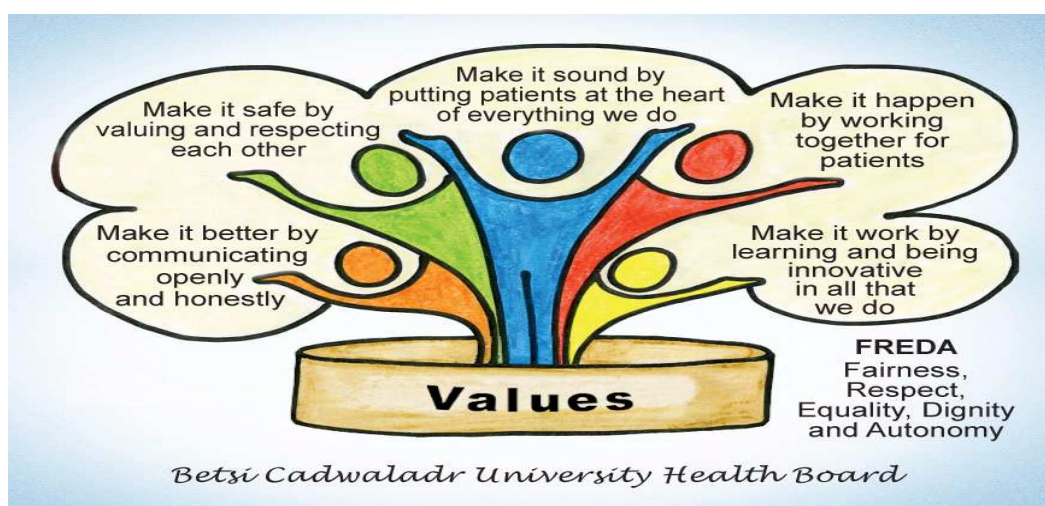
We provide a range of leadership and management development programmes for all levels of staff, from Chiefs of Staff through to supervisors within more junior positions. During the year we developed bespoke service specific leadership programmes to ensure skills and knowledge were developed to support the requirements of delivering safe and high quality services.

Following on from the creation and adoption of our values and behaviours, we have worked on embedding the values into processes such as the Orientation Programme for new staff, the Performance and Development Review and the development of a Toolkit for managers to use with their staff to demonstrate and celebrate how the values are used in practice.

Employee engagement continues to be a key area of work, listening to the voice of staff is an important element of organisational development work. Short culture surveys have been developed which inform the continuous development of the organisation. The national NHS Staff Survey was launched at the beginning of 2013 and the results will form a major element of organisational development work in the coming year.

There is substantial research which demonstrates a correlation between effective appraisal processes and staff satisfaction, motivation and delivery of safe, high quality care.

Significant work has been undertaken during this year to improve the appraisal process through the implementation of a policy, the introduction of a simpler process and careful monitoring of compliance. However we recognise we have more to do to improve appraisal rates.



Making it Better

We are always striving to improve the experience of each person who uses our services. As well as making sure we continue to improve our clinical care and practice, we must make sure we treat each person with respect, dignity and compassion, and support the health and wellbeing of individuals across North Wales.

Service User Experience

During the last 12 months, we have taken a strategic approach to ensuring that patients are at the centre of decisions about their care. This includes a number of initiatives which we have introduced to ensure that this philosophy is embedded in the day to day work of the organisation.

Volunteering



There has been a 20% increase in 'Robin Volunteers' throughout our acute and community hospitals, taking our total to nearly 200. The Robin's role is to provide a welcome, support, guiding and sign-posting service to patients and visitors. We have set up a Volunteering Hub in Wrexham Maelor Hospital to help recruit additional volunteers.

Robins in Llandudno Hospital

Learning from Patient Stories

The purpose of patient stories is to listen and learn from the experiences of patients, relatives and carers.

We regularly use these stories for training, raising staff awareness and sharing good practice. During 2012/13, we took the following action to improve patients' experiences:

- Patient Safety Alert issued detailing best practice guidance when communicating with, or caring for someone who is deaf blind
- Awareness of Sensory Loss module recommended as a compulsory module for Health Care Support Workers
- Review of breastfeeding support on Children's Wards
- Improved patient and carers information about our Home Enhanced Care Services
- Diaries at the bedside in Intensive Care Units

Comment Card Scheme

Service users have informed us that they would like to provide us with suggestions or comments about the service they have received. We have designed, in conjunction with service users, a freepost and electronic comment card scheme. These cards allow for anonymous feedback and act as an early warning system.

A high proportion of the comments are compliments, however some identify areas for improvement, which in many instances can be quickly rectified, for example providing additional heating in outpatients during a refurbishment programme or improving signage.

Modernisation and Service Improvement

The service Improvement and Business Support team continually support clinical and non-clinical teams to develop and improve services for our patients.

Improving capacity and patient flow for planned care

Reducing waiting lists and waiting times for planned care is a priority and the team has worked with theatres, radiology, endoscopy and psychological therapies. They have worked with local teams to remove unnecessary steps in the patient's pathway, resulting in effective and quicker treatment which in turn can reduce stress and anxiety for patients.

Work has also progressed with enhanced recovery after orthopaedic surgery and we have started an enhanced recovery programme after colorectal surgery.

The enhanced recovery programme puts the patient at the centre of their care. It ensures they are well educated about their treatment before surgery so they know what to expect and can make informed decisions about their treatment. They follow a care pathway which speeds up recovery so they can leave hospital after a shorter stay and get better much quicker than with traditional approaches to care. Patient satisfaction with this service is excellent and reported outcomes demonstrate significant improvement.

The team have also supported educational sessions to improve discharge practices across the Health Board.

Unscheduled Care

Unscheduled care (USC) is any health or social care episode that hasn't been pre-planned. It includes support to patients at their home, urgent or emergency GP appointments, 999 ambulance services, A&E Department and emergency hospital treatment.

The Choose Well campaign is an important part of this, helping patients to make best use of NHS services, and promoting self care where appropriate.

1000 Lives Plus Programmes

The team has supported the implementation of many 1000 Lives Plus programmes to improve patient outcomes:

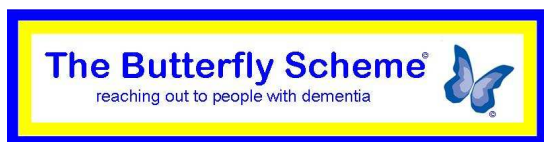
- **Improving Leadership for quality Improvement** (walkrounds, reducing mortality)
- **Improving acute care** (mouth care and acute illness)
- **Improving surgical care** (colorectal surgery, surgical checklists)
- **Improving primary and community care** (stroke care, falls)
- **Mental health** (depression in hospital settings, dementia care)

This will continue over the next year.

During the year we launched the Improving Quality Together (IQT) programme in the Health Board. This is a standardised framework of core improvement skills for all NHS Wales staff that will help them play a vital role in transforming services that they are involved in.

Dementia Care

As part of the Health board's commitment to improve the experience for patients with dementia who are admitted to general hospital wards, the Butterfly Scheme has been implemented across the organisation, funded by BCUHB Charity Awyr Las / Blue Sky.



The Butterfly Scheme allows people whose memory is permanently affected by dementia to make this clear to hospital staff and provides them with a simple, practical strategy for meeting their needs. Patients receive more

effective and appropriate care, reducing their stress levels and increasing their safety and well-being, whilst assisting staff in delivering care to patients with dementia

Principles of Remedy

We receive comments, complaints, concerns and compliments from patients, their friends and relatives and from representatives including Members of Parliament, Assembly Members, Community Health Councils and advocates. The information we get from concerns and investigations is used to help us to improve our services and to better meet our patients' expectations.

The NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 specify the way in which NHS organisations in Wales manage complaints, claims and incidents (collectively known as concerns). These arrangements represent a significant culture change for the service in how it deals with things that go wrong. They introduce a single, consistent method for grading and investigating concerns, as well as more openness and involvement of the person raising the concern and providing redress when appropriate. However, the Health Board may not make any determination regarding harm caused by a breach in duty of care of a primary care provider.

Our staff continue to receive training on this approach, and are encouraged and supported to try to sort out any problems when they arise and to be open if something has gone wrong.

Where investigations identify that there are lessons to be learnt, plans are put in place to respond to these and are regularly monitored until evidence is available to demonstrate that all actions have been completed.

During 2012/13:

- 10,310 compliments were received
- 1,701 informal concerns were dealt with on the spot
- 1,597 formal concerns were received; 91% of these were acknowledged within 2 working days
- 675 (42%) of formal concerns received a full response within 30 working days; 713 (45%) of formal concerns involving more complex cases that took longer to investigate received a full response after more than 30 working days
- 86 concerns were referred to the Public Services Ombudsman for Wales to investigate

- 12,788 patient safety incidents were reported by staff, of which 9,965 (almost 80%) were categorised as causing no or minor harm; those incidents categorised as being possible, likely or very likely to cause harm are investigated to the appropriate level and lessons learnt where necessary
- 289 new formal legal claims were received; 220 were clinical negligence claims and 69 were personal injury claims; 133 claims were concluded within the year

Welsh Language

Once again, significant progress was made in delivering services in both Welsh and English.

We have appointed a Welsh Language Champion in each Clinical Programme Group and they now meet together as a Champions Working Group to share information and good practice. Representatives from the group attend the Board's Welsh Language Forum to provide updates on work that has been carried out and to report on any progress or concerns.



One of the successes of the year was our stand at the Urdd National Eisteddfod in Glynllifon. The stand was very popular with the public and a good working partnership was formed with Public Health Wales to ensure a successful event.

The 2012 Welsh Language in Healthcare Conference and Awards were held in Cardiff and we achieved 3 special recognition awards and facilitated in workshops during the day.

During the year, we were the subject for 'Ysbyty', a four part Welsh language 'fly on the wall' television series for S4C which took viewers to the heart of daily life at Ysbyty Gwynedd. Viewers were able to see how the hospital's various units worked and met some of the staff and patients. We were also involved with the Welsh language programme 'Ysbyty Plant' which followed children who were receiving joint specialist treatment in hospitals outside Wales i.e. Alder Hey in Liverpool and in North Wales.

We were involved in the development of the new All-Wales Bilingual Consent Forms, recognising the importance of first language in the process of gaining consent at what can be a stressful time for patients.

The Welsh Language Unit was successful in securing funding from charitable funds to provide courses to increase staff's confidence using their Welsh. 40 members of staff across North Wales attended and the feedback indicated the project was extremely successful.

Equality, Diversity and Human Rights

Following the development of the Strategic Equality Plan last year, required by the Equality Act 2010, we have been working to implement this year's priorities.

Our focus has been to raise capability within the organisation and further embed the principles of equality and human rights into all relevant functions to ensure that the values of fairness, respect, dignity and autonomy and human rights are properly considered within the organisation and influence decision-making at all levels. This has included assessing the impact of service changes in regard to the specific equality duties and working with stakeholders to strengthen scrutiny and ensure this is embedded in our service review and policy development processes.

We have aligned the Strategic Equality Plan with the business planning process, equality priorities are now reflected in the service plans within clinical programme groups.

We have been training our staff in equality impact assessment and also the E-learning package on Equality and Human Rights. 'Fairness, Rights and Responsibilities' is mandatory training for staff of all levels across the Health Board.

Working with our staff we have significantly improved our ability to monitor and report on the protected characteristics of our employees to better understand the profile of our workforce and meet the reporting requirements of the Equality Act 2010. We have joined the Stonewall Diversity Champions Scheme this year, took part in the workplace equality index and are working in partnership to drive forward a range of workplace initiatives.

Research and Learning

Clinical Effectiveness

Clinical effectiveness is a term used to encompass an evidence based approach to the delivery of patient care, making sure the right things happen, to the right patients at the right time and seeks to improve patient experiences and outcomes through service improvements.

Health care professionals are given opportunities and are encouraged to become involved in initiatives and activities including research & development (R&D), clinical audit and the development of care pathways to support the delivery of clinically effective and safe care.

Research and Development (R&D)

Research and Development provides an opportunity to explore innovative ways of delivering safer, more effective and more efficient healthcare.

In 2012/13, we supported around four hundred 'live' research projects across the Health Board. These provide opportunities to recruit patients into clinical trials and for staff to develop new skills by working in partnership with colleagues in academic institutions and industry. The NHS in North Wales has a long history of partnership working with the Universities in Bangor and Wrexham and as a University Health Board we are expanding our academic and research activities. This year, we have seen a number of exciting developments such as:

- Discussions with Bangor University to develop a Clinical Research Facility to promote, encourage and undertake innovative research projects
- The appointment of staff at an All Wales level to support innovation and development with industry and local businesses with one post specifically supporting North Wales
- A number of applications submitted to the Welsh Government grant scheme 'Research for Patient and Public Benefit' have been selected for progression to the second stage for consideration of funding (successful applicants will be notified in the summer 2013)

Following the recommendations made by the Medicines and Healthcare products Regulatory Agency (MHRA) Good Clinical Practice inspection in January 2012, progress has been made to ensure that the Health Board continues to support high quality, safe research.

Initiatives with Bangor University supported by Glyndwr University have already led to the development of systems to support local and national researchers. During the year, we supported the recruitment of about 2,500 patients to participate in research trials providing patients with opportunities to contribute to the development of future health care services and treatments.

The Health Board continues to support staff to develop research knowledge and expertise through participation in personal study to gain higher academic qualifications to complement clinical skills. We have more than 30 staff (medical and non-medical) with honorary research contracts in universities across Wales and England.

Clinical Audit

Clinical Audit is the process of scrutinising our local practice against accepted standards to make sure that patients are receiving care that is in line with best practice. Our Clinical Audit Group includes a lay member who takes an active part in discussions and development of clinical audit processes. This helps to make sure that the patient's perspective is considered at all times.

At the end of the year, Clinical Programme Groups submitted annual clinical audit plans based on priorities to enable them to prioritise activity to deliver evidence based care and to ensure resources are used appropriately. The plans included topics based on local risk and concerns as well as national audit programmes, local and national standards and guidelines such as NICE guidance (National Institute of Clinical Excellence).

Clinical staff and teams have taken part in a number of national audit programmes and national confidential enquiries and over 450 local clinical audit projects were registered across the Health Board with 150 completed.

The Clinical Audit department provide training in clinical audit procedures to staff members and clinical teams across the Health Board, and in October 2012 the department hosted an All Wales clinical audit meeting to discuss and share best practice across Wales.

Audit work has identified opportunities to improve staff awareness and education - for example a training programme for radiographers has been introduced along with an algorithm following a National Patient Safety Alert regarding the placement of naso-gastric tubes, to ensure appropriate shielding for patients undergoing pelvic x-rays and improving urological investigation and follow-up by junior doctors.

Integrated Care Pathways

Care pathways support an evidence based approach to patient care developed with service users in mind, anticipate the best possible journey for patients and include measures to monitor quality improvement in the care provided.

Care pathways are developed with patient and health care staff and cross primary and secondary care. By way of example, the Gastroenterology Department collaborated with the BCUHB Pathways Lead to develop a NICE-based dyspepsia pathway, which they have subsequently audited. As a result of findings, a generic BCUHB-wide referral form has been agreed and work is underway to review and screen for inappropriate GP referrals.

Care pathways have also been developed as a result of participation in national clinical audit programmes such as the National Audit of Dementia which has resulted in the support and development of an integrated care pathway for patients admitted to general medical wards with dementia.

Monitoring and Standards for Health Services

As a statutory public body, we are subject to a robust programme of assessment, inspection and review. This is to make sure that we meet our statutory and legislative duties, 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 within the Health Board.

Standards for Health Services are at the centre of our continuous improvements in the quality of services and care that the population of North Wales have a right to expect. The Standards for Health Services are reviewed at all levels of our organisation and areas for improvement and evidence of good practice are reported and monitored. In addition to the Standards we are required by the Welsh Government, to complete and submit an annual Governance and Accountability Self-Assessment Module.

The Governance and Accountability Self-Assessment module has been subject to independent internal assurance by the Head of Internal Audit who confirmed that the Health Board has demonstrated it is “developing plans and processes and can demonstrate progress with some of their key areas for improvement”. This assurance has identified that we are at the same stage of maturity as last year. Although progress has been made across most sections of the Governance and Accountability Module, the scrutiny process involving Independent Board Members and Executive Directors concluded that the progress made was not significant enough to increase the overall scores.

Further detail on the Healthcare Standards assessment can be found in our Annual Governance Statement, contained within the full annual accounts, which are available on application to the Executive Director of Finance (see page 45 for contact details).

Public Health

A number of key indicators show that overall the health and well being of the population of North Wales is good in comparison to other areas of Wales. However there are variations in health outcomes between different areas and communities and in some cases, such as healthy life expectancy, inequalities are increasing.

Factors like income, education and housing are major influence on levels of health. People in communities that are worst off in these areas are more likely to smoke, not take regular exercise or eat healthy diets and make decisions that can put their health at risk. This means poorer communities tend to have the worst health status which affects the length and quality of life, with chronic conditions like heart disease, chest diseases, diabetes and cancer being common.

Director of Public Health Annual Reports have taken a life course approach, looking at high impact priority areas. The 2011 report on ‘Early Years’ showed strong evidence for trying to improve the health of mothers before, during and after pregnancy. We continue to focus on helping pregnant women give up smoking, promoting a safe, healthy weight for women during pregnancy, strengthening women’s mental health before and after giving birth, increasing the number of mothers who breastfeed, reducing teenage conceptions and improving immunisation uptake rates for children and pregnant women. Working with public and voluntary sector partners we have made steady progress but there is more to do to accelerate improvement in delivery and outcomes, especially on health inequalities.

The 2012 Public Health Report looked at '[Health and Fulfilment in Later Years](#)'. An ageing society reflects the success of improvements in health and quality of life, which is to be celebrated. However as we age we are also more likely to experience chronic illnesses, disability, and loss of independence.

Prevention and early intervention are as important at this time of life as any other, and there is good evidence for the benefits of:

- Flu immunisation
- Preventing falls rather than mending fractures
- Identifying and treating chronic illness early in the community rather than responding to acute crisis in hospital
- Promoting good mental wellbeing
- Supporting the health and wellbeing of carers
- Planning and delivering services that treat people with dignity and respect

Notable progress has been made on falls prevention. We led a regional multi-agency project to develop evidence-based service models for preventing falls for older people in their own homes, in care homes, and in hospital. The models guide consistent local service development to ensure early identification of people at risk of falling and to put in places services such as community-based strength and balance exercise classes, medication reviews, and home safety assessments to reduce those risks

North Wales consistently achieves higher flu immunisation uptake rates for older people than other parts of the country: 70% in 2012/13 was the highest in Wales, but remains slightly below the national target rate. This is due to the combined efforts of many parts of the Health Board and the wider public and voluntary sector, in particular our Primary and Community Care services. A healthy and vaccinated healthcare workforce is also important to protect patients and the public from flu, and the challenge remains to attain higher rates of immunisation amongst staff.

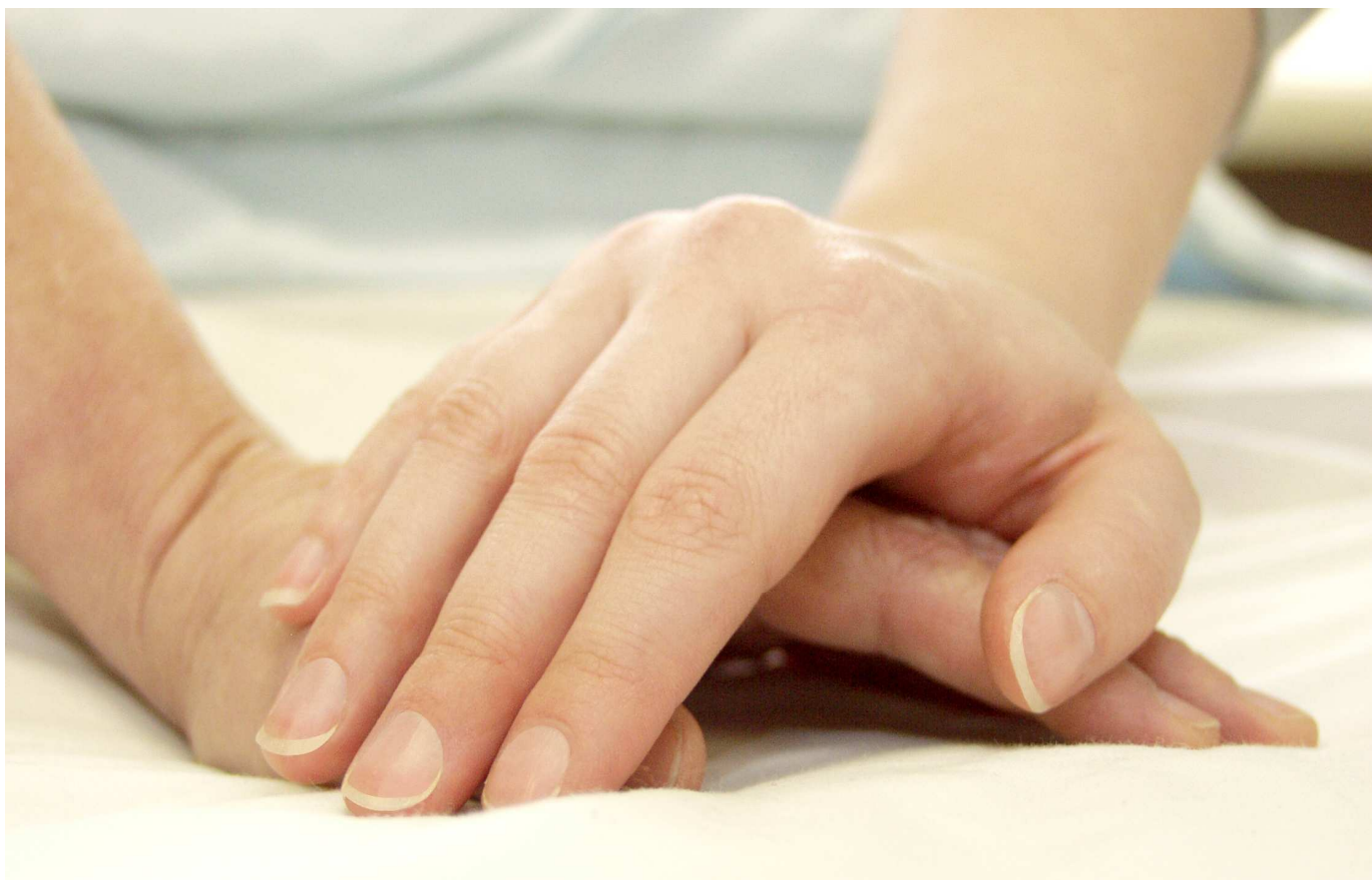
We continue to strengthen community based services to support the prevention, early identification and management of chronic conditions. Locally, we are developing partnerships with local authority and third sector colleagues through our Localities and their Leadership Teams. Their local knowledge, experience, and collaboration means more services are being delivered outside hospital settings.

Other Public Health priority areas for North Wales include tackling smoking, obesity (by promoting physical activity and healthy nutrition), alcohol and mental wellbeing. We work with local authorities and other partner agencies to implement plans for each of these areas, which are part of our Local Public Health Strategic Framework, with a focus on identifying and accessing the things within us and around us that keep us healthy and well.

Smoking is still the greatest preventable cause of illness and premature death and we aim to reduce the proportion of people who smoke from 23% to 16% of the population by 2020. This will be done through a range of actions including promoting access to the Stop Smoking Wales Service, particularly for pregnant women, training frontline health and social care staff in Smoking Brief Intervention, supporting people to stop smoking before elective surgery, and making nicotine replacement therapy available in hospital wards, strengthening the role of community pharmacist to support people to stop smoking, more work in schools and other settings to prevent young people from starting to smoke, enforcing the smoking ban on all Health Board grounds, and supporting partner agencies to tackle the supply of illicit tobacco.

Some specific groups in the population do not experience the same health outcomes as others, as a consequence of other characteristics they share. These “protected” characteristics identified in our Single Equality Duty, are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, and sexual orientation. We are developing needs assessments and an evidence base for public health actions to help address these inequalities and support Equality Impact Assessments for service developments.

The Director of Public Health and his team continue to provide evidence and independent specialist advice to inform the ongoing review, planning and commissioning of safe, effective and sustainable services.



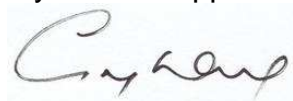
Making it Sound

We are a public sector organisation, funded by the tax payer, and so it is essential that we operate to high standards of integrity, honesty, accountability, openness and professionalism. A strong management and assurance structure means the Board of Directors and Independent Members can make sure we demonstrate a high standard of governance.

Statement of Accountable Officer's Responsibilities

The Welsh Ministers have directed that the Chief Executive should be the Accountable Officer to the LHB. The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officer's Memorandum issued by the Welsh Government.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.



Geoff Lang
Acting Chief Executive

9 September 2013

Governance and Quality Statements

Our Governance Statement follows the standard format required by the Welsh Government and is compiled from a variety of sources including Internal Audit reports. The statement describes our governance arrangements, committee structure and the system of internal control. It also includes information about:

- The arrangements to manage risk
- Quality and assurance processes
- Corporate governance including progress on the implementation of Doing Well, Doing Better: Standards for Health Services in Wales
- The opinion of the Head of Internal Audit
- Equality, diversity and human rights

The full Annual Governance Statement is contained within the full annual accounts which are available on application to the Executive Director of Finance (see page 45 for contact details).

The Health Board has produced its first Annual Quality Statement. This again follows a standard format provided by the Welsh Government. It brings together a summary of how the organisation has been working over the past year to improve the quality of all the services it plans and provides. The Statement contains:

- A review of how well we are doing
- Information on good practice that we can share and spread more widely
- Areas for further improvement
- Information on our progress, year on year

The information in the Quality Statement draws on a range of data sources including the Health Board's self-assessment against the Standards for Health Services in Wales set by the Welsh Government. The [Annual Quality Statement](#) is available on our website.

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 we are doing all we can to avoid harm where possible.

In October 2012 we reviewed 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 making sure that lessons are learned and measures to prevent recurrence are promptly applied
- Creating a full 'risk aware' approach
- Making sure that managing risk is everyone's responsibility

During the year we also reviewed our Risk Management Framework Document and made a number of changes to clarify the risk assessment and risk escalation process. These processes are regularly monitored by the Risk Management Sub Committee.

Our Board

The Board is responsible for the delivery of healthcare and improving the health and well-being of the population of North Wales. It is accountable to the Welsh Government through the Minister for Health and Social Services.

The Board comprises the Chairman plus nine other Independent Members, the Chief Executive plus eight other Executive Directors and two Directors who are Associate Members of the Board.

The Chairman and Independent Members are appointed from the local community for the specific expertise they can bring to the running of the Health Board. The Directors are full time employees responsible for the operational management of the Health Board.

There are also Associate Members representing the Healthcare Professionals Forum and Stakeholder Reference Group.

The Health Board has seven Committees which oversee specific aspects of Board business:

- | | |
|--|--------------------------|
| • Audit | • Quality & Safety |
| • Finance & Performance | • Information Governance |
| • Workforce & Organisational Development | • Charitable Funds |
| • Mental Health Act | |

Chairman



Prof Merfyn Jones



Dr Lyndon Miles
(Vice Chairman)



Rev Hywel Davies



Ms Jenie Dean



Mrs Marian Wyn Jones



Mr Keith McDonogh



Mr Harri Owen-Jones



Mrs Liz Roberts



Mrs Hilary Stevens



Dr Christopher Tillson

Independent Members

Directors



Mrs Mary Burrows
Chief Executive



Mr Mark Scriven
Executive Medical Director & Director of Clinical Services



Mrs Jill Galvani
Executive Director of Nursing, Midwifery & Patient Services



Mr Geoff Lang
Executive Director of Primary, Community & Mental Health Services



Dr Keith Griffiths
Executive Director of Therapies & Health Sciences



Mr Andrew Jones
Executive Director of Public Health.



Mrs Helen Simpson
Executive Director of Finance



Mr Martin Jones
Executive Director of Workforce & Organisational Development



Mr Neil Bradshaw
Executive Director of Planning



Mr Mark Common
Director of Improvement & Business Support



Mrs Grace Lewis-Parry
Director of Governance & Communications

Dr Griffiths retired in May 2012; Mr C Sparkes was Acting Executive Director of Therapies & Health Sciences from 8th June 2012.

Mrs Galvani left the Health Board in March 2013; Mrs Reena Cartmell was Acting Executive Director of Nursing, Midwifery & Patient Services from 4th March 2013.

Mr Scriven's role was covered by Dr Martin Duerden as Acting Executive Medical Director & Director of Clinical Services from 1st October 2012.

Mr Common retired in March 2013; Mrs Jill Newman was Acting Director of Improvement and Business Support from 22nd March 2013.

The Audit Committee has the key role of advising and offering assurance to the Board that the organisation has effective governance arrangements in place and supporting sound decision-making in line with the standards of good governance required of the NHS in Wales.

The Committee's members are Dr Christopher Tillson (Chair), Rev Hywel M Davies, Ms Jenie Dean and Mr Keith McDonogh, all of whom are Independent Members of the Board. Executive Directors are not members of the Committee but are in attendance as are other officers including representatives from Internal Audit and Wales Audit Office and the Local Counter Fraud Service.

The Independent Members also act as 'champions' for specific areas of work within the Health Board:

Prof Merfyn Jones	Hygiene, Cleanliness and Infection Control
Dr Lyndon Miles	Older People, Mental Health, Carers, Veterans
Mr Keith McDonogh	Children, Public Health
Mr Harri Owen-Jones	Concerns
Dr Christopher Tillson	Young People, Design
Rev Hywel M Davies	Welsh Language, Safeguarding
Mrs Hilary Stevens	Public & Patient Involvement
Ms Jenie Dean	Violence & Aggression, Equality

Three Advisory Groups (the Healthcare Professionals Forum, Stakeholder Reference Group and Local Partnership Forum) provide the Board with additional scrutiny, assurance, involvement and engagement.

The Board periodically carries out reviews of its Committees' performance, functions and effectiveness.

Directors' Declarations of Interests

All Board members 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 for 2012/13 as listed below:

Prof Merfyn Jones	Chair, Coleg Cymraeg Cenedlaethol Board Member, Institute of Welsh Affairs Trustee, Sir Clough Williams Ellis Foundation Trustee RWYC
Dr Lyndon Miles	Partner, Bron Derw GP Practice, Bangor
Mr Harri Owen-Jones	President of Age Concern, North East Wales Board Member of Flintshire Local Voluntary Council
Mrs Hilary Stevens	Unity Creative Ltd LTL International Management Trustee of Denbighshire Community Voluntary Council Board Member of Wales Council for Voluntary Action Member of the WCVA Executive
Dr Christopher Tillson	Ron & Margaret Smith Cancer Committee Member GP Partner, Bodnant Medical Centre, Bangor

Mrs Marian Wyn Jones	Associate Director, Tower Media Training Director, Ganolfan Gerdd William Mathias Member of Snowdonia National Park Authority Sister works as a nurse for the Health Board
Mrs Liz Roberts	County Councillor for Conwy County Borough Vice Chairman of the County Member of Betws y Coed Golf Club
Mrs Mary Burrows	Son and daughter-in-law work for Bangor University
Mr Geoff Lang	Governor, Yale College, Wrexham
Dr Keith Griffiths	Henry Leach Associates (until June 2012)
Mr Andrew Jones	Spouse is an employee of BCUHB
Mr Clive Sparkes	Sponsorship for conferences Wife is a magistrate Social contact with Director of company which has a contract with BCUHB for private hearing aid provision
Ms Jenie Dean	Partner has part time role in Bangor University

The following Board Members declared that they do not have any potential conflicts of interest: Mr Keith McDonogh, Mr Mark Scriven, Mrs Jill Galvani, Mrs Helen Simpson, Mr Martin Jones, Mr Neil Bradshaw, Mr Mark Common, Mrs Grace Lewis-Parry, Dr Martin Duerden, Mrs Reena Cartmell.

Primary Financial Statements and Notes

The Health Board is 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 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 Wales Audit Office and an unqualified audit opinion was given on 11th June 2013.

During April and May 2012, the Health Board hosted a number of services which were managed on an all-Wales basis under the NHS Wales Shared Services Partnership. These transactions were consolidated into the Health Board's audited financial statements, but did not present any additional financial risk to the Health Board and were transferred wholly to Velindre NHS Trust during the financial year.

The Health Board undertook a revaluation exercise against its estate during the financial year, and consequently at the balance sheet date, the book value reflects the valuation determined by the District Valuer.

The summary financial statements included in this report are those of the Health Board's activities only, and exclude the effect of services hosted on behalf of NHS Wales. 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:

- Statement of Comprehensive Net Expenditure (including Achievement of Operational Financial Balance and Capital Resource Limit)
- Statement of Financial Position
- Statement of Changes in Taxpayers' Equity
- Statement of Cash Flows

The summary financial statements do not contain sufficient information to provide a full understanding of the Health Board's financial position and performance. A full set of consolidated financial statements is available on request from the Executive Director of Finance at the Finance Department, Wrexham Maelor Hospital, PO Box 860, Wrexham, LL13 7JL.

Statement of Comprehensive Net Expenditure for the year ended 31st March 2013

	2012/13 £'000	2011/12 £'000
Expenditure on Primary Healthcare Services	283,816	287,423
Expenditure on healthcare from other providers	284,255	273,553
Expenditure on Hospital and Community Health Services	808,720	778,610
	<u>1,376,791</u>	<u>1,339,586</u>
Less: Miscellaneous Income	117,463	118,547
LHB net operating costs before interest and other gains and losses	1,259,328	1,221,039
Other gains	(77)	(12)
Finance costs	173	189
Net operating costs for the financial year	<u>1,259,424</u>	<u>1,221,216</u>

Achievement of Operational Financial Balance

The Health Board's performance for the year ended 31st March 2013 is as follows:

	2012/13 £'000
Net operating costs for the financial year	1,259,424
Less Non-discretionary expenditure	<u>1,940</u>
Net operating costs less non-discretionary expenditure and revenue consequences of PFI	1,257,484
Revenue Resource Limit	<u>1,257,489</u>
Underspend against Revenue Resource Limit	<u>5</u>

Capital Resource Limit

The Health Board is required to keep within its Capital Resource Limit:

	2012/13 £'000	2011/12 £'000
Gross capital expenditure	34,508	31,900
Less Net Book Value of property, plant and equipment and intangible assets disposed	(1,871)	(522)
Less capital grants received	(0)	(303)
Less donations received	<u>(1,295)</u>	<u>(888)</u>

Charge against Capital Resource Limit	31,342	30,187
Capital Resource Limit	31,362	30,204
Underspend against Capital Resource Limit	20	17

Statement of Financial Position as at 31st March 2013

	31st March 2013 £'000	31st March 2012 £'000
Non-current assets		
Property, plant and equipment	450,861	512,821
Intangible assets	1,360	1,708
Trade and other receivables	44,272	25,853
Total non-current assets	496,493	540,382
Current assets		
Inventories	12,509	11,665
Trade and other receivables	38,836	49,773
Cash and cash equivalents	417	735
	51,762	62,173
Non-current assets classified as "Held for Sale"	1,207	501
Total current assets	52,969	62,674
Total assets	549,462	603,056
Current liabilities		
Trade and other payables	110,670	109,812
Provisions	23,119	31,819
Total current liabilities	133,789	141,631
Net current liabilities	(80,820)	(78,957)
Non-current liabilities		
Trade and other payables	1,326	1,386
Provisions	47,446	28,728
Total non-current liabilities	48,772	30,114
Total assets employed	366,901	431,311
Financed by:		
Taxpayers' equity		
General Fund	332,242	371,804
Revaluation reserve	34,659	59,507
Total taxpayers' equity	366,901	431,311

Statement of Changes in Taxpayers' Equity for the year ended 31st March 2013

	General Fund £000s	Revaluation Reserve £000s	Total Reserves £000s
Changes in taxpayers' equity for 2012/13			
Restated Balance at 1st April 2012	371,804	59,507	431,311
Net operating cost for the year	(1,259,424)		(1,259,424)
Net gain/(loss) on revaluation of property, plant and equipment	0	97,333	97,333
Net gain on revaluation of assets held for sale	0	123	123
Impairments and reversals	0	(122,160)	(122,160)
Transfers between reserves	144	(144)	0
Total recognised income and expense for 2012/13	(1,259,280)	(24,848)	(1,284,128)
Net Welsh Government funding	1,219,718		1,219,718
Balance at 31st March 2012	332,242	34,659	366,901

Statement of Cash flows for year ended 31st March 2013

	2012/13 £'000	2011/12 £'000
Cash Flows from operating activities		
Net operating cost for the financial year	(1,259,424)	(1,221,216)
Movements in Working Capital	(7,953)	86
Other cash flow adjustments	90,737	66,006
Provisions utilised	(12,556)	(17,139)
Net cash outflow from operating activities	(1,189,196)	(1,172,263)
Cash Flows from investing activities		
Purchase of property, plant and equipment	(33,900)	(42,672)
Proceeds from disposal of property, plant and equipment	1,948	534
Purchase of intangible assets	(183)	(160)
Net cash outflow from investing activities	(32,135)	(42,298)
Net cash outflow before financing	(1,221,331)	(1,214,561)
Cash flows from financing activities		
Welsh Government funding (including capital)	1,219,718	1,211,932
Capital grants received	1,295	1,191
Net financing	1,221,013	1,213,123
Net decrease in cash and cash equivalents	(318)	(1,438)
Cash and cash equivalents (and bank overdrafts) at 1st April 2012	735	2,173
Cash and cash equivalents (and bank overdrafts) at 31st March 2013	417	735

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 Government has set a target of 95% compliance for the number of invoices paid to non-NHS creditors. The Health Board exceeded this target and the performance details are shown below.

	2012/13 Number	2012/13 £'000	2011/12 Number	2011/12 £'000
NHS				
Total bills paid	5,905	214,316	6,499	214,856
Total bills paid within target	5,245	210,379	5,911	211,938
Percentage of bills paid within target	88.8%	98.2%	91.0%	98.6%
Non-NHS				
Total bills paid	232,721	289,344	235,988	293,443
Total bills paid within target	222,806	278,117	228,038	285,033
Percentage of bills paid within target	95.7%	96.1%	96.6%	97.1%
Total				
Total bills paid	238,626	503,660	242,487	508,299
Total bills paid within target	228,051	488,496	233,949	496,971
Percentage of bills paid within target	95.6%	97.0%	96.5%	97.8%

Management Costs

The Health Board is committed to keeping management costs as low as is reasonably possible, in order to ensure financial resources are directed to frontline services. As such management posts and costs are continually reviewed.

As part of budget setting in March 2010 the Health Board agreed that management structures would be reviewed to maximise the gains arising from the integration of the Health Board. This strategy included establishing structures with an overall reduction in management costs of 20%. Following considerable efforts across CPGs and Corporate Departments, agreement has been reached on the changes to staff structures required to deliver the necessary cost reductions. This approach was carried forward to 2012/13.

This work has been carried out under the organisational change policy and in consultation with staff and their staff side representatives to ensure that there is good staff engagement in agreeing a management structure that is fit for purpose and adds value to the Health Board.

Management Costs are reported to the Welsh Government against an agreed 2007/08 baseline, which is adjusted for inflation. The Health Board remains on target to reduce management costs in line with the target set by 31 March 2014.

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's contributions of 14% of pensionable pay.

The total pension cost relating to 2012/13 was £57,743,000.

Further details on the pension scheme are available in the full annual accounts which are available on application to the Executive Director of Finance (see page 45 for contact details).

Remuneration Report

Remuneration for Executive Directors and other very senior members of the Health Board, along with other aspects of their terms and conditions of service, is determined by the Board's Workforce and Organisational Development Committee.

During the financial year, the Committee was chaired by the Health Board Chairman Prof Merfyn Jones and comprised Independent Members Dr Lyndon Miles, Ms Jenie Dean, Mr Keith McDonogh, Mr Harri Owen-Jones and Dr Christopher Tillson. The Chief Executive and Director of Workforce and Organisational Development also attended Committee meetings.

Remuneration of senior managers for the current and future financial years will follow directives issued by the Welsh Government. Salaries were determined by Welsh Government through the JESP Job Evaluation system as part of NHS Reform programme in 2009.

All posts are subject to performance management, but no specific element of the salary is linked to performance, either in the form of an addition to or retention of some of the core salary. The Individual Performance Management system follows that promulgated and mandated by Welsh Government as part of NHS Reform programme of 2009. No severance payments were made during the financial year.

All contracts are permanent, with a 3-month notice period. Conditions were set by Welsh Government as part of NHS Reform programme of 2009.

Details of Board Member and Very Senior Manager salaries, allowances and pension benefits are provided overleaf.

Name and Title	2012/13				2011/12			
	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Bonus Payments (bands of £5,000)	Benefits in kind (Rounded to nearest £100)	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Bonus Payments (bands of £5,000)	Benefits in kind (Rounded to nearest £100)
	£000	£000	£000		£000	£000	£000	
Prof R M Jones Chairman	65-70	0	0	0	65-70	0	0	0
Dr L Miles Vice Chair	55-60	0	0	0	55-60	0	0	0
Rev H Davies Independent Member	15-20	0	0	0	15-20	0	0	0
Ms J Dean (*1) Independent Member	0	0	0	0	0	0	0	0
Mrs M W Jones Independent Member	15-20	0	0	0	5-10	0	0	0
Mr K McDonogh Independent Member	15-20	0	0	0	15-20	0	0	0
Mr H Owen-Jones Independent Member	15-20	0	0	0	15-20	0	0	0
Mrs E M B Roberts Independent Member	15-20	0	0	0	5-10	0	0	0
Mrs H Stevens Independent Member	15-20	0	0	0	15-20	0	0	0
Dr C Tillson Independent Member	15-20	0	0	0	15-20	0	0	0

Name and Title	2012/13				2011/12			
	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Bonus Payments (bands of £5,000)	Benefits in kind (Rounded to nearest £100)	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Bonus Payments (bands of £5,000)	Benefits in kind (Rounded to nearest £100)
	£000	£000	£000		£000	£000	£000	
Mrs M Burrows Chief Executive	200-205	0	0	40	200-205	0	0	37
Mr M Scriven Executive Medical Director & Director of Clinical Services	160-165	0	0	(2)	135-140	30-35	0	53
Dr M Duerden (from 1 Oct 2012) Acting Medical Director & Director of Clinical Services	65-70	65-70	0	0	0	0	0	0
Mrs J Galvani (to 3 Mar 2013) Executive Director of Nursing, Midwifery and Patient Services	115-120	0	0	0	125-130	0	0	21
Mrs R Cartmell (from 4 Mar 2013) Acting Executive Director of Nursing, Midwifery and Patient Services	5-10	75-80	0	5	0	0	0	0
Mr G Lang (*2) Executive Director of Primary, Community & Mental Health	130-135	0	0	0	125-130	0	0	0
Dr K Griffiths (to 7 Jun 2012) Executive Director of Therapies & Health Sciences	15-20	0	0	0	100-105	0	0	0
Mr C Sparkes (from 8 Jun 2012) Acting Executive Director of Therapies & Health Sciences	55-60	80-85	0	0	0	0	0	0
Mr A Jones (*3) Executive Director of Public Health	120-125	0	0	0	95-100	0	0	0
Mrs H Simpson Executive Director of Finance	135-140	0	0	60	135-140	0	0	58
Mr J M Jones Executive Director of Workforce & Organisational Development	125-130	0	0	10	125-130	0	0	14

Name and Title	2012/13				2011/12			
	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Bonus Payments (bands of £5,000)	Benefits in kind (Rounded to nearest £100)	Salary (bands of £5,000)	Other Remuneration (bands of £5,000)	Bonus Payments (bands of £5,000)	Benefits in kind (Rounded to nearest £100)
	£000	£000	£000		£000	£000	£000	
Mr N Bradshaw Executive Director of Planning	125-130	0	0	7	125-130	0	0	20
Mr M Common Director of Improvement & Business Support	110-115	0	0	0	110-115	0	0	43
Mrs J Newman (from 22 Mar 2013) Acting Director of Improvement & Business Support	0-5	75-80	0	0	0	0	0	0
Mrs G Lewis-Parry Director of Governance & Communications	95-100	0	0	30	95-100	0	0	48

- (*1) Ms Dean is an employee of the Health Board and is the Trade Union Representative on the Board.
- (*2) Between 1st April 2012 and 8th May 2012 Mr Lang was Acting Chief Executive.
- (*3) The total salary reported for Mr A Jones for 2012/13 includes costs of £116,000 which have been funded by Public Health Wales NHS Trust.

Hutton Fair Pay Ratio

The Health Board is required to disclose the relationship between the remuneration of the highest-paid director in the organisation and the median remuneration of our workforce.

The banded remuneration of the highest-paid director in the LHB in the financial year 2012/13 was £200,000 - £205,000 (2011/12, £200,000 - £205,000). This was 7.63 times (2011/12, 7.81) the median remuneration of the workforce, which was £26,557 (2011/12, £26,401). The highest-paid director was the same person in both 2011/12 and 2012/13 and they did not receive a pay award in 2012/13.

In 2012/13, five (2011-12, zero) employees received remuneration in excess of the highest-paid director, and the remuneration for these members of staff ranged from £205,000 to £235,000 (2011/12 N/A). These employees were all senior clinicians who received additional payments arising from waiting list initiative payments, and were also paid for additional responsibilities.

The Health Board has defined total remuneration in line with the available guidance to include salary, non-consolidated performance-related pay, and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

The ratio has decreased during 2012/13, as the median remuneration has increased while the salary of the highest paid director has not changed. The main reason for the increase in the median pay, was because of pay awards were made during the year to those staff earning an annual full-time equivalent salary of £20,804 or less; approximately 38% of the workforce (by headcount) received a pay award. This was a pay award which reflected HM Treasury's announcements in 2011 that those earning less than £21,000 would be protected from the general public sector pay freeze.

The total number of staff employed through the year has remained relatively constant. The total number of Whole Time Equivalent posts has decreased during the year by less than 1%; the proportion of staff in Agenda for Change pay bands 1-4 (and therefore eligible for a pay-award in 2012/13) has also decreased marginally in 2012/13.

Name and Title	Real increase in pension at age 60 (bands of £2,500) £000	Real increase in pension lump sum at aged 60 (bands of £2,500) £000	Total accrued pension at age 60 at 31 March 2013 (bands of £5,000) £000	Lump sum at age 60 related to accrued pension at 31 March 2013 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2013 £000	Cash Equivalent Transfer Value at 31 March 2012 £000	Real increase in Cash Equivalent Transfer Value £000	Employer's contribution to stakeholder pension £000
Mrs M Burrows Chief Executive	2.5-5.0	7.5-10.0	45-50	140-145	1,018	929	89	0
Mr M Scriven Executive Medical Director & Director of Clinical Services	(2.5-5.0)	(7.5-10.0)	60-65	190-195	1,270	1,286	(16)	0
Mrs J Galvani (to 3 Mar 2013) Executive Director of Nursing, Midwifery and Patient Services	0-2.5	5.0-7.5	50-55	150-155	959	970	(11)	0
Mrs R Cartmell (from 4 Mar 2013) Acting Exec Director of Nursing, Midwifery and Patient Services	0-2.5	0-2.5	20-25	70-75	412	401	11	0
Mr G Lang (*1) Executive Director of Primary, Community & Mental Health	0-2.5	5.0-7.5	45-50	135-140	757	704	53	0
Dr K Griffiths (to 7 Jun 2012) Executive Director of Therapies & Health Sciences	(0-2.5)	(10-12.5)	50-55	150-155	0	0	0	0
Mr C Sparkes (from 8 Jun 2012) Acting Executive Director of Therapies & Health Sciences	0-2.5	5.0-7.5	55-60	165-170	1,230	1,151	79	0
Mr A Jones (*2) Executive Director of Public Health	(0-2.5)	(0-2.5)	35-40	115-120	659	648	11	0
Mrs H Simpson Executive Director of Finance	(0-2.5)	(0-2.5)	45-50	135-140	812	800	12	0
Mr J M Jones Executive Director of Workforce & Organisational Development	(0-2.5)	(0-2.5)	45-50	140-145	897	888	9	0
Mr N Bradshaw Executive Director of Planning	0-2.5	0-2.5	30-35	90-95	630	610	20	0

Name and Title	Real increase in pension at age 60 (bands of £2,500) £000	Real increase in pension lump sum at aged 60 (bands of £2,500) £000	Total accrued pension at age 60 at 31 March 2013 (bands of £5,000) £000	Lump sum at age 60 related to accrued pension at 31 March 2013 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2013 £000	Cash Equivalent Transfer Value at 31 March 2012 £000	Real increase in Cash Equivalent Transfer Value £000	Employer's contribution to stakeholder pension £000
Mr M Common Director of Improvement & Business Support	(0-2.5)	(2.5-5.0)	55-60	165-170	1,243	1,238	5	0
Mrs J Newman (from 22 Mar 2013) Acting Director of Improvement & Business Support	(0-2.5)	(0-2.5)	25-30	85-90	527	519	8	0
Mrs G Lewis-Parry Director of Governance & Communications	(0-2.5)	(0-2.5)	25-30	85-90	526	516	10	0

(*1) Between 1st April 2012 and 8th May 2012 Mr Lang was Acting Chief Executive.

(*2) Mr A Jones' salary was joint funded by the Health Board and Public Health Wales NHS Trust during the 2012/13 financial year.

Figures provided by the NHS Pensions Agency and disclosed above relate to the Total Pensionable Pay for the whole period regardless of the paying health body.

Dr M Duerden was Acting Medical Director between October 2012 and March 2013 and was also a General Practitioner during the financial period. The NHS Pensions Agency is unable to provide separate pension benefit details for the LHB

Auditors' Report

The Health Board's statutory External Auditor is the Auditor General for Wales, and the external audit work is undertaken on his behalf by staff of the Wales Audit Office (WAO).

Work undertaken by WAO included an audit of the Statement of Accounts for the period 1st April 2012 – 31st March 2013 as well as providing an opinion on the Health Board's arrangements for securing value for money.

The audit fee levied for 2012/13 was £525,000 which included an element relating to the audit of the Health Board's Welsh Risk Pool activities for April and May 2013.

Directors' Statement on Audit Disclosures

The Directors have confirmed that they have taken all steps that ought to be taken, as Directors, to make themselves aware of any relevant audit information and to establish that the Health Board Auditors are aware of that information. As far as they are aware, there is no relevant audit information of which the Health Board's Auditors are unaware.

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 set out on pages 45 to 47.

Respective responsibilities of the Accountable Officer and auditor

The Accountable Officer is 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 auditable part of 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 auditable part of the remuneration report of Betsi Cadwaladr University Local Health Board for the year ended 31st March 2013 on which I have issued an unqualified opinion.

I have not considered the effects of any events between the date on which I signed my report on the full financial statements 11 June 2013 and the date of this statement.

Huw Vaughan Thomas
Auditor General for Wales
20th September 2013

Wales Audit Office
24 Cathedral Road
Cardiff