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Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Annual Report and Accounts 2013/14



*To improve health and provide excellent care .....*

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# Welcome from the Chairman and Chief Executive

Welcome to the Annual Report for Betsi Cadwaladr University Health Board for 2013/14.

This year has been a year of challenge and change at the Health Board. The report published by the Wales Audit Office and Healthcare Inspectorate Wales in June 2013 identified significant weaknesses in the governance of the Health Board. This led to the resignation of the Chairman and Vice Chairman and the stepping down of the Chief Executive. The WAO/HIW report was also the subject of an inquiry by the National Assembly of Wales' Public Accounts Committee. Its report into the problems at the Health Board was published in December 2013.



A great deal of work has taken place over the year to strengthen the governance of the Board and to begin the process of regaining the trust and confidence of our staff, patients and the public generally. This work continues.

The Board's leadership team has changed with a number of new people appointed, including the Chair, Vice Chair and Chief Executive. The Board is now at the forefront of leading and driving the changes and improvements that we need to make.

We have also been asking patients, staff and partners about what needs to improve and their views have been brought together to shape the clear objectives that we have set for improvement and renewal.

Our core purpose as a Health Board is: *to improve health and provide excellent care*. All of our work is directed at achieving this aim, whether it be public health, primary and community care or the commissioning and delivery of hospital care.

Above all else we must ensure that the patients we treat receive safe and high quality care, delivered with dignity and compassion and in a way that respects their individuality.

The NHS cannot work in isolation and we are renewing and strengthening our partnership working with Local Authorities and other statutory agencies together with the Third Sector as the health and wellbeing of the people of North Wales is everybody's business.

Finally, we would like to recognise and thank all our staff for their commitment and hard work over the year.

**Dr Peter Higson OBE**  
Chairman

**Professor Trevor Purt**  
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).

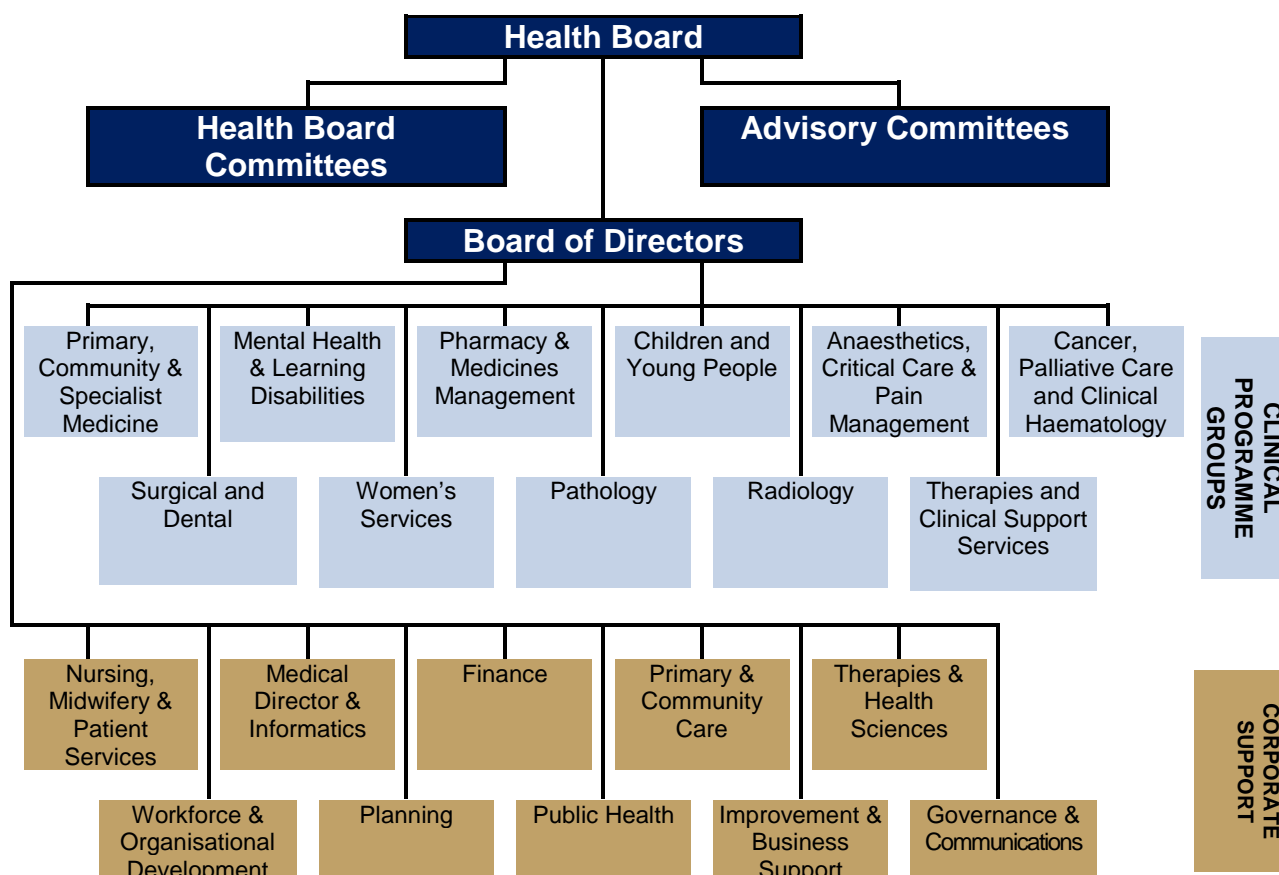
We are responsible for the operation of three acute hospitals (Ysbyty Gwynedd in Bangor, Glan Clwyd Hospital, Bodelwyddan and Wrexham Maelor Hospital), along with a network of community hospitals, health centres, clinics, mental health units and community team bases.

We also coordinate the work of 114 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 Health Board itself comprises of the Chairman, Independent Members and Executive 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. The Chiefs of Staff, together with the Executive Directors, form the Board of Directors which leads the operational management of the organisation.

## Quality and Safety

It is of paramount importance to us that all those in our care receive safe, high quality care whether at home, in the community or in hospital.

We acknowledge the challenges facing all NHS organisations, including our own, which is why it is so important to be open and honest about what patients can expect from our services.

We have been listening carefully to patients, staff and partners about what needs to improve and those views have been brought together to shape the clear objectives that we have set for improvement.

The Health Board produces an Annual Quality Statement. This 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 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: [www.bcu.wales.nhs.uk](http://www.bcu.wales.nhs.uk).

## 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 2013/14 some of the activities we prioritised included:

- Regular safety walkabouts
- Putting in place new procedures, devices and training to enable us to meet the requirements of the Health & Safety (Sharp Instruments in Healthcare) Regulations 2013
- Providing 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

## Infection Control

We remain committed to providing a safe, high quality services and we're working extremely hard to reduce preventable infections to the absolute minimum. Achieving excellent standards of infection prevention practice is our ambition. This is the right thing to do for our population, and is the standard of care our staff wish to deliver.

Following the outbreak of *Clostridium difficile* infection in early 2013, we commissioned an [expert external review by Professor Duerden](#).



We have brought in new leadership as recommended in the report and have implemented new systems for identifying and responding to infections. Throughout the year our staff have focused on improving key standards of hygiene and clinical practice, and improving antimicrobial prescribing. As a result the number of cases of *Clostridium difficile* infection has dropped considerably. Professor Duerden revisited the Health Board in May 2014 and confirmed that significant progress has been made. This report is available on our website: <http://www.wales.nhs.uk/sitesplus/861/opendoc/245161> .

We continue to participate in the Welsh Infection Surveillance Programme which includes surveillance of orthopaedic infections and post-operative caesarean section infections. The 2013 Welsh Infection Surveillance Programme also included critical care infections. The results show:

Orthopaedic hip surgery infections	0.3%
Orthopaedic knee surgery infections	1.3%
Caesarean section infections	4.7%
Central vascular catheter infections	0.5%
Ventilator-associated pneumonia	0.0%

These infection rates are all lower than the All Wales rate, which is positive for our patients.

Detailed results of infection surveillance for BCUHB are published on the [Welsh Healthcare Associated Infection Programme](#) website.

In 2014/15 we will continue to progress action to further improve standards of hand hygiene, cleaning standards, the care of invasive devices and other key clinical practices. We are determined to achieve very high standards and to drive down infection rates to the lowest possible level.



## 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 Data Protection & Confidentiality, Access to Information, IM&T Security, Procedure for Non-clinical Photography or Video/Audio Recording Patient or Staff; and Guidance for staff when disclosing patient/personal information.

### Caldicott and Confidentiality

The Executive 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 Executive Medical Director is supported by the Information Governance Team who help, advise and educate staff with regard to data protection and confidentiality issues.

During the year we again completed the national online Caldicott self-assessment toolkit and improved our compliance to 88% achieving 4 Star rating – demonstrating a high level of assurance.

## 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 2013 and March 2014:

- 563 Freedom of Information and Environmental Regulation requests were received and all were acknowledged within 2 working days
- 417 (74%) of requests received a full response within 20 working days, with more complex requests requiring further retrieval and collection of information
- 8 complaints were received, requesting an Internal Review of our response
- 6 Complaints were referred to the Information Commissioners Office, regarding the Health Board's delay in responding to the request, all of which were responded to within a further 10 days and no further action was issued by the Commissioner

Work is continuing across the Health Board to ensure the compliance rates for responding within the twenty day target improves. Full details of the requests can be obtained from the [Disclosure Log](#) on our website.

## 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 92 Information Governance training sessions to our staff, which includes data protection, confidentiality, records management and information & IT security.

## Serious Incidents

During the year we reported one serious incident to the Information Commissioners Office (ICO). This involved a letter being sent to a patient, however an additional 8 letters addressed to other patients were mistakenly included in the same envelope. We have received a draft undertaking from ICO which is focused on staff training.

## 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 need to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease or major transport accident. 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

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 collaborate with the North Wales Local Resilience Forum and partner agencies to develop plans, deliver training and exercises to staff and to inform the development of response plans. 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.



## Our Workforce

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

Our staff and volunteers are the backbone of the Health Board, helping to deliver care to people all over North Wales, 24 hours a day, 365 days a year. Their commitment and dedication to providing the best care possible – whatever their role in the organisation – is to be commended.

Demand for our services is growing, both in volume and complexity. More community based services are required to help people stay healthy and support people in their own communities and homes. We need a flexible and efficient workforce to meet these challenges.

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 ability to recruit and retain medical staff is a particular problem both nationally and locally. Across North Wales we also have significant challenges in attracting a sustainable GP workforce.

We are committed to the fair and effective management of staff ensuring recruitment, training, development and promotion of staff is carried out in accordance with Equality and Human Rights legislation.

We have a number of policies that provide supportive guidance to managers and staff, with the following of particular relevance:

- The All Wales Dignity at Work Policy
- Equality & Diversity Policy
- Guideline on the Fair Treatment of Disabled People at Work in BCUB
- Flexible Working Policy

### Betsi Cadwaladr University Health Board Staff Achievement Awards

Our staff work tirelessly to provide safe services to our patients each and every day. Each year, we celebrate their commitment at our Annual Staff Achievement Awards which are organised and administered by the Workforce and Organisational Development Department. The 2013 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:** Dewi Edwards and Pharmacy & Medicine Management
- **Evidence in Practice:** Jenny Welstand, Nurse Lead for Heart Failure Services
- **Most Outstanding Contribution to Improving the Life of Patients:** Melfyn Jones, Physical Training Instructor
- **Services to Bilingual Healthcare:** Non Thwaite and Lowri Lloyd Roberts, Speech and Language Therapists
- **Contribution to the Wider Community:** Dr Duncan Cameron, Consultant Paediatrician
- **Outstanding Voluntary Contribution:** Mr Dylan Lewis, Volunteer
- **Haydn Hughes Award for Outstanding Contribution to the Workplace:** David 'Dai' Richards, Administration Officer
- **Excellence in Leadership:** Sister Shirley Hughes, Emergency Department
- **New Ways of Working:** Rachel Langford and Karl Jackson, Physiotherapists

- **Working in Partnership:** Bodnant Memory Clinic, Llandudno Hospital
- **Dr E C Benn Award:** Dr P N Kurian, Consultant Psychiatrist
- **Advancing Equality:** Gordon Kennedy, David Reader and Dr Martin Jones
- **Quality in Primary Care:** Trudy Anderton and Roy Wilkinson
- **Outstanding Contribution to Improving the Health and Wellbeing of Staff in the Workplace:** Dr Dawn Owen, Psychologist



**Non Thwaite and Lowri Lloyd Roberts receive their Award**

## Volunteering

Health Board volunteers are now in their 10<sup>th</sup> year and this was marked by a Celebration Event.

Over the last 12 months, the Robin Ward Volunteers alone have gifted over 30,000 hours to mentor and befriend patients and their relatives' during their stay with us. There is an ongoing recruitment programme to increase the number of Robins on our wards and clinical areas.



The volunteers were presented with Long Service Certificates for the valued contribution of their time by Dr Peter Higson, Chairman and Mrs Angela Hopkins, Executive Director of Nursing & Midwifery

## Breakdown of staff by gender

	2013/14		2012/13	
	Male	Female	Male	Female
Directors	8	2	7	4
Managers (Band 8c and above)	44	47	51	50
Employees	3232	13392	3222	13270

## Sickness Absence

The cumulative sickness absence rate for 2013/14 was 5.06%. Although a slight reduction on the previous year's rate of 5.15% it is still above the All Wales target of 4.55%

In January 2014 all Health Boards were required by the Welsh Government to compile an action plan for reducing sickness absence by at least 1% by March 2015. Our plan focuses upon the adherence to sickness absence procedures and a focus on early intervention when staff report sick.

The CARE Service continues to provide early intervention when staff report absent due to sickness. Research has indicated that earlier support for staff reporting sick is key in the management of sickness absence and is particularly effective in cases such as stress and anxiety. During 2013/14, 50.27% of absences were referred to CARE for intervention, and the focus is now on increasing the uptake to the 80% required to produce a significant decrease in sickness absence levels. During the year ending March 2014 the CARE team received 11,176 referrals, 90% of staff felt the advice they received from the adviser helped them and 96% rated the service as good.

	2013/14	2012/13
Days lost (long term)	172,760	162,978
Days lost (short term)	81,022	95,161
Total days lost	253,782	258,139
Total staff years	13,850	13,859
Average working days lost	11.5	11.7
Total staff employed in period (Headcount)	16,041	16,083
Total staff employed in period with no absence (Headcount)	5,849	6,173
<b>Percentage staff with no sick leave</b>	<b>36.4%</b>	<b>38.4%</b>

## Caring for our Staff

In order to support the wellbeing of staff, we continue to look at initiatives which can enhance our current arrangements, one such initiative was a partnership approach with Bangor University to research Yoga as a 'wellbeing' and 'sickness absence' reduction tool and the findings will be published in due course.

We continue to hold the Gold Corporate Health Standard Award for wellbeing and the All Wales Staff Charter on Wellbeing has been adopted by the Health Board.



To continue our fight against flu, a new approach for vaccination delivery has been developed with staff receiving a personal offer of the flu jab in their work area. The staff flu vaccination uptake was higher than previous years with 7226 staff (41%) being vaccinated.

**The Flu Team were recognised by the National Flu Fighters Award for their innovative practice.**

## Engaging and Communicating with Staff

The Local Partnership Forum (LPF) is the formal mechanism through which management, trade unions and professional bodies work together to improve health services for the people of North Wales.

During 2013/14 they focused on:

- Sharing their views and influencing change in relation to Gender Pay Action Plan, Improving Quality Together, the role of North Wales Credit Union, the Health Board's 3 Year Plan and the NHS Staff Survey 2013
- Regular updates on the progress of the Organisation Change Process (OCP)
- Regular discussion and debate in relation to sickness absence rates, staff concerns, staff engagement /communications, training (including Statutory and Mandatory), Health and Well-Being, and safe staffing levels.



## 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 2013/14, as well as planning more development and improvement schemes that will move to the construction phase over the coming year.

### Primary Care

The new Hightown Health Centre in Wrexham was opened in March 2014, forming part of a community development in partnership with Wales and West Housing. New Primary Care centres opened in Felinheli in June 2013 and Harlech in November 2013. Construction is well under way in Chirk and Buckley. Further developments have been agreed at Hope, Caia Park in Wrexham, Colwyn Bay and Benllech. Funding has also been secured for a new Primary Care Resource Centre in Llangollen.

### Tywyn Community Hospital

The business case for the new Primary Care Centre and sixteen bed ward at Tywyn Community Hospital was approved in August 2013. This scheme started on site early in the spring of 2014 and is scheduled for completion towards the end of 2015.



## Glan Clwyd Hospital Redevelopment Project

The need to remove asbestos from the Glan Clwyd site has created a significant opportunity to refurbish and modernise the site. Since this project began we have already seen significant improvement to the hospital's facilities, which have enhanced the treatment and care provided to patients. The new Pathology Department opened in September 2013. The Pathology Department houses up to date laboratory facilities and centralise histopathology services from across North Wales.



The next major milestone, the opening of the new Emergency Quadrant, took place in June 2014. This includes a new Emergency Department and a GP Out of Hours Service, along with units for clinical decisions, rapid assessment and surgical and medical short-term admissions.

A lot of work is also being done on the infrastructure of the hospital, including completing the phased removal and replacement of the main heating boilers and steam generators which includes the installation of new gas mains supply.

## Cardiac Catheter Laboratory

In January 2013, we received business case approval for the provision of a comprehensive local cardiac service for all North Wales patients, supporting the Health Board's cardiac repatriation plans. Construction is well under way and the development will be completed in August 2014.

## Llandudno Hospital

As part of the Services and Estate Strategy for developing Llandudno Hospital, a new Minor Injuries Unit is being developed. Work on site began in the Spring of 2014 and completion is anticipated in the summer of 2015.



# Performance and Finance

## Waiting times

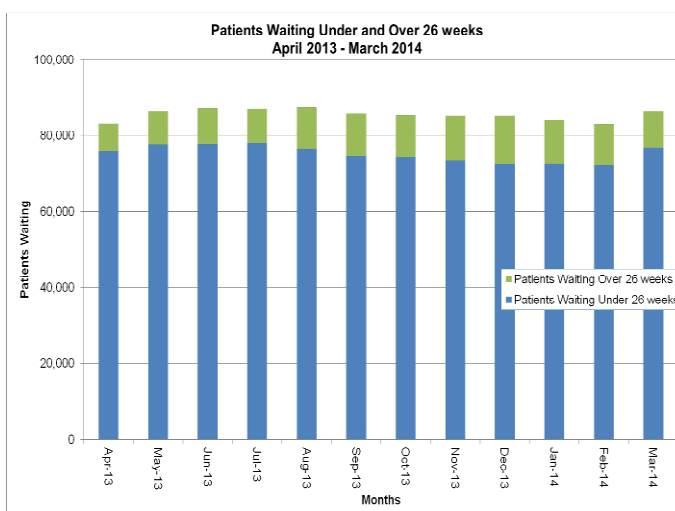
We understand that minimising waiting times is important for patients, both in terms of their physical health and their experience of the quality of our services.

We have worked with patients, doctors, nurses and other healthcare workers to re-design patients' journeys, from when they first see their GP to when their treatment starts. We have 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.

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 aftercare and new medication meaning people can often return home sooner.

Referral to Treatment (RTT) measures the total time a patient waits after they have been referred by their doctor until they start their active hospital treatment. This includes time spent waiting for outpatient appointments, diagnostic tests, scans, 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

Our performance at the end of the year was: 88.9% of patients waiting less than 26 weeks and 2,991 patients waiting more than 36 weeks. We are determined to improve performance and reduce waiting times for patients.

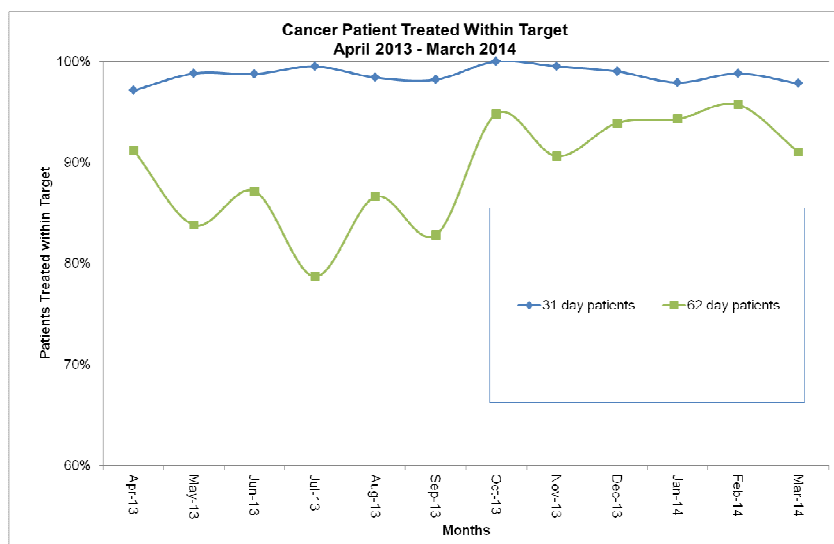
We have detailed plans to improve waiting times for patients over the next 3 years. These include safely increasing the productivity of our operating theatres; offering patients a greater choice of treatment locations at hospitals in North Wales and across the North West. We are redesigning the patient 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

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

This means giving our patients the opportunity to understand the type of cancer they have, make sense of the treatment options available, possible side effects and understand the support that health services offers. At the end of March 2014 we treated 91.0% of patients diagnosed with cancer within 62 days.



We did much better for patients for whom cancer was diagnosed but not suspected at initial referral with over 98% of patients commencing treatment within the 31 day target for 10 out of the 12 months during the year

We have worked hard to shorten waiting times for first appointments during the year. We have revised our clinics and processes so that patients can be seen by a suitably qualified doctor in the right specialty

quickly. We have increased the number of patients we scan on our CT and MRI machines and treat additional endoscopy patients. We are also undertaking new clinical trials which test how well new drugs can be used to treat cancer patients.

## 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 88% and a target figure of 95%. We are participating in the National Flow collaborative and have received support from the Delivery Unit to improve our performance in relation to unscheduled care, hospital and ambulance handover performance.



## Activity

The number of emergency inpatients seen in hospitals across North Wales continued to increase. There were a total of 1.27 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.

	2013/14	2012/13
Elective Admissions: Inpatients and Day Cases	<b>48,202</b>	46,522
Emergency Admissions: Inpatients	<b>88,548</b>	84,045
New Outpatients (including Emergency Department and Minor Injuries)	<b>408,374</b>	408,792
Emergency Department: New Attendances	<b>208,252</b>	210,737
Follow Up Outpatients (including Emergency Department and Minor Injuries)	<b>453,370</b>	446,164
Regular Day Attenders	<b>39,088</b>	42,951
Minor Outpatient Procedures	<b>2,804</b>	2,178
Endoscopy	<b>18,403</b>	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 2013/14 was £1.23 billion and the capital allocation was £43.6 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.

2013/14 was again 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 2014/15, the funding allocations will remain broadly static compared with 2013/14. With the cumulative effect of the austerity measures displayed in the underlying deficit carried forward, the Health Board is committed 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.

We are 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 the 3 of the 4 statutory financial performance targets set by the Welsh Government, the exception being the under-performance against the 95% Public Sector Payment Policy target. Our actual performance is summarised below:

### **Achieve operational financial balance against Revenue Resource Limit**

- Target: do not exceed the revenue resource limit of £1.23 billion set by the Welsh Government
- This was achieved with a small underspend of £2,000. However, this was achieved with the addition of £2.25 million repayable brokerage

### **Achieve operational financial balance against Capital Resource Limit**

- Target: ensure that the capital programme does not exceed the capital resource limit of £43.6 million
- This was achieved with a small underspend of £9,000

### **Public Sector Payment Policy**

- Target: Pay 95% of non-NHS invoices (by number) within 30 days
- This was not achieved, paying 94.5% 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 £1.147 million

## Social Commitment

### **Wales for Africa**

The Board have had a busy year developing the important work of international partnership and development with our partners in Africa. Our International Partnership Committee continues to be a forum for reporting and sharing good practice as well as developing a strategic direction to the important work.

The Board supports its main projects as well as smaller groups and individuals who give of their time and talents to this important work. The BCUHB Staff Achievement Awards recognised the work of:

Dr. D. Cameron received an award for '*contribution to the wider community*' for his leadership and commitment to our partnership with Hosanna Hospital, Ethiopia.

Dr. B. Kurian received the *EC Benn* Award for his work including the leadership of charitable and church contributions to a Learning Disability Centre in India.

## News from our Projects .....

### Ysbyty Gwynedd / Quthing District Hospital (Lesotho) Link

This link has seen major development during the last 12 months on a number of fronts. The group has now developed into a wider partnership that includes Dolen Cymru, Bangor University, Public Health Wales and individual health professional such as General Practitioners. Following on from an early 2013 assessment visit, the link has been successful in gaining a £16,000 grant from Wales for Africa to develop the project further and develop and roll out training for midwifery services and village health workers.

A doctor and midwife have worked with our partners in developing a training package and also delivered part of that training during the initial visit. A larger team will be going out in the Autumn of 2014 and Spring 2015 to deliver a much broader package of training.

### Glan Clwyd Hospital / Hossana Hospital (Ethiopia) Link

This link has continued to be very active this year. The medical director from Hossana visited Glan Clwyd Hospital in September 2013, meeting many staff and giving some very impressive presentations about Hossana.

A party of six BCUHB staff visited Hossana in March 2014 for a week. We gave a three day intensive teaching course on trauma, paediatrics and neonatal care to over 140 trainees. We took an ultrasound machine and an ultrasonographer from Glan Clwyd Hospital and trained staff over a 5 day period.

The new latrine block has now been completed - funded 80% from Glan Clwyd Hospital fundraising activities, including cake stalls, car boot sales, a stall in the foyer, and most recently a Welsh 3 Peaks Challenge.

### Wrexham Maelor Hospital / Yirga Alem Hospital Link

During our last visit to Yirga Alem Hospital (YAH) work included:

- The provision of life support training
- Segregation of infectious and non-infectious cases
- Provision of reflective jackets for safe travel

Many of the challenges were structural and systemic and would benefit from the involvement of estates and housekeeping staff within the project. The project has now developed a DVD of their partnership work which we hope will encourage others to share in this important work.





## Environmental Commitment

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 undertake the following processes:

- Promotion of the environmental policy to all relevant stakeholders
- Identification of all significant environmental aspects and associated legal requirements, including those resulting from service change and new legislation
- Establishing and monitoring objectives and targets aimed at reducing environmental and financial impacts, in line with those issued by Welsh Government
- Provision of appropriate training to all relevant personnel
- Regular internal and external audits
- Regular review of the effectiveness of the EMS by the Environmental Steering Group
- Working with local, regional and national partners to achieve a consistent public sector approach to environmental management and ensure best practice procedures are identified and implemented

Our performance in 2013/14 measured by a set of key indicators, which we are required to include in the Annual Report and are summarised in the following tables:

### Greenhouse Gas Emissions

		2011/12	2012/13	2013/14
Non-Financial Indicators	Total Gross Emissions (tCO2)	46,228	46,819 (+1.3%)	45,469 (-2.9%)
	Total Net Emissions (tCO2)	46,228	46,819 (+1.3%)	45,469 (-2.9%)
	Gross Emissions Scope 1 (direct) (tCO2) Gas & Oil	22,753	22,983 (+1.0%)	21,549 (-6.2%)
	Gross Emissions Scope 2 & 3 Elect (Indirect)* (tCO2)	23,475	23,836 (+1.5%)	23,920 (+0.3%)
Related Energy Consumption (million KWh)	Electricity: Non-renewable (£)	0	0	0
	Electricity: Renewable 'Green' Electricity Supply Contract (£)	23,475	23,836 (+1.5%)	23,920 (+0.3%)
	Gas (tCO2)	20,602	22,156 (+7.5%)	21,001 (-5.2%)
	LPG (tCO2)	0	0	0
	Other (Oil) (tCO2)	2,151	827 (-61.6%)	548 (-33.7%)
Financial Indicators (£ million)	Expenditure on Energy	£7,648,489	£8,829,339 (+15.4%)	£8,841,771 (+0.1%)
	CRC License Expenditure (2010 onwards)**	0	0	£950
	Expenditure on accredited offsets (e.g. GCOF)**	0	0	0
	Expenditure on official business travel	£10,379,738	£10,094,811 (-2.7%)	£10,234,059 (+1.4%)

## Waste

		2011/12	2012/13	2013/14
Non-Financial Indicators (tonnes)	Total Waste	4,029	4,059 (+0.7%)	4,089 (+0.7%)
	Landfill	1,548	1,192 (-22.9%)	1,042 (-12.6%)
	Reused / Recycles	992	1,147 (+15.6%)	1,392 (+21.3%)
	Composted	0	0	0
	Incinerated with energy recovery	0	0	0
	Incinerated without energy recovery	199	215 (+8.0%)	232 (+7.9%)
Financial Indicators (£ million)	Total Disposal Cost	£1,011,723	£1,061,763 (+4.9%)	£1,187,778 (+11.8%)
	Landfill	£220,635	£212,083 (-3.8%)	
	Reused / Recycles	£59,244	£78,585	£167,072
	Composted	0	0	0
	Incinerated with energy recovery	0	0	0
	Incinerated without energy recovery	£143,943	£148,222 (+2.8%)	£161,116 (+8.6%)

## Use of Resources

Finite Resource Consumption			2011/12	2012/13	2013/14
Non-financial Indicators (000m <sup>3</sup> )	Water Consumption (All)	Supplied	530,375	457,704 (-13.7%)	466,518 (+1.9%)
		Abstracted	0	0	0
		Per FTE			
Related Energy Consumption (million KWh)	Water Consumption (Non-Office Estate)	Supplied	0	0	0
		Abstracted	0	0	0
Financial Indicators (£ million)	Water Supply Costs (All)		£1,111,318	£1,208,722 (+8.7%)	£1,216,846 (+3.2%)
	Water Supply Costs (Non-Office Estate)		0	0	0

## Summary of Energy and Waste Improvements 2013/14

The Health Board met the Welsh Government target for all District General Hospitals to achieve certification to the recognised BS EN ISO14001:2004 Environmental Management System (EMS) by December 2012. Following this, all Community Hospitals were certified to the standard in December 2013. The final target phase is to roll out the EMS to Health Centres by December 2014.

Partnership arrangements and information sharing with other public bodies are also being pursued as part of continuous development of our Carbon Reduction Strategy.

Energy, water and waste management projects conducted during 2013/14 were:

- Corporate Carbon Reduction Commitment (CRC) data collection strategies and procedures: preparation work has been completed and Phase 2 CRC Registration was completed in January 2014

- The main energy centre refurbishment has been completed at Glan Clwyd Hospital
- An investigation of excessive water consumption at Wrexham Maelor Hospital's Renal Unit revealed the cause was inefficient Reverse Osmosis Equipment
- Operational maintenance staff have been active in tracing and repairing water leaks across the estate throughout the year, with a good degree of success
- Estates Development Department continue to rationalise the corporate estate assets
- An ongoing phased replacement of inefficient R22 type chiller plant across the estate is in progress
- To assist the Health Board in the reduction of waste to landfill, we have appointed a contractor who recycles waste off site
- Anaerobic and aerobic waste treatment technologies have been explored in line with the Environment White Paper RE5 – Disposal of food waste to drain
- To reduce waste to landfill, we have increased our recycling rate by over 30% and with the appointment of a new waste contractor, recycling rates should increase further

The Health Board has a Green Travel Plan. The Lease Car Policy has an initial upper limit of 140g/km for new and leased cars, and a limit of 120g/km for pool cars. These limits will be reduced periodically as vehicle emission improvements are made.

In terms of sustainable construction, we have adopted a corporate requirement that all new build project schemes meeting the criteria are constructed to BREEAM (Building Research Establishment Environmental Assessment Methodology) excellent standard. Recent projects have included installation of a large biomass boiler and 'green' roof installation for a new community hospital and a photo voltaic generation array at a new outpatient facility. Business case reports for construction work consider sustainability elements as an integral part of project evaluations.

## 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 there are over 456 GPs, working from 114 practices and 62 branch surgeries as well as 154 pharmacies, 87 optometry practices with 274 opticians and 268 dentists providing NHS services in 99 dental surgeries. 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 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.

Practices are actively encouraged to work more closely together.

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

Examples of the changes made in 2013/14 include:

- Extending the Enhanced Care at Home service across each locality in North Wales
- Intravenous antibiotic services and blood transfusions in the community
- Dementia Champions in GP practices
- Work with Public Health Wales to promote smoking cessation services in community pharmacies
- Developing remote 'tele-rehab' services, giving patients access to doctors and other health staff without the need to travel
- Significant improvements in childhood immunisation rates and the response to the seasonal influenza vaccination campaign
- New services in GP practices to support the diagnosis and management of pulmonary disease

We continue to work to give people increased access to GP and dental services. During 2013/14 a number of GP practices have improved their access at lunchtimes and larger practices no longer close for half days. New dental contracts awarded last year have all now fully commenced and Specialist Primary Care Orthodontic Contracts put in place.

## 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.

We also need to ensure we hear from people identified within the Equality Act 2010, including younger and older people; men, women and transgender; people with mental health problems or learning difficulties; different ethnic or faith groups; gay, lesbian, bisexual and transsexual people. We would like to improve how we talk to these groups in particular and would welcome hearing from you if you have any suggestions to make.

In 2013/14 we continued to implement some of the changes on which we had undertaken consultation previously:

- Continue to roll out the Enhanced Care at Home Service across North Wales
- Some of the smaller Minor Injuries Units and X-ray Services were stopped and resources concentrated on fewer sites to ensure a more consistent service
- We have been developing plans, supported by submission of business cases to Welsh Government for new health care centres in Blaenau Ffestiniog, Flint and Llangollen to improve community services following closure of the small community hospitals in these areas. We continue to develop detailed plans for a new community hospital and the development of Enhanced Care at Home to replace some of the care they provided. The business case for Llangollen Primary Healthcare Centre has been approved and Welsh Government has committed £4 million for this development. We are awaiting approval of the remaining two developments
- Continue to develop detailed plans for a new community hospital in Rhyl to replace the former Prestatyn Community Hospital and the Royal Alexandra Hospital
- We have developed more community services for older people with mental health needs to help them stay at home and independent for longer, having formally agreed the close of two small inpatient units in South Gwynedd, which had not been open for some time
- The care of a very small number of babies, about 36 a year for the whole of North Wales, was transferred to Arrowe Park Hospital on the Wirral so that we could be sure they received the level of care they needed. There is a special transport service to help mums and babies get to Arrowe Park safely. The First Minister commissioned an independent review to see how we could provide some of this care in North Wales in the future, which has determined that Glan Clwyd Hospital should be developed to provide some of this specialist care at a Sub-Regional neonatal Intensive Care Centre. We will be developing the business case for this service
- The concentration of major and complex vascular surgery at fewer hospitals is yet to be delivered whilst we work on the details of how this service will be provided

We know that some of these changes have not been universally popular, particularly in communities where their local services have been changed. We must make sure that the new services meet people's needs in the way that we believe. We will monitor the services to ensure that this happens.

Interested in being involved? If you'd like to be included on the 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](mailto:jointhedebate@wales.nhs.uk).

## Patient Experience

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.

It is important that patients, their families or carers are able to tell us about their experiences. Feedback, good or bad, helps us to make improvements. We receive feedback in a number of ways:



## Comment Cards

Comment cards are one way in which we can respond quickly to emerging problems. We receive about 70 per month, many of which compliment staff or services. Examples of action taken in response to comment cards are:

- Changes to visiting times at Glan Clwyd Hospital to ensure that meal times and visiting times were not clashing
- Improving inpatient meal choices during bank holidays

## Patient Surveys

During 2013 we received the results of two large scale surveys, conducted by an independent organisation, involving almost 4000 patients who had received services as an inpatient or outpatient.

### Your NHS Experience Survey

During August 2013, we rolled out the 'Your NHS Experience' survey. This is an All Wales survey introduced by Welsh Government to make sure that patients are given the opportunity to provide feedback soon after their care experience.

### Privacy and Dignity Surveys


In June 2013 we received the findings of a survey of 867 inpatients. 31% reported that they were not always given privacy when discussing sensitive information. As a result, clinical teams are raising awareness of the need to take patients to a private area for sensitive conversations.

When we refurbish wards, such as at Glan Clwyd Hospital, the need for sufficient private areas has been considered.


In these surveys, patients told us that we needed to:

- Improve hand hygiene
- Reduce waiting times for outpatient appointments
- To inform them about the reason for long waiting times
- Provide information that is clear and easy to understand
- Reduce ward noise
- Stop mixed sex accommodation
- Increase staffing levels
- Improve the quality and choice of food available
- Improve car parking

All these issues are being addressed across the Health Board.



"All the staff I encountered were extremely professional, courteous and kept me updated at all times."



"The two nurses who cared for me pre and post op were amazing"

## What are we doing to improve the patient's experience?

- To improve the patient's experience we have reviewed nurse staffing levels and recruited additional nursing staff
- Ensured Outpatient and Accident and Emergency Departments display up to date waiting times on noticeboards
- Set up an Outpatient Department Forum to take forward a number of actions for improvement
- Held Discharge Planning Workshops for staff to raise awareness, share knowledge and improve discharge arrangements for patients

## Putting things right

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). They provide 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.

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 2013/14:

- 8,664 compliments were received
- 2,196 informal concerns were received (1,316 were closed within 48 hours)
- 1,743 formal concerns were received; 95% of these were acknowledged within 2 working days
- 489 (28%) of formal concerns received a full response within 30 working days; 954 (55%) of formal concerns involving more complex cases that took longer to investigate received a full response after more than 30 working days
- 68 concerns were referred to the Public Services Ombudsman for Wales to investigate
- 17,941 patient safety incidents were reported by staff, of which 16,026 (89%) 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
- 286 new formal legal claims were received; 235 were clinical negligence claims and 51 were personal injury claims; 148 claims were concluded within the year

## Service Improvement

We are committed to delivering improvement across all our services by training our staff, delivering evidence based care and sharing good practice.

### IQT 'Improving Quality Together'



Based on the work of the 'Qulturum' at Jonkoping (a Swedish healthcare system renowned for their work on quality improvement) and as a response to an All Wales requirement to implement a framework for delivering quality improvement training to all disciplines of healthcare staff, we have developed an extensive Improving Quality Together (IQT) training programme across North Wales.

To date, we have been at the forefront of developing the IQT syllabus at a national level and have trained the most staff nationally at Bronze and Silver levels. We have received national recognition for the quality of the improvement projects generated from the training.

### 1000 Lives i

The 1000 Lives i collaborative is an All-Wales improvement programme which helps frontline clinical staff to improve the services for patients. This includes:



- Improving Acute Care: Ensuring that acutely ill patients are assessed and treated quickly. Work includes using early warning systems to recognise the deteriorating patient
- Improving Leadership for Quality Improvement: This involves visits to wards and departments to discuss any safety issues that staff may have, so that actions can be taken promptly
- Improving Surgical Care: Working with patients and their carers so that they are prepared for surgery, which can assist with a quicker and safer recovery
- Primary and Community Care: Examples include work on falls prevention and management and 'life after stroke'
- Mental Health: A suitable environment for caring for dementia patients is vital to their recovery, therefore some wards now have coloured doors, which helps patients with dementia to orientate and reduces their stress



On 6<sup>th</sup> February representatives of the Rapid Recovery Orthopaedic team in Wrexham Maelor Hospital were presented with a certificate for reaching the final stages at the Lean Healthcare Academy Awards 2014 in Leeds. This was under the category 'Sustained Improvement' for the work that has been achieved in implementing and sustaining a rapid recovery programme for hip and knee arthroplasty patients.

## Welsh Language

This year saw exciting developments within the Health Board in terms of Welsh language following the publication of the Welsh Government's Strategic Framework for Health, Social Services and Social Care, More than just words. The Framework has led to significant increase in Welsh language service provision to ensure that we actively offer better services to patients.



The Welsh Language Champions across the organisation continue to ensure that Welsh language is taken into consideration in every aspect of service delivery within individual departments.

Welsh language awareness seminars were conducted across the organisation, and following on from the success of last year's Welsh language gaining confidence course, funding was secured to allow 50 members of staff the opportunity to increase their confidence to use the Welsh language at work.

The Health Board takes every opportunity to promote the use of the Welsh language and had stalls in all three main hospitals on Day of the (Working Welsh) Badge, Diwrnod Su'mae and St. David's Day.



The Health Board had a very successful stand at the Denbigh National Eisteddfod, communicating health messages to the many visitors that attended throughout the week. The public were given the opportunity to explore the Health Board's new 'Mental Health Matters' campaign which offers bilingual information and support to children and young people with mental health problems.

The Welsh Language in Healthcare Awards and Conference 2013 were held in Llandudno. Dr Chris Goodman, a doctor in Wrexham Maelor Hospital, won the Welsh Learner of the Year award and the development of Welsh medium Makaton resources by Speech and Language Therapists was also successful.

# Public Health

Key indicators continue to show that overall the health and wellbeing of the population of North Wales is good in comparison to other areas of Wales. However, there are still variations in health outcomes between different areas and communities and, in some cases such as healthy life expectancy, inequalities are increasing. Strong, co-ordinated partnership working is key to the overall delivery of improvements in population health status, particularly in respect of influencing those factors which influence people's health which are not directly within the remit of the NHS.

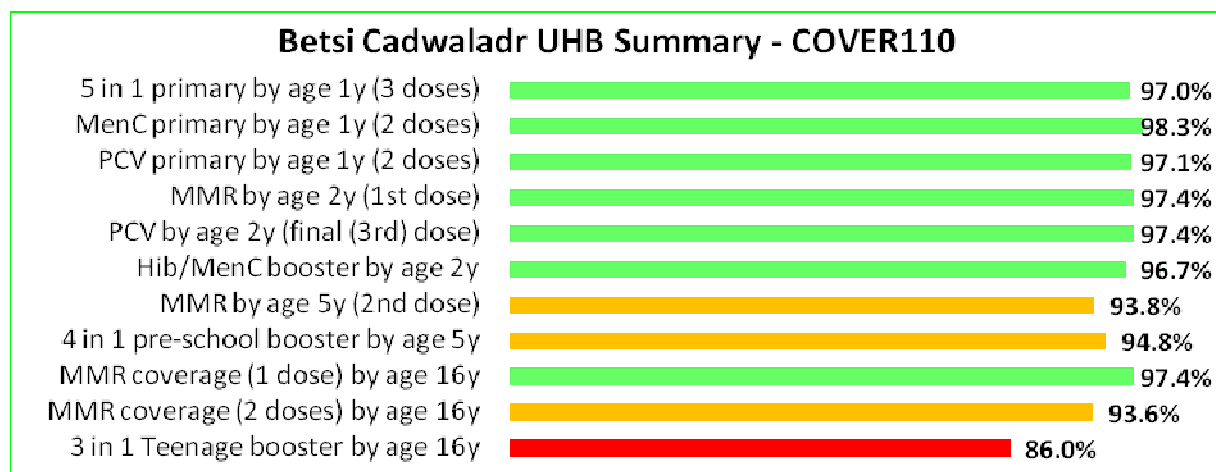
Our [Director of Public Health's Annual Report for 2013](#) continued the pattern of focus on different stages of life. Entitled "Resilient and Resourceful Adults: An Asset Based Approach", this report takes a different approach in framing population health priorities for working age adults.

It emphasises the value of belonging to social networks for wellbeing, and that how we feel about ourselves has a direct impact on the type of choices we make in our lives, including our lifestyle, and enables us to take more responsibility for our own health. This approach, which is now recognised as best practice by Welsh Government and many other public sector bodies, will increasingly inform our work in the future.

## Immunisation

A notable success in North Wales has been the continuing increase in uptake of maternal and childhood immunisations. The Health Board's long term performance against the targets continues to show steady improvement for all age groups.

### BCUHB uptake for all ages, childhood immunisation schedule Jan - March 2014 (Source: COVER 110)



Following the outbreak of measles in Swansea, during 2013/14 considerable focus was given to increasing the uptake of MMR vaccine across North Wales, with a particular focus on children aged 10-18 who may have previously missed their vaccine programme.

The catch up campaign increased the uptake of MMR 1 in 10–18 year olds from 95.1% in November 2012 to 96.2% in July 2013. The uptake of MMR 2 in the same age cohort increased from 88.9% in Nov 2012 to 91.2% in July 2013.



## Our Board

The Board is responsible for the delivery of healthcare and improving the health and wellbeing 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 who is supported by Independent Members and the Chief Executive who is supported by Executive Directors and 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.

During 2013/14, due to changes in the senior leadership team, a number of Board level positions were filled on an interim basis by senior members of Health Board staff. The Board is going through a period of change with a number of new permanent appointments, including Professor Matthew Makin, Medical Director, Mrs Margaret Hanson, Vice Chair who took up post during this period. Professor Trevor Purt, Chief Executive commenced his role in June 2014.

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

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. 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.

## Annual Governance Statement

Our Annual Governance Statement describes our governance arrangements, committee structure and the system of internal control. It also includes information about:

- Our 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

Our Annual Governance Statement is available on our website [www.bcu.wales.nhs.uk](http://www.bcu.wales.nhs.uk).

## Chairman



**Dr Peter Higson**



**Mrs Margaret Hanson**  
(Vice Chair)



**Rev Hywel Davies**



**Ms Jenie Dean**



**Mrs Marian Wyn Jones**



**Mr Keith McDonogh**



**Mr Harri Owen-Jones**



**Cllr Elizabeth Roberts**



**Mrs Hilary Stevens**



**Dr Christopher Tillson**

## Directors



**Professor Matthew Makin**  
Executive Medical Director & Director of Clinical Services



**Mrs Angela Hopkins**  
Executive Director of Nursing, Midwifery and Patient Services



**Mr Bob Evans**  
Interim Executive Director of Finance



**Mr Martin Jones**  
Executive Director of Workforce & Organisational Development



**Mr Geoff Lang**  
Acting Chief Executive



**Ms Sally Baxter**  
Acting Executive Director of Planning



**Mr Andrew Jones**  
Executive Director of Public Health



**Mr Tim Lynch**  
Interim Chief Operating Officer



**Mrs Grace Lewis-Parry**  
Director of Governance & Communications

## Directors' Declarations of Interest

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 2013/14 as listed below:

Prof Merfyn Jones (01/04/13 – 06/10/13)	Chair, Coleg Cymraeg Cenedlaethol Trustee, Sir Clough Williams Ellis Foundation
Dr Peter Higson (07/10/13 – 31/03/14)	Brother to Dr Ruth Hussey, Chief Medical Officer for Wales
Dr Lyndon Miles (01/04/13 – 31/08/13)	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	Trustee and Executive Committee of Welsh Council for Voluntary Action Trustee of Denbighshire Community Voluntary Council Committee Member of Ron & Margaret Smith Cancer Appeal Trustee of Crossroads North Wales Owner/Part Owner of Eyarth Hall ( <i>an organisation which may conduct business with the NHS</i> ) Director of Unity Creative Ltd Director of LTL International Management
Dr Christopher Tillson	GP Partner, Bodnant Medical Centre, Bangor
Mrs Marian Wyn Jones	Associate Director, Tower Media Training Director, Ganolfan Gerdd William Mathias Connections with the following voluntary or other bodies which may contract for NHS services: Snowdonia National Park Authority Coleg Prifysgol Bangor S4C Authority – Cyngor Celfyddydau Cymru
Cllr Elizabeth Roberts	County Councillor for Conwy County Borough
Ms Jenie Dean	Family member is an employee of Bangor University
Mr Geoff Lang (Acting Chief Executive) 27/05/13 – 31/03/14)	Governor, Yale College, Wrexham Member of Shadow Governing Body – Coleg Cambria
Prof Matthew Makin (01/01/14 – 31/03/14)	Occasional medical support provided to Nightingale House Hospice Received a medical education grant from Cephalon (biopharmaceutical company) during the financial year

Mr Martin Jones	Seconded to Welsh Government for 1½ -2 days per week between 01/04/13 to 30/09/13 as Interim Director of Workforce, NHS Wales
Mr Tim Lynch (01/10/13 – 31/03/14)	In substantive role as Director of Operations, Countess of Chester NHS Foundation Trust is directly involved in contract negotiations with the Health Board
Mr Andrew Jones	Spouse is an employee of the Health Board Trustee of Dolen Cymru
Mr Bob Evans (29/10/13 – 31/03/14)	Spouse holds a senior permanent post in the Welsh Government, Health and Social care Department which involves financial monitoring of Health Boards and Trusts
Mr John Day (15/05/13 – 30/09/13)	Advisor to Action on Hearing Loss Cymru

No other Health Board members provided Declarations of Interest in related parties during the period. Updated declarations were not received from either Mrs M Burrows or Mr C Sparkes who were employed by the Health Board for part of the 2013/14 financial year.

## 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 24 June 2014.

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 Interim Executive Director of Finance at the Finance Department, Wrexham Maelor Hospital, PO Box 860, Wrexham. LL13 7LJ.

## Statement of Comprehensive Net Expenditure for the year ended 31 March 2014

	2013/14 £'000	2012/13 £'000
Expenditure on Primary Healthcare Services	283,898	283,816
Expenditure on Healthcare from Other Providers	284,247	284,255
Expenditure on Hospital and Community Health Services	780,444	808,720
	<u>1,348,589</u>	<u>1,376,791</u>
Less: Miscellaneous Income	117,905	117,463
<b>LHB net operating costs before interest and other gains and losses</b>	<b>1,230,684</b>	<b>1,259,328</b>
Investment Income	0	0
Other (Gains) / Losses	(46)	(77)
Finance costs	151	173
	<u>1,230,789</u>	<u>1,259,424</u>
<b>Net operating costs for the financial year</b>		

## Achievement of Operational Financial Balance

The Health Board's performance for the year ended 31 March 2014 is as follows:

	2013/14 £'000	2012/13 £'000
Net operating costs for the financial year	1,230,789	1,259,424
Less Non-discretionary expenditure	1,637	1,940
Less Revenue consequences of bringing PFI schemes onto SoFP	0	0
<b>Net operating costs less non-discretionary expenditure and revenue consequences of PFI</b>	<b>1,229,152</b>	<b>1,257,484</b>
Revenue Resource Limit	<u>1,229,154</u>	<u>1,257,489</u>
<b>Under / (over) spend against Revenue Resource Limit</b>	<b><u>2</u></b>	<b><u>5</u></b>

## Capital Resource Limit

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

	2013/14 £'000	2012/13 £'000
<b>Gross capital expenditure</b>	46,414	34,508
Add: Losses on disposal of donated assets	0	0
Less NBV of property, plant and equipment and intangible assets disposed	(932)	(1,871)
Less capital grants received	0	0
Less donations received	<u>(1,933)</u>	<u>(1,295)</u>
Charge against Capital Resource Limit	43,549	31,342
Capital Resource Limit	<u>43,558</u>	<u>31,362</u>
(Over) / Underspend against Capital Resource Limit	<u>9</u>	<u>20</u>



# Statement of Financial Position as at 31 March 2014

	31 March 2014 £'000	31 March 2013 £'000
<b>Non-current assets</b>		
Property, plant and equipment	473,406	450,861
Intangible assets	1,768	1,360
Trade and other receivables	48,499	44,272
Other financial assets	0	0
Other assets	0	0
<b>Total non-current assets</b>	<b>523,673</b>	<b>496,493</b>
<b>Current assets</b>		
Inventories	13,627	12,509
Trade and other receivables	44,588	38,836
Other financial assets	0	0
Other assets	0	0
Cash and cash equivalents	1,147	417
	<b>59,362</b>	<b>51,762</b>
Non-current assets classified as 'Held for Sale'	1,755	1,207
<b>Total current assets</b>	<b>61,117</b>	<b>52,969</b>
<b>Total assets</b>	<b>584,790</b>	<b>549,462</b>
<b>Current liabilities</b>		
Trade and other payables	111,714	110,670
Other financial liabilities	0	0
Provisions	24,561	23,119
Other liabilities	0	0
<b>Total current liabilities</b>	<b>136,275</b>	<b>133,789</b>
<b>Net current assets / (liabilities)</b>	<b>(75,158)</b>	<b>(80,820)</b>
<b>Non-current liabilities</b>		
Trade and other payables	1,264	1,326
Other financial liabilities	0	0
Provisions	49,629	47,446
Other liabilities	0	0
<b>Total non-current liabilities</b>	<b>50,893</b>	<b>48,772</b>
<b>Total assets employed</b>	<b>397,622</b>	<b>366,901</b>
<b>Financed by:</b>		
<b>Taxpayers' equity</b>		
General Fund	357,043	332,242
Revaluation reserve	40,579	34,659
<b>Total Taxpayers' equity</b>	<b>397,622</b>	<b>366,901</b>

# Statement of Changes in Taxpayers' Equity for the year ended 31 March 2014

	General Fund £'000	Revaluation Reserve £'000	Total Reserves £'000
<b>Changes in taxpayers' equity for 2013/14</b>			
<b>Restated Balance at 1 April 2013</b>	332,242	34,659	366,901
Net operating cost for the year	(1,230,789)	0	(1,230,789)
Net gain/(loss) on revaluation of property, plant and equipment	0	6,537	<b>6,537</b>
Net gain/(loss) on revaluation of intangible assets	0	0	<b>0</b>
Net gain/(loss) on revaluation of financial assets	0	0	<b>0</b>
Net gain/(loss) on revaluation of assets held for sale	0	0	<b>0</b>
Impairments and reversals	0	0	<b>0</b>
Movements in other reserves	0	0	<b>0</b>
Transfers between reserves	617	(617)	<b>0</b>
Release of reserves to SoCNE	0	0	<b>0</b>
Transfers to/from LHBs	<u>0</u>	<u>0</u>	<u><b>0</b></u>
<b>Total recognised income and expense for 2013/14</b>	(1,230,172)	5,920	<b>(1,224,252)</b>
Net Welsh Government funding	<u>1,254,973</u>	0	<u><b>1,254,973</b></u>
<b>Balance at 31 March 2014</b>	<u>357,043</u>	<u>40,579</u>	<u><b>397,622</b></u>

## Statement of Cash flows for year ended 31 March 2014

	2013/14 £'000	2012/13 £'000
<b>Cash flows from operating activities</b>		
Net operating cost for the financial year	(1,230,789)	(1,259,424)
Movements in Working Capital	(9,897)	(7,953)
Other cash flow adjustments	44,118	90,737
Provisions utilised	(13,954)	(12,556)
<b>Net cash outflow from operating activities</b>	<b>(1,210,522)</b>	<b>(1,189,196)</b>
<b>Cash flows from investing activities</b>		
Purchase of property, plant and equipment	(45,821)	(33,900)
Proceeds from disposal of property, plant and equipment	978	1,948
Purchase of intangible assets	(811)	(183)
Proceeds from disposal of intangible assets	0	0
Payment for other financial assets	0	0
Proceeds from disposal of other financial assets	0	0
Payment for other assets	0	0
Proceeds from disposal of other assets	0	0
<b>Net cash inflow/(outflow) from investing activities</b>	<b>(45,654)</b>	<b>(32,135)</b>
<b>Net cash inflow/(outflow) before financing</b>	<b>(1,256,176)</b>	<b>(1,221,331)</b>
<b>Cash flows from financing activities</b>		
Welsh Government funding (including capital)	1,254,973	1,219,718
Capital receipts surrendered	0	0
Capital grants received	1,933	1,295
Capital element of payments in respect of finance leases and on-SoFP	0	0
Cash transferred (to)/from other NHS bodies	0	0
<b>Net financing</b>	<b>1,256,906</b>	<b>1,221,013</b>
<b>Net increase/(decrease) in cash and cash equivalents</b>	<b>730</b>	<b>(318)</b>
<b>Cash and cash equivalents (and bank overdrafts) at 1 April 2013</b>	<b>417</b>	<b>735</b>
<b>Cash and cash equivalents (and bank overdrafts) at 31 March 2014</b>	<b>1,147</b>	<b>417</b>

## Better Payments Practice Code

The Welsh Government requires that Health Boards pay all their trade creditors in accordance with the CBI Prompt Payment Code and Government Accounting rules. The Welsh Government has set, as part of the Health Board financial targets, a requirement to pay 95% of the number of non-NHS creditors within 30 days of delivery. For 2013/14, the Health Board under-achieved against this target as set out below:

	2013/14 Number	2013/14 £'000	2012/13 Number	2012/13 £'000
<b>NHS</b>				
Total bills paid	5,358	222,526	5,905	214,316
Total bills paid within target	5,031	220,075	5,245	210,379
Percentage of bills paid within target	93.9%	98.9%	88.8%	98.2%
<b>Non-NHS</b>				
Total bills paid	252,713	556,247	232,721	289,344
Total bills paid within target	238,858	543,026	222,806	278,117
Percentage of bills paid within target	94.5%	97.6%	95.7%	96.1%

**Total**

Total bills paid	<b>258,071</b>	<b>778,773</b>	238,626	503,680
Total bills paid within target	<b>243,889</b>	<b>763,101</b>	228,051	488,496
Percentage of bills paid within target	<b>94.5%</b>	<b>98.0%</b>	95.6%	97.0%

**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 2013/14 was £58,617,000.

Further details on the pension scheme are available in the full annual accounts which are available on application to the Acting Executive Director of Finance (see page 31 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 from October 2013 Dr Peter Higson) and comprised Independent Members Dr Lyndon Miles, Ms Jenie Dean, Mr Keith McDonogh, Mr Harri Owen-Jones and Dr Christopher Tillson and Mrs Margaret Hanson. 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. There have been no annual uplifts since that date.

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.

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

## Salary and Pension Tables

Name and Title	2013/14					2012/13				
	Salary (bands of £5,000) £'000	Benefit in kind (to nearest £100) £	Pension benefit (to nearest £1,000) £'000	Total (to nearest £1,000) £'000	Full year equivalent salary (if part year) £'000	Salary (bands of £5,000) £'000	Benefit in kind (to nearest £100) £	Pension benefit (to nearest £1,000) £'000	Total (to nearest £1,000) £'000	Full year equivalent salary (if part year) £'000
<b>Mary Burrows</b> Chief Executive (01/04/13-16/12/13)	<b>395-400</b>	<b>2,200</b>	<b>72</b>	<b>465-470</b>	<b>200-205</b>	200-205	4,000	46	250-255	200-205
<b>Mr G Lang</b> Acting Chief Executive (27/05/13-31/3/14)  Executive Director of Primary, Community & Mental Health (01/04/13-31/03/14)	<b>155-160</b>	<b>0</b>	<b>217</b>	<b>375-380</b>	<b>160-165</b>	130-135	0	31	160-165	125-130
<b>Mrs H Simpson</b> Executive Director of Finance (01/04/13-28/10/13)	<b>75-80</b>	<b>3,600</b>	<b>47</b>	<b>125-130</b>	<b>135-140</b>	135-140	6,000	(30)	110-115	
<b>Mr B Evans</b> Acting Finance Director (29/10/13-31/3/14)	<b>45-50</b>	<b>0</b>	<b>146</b>	<b>195-200</b>	<b>110-115</b>					
<b>Mr M Scriven</b> Executive Medical Director (01/04/13-05/09/13)	<b>70-75</b>	<b>100</b>	<b>(294)</b>	<b>(220-225)</b>	<b>165-170</b>	160-165	(200)	(84)	75-80	



Name and Title	2013/14					2012/13				
	Salary (bands of £5,000) £'000	Benefit in kind (to nearest £100) £	Pension benefit (to nearest £1,000) £'000	Total (to nearest £1,000) £'000	Full year equivalent salary (if part year) £'000	Salary (bands of £5,000) £'000	Benefit in kind (to nearest £100) £	Pension benefit (to nearest £1,000) £'000	Total (to nearest £1,000) £'000	Full year equivalent salary (if part year) £'000
<b>Dr M Duerden*</b> Acting Executive Medical Director (01/04/13-31/12/13)	105-110	0	(18)	90-95	145-150	65-70	0	(13)	50-55	145-150
<b>Dr P Birch</b> Acting Executive Medical Director (08/10/13-31/12/13)	40-45	0	0	40-45	185-190					
<b>Prof M Makin</b> Executive Medical Director (01/01/14-31/3/14)	40-45	1,500	69	110-115	165-170					
<b>Mrs R Cartmell</b> Acting Executive Director of Nursing, Midwifery and Patient Services (01/04/13-31/05/13)	15-20	0	106	120-125	100-105	5-10	0	(10)	(4)	80-85
<b>Mrs A Hopkins</b> Executive Director of Nursing, Midwifery and Patient Services (01/06/13-31/3/14)	100-105	200	1	105-110	125-130					

Name and Title	2013/14					2012/13				
	Salary (bands of £5,000)	Benefit in kind (to nearest £100)	Pension benefit (to nearest £1,000)	Total (to nearest £1,000)	Full year equivalent salary (if part year)	Salary (bands of £5,000)	Benefit in kind (to nearest £100)	Pension benefit (to nearest £1,000)	Total (to nearest £1,000)	Full year equivalent salary (if part year)
	£'000	£	£'000	£'000	£'000	£'000	£	£'000	£'000	£'000
<b>Mr C Sparkes</b> Acting Director of Therapies & Health Care Sciences (01/04/13-21/04/13)	10-15	0	(18)	(5-10)	95-100	55-60	0	32	85-90	130-135
<b>Mr J Day</b> Acting Director of Therapies and health Care Sciences (15/05/13-30/09/13)	35-40	0	11	45-50	95-100					
<b>Mr J M Jones</b> Executive Director of Workforce & Organisational Development	125-130	0	(5)	120-125		125-130	1,000	(32)	90-95	
<b>Mr A Jones</b> Executive Director of Public Health	120-125	0	(1)	120-125		120-125	0	(24)	100-105	
<b>Mr N Bradshaw</b> Executive Director of Planning (01/04/13-13/03/14)  Interim Director of Capital and Estates (13/03/14-31/03/14)	125-130	900	4	125-130	125-130	125-130	700	(12)	115-120	

Name and Title	2013/14					2012/13				
	Salary (bands of £5,000)	Benefit in kind (to nearest £100)	Pension benefit (to nearest £1,000)	Total (to nearest £1,000)	Full year equivalent salary (if part year)	Salary (bands of £5,000)	Benefit in kind (to nearest £100)	Pension benefit (to nearest £1,000)	Total (to nearest £1,000)	Full year equivalent salary (if part year)
	£'000	£	£'000	£'000	£'000	£'000	£	£'000	£'000	£'000
<b>Ms S Baxter</b> Acting Director of Planning (13/03/14-31/03/14)	0-5	0	10	10-15	80-85					
<b>Mrs G Lewis-Parry</b> Director of Governance and Communication	95-100	1,500	1	95-100		95-100	3,000	(15)	80-85	
<b>Mrs J Newman</b> Acting Director of Improvement and Business Support (01/04/13-30/09/13)	45-50	0	66	80-85	95-100	0-5	0	(16)	(10-15)	80-85
<b>Mr T Lynch**</b> Interim Chief Operating Officer (01/10/13-31/03/14)	75-80				155-160					
<b>Prof R M Jones</b> Chairman (01/04/13-06/10/13)	35-40	0	0	35-40	65-70	65-70	0	0	65-70	
<b>Dr P Higson</b> Chairman (07/10/13-31/04/14)	35-40	0	0	35-40	65-70					

Name and Title	2013/14					2012/13				
	Salary (bands of £5,000)	Benefit in kind (to nearest £100)	Pension benefit (to nearest £1,000)	Total (to nearest £1,000)	Full year equivalent salary (if part year)	Salary (bands of £5,000)	Benefit in kind (to nearest £100)	Pension benefit (to nearest £1,000)	Total (to nearest £1,000)	Full year equivalent salary (if part year)
	£'000	£	£'000	£'000	£'000	£'000	£	£'000	£'000	£'000
<b>Dr L Miles</b> Vice Chair (01/04/13-31/08/13)	20-25	0	0	20-25	55-60	55-60	0	0	55-60	
<b>Mrs M Hanson</b> Vice Chair (06/01/14-31/03/14)	15-20	0	0	15-20	55-60					
<b>Mr K McDonogh</b> Independent Member Acting Vice Chair (01/09/13-06/01/14)	25-30	0	0	25-30	15-20  55-60	15-20	0	0	15-20	
<b>Mr H Owen-Jones</b> Independent Member	15-20	0	0	15-20		15-20	0	0	15-20	
<b>Rev H Meredydd-Davies</b> Independent Member	15-20	0	0	15-20		15-20	0	0	15-20	
<b>Mrs H Stevens</b> Independent Member	15-20	0	0	15-20		15-20	0	0	15-20	
<b>Dr C Tillson</b> Independent Member	15-20	0	0	15-20		15-20	0	0	15-20	

Name and Title	2013/14					2012/13				
	Salary (bands of £5,000) £'000	Benefit in kind (to nearest £100) £	Pension benefit (to nearest £1,000) £'000	Total (to nearest £1,000) £'000	Full year equivalent salary (if part year) £'000	Salary (bands of £5,000) £'000	Benefit in kind (to nearest £100) £	Pension benefit (to nearest £1,000) £'000	Total (to nearest £1,000) £'000	Full year equivalent salary (if part year) £'000
<b>Mrs M W Jones</b> Independent Member	15-20	0	0	15-20		15-20	0	0	15-20	
<b>Cllr E M B Roberts</b> Independent Member	15-20	0	0	15-20		15-20	0	0	15-20	
<b>Ms J Dean ***</b> Independent Member	0	0	0	0	0	0	0	0	0	0

The salary reported for Mrs M Burrows includes a payment of £200,000 in respect of a Settlement Agreement for her departure from the post of Chief Executive on 16 December 2013 and a payment of £68,817 in respect of her contractual entitlement to payment in lieu of notice. The terms of this exit package were agreed by the Board and made in accordance with Welsh Government guidance.

\* Dr M Duerden's salary as Acting Medical Director was paid at the annual rate of £145,000-£150,000 as shown above. The remuneration should have been paid at the annual rate of £165,000-£170,000 and therefore pay arrears of £10,000-£15,000 are payable in 2014/15.

\*\* Mr T Lynch is currently on secondment from his substantive post with the Countess of Chester NHS Foundation Trust. The cost to the Health Board for the secondment period above is £78,978.

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

This year for the first time, the Remuneration Report must include a Single Total Figure of Remuneration, prior year comparatives have been provided for 2012/13.

This is a different way of presenting the remuneration for each individual for the year. The table used is similar to that used previously, and the salary and benefits in kind elements are unchanged. The amount of pension benefits for the year which contributes to the single total figure is calculated in a new way, similar to the method used to derive values for tax purposes, and is based on information received From NHS BSA Pensions Agency.

The value of pension benefits is calculated as follows: (real increase in pension\* x 20) + (real increased in any lump sum) – (contributions made by member)

\* excluding increases due to inflation or any increase of decrease due to a transfer of pension rights.

This is not an amount which has been paid to an individual by the Health Board during the year, it is a calculation which uses information from the pension benefit table. These figures can be influenced by many factors e.g. changes in a person's salary, whether or not they choose to make additional contributions to the pension scheme from their pay and other valuation factors affecting the pension scheme as a whole.



Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in the LHB in the financial year 2013/14 was £200,000 - £205,000 (2012/13: £200,000 - £205,000). This was 7.28 times (2012/13: 7.62) the median remuneration of the workforce, which was £27,802 (2012/13: £26,558).

In 2013/14, three (2012/13: five) employees received remuneration in excess of the highest-paid director. Remuneration for the three employees ranged from £200,000 - £225,000 (2012/13: £205,000 - £235,000); all three employees are senior clinicians.

Total remuneration includes 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 2013/14, as the median remuneration has increased while the salary of the highest paid director has not changed. A pay award of 1% was made to all NHS staff excluding very senior managers; therefore 99.90% of staff received an inflationary pay award, while 43.6% of permanent staff received incremental pay progression within their pay scales.

The total number of staff employed through the year has remained relatively constant. The number of agency staff employed during the year has increased.

## Pension Benefits

Name and Title	Real Increase in Accrued Pension (bands of £2,500)  £'000	Real Increase in Lump Sum (bands of £2,500)  £'000	Total accrued pension at 31 March 2014 (bands of £5,000)  £'000	Lump sum related ted pension at 31 March 2014 (bands of £5,000)  £'000	Cash Equivalent Transfer Value as at 31/03/14  £'000	Cash Equivalent Transfer Value as at 31/03/13  £'000	Real Increase in Cash Equivalent Transfer Value  £'000	Employer's Contribution to Stakeholder Pension  £'000
<b>Mrs M Burrows</b> Chief Executive (01/04/13-16/12/13)	2.5-5	7.5-10	50-55	155-160	0	1,040	n/a	0
<b>Mr G Lang</b> Acting Chief Executive (27/05/13-31/03/14)  Executive Director of Primary, Community & Mental Health (01/04/13-31/03/14)	10-12.5	30-32.5	55-60	170-175	972	773	199	0
<b>Mrs H Simpson</b> Executive Director of Finance (01/04/13-28/10/13)	0-2.5	2.5-5	50-55	150-155	898	830	68	0
<b>Mr B Evans</b> Acting Director of Finance (29/10/13-31/03/14)	5-7.5	20-22.5	45-50	135-140	1,000	824	176	0
<b>Mr M Scriven</b> Executive Medical Director (01/04/13-05/09/13)	(10-12.5)	(35-37.5)	50-55	160-165	1,091	1,298	-207	0

Name and Title	Real Increase in Accrued Pension (bands of £2,500)  £'000	Real Increase in Lump Sum (bands of £2,500)  £'000	Total accrued pension at 31 March 2014 (bands of £5,000)  £'000	Lump sum related to accrued pension at 31 March 2014 (bands of £5,000)  £'000	Cash Equivalent Transfer Value as at 31/03/14  £'000	Cash Equivalent Transfer Value as at 31/03/13  £'000	Real Increase in Cash Equivalent Transfer Value  £'000	Employer's Contribution to Stakeholder Pension  £'000
<b>Prof M Makin</b> Executive Medical Director (01/01/14-31/03/14)	2.5-5	10-12.5	35-40	110-115	579	506	73	0
<b>Mrs R Cartmell</b> Acting Executive Director of Nursing, Midwifery and Patient Services (01/04/13-31/05/13)	5-7.5	15-17.5	25-30	85-90	524	421	103	0
<b>Mrs A Hopkins</b> Executive Director of Nursing, Midwifery and Patient Services (01/06/13-31/03/14)	0-2.5	0-2.5	35-40	110-115	808	770	38	0
<b>Mr C Sparkes</b> Acting Director of Therapies & Health Care Sciences (01/04/13-21/04/13)	(0-2.5)	(0-2.5)	55-60	170-175	0	1,257	n/a	0
<b>Mr J Day</b> Acting Director of Therapies & Health Care Sciences (15/05/13-30/09/13)	0-2.5	2.5-5	35-40	105-110	615	580	35	0

Name and Title	Real Increase in Accrued Pension (bands of £2,500)  £'000	Real Increase in Lump Sum (bands of £2,500)  £'000	Total accrued pension at 31 March 2014 (bands of £5,000)  £'000	Lump sum related to accrued pension at 31 March 2014 (bands of £5,000)  £'000	Cash Equivalent Transfer Value as at 31/03/14  £'000	Cash Equivalent Transfer Value as at 31/03/13  £'000	Real Increase in Cash Equivalent Transfer Value  £'000	Employer's Contribution to Stakeholder Pension  £'000
<b>Mr J M Jones</b> Executive Director of Workforce & Organisational Development	0-2.5	0-2.5	45-50	145-150	955	917	38	0
<b>Mr A Jones</b> Executive Director of Public Health	0-2.5	0-2.5	40-45	120-125	704	674	30	0
<b>Mr N Bradshaw</b> Executive Director of Planning (01/04/13-13/03/14)  Interim Director of Capital and Estates (13/03/14-31/03/14)	0-2.5	2.5-5	30-35	95-100	681	643	38	0
<b>Ms S Baxter</b> Acting Director of Planning (13/03/14-31/03/14)	0-2.5	2.5-5	10-15	40-45	263	240	23	0
<b>Mrs G Lewis-Parry</b> Director of Governance and Communications	0-2.5	0-2.5	25-30	85-90	564	538	26	0

Name and Title	Real Increase in Accrued Pension (bands of £2,500)  £'000	Real Increase in Lump Sum (bands of £2,500)  £'000	Total accrued pension at 31 March 2014 (bands of £5,000)  £'000	Lump sum related to accrued pension at 31 March 2014 (bands of £5,000)  £'000	Cash Equivalent Transfer Value as at 31/03/14  £'000	Cash Equivalent Transfer Value as at 31/03/13  £'000	Real Increase in Cash Equivalent Transfer Value  £'000	Employer's Contribution to Stakeholder Pension  £'000
<b>Mrs J Newman</b> Acting Director of Improvement and Business Support (01/04/13-30/09/13)	2.5-5	7.5-10	30-35	95-100	617	539	78	0

### Notes:

Dr M Duerden was Acting Executive Medical Director between 1 April 2013 and 31 December 2013. As Dr Duerden has previously been a General Practitioner, NHS Pensions is unable to provide separate pension benefit details for the Health Board service of a Board member who has also been a primary care practitioner.

Dr P Birch was Acting Medical Director between October 2013 and December 2013. Dr Birch is not a member of the NHS Pension Scheme.

The Cash Equivalent Transfer Value at 31/03/14 for both Mrs M Burrows and Mr C Sparkes is NIL; both are now in receipt of their pension benefits.

# 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 1 April 2013 – 31 March 2014 as well as providing an opinion on the Health Board's arrangements for securing value for money. The audit fee levied for 2013/14 was £477,000.

## 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.

## Statement of Accountable Officer's Responsibilities

The Welsh Ministers have directed that the Acting 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.



**Mr Geoff Lang**  
Acting Chief Executive

7 June 2013



# 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 31 to 36.

## 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 and the full 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 31 March 2014 on which I have issued an unqualified opinion.

I have not considered the effects of any events between the dates on which I signed my report on the full financial statements 24 June 2014 and the date of this statement.

I placed a narrative report on the accounts highlighting the £2.25 million of repayable resource brokerage provided by the Welsh Government at the year-end. This additional funding meant that the Health Board met its resource limit and as a result both my 'true and fair view' and 'regularity' opinions were therefore unqualified.

My narrative report also provided further detail about the Health Board's challenging financial position and its failure to develop an approved rolling three-year integrated medium-term plan, starting from 2014/15. The Welsh Government identified significant concerns with the proposed plan as it did not meet its requirements and extensive further work is required. As a consequence, the Health Board was in breach of this new statutory duty. For 2014/15, the Health Board has developed a one-year plan, for agreement at Accountable Officer level. My full narrative report can be found with the statutory financial statements.

In my opinion the information contained in the Annual Report for the financial year for which the financial statements are prepared is consistent with both the summary and the full financial statements.

Huw Vaughan Thomas  
Auditor General for Wales  
11 August 2014

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University Health Board

If you require a copy of the Annual Report and Accounts 2013/14 in an alternative format i.e. large print, or you would like a hard copy, please contact:

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