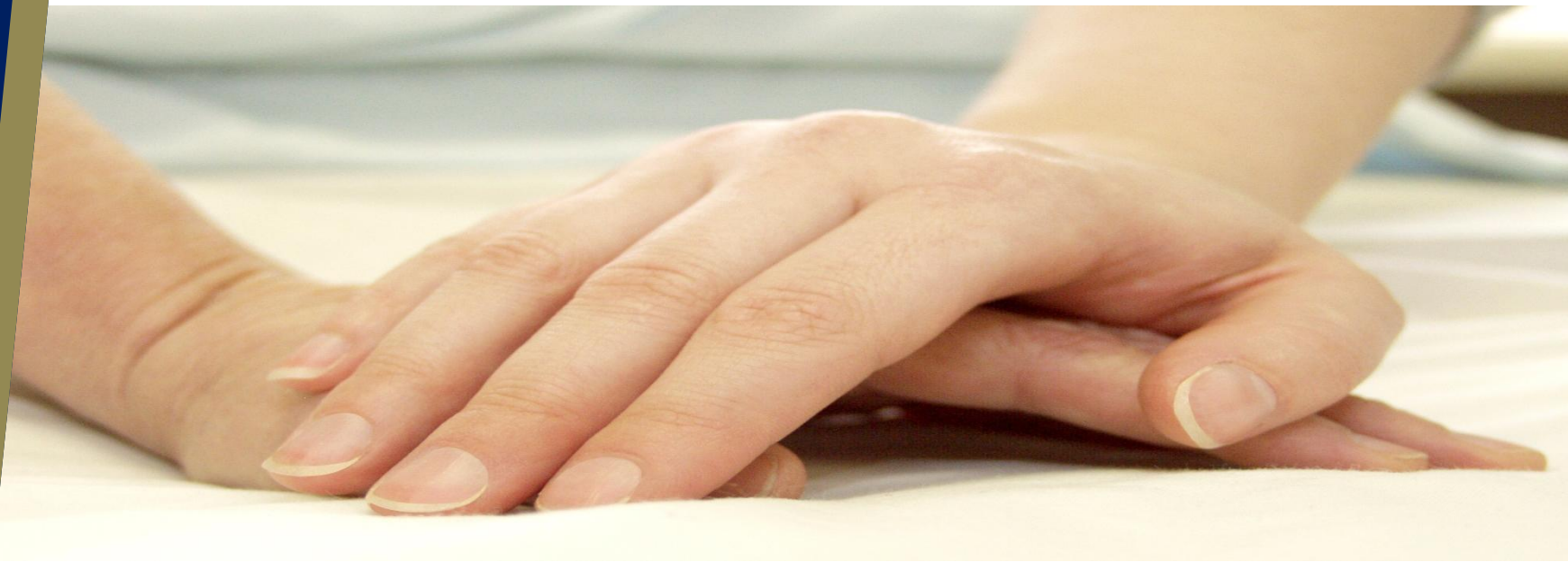
GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Annual Report and Accounts 2015/16



To improve health and provide excellent care

Chairman's Introduction

I am pleased on behalf of the Board to present our Annual Report for 2015/16.

This has been a very testing year for the Health Board, having been placed in Special Measures in June 2015. However the Board and all our staff have faced these challenges as an opportunity for us to deliver real improvement. We are making good progress in addressing many long-standing issues and I am confident that the changes that we are making will ensure we can continue to provide high quality healthcare and improve the health and wellbeing of the people we serve in North Wales in the years to come.

Peter Higson
Chairman

Annual Report

This document forms part of the Health Board's annual reporting and describes the management, governance and performance of the organisation. It is complimented by the Annual Quality Statement, which provides information on the quality of our clinical and care services, the Annual Governance Statement which demonstrates our approach to the management of the organisation, control of resources and management of risk, and the Annual Accounts which set out the full financial position of the Health Board.

These documents are all available to download from the Health Board's website, at www.wales.nhs.uk/sitesplus/861/page/40903, or by application to the Health Board's Communications Team (see panel alongside).

We are happy to translate or produce in other formats

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If you require a copy of the Annual Report in an alternative format or would like a hard copy, please contact

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PART ONE – PERFORMANCE REPORT

Chief Executive's Statement

The last year has been a period of unprecedented challenge for the Health Board.

The organisation was already subject to Welsh Government Targeted Intervention under the NHS Wales Escalation Framework arrangements, following longstanding concerns regarding leadership and governance.

In June 2015 the Health Minster accepted the advice of Welsh Government officials, Wales Audit Office and Healthcare Inspectorate Wales that the Health Board should be placed in Special Measures. The Minister set out key areas for tangible improvement as follows:

- Governance, leadership and oversight
- Mental health services
- Maternity services at Ysbyty Glan Clwyd
- GP and primary care services, including out of hours services
- Reconnecting with the public and regaining the public's confidence.

Against this background, it was clear that the Health Board was not in a position to submit a comprehensive three-year Integrated Medium Term Plan for the period from April 2016. Instead, during 2015/16 we have been working to a single year Delivery Agreement with the Welsh Government and have submitted an Annual Operational Plan for 2016/17.

We responded to being placed in Special Measures by introducing a series of 100 Day Plans for each of the areas set out by the Minister. These were designed to deliver urgent progress in each area and to lay the foundations for sustained long term improvements.

I am pleased to report that there has been substantial progress made, although clearly as an organisation there is still much work to be done.

Over the last twelve months there has been a substantial refresh of the Health Board's leadership team. My arrival as Chief Executive has been followed by the appointment of a new Director of Mental Health and Learning Disabilities. Three new Independent Members were appointed during the year, while our Medical Director, Prof Matthew Makin, secured a new post with a major NHS Trust in the North West of England and Prof Angela Hopkins, our Director of Nursing and Midwifery retired from the NHS. I would like to thank Matt and Angela for their major contribution to the NHS in North Wales, and I look forward to welcoming their successors during the current year.

We have introduced a new management structure, with clear leadership in our three main hospitals and three Area Directors and teams providing more locally focused management that is helping us reconnect our services with local communities and partners.

Last summer we started a programme of on-going engagement with our public. We have been making much greater efforts to get out and about, to meet with and listen to local people and hear their views that will help us determine how the health service in North Wales will develop over the next few years.

Although we faced some real challenges with medical staff recruitment, we were ultimately able to secure the doctors we needed to stabilise our maternity services and we recruited additional GPs and nurses to strengthen our Out of Hours primary care service.

It is also very important to recognise that while there were areas of particular challenge, across North Wales the dedication and skills of our staff mean tens of thousands of patients have continued to benefit from high class care and treatment. Particular areas of note are:

- Cancer treatment, where the Health Board has achieved the 31 day target in 11 out of the 12 months and performance against the 62-day target generally exceeds 90%, making us the best performing Health Board in Wales;
- Our stroke care performance is generally amongst the best in Wales and is on a par with some of the best performers in the UK;
- We have made great progress in reducing the backlog of patients waiting for Children and Adolescent Mental Health Services (CAMHS);
- Expected year end smoking cessation rate is 4.6% which is likely to be the best in Wales.

Over the next year it is important that we make progress to tackle waiting times in areas where patients are waiting longer then they should for treatment. Whether this is trying to get an appointment with a GP, waiting to complete treatment in our hospital Emergency Departments or waiting for clinic appointments and surgery, we know that there is a need for improvement. This was one of the key messages that we heard from the public during our engagement work last year.

Our financial position also remains a cause of concern. Health Boards are required to balance their income with expenditure over a rolling three-year period; the first period under this duty ends in 2016/17 and so we will not be measured against this duty until next year. Nevertheless we should manage our finances so we do not overspend against our financial allocations. We have not achieved this in the last two years and over this period have overspent by a total of £46.1m (from a budget of £2.6 billion). The Health Board's performance against our financial duties has been the subject of a narrative report by the Auditor General for Wales, which can be viewed at the end of our annual accounts available on the Publications page of our website www.wales.nhs.uk/sitesplus/861/page/40903. Addressing this is a significant challenge and it is imperative that we implement a disciplined approach to planning services that are financially sustainable, while remaining focused on delivering safe services of a high quality to patients.

Our purpose and activities

The Health Board is responsible for improving the health and wellbeing to a population of around 678,000 people across the six counties of North Wales (Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham). This encompasses prevention of ill health as well as treating illness and providing excellent healthcare services.

The Health Board is responsible for the provision of primary, community and mental health as well as acute hospital services. It operates three main hospitals (Ysbyty Gwynedd in Bangor, Glan Clwyd Hospital in Bodelwyddan and Wrexham Maelor Hospital) along with a network of community hospitals, health centres, clinics, mental health units and community team bases. The Health Board also coordinates the work of 112 GP practices and NHS services provided by dentists, opticians and pharmacists in North Wales.

The Health Board had a revenue income of £1.3 billion for 2015/16 and a workforce of approximately 16,500 (14,200 whole time equivalents).

Our Vision

- We will improve the health of the population, with a particular focus upon the most vulnerable in our society.
- We will do this by developing an integrated health service, which provides excellent care delivered in partnership with the public and other statutory and third sector organisations.
- We will develop our workforce so that it has the right skills and operates in a research-rich, learning culture.

Our Strategic Goals

- Improve health and wellbeing for all and reduce health inequalities.
- Work in partnership to design and deliver more care closer to home.
- Improve the safety and outcomes of care to match the NHS' best.
- Respect individuals and maintain dignity in care.
- Listen to and learn from the experiences of individuals.
- Support, train and develop our staff to excel.
- Use resources wisely, transforming services through innovation and research.

Our purpose, vision and strategic goals set out the long terms aims of the Board. We have further work to do to translate these into specific objectives for improvement in population health and health services which we will include in our plans going forward.

Our Quality Improvement Strategy for 2014 to 2017 focuses on three domains including the patient experience, the safety of our services to improve health outcomes and the quality of outcomes delivered through clinical excellence. The strategy builds upon the Health Board's stated values which were identified during a thorough engagement process including patients, staff and other key stakeholders.

As well as improving health and delivering clinical and care services, the Health Board has a wider public sector duty to support national policy, for example in respect of matters such as promoting equality and human rights, the environment, sustainable development and the Welsh Language.

To achieve our goals we work closely with partner organisations such as local authorities and the voluntary sector, to discuss and address health inequalities, promote community engagement and exploit joint working opportunities. The bodies include:

- Welsh Ambulance Services Trust;
- Public Health Wales;
- North Wales Community Health Council;
- Local Authorities (Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham);
- Neighbouring NHS bodies in England and Wales;
- The Community Voluntary Councils.

Planning Framework

The NHS Wales Planning Framework requires Health Boards to prepare and submit three-year Integrated Medium Term Plans (IMTPs) to the Welsh Government.

The Health Board produced a draft IMTP for 2015/16 but following initial discussions with the Welsh Government after the Health Board was placed in Special Measures it was accepted that this did not meet all aspects of the requirements for an IMTP and it was not submitted. This means that the Health Board did not meet its statutory financial duty under section 175 (2A) of the National Health Service (Wales) Act 2006 to have in place an approved three year IMTP for the three financial years commencing 2015/16.

As a result of Special Measures, Welsh Government confirmed that the Board will not be expected to submit a three year Integrated Medium Term Plan for 2016-19. Instead it was agreed with Welsh Government that the Health Board develop a one-year 'Delivery Agreement' focused on the immediate priorities for 2015/16 and submit an Annual Operational Plan for 2016/17. This would give the Health Board time to stabilise during the two year 'Special Measures' period and provide the space to further develop understanding of the population's health needs, set strategic goals and organisational values, develop capacity and build upon the progress that has been made under Special Measures.

The Annual Operational Plan focuses on the core elements of service delivery and identifies the following areas for service improvement:

- Improving health and tackling health inequalities
- Primary care development and improving chronic conditions management
- Planned care
- Unscheduled Care
- Quality and safety
- Mental Health and Learning Disabilities
- Children's services
- Maternity services
- Listening and engagement
- Strategy and Service Planning
- Responding to concerns.

The Health Board will also ensure that the financial position is delivered in line with the Financial Plan 2015/16, that detailed plans underpin the in year savings target, that the whole system strategy for services is developed in line with Special Measures Improvement Framework milestones and that a structured process of engagement will operate throughout all stages of strategy development work.

The Final Plan was submitted to Welsh Government on 29th April 2016.

Key issues & risks affecting delivery of objectives

The Health Board has developed profiles for delivery against the key performance indicators and submitted these to Welsh Government. The Welsh Health Committee issued the Annual Outcome Framework at the end of March 2016. This included a number of additional and developmental indicators. Profiles for these additional indicators and the resource implications of these are being assessed. Risks and mitigating actions are reflected in the Corporate Risk Register.

Key risks that could affect our ability to meet the required performance standards include:

- A whole system approach is needed to develop primary and community services while continuing to deliver and improve performance on the unscheduled care measures. This whole system approach needs to take account of the market and quality factors affecting provision of care homes
- Internal capacity constraints and the timeline to development of sustainable elective services.
- Achieving the structural and organizational development required to support changes to deliver care closer to home
- Engagement with employees, partners and stakeholders in driving forward changes required at pace.
- Estate and service delivery strategy development
- Delivering within the budget established by the Health Board.

To mitigate these key risks the Health Board has established an overarching transformation group, chaired by the Chief Operating Officer, with a series of service specific transformation work streams reporting to it. In addition the Project Management Office has oversight of project initiation documents with tracking of delivery against milestones for the cost improvement programme.

Where profiles submitted do not reflect the national target requirements, discussions are continuing with Welsh Government to agree improvement plans to support delivery within the resources available to the Health Board.

Performance Analysis

Our performance is measured across seven key domains or areas, aligned to the Welsh Government's Health Care Standards and National Performance Frameworks.

National Indicators

The summary dashboard alongside shows our performance across the range of indicators the Welsh Government use to measure all Health Boards in Wales. Overall our performance improved across the domains of Safe Care and Effective care, but worsened across the domains of Staying Healthy, Dignified Care, Timely Care and Individual Care.

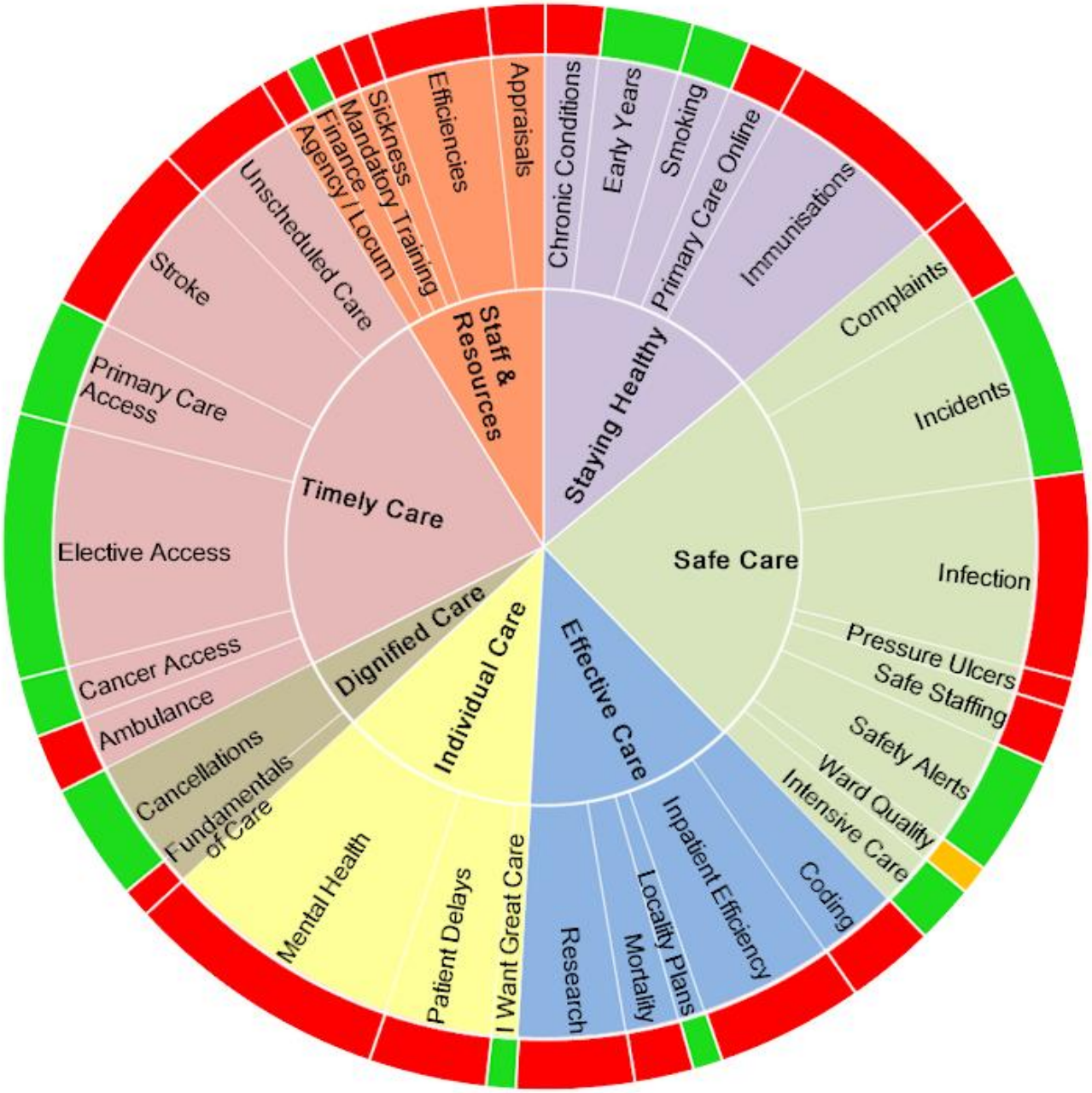
Each month we provide detailed briefings to our Board on our performance, explaining where we are, what we are doing about areas which need to improve, and when we expect to be back on track.

	Improved performance	Sustained performance	Decline in performance	Target Summary
STAYING HEALTHY - I am well informed & supported to manage my own physical & mental health	10 measures	0 measures	9 measures	
SAFE CARE - I am protected from harm & protect myself from known harm	7 measures	1 measure	3 measures	
DIGNIFIED CARE - I am treated with dignity & respect & treat others the same	0 measures	0 measures	1 measure	
EFFECTIVE CARE - I receive the right care & support as locally as possible & I contribute to making that care successful	5 measures	0 measures	4 measures	
TIMELY CARE - I have timely access to services based on clinical need & am actively involved in decisions about my care	6 measures	0 measures	11 measures	
INDIVIDUAL CARE - I am treated as an individual, with my own needs & responsibilities	1 measure	1 measure	3 measures	
OUR STAFF & RESOURCES - I can find information about how the NHS is open & transparent on use of resources & I can make careful use of them	2 measures	0 measures	2 measures	
SUMMARY	**31 measures**	**2 measures**	**33 measures**	

Local Reporting

We include both national and local indicators in our reporting to reflect our local priorities and improve the health, care and experience of the North Wales population.

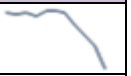
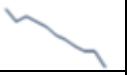
The chart alongside provides a more detailed breakdown of our performance against the individual groups of indicators within each of the seven domains. A green score indicates that we achieved the majority of targets within that grouping. A red score indicates we did not meet the required standard for the majority of indicators within the grouping.



This area of our performance ensures that we work in partnership with others to protect and improve the health and wellbeing of people and reduce health inequalities.

We want our citizens to be empowered to take responsibility for their own health and wellbeing, and to make sure that carers of individuals who are unable to manage their own health and wellbeing are supported.

We have many goals in this area to improve the health of the population; from ensuring that children have a healthy start in life to ensuring that patients who have had lifelong chronic conditions are well supported to live in the community.

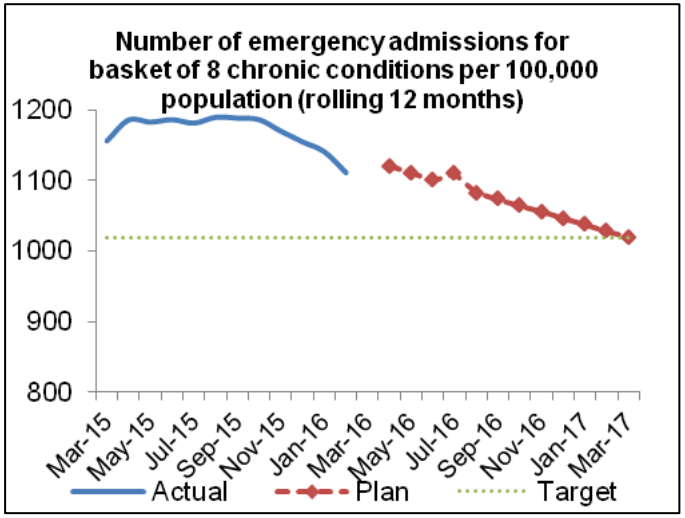
Our Performance Indicator		Period	Value		Trend
Rate of emergency hospital admissions within a year for 8 chronic conditions per 100,000 of the population		Feb-16	1,111		
Rate of emergency hospital readmissions within a year for 8 chronic conditions per 100,000 of the population		Feb-16	252		
Uptake of the national influenza vaccination for:	Over 65 years of age	Mar-16	68.6%		
	Under 65 years in risk groups	Mar-16	49.1%		
	Pregnant women	Mar-16	43.3%		
	Healthcare workers	Mar-16	43.6%		
Uptake of national childhood vaccinations for:	5 in 1 vaccine at age 1	Mar-16	97.1%		
	MenC vaccine at age 1	Mar-16	98.1%		
	MMR1 vaccine at age 2	Mar-16	95.8%		
	PCV vaccine at age 2	Mar-16	96.2%		
	HibMenC Booster at age 2	Mar-16	95.3%		
% of children aged 4/5 classed as overweight or obese		Mar-16	27.4%		
% of estimated LHB smoking population treated by NHS smoking cessation services		Mar-16	4.1%		
% of smokers treated by NHS smoking cessation services who are CO-validated as successful		Mar-16	31.0%		
Of those practices set up to use My Health On-Line, % who are offering appointment bookings		Mar-16	34.8%		
Of those practices set up to use My Health On-Line, % who are offering repeat prescriptions		Mar-16	77.6%		
Number of contacts to the mental health C.A.L.L. helpline		Mar-16	2253		
Number of contacts to the Wales Dementia helpline		Mar-16	34		
Number of contacts to the DAN 24/7 helpline		Mar-16	336		

Smoking Cessation

Our goal was for 5.0% of the smokers across North Wales, some 116,000 citizens, to commit to stop smoking. By the end of the year, we had treated 4.1%. Although we did not achieve the target, this was the best position achieved across Wales. At county level, performance against the target ranged from 3.4% in Gwynedd to 5.5% in Denbighshire. We also encouraged smokers to remain smoke free, and 31% of smokers we treated were independently validated as successfully having quit after four weeks. This is an area we are continuing to focus on next year with revised plans to treat even more patients and reduce the long term harm which smoking causes.

Chronic Conditions

Our local Area Teams developed plans to help patients with chronic conditions to better manage their health and wellbeing. Over the long term we are improving care by reducing the rates of admissions for chronic conditions such as Alzheimer's, atrial fibrillation, cardiovascular, stroke, diabetes, musculoskeletal conditions, neurological problems and respiratory disease.



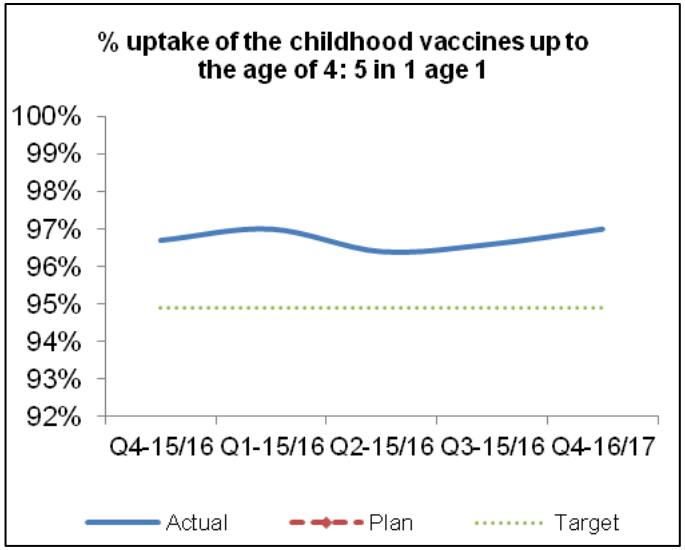
Our respiratory team's "Singing for Breathing" initiative, a supportive intervention for people living with chronic respiratory conditions, was a winner in our Annual Staff Achievement Awards

We are planning to deliver further improvements to chronic conditions care and further details are in our local delivery plans for respiratory disease, cardiac care, neurological conditions and diabetes, and our annual plan.

Immunisation

Our immunisation programmes promote healthy living by preventing the spread of illness and disease. Our childhood vaccination performance is amongst the best in Wales - the chart shows our most recent performance for the rate of immunisations at age 1.

Our seasonal flu vaccination programmes have vaccinated more patients and staff than in any previous year. However, because the population has grown we are only keeping up with the demand for vaccinations. Improving this area is a priority for us as we go in to 2016/2017. We have reviewed our action plan for vaccinations in preparation for the next year and are planning changes to increase uptake of the vaccine.



My Health Online

We worked in partnership with the National Wales Informatics Service to upgrade GP systems to allow patients to book appointments online and to order repeat prescriptions. 100% of practices across North Wales now have this software available. At the end of the year 35% of practices were offering patients appointments online and 78% of practices were offering repeat prescriptions online.

Next year our goal is to increase the number of practices offering online appointments by 10% and to increase the percentage of practices offering repeat prescriptions to 85% of all practices. We will also be working to offer appointments and prescriptions on mobile devices.

Benefits for patients include:

- No hanging on the phone, waiting to get through to the GP surgery.
- Convenient access to GP services from home or work, or anywhere with internet access.
- Reduced administration for the GP practice.

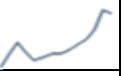
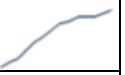
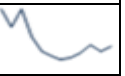
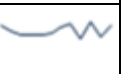
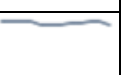
Safe Care

This area measures the safety of our services and includes how we minimise risk and maximise safety. It covers areas such as preventing pressure ulcers and tissue damage, falls prevention, infection prevention and control, nutrition and hydration, medicines management, safeguarding children and adults at risk and complaints.

We have made good progress on reducing infection rates but have struggled to reduce delays for patients who are ready to leave hospital.

Our performance against patient safety notices has improved throughout the year.

During the year there were six 'never events'. These are incidents that should never be able to occur, and we have investigated each of these incidents and put measures in place to prevent them reoccurring in future.

Our Performance Indicator	Period	Value		Trend
Rate of non-mental health delayed transfer of care per 10,000 of Local Authority population (aged 75+ years)	Mar-16	2.68		
Rate of mental health delayed transfers of care per 10,000 of Local Authority population (all ages)	Mar-16	184.9		
Number of cases of C Difficile per 100,000 of the population	Mar-16	52.7		
Number of cases of MRSA per 100,000 of the population	Mar-16	5.1		
Number of health care acquired pressure sores	Mar-16	49		
% compliance with National Patient Safety Agency Alerts issued prior to April 2014	Mar-16	100.0%		
% compliance with National Patient Safety Agency Rapid Response Reports issued prior to April 2014	Mar-16	100.0%		
% compliance with Patient Safety Solutions Wales Alerts issued after April 2014	Mar-16	100.0%		
% compliance with Patient Safety Solutions Wales Notices issued after April 2014	Mar-16	92.0%		
Of the Serious Incidents due for assurance within the month, the % assured within the agreed timescale	Mar-16	37%		
Number of new Never Events (12 month period ending March)	Mar-16	6		

Quality of Care on our Wards

During the year we began to report quality and safety measures, which were collected across our wards and reported to the Board. Each month our wards audit the quality of care provided to patients. This has helped to increase the visibility of ward care at Board level.

Following staff feedback, we reviewed and revised the measures of quality we collect at the ward level and this information is now reported directly to the Board each month.

Ward Quality Audits	General Wards	Mental Health Wards
Theme	**Mar-16**	**Mar-16**
Staying Healthy	66%	92%
Staff and Resources	83%	70%
Effective Care	86%	94%
Dignified Care	88%	95%
Safe Care	91%	97%
Timely Care	100%	100%
Total	**87.5%**	**93.6%**

Delayed Transfers of Care

We are working with health and social care partners to use our resources and infrastructure to deliver better care at the right time for North Wales residents. All parties are keen to refine the current schemes so that additional resource can be directed towards helping people avoid needing a hospital admission and to help patients get home faster. Equally, our intention is to continue to work together with the private sector to increase the availability of nursing and residential homes which are available to patients who are ready to leave hospital but require supported care.

In 2015/16 we played an active role in the Joint Commissioning Group, our work has already highlighted a gap in the provision of elderly mental health nursing homes in local areas which is needed to enable less acute patients to move more quickly from the acute hospital setting.

Preventing Infections

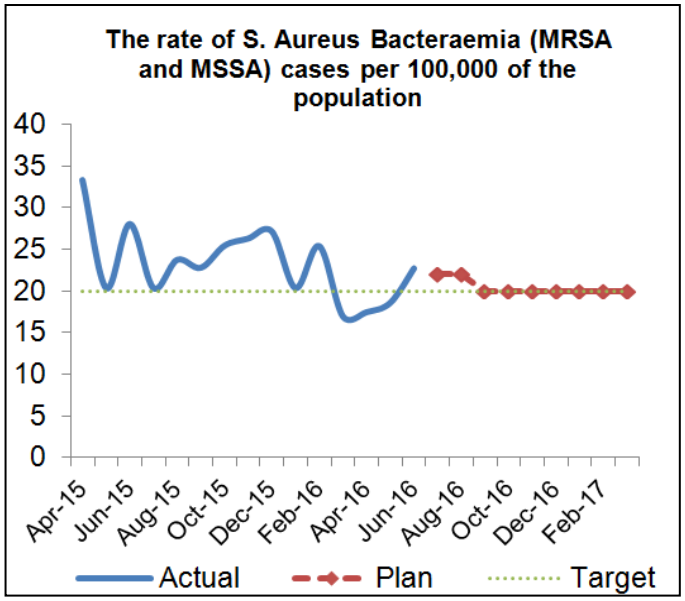
Preventing Infection remains a priority for us. It involves many aspects, including vaccination to protect the population from infections such as influenza and measles, work to ensure antibiotics are only prescribed when needed to reduce antimicrobial-resistant micro-organisms and improvements in cleanliness, hygiene and clinical practices such as hand hygiene.

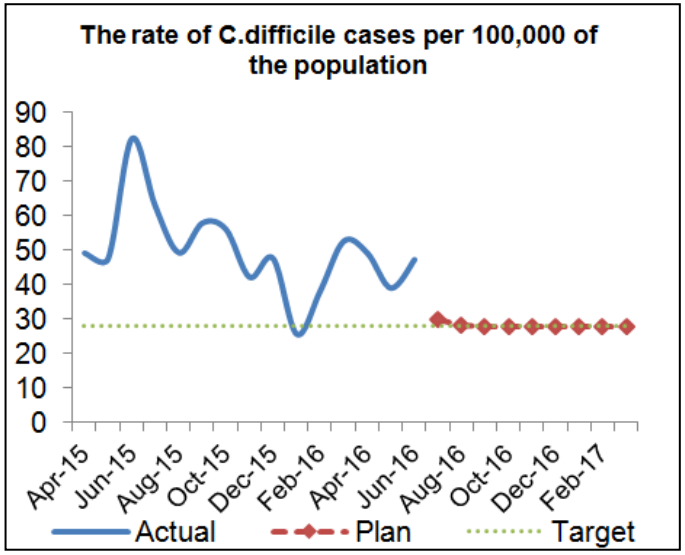
Our performance has steadily improved over the past few years, especially in relation to bloodstream infections due to Methicillin-resistant *Staphylococcus aureus* (MRSA). We are also seeing continued reductions in the number of cases of *Clostridium difficile* infection.

We have taken a wide range of actions in this area to improve the safety of patients, including:

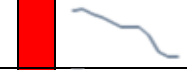
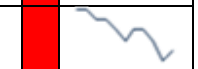
- Improving governance and scrutiny arrangements and refocusing key meetings such as the Antimicrobial Stewardship Group, and local infection prevention groups in our hospital sites and Areas.
- Continuing to implement our 10 key standards, which set high standards for cleanliness, hand hygiene and other clinical practices to protect patients from infection.
- Investing in our cleaning services to provide deep clean teams on each acute hospital site and further improve our cleaning processes and standards.

We continue to work across North Wales to put in place continued improvements and drive infection rates down further.





These indicators demonstrate how our care, treatment and decision making reflects best practice based on evidence. They also reflect how our services engage in activities to continuously improve by developing and implementing innovative ways of delivering care. This includes supporting research and ensuring that it enhances the efficiency and effectiveness of services.

Our Performance Indicator	Period	Value		Trend
Crude unadjusted mortality rate	Mar-16	1.7%		
Risk Adjusted Mortality Index (RAMI 2014)	Jan-16	110		
% valid principle diagnosis code 3 months after episode end date – monthly	Mar-16			
% valid principle diagnosis code 3 months after episode end date – rolling 12 months	Mar-16			
% of people aged 40+ who have a GP record of blood pressure measurement in the preceding 5 years	Mar-16	91.30%		
Number of Health & Care Research Wales Clinical Research Portfolio Studies	Mar-16	95		
Number of commercially sponsored studies	Mar-16	8		
Number of patients recruited into Health & Care Research Wales Clinical Research Portfolio Studies	Mar-16	1,086		
Number of patients recruited into commercially sponsored studies	Mar-16	72		

Clinically Effective Care

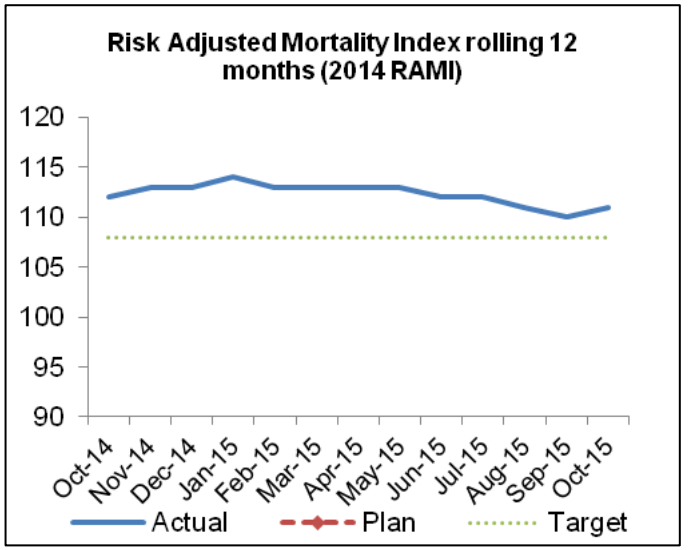
We assess the effectiveness of our care using a number of measures including national indicators, as well as more locally focussed indicators. In this section of the report, we cover mortality, research and the accuracy of the information we use to make decisions.

Supporting Research & Development

Our commitment to supporting Research & Development includes participating in high quality research studies and recruiting patients into these studies. During 2015/2016 our goal was to increase the numbers of studies we participated in and to increase the numbers of patients we recruited into those studies. At the end of the year, we had participated in 115 research studies, and 1,784 patients had supported us by taking part in the studies.

Mortality Indicators

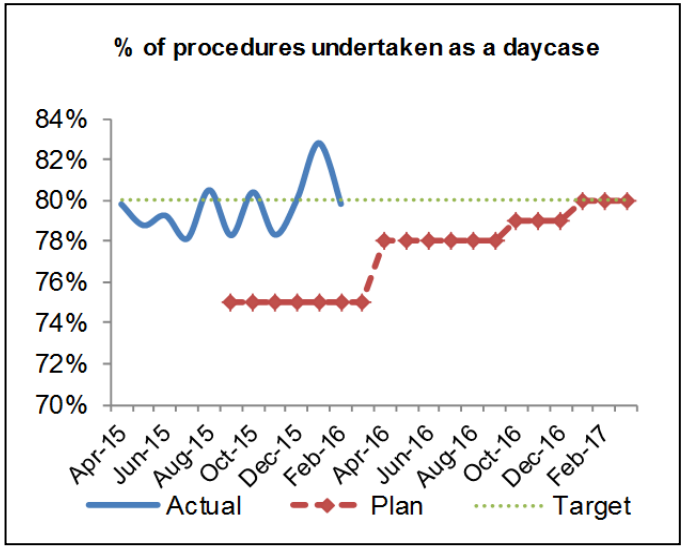
We use two main indicators for mortality: unadjusted and risk-adjusted. Unadjusted mortality measures the number of deaths as a percentage of all patients we discharge. Risk adjusted mortality takes account of the factors relating to risk each patient has, such as their clinical condition, age and sex. The chart alongside shows the long term trend for risk adjusted mortality. During the year we have focussed on the higher level of mortality at Wrexham Maelor Hospital. We have undertaken case note mortality reviews and also reviewed the quality of the data we submit which measures mortality. We have identified improvements we can make to our clinical pathways for patients who have a heart attack and will implement these in the next year.



Daycase Care

We know that we can provide care more effectively and wherever possible we aim to offer more treatments without requiring patients to have an overnight hospital stay. Our performance has varied throughout the year and we are working to improve daycase rates by:

- Increasing daycase bed availability.
- Increasing the number of patients who have surgery on the day they are admitted.



Accurate & Timely Information to support effective care

We have reviewed the timeliness of the information we collect about admissions, including the patient's conditions and the treatments we have undertaken. We aim to code 95% of the episodes of care within 3 months of the patient's discharge. However, we have fallen behind this target, our position at the end of March was 88%. We are reviewing our processes for submitting data, as well as expanding our team of clinical coders to improve this position.

Individual Care

We want our services to be shaped by and meet the needs of the people we serve and demonstrate that we learn and act on feedback.

Our aim is that those we care for and their families, are empowered to describe their experiences to those who provided their care so there is a clear understanding of what is working well and what is not, and that they receive an open and honest response.

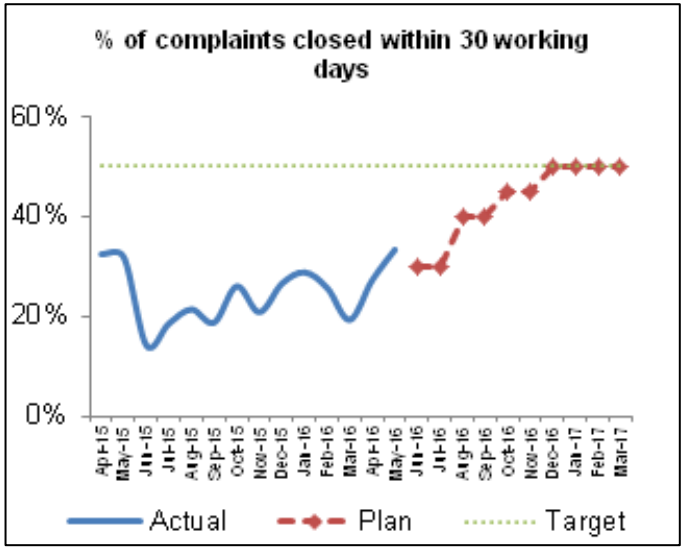
Our Performance Indicator	Period	Value		Trend
% of assessments by the LPMHSS undertaken within 28 days from the date of referral	Mar-16	83.2%		
% of therapeutic interventions started within 28 days following assessment by the LPMHSS	Mar-16	73.1%		
% of LHB residents sent their outcome assessment report within 10 working days after their assessment	Mar-16	76.9%		
% of LHB residents (all ages) to have a valid CTP completed at the end of each month	Mar-16	85.9%		
% of hospitals with arrangements in place to ensure advocacy available to all qualifying patients	Mar-16	100%		

Complaints

The Health Board has a positive view of complaints: we use the information we gather from them to help us improve the safety and quality of our services. Patients who complain tell us exactly what we have done wrong and where we need to put things right.

We know we need to do better to resolve routine complaints within 30 days and complex complaints within six months. We have put new management arrangements in to review complaints and share the learning from them across our services.

Further details on how we are managing complaints can be found on page 43 of the report.

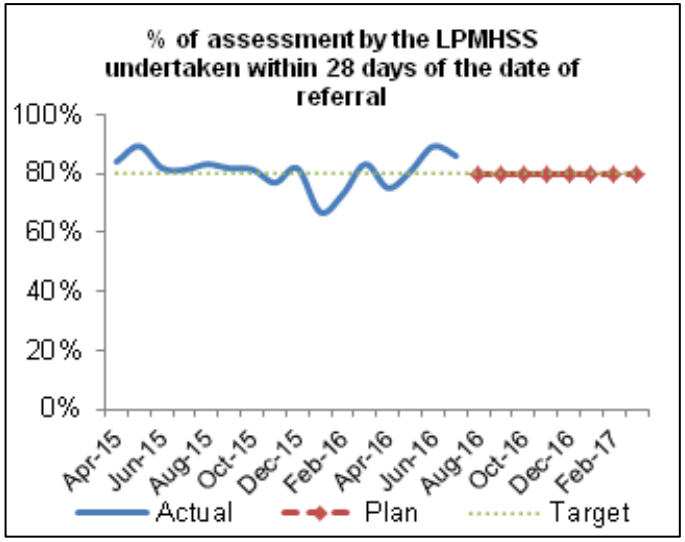


100 Day Plan – Mental Health

Our progress against the 100 day plan for Mental Health included specific plans relating to the governance issues across Mental Health services. It also included a focus on staffing levels, listening to staff who report incidents, responding to complaints, medicines management and the built environment of our Mental Health Units. We made progress across all these areas in the first 100 days and recognise we have further to go to gain the confidence in the delivery of our services.

Mental Health Key Indicators

Mental Health key performance indicators measure how we ensure that service users are assessed for their mental health needs in a timely way and that if they require therapeutic intervention they receive it quickly. Therapeutic intervention includes services like counselling, cognitive behavioural therapy, couples therapy and brief dynamic therapy.

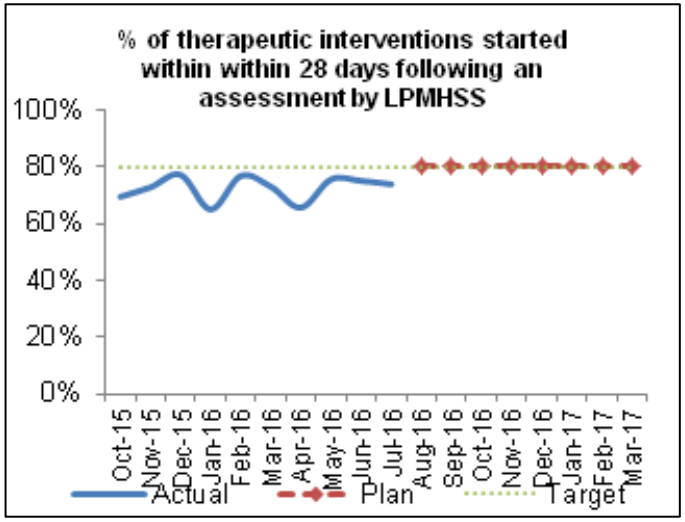


Mental Health Assessments

To ensure that we assess service users quickly, we work to a target that most service users (80%) are seen within 28 days, starting from the day we receive the referral letter. The chart shows that we achieved the target for most of the year, however during the winter period our performance was worse than the target level. Our performance has now recovered.

Mental Health Treatments

For those service users who require treatment, we aim to treat 80% within 28 days of assessment. Our performance against this indicator has posed a challenge for us during 2015/2016. During the year we took additional actions such as funding, recruiting and training additional staff to undertake treatments, as well as review our waiting list processes to ensure that we are using our resources in the most efficient way. In our revised plans for next year we are aiming to achieve 100% by the end of March 2017.



(LPMHSS: local primary mental health support service)

Dignified Care

Our goal is that people's experience of health care is one where everyone is treated with dignity, respect, compassion and kindness and which recognises and addresses individual physical, psychological, social, cultural, language and spiritual needs.

Our Performance Indicator	Period	Value		Trend
% patients who had their procedure postponed on more than once and had their procedure within 14 days or the patient's earliest convenience	Mar-16	39.4%		
Fundamentals of Care Score (Local Measure)	Dec-15	95%		

Fundamentals of Care

We work hard to ensure that we get the fundamentals of patient care right. Each year we undertake an audit to measure how we are doing. This year the Health Board's score overall improved from 88% to 95%, however it should be noted that the survey had been changed by the Welsh Government, to focus on the area of Patient Experience only. As a Health Board, we also voluntarily participated in the Staff Experience area, where our score remained the same as last year at 70%.

Feedback from our 1,086 patients whom completed the survey demonstrates that their experience is positive with an overall satisfaction score of 95%, with a large number of the patients' comments being extremely satisfied with the nursing and allied professionals' care they are received. However, our patients comments have also highlighted areas that they felt could be improved upon, including comments in respect of the noise levels and interruptions at night, and frequent references in terms of staffing levels. Both areas were highlighted in the 2014 report findings.

Ward Level Care

As part of our work on ward level care, we include measures on the dignity and respect which patients are given whilst in hospital. We also review patient feedback, comments and surveys, including the work we have done as a part of the 'I Want Great Care' pilot scheme at Wrexham Maelor Hospital.

iWantGreatCare
The trusted site for healthcare reviews

Reducing Cancellations

We know that cancelling patient appointments and admissions causes distress and inconvenience for patients and this is an area we are working to reduce. For the year of April 2015-March 2016 we admitted over 56,648 patients. We cancelled 7,811 of these. 350 patients were cancelled more than once, and of those we offered an appointment within two weeks to 169 patients (48%).

This is a key area of our performance. Our aim is that all aspects of care are provided in a timely way, ensuring that people are treated and cared for in the right way, at the right time, in the right place and with the right staff. We have been recognised for reporting waiting times transparently and this is an area where we have worked hard to keep up with demand.

An overview of our performance in this area shows that we have had real challenges in maintaining high levels of access for our patients.

Timely Care Summary

We are working with our GP partners to improve GP opening times so that patients can have appointments at a time which is convenient for them. However we recognise that this is an area where we still have much work to do.

We are also increasing our staffing levels to reduce the times patients wait for treatment after being referred by their GP, including diagnostic and therapy waiting times, which we describe in more detail overleaf.

For patients requiring urgent care, we are working with our partners in the Welsh Ambulance Trust to reduce waiting times in our Emergency Departments. Our plans for 2016/2017 are designed to provide a real change in the patient experience in emergency care departments across North Wales.

Our Performance Indicator		Period	Value		Trend
% of GP practices open during core hours within 1 hour of the core hours		Mar-16	95.0%		
% of GP practices offering appointments between 17:00 and 18:30 hours at least 2 nights per week		Mar-16	88.0%		
% of patients waiting less than 26 weeks for treatment (RTT)		Mar-16	87.8%		
Number of RTT 36 week breaches		Mar-16	3,666		
% of patients waiting less than 8 weeks for specified diagnostics		Mar-16	99.9%		
% of new patients spending no longer than 4 hours in A&E		Mar-16	72.9%		
Number of patients spending 12 hours or more in A&E		Mar-16	1,254		
% of ambulance red call responses within 8 minutes		Mar-16	69.8%		
Number of over 1 hour handovers		Mar-16	1,251		
% of patients referred as non-urgent suspected cancer seen within 31 days		Mar-16	98.2%		
% of patients referred as urgent suspected cancer seen within 62 days		Mar-16	91.1%		
% compliance with stroke Quality Improvement Measures	<4 hours = Direct admission to Acute Stroke Unit	Mar-16	48.31%		
	<12 hours = CT Scan	Mar-16	94.51%		
	<24 hours = Assessed by a Stroke Nurse	Mar-16	96.70%		
	<72 hours = Formal Swallow Assessment	Mar-16	100.00%		
Patients treated by an NHS dentist in the last 24 months as a % of the LHB population		Mar-16	50.1%		
Number of follow up appointments delayed past their target date (booked and not booked)		Mar-16	60,271		

Primary Care – Dental Access

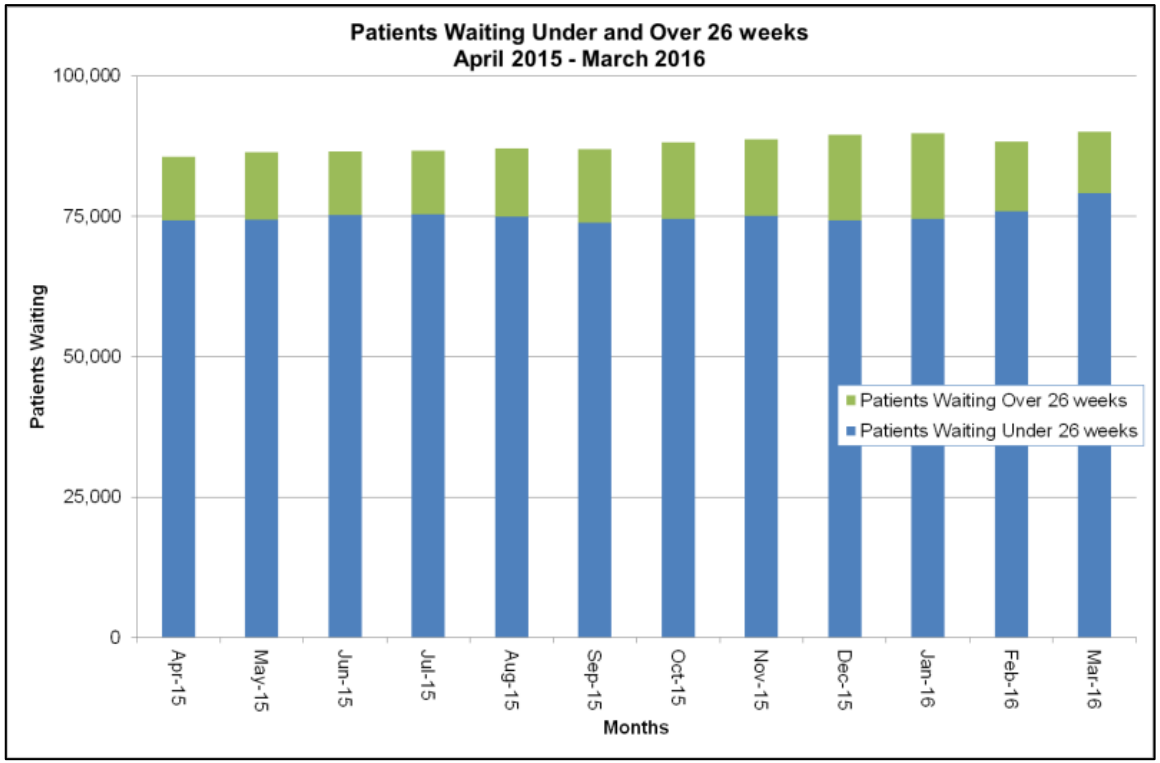
Having easy access to high quality dental services is essential to support our strategy to enable patients to live long and healthy lives. During 2015-2016 we saw the numbers of patients who regularly access dental services worsen from 50.56% in March 2015 to 50.05% in March 2016. Our plans for 2016/2017 include schemes and initiatives to increase the availability of dental care for patients.

Referral to Treatment

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.

During the past year we have been responding to major challenges in achieving these key access targets, and we were in breach of the headline targets throughout the year. However, as a result of significant investment and enormous commitment from our clinical and management teams, we reduced the number of patients waiting for more than 52 weeks to a low enough level to meet the open pathways' level agreed with the Welsh Government at the end of March.

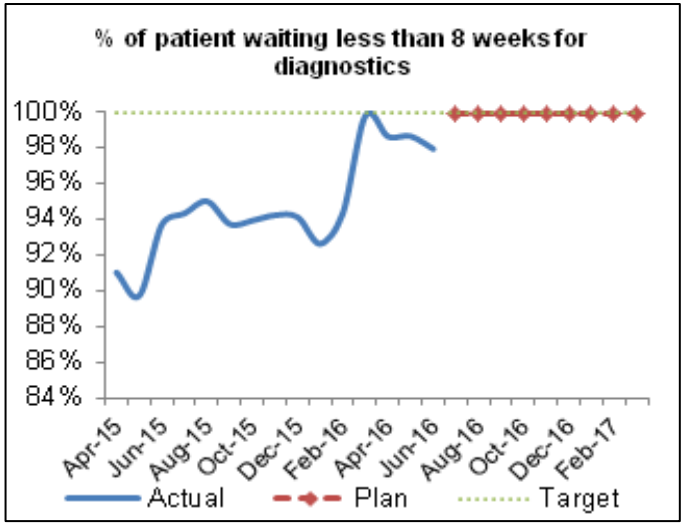


Our performance at the end of the year was: 87.9% of patients waiting less than 26 weeks and 3,666 patients waiting more than 36 weeks. 654 patients waited over 52 weeks to commence treatment.

Our plans for the next year include specific programmes to deliver improvement in efficiency and productivity in outpatients and in operating theatres. Our plans will be revised during the remainder of the year to reduce waiting times wherever possible within the resources available.

Therapy Waiting Times

At the end of March 2016, three patients were waiting beyond the national target of 14 weeks to access therapy services. We have achieved the target since March and no further breaches are expected in the next year.

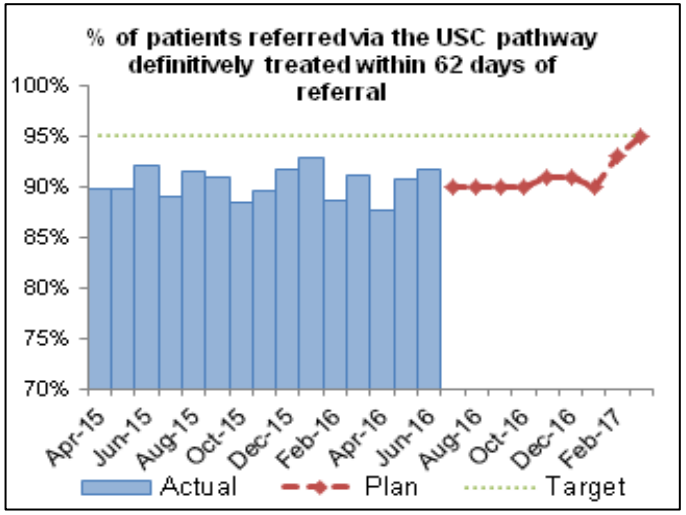


Diagnostic Waiting Times

At the end of March 2015, 99.7% of patients waited less than 8 weeks for a diagnostic test or procedure. This was a significant in-year improvement and one that we will continue to drive forward to enable all patients to access diagnostic services within 8 weeks in the forthcoming year.

Cancer Diagnosis and Treatment

Across the year we missed the headline cancer access target of treating 95% of cancer patients within 62 days of referral from their GP. In ten of the twelve months we achieved the 31 day target for patients who were diagnosed with cancer later in their pathway. Overall 21,602 patients were referred with suspected cancer, of which some 396 patients were confirmed with cancer and 36 were treated after 62 days. In response to this, we have developed a detailed local delivery plan to deliver compliance by March 2017.



We have taken some key steps to improve our position against this target. We reviewed all outpatient clinic templates to ensure we have enough capacity to quickly see patients who are referred with cancer. Putting in place service-led meetings for all cancer pathways improved the breach analysis process we have in place for pathways at our hospitals, giving us a much better understanding of all delays that contribute to breaches.

We reviewed our approach to ensure a much greater system wide approach to improvement developed timed pathways. This showed the milestones that need to be met for each pathway to be compliant, and a clear structured performance framework and accountable lead for each element of the pathway. Our work to improve is happening on a number of levels; with some hospitals the discussions are being led by clinical teams, whereas in other areas we are pursuing more formal communications through the Cancer Performance and Advisory Groups.

Emergency Department

Patients should wait no longer than four hours in an Emergency Department until they are treated, transferred or admitted to hospital. During the year 78.3% of patients who attended Emergency Departments (A&E) were seen within 4 hours, compared to a target figure of 95%.

This performance remains an area where we are focussing effort to improve, and we are taking a whole system approach to improve the flow of patients through our unscheduled care pathway, into hospital and back to their normal place of residence as soon as this can be safely achieved.

Stroke

We were rated as the best Health Board in Wales under the Sentinel Stroke National Audit Programme (SSNAP), with Ysbyty Glan Clwyd ranking as the top hospital in Wales. The programme measures how well we deliver the key assessments and treatments that improve patients' chances of survival and their degree of recovery. These include the administration of anticoagulant (clot-busting) drugs, specialist assessment by a stroke consultant, relevant scans and tests and the provision of speech and language therapy, occupational therapy and physiotherapy.

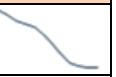
We looked carefully at the care pathway for patients, making sure that this is working as effectively as possible. Individual changes have included:

- Making sure that hospital emergency departments are forewarned when ambulances are bringing in patients who are suspected of having suffered a stroke.
- Directing all referrals of suspected stroke patients from GPs through the Emergency Departments so that specialist care can start quickly.
- Establishing an on call rota of staff able to administer clot-busting thrombolysis injections 24 hours a day, seven days a week.
- Making sure that there are radiographers trained to carry out head scans available on call 24 hours a day, seven days a week.
- Appointing extra stroke clinical nurse specialists to provide seven day per week cover.
- Creating dedicated beds for stroke care.
- Ensuring patients receive the appropriate level of therapy, specific to their stroke, needs, at the right time.

This has involved close team working in partnership between clinical staff from different departments, as well as patients and organisations such as the Welsh Ambulance Service and the Stroke Association.

We are committed to ensuring that there is enough staff with the right knowledge and skills available at the right time to meet our patient's needs. Our performance measures also ensure our staff have an annual appraisal and a personal development plan; are appropriately recruited, trained, qualified and competent for the work they undertake.

Our other local performance indicators in this area measure our theatre productivity, outpatient efficiency as well as our financial management of agency and locum staff.

Our Performance Indicator	Period	Value		Trend
% staff absence due to sickness	Mar-16	4.85%		
% of medical staff undertaking a performance appraisal	Mar-16	98.1%		
% of non-medical staff undertaking an appraisal (local)	Mar-16	46%		
New Outpatient DNA rates for selected specialties	Mar-16	5.6%		
Follow up appointment DNA rates for selected specialties	Mar-16	7.3%		

Our Productivity

We have been working to improve the productivity of our operating theatres and our outpatient clinics during the year. Within our operating theatres, we have worked with our partners Alturos, to implement revised booking systems and reduce waste. In our outpatient clinics we have partnered with Simpler, a leading improvement consultancy, to work closely with staff to identify and implement improvements in our processes to improve productivity.

Our Staff

The support given to staff has helped us achieve a long term reduction in the numbers of staff who are unable to work due to illness.

We have improved the number of appraisals we undertake for our medical staff, now routinely achieving over 98%. Locally, we also monitor appraisals for non-medical staff although this is not a government target. Our performance for non-medical appraisals has improved from 31% in April 2015 to 46% in March 2016. This is an area we are focussing on for further improvement in 2016/2017. The performance measures for staffing form other parts of the Annual Report and can be found on pages 60-64.

Our Activity

Patient Type	Actual
Emergency Inpatients	90,313
Elective Daycases	26,242
Elective Inpatients	19,882
Endoscopies	21,495
Minor Outpatient Procedures (cleansed Day Cases)	2,009
Regular Day Attenders	47,890
New Outpatients	204,448
Review Outpatients	447,829
New Emergency Department Attendances	213,999
Review Emergency Department Attendances	12,254
Grand Total	1,086,361

Approximately 90% of NHS activity is delivered by GP practices, community pharmacies, local dental practices and opticians.

With the resources we were given by the Welsh Government we delivered over a million assessments, tests or treatments for the North Wales population within the hospitals run directly by the Health Board, as noted in the table alongside. In addition to this activity, the Health Board commissions services provided elsewhere in Wales and in NHS England for the population of North Wales.

Sustainability Report

The Health Board is the largest LHB in Wales, covering almost a third of the country's landmass. Our size and the nature of the services we provide mean we have an environmental impact which must be carefully managed to avoid significant financial and environmental consequence. As part of our corporate commitment towards reducing these effects we maintain a formal Environmental Management System (EMS) designed to achieve the following:

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

Effective environmental management is achieved through:

- Promotion of the environmental policy to all relevant stake holders.
- 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 the 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 is measured using a number of tools and through our involvement with a number of partnership bodies:

- BS EN ISO 14001 Environmental Management System.
- Carbon Reduction Commitment Annual Reporting.
- Annual Energy and Facilities Performance Monitoring System.
- NHS in Wales Low Carbon Strategy.
- Carbon Trust Management Review.
- Flintshire Carbon Reduction and Adaptation Group.(CRAG)
- Gwynedd Local Service Board. (LSB)
- NHS Wales Shared Services Partnership-Facilities Services.
- In-house, real-time utility consumption monitoring systems.

These arrangements ensure that effective environmental management is conducted to current best practice standards and that continuous improvement is embedded in the culture of the organisation.

The current Corporate Carbon Reduction Performance Target is a 3% year on year reduction in CO_2 emissions as required by the Welsh Government's Climate Change Strategy Delivery Plan for Emissions Reduction.

Environmental Management System (EMS)

We achieved the Welsh Government's Directive final target stage for all District General Hospitals, Community Hospitals and Clinics to be certified to the BS EN ISO14001:2004 Environmental Management System (EMS) by December 2014 and this is now subject to ongoing assessment. Local objectives and targets achieved to reduce environmental impacts were:

- Reducing supplier packaging by enforcing waste hierarchy when NWSSP Procurement consider new contracts.
- Reinforcing the waste hierarchy which has increased recycling performance across the Health Board to 97%.
- Monitoring asbestos fibres in occupied areas to ensure they are kept to a safe level of <0.01 f/ml.
- Reduce the risk of oil pollution by upgrading tanks and bunds by local controls and procedures.
- Monitoring and managing properties with high radon gas readings in line with guidance from our Radiation Protection Advisor.

The EMS has evolved during the assessment cycle to include the activities at the community hospitals and clinics, which were added to the scope of registration in 2014. All parts of the system interact and the EMS proves to be effective in continued compliance. The EMS has been successfully deployed at all locations and local level documents have been structured to make them relevant to the individual location.

The Environmental Steering Group (ESG) ensures that the EMS remains adequate, effective and suitable. ESG meetings and audits provide detailed ongoing assessment. The ESG's Management Review, held annually and chaired by the Director of Estates and Facilities, with quarterly meetings to update progress reports, takes a broader view of the system as a whole and monitors environmental performance by reviewing:

- Audit compliance and non-compliance reports
- Compliance with legislation & applicable standards
- Incident reports, emergencies and complaints
- Progress in implementing BCUHB environmental objectives, management programme and training programme
- Changes to the environmental policy statement
- Environmental identification and developments including recommendations for improvement of all significant environmental aspects and associated compliance obligations, including those resulting from legislation changes
- Status of BCUHB environmental aspects, risk of potential pollution, legislation and management controls.
- Success of the system preventative and corrective action with any follow up actions or reviews.

Energy & Carbon Management

A Carbon Action Plan has been developed in Welsh Government standard format. Implementation is monitored and reported annually. Most items on this plan are dependent upon resource allocation from Major Capital development and the annual Discretionary Capital Programme.

A Standard Operating Procedure to manage the Carbon Reduction Commitment has been developed and implemented, and an internal audit was conducted in June 2015. The Initial 2014/15 Annual Report was completed and submitted in compliance with the CRC protocols.

The strategy of pre-purchase of CRC allowances at a reduced rate has enabled savings of £58,000 to be achieved for the projected CO2 consumption during financial year 2015/16. This strategy has been continued for financial year 2016/17 to maintain this significant cost reduction.

Partnership arrangements and information sharing with other public bodies are pursued as part of the continuous development of the Health Board's carbon reduction strategy. These arrangements include working with the Welsh Health Environmental Forum, Gwynedd & Ynys Mon Local Service Board and the Flintshire Carbon Reduction and Adaptation Group.

Major energy and water management projects conducted during 2015- 2016

- The refurbishment of Ysbyty Glan Clwyd has continued. Although energy technology improvements are incorporated in the design, overall carbon savings may be offset in the upgraded facilities by the increased area footprint and installation of new electrical consumers required for clinical treatment and patient comfort.

- An 'Invest to Save' bid for LED lighting of £225,000 was obtained, and twelve projects have been completed. The lighting quality improvement has been appreciated by staff and patients, and the expected carbon savings are estimated to be 217 tonnes CO2 per annum, with a financial payback of 4 years.

- Rationalisation and improvements to Corporate Estate Assets have continued. One Community Hospital and 8 staff flats have been disposed of during 2015-2016, as have three inefficient Health Centres, with staff transferred to more suitable modern primary care premises.

- Triad management and Short Term Operating Reserve operations have continued at Ysbyty Gwynedd, making full use of the availability of the 3 MW standby generator facility. This provides a financial benefit, obtained by prevention of winter peak demand charges and payments for generated kWh when called upon by the network operator. Approximately £50,000 per annum net income can be achieved by this facility, and regular full load operation is also beneficial to the installation to regularly test it's resilience and reliability.

- Both 600kWe main Combined Heat and Power units at Ysbyty Glan Clwyd have been extensively refurbished, and are awaiting heat load integration into the new main boilerhouse heat circuit to be re-established to full operating capability.

Greenhouse Gas (GHG) emissions

GHG emissions are calculated by collecting corporate consumption data and converting this data into carbon dioxide equivalents (CO2e) by means of official Department of Energy and Climate Change conversion factors. The CRC Carbon Reduction Scheme issues the official conversion figures annually, and have been used to calculate corporate energy emissions Due to difficulties with the administrative systems used by the supplier, British Gas Business, since September 2014, accurate energy consumption data has not been available. Data quality has improved, but the Summary of Performance data figures still contain many consumption and cost estimates. Data quality is expected to improve to an acceptable standard for 2016-2017.

Waste

Waste is one of the Health Board's major environmental aspects; we have continued to improve our performance in line with legislation and policy initiatives. One of our main environmental targets for 2015/16 was to reinforce the use of the waste hierarchy by increasing the overall recycling rate to 80%; across the Health Board recycling rates in 2015/16 exceeded 90%.

Our Waste Management Policy ES03 is currently under review and will include recent changes made to general waste and recycling processes. The main changes from the previous policy are:

- Removal of black refuse bags previously used for general waste from all BCUHB sites, black bags have been replaced with clear bags.
- All clinical waste containers, orange and clear bags shall be sealed securely and identified with a label pre-printed with BCUHB, the Hospital / site name and department / ward.
- The Policy illustrates the correct storage and disposal method for the most commonly produced waste types by the Heath Board.
- The Policy supports the Health Board's commitment to continually improving its environmental impacts and supporting the waste management hierarchy.

The Health Board recycles all general waste, WEEE (Waste Electrical and Electronic Equipment), batteries, aerosols, scrap metal, cardboard, paper, wood, furniture, plastics, glass, waste oils and building waste. Furniture and equipment surplus to requirements is advertised across the Health Board and re used.

Training underpins environmental initiatives. Environmental Awareness Events have taken place across the Health Board, raising awareness of the Waste Management Policy, correct waste segregation and waste recycling. New Waste Segregation posters have been produced. Departmental or service specific waste management training has been delivered as well as the environmental E-learning system to all new employees and the mandatory Control of Infection Update Training.

Use of resources

We are committed to minimising our use of natural resources. Our performance in reducing CO2 emissions in terms of utilities, embedded CO2 in procurement and transport is reported in the Summary of Performance tables below.

Climate change adaptation and mitigation

We ares an active member of the two pilot groups addressing climate change and adaptation in North Wales, Gwynedd & Ynys Mon Local Service Board and the Flintshire Carbon Reduction and Adaptation Group.

Biodiversity and natural environment

We are conscious of the impact of our service delivery on the natural environment. The main response to this is our commitment to BS EN 14001.

We take responsibility for and manage our natural habitats, including newt ponds, protected wild flower species, tree maintenance and surveys, bat protection and the protection of badger sets.

Major construction projects and refurbishment projects have also commissioned environmental studies to assess and mitigate their impact before commencement of works. Examples of these are the studies conducted at Ysbyty Glan Clwyd:

- Geoenvironmental and Geotechnical Investigation for phase 1 of the refurbishment project.
- Noise Survey Study.
- Extended Phase 1 Habitat Survey

Other refurbishment projects have also been subject to environmental impact assessments, such as bat habitat, to ensure biodiversity impact issues are considered and kept to a minimum.

Travel, transport and logistics

We have completed a comprehensive review of our travel, transport and logistics arrangements, and produced a draft strategy to address areas where improvements can be made. In summary, the draft strategy and action plan objectives are:

- Business Travel – Monitor and reduce.
- Procurement – Identify the most cost effective methods of meeting corporate requirements.
- Safe Travel – Minimise risks associated with business travel.
- Maintenance – Maintain cost-effective and timely processes for repair and maintenance of the vehicle fleet.
- Replacement and Disposal – Ensure vehicles are updated by implementing optimum replacement cycles.
- Records and Performance Management – Develop and communicate performance indicators with budget holders and vehicle user groups.
- Sustainable Travel – Protect the environment by implementing green travel and fleet management options.
- Collaboration – Extend opportunities for collaboration between Health Boards, Trusts and other fleet managers, both regionally and nationally.
- Non-Patient Transport – Hold an overview of all vehicle movement patterns in the area, to enable efficiency savings to be identified and implemented.

A Green Travel Plan has been undertaken, and mangers and staff are required to make an assessment of travel mode prior to making each business journey using a "Travel Decision Wheel" of environmentally friendly options.

Budget holders are informed of mileage and cost data of their vehicles and alternative fuels to assist in their performance reviews.

The lease car policy introduced an upper limit of 120g/km for new and leased cars from 1st Oct 2015, and a limit of 100g/km for pool cars.

Sustainable procurement

Procurement Services has reviewed its Sustainable Development Strategy to take account of the Welsh Government's proposals of bringing forward legislation to make sustainable development the central organising principle of Welsh Government and public sector organisations in Wales and to create an independent sustainable development body for Wales. The drivers for delivering this are:

- 2012 White Paper – "A Sustainable Wales – Better Choices for a Better Future".
- "One Wales: One Planet" – The Sustainable Development Scheme of the Welsh Assembly Government (2009).
- "The Wales We Want by 2050".
- "Future Generations Bill".
- 2011-2016 Legislative Programmes.

NWSSP Procurement Services has continued to include specific sustainability criteria within food contracts including high animal welfare standards and farm assurance for meat products. They work with Health Boards to reduce the amount of red meat and processed meat on hospital menus to limit the damaging environmental impact of livestock agriculture.

In 2015, the Director of Procurement Services signed the National Sustainable Cities Fish Pledge, a high profile commitment that only sustainably sourced fish from healthy global stocks would feature on NHS Wales fish contracts. This was combined with a removal of any endangered fish species from hospital menus and a movement towards more abundant fish species. Following successful supplier engagement events we have opened communication channels with a number of Welsh small and mediums sized enterprises (SMEs), and through better understanding the NHS's needs it is hoped they will be in a positive position respond to tender in future.

Sustainable construction

In accordance with Welsh Government policy we have adopted a corporate requirement that all new-build projects meeting the criteria are constructed to BREEAM excellent standard. Recent projects have included installation of photo voltaic generation arrays at Ysbyty Glan Clwyd Mortuary and Llangollen Primary Care Centre Tri-Generation facilities were installed in the new Pathology Laboratory at Ysbyty Glan Clwyd.

Business case reports for construction work consider sustainability elements as an integral part of project evaluations.

People

The impact of the quality and location of our premises on patients and staff is a primary factor in corporate planning. Consultation procedures are conducted prior to implementation of service delivery changes as an integral part of the decision making process.

Governance

Governance of sustainability performance is managed by many elements of corporate reporting, including ISO14001, Energy and Facilities Performance and Monitoring System, CRC annual reports and BREEAM assessment of major capital schemes. The data used in producing these reports is verified by internal and external audit providers, e.g. BSi, Internal Audit and the Welsh Audit Office.

Data collection is from a variety of sources, which include annual utility supplier statements, waste collection invoices, in-house real time utility monitoring systems and annual financial statements. The introduction of Automatic Meter Reading has been pursued to provide robust and accurate utility data.

Summary of performance

Greenhouse Gas Emissions		2013/14	*Change from previous year*	2014/15	*Change from previous year*	2015/16	*Change from previous year*
Non-Financial Indicators (tonnes of CO_2)	Total Gross Emission	45,469	*-2.9%*	43,727	*-3.8%*	43,768	*0.1%*
	Total Net Emissions	45,469	*-2.9%*	43,727	*-3.8%*	43,768	*0.1%*
	Gross Emissions Scope 1* (Direct) Gas & Oil	21,549	*-6.2%*	20,235	*-6.1%*	22,467	*11.0%*
	Gross Emissions Scope 2 & 3** (Indirect)	23,920	*0.4%*	23,492	*-1.8%*	21,301	*-9.3%*
Related Energy Consumption (tonnes of CO_2)	Electricity : Non-Renewable	0		0		0	
	Electricity : Renewable "Green" Supply Contract	23,920	*0.4%*	23,492	*-1.8%*	21,301	*-9.3%*
	Gas	21,001	*-5.2%*	19,671	*-6.3%*	22,119	*12.4%*
	LPG	0		0			
	Other - Oil	548	*-33.7%*	564	*2.9%*	348	*-38.3%*
Financial Indicators (£)	Expenditure on Energy	8,841,771	*0.1%*	9,195,383	*4.0%*	8,816,324	*-4.1%*
	CRC Licence Expenditure (2010 Onwards)	950		120	*-87.4%*	120	*0.0%*
	Expenditure on Accredited Offsets (e.g. GCOF)	0		0			
	Expenditure on Business Travel	10,234,059	*1.4%*	9,264,147	*-9.5%*	8,478,417	*-8.5%*

Energy consumption and cost data estimated where necessary

Notes

***Scope 1 - Direct Greenhouse Gas Emissions -** These occur from sources owned or controlled by the organisation and include. Examples include emissions as a result of combustion in heating boilers owned or controlled by the Health Board, emissions from our vehicles and fugitive emissions from refrigeration gas leakage.
****Scope 2 - Indirect Energy Emissions -** Emissions that result from the generation of electricity and steam which is supplied by another party for use in our buildings.
****Scope 3 - Other Indirect Greenhouse Gas Emissions -** Emissions which occur as a consequence of our activity, but are not directly owned or controlled by the Health Board, including those linked to consumption of waste and water, sustainable procurement, biodiversity action planning and emissions relating to official business travel directly paid for by the organisation.

Finite Resource Consumption		**2013/14**	***Change from previous year***	**2014/15**	***Change from previous year***	**2015/16**	***Change from previous year***
Non-Financial Indicators (m^3)	Water Consumption (All)						
	supplied	466,518	*1.9%*	470,675	*0.9%*	461,278	*-2.0%*
	abstracted	0		0		0	
	Water Consumption (Non-Office Estate)						
	supplied	0		0		0	
	abstracted	0		0		0	
Financial Indicators (£)	Water Supply Costs (All)	167,072	*112.6%*	353,384	*111.5%*	391,811	*10.9%*
	Water Supply Costs (Non-Office Estate)	0		0		0	

Waste		2013/14	*Change from previous year*	2014/15	*Change from previous year*	2015/16	*Change from previous year*
Non-Financial Indicators (tonnes)	Total Waste	4,089	*0.7%*	4,861	*18.9%*	4,997	*2.8%*
	Landfill	1,042	*-12.6%*	316	*-69.7%*	275	*-13.0%*
	Reused / Recycled	1,392	*21.4%*	2,658	*90.9%*	2,767	*4.1%*
	Composted	0		0		0	
	Incinerated with energy recovery	0		0		0	
	Incinerated without energy recovery	232	*7.9%*	256	*10.3%*	294	*14.8%*
Financial Indicators (£)	Total Disposal Cost	1,187,778	*11.9%*	1,383,935	*16.5%*	1,417,029	*2.4%*
	Landfill	201,748	*-4.9%*	72,480	*-64.1%*	34,524	*-52.4%*
	Reused / Recycled	167,072	*112.6%*	353,384	*111.5%*	391,811	*10.9%*
	Composted	0		0		0	
	Incinerated with energy recovery	0		0		0	
	Incinerated without energy recovery	161,116	*8.7%*	188,901	*17.2%*	200,012	*5.9%*

Waste data 2015-2016 includes all Hospital and Aggregate Sites

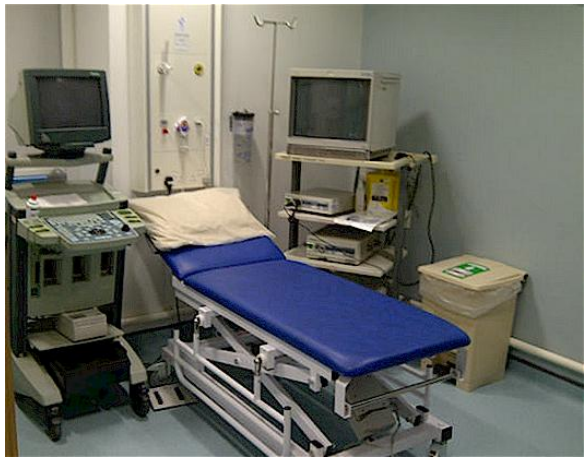
Reused/Recycled data includes WEEE waste

The standard reporting template only requires input of incinerated waste data, therefore Alternative Heat Treatment Waste included in the Total Waste Figures. Alternative Heat Treated Waste = 1,645 tonnes at cost of £794,238

Capital Development

During the year the Health Board invested over £48million in new facilities and equipment. Major projects that were completed during the year included:

- Llandudno Hospital Minor Injuries Unit
- Tywyn Community Hospital redevelopment
- Llangollen Health Centre
- Caia Park Primary Care Resource Centre in Wrexham
- Colwyn Bay Primary Care Resource Centre

Glan Clwyd Hospital - the new main entrance area, one of the bays in the Critical Care Unit and the Urology Diagnostics Unit

The project to remove asbestos and redevelop Glan Clwyd Hospital has continued to make good progress. During the year the Hospital's new Critical Care Unit opened, along with the first tower of three wards, the Urology Day Unit, the new Hospital Switchboard and the Electrical and Biomedical Engineering department. Around 65% of the asbestos has now been removed from the site.

Planning work for the new Sub-Regional Neonatal Intensive Care Centre has also moved forward rapidly, with the Outline Business Case receiving Welsh Government approval during the year. The Full Business Case should be submitted to the Welsh Government in the summer of 2016.

International Development and Wales for Africa

The Health Board is signed up to the Charter for International Health Partnerships, developed by the Welsh Government's International Health Coordination Centre to ensure a consistent and coherent approach to international partnerships. Over the last year we have developed our governance framework, strengthening arrangements around insurance, indemnity and effective financial control. We also support fully the work of the Wales for Africa Health Links Network and during 2016/17 will be hosting a shared learning event.

Betsi-Quthing (Lesotho) Health Partnership

The Partnership with Quthing in southern Africa has grown during the year. Our successful maternal health project, that trained rural health centre nurses in key aspects of obstetric care including neonatal resuscitation, has been followed by work with nursing and midwifery colleagues in Quthing to develop a maternal health handbook on intra-partum care. This is an important development as Lesotho has among the world's highest rate of maternal mortality.

In 2015 the group successfully bid for £87,000 funding from the Tropical Health and Education Trust (on behalf of the UK Government's Department for International Development). This is being used to continue our work supporting colleagues in rural and remote health centres to maintain their practical skills in clinical areas that they have identified. These include refresher training in cardiac and respiratory examination skills and the recognition and management of severity of depression and psychoses. We delivered an initial round of training and also trained people locally to continue this work, and have been providing support on healthcare leadership and management.

As well as benefitting communities and patients in Africa this work has given Health Board staff opportunities to develop new skills, both personal and clinical, as well as fostering new friendships across continents.

Abergele / Hawassa / Wachemo Link

The Stanley Eye Unit at Abergele continues its support of the Hawassa Eye Unit and Wachemo University in southern Ethiopia, through teaching optometrists and the Hawassa children's eye care team at the university. The Unit also supports a school for blind children that is situated near Hawassa.

Glan Clwyd Hospital / Hossana Hospital (Ethiopia) Link

The Ethiopian government has rewarded Hossana Hopsital for its excellent progress by asking them to set up an Intensive Care Unit, and twice in 2015 we ran a course training doctors in providing Intensive Care within limited resources. The Hospital also won an award in Ethiopia's Clean and Safe Hospitals programme and acknowledged the work of the Link in helping them achieve this.

The Hospital has expanded its staff considerably - it has recently appointed its first radiologist, general physician and orthopaedic surgeon, as well as a biomedical engineer, and during our visits in 2015 we saw the rapid progress on building the new Emergency Department.

We now have a Primary Care Link, and a continuing professional development programme is being set up for Health Centres which has been well received by staff.

Mbale, East Uganda

During the year the Health Board's Volunteers Manager Sue Marriot was supported by Wales for Africa to travel to Mbale in East Uganda. She spent eight weeks delivering management skills training to the Bushikori Christian Centre.which consists of a grade 3 health clinic, a child sponsor programme, a primary school and a community library serving 23,000 people.

Emergency Preparedness

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 a major transport accident. We are a Category 1 Responder and therefore must comply with the duties set out in the Civil 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 revised and reissued our Major Emergency Plan in 2016 and are up-dating our site-specific plans for our three acute hospitals at Bangor, Bodelwyddan and Wrexham. Our plans 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 other specific plans and capabilities such as medical incident response teams to deal with other specific threats to services or arrangements such as those needed for a 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, which helps to build the skills and knowledge of our key clinical, managerial and administrative staff.

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, they promote openness and involvement of the person raising the concern and providing redress when appropriate.

In November 2014 the Welsh Government commissioned a full review of these arrangements, the "Evans" report –*Using the Gift of Complaints*. The Health Board is working to implement the recommendations.

The Health Board has recognised the challenges of meeting these recommendations, the need to provide robust timely investigations and implement change and learning across the organisation. In order to achieve this additional staff are being recruited within the Corporate Concerns team

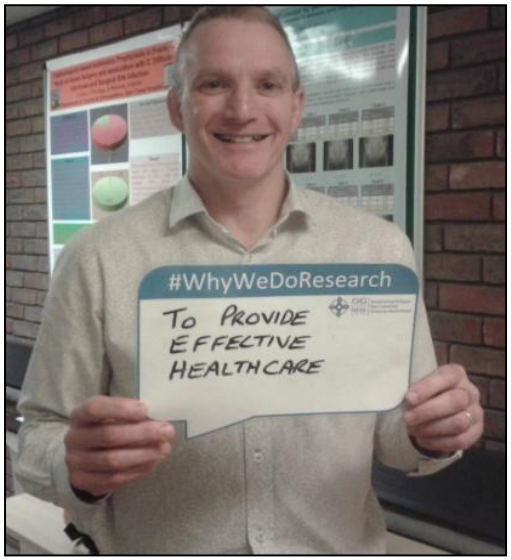
The teams are working in partnership with Workforce and OD and Solicitors from Legal & Risk to produce and deliver educational sessions and workshops to support the implementation.

During 2015/16:

- 1887 compliments were received
- 114 Thank You messages were received
- 2313 informal concerns were received
- 1905 formal concerns were received; 92% of these were acknowledged within 2 working days
- 454 (24%) of formal concerns received a full response within 30 working days; 858 (45%) of formal concerns involving more complex cases that took longer to investigate received a full response after more than 30 working days
- 128 concerns were referred to the Public Services Ombudsman for Wales, of which 93 were investigated
- 21810 patient safety incidents were reported by staff, of which 16273 (75%) 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. The increase in reporting demonstrates the open culture promoted by the Health Board in relation to incidents
- 250 new formal legal claims were received; 208 were clinical negligence claims and 42 were personal injury claims; 294 claims were concluded within the year

We are working hard to improve our service to ensure patients and their families receive prompt answers to the problems they raise. Further detail on concerns is contained in our Annual Quality Statement available on our website at www.wales.nhs.uk/sitesplus/861/page/40903

Research and Development



Dr Nefyn Williams, GP with the Plas Menai Surgery in Llanfairfechan and the Health Board's Director of Research and Development

2015/16 has seen significant progress across our whole range of planned research activity. Whilst it will take time for all of these activities to have an impact, we have already seen evidence that we are on track to fulfil our aim of becoming one of the best research active Health Boards in Wales.

Patients have had the opportunity to be involved in almost four hundred studies in a range of areas and specialities, both in our hospitals and clinics and in North Wales GP surgeries. Research shapes future care so it is really important that we continue to be active in all research areas, and offer as many of our patients as possible the opportunity to take part in research. We have been one of the highest recruiting sites in many studies, and care and treatment is changing as a result of the research carried out in the Health Board.

We have introduced three very active regional research and innovation groups, led by our research active clinicians, with members from all areas including our public members. Several events have been held in the last 12 months to raise awareness and share new knowledge and innovation. We have also directly funded some of our clinicians to carry out research in their areas so they can develop their ideas to benefit their patients.

Patients welcome opportunities to take part in studies, and in the coming year we plan to focus on increasing the opportunities available as well as supporting our clinicians to lead research in their areas to improve care and treatment. We will continue to develop the collaborations we have with our academic and industry partners and other NHS organisations.

The laboratory of the North Wales and North West Urological Research Centre, a joint venture between Wrexham Maelor Hospital Department of Urology and Department of Biological Sciences, University of Chester

PART TWO – ACCOUNTABILITY REPORT

Corporate Governance Report

Directors' Report

The Board

The Health Board's Chairman is Dr Peter Higson. During the year three individuals have fulfilled the role of Chief Executive and Accountable Officer: Prof Trevor Purt until 8th June 2015, Mr Simon Dean until 28th February 2016 and Mr Gary Doherty. During the year there have been a number of changes to the composition of the Board. These are detailed in full in the Health Board's Annual Governance Statement (available on our website at www.wales.nhs.uk/sitesplus/861/page/40903 - Section 9; Appendix 1); membership of the Board is also set out in the Remuneration Report on pages 51 to 54 of this document.

The Annual Governance Statement also sets out full details of the Board's supporting committee structure (Sections 12; 13) and their membership (Appendix 1).

Audit Committee

In line with the standards of good governance required of the NHS in Wales, 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. Its membership during the year comprised:

Chair	Dr Christopher Tillson	Independent Member (until 31/05/15)
	Mr Ceri Stradling	Independent Member (1/06/15 onwards)
Vice Chair	Mrs Marian W Jones	Independent Member
Members	Mr Keith McDonogh	Independent Member (until 31/05/15)
	Dr Christopher Tillson	Independent Member (1/06/15 onwards)
	Cllr Bobby Feeley	Independent Member (1/06/15 onwards)
In attendance	Mr Simon Dean	Interim Chief Executive (8/06/15 - 28/02/16)
	Mr Gary Doherty	Chief Executive (29/02/16 onwards)
	Mr Russ Favager	Executive Director of Finance
	Mrs Grace Lewis-Parry	Board Secretary

Register of Director's interests

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

The following Directors and Board Members have declared their interests for 2015/16 as listed below:

Name	Position	Interests
Prof T Purt	Chief Executive (1/04/15 - 8/06/15)	• Spouse works for North West Commissioning Support Unit - Manchester • Seconded to East Lancashire Hospitals NHS Trust and the wider NHS in England
Mr S Dean	Chief Executive (9/06/15 - 28/02/16)	• Seconded from post as Deputy Chief Executive, NHS Wales
Dr R M Walker	Acting Medical Director (From 1/03/16)	• Employed as a salaried GP at Plas Menai Surgery, Llanfairfechan (currently taking unpaid leave) • Undertakes ad-hoc work for Cardiff University as an examiner for the Diploma of Practical Dermatology • Has run courses on minor surgery for the Royal College of General Practitioners and has received payment for this work • Spouse is a GP Partner in Bron Derw Surgery, Bangor
Prof A Hopkins	Executive Director of Nursing, Midwifery, Therapies & Health Sciences	• Engages in professional engagement and development of policy as an Executive Nurse • Director in Wales with the Royal College of Nursing. No remuneration received • Member of the National Cultural Alignment Group, sponsored by the Royal College of Nursing • Awarded an honorary chair at Bangor University School of Healthcare Sciences, October 2015
Mr G Lang	Director of Strategy	• Governor of Coleg Cambria
Ms B Cuthel	Interim Director of Primary, Community and Mental Health Services	• Governing Body Member of Nugent Care (third sector provider of services to vulnerable adults and children • Family member works in Glan Clwyd Hospital
Mr A P Jones	Director of Public Health	• Spouse is an employee of the Betsi Cadwaladr University LHB • Trustee of Dolen Cymru (charitable/voluntary body part of the Wales for Africa programme)
Mr C Wright	Director of Corporate Services	• Partner is a Director at University Hospital of South Manchester NHS Foundation Trust

Dr P Higson OBE	Chair	• Trustee of Cartrefi Cymru • Council member of Bangor University • Sister is Ruth Hussey, Chief Medical Officer for Wales to March 2016
Dr C Tillson	Independent Board Member	• GP Partner in Bodnant Medical Centre, Bangor
Mrs M W Jones	Independent Board Member	• Member of Snowdonia National Park Authority • Member of S4C Authority • Canolfan Gerdd Williams Mathias - Director • Arts Council Wales Council Member • Works as a media consultant
Cllr B Feeley	Independent Board Member	• County Councillor - Denbighshire County Council • Local Authority representative on the Health Board • Lead Cabinet Member for Social Care and Older Peoples Champion, Denbighshire County Council
Mrs J Dean	Independent Board Member and Trades Union Representative	• Cohabiting partner is part-time employee of Bangor University
Prof J Rycroft-Malone	Independent Board Member and University Representative	• Spouse is an employee of the Betsi Cadwaladr University Health Board
Mrs L Meadows	Independent Board Member (From 22/04/15)	• Director at Bangor University
Mrs B Russell-Williams	Independent Board Member (From 22/04/15)	• Chief Officer of Gwynedd County Voluntary Council which receives funding from the Health Board • Spouse chairs Gwynedd Community Health Council
Mr C Stradling	Independent Board Member (From 22/04/15)	• Deputy Chair of the Local Democracy and Boundary Commission • Member of Snowdonia National Park Authority • Member of the BBC Audience Council in Wales (ended March 2016)

Data Security

Responsibility for information governance in the Health Board rests with the Director of Corporate Services who acts as the Senior Information Risk Owner (SIRO). The Executive Medical Director is the Caldicott Guardian. The Health Board did not have any data security breaches that triggered referral to the Information Commissioner's Office or Welsh Government and did not incur any financial penalties during the year.

Sickness absence data

This information is provided in the Staff Report on page 61.

Compliance with cost allocation requirements

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 any associated Welsh Government guidance and endeavour to make information available to the public via our Publication Scheme: www.wales.nhs.uk/sitesplus/861/page/40808

Annual Governance Statement

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

- The role and composition of the Board
- Our committee arrangements
- Our arrangements to manage risk
- How the Health Board is responding to being placed in Special Measures
- Quality and Governance processes
- The opinion of the Head of Internal Audit
- Our planning arrangements

Our Annual Governance Statement is available on our website available on our website at www.wales.nhs.uk/sitesplus/861/page/40903

Remuneration Report

Policies for the Remuneration of Staff and Senior Managers

For the purposes of this report Senior Managers are defined as those persons who have authority or responsibility for directing and controlling the organisation as a whole. This definition includes the regular attendees of the Board meeting.

From October 2004, the NHS Agenda for Change process was introduced to achieve consistency in contracts and terms and conditions across NHS Wales. An all-Wales contract is issued to all staff and managers (excluding directors) upon appointment. Medical and dental staff are governed by medical and dental terms and conditions which apply across NHS Wales.

Directors are not part of this process and a very senior manager pay scale has been introduced by the Welsh Government. Pay awards are determined nationally and applied locally based upon instructions from the Welsh Government. A pay award was not approved during 2015/16 and it is confirmed that the Health Board does not operate a performance related pay system. All contracts are permanent and notice periods for very senior managers are three months.

Independent Members are appointed for a term of up to four years (and can be appointed for a maximum of eight years). Independent Members receive nationally determined remuneration during their period of appointment.

The Remuneration and Terms of Service Committee

The Remuneration and Terms of Service Committee was established on 1 January 2015, following the Health Board's Committee Review in December 2014.

Chair	Dr Peter Higson	Chairman
Members	Mrs Margaret Hanson	Vice-Chair
	Mr Ceri Stradling	Independent Member
	Ms Jenie Dean	Independent Member
In attendance	Mr Gary Doherty	Chief Executive
	Mr Martin Jones	Executive Director of Workforce and Organisational Development

Remuneration Relationships

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 2015/16 was £200,000 - £205,000 (2013/14, £200,000 - £205,000). This was 7.29 times (2014/15, 7.59) the median remuneration of the workforce, which was £27,760 (2014/15 26,863). The highest paid director post during 2015/16 and 2014/15 was that of the Chief Executive.

In 2015/16, eight (2014/15, eight) employees received remuneration in excess of the highest-paid director. Remuneration for the eight employees ranged from £200,000-£205,000 to £275,000-£280,000 (2014/15 £200,000-£205,000 to £310,000-£315,000); all of these 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 remuneration ratio has decreased during 2015-16 which reflects that with the exception of Senior Managers (as defined in the opening paragraph of this Remuneration Report) all staff received an inflationary pay award. The pay award for 96.32% of staff was consolidated into their annual salary whilst for 2.7% of staff the award was a one off payment. In addition, 26% of staff received incremental pay progressing within their pay scales.

	2015/16	2014/15
Band of Highest paid Director's Total Remuneration	£202,500	£202,500
Median Total Remuneration	£27,760	£26,863
Ratio	**7.29**	**7.54**

Senior Manager Salary and Pension Disclosures and Single Total Figure of Remuneration

The Total figures in the table below (the Single Total Figure of Remuneration) for each Senior Manager includes a figure for the in year pension benefit, calculated using information supplied by the NHS Pensions Agency. The figure does not represent the actual amount paid to an individual during the year and reflects an accounting assessment of the increase in long term benefits adjusted for inflation. These figures can be influence by many factors including changes to a person's salary, additional contributions made by individuals and underlying valuation factors on the scheme as a whole.

	2015/16						2014/15					
Name and Role	Salary (bands of £5,000) **£'000**	Benefit in kind (to nearest £100) **£**	Pension benefit (to nearest £1,000) **£**	Perfor-mance pay and bonuses (bands of £1,000) **£**	**Total (bands of £5,000) £'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) **£**	Perfor-mance pay and bonuses (bands of £1,000) **£**	**Total (bands of £5,000) £'000**	*Full year equivalent salary (if part year)* **£'000**
Prof. T Purt (Note 1), Chief Executive 01/04/15 - 08/06/15	35-40	700	1,000	0	**40-45**	*200-205*	155-160	2600	51,000	0	**210-215**	*200-205*
Mr S Dean (Note 1), Interim Chief Executive 09/06/15 - 28/02/16	115-120				**115-120**							
Mr G Doherty (Note 1), Chief Executive 29/02/16 onwards	15-20	0	0	0	**15-20**	*200-205*						
Mr G Lang, Director of Strategy	125-130	0	0	0	**125-130**		130-135	0	0	0	**130-135**	
Ms M Olsen, Chief Operating Officer	140-145	0	13,000	0	**155-160**		70-75	0	0	0	**70-75**	*145-150*
Prof M Makin, Executive Medical Director and Director of Clinical Services 01/04/15 - 29/02/16	150-155	1,800	0	0	**150-155**	*165-170*	165-170	2600	10,000	0	**175-180**	

	2015/16						2014/15					
Name and Role	Salary (bands of £5,000) **£'000**	Benefit in kind (to nearest £100) **£**	Pension benefit (to nearest £1,000) **£**	Perfor-mance pay and bonuses (bands of £1,000) **£**	**Total (bands of £5,000) £'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) **£**	Perfor-mance pay and bonuses (bands of £1,000) **£**	**Total (bands of £5,000) £'000**	*Full year equivalent salary (if part year)* **£'000**
Dr M Walker, Interim Executive Medical Director and Director of Clinical Services 01/03/16 - 31/03/16	10-15	200	Note 2	0	**10-15**	*165-170*						
Mrs A Hopkins, Executive Director of Nursing and Midwifery	125-130	1,600	6,000	0	**130-135**		125-130	1200	68,000	0	**195-200**	
Mr J M Jones, Executive Director of Workforce and Organisational Development	125-130	1,200	4,000	0	**130-135**		125-130	1100	0	0	**125-130**	
Mr A Jones, Executive Director of Public Health	120-125	0	0	0	**120-125**		120-125	0	0	0	**120-125**	
Mr R Favager, Executive Director of Finance	140-145	6,100	0	0	**150-155**		90-95	3500	153,000	0	**245-250**	*140-145*
Mr C Wright, Director of Corporate Services	100-105	3,500	0	0	**105-110**		35-40	0	0	0	**35-40**	*95-100*

	2015/16						2014/15					
Name and Role	Salary (bands of £5,000) **£'000**	Benefit in kind (to nearest £100) **£**	Pension benefit (to nearest £1,000) **£**	Perfor-mance pay and bonuses (bands of £1,000) **£**	**Total (bands of £5,000) £'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) **£**	Perfor-mance pay and bonuses (bands of £1,000) **£**	**Total (bands of £5,000) £'000**	*Full year equivalent salary (if part year)* **£'000**
Mrs G Lewis-Parry, Board Secretary	95-100	900	6,000	0	**100-105**		95-100	1600	0	0	**95-100**	
Ms B Cuthel (Note 3), Interim Director of Primary, Community and Mental Health Strategy	115-120	0	0	0	**115-120**							
Mr A Thomas, Assistant Director, Therapies and Health Sciences	65-70	0	9,000	0	**75-80**							
Dr P Higson, Chairman	65-70	0	0	0	**65-70**		65-70	0	0	0	**65-70**	
Mrs M Hanson, Vice Chair	55-60	0	0	0	**55-60**		55-60	0	0	0	**55-60**	
Mr K McDonogh, Independent Member	15-20	0	0	0	**15-20**		15-20	0	0	0	**15-20**	
Dr C Tillson, Independent Member	15-20	0	0	0	**15-20**		15-20	0	0	0	**15-20**	
Mrs M W Jones, Independent Member	15-20	0	0	0	**15-20**		15-20	0	0	0	**15-20**	
Ms J Dean(Note 4), Independent Member												
Cllr B Feeley, Independent Member	15-20	0	0	0	**15-20**		0-5	0	0	0	**15-20**	

	2015/16						2014/15					
Name and Role	Salary (bands of £5,000) **£'000**	Benefit in kind (to nearest £100) **£**	Pension benefit (to nearest £1,000) **£**	Perfor-mance pay and bonuses (bands of £1,000) **£**	**Total (bands of £5,000) £'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) **£**	Perfor-mance pay and bonuses (bands of £1,000) **£**	**Total (bands of £5,000) £'000**	*Full year equivalent salary (if part year)* **£'000**
Prof J Rycroft-Malone (Note 5), Independent Member												
Mr C Stradling, Independent Member 22/04/15 onwards	15-20	0	0	0	**15-20**							
Mrs L Meadows, Independent Member 22/04/15 onwards	15-20	0	0	0	**15-20**							
Mrs B Russell Williams, Independent Member 22/04/15 onwards	15-20	0	0	0	**15-20**							

Notes

1. On 8 June 2015, the Health Board was placed into Special Measures by the Health and Social Services Minister, Mark Drakeford. On the following day the Board suspended its Chief Executive, Professor Trevor Purt, from his Accountable Officer role as a neutral act to enable due process to be followed.

   By mutual agreement, on 15 October 2015 Professor Purt stepped down from his role as Chief Executive of the Health Board and was seconded to an NHS Organisation in England. In addition to Professor Purt's salary as Chief Executive for the period 1 April 2015 to 8 June 2015, as reported in the table above, Professor Purt received remuneration totalling £70,137 during his period of suspension and £91,507 during the period of his secondment to 31 March 2016. That secondment will continue until 31st August 2016, at which point Professor Purt will leave the employment of the Health Board.

   Simon Dean was nominated by the Welsh Government as the Interim Chief Executive with effect from 9 June 2015. During the period of secondment Simon Dean's substantive employers were Velindre NHS Trust (9 June - 30 November 2015) and the Welsh Government (1 December 2015 – 29 February 2016) and costs totalling £161,367(including employer's National Insurance and pension contributions and non recoverable VAT) were incurred in relation to the secondment. The secondment was equivalent to 4 days per week.

   Gary Doherty was appointed as permanent Chief Executive on the 29 February 2016.

2. Dr M Walker took up post as Interim Medical Director on the 1st March 2016. Prior to this date Dr Walker was employed by the Health Board and also holds a position as a General Practitioner. It has not been possible to determine the element of pension benefits that relate to his role as Interim Medical Director.

3. For the period 1st April - 2nd August 2015 Ms Cuthel was on secondment from her substantive post with the Manchester Mental Health and Social Care NHS Trust. During this time the cost to the Health Board was £53,128 (including salary and employer's on costs). From 2nd August 2015 Ms Cuthell took up post as an employee of the Health Board.

4. Ms J Dean is an employee of the Health Board and is an Independent Member drawn from a Trade Union background.

5. Professor J Rycroft-Malone is the University representative on the Board.

	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 2016 (bands of £5,000) **£'000**	Lump sum related to accrued pension at 31 March 2016 (bands of £5,000) **£'000**	Cash Equivalent Transfer Value as at 31/03/15 **£'000**	Cash Equivalent Transfer Value as at 31/03/16 **£'000**	Real Increase in Cash Equivalent Transfer Value **£'000**
Prof. T Purt*, Chief Executive	0-2.5	2.5-5.0	35-40	110-115	-	-	-
Mr G Doherty**, Chief Executive 29/02/2016 onwards	0-2.5	0-2.5	45-50	135-140	702	709	1
Mr G Lang, Director of Strategy	(0-2.5)	(2.5-5)	45-50	145-150	877	866	(11)
Ms M Olsen, Chief Operating Officer	0-2.5	2.5-5.0	30-35	95-100	580	613	33
Mrs A Hopkins, Executive Director of Nursing and Midwifery	0-2.5	2.5-5.0	40-45	125-130	951	986	34
Mr J M Jones, Executive Director of Workforce and Organisational Development	0-2.5	2.5-5.0	50-55	155-160	1025	1053	28
Mr A Jones, Executive Director of Public Health	0-2.5	(0-2.5)	45-50	125-130	761	781	20
Mr R Favager, Executive Director of Finance	0-2.5	(0-2.5)	55-60	165-170	952	971	19

	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 2016 (bands of £5,000) **£'000**	Lump sum related to accrued pension at 31 March 2016 (bands of £5,000) **£'000**	Cash Equivalent Transfer Value as at 31/03/15 **£'000**	Cash Equivalent Transfer Value as at 31/03/16 **£'000**	Real Increase in Cash Equivalent Transfer Value **£'000**
Mrs G Lewis-Parry, Board Secretary	0-2.5	0-2.5	30-35	95-100	611	634	23
Ms B Cuthel**, Interim Director of Primary, Community and Mental Health from 2nd August 2015	(2.5-5)	(7.5-10)	40-45	130-135	903	836	(44)
Mr A Thomas, Assistant Director, Therapies and Health Sciences	0-2.5	0-2.5	25-30	75-80	456	473	17

Notes

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies. The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV
This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee(including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of the period.

* The Cash Equivalent Transfer value for Prof. Purt is NIL, as no value is provided for members of the 1995 Pension scheme aged 60 and above.

** As these staff were in post for part of the financial year the disclosures of CETV only relate to the element attributed to their period of employment with the BCU Health Board.

Exit Packages and Severance Payments

During 2015/16 the Health Board did not agree any termination payments or exit packages for very senior managers. Details of the severance payments for other staff are reported below.

	2015-16								2014-15	
Exit packages cost band (including any special payment element)	Number of compulsory redundancies Whole numbers only	Cost of compulsory redundancies £	Number of other departures Whole numbers only	Cost of other departures £	Total number of exit packages Whole numbers only	Total cost of exit packages £	Number of departures where special payments have been made Whole numbers only	Cost of special element included in exit packages £	Total number of exit packages Whole numbers only	Total cost of exit packages £
Less than £10,000	0	0	0	0	0	0	0	0	0	0
£10,000 to £25,000	0	0	1	19,461	1	19,461	0	0	0	0
£25,000 to £50,000	0	0	2	99,479	2	99,479	0	0	0	0
£50,000 to £100,000	0	0	1	60,643	1	60,643	0	0	2	120,410
£100,000 to £150,000	0	0	0	0	0	0	0	0	1	135,610
£150,000 to £200,000	0	0	0	0	0	0	0	0	0	0
More than £200,000	0	0	0	0	0	0	0	0	0	0
Total	**0**	**0**	**4**	**179,583**	**4**	**179,583**	**0**	**0**	**3**	**256,020**

Staff Report

The average number of full time equivalent (FTE) staff employed by the Health Board during 2015/16 is reported below. This is calculated using the contracted hours recorded on the Health Board's electronic staff record.

Professional Group	Average FTE
Professional, Scientific and Technical	587
Additional Clinical Services	2,769
Administrative and Clerical	2,472
Allied Health Professionals	825
Estates and Ancillary	1,181
Healthcare Scientists	275
Medical and Dental	1,170
Nursing and Midwifery Registered	4,944
Students	16
Total	**14,240**

The actual number of staff in post during 2015/16 was 16,649 and the gender composition is provided in the table below.

Staff Composition	Female	Male	Total
Director	3	8	11
Manager (Band 8C and above)	50	36	86
Staff	13,285	3,267	16,552
Total	**13,338**	**3,311**	**16,649**

The sickness absence data for 2015/16 is provided below:

	2015-16	2014-15
Days lost (long term)	182,152	185,570
Days lost (short term)	71,896	81,269
Total days lost	**254,048**	**266,838**
Average working days lost	11	12
Total staff employed in period (headcount)*	16,621	16,878
Total staff employed in period with no absence (headcount)*	6,495	5,781
Percentage staff with no sick leave	**39.07%**	**34.25%**

*Average over 12 months

Sickness absence is measured using calendar days on the Electronic Staff Record system so the actual aggregate number of working days lost is lower. The sickness absence rate for 2015/16 was 4.85%.

The Health Board prides itself on being an Equal Opportunity employer and one of the strategic equality objectives that aims to build upon this belief is “Becoming an Employer of Choice”.

Equalities and human rights

We have for many years been a “Two-Tick Symbol User” which means that we guarantee to interview any applicant who declares a disability, providing they meet the essential criteria for the job. This is reinforced through a very robust approach to mandatory equality and human rights training for all staff, and specific, additional, recruitment and selection training for all those involved in the recruitment and selection process. We aim to reinforce similar messages by providing training for managers in unconscious bias during the coming year.

In common with all other Health Boards in Wales, our managers are trained and supported to implement the *All Wales Sickness Absence Policy* which includes explicit guidance on the application of the Equality Act 2010 in such circumstances, including the ‘duty to make reasonable adjustments’. Further guidance is provided through our *Guidelines on the Fair Treatment of Disabled People at Work* which was published and circulated to all managers in May 2015. This means that staff who become disabled whilst working for the organisation are treated fairly and offered support where appropriate. The latter document includes a commitment that disabled employees will be considered fairly and properly for opportunities within the Health Board. The document also includes examples of reasonable adjustments that managers may consider to promote a fair and consistent approach.

The majority of training undertaken by Health Board staff is regarded as Statutory and Mandatory and all staff are encouraged and enabled to attend this training regardless of their protected characteristics. Regular monitoring of attendance at mandatory training by protected characteristic is carried out and this demonstrates that attendance is in line with the underlying proportions within the overall staff community.

Off Payroll Engagements and Consultancy

The tables below outline the Off Payroll Engagements that the Health Board has in place. On the advice of the Welsh Government, the all-Wales approach excludes the GP out of hours service. The Health Board has internal processes to record off payroll arrangements and obtain the necessary assurance that appropriate taxation arrangements are in place.

Number of existing engagements, for more than £220 per day and of over six months duration, as at 31 March 2016	**65**
Of which...	
Number that have existed for less than one year at time of reporting	43*
Number that have existed for between one and two years at time of reporting	13
Number that have existed for between two and three years at time of reporting	5
Number that have existed for between three and four years at time of reporting	1
Number that have existed for four or more years at time of reporting	3

* The 43 new engagements for 2015/16 related to Medical Staff engaged via the Health Board's Managed Service arrangement.

Number of new off-payroll engagements for more than £220 per day and that will last for longer than six months, or that reached six months in duration between 1 April 2015 and 31 March 2016	**46**
Number of the above which include contractual clauses giving the department the right to request assurance in relation to income tax and National Insurance obligations	46
Number for whom assurance has been requested	46
Of which...	
Number. for whom assurance has been received	46
Number for whom assurance has not been received	0
Number that have been terminated as a result of assurance not being received.	0

Number of off-payroll engagements of board members and / or senior officials with significant financial responsibility, between 1 April 2015 and 31 March 2016	**2***
Number of individuals that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year, including both off-payroll and on-payroll engagements	26*

*The Board Members and Senior Officials who are deemed to be Senior Managers are those 26 individuals whose salary details are disclosed on pages 51 to 54 of this report. Of the 26 disclosures, two individuals were engaged off payments and both of these arrangements related to inward secondments from other Public Sector bodies where the individuals were directly employed.

During the year the Health Board incurred expenditure of £2.314m on external consultancy services.

Parliamentary accountability and audit report

The Health Board is required to compile and publish a Parliamentary Accountability Report, the content of which is prescribed by the Welsh Government.

Regularity of expenditure

HM Treasury defines regularity as the requirement for all items of expenditure to be dealt with in accordance with the legislation authorising them, any applicable delegated authorities and rules of Government Accounting.

The Health Board is empowered to incur expenditure by the National Health Service (Wales) Act 2006 and receives revenue and capital resource allocations from the Welsh Government.

The Health Board's budget setting process aims to ensure that resources are allocated across the organisation for legitimate purposes. The Health Board has delegated arrangements with budget holders who must operate in accordance with their Accountability Agreements and the Standing Financial Instructions (SFIs) of the Health Board.

Arrangements are in place to monitor compliance with the SFIs and these are reported to each Audit Committee through the Conformance Report. In addition to a comprehensive Internal Audit programme, the Health Board has a Local Counter Fraud Team.

The Health Board complies with recognised reporting standards to the extent that they are applicable to the Public Sector and the accounts are produced in accordance with the Manual for Accounts produced by the Welsh Government. Monthly financial monitoring returns are submitted to the Welsh Government with explanations for variances.

The Health board has incurred a deficit of £19.5m against its Revenue Resource Limit for the year. However, this is the second year of the Health Board's three year breakeven duty and the cumulative deficit incurred to date of £46.2m does not constitute a breach of the Health Board's regularity duty until the three year period ends on 31 March 2017.

No further issues have arisen during 2015/16 which impact on the regularity of expenditure.

Fees and charges

Fees and charges are not routinely charged to NHS patients unless the Health Board is permitted under the legislation to make a charge. Examples would include dental work and access to health records. It is confirmed that, to the best of our knowledge, the Health Board complies with Welsh Government directives in respect of charge rates.

Cost allocation and charging requirements

The Health Board has processes in place to comply with the requirements of the NHS Costing Manual in relation to the production of reference costs which are used for benchmarking purposes.

Remote contingent liabilities

The Health Board is required to account for all remote contingencies in accordance with International Accounting Standard 37 (IAS37). These are fully disclosed in the Statement of Accounts, available at www.wales.nhs.uk/sitesplus/861/page/40903

Other remote contingencies not accounted for within IAS37 would include letters of comfort and 3rd party guarantees given by management. To the best of our knowledge, the Health Board does not have any such liabilities that require disclosure

Long term expenditure trends

The Health board is required to disclose the expenditure trends for the last five financial years. The Statement of Accounts provides a detailed analysis of expenditure which is classified under three main headings:

- Expenditure on Primary Healthcare Services. Expenditure on Primary Healthcare Services. This comprises of expenditure on the Primary Care contracts for General Medical Services, Pharmaceutical Services, General Dental Services, General Ophthalmic Services, Prescribed Drugs and Appliances and other Primary Health Care Expenditure.

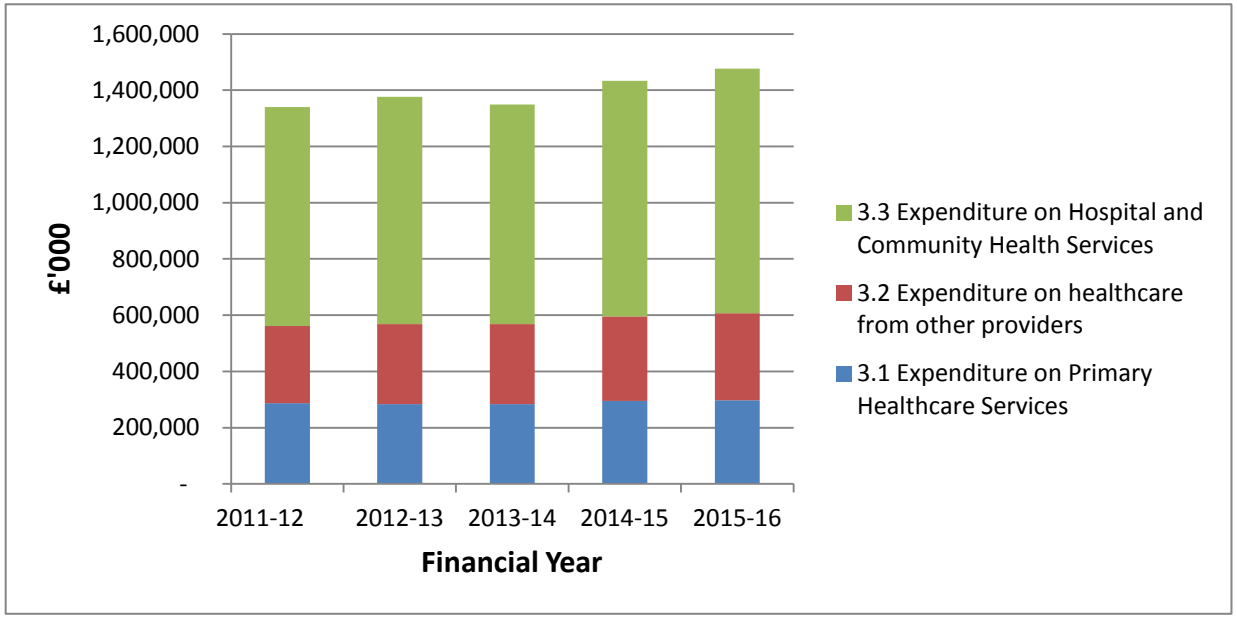
- Expenditure on Healthcare from Other Providers. This includes expenditure with other NHS organisations, Local Authorities, Voluntary Organisations, private providers and for NHS funded nursing and continuing healthcare.

- Expenditure on Hospital and Community Services. This expenditure includes all services delivered by the Health Board within the hospital and community settings.

The table below provides a summary of expenditure for each of the main headings for the last five financial years. Notably, expenditure in 2012/13 on Hospital and Community Health Services increased by £30m which is largely attributed to significant impairment charges on fixed assets.

Expenditure heading	2011/2012 £'m	2012/2013 £'m	2013/2014 £'m	2014/2015 £'m	2015/2016 £'m
Primary Healthcare Services	287	284	284	295	297
Healthcare from other providers	274	284	284	301	310
Hospital and Community Health Services	779	809	780	837	869

The chart demonstrates that Hospital and Community Health Services consistently account for about 59% of total expenditure. The main element of expenditure within this heading relates to salaries and agency payments which amount to £636m in 2015/16.



PART THREE – 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 5 July 2016.

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 can be downloaded from the Health Board's website at www.wales.nhs.uk/sitesplus/861/page/40903
or is available on request from the Executive Director of Finance, Block 5 Carlton Court, St Asaph Business Park, St Asaph, LL17 0JG

Compliance with Financial Duties under the National Health Service Finance (Wales) Act 2014

The National Health Service Finance (Wales) Act 2014 came into effect from 1 April 2014. The Act amended the financial duties of Local Health Boards under section 175 of the National Health Service (Wales) Act 2006, placing the following two financial duties on Local Health Boards:

- A duty under section 175 (1) to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years and

- A duty under section 175 (2A) to prepare a plan in accordance with planning directions issued by the Welsh Ministers, to secure compliance with the duty under section 175 (1) while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers.

The first assessment of performance against the 3 year statutory duty under section 175 (1) will take place at the end of 2016/17, being the first 3 year period of assessment; performance over the first two years of this period is detailed on the next page.

The NHS Wales Planning Framework for the period 2015 -16 to 2017-18 issued to LHBs placed a requirement upon them to prepare and submit Integrated Medium Term Plans (IMTPs) to the Welsh Government. The Health Board did not submit a three year plan and therefore the Health Board did not meet its statutory financial duty under section 175 (2A) of the National Health Service (Wales) Act 2006. The Annual Operating Plan for 2016/17 is in development and was submitted to the Welsh Government for approval within the first quarter of 2016/17.

Performance against IMTP duty	2015/16 to 2017/18	2014/15 to 2016/17
The Minister for Health and Social Services approval status	Not submitted	Not submitted

Statement of Comprehensive Net Expenditure for the year ended 31 March 2016	2015/16	2014/15
	£'000	£'000
Expenditure on Primary Healthcare Services	**297,128**	294,593
Expenditure on healthcare from other providers	**310,295**	301,471
Expenditure on Hospital and Community Health Services	**868,837**	836,870
	1,476,260	1,432,934
Less: Miscellaneous Income	**123,859**	123,964
LHB net operating costs before interest and other gains and losses	**1,352,401**	1,308,970
Other Gains	**(9)**	(75)
Finance costs	**101**	112
Net operating costs for the financial year	**1,352,493**	1,309,007

Revenue Resource Performance	2015/16	2014/15
	£'000	£'000
Net operating costs for the year	**1,352,493**	1,309,007
Less general ophthalmic services expenditure and other non-cash limited expenditure	**(966)**	(929)
Total operating expenses	**1,351,527**	1,308,078
Revenue Resource Allocation	**1,332,002**	1,281,462
Over spend against Allocation	**(19,525)**	(26,616)

Capital Resource Performance	2015/16	2014/15
	£'000	£'000
Gross capital expenditure	**48,044**	51,859
Less NBV of property, plant and equipment and intangible assets disposed	**(690)**	(1,728)
Less capital grants received	**(385)**	(527)
Less donations received	**(1,384)**	(1,597)
Charge against Capital Resource Allocation	**45,585**	48,007
Capital Resource Allocation	**45,588**	48,039
Underspend against Capital Resource Allocation	**3**	32

Statement of Financial Position as at 31 March 2016	31 March 2016	31 March 2015
	£'000	£'000
Non-current assets		
Property, plant and equipment	**532,739**	502,924
Intangible assets	**1,578**	1,901
Trade and other receivables	**52,176**	67,911
Total non-current assets	**586,493**	572,736
Current assets		
Inventories	**15,574**	14,899
Trade and other receivables	**54,459**	42,359
Cash and cash equivalents	**2,062**	1,526
	72,095	58,784
Non-current assets classified as 'Held for Sale'	**0**	217
Total current assets	**72,095**	59,001
Total assets	**658,588**	631,737
Current liabilities		
Trade and other payables	**136,559**	113,955
Provisions	**31,246**	28,625
Total current liabilities	**167,805**	142,580
Net current liabilities	**(95,710)**	(83,579)
Non-current liabilities		
Trade and other payables	**1,168**	1,217
Provisions	**53,697**	69,438
Total non-current liabilities	**54,865**	70,655
Total assets employed	**435,918**	418,502
Financed by :		
Taxpayers' equity		
General Fund	**367,579**	365,752
Revaluation reserve	**63,339**	52,750
Total Taxpayers' Equity	**435,918**	418,502

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2016	General Fund £000s	Revaluation Reserve £000s	Total Reserves £000s
Changes in taxpayers' equity for 2015/16			
Balance at 1 April 2015	365,752	52,750	**418,502**
Net operating cost for the year	(1,352,493)		**(1,352,493)**
Net gain on revaluation of property, plant and equipment	0	16,299	**16,299**
Impairments and reversals	0	(401)	**(401)**
Transfers between reserves	309	(309)	**0**
Total recognised income and expense for 2015/16	(1,352,184)	15,589	**(1,336,595)**
Net Welsh Government funding	1,354,011		**1,354,011**
Balance at 31 March 2016	367,579	68,339	**435,918**

Statement of Cash flows for year ended 31 March 2016	2015/16 £'000	2014/15 £'000
Cash Flows from operating activities		
Net operating cost for the financial year	**(1,352,493)**	(1,309,007)
Movements in Working Capital	**30,460**	(22,150)
Other cash flow adjustments	**30,856**	70,083
Provisions utilised	**(11,777)**	(13,332)
Net cash outflow from operating activities	**(1,302,954)**	(1,274,406)
Cash Flows from investing activities		
Purchase of property, plant and equipment	**(52,795)**	(45,406)
Proceeds from disposal of property, plant and equipment	**699**	1,804
Purchase of intangible assets	**(194)**	(564)
Net cash outflow from investing activities	**(52,290)**	(44,166)
Net cash outflow before financing	**(1,355,244)**	(1,318,572)
Cash flows from financing activities		
Welsh Government funding (including capital)	**1,354,011**	1,316,827
Capital grants received	**1,769**	2,124
Net financing	**1,355,780**	1,318,951
Net increase in cash and cash equivalents	**536**	379
Cash and cash equivalents (and bank overdrafts) at 1 April 2014	**1,526**	1,147
Cash and cash equivalents (and bank overdrafts) at 31 March 2015	**2,062**	1,526

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. As part of the Health Board financial targets the Welsh Government has set a requirement for the Health Board to pay 95% of non-NHS creditors, by number, within 30 calendar days of receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agreed. During 2015/16 the Health Board paid 93.4% of invoices within 30 days and did not, therefore, achieve the performance measure. This mainly resulted from delays in the authorisation of invoices for agency staff.

The figures for 2015/16 exclude both the number and value of non-NHS bills paid to primary care services and contractor services. The comparators for 2014/15 have been restated to reflect this treatment.

	2015/16 Number	**2015/16 £'000**	2014/15 Number	2014/15 £'000
NHS				
Total bills paid	**7,945**	**244,979**	5,843	232,258
Total bills paid within target	**7,518**	**242,659**	4,841	226,318
Percentage of bills paid within target	**94.6%**	**99.1%**	82.9%	97.4%
Non-NHS			Restated	Restated
Total bills paid	**272,642**	**366,139**	268,993	336,167
Total bills paid within target	**254,484**	**344,086**	241,730	309,713
Percentage of bills paid within target	**93.3%**	**94.0%**	89.9%	92.1%
Total			Restated	Restated
Total bills paid	**280,587**	**611,118**	274,836	568,425
Total bills paid within target	**262,002**	**586,745**	246,571	536,031
Percentage of bills paid within target	**93.4%**	**96.0%**	89.7%	94.3%

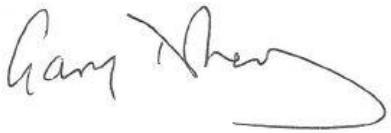
Statement of the Chief Executive's responsibilities as Accountable Officer of the LHB

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

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

I confirm that I have taken all appropriate steps to make myself aware of any relevant audit information and to establish that the Health Board's auditors are aware of that information. As far as I am aware, there is no relevant audit information of which the Health Board's auditors are unaware.

I confirm that the Annual Report and Accounts as a whole, comprising the Performance Report, the Accountability Report, including the Remuneration Report, and Financial Statements contained within this document, and the Annual Governance Report published separately, is fair, balanced and understandable and I take personal responsibility for the Annual Report and Accounts and the judgments required for determining that it is fair, balanced and understandable.



Gary Doherty
Chief Executive

Date: 31st August 2016