



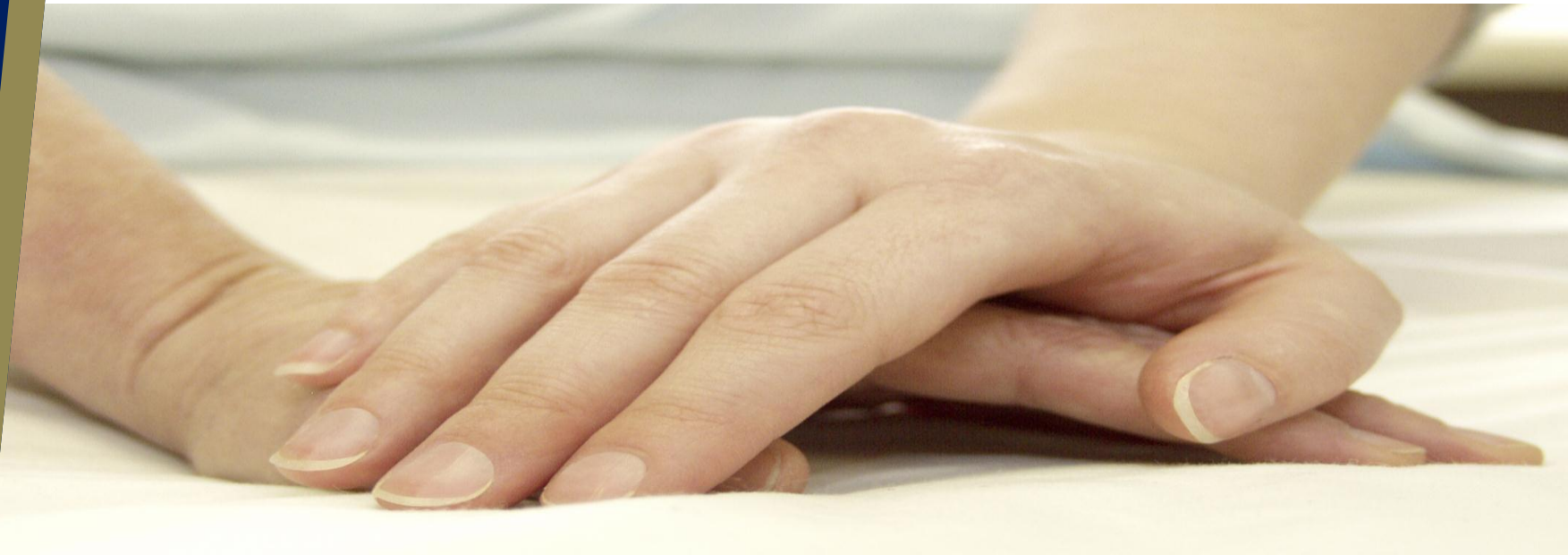
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Bwrdd Iechyd Prifysgol
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University Health Board

Annual Quality Statement

April 2014 – March 2015

TECHNICAL DOCUMENT



To improve health and provide excellent care

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This document forms part of our annual reporting. In addition to this report, further detail can be found in our technical document that has been produced to accompany this report and also links to our Annual Report and Annual Governance Statement. All of these can be found via the following link.

[Health Board Publications](#)

This report and any supporting documents can be made available in other languages or formats on request from:

The Corporate Communications Unit

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Staying healthy

We currently use a small number of key measures which help us assess how we are improving the health of our population. As these are set by Welsh Government, they allow us to monitor our own improvement over time and also allow us to compare how we are doing in comparison to other areas of Wales.





The data presented here covers up to the end of March 2015, and has been revised nationally following an investigation into the accuracy of data.

Childhood Immunisation

Our key target is 95% vaccination of all children by age 4 with all scheduled vaccines

90.4% of 4 year olds have had all their immunisations	This is the highest in Wales	
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Although the 95% target has not yet been met for all 4 year olds, we also use a number of other performance measures to help us see how we are progressing with immunisation for younger children.

97% of children have had their 5 in 1 vaccination by the age of 1	This target has been exceeded in previous quarters	
96.4% of children have had one dose of MMR by their 2nd birthday	This is the third highest in Wales	
94.4% of children have had 2 doses of MMR by their 2 nd birthday	This is the joint highest in Wales	
92.3% of children have had 2 doses of MMR by the age of 16	This is the second highest in Wales	

BCUHB has among the best rates in Wales for up to date vaccinations in children reaching their 16th Birthday. Despite steady progress the required levels have not yet been reached, but a comprehensive plan is in place to increase uptake prior to children leaving school.




Data source:

[http://nww2.nphs.wales.nhs.uk:8080/VaccinationsImmunisationProgsDocs.nsf/3dc04669c9e1eaa880257062003b246b/91c8c4ced6f7929280257e890050fb24/\\$FILE/COVER20142015_v1.pdf](http://nww2.nphs.wales.nhs.uk:8080/VaccinationsImmunisationProgsDocs.nsf/3dc04669c9e1eaa880257062003b246b/91c8c4ced6f7929280257e890050fb24/$FILE/COVER20142015_v1.pdf) - Accessed 27/7/15

Seasonal Influenza Vaccination


The data presented here is the most up to date provisional data available. The data covers the period up until 24th March 2015 but does not, at the time of reporting, capture data from all General Practices.

Our key targets for the population as a whole are 75% uptake for those over 65, for those under 65 at specific clinical risk, and for pregnant women.

70.2% of people over 65 had their flu vaccination	This is the highest in Wales	
51.5% of those under 65 at clinical risk have had their flu vaccination	This is the third highest in Wales	
48.8% of pregnant women have had the flu vaccination	This is the highest in Wales	

Data source: Accessed [http://10.56.11.140/gpfluvac.nsf/71ba25a01af676ee80257bc8002bef13/c2b8fd82a9ba15d180257d8000590190/\\$FILE/National-flu-imms-report.pdf](http://10.56.11.140/gpfluvac.nsf/71ba25a01af676ee80257bc8002bef13/c2b8fd82a9ba15d180257d8000590190/$FILE/National-flu-imms-report.pdf)

We also have a target of 50% uptake amongst NHS staff to ensure that staff do not pass influenza on to the patients they are caring for, and also to ensure that staff themselves remain as healthy as possible throughout the winter and spring when flu may be circulating. This helps to ensure we maintain safe staffing levels.

50.3% of staff have had their influenza vaccination	This is the highest in Wales, and represents an increase of 9.6% on the previous year. In order to achieve this 5585 staff with direct patient contact were vaccinated. In total, 8019 members of Health Board staff were vaccinated.	
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Smoking Cessation

Reflecting the fact that stopping smoking is the single most important thing individuals can do to improve their own health, we have a specific quality target to support 5% of all smokers to make an attempt to quit via smoking cessation services each year, with at least 40% of these to have quit successfully, as validated by measurement of the carbon monoxide in their breath 4 weeks after they stopped smoking (CO validated 4 week quit rate).

A comprehensive smoking cessation programme was instigated by the Local Public Health Team at the end of the second quarter of 2014/15. This included:

- an increased focus on primary care and GP cluster engagement including a Local Enhanced Service,
- secondary care cessation,
- community recruitment roadshows,
- staff Brief Intervention training,
- the development of an intermediary cessation service, roll out of the pharmacy cessation service to all counties,
- a new social marketing approach aimed at young women and their families in deprived areas, and
- overall increased access to a smoking cessation services in a variety of settings such as workplaces.

Although the overall 5% target was not met for the whole year, the integrated whole system programme resulted in an upturn in performance in the last quarter of 2014/15.

The 5% target equates to 497 smokers needing to be treated each month; in January 493 people were treated, in February 376, with provisional data suggesting that over 5% were treated in March with 513 individuals seen. BCUHB is the first Health Board in Wales to achieve this level of performance.

A total of 4279 (3.6%) smokers were treated during 2014/15, and 1329 of these quit smoking which is 31% of those treated, but is below the 40% target level.

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Community Services

During the last 12 months a number of developments and changes were implemented in the community setting across North Wales;

We are proud of our achievements.....

Future Hospitals – Cartref (CARE delivered with Telemedicine to support Rural Elderly and Frail patients

Further to the findings of the Royal College of Physicians (RCP) Future Hospital Report published September 2011, the CPG successfully bid to work in partnership with the RCP and is now one of only four NHS organisations in the UK acting as Future Hospital Development sites.

The BCUHB project is aimed specifically at improving the care and experience of elderly and frail patients through improved access to care for frail elderly patients in rural areas, focusing initially on the Dwyfor area. The project also aims to respond to chronic health needs including end of life care by bringing access to specialist care closer to patients' homes.

The enabler will be videoconferencing (VC) technology linking secondary care (Ysbyty Gwynedd) to Community Hospital sites (Bryn Beryl and Alltwen), and will also provide improved communication between GPs and secondary care clinicians.

Dolgellau Hospital Health Promotion Hub - health promotion activities have continued at the site with the introduction of the healthy hearts programme and staff healthy heart walking challenge. **Staff Achievements** - Staff Nurse Ann Thomas was nominated for the Nursing Times awards for her work at the site and HCA B Turner nominated in the RCN awards and won HCSW of the year award

Residential Home Project Conwy - The residential home project is supported by the Queens Nursing Fund for Innovations award and commenced Jan 2014-2015. The purpose being to provide a dedicated Residential home liaison nurse based within the District Nursing team to focus on three residential homes within the Conwy area. Sister D Higgins received the Queens Nursing award.



Work in progress includes.....

Macmillan 121 Project – during 2014 Macmillan have agreed to fund a community cancer project worker for a period of 12 months. The aim of this post will be to work with the existing 121 team and community nurses to develop the role of the care coordinator and develop the self care agenda for cancer survivorship.

Quality Monitoring in Nursing Homes – the Health Board commissions care for patients in nursing homes, and has implemented a programme of quality monitoring the care provided in the homes.

Community Hospital framework – as a result of a number of serious incidents at a community hospital in 2013, a framework for the community hospitals has been developed detailing the performance standards required by each member of the team



A number of new developments are planned.....

Tywyn Hospital new scheme has been agreed. There will be a purpose built 16 bedded ward at the Hospital as well as a new build which will house the primary care health centre, podiatry, mental health and childrens clinics.

Development of **Advanced Nurse Practitioners** as a means to develop Nursing in Dwyfor and provide more support to the pressured GP workforce as well as developing support for Community Consultant initiatives

The Developing Community Services bid was successful in securing over £500k to help develop new ways of working, maximising the use of specialist skills & knowledge whilst minimising variation in practice, and waste in terms of travel time and costs.

A number of specific schemes were defined under three broad headings: Technology Outreach to Community Hospitals, Telehealth in the Community, and Primary Care / GP developments. This will entail the use of video conferencing facilities to provide virtual ward rounds, clinics and minor injury care.



We still face a **number of challenges.....**

Recruitment and retention of staff across all professions

Implementing the recommendations of the Welsh Audit Office Review of District Nursing

Developing the Fundamentals of Care for community nursing, this work is being undertaken across Wales.



Safe Care

Infection Prevention and Control

The prevention of infection is a key priority for the Health Board. We are committed to achieving very low rates of infection, and excellent infection prevention practices across BCUHB. The Health Board has continued to demonstrate sustained improvement in the reduction of *Clostridium difficile* and MRSA blood stream infection (bacteraemia) which is summarised in the table below although as a Health Board we did not meet the target set by Welsh Government. We are aiming to achieve the new way forward through continuing a determined focus on improving clinical practices, antimicrobial prescribing and the environment of care, and by continually improving the knowledge of our staff so that they can achieve excellent standards of infection prevention practice.

The Health Board were also faced with significant challenges during the year including a sudden upturn in *Clostridium difficile* infections in December 2014. The Health Board very swiftly implemented and maintained a range of escalation measures which saw the situation contained very quickly and figures normalising by the following month.


In March 2015 the Health Board received a Food Hygiene rating of 2 at the Ysbyty Glan Clwyd Main Kitchen and a rating of 1 at Denbigh Hospital. Swift remedial actions were taken and a new robust management system put into place. The Environmental Health Team have now been back to rescore Ysbyty Glan Clwyd and a food hygiene rating of 4 has now been put in place. We are currently awaiting a rescore assessment for Denbigh.


We have also included two tables showing the impact of the actions that we have taken to date on *Clostridium Difficile* and MRSA.



Date	Intervention Introduced
APRIL 2014	<ul style="list-style-type: none"> • 10 Key Standards integrated into the Board to ward reporting. • New standardised statutory and mandatory training introduced and Doctors.net training module introduced • Community Health Council members joined strategic and local infection prevention committees • CHC Bugwatch Acute Hospitals report - "Good performance is being maintained at all three hospitals. Many wards have outstanding performance and there have been some notable improvements in performance by some wards".
MAY 2014	<ul style="list-style-type: none"> • Hand Hygiene Awareness week campaign launched • Introduction of revised All Wales patient information leaflets for <i>Clostridium difficile</i> and <i>Meticillin Resistant Staphylococcus aureus</i>
JUNE 2014	<ul style="list-style-type: none"> • Infection Prevention Team new leadership structure implemented • Medical Staff workshop – Role of the Medical Champion for Infection Prevention
JULY 2014	<ul style="list-style-type: none"> • Report received on the re-inspection by Professor Duerden, highlighting significant improvement, supporting the plans in place for future work, but also reinforcing that there was much work still to do to achieve our aims.
AUGUST 2014	<ul style="list-style-type: none"> • Re-launch of the SIGHT posters for the management of <i>Clostridium difficile</i> • Emergency preparedness for management of Ebola cases commenced and remains on-going with monthly exercises to test capacity and capability across all 3 acute hospitals.
SEPTEMBER 2014	<ul style="list-style-type: none"> • Lead Infection Prevention Doctor commenced in post • Flu vaccination campaign commenced – target achieved • Care bundles for intravenous cannulae and urinary catheters re-launched • ICNET – infection prevention database live link launched
OCTOBER 2014	<ul style="list-style-type: none"> • Senior Nurse Infection Prevention commenced in post • Microfiber cleaning system introduced • North Wales Infection Prevention Conference hosted at Llandudno and presenting National IP Speakers – very well evaluated .
NOVEMBER 2014	<ul style="list-style-type: none"> • Ribotyping protocol for detailed examination of <i>Clostridium difficile</i> isolates introduced. • Antimicrobial prescribing awareness day • Ebola Preparedness multi-agency exercise

DECEMBER 2015	<ul style="list-style-type: none"> • Introduction of Clinell Red sporicidal wipes for commode cleaning - easier to use in the busy ward environment. • Introduction of Clinell Green wipes for general nursing cleaning • Strategic Framework for Infection Prevention approved by the Board
JANUARY 2015	<ul style="list-style-type: none"> • Inaugural meeting of the Executive Infection Prevention designed to provide very senior scrutiny and guidance on the programme of work • Group, designed to support the board to ward metrics • Decontamination Advisor commenced in post • Training Needs Analysis approved which maps out the needs of all staff for Infection Prevention training and outlines how this will be delivered. • STOP AND REVIEW stickers introduced to prescription charts to prevent the over prescription of antibiotic agents.
FEBRUARY 2015	<ul style="list-style-type: none"> • Infection Prevention Strategic Improvement Plan approved by the Board • Whole Genome Sequencing research project for <i>Clostridium difficile</i> commenced • Staphylococcus and MRSA reduction Strategy approved • Infection Prevention Surveillance policy approved. • Decontamination of endoscopes policy approved. • Infection Prevention policy for design, construction and refurbishment projects approved.
MARCH 2015	<ul style="list-style-type: none"> • Trophon disinfection units introduced for Radiology probes • CHC Bugwatch Community Hospitals report – “When compared with the results following 2014 assessment there has been a slight improvement in overall compliance (against all criteria)” • Protocol for Prevention of Infection with <i>Pseudomonas aeruginosa</i> approved. • <i>Revised protocol for the management of Norovirus approved.</i>

	2012/13		2013/14		2014/15		BCUHB improvement	WAG Trajectory 2015	BCUHB gap to trajectory
	All Wales	BCUHB	All Wales	BCUHB	All Wales	BCUHB			
Clostridium difficile infection per 100,000 population	62.91	92.26	51.16	64.60	42.82	57.52		217	181
	1934 cases	637 cases	1577 cases	447 cases	1320 cases	398 cases	49 fewer than 2013/14 239 fewer than 2012/13	Trajectory No longer achievable by September 2015	

	2012/13		2013/14		2014/15		BCUHB improvement	WAG Trajectory	BCUHB gap to trajectory
	All Wales	BCUHB	All Wales	BCUHB	All Wales	BCUHB			
MRSA bacteraemia per 100,000 population	5.24	7.10	5.35	6.79	5.39	5.49		18	20
	161 cases	49 cases	165 cases	47 cases	166 cases	38 cases	9 fewer than 2013/14 11 fewer than 2012/13	Trajectory No longer achievable by September 2015	

Patient Safety Incidents and Never Events

Healthcare always has risks and so our top priority is to keep reducing the number of people harmed by our care or treatment. We encourage our staff to report when things go wrong or there is a 'near miss' so we can learn from it and try to make sure it doesn't happen to someone else.

Last year 20,521 patient safety incidents were reported across the Health Board. Fortunately most of these resulted in no or only minor harm but there were 5 'never events' (things that are largely preventable and should never happen):

- Three of these were related to mistakes in medication
- One related to a retained item following surgery
- One as an attempted suicide

We investigated all the incidents reported. As a result of the 'never events' we took immediate action:

- Work is ongoing to reduce omissions and delays in the giving of medicines, ensure the correct administration of insulin, ensure the safe storage of medicines and make a second independent check of all drugs within the critical care element part of routine practice;
- Following a review of an event where a swab was retained following surgery the following lessons were learned and appropriate action taken to embed into practice:
 - All staff employed within the Operating Theatre are given on induction, a copy of the Swab, Sharps and Instrument Count Standard of Practice. They are also assessed for their knowledge and understanding of the procedure and their competency in practice.
 - With any change of personnel during an operation a full handover is undertaken.
 - Record keeping has been improved. The 'Sign Out' of the WHO Surgical Safety Checklist now takes place prior to the Surgeon leaving the operating table with all team members engaged.
- Following the attempted suicide where the existing anti-ligature rails (rails that collapse when weight applied to them) failed to operate all existing rails were removed until replacements could be fitted. A survey of all existing anti-ligature rails was undertaken by an external company and they were replaced with a magnetic anti-ligature system.

Effective Care

Research and Development



It is expected that over a period of one year over 5,000 patients will be recruited into a range of research studies. Patients recruited add real benefit to the way healthcare is researched and improved in North Wales in collaboration with academic partners. Research helps us to explore and develop new approaches to the delivery of healthcare and treatment for our patients.

The Research and Development Director works through the Office of the Medical Director and is committed to increasing the number of high quality research projects, and contribute to the organisation's continuous quality improvement and innovation agenda, and continually thrives to promote a research culture that embeds research as a core function of the Health Board, its healthcare professionals and by providing the evidence base for implementing changes in patient care. The Research and Development office also encourages participation in high quality collaborative research in addition to improving the quality of clinical services and patient care, it also provides the Health Board patients with an opportunity to gain access to new medicines and technologies. Improvements for the next year include working to improve and strengthen existing research collaborations and develop closer links with academic health science collaborations and networks throughout the UK but particularly in Wales and the North West of England. Encourage, facilitate and increase the number and quality of research proposals run by investigators in North Wales by working closely with Bangor and Glyndwr Universities and revisiting in particular the Nursing Research and Development Strategy.

One of our anaesthetists researched the accuracy of a new temperature measurement device in anaesthetised patients. It was found to be the ideal thermometer that would be able to estimate core body temperature without invading the body, using peripheral temperature to accurately predict and continuously display core body temperature. It was disposable, simple to use, and patients were found to be more tolerant of thermometers placed in peripheral body sites.

This year 23 GP practices across North Wales have applied to become part of a Primary care research inventive scheme for them to obtain support, mentorship and funding to become research active and embed research activity into daily practice. This means

that they will automatically be informed of research studies. Patients have been enthusiastic and enjoyed participating in studies, which may offer them benefits in terms of novel treatments or interventions.

Clinical Effectiveness

Clinical Audit is a way of looking at what we do as a Health Board in the light of what best evidence tells us we should do. The care and treatment we provide for our service-users and carers is compared to national standards in order to make improvements to quality if needed.

Over the last twelve months there has been a review of how the Health Board focuses clinical audit resources. This has moved the organisation forward in relation to choosing topics that will make the most difference to the services we deliver. The choice of which services or care are to be measured through clinical audit is planned and agreed by teams; based upon local and national priorities that seek to improve quality and safety. This helps our teams to provide care that is driven by research, guidelines and feedback. Lessons learned from service-user or carers' experiences and service reviews are also used to help teams to decide where they need to improve.

The Health Board also participates in National Clinical Audit projects that are a priority to the Welsh Government and responds to the recommendations made.

The launch of a Clinical Audit Newsletter has been well-received and provided an opportunity to share learning, promote good audit and raise awareness of national and local developments.

An example of a project that demonstrated effective team application of clinical audit as a tool to improve care for patients at risk of developing pressure sores was based upon national guidance (NICE Clinical Guideline 29; *Pressure ulcers: the management of pressure ulcers in primary and secondary care*). A multidisciplinary approach was adopted for this project which improved the application and re-assessment of care. The success of this project has raised local awareness through use of poster displays, stickers and a flow chart clarifying the correct course of action should risk of developing a pressure sore be identified. A re-audit demonstrated an improvement in implementation of care and re-assessment.

An example of the effective application of findings from the *All Wales Audiology Quality Standards*' project is well illustrated by the Audiology Department. They have demonstrated local responsiveness by implementing changes in staffing, accommodation, training and introduction of guidance.

Following the Health Board's response to National Dementia Audit findings and recommendations, a group which is chaired by a carer representative has been formed to direct dementia-related clinical audit activity. The group has been actively engaged in developing a focused audit plan for the forthcoming year that will concentrate upon themes identified by dementia service-user and carer forums.

National Clinical Audit

A priority focus for the Clinical Audit and Effectiveness Department has been the Welsh Government's NHS Wales ***National Clinical Audit and Outcome Review Plan: 2014/15***. This consists of 40 clinical audit projects that focus upon topics that Health Boards must participate in. This involves collecting information that shows how well the Health Board has performed against the standards defined by the audit enabling us to compare our performance against other organisations in England and Wales.

Participation with the audits has led to a number of initiatives that have improved care. These include a new form for clerking and risk assessment that has helped to improve pre-assessment before an *Emergency Laparotomy*. A re-audit project has also been completed to assess use of this form.


























In a similar way, as a result of pathology's *Serious Hazards of Transfusion (SHOT)* audit, a new blood transfusion request form has been planned which will reinforce accurate patient identification and selection of the correct blood product.







































In order to confirm the accuracy of data submitted to the *National Neonatal Audit Programme*, one local team have conducted a project which involved re-examining the information stored within their '*BadgerNet*' database in further detail and produced recommendations that will improve the quality of future data submissions. This will greatly help the Health Board to be assured that their care and response to the national report are accurately founded.





































A local action following the *Epilepsy* audit identified a need to develop an education and information pack for patients and carers. These have been introduced in electronic and hard copy, Welsh and English language formats and an evaluation has been planned.

There has been particular attention from Welsh Government on the *National Chronic Obstructive Pulmonary Disease* audit and this has highlighted local improvements. For example, in our West area these include; creation of a care pathway which focuses upon ensuring patients quickly receive specialised care, national publication of a research paper and also creation of care 'bundles' which outline the care these local patients receive routinely on discharge. Further work has also been initiated across the organisation as part of our Health Board's respiratory plan.

National Clinical Audits

National Clinical Audit	Participation For 01.04.14 to 31.03.15			Comments
	East	Central	West	
National Joint Registry				
National Emergency Laparotomy Audit				
Case Mix Programme Audit (ICNARC)				
Trauma Audit & Research Network				East Area highlighted administrative support needs, which are now addressed.
National Diabetes Audit; <i>Includes:</i>				
• Primary Care (GP) audit				Work on-going to encourage further sign-up from GP Practices.
• Inpatient audit				
• Diabetes in Pregnancy audit				No lead was identified in West Area. Lead now in place. Data collection on-going, including missed retrospective West data).
• Foot Care audit				
• Patient satisfaction survey	N/A			Awaiting roll-out of tool following pilot work.
National Diabetes Paediatric Audit				

Inflammatory Bowel Disease				Central Area lead has identified a lack of Medical support for data collection.
National Chronic Kidney Disease				Work on-going to encourage further sign-up from GP Practices.
National Chronic Obstructive Pulmonary Disease				West Area lead had identified a lack of Medical support for data collection.
Renal Registry				
Rheumatoid & Early Inflammatory Arthritis				
All Wales Audiology Audit				
National Schizophrenia Audit				
Paediatric Intensive Care (PICaNet)	N/A			Care provided in Liverpool Alder Hey
National Neonatal Audit Programme Audit				
National Childhood Epilepsy Audit				
UK Obstetric Surveillance (UKOSS)				
Fundamentals of Care Audit				
National Heart Failure Audit				
Cardiac Rhythm Management				
National Adult Cardiac Surgery Audit	N/A			Care provided in Liverpool.
Coronary Angioplasty (National Audit of PCI Procedures)				Cardiac Catheter Unit at YGC.

National Congenital Heart Disease Audit (paediatric surgery)	N/A			Care provided in Manchester
Myocardial Ischaemia National Audit Project (MINAP)				
The Cardiac Rehabilitation Audit				
National Vascular Registry Audit (includes Carotid Endarterectomy Audit)				
National Bowel Cancer Audit				
National Lung Cancer Audit				
National Head and Neck Cancer Audit				
National Oesophago-gastric Cancer Audit				
National Prostate Cancer Audit				
SSNP (Sentinel Stroke National Programme)				
Falls and Fragility Fractures Audit Programme (incl. National Hip Fracture Database)				
National Dementia Audit	N/A			No data collection; however, much improvement work continues on action plan in response to previous audit round.
Serious Hazards of Blood Transfusion (SHOT)				
Comparative Blood Transfusion Audit				

Dignified care

Listening and acting upon the views of our patients, their families or carers is an essential part of a good care experience. It helps us to identify service improvements and acknowledge the professionalism and kindness that patients tell us that our staff demonstrate on a daily basis. We ask for feedback in a number of ways as laid out in the all-Wales Framework for assuring Service User Experience

Ward Quality Audits

In 2014, new 'Ward Quality Audits' were introduced in acute inpatient wards, community hospitals, mental health and Learning Disabilities. The audits have been refined to take into account the recommendations of the Andrew's report: '*Trusted to Care*'. The audit is based on a self-assessment methodology and provides a feedback mechanism between wards and the Board. It covers the key elements of patient experience such as overall satisfaction, nutrition, hydration, dignity, pain management etc. Each ward has individual scores and aggregated data is prepared for the Board. In relation to the overall Patient Experience the audits are indicating a month on month improvement with an overall score on 93%. There has also been a gradual improvement in the 10 themes within the audit. The findings from this audit have highlighted areas for focussed improvement that corresponds with findings from other audits in the areas of pain management and continence care.

	Patient Experience	Nutritional Assessment	Continence	Falls	Hydration	Infection Prevention	Privacy & Dignity	Medicine Storage & Administration	Pain Management	Patient Observations	Pressure Ulcer Prevention
April	88%	90%	86%	85%	95%	90%	98%	73%	90%	94%	91%
May	91%	90%	88%	90%	94%	95%	99%	75%	93%	90%	90%
June	90%	91%	87%	92%	92%	93%	99%	69%	91%	90%	90%
July	89%	89%	81%	90%	91%	93%	98%	68%	88%	94%	92%
August	93%	87%	73%	84%	87%	75%	93%	76%	76%	81%	83%
September	92%	88%	80%	85%	87%	82%	95%	77%	76%	83%	88%
October	93%	91%	78%	86%	87%	83%	93%	82%	78%	84%	91%
November	94%	92%	83%	89%	92%	84%	96%	85%	82%	87%	90%
December	95%	94%	82%	88%	88%	83%	96%	82%	82%	86%	90%
January	96%	92%	85%	90%	91%	89%	94%	87%	85%	90%	91%
February	96%	93%	86%	89%	94%	87%	98%	88%	83%	90%	94%
March	95%	91%	83%	88%	93%	84%	94%	84%	83%	89%	93%

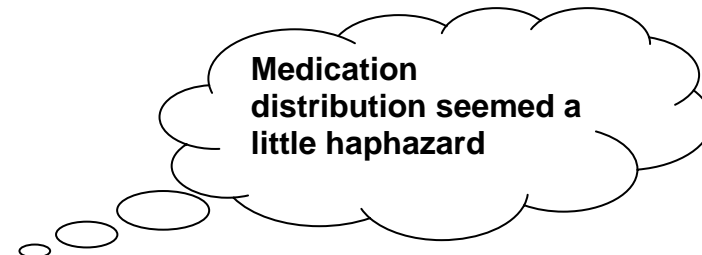
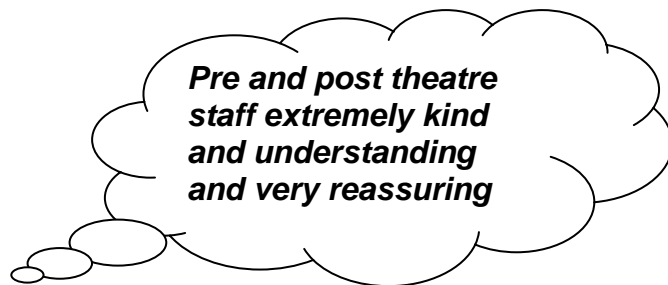
Your NHS Experience' all-Wales Survey

The all-Wales survey was introduced by the Welsh Government to ensure that patients can provide regular feedback about their care. In BCUHB the survey is carried out in acute in-patient areas, outpatient services and Maternity Units. The findings from these surveys indicate that:

- **Outpatient Services:** Our results from April 2014 to March 2015 indicate that 84% of people are satisfied with the service they receive, with 96% consistently saying that staff are polite. Areas where patients would like to see improvement are waiting times, environment of care and receiving assistance when requested
- **Inpatient Services:** The survey is issued to all patients discharged from hospital in a given month with a reply paid envelope. During the year, on average 82% of people are satisfied with the service they receive, with 96% consistently saying that staff are polite.

Areas where patients would like to see improvements are waiting times and receiving assistance when requested.

- **Maternity Services:** This survey is issued to women prior to discharge from midwifery care. 87% of parents are satisfied with the service they receive, with 96% stating that staff are polite, 92% of parents felt that they were supported and 94% understood what was happening in their care.



What are we doing to improve Patient Experience

Feedback suggests that patients, families and carers consider staff to be friendly, polite, supportive, professional and caring. Feedback for improvement maps into '5 Top Improvement Actions', these show a relationship to recommendations within Fundamental of Care Standards and link to recommendations made within national reports such as the Older People's Commissioner Report, and the Andrew's report.

The 5 Top Improvement Actions are:

Care Planning	Receiving assistance when asked for Patient and carer involvement in discharge decisions Provision of written information on discharge Medication management on discharge Pain management
Communication	Clarity of information from professionals Staff talking across patients Staff not introducing themselves Discussing sensitive information in hearing of others Not asking preferred language Support with communication needs
Dignity	Mixed sex bays Mixed sex bath/shower areas Variance in continence needs
Environment	Hand hygiene Car parking Noise at night Cleanliness non-clinical areas
Nutrition	Assistance eating and drinking Quality and variety of meals, including special diets and vegetarian choices,

Some of the Improvements we have made during 2014 following patient feedback from comments cards, patient surveys and patient stories are:-

- Park and Ride facility at Glan Clwyd Hospital
- Refurbished toilets in main entrance at Wrexham Maelor Hospital
- Additional window and guttering cleaning
- Training video developed on Compassionate Communication
- Making educational patient stories available on Youtube

There are also a number of work streams in place in response to recommendations from two national reports by the Older Peoples' Commissioner for Wales (Dignified Care: the experiences of older people in hospital in Wales 2011; "A Place to Call Home", Care home review report 2014). Some of the improvements made as a result are:-

Dementia Care

Dementia directly affects the lives of around eleven thousand people who live in North Wales as well as many more of their family who devote their time to offering care and support. As a health board we aspire to support people to live well with dementia, to feel part of a supportive community, to live a life that has value, meaning and purpose, to feel listened to and valued, to be safe and cared for when ill and ultimately to die with dignity. This is challenging but as Chris Roberts a person with dementia and dementia ambassador states:

If you get it right for a person with dementia you get it right for everyone'

We are doing a lot of work to try and achieve this and we acknowledge that we have much to learn from people with dementia, their carers and wider families, particularly as we seek to fully listen and learn before making changes to how we deliver services.

Some of the things we have been doing

- **Accrediting Services** – people who use our services need to feel confident that their individual needs can be met and we believe that services work best when they follow national standards that ensure the quality of care and treatment. All three Memory Services that we provide have successfully been accredited by the Royal College of Psychiatrists (these are the only such services in Wales to achieve this) and two of those achieved a mark of excellence. This means that services which see people right at the start of their life with dementia can feel confident that the way in which the service works has been looked at very closely and measured against the most recent standards.

- **Training Staff** – people with dementia should expect that those who provide care are appropriately trained to do so. We have been putting together a wide range of opportunities for staff to become dementia aware and to develop their knowledge and skills. Whilst most staff need some training there are others who because of where they work or how much time they spend with people who have dementia need much more. For those we have jointly introduced with Bangor University a degree and Masters degree in dementia. Training needs to be practical and relevant so we have been offering a package that includes effective communication, compassion and how to recognise and work with individuality.
- **Introducing Activity Workers** – it is well known that coming into any NHS hospital is often a poor experience for people with dementia. Many find themselves staying too long and even when ready to be discharged but still needing some care there are delays in finding somewhere to provide that care. There is a need for people to have access to purposeful and meaningful activity that can help maintain social skills and create a sense of normality. We have been introducing and training dementia activity workers to work on our care of the elderly wards specifically to ensure that these things happen. Outcomes showed high levels of patient wellbeing; reduced falls; reduced behaviour that challenges; better sleep and reduced complaints about care.
- Involving Families – we have learnt from events on Tawel Fan ward that families of people with dementia have not always felt listened to, included or involved in the care provided and what can happen as a consequence. We have worked with carers, carer organisations and our staff to develop and introduce 'Care to Talk'. This is a carer owned file that encourages open, honest conversations between ward staff and families of those people with dementia. It provides families with an opportunity to document the conversations that are happening and for all concerned to feel that they are being listened to and understood. It is being offered in older people's mental health wards initially.

Continence Care

- **All Wales Continence Care Bundle:** The recent introduction of our Adult Patient Risk Assessment Documentation now promotes the timely assessment of toileting needs for all patients within 4 hours of admission / transfer. As a result, toileting

needs are prioritised in care routines to ensure the promotion of continence and the effective management of incontinence. This will help us to achieve optimum standards of continence care and patient experience.

- **Clinical Skills Training in Continence Care for Nursing Homes:** The Health Board Practice Development Nursing Team have been delivering clinical skills training to all nursing homes for staff in best practice for continence care
- **Training –** Training in various forms is provided by Continence Nurse Specialist to provide staff with the knowledge and skills required to provide safe and effective continence care. An e-learning programme is also available.
-

Effective Communication

- **“Hello, my name is...”** , patients have reported that they often don’t know which member of staff that has dealt with them. The Health Board has signed up to this national campaign that is designed to remind staff that every conversation they have with patient should begin with a simple introduction.
- **Hospital Communication booklet:** This is a picture based communication tool that has been purchased to assist staff to communicate more effectively with patients who have sensory loss, learning disabilities or dementia.

Falls Prevention

- **North Wales Falls Project Implementation** A multi-agency group led by BCUHB has been working together on the North Wales Falls Prevention Project. The work is focused across three settings, Hospital, Care Sector and Community Living to prevent falls and subsequent injuries amongst older people. As part of the project a number of resources have been developed to support a consistent approach to falls prevention which will help us to get a better understanding of our preventative work. We will continue to monitor this work and provide details of how this has helped our patients in next year’s report.

- **Falls Champions** The Physiotherapy Department at Betsi Cadwaladr University Health Board are committed to tackling Falls in the over 65s by running a 32 week Falls Prevention and Balance Exercise class. This is being done jointly with Gwynedd's National Exercise Referral Scheme (NERS).

The classes are to be held at the Glanwnion Leisure Centre, Dolgellau every Thursday morning, and will commence on the 8th May 2014.

In Wales, it is estimated that about a third of people over the age of 65 fall each year, and half of those in the over 80's age group. The Health Board and NERS will be working in partnership to address some of these issues.

Falls represent over half of hospital admissions for accidental injury, particularly fractures, which cost the NHS an estimated £1.7 billion per year.

Councillor Paul Thomas, Gwynedd Council's Healthy Gwynedd Cabinet Member said:

"I am extremely pleased that we are working together with our partners to offer this important service. The programme aims to help local residents over the age of 65 years build strength, and improve balance and co-ordination so that they are less likely to fall. This not only helps to maintain confidence to live independently at home, but also avoids potentially life threatening injuries."

The Falls Prevention programme was designed by Later Life Training and follows evidence based research. The seven components include strength, balance, flexibility, endurance, floor activities, getting up and off the floor and tai chi. Also, an important element is the cup of tea and socialising at the end of the class.

Senior physiotherapist Clare Horton and NERS Exercise Professional James Richards will be working together on this venture. They are both Postural Stability and Falls Prevention Instructors and are specialists in this area.






If anyone is interested in taking part in the programme they can visit their local GP for a referral or complete the relevant application forms to be found in health and leisure centres, chemists, shops and with local agencies.

External Reviews

Healthcare Inspectorate Wales

During 2014 -2015 Healthcare Inspectorate Wales undertook a total of 8 Dignity and Essential Care Inspections across the range of our services including our main hospitals, community settings and Mental Health Services. A copy of these reports can be found here: [HIW reports](#)

Following each of these reports an action plan has been developed and we are monitoring all the recommendations. As a result of these reports the following actions have already been taken:

-  Symbols have been purchased and displayed in ward areas to assist those with sensory loss or learning needs
-  New door locks and cabinets have been ordered to ensure the safe storage of medicine
-  A housekeeper has been employed by the Emergency Department in Wrexham
-  The Health Board has received 23 new profiling beds to prevent pressure ulcers
-  A review of secure storage of files and patient records has taken place.

Trusted To Care (Andrews Report)

In May 2014 the [Trusted to Care](#) report on care of older patients at the Abertawe Bro Morgannwg University Health Board was published by the Minister for Health and Social Services. The report highlighted serious concerns and significant failings regarding the standards of care and treatment. A copy of our response to this report including our acute and secondary care sites and nursing homes can be found [here](#).

The Trusted to Care report looked at 4 key areas of care:

- Sedation
- Nutrition and Hydration
- Continence
- Medicines Management

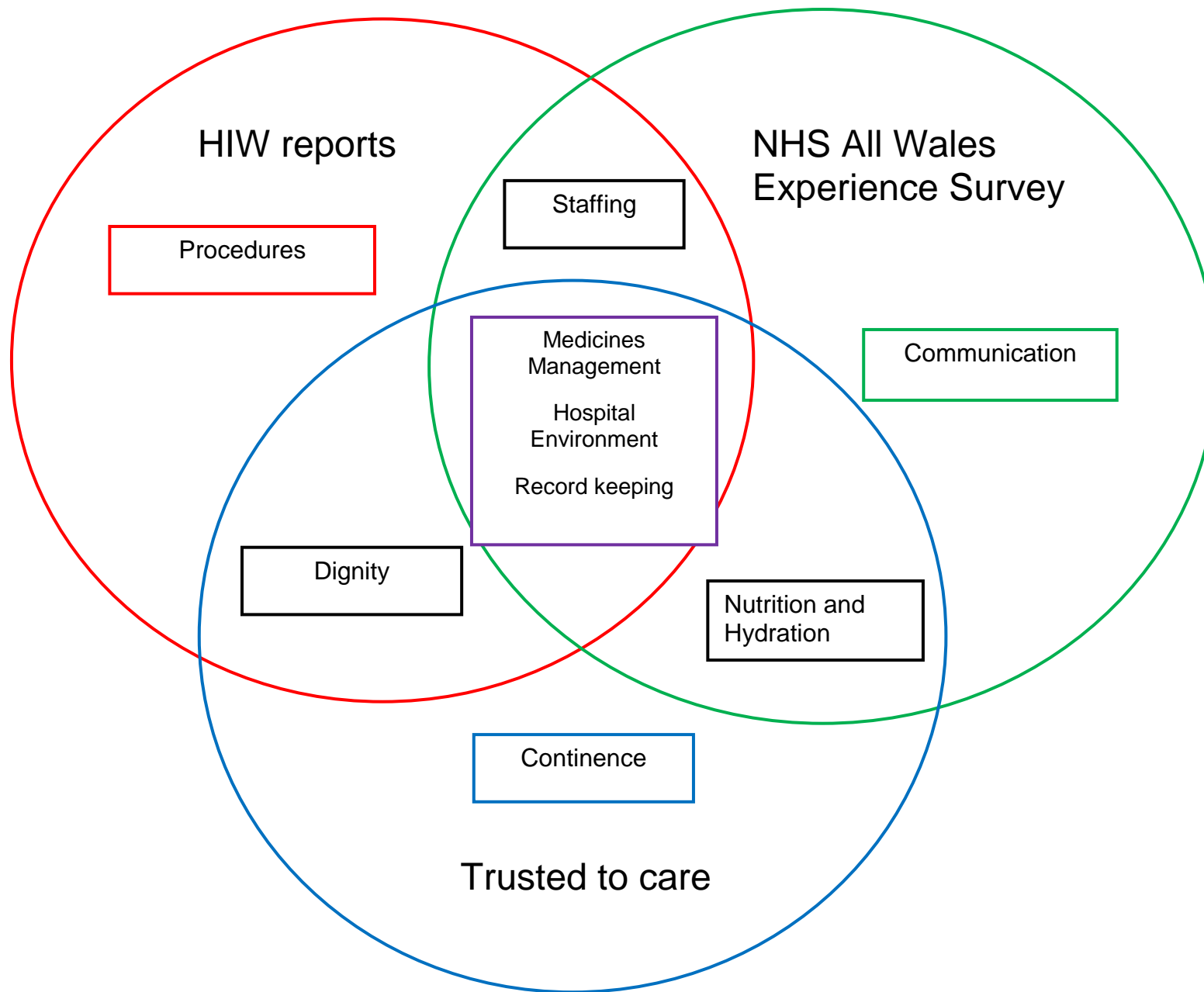
During July 2014 the Health Board underwent an unannounced inspection by Healthcare Inspectorate Wales following the release of this report. The [feedback](#) from the inspectors stated that they had been impressed with the positive attitude of staff and stated that they had witnessed some superb examples of compassionate care delivery to patients.

Following the release of the report the Health Board has undertaken action including:

- ✓ Monthly quality and safety audits have been started across all wards.
- ✓ The outcomes of the audit are being included in an Integrated Quality and Performance [Integrated Quality and Performance report](#) which is provided to the Board.
- ✓ We have implemented the All Wales Medication Safety Monitoring tool.
- ✓ We have reviewed information with our Primary Care teams to review quality monitoring within our nursing homes.

The following diagram shows the common themes from our unannounced Trusted to Care visits, HIW reports and Your NHS Experience' all-Wales Survey.

All reports from external inspections have an action plan which allows us to monitor performance to ensure that we review, monitor and increase standards of care for our patients.



To improve health and provide excellent care

Timely Care

Emergency Departments and Minor Injury Units

Most of our patients come to see us by first visiting their GP, however sometimes they need urgent care because of an injury, serious illness or existing condition which has quickly gotten worse. We run a range of services to care for this group of our patients; out of hours GP services, emergency dental services, minor injury units as well as the most well known; Emergency Departments. We know that it's important to our patients to be assessed quickly by a qualified clinician and get appropriate treatment when they feel unwell.



Ysbyty Alltwn, Tremadog

Enhanced care

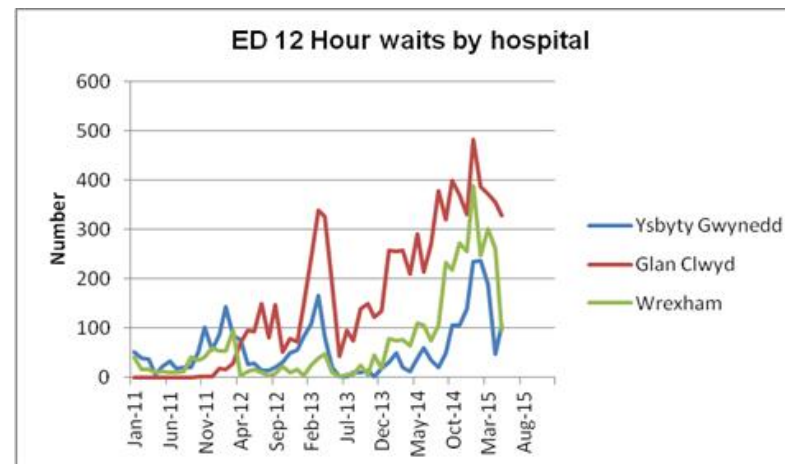
Enhanced Care provides an increased level of care to patients in their own homes, who otherwise would have to be admitted to a community or acute hospital. For patients who are already in hospital, Enhanced Care can also support some of them to be discharged home sooner than they might have been. The Enhanced Care at Home (ECH) service extends the range of other community services, such as intermediate care (IC), for the adult population of North Wales, but predominantly the over 65s.

In the past twelve months the scheme has been extended to Central and South Denbighshire, East and West Conwy as well as continuing in N W Flintshire, S Wrexham, Meirionnydd and Anglesey. N Denbighshire has been operational since 2010.

Between April 2014 to March 2015, 985 patients have been “admitted to the service”, and 10,550 hospital bed days saved. This equates to approximately 29 inpatient beds, if this care had been delivered in a hospital setting.

Although the early part of the year showed real improvement for our Emergency Departments, at the end of March 2015, the Health Board achieved 78.4% against the target of 95%. We are not achieving this target and we know that this causes distress to patients across North Wales. We know we can do better for our patients

The chart shows how we have done this year compared to last year. Performance over the winter months has proven a challenge to our Health Board as elsewhere in the NHS. We have worked on our winter plan throughout to improve how we manage beds across the hospital, and ensure patients can be moved more easily between the Emergency department and the main hospital when they need to. In line with all Wales policies the Health Board has introduced an escalation and ambulance handover protocol to ensure patients receive their care in a safe and timely manner.



A significant number of patients waited over 12 hours in an Emergency Department in North Wales during 2014-15. As a result of this the Health Board has introduced a monthly audit of the care received by those patients to provide assurance that the care and treatment was safe and clinically effective despite the patient having to wait a lot longer for a bed. A detailed work programme is in place to improve the bed availability across the Health Board. Following the monthly audits each Hospital has an action plan with improvements in the care and treatment of those patients

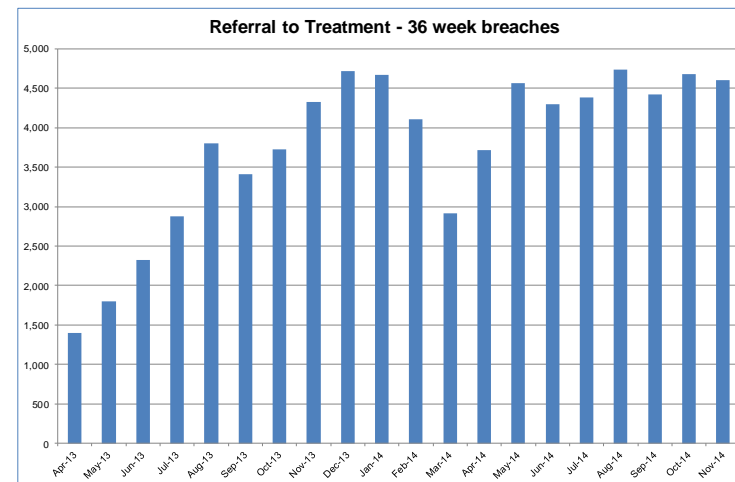
Cancellations

We only ever cancel a patient's operation as a very last resort. We know the distress that cancelling operations causes patients and their families and we apologise to the patients whose operations have been cancelled. Cancellations usually happen when a patient with a more urgent condition needs a bed or operating theatre. We make every effort to avoid cancellations, but in exceptional circumstances some patients are cancelled twice. We aim to rebook these patients within 14 days wherever possible, between April 2014 and March 2015 we undertook 56,860 procedures, of which 268 patients were cancelled more than once. We offered dates within 14 days to 122 of the patients (45%).

Waiting Times for Treatment

Reducing the amount of time patients wait for any appointment, whether waiting for an appointment, diagnostic test, admission for surgery is important to us, because we know that waiting increases uncertainty and causes concern for many of our patients.

During the last twelve months we have spent an extra £15.4 million on reducing waiting times for patients. In total, we provided over 1.05 million appointments, admissions and tests. We ran additional clinics and operating sessions to treat more patients, as well as working with partner hospitals in the North West of England to reduce waiting times for patients. We are working on detailed plans for improvement next year. Our goal is to treat all out patients within 36 weeks by March 2016.



Waiting Times for Cancer We are always working to reduce waiting times for suspected and diagnosed cancer patients. We know that being diagnosed with cancer is a shock even when doctors have warned that it is a possibility. As a result we work hard to make sure that patients get the tests and treatment they need quickly. This means giving our patients the opportunity to understand the type of cancer they have, make sense of the treatment options available, possible side effects and understand the support that health services offer.

By the end of March we treated 98.9% of patients diagnosed with cancer within 31 days. By the end of March 91.5% of patients were treated within 62 days.

Going forward into 2015-2016 the achievement of shorter waiting times for our cancer patients is a key priority. We will be working across to reduce waiting times at every point in the patient journey from referral, clinic appointment, diagnostic scan, endoscopy, surgical treatments, radiotherapy treatments and chemotherapy treatments.



GP Opening Hours

We know that being able to access a GP appointment quickly is important to our patients. We have been working closely with GP practices across North Wales so that more practices are open during working hours and more appointments are available after 5pm in the evening. Last year we improved our working hours opening times. 89% of practices were open within an hour of their core hours, which are 8.00 am to 6.30pm. We have shown improvements in later appointment availability too, as now 98% (increase of 9%) of our practices offer appointments after 5pm and 94% of practices offer appointments before 9am (increase of 5%). We know we have further to go and are working with GP practices to make more appointments available in the core hours



Dental Access

For the 24 months up to October 2014 the access level across North Wales has been 50.42% with a peak of 51% during 2013, compared to 53% across Wales as a whole. Access rates are higher in the least deprived areas with attendance highest in children aged 6-17years and a greater proportion of females than males attending dental appointments.

The LHB regularly reviews its dental provision to ensure that appropriate levels of access are available in the areas of greatest need.



GP Out of Hours Services

The opening of the new Emergency Department at Ysbyty Glan Clwyd has allowed for the first time the GP Out of Hours services to be located under the same roof.

In December 2014 an external review was commissioned as a result of a number of concerns emerging regarding the performance of the Out of Hours Service and a report was presented in March 2015.

Following this review a number of immediate actions were undertaken and a full action plan was developed.

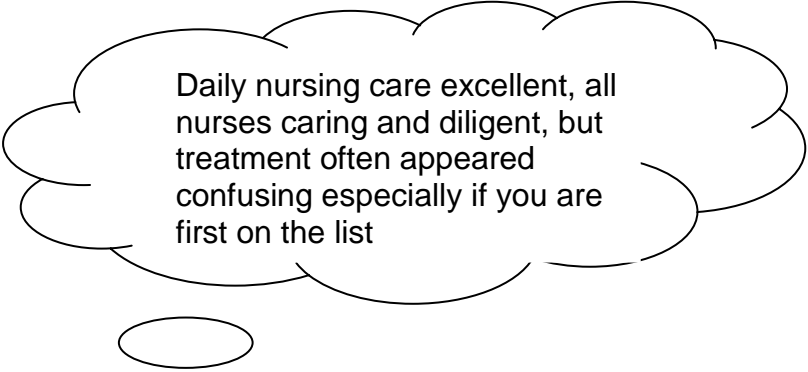
A copy of our response and action plan can be found here:

[GP Out of Hours](#)

Treating people as individuals

iWantGreatCare

BCUHB ran a pilot study from October 2014 to March 2015 in Wrexham Maelor Hospital on behalf of the Welsh Government - *iWantGreatCare*. *iWantGreatCare* is a paper and web-based system which enables patients to provide real-time feedback on their inpatient experience and for the wards to receive weekly patient feedback reports. As the feedback is in the main very complimentary it has had a positive impact on staff morale but has also identified some areas for improvement. *iWantGreatCare* has often been termed as the 'Trip Advisor' of healthcare. During the pilot study 1,960 reviews have been posted on the Wrexham Maelor site: <http://bcuhb.iwgc.net>. This has resulted in the Maelor Hospital receiving an overall star rating of 4.76 the highest rating on the *iWantGreatCare* website is 5.



Daily nursing care excellent, all nurses caring and diligent, but treatment often appeared confusing especially if you are first on the list

Supporting Carers

The North Wales Carers Information and Consultation Strategy outlines our intentions to improve how we involve and support carers. (<http://www.wales.nhs.uk/sitesplus/861/opendoc/244601>)

We have made good progress with our action plan to improve how the Health Board is meeting the needs of carers. Some of the actions we have implemented are:-

- Held a workshop for carers to assist with relaxation and stress management
- Developed a Carers Reference Group; this group of carers will work in partnership with the Health Board to inform and develop service improvements
- Developed a "comments card" system for carers to enable them to give feedback on how they have been involved and supported as a carer
- Introduced Primary Care Facilitator posts (hosted by 3rd sector carers organisations) to ensure early identification and support for carers in the community.
- Participated in an all Wales survey to gain a baseline view of carers experience of health services (results can be viewed at <http://www.wales.nhs.uk/sitesplus/861/page/61372>)

Fundamentals of Care



There are 12 Fundamentals of care (FOC) standards. These are audited once a year and this provides an overview of the quality of care delivered to our patients at a set point in time. This audit is a requirement of Welsh Government for all Health Boards to complete. The Health Board has taken steps to improve areas that were highlighted as problem areas in the 2013 audit and as can be seen from the table opposite, there has been an improvement in the standards during 2014. Further areas for improvement have been identified in standard 2, 5, 7 and 10

Operational Questions Overall Summary (%)		2013 FOC Audit	2014 FOC Audit	% Imp
Std 1	Communication and information	86%	89%	
Std 2 & 5	Respecting people and relationships	72%	83%	
Std 3	Ensuring safety	91%	94%	
Std 4	Promoting independence	90%	92%	
Std 6	Rest & sleep	81%	88%	
Std 7	Ensuring comfort & alleviating pain	82%	80%	
Std 8	Personal hygiene, appearance and foot care	76%	86%	
Std 9	Eating and drinking	89%	90%	
Std 10	Oral health & hygiene	49%	83%	
Std 11	Toileting needs	88%	88%	
Std 12	Preventing pressure sores	95%	94%	
Overall Health Board Score		21%	88%	

Putting Things Right

Learning when things go wrong – “Putting things Right”

As a Health Board we strive to always provide safe, high quality care and treatment to all but sometimes things go wrong and we let our patients down. If this happens we respond to the concerns (complaints, claims and serious incidents) raised in line with the '*Putting Things Right*' Regulations (PTR). The aim is to 'investigate once, investigate well' ensuring that the concern is dealt with in the right way, the first time round and that we learn from the concern in order to prevent it from happening again. Recently the Health Board has not been supporting patients in a timely manner. We have had too many complaints where the final response has not gone out within the expected 30 days and in many cases responses were overdue for a significant period.

Complaints

We are always grateful to people who share their experiences of using our services with us. Whilst it is concerning if those experiences have been poor or we haven't done as well as we should have, we see every compliment of complaint as an opportunity to learn and improve. Staff strive to resolve concerns raised by patients/service users and their carers / relatives as they arise. In 2014-15, the Health Board recorded 2554 concerns which were sorted out 'on the spot'. However, some patients/service users, their carers/relatives choose to make a formal complaint. These totalled 1826 in 2014/15, an increase of 81 (4%) on the previous year.

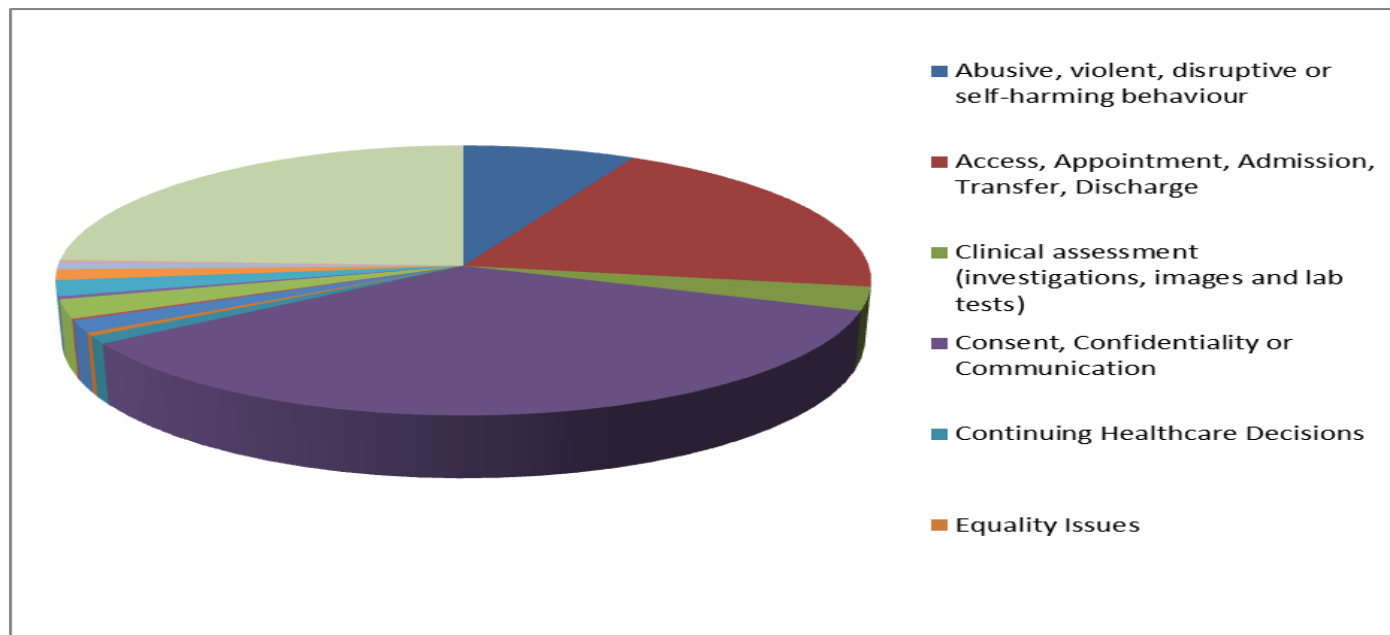
We continue to strive to respond to complaints within the agreed timeframes however we realise that this is not always a positive experience for complainants. In some instances we have taken too long to respond to complex clinical complaints and so we need to restore trust and confidence in us about this; this is going to take time but we are committed to:

- Putting patients and their families first
- Using all complaints as a learning opportunity
- Addressing issues quickly so they don't escalate and cause further upset and dissatisfaction

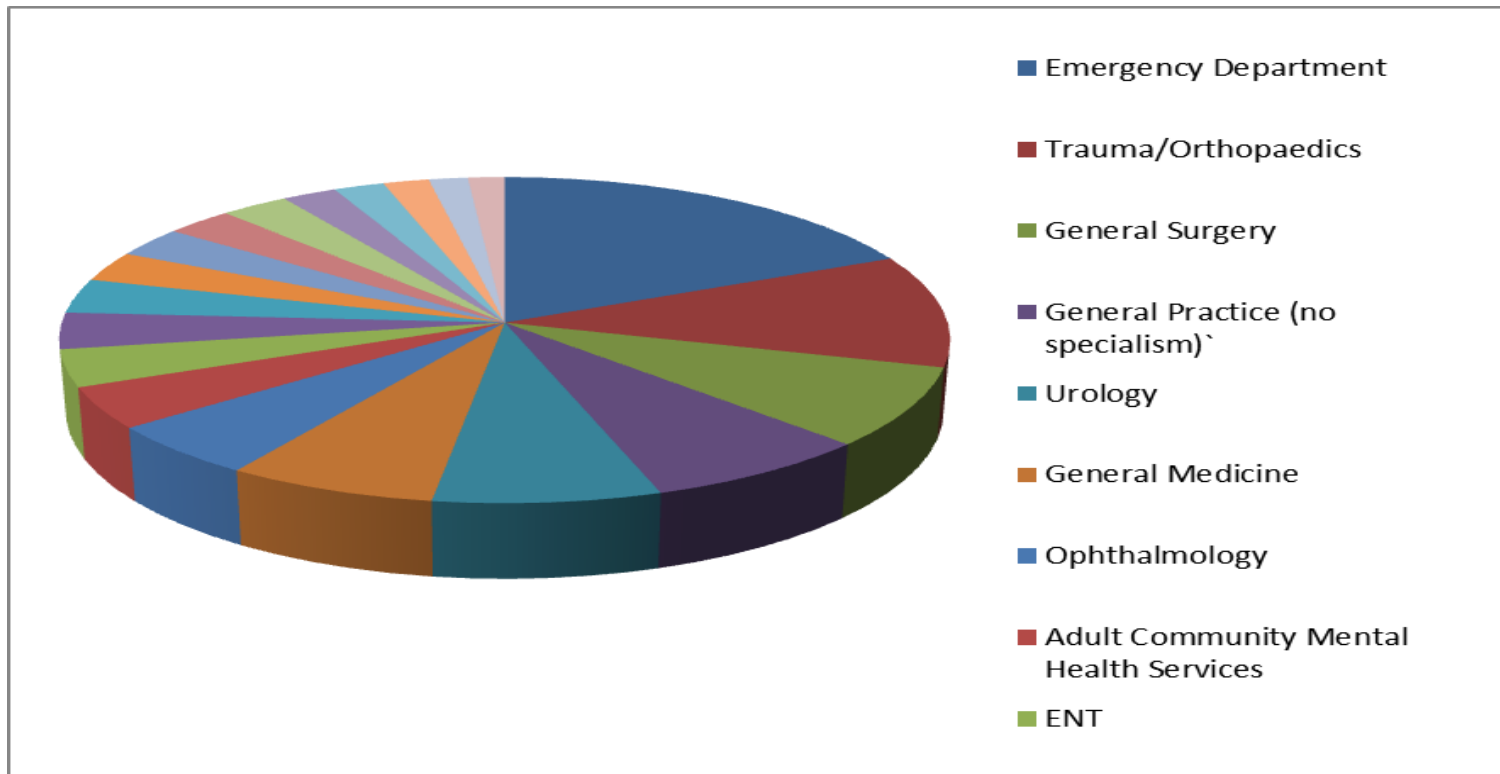
- Ensuring there is wider learning from feedback on patient experiences
- Undertaking a thorough investigation in a timely way
- Providing open and honest responses that give full consideration to redress
- Engaging and supporting complainants through the process so we begin to rebuild the trust and confidence in the services we provide and our ability to deal with concerns.

As a result of our investigations in the last year we identified 53 cases where a payment was made as part of redress for harm we caused (redress can only be paid under Putting things Right up to £25,000 – amounts higher need to be dealt with under the claims process).

The sort of things people have complained about are summarised in the chart below:



And these complaints are mainly from the following specialities:



Claims

The Health Board has a legal duty of care towards those it treats, together with members of the general public and its staff. People who consider they have suffered harm from a breach of this duty can make a claim for compensation and damages against the Health Board, either:

- clinical/medical negligence claims
- personal injury claims

During 2014/15, the Health Board received 310 new claims and had a total of 891 claims open; an increase of 25 and 115 claims respectively on 2013/14. Payments totalled £8,974,527 in damages and claimants costs and £711,358 in defence costs with the Health Board contributing £2,094,282 (£25,000 per case) in line with Welsh Government Risk Pool requirements

Inquest and Ombudsman cases

There are many reasons why the Coroner may hold an inquest when someone dies and the Health Board will provide evidence as requested by the Coroner. In 11 cases the coroner was critical of the care we had provided and we have taken steps to address these concerns.


If someone is not satisfied by our response to their complaint they can ask the Public Service Ombudsman Wales to look into it. Last year 83 people did this and the Ombudsman decided to investigate 51 cases; so far 14 have been upheld or partially upheld.

We take every inquest and all Ombudsman recommendations very seriously so that we can prevent similar incidents occurring again.

Further details of the cases reviewed by the Ombudsman can be found online in the Public Service Ombudsman for Wales Annual Report. 2014/15 has yet to be published, but previous years can be found online at <http://www.ombudsman-wales.org.uk/en/publications/Annual-reports.aspx>

Equality and Human Rights

During 2014-15 we have continued to promote the importance of equality and human rights to ensure patient centered service provision, for example through improvements in care designed to meet individual need including communication needs, sensory loss and disability. Over 20% of the total population of Wales suffer from a degree of sensory loss and we know this can have adverse consequences for health and wellbeing; it is increasing especially among older people. BCUHB has put in place an improvement plan to better meet the needs of people with sensory loss; books have been purchased for clinical areas to aid communication by using symbols and pictures, a toolkit resource to support staff in meeting patient needs has been developed and an estates group has been working with stakeholders to develop way finding guidance. We have worked in partnership with service users in response to their request to develop an accessible health communication card. The purpose of this patient safety work is to enable the patient to raise awareness of their specific communication needs when accessing health services.

 <p>Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board</p> <p>I AM DEAF Please book a:</p> <ul style="list-style-type: none"><input type="radio"/> British Sign Language Interpreter<input type="radio"/> Signed Supported English Interpreter<input type="radio"/> Note Taker<input type="radio"/> Lip Speaker <p>Please see back of card</p>	Accessible Health Communication Card	<p>BCUHB STAFF Type WITS into the Intranet search and follow interpretation guidelines to book an interpreter</p> <p>To help me communicate please:</p> <ul style="list-style-type: none">• Book a BSL Interpreter for my appointments• Use eye contact when you talk to a deaf person• Make clear speech movements• Use facial expressions and gestures• Write in Plain English
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Year on year we have seen continuous improvement in our Stonewall Diversity Champions national rating. Stonewall Diversity Champions is an annual benchmarking exercise that ranks employers against an equality index and we continue to use this as a benchmark for our improvement. This year we are pleased to have been selected to work with Stonewall Cymru's Health Champions programme to improve the experiences of lesbian, gay and bisexual patients.

Our approach to working in partnership and developing joint strategic equality objectives with the public sector across North Wales has been recognised as good practice by Welsh Government and the Equality and Human Rights Commission. We hold regular engagement meetings and events to ensure voices are heard and the needs of everyone have been fully considered when designing and delivering services. The events provide members of the public an opportunity to tell the Health Board “how they think we are doing” and what their priorities are. We will continue to work in partnership with the Third Sector and the people we care for with an interest in equality issues to help shape our work going forward.

Equality, Diversity & Human Rights are core Health Board values and our Strategic Equality Plan sets out how we will ensure that equality is properly considered within the organisation and influences decision-making at all levels. It also promotes knowledge and understanding amongst our employees and helps shape the culture of our organisation. Over 6,600 of our staff have been trained. You can see our Strategic Equality Plan and Annual report at: <http://www.wales.nhs.uk/sitesplus/861/page/47421>

Primary Care Services

Primary Care Services are provided mainly by three groups: GP's, Dentists and Community Pharmacies, which are contracted via nationally agreed contracts. Across North Wales there are currently 114 GP practices, 155 Community Pharmacies and 97 Dental Practices. The Health Board is the only Health Board to have a dedicated Primary Care Support Unit. There are a number of ways by which the Primary Care Support Unit support and monitors activity and quality. Some of these are outlined below:

Quality Assurance Visits to GP's / Dentists / Community Pharmacists

On the 27th March 2014, a new Quality Assurance Visiting Programme for GP's commenced and by the 7th April 2015, 80% (91 of the 114) GP practices received a visit. There were no significant issues or concerns in relation to patient safety identified during the visits completed. The GP programme has not only provided the LHB with assurances, but has given each practice an opportunity to gain direct support from the visiting LHB staff in areas of concerns or knowledge development. The further development and roll out of Quality Assurance Visiting Programmes for Dental contractors has been piloted and will commence by the end of May 2015. The Community Pharmacy visiting programme is in the final stages of planning and agreement and will commence by the end of June 2015.

GP Clinical Governance Practice Self Assessment Toolkit

This is a self report toolkit which GP practices complete at the end of each financial year. They assess themselves against 51 different matrices which cover all aspects of patient safety and clinical governance. The toolkit is an essential framework to support a GP practices governance and patient safety development. In 2014/15 North Wales GP's have been the best performing in Wales for the engagement and completion of the Clinical Governance Toolkit with a submission rate of 99.1%.

Quality Assurance Statements from Dentists and Community Pharmacies

All Dentists and Community Pharmacies are required annually to complete a Quality Assurance Return and provided this to the LHB for review. The QAS covers a number of areas such as Infection Control, Safeguarding, Training, Health and Safety. Areas of non-compliance identified, are discussed with the contractor by the LHB to ensure concerns are resolved and patient safety is maintained.

Cluster / Locality Working

BCUHB is committed to implementing the principles and recommendations detailed in 'Setting the Direction' - the Primary and

Community Services Strategic Delivery Programme for Wales’.

There are currently 14 cluster groups based around locality areas such as Ynys Mon, Dwyfor, Conwy East, Central Wrexham. The cluster groups have been designed to support GP practices to engage with each other and the Health Board on setting the direction of health care in line with the requirements of the local population.

The vision is to:

- Promote good health, helping to improve the quality of people’s lives now and in the future;
- Support people with long-term conditions, such as diabetes and heart failure, to have more control over their own health, avoid hospital admission and receive more care in their own homes or closer to home;
- Provide enhanced patient education and support for self care;
- Support collaborative working with our partners in Local Authorities and the voluntary sector to deliver integrated care.

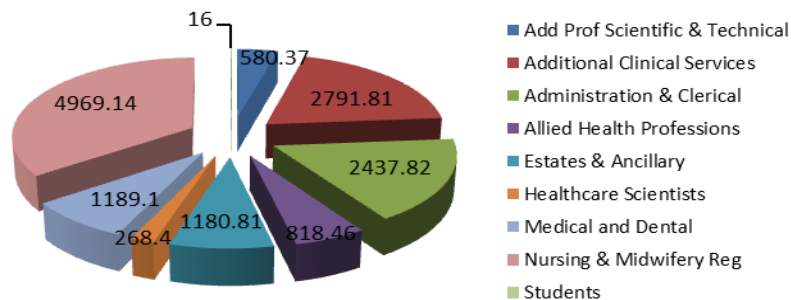
Community Pharmacies

There are 155 Community Pharmacies across North Wales which are mainly provided by corporate groups such as, Lloyds, Rowlands, Boots, Tesco’s, Asda and Morrison’s with the rest being provided by smaller groups and single independent providers. Community pharmacies are first classed as shops which provide an NHS and private dispensing function.

To support the provision of care for patients closer to home there are a number of Enhanced Services which they can choose to provide such as Flu Immunisations, Smoking cessation lifestyle advice and minor ailments. They can also provide private health services such as diabetes tests, Blood Pressure testing etc. In 2014, 9 Community Pharmacies provide a Smoking Cessation service and 70 provide a Flu Immunisation service.

Staff and resources

The recruitment and retention of the right numbers of high calibre staff that are professional, appropriately qualified and safe to work for the Organisation, is of paramount importance to the Health Board.



Job roles in the above Staff Groups include:-

Additional Professional, Scientific and Technical - Clinical
Psychologist; Operating Department Practitioner; Pharmacist; and Chaplain

Additional Clinical Services - Health Care Support Worker;
HCA; Nursing Assistant; Nursery Nurse;; Assistant Psychologist; Medical Laboratory Assistant

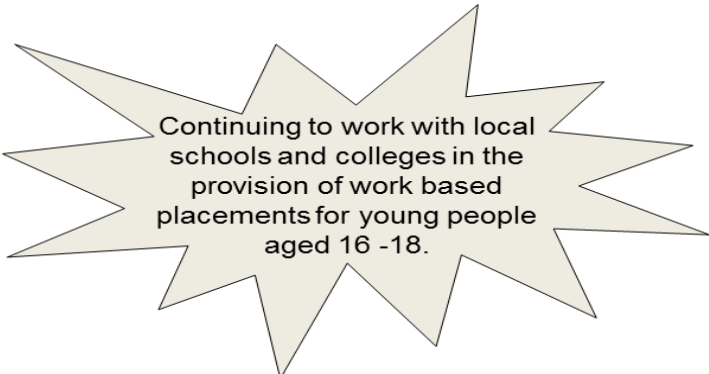
Allied Health Professionals - Occupational Therapist;

Physiotherapist; Dietitian; Podiatrist; Orthoptist; Radiographer; Speech & Language Therapist and Art Therapist

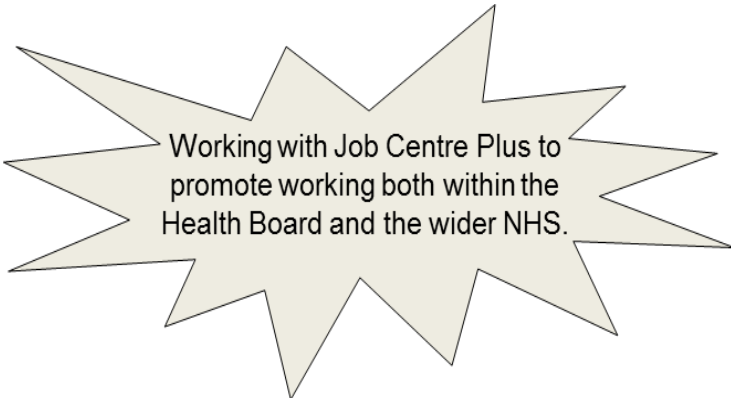
Estates and Ancillary - Domestics; Porters; Gardener;
Catering Assistant; Works and Maintenance



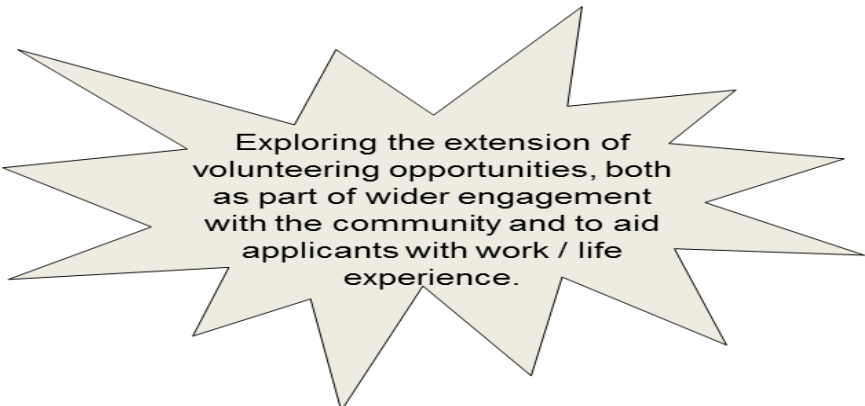
The Health Board has continued to actively recruit to vacant positions as a result of the £2.2 million Welsh Government nurse staffing funding allocation in September 2013 and vacancies as a result of natural turnover, maternity leave and long term sickness. A number of strategies are in place to address the continued difficulties in recruiting to registered nurse positions including:




Continuing to work with local schools and colleges in the provision of work based placements for young people aged 16 -18.



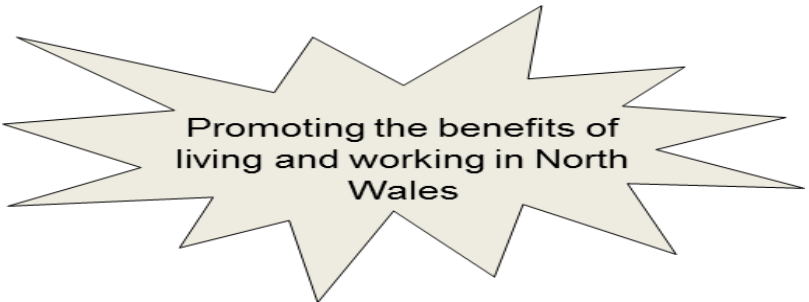
Working with Job Centre Plus to promote working both within the Health Board and the wider NHS.



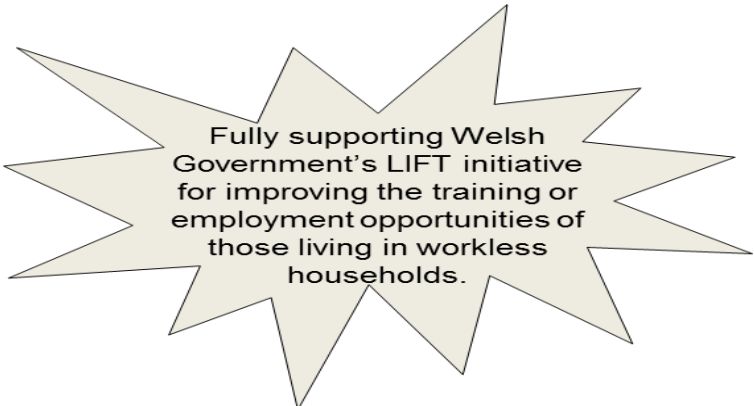
Exploring the extension of volunteering opportunities, both as part of wider engagement with the community and to aid applicants with work / life experience.



Continuing to provide modern apprenticeships and consider the scope to extend these further.



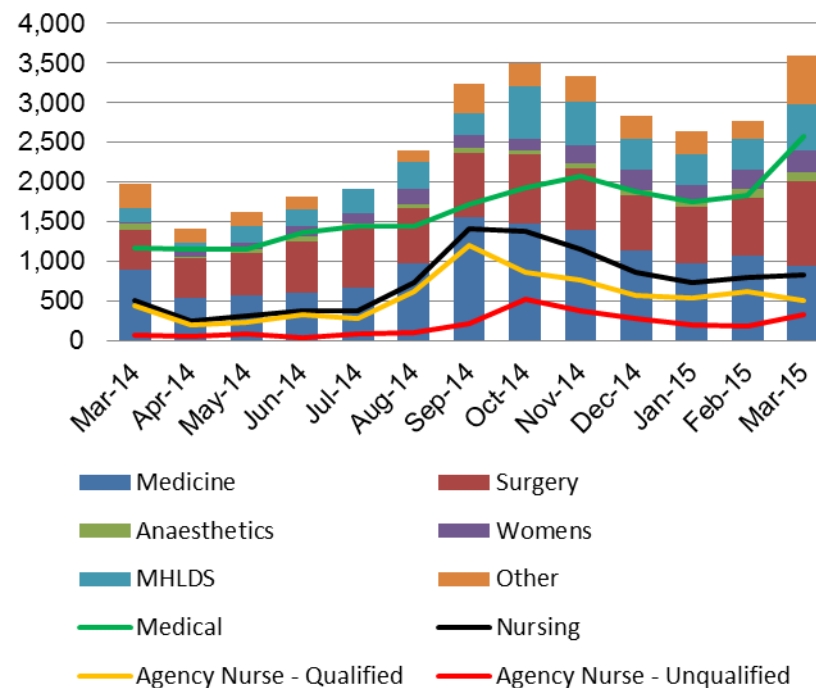
Promoting the benefits of living and working in North Wales



Fully supporting Welsh Government's LIFT initiative for improving the training or employment opportunities of those living in workless households.

Supporting Welsh Government commissioning of undergraduate education, the provision of clinical tutors and the provision of clinical placements.

Agency Costs



- Agency costs have been reducing since the peak experienced in October 2014, but this trend has reversed since February, especially in Medical staffing.
- Agency nursing costs peaked in September, and monthly expenditure has since reduced by £0.6m (42% reduction). Registered Nursing reduced by £116k from February.
- Work is on-going to reduce agency costs

Education, Training and Appraisal

Effective and high quality education and training is provided to ensure that BCUHB staff are available in the right numbers with the right skills, values and competencies to deliver both excellent clinical outcomes together with patient-centred care. Staff will be supported by the Health Board through their working lives by effective support, supervision and appraisal.



'Pinnacle' is a new website designed specifically for BCUHB staff who have supervisory, management or leadership responsibilities. Pinnacle recognises that we all learn from different sources. Many of us carry out a significant amount of learning 'on the job'. This might be learning through our colleagues, finding information on the internet/intranet, through being coached or use of technology. By identifying what an individual needs at any stage during their leadership and management journey, Pinnacle provides useful online tools, films, support and resources specifically aimed at BCUHB supervisors, managers and leaders - as well as access to the more traditional approaches to learning.



Performance Appraisal and Development Review (PADR)

PADR improves staff morale and performance through staff engagement, ensures staff are clear about what they are doing and why and have the skills to do their job, enables skills gaps to be identified and develop staff skills to drive improvements in patient care. The PADR process also informs succession planning and role redesign, promotes discussion between Manager and staff, improving communication and relationships. BCUHB have strived to improve the PADR appraisal process by additional simplification of paperwork and regular reporting of compliance and data validation. Medical staff develop Continuous Personal Development activities through their appraisal supported by protected time in job plans and Study Leave.

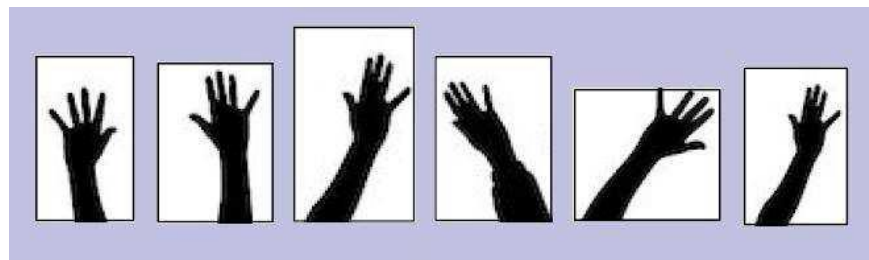
Quality Improvement Training

We have developed an extensive Improving Quality Together 'IQT' training programme across North Wales. IQT helps our staff to play a vital part in transforming NHS Wales into the service that people need. The Health Board has currently trained 3341 staff to bronze level and 4364 staff at Silver level.



Coaching

A one day programme has been designed for BCU employees on 'Coaching Skills in the Workplace' as part of the work done around the BCUHB Leadership Strategy designed to promote a coaching culture within the organisation. In addition teaching and developing coaching skills are embedded into our Leadership Development sessions (both formal and bespoke programmes). We also host a database of workplace coaches for staff to access around coaching support and development.



Staff Survey

The BCU Board approved the 2013 Staff Survey "What did we Learn: Making a Difference" Action Plan and the key priorities below at its November 2013 meeting. The Staff survey implementation Group (in partnership) is managing implementation of the improvement actions. Progress to date of the themes is detailed below.

- 1.Introduction of team briefing to improve internal communications
- 2.Increased change management and engagement training for managers
- 3.Changes to the incident reporting system to improve feedback to staff raising incidents
- 4.Planning for launch in 2015 of a 'safehaven' system to encourage reporting of concerns

Senior Leadership Visibility

Launch of new staff intranet forum



The staff forum – *The Junction* - was launched on Monday September 1st 2014.

We have set a time limit of five working days in which to respond to questions. To date, we have received a number of questions on various issues,

***Talk to Trevor* page on the intranet**

A Chief Executive page has been established on the intranet as a hub for all staff-facing communications, including messages to staff, photos of Trevor Purton and about across the Health Board sites, video content and details of forthcoming visits across the organisation, and feedback from those held. This will be regularly updated to keep content fresh and relevant.

Calendar of visits to different sites

In addition to the walkabouts instigated as a result of the *Trusted to Care* report, regular walkabouts are taking place primarily for senior staff to gain reassurance about the quality of care being provided across the organisation. Senior staff visibility is a by-product of this.

Team brief



After every Board meeting, the Chief Executive relays the main news from the meeting to the 'top team' of executives and Chiefs of Staff, who then cascade it down to their teams. The objective is that staff leaders and managers deliver news to their teams face-to-face and there is an opportunity for questions and discussion.

There are also plans to video the Chief Executive delivering team briefs and posting it on YouTube, where staff not able to attend team briefing meetings will be able to view the brief.

Social media engagement

In addition to the corporate BCUHB Facebook and Twitter platforms, a number of the organisation's senior leaders are making the foray into the Twittersphere. The most notable of these is Prof Matthew Makin, who has some 500 followers and is very active in responding. BCUHB have produced a guide to using social media in a professional capacity for other leaders and have offered one-to-one introductory sessions. Hospital Management Teams are in the process of being coached.

This year we received the Chwarae Teg Exemplar Employer Award recognising our work in promoting access to flexible working for staff across the health board. We will continue to build upon positive employment initiatives such as Positive about Disabled People and the Mindful Employer Charter.

GP numbers

The current numbers of GP's across North Wales are 597 GPs working in a specified practice and 112 locums who work across a number of practices when they are required. The number of GPs over 50 years of age varies from 33% in Anglesey to 53% in Dwyfor.

GP workforce

One of the areas of greatest concern to us during 2013/14 has been the increasing difficulty in recruiting and retaining GPs. A new Website called Medics North Wales as been established detailing information about Working in North Wales and the current vacancies in GP practices across all North Wales. The Primary Care team attended the Royal College of GP's national conference in Liverpool in October 2014, with a stand which had information about all the vaccines for GP practices and information on working in North Wales. The Primary Care Support Unit at the time of this report are in the process of establishing a salaried GP services, whereby BCUHB will employ GP's who will provide support not only for practices managed by the LHB, but also practices struggling to recruit and or access locums.

Dental Workforce

There are currently 97 dental practices across North Wales with 297 dental practitioners undertaking NHS dental work. Dental surgeries in the main provide both NHS and private work. Dental practices that provide private work only, do not currently come under the remit of the LHB

Volunteers play a crucial role in improving the patient experience.

There are a number of voluntary organisations who provide services to the hospital such as the League of Friends, the Royal Voluntary Service, Macmillan Cancer Support and Red Cross. In addition to these organisations BCUHB recruits volunteers directly, these BCUHB managed volunteers are known as 'Robins'

Robin Volunteers

The Robins Volunteering Scheme celebrated its 10th year and Dr Peter Higson and Mrs Angela Hopkins were delighted to present long service awards for the thousands of hours that have gifted. As the landscape of volunteering continues to change with volunteers staying for shorter periods of time there has been a greater emphasis on improving the recruitment process. Currently there are 251 Robins, who are gifting over 2000 hours per month. Their ages range from 17 to 79. The main role of the Robins is to provide a befriending service on wards and in departments or a Meet & Greet service. The Robins have been welcomed by staff and the volunteers feel valued and part of the team. In addition they have assisted with:

- The continuation of the Prevention of Delirium (POD) pilot scheme in Ysbyty Gwynedd.
- 'Hand Holding' service in Abergele Hospital, Eye Theatre
- The setup and facilitation of the Art & Activities Afternoon in Llandudno General Hospital.

- Signposting services in X-ray and Out patients clinic.
- The Flu Clinic's for staff immunisation
- The Special Care Baby Unit (SCUBU) and maternity 'Welcome' evening service provided in Wrexham Maelor Hospital.



Exciting new opportunities are being explored at The Royal Alex Hospital in Rhyl and the new Reception area in Glan Clwyd.

Chaplaincy Volunteers

More than 30 Chaplaincy volunteers visit the wards to offer a listening ear to patients and provide spiritual and religious care.



Supporting other Volunteers

Other volunteers not directly managed but supported by the Service User Experience Team include: Breast Feeding Peer Support (25), Pets Are Therapy Volunteers (6), Head Strong, Cancer Unit (9), Come & Sing (26)

Public Members

The public members Group (who are members of the public who have used BCUHB services) continue to provide support to gain patient feedback via surveys, comment on readability of patient information and give a “lay” view of any service developments.

Critical Friends

In addition to the Public Members Group , the Director of Nursing has recently introduced a scheme where retired healthcare professionals are recruited as volunteers to support the health board with its quality improvement work by being the independent voice with an experience of working in the NHS

North Wales Community Health Council

Community Health Council Assessment Visits

CHC members undertook over 500 assessments during 2014-15. Reports were produced following each assessment and these were submitted to BCUHB for consideration and response.

Combined assessment results and information regarding complaints supported by the Advocacy Service was also provided to BCUHB on a regular basis. This information was presented to a number of BCUHB groups and committees.

In addition to assessment visit reports, the CHC escalated issues to BCUHB managers for urgent response on 33 occasions and made a further 26 requests for information/clarification.

The following assessments were undertaken during the year:

Regular Assessment Programme

30 assessments of the internal fabric of wards, departments or shared areas;

33 assessments of the patient care provided on wards and departments;

35 assessments of mental health and learning disability services;

15 assessments of the external environment of hospitals;

16 assessments of the accessibility of hospitals;

10 targeted unannounced visits;

10 assessments of pharmacies;

3 assessments of clinic services; and

4 visits to GP practices, including 3 undertaken jointly with Health Inspectorate Wales.

Emergency Department (ED) Watch

An Emergency Department (EDWatch) assessment at each District General Hospital.

BugWatch

BugWatch considered markers of good infection prevention practice. Two rounds of BugWatch were undertaken at the three District General Hospitals and two were undertaken at fifteen other hospitals. 139 individual ward BugWatch assessments were undertaken. Recommendations following BugWatch included the following:

- the need for rigorous enforcement of hand hygiene procedures;
- doctors must be reminded that they are not exempt from hand hygiene and dress policies – particularly “Bare Below the Elbow”; and
- the Board should undertake a public education campaign to inform visitors and patients of their role and responsibilities in relation to infection prevention.

CareWatch

CareWatch considered markers of good patient care. Two rounds of CareWatch were undertaken at three District General Hospitals and one was undertaken at fifteen other hospitals. 135 individual ward CareWatch assessments were undertaken. 14 of the CareWatch assessments were undertaken during the night. Recommendations following CareWatch included the need to:

- review and improve the provision, quality and clarity of literature on how people can raise an issue or make a complaint;
- review and improve the process for managing linen supplies to ensure adequate provision on the wards; and
- urgently review procedures for identifying patients who need assistance to eat to ensure they are sufficiently robust and offer assurance that all patients who need assistance will receive it.

Hospital Patient Environment (HPE) Assessments

In addition to its own programme of inspections the CHC undertook 59 Hospital Patient Environment (HPE) assessments as part of the 2014 assessment. These covered the three District General Hospitals as well as Abergele, Bryn Beryl and Holywell hospitals. 18 “follow-up” assessments were also undertaken to assess progress following the 2013 assessment.

Looking forward

The [Quality Improvement Strategy](#) was approved by the Health Board in November 2014. The focus for quality and safety for 2015-2016 was agreed at a workshop held in April 2015 and will include:

Reference number and Title of priority objective	Executive lead	New Corporate clinical lead
1. Demonstrate an on-going reduction in the Mortality rate (demonstrated in Stroke, myocardial Infarction and Fractured Neck of Femur)	Medical Director	Secondary Care Medical Director
2. Meet the national standards for Venous Thromboembolism (VTE) compliance	Medical Director	Secondary Care Medical Director
3. Improve the response to the deteriorating patient – Implement the revised chart and re-launch RRAILS improvement to achieve 100% compliance.	Medical Director	Secondary Care Nurse and Medical Director
4. Sepsis Bundle – to re-launch the sepsis bundle to achieve 95% compliance of all elements of the bundle by December 2015.	Medical Director	Secondary Care Nurse Director
5. Improved Medicines Management- demonstrated through improvements in prescription and administration of:- Insulin, Heparin & Warfarin, and Oxygen.	Executive Director of Nursing and Midwifery	Area Director for Clinical services
6. WHO safer surgery- demonstrated by 100% compliance to the 5 stages of safer surgery (World Health Organisation)	Executive Director of Nursing and Midwifery	Associate Director for Professional regulation
7. WHO safer procedural checklist	Executive Director of Nursing and Midwifery	Director of Quality Assurance & clinical lead for Quality and Safety.
8. Eradication of Grade 3&4 Pressure ulcers	Executive Director of Nursing and Midwifery	Area Director for Clinical services

9. Unscheduled Care Quality methodology demonstrating improvements in care whilst waiting in Emergency Dept	Medical Director	Hospital Director (West)
10. Falls- demonstrated through a reduction of Inpatient falls resulting in harm.	Executive Director of Nursing and Midwifery	Area Director for Clinical services
11. Mental Health Clinical Division- Developing Quality metrics and methodology across primary, Community and secondary care to provide timely assurance of care provision.	Executive Director of Nursing and Midwifery	Mental Health Director and Nurse lead
12. Full implementation of the Infection prevention and Control improvement plan (full action plan supporting the specific sections for improvement)	Executive Director of Nursing and Midwifery	Associate Director for Infection, prevention and Control
13. Putting Things Right- continual improvement made in the management of concerns (Serious Incidents and Complaints) eradicating overdue complaints and concerns and creating confidence in investigation process and provision of trends and themes of areas for action and improvement	Director of Corporate services	Assistant Director for concerns and patient support services
14. Improved provision of timely GP discharge letters from Community and Secondary Care	Executive Medical Director	Assistant Medical Director (Primary Care)

There will of course be other objectives which will be progressed as set out in the Quality Improvement Strategy; however, the new organisational leadership team will work with their Peer colleagues and teams to implement these improvements across secondary care, community services and primary care.

The Older People's Commissioner has requested that the Health Board considers and includes data on a range of 12 quality indicators which will enable us to identify where that been negative impact on the older person's care and subsequence independence whilst in hospital. The Health Board has started to identify the data for this request and will arrange for it to be reported to future Quality, Safety and Experience groups. A final summary will be available in the 2015-2016 AQS.