GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Annual Report and Accounts 2014 / 15

Content

Welcome from the Chairman and Interim Chief Executive

Welcome to the Annual Report for Betsi Cadwaladr University Health Board for 2014/15.

We're pleased to report excellent achievements by our staff and those who work in primary care. We're proud of their commitment, professionalism and determination to give excellent care to the population of North Wales

Unfortunately this excellent care was overshadowed as the year unfolded by a number of difficult issues both from the past and the present.

Foremost of these was the situation at Tawel Fan Ward in the Ablett Unit at Glan Clwyd Hospital. Although the Unit was closed by the Board in December 2013, the full picture as to the truly appalling care that many patients received only became apparent following the independent investigation and report by Donna Ockenden. This was passed to the North Wales Police in September 2014 and then published in May 2015 once their investigations had been concluded. The Health Board now has to ensure that such a situation can never occur in the future.

By the autumn of 2014, the Welsh Government had raised significant concerns about the Health Board's mental health services generally, its ability to manage major capital projects and its poor financial performance. As a consequence the Health Board was subject to targeted intervention by the Welsh Government.

The situation in early 2015 continued to be a cause for concern and this was added to by the Health Board's decision regarding the short term sustainability of our maternity services.

As a result of these and other concerns, in early June 2015 the Health Board was placed into special measures by Welsh Government and the Chief Executive was suspended from his role.

This marks both a low and a turning point in the Health Board's short history with the opportunity to finally resolve a number of historic and current issues and to place the Board on a secure footing for the future. The Board in particular needs to listen to its staff and the public and then over the coming year develop a plan for health services in North Wales for the next few years.

Above all else the Health Board has to win back the trust and confidence of our patients, staff, public, stakeholders and elected representatives of North Wales. The whole Board is committed to achieving this during 2015/16.

Dr Peter Higson OBE
Chairman

Simon Dean
Interim Chief Executive

About the Health Board

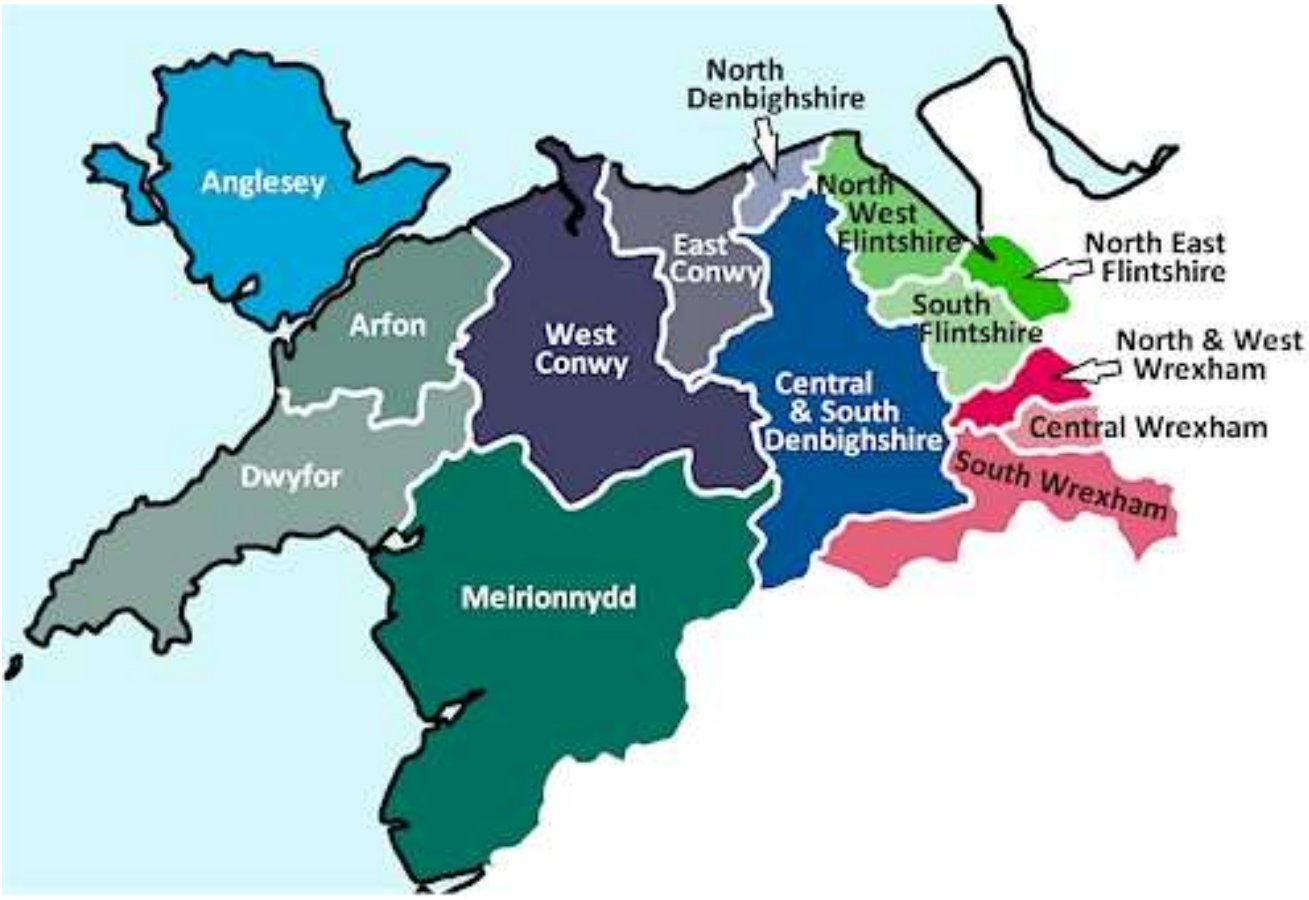
The Health Board is responsible for improving the health and wellbeing and the provision of a full range of primary, community, mental health and acute hospital services for a population of about 678,000 people across the six counties of North Wales (Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire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

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

We also coordinate the work of 113 GP practices, and the NHS services provided by dentists, opticians and pharmacists across the region.

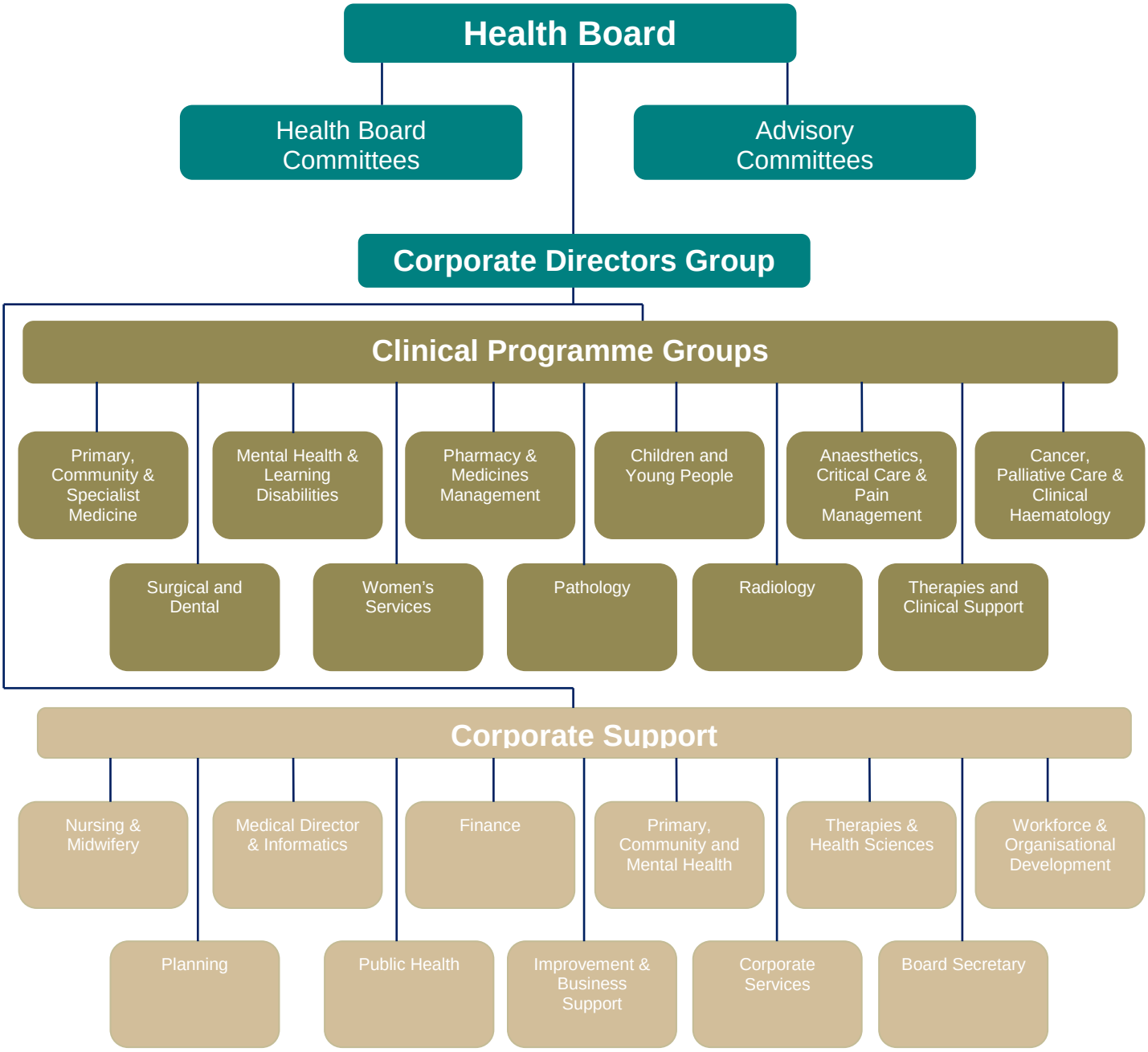
To help health, social care and community services to work together effectively to support residents, NHS services outside of hospitals have been organised into 14 'localities' as follows:

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



The Health Board itself comprises of the Chairman, Independent Members and Executive Directors and both set the strategic direction for the organisation and is responsible for its overall performance. Through its committee structures, the Board works to ensure that we adhere to standards of good governance and achieve our performance targets. In late 2014, the Board has made a decision to change its organisational structures and these will become operational during 2015/16.

During 2014/15, clinical services across the hospital sites were organised into Clinical Programme Groups (CPGs) led by senior clinical staff with accountability for the quality and delivery of services.



Quality and Safety

It is of paramount importance to us that all those in our care receive safe, high quality care whether at home, in the community or in hospital. During 2014/15 we engaged with front line teams, internal and external stakeholders to develop a Quality Improvement Strategy 2014-2017. The Quality Improvement Strategy has a range of objectives from which we can establish our improvement journey.

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

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

The Health Board produces an Annual Quality Statement. This brings together a summary of how the organisation has been working over the past year to improve the quality of all the services it plans and provides.

The information in the Quality Statement draws on a range of data sources including the Heath Board's self-assessment against the Standards for Health Services in Wales set by the Welsh Government. The Annual Quality Statement is available on our website: www.bcu.wales.nhs.uk

Health & Safety

We take our statutory responsibilities to protect the health, safety and wellbeing of patients, visitors and staff very seriously. As well as making sure we comply with relevant legislation, we carry out a programme of risk assessment and monitoring to identify opportunities for improvement. During 2014/15 some of the activities we prioritised included:

- Regular safety walkabouts
- Putting in place new procedures, devices and training to enable us to meet the requirements of the Health & Safety (Sharp Instruments in Healthcare) Regulations 2013
- Providing a new training course for Managers, Supervisors and Safety Leads, entitled 'Managing Safely in BCUHB'
- Continuing an ongoing programme of air monitoring for detecting asbestos throughout Glan Clwyd Hospital

Infection Prevention

We remain committed to providing safe, high quality services and we're continuing to work very hard to reduce preventable infections to the absolute minimum. Achieving excellent standards of infection prevention practice remains our ambition. We set this out clearly in our Strategic Framework for Infection Prevention, and the detailed improvement plan which sets out how we will achieve this is available on our website:
http://www.wales.nhs.uk/sitesplus/861/opendoc/253208

Throughout the year our staff have continued to focus on improving key standards of hygiene and clinical practice and improving antimicrobial prescribing. We have put in place a range of actions including investing in new cleaning products and systems, developing a new Hand Hygiene Campaign and implementing a smartphone application (App) to ensure our staff can easily use antibiotic prescribing guidelines by accessing them on their phones.

Dr Karen Mottart, Associate Medical Director takes part in the Hand Hygiene Campaign

Publically available data from the Welsh Healthcare Associated Infection Programme (WHAIP) confirms that for the year April 2014 - March 2015 we have reduced the number of people in North Wales affected by *Clostridium difficile* infection by 11%, and reduced the number of people affected by Meticillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia by 19% compared to the previous year. The Health Board is therefore making measurable progress in reducing this infection. However, despite the reductions made so far we still have the highest rate of *Clostridium difficile* infection in Wales, per hundred-thousand population. The rate of MRSA bacteraemia also remains much higher than the rate the Board is determined to achieve.

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

Orthopaedic hip surgery infections	0.5%
Orthopaedic knee surgery infections	1.9%
Caesarean section infections	5.3%

These infection rates are in line with the All Wales rates for these infections, which is positive for our patients.

Detailed results of infection surveillance for BCUHB are published on the Welsh Healthcare Associated Infection Programme website.

In 2015/16 we will continue to progress action to further improve standards of hand hygiene, cleaning standards, the care of invasive devices and other key clinical practices based on our Strategic Framework and Improvement Plan. We remain determined to achieve very high standards and to drive down infection rates to the lowest possible level.

Keeping Information Safe

The Information Governance Committee provides assurance to the Board on the safe collection, storage and use of information by the Health Board.

During the year a review and update of Board Committees and functions took place and from January 2015 information governance assurance is now provided by the Quality, Safety and Experience Sub Committee.

The Committee reviewed and / or approved the following policies and associated procedures:

- Confidentiality Code of Conduct
- IM&T Security
- Procedure for Non-clinical Photography or Video/Audio Recording Patient or Staff

- Guidance for Staff when disclosing patient/personal information (PPI)
- Corporate Records Management Procedure
- Information Governance Strategy
- Process for requesting approval to review employee access to information systems
- Handling of Confidential Waste
- Internet Access
- Safe Storage and Transport of PPI
- Process for ensuring compliance with FOI & EIR

Caldicott and Confidentiality

The Executive Medical Director is the Health Board's Caldicott Guardian, ensuring that all patient identifiable information is dealt with in line with the Data Protection Act 1998 and Caldicott guidelines, which govern confidentiality in the NHS. The Executive Medical Director is supported by the Information Governance Team which assists, advises and educates staff on data protection and confidentiality issues.

The Health Board has also identified the Director of Corporate Services as the Senior Information Risk Owner (SIRO) during the year whose role will be to take ownership of information risk and for raising the profile and embedding information risk management into the Health Board's culture.

During the year we again completed the national online Caldicott self-assessment toolkit and achieved a compliance level of 87% achieving 4 Star rating – demonstrating a high level of assurance.

Freedom of Information

The Freedom of Information Act is part of the Government's commitment to greater openness in the public sector. The underlying principle is that all non-personal information held by a public body should be easily available, unless there is a cost or an exemption applies.

We are committed to comply with this Act and endeavour to make information available to the public via our Publication Scheme.

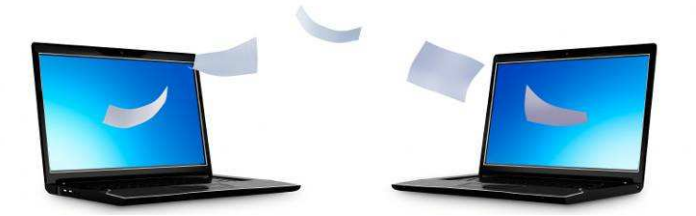
We also receive requests for specific information from individuals and organisations. Between April 2014 and March 2015:

- 545 Freedom of Information and Environmental Regulation requests were received and all were acknowledged within 2 working days
- 351 (64%) of requests received a full response within 20 working days, with more complex requests requiring further retrieval and collection of information
- 16 complaints were received, requesting an Internal Review of our response
- 3 Complaints were referred to the Information Commissioner's Office, in relation to the Health Board's delay in responding to the request. 2 complaints were not upheld; with the other responded to within a further 10 days and no further action was issued by the Commissioner.

Work is continuing across the Health Board to ensure the compliance rates for responding within the twenty day target improves. Full details of the requests can be obtained from the Disclosure Log on our website: http://www.wales.nhs.uk/sitesplus/861/page/41504.

Information Sharing

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



Training

Across North Wales we delivered 85 face to face Information Governance training sessions to our staff which resulted in 3444 staff receiving training via this method. Additionally the Health Board's e-learning package was revised leading to a further 2049 staff completing training via e-learning. The training includes data protection, confidentiality, records management, information sharing, and information & IT security. Awareness raising also continues during staff inductions.

Serious Incidents

During 2014/15 the Health Board reported two incidents to the Information Commissioner's Office (ICO).

The first involved a set of medical records being sent via secure means from BCUHB to a neighbouring Trust. The records were returned from the neighbouring Trust via royal mail, however they were never received at BCUHB, therefore deeming them lost in the post. A full internal investigation was conducted in conjunction with the neighbouring trust, and due to the complexities of the case the Health Board officially reported the breach to the ICO who concluded no further action on the part of the Health Board. The Health Board have strengthened internal processes for sharing records with other hospitals since this incident.

The second incident, which was identified subsequent to the finalisation of the 2014/15 Annual Governance Statement, involved a large number of patient notes inappropriately stored in a staff member's home. The Health Board's investigation into events is still ongoing and the ICO has requested a copy of the full investigation report before making a decision on any further action.

Ready for an Emergency

Emergency Preparedness is about ensuring that we are ready for any emergency or major incident that would put our services under increased pressure, resulting in them being unable to function as normal. We need to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease or 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 a Major Emergency Plan and site-specific plans for our three acute hospitals at Bangor, Bodelwyddan and Wrexham. These are integrated with our partners' plans, and describe the arrangements that would be put into place to ensure the effective management of a large scale, complex or evolving major incident. The plan sets out our strategic, tactical and operational responsibilities and the role we would take in the event of a large scale emergency/major incident.

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

We collaborate with the North Wales Local Resilience Forum and partner agencies to develop plans, deliver training and exercises to staff and to inform the development of response plans. We also carry out a range of internal training and testing of plans. This all helps to build the skills and knowledge of our key clinical, managerial and administrative staff.

Our Workforce

The Health Board is the largest employer in North Wales, employing approximately 16,000 highly skilled and caring staff committed to delivering high quality care for the people of North Wales. Every employee, at every level of the organisation, plays an important role in meeting our aim of delivering excellence and improving health. It is our responsibility to treat people quickly, safely and with the utmost care and compassion.

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

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

The Health Board continues to experience difficulties in recruiting medical staff across all grades and specialities as does the rest of the UK. There are national shortages in specialities such as Mental Health and Paediatrics. These are reflected not only in the lack of applicants to our advertised vacancies but also in the low numbers of medical training posts filled during the UK national recruitment exercises.

As a result of not filling medical training posts there are significant gaps in the numbers of trainee medical staff assigned to Health Board training posts. The demand for non-training grade doctors to maintain service delivery is therefore increasing. Historically where the Health Board has been unsuccessful in filling training posts with UK doctors it has looked to Europe and other countries such as India to meet its recruitment needs.

The availability of this resource has reduced over recent years for instance following changes to the medical training and remuneration of doctors in India. There is competing demand for these doctors from UK health providers. Changes to Immigration legislation in terms of minimum salary levels and shortage occupations have also adversely impacted on the Health Board's ability to recruit directly from overseas.

Some specialities are looking to undertake more targeted recruitment exercises including overseas recruitment via an external agency as well as making more use of the existing Medical Training Initiative (MTI) scheme. The MTI scheme, managed by the Royal Colleges, enables doctors from overseas to be supported by their home country to undertake a UK medical post as part of the medical training for a maximum of two years. One speciality is currently piloting whether the use of social media e.g. LinkedIn can improve the effectiveness of their recruitment. If this is successful the Health Board is expected to further utilise this recruitment forum.

The Health Board is committed to ensuring that equality, diversity and Human Rights are central to the planning and delivery of services. We work with partner organisations to deliver our Strategic Equality Plan. Some examples of our work are shown below.

Mike Townson, Senior Equalities Manager receiving the Chwarae Teg Exemplar Employer Award recognising our work in promoting access to Flexible Working

Chairman, Dr Peter Higson; Director of Strategy, Geoff Lang and Independent Board Member Equality Champion Jenie Dean, together with members of the Corporate Equalities Team and Celtic Pride Staff Network who all signed pledges in support of the Stonewall Anti-Bullying "No Bystanders" Campaign

Betsi Cadwaladr University Health Board Staff Achievement Awards

The Annual Staff Achievement Awards which are organised and administered by the Workforce and Organisational Development Department and recognise the commitment and dedication of individuals and teams throughout the organisation. The 2014 Awards attracted a large number of nominations across each category, which highlighted the innovation, energy and commitment of our staff.

The winners were:

- **Improving Patient Safety:** Carole Price-Jones, Matron, Emergency Department, Glan Clwyd Hospital
- **Evidence in Practice:** Sister Sharon Jones, Morris Ward, Wrexham Maelor Hospital
- **Most Outstanding Contribution to Improving the Life of Patients:** Mrs Christine Eastwood and Volunteer Choir Members
- **Services to Bilingual Healthcare:** Derwen, Integrated Team for Disabled Children
- **Contribution to the Wider Community:** Yvonne Harding, Associate Chief of Staff
- **Outstanding Voluntary Contribution:** #teamirfon
- **Haydn Hughes Award for Outstanding Contribution to the Workplace**: Cara Roberts, Children's Unit, Glan Clwyd Hospital
- **Excellence in Leadership:** Sue Willis, Children's Continuing Care Commissioning Manager, Rhuddlan
- **New Ways of Working:** Digital Dictation/Speech Recognition Project Team
- **Working in Partnership:** Flintshire Sorted – Young People's Drug and Alcohol Team
- **Dr E C Benn Award:** Margaret Smith, Community Psychiatric Nurse, Cefni Hospital, Llangefni
- **Advancing Equality:** Portering Team, Ysbyty Gwynedd
- **Quality in Primary Care:** Conwy Flying Start Team
- **Outstanding Contribution to Improving the Health and Wellbeing of Staff in the Workplace:** Anne Thomas, Staff Nurse, Outpatient Department, Dolgellau Hospital

Flintshire Sorted – Young People's Drug and Alcohol Team -
For providing a referral based alcohol and substance misuse service to minimise the impact of alcohol and drugs on children and young people.

Betsi Cadwaladr University Health Board Staff Long Service Awards

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

In 2014, we awarded Long Service Awards to 186 staff who reached the milestone of working for the NHS for 25 years.

Sister Janet Binn, Denbighshire District Nursing, receives her Long Service Award from Dr Peter Higson, Chairman

Breakdown of staff by gender

As at year end:

	2014/15		2013/14	
	Male	Female	Male	Female
Directors*	8	4	8	2
Managers (Band 8c and above)	43	46	44	47
Employees	3222	13243	3232	13392

* Incorporates executive Directors and other Directors including interim appointments who report to the Chief Executive.

Sickness Absence

The cumulative sickness absence rate for 2014/15 at the year-end was 5.18% which was above the All Wales target of 4.55%. However absence rates across the organisation have been falling during March and April 2015 and for the month of April 2015 absence fell to 4.57%. This is the lowest figure recorded for over 2 years and was very close to the target.

During 2014/15, the Workforce and Organisational Development (WOD) Team offered a significant level of support to all managers in an effort to help reduce sickness rates. Sickness training, at all levels, was offered on a monthly basis and delivered locally when requested. A total of 428 managers attended these sessions. Staff awareness sessions were delivered across the organisation.

WOD, in conjunction with UNISON, hosted a Sickness Absence 'Everyday Counts' Conference in January 2015. The event was well received by its audience of line managers and Trade Union representatives. Examples of best practice in absence management were featured, in addition to an employee who spoke about his personal experience and the impact good absence management had in enabling him to return to work after a traumatic experience.

Occupational Health, workforce managers and the Trade Unions are working together to identify the causes of absence and to put measures in place to assist employees. One successful innovation has been the CARE early referral service which offers advice and guidance to the employee on how to manage their illness or symptoms. Where the absence is due to stress, early referrals are made to the in-house counselling service. Advice is also provided with regards to other factors and staff are signposted to agencies who can assist with particular problems for example food banks, credit unions and other welfare organisations. Work is on-going with the target of ensuring that all staff have access to this service.

Further work is being undertaken to identify staff particularly at risk of illness and to prevent sickness occurring, for example the development of a Health and Wellbeing Strategy and the Health MOT Road Show where staff are offered blood pressure and diabetes screening checks together with general advice on staying healthy.

	2014/15	2013/14
Days lost (long term)*	185,569	172,760
Days lost (short term)	81,268	81,022
Total days lost*	266,838	253,782
Total staff (full time equivalent)	14,099	13,850
Average working days lost*	11.8	11.5
Total staff employed in period (Headcount)	16,878	16,041
Total staff employed in period with no absence (Headcount)	5,781	5,849
Percentage staff with no sick leave	**35.0%**	**36.4%**

* The Electronic Staff Record system records absence in calendar days so these figures are larger than actual working days lost. A standard working week calculation is used to convert to average working days lost.

Caring for our Staff

Staff flu vaccination is an important component in preventing flu. The Health Board had 92 dedicated staff vaccinators providing vaccination at a local level for our staff along with planned sessions for staff to attend. Following on from the award on Innovation last year the Flu Model Group was successful in achieving two Flu Fighter Awards for 'Innovation' and 'Team Cymru' and were the first Health Board in Wales to attain the 50% uptake as set by the Chief Medical Officer across Wales.

Vaccinators and members of the Staff Flu Group with their Award

‘Live Well Work Well’

Since 2014 the Health Board has been working with Sustrans on a Live Well Work Well initiative. This has supported having some local ‘life well leaders’ to promote messages in their teams, a travel challenge and a wellbeing day to support the key message: *be active, think well, eat well and changing habits.*

Members of ‘Live Well Work Well’ Leaders receiving Highly Commended Award at the BCUHB Achievement Awards

Engaging and Communicating with Staff

The Health Board’s formal consultation and negotiation body, the Local Partnership Forum (LPF), continues to provide valuable insight into staff experiences and the development of policies to support them. This representation is critical to our engagement with staff. The LPF is the formal mechanism where the Health Board’s Executive and Trade Union organisations work together to improve health services for the people of Wales. Key achievements in the last year have included regular updates on the progress of organisational change within the Health Board. We undertook a number of presentations seeking the views of our partners on recruitment and retention, workforce age profiles, BCUHB Staff Survey, statutory and mandatory training.

We have undertaken engagement and change management training sessions with managers. Pulse Surveys - short surveys of staff on aspects of working life - were launched in the year. The results and agreed actions are discussed at the LPF.

The Local Negotiating Committee (LNC) has been influential in the development and delivery of job planning for all medical and dental staff and the successful introduction of appraisal arrangements, which help doctors keep up to date with the evolving needs of their roles.

Estates and Infrastructure – Investment and Developments

We deliver our services from a network of clinics, team bases, community hospitals, major acute hospitals, and offices across North Wales. There was significant investment in our estate during 2014/15, as well as planning more development and improvement schemes that will move to the construction phase over the coming year.

Primary Care

New Primary Care Centres opened in Chirk and Buckley bringing together GPs and community services. Work has commenced on new premises at Hope, Caia Park in Wrexham, Llangollen, Colwyn Bay and Benllech.

Hospitals in the Community

The new Satellite Renal Dialysis unit opened at Ysbyty Alltwen, Tremadog in May 2014.

Work also commenced on the redevelopment of Tywyn Community Hospital and the development of the Minor Injuries Unit at Llandudno Hospital.

Redevelopment work at Tywyn Hospital

Glan Clwyd Hospital Redevelopment Project

The need to remove asbestos from the Glan Clwyd site has created a significant opportunity to refurbish and modernise the hospital. A major milestone was the opening of the new Emergency Quarter in June replacing the old A&E department. The development brings together the Emergency Department and a GP Out of Hours Service, along with units for clinical decisions, rapid assessment and surgical and medical short-term admissions in a single purpose built facility.

The keys to the new Emergency Quarter are handed over to staff

In August the development and extension of the Cardiac Catheter Laboratory was completed to create a comprehensive cardiac service for all North Wales patients.

During the year work commenced on the new Critical Care Unit and the first phase of the redevelopment of the wards.

Performance and Finance

Planned Care - Waiting Times

We understand that minimising waiting times is important for patients, both in terms of their physical health and their experience of the quality of our services. During the year the Health Board aimed to ensure that patients with the most serious conditions were treated at the earliest opportunity, patients had earlier access to diagnostics to enable the treatment plan to be determined as soon as possible and that routine waits for surgery were kept below 12 months, recognising that this is still too long and needs further improvement in future years.

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

Admission on day of surgery:

Specialty	Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
General Surgery	50%	79.80%	84.30%	75.90%	80.50%	75.60%	75.80%	80.60%	77.80%	77.00%	78.50%	87.20%	87.50%
Urology	75%	93.10%	90.70%	94.20%	95.70%	94.00%	93.80%	91.40%	92.20%	95.50%	94.40%	90.80%	95.30%
Trauma/Orthopaedics	55%	78.00%	72.50%	77.20%	83.00%	82.20%	82.40%	79.80%	82.60%	80.30%	74.40%	79.70%	82.40%
Ear, Nose & Throat	96%	96.90%	95.50%	95.60%	96.00%	95.30%	97.00%	99.20%	98.10%	96.20%	95.20%	95.70%	96.00%
Ophthalmology	87%	100.00%	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%	60.00%	-	100.00%
Oral Surgery	83%	88.90%	90.50%	82.60%	92.00%	81.30%	69.60%	81.80%	87.50%	86.70%	75.00%	84.60%	73.70%
Gynaecology	76%	93.10%	91.80%	97.60%	93.90%	93.80%	93.00%	96.90%	92.80%	93.00%	96.60%	94.70%	93.60%

Average Elective Length of Stay:

Specialty	Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
General Surgery	3.8	4.5	3.4	3.4	4.3	4.4	3.8	3.8	3.8	4.2	3.9	4.3	3.6
Urology	2.9	3.1	2.2	3.1	2.2	3.1	2.6	2.7	2.7	3.1	2.5	2.5	2.8
Orthopaedics	4.0	3.6	3.2	3.5	3.2	3.4	3.2	3.1	3.5	3.4	3.2	2.8	3.2
Ear, Nose & Throat	0.9	1.2	1.4	1.1	1.1	1.2	1.1	1.2	1.2	1.4	1.1	1.7	1.2
Gynaecology	3.0	1.8	2.3	2.0	2.4	2.3	2.7	2.7	2.6	2.4	2.0	2.6	2.3

In addition, we are undertaking a significant proportion of our elective procedures as day cases, enabling patients to avoid an overnight stay in hospital and return home on the same day as they have their procedures:

Specialty	Target	Ebr-14	Mai-14	Meh-14	Gorff-14	Awst-14	Med-14	Hyd-14	Tach-14	Rha-14	Ion-15	Chw-15	Maw-15
General Surgery	55%	64.10%	68.30%	60.70%	65.10%	64.90%	67.90%	68.10%	65.60%	69.90%	70.30%	71.10%	68.50%
Urology	77%	78.10%	78.60%	76.30%	76.60%	83.10%	81.00%	79.60%	80.10%	80.20%	80.30%	77.80%	76.10%
Orthopaedics	52%	57.10%	57.40%	61.30%	59.00%	68.80%	57.30%	61.60%	58.70%	60.80%	72.50%	59.50%	60.10%
Ear, Nose & Throat	47%	61.10%	58.70%	61.50%	63.70%	65.90%	67.80%	67.10%	71.90%	69.80%	67.50%	66.60%	66.80%
Ophthalmology	100%	99.20%	99.50%	99.70%	99.90%	99.50%	100.00%	99.90%	99.10%	99.60%	99.30%	100.00%	99.60%
Oral Surgery	90%	94.60%	87.20%	88.30%	89.50%	88.90%	89.50%	93.50%	90.70%	89.80%	89.20%	94.50%	90.00%
Gynaecology	66%	54.90%	60.10%	61.00%	59.00%	56.10%	61.30%	62.30%	58.70%	59.40%	62.40%	62.70%	56.00%
Combined Medicine	76%	86.50%	85.30%	85.50%	85.30%	89.10%	88.10%	84.80%	84.30%	87.10%	88.50%	88.00%	86.40%

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.

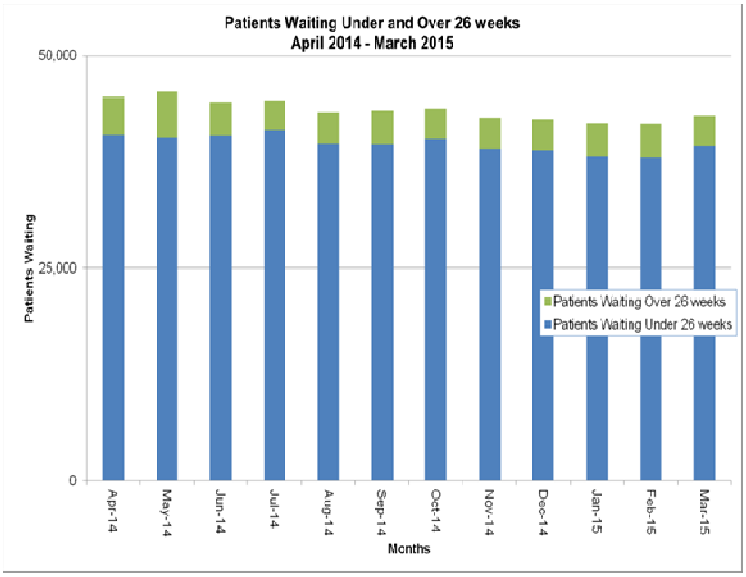
The two targets for Wales are that:

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

Our performance at the end of the year was: 87.9% of patients waiting less than 26 weeks and 3142 patients waiting more than 36 weeks. No patients waited over 52 weeks to commence treatment.

These figures represent a 1% deterioration from 2013/14 performance. We are determined to improve performance and reduce waiting times for patients. We have established specific programmes to deliver improvement in efficiency and productivity in outpatients and in operating theatres.

During the year we introduced text reminder services and are seeing a reduction in the number of patients failing to attend their outpatients and increased numbers of patients letting us know they cannot attend so that we can re-allocate appointments to other patients.

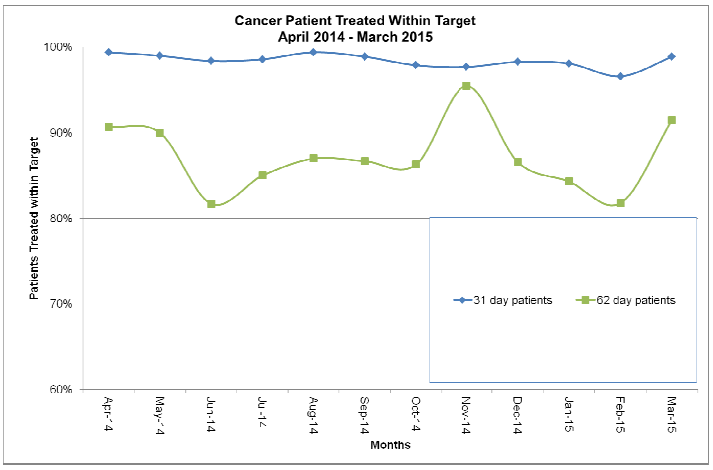


At the end of March 2015, no patients were waiting beyond the national target of 14 weeks to access therapy services. This was a stable position during the year.

At the end of March 2015, 94.5% of patients waited less than 8 weeks for a diagnostic procedure. Regrettably this meant that 638 patients were waiting in excess of 8 weeks for their diagnostic procedure, with the majority of these waits being for endoscopic procedures to examine the digestive systems or the bladder. However, 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.

Waiting times for patients with cancer

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



This means giving our patients the opportunity to understand the type of cancer they have, make sense of the treatment options available, possible side effects and understand the support that health services offers. At the end of March 2015, 98.9% of patients with an unexpected diagnosis of cancer commenced treatment within 31 days of that diagnosis. 91.5% of patients referred with a suspicion of cancer were seen, diagnosed and treated within 62 days where the diagnosis was confirmed.

Unscheduled Care - Emergency Access

Patients should wait no longer than four hours 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 was not acceptable to the Board, and we are taking a whole system approach to improve the flow through our unscheduled care pathway. The flow of patients into hospital is based on this being the most suitable place for them to receive care and that timely access to treatment can be delivered. We aim to do this by ensuring patients discharged from hospital to their normal place of residence or alternative suitable accommodation can be improved.

Our length of stay for emergency patients, especially in medical and orthopaedic specialties, remained above optimum levels and contributed to delays in admitting patients via our Emergency Departments. A focussed programme of work, linked to the National Flow collaborative and managed through our Project Management Office, addressed the length of stay on our acute sites and in our community hospitals.

Emergency Average Length of Stay:

Specialty	Target	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15
General Surgery	6.0	6.3	5.8	5.6	5.6	4.9	6.0	6.5	5.6	5.9	6.6	5.8	5.6
Urology	4.5	4.2	4.6	4.3	5.0	4.4	4.5	4.7	5.9	4.5	4.6	4.3	3.5
Trauma & Orthopaedic	10.0	12.8	10.9	12.5	12.0	11.2	12.1	16.0	14.4	14.6	12.9	16.0	14.7
Gynaecology	2.5	2.2	2.8	2.5	2.0	2.6	2.2	2.3	2.4	2.5	2.7	2.0	2.6
Combined Medicine	10.6	11.4	10.6	11.0	10.9	10.3	11.8	10.9	10.9	11.6	11.6	11.9	12.6

Reducing the time taken to discharge a patient once they are deemed medically fit to leave hospital is important in ensuring beds are available for new emergency patients. The March 2015 data shows that 107 patients were in hospital beyond the time when they were fit to leave and that the delay in arranging their discharge accounted for a total of 4484 bed days.

Primary and community care services are important in supporting patients to remain well and to maintain the health of patients with chronic illnesses close to home. The Health Board has seen further improvement in the management of patients with recognised chronic medical conditions and reduced the level of hospital admission and re-admission for these patients. The latest available data (December 2014) showed that Health Board has the lowest hospital admission rate at 960 per 100,000 population compared to other Health Boards in Wales.

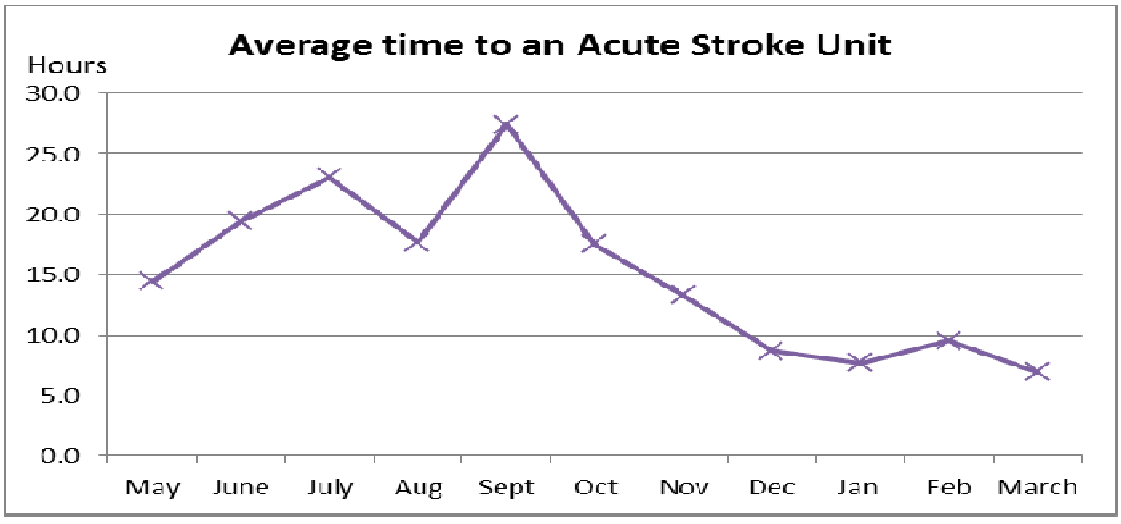
Unscheduled Care - Stroke Care

We recognise that stroke is an acute medical emergency, for which time from onset to commencement of appropriate treatment is key to improving outcomes for patients.

During 2014/15 the Health Board and stroke teams have made sustainable improvements in the stroke pathway to improve the delivery of evidence based bundles of care. This enabled us to become the highest performing Health Board in Wales.

By the end of March performance against the first hours bundle was 97.8%, the first day bundle was 94.5% and the first 3 days of care bundle was 100%.

Work continued to improve performance in line with the National Stroke Sentinel Audit Programme (SSNAP) run by the Royal College of Physicians to further improve our SSNAP level from the current organizational level of D. Improvement in mean access times to an acute stroke unit is shown below:



Activity

The vast majority of patient and carer contacts are made in a primary and community care settings. Approximately 90% of NHS activity is delivered by GP practices, community pharmacies, local dental practices and opticians. The figures below represent the main areas of recorded hospital activity provided within hospitals directly managed by the Health Board. In addition to these figures the Health Board commissions services provided elsewhere in Wales and in NHS England for the population of North Wales.

	2014/15	2013/14	2012/13
Elective Admissions: Inpatients and Day Cases	**47,185**	48,202	46,522
Emergency Admissions: Inpatients	**88,729**	88,548	84,045
New Outpatients (including Emergency Department and Minor Injuries)	**412,996**	408,374	408,792
Follow Up Outpatients (including Emergency Department and Minor Injuries)	**456,995**	453,370	446,164
Regular Day Attenders	**43,737**	39,088	42,951
Minor Outpatient Procedures	**2,131**	2,804	2,178
Endoscopy	**20,481**	18,403	17,475

Financial Review

We are directly funded by the Welsh Government and receive annual allocations for both revenue expenditure (our running costs) and capital (investment in buildings, facilities and equipment). The revenue allocation for 2014/15 was £1.31 billion and the capital allocation was £48 million.

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

2014/15 was again an extremely challenging year because of the wider pressures of the economy and public finances in general. Along with the rest of the NHS in Wales, we faced challenges in the future as we strive to meet the demands of providing safe and effective healthcare within a constrained financial envelope. The provision of safe services remains at the forefront of the Health Board's priorities.

For 2015/16, the funding allocations will remain broadly static compared with 2014/15. With the cumulative effect of the austerity measures apparent in the underlying deficit carried forward, significant savings are required on a recurring basis to ensure that the financial health of the Health Board is not compromised.

We are focusing on productivity and efficiency, including length of stay in hospital, bed occupancy rates, making maximum use of operating theatre time, better procurement and contracting, and using our resources prudently.

Financial Duties, Performance and Financial Targets

There have been changes in the year regarding the financial duties and target for Health Boards, particularly regarding performance against the Revenue Resource Allocation.

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. From 1 April 2014, Section 175 of the National Health Service (Wales) Act places 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
- 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 Welsh Ministers

In addition, the Health Board must remain within its Capital Resource Allocation and must adhere to the Better Payments Practice Code. Our actual performance is summarised below:

Revenue Resource Performance

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.

For 2014/15, the Health Board reported an over spend of £26.6 million against its Revenue Resource Allocation.

The Health Board received £20.6 million repayable cash support in 2014/15. Repayment will be in accordance with the Integrated Medium Term Plan for 2015/16 to 2017/18. The Health Board did not receive any repayable resource brokerage in 2014/15.

Duty to prepare a 3-year Plan

The Health Board did not submit an Integrated Medium Term Plan for the three year period 2014/15 - 2016/17 in accordance with the planning directions which had been issued by Welsh Ministers.

The Health Board therefore did not meet its statutory financial duty under Section 175 (2A) of the National Health Service (Wales) Act 2006. A ‘One Year Plan’ for 2014/15 was subsequently developed and this was approved in May 2014.

The Health Board developed an interim financial plan link to an ‘Annual Operating Plan’ for 2015/16 which includes a planned deficit position for the financial year.

Achieve operational financial balance against Capital Resource Limit

- Target: ensure that the capital programme does not exceed the capital resource limit of £48 million

- This was achieved with a small under spend of £32,000

Public Sector Payment Policy

- Target: Pay 95% of non-NHS invoices (by number) within 30 days
- This was not achieved, with 90.2% of invoices being paid within 30 days. We are working hard to ensure we meet this target in the future

Social Commitment

Charter for International Health Partnerships

The Health Board in now a signatory of the Charter for International Health Partnerships. The Charter has been developed in recognition of the important need for a more coherent and consistent approach to international partnerships, conforming to and complimenting Welsh aspirations, principles and ethics. With the Charter as a guide, we hope to strengthen the commitment of the Board to evidence-based practice, shared learning and international partnerships based on equality and the pursuit of mutual, tangible benefits.

In the Charter the Foundations of International Health Partnerships are laid out to ensure a clear and consistent approach to international engagement. The Board is looking forward to developing our response to the charter over the coming 12 months.

Wales for Africa

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

News from our Projects .....

Ysbyty Gwynedd / Quthing District (Lesotho) Link

During 2014/15 we have been focussing on midwifery and obstetric training with the help of a £16,000 grant from Welsh Government. Staff from North Wales visited Quthing during May and November 2014 and were very pleased to receive two colleagues from Quthing during March 2015.

We are currently seeking further funding so that this important partnership continues to develop and grow to the benefit of health communities in both our countries.

Glan Clwyd Hospital / Hossana Hospital (Ethiopia) Link

This is the 10th year of the Ethiopia Link between Glan Clwyd Hospital and Hossana hospital. Hossana hospital has been making some impressive progress in the last couple of years, for example they now have the first batch of 40 medical students coming through from the Wachemo University medical school in Hossana. They are opening a new Emergency Department and will be installing a CT scanner before long.

Our colleagues in Hossana value the contribution made from the Health Board - not just in the assistance given with training, equipment and infrastructure, but also with the friendships developed and the mutual understanding that has occurred. Here's to the next 10 years!

Abergele / Hawassa / Wachemo Link

The Stanley Eye Unit is currently linked with the Hawassa Eye Unit in Southern Ethiopia and also Wachemo University, 140km to the west. We feel the best way we can support eye care in this region is by teaching, and we have been teaching optometrists and the children's eye care team at Hawassa at the university.

We also support an excellent school for blind children which is situated near Hawassa at Shashamene.

Environmental Commitment

The Health Board covers almost a third of the landmass of Wales. Due to our size and the nature of the services we provide, we have a number of environmental aspects, which if not carefully managed, would have significant financial and environmental impacts. As part of our corporate commitment towards reducing these impacts, we implement and maintain a formal Environmental Management System (EMS), which will be designed to achieve the following key principles:

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

Effective environmental management will be achieved through the following processes:

- 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

We have various tools and partnership bodies to address our environmental impact and measure performance:

- 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 CO2 emissions as required by the Welsh Government's Climate Change Strategy Delivery Plan for Emissions Reduction.

Due to the unavailability of accurate energy consumption and cost data at major sites from September 2014, because of a significant breakdown of the administrative systems of the contract holder British Gas Business, the annual reported CO2 emissions and cost figures are estimated in many cases.

This issue has affected all Welsh Health Boards, as utilities are centrally purchased via the All-Wales contracts.

Measures to rectify this problem have been put into place by British Gas Business, and their progress is being monitored via the Energy Price Risk Management Group. To date, the problem has not been resolved.

Environmental Management Systems (EMS)

We have achieved the Welsh Government Directive's 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.

Local objectives and targets achieved to reduce environmental impacts were:

- Reducing supplier packaging by 5%, a reduction of 1.3 tonnes
- Reinforcing the waste hierarchy which has increased recycling performance across the Health Board by 99%
- Monitoring asbestos fibres in occupied areas to ensure they are kept to a safe level of <0.01 f/ml
- Reviewing fuel storage and bunds to identify those that require upgrading in next year's Management Programme, this will reduce the chance of pollution
- 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, local level documents have been structured to make them relevant to the individual location e.g. Aspects Register which is amended to highlight relevant impacts for each separate location.

The Management Review by the Environmental Steering Group (ESG) is held annually and chaired by the Director of Estates and Facilities. The purpose of the ESG is to ensure that the EMS remains adequate, effective and suitable. The ESG meetings and audits provide a detailed ongoing assessment, and the purpose of the management review is to take a broader view of the system as a whole and monitor environmental performance by reviewing:

- Audit compliance and non-compliance reports
- Compliance with legislation and applicable standards
- Incident reports, emergencies and complaints
- Progress in implementing BCUHB policy objectives, management programme and training programme
- Changes to the policy statement
- Environmental developments including recommendations for improvement regarding forthcoming legislation and any other regulatory compliance
- 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

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 strategy to manage our Carbon Reduction Commitment (CRC) has been developed and implemented. Registration for CRC was completed in January 2014. The ability to produce an accurate CRC Annual Report may be compromised by the supplier data issue, previously described.

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

We are externally audited every six months by BSi to ensure that the EMS remains effective in managing and reducing our environmental impacts.

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

- Corporate CRC data collection strategies and procedures have been completed. The first annual report is due by 31 July 2015. We have pre-purchased carbon credits for compliance year 2015/16 to take advantage of the reduced cost offered in the advanced sale. This will save around £36,000 on the projected annual consumption of 45,000 tCO2
- The Main Energy Centre Refurbishment has been completed at Glan Clwyd Hospital. The benefit of this new plant in terms of carbon reduction is not expected to be achieved until the retained Combined Heat and Power (CHP) plant is refurbished and incorporated into the new system strategy
- An investigation of excessive water consumption at Wrexham Maelor Hospital's Renal Department revealed the cause was inefficient Reverse Osmosis Equipment. The CPG concerned is assessing its options to replace this obsolete plant
- An Invest to Save bid for LED lighting of £300,000 per annum for 2 years has been successful, and work will commence to replace obsolete fluorescent and discharge lighting throughout the Health Board
- Estates Development Department continue to rationalise the Corporate Estate Assets. 6 inefficient Health Centres and one Community Hospital have been transferred to more suitable modern premises. The full value of these savings can only be assessed when the Glan Clwyd Hospital Redevelopment Project is complete, as this is adding corporate carbon load which must be offset against the gains from the asset rationalisation programme
- An ongoing phased replacement of inefficient R22 type chiller plant across the estate is continuing
- The reinstatement of CHP at Glan Clwyd Hospital and investigations into additional capacity at Ysbyty Gwynedd and Wrexham Maelor Hospital are being assessed and planned. Implementation will be dependent upon discretionary funding and favourable business cases

Greenhouse Gas Emissions (GHG)

GHG emissions are measured by means of collecting corporate consumption data and converting this data into carbon dioxide equivalents (CO2e) by means of official Department of Energy and Climate Change (DECC) conversion factors. The CRC Carbon Reduction Scheme issues the official conversion figures annually, and they have been used to calculate energy emissions.

Reported energy consumption data is not verifiable at this time due to the supplier data issue.

Waste

Waste is one of our major environmental aspects. We have continued to improve our waste environmental performance which is dictated by legislation and initiatives. Our Environmental Objectives and Targets for 2014/15 were:

- Implement the BCUHB Waste Management Policy
- Reinforce the use of the waste hierarchy by increasing the overall recycling rate to 50%

The Waste Management Policy was implemented and focused on awareness of the policy and identifying and securely labelling waste at the point of production. The policy illustrates the correct storage and disposal method for the most commonly produced waste types.

The Waste Management Policy supports our commitment to continually improving environmental impacts and supporting the waste management hierarchy.

Recycling rates across the Health Board have increased and achieved 99%.

The reported figure is difficult to compare as the waste data for 2014/2015 includes all our sites, whereas previously only hospital sites were reported. However, the recycling rate for all our sites has improved and exceeded the annual increase target.

We recycle all general waste, waste electrical and electronic equipment, batteries, scrap metal, cardboard, paper, wood, furniture, plastics, glass, waste oils and building waste etc. Furniture and equipment surplus to requirements is advertised across the Health Board and re used.

Training underpins environmental initiatives. During 2014/15 four managers have achieved the City & Guilds Diploma in Sustainable Waste Resources Management. Environmental Awareness Events have taken place across the Health Board raising awareness of the Waste Management Policy, correct waste segregation and waste recycling. 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 minimise the use of natural resources. The strategy and performance in measuring and reducing CO2 emissions in terms of utilities, embedded CO2 in procurement and transport are included in the CarDio tool.

Climate Change Adaptation and Mitigation

We are an active member of the 2 pilot Groups addressing climate change and adaptation in North Wales, Flintshire CRAG and Gwynedd LSB.

Biodiversity and Natural Environment

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

Major construction projects and refurbishment projects have also commissioned environmental studies prior to commencement of major project works to assess and mitigate their impact. An example of this are the studies conducted at Glan Clwyd Hospital:

- 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 issues are considered and kept to a minimum.

We are conscious of our service impact and responsibility on the natural environment. We take responsibility for and manage our natural habitats e.g. Newt ponds, protected wild flower species, tree maintenance and surveys, bat protection and the protection of badger setts.

Travel, Transport and Logistics

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

- 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 will have an upper limit of 120g/km for new and leased cars by 1 October 2015, and a limit of 100g/km for pool cars.

The action plan sets out specific areas for improving overall corporate performance, and implementation will be reflected in annual performance monitoring which is currently in place. The performance data will be reported annually using the "CarDio" Tool.

Sustainable Procurement including Food

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 WG and Welsh 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

The Work Plan for procurement is to focus on the following areas:

Planning objectives and target setting by:	• Developing an effective means by which Procurement can demonstrate it has considered SD when setting its strategic objectives and targets • Exploring the opportunity to identify potential SD benefits and how they may be achieved as part of category strategy/management
Performance Management and Reporting by:	• Identifying appropriate indicators and establishing reporting routine via balanced scorecard • Agreeing appropriate forums for review and escalation process for SD results/benefits realisation • Exploring options for capturing benefits identified via SRA and implement agreed approach
Internal Process by:	• Ensuring staff complete the revised SRA when conducting procurement exercises • Evaluating current SD policy objectives with a view to consolidating and standardising responses to SRA within procedures and standard templates, e.g. PQQ, specifications, Terms & Conditions, etc
Staff Skills and Knowledge by:	• Identifying skills/knowledge required and means to deliver e.g. internal resources such as nominated 'experts' • Developing resources for staff to support use of SRA • Holding regular SRA/SD training sessions for internal staff to encourage awareness

NWSSP Procurement Services follow a number of streams in order to promote the participation of Welsh SMEs/suppliers in our food contracting processes:

- In accordance with the EU Procurement legislation we 'lot' our contracts where appropriate, thus allowing smaller local businesses to potentially meet the requirements of the service
- We continuously work with the local market in forging links between manufacturers and distributors. This involves highlighting potential opportunities to SMEs in relation to upcoming procurement processes. One such recent successful instance of this would be Langdon's sausages which, as a result of our engagement at planning stage, now form part of our current All Wales Bacon & Sausage contract via John Sheppard Butchers
- Joint Bidding is now actively promoted within our tender documentation and we are supportive of a collaborative approach. Following on from the links made between manufacturers and distributors bidding via consortia a more formal avenue of this for suppliers and would be encouraged where appropriate
- We utilise Business Wales in supporting suppliers to complete their tender responses. The Catering and Textiles team run annual Supplier Engagement Events both in the North and South of the country. This aims to provide the market with an understanding of NWSSP Procurement Services, our requirements and all opportunities that are coming up in the near to not-too-distant future. These days are run in conjunction with Business Wales, whom also present at the events, informing suppliers of the support they can offer when they tender for public sector contracts. Furthermore where appropriate we hold contract specific engagement days within the planning stage of a procurement process, in order to further

explain NHS Wales' nutritional/patient requirements. These meetings aim to enhance suppliers' knowledge/improve their understanding of NHS Wales' terms

- Sustainability is an important factor which is taken into consideration in all our contracting processes. As part of our Sustainability Risk Assessment we consider the impacts beyond the local area (regional, national and international impacts) and the integration of social, economic and environmental issues
- Factors of the sustainable procurement policy are taken into account and incorporated into the contract process where appropriate. In one such example of its application (Bacon and Sausage contracting process) it was noted as part of the first question in the SRA that certification was present in the market that relates to the animal welfare standards relevant to the products we were tendering for. It was proposed to the stakeholder group that we should consider implementing mandatory farm assurance standards for the pork being purchased for use in sausage manufacture. A price analysis was performed to determine the cost implications of adding this criteria within the contract and the results suggested that the outcome would be favourable in terms of obtaining value for money with the added benefits of a more sustainable, traceable, higher standard product, which indeed it did
- Community Benefits - NHS Wales wishes to contribute to help develop a vibrant Welsh economy capable of delivering strong and sustainable economic growth by providing opportunities for all in Wales. Public spending must contribute in the round to social, economic and environmental well-being now and in the future, thus achieving best value for money in the widest sense. NHS Wales' developing aim is to build stronger communities, reduce social exclusion and poverty and encourage the development of the economy.

Sustainable Construction

In accordance with Welsh Government policy, we have adopted a corporate requirement that all new build project schemes meeting the criteria are constructed to BREEAM excellent standard. Business case reports for construction work consider sustainability elements as an integral part of project evaluations.

People

The quality and location of 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, BREEAM Assessment of Major capital schemes, introduction of the CarDio CO2 Carbon Measurement Tool and externally produced CRAG/LSB reports. The data used in producing these reports is verified by internal and external audit providers, e.g. BSi, Internal Audit and the Wales 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.

Our performance in 2014/15 was measured by a set of key indicators:

		2012/13	2013/14	2014/15
Non-Financial Indicators	Total Gross Emissions (tC02)	46,819	45,469 (-2.9%)	43,727 (-3.8%)
	Total Net Emissions (tC02)	46,819	45,469 (-2.9%)	43,727 (-3.8%)
	Gross Emissions Scope 1 (direct) (tC02) Gas & Oil	22,983	21,549 (-6.2%)	20,235 (-6.1%)
	Gross Emissions Scope 2 & 3 Elect (Indirect) (tC02)	23,836	23,920 (+0.4%)	23,492 (-1.8%)
Related Energy Consumption (million KWh)	Electricity: Non-renewable	0	0	0
	Electricity: Renewable 'Green' Electricity Supply Contract	23,836	23,920 (+0.4%)	23,492 (-1.8%)
	Gas (tC02)	22,156	21,001 (-5.2%)	19,671 (-6.3%)
	LPG (tC02)	0	0	0
	Other (Oil) (tC02)	827	548 (-33.7%)	564 (+2.9%)
Financial Indicators (£)	Expenditure on Energy	£8,829,339	£8,841,771 (+0.1%)	£9,195,383 (+4.0%)
	CRC License Expenditure (2010 onwards)	£0	£950	£120
	Expenditure on accredited offsets (e.g. GCOF)	£0	£0	£0
	Expenditure on official business travel	£10,094,811	£10,234,059 (+1.4%)	£0 (-100%)

Waste

		2012/13	2013/14	2014/15
Non-Financial Indicators (tonnes)	Total Waste	4,059	4,089 (+0.7%)	4,861 (+18.9%)
	Landfill	1,192	1,042 (-12.6%)	316 (-69.7%)
	Reused / Recycles	1,147	1,392 (+21.4%)	2,658 (+90.9%)
	Composted	0	0	0
	Incinerated with energy recovery	0	0	0
	Incinerated without energy recovery	215	232 (+7.9%)	256 (+10.3%)
Financial Indicators (£)	Total Disposal Cost	£1,061,763	£1,187,778 (+11.9%)	£1,383,935 (+16.5%)
	Landfill	£212,083	£201,748 (-4.9%)	£72,480 (-64.1%)
	Reused / Recycled	£78,585	£167,072 (+112.6%)	£353,384 (+111.5%)
	Composted	£0	£0	£0
	Incinerated with energy recovery	£0	£0	£0
	Incinerated without energy recovery	£148,222	£161,116 (+8.7%)	£188,901 (+17.2%)

NB

- Waste data 2014/15 includes aggregate sites. Previous Sustainability Reports only included hospital sites
- District General Hospital waste data for incineration without energy recovery and non-burn without recovery is an average

- Central aggregate sites waste data for incineration without energy recovery and non-burn without recovery is an average.
- The table above includes all waste tonnages and costs in the total waste data including AHT waste, the remaining table only requires incinerated waste data

Finite Resource Consumption			2012/13	2013/14	2014/15
Non-financial Indicators (m^3)	Water Consumption (All)	Supplied	457,704	466,518 (+1.9%)	470,675 (+0.9%)
		Abstracted	0	0	0
		Per FTE			
	Water Consumption (Non-Office Estate)	Supplied	0	0	0
		Abstracted	0	0	0
Financial Indicators (£ million)	Water Supply Costs (All)		£1,208,722	£1,246,846 (+3.2%)	1,252,857 (+0.5%)
	Water Supply Costs (Non-Office Estate)		£0	£0	£0

Primary Care and Localities

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

In North Wales these services are provided by:

- over 456 GPs, working from 113 practices and 62 branch surgeries
- 154 community pharmacies
- 87 optometry premises with 207 optometrists
- 275 dentists in 97 dental surgeries, including 5 orthodontic practices

These are independent contractors or businesses that have contracts with the Health Board to provide services to NHS patients.

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

Across North Wales there are 14 localities which are geographical boundaries of population numbers between 30,000 and 60,000 and agreed with Local Authorities. They form the building blocks for community services with each locality having a Locality Leadership Team, led in the main by a local General Practitioner and with membership including a Locality Matron, Pharmacist, Therapist, Social Worker and Voluntary Sector representative who meet to review and plan services within their local communities. Their main objectives are to:

- Promote good health now and also help ensure healthier lives for future generations
- Improve patient education so people have more control over managing their conditions

- Support people with long-term conditions, making more care available close to their homes rather than in main hospital sites

During 2014/15 they prioritised work such as:

- Supporting more people to give up smoking
- Working with colleagues in district general hospitals and the local authorities to reduce the numbers of people going into hospital as emergencies
- Developing different ways of providing care in the community such as promoting roles such as Physiotherapists and Pharmacists in General Practices
- Working closely with care homes to try and avoid patients being admitted to hospital
- Promoting health, wellbeing and independence
- Improving the number of services available in community hospitals

April 2014 also saw the start of a new development for GPs as part of their contractual arrangements. This initial 3 year programme aims to get GPs together as 'clusters' to develop plans around improving access, workforce, premises and other issues with the overall intension of having better services for patients leading to a better quality of life for the population.

In North Wales, these clusters have used the same geographical boundaries as localities and following a first year of the programme have seen many practices working more closely together on several key areas such as the diagnosis and treatment of certain cancers, improving care for those at the end of their lives and ensuring there is no over-reliance on prescriptions.

This initiative will continue into 2015/16 with many actions from the first year being rolled forward. The Health Board is firmly committed to this way of working which will be firmly supported in the future years ensuring our practices are better supported to make improvements for patients.

Engagement and Consultation: Involving People in our Plans

The Health Board, along with all other health service organisations, has a statutory (legal) duty to involve people and consult with them when planning, developing and delivering health services. However it is not just the legal duty that makes it important that we involve people – patients, carers and families, local community groups and many others; we can plan services better and deliver them more effectively if we know about the needs and views of local people. The Board has signed up to the ten Principles of Public Engagement developed by Participation Cymru and will continue to try and ensure that we meet these principles when we ask members of the public to be involved in the planning and development of health services.

We cannot always meet everyone's wishes – but hearing what people think and need can help shape the services we provide. Sometimes we have to make difficult decisions about services and we need to discuss with local people about why these decisions need to be made.

During 2014/15, we held a series of workshops with representatives of our staff, partner organisations and community and patient groups to discuss our services and our strategy for future healthcare. We will continue to invite views and comments as we develop plans in the future.

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

During the year, there were good local discussions with people from these protected groups, supported by colleagues in the third sector in many instances. In North Denbighshire, there were discussions with a number of groups including older people, people with disabilities or sight impairment, and people with learning difficulties. Good contacts were also made with representatives from the Turkish community.

In Gwynedd, a number of ongoing development projects made sure that local people had the opportunity to contribute their views on how services should look.

We recognise, however, there is further work that we need to do to improve how we involve people in these discussions and to rebuild trust and confidence in the Board.

In October 2014, the report of the Mid Wales Healthcare Study was published by the Welsh Institute for Health and Social Care. The report was commissioned by the Welsh Government to look into the planning and delivery of healthcare in the mid Wales area (including areas of south Gwynedd). Amongst the findings of the Study were serious concerns regarding the relationships between the four NHS organisations serving the Mid Wales area and the community.

The Mid Wales Healthcare Collaborative, an independently chaired Collaborative which brings together BCUHB with Hywel Dda and Powys Health Boards with the Welsh Ambulance Services Trust has now been established and one of the work streams will focus on improving engagement and communications.

The Older People's Commissioner met with the Health Board in November 2014 and as part of the discussion with the Board, asked about our experiences of involving older people in discussions about reconfiguration of services. It is important that we continue to seek to involve older people in planning their individual care and also the broader delivery of healthcare.

Towards the end of the year, the Health Board faced a number of difficult decisions about the delivery of some services. There have also been some serious failings in care in some areas of the Health Board's services. The Health Board must ensure that we know what is important to people, what is working well and importantly, what could be done better. We will be seeking to hear from as many people as possible before considering how we can best meet the needs of the population in the future.

Interested in being involved? If you'd like to be kept informed about services where you live, or be involved in any discussions about any specific interest you have, please send your name and contact details to **NWalesHaveYourSay@wales.nhs.uk**

Patient Experience

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

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

Comment Cards

Comment cards are available in our inpatient and outpatient areas. They are a way of encouraging people to make suggestions for improvement or comment on their experience. On average 90 comments are recorded every month and consistently 50% of these are compliments about staff or services. They are a useful way for people to alert us to potential problems or emerging trends. The main trends are the dissatisfaction with the non-clinical areas of our estates and facilities these include parking, maintenance of the grounds and gardens, and the availability of wheelchairs. Actions taken as a result of comment cards being received include:

- Park & Ride facility introduced at Glan Clwyd Hospital
- Developing a car parking strategy at Wrexham Maelor Hospital
- Monitoring the use of disabled parking facilities
- Refurbished public toilet facilities at Wrexham Maelor Hospital
- Additional window and guttering cleaning
- Pruning of gardens
- Review of the appropriate use of wheelchairs to ensure adequate numbers are available for patients
- Syringe drivers configured at the minimal safe alarm level to reduce disruption to patients but to be loud enough to alert nursing staff
- Increased visibility of hand-gel dispensers and improved patient / public information about infection prevention
- Phlebotomy staff reminded to use 'hand-gel' in the presence of the patient rather doing so whilst they are waiting for them to come into the room
- Patients' menus reviewed

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, outpatient services and Maternity Units. Data from these surveys indicate that:

- **Outpatient Services**: 84% of people are satisfied with the service they receive, with over 96% consistently saying that staff are polite. Areas were patients would like to see improvement are waiting times, environment of care and receiving assistance
- **Inpatient Services**: 82% of people are satisfied with the service they receive, with over 96% consistently saying that staff are polite. Areas were patients would like to see improvements are waiting times and receiving assistance

- **Maternity Services**: 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

(This Data is based on average score from surveys conducted from April 2014 to March 2015)

"Please thank the lovely lady on the main reception desk, she dealt with my enquiry in an efficient and sensitive way and without her help I would not have sorted out my issue."

"Problem parking, took a long time to find a space - rushing to clinic for appointment. This happened on 2 previous visits to the hospital."

i Want Great Care

In October 2014, we piloted *'iWantGreatCare'* a real-time patient feedback system within the maternity and acute inpatient wards at Wrexham Maelor Hospital.

The system provides patients and relatives the opportunity to provide feedback as near as possible to their care experience. Feedback is received via paper feedback card or via a web link (accessed via http://bcuhb.iwgc.net).

Patients are asked how likely they are to recommend the hospital, and to rate aspects of dignity, involvement, information, cleanliness and care. They are also asked to record any comments they wish to make.

iWantGreatCare has often been called the Trip Advisor for Health as it works on a star rating system. To-date Wrexham Maelor Hospital has received over 4,300 reviews from the public resulting in an overall 5-star rating. Many of the reviews are positive comments about staff attitude and the standard of care. Areas identified for improvement are in the main connected to information and communication.

The Health Board now intends to introduce a real-time patient feedback system to the remainder of its services.

Patient Stories

Patient stories are about patients, relatives, carers or staff telling us about their experience in their own words, helping us to build an understanding based on actual experience. Stories are recorded digitally or in written format; they form part of staff orientation, staff training, and are an integral part of many Health Board meetings.

Examples of stories/action undertaken following patient stories include:

- Creating patient stories to support patient awareness and education about certain conditions and procedures and making them available via YouTube

- Sharing patient stories about examples of compassionate care and communication, and what it feels like from a patient's perspective to be treated in a compassionate way, or not to be treated in a compassionate way
- Celebrating new services such as the Exercise Referral Programmes and the Singing for Breathing programme highlighting the health and well-being benefits to patients
- Raising awareness of the all-Wales Accessible Healthcare standards and the barriers faced by people who have a sensory loss who access health care systems

"Even though nurses and care assistants were clearly busy they stopped to chat to the patients and made me as comfortable as possible as I am a carer and had to stay overnight with my charge. Very friendly happy staff with good sense of humour."

Volunteering

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 we recruit volunteers directly; these BCUHB managed volunteers are known as 'Robins' and are true ambassadors for the Health Board. They offer their time, their smiles and their warmth and simply want to 'give something back' to the community.

There are over 200 Robins Volunteers in the acute and community hospitals, complementing the care our staff provide to patients through befriending and support. A successful Robin Guiding Service that was established in Wrexham Maelor Hospital is being rolled out to Ysbyty Glan Clwyd and the Royal Alexandra Hospital in Rhyl.

Mike Peter's (Welsh Rock Singer and cancer survivor) who is currently fundraising for Awyr Las Charity, thanks the Robins for their many hours of volunteering

"How lovely it was to have people in red tops available to help you. Coming into hospital is stressful in its self and being greeted by a friendly person was great."

In addition to the Robins Volunteers, we recruit Public Members who are current or ex patients, and "Critical Friends", volunteers who are ex staff. Both these groups act as the patients' voice on working groups within the Health Board and will assist with surveys and audit work.

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 currently supported by the BCUHB Volunteers Manager are: Breast Feeding Peer Support (25), Pets Are Therapy Volunteers (6), Head Strong, Cancer Unit (9), Come & Sing Choir (26)

Regardless of which group the volunteers belong to the Health Board and patients value their generous contribution to improving the patient experience.

Dr Peter Higson, Chairman and Mrs Angela Hopkins, Executive Director of Nursing & Midwifery, presenting awards in recognition of long service to Robins and Public Members volunteers.

Putting Things Right

The NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 specify the way in which NHS organisations in Wales manage complaints, claims and incidents (collectively known as concerns). They provide a single, consistent method for grading and investigating concerns, as well as more openness and involvement of the person raising the concern and providing redress when appropriate.

Our staff continue to receive training on this approach, and are encouraged and supported to try to sort out any problems when they arise and to be open if something has gone wrong. Where investigations identify that there are lessons to be learnt, plans are put in place to respond to these and are regularly monitored until evidence is available to demonstrate that all actions have been completed.

During the year we established and funded investigation teams to work across the three main areas to investigate serious incidents and complaints in an open and transparent manner ensuing robust investigation to identify lessons and improve care for patients.

During 2014/15:

- 4,552 compliments were received
- 224 Thank You messages were received
- 2,520 informal concerns were received
- 1,826 formal concerns were received; 91% of these were acknowledged within 2 working days
- 497 (27%) of formal concerns received a full response within 30 working days; 959 (53%) of formal concerns involving more complex cases that took longer to investigate received a full response after more than 30 working days
- 83 concerns were referred to the Public Services Ombudsman for Wales, of which 51 were investigated

- 20,521 patient safety incidents were reported by staff, of which 18,600 (90%) 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
- 310 new formal legal claims were received; 258 were clinical negligence claims and 52 were personal injury claims; 249 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: www.bcu.wales.nhs.uk

Service Improvement

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

Building Capacity for Improvement - IQT 'Improving Quality Together' and Flow Collaborative Training

Improving Quality Together (IQT) is a national 1000Lives plus supported programme which we have used to build capacity for service improvement work within the organisation. The programme provides 3 levels of knowledge and skill development.

We have trained 3341 staff to the introductory level of Bronze and 436 have proceeded to practitioner level, completing Silver improvement projects across the LHB. Staff accessing training come from all areas across the health board with bronze level training accessible either face to face or via e-learning.

To date, we have been at the forefront of developing the IQT syllabus at a national level and have trained the most staff nationally at Bronze and Silver levels. This programme is important in embracing the ethos of continuous improvement for our patients and providing the staff with knowledge and skills in how to design and deliver continuous improvement.

Aligned to this programme, our staff have also engaged with the national unscheduled care collaborative in learning how to design systems to support improvements in patient flow through the whole healthcare system. 25 staff have undertaken training in Fundamentals of Improvement Science for Healthcare (FISH).Staff have successfully implemented a number of changes including the introduction of daily board rounds on wards, which aim to improve daily progression of care through multi-disciplinary communication and decision making to reduce delays in the patient's care pathway.

1000 Lives i

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

- Improving Acute Care: Ensuring that acutely ill patients are assessed and treated quickly. Work includes using early warning systems to recognise the deteriorating patient
- Primary and Community Care: Examples include work on falls prevention and management and 'life after stroke'
- Mental Health: Examples of this work include: suicide prevention publications such as Talk to me, work on First Episode Psychosis and Eating Disorders
- Endoscopy including evaluation of service preparation for accreditation
- Champions for Health

Improvement Conference - 2014

The Service Improvement Team ran the Health Board's improvement conference entitled: Looking forward to Improving Quality Together. This day was well attended and had a variety of motivational speakers and improvement experts presenting to staff. The day concluded in an award ceremony for staff that had made improvements for patients using the IQT silver projects.

Improvement Activities

Our Improvement Team actively supported the development and publication of the Together for Health Delivery Plans during 2014/15. These plans lay out the ambition for delivery of disease specific services at standards based on evidence of effective clinical practice. Plans developed include:

- Critical Illness
- Cancer
- Diabetes
- Respiratory
- End of Life
- Stroke
- Heart Disease

These plans are available on our internet site and are regularly reviewed for progress with annual reports provided. http://www.wales.nhs.uk/sitesplus/861/page/72877

The service improvement team have been instrumental in the development of the programme management office. Working on areas for improvement in process, efficiency and cost effectiveness aligned to the triple aim of improving population health, patient experience and cost per capita. Specific improvement programmes work is continuing into 2015/16 and relates to improvement in outpatient clinic efficiency, reduction in waiting times for outpatient follow up, improvement in emergency care pathways by reducing average length of stay and improving patient flow, improving productivity and utilisation of operating theatre capacity.

Awyr Las (Blue Sky)

Awyr Las is an umbrella organisation for the 300+ funds that directly support patient receiving care and treatment in hospitals and in the community across North Wales.

In 2014/15, thanks to the incredible support of thousands of donors and fundraisers, the charity was able to spend over £4 million on state-of-the-art equipment, better facilities and spaces, research, training and patient comforts that go above and beyond what the NHS is able to provide.

In November 2014, the charity launched the 'By Your Side' Appeal with Welsh musician and cancer patient Mike Peters, with the aim of raising £351,120 to support cancer services across North Wales over a three year period. To date, the campaign has raised over £200,000.

In 2014/15, the number of donations increased significantly as more and more people pledge their support to the charity.

Thanks to everyone who has supported, and continue to support, the North Wales NHS charity.

Welsh Language

As part of the Health Board's commitment to securing better bilingual care for our patients and the public, this year saw key improvements in planning and delivering Welsh medium services. The Welsh Government's Strategic Framework for Health, Social Services and Social Care, 'More than just words', has set the foundation of the 'Active Offer' principle which is fundamental to the successful delivery of the framework as a means for organisations to accept responsibilty of offering patients services in the language of their choice. As a result, developments have been brought about in specific departments by mainstreaming Welsh language obligations in to individual standard operating procedures to facilitate operational implementation. A Bilingual Skills Strategy has been developed to ensure that the Welsh language is mainstreamed in to recruitment and retention policies to allow for adequate bilingual workforce planning.

Raising Welsh language awareness amongst staff is integral in developing an organisation that is culturally and linguistically aware. The Welsh language is prominent in the Health Board's Orientation Programme for new and current staff. Welsh language training was also offered to staff in the form of training packs which included a Level 1 Welsh in the Workplace CD, along with bilingual phrase cards and 'Gair i Glaf' phrasebooks for healthcare professionals. Funding was secured to allow staff to attend courses in the community, as well as internal Welsh

language gaining confidence courses, affording staff the opportunity to increase their confidence to speak Welsh with patients and the public.

This year saw continued partnership working with local authorities in terms of collaboratively strengthening Welsh language provision. Language Guidelines were produced by the Health Board's Welsh Language Team and Derwen, the Integrated Team for Disabled Children to address how both the Health Board and Gwynedd Council will work together to ensure seamless service provision in offering children and their families a comprehensive service in their first language.

The Health Board embraces every opportunity to promote the Welsh language with stalls held at all three main hospitals on Day of the (Working Welsh) Badge, Diwrnod Su'mae and St David's Day. These events were met with great enthusiasm and afforded the opportunity to engage, inform and support staff in the delivery of bilingual services.

The Health Board was successful in winning 9 awards at the 2014 Welsh Language in Healthcare Awards held in Cardiff. Winners included Derwen for the provision of an integrated bilingual service, the Communications Team and Children and Adolescent Mental Health Team's Mental Health Matters Campaign, David Hill, ENT Surgeon at Ysbyty Gwynedd as Learner of the Year, and BCUHB and TWF Wrexham jointly running bilingual baby massage classes for mother and baby. Speech and Language Therapists in Bodfan, Eryri Hospital have created bilingual Makaton resources for which they were awarded the Health Minister's special award for the best overall nomination across Wales.

Speech and Language Therapy who won the Health Minister's best overall nomination award

The Derwen Team won the Working in Partnership category

Research and Development

Over a period of one year over 5,000 patients will have been recruited onto a wide 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 office encourages participation in high quality collaborative research in addition to improving the quality of clinical services and patient care it also provides 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. We also aim to 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.

This year 23 GP practices across North Wales applied to become part of a Primary care research incentive 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.

Public Health

Key indicators continue to show that overall the health and wellbeing of the population of North Wales is good in comparison to other areas of Wales. However, there are still variations in health outcomes between different areas and communities and, in some cases such as healthy life expectancy, inequalities are increasing. Strong, co-ordinated partnership working is critical to the overall delivery of improvements in population health status, particularly in respect of influencing those factors which are not directly within the remit of the NHS. This whole system approach is outlined in the Welsh Government's *Wellbeing of Future Generations Act (2015)*.

Our Director of Public Health's Annual Report for 2014 continued the pattern of focus on different stages of life. Entitled '*Children and Young People are Our Future: An Asset-based approach'*, the report was shaped by the views of children and young people, and recognised the assets that keep them healthy and well.

The report recognises that early intervention during these important years can prevent ill-health and reduce mortality and morbidity, and that healthy behaviours in childhood and teenage years set patterns for later life. Continued support to children and young people can mean that society as a whole can reap all the benefits of a resilient next generation, which is happier and healthier. The report includes a number of recommendations which are applicable to the statutory, voluntary, and private sectors.

The following section provides an overview on the two key priority Public Health areas for the Health Board, namely Immunisation and Smoking Cessation.

Immunisation

The routine childhood and adult programmes expanded significantly during 2014/15 with new childhood vaccines, and the addition of a shingles vaccine for adults. In total, 49,000 more individuals became eligible for these new NHS vaccines.

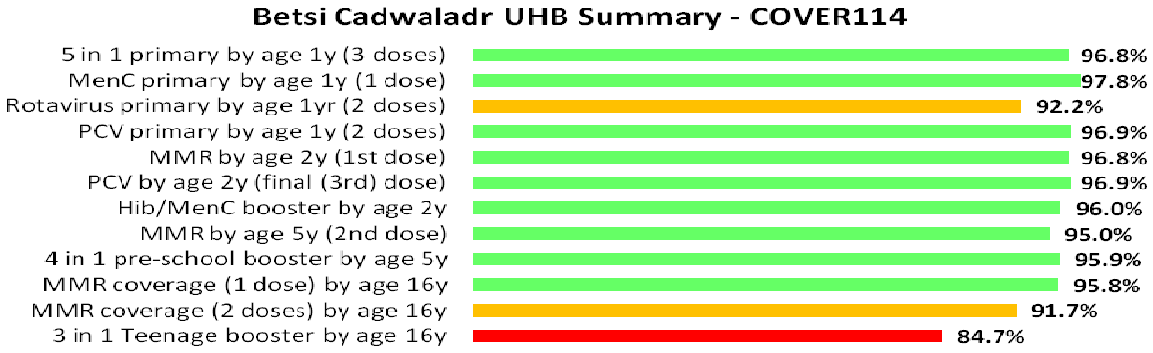
Maternal and Childhood Immunisations

In relation to maternal and childhood immunisations, the Health Board's long term performance against the targets continues to show steady improvement:

- Our 5 in 1 vaccine uptake at age 1 exceeds the 95% target at 96.8%
- Measles, Mumps & Rubella (MMR) by age 5 years 2nd dose is at 95%
- 4 in 1 preschool booster is at 95.9%

The Health Board is particularly pleased with achieving over 95% uptake for the second dose of MMR, which means that the population has good protection against future measles outbreaks.

Figure 1: BCUHB uptake for all ages, childhood immunisation schedule Jan - March 2015 (Source: COVER 114)

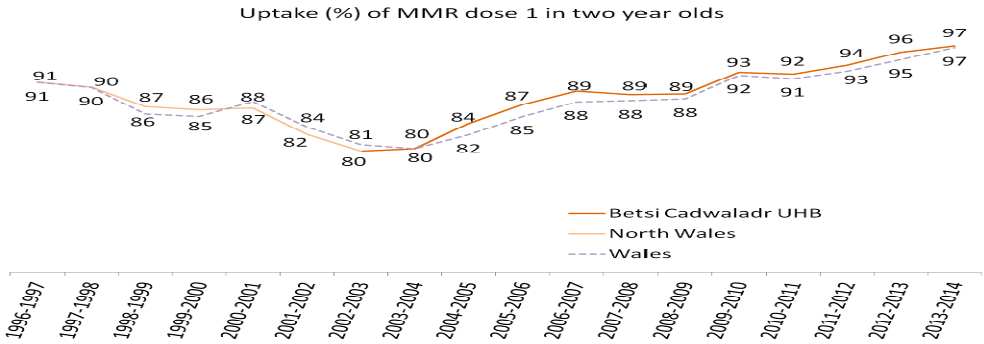


As part of proactive actions to prevent a measles outbreak, the Health Board developed an MMR Strategy which has been vigorously implemented to ensure opportunities for those individuals that are unvaccinated with MMR to catch up on missing doses. The continued improved performance is highlighted in Figure 2 below.

The main components of the MMR Strategy include:

- An active Patient Management Scheme to identify and support families with unvaccinated children in deprived areas
- Offers of MMR vaccine in secondary schools by school nurses
- Comprehensive training for all relevant staff
- Focus on early years settings
- Traveller site visits
- MMR Local Enhanced Service
- Capitalising on European Immunisation Week

Figure 2: Betsi Cadwaladr UHB Annual uptake of first dose of MMR, 1996 - 2014



Influenza Vaccinations

The Health Board continues to improve the provision and uptake of influenza vaccinations, with highlights including the number of BCUHB staff vaccinated:

- BCUHB being the first Health Board in Wales to achieve the 50% target for staff in direct clinical contact (50.3% on 25/1/15)
- This represents a 9.6% increase on the previous year
- The average increase across all staff groups was 8.6%
- 47.9% of operational staff were vaccinated

We are also doing well compared to other Health Boards in Wales in relation to vaccinating at risk groups, as highlighted in Table 1 below. This good work has been recognised by winning two national awards, namely the 'Most Innovative Flu Fighter' and the 'Best Flu Fighter Cymru Team'.

Influenza Immunisation Uptake across BCUHB by target group, and benchmark position in relation to other Welsh Health Boards

Target Group	% Immunised (as at 29/4/15)	Welsh Benchmark
Aged over 65 years	70.2%	1st
6 months – 64 years with clinical condition	51.5%	2nd
Pregnant women	48.8%	1st
2, 3 and 4 year olds	45.4%	n/a
Children in school Year 7	74.5%	n/a

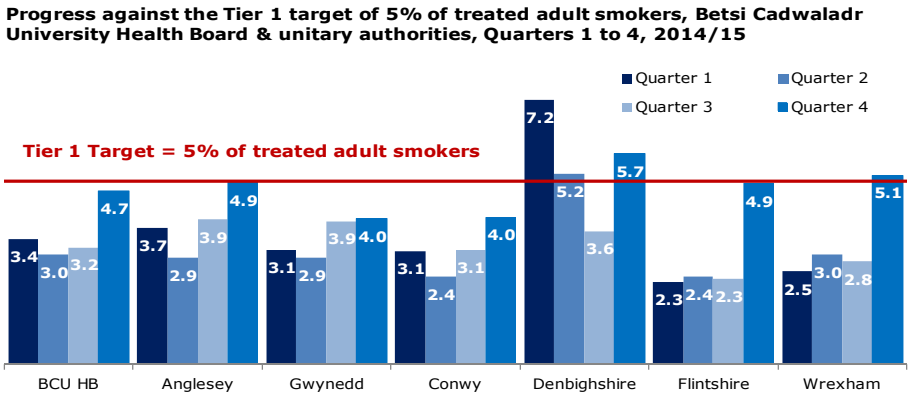
Smoking Cessation

Smoking remains the greatest preventable cause of illness, disability and premature death in Wales, and there is additional harm to specific vulnerable groups who smoke, such as pregnant women and their unborn babies, and people living with long term mental illness where smoking prevalence is particularly high. The positive news is that that the majority of smokers (70%) at any one time say that they want to be smoke free and 44% tried to give up during the last year.

There are approximately 119,360 adult smokers in North Wales (21% of the population). The Health Board has a target of supporting 5% of smokers in North Wales (approximately 6,000 people) to stop by accessing specialist support services which have the strongest evidence of success in combination with nicotine replacement therapy, including Stop Smoking Wales, Community Pharmacy Services, and in-house GP Practice support. Another target is that 40% of those treated are quit at 4 weeks, and that this is validated with a Carbon Monoxide reading.

Figure 3 below highlights the Health Board's performance during 2014/15 by quarter against the 5% target. In October 2014 a renewed partnership focus was given to improve performance across all services, which has realised a notable improvement in the number of smokers treated in the last quarter (4.7%). Although overall performance for 2014/15 fell short of the 5% target (we achieved 3.6% or 4279 smokers treated), BCUHB remain the best performing Health Board in Wales, and there are examples of excellent performance at County level such as Denbighshire achieving 5.4% for the year.

Figure 3



Performance against the 40% quit rate at 4 weeks showed variability between the specialist services and between Counties during 2014/15. Whilst the target of 40% wasn't achieved overall for the Health Board (at 31%), some Counties got close with Flintshire achieving 39%, and Stop Smoking Wales across the whole region achieving 38%. Work is ongoing to improve the 4 week quit rate across all services and areas in North Wales.

Our Board

The Board is responsible for the improving the health of the people of North Wales and providing excellent health care. It is accountable to the Welsh Government through the Minister for Health and Social Services.

The Board comprises the Chairman who is supported by ten Independent Members and the Chief Executive who is supported by eight Executive Directors and three Associate Members of the Board. The Chairman and Independent Members are appointed from the local community for the specific expertise they can bring to the running of the Health Board.

The Directors are full time employees responsible for the operational management of the Health Board.

2014/15 saw a significant number of changes to the membership of the Board. A number of new permanent appointments were made including Professor Trevor Purt, Chief Executive who commenced his role in June 2014, Mrs Morag Olsen, Chief Operating Officer; Mr Russell Favager, Executive Director of Finance and Mr Geoff Lang, Executive Director of Strategy. Four new Independent Board Members were also appointed in 2015.

By the autumn of 2014, the Welsh Government had raised significant concerns about the Health Board's mental health services generally, its ability to manage major capital projects and its poor financial performance. As a consequence the Health Board was subject to targeted intervention by the Welsh Government.

As a result of these and other concerns, in early June 2015 the Health Board was placed into special measures by Welsh Government and the Chief Executive was suspended from his role.

There are three Associate Board Members representing the Healthcare Professionals Forum, Stakeholder Reference Group and the Directors of Social Services across North Wales.

Following a major review of the Health Board's committees from January 2015, the Health Board established five Committees and three Sub Committees which oversee specific aspects of Board business:

Committees	**Sub Committees**
Integrated Governance Audit Charitable Funds Mental Health Act Remuneration and terms of service	Quality, Safety & Experience Finance and Performance Strategy, Planning & Partnership

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.

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

Three Advisory Groups (the Healthcare Professionals Forum, Stakeholder Reference Group and Local Partnership Forum) provide the Board with additional scrutiny, assurance, involvement and engagement. The Board periodically carries out reviews of its Committees' performance, functions and effectiveness.

Annual Governance Statement

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

- The role and composition of the Board
- Our committee arrangements
- Our arrangements to manage risk
- Quality and Governance processes including progress on the implementation of Doing Well, Doing Better: Standards for Health Services in Wales
- The opinion of the Head of Internal Audit
- Equality, diversity and human rights
- Carbon reduction delivery plans
- Our planning arrangements

Our Annual Governance Statement is available on our website www.bcu.wales.nhs.uk

As of 31 March 2015

Independent Board Members

Dr Peter Higson
Chairman

Mrs Margaret Hanson
Vice Chair

Rev Hywel Davies

Ms Jenie Dean

Mrs Marian Wyn Jones

Mr Keith McDonogh

Professor Jo Rycroft-Malone

Mr Harri Owen-Jones

Dr Christopher Tillson

Mrs Hilary Stevens

Cllr Elizabeth Roberts
(Until January 2015)

Cllr Bobby Feeley
(from February 2015)

Executive Board Members

Professor Matthew Makin
Executive Medical Director & Director of Clinical Services

Mrs Angela Hopkins
Executive Director of Nursing, Midwifery

Mr Bob Evans
Interim Executive Director of Finance (until August 2014)

Mr Russell Favager
Executive Director of Finance (from August 2014)

Mr Geoff Lang
Acting Chief Executive (until June 2014)

Mr Geoff Lang
Director of Primary, Community and Mental Health (until February 2015)

Executive Director of Strategy (from January 2015)

Mr Martin Jones
Executive Director of Workforce & Organisational Development

Mr Tim Lynch
Interim Chief Operating Officer (until September 2014)

Ms Morag Olsen
Chief Operating Officer (from September 2014)

Professor Trevor Purt
Chief Executive (from June 2014)

Mr Andrew Jones
Executive Director of Public Health

Ms Sally Baxter
Acting Executive Director of Planning (until January 2015)

Ms Bernie Cuthel
Interim Executive Director of Primary, Community and Mental Health (from March 2015)

Directors who attend Board Meetings

Mr Chris Wright
Director of Corporate Services (from December 2014)

Mrs Grace Lewis-Parry
Director of Governance & Communications (until December 2014)

Board Secretary (from December 2014)

Directors' Declarations of Interest

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

The following Directors and Board Members have declared their interests for 2014/15 as listed below:

Dr Peter Higson	Trustee of Cartrefi Cymru Member of Bangor University Council Brother to Dr Ruth Hussey, Chief Medical Officer for Wales
Mrs Hilary Stevens	Trustee and Executive Committee of Welsh Council for Voluntary Action Trustee of Denbighshire Community Voluntary Council Cross Roads Care (N Wales) Director of Unity Creative Ltd
Dr Christopher Tillson	GP Partner, Bodnant Medical Centre, Bangor
Mrs Marian Wyn Jones	Council Member - Wales Arts Director, Ganolfan Gerdd William Mathias Connections with the following voluntary or other bodies which may contract for NHS services: Snowdonia National Park Authority Council Member Bangor University S4C Authority – Cyngor Celfyddydau Cymru
Cllr Elizabeth Roberts	Elected member of Conwy Council Borough Council Director and Chair of Menter Siabod Community Action Group
Cllr Bobby Feeley	Elected County Councillor Ruthin Ward Denbighshire Lead member for Social Care, Adult and Children Services and Older people's Champion
Ms Jenie Dean	Family member is an employee of Bangor University
Professor Jo Rycroft-Malone	Spouse is an employee of the Health Board
Mr Trevor Purt	Wife works for North West Commissioning Support Unit, Manchester
Mr Geoff Lang	Governor, Coleg Cambria
Mr Tim Lynch (until September 2014)	In substantive role as Director of Operations, Countess of Chester NHS Foundation Trust which is a major contractor with BCUHB. Cohabiting partner is an associate of AQUA and UM, both organisations may provide some contractual services to BCUHB
Mr Andrew Jones	Spouse is employee of BCUHB Trustee of Dolen Cymru

Mr Bob Evans (until August 2014)	Spouse holds a senior permanent post in the Welsh Government, Health and Social care Department which involves financial monitoring of Health Boards and Trusts
Bernie Cuthel	Governing Body Member at Nugent Care Relative works in Glan Clwyd Hospital
Angela Hopkins	Engaged in professional engagement and development of policy as an Executive Nurse Director in Wales with the Royal College of Nursing
Chris Wright	Partner is Director of S Manchester University Foundation Trust

No other Health Board members provided Declarations of Interest in related parties during the period.

Primary Financial Statements and Notes

The Health Board is required to produce a set of annual financial statements using a format that is common to all NHS bodies in Wales. The annual statements are subject to audit and an audit opinion is provided by the Auditor General for Wales.

The Health Board's Financial Statements were prepared in accordance with the format and timetable set by the Welsh Government. The accounts were subject to external audit by the Wales Audit Office and an unqualified audit opinion was given on 1 July 2015.

The Auditor General for Wales' certificate confirms that these summary financial statements are consistent with the full accounts on which the audit opinion was given.

The summary financial statements shown include the following:

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

The summary financial statements do not contain sufficient information to provide a full understanding of the Health Board's financial position and performance. A full set of consolidated financial statements is available on request from the Executive Director of Finance, Block 5 Carlton Court, St Asaph Business Park, St Asaph, LL17 0JG

Statement of Comprehensive Net Expenditure for the year ended 31 March 2015

	2014/15 £'000	2013/14 £'000
Expenditure on Primary Healthcare Services	294,593	283,898
Expenditure on healthcare from other providers	301,471	284,247
Expenditure on Hospital and Community Health Services	836,870	780,444
	1,432,934	1,348,589
Less: Miscellaneous Income	123,964	117,905
LHB net operating costs before interest and other gains and losses	1,308,970	1,230,684
Other Gains	(75)	(46)
Finance costs	112	151
Net operating costs for the financial year	1,309,007	1,230,789

Revenue Resource Performance

	2014/15 £'000
Net operating costs for the year	1,309,007
Less general ophthalmic services expenditure and other non-cash limited expenditure	(929)
Total operating expenses	1,308,078
Revenue Resource Allocation	1,281,462
Over spend against Allocation	(26,616)

Capital Resource Performance

	2014/15 £'000
Gross capital expenditure	51,859
Less NBV of property, plant and equipment and intangible assets disposed	(1,728)
Less capital grants received	(527)
Less donations received	(1,597)
Charge against Capital Resource Allocation	48,007
Capital Resource Allocation	48,039
(Over) / Underspend against Capital Resource Allocation	32

Statement of Financial Position as at 31 March 2015

	31 March 2015 £'000	31 March 2014 £'000
Non-current assets		
Property, plant and equipment	**502,924**	473,406
Intangible assets	**1,901**	1,768
Trade and other receivables	**67,911**	48,499
Total non-current assets	**572,736**	523,673
Current assets		
Inventories	**14,899**	13,627
Trade and other receivables	**42,359**	44,588
Cash and cash equivalents	**1,526**	1,147
	58,784	59,362
Non-current assets classified as 'Held for Sale'	**217**	1,755
Total current assets	**59,001**	61,117
Total assets	**631,737**	584,790
Current liabilities		
Trade and other payables	**113,955**	111,714
Provisions	**28,625**	24,561
Total current liabilities	**142,580**	136,275
Net current liabilities	**(83,579)**	(75,158)
Non-current liabilities		
Trade and other payables	**1,217**	1,264
Provisions	**69,438**	49,629
Total non-current liabilities	**70,655**	50,893
Total assets employed	**418,502**	397,622
Financed by :		
Taxpayers' equity		
General Fund	**365,752**	357,043
Revaluation reserve	**52,750**	40,579
Total Taxpayers' Equity	**418,502**	397,622

Statement of Changes in Taxpayers' Equity for the year ended 31 March 2015

	General Fund £000s	Revaluation Reserve £000s	Total Reserves £000s
Changes in taxpayers' equity for 2014/15			
Balance at 1 April 2014	357,043	40,579	**397,622**
Net operating cost for the year	(1,309,007)		**(1,309,007)**
Net gain on revaluation of property, plant and equipment	0	13,333	**13,333**
Impairments and reversals	0	(273)	**(273)**
Transfers between reserves	889	(889)	**0**
Total recognised income and expense for 2014/15	(1,308,118)	12,171	**(1,295,947)**
Net Welsh Government funding	1,316,827		**1,316,827**
Balance at 31 March 2015	365,752	52,750	**418,502**

Statement of Cash flows for year ended 31 March 2015

	2014/15 £'000	2013/14 £'000
Cash Flows from operating activities		
Net operating cost for the financial year	(1,309,007)	(1,230,789)
Movements in Working Capital	(22,150)	(9,897)
Other cash flow adjustments	70,083	44,118
Provisions utilised	(13,332)	(13,954)
Net cash outflow from operating activities	(1,274,406)	(1,210,522)
Cash Flows from investing activities		
Purchase of property, plant and equipment	(45,406)	(45,821)
Proceeds from disposal of property, plant and equipment	1,804	978
Purchase of intangible assets	(564)	(811)
Net cash outflow from investing activities	(44,166)	(45,654)
Net cash outflow before financing	(1,318,572)	(1,256,176)
Cash flows from financing activities		
Welsh Government funding (including capital)	1,316,827	1,254,973
Capital grants received	2,124	1,933
Net financing	1,318,951	1,256,906
Net increase in cash and cash equivalents	379	730
Cash and cash equivalents (and bank overdrafts) at 1 April 2014	1,147	417
Cash and cash equivalents (and bank overdrafts) at 31 March 2015	1,526	1,147

Better Payments Practice Code

The Welsh Government requires that Health Boards pay all their trade creditors in accordance with the CBI prompt payment code and Government Accounting rules. The Welsh Government has set as part of the Health Board financial targets a requirement to pay 95% of the number of non-NHS creditors within 30 days of delivery. For 2014/15, the Health Board under-achieved against this target as set out below:

	2014/15 Number	**2014/15 £000**	2013/14 Number	2013/14 £000
NHS				
Total bills paid	**5,843**	**232,258**	5,358	222,526
Total bills paid within target	**4,841**	**226,318**	5,031	220,075
Percentage of bills paid within target	**82.9%**	**97.4%**	93.9%	98.9%
Non-NHS				
Total bills paid	**277,272**	**593,273**	252,713	556,247
Total bills paid within target	**250,009**	**566,819**	238,858	543,026
Percentage of bills paid within target	**90.2%**	**95.5%**	94.5%	97.6%
Total				
Total bills paid	**283,115**	**825,531**	258,071	778,773
Total bills paid within target	**254,850**	**793,137**	243,889	763,101
Percentage of bills paid within target	**90.0%**	**96.1%**	94.5%	98.0%

Pension Liabilities

Past and present employees are covered by the provision of the NHS Pensions Scheme.

The Scheme is a national unfunded, defined benefit scheme that covers all NHS employers, general practices and other bodies allowed under the direction of the Secretary of State. As a consequence it is not possible for the Health Board to identify its share of the scheme's underlying assets and liabilities.

Therefore, the Health Board's Statement of Accounts includes the employer's contributions of 14% of pensionable pay.

The total pension cost relating to 2014/15 was £59,343,000.

Further details on the pension scheme are available in the full annual accounts which are available on application to the Executive Director of Finance (see page 52 for contact details).

Remuneration Report

Remuneration for Executive Directors and other very senior members of the Health Board, along with other aspects of their terms and conditions of service, is determined by the Board's Remuneration and Terms of Service Committee, which was established on 1 January 2015, following the Health Board's Committee Review in December 2014. The Committee meets annually.

During the financial year, the Committee was chaired by the Health Board Chairman Dr Peter Higson and comprised Independent Members Mrs Margaret Hanson, Dr Christopher Tillson and Ms Jenie Dean. The Executive Director of Workforce and Organisational Development, Mr Martin Jones also attends Committee meetings.

Remuneration of senior managers for the current and future financial years will follow directives issued by the Welsh Government. Salaries were determined by Welsh Government through the JESP Job Evaluation system as part of NHS Reform Programme 2009. There have been no annual uplifts since that date.

All posts are subject to Performance Management, but no specific element of the salary is linked to performance, either in the form of an addition to or retention of some of the core salary i.e. there is no performance related pay or bonuses.

The Individual Performance Management system follows that promulgated and mandated by Welsh Government as part of NHS Reform programme of 2009.

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

There have been no severance payments or exit packages for early retirement or for loss of office to senior staff included within the Remuneration Report.

Salary and Pension Tables

Salaries and Allowances

Name and Role	2014/15 Salary (Bands of £5,000)	Benefit in kind (to nearest £100)	Pension benefit (bands of £2,500)	Perfor-mance pay and bonuses (bands of £1,000)	**Total (bands of £5,000)**	*Full year equivalent salary (if part year)*	2013/14 Salary (Bands of £5,000)	Benefit in kind (to nearest £100)	Pension benefit (bands of £2,500)	Perfor-mance pay and bonuses (bands of £1,000)	**Total (bands of £5,000)**	*Full year equivalent salary (if part year)*
	£'000	£00	£'000	£'000	**£'000**	*£'000*	£'000	£00	£'000	£'000	**£'000**	*£'000*
Professor T Purt Chief Executive (From 16/06/2014)	155-160	2,600	50-52.5	0	**210-215**	*200-205*						
Mr G Lang Acting Chief Executive (To15/06/14) Executive Director of Primary, Community & Mental Health (To 31/12/14) Director of Strategy (From 01/01/15)	130-135	0	0	0	**130-135**	*165-170* *125-130*	155-160	0	215-217.5	0	**375-380**	*160-165*
Ms M Olsen Chief Operating Officer (From 29/09/14)	70-75	0	0	0	**70-75**	*145-150*						
Professor M Makin Executive Medical Director and Director of Clinical Services	165-170	2,600	7.5-10	0	**175-180**		40-45	1,500	67.5-70	0	**110-115**	*165-170*

Name and Role	2014/15 Salary (Bands of £5,000)	Benefit in kind (to nearest £100)	Pension benefit (bands of £2,500)	Perfor-mance pay and bonuses (bands of £1,000)	**Total (bands of £5,000)**	*Full year equivalent salary (if part year)*	2013/14 Salary (Bands of £5,000)	Benefit in kind (to nearest £100)	Pension benefit (bands of £2,500)	Perfor-mance pay and bonuses (bands of £1,000)	**Total (bands of £5,000)**	*Full year equivalent salary (if part year)*
	£'000	£00	£'000	£'000	**£'000**	*£'000*	£'000	£00	£'000	£'000	**£'000**	*£'000*
Mrs A Hopkins Executive Director of Nursing and Midwifery	125-130	1,200	67.5-70	0	**195-200**		100-105	200	0-2.5	0	**105-110**	*125-130*
Mr J M Jones Executive Director of Workforce and Organisational Development	125-130	1,100	0	0	**125-130**		125-130	0	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 (From 11/08/14)	90-95	3,500	152.5-155	0	**245-250**	*140-145*						
Mr B Evans Acting Executive Director of Finance (To 10/08/14)	45-50	0	102.5-105	0	**150-155**	*135-140*	45-50	0	145-147.5	0	**195-200**	*110-115*
Mr C Wright Director of Corporate Services (From 01/12/14)	35-40	0	0	0	**35-40**	*95-100*						

Name and Role	2014/15 Salary (Bands of £5,000) £'000	Benefit in kind (to nearest £100) £00	Pension benefit (bands of £2,500) £'000	Perfor-mance pay and bonuses (bands of £1,000) £'000	**Total (bands of £5,000) £'000**	*Full year equivalent salary (if part year) £'000*	2013/14 Salary (Bands of £5,000) £'000	Benefit in kind (to nearest £100) £00	Pension benefit (bands of £2,500) £'000	Perfor-mance pay and bonuses (bands of £1,000) £'000	**Total (bands of £5,000) £'000**	*Full year equivalent salary (if part year) £'000*
Ms S Baxter Acting Executive Director of Planning (To 31/12/14)	75-80	0	60-62.5	0	**135-140**	*100-105*	0-5	0	7.5-10	0	**10-15**	*80-85*
Mrs G Lewis-Parry Director of Governance and Communications (To 30/11/14) Board Secretary (From 01/12/14)	95-100	1,600	0	0	**95-100**		95-100	1,500	0-2.5	0	**95-100**	
Ms B Cuthel* Interim Director of Primary, Community and Mental Health (Secondment) (From 01/03/15)	10-15											
Mr T Lynch** Interim Chief Operating Officer (To 29/09/14)	75-80						75-80					
Dr P Higson Chairman	65-70	0	0	0	**65-70**		35-40	0	0	0	**35-40**	*65-70*
Mrs M Hanson Vice Chair	55-60	0	0	0	**55-60**		15-20	0	0	0	**15-20**	*55-60*

Name and Role	2014/15 Salary (Bands of £5,000) £'000	Benefit in kind (to nearest £100) £00	Pension benefit (bands of £2,500) £'000	Perfor-mance pay and bonuses (bands of £1,000) £'000	**Total (bands of £5,000) £'000**	*Full year equivalent salary (if part year) £'000*	2013/14 Salary (Bands of £5,000) £'000	Benefit in kind (to nearest £100) £00	Pension benefit (bands of £2,500) £'000	Perfor-mance pay and bonuses (bands of £1,000) £'000	**Total (bands of £5,000) £'000**	*Full year equivalent salary (if part year) £'000*
Mr K McDonogh Independent Member	15-20	0	0	0	**15-20**		25-30	0	0	0	**25-30**	
Mr H Owen-Jones Independent Member	15-20	0	0	0	**15-20**		15-20	0	0	0	**15-20**	
Rev H Davies Independent Member	15-20	0	0	0	**15-20**		15-20	0	0	0	**15-20**	
Mrs H Stevens 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**	
Cllr E M B Roberts Independent Member (01/04/14-31/01/15)	10-15	0	0	0	**10-15**	15-20	15-20	0	0	0	**15-20**	
Ms J Dean [+] Independent Member	0	0	0	0	**0**		0	0	0	0	**0**	
Cllr B Feeley Independent Member (From 01/02/15)	0-5	0	0	0	**0-5**	15-20						

Name and Role	2014/15 Salary (Bands of £5,000)	Benefit in kind (to nearest £100)	Pension benefit (bands of £2,500)	Perfor-mance pay and bonuses (bands of £1,000)	**Total (bands of £5,000)**	*Full year equivalent salary (if part year)*	2013/14 Salary (Bands of £5,000)	Benefit in kind (to nearest £100)	Pension benefit (bands of £2,500)	Perfor-mance pay and bonuses (bands of £1,000)	**Total (bands of £5,000)**	*Full year equivalent salary (if part year)*
	£'000	£00	£'000	£'000	**£'000**	*£'000*	£'000	£00	£'000	£'000	**£'000**	*£'000*
Professor J Rycroft-Malone[++] Independent Member	0	0	0	0	**0**							

* Ms B Cuthel is currently on secondment from her substantive post with the Manchester Mental Health and Social Care NHS Trust. The cost to the Health Board for the secondment period above is £13,127

** Mr T Lynch currently on secondment from his substantive post with the Countess of Chester NHS Foundation Trust. The cost to the Health Board for the secondment period above is £79,283.

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

[++] Professor J Rycroft-Malone is the University representative on the Board.

The Remuneration Report must include a Single Total Figure of Remuneration.

The amount of pension benefits for the year which contributes to the single total figure is calculated in a way similar to the method used to derive pension values for tax purposes and is based on information received from NHS BSA Pensions Agency.

The value of pension benefits is calculated as follows:
(real increase in pension* x20) + (real increase in any lump sum) – (contributions made by member)
*excluding increases due to inflation or any increase of decrease due to a transfer of pension rights

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

Hutton Fair Pay Ratio

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 Health Board in the financial year 2014/15 was £200,000 - £205,000 (2013/14, £200,000 - £205,000). This was 7.54 times (2013/14, 7.28) the median remuneration of the workforce, which was £26,863 (2013/14, £27,802). The highest paid director in 2014/15 and in 2013/14 is the Chief Executive.

In 2014/15, eight (2013/14, three) employees received remuneration in excess of the highest-paid director. Remuneration for the eight employees ranged from £200,000 - £205,000 to £310,000 - £315,000 (2013/14 £200,000 - £205,000 to £220,000 - £225,000); all those employees are senior clinicians.

Total remuneration includes salary, non-consolidated performance-related pay, and benefits-in-kind. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions.

The ratio has increased during 2014/15, as the median remuneration has decreased marginally while the salary of the highest paid director has not changed. The distribution of staff numbers at the Agenda for Change bands 2 and 3 (Living Wage 2) has altered the median value, which is based on the full time annualised salary of all employees, including part-time and bank staff. The total number of staff employed through the year has remained relatively constant. The number of agency staff employed during the year increased.

	2014/15	2013/14
Band of Highest paid Director's Total Remuneration	£202,500	£202,500
Median Total Remuneration	£26,863	£27,802
Ratio	**7.54**	**7.28**

A pay award of £187 was made to the majority of NHS staff excluding very senior managers; approximately 94% of staff received an inflationary pay award, while 23% of permanent staff received incremental pay progression within their pay scales.

Pension Benefits

	Real Increase In Accrued Pension (bands of £2,500)	Real Increase In Lump Sum (bands of £2,500)	Total accrued pension at 31 March 2015 (bands of £5,000)	Lump sum related to accrued pension at 31 March 2015 (bands of £5,000)	Cash Equivalent Transfer Value as at 31/03/14	Cash Equivalent Transfer Value as at 31/03/15	Real Increase in Cash Equivalent Transfer Value
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Professor T Purt Chief Executive (From 16/06/2014)	2.5-5.0	7.5-10.0	35-40	105-110	751	-	-
Mr G Lang Acting Chief Executive (To 15/06/14) Executive Director of Primary, Community & Mental Health (To 31/12/14) Director of Strategy (From 01/01/15)	(7.5-10.0)	(27.5-30.0)	45-50	145-150	999	867	(132)
Ms M Olsen Chief Operating Officer (From 29/09/14)	0-2.5	0-2.5	30-35	90-95	550	573	22
Professor M Makin Executive Medical Director and Director of Clinical Services	0-2.5	0-2.5	35-40	115-120	595	604	9

	Real Increase In Accrued Pension (bands of £2,500)	Real Increase In Lump Sum (bands of £2,500)	Total accrued pension at 31 March 2015 (bands of £5,000)	Lump sum related to accrued pension at 31 March 2015 (bands of £5,000)	Cash Equivalent Transfer Value as at 31/03/14	Cash Equivalent Transfer Value as at 31/03/15	Real Increase in Cash Equivalent Transfer Value
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Mrs A Hopkins Executive Director of Nursing and Midwifery	2.5-5.0	10.0-12.5	40-45	120-125	830	940	110
Mr J M Jones Executive Director of Workforce and Organisational Development	0-2.5	0-2.5	50-55	150-155	980	1,013	33
Mr A Jones Executive Director of Public Health	0-2.5	0-2.5	40-45	125-130	723	752	30
Mr R Favager Executive Director of Finance (From 11/08/14)	5.0-7.5	20-22.5	55-60	165-170	727	941	214
Mr B Evans Acting Executive Director of Finance (to 10/08/14)	2.5-5.0	12.5-15.0	50-55	155-160	1,027	1,170	143
Mr C Wright Director of Corporate Services (From 01/12/14)	-	-	-	-	-	-	-

	Real Increase In Accrued Pension (bands of £2,500)	Real Increase In Lump Sum (bands of £2,500)	Total accrued pension at 31 March 2015 (bands of £5,000)	Lump sum related to accrued pension at 31 March 2015 (bands of £5,000)	Cash Equivalent Transfer Value as at 31/03/14	Cash Equivalent Transfer Value as at 31/03/15	Real Increase in Cash Equivalent Transfer Value
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Ms S Baxter Acting Executive Director of Planning (To 31/12/14)	2.5-5.0	7.5-10.0	15-20	50-55	270	337	68
Mrs G Lewis-Parry Director of Governance and Communications (To 30/11/14) Board Secretary (From 01/12/14)	0-2.5	0-2.5	30-35	90-95	579	604	25

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

Mr C Wright is no longer a member of the NHS Pension Scheme.

Cash Equivalent Transfer Values - 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.

Exit packages and severance payments

Exit packages cost band (including any special payment element)	2014/15 Number of compulsory redundancies	2014/15 Cost of compulsory redundancies	2014/15 Number of other departures	2014/15 Cost of other departures	2014/15 Total number of exit packages	2014/15 Total cost of exit packages	2014/15 Number of departures where special payments have been made	2014/15 Cost of special element included in exit packages	2013/14 Total number of exit packages	2013/14 Total cost of exit packages
	Whole numbers only	£'s	Whole numbers only	£'s	Whole numbers only	£'s	Whole numbers only	£'s	Whole numbers only	£'s
less than £10,000	0	0	0	0	0	0	0	0	4	12,376
£10,000 to £25,000	0	0	0	0	0	0	0	0	4	58,138
£25,000 to £50,000	0	0	0	0	0	0	0	0	1	35,025
£50,000 to £100,000	0	0	2	120,410	2	120,410	0	0	0	0
£100,000 to £150,000	1	135,610	0	0	1	135,610	0	0	1	107,738
£150,000 to £200,000	0	0	0	0	0	0	0	0	1	199,870
more than £200,000	0	0	0	0	0	0	0	0	0	0
Total	**1**	**135,610**	**2**	**120,410**	**3**	**256,020**	**0**	**0**	**11**	**413,147**

This table reports the number and value of exit packages taken by staff leaving the Health Board during the year. Whilst the exit costs are accounted for in full in the year of departure, the expense associated with these departures may have been recognised in part or in full in a previous period. Additional disclosures for compulsory redundancies have been shown for the first time in 2014/15, with comparative figures for 2013/14 being restated for consistency.

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS). Additional costs relating to early retirements are met by the Health Board and not by the NHS Pensions scheme. Ill-health retirement costs are not included in this table as they are met by the NHS Pensions scheme. Further details are provided in the annual Accounts Note 5.3 Retirements due to ill-health.

Cash Equivalent Transfer Values

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.

Assurance and Off-payroll Appointees

For 2013/14 and beyond, HM Treasury requires public sector bodies to report arrangements whereby individuals are paid through their own companies (and so are responsible for their own tax and NI arrangements).

DAO (Wales) 01/14 - Review of Tax Arrangements of Public Sector Appointees – Notice of Implementation by Welsh Government Arms Length Bodies issued by the Welsh Government requires all Arm Length Bodies to comply with these requirements.

Table 1: For all off-payroll engagements as of 31 March 2015, for more than £220 per day and that last for longer than six months

No. of existing engagements as of 31 March 2015	36
Of which...	
No. that have existed for less than one year at time of reporting	15
No. that have existed for between one and two years at time of reporting	12
No. that have existed for between two and three years at time of reporting	5
No. that have existed for between three and four years at time of reporting	0
No. that have existed for four or more years at time of reporting	4

Table 2: For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2014 and 31 March 2015, for more than £220 per day and that last for longer than six months

No. of new engagements, or those that reached six months in duration, between 1 April 2014 and 31 March 2015	1
No. of the above which include contractual clauses giving the department the right to request assurance in relation to income tax and National Insurance obligations	26
No. for whom assurance has been requested	36
Of which...	
No. for whom assurance has been received	16
No. for whom assurance has not been received	20
No. that have been terminated as a result of assurance not being received.	0

Table 3: For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2014 and 31 March 2015

No. of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.	1
No. of individuals that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year. This figure should include both off-payroll and on-payroll engagements.	0

Accountable Officer's Report

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

Work undertaken by WAO included an audit of the Statement of Accounts for the period 1 April 2014 – 31 March 2015 as well as providing an opinion on the Health Board's arrangements for securing value for money. The audit fee levied for 2014/15 was £456,000.

Directors' Statement on Audit Disclosures

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

Statement of Responsibilities as Interim Chief Executive

On 22 June 2015, I was appointed as the Accountable Officer of Betsi Cadwaladr University Health Board.

The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officer's Memorandum issued by the Welsh Government.

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

Mr Simon Dean
Interim Chief Executive

24 June 2015

Report of the Auditor General for Wales to the National Assembly for Wales on the Summary Financial Statements

I have examined the summary financial statements contained in the Annual Report of Betsi Cadwaladr University Local Health Board on pages 53 to 56.

Respective responsibilities of the Accountable Officer and auditor

The Accountable Officer is responsible for preparing the Annual Report. My responsibility is to report my opinion on the consistency of the summary financial statements with the statutory financial statements, and the auditable part of the remuneration report. I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statements and the full financial statements.

Basis of opinion

I conducted my work in accordance with Bulletin 2008/3 'The auditor's statement on the summary financial statements' issued by the Financial Reporting Council for use in the United Kingdom.

Opinion

In my opinion the summary financial statements are consistent with the statutory financial statements and the auditable part of the remuneration report of Betsi Cadwaladr University Local Health Board for the year ended 31 March 2015 on which I have issued an unqualified opinion.

I have not considered the effects of any events between the dates on which I signed my report on the full financial statements, 1 July 2015 and the date of this statement.

I placed a substantive report on accounts highlighting the two new financial duties applicable from 2014/15, the performance of the Betsi Cadwaladr University Local Health Board against them for 2014/15, and the implications for 2015/16. This report can be found with the statutory financial statements.

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

Huw Vaughan Thomas
Auditor General for Wales
12 August 2015

Wales Audit Office
24 Cathedral Road
Cardiff CF11 9LJ

If you require a copy of the Annual Report and Accounts 2014/15 in an alternative format i.e. large print, or you would like a hard copy, please contact:

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