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NHS Wales Chief Executive's Annual Report 2011/12



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Introduction by NHS Wales Chief Executive



The past 12 months have seen NHS Wales move ahead in many areas.

I am pleased to report a pattern of overall improvement against key priorities such as orthopaedic waiting times and treatment of strokes. This is significant. It means the NHS has risen to the challenge set by Lesley Griffiths, Minister for Health and Social Services, to focus above all on delivery.

Other performance highlights include improvements in treating chronic conditions and in unscheduled care. There has also been a significant reduction of C.difficile infections and pressure ulcers – real markers of excellence.

Further major improvements are needed, however, if we are to build on this success and fulfil the ambition set out by the Bevan Commission of health and social services “best suited to Wales but comparable with the best anywhere.”

We are facing tough challenges, including an ageing population, more cases of lifestyle-related conditions and staff shortages in key areas creating real risks to the sustainability of some services.

The Welsh Government’s five-year plan for the NHS, *Together for Health*, identifies the need for more effective healthcare to reflect this complex, changing picture.

It puts the case for modernising services by providing more care closer to home and developing specialist centres of excellence, which provide better results for patients.

Local health boards, with the advice of locally-based clinicians and expert clinical guidance at a national level, have developed proposals to improve their services. These proposals will be subject to public consultation over the coming months and communities across Wales will get the opportunity to voice their opinions.

Successful health improvement programmes also play a vital role in improving health and I am pleased to see our preventative work progress over the past 12 months.

We are moving ahead to address the priority areas set out in Our Healthy Future, with the NHS often working in partnership with other parts of the public sector.

The progress delivered during 2011/2012 would not have been possible without the hard work, commitment and dedication of NHS staff across Wales.

I pay tribute to them for their efforts.

A handwritten signature in black ink, appearing to read 'David Sissling'.

David Sissling
Chief Executive, NHS Wales

Improving care for people with chronic conditions and delivering more care in community settings

An ageing population is a cause to be celebrated, as it means people are living longer and diseases that previously often resulted in early death are now more manageable.

However, it means additional pressure on the NHS. There are significant increases in the number of people, particularly older people, who have chronic long-term conditions. In fact one third of adults in Wales have at least one chronic condition.

With life expectancy increasing, the numbers of people living with chronic conditions will increase. Within two decades, almost one in three people in Wales will be aged 60 or over.

People with chronic conditions are the group most likely to be admitted, and readmitted, to hospital – often for reasons that

could have been prevented. And having been admitted, too many patients often remain in hospital for extended periods.

Better provision of care closer to people’s homes, often involving integration of health and social care services, has enabled reduced levels of emergency admissions and readmissions for coronary heart disease (CHD), chronic obstructive pulmonary disease (COPD) and diabetes. And with access to new treatments and enhanced community services, patients who are admitted to hospital can now be discharged much quicker. Long lengths of stay are becoming the exception.

The table below summarises the significant progress we made over the last year.

		2010/11	2011/12	% reduction
Number of emergency admissions	CHD	16,805	15,243	9.3%
	COPD	6,835	5,708	16.5%
	Diabetes	2,209	1,886	14.6%
Number of emergency readmissions	CHD	1,882	1,517	19.4%
	COPD	1,887	1,422	24.6%
	Diabetes	405	285	29.6%

The pattern of improvement has great benefit for individuals – admissions avoided, more care at home and, if admissions occur, shorter hospital stays. It also means our hospitals can reduce inpatient capacity and focus increasingly on the provision of diagnosis and treatment for those who require specialist attention.

Looking ahead, continued close integration between health and social services, enabling older people to remain living independently at home, will deliver further improvements.

Hywel Dda Health Board's Acute Response Team (ART) — made up of nurses and other health professionals — demonstrates how patients can be kept out of hospital with the right care in a community setting.

67-year-old Leighton Hawker from Glanaman has lived with diabetes since the 1980s. He lost his leg to the condition and an ulcer on his heel meant he had to battle to save his other leg as well.

In the past, this condition would have required a long stay in hospital, but thanks to new treatments and technologies and new staff skills, the ART was able to treat him at home with intravenous antibiotics, caring for him every day for six weeks.

Leighton said: "They are brilliant. It's because of ART that I was able to come home and that meant I could recover quicker. I was feeling no better being in hospital but as soon as I came home I picked up."

Craig Jones, ART team leader for Carmarthenshire, said: "It's nice to be able to offer treatment for that length of time knowing that the alternative would be staying in hospital. Over the last year, we have treated 380 patients with intravenous antibiotics, with duration of treatment ranging from one week to four months. We work out we've saved 3,800 bed days over the year."



Faster access to treatment

From GP referral to treatment – the 26-week target

Maintaining shorter waiting times for diagnosis and treatment continues to be a ministerial priority. We have made progress in this area in 2011/12 and have in particular responded to challenges in orthopaedics.

It is also important to set the current position in context and remember how far the NHS has come over the last few years. Five years ago, more than 75,000 patients were waiting over 26 weeks for hospital treatment. Now the vast majority are treated within that time.

Excluding orthopaedics, the target that 95 per cent of patients should wait less than 26 weeks from referral to treatment was met at the end of March 2012. Even with the pressures on orthopaedics, 94 per cent of all patients were waiting less than 26 weeks at the end of March 2012.

The NHS has shown it can respond to areas of particular challenge. The number of people waiting over 36 weeks for orthopaedic treatment grew rapidly during 2010/11. The Welsh Government provided some additional funding to enable reductions. Combined with strong clinical engagement and a sharp leadership focus, this has led to significant reductions. During 2011/12, the numbers waiting over 36 weeks for orthopaedic treatment peaked at 5,982 at the end of June 2011 but had been reduced to 356 at the end of March 2012.

The focus is now on eliminating all instances of long waiting. As part of the strategy of reducing waiting times further, the NHS will look at interventions which offer limited or no evidence-based benefit.

Surgery for bunions, for example, is not the best use of resources and has already ceased, unless there are clinical exceptions. Some musculoskeletal conditions such as back pain or knee injuries may be best treated by physiotherapy rather than surgery.

And orthopaedic patients who are obese or overweight may not get the best outcomes for, say, a hip replacement as there is an increased risk of them being readmitted to hospital – it may be best for a weight loss programme to be prescribed instead.

Hiro Tanaka, an orthopaedic surgeon at Aneurin Bevan Health Board's Ysbyty Ystrad Fawr, explains why surgery isn't always the best option.

"Because our ethos is patient-centred, surgery can often be avoided if a different approach to managing a condition is adopted.

"If a patient comes to us with arthritis in their lower limbs, we offer a treatment option called our 'Joint Treatment Programme'. It has three elements: education, physiotherapy and a weight loss programme. We've been running it for six months now and the results so far are dramatic. The changes in the wellbeing of our patients are enormous, and some of these improvements cannot be measured purely by the pound sign. It is what the patient perceives as a positive experience.

"Through changing the way we do things, we aim to improve the overall experience for patients, reduce unnecessary waiting times and reduce the overall cost of providing the right service. We will continue to keep improving on our systems and making them better."



Mr Kartik Hariharan and the orthopaedic team at Ysbyty Ystrad Fawr

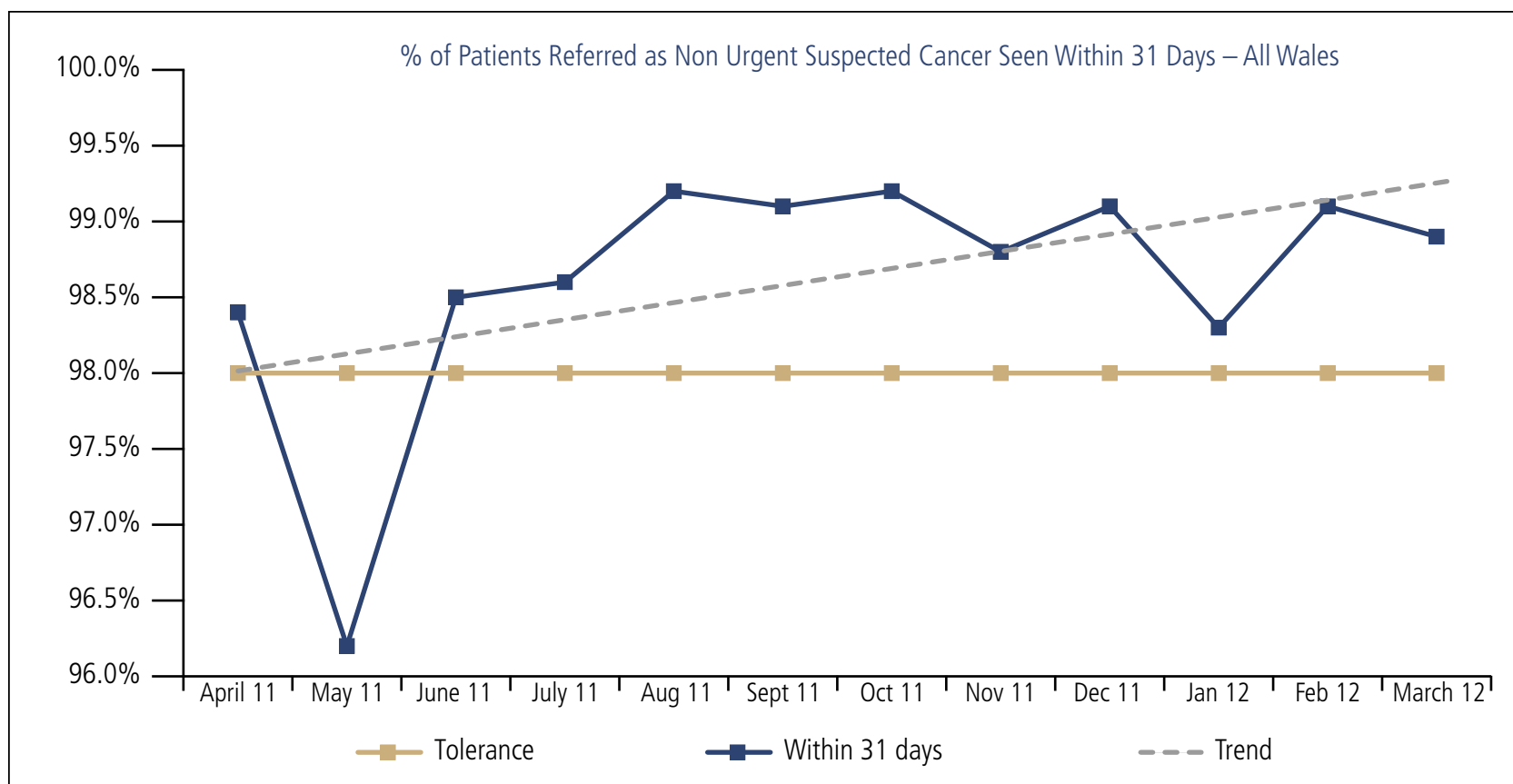
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Cancer waiting times

Cancer is still one of Wales' biggest killers. Identifying and treating those who may be at risk of developing the disease is a priority for the NHS.

The target for patients referred as non-urgent cases – those who were not referred as urgent suspected cancer but subsequently diagnosed with cancer – has been maintained with more than 98 per cent of patients seen within 31 days of diagnosis.

Performance against the 62-day target also saw an upward trend in general over the year. However this is an area which needs further improvement and is a priority for 2012/13.



Betsi Cadwaladr University Health Board's prostate scanning allows for referrals directly from GPs. Patients are seen within a week of referral and at a day and time to suit them.

Bladder scans and flow rates are carried out, the patient is counselled and there is also an opportunity to discuss signs and symptoms of prostate cancer.

The patient is then – depending on the results – referred back to the GP or to the urologist. If referral to the urologist is necessary then the process is quicker as the investigations have already been carried out.

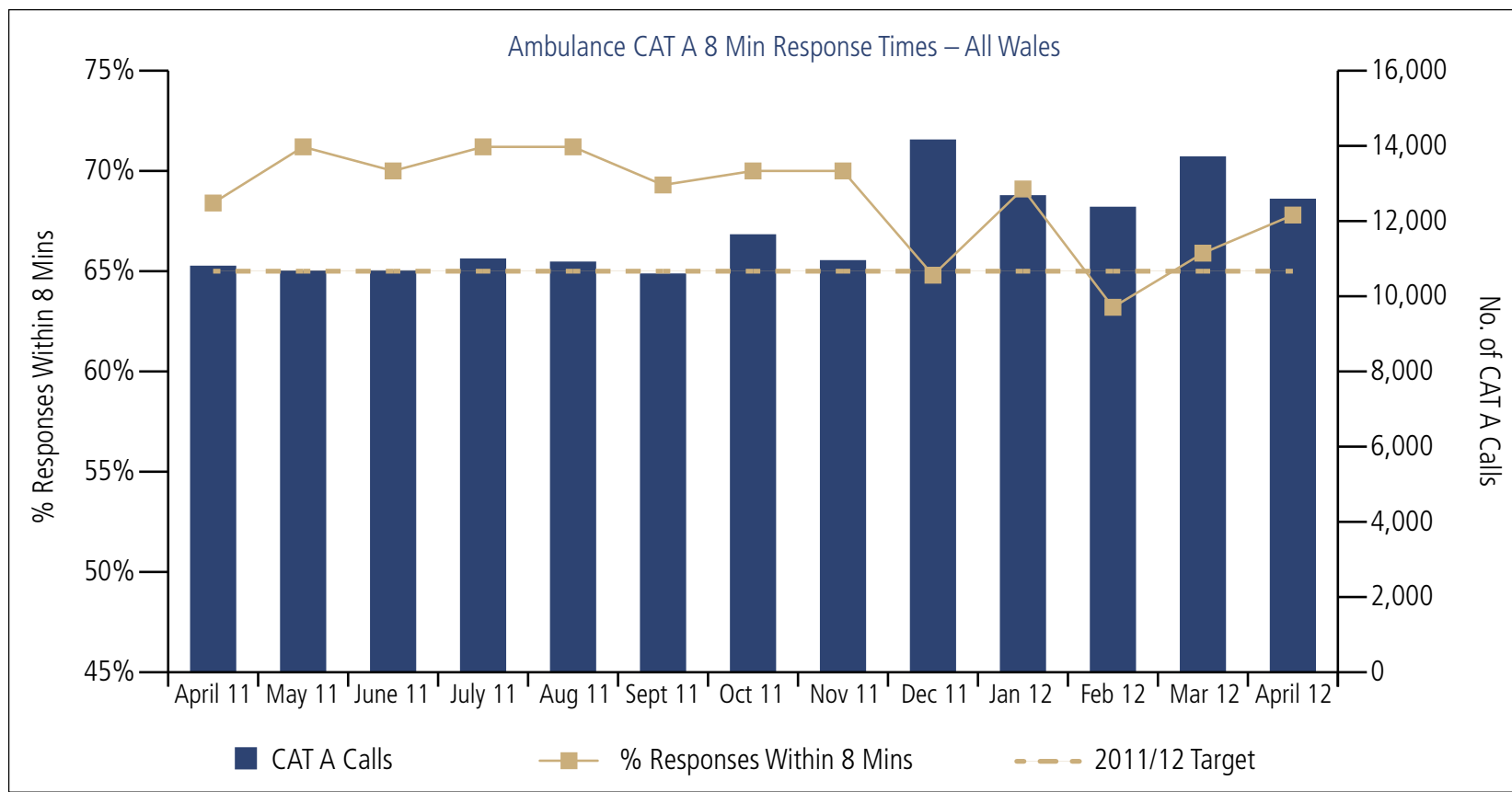


Unscheduled care

Unscheduled care covers unplanned care ranging from attendances at A&E and minor injuries units, urgent telephone advice sought in and out of hours, emergency hospital admissions and paramedic services.

Ambulance response times, which came in for much criticism not long ago, improved in particular during 2011/12. Over the year we have seen the best sustained performance since this monthly data collection was introduced.

The target that 65 per cent of 'Category A' emergency responses should arrive within 8 minutes was met in ten of the twelve months during the year and narrowly missed during December (64.8 per cent) and February (63.2 per cent), when factors such as cold weather played a part. This compares with the target being met in nine months of the year for 2010-11, and eight for 2009-10.



Performance during December 2011 was the highest ever achieved for this month. It was particularly noteworthy because of the significant increase in the number of life-threatening calls during that month. The service also achieved its highest performance against the national standard since its introduction in May, July and August 2011 (71.2 per cent).

We expect the service to continue to consistently achieve in excess of the 65 per cent standard nationally and work towards the achievement of 70 per cent on a rolling monthly basis in 2012/13.

Performance against the handover from ambulances to hospitals has improved over the year, but more needs to be achieved to deliver the target. The position in relation to waiting times in our A&E departments was the same – modest improvements and a requirement to drive up performance further over the next year.

Stroke care

All seven health boards are now delivering fast access to thrombolysis – clot-busting drugs which improve survival rates – 24 hours a day, seven days a week where it is appropriate for the patient.



Much of this treatment is delivered within four hours – with the majority within the first ‘golden hour’, improving survival rates and outcomes. Thrombolysis patients have a shorter stay in hospital and once they are discharged, they generally do not need care or support from social services. They are able to continue their lives as normal.

Abertawe Bro Morgannwg University Health Board delivers thrombolysis at Morriston and the Princess of Wales Hospitals. Their 100th patient – 75-year-old Jean Arnold – received the treatment in February this year.

Jean said: “The stroke thrombolysis service, as well as the staff, is absolutely spectacular. When I woke up in hospital later that evening I felt fine and ready to go home. People are finding it hard to believe that I even had a stroke. I am very lucky I was able to receive the treatment, as the outcome couldn’t have been better.”

Jean’s daughter, Andrea Arnold, added: “When we arrived at Morriston Hospital we were seen straight away, and the team explained every step of the thrombolysis process to us. It is an absolutely fantastic service, we couldn’t have asked for better. Two hours after they gave mum the injection she was like a completely different person; she was back to her old self again. To look at her now you wouldn’t think that she had ever had a stroke.”

Dr Tal Anjum, Registrar in Stroke Medicine, explained:

“We only have a small window once the symptoms have begun to administer the injection, but if we can treat within that timeframe it can make a remarkable difference to the outcome for many patients.”



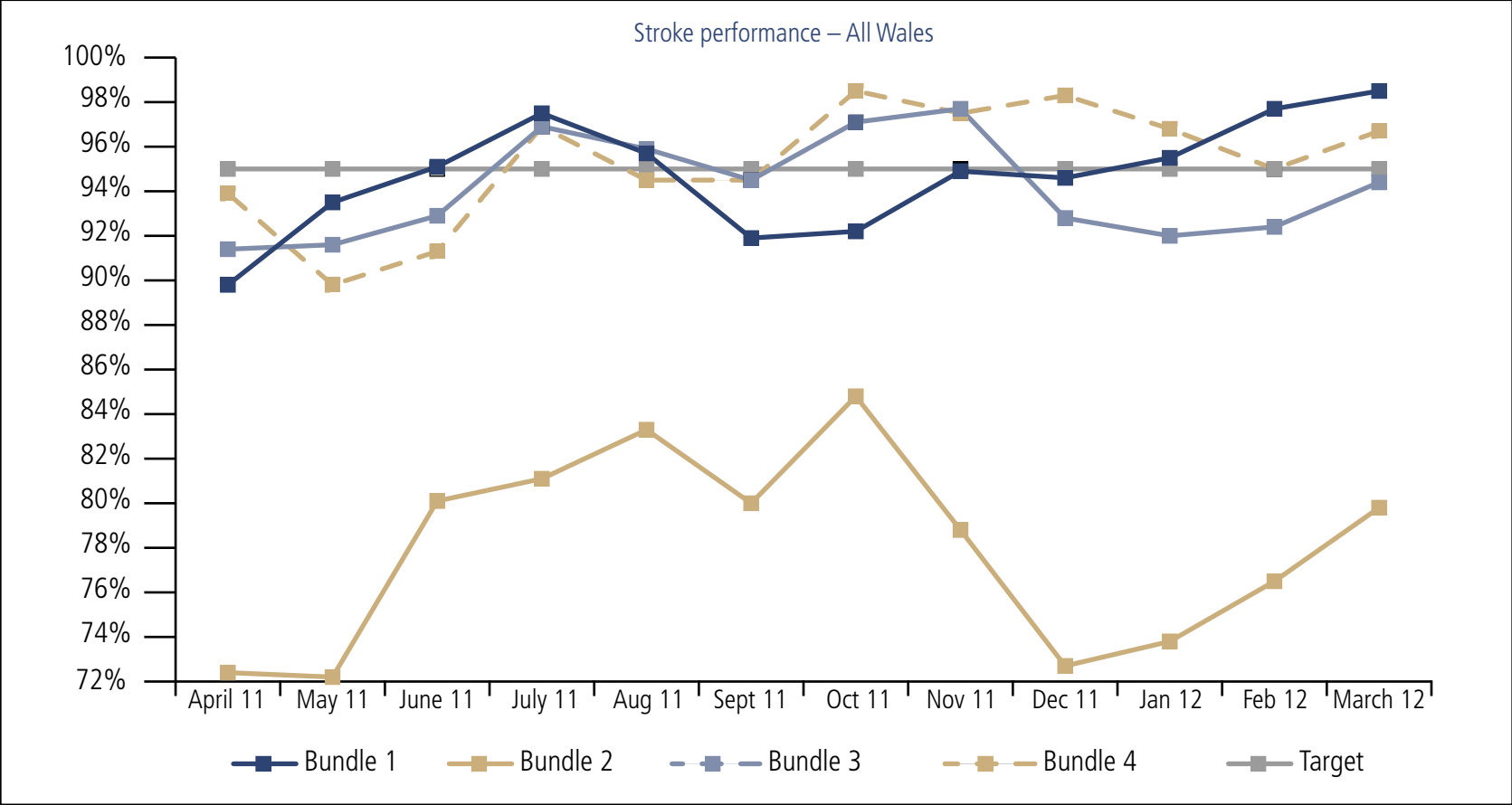
Thrombolysis rates for Wales have more than doubled in the last 12 months. Telemedicine has played a role in this which demonstrates how better, specialist care can be delivered using new technologies. Telemedicine means rural areas in particular have access to the best quality care, even if the specialist clinician is not in the local area.

Progress has also been made in delivering ‘care bundles’ – a range of treatments that have a greater effect on patient outcomes if performed systematically within a defined time. For example, the first three days bundle includes 36 hours continuous physiological monitoring, manual handling assessment, nutritional screening, physiotherapy assessment and mobilising patients.

Care bundle	2010	2011	2012
First hours bundle Target: 95% of patients	57.6%	89.8%	98.5%
First day bundle Target: 95% of patients	16.2%	65.6%	79.8%
First 3 days bundle Target: 95% of patients	61.3%	89.4%	94.4%
First 7 days bundle Target: 95% of patients	52.4%	91.5%	96.7%

Stroke care has improved to the extent that the Royal College of Physicians notes that NHS Wales is the fastest improving system in the history of their audit on stroke services in the UK.

The table below further illustrates stroke performance across Wales.



Improving quality of care

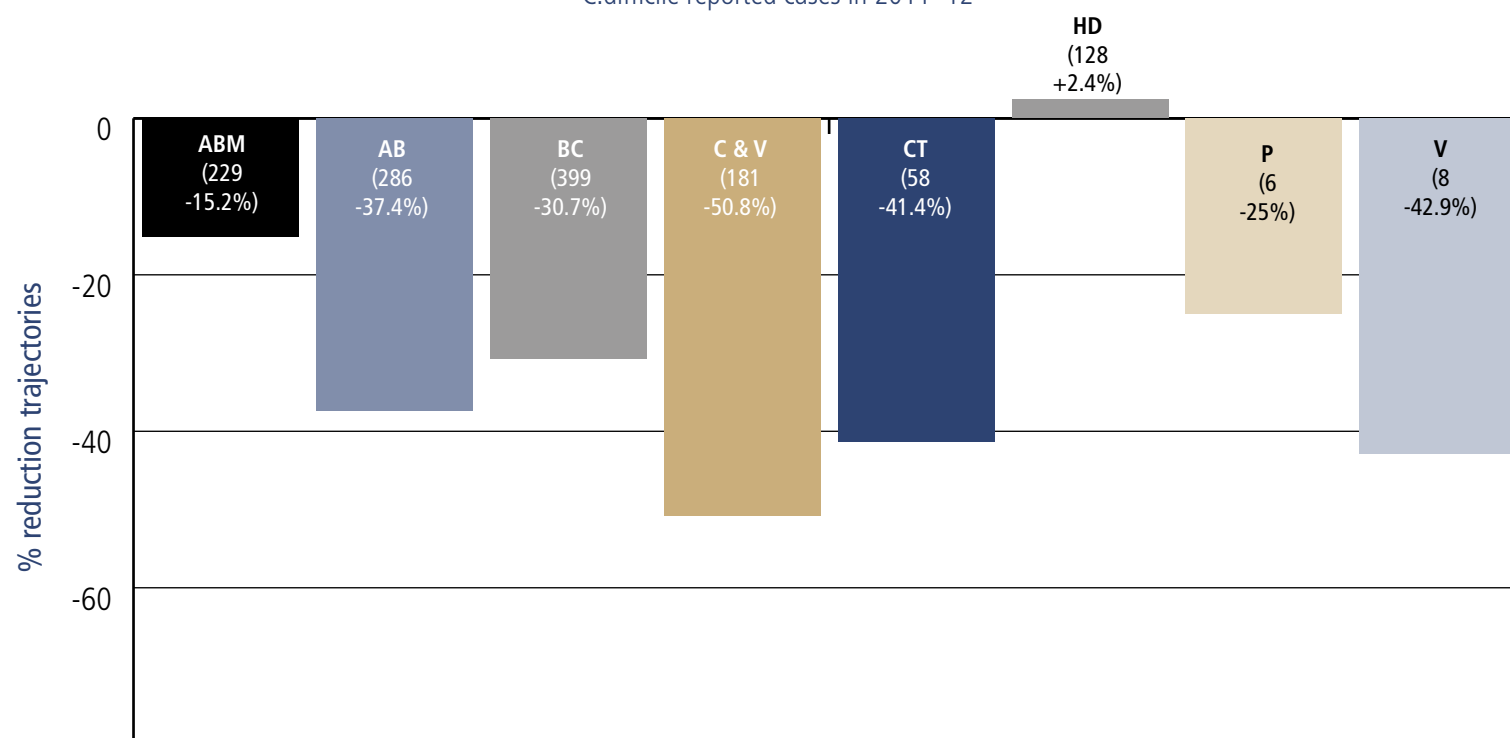
Reducing healthcare associated infections (HCAIs)

In 2011-12, efforts across Wales resulted in a reduction of more than 32 per cent in cases of C.difficile – 622 fewer cases and about 37 lives saved. This significant achievement builds on the 2010-11 success of 826 fewer cases and about 50 lives saved.

This zero tolerance preventative approach is galvanising the efforts of all those involved in care delivery. There is still a way to go before we can confidently say that there are no avoidable healthcare acquired infections (HCAIs) – but we are committed to getting there.

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C.difficile reported cases in 2011–12



Health Board/Trust (number of cases & % reduction over 2010–11)

Key

Health Board/Trust

ABM - Abertawe Bro Morgannwg
CT - Cwm Taf

AB - Aneurin Bevan
HD - Hywel Dda

BC - Betsi Cadwaladr
P - Powys

C&V - Cardiff and Vale
V - Velindre

HCAIs have evolved alongside the increasing complexity of healthcare. Medical devices, such as central venous lines, are a necessary part of medical care but carry an associated risk of infection. They must therefore be removed as soon as they are no longer needed. Interventions have been put in place to minimise these risks. Also, while the use of antimicrobials has revolutionised our ability to treat infections, they are associated inevitably with the risk of resistance developing and spreading that can make infections difficult to treat. We must ensure that for every patient the right dose is given at the right time for the right duration.

Steps have been put in place to develop and share good practice on appropriate prescribing of antimicrobials to minimise the risk. All seven health boards and Velindre NHS Trust participated in the Europe-wide Point Prevalence Survey of HCAIs, medical devices usage (MDU) and antimicrobial usage (AMU) in acute hospitals in November 2011. The full European report will be published in the autumn and this will include data from the four UK countries.

At present, data is available for Wales, Scotland and England surveys. The results for Wales compare favourably with the other UK countries and with the overall HCAI prevalence rate of 7.1 per cent in the European pilot study undertaken last year.

	Wales	Scotland	England
HCAIs overall prevalence	4.3%	4.9%	6.5%
MDU in patients with one or more devices	37.0%	43.4%	almost 50%
AMU in patients prescribed one or more antimicrobials	32.7%	32.3%	34.7%

The World Health Organization (WHO) has also recognised the strong support for the global ‘clean your hands’ campaign from healthcare organisations in Wales in 2012. Their commendation for the most new registrations in this year’s campaign is significant. Participation in this international campaign shows how serious we are about the commitment to zero tolerance of preventable HCAIs – robust and sustainable infection control, good hand hygiene and patient safety.

This is a significant success. It has been estimated that each case of C. difficile costs around £8,000 to treat. By reducing our number of cases by 219 over a two-year period we have in effect saved £1,752,000

Cardiff and Vale
University Health Board

Staff at Cardiff and Vale University Health Board managed to reduce C.difficile infections by 37 per cent potentially saving £1.75 million. The success is over and above the target set by the Welsh Government to reduce cases by 20 per cent over a two-year period.

Extra efforts focusing on prevention to improve education about the spread of infection and hand hygiene, along with cleaning and refurbishment programmes, has seen a doubling of the reduction target.

Sacha Coodye, Senior Nurse for Infection Prevention and Control, said: “This is a significant success. It has been estimated that each case of C. difficile costs around £8,000 to treat. By reducing our number of cases by 219 over a two-year period we have in effect saved £1,752,000.”

The work focused on hand hygiene, environmental care and cleaning and appropriate antibiotic prescribing in both hospital and in the community and was led by a group made up of health board directors and staff from relevant disciplines within the health board such as nursing and medicines.

Each area had its own action plan and had to report back on a regular basis on the progress they were making.

Reducing pressure ulcers

Pressure ulcers – bed sores – are caused when an affected area of skin is placed under too much pressure and additionally damaged by friction, which can often happen when a patient is in hospital.

Individual health boards set their own targets to reduce pressure sores during the year.

Over the last year, a zero tolerance approach has reaped dividends. In fact, Wales is now recognised as a world leader in pressure ulcer prevention.

Work to reduce pressure ulcers has been delivering great success with many hospital wards across Wales going more than a year without a single incident. A zero tolerance approach and the implementation of a new care bundle to improve patient care have made such an impact that pressure ulcers are now seen as something to be avoided at all costs rather than an inevitable occurrence.

Judith Bowen, Transforming Care Lead at Hywel Dda Health Board, which has wards going several months without any pressure ulcers, said: "The zero tolerance approach and new care bundle has given us a consistent way of delivering care which has really benefitted the patient. Staff have embraced the work so much that if, on the rare occasion a pressure ulcer does develop, they are devastated and passionate about reviewing and reflecting on practice to ensure it never happens again."

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Improving dignity in care

Dignity in care for patients in hospital has been a big issue in the media.

Over the last 12 months, the NHS has been working hard to make sure it treats every patient with the highest respect.

The All Wales Fundamentals of Care Audit Summary Report brings together results from hospitals in Wales, all of which are now using the All Wales Fundamentals of Care Audit Tool to improve the quality of care provided. Fundamentals of Care are the basic elements of patient care, such as how patients are communicated with, kept clean, and how well they eat, drink, sleep, feel safe and valued while in hospital.

Cwm Taf Health Board has created a Dignity Pledge to ensure a better patient experience while in hospital.

"The pledge starts by saying 'We believe that staff should treat patients the way they would wish to be treated'," says Rebecca Aylward, Lead Nurse Fundamentals of Care and Professional Standards.

The pledge is being displayed in all hospital wards, outpatient departments and operating departments. Every patient admitted to Cwm Taf HB will receive a copy of the Dignity Pledge, and patients are invited to comment via a 'Have your Say' form. Patients can then state whether they feel the health board met the aims of the Dignity Pledge.



In addition a 'spot check audit' is being carried out to assess whether staff are complying with the dignity charter.

This high level commitment from board to ward has also been commended by the Older People's Commissioner.

Aneurin Bevan Health Board has made changes to its wards to improve quality and dignity in care.

At first glance, ward C7 East looks much the same as any other ward in the Royal Gwent Hospital but there are a number of subtle differences that set it apart.

C7 East is an orthopaedic ward where often around 60 per cent of the patients are over the age of 80. Staff on the ward have been piloting work as part of the 1,000 Lives Plus Campaign aimed at the early recognition of potential problems relating to mental health.

In addition to this work a number of changes have been made to the ward environment to help patients suffering from these issues feel less anxious.

Changes include lighting, coloured flooring and doors, clocks clearly displayed in each bay, coloured cups, and an activity box to encourage patients to keep mentally active during their stay.

The ward also has open visiting which enables better communication with family members.

Ward sister Vicki Williams explains: "Coming into hospital can be a daunting experience at any stage of life, but if an older patient starts to develop a mental health problem such big changes in their environment can start to cause problems."

Training is also being undertaken to pick up on the earliest signs of a problem by interacting with the patients' family and looking closely for signs that could mean directing the patient to mental health services for further assessment.



The report shows patients gave high scores in many of the audited 12 areas with positive patient satisfaction levels; 95 per cent of adult hospital patients said they felt respected by staff. There were also excellent user experience results in the field of ensuring comfort and alleviating pain, with staff in all seven health boards gaining over 95 per cent positive feedback – and Powys Teaching Health Board achieving a 100 per cent score.

Achieving financial balance

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In financial terms, the NHS presents one of the most complex operating environments of any organisation. Many multinational companies do not have the sort of budget – around £6bn a year – that the NHS has. Balancing the budget is therefore a challenging task.

A number of factors combine to drive up NHS operating costs each year. These challenges include:

- an increasing ageing population which increases both the volume and complexity of treatments – in particular the growing numbers of citizens who are living beyond 85
- lifestyle factors which are increasing referrals to the NHS, including obesity, tobacco and alcohol admissions
- the pressure for the NHS to take advantage of every new drug and treatment technology at the earliest opportunity
- maintaining a broad range of hospital services at many locations – with considerable duplication and additional resources.

In light of these challenges, and at a time of severe financial constraint, the delivery of year-end financial balance was a particularly significant achievement.

Furthermore, as this report shows, financial balance was also delivered against a pattern of general improvement and maintenance against key delivery priorities. NHS organisations achieved this by delivering £290 million financial savings in-year.

This was never going to be an easy task and so three of the seven health boards were permitted to bring forward a small percentage of next year’s funding to help meet their targets. This additional flexibility represents only 0.2 per cent of the NHS budget.

This action was also in line with one of the main recommendations in the National Assembly for Wales Public Accounts Committee report *A Picture of Public Services* (April 2012):

“We recommend that local health boards are enabled to make more effective use of funding across financial years in line with local authorities. This would enable improved financial planning in the medium to long-term.”

This action puts NHS Wales in the strongest possible position to deliver the improvements, efficiencies and changes which will underpin its success into the future.



Increasing efficiency

As covered in the previous section, the NHS needs to increase efficiency if it is to both live within its means and also deliver the best patient care.

The NHS is already performing more efficiently than some years ago. For example, 6,900 fewer operations are being cancelled annually compared to 2008/09 and as stated above, NHS organisations delivered £290 million financial savings in-year. And, as this report has highlighted, better chronic conditions management is reducing the reliance on the hospital system, saving money.

Examples like this show that working more efficiently does not mean poorer quality of care – in fact, greater efficiency and better patient care go hand-in-hand.

Over the last year the NHS has made impressive strides in terms of performing more surgery as day cases and reducing length of stay through improved patient admission processes, as the next table shows. This is more efficient as beds are not tied up unnecessarily before an operation as well as being more convenient for patients – a better use of resources and a better patient experience.

Measure/specialty	2010/11	2011/12
Admission on day of surgery	On average across all seven specialties 62.3% of patients were admitted on the day of their operation	On average across all seven specialties 65.9% of patients were admitted on the day of their operation
Elective length of stay		
Hip replacement	7.2 days	6.2 days
Knee replacement	6.8 days	6 days
Upper gastrointestinal	4.5 days	4.1 days
Large intestine	10.4 days	10.1 days
Emergency length of stay		
Respiratory	8.2 days	7.9 days
Cardiovascular	10.7 days	10.5 days
Musculoskeletal	11 days	9.6 days
Diabetes	8.9 days	8.8 days
Cerebrovascular accident (stroke)	20.5 days	20.3 days
Atrial Fibrillation	6.8 days	6.3 days
Fractured neck of femur	28.8 days	27.9 days

The British Association of Day Surgery (BADs) 'scores' organisations in terms of how many of the top 50 (most common) elective procedures are performed as day cases. The BADs score for Wales including procedures now undertaken in outpatients is 78.2 per

cent in March 2011/12 compared to 75.1 per cent the previous year – a 3.1 per cent increase of all procedures done without the need for an overnight stay.


Investing in the future

Research and development

Through the National Institute for Social Care and Health Research (NISCHR), research and innovation across a range of areas to improve the health and wellbeing of the people of Wales and contribute both directly and indirectly to wealth generation, is being delivered.

This includes the launch in the last year of the NISCHR Academic Health Science Collaboration (AHSC) which plays a key role in building collaboration between the NHS, industry and universities. It is funding clinical research fellows to undertake research activity in areas such as pathology, pharmacy and radiology.

The INVENT patent and proof of concept scheme for the NHS, also launched last year, is encouraging new solutions for clinical unmet needs which in turn will bring benefits to patients.



Without the
commitment of staff,
the achievements and
progress listed in this
report would not have
been possible

Our staff

It is appropriate that I conclude my comment about 2011/12 by focusing on NHS staff, as without their commitment the achievements and progress listed in this report would not have been possible.

That's why over the year the NHS has tried to ensure that staff play a full part in service development and have the opportunities to develop their careers and further improve patient care.

Nurses, for example, form the largest part of the NHS workforce. The high standards we set are illustrated by Wales being the only UK country to require all nurses and midwives to undergo undergraduate preparation, demonstrating the value we place on high quality staff with the ability to develop their roles. As a result, Wales continues to have healthy recruitment levels, with lower attrition rates than England and Scotland. The latest figures show a one per cent reduction in attrition, meaning approximately 45 more nurses were retained in education.

Increasingly, new clinical roles are being developed which improve staff skills and enhance patient care, such as advanced practitioner paramedics in the ambulance service.

A new clinical role has been introduced at the Welsh Ambulance Service NHS Trust as part of a range of services to provide care closer to home and help reduce the number of patients going to hospital.

Advanced practitioner paramedics (APP) provide specialist care at a scene or at a patient's home allowing more ambulances to be available in the community for the more serious and life-threatening calls.

Matt Fields is a trainee APP in North Wales. He said: "The training has given me additional skills that can help decide whether to treat the patient at home or suggest an alternative medical pathway for treatment.

"We're now able to assess minor illnesses and injuries in a more detailed fashion which has laid the foundations to managing these conditions. We are at the beginning of the process, but ankle and knee injuries are examples that we are now able to assess in greater detail and confirm whether an x-ray is needed or not."

The Trust has nine APPs and 12 in training, with plans to expand the numbers further.



Tackling violence and aggression against NHS staff

Violence and aggression against staff costs the NHS millions every year and impacts on staff health and wellbeing, absenteeism, legal costs and security.

Since 2009, the Welsh Government, the NHS, Police and the Crown Prosecution Service have been working together to reduce the risks of violence and aggression against health workers and the number of prosecutions are rising.

There have been 179 successful prosecutions, including 175 other sanctions (fixed penalties and ASBOs) and 139 internal sanctions in the last year.

Other initiatives to protect staff that have been implemented in the last year include more than 8000 lone worker devices issued to staff who work in the community and CCTV pilots.

Health boards have recruited case managers to tackle violence and aggression against NHS staff.

Early indications from Cardiff and Vale Health Board suggest that the presence of a case manager has reduced the number of those incidents which resulted in staff absence by 30 per cent.

Using the 2008/9 data as a baseline, there was an estimated saving of 1386 days and cost savings were estimated at approximately £220,000.

A new sense of strategic direction

In November 2011, the Minister for Health and Social Services launched *Together for Health*. This sets out an ambitious vision for the future development of the NHS.

It describes the action we need to take to deliver services “best suited to Wales but comparable with the best anywhere” (Bevan Commission). The strategy is clear about the scale of the challenges we face but offers the prospect of rapid improvement if progress is made in seven priority areas:

- **Improving health as well as sickness**
- **One system for health**
- **Hospitals for the 21st century as part of a well designed, fully-integrated network of care**
- **Aiming at excellence everywhere**
- **Absolute transparency on performance**
- **A new partnership with the public**
- **Making every penny count**

We are making progress and have already delivered a number of commitments made within *Together for Health* as this report illustrates.

Planning for service change

Together for Health clearly sets out the various factors which mean our clinical services will need to change.

A failure to do this will increasingly create risk to the quality and sustainability of important services.

Much of this change will involve a continuation of what is already happening – more care at home or in the community, as illustrated in this report. We also need to ensure we follow strong evidence and clinical advice as we reshape patterns of hospital care delivery – at all times ensuring the best possible quality and outcomes.

Work has already started in planning the necessary changes, with a strong focus on engagement and effective planning. This will continue as we move to processes of formal consultation and then implementation of the agreed changes.

Conclusion: looking ahead to 2012/13 and beyond

The NHS in Wales has made progress over the past 12 months. We have established firm foundations for further positive development.

We have performed well and now have a strong sense of strategic direction. Our staff continue to work with enormous professionalism and commitment. The challenges ahead are many, and significant, but I believe we can look to the future with a sense of confidence and ambition.

We must keep this momentum going in order to deliver sustainable improvements. To that end, the priorities for health in 2012/13 are:

- all key delivery priorities
- quality and safety
- unscheduled care
- finance and the delivery of year end balance
- engagement, consultation and implementation of service change
- clinical engagement and leadership
- further integration of health and social care
- health improvement and prevention.

In next year's Annual Report I will look at how we have progressed during the year.



Our staff continue to work with enormous professionalism and commitment. The challenges ahead are many, and significant, but I believe we can look to the future with a sense of confidence and ambition