Agenda – Y Pwyllgor Cyfrifon Cyhoeddus

Lleoliad:
Ystafell Bwyllgora 3 – y Senedd
Dyddiad: Dydd Mawrth, 17 Tachwedd 2015
Amser: 09.00

I gael rhagor o wybodaeth cysylltwch a:
Fay Buckle
Clerc y Pwyllgor
0300 200 6565
SeneddArchwilio@Cynulliad.Cymru

1 Cyflwyniadau, ymddiheuriadau a dirprwyon

(09.00)

2 Papurau i'w nodi

(09.00–09.05) (Tudalennau 1 – 3)

Llywodraethiant Bwrdd Iechyd GIG Cymru: Adroddiad i Uwchgynhadledd Fach Cyngor Iechyd Cymuned Gogledd Cymru Arolygiaeth Gofal Iechyd Cymru (Mai 2015) (Saesneg yn unig)

(Tudalennau 4 – 6)

3 Llywodraethu Byrddau Iechyd GIG Cymru

(09.05–10.35) (Tudalennau 7 – 113)

PAC(4)–31–15 Papur 1
Papur briffio gan y Gwasanaeth Ymchwil

Simon Dean – Prif Weithredwr Dros Dro, Bwrdd Iechyd Prifysgol Betsi Cadwaladr
Dr Peter Higson – Cadeirydd, Bwrdd Iechyd Prifysgol Betsi Cadwaladr

4 Cynnig o dan Reol Sefydlog 17.42 i benderfynu gwahardd y cyhoedd o'r cyfarfod ar gyfer y busnes canlynol:

(10.35)

Eitem 5

5 Llywodraethu Byrddau Iechyd GIG Cymru: Trafod y dystiolaeth a ddaeth i law

(10.35-11.00)

Cofnodion cryno – Y Pwyllgor Cyfrifon Cyhoeddus

Lleoliad:

Ystafell Bwyllgora 3 – y Senedd

Dyddiad: Dydd Mawrth, 10 Tachwedd 2015

Amser: 09.01 – 11.05

Gellir gwylio'r cyfarfod ar Senedd TV yn:

http://senedd.tv/cy/3283

Yn bresennol

Categori	Enwau
Aelodau'r Cynulliad:	Darren Millar AC (Cadeirydd) Mohammad Asghar (Oscar) AC Jocelyn Davies AC Mike Hedges AC Sandy Mewies AC Julie Morgan AC Jenny Rathbone AC Aled Roberts AC
Tystion:	Kate Chamberlain, Arolygiaeth Gofal Iechyd Cymru Alun Jones, Arolygiaeth Gofal Iechyd Cymru
Staff y Pwyllgor:	Bethan Davies (Clerc) Claire Griffiths (Dirprwy Glerc) Joanest Varney-Jackson (Cynghorydd Cyfreithiol) Dr Paul Worthington (Ymchwilydd) Huw Vaughan Thomas (Swyddfa Archwilio Cymru)

TRAWSGRIFIAD

Gweld trawsgrifiad o'r cyfarfod.

1 Cyflwyniadau, ymddiheuriadau a dirprwyon

1.1 Estynnodd y Cadeirydd groeso i'r Aelodau i'r cyfarfod.

1.2 Ni chafwyd unrhyw ymddiheuriadau.

2 Papurau i'w nodi

2.1 Cafodd y papurau eu nodi.

2.1 Gwasanaethau Orthopedig: Ymateb Llywodraeth Cymru i Adroddiad Archwilydd Cyffredinol Cymru

2.2 Ymateb i Ddiwygio Lles yng Nghymru: Llythyr gan y Gweinidog Cymunedau a Threchu Tlodi, Llywodraeth Cymru (3 Tachwedd 2015)

3 Llywodraethu Byrddau Iechyd GIG Cymru

3.1 Craffodd y Pwyllgor ar waith Dr Kate Chamberlain, Prif Weithredwr, Arolygiaeth Gofal Iechyd Cymru ac Alun Jones, Cyfarwyddwr Arolygu, Rheoleiddio ac Ymchwilio, Arolygiaeth Gofal Iechyd Cymru, fel rhan o'r ymchwiliad i lywodraethu byrddau iechyd.

3.2 Cytunodd Dr Chamberlain i anfon y wybodaeth / eglurhad ychwanegol a ganlyn ar:

- Nifer yr adroddiadau a dderbyniodd AGIC gan Gynghorau Iechyd Cymuned yn rhanbarth Gogledd Cymru ynghylch y 39 o ymweliadau a wnaed yn BIPBC;
- A gafodd gohebiaeth Weinidogol mewn cysylltiad â'r pryderon a godwyd ynghylch ward Tawel Fan yn Ysbyty Glan Clwyd ei rhannu gyda AGIC;
- Nifer yr adolygwyr lleyg gwirfoddol a recriwtiwyd yn ddiweddar gan AGIC;
- Arbenigedd a sgiliau aelodau'r Bwrdd Cynghori, a
- Dadansoddiad, yn ôl mis, o nifer yr adroddiadau nad oedd yn cyrraedd y dyddiad cyhoeddi targed o uchafswm o dri mis yn dilyn yr arolygiad.

4 Cynnig o dan Reol Sefydlog 17.42 i benderfynu gwahardd y cyhoedd o'r cyfarfod ar gyfer y busnes canlynol:

4.1 Derbyniwyd y cynnig.

5 Llywodraethu Byrddau Iechyd GIG Cymru: Trafod y dystiolaeth a ddaeth i law

5.1 Trafododd yr Aelodau'r dystiolaeth a ddaeth i law.

North Wales Community Health Council HIW
Mini-Summit Submission
May 2015

1. '*What's worrying you' - a brief overview of main, evidenced concerns*

In the last report North Wales CHC identified listening to service users and partners as an area needing improvement. We were concerned that the new Chief Executive had developed a "siege mentality" at Hywel Dda in relation to public involvement and that this might be carried over to North Wales. In relation to forthcoming service changes we identified some hesitation and lack clarity about whether there will be a formal consultation.

In early February the Board announced that it would be moving Women's Clinical Services at Ysbyty Glan Clwyd due to alleged difficulties in covering Obs & Gynae rotas. They claimed "Urgent" status for this change (*thus avoiding consultation*) despite the problem having been managed for at least two years. The CHC referred the matter to the Minister (*see attached*). The Minister has supported the Board's interpretation of the regulations but the closure is currently subject to a Judicial Review and an injunction.

This same approach is being used (*i.e. alleged problems with rotas and recruitment*) to justify Urgent and unconsulted change for vascular services at Glan Clwyd. It is likely, however, that the Judicial Review may severely curtail this particular tactic in future.

Other Issues of concern for North Wales CHC are currently;

- the major financial challenge the Board faces *(£78m needs to be saved in 2014/15*) and they have set a deficit budget. The financial stringency that this will impose may have many unintended and adverse consequences; for example we hear that the introduction of micro-fibre cloths for cleaning may be delayed. This is a major component of the Infection Control and Prevention work and the CHC believe it to be inappropriate given the events of 2013.
- the forthcoming consultation on major restructuring of acute services across North Wales
- the appointment of a new Chief Executive with a highly controversial approach to NHS restructuring and to public engagement, consultation and openness.
- Very slow progress in implementing the changes promised in Healthcare in North Wales is Changing. A review of progress (*see attached*) shows that in the key area of Enhanced Care at Home (*which was the major enabler for the closure of Community Hospitals*) on 50% of planned schemes are up and running and they have less than 50% of planned activity levels.
- GP recruitment and retention is a major concern. The CHC is receiving high number of applications to close branch surgeries and entire practices. There are now 3 directly managed practices and more in the pipeline.

GP Out of Hours Service – North Wales

North Wales CHC identified issues of concern about the operation of the OOH Service in the Autumn of 2014 when we began to receive increasing numbers of complaints about the services in respect of long waits and concerns about clinical decision making. These complaints were progressed through the NHS Complaints Procedure with the Board's Concerns Team in the usual way. The Concerns Team has a duty to raise thematic concerns Clinical Programme Group managers for their attention.

The CHC notified HIW through the informal mechanisms, discussed the matter with the Chair of the Local Medical Committee, copied complaints correspondence to the Health Minister (*with the permission of the complainant*) and wrote to the Chair and Chief Executive of BCUHB. The matter has also been raised at Services Planning Committee on several occasions, Chair to Chair meetings and Board to Board meetings.

The CHC raised the OOH problems with the Chair of BCUHB and his Director of Primary Care Services at our Public Council Meeting on 27th January 2015 and got the following response (recorded in the publically available minutes);

"*The GP Out of Hours Service has faced issues with regard to the recruitment of GPs to support the service. A review of the service is being undertaken, which will consider, amongst other things, how the service can be supported by staff such as Advanced Nurse Practitioners and paramedics*."

The first recommendation made by the external reviewers was that the issue of staffing levels (both GPs and Nurse Practitioners) must be addressed as a matter of urgency. This has been a key element of CHC concerns about the service and this was one of the reasons we successfully lobbied the Minister to amend the Practitioner List regulations to allow GPs from across the border (*currently registered on the English Practitioner List*) to work in Wales without the need for lengthy and unnecessarily bureaucratic applications for registration on the Welsh system.

2. 'What's good' - an overview of positive developments – areas of strength and improvement.

In our last report we said that "the Chairman has brought an ethos of openness and public accountability and he has been willing to engage with stakeholders in a way that has been lacking in recent years". This is not a task he can manage alone and it would be good to see him receiving support from his Executive Management Team.

3. A brief overview of any pertinent CHC activity that has taken place since the last Summit round.

In response to the Andrews Report, the CHC produced a 9 Point Plan (attached) which refocused its efforts on safeguarding vulnerable people. We achieved and exceeded the 500+ inspections we forecast in the last report to the Summit and two reports setting out the detail of that activity and the outcomes it achieved are attached.

We have further developed our BugWatch infection control & prevention survey, we have consolidated our CareWatch survey (*assessing performance against the Fundamentals of Care*) and we are now piloting our FoodWatch survey which looks at nutrition and hydration. We are working with the North Wales LMC to undertake a GP Work/Life Survey that will look at GP recruitment and retention issues.

In order to give us the capacity to undertake and process this large number of surveys we have developed a Smartphone App. Currently this is being used by CHC members but over the course of the next 12 months we intend to make it public facing and use it to engage with the public directly.

Geoff Ryall-Harvey
Chief Officer – North Wales CHC

Report from Betsi Cadwaladr University Health Board to the Public Accounts Committee November 17th 2015

Date of Report 4th November 2015

1. Purpose of report

1.1 The purpose of this report is to provide the Public Accounts Committee (PAC) with an updated position in relation to:

- The current situation at BCUHB, including progress on actions identified by the Interim Chief Executive and the implementation of the recommendations contained in the Committee report of December 2013.
- Update on orthopaedic services following the Auditor General for Wales report published in June 2015.
- Progress Report on GP out of hours service.
- Update on maternity services.
- Update on Health Board budget planning.
- Any other governance matters of concern to the Committee that may have arisen in the interim.

This report builds on the progress which has been reported publicly at the Health Board's meetings throughout the year.

2. Introduction/Context

2.1 The Wales Audit Office and Healthcare Inspectorate Wales undertook a joint review which was published in June 2013 into the governance arrangements of BCUHB. It identified significant failings in governance and leadership. In July 2013 the Health Board Chairman at that time, together with the Chief Executive and Senior Officers, gave evidence to the National Assembly for Wales Public Accounts Committee. The PAC subsequently published their report into the governance arrangements at BCUHB in December 2013.

The newly appointed Chairman and Chief Executive together with relevant Directors provided further evidence to the Public Accounts Committee in July 2014 and March 2015.

2.2 In November 2014, Welsh Government (WG) determined that the Health Board had been escalated to 'targeted intervention' under the NHS escalation and intervention arrangements protocol, the reasons for this increased concern related to

- Significant challenges in the financial plan for 2014/15 and concerns about the ability of the organisation to deliver a revised plan
- Significant concerns around the delivery, safety and quality of mental health services

- The management and control of capital schemes, capital planning and capital cash control

The first stage of targeted intervention was a diagnostic review. This work was undertaken between December 2014 and February 2015 led by Ann Lloyd CBE, Independent Advisor, assisted by Margaret Pratt who undertook the forensic financial and governance review. The Health Board received the outcome of this work in May 2015 and her report was then published. http://www.wales.nhs.uk/sitesplus/861/opendoc/269884

2.3 Special Measures

On the 8th June 2015, the Minister for Health and Social Services wrote to the Chairman of the Health Board and made a written statement to advise that the Health Board would be placed in Special Measures following a tripartite meeting between Welsh Government officials, Healthcare Inspectorate Wales and the Wales Audit Office. The Chairman responded on behalf of the Board recognising the gravity of the situation and the need for swift remedial action. He confirmed that the Health Board and its Officers would work and cooperate fully with Welsh Government in this regard.

Following the suspension by the Board of the Chief Executive, the Minister asked Simon Dean, Deputy Chief Executive of NHS Wales to assume with immediate effect the responsibilities of Accountable Officer and Interim Chief Executive.

On the 9th June 2015, Dr Andrew Goodall, Director General and Chief Executive, NHS Wales wrote to the Chairman confirming the detail of matters which were of significant concern. This was followed by a statement made by the Minister later that day highlighting five key areas in which tangible improvement must be demonstrated as part of the special measures regime.

Governance, leadership and oversight – the Health Board must implement governance and assurance actions which have been highlighted in a series of reports, including by the Wales Audit Office and Health Inspectorate Wales and in a review carried out by Ann Lloyd. The Ann Lloyd report was placed in the public domain on 9th June 2015.

Mental health services – the Board must implement the mental health plan or North Wales, including actions arising from previous reviews, governance concerns and significantly the recent report into the events at Tawel Fan.

Maternity services at Ysbyty Glan Clwyd – the Health Board must resolve the outstanding question about the future of consultant-led maternity services at Ysbyty Glan Clwyd, acknowledging the ongoing quality, safety and service sustainability issues and bring forward plans for the Sub Regional Neonatal Intensive Care Centre (SuRNICC).

GP and primary care services, including out-of-hours (OOH) services – the Health Board must respond to the out of hours review and related concerns which it commissioned.

Reconnecting with the public and regaining the public's confidence – the Board must undertake and oversee a listening exercise to establish a different approach to public engagement. It needs to do that rapidly and it needs to listen to what it is told by its local population rather than just informing them of the Board's point of view.

In addition to the Interim Chief Executive, the Board has been assisted by Welsh Government during this period with input from key individuals who have been providing expert advice as required as part of the special measures.

They are:
Dr Chris Jones, Chair of Cwm Taf University Health Board, who has provided advice and support in relation to GP and primary care services, including out of hours services.

Peter Meredith-Smith, Associate Director of the Royal College of Nursing in Wales, who has provided expertise in mental health nursing. The mental health 1,000 Lives team have also worked alongside Mr Meredith-Smith and the Health Board to ensure there are sustainable improvements in both the culture of care and services.

Ann Lloyd, a former Chief Executive of NHS Wales, who has provided oversight in relation to governance and accountability and significant input into assessing and developing Board effectiveness.

2.4 100 Day Plans

Resolving the challenges faced by the Health Board is a long term process. However, the Health Board recognised it needed to respond quickly and effectively to the concerns identified by the Minister. This is central to restoring confidence in the Health Board and preparing the ground for implementing a longer term strategy developed in partnership with the people served by the Health Board.

In recognition of the need for pace and urgency, the leadership team within the Health Board developed 100 Day Plans which set out specific, measurable and deliverable actions in response to the areas highlighted by the Minister.

- Governance
- Mental Health Services
- Obstetric Services
- GP and Primary Care Services specifically Out of Hours
- Reconnecting with the public

The purpose of these plans was to set out clear priorities for action which could be taken quickly. The Board recognised that these actions alone would not address all of the issues facing the Health Board. They did, however, demonstrate that the Health Board took the decision to place it in Special Measures very seriously and was committed to rapid improvements in key areas.

Progress against the milestones in the plans was published on the Health Board's website providing staff, the public and partner organisations with evidence of the progress being made. A narrative report was also brought to the Health Board's routine public meetings.

2.5 Summary Position at 100 Days

In September at the end of the 100 days the Board published an overview of the progress made. The narrative report is available publicly on the Health Board's website and is attached at **Appendix 1**.

In summary:-

Board Governance – Within the first 100 days action was focussed on 4 key areas, developing strategic objectives, assessing Board effectiveness, redeveloping the Board Assurance Framework and Corporate Risk Register and following up all outstanding recommendations from Internal and External Audit reports since 2011. This programme of work was overseen by Mrs Ann Lloyd who worked extensively with the Board during this period.

Mental Health – A comprehensive mental health improvement plan was put in place and in the first 100 days focussed action was taken to improve the backlog of complaints and concerns reducing the number of complaints open over three months from 11 to 3. I Want Great Care was introduced to three adult mental health wards and a suite of revised governance systems and processes were put in place. All medical staff job plans were reviewed and clinical supervision commenced for Band 5 staff. Shift by shift metrics were put in place to assess the quality and safety of services. A drugs formulary was updated and an audit completed on the appropriateness of anti psychotic medications for patients with Dementia. Work was prioritised to improve the built environment including replacement floors and carpets, kitchen and bathroom repairs, grounds and garden maintenance.

Obstetrics and Gynaecology - During this period focussed action continued to improve safe staffing levels across North Wales with daily clinical risk assessments. 27 new Midwives were appointed which in turn, released Midwives to complete their mandatory training. Placements for Student Midwives were confirmed at Ysbyty Gwynedd, Wrexham Maelor and in the Community. Work continued to address the outstanding issues from the Royal College of Obstetrics and Gynaecology reports published in February 2015. Work commenced with the Royal College of Obstetrics and Gynaecologists to

develop options for the long term delivery of sustainable services which included two workshops with senior clinical staff.

GP Out of Hours – Within the 100 Day Plan action focussed on improving the patients' journey and experience and progressing all the recommendations made within the external report previously published. Further detail is available in Section 5 of this report.

Reconnecting with the Public and with Staff – A comprehensive listening and engagement process with the public and our staff commenced. More than 50 listening events were held at venues throughout North Wales for the public and 67 events for staff. A simple questionnaire was designed to gather feedback from people on what matters to them, what we do well and where we can improve. Work was also taken forward to develop a longer term engagement strategy informed by these results. 27 staff health MOT roadshows were also held. The contributions of staff have been celebrated through staff achievement awards and social media sites.

2.6 Further Progress made following the first 100 Days

Board Governance – Mrs Ann Lloyd has continued to work with the Health Board providing oversight in relation to governance and accountability and significant input into assessing and developing Board effectiveness. All Board members have completed a self-assessment against the Well-Led Framework, the results of which have been analysed at an individual and Board level. This information will now be further analysed to inform the commissioning and design of the Board development programme for 2016.

The Board has continued to work on developing its understanding and approach to risk management and Board assurance. In August 2015 the Health Board approved a revised Risk Management Strategy and in September 2015 the Health Board held a workshop to examine risk management, risk appetite and its overall approach to developing its Board Assurance Framework (BAF) and revised Corporate Risk Register (CRR). A BAF and CRR have been developed, with the advice and oversight of Mrs Lloyd and the Chair of the Audit Committee. The draft documents have also been shared with WAO and Internal Audit and will be taken to the Audit Committee in December and then the Health Board in their public meeting in January 2016.

In July and August, an evaluation was undertaken of the effectiveness of the current Committee structure and the impact of the role of Committee Advisers. All Board members and Committee Advisers were invited to contribute. In addition, Mrs Lloyd observed Committees and has triangulated these observations with the Committees evaluation. Findings are consistent with those described in the assessment undertaken by WAO/HIW. Board members and Committee Advisers have received initial feedback and Mrs Lloyd is working with the Chairman to finalise the arrangements going forward.

Mental Health – The Health Board recognises that there is significant work to be done to strengthen mental health leadership and management to improve care and outcomes for patients. Proposals have been developed in relation to

- Operational management and leadership
- Quality and patient experience
- Strategy and service review
- Governance reviews
- Estate and environmental improvements

Welsh Government issued a written statement on the 4th November 2015, see **Appendix 2**, in which it was confirmed that improving mental health services continues to be a key priority for the Health Board and a strategic review of current services followed by a new vision and longer term strategy is now needed. The Ministerial Statement confirmed their support for the extensive agenda in mental health services in North Wales and the provision of dedicated additional support for mental health services. The Health Board will now progress to appoint a new Director of Mental Health Services who will report directly to the Chief Executive. An experienced Mental Health Divisional Lead Nurse is joining the Improvement Team as the Senior Mental Health and Learning Disabilities Nurse for BCUHB and will commence work within the next few weeks. Work to develop a new Mental Health Governance Framework will be led by an award winning Mental Health Nurse Director from South Wales. Additional project management capacity will also be provided to support both the governance reviews underway in relation to the failings in care identified on Tawel Fan Ward at Ysbyty Glan Clwyd. Peter Meredith-Smith will continue to provide advice to Welsh Government about progress on mental health ensuring that the Health Board keeps pace with the Wales wide Child and Adolescent Mental Health Services Improvement Programme.

This commitment and investment will significantly assist the Health Board in tackling the immediate operational and delivery priorities as well as improving the governance processes, estates risks and strategic path.

Obstetrics and Gynaecology – See Section 6 - The post consultation analysis is underway alongside the impact assessments which will assist in the final consideration of proposals. The Board has ensured that there is sufficient time for conscientious consideration of the consultation feedback and preparation of recommendations to the Health Board. The proposed date for consideration of the outcome reports by the Health Board is December 2015.

GP Out of Hours – See Section 5 - Welsh Government have set out their expectations of the Health Board over the next two years, this includes offering safe and sustainable out of hours primary care services and the development of a plan for primary care and community services across North Wales.

Reconnecting with the Public and with Staff – Living Healthier, Staying Well was developed as a vehicle for engagement work with our staff and the population across North Wales. Two phases of this work have taken place to date and a third phase is underway. An initial analysis of the themes emerging has been undertaken which have identified the following as areas of concern.

- Access to care
- Access to services
- Communication
- Service reorganisation
- Use of technology

The Health Board published a paper in November 2015 describing the work undertaken to engage with the public and staff together with a synopsis of the feedback received. The strategy for engagement will now be progressed using a new approach informed by best practice. A copy of the full paper is attached at **Appendix 3.**

2.7 Position of the Chief Executive

The Chief Executive was suspended with immediate effect when the Health Board was placed in special measures in June 2015. Work was taken forward to find a resolution to the Chief Executive's employment situation and a number of options were explored.

On 22nd October, the Health Board confirmed that Professor Trevor Purt had stepped down from his role as Chief Executive to return to work in England where he will contribute to a number of NHS projects including the wider integration both across partner organisations and within the NHS more generally.

The Health Board is now actively progressing the process for the recruitment of a substantive Chief Executive.

2.8 Special Measures Review

A tripartite meeting of senior Welsh Government officials, the Wales Audit Office and Healthcare Inspectorate Wales was held on 21st October 2015 to consider the Health Board's escalation status following a review of progress made over the four months since it was placed in special measures. Their advice was that albeit there have been some positive developments, longer term plans are needed in order to tackle more fundamental challenges. The Deputy Minister wrote to the Chairman on October 21st to advise that the Health Board will therefore remain in special measures for the next two years with progress and milestones reviewed every six months.

The Chairman responded on the 27th October 2015 welcoming the decision and confirming the Health Board's continued commitment. A copy of the four letters between HIW / WAO, The Deputy Minister and the Health Board are available at **Appendix 4**.

The Welsh Government issued a Written Statement on the 4th November 2015 outlining in detail the future arrangements for special measures at BCUHB over the next two years, see **Appendix 2**.

2.9 Concluding Remarks

The Health Board recognises that whilst there have been some positive developments and progress made during the first four months of special measures there remains significant challenges which must be addressed to put it on a sustainable footing in the longer term. The Health Board is committed to tackling these long standing and systemic issues and also in developing longer term plans to ensure that the Health Board is able to deliver high quality sustainable and safe services now and in the future.

3.	Progress Update as at October 2015 Against the PAC Recommendations From December 2013

3.1 Significant work has been undertaken over an extended period of time to address the specific recommendations arising from the PAC report and the other external reviews and reports which have been undertaken to look at the governance and leadership arrangements within the Health Board. A composite summary of the main areas of progress was provided to the Board in July 2015. It aligned the main themes identified in

- The initial report undertaken by HIW / WAO in June 2013
- The recommendations from the Public Accounts Committee December 2013
- WAO Structured Assessments 2013 and 2014
- Recommendations from the Good Governance Institute, September 2014 who had been working with the Health Board to help redesign governance and assurance processes
- Ann Lloyd's report May 2015

This approach enabled the Board to have a targeted and focussed response to improving the essential foundations of good governance. The recommendations were grouped into the following themes:

- Effectiveness of Board and its Sub Committees
- Management and clinical leadership structures
- Quality and safety arrangements
- Financial management and stability
- Strategic vision and service reconfiguration

3.2 PAC Recommendations December 2013

Whilst it is recognised that the PAC made recommendations for Welsh Government, noted below is a summary of the actions the Health Board has taken locally in response to the issues raised.

Recommendation	BCUHB Position as at October 2015
Recommendation 1. We recommend that to ensure senior leaders are held to account, the Welsh Government reviews and where necessary strengthens the performance management and appraisal process arrangements for Chief Executives and Chairs of NHS organisations to ensure that they are appropriately robust, clearly understood and implemented.	Appraisals completed bi-annually for Chairman with Welsh Government in line with expected standards. This has been supplemented by robust regular performance reviews as part of the escalation intervention and special measures programme.
Recommendation 2. We recommend the Welsh Government undertakes an urgent review of the training available to board members across all Welsh NHS bodies. The outcome of this review should inform the development and delivery of a national training programme for board members, participation in which should be a condition of board membership. The programme should develop core competencies, clarify requirements and include training specifically developed for newly appointed board members to attend as part of their induction into board membership.	Local induction programme developed and delivered for all newly appointed Board members, including Associate Board members (Chair of Stakeholder Reference Group and Chair of Healthcare Professions Forum). This includes statutory and mandatory training, familiarisation visits, key meetings with senior colleagues and stakeholders and bespoke development to ensure they can undertake their roles confidently and competently. In addition, tailored one to one support has also been provided to new Independent Board Members. Welsh Government support has been provided to assess Board effectiveness and develop a bespoke Board Development Programme.
Recommendation 3. We recommend that directive guidance should be issued to all boards on the importance of both individual and collective board development and any such guidance should be reviewed regularly to ensure it is fit for purpose.	Following the guidance issued by Welsh Government, the Health Board has made progress with the implementation of individual and collective Board Development. This has included an externally facilitated full Board Development Programme, provision of core training to meet mandatory and statutory requirements, additional and separate executive team development, embedding the appraisal process, monthly meetings between Chair and Independent Members and a programme of leadership walkabouts.

Recommendation	BCUHB Position as at October 2015
	In 2014/15 the Health Board committed a day every month to an externally facilitated Board Development Programme designed to create opportunities to reflect upon and improve Board effectiveness and performance. This has continued under the leadership of Ann Lloyd in 2015 with the use of self assessment evaluation and triangulation of effectiveness. This will now shape the next Board Development Programme.
Recommendation 4. We recommend that the time commitment required for Independent Members be reviewed to ensure that it is adequate to allow them to fully discharge the functions expected of them.	The Chairman of the Health Board has contributed to the national work that is underway to review the commitments. BCUHB recruited through an open recruitment exercise 10 Committee Advisers to support the Independent Members at Committee Meetings. Their impact has been subject to evaluation at the end of the 12 month pilot programme.
Recommendation 5. We recommend that the Welsh Government takes action to enable a more robust and consistent system of appraisal for Independent Members of Welsh Health Boards, including the identification of personal training and development needs, and that a peer mentoring scheme for independent members be developed.	A robust and consistent system is in place for the appraisal of Independent Members of BCUHB. Appraisals are conducted bi-annually by the Chairman and include the identification of personal training and development needs as required.
Recommendation 6. We recommend the Welsh Government ensures that the importance of the separation and accountability of the Board Secretary role is clearly understood by all NHS organisations.	There have been significant changes within BCUHB and there is now an appropriate separation of the Board Secretary role and Executive Director functions. The position of Board Secretary is accountable to the Chairman on matters relating to the post's responsibilities in respect of the Board, its Committees and advisory groups and to the Chief Executive in relation to being a member of the Corporate Directors Group.
Recommendation 7. We recommend that Welsh Government consider providing statutory protection for the role of Board Secretary.	Our Health, Our Health Service the green paper on NHS quality, governance and functions sets out a number of areas which may benefit from legislative change. This includes consultation on whether or not the role of the Board Secretary needs greater statutory clarity and if so, what aspects of the role should be additionally set out in law. The Board has confirmed in its response

Recommendation	BCUHB Position as at October 2015
	its support for providing statutory protection for the role.
Recommendation 8. We recommend that the Welsh Government ensures that all Health Boards review their meeting procedures, to ensure that Board members are presented with all papers in a timely manner and that non-restricted papers are published in the public domain in the same timescales.	BCUHB have adopted a set of business standards relating to the format and publication of Board and Committee papers. Board papers are routinely sent out at least 7 days in advance and any late submissions are not permitted unless in exceptional circumstances and only if the Chairman is satisfied that the Board's ability to consider the issues within the paper would not be impaired.
Recommendation 9. Having considered the evidence, the Committee welcomes the action being taken by the North Wales Community Health Council to monitor compliance with infection control procedures in hospitals across North Wales. We recommend that the Welsh Government reviews its processes for validating quality and safety, and other critical data from NHS organisations. It is vital that such data is reported accurately if meaningful action is to be taken.	The Health Board has developed an integrated quality and performance report which is continuing to mature. It incorporates both national and local indicators and benchmarks information with UK wide comparators. This information is in the public domain and is discussed at each Health Board meeting. Full details of this report were shared with the PAC in April 2015. It covers matters of safety and quality in addition to traditional organisational performance targets and gives the Board and the public a broader view of the performance of the organisation as well as allowing focussed intervention where improvement is expected or required.
Recommendation 10. We recommend that the Welsh Government finalise, introduce and implement a common set of key performance indicators of quality and safety for use by Health Boards. This would assist in improving performance and identifying risks so that swift action can be taken to address them.	The design of the report has been shaped by national standards and best practice from other organisations across the UK. It also reflects input from BCU Board members to accommodate preferred style and content.
Recommendation 11. We recommend that the Health Board makes the results of its investigations into the high RAMI scores across hospitals in North Wales publically	In line with Welsh Government requirements, we publish information on our Hospital RAMI scores alongside additional information about mortality relating to some common medical emergencies such stroke, hip fracture and heart attack. This information is publicly available via our website

Recommendation	BCUHB Position as at October 2015
available, together with information on the actions that are being taken to address any patient care issues that are identified.	and is updated every three months. Please see link below: http://www.wales.nhs.uk/sitesplus/861/page/63290 The published data is supported by a clear narrative that outlines the actions being taken to improve the quality and safety of patient care. They describe the data we are monitoring, why we are monitoring these figures, what the data tells us and what action we are taking to improve further. The Board is fully committed to openness and transparency. The RAMI data, its implications, the work to investigate possible causes and the actions taken as a result have been regularly reported at public meetings of the Board and the relevant Board committees. We are committed to continuing to work to reduce mortality rates and to sharing information on that work with the public.
Recommendation 12. We recommend that the Welsh Government makes information on RAMI scores across all hospital sites in Wales more accessible to the general public, ideally by placing all the data on a single web page, with clear explanations of what the data means.	See above.
Recommendation 13. The failure to adhere to accepted budget processes is an issue of particular concern. We do not believe that budgets should be signed off with caveats and recommend that assurances should be provided to us that this practice has now been discontinued within the Health Board.	The Health Board developed Accountability Agreements for formal sign-off for the 2015/16 financial year. All Executive Directors, Area Directors, Secondary Care Director and Hospital Directors have completed the sign off of the Accountability Agreements. As this captures the Health Board's key budget managers, this represents significant progress based on the position for the 2013/14 and 2014/15 financial years. Work continues with all registered budget managers across the Health Board to complete and sign the agreements. This is underpinned by a Budget Managers Manual and training.

Recommendation	BCUHB Position as at October 2015
Recommendation 14. We also recommend that the Welsh Government seeks information from directors of finance at all health boards to ensure that the failures evident within the budget planning processes at the Betsi Cadwaladr University Health Board are not being replicated elsewhere.	
Recommendation 15. We recommend that the Welsh Government emphasises to health boards that they should wherever possible avoid utilising unsustainable solutions to financial pressures, such as cancelling or postponing operations, which simply defers costs to the next accounting period.	The Health Board is yet to establish a sound, sustainable approach both in year and in the medium term to financial planning and management despite significant steps being taken with regard to financial controls and accountability for delivery. The Health Board initially established a Programme Management Office function with external support to drive the delivery of long term cost savings. This approach is now being embedded as part of our internal processes. All schemes are quality impact assessed to ensure patient quality and safety is not placed at unacceptable levels of risk.
Recommendation 16. We recommend that the Welsh Government ensures that all health boards minimise the inconvenience and distress caused to patients and their families by requiring that Boards communicate with patients as soon as possible following a decision to cancel or postpone elective operations.	The Health Board has adopted a common approach to minimising inconvenience and distress in these circumstances. When patients scheduled for planned procedures are cancelled prior to their admission date, the relevant medical secretary/booking clerk will contact the patient to inform them of the cancellation and begin the process again of offering a reasonable offer. The secretary will aim to accommodate the patient at the earliest possible date. Where patients are cancelled on the day due to lack of theatre time following overrun of the theatre session, they will be spoken to on the ward by the nurse in charge/matron/operational manager and informed of the cancellation and the reasons behind it. Wherever possible the team will look to identify a new admission date so that the patient is aware of this prior to discharge. For the instances when we cannot provide the patient with a new admission date, then we will inform the patient when we expect to be able to confirm this.

Recommendation	BCUHB Position as at October 2015
	The cancellation of patients is a quality measure which is reported to the Board in respect of patents being cancelled on more than one occasion. Cancellation on the day is also a key performance indicator which is measured and reported weekly with an aim to reduce the numbers of patients cancelled.
Recommendation 17. We recommend that the Welsh Government takes greater care when commissioning taxpayer funded external advice and that, without exception, the output of such advice is received, reviewed and retained by appropriate Welsh Government departments.	The Health Board has reviewed its arrangements for commissioning and procuring external advice and is working to embed these arrangements throughout the organisation to ensure consistency and compliance.
Recommendation 18. In relation to the sharing of the findings of external reviews the Committee believes that it is vitally important, that safeguards are in place to ensure that such findings are widely utilised to learn lessons and improve processes within health boards. We recommend that Welsh Government takes this forward.	External reviews are routinely placed in the public domain to ensure that the findings can be used to improve services locally and nationally. It is acknowledged that at times these reports must be appropriately redacted in line with the Information Governance Legal Framework.
Recommendation 19. The Committee believes it is vital that senior leaders set a clear vision for their organisations to respond to the three challenges of developing service, workforce and financial plans. Given the issues around governance arrangements at Betsi Cadwaladr University Health Board, it is imperative that the new senior management of the Board renew and reunite the Executive and non-Executive leadership team, and close the gap between the Board and Wards.	The Health Board was placed in special measures in June 2015 following discussions between Welsh Government, Wales Audit Office and Healthcare Inspectorate Wales. The Health Board suspended the Chief Executive with immediate effect and Mr Simon Dean was asked to assume the responsibilities of Accountable Officer on an interim basis. The Minister has specified a number of areas for tangible improvement as part of the special measures regime which includes governance, leadership and oversight. The Board has set a clear vision for the organisation and is working collectively to respond to these challenges. Ann Lloyd is providing expert input and oversight into this element of the special measures programme.

Recommendation	BCUHB Position as at October 2015
Recommendation 20. We recommend that Welsh Government work with the Wales Audit Office and Healthcare Inspectorate Wales to develop a clearer set of scales of escalation. This should include a detailed criteria upon which intervention is triggered, the rationale for the type of intervention, and clarity on who should be notified when intervention commences and ceases. We believe that this information should be made accessible to the public.	There is now an NHS protocol for escalation and intervention in place. In November 2014,Welsh Government (WG) determined that the Health Board had been escalated to 'targeted intervention' under the NHS escalation and intervention arrangements protocol, the reasons for this increased concern related to: • Significant challenges in the financial plan for 2014/15 and concerns about the ability of the organisation to deliver a revised plan • Significant concerns around the delivery, safety and quality of mental health services • The management and control of capital schemes, capital planning and capital cash control The first stage of targeted intervention was a diagnostic review. This work was undertaken between December and February 2015 led by Ann Lloyd CBE, Independent Advisor, assisted by Margaret Pratt who undertook the forensic financial and governance review. The Health Board received the outcome of this work in May 2015 and her report was published in June 2015. On the 8th June 2015, the Minister for Health and Social Services wrote to the Chairman of the Health Board and made a written statement to advise that the Health Board would be placed in Special Measures following a tripartite meeting between Welsh Government officials, Healthcare Inspectorate Wales and Wales Audit Office. On the 21st October, Welsh Government confirmed that the Health Board would remain in special measures for the next two years, with progress and milestones reviewed every six months.
Recommendation 21. We recommend that the Welsh Government gives urgent consideration to the creation of a pool of additional short term leadership capacity, for NHS Wales, that can be drawn upon at short notice and does not impact on other NHS Wales Health organisations	Since the Health Board was placed in special measures the Board has been assisted by a set of key individuals who are providing expert advice, support and input. This has helped to provide immediate stability and ensure that the Board has clear and authoritative advice and guidance in discharging its responsibilities.

4.	Orthopaedic Services – Response to WAO Report June 2015

Background

Orthopaedic services in Wales have a history of long waits for elective care and there is an ongoing need to transform both elective and emergency pathways.

Considerable investment has been made by Welsh Government and the Health Board to improve orthopaedic access for both elective and emergency care.

Service re-design work has supported the need for change in orthopaedic services addressing the demands arising from demographic changes for increased orthopaedic elective and emergency surgery which has been made possible by technological advances.

In 2011 the North Wales Trauma and Orthopaedic Clinical Services Strategy forecasts for growth in elective and emergency demand on the service were as follows:

Fig 1 – Historical and forecast outpatient demand

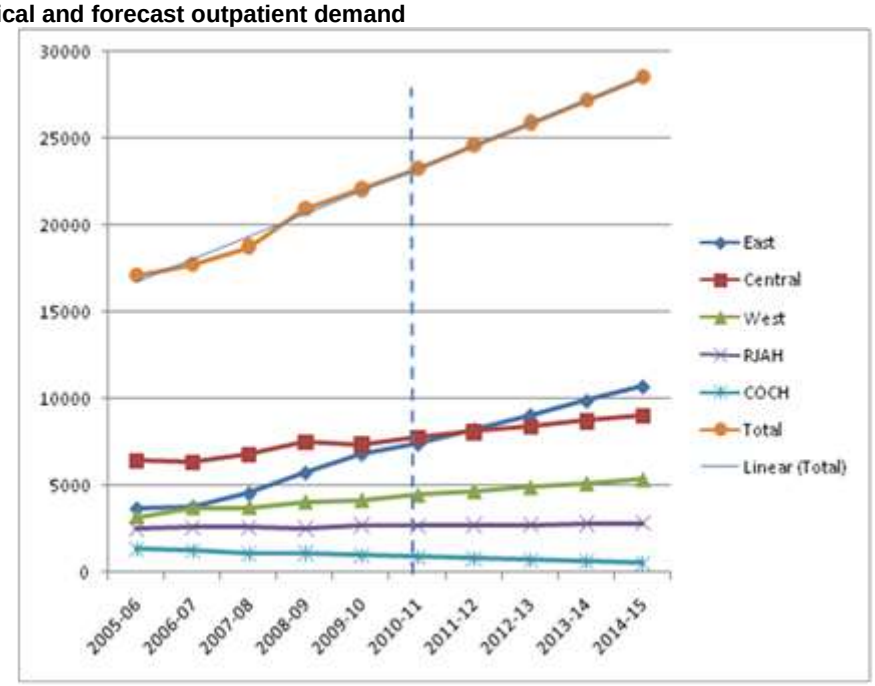


Fig 2 – Historical and forecast inpatient/daycase demand based upon outpatient demand forecasts

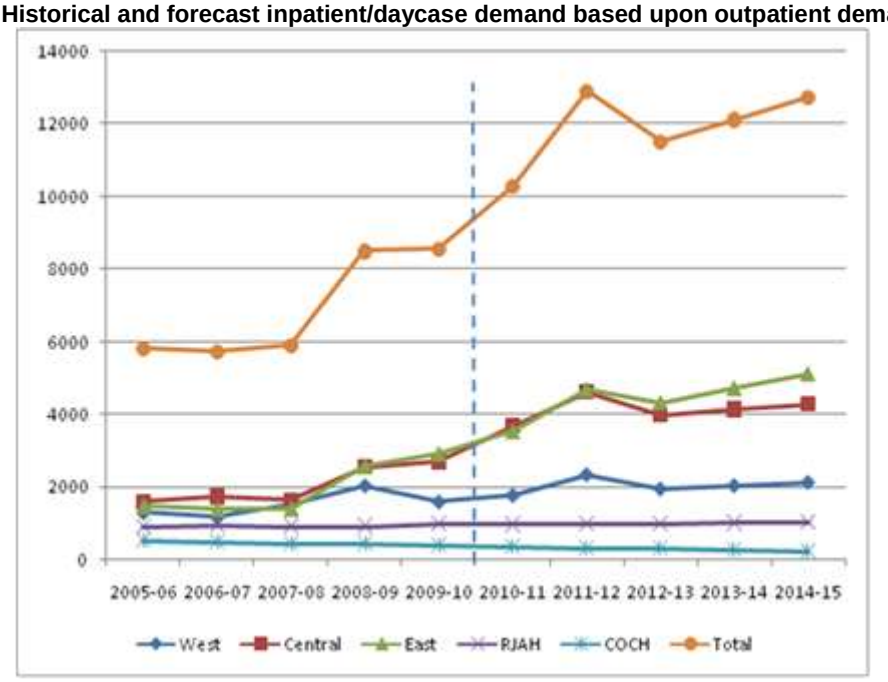
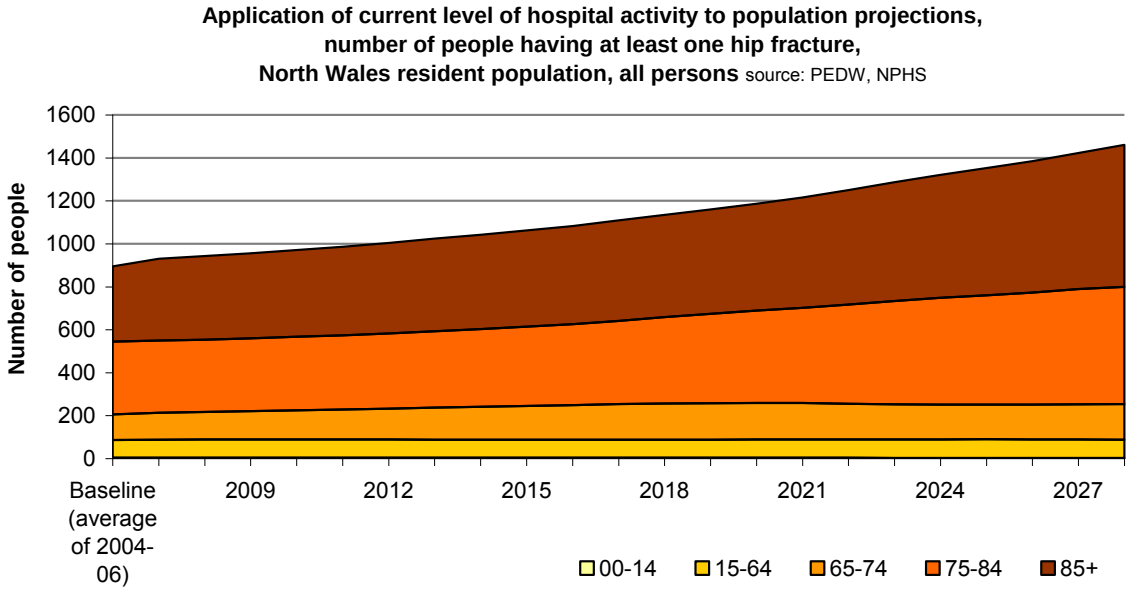


Fig 3 – Forecast demand for Hip Fracture to 2025, by age group.



Subsequent to this work, investment made by Welsh Government and the Health Board supported the development of community based musculoskeletal services (CMATS), Lifestyle management programmes, enhanced recovery programmes and secondary care service expansion. The original aim of this work closely aligns to the principles of prudent health care in that:

a) Lifestyle programmes build self-reliance and support patients to manage and improve on their health , in some cases avoiding the need for major surgical

intervention and in other cases ensuring the patients are fit for surgery to support early and improved post-operative recovery and rehabilitation while also providing benefits to the patient overall (mental and physical wellbeing)

b) Implementation of guidance on Interventions Not Normally Undertaken (INNUs).
c) The CMAT service provides assessment and treatment close to home, triaging patients to care suitable for their condition, providing access from primary care and treating conditions which can be treated by extended scope practitioners and therapists in the community, while signposting patients to surgical services were these are required.
d) Enhanced recovery programmes use a co-production model of care with patients and their carers. The benefits of this for both the patient and the hospital services have been demonstrated, with this approach becoming the norm for hip and knee surgery.
e) Secondary Care capacity. Investment has been made in workforce both medical and other professions, theatres (2 additional new laminar flow theatres) and diagnostics to improve access to secondary care services.
f) Elective and Emergency flows are segmented with dedicated trauma beds, theatres and medical staff rotas. Work has been undertaken to support the implementation of the fracture neck of femur pathway and to manage admission to theatre times for these patients.

Despite these changes orthopaedics waits continue to grow. Work undertaken within the Health Board to manage this increase includes Theatre and Outpatient schemes designed to improve productivity and use of additional resource to create additional short term surgical capacity. Capacity modelling is ongoing and clinicians are involved in workshops to redesign services.

The Health Board is also working with Welsh Government on the National Planned Care Orthopaedic Board to address improvement in elective care for orthopaedic patients.

Wales Audit Office Report 2015

In June 2015 the Auditor General for Wales produced a report “A Review of Orthopaedics” with an accompanying comparative report for each Health Board. BCU have reviewed this report and its recommendations and developed a management action plan which has been scrutinised by the Audit Committee. A copy is attached at Appendix 2.

The report issued in June 2015 is based on field work completed during 2013. The Health Board was party to this work and welcomes both the pathway approach taken and the findings of the report, which act to support the continuation of improvement work in respect of orthopaedics. The Health Board report focusses on the efficiency, effectiveness and economy of orthopaedic services provided in North Wales taking a

patient pathway approach from GP to follow up and patient outcomes. It does not consider provision of services commissioned outside of North Wales.

The headline messages from the report are:

- An increasing demand and partially ineffective orthopaedic outpatient services are resulting in long waits for outpatient, diagnostic and inpatient treatment. Once patients are admitted, they generally have a short hospital stay, although inpatient resources could be better utilised and some outcomes following surgery need to improve:
- investment in primary care is reducing at a time when GP referral rates are increasing and although there are well-established Clinical Musculoskeletal Assessment and Treatment Services (CMATS) in place, they are struggling to meet the increasing demand;
- although physiotherapy services are able to meet demand, some aspects of outpatient services are inefficient and waits for radiology tests can be long, particularly in relation to MRI scans;
- pre-operative assessment arrangements are in place and hospital stay is generally shorter than the rest of Wales but more could be done to reduce waits for admission, increase day-case rates and bed occupancy, and improve theatre utilisation across the Health Board; and
- follow-up arrangements generally work well although outcomes from surgical intervention are mixed both across the Health Board and in comparison with the rest of Wales.

These headline messages provide welcome confirmatory evidence of the need to continue with the actions being taken to improve services across the pathway and also demonstrate the benefits arising from the pathway approach taken to date. Specific alignment between the findings and the actions in place or taking place are shown in the table below:

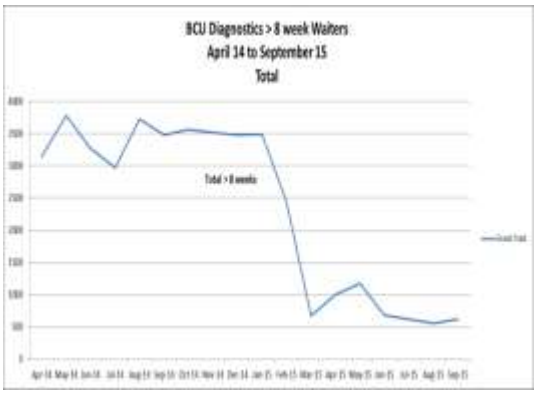
<table>
<tr><th>Headline Observation</th><th>Action</th><th>Evidence</th></tr>
<tr><td>Increasing Demand</td><td>The CMATs was established to support the management of demand to the most appropriate resource to meet patients' needs. CMATs has been very effective in providing services in the community, and has contributed to reducing the rate of growth from that predicted in 2011. However the demand for orthopaedic services remains in excess of current capacity.</td><td>Monthly monitoring of outcomes from CMAT triage and face to face consultations demonstrate less than 50% of patients referred from primary care to the service are directed to orthopaedic secondary care services.</td></tr>
<tr><td>Increasing waits for OPD and partially ineffective OPD service</td><td>Despite the good work of the CMATs service in providing a community based musculo-skeletal service the demand for orthopaedics has remained at relatively steady level. This could be viewed as a positive benefit as has reduced the previous rising trend and shows a reduction of around 7000 compared to that predicted in Fig. 1 across the 3 sites. During this period repatriation has also taken place reducing contract values at Robert Jones and Agnes Hunt Hospital and Countess of Chester Hospital.

The total Referral To Treatment waiting list is currently in the order of 14,000 patients with 7400 waiting for 1st outpatient. Of these 1300 patients have waited in excess of 6months for first outpatient attendance.

During 2014-15 considerable work has been undertaken to review all orthopaedic clinic templates, establishing service capacity across the 3 sites. The booking to the revised templates has commenced and is scheduled for completion during 2015-16.
The text messaging service is being used with patients to reduce DNA rates.

Work is underway to improve efficiency in outpatients, reducing cancellation rates and re-designing the service model to support delivery of consultation advice via alternatives to face to face and improve patient experience.</td><td>Demand on orthopaedics OPD within BCU
2011/12
17387
2012/13
19504
2013/14
18452
2014/15
18113

<table><tr><th>0-25 weeks</th><th>26-35 weeks</th><th>36 weeks or over Sept 15</th><th>52 weeks or over Sept 15</th><th>total open pathways</th></tr><tr><td>9511</td><td>2140</td><td>2301</td><td>258</td><td>13952</td></tr></table></td></tr>
</table>

Increasing wait times for Diagnostics	BCU has made significant improvement in wait times for diagnostics in 2015 following recurrent investment made during the 2nd half of 2014-15. MRI capacity is expected to deliver 8 week WG target waits by the end of December. To support this 500 additional MRI scans are being provided via a mobile service during Nov and Dec. The sustainability of MRI remains challenging as the growth in demand has exceeded expectations for the first half of 2015.	Reduction in MRI waits over 8 weeks from 564 in January 2015 to 64 in August 2015. This includes all specialties for MRI. 
Short elective length of stay	The Enhanced recovery programme for hip and knee surgery has contributed to the delivery of a shorter average length of stay and so contributes to creating capacity to manage a higher volume of patients through the same bed numbers.	Average Length of Stay target for elective orthopaedics is 4 days. BCU has been consistently better than this with the range in AvLOS April 2014-July 2015 being between 2.79 and 3.79 with the mean being 3.34 days The average length of stay for hip and knee replacement surgery ranges from 3.88-6.94 days over the last 15months with the mean being just below 5 days across both procedures (original WG target 7 and 7.4 days for these procedures).
In patient resource utilisation	The PMO scheme is seeking to improve theatre utilisation, productivity and reduce short notice cancellations. The improvement in theatre productivity is directly linked to the improvement expected in bed occupancy now that average length of stay has increased. Admission on day of surgery is generally good but could improve further on the YG site. Work to standardise pre-op assessment and pre-admission processes across the health board will support improvement.	Present theatre productivity remains lower than the desired level at 2.1 patients per half day theatre session and therefore this area forms part of the action plan aligned to the recommendations of this report.
Outcomes following surgery	This is being investigated by the Secondary Care Medical and Nurse Directors. This forms part of the recommendations and action plan.	This investigation is ongoing.

Investment in Primary Care	The LHB strategy is to develop primary and community care services. The new structure providing Area teams enables the organisation to focus on supporting the resource and service shift from secondary care to primary and community care.	The Health Board has commenced work on the development of a new Primary Care Strategy working with the public and partners. Finance colleagues have provided evidence that confirms over time the investment flow has not increased in primary and community care, providing supporting evidence that this needs to be addressed through the IMTP during this year.
CMATs capacity	There is no target for access to community services, however, when this service was set up, it was intended to provide easy access for primary care and patients to therapy services. WG have recommended a maximum wait of 8 weeks for this service and the operating standard for therapy waits is 14 weeks. While CMAT capacity has increased it has also taken on a wider remit, receiving all referrals (except trauma and paediatrics from GPs). The service capacity v demand is being reviewed and this links to one of the recommendations in the WAO report. This work is being led by the Central Area Director of Clinical Services	CMAT performance as of June 2015 shows 89% of patients are seen within 14 weeks and the longest wait is 17 weeks.
Physiotherapy	This service continues to deliver the 14 week access requirements	Reported therapy waiting list shows compliance with 14 week wait target
Day case rates	The Health Board are keen to optimise the opportunities for day case surgery. The WG target for orthopaedics was for 52% of patients to be treated as a day case. BCU consistently performance above this rate but will continue to work to ensure all patients suitable for day case surgery are provided with this opportunity, releasing bed capacity for longer staying patients Opportunities exist to reduce variation between sites. Lowest performance is reported at YGC – this is due to fact that YGC orthopaedics is specifically for patients with high anaesthetic risk ASA3 and 4 with patients at lower risk managed via Abergele Hospital.	Day case performance for orthopaedics has ranged from 53.4%-72.5% since April 2014, performance during this period to May 2015 has been above target British Association of Day Surgery basket of procedures for orthopaedics also performs well against the 90% target, having delivered above the target in 11 of the past 14 months (lag due to coding completeness so only reported to May 2015)

Bed Occupancy	Bed occupancy has fallen as average length of stay has improved. The work on the theatre productivity is essential to improve the bed occupancy and therefore improve the volume of in-patients treated and reduce the cost per patient. The operational staff at Ysbyty Gwynedd (YG) have made some alterations to the ward configurations to reflect the underutilisation of beds while the actions are being taken to improve theatre utilisation. This has improved their occupancy which is currently showing at 91% and is also reflected in the overall bed reduction for orthopaedics reported by the WAO. As additional activity is planned for YG for the rest of 2015-16 the beds are being re-configured to accommodate that increase without compromising patient safety or increasing risk of cancellation due to bed availability.	Bed Occupancy to Oct 2015: YGC 76% Abergele 59% Wrexham 75% YG 91%

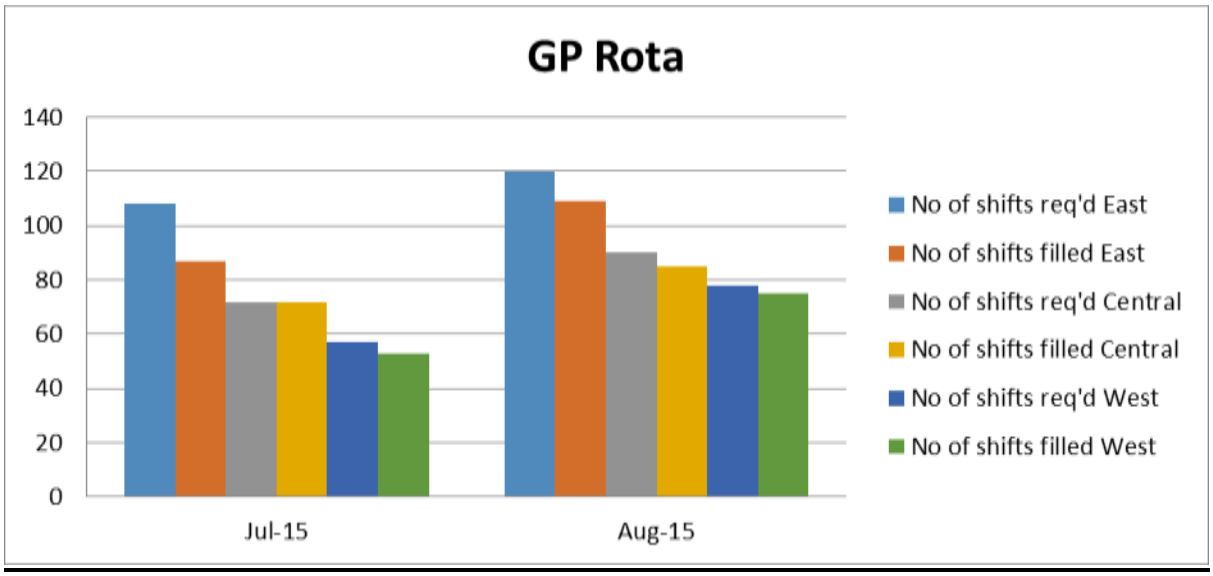
5.	Progress Report on GP Out of Hours Services

Current Situation

The GP Out of Hours service in North Wales has been the subject of reviews (Partners 4 Health - Feb 2015; Dr Chris Jones - July 2015) which have highlighted a number of issues and challenges. In particular the reviews highlighted concerns about the sustainability of the service which was leading to low staff morale and unacceptable variation in the management systems and processes across North Wales which was undermining good governance.

Challenges relating to the availability of staff, including GPs and Nurse Practitioners had become increasingly problematic. Over the last 5 months the Health Board has focused on recruiting additional Doctors, Nurses and Paramedical staff into the GP OOH service. This has resulted in 21 GPs joining and/or committing more sessions to the services across North Wales. An additional 30 Nurse Practitioners have also been recruited, between them they cover total hours equivalent to 10.8 new whole time nurses. This means that the clinical coverage of the service is now the best that North Wales has seen in more than 5 years. Chart 1 below depicts the improving position of GP shift fill rates month on month.

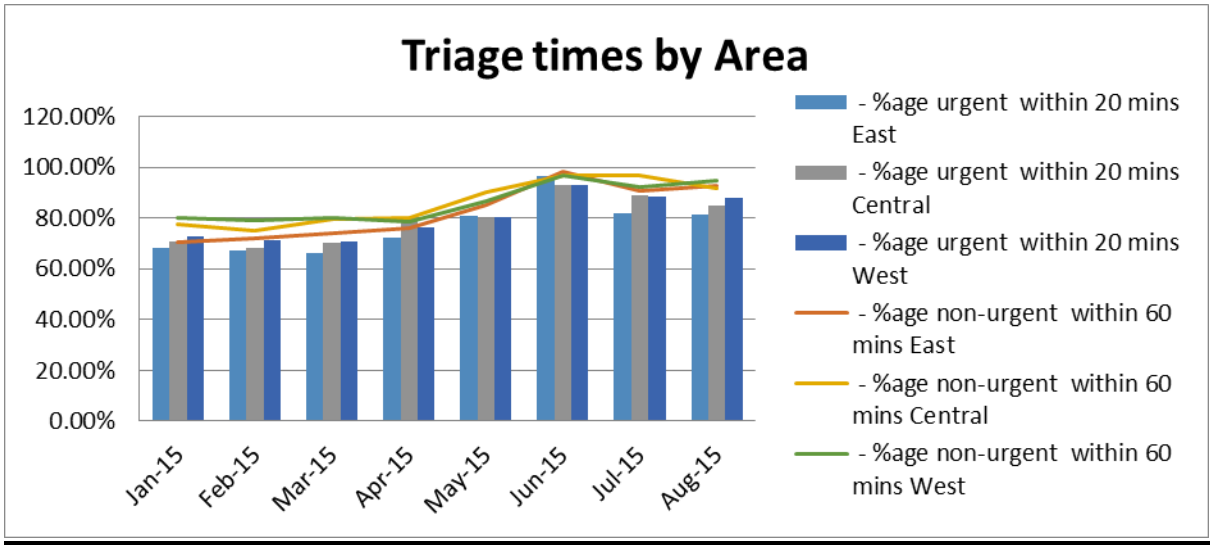
Chart 1



Although there has been a significant improvement in the fill rate for the GP Rotas, there are still, on occasion, less GP availability than planned. In such an event, the service adheres to strict contingency plans to ensure clinical safety and access during the out of hours period. These plans include cross cover arrangements by GPs from neighbouring areas into the main hubs, providing telephone based clinical support, secondary triage and home visits where necessary. Additional Nurse Practitioners are also brought in to fill rotas in order to support home visits and increase the availability of appointments.

For patients, this means that they receive more timely clinical assessment and treatment provided by skilled and experienced GPs and Nurse Practitioners. The Health Board has also continued working in partnership with Welsh Ambulance Services Trust which has resulted in the expansion of Advanced Paramedic Practitioners. The benefit of this more integrated approach means that not only are shifts better covered but there are more opportunities for ongoing training and supervision of the clinical staff. Advanced Paramedic Practitioners have proved to be an invaluable addition to the service in supporting home visits and avoiding unnecessary admissions to an acute hospital. North Wales is the only area currently in Wales utilising this service model. Below is a graph demonstrating the growth in clinical resource over recent months. Chart 2 below demonstrates a stepped change in triage response time since May 2015 as we work to deliver sustained month on month improvement.

Chart 2



Performance management of the service has been transformed. Daily monitoring is now in place for key performance indicators based on the 2014 National Standards for GP Out of Hours services, as well as additional indicators identified through Dr Chris Jones' review and recommendations. There is particular focus on response times to patients in pain or needing palliative support. These patients are now automatically categorised as urgent.

Further work led by Dr Chris Jones on GP Out of Hours Services as part of the special measures support has been a catalyst for continued improvement as to how to develop more consistent integrated services. This work is helping to provide a clear route by which sustainable improvements to GP Out of Hours services can be secured.

Governance arrangements and clinical assurance processes have been strengthened by the introduction of a Lead Nurse for each Division now working alongside identified Clinical Medical Lead. The recent recruitment drives, as previously noted have resulted in significant reduction in the gaps on the rotas of all disciplines. This has resulted in an improvement in patient experience which is being monitored through patient feedback, clinical outcomes, incidents and concerns. Work is also underway to develop patient questionnaires. The changes that have been made have also had a positive impact on staff morale and job satisfaction, monitored through staff engagement, feedback, sickness rates, recruitment and performance reviews and appraisals. However, the Health Board is not complacent and recognises that there is still significant work to be done if we are to ensure that there is a safe and sustainable service in the longer term.

The service has developed a set of priorities for action to deliver this continued improvement set within timescales and milestones.

To date, this includes:

A clear governance and reporting structure for all Out of Hours services, daily reporting up to Director of Secondary Care and linked to the daily Unscheduled Care reporting systems. Weekly service meetings to review implementation of the action plan, performance and operational planning. This meeting also considers and agrees actions to learn from patient experiences and further mitigate incidents, complaints and risks.

Each of the three divisions (West, Central and East) now have monthly Governance meetings in place with clear reporting and accountability through to a strategic level. This means that the OOH service has become mainstream alongside all other unscheduled care services. It no longer sits apart which provides a greater degree of assurance that its governance arrangements and accountability are aligned within the wider organisation.

Revised operational management structures have been put in place. This has meant that budget responsibility and lines of reporting are clear for all staff. Accountability structures have been simplified, depicted through organograms and displayed at each of the sites for staff reference. This has also helped to clarify the lines through which issues, incidents and staff concerns need to be escalated in an attempt to deliver transparency at all levels of the service.

Strengthened relationships have been developed with Emergency Departments. This is already evident particularly where locations are integrated i.e. Glan Clwyd and Ysbyty Gwynedd. This has improved patient flow to and from our Emergency Departments and GP Out of Hours dependent on the patients' needs. This is proving

to be a more responsive, patient centred approach to clinical needs during the Out of Hours period and we are continuing to develop SMART based measures to clearly evidence the benefit and patient outcomes of this integrated approach.

We are also working on ways to better align the GP Out of Hours service with in-hours GPs, Community Pharmacists and Community Hospitals/Minor Injury Units. Chart 3 below maps patient flow from ED and WAST into the GP Out of Hours service, on each of the three acute sites. The chart highlights that the model is well established in Ysbyty Gwynedd which we believe is contributing to the better position of Ysbyty Gwynedd against the ED tier 1 targets. Work continues on the remaining two sites to achieve similar levels of flow between the services.

Chart 3

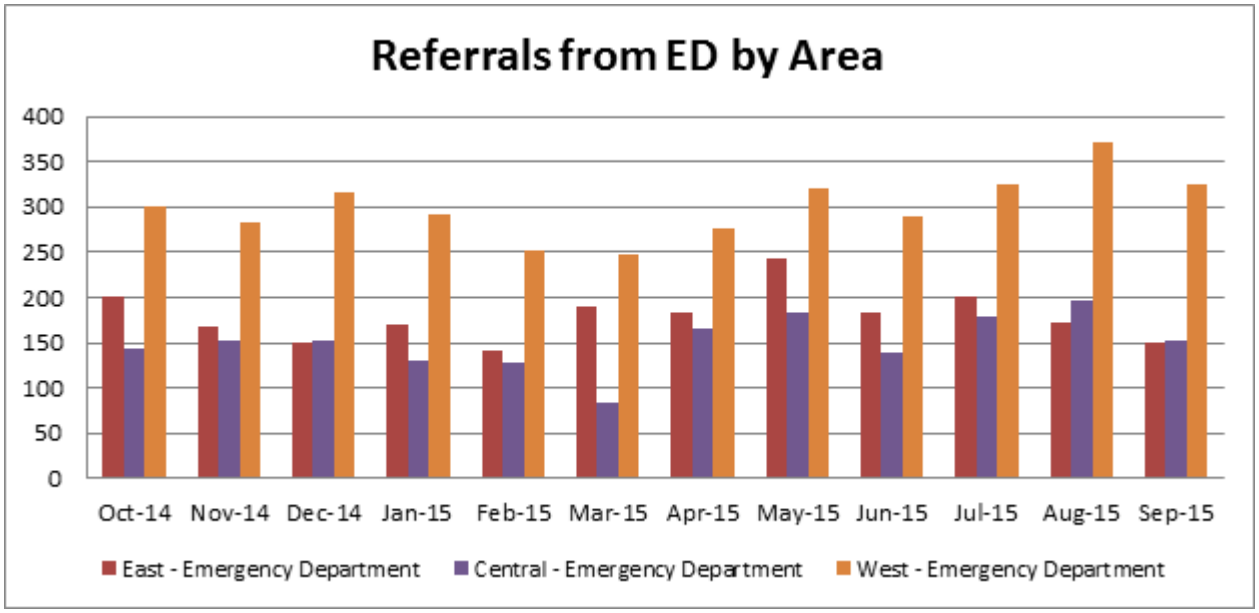
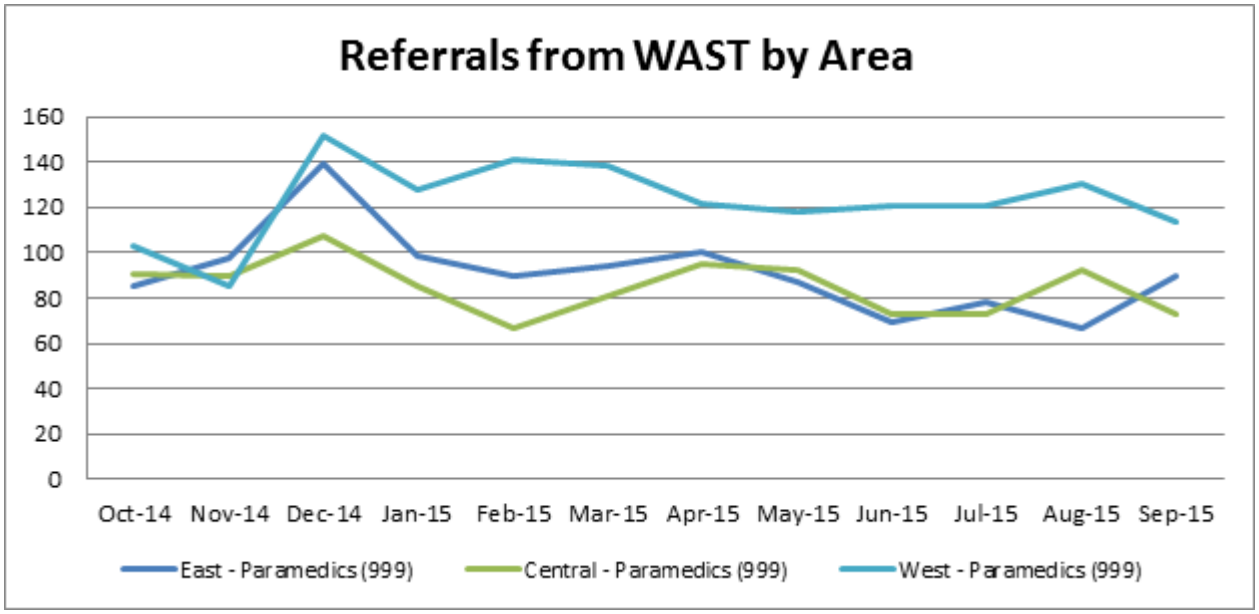


Chart 3.1



6.	Maternity Services Consultation

The Health Board commenced a six week period of consultation on 24 August 2015 which was agreed with the Community Health Council. This was in accordance with the Consent Order which the Board agreed with the applicants in the Judicial Review process into the Board's February decision to temporarily remove Consultant-led Obs and Gynae Services from YGC, which was subsequently rescinded.

The consultation related to proposals for temporary changes to women's and maternity services and focused on the clinical challenges faced in the service across North Wales. The clinical issues are highlighted by the senior clinical management in the Health Board and have also been highlighted in correspondence from some of the professional bodies (including the RCM and RCOG.)

The pre-consultation considerations, consultation mandate and associated documents that informed the Board's decision can be found at: http://www.wales.nhs.uk/sitesplus/861/opendoc/271849

The consultation put forward a series of options and an analysis of the headline impact of each option to help the public form a view

A range of documents, evidence and other resources is available on line at http://www.nwmaternity.org.uk/en/

All available communication channels were utilised to raise awareness of the consultation – these included purchased media space, Facebook, Twitter, mail drops to all community groups on the Health Board's database, radio, the web (including live web-chats).

Documentation was produced in a range of formats and languages (including Polish, Portuguese, Romanian, Turkish and Chinese as well as large print, easy read, BSL and audio disk). The summary version was reviewed by young people's participation leads in the region who felt the information available was accessible for young people.

A range of feedback mechanisms were available – on line questionnaire, hard copy questionnaire, dedicated e-mail address and dedicated freephone line. All feedback received will be analysed by Opinion Research Services (and the methodology for this can be found at http://www.nwmaternity.org.uk/documents/Consultation_Evaluation.pdf).

A Frequently Asked Questions section on the website was produced and regularly updated as issues were raised through the various activities.

A Health Impact Assessment is being undertaken and Equality Impact Assessments are being undertaken throughout the process as potential impacts emerge through the consultation process and through targeted engagement with specific groups

A series of public meetings (18 in total) were held across the area to give the public the opportunity to ask questions and express views along with other activities. In addition, three independent focus groups and a telephone survey have also been undertaken.

Staff sessions have been held for affected staff groups.

The Health Board has engaged the Consultation Institute to advise on best practice standards and undertake a quality assurance process.

A mid–point review of activity was conducted with the CHC to determine where there were potential gaps in activities and ensure that the process was comprehensive. As a result of this review additional public meetings were added in Denbigh and Pwllheli.

The CHC has indicated that its view was that there were no issues with the process.

The consultation officially closed on 5 October 2015; however we agreed to accept any delayed responses received in the following week.

As at 5 October the following feedback had been received:

- 1,582 full questionnaire responses and 1,361 partial responses completed on line, (all of which will be included in the analysis)
- 409 paper copy questionnaires
- Around 50 other hard copy submissions and more than 100 email submissions - including responses from members of the public, local authorities, community groups, staff, professional bodies and partner organisations.
- Petitions for the following (numbers of signatories is being verified, but will be in the thousands):
    - Save Wrexham Maelor Consultant led Maternity Services
    - Keep Ysbyty Gwynedd Maternity Services
    - Save Wrexham Hospital Maternity Services
    - We the undersigned protest against plans to downgrade and centralise maternity services including SCBU, Wrexham

- A large number of template letters received in respect of proposals to remove consultant-led maternity services from Wrexham (number being verified).

In terms of the post-consultation process the following is planned:

- Ongoing engagement and input to the Equality Impact Assessment, Health Impact Assessment.
- Review of the options in the light of evidence raised during the consultation.
- Quality Impact Assessment of the options.
- Consideration of all the feedback from the consultation, including the ORS report which it is anticipated will take 4 weeks to produce.
- Consideration of response from the Community Health Council which it is anticipated will be received within two weeks following publication of the ORS report.
- Review of the options appraisal.
- Recommendations to be made to the Board in December 2015 (we will formally confirm the date of the Board meeting which will consider the consultation outcome and our response and publicise this widely).

A problem with Royal Mail deliveries to the Health Board's own Freepost address came to light during September which it is believed may have led to a comparatively small number of written submissions not being delivered. Royal Mail have written to apologise for their failure to deliver the mail and have been investigating how the failure occurred. Any undelivered mail which included a return address, whether externally or within the correspondence, will have been returned to the sender. The Health Board has been proactive in publicising the problem and encouraging anyone who may have concerns that their submission has not been received to contact us to confirm receipt. This response to the problem was discussed and agreed with the Consultation Institute and was viewed to be reasonable and proportionate to the issue.

7.	Budget Planning

Update on Health Board Budget planning

Background

The Health Board has an annual budget allocation from Welsh Government of £1,301m.

The Health Board had overspent by £26.6m in 2014/2015 and brought forward a similar level of underlying recurring deficit position. The Board set an interim budget for the year which included a budget deficit of £14.2m as a planning assumption. This was an unprecedented position, but balanced the external pressures affecting the service, alongside the need to maintain and deliver safe services, and the Health Board's capacity to delivery savings. In order to deliver a deficit position of £14.2m, savings of £42.8m were required for the year (4.5% of budget).

The Minister for Health and Social Services took the decision on 8 June 2015 to place the Health Board in Special Measures. The appointment by the Minister of a team to support the Health Board has been welcomed.

The Health Board's contextual position is unprecedented and unique, and results in significant financial risks. The Special Measure arrangements, and the areas of specific focus, have been longstanding areas of concern. Managing these historic issues is resulting in financial pressure.

Forecast financial position

The Health Board amended its financial forecast for the year at the October Board meeting. This change is summarised as follows:

	£m
Net financial planning deficit as approved on 30 March	**14.2**
In-Year Exceptional Operational Pressures	
Mental Health and Learning Disabilities	3.0
Women's and Maternity Services	3.0
Other Medical Agency expenditure (excl. Mental Health and Women's Services)	6.0
Specialised Commissioning and other Contracts	4.0
Non Delivery of Planned Savings (savings target of 4.5% but potentially may only deliver 3.4%)	12.0
Sub Total Planning and in-year Deficit	**42.2**
Potential Further savings and Mitigating actions to be discussed with the Board	(12.2)
Potential Financial Deficit for 2015/2016	**30.0**

To expand on the risks to the financial position:

Mental Health Services – Due to recruitment difficulties we are having to employ significant agency staffing to cover vacancies, sickness absence, suspensions and safety issues which is resulting in a likely overspend in this area in excess of £3m. Despite our best endeavours the pattern of overspend is unlikely to change in the short term.

There are a range of significant challenges to address in mental health services. The financial consequences of these issues and the need to ensure that the appropriate and safe staffing levels in this area are currently provided means there is a significant financial pressure around Mental Health.

Women's and Maternity Services – We are currently going through a consultation around temporary changes to Women's and Maternity services in North Wales in order to ensure we are consistently providing safe and high quality maternity services.

Currently we face a shortages of doctors and have difficulties recruiting sufficient qualified staff to run three stable rotas across the Health Board. We are therefore continually striving to fill gaps in the rotas on an agency basis, the significant concerns with this being that some of these agency staff may not be familiar with the units or clinical colleagues and this can affect the stability of our teams and the quality of care.

The financial consequences of this are in the excessive costs we are paying over and above the budgeted amounts for locum staff. Additionally we have incurred a considerable amount of non-pay costs due to this ongoing issue e.g. legal, consultation costs and so on. We are also seeing a rise in maternity activity at the Countess of Chester Hospital.

The current estimate is that we will overspend on our budget in this service by around £3m.

Other Use of Medical Agency staff - We are currently sustaining a number of services through the use of locum and agency Medical Staff (in addition to Mental Health and Obstetrics) to maintain quality, safety and appropriate levels of activity; enhanced controls are in place regarding procurement of Medical Agency Staff, induction and monitoring.

Longer term, any sustained reduction in agency spend will be achieved through a more sustainable configuration of clinical services; capacity and activity management of the current Medical Workforce and the development of an enhanced recruitment and retention strategy. The Medical Director is leading this work.

The financial consequences of paying costs in excess of the budgeted amounts across these services is forecast to result in an overspend in this area of around £6m.

Specialised Commissioning and other Contracts - Specialised Commissioning is another key financial risk area for the Health Board. There are 2 issues:

i. BCU share of the £8m Emergency Ambulance Services Joint Committee (EASC) funding. This has, along with the majority of other Health Boards, not been included within the Health Board's Financial Plans or forecast financial position.

ii. WHSSC current manage specialised contracts on behalf of the Health Board, as they do for all Health Boards, with BCU contributing £140m towards the overall WHSCC budget of £634m.

    The financial position being reported to us is particularly variable month on month with significant fluctuations occurring as well as volatility around the forecast position.

    As our population accesses the majority of specialist tertiary services from bordering English providers (and hence activity is paid through the English Payment by Results system) this places a much greater risk on BCU, not only due to growth in demand for specialised services but the issue of available capacity compared to other Health Boards.

    We are currently working to build strong relationships with WHSCC and work alongside them in managing the key contracts and we have initiated some deep dives with them on some of the key over performing contracts.

    Whilst we are helping WHSCC to improve contract management our current forecast contract over performance is around £2m.

Cash Releasing Efficiency Savings – The interim budget aimed to deliver an unprecedented 4.5% (£43m) savings, this consisted of two approaches:

i. Locally managed and locally delivered savings which was a 2% savings requirement from each budget holder and,

ii. Strategic schemes which are centrally managed and locally delivered which are managed and supported by a robust Programme Management Office, but still delivered through the service.

The PMO approach we implemented from December last year enabled the Health Board to deliver significant savings in the final quarter of 2013/2014 which helped us to improve on our forecast position for the year.

This approach continues in the current year and there is a robust, systematic and structured approach to deliver of savings starting from the initial sign off of a Project Initiation Document (PID) for a scheme by a steering group, including impact assessments; to a formal escalation system in place for any schemes that start slipping from their plans, thus ensuring there is an ever present challenge to any slippage on progress

The current position is that £35.3m has been formally identified and PIDs signed off the total required, which is 82% of the total requirement.

There is a risk surrounding the unidentified savings, alongside risks of slippage and non-delivery within schemes which have been identified.

On the 2% local savings the risk areas are around Mental Health, Women's services and Contracts, with further risks within strategic schemes as managers focus on addressing the issues identified as part of special measures.

The Financial consequences of the above on the delivery of the planned savings schemes is that our current assessment is that we will only deliver £31m (3.4%) of the £43m i.e. a shortfall and hence pressure of £12m.

In addition to the above, which are issues which are specific to this Health Board, we also face the normal cost pressures experienced by all Health organisations in the UK around unscheduled care, winter pressures etc., as well as emerging all Wales pressures around Welsh Risk Pool, new drugs developments and so on. These are being managed by normally budgetary control processes.

Further actions

The Health Board has been working on what further actions it could take to mitigate the financial risks presented above. These include assessing further actions which could be taken to reduce expenditure within the financial year from both top down and bottom up initiatives, while obviously ensuring they do not adversely affect patient care. All discretionary expenditure is being examined to determine if it can be avoided, reduced or deferred.

Medium Term

The Health Board's medium term outlook continues to be challenging, in common with the Public Sector across the UK. The ongoing impact of the deficit for the current financial year of £30m is an issue which will need to be addressed. The Health Board also overspent by £26.6m in 2014/15.

In order to achieve the Welsh Government's three year breakeven duty, the Health Board will therefore need to achieve an underspend in the 2015/16 financial year of £56.6m.

Conclusions

The Health Board accepts that the financial situation is very serious and that it has a clear financial responsibility to deliver against its financial allocation from Welsh Government. The Health Board is managing the financial pressures carefully, balancing the need to deliver savings with the need to maintain safe and quality services.

Appendices

BOARD GOVERNANCE

Governance, Leadership and Oversight: End of 100 Day Plan Narrative Report
The Health Board recognises there must be tangible improvement in relation to implementing the governance and assurance actions which have been highlighted in a series of external reports. Mrs Ann Lloyd was appointed to provide oversight in relation to governance and accountability and has worked extensively with the Board during this period.

Within the first 100 days action has focused on 4 key areas.

1. **Developing Strategic Objectives**
   The Board have been working to develop strategic goals which are aligned to the Board's agreed purpose and vision and set the direction of travel, capturing intent and ambition. They are currently being finalised and will be drafted in a clear and succinct way so that they can be easily understood by all. They will provide a framework within which the Board's plans and annual delivery programme can be clearly defined.

2. **Assessing Board Effectiveness**
   Mrs Lloyd has led the Board through a self-assessment process against the "Well Led" framework for Board Governance Reviews and undertaken a Board Members skills audit to assess Board effectiveness. This diagnostic phase of work will be completed in September following which a tailored Board Development Programme will be put in place.

3. **Board Assurance Framework and Corporate Risk Register**
   A new approach has been taken to redeveloping the Board Assurance Framework and Corporate Risk Register based on good practice identified by Wales Audit Office and the Good Governance Institute. The Chair of the Audit Committee, Executive Members and the Integrated Governance Committee have overseen the development of the work. Significant progress has been made and a new Board Assurance Framework will be approved by the Board in October.

4. **Implementing Governance and Assurance Actions**
   A comprehensive and detailed review of all governance reports has been overseen by Mrs Lloyd resulting in clear actions, reportable individuals and timescales for completion. This has included a complete review of all outstanding recommendations from internal and external audit reports since 2011. Significant progress has been made and has been recorded and reported to the Audit Committee. In addition, the Board has revised its governance arrangements in relation to capital and introduced a new procedure manual. Roles and responsibilities for managing projects have been clearly defined with training needs for key roles identified and training is progressing. Business case scrutiny arrangements are in place and a financial health check of benefit realisation for existing major projects has commenced. The estates project management capacity has been renewed with a new structure agreed and appointment process ongoing.

MENTAL HEALTH

Complaints & Concerns, Incident Reporting and Governance

Recent reports highlighted a need to 'overhaul' the concerns, complaints and serious incidents reporting structures and the systems of learning from these issues. We have:

- Improved the management of complaints and developed systems to effectively capture and feedback concerns. Reduced the number of complaints open for over 3 months from 11 to 3.
- Introduced *"I Want Great Care"* onto 3 adult mental health wards in Wrexham Maelor Hospital.
- Ensured service user feedback is captured to inform improvement, developed an agreed report on performance and themes and trends to use at management level and ensured that complaints are included for discussion on the agenda for community and ward team meetings.
- Undertaken an analysis of serious incidents and incident reporting processes to provide a baseline of emerging issues, establish trends and themes and identify improvements required to achieve safe and effective management of any incident.
- Developed a Quality Assurance Document for staff guidance and agreed key performance indicators to monitor the effectiveness of the improvements from serious incidents.
- Provided training and awareness sessions for ward and community teams to support the discussion about the changes needed to ensure ongoing improvements as a result of any incident.
- Developed a comprehensive spreadsheet incorporating recommendations and actions from a number of reports/inspections. The Divisional senior management team are accountable for the action plans with the local areas being responsible for managing and updating progress against the actions. This process will address the issues raised from external reviews in a comprehensive and planned way across the service.
- Reviewed the Divisional risk register which is managed via Datix with escalation as required. This provides assurance to the senior management team that risks are identified and are mitigated/managed in order to ensure patient safety.
- Agreed a Delayed Transfer of Care process to improve bed flow within the Division and this will evolve to ensure that patients are cared for in the most appropriate setting.
- Commissioned a capacity review and forecasting exercise to specifically look at bed stock numbers to provide assurance on whether there is sufficient to manage the demand of inpatient admissions.
- Reviewed the governance framework for meetings providing greater transparency.
- Identified the areas that have achieved Accreditation for Inpatient Mental Health Services/Star Wards and are enabling other areas to work towards this.

Professionalism, Shift by Shift Metrics and Sustainable Workforce

We have:

- Reviewed all medical supervisor job plans, allocated time to deliver supervision to trainees and introduced weekly group supervision for out of hours activity.

- Commenced specialist Older Peoples Mental Health (OPMH) clinical supervision for Band 5 staff caring for inpatients and introduced a programme of compassion care training in OPMH inpatient areas.
- Commenced a training needs analysis and identified staff due their mandatory training and appraisals across the division and developed a plan for delivery of this.
- Introduced a new version of the MH&LD quality and safety audit.
- Implemented a set of shift by shift metrics to be used on all units.
- Trained staff in the use of *"Care to Talk"* which offers the families and carers of patients the opportunity to become much more involved in the process of care including assessment, care planning, care delivery and evaluation of care.
- Introduced monthly peer reviews with a pool of senior managers identified and the review tool is being refined, with staff engagement.
- Developed strategies in a number of key areas to ensure recruitment of staff is carried out in a timely manner, providing an effective and skilled workforce with succession planning, including developing new and innovative ways of training nurses and support staff.
- Undertaken an establishment review using a national benchmarking tool and developed a proposal for internal rotation of staff to ensure appropriate numbers of trained staff are available on every shift and working across different areas.
- Attended a local careers advisors event and will also be attending national recruitment events during October and November.

Interdependent Pathways, Meaningful Admissions and Medicines Management,

We have:

- Started to identify core conditions likely to require cross speciality in hospital referral for mental health in patients experiencing medical conditions.
- Identified a range of pathways to deliver appropriate care in a timely manner.
- Developed links with the Health Board's Unscheduled Care and Primary Care working groups to ensure exploit opportunities for development of integrated care delivery to realise maximum benefits.
- Undertaken a staff consultation exercise on approach and models of care.
- Commenced mapping of the current occupancy and utilisation requirements to support future service delivery planning.
- Updated the Mental Health Formulary and completed an audit of the appropriateness of antipsychotic medications in patients with dementia.
- Prepared a business case for more pharmacists, particularly in the care of the elderly.
- Audited the safe storage and security of medication on the inpatient units and commenced a training programme for nurses.
- Commenced discussions for more effective monitoring of the physical health of patients on antipsychotics with GPs.

Environment

Priority projects to improve the environment have been compiled and risk rated. These have been categorised into two groups:

- 100 Day Plan work including redecoration to high risk areas, replacement floors and carpets, kitchen and bathroom repairs and updating, grounds and garden maintenance and roofing repairs.
- Capital Projects

- A group has been established to scope and deliver the agreed high risk anti-ligature measures following a previously commissioned audit.

OBSTETRICS AND GYNAECOLOGY

a) Safe staffing strategy for the service across North Wales:
The staffing requirements to maintain the service across three sites has proved challenging. From a midwifery perspective, all vacancies have been filled, and 27 new appointments have been made. These appointments also allow for the previous backlog in mandatory training to be addressed. The service is currently compliant with Birth Rate Plus, the acknowledged workforce benchmarking tool.

For medical staffing, a number of rota gaps persist, particularly at middle grade level. A recruitment strategy of constant advertising of existing vacancies; of advertising for consultants to bridge gaps at middle grade level, and to develop innovative posts, has not generated the appointments required to stabilise the service and provide a sustainable staffing solution. Consequently, the Health Board is currently out to consultation on a range of options to introduce temporary changes to Womens and Maternity services in North Wales that will consolidate services and staffing onto fewer hospital sites.

The consultation will run for a 6-week period from 24 August, with 8 venues chosen for public events. Early indications are that the meetings are not well-attended, but the information supporting the consultation has been made available throughout all hospital sites in North Wales; each pharmacy and GP practice has the information on display, as well as public libraries and other local authority locations. Specific attention has been given to the dissemination of information in Communities First areas. The information is also available on the internet and through social media, and the majority of the 1,000 responses received in the first 2 weeks of the consultation have been received electronically.

In addition, Community Health Council Local Committee Meetings have each received an update on the proposals, and an in-depth opportunity to scrutinise each option in detail.

b) Mandatory training compliance.
11wte additional midwives (above Birthrate Plus requirements) have been appointed to allow for midwives to be released for mandatory training. Where there are delays in the appointees taking up their posts, agency midwives are being utilised. The training strategy will allow for previous deficits to be addressed by the end of January 2016.

c) Student midwife training.
Placements for student midwives for September 2015 have been agreed. These will be at Ysbyty Gwynedd, Wrexham and in the community, dependent on the students' requirements. No date has yet been agreed for the re-introduction of midwives to Glan Clwyd, but work is on-going within the service to develop a robust strategy to improve the learning environment at Ysbyty Glan Clwyd for student midwives.

d) Outstanding issues from the RCOG reports published in February 2015.
Most of the 30 actions in the RCOG report have been concluded. Work is on-going with *Impact Innovation*, an external company with a track record in working with and developing teams. This work will focus on improving teams and the interaction of the various professional groups on the Glan Clwyd site.

There have been a number of changes to the on-site management team within Obs & Gynae at Glan Clwyd, as we look to build a strong leadership team. These changes include the clinical director; lead manager; inpatient matron; inpatient ward manager, and some of the midwifery Labour Ward Lead duties.

e) Long-term sustainable service model.
The Royal College of Obstetricians and Gynaecologists will be working with the Health Board over the next four months to develop a number of viable options for the long-term delivery of sustainable services. The initial review will be undertaken at the beginning of October, with the report submitted to the Health Board in early December.

In addition, 2 workshops have been held with senior clinicians in Obstetrics and Gynaecology and Neonatology to consider potential long-term service models. Each workshop was attended by an average of 50 people, and generated options for consideration in advance of the RCOG review.

GP OUT OF HOURS

The first of the weekly Task and Finish Group meetings (Chaired by Hospital Director – West) took place on 9th July 2015 and during the course of the meeting membership of the group was agreed. The Draft terms of reference was presented and subject to some minor amendments was subsequently ratified and approved at the meeting held on 17th July 2015.

Improving the patients' journey and experience

Weekly reporting was introduced against the 41 recommendations within the Partners4Helath report and 100 Day Plan. The Governance, Management and Reporting structures, describing the links to the Unscheduled Care strategy and Primary Care, were clarified and agreed and circulated to all staff by 20th July 2015. This included a summary report, produced to show the differences between the 2006 and 2014 Quality Standards and reporting templates, which were amended to incorporate the 2014 standards. Weekly reports are presented to the Task & Finish Group against these standards.

The Terms of Reference for the Divisional Clinical Governance Groups was approved and ratified by the Task and Finish group on 17th July 2015 and monthly Clinical Governance meeting are now taking place in each Division. Clinical Governance Plans for 2015/16 have now been ratified and progress against the plans is reported weekly.

Weekly reporting in terms of activity, workforce and performance commenced 9th July 2015.

The Scheme of Delegation for the GP OOH service was presented to and agreed by the Task & Finish group on 17th July 2015.

Participation in the Area based forums to explore and agree further opportunities for joint development included discussions with Primary Care to review options for staffing and models of care.

Bespoke software has been purchased, training completed and implemented to monitor performance against the call answering/handling component of the service.

Escalation and Contingency plans have been ratified by the Group and all key milestones to be delivered by day 30 were achieved with good progress towards achieving the 60 and 90 day milestones. All 3 Divisional management teams met with Dr C V Jones to review current practice and share ideas in terms of how we take the service forward.

A North Wales risk register has been compiled and a divisional sub-register for specific risks is now in place. Daily reporting to include details relating to unfilled shifts and narrative to ensure full understanding of the effect on patient services was introduced from 13th August to provide Hospital Directors with the relevant information for the daily ED/Unscheduled Care conference calls.

Divisional Unscheduled care forums have commenced and will continue with the review of OOH pathways and further integration with other partners (ED/MIU etc). Together with the development of plans to improve resilience during the 2015/16 winter.

Follow up review of the recommendations contained within the Partners 4Health report will be undertaken before the end of September 2015.

Work is ongoing in terms of greater integration with Area teams to develop a safe and sustainable model with primary and community clinicians together with WAST and Social Services partners. A two day workshop, hosted by Dr Chris Jones and Richard Bowen (PD 111) to identify a way forward is taking place on 10/11th September, with follow up session to take place on 4th December where identified actions will be monitored for successful implementation.

What does this mean to patients? – it means that they will speak to a nurse or a doctor to have clinical triage much sooner after their contact with GP Out of Hours. This is essential in determining the care that they may need on an urgent or non-urgent basis.

Pathways between Ambulance Service, Emergency Department and the GP Out of Hours Service are now well established, particularly in the West. This means that patients are being seen by the appropriate clinical team in a more timely way.

We have recruited much needed GPs to support the service across the West and Centre and we continue to work hard to attract GPs to the service in the East.

Nurse practitioners have been recruited and are focusing their skills mainly to patients based within the rural areas of North West Wales.

RECONNECTING WITH THE PUBLIC

We have begun a comprehensive listening and engagement process with the public and our staff

We have publicised and promoted these events via: a dedicated website and our staff intranet; our social media channels and those of partners; press adverts; flyers and posters in communities; and word of mouth through our 17,000 staff and Team Brief system.

We have undertaken more than the 40 listening events at venues throughout North Wales that was specified in the 100 Day Plan

A rolling programme of events and meetings for the public is ongoing. We have:

- held 15 ‘drop in’ sessions for the public at locations across North Wales between 17 June and 8 July to tell us their views on health services.

- attended 22 public events including country shows and food festivals over the summer, proactively approaching and talking to people to gather their views. Attendance at a further 14 public events is planned over the coming weeks.

- undertaken four High Street ‘have your say’ events across North Wales, led by ‘street teams’ to approach people for views in high footfall areas in Bangor, Llandudno, Rhyl and Wrexham. Almost 400 people were engaged with and completed questionnaires.

- delivered three virtual listening events with the public in the form of live webchats hosted by senior leaders.

- started the third phase of our work. This involves going out to meet community groups, county voluntary services, town and local councils and local authorities across North Wales to hear about what is important to them and how we can develop relationships to work together more effectively. To date, seven meetings have been held with a further 13 planned to date.

In summary, against a target of 40 listening events for the public across North Wales, we have delivered or attended 51 events with a further 13 already planned and we have received feedback from a total of about 4,000 staff and members of the public.

We have designed a method to feed back what we have heard

We have devised a simple questionnaire asking four key questions about people’s views on what matters to them, what we do well and where we could improve.

We have provided a number of channels via which people can feed in their views: face to face meetings; hard copy questionnaire; online questionnaire as part of our dedicated website; smartphone app; social media; Freephone telephone line; and email.

Feedback is being monitored to ensure that we hear from different sections of our communities, including seldom heard groups.

We have summarised feedback from the early phase of activity in June and July and have published it on our website. We have also sent an update to stakeholders and all of those who shared their views and provided us with their contact details.

Some of the main issues raised by the public include: access to care (waiting times, availability of GP appointments and reducing cancellations of appointments); access to services (what is available locally and views on the centralisation of specialist services); the importance of good communication (relating to information provided to patients about their care and welsh language); and concerns about service reorganisation.

We are working with a specialist social research company to analyse the next phase of feedback and expect a report from them imminently. This will be published.

We have prepared a draft longer term engagement strategy.

This is currently being shared with colleagues and partners for feedback.

We have prepared a draft longer term engagement strategy. This is currently being shared with colleagues and partners for feedback. The strategy is centred on building and strengthening relationships with partners, communities and individuals so that we become a more visible, listening organisation. Our newly established area teams in the east, central and west will be key in helping us to deliver this.

We will build on what we have learned through the current listening exercise, and from best practise elsewhere, to ensure that all sections of our population feels empowered to have their say about our services and to influence their development. We will develop a range of channels through which our population can get involved and feedback their views to us.

STAFF ENGAGEMENT

The Health Board recognises the importance of engagement with staff, not only in respect of their status as employees but also as conduits to their families and the wider communities in which they live. One of the critical tests on Health Board strategy will be the extent to which our staff are supportive and act as ambassadors in helping build wider understanding of our plans.

The additional work that has taken place as part of the 100 day plans can be considered under four main themes:

a) Providing opportunities to listen to the voices of staff – the Health Board has utilised a variety of opportunities to listen to staff. This has included open sessions led by the interim Chief Executive, drop in sessions, World Cafés (a workshop methodology designed to promote generation and sharing of ideas through small group discussions) and Big Conversation events (larger group workshops). In total, 67 events have been held. Around 800 staff have viewed drop-in stands, over 300 have participated in open door forums and 115 staff have been delegates on workshop events. The Health Board has also used engagement surveys (short questionnaires) with staff and have received in excess of 2900 responses which are currently being analysed for reporting in Quarter 3. The feedback will be used for further engagement with staff.

Further, the Health Board has sought to develop a shared expectation on the behaviours leaders, managers and supervisors should exhibit as part of an engaged leadership style both generally and specifically in respect of safety walkabouts. The Health Board has welcomed the involvement of staff side partners in these arrangements and has been supportive of a staff survey undertaken by the north Wales health branch of UNISON.

b) Improving the health and well-being of staff – The Health Board acknowledges its responsibility for supporting the health and well-being of its employees and holds Gold Corporate Health accreditation. During the course of the 100 day plan, 27 staff Health 'MOT road show' sessions have been held across the Health Board area with around 400 staff attending. The road show offered blood pressure checks, diabetic screening checks along with provision of information on healthy eating, exercise, stop smoking, alcohol awareness The Health Board has also approved 'safe haven' arrangements for staff raising concerns. It has also signed up to the Nursing Times Speak Out Safely campaign – the first Welsh Health organisation to do so.

c) **Improving the working environment for staff** – Poor working environments can be a stressor and act against positive engagement with the Health Board's plans. The adequacy of staffing levels has and continues to be raised by staff as an area of concern. The Health Board has moved to publish on a daily basis planned and actual registered and un-registered staff numbers outside adult medical and surgical wards at our three District General Hospitals. Making transparent any shortfalls should aid the process of addressing them and give a renewed sense of confidence to both staff, patients and the wider public who use our services. This initiative has recently been commented upon positively by our Stakeholder

Reference Group. Many of our staff work in teams and the effectiveness of these teams can be an issue that affects both staff satisfaction at work and the quality of patient care. The Health Board has sought to increase the effectiveness of team working through the adoption of Aston Team coaching and team development which has been rolled out to 72 teams. The quality of interactions between individuals is important to both patients and to staff. The Health Board has formally launched the Board's commitment to #helofynenwiydy #hellomynameis as a supportive strategy to respectful engagement with patients and between staff. These have been accessed over 1000 times.

d) **Celebrating the contribution of staff** – Building on the existing measures to recognise the achievement of staff, notably our Staff Achievement awards, Celebration of Nursing & Midwifery awards and Long Service Awards, the Health Board has introduced two social media sites dedicated to recognising and promoting the achievements of our staff. These utilise Facebook where we have launched 'Betsi Staff at their Best' and a Twitter account @ Betsistaff.

Llywodraeth Cymru
Welsh Government

WRITTEN STATEMENT
BY
THE WELSH GOVERNMENT

TITLE **Betsi Cadwaladr University Health Board: special measures update**

DATE **4 November 2015**

BY **Vaughan Gething AM, Deputy Minister for Health**

Following the tripartite meeting of senior Welsh Government officials, the Wales Audit Office and Healthcare Inspectorate Wales on October 22, I issued a Written Statement, stating that Betsi Cadwaladr University Health Board would remain in special measures for two years, with progress and milestones to be reviewed every six months.

In considering the next steps for Betsi Cadwaladr University Health Board – the first NHS organisation in Wales to be put into special measures – we have drawn on the experience of NHS England, where a number of NHS trusts are in special measures. The English experience has highlighted the importance of providing the right support at the right time. It is also clear that organisations need time to achieve a successful and sustainable turnaround.

We have discussed what further support is now needed with Simon Dean, Betsi Cadwaladr University Health Board's interim chief executive, Peter Higson, the health board's chair and with the three independent advisers – Ann Lloyd, Dr Chris Jones and Peter Meredith-Smith – to enable the health board to build on the progress made during the first four months of special measures and put it on a sustainable footing for the longer term.

Appointing a substantive chief executive is key to securing strong and permanent leadership for the health board. The process for recruiting an individual with the necessary vision, leadership and drive to continue to rebuild the confidence of staff, the public and stakeholders is underway. Mr Dean – who I would like to thank for his continued hard work and dedication since he took up the post of interim chief

executive – will continue to play a pivotal role in the health board, supporting the transition to the new chief executive. He will return to his substantive role as deputy chief executive of NHS Wales within the Welsh Government in due course.

We are putting together a health board improvement team to ensure the chief executive has both the capacity and capability to make the necessary improvements to the areas identified under special measures. The team will report to the chief executive and will work alongside independent board members and the executive team in the key areas of governance, strategic planning, mental health, primary care and reconnecting with the public.

Ann Lloyd, a former chief executive of NHS Wales, will continue to provide oversight and finalise board governance work, including work on behaviours; the development of the board assurance framework and a review and restructuring of the committee structures.

Betsi Cadwaladr University Health Board has not yet produced a comprehensive three-year integrated medium-term plan. The improvement team will therefore include specialist planning and strategy expertise to build on the skills and capacity within the organisation in this area. This will accelerate the development of a strategy to deliver high-quality, safe and sustainable health services for North Wales.

Improving mental health services continues to be a key priority for the health board under special measures. A strategic review of current services, followed by a new vision and longer-term strategy is now needed. This must be developed in close partnership with service users, stakeholders and local people.

To accelerate the development of this strategy and help with the public engagement about the future of mental health services, external consultants with a proven track record in this area will be brought in. Support will also be provided by the 1,000 Lives team and Public Health Wales to ensure the plans are aligned with our national strategy *Together for Mental Health* and draw on best practice from across Wales and elsewhere.

The health board will appoint a new director of mental health services who will report directly to the chief executive. Jenny French, an experienced mental health divisional lead nurse, from Aneurin Bevan University Health Board and previously a nursing officer in Welsh Government is joining the improvement team as the senior mental health and learning disabilities nurse for Betsi Cadwaladr University Health Board. Jenny will start work in North Wales within the next few weeks.

The work to develop a new mental health governance framework will be taken forward by Helen Bennett, a former mental health nurse director at Cardiff and Vale University Health Board. Helen, who is currently working part time for Hafal, will bring extensive clinical expertise, along with experience from working with the

Ombudsman in Wales as well as the voluntary sector. I am grateful for Hafal's support in making this happen.

We will also provide additional project management capacity to support both the HASCAS and Donna Ockenden work, in relation to the failings in care identified on Tawel Fan ward, at Ysbyty Glan Clwyd.

Peter Meredith-Smith, associate director of the Royal College of Nursing in Wales, will continue to provide advice to the Welsh Government about progress on mental health. He will now focus on ensuring the health board keeps pace with the Wales-wide child and adolescent mental health services improvement programme until he returns to the RCN in the spring.

Healthcare Inspectorate Wales and the Wales Audit Office, in their review of progress under special measures, were clear the out-of-hours primary care services work led by Dr Chris Jones, chair of Cwm Taf University Health Board "appears to have been a catalyst for a greater appreciation of how to develop more consistent and coherent primary and community services across North Wales".

The improvement team will include people with the right skills to support the health board to make further improvements to primary care and ensure it makes best use of its share of the national £40m primary care fund. Dr Jones will review progress in December.

The health board has started the process of reconnecting with its staff and the public – it must now develop a longer-term plan which shows how it will continue to engage with and listen to staff, patients, the public and key stakeholders. The improvement team will provide additional resources and support to help the health board achieve this.

The improvement team will be established during the next few weeks and will work with the health board and the Welsh Government to finalise an agreed improvement plan, setting out the key milestones to be achieved at the six-month reviews.

In outlining the future arrangements for special measures at Betsi Cadwaladr University Health Board, over the next two years, I expect to see a health board which:

- Has strong leadership and robust governance;
- Provides safe, high-quality mental health services;
- Offers safe and sustainable out-of-hours primary care services and has a plan for the development of primary care and community services in North Wales;
- Has demonstrated an ability to deal with difficult and challenging service issues in partnership with its staff and the public and has a clear clinical strategy for the long-term development of services across North Wales.

To tackle the challenges and deliver sustainable outcomes the continued support, dedication and energy of the health board staff and the North Wales public will be critical.

I will provide a further update on progress and the support arrangements in due course.

Board Paper 10th November 2015 **Item** 15/284	GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board *To improve health and provide excellent care*

Title:	Listening & Engagement – activity to date and the way forward

Author:	Mrs Katie Sargent, Assistant Director of Communications and Engagement

Responsible Director:	Mr Chris Wright, Director of Corporate Services

Summary of Key Issues:	Following being placed in special measures, a key direction from Welsh Government was to connect better with our staff andpublic and listen in a more meaningful way to what people have to say about health and healthcare. *Living Healthier, Staying Well* was developed as a vehicle for this engagement work with our staff and the population across North Wales. Two phases of *Living Healthier, Staying Well* have taken place to date, with a third underway. Some analysis of the themes emerging from this exercise has taken place. These themes are reported in this paper. This paper sets out the developing approach to engaging with our staff and the public and details the next stages of engagement activity.

Action Required By Board:	**To:***(please tick all that apply)*		
	Note	✓	That the Board note the positive progress to date of the *Living Healthier, Staying Well* engagement exercise
	Endorse	✓	That the Board endorses the plans for the next stages of engagement
	Ratify		
	Approve		

Key Impacts:	*(Please provide a short summary against all that apply)*	
	Corporate Objective	The process of engagement is directly linked to the Health Board being placed in special measures by Welsh Government
	Finance	There are financial costs associated with the process of engagement
	Quality Impact Assessment	No direct impact in relation to this paper
	Standards for Health Services in Wales	Standard 5 - Engagement with local population
	Equalities, Diversity & Human Rights	No direct impact in relation to this paper
	Risk & Assurance	There are no service-specific risks associated with this plan, however, failure to undertake robust engagement carries the risk of judicial review.

Listening and Engagement –
Activity to date and the way forward

EXECUTIVE SUMMARY

This paper describes the Health Board's activities from June 2015 (when the Welsh Government placed the organisation into special measures) to date. It also describes what we have heard, how that feedback has been used and what we have learnt in relation to the activities undertaken.

This initial work has informed plans for the next steps in our ongoing engagement with staff, stakeholders and the public.

This analysis is being used to develop a strategy for moving forward with the next stages of engagement with the aim of ensuring that the involvement of staff, stakeholders and the wider public becomes part of our core business.

This paper describes:

- The work undertaken to date to engage the public and staff
- A synopsis of the feedback received to date
- What has worked well and what we have learnt
- Our proposed approach to engagement moving forward linked to the Health Board's vision and goals
- The principles of engagement and an analysis of its importance
- Our approach and a high level stakeholder analysis which will be disaggregated further by geography
- Opportunities for engagement throughout the planning cycle, high level roles and responsibilities and the levels of engagement we will need to consider
- A description of the key tools we will use and a number of key deliverables to ensure we have a range of activities to encourage participation

Throughout the implementation of the various activities there will be a regular programme of evaluation and reflection. This will help to ensure that we are engaging effectively and providing opportunities for the population of North Wales to genuinely participate in shaping health services in ways that suit them.

1. Background

The Health Board was placed in special measures by the Welsh Government in June 2015. One of the key areas identified as part of this decision was a failure to effectively engage with staff and the public.

To address this,a clear expectation in relation to patient engagement was set out in July 2015 by the Welsh Government:

"*Reconnecting with the public and regaining the public's confidence – the board must undertake and oversee a listening exercise to establish a different approach to public engagement. It needs to do that rapidly and it needs to listen to what it is told by its local population, rather than just informing them of the board's point of view."*

In response to this, a phased programme of engagement was put in place very rapidly. It included a range of activities for staff and the public with the aim of listening and seeking views on what matters to people.

2. What have we done?

Engaging the public

In Phases 1 and 2 which spanned from June 2015 through to early October2015, we had conversations with well over 1,500 members of the public (this figure excludes staff) who have provided feedback about their experiences of services, the future of health services and improvements to patient care.

Feedback channels include: completed questionnaires (both online and by hand); face to face conversations; email and telephone correspondence; social media; and a *Survey Me* App. Most feedback has been face to face as we have focussed on going out in to communities to meet our population and have genuine conversations with them.

Phase 1 was delivered between 17th June and 8th July and consisted of 15 public drop in sessions across the Health Board area in a variety of settings.

Phase 2 began at the end of July with proactive engagement at well attended, high footfall community events across North Wales, including country fairs and food festivals. Senior leaders listened, received feedback and encouraged completion of the questionnaire.

In the context of the Reconnecting with the Public 100 Day Plan, against a target of 40 listening events for the public across North Wales, we delivered or attended 51 events over the 100 days.

Phase 3 is continuing with a focus on reconnecting and building relationships with local groups including Local Authorities, Town and Community Councils, County Voluntary Councils and the third sector.

Senior members of the Health Board have been to 17 meetings to talk to groups about what is important to them and how we can foster effective relationships. These meetings have included the North Wales Transgender Network, Denbighshire Supporting People Day, Carers Reference Group and the Cymru Older Person's Alliance.

In addition, we have attended a further five public events including Mantell Gwynedd's Good Health Event in Dolgellau and the Mold Food Festival.

A list of events and meetings undertaken so far, plus those planned, is at Appendix 1. We are continuing to encourageparticipation and are responding torequests for meetings across North Wales into 2016.

The feedback from all this activity (see below) has beenfed into the Integrated Medium Term Plan(IMTP) 2016-2019 planning cycle so that the views of our population are considered as part of the process.

3. What have we heard from the public?

Similar themes have emerged in the early phases with waiting times and access to services very high on the agenda. There were many positive conversations praising staff and the care received.

There were also some areas where experiences were not so positive. Where appropriate, we have dealt with the small number of serious issues fed back to us by escalating them to the relevant department or the Concerns Team.

A number of key themes have emerged:

- **Access to care** - there were concerns raised around long waiting times across both primary (GP appointments) and secondary care (Emergency Departments, clinics and for procedures). The need to improve appointments and scheduling systems and the desire for a reduction in cancellations was also raised.

- **Access to services** - there was feedback regarding the ability to access specific services locally and the centralisation of specialised services. The importance of balanced access to safe and effective services for our population has come through strongly.

- **Communication** - this was a common theme, with several needs identified around provision of information pre and post care, clear communication around appointments, provision of Welsh Language services and communication between clinical teams.

- **Service reorganisation** - specific issues were discussed depending on which location we were speaking to people in, but often related to community hospitals, as well as the provision of services to people living at a distance from the main hospital sites.

- **Suggested solutions and ideas for improvement** - there have been innovative suggestions around greater use of technology to deliver care for patients living far from main hospitals, development of a single health care record across the Health Board and specific outreach services which could improve patient care.

4. What have we done?

Engaging our staff

There is a strong evidence base (West, McLeod) that workforce engagement delivers better staff wellbeing and better outcomes for service users. The staff engagement process held over the summer of 2015 included over 60 listening opportunities with staff. Around 800 staff attended drop-ins, 130 staff attended workshop events and 3, 000 questionnaires were returned. There was an appetite to discuss what we do well and what still needsto be improved.

As part of Phase 1, listening events were held across the Health Board for all staff members. These took the form of senior staff hosting drop-in sessions with a stand, information and questionnaires in public areas at a range of Health Board locations.

The Phase 2 events have included a variety of methods to engage staff with further drop-ins, World Cafes (a methodology to encourage small group discussions with a focus on generating and sharing ideas), Big Conversations and open door forums led by the Interim Chief Executive.

The drop-ins are also using two Pulse surveys - *Listening to our Staff* and the seven question based *Engagement Index*. These will also be circulated at scheduled Mandatory Training days. The World Cafes and Big Conversations used the four *Living Healthier, Staying Well* questions which are also being used at orientation days for new staff.

Further staff engagement activity in Phase 3 includes:

- A refreshed leadership walkaround process to enhance senior management visibility

- Publication of a set of Leadership Behaviours and Qualities which will reinforce expectations on managers to be visible and supportive

- Training for managers and supervisors with eight engagement workshops scheduled in quarter three

- Celebration of success through the Staff Achievement Awards on 4th November 2015

- Communication of Phase 2 engagement results through intranet and further drop-ins

- Local Partnership Forum review of results of Phase 2 staff engagement activities to inform further actions

- Pulse survey using a cultural diagnostic in Mental Health & Learning Disabilities

- Continued use of Pulse surveys and feedback to staff

- Continued social media activity following the launch of a Facebook page 'Betsi Staff at their Best' and twitter@betsistaff account in July to provide a constant supply of positive news. We have over 1,000 followers on these platforms.

A list of all activities is included at Appendix 1.

5. What have we heard from our staff?

Key themes from staff were:

- continued uncertainty over the organisational structure and frustration about change management

- some perceptions about delays in decision making and the need for clear accountabilities

- concerns about inappropriate leadership behaviours leading to pressure on staff

- dignity and respect not shown consistently to staff at all levels of the organisation

- request for more leadership visibility

- the need for more positive recognition of staff's efforts and achievements through line management and organisational celebration of success

- need for a greater focus on staff health and wellbeing

- open and transparent communications

- concerns about recruitment. This includes staff shortages in certain areas, reliance on locums and concerns about delays in the overall recruitment process

6. Communications activity

Our engagement efforts have been supported by a range of communications activity to help raise the positive profile of the Health Board and build trust and confidence in the organisation. This has focused on celebrating success and achievement, improving senior leadership visibility and demonstrating an 'open door' with a willingness to engage and address questions and concerns from both staff and the public.

Activity delivered over the summer 2015 includes:

- Producing a forward look of proactive, positive press releases which are also shared via our social media channels

- Securing a monthly column in the Daily Post (the most widely read newspaper in the region with a large and growing web following) for the Medical Director in which Prof Makin gives readers an insight into the developments at the Health Board

- Establishing a 'Best of Betsi' page on the staff intranet and external website to promote and celebrate all the good work going on across the Health Board

- Introducing a new section in the monthly face-to-face staff Team Brief where team leaders identify a success which is celebrated across the team

- Hosting open media briefings with the Interim Chief Executive, giving the media the opportunity to ask questions and discuss hot topics

- Setting up *Why I am Proud* on the staff intranet which features different members of staff explaining their pride in their roles and describing their contribution to the organisation

- Inviting the media in to see colleagues in action, which has resulted in numerous good news stories which include the work of the catering and hotel services team at Wrexham Maelor Hospital, the new Minor Injuries Unit at Llandudno Hospital, and the new critical care unit at Ysbyty Glan Clwyd

- Establishing*BCUHB Update*, a stakeholder newsletter, new editions of which are produced every six weeks and are issued via email to all stakeholders including people who have participated in our engagement activity. *BCUHBUpdate* outlines the news from the Health Board and and highlights successes

- Delivering three webchats, hosted by Executive Directors including the Medical and Nursing Directors, to provide the public with an accessible way of asking BCUHB leadership questions on a broad range of issues

- Live tweeting from Board meetings, to enable people to follow what is being discussed at Board in an accessible, clear, concise way in real time

- Delivering media training for a group of the organisation's senior leaders to increase their confidence and skills in undertaking broadcast interviews

- Participating in S4C's *Babi Del,* a welsh language version of the popular *One Born Every Minute* which is based at Ysbyty Gwynedd and showcases the hard work of the teams at the maternity unit

7. Critical success factors

At the outset of the exercise we set the following objectives:

- To gather the views of staff and the public, including their concerns, in a proactive, open and transparent way

- To ensure equity in ensuring that all groups are able to make their views heard, including hard-to-reach and protected characteristic groups

- To evaluate and take into account the views expressed in future planning

Due to the organisation being placed in special measures, perceptions of the Health Board were particularly poor among staff and the public at the outset of the exercise. Therefore a major critical success factor is the visibility that the *Living Healthier Staying Well* engagement activity has given usin the communities we serve. We have demonstrated a willingness to listen and act upon feedback given to us.

We have kept those who participated informed of what we heard and how we were using it through updates to our *Living Healthier Staying Well*website and by sending them via email and post. We have also shared our regular stakeholder newsletter with them. A number of people have thanked us for keeping in touch with them in this way.

There were successes throughout all three phases, for example the Participate UK on-street surveying which took place in high footfall town centres across North Wales. Team members proactively approached and engaged with hundreds of people whose views ordinarily would not have been heard.

A certain level of adaptability has been demonstrated in quickly recognising opportunities for enhanced engagement. This included attending existing events which attract a large audience, and proactively approaching all sorts of community groups to ensure the voices of a broad cross section of the population are heard.

Our approach in terms of organising and attending events clearly resonated, as illustrated in much of the positive feedback we havereceived.

"I didn't expect to see you here"

"It was good to see the Health Board actually listening to my point of view"

"It has been useful to have a face to face conversation with a healthcare manager"

Our own senior leaders, many of whom attended events, appreciated the opportunity to hear what people had to say:

"It was good to get out there and have honest conversations with people to understand what matters to them"

"It is really pleasing to see how positive people are about their experiences of the health service"

There was also an opportunity for learning throughout the early stages of our activity. This is outlined below:

Phase 1 Drop in Events

- Accessibility
  - Venues needed to be central and in high footfall areas to encourage attendance
  - Some venues, whilst Disability Discrimination Act compliant, were difficult to get to and this impacted on attendance
  - Those who attended these events in general appreciated the opportunity to have a meaningful conversation with Health Board staff

- Advertising and promotion
  - Although adverts were placed in local newspapers and online, the best results in terms of attendance were obtained when staff leafletedin the community in the days before an event

- Community events
  - Whilst attending large public events worked well when, for instance, handing out questionnaires for completion later, the environment did not always work so well for meaningful conversations with individuals
  - Further investment in professional branding materials for outdoor use is required to present a professional looking stand

- General
  - Activities need to be designed specific to the audience and purpose of the event or meeting
  - Engagement is intensive in terms of logistics and support required and all staff have a part to play. Some events were short staffed when managers who were due to attend did not. We must move to a position where managers view engagement as an important part of their role which is not dropped if something else comes up
  - Engagement must be adequately funded so it is part of core business supported by all sections of the organisation

8. Next Steps - Strategic Direction

The strategy for engagement moving forward must link to the organisation's vision and objectives and must ensure that stakeholders, the public and our staff have the opportunity to have a strong voice in the planning, design and delivery of our services.

Our desire is to engage with people in a way we have not consistently done before and to genuinely hear what they have to say about their health and healthcare. We must become more responsive to the needs and views of the public and ensure they are better informed about the challenges we face.

Robust and systematic engagement can support our aims of improving the health of the people of North Wales, improving the care everyone receives and delivering the best value for money by using our resources effectively.

9. Our StrategicVision and Goals

The Board has described its vision and strategic goals as follows**:**

Our vision

- We will improve the health of the population, with a particular focus upon the most vulnerable in our society

- We will do this by developing an integrated health service which provides excellent care delivered in partnership with the public and other statutory and third sector organisations

- We will develop our workforce so that it has the right skills and operates in a research-rich learning culture

Our Strategic Goals

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

These strategic goals establish the direction of travel for the Health Board. Our engagement activities will need to explain what they mean for staff, stakeholdersand the public. We must give all the opportunity to influence service design and development.

10. Engagement principles and definitions

We have signed up to the general principles of engagement developed by Participation Cymru and the Tenant Participation Advisory Service (TPAS). The principles are:

- Engagement is effectively designed to make a difference
- Encourage and enable everyone affected to be involved, if they so choose
- Engagement is planned and delivered in a timely and appropriate way
- Work with relevant partner organisations
- The information provided will be jargon free, appropriate and understandable
- Make it easier for people to take part
- Enable people to take part effectively
- Engagement is given the right resources and support to be effective
- People are told the impact of their contribution:
- Learn and share lessons to improve the process of engagement

The intention is to adopt these principles in all our engagement activities.

Further detail can be found at http://www.participationcymru.org.uk/national-principles/how-to-endorse-the-principles

The principles incorporate key definitions in the context of engagement and consultation as follows:

- **Engagement:**An active and participative process by which people can influence and shape policy and services that includes a wide range of different methods and techniques.

- **Consultation**: A formal process by which policy makers and service providers ask for the views of interested groups and individuals.

- **Participation:** People being actively involved with policy makers and service planners from an early stage of policy and service planning and review.

11. Why is effective engagement so critical?

- Engaging and involving communities in the planning, design and delivery of health and care services can lead to more joined-up, co-ordinated and efficient services that are more responsive to local community needs.

- Public participation can also help to build partnerships with communities and identify areas for service improvement.

- Outcomes are improved as services are better designed around the needs of patients when they are involved in the planning process. This approach also fosters a better understanding by the public of how the local NHS operates and can lead to more appropriate use of health services.

- Continual and open dialogue also builds a culture of transparency and trust, which is a critical element of what we must achieve.

- Decisions around healthcare provision are better supported when people are involved in identifying problems and designing solutions that work.

- Insight gathered from the public can also help to improve services and outcomes as well as potentially helping to spot failures.

Appropriate engagement is vital for us as we set out our vision for service delivery in North Wales. Support from local people, staff and stakeholders will be fundamental in delivering a health system focused on delivering care closer to home.

12. Engagement Strategy – the approach

The activities undertaken to date cannot be a “one off” and must be central to all we do.

We are currently preparing a strategy for engagement for the Health Board 2016-2019. This will provide a longer term framework for engagement with all our stakeholders with engagement placed at the heart of our business.

The approach outlined in this paper will be shared with staff and stakeholders for their views and feedback. This will be critical in shaping our engagement strategy 2016-2019. We will bring this to the Board in the Spring of 2016 and are aiming for April.

We have to routinely and regularly engage with our staff, stakeholders and communities, use the feedback we receive to influence our planning processes and work with communities to develop and design services. The process of engagement has to be meaningful and must be able to demonstrate that we have listened.

Our approach will need to focus on the assets in communities working in co-production with patients, families, and carers and collaborating to improve outcomes.

There are already a significant number of community groups and networks across North Wales. We will work with County Voluntary Councils and Local Authorities to identify these existing assets and use them to support our engagement work. These assets will be used alongside and in parallel with other channels described in more detail later.

We are not starting this journey from a standing start. There are already examples of how patients and the public are involved in our work to inform and influence final outcomes:

- involvement in all major capital developments
- user/carer/family involvement in development of the Mental Health Strategy
- user involvement in the development of cardiac patient pathways

We must build on this so that engagement at all levels becomes embedded in the culture of the organisation.

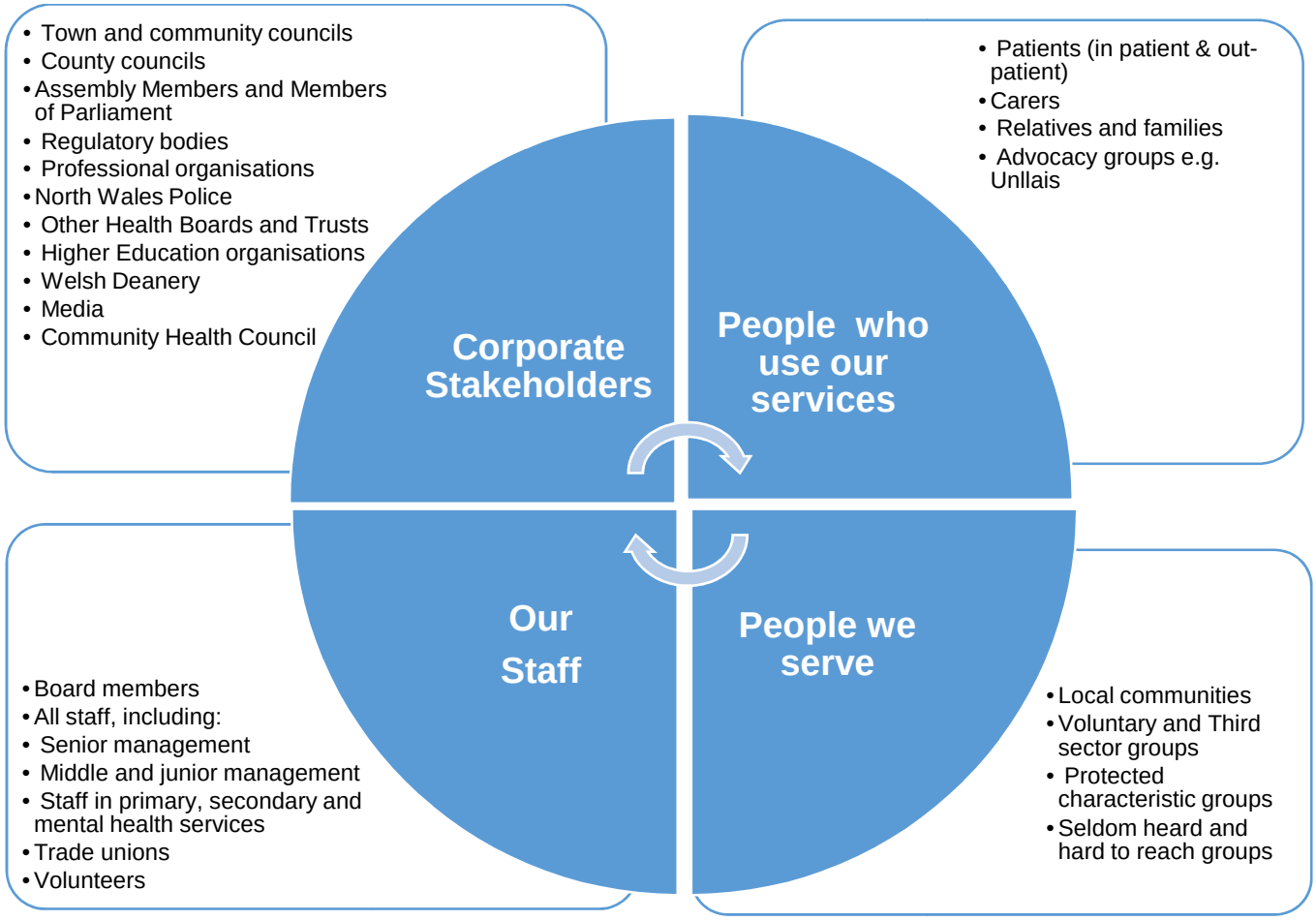
This will be a significant undertaking and will take time. We must raise our organisational capability to engage and collaborate if co-production as described in the prudent healthcare approach is to be realised. The longer term benefits of such an approach will include: an improved reputation;genuine co-production; improved health and wellbeing; services that meet the needs of local people; and shared success.

13. Understanding our stakeholders, staff and communities

North Wales is a diverse population with both significant urban and rural populations, areas of high inequality, a range of language needs, a high percentage of the population whose first language is Welsh, and a range of protected characteristic groups as defined by the Equality and Human Rights Commission. These are listed in section 13 below. Similarly, our staff reflect this demographic diversity.

There are therefore a variety of needs and interests that we must meet. Segmenting them will allow us to target our engagement activitiesmore effectively to ensure that we are providing the right information, in the right format and at the right level.

The following is a high level breakdown of key stakeholder groups which will be developed in detail for individual projects.



More detailed stakeholder analysis will be undertaken by area (East, Central and West) in developing the longer term strategy.

14. Equality and equity

We must pay due regard to public sector equality duties. We have a duty in relation to the appropriate and sensitive engagement with those communities described as seldom heard, vulnerable and disadvantaged groups. They often have the greatest healthcare needs yet face additional barriers to accessing services and making their views understood. Listening to the views of these communities will give us insight about their needs and how to meet them. It will also empower them to make their views about service provision known.

All decisions relating to healthcare provision must take account of potential impacts on these groups.We must ensure that protected characteristic groups have the opportunity to fully participate by making engagement accessible to them.

These groups are:

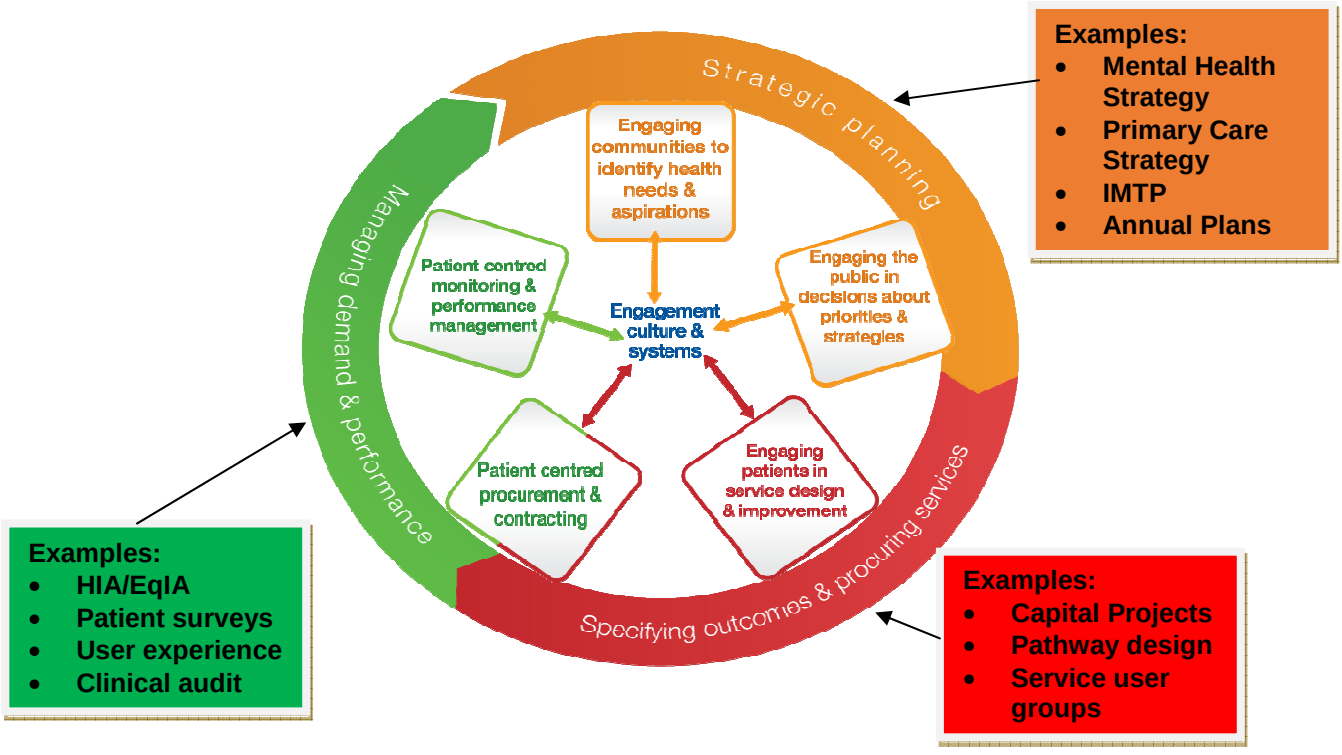
Age	Marriage and Civil Partnership	Religion and Belief
Disability	Pregnancy and Maternity	Sex
Gender reassignment	Race	Sexual Orientation

15. Where do we want to get to?

We must develop a process of continuous dialogue with all our stakeholders, so that we provide opportunities foran ongoing conversation that is embedded in all our planning and service development activities.

Throughout the planning cycle there are opportunities for meaningful engagement with all stakeholders to ensure all views are considered at each stage of service design, development and delivery.

Patient & Public Engagement – The Cycle of Service Design



We need people to recognise they have a real say in how we develop and deliver services and that their participation has an impact. Keeping people informed of news and developments and ensuring that they understand the relevant issues and challenges is crucial.

We willtherefore identify a range of routes and channels to reach a diverse

range of people who can champion the health needs and interests of local communities and individuals.

We will adopt and demonstrate an open approach that welcomes feedback, challenge and debate. We want to establish credibility and improve the way the organisation is viewed. Evidencing that we have listened, responded and acted on what we have been told will be a key to improving our reputation.

16. How will we get there?

For this approach to succeed across the organisation, we mustengage at all levels – individual, team, community and organisational- to develop and iterate robust engagement processes so that we can better understand and respond to the needs of the communities we serve.

A shift in mindset is required so that leaders understand and believe that engagement is a core role, rather than an add-on. There is a need for strong and sustained leadership effort to embed engagement throughout the organisation.

Our Area Teams and Hospital Management Teams form an ideal platform on which to build continuous engagement. As the Health Board's local representatives, it is essential that they understand the views of their local population and stakeholders and work with them to design service pathways that meet local needs. This process is already underway.

This activity will be supplemented by activities at a corporate level. To do this, we must invest in a dedicated, professional engagement team to drive the process and support managers.

17. Engagement approach

As this is a new approach to what has been done in the past, it is vital that the senior leadership embrace it and lead by example by embedding it into their roles and encouraging staff to do the same.

All staff within the organisation will have a role in communicating and engaging with stakeholders, other staff and the wider public.

Proposed outline responsibilities are detailed below. These will be further articulated and refined as part of the development of the Engagement Strategy.

Staff Group	**Role**
Board members	Champions for communication and engagement. Lead by example
Clinical Executives	To design and lead activities directed at clinical staff
Other Executive Directors	To lead engagement on specific areas at a corporate level, each to be allocated a locality group
Area Directors	To lead engagement at locality level with stakeholders, staff and the public
Senior Managers (including	To lead engagement with all staff groups and

clinical leaders)	participate in locality activities
Other Managers	To undertake regular team briefings ensuring all their staff have access; issues raised to be fed back through the reporting chain; participate in locality activities
All other staff	Ambassadors of the organisation who understand their role in feeding back what they hear 'on the ground'. Signpost people as appropriate

18. Levels of engagement and participation

We must aim to engage stakeholders, staff and the wider public at a variety of levels. There will be occasions when we simply need to provide information but in the future we may wish to devolve decisions.

The principles we will adopt are as follows:

Devolving	Placing decision-making in the hands of the community and individuals. For example Health Budgets or a community development approach.
Collaborating	Working in partnership with communities, patients and staff in each aspect of the decision, including the development of alternatives and the identification of the preferred solution.
Involving	Working directly with communities, patients and staff to ensure that concerns and aspirations are consistently understood and considered. For example locality groups, public members groups and staff forums.
Consulting	Obtaining community and individual feedback on analysis, alternatives and / or decisions. For example, surveys, door knocking, locality and public members and staff groups.
Informing	Providing communities, individuals and staff with balanced and objective information to assist them in understanding problems, alternatives, opportunities, solutions. For example, websites, social media, open meetings, newsletters and press releases.

The aim will be to involve staff, stakeholders and the public at the appropriate level subject to both the topic and the level of engagement desired by the individual.

19. Pillars of Engagement

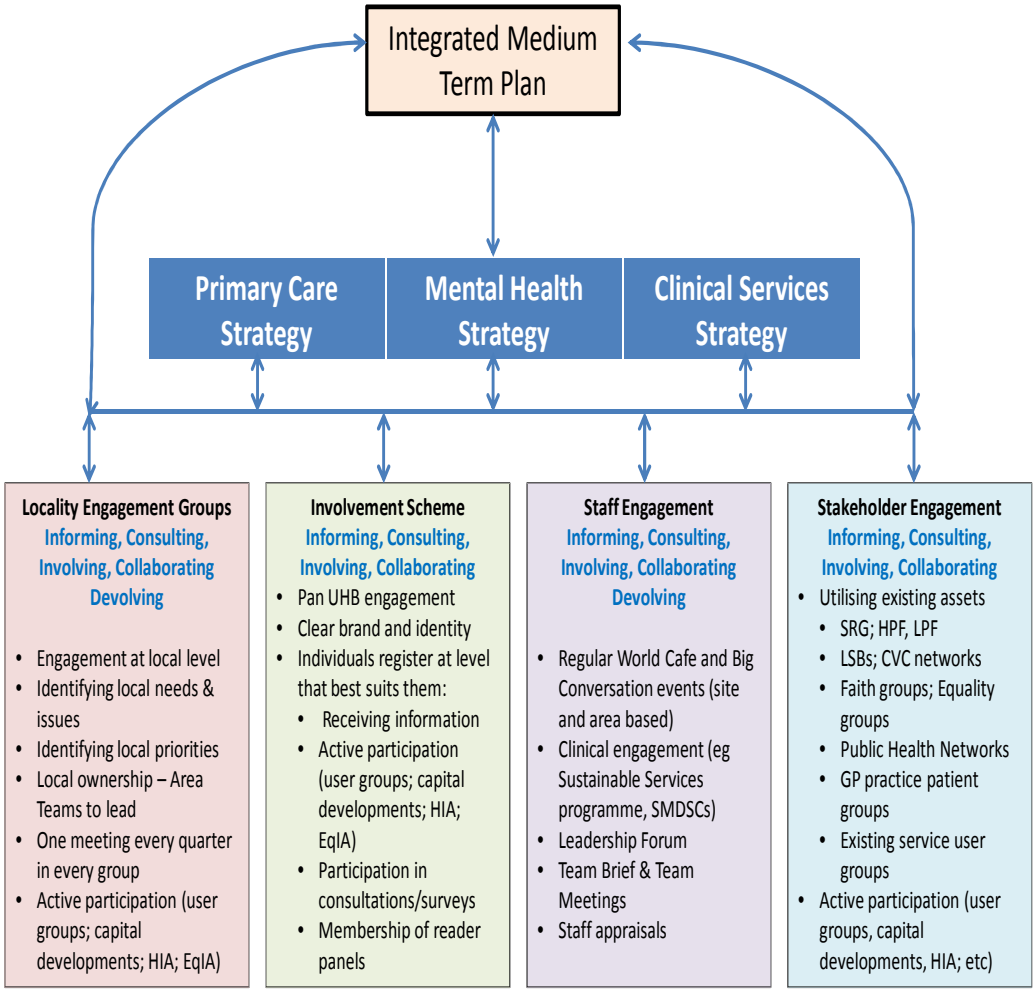
Our strategy moving forward will be built around a number of key pillars,each of which can be utilised to inform the development of individual service strategies (e.g. Mental Health, Primary Care) and the overarching IMTP. The key pillars are as follows:

- **Locality Engagement Groups**The aim is to provide a forum for open discussion on local issues and priorities as well as the Health Board's wider vision and direction; there is an opportunity to make these "public sector" forums

- **Health Board Involvement Scheme**to enablethe population to "get involved" and register at a number of levels

- **Ongoing programme of Staff Engagement**– through a range of activities both corporate (World Cafes, Big Debate events and Pulse surveys) and local (Team Brief, Site Brief)

- **Adoption of an asset-based approach to Stakeholder Engagement**Working with those assets that already exist and linking into the Well North Wales programme where possible and developing a Community Assets Database



20. Immediate Next Steps

The first three phases of activity have seen us engage “without an agenda”. We now need to engage staff, stakeholders and the public on our vision and strategic goals. We need to give those we work with and our population the opportunity to influence what the future looks like.

Planning for Phase 4 is already underway. The approach we are taking is based firmly on the four pillars of engagement and will have a number of key deliverables, as outlined below.

Deliverable 1
Embed the importance of engagement into the culture of the organisation

Will be delivered through:
- **Sharing and embedding our Engagement Strategy across the organisation**
- **Undertaking a training needs analysis of all managers**
- **Designing appropriate training**
- **Investigating the potential for all Managers to have an objective around communications and engagement through their PADRs**

Deliverable 2
Ensure the views of BCUHB staff are listened to and acted upon and to empower them to be actively involved in planning

Will be delivered through:
- **Reviewing the Team Brief process**
- **Promoting the BCUHB Safe Haven and the Nursing Times’ *Speak Out Safely* channels for raising concerns**
- **Pulse and other surveys to gather views**

Deliverable 3
Establish Locality Engagement Groups to allow ongoing engagement with members of the public

Will be delivered through:
- **Locality meetings to be held in Q3 and Q4 across the whole Health Board area**
- **Comprehensive promotional campaign to encourage attendance and participation**

Deliverable 4
Establish an involvement scheme across the Health Board area for individuals and groups to actively participate. The scheme will be largely web based with the opportunity for those registered to be invited to specific events or to participate in specific work. Involvement will be at a range of levels such as:

- **Information sharing**
- **Active participation in general engagement activity**

- **Active participation in specific service areas of interest (including membership of pathway groups where an interest has been expressed)**
- **Participation in national consultations**
- **Readers panel membership**
- **Feedback mechanism built into scheme**

Will be delivered through:
- **Development of web infrastructure and brand**
- **High profile launch of scheme**
- **Pan Health Board promotion and advertising**
- **Target number of members in first year to be agreed**

Deliverable 5
Provide high quality information to ensure that our local communities understand and know all about our plans and opportunities available for participation

Will be delivered through:
- **Review of all communications channels and materials**
- **Further development of *Living Healthier; Staying Well* brand**
- **Developing and publishing corporate resources (factsheets, FAQs, needs assessments, HIAs etc) to support delivery of the engagement programme and development of future plans**

Deliverable 6
Work with Local Authorities, other public sector bodies and the third sector to identify opportunities for joint/shared engagement

Will be delivered through:
- **Mapping existing assets**
- **Developing a shared community asset database**
- **Consulting with colleagues on shared strategy**
- **Agreeing forums for joint engagement**

Deliverable 7
Finalise detailed plan for next stages of engagement activity with the aim of seeking views on our vision and local priorities

Will be delivered through:
- **Engagement of Area Teams**
- **Establishing robust evaluation methodologies and Key Performance Indicators**

Deliverable 8
Maintain the level of proactive, positive communications activity to support and complement the engagement efforts to rebuild relationships, improve visibility of the Health Board in our population and to enhance or reputation

Will be delivered through:
- **Review of all communications channels and materials and analysis of impact and reach so that successful activity can be repeated or scaled up**

- **Exploring and testing new communications channels, ideas and approaches to extend reach and cut through of messages**
- **Forward plan of communications activity aligned with engagement activity**

21. Conclusion

The initial programme of engagement started the process of listening to and rebuilding relationships with our population. The programme was designed to give local people the opportunity to describe their experiences of the local NHS.

We have reflected on the learning from this initial activity and looked to develop a range of tools to support a continuous, proactive approachto engagement.

The next key stages are establishing the Locality Groups and a wider Involvement Scheme to ensure that local people, stakeholders and staff are engaged in the development of the Health Board's plan for 2016/17 and beyond.

A detailed delivery plan will underpin the next stages of engagement will be presented to the next meeting of the Strategy and Planning Sub Committee and will incorporate a timeline of all planned activities with key measurables for all activities.

It is intended to bring a full Engagement Strategy to the Board for approval in the Spring of 2016, once a process of consultation with key stakeholders has been completed.There are opportunities for working closely with other public sector organisations and the Third Sector and sharing engagement activities.

Appendix 1

Phase 1 – Public Engagement events

Date:	Time:	Venue:
17.6.15	2.30pm – 7.30pm	Royal British Legion, Llay
18.6.15	2.30pm – 7.30pm	Town Hall, Flint
19.6.15	2.30pm – 7.30pm	Craig Y Don Comm Centre, Llandudno
22.6.15	2.30pm – 7.30pm	Morfa Hall, Rhyl
23.6.15	2.30pm – 7.30pm	AVOW, Wrexham
24.6.15	2.30pm – 7.30pm	Town Hall, Mold
25.6.15	2.30pm – 7.30pm	Pwllheli Leisure Centre
29.6.15	2.30pm – 7.30pm	DVSC, Ruthin
30.6.15	2.30pm – 7.30pm	Council Chambers, Connah's Quay
1.7.15	3.00pm – 7.30pm	Town Hall, Llangefni
2.7.15	2.30pm – 7.30pm	Neuadd Pentre Social Centre, Tywyn
3.7.15	2.30pm – 7.30pm	Parish Hall, Chirk
6.7.15	2.30pm – 7.30pm	Glan Wnion, Dolgellau
7.7.15	2.30pm – 7.30pm	EiriasPark, Old Colwyn
8.7.15	2.30pm – 7.30pm	Galeri, Caernarfon

Phase 1 - Staff Engagement

Date:	Time:	Venue:
17.6.15	12.00–2.00pm	Penrhos Stanley
18.6.15	12.00–2.00pm	YG - Dining Room
19.6.15	12.00–2.00pm	Alltwen – Committee Room
23.6.15	12.00–2.00pm	Dolgellau – meeting room
25.6.15	12.00–2.00pm	Wrexham Maelor – Dining Room
29.6.15	12.00–2.00pm	Llandudno – Boardroom
30.6.15	12.00–2.00pm	YGC – Dining Room
1.7.15	12.00–2.00pm	Denbigh – Meeting Room
2.7.15	12.00–2.00pm	Mold – Staff dining room
7.7.15	12.00–2.00pm	Holywell–Seminar Room

Phase 2 – Public Engagement

Date:	Time:	Event
24.7.15	10.00am-4.00pm	North Wales Gay Pride – Hendre Hall, Bangor
27.7.15	10.00am-4.00pm	Participate UK – Street Survey. Llandudno Asda
29.7.15	10.00am-4.00pm	Celtic Summer Fayre – Conwy Quay
30.7.15	10.00am-4.00pm	Celtic Summer Fayre – Conwy Quay
31.7.15	10.00am-4.00pm	Celtic Summer Fayre – Conwy Quay
1.8.15	10.00am-4.00pm	Celtic Summer Fayre – Conwy Quay
2.8.15	10.00am-4.00pm	Celtic Summer Fayre – Conwy Quay
8.8.15	10.00am-4.00pm	Participate UK – Street Survey. Bangor City Centre
8.8.15	10.00am-4.00pm	Participate UK – Street Survey. Wrexham shopping centre
8.8.15	9.00am-5.00pm	White Rose Shopping Centre - Rhyl
11.8.15	8.00am-6.00pm	Anglesey Show
12.8.15	8.00am-6.00pm	Anglesey Show
12.8.15	11.30am-12.30pm	Live Web Chat online
15.8.15	9.00am-5.30pm	Llanrwst Rural Show
16.8.15	10.00am-5.00pm	St. Asaph Country Fayre
20.8.15	8.30am-5.00pm	Denbigh & Flint Show
21.8.15	10.00am-4.00pm	Deiniol Shopping Centre, Bangor
26.8.15	9.00am-5.00pm	Merioneth Show, Harlech
28.8.15	1.00pm-4.00pm	Hafal.org Music Afternoon, Holyhead
4.9.15	10.00am-2.00pm	Denbighshire Supporting People Day, Rhyl
5.9.15	9.00am-12.30pm	Awyr Las 5k Fun Run, Anglesey
6.9.15	9.00am-4.00pm	Tour of Britain Finishing Line, Wrexham
19.9.15	10.00am-5.00pm	Mold Food Festival
20.9.15	10.00am-5.00pm	Mold Food Festival
16.10.15	10.00am-2.00pm	Mantell Gwynedd – Good Health Event. Dolgellau
17.10.15	10.00am-5.00pm	Hamper 2015, Llangollen
18.10.15	10.00am-5.00pm	Hamper 2015, Llangollen

Future public events planned:

Date:	Time:	Event
14.11.15	TBC	Anglesey Winter Show
15.11.15	TBC	Anglesey Winter Show
26.11.15	9.30am-5.30pm	Celtic Fayre – Colwyn Bay
27.11.15	9.30am-5.30pm	Celtic Fayre – Colwyn Bay
28.11.15	9.30am-5.30pm	Celtic Fayre – Colwyn Bay
29.11.15	9.30am-5.30pm	Celtic Fayre – Colwyn Bay
30.11.15	9.30am-5.30pm	Celtic Fayre – Colwyn Bay

Phase 2 – Staff Engagement

Date			Event
Monday	July	6	Drop in, Orientation, Abergele Hospital
			Drop in, Mandatory Training Day, Abergele Hospital
			Drop in, Orientation, Wrexham Maelor Hospital
Tuesday	July	14	Drop in, Mandatory Training Day, Abergele Hospital
			Drop in, Glan Clwyd Hospital
Wednesday	July	15	Drop in, Deeside Hospital
			Drop in, Colwyn Bay Hospital
Thursday	July	16	Drop in, Abergele Hospital
			Drop in, Cefni Hospital
			Drop in, Ysbyty Penrhos Stanley Hospital
Friday	July	17	Drop in, Chirk Hospital
Monday	July	20	Drop in, Mandatory Training Day, Ysbyty Gwynedd
			Drop in, Orientation, Bryn Y Neuadd
Tuesday	July	21	Drop in, Mandatory Training Day, Ysbyty Gwynedd
			Drop in, Llandudno Hospital
Wednesday	July	22	Drop in, Mandatory Training Day Abergele Hospital
			Drop in, Holywell Hospital
Thursday	July	23	Drop in, Mandatory Training Day, Wrexham Maelor Hospital

Phase 3 Public Engagement

Meetings undertaken so far:

Date:	Time:	Event
5.8.15	6.00pm-8.00pm	Encompass LGBT Staff Support Network, Connah's Quay
10.8.15	7.00pm-9.00pm	North Wales Transgender Network, North Wales Police HQ, Colwyn Bay
3.9.15	2.00pm-3.00pm	Unison Retired Members, Guildhall, Wrexham
4.9.15	10.45am-12.30pm	University of the Third Age, Anglesey
4.9.15	11.00am -1.00pm	Council for Older People, Anglesey
9.9.15	10.30am-2.30pm	Carers Reference Group, St Asaph
11.9.15	11.00am-12.00pm	Cymru Older Persons Alliance, Rhyl
14.9.15	2.00pm-3.00pm	Wrexham Over 50s Forum, Wrexham
21.9.15	6.15pm- 8.00pm	Rotary Club of Prestatyn
28.9.15	7.15pm-8.15pm	Soroptimists International, Anglesey
28.9.15	1.30pm-2.30pm	Community Pharmacy Wales, Abergele Hospital
6.10.15	2.00pm-3.00pm	Nefyn Pensioners
7.10.15	11.00am- noon	Headway, Abergele
12.10.15	6.30pm- close	Conwy Town Council, Conwy

Planned:

Date:	Time:	Event
20.10.15	7.00pm - close	Broughton and Bretton Community Council
29.10.15	TBC	RNIB Conwy Volunteers
17.11.15	2.00pm – close	Isle of Anglesey County Council
5.1.16	2.00pm – close	Wrexham County Borough Council

We are in receipt of another 29 requests for meetings of which are currently being scheduled into the LHSW diary.

Welsh Government, Rhydycar Business Park, Merthyr Tydfil, CF48 1UZ
03000628163
www.hiw.org.uk

24 Cathedral Road
Cardiff, CF11 9LJ
029 20320500
info@audit.wales/post@archwilio.cymru
www.audit.wales/ww.archwilio.cymru

Mr Simon Dean
Interim Chief Executive
Betsi Cadwaladr University Health Board
Ysbyty Gwynedd
Penrhosgarnedd
Bangor
Gwynedd
LL57 2PW

Date: 12 October 2015
Our ref: HVT&KC/ 2396/caf
Page: 1 of 5

Dear Simon,

HEALTHCARE INSPECTORATE WALES AND WALES AUDIT OFFICE REVIEW OF PROGRESS SINCE IMPOSITION OF SPECIAL MEASURES

As you are aware, staff from Healthcare Inspectorate Wales and the Wales Audit Office have recently been involved in high-level review work to examine the progress made in the key areas that were identified as challenges for Betsi Cadwaladr University Health Board (BCUHB)when it was placed in special measures by the Minister for Health and Social Services in June of this year.

This high-level and targeted overview of progress has been undertaken in order for us to have an evidence base on which to draw when we meet with Welsh Government officials on 21st October to discuss the Health Board's escalation status. We will not be issuing a separate report and will publish this letter and any response that the Health Board wishes to make. The work that we have done replaces the more substantive governance joint review work which had originally been planned to follow up our previous recommendations. We intend that this follow-up work will now take place in the spring of 2016, subject to the outcome of the discussions on the Health Board's escalation status.

The remainder of this letter sets out the findings from the high-level review of the progress made since the Board was placed in special measures. It is important that the Health Board has the opportunity to see our conclusions, and also that we receive yourwritten response before we meet with Welsh Government officials on 21st October.

Overall, it is clear to us that much work and effort has gone into tackling the key challenges that have been identified previously by ourselves and other external reviewers, and also by the Minister when he placed the Health Board into special measures. There have been positive developments in a number of areas, which can be built upon. However, some fundamental

Direct line: 0300 0628379
kathryn.chamberlain@wales.gsi.gov.uk

Direct line: 029 20 32 **0510**
huw.vaughan.thomas@audit.wales

challenges remain which will require specific leadership skills and resolute determination to address.

It was clear to our reviewers that the approach to leadership that you have personally adopted since becoming interim Chief Executive has been welcomed by senior staff and board members in the Health Board. The increased visibility and engagement with both internal and external stakeholders has been a particularly important facet of this, with encouraging evidence that the Health Board is actively listening to the views and concerns of its staff, its partners and the public. We do not underestimate the challenges this presents in terms of re-energising an organisation that has been the subject of significant external criticism whilst tryingto re-gain public confidenceand having to take difficult decisions about the future shape of health services in North Wales. It will of course be necessary to demonstrate that, having listened, the Health Board is taking the appropriate action to respond to issues raised and to embed sustainable approaches to future internal and external engagement.

In our view, the concept of introducing 100-day plans was a sound one in the context of the situation the Health Board found itself in. The plans have been a good device to focus attention and galvanise action in the areas that require specific and urgent attention. We note the Health Board has been transparent in publicising the progress it has made against these plans, and that those updates highlight examples of positive progress. What will now be important is the action that the Health Board takes to maintain the focus in these areas to achieve and demonstrate tangible improvements.

The additional support that has been provided from Ann Lloyd, Dr Chris Jones and Peter Meredith-Smith has given the Health Board access to necessary expertise and capacity in some of the specific areas where it needs to secure improvement. The work that these individuals are doing does, however, demonstrate that the Health Board still needs help with some basic aspects of governance, leadership, and service planning and turnaround, which raises questions about the organisation's ability to maintain momentum after the external support has ended.

A crucial factor in generating that momentum will be the speedy resolution of the current position involving the Chief Executive post. The Health Board urgently needs a permanent Chief Executive with the vision, leadership, drive and experience to build on the work undertaken through the 100-day plans;an individual who can connect with staff and stakeholders, and also build public confidence in the Health Board. We understand that the Health Board is getting close to a position whereby it can advertise for a new Chief Executive. Securing the right appointment will be vital, and this must be achieved as quickly as possible to create stability and ensure that the necessary pace of change is maintained.

Whilst securing the right person to fill the Chief Executive role is vital, that post holder will only succeed if they are part of a cohesive board and executive management team that has the right skill sets and capacity. Our fieldwork identified a widely held view that this remains a highly problematic area for the Health Board. Despite the various board development activities undertaken in recent years, it was clear from our interviews and observations thatthis has not had the desired effect. Specific work is needed on board etiquette and behaviours to ensure that the constructive challenge which must necessarily exist between Independent Members and the executive is healthy and provokes, rather than represses, the necessary discussions and debates.

Direct line: 029 2092 **8852**
kathryn.chamberlain@wales.gsi.gov.uk

Direct line: 029 20 32 **0510**
huw.vaughan.thomas@audit.wales

The work that Ann Lloyd is leadingon identifying board member skill sets will be vital in this regard. This must be a necessarily honest appraisal and used to get to the root of issues which arecontinuing to affect board cohesiveness and effective decision making.

We are aware that work is also underway in other areas relating to board governance, including a re-development of the board assurance framework and the corporate risk register. Given the fundamental importance of these aspects of board governance, progress to embed these re-developments needs to be swift. Our fieldwork has indicated that the revised structure is not yet working effectively; the work on the board assurance frameworktherefore needs to include a critical appraisal of the Health Board's committee structure. A key area for attention must be the operation of the Integrated Governance Committee (IGC) to ensure that it is working as intended, and not duplicating aspects of the work of the board. The status of the IGC in relation to its sub-committees should also be looked at. If the model relies on the IGC receiving assurances from sub-committees, the chair of the IGC should ideally be independent from those sub-committees to avoid the risk that they are holding themselves to account.

A further key area for review should be the work of the Quality, Safety and Experience (QSE) sub-committee. We still have concerns that the quality of debate at the QSE is not what it should be given the size of meeting agendas, with a lot of material 'to note' at the expense of high-quality discussions about important quality and safety information. This will necessitate further development of the structures which sit below the QSE to ensure there is an appropriate flow of information into that sub-committee, summarised in a way which allows QSE to focus its attention on both known and developing areas of risk. There is also scope to review the calendar of board and committee meetings, as current scheduling can result in the board receiving information before the QSE.

The wider review of the committee structure also needs to examine whether it gives sufficient prominence to workforce and information governance issues, given that these do not feature as specific committees or sub-committees within the current structure.

It was apparent to our reviewers that the executive director team are working under significant pressure, with several members carrying workloads that are resulting in unsustainably longand debilitating working hours. Whilst this reflects the fact that the Health Board is having to tackle multiple challenges at the same time, it also calls into question the current division of executive responsibilities and the extent of senior and middle management capacity that sits below the executive team. There ispotential for senior managers, other than executive directors, to have more exposure to Independent Members and board level discussions. This may help alleviate some of the pressures on the executive team, and also raise Independent Members' awareness of the skill sets that exist amongst the wider senior management team.

During the fieldwork we heard positive views about the skill sets and experience that have been brought into the executive team as a result of many of the appointments made over the last 18–24 months. However, we also heard concerns that many of the executive directors who have crucial roles to play are becoming increasingly unsettled. This appears to be the result of frustration at the slow pace of organisational change, the culture and behaviours exhibited by the board, and a lack of adequate personal and professional support. When set alongside the uncertainty surrounding the Chief Executive post, this poses significant risks for the stability of the organisation's seniorleadership.

A further concern is the pause that is taking place during the implementation of the organisation's new management structure. We understand that this pause was necessitated

Direct line: 029 2092 **8852**
kathryn.chamberlain@wales.gsi.gov.uk

Direct line: 029 20 32 **0510**
huw.vaughan.thomas@audit.wales

bya lack of clarity over some lines of accountability in the new structure, and unanswered queries over its cost in relation to the benefits it would achieve. These are clearly questions which need answering as a matter of urgency, and which should have been asked and addressed at a much earlier stage in the implementation process. The Health Board therefore finds itself in the invidious position of having to examine some fundamental aspects of its new management structure at a time when it needs to be bedding in the new structure and empowering all of those holding new roles within it to secure the necessary pace of change.

We acknowledge the work that has been undertaken to develop the Health Board's vision and strategic goals. Whilst these are important steps to take, the Health Board is still far from being able to produce an integrated medium term plan (IMTP) for 2016-17 to 2018-19, as required by the Welsh Government's NHS Planning Framework. Clear and detailed strategies and plans are still needed across the various sectors that will underpin the IMTP and for the public engagement that will be necessary to accompany it. There will need to be an honest appraisal of whether or not the Health Board currently has the necessary skills and capabilities to take forward this work, and any gaps which are identified will need to be addressed as a matter of urgency.

The need to identify clinically and financially sustainable plans for the future shape of health services in North Wales has been a feature of our joint review reports in 2013 and 2014. It is therefore worrying that the Health Board still has much work to do in this regard. The need for a transformational approach to service planning is evidenced by the Health Board's challenging financial position, with a likely deficit of £30 million currently being predicted for the 2015-16 financial year. It is encouraging to see the more rigorous approach that is now being brought to the management of in-year savings by the introduction of the Programme Management Office, although current savings plans are likely to fail to bridge the deficit which is being forecast, highlighting the need for more transformational, rather than transactional approach.

We acknowledge the work that has been undertaken in relation to Obstetric and Gynaecology services in terms of filling midwife vacancies and consulting on options for temporary changes to women's and maternity services across North Wales, given the gaps that persist in medical rotas. However, work is still required to address the concerns previouslyidentified by the Royal College of Obstetrics and Gynaecology with regard to working relationships between, and within, various professional groups on the Glan Clwyd site. This must be addressed as a matter of urgency if the further work that is planned with the Royal College to identify sustainable future service models is to be successful.Whilst the Health Board is to be commended for the efforts made to ensure operationally safe staffing levels on a day to day basis, we are concerned that some of the measures being used are not without longer-term consequences. In particular, there is a risk that some of the key activities that promote high quality delivery of care are being neglected - these include aspects of staff training, clinical audit, staff appraisals and the updating of clinical guidelines. The importance of achieving an early and sustainable solution to the problems the Health Board faces in relation to maternity services cannot be over-stated. It is clear to us from the staff we spoke to that these services are under intolerable strain.

More positively, the work led by Dr Chris Jones on GP out of hours servicesappears to have been a catalyst for a greater appreciation of how to develop more consistent and coherent primary and community services across North Wales. We understand that Dr Jones will be producing a report resulting from his work, and that a follow up of progress against recommendations within the Partners 4Health report is also planned. We anticipate that collectively, this should give the Health Board a clear route by which sustainable improvements to out of hours services can be secured.

Direct line: 029 2092 **8852**
kathryn.chamberlain@wales.gsi.gov.uk

Direct line: 029 20 32 **0510**
huw.vaughan.thomas@audit.wales

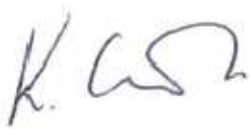
Our observations on the remaining area for attention as part of special measures – mental health services - are that these services need a long-term improvement plan, informed by the work that Peter Meredith-Smith has undertaken at the Health Board. Leadership, accountability, expertise and the development of a more coherent and integrated approach across mental health services are all areas that will need attention. We note that mechanisms are being put into place to secure these improvements. However, it is essential that those improvements are pursued at pace in order to ensure that the Health Board develops sufficient oversight of the service. This will help the Health Board to move away from an apparent dependency on external scrutiny as a catalyst for the identification and management of service issues (a point that is not confined to mental health services).Whilst pursuing its long-term improvement plan for mental health services, the Health Board should not lose sight of the need to tackle a number of significant issues that have been raised during recent inspections undertaken by Healthcare Inspectorate Wales

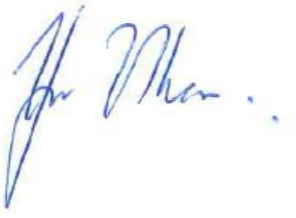
As a final observation, we found a universal acceptance amongst the staff we spoke to that the decision to place the Health Board into special measures was a necessary development, and that it has created an opportunity to refocus attention on some specific and long-standing challenges. Whilst there is evidence of a positive response to the special measures, staff acknowledge that there remains a significant amount of work to be done. That work needs to be underpinned by a robust and honest appraisal of the leadership and management capabilities, capacity and culture of the board and senior / middle managers. Further external support and expertise may be needed in the short term, but this must be accompanied by actions that enable the Health Board itself to tackle the challenges it faces in a sustainable way.

We have copied this letter to Dr Peter Higson, Chair of BCUHB, and we would welcome the Health Board's views on our observations to help inform our tri-partite meeting with the Welsh Government on 21st October to discuss the Health Board's escalation status.

A copy of this letter has also been sent to Dr Andrew Goodall at the Welsh Government.

Yours sincerely,





KATE CHAMBERLAIN
CHIEF EXECUTIVE
HEALTHCARE INSPECTORATE WALES

HUW VAUGHAN THOMAS
AUDITOR GENERAL FOR WALES

Direct line: 029 2092 **8852**
kathryn.chamberlain@wales.gsi.gov.uk

Direct line: 029 20 32 **0510**
huw.vaughan.thomas@audit.wales

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Block 5, Carlton Court
St Asaph Business Park
St Asaph
Denbighshire
LL17 0JG

Mr Huw Vaughan Thomas
Auditor General for Wales
Wales Audit Office
24 Cathedral Road
Cardiff
CF11 9LJ

Ms Kate Chamberlain
Chief Executive
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Ein cyf / Our ref: SD/168/4872
Eich cyf / Your ref: HVT&KC/2396/caf
☎**:** 01745 448788 ext 6364
Gofynnwch am / Ask for: Dawn Lees
E-bost / Email: Dawn.Lees@wales.nhs.uk
Dyddiad / Date: 20th October 2015

Dear Colleagues,

Re: Healthcare Inspectorate Wales and Wales Audit Office Review Of Progress Since Imposition of Special Measures

Thank you for your letter dated 12th October 2015 setting out your observations on progress since the imposition of Special Measures in June. I am grateful for the opportunity to respond to your conclusions before you meet with Welsh Government officials on 21st October.

I am pleased that you have recognised the effort which has gone into tackling the key challenges facing the organisation, and that you have observed positive developments in a number of areas. I agree that there are some fundamental challenges which remain to be addressed. We are under no illusion that the organisation will emerge from Special Measures quickly; sustained focus will be required over a prolonged period to take full advantage of the opportunities we have as an integrated healthcare organisation.

Improving visability and engagement is a key priority for the leadership team, and I believe that we have made a good start in this area. We have undertaken a very active programme of public engagement, with in excess of 50 events of various types at which we have listened to what the public wishes to tell us about their health service. We have held 67 staff engagement sessions in order to strengthen the bridges between the Board and staff working throughout North Wales. Our aim is to develop an organisation in which engagement is a continuous feature of the way in which we work. As well as listening to what the public tell us, we have an opportunity to demonstrate how we are responding. Our Area Teams and Hospital Management Teams form an ideal platform on which to build that continuous engagement, supplemented by activities at a corporate level. I am firmly of the view that a process of continuous engagement is essential as we seek to rebuild relationships and regain trust.

I note your positive comments on the 100 day plans. You are correct that they were a means of focusing attention on specific actions. I was particularly keen to find a way of helping the organisation demonstrate that it could make very practical progress on specific issues. The 100 day plans are only the start. The opportunity for the organisation now is to build a process of continuous planning where the delivery of specific objectives is set within the context of longer term strategic goals for improving the health of the people we serve.

The health board has benefitted greatly from the external support provided by Ann Lloyd, Dr Chris Jones and Peter Meredith-Smith. They have helped us reflect on the current position and define areas that require attention. I do agree that careful thought must be given to how we maintain the pace of improvement when their involvement comes to an end. A key priority will be ensuring that we have the organisational capability and capacity to deliver a complex and wide ranging agenda for a sustained period.

The importance of leadership at all levels of the organisation cannot be overstated. The appointment of a permanent Chief Executive is clearly of significance and I know from talking to Peter Higson that he and the Board are considering carefully the qualities and experience which they will be looking for in their Chief Executive. I am optimistic that progress can be made in this area quickly.

Turning to your comments on the Board and Executive Management Team, it is appropriate to acknowledge that we are only 4 months into a process of Special Measures. The work that Ann Lloyd has been undertaking with the Board and the leadership team has been extremely helpful, and represents an essential step on a development path. Board members have individually received feedback on expected standards of Board behaviour and etiquette. This has been reinforced within the Boards' Business Standards, and the Board will collectively receive feedback at its Board Development Workshop on the 23rd October. This work will continue as part of the Board Development Programme, to ensure that there is healthy and constructive challenge within the Board.

The Board has continued to work on the redevelopment and redesign of its Board Assurance Framework and Corporate Risk Register, ensuring alignment with the Health Boards' redefined corporate goals which were published in our October Board papers. The Board has been working to define its risk appetite and the evaluation criteria against which risks will be individually assessed. Ann Lloyd and Ceri Stradling (Chair of the Audit Committee) are overseeing this programme of work with the Board Secretary. The Board expects to publish its new Board Assurance Framework and Corporate Risk Register in January 2016, following detailed scrutiny through its committee structure.

An evaluation of the committee structure and the impact of the Committee Advisor role has been undertaken. This brings together feedback from all Board Members and Committee Advisors, and has been shared with Ann Lloyd who will triangulate this with her own assessment in order to formulate recommendations for improvement. The

Board expects to receive Mrs Lloyd's final recommendations on the future of committees and Committee Advisors on 23rd October.

Our evaluation has also identified the same issues as highlighted in your letter with regards to the function of the Integrated Governance Committee and the Quality, Safety and Experience (QSE) Sub-Committee and the prominence of workforce and information governance issues. Immediate changes have been made to the scheduling of QSE and the new pattern of meetings commences in November 2015. The calendar of Board and Committee meetings for 2016 has been drafted and circulated for comments to Board Members. It will be finalised and issued once Mrs Lloyd's recommendations have been received and considered.

The Health Board developed a Quality Improvement Strategy in 2014 led by the Assistant Director of Nursing with support from the clinical executives. The Health Board has developed clear quality improvement priorities based upon further engagement and assessments of the key risks that the Health Board holds. In September 2015 the Health Board appointed a Medical Director for Quality, Improvement and Transformation with a particular remit to work with the Director of Quality Assurance to develop a Faculty of Quality Improvement and also to increase the level of clinical engagement, understanding and skills of the medical staff in relation to quality improvement. There are a number of Health Board wide assurance meetings such as the Quality Assurance Executive and the Quality Assurance Board that receive and address issues of quality, support improvement activity and hold senior clinicians, clinical leaders and managers to account. The Health Board is at a point where a review of these processes of assurance and clinical engagement (including the role of the Quality, Safety and Experience Committee) is timely.

You comment on workload and other pressures on the senior team in the organisation. I agree that colleagues are carrying very heavy workloads, and that the current position in relation to the management structure is exacerbating the position. I took the decision to pause implementation of the management structure because it was not clear to me that the organisation had fully thought through how it wished to work before focusing on the management structure. Whilst this is unsettling in the short term, it is vitally important that we implement a management structure which is clear, coherent and affordable. Work on clarifying the approach is proceeding with pace and urgency.

Turning to planning, I agree with your assessment. Our Board took a paper at its meeting in October which set out the approach we intend to take as we engage with the public and partners to plan the future shape of health services in North Wales. We have sought to be honest and realistic about what can be achieved and by when. An urgent priority is to rebuild our relationships with the community, and with our staff. In considering our strategic goals, we have reminded ourselves that our purpose is to improve the health of the population. We must start from a clear understanding of the need of communities across North Wales, and maximise the opportunities for delivering care to people in the communities in which they live. This requires a focus on joint work with partners including Local Authorities and the third sector, and particular attention to

primary and community care. We have opportunities to secure substantial developments in services outside main hospitals, which is a particular priority given the geography of North Wales. Secondary and specialist services require careful consideration as important parts of the pathways of care which our population require. The development of a Clinical Strategy spanning pathways is a priority for us, driven by a focus on outcomes and standards.

We know that we have a number of services in which sustainability is a real concern. One example is Obstetrics and Gynaecology, which is why we are coming to the end of a public consultation on temporary changes to help us manage clinical risk. I believe that the process we have followed is an example of engaging widely with the population of North Wales to explain and discuss in an open and transparent way the nature of risk and options for how it can best be managed.

I acknowledge your comments about potential longer term consequences. We are very aware of these risks, which lie at the heart of our decision to consult on temporary changes whilst we seek to stablise the service. Our Board will be considering the outcome of the consultation process in early December.

You referred to concerns previously identified by the Royal College of Obstetrics and Gynecology in relation to working relationships on the Glan Clwyd site. We have made substantive changes in leadership at the hospital, including the appointment of a new Medical Director for the site and an Interim Clinical Director for the YGC Obstetrics and Gynecology Service appointed from within the existing team. The team has recently undertaken a self-assessment exercise against the Steele Report and the RCOG Reports of 2013 identifying where there has been significant progress and those areas where further support and action is required. Director colleagues continue to work with the clinical and managerial teams at Ysbyty Glan Clwyd to support further development.

The work led by Dr Chris Jones on GP Out of Hours Services has been very helpful as we focus on this critical part of our service pathway. Improvements have already been made, and we will continue to focus on sustainability and integrated models for the future.

I agree that Mental Health Services is an area in which a long term improvement plan is required. Peter Meredith-Smith has been helpful in working with leadership and clinical teams both to bring about immediate improvements and to focus on the longer term requirements. We know that we have significant opportunities to improve and develop our Mental Health Services, and we are committed to doing so. This is an area in which longer term support will be essential. I am in discussion with Andrew Goodall as to our requirements and about sources of external support.

The imposition of Special Measures has been an important catalyst for change. The leadership team is working hard to ensure that the organisation responds positively to the situation, and looks forward with ambition and energy as we work to improve services for the population of North Wales. I personally feel very optimistic. Across

North Wales there are fantastic examples of excellent treatment and care delivered by dedicated and compassionate colleagues. The overwhelming experience of the vast majority of people who come into contact with the health service in North Wales is of high quality care delivered by enthusiastic and motivated people. This is an excellent platform on which to build. The priority for the Board is to create an organisational environment in which the many thousands of people who work in the health service in North Wales are empowered and enabled to give of their best in a supportive and ambitious culture focused on continuous improvement and person-centered care.

During the last 4 months I have met many hundreds of NHS colleagues across North Wales. I am convinced that they have the energy and ambition to deliver the services which the people of North Wales need and deserve. We will continue to welcome external support and scrutiny as we work to achieve this aim.

Yours sincerely

Simon Dean
Interim Chief Executive

cc Peter Higson
Andrew Goodall
Alan Jones
Mike Usher
Dave Thomas

Vaughan Gething AC / AM
Y Dirprwy Weinidog Iechyd
Deputy Minister for Health

Llywodraeth Cymru
Welsh Government

Our ref: MA/P/VG/0415/15

Dr Peter Higson
Chair
Betsi Cadwaladr University Health Board
Ysbyty Gwynedd
Penrhosgarnedd
Bangor
Gwynedd
LL57 2PW

21 October 2015

Dear Peter

You are aware a tripartite meeting of senior Welsh Government officials, the Wales Audit Office and Healthcare Inspectorate Wales was held today to consider your escalation status following a review of progress made over the four months since your health board was placed in special measures.

I have received advice from the meeting that although there have been some positive developments longer term plans are needed in order to tackle more fundamental challenges. I have therefore accepted the advice that the health board should remain in special measures for the next two years with progress and milestones reviewed every six months.

Whilst I recognise this is a difficult time for the organisation, I wanted to put on record the feedback has been extremely positive on the response from staff. Their dedication and energy will be critical to tackling the challenges ahead in delivering day to day and improving the services for the population of North Wales.

The Chief Executive of NHS Wales will make arrangements to discuss the future arrangements and next stage of special measures support with you and Simon Dean, Interim Chief Executive.

Yours sincerely

Vaughan Gething

Vaughan Gething AC / AM
Y Dirprwy Weinidog Iechyd
Deputy Minister for Health

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1NA

English Enquiry Line 0300 0603300
Llinell Ymholiadau Cymraeg 0300 0604400
Correspondence.Vaughan.Gething@wales.gsi.gov.uk

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Vaughan Gething, AM
Deputy Minister for Health
Welsh Government
Cardiff Bay
Cardiff
CF99 1NA

Ein cyf / Our ref: PH/LMR/MW
Eich cyf / Your ref:
☎: 01248 384290
Gofynnwch am / Ask for: Mandy Williams
Ffacs / Fax: 01248 384937
E-bost / Email:
Mandy.williams7@wales.nhs.uk
Dyddiad / Date: 27 October 2015

Dear Deputy Minister

Thank you for your letter of 21 October 2015.

I and the Board welcome the decision to keep the Health Board in special measures for the next two years.

While good progress has been made since June 2015, as acknowledged by Healthcare Inspectorate Wales and the Wales Audit Office, there is a great deal more to be done generally across the Health Board. These include tackling the long-standing and systemic issues, and also in developing longer-term plans to ensure that the Health Board is able to deliver high quality and sustainable services in the future. We also need to address fundamental issues of health inequalities.

I and Simon Dean look forward to meeting with Andrew Goodall to discuss the next stage of special measures support.

Yours sincerely

Peter Higson

Dr Peter Higson
Chairman

Mae cyfyngiadau ar y ddogfen hon