Agenda Supplement – Health, Social Care and Sport Committee

Meeting Venue:

Committee Room 1 – Senedd

Meeting date: 11 July 2019

Meeting time: 10.00

For further information contact:

Sarah Beasley

Committee Clerk

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– Supplementary Pack

Please note the documents below are in addition to those published in the main Agenda and Reports pack for this Meeting

1 Community and district nursing services: Consideration of draft report

(10.00–11.00) (Pages 1 – 38)

Attached Documents:

Community and district nursing – draft report

4 Health and Social Care (Quality and Engagement) (Wales) Bill: Evidence session with the Minister for Health and Social Services

(13.15–14.45) (Pages 39 – 42)

Vaughan Gething AM, Minister for Health and Social Services

Sioned Rees, Senior Responsible Officer, Health and Social Care (Quality and Engagement) (Wales) Bill, Welsh Government

Janet Davies, Deputy Director, Health and Social Services Group, Welsh Government

Sapna Lewis, Lawyer, Welsh Government

Health and Social Care (Quality and Engagement) (Wales) Bill, as introduced

Explanatory Memorandum

Research Brief

Attached Documents:

Research Brief

Paper 4 - Letter from the Minister for Health and Social Services regarding the Health and Social Care (Quality and Engagement) (Wales) Bill

5 Paper(s) to note

(14.45)

5.3 Letter from the Chair of the Independent Maternity Services Oversight Panel to Chair of Health, Social Care and Sport Committee

(Pages 43 - 55)

Attached Documents:

Paper 5 - Letter from the Chair of the Independent Maternity Services Oversight Panel to Chair of Health, Social Care and Sport Committee

Agenda Item 1

Document is Restricted

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Agenda Item 4

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MA-L/VG/0420/19

Dai Lloyd AM
Chair, Health, Social Care and Sport Committee
National Assembly for Wales
Cardiff Bay
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CF99 1NA

8 July 2019

Dear Dai,

The Health and Social Care (Quality and Engagement) (Wales) Bill

Following my appearance before the Finance Committee on 3 July to discuss the financial aspects of the Bill, I thought it may be helpful to provide further information prior to my appearance before the Health, Social Care and Sport Committee on 11 July.

At Finance Committee, it became apparent that, while there is general support for the broad policy intent behind the proposals, there is interest in how the objectives and benefits will be realised specifically in relation to the duties of quality and candour.

Context for the Bill:

Quality must be at the heart of every aspect of health care provision, and placing quality in a prominent position in the NHS Wales Act, underlines the policy intent to ensure quality is at the heart of decision making in the health service in Wales. It also draws together the other changes included in the Bill including the duty of candour and strengthening the voice of the citizen to support quality improvement.

The Parliamentary Review of Health and Social Care in Wales in 2018, recommended the vision for health and care in Wales should aim to deliver against the four mutually supportive goals of the “Quadruple Aim”, which are to continually:

- improve population health and well-being through a focus on prevention;
- improve the experience and quality of care for individuals and families;
- enrich the well-being, capability and engagement of the health and social care workforce; and
- increase the value achieved from funding of health and care through improvement, innovation, use of best practice, and eliminating waste.

The provisions in the Bill aim to help realise these ambitions in a number of inter-connected ways by placing improvement in quality as the central concept underpinning the provisions within the Bill.

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The intent set out in the Bill aligns with the 'Quadruple Aim' by ensuring quality is a consideration across all the functions of health bodies in Wales. It will improve service user experience, communication and engagement between the NHS and its service users. Allowing us to build on the work that has already been undertaken to ensure NHS bodies in Wales are open and honest when things go wrong, and support the drive towards a system that is always learning and improving and has the trust and confidence of patients and service users.

Duty of quality:

Background:

NHS bodies have been under a duty to make arrangements for the purpose of improving the quality of health care since 2003, under section 45(1) of the Health and Social Care (Community Health and Standards) Act 2003 ("the 2003 Act").

Although this Act requires NHS bodies to make arrangements to monitor and improve the quality of health care, it has largely been interpreted as requiring NHS bodies to have quality assurance (control) arrangements in place to monitor and improve the quality of healthcare provided rather than a comprehensive focus on the three aspects of a quality system as described by the parliamentary review:

- quality planning;
- improvement; and
- control to ensure a focus on quality services at a wider population level.

The new provision places a focus on quality of services at a wider population level and embeds quality considerations so that they are at the heart of decision making processes.

The new provision is, therefore, about ensuring a whole system approach to quality, and not only to be simply related to clinical services which have assurance (control) arrangements in place or need to meet quality standards – it is and must be much wider to drive sustained quality improvements and outcomes.

Enacting a broader duty of quality in legislation, more in keeping with how we now want NHS bodies to work, will strengthen actions and decision making to drive improvements in quality that will focus on the outcomes for people of Wales.

Additionally, the Welsh Ministers have responsibility for oversight of the NHS in Wales and many of the policies that are developed by the Welsh Ministers, whether legislative or otherwise, have an impact on how NHS bodies in Wales operate. However the 2003 Act does not place a duty of quality on the Welsh Ministers in the exercise of their health related functions. The Bill addresses this gap.

Finally, the 2003 Act lacks any reporting mechanisms. Reporting mechanisms are beneficial as they allow bodies that are subject to the duty of quality to demonstrate how their functions have been exercised to secure improvement in the quality of services provided. Additionally, reporting also provides a mechanism for holding bodies to account as well as supporting evaluation and assessment of benefit over time and is a transparent way of demonstrating how the duty has been complied with.

Expected outcomes:

Reframing the duty of quality to require NHS bodies and the Welsh Ministers to exercise their functions with a view to securing improvements in the quality of services they provide will shift the focus of decision making and represent a further step on the journey towards ever-higher standards of person-centred health services in Wales.

It will require NHS bodies and the Welsh Ministers to think and act differently by applying the concept of "quality", not just to services being provided, but to all decisions and arrangements within the context of the health needs of their populations.

The new duty reflects the fact that all parts of the system can contribute to quality improvement and outcomes. For example, Velindre NHS Trust who hosts NWIS (NHS Wales Informatics Service) can improve the quality of health services by improving its digital services and this in turn can improve the effectiveness of health services overall and the experience of the service user. The duty therefore reflects the quality of clinical services can be improved through improvements to backroom services such as these.

Another example might include reporting on actions taken to improve safety by reductions in hospital acquired infections or improvement in the detection of sepsis which will in turn result in improved outcomes for patients.

By requiring NHS bodies to consider the wider implications of how their decisions will improve health outcomes for their population, the proposed duty encourages Local Health Boards to work with their neighbours and cross sector partners to reduce unwarranted variation and health inequality. It will encourage the sharing of resources and expertise which will in turn unlock opportunities to improve the effectiveness, safety and quality of services.

This approach supports the five ways of working within the Future Generations 2015 Act. It encourages long-term thinking and integrated and collaborative action that works to achieve the well-being goal of a healthier Wales.

The reporting requirement will require the Welsh Ministers (in relation to their health related functions) and NHS bodies to assess the improvement in outcomes achieved during the reporting year, demonstrating how we are improving the quality of health services in Wales. The requirement to report annually will make explicit how the delivery of the duty has led to improvements in quality, providing a baseline to measure and monitor future improvement, and adding to the openness and transparency of the system. The Welsh Minister's report will be laid before the Assembly allowing it to be scrutinised by Assembly Members and the public.

Duty of candour:

Background:

All health and social care providers have a shared goal to deliver high quality care.

It is important to recognise that various steps have already been taken with the aim of developing a "culture of openness" in the NHS. These include the introduction of new arrangements for handing complaints in the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011, better reporting and investigation of serious incidents, reviews of all deaths in hospitals and the publication of Annual Quality Statements by LHBs, NHS Trusts and the Welsh Government. Additionally, as in England and Scotland, we have also sought to learn lessons from real cases where harm has been

caused together with the recommendations of various reports and reviews.

It is therefore apparent that a great deal of work has been done to develop and support a culture of openness within the NHS in Wales. This work has placed health organisations in a favourable position to implement a more formal duty of candour, which is the next logical step in the series of measures already undertaken to improve quality and openness.

Expected outcomes:

There is evidence that increased openness, transparency and candour are associated with the delivery of higher quality health and social care. Organisations with open and transparent cultures are more likely to spend time learning from incidents, rather than responding defensively, and they are more likely to have processes and systems in place to support staff and individuals when things go wrong.

A statutory duty of candour, set at an organisational level for NHS bodies in Wales, will:

- help create a whole system approach to candour;
- promote a culture of openness and improve the quality of care within the health service by encouraging organisational learning, avoiding future incidents;
- reducing staff fear associated with institutional repercussions or blame;
- support NHS bodies to build on the work under the Putting Things Right process to embed candid behaviour, making openness and transparency with people in relation to their care and treatment a normal part of the culture across these bodies in Wales; and
- encourage organisational reflection and learning - requiring bodies to report on an annual basis.

Placing the duty at organisational level, helps create the conditions for individual health professionals to act with candour and should help provide the support of the body within which they work to be open and honest with individuals. Thisis something which has been welcomed by providers of NHS services.

Recent events in Cwm Taf provide real evidence for why an enhanced and strengthened duty of quality and an organisational duty of candour is needed. These duties will require Boards to be more transparent in their decision making, to actively consider quality and identify where improvements are needed and take steps to remedy them.

The duties are part of a suite of legislative and non-legislative measures which, taken together, put in place arrangements for improving and protecting the health of the population by placing improvement in quality as the central concept. It will not, on its own, prevent poor quality care but it will go some way to help ensure the health service has quality at the heart of its decision making and is continually improving and learning.

I look forward to providing evidence to the Committee in due course.

I am copying this letter to the Chairs of the Finance Committee and the Constitutional and Legislative Affairs Committee.

Yours sincerely,

Vaughan Gething

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Agenda Item 5.3

Mick Giannasi
Chair of the Independent Maternity Services Oversight Panel
Cadeirydd y Panel Trosolwg Annibynnol ar Wasanaethau Mamolaeth

Eich cyf/Your ref **IMSOP-SE-003-19**
Ein cyf/Our ref **IMSOP-SE-003-19**

Dr Dai Lloyd AM,
National Assembly for Wales,
Cardiff Bay,
Cardiff,
CF99 1NA

04 July 2019

Dear Dr Lloyd,

Independent Maternity Services Oversight Panel

Thank you for your recent letter about my forthcoming appearance before the Health, Social Care and Sport Committee to discuss the work of the Cwm Taf Morgannwg University Health Board Independent Maternity Services Oversight Panel.

I can confirm that my fellow Panel member, Cath Broderick, will also be attending with me and that she will be able to brief the Committee specifically about the work she is doing to enable the Health Board to engage with the women and families most affected by the service failures which have been identified.

Please find attached at Appendix A, responses to the areas which you have specifically highlighted in your report as being of interest to Committee Members. I hope that assists and trust that the information is largely self-explanatory.

I look forward to meeting you and your fellow Committee members on 17 July 2019. By that time, the Panel's first monthly update for Welsh Government will have been completed and I will be in a position to update you verbally on the progress which is being made.

In the meantime, if you have any further questions or require additional information, please do not hesitate to contact me.

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Yours sincerely

Mick Giannasi
Chair, Independent Maternity Services Oversight Panel

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Appendix A

Response to Specific Areas of Interest Raised by Committee Members

Area of Interest	Response
Extent to which Board members and senior management had knowledge of the issues identified in the Royal College's report.	It is important to emphasise that there are five strands to the Ministerial intervention in Cwm Taf Morgannwg University Health Board which are being coordinated by a senior Welsh Government official. Placing maternity services in Special Measures and appointing the Independent Maternity Services Oversight Panel is one of those five strands. Whilst the five strands are complementary and in practice are being progressed in an integrated way, each has a different primary focus. The role of the Independent Oversight Panel, as set out in its terms of reference, is predominantly to ensure that the Health Board delivers the improvements in patient safety, quality and patient experience which have been identified as necessary in the Royal College's Report and other associated reviews. Whilst in practice, that will involve an element of looking back to understand the underlying causes of the failings which have been identified, other than the specific work around retrospective independent clinical review which forms part of the Panel's remit, its focus will be primarily forward looking. As such, the Panel will not be undertaking any specific investigative work to identify the culpability of individuals, groups of teams for the failings which have been identified. It is, in essence, a performance improvement mechanism rather than an inquiry or investigation. The independent clinical review element of the Panel's work *will* involve the retrospective examination of serious incidents and that, as an outcome of the process, may result in matters being referred to outside bodies (e.g. professional bodies, H.M. Coroner, etc.) for consideration of further action. However, even that element will, in accordance with the Panel's terms of reference, be primarily focused on ensuring that lessons are learned and acted upon as a driver for improvements in patient safety, quality and patient experience. By virtue of its terms of reference, the Panel has a responsibility to refer any wider corporate governance and leadership concerns to the Health Board and/or Welsh Government as appropriate, although again, that is not the Panel's primary focus.

	That focus rests with other elements of the intervention process, namely, the work which David Jenkins is doing to support the Chair and the Health Board to deliver improvements in leadership and corporate governance, the work which Welsh Government is doing in terms of the Health Board's targeted intervention status and the regulatory work which is being undertaken by Healthcare Inspectorate Wales and the Wales Audit Office. The Panel has been made aware that in consultation with David Jenkins and Welsh Government, the Chair of the Health Board has commissioned an independent external review of the handling of the report produced for the Health Board in 2018 by the seconded Consultant Midwife. That review may, in due course, provide some of the answers which Members of the Committee are seeking about who knew what, when and in what context. However, it is not directly within the Panel's remit and, as such, it would not be appropriate to comment further in this response.
Timescales for the Panel's work.	At this stage, it is not possible to identify with any degree of certainty what the timescales for the completion of the Panel's work will be. This is dependent on a number of factors, some of which are currently being worked through, most importantly the detailed scheduling and prioritisation within the Health Board's Maternity Services Improvement Plan alongside the scoping and scheduling of the clinical review and public and patient engagement elements of the Panel's work. It is also becoming increasingly apparent, both to the Panel and the Health Board, that the improvements which are necessary in Maternity Services can only be delivered on a sustainable basis as part of a wider organisational and cultural transformation process which is currently being worked through by the Health Board and will take several months to research, plan and initiate. It is envisaged that the potential timescales will become clearer by the end of September 2019 when the Panel presents its first formal report to the Minister. However, at this stage, it is only possible to provide a broad-brushed estimate based on previous experience and professional judgement. In terms of the performance improvement element of the work, experience in intervention situations within the Panel's knowledge (for example in Morecambe Bay and the Isles of Anglesey County Council) suggests that the 'make safe' element of the plan should, and indeed, must be delivered within 3 to 6 months of the start of the process and that within 12 months the organisation should have made sufficient progress for the Minister to begin to consider scaling back or de-escalating to a degree the intervention process.

	However, again based on experience elsewhere (for example in the case of the Welsh Ambulance Service), it is likely to be twelve months to two years or so before some of the longer-term changes which are required, particularly those which require cultural or leadership change and those which seek to rebuild public trust and confidence, start to take effect in a way which begins to embed change and makes it sustainable going forward. It is also likely to be twelve months to two years before it is possible to say with confidence that sufficient momentum has been achieved, whereby it is unlikely that if the external oversight and support was removed, that the organisation would regress or falter on its improvement journey. Where those changes need to be underpinned by wider organisational transformation and longer-term investment in organisational capacity and capability, it is not unrealistic to expect sustainable results to take three to five years to deliver. That is not to suggest for one minute that the Independent Oversight Panel or indeed the wider intervention will need to remain in place for that length of time nor that there will not come a time sooner when the intervention can appropriately be brought to an end. However, it is important to recognise that there is no quick fix and that change of the type which is necessary in Cwm Taf Morgannwg will not be delivered overnight. The independent clinical review element of the Panel's work brings an added dimension to the questions of timescales which at this stage is difficult to estimate with any degree of certainty. There are a number of phases in the clinical review process which are inter-dependent and will need to be scheduled in sequence. For example, until the review of the January 2016 to September 2018 cases (referred to in the Royal College's report as the 43 cases) have been reviewed, it will not be possible to scope what is required in terms of the further look back exercise to 2010. As an example, it is understood that a similar clinical review process which commenced in England two years ago has still not been fully completed. Clearly, it is not helpful to speculate in matters of this nature. However, some estimation of what the timescales might be is necessary for planning purposes and on that basis, the Panel is working on the broad assumption that its likely to be at least 12 months before the position has been reached where, if all goes well, a recommendation could be made to the Minister that he could consider scaling back the intervention. Whilst that does not provide a definitive answer to the

	Committee's question, it is hoped that sharing the Panel's thinking about what the potential timescales might be and the rationale for that thinking, is helpful.
Powers of the Panel to obtain documents and information.	The Panel has no specific powers to require the Health Board or others to provide access to documents or other information. As such, there is and will continue to be a reliance on cooperation and negotiation to achieve what is needed. However, as things stand, that is unlikely to present a problem. In practice, the Health Board is cooperating fully with the Panel in enabling the proper discharge of its responsibilities and terms of reference. For example, case notes, patient records and other information have already been made available to assist members of the Panel in scoping out the clinical review process. Similarly, the Panel has been provided with access to the information which is needed to establish a database of the women and families affected and their preferences for contact and further engagement in the oversight and performance improvement process. At a more strategic level, performance information and internal reports are routinely being shared with the Panel and there is a regular two-way flow of information between the Panel and the Board at both executive and non-executive level. The Director of Nursing has been appointed as Senior Responsible Officer and acts as a conduit/problem-solver for the Panel, and a senior member of the Corporate Team acts as a single point of contact for day-to-day information and support. These arrangements are underpinned by an Information Handling Protocol which is currently in draft form but will eventually form part of the Panel's Scope, Terms of Reference and Methodology document. This will set out how information will be shared, handled, stored and disposed of to ensure compliance with relevant legislation and data protection and principles. In the event that there are data access issues which cannot be resolved through negotiation and cooperation, the Panel has within its Terms of Reference the ability to go back to the Minister to seek additional leverage. However, it is not envisaged, in the climate of cooperation which currently exists, that such an approach will be necessary.
Level of resources available to the Panel to enable it to carry out its work.	The Panel comprises of four core members, a coordinating Chair (Mick Giannasi), an obstetrician (Professor Alan Cameron), a midwife (Christine Bell) and an engagement specialist (Cath Broderick). In addition, the Panel will be supported, as necessary, by 'go to'

	individuals providing specialist advice and support in areas like legal services, communications and workforce and organisational development. The Panel will meet formally on a monthly basis and a number of participating observers (e.g. a workforce representative, a representative of the Community Health Council, representatives from the Welsh Audit Office and Healthcare Inspectorate Wales, etc.) will attend the meeting to assist the Panel in its deliberations. In terms of day-to-day operations, Welsh Government has nominated two support workers to assist the Panel on a full-time basis; that is in addition to providing other members of staff to undertake routine administrative support for meetings and ancillary tasks. The two support workers have a range of skills and abilities which enables them to undertake substantial pieces of work on behalf of the Panel, for example, arranging and co-ordinating meetings and events, managing dairies, drafting documents and undertaking background research. Within the last two weeks, with the support of Welsh Government and the NHS Delivery Unit, the Panel has interviewed and provisionally appointed a Business Manager to design, develop and coordinate the performance monitoring and assessment process which will underpin the Panel's formal reporting mechanism. The Business Manager will also act as the interface with the Health Board's Programme Management Team. The individual who has been identified has operated at Assistant Director level in a health board setting and has experience of programme management, performance management, corporate governance and quality improvement. This is a key appointment which will enable the Panel to accelerate the pace at which it is developing its business processes. The individual can start immediately and it is hoped that the appointment will be confirmed within the next seven days. It is envisaged that the business manager will spend 2 to 3 days per-week doing Independent Oversight Panel work, with the balance of his time being spent within the NHS Delivery Unit who will host his contract of employment. That is a helpful arrangement which has the potential to create synergy between the work of the Panel and the package of intervention and support with is being led specifically by the Delivery Unit. In terms of the independent clinical review element of the Panel's work, over the next few weeks, it will be necessary to recruit a number of multi-disciplinary teams of clinicians (mostly midwives, obstetricians, anaesthetists and paediatricians) on an ad-hoc basis

	to undertake individual reviews on behalf of the Panel. At this stage, it is not clear how many teams will be needed or how they will be constituted for each case; that will not be known until the scoping work has been completed. However, with the support of the relevant Royal College's, Welsh Government has already compiled a list of suitably qualified individuals who have indicated a willingness to become involved. At this stage, the Panel believes that it has the resources that it needs to effectively discharge its terms of reference. However, should that change, Welsh Government has indicated that it will consider making additional resources available, if there is a properly evidenced business case to do so.
Details of the Panel's plans for engaging with patients, and the extent to which women and families will have the opportunity to have their voices heard.	The *'Listening to Women and Families about Maternity services in Cwm Taf'* report made strong recommendations about the way that the Health Board engages with women, families, patients and communities. Cath Broderick has started the extensive process of working with key people in the Health Board and partner organisations to understand in more depth how current engagement and patient experience activities and approaches can be developed and improved. **Women and Families Engagement Workstream** At the heart of this work is a new Women and Families Engagement Workstream that will report to the Maternity Services Improvement Board. Cath is providing support, advice and oversight to the staff committed to deliver new and innovative methods of engagement and the multidisciplinary group. This includes midwives, patient and public engagement and communication leads, and Cwm Taf Morgannwg CHC. The group met for the first time on 01 July 2019 to start the conversation about how engagement with women and families should improve. **Principles for engagement** An Engagement Strategy is being developed by the Health Board with support from Cath Broderick. This will be driven by a number of principles: • Women and families, in particular those directly affected by events leading to the review, will be at the heart of the work undertaken by the IMSOP and central to the Health Board's development of approaches, methods and delivery of engagement and communication; • The delivery of maternity services, the practice of individuals and the strategy for engagement and communication should be viewed through the eyes of the people who use services in Cwm Taf Morgannwg;

	• It must be as easy as possible for people to be involved and they should be actively involved in ways that are meaningful and provide real opportunities to influence change and improvement; • People must be informed about how their involvement has influenced decisions and practice. **Women and families at the heart of engagement** The Panel has met with women and families directly affected on a number of occasions, including a meeting with the Minister, and will continue to do so. People have told us how they want to be involved and explained how they wish to contribute to the improvement of maternity services in Cwm Taf Morgannwg. Their suggestions will be central to the development of the engagement strategy. In particular, they have told us that they want to- • Be kept up-to-date with progress on improvement and change within maternity services (the new IMSOP Newsletter for women and families is being distributed shortly and we are exploring the use of social media and other digital platforms); • Share their stories and contribute to the staff's understanding of the impact of failings in communication and care (they are interested in the development of a video and communication training tool for staff); • Be part of co-production events and workshops to design maternity care that meets everyone's needs (co-production will bring staff and families together to understand each other's experience and translate it into improved quality of care and good practice. The first event is being planned for early September); • Be part of work to improve complaints and concerns handling by sharing their experiences and views on how this can be changed to the benefit of women and families and resolving concerns; • Work with the Health Board to identify which measures matter from the families' when seeking to demonstrate and quantify improvement in maternity services; • Look at developing a Women and Families Group that will identify how they want to be engaged further; • Be supported and suggest new approaches to engage with the communities across Cwm Taf Morgannwg; • Self identify whether they want to be involved as representatives on the Women and Families Workstream group. **Maternity Services Liaison Committee (MSLC)**

	The MSLC is a multidisciplinary group, including services users, with responsibility for bringing the voices of women and families into the Health Board to provide feedback on maternity care and ensure that services meet the needs of users. Women and families directly affected have been asked if they want to be part of the MSLC and a new Lay Chair is being appointed in response to the RCOG Review recommendations. Cath is working with the Women's Experience Midwife to ensure that new methods are developed to hear the views of women using services through a 'Walk the Patch' approach on the maternity units. Other approaches include building on the 'Real Time' maternity experience initiative started by the PALS team by developing reflective qualitative interviews with women when they are back in the community after the birth of their baby. They will be reaching out to women and families where they live through engagement at Mums and Toddlers groups, Baby Cafés, community clinics and informal events. **Engaging with communities, building trust and confidence** Building trust and confidence in maternity services in Cwm Taf Morgannwg is important for those women and families currently using services as well as those who will need to use it in the future. As such, community engagement methods are being developed to ensure that all of the families have an opportunity to be heard in familiar settings, be supported to engage and be assured that action will take place as a result of their feedback. In that regard, the learning from other NHS organisations which have faced similar challenges will be extremely helpful to the Health Board. That is particularly so in areas that have experienced similar challenges and found that their communities had heard nothing but 'bad news' about maternity services in the area. Cath worked with families affected by events leading to the Kirkup Review of maternity services at Morecambe Bay University Hospitals NHS Trust and developed co-production engagement and communication methods with the staff and families which are transferable to the Cwm Taf context. Connections have been made with colleagues in Morecambe Bay and the co-production methods and tools used to secure the involvement of women and families in change and community engagement are being shared.
Assurances about the Panel's	The Panel is independent and in its early work has consistently and

independence from both Cwm Taf Morgannwg Health Board and from Welsh Government.	deliberately demonstrated that to be the case. None of the members, or any other person directly supporting the Panel, has any previous connection or association with the Health Board. Indeed, three of the Panel members have not previously worked within Wales and bring insights from different UK health system. As such, the Panel comes to its task with fresh eyes and independence of thought. Within the Terms of Reference he has provided and in his verbal briefing to the Panel during its induction process, the Minister has made it clear that he expects the Panel to be, and to be seen to be fiercely independent and that it should not hesitate to make recommendations which relate to the role of Welsh Government within the current situation where that appears to be appropriate. Whilst the Panel is working collaboratively with both the Health Board and Welsh Government officials, that should not be seen as an indication of a lack of independence. Working with the Wales Centre for Public Policy, the Panel has adopted an evidence-based approach to the design of the oversight process taking account of academic research and evidence of what has worked in previous interventions. Academic research (Jas and Skelcher, 2005) suggests that the style and of any imposed external intervention should be the least intrusive which is necessary to achieve the outcome which is desired. The same research also suggest that three factors explain the ability of an organisation to remove itself from a performance intervention, namely:- • **COGNITION** (*i.e. a recognition by the organisation that it needs to change and an acceptance that it needs help to do so*); • **CAPABILITY** (*i.e. the knowledge within the organisation of what needs to be done and the technical skill to achieve it*); • **CAPACITY** (*i.e. the ability and resources to tackle the change agenda*). The Panel has been working with the Health Board to assess its 'cognition, capability and capacity' and recently conducted a self-assessment exercise during a Board Development Day. On the basis of the outcomes of the exercise, the Panel believes that it appropriate to adopt a collaborative approach, albeit within an atmosphere of scrutiny, challenge and support. That approach is again supported by academic research which suggest that 'the most effective performance improvement mechanisms are those owned by the organisation subject of the intervention … albeit subject to the influence of government' (Fox

	2003, Kellard et al, 2007). Similarly, the Panel is working closely with the regulators and with Welsh Government to ensure that the strands of the intervention are drawn together into a cohesive whole albeit that there is absolute clarity about the independent nature of the various elements.
Clarification about the powers of the Panel to make recommendations and insist on their implementation.	Items four and five of the Terms of Reference provided by the Minister state that the Panel should: • Escalate any wider governance related issues or concerns which emerge to the Health Board and Welsh Government as appropriate; • Advise the Minister on any further action which the Panel considers necessary to ensure the provision of safe, sustainable, high quality, patient centred maternity and neonatal services. This should include advice about the need for, and timing of, any follow-up independent reviews and the identification of any wider lessons for the NHS in Wales. Whilst the Panel has no specific powers to insist that its recommendations are implemented, the ability to make those recommendations is clear. As such, the Panel will rely on cooperation and negotiation to achieve compliance. However, it is implicit that within the Terms of Reference that where those recommendations are well founded, Welsh Government and where necessary, the Minister will take reasonable steps to support their implementation. Indeed, the Minister has made that clear in his initial conversations with the Panel. As previously stated, the Health Board is cooperating fully with the Panel in enabling the proper discharge of its responsibilities and Terms of Reference and, as things currently stand, it is not anticipated that issues will arise which need to be escalated. However, if that does become the case, the Panel will not hesitate to do so.
Actions that are being/will be taken to rebuild public and staff trust in the Health Board.	As outlined above, in accordance with its terms of reference, the Panel is working with the Health Board to develop the capacity, capability, systems, tools and techniques which will enable it to engage in an open and transparent with the women and families affected by the Review and more broadly with maternity service users going forward. Done correctly, that will, in due course, have an incremental impact of public trust and confidence. In addition, the Panel is currently involved in discussions with the Health Board about the need, as part of the Maternity Services Improvement Plan, to develop similar arrangements to engage staff more effectively in the design and delivery of improved

	services going forward. In our early discussions with the Health Board, a shared understanding has emerged that in order for change to be sustainable, maternity services will to be improved in the context of a wider organisational change process that encompasses organisational culture, leadership, mission vision and values. Those discussions have also identified the need to develop a structured communications and engagement strategy designed to change the narrative around the organisation. In order to be effective, the engagement and communication strategy will need to be owned and delivered by the organisation and its senior leadership, albeit that the Panel and Welsh Government will provide the support and challenge which is needed to drive it forward at pace.