Agenda – Public Accounts Committee

Meeting Venue:	For further information contact:
Auditorium Room (17), Catrin Finch Centre, Wrexham Glyndŵr University	**Fay Bowen**
	Committee Clerk
Meeting date: 4 March 2019	0300 200 6565
Meeting time: 10.50	SeneddPAC@assembly.wales

(Private pre-meeting)

(10.50 – 11.00)

1 Introductions, apologies, substitutions and declarations of interest

(11.00)

2 Paper(s) to note

(11.00 – 11.05)

2.1 Governance Review of Betsi Cadwaladr University Health Board – Lessons Learnt: Letter from the Welsh Government (13 February 2019)

(Pages 1 – 3)

2.2 Governance Review of Betsi Cadwaladr University Health Board – Lessons Learnt: Additional Information from North Wales Community Health Council

(Pages 4 – 41)

2.3 Governance Review of Betsi Cadwaladr University Health Board – Lessons Learnt: Additional Information from BCUHB on agency staff spend in the Mental Health & Learning Disability (MHLD) Division

(Pages 42 – 43)

3 Governance Review of Betsi Cadwaladr University Health Board – Lessons Learnt: Evidence Session with Betsi Cadwaladr University Health Board

(11.05 – 12.50) (Pages 44 – 87)

Research Briefing

PAC(5)-06-19 Paper 1 – Betsi Cadwaladr University Health Board (BCUHB)

Mark Polin – Chair of BCUHB

Gary Doherty – Chief Executive, BCUHB

Andy Roach – Director of Mental Health, BCUHB

Gill Harris – Director of Nursing & Midwifery, BCUHB

4 Motion under Standing Order 17.42 to resolve to exclude the public from the meeting for the following business:

(12.50)

Item 5

5 Governance Review of Betsi Cadwaladr University Health Board: Lessons Learnt: Consideration of evidence received

(12.50 – 13.00)

Agenda Item 2.1

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/
Prif Weithredwr GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group

Llywodraeth Cymru
Welsh Government

Nick Ramsay AM
Chair
Public Accounts Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

13 February 2019

Dear Mr Ramsay

Betsi Cadwaladr Staff Survey

Following the Public Accounts Committee session on 28 January, I committed to sharing more detail on the Betsi Cadwaladr staff survey results. I hope that the detail shared within this letter provides you with the required information.

In our evidence we suggested some specific areas of improvement that showed significant progress on staff engagement within the results of the staff survey.

As I highlighted during the session, the improvements led by the new Chair in renewing and realigning the Board and establishing a more robust appraisal and assurance system, have also contributed to improvement. The NHS staff survey 2018, showed positive changes since 2013 and 2016, most notably in staff engagement. That includes an 18 per cent increase from 2013 of staff who say that they are now proud to work for BCUHB.

The table below shows improvements in a number of specific areas:

	2013	2016	2018
Mental Health			
I would recommend my organisation as a place to work	44%	51%	58%
If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation	45%	55%	63%
I am proud to tell people I work for my organisation	38%	52%	64%

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Betsi Cadwaladr UHB Results			
I would recommend my organisation as a place to work	42%	51%	61%
If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation	51%	61%	67%
I am proud to tell people I work for my organisation	47%	54%	65%
Senior managers lead by example	21%	28%	39%
All Wales Results			
I would recommend my organisation as a place to work	48%	61%	66%
If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation	53%	68%	73%
I am proud to tell people I work for my organisation	51%	65%	72%
Senior managers lead by example	26%	35%	42%

In 2018 the response rate was 31% compared to 29% for All Wales.
The overall engagement scores compared to all Wales were:

	2013	2016	2018
Betsi	3.35	3.51	3.76
All Wales	3.43	3.65	3.82

The results of the 2018 staff survey for Betsi Cadwaladr University Health Board continue to show positive improvements since the 2016 survey, and while the organisation is below the overall NHS Wales scores on many questions, there have been some significant improvements to scores. However, I expect visible use of the staff survey results to achieve actions, which was highlighted during the session.

I am encouraged that to see improvements in team working and wellbeing scores: all of the scores on team working are on or around the overall NHS Wales scores. There are only three scores which are comparable to 2016. All three of these have improved, including the score on team members having a shared set of objectives which has improved by 8% - from 74% to 82% this time around.

Many scores on staff wellbeing have improved since 2016. However, there are still some areas for consideration, and these will be addressed by the Board and the senior leaders in BCU.

Yours sincerely

Dr Andrew Goodall CBE

Public Accounts Committee
Inquiry into Governance Review of Betsi Cadwaladr University Health Board: Lessons Learnt
Additional information from North Wales Community Health Council following Committee meeting of 4 February 2019 – Dates of NW CHC visits to Mental Health facilities.

NWCHC – Visits to MHLD - October 2016 – December 2018

Ablett Unit – Ysbyty Glan Clwyd	
15/02/2018	Report and Response (065/18)
31/08/2017	Report – no response received – issues addressed in 02/08/17 & 15/02/18 Response
02/08/2017	Dinas Ward and Cynnydd Ward – Reports and Response
06/03/2017	Tegid Ward
24/10/2016	Tegid Ward, Cynnydd Ward and Dinas Ward – Reports and Response

Hergest Unit – Ysbyty Gwynedd	
21/12/2018	Report and Improvement Plan (135/19) – sent to BCUHB in January - awaiting response
29/07/2018	Report and Response
09/05/2018	Report and Response
27/08/2017	Aneurin, Taliesin, Cynan Wards – Reports and Response
21/10/2016	Aneurin, Taliesin, Cynan Wards – No response
07/10/2016	Report and Response

Heddfan Unit – Wrexham Maelor	
14/09/2017	Clywedog, Dyfrdwy, Tryweryn Wards – Report and Response
16/08/2017	Gwanwyn Ward – Report and Response
13/03/2017	Gwanwyn and Hydref Wards – Report and Response
17/10/2016	Clywedog and Dyfrdwy Wards – Report and Response

Bryn Hesketh	
14/09/2017	Report – no response received
08/05/2017	Report and Response
10/02/2017	Report and Response
18/10/2016	Reports and Response

CAMHS - Abergele	
02/11/2016	Report and Response

Ysbyty Cefni	
18/12/2018	Report and Improvement Plan (136/19) – sent to BCUHB in January - awaiting response
20/04/2018	Report and Response (083/18)
06/12/2017	Report and Response (044/17)
30/08/2017	Report and Response and Letter
30/06/2017	Report and Response Letter
17/10/2016	Cemlyn Ward – Report – no response received.

Tan y Castell, Ruthin	
03/03/2017	Report and Response

Our lives on hold...

Impact of NHS waiting time on patients' quality of life

CYNGOR IECHYD CYMUNED
COMMUNITY HEALTH COUNCIL

BWRDD CYMRU | WALES BOARD

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About Community Health Councils

This report has been produced by the Board of Community Health Councils on behalf of the 7 Community Health Councils (CHCs) in Wales.

CHCs are the independent watch-dog of NHS services within Wales and we seek to encourage and enable members of the public to be actively involved in decisions affecting the design, development and delivery of healthcare for their families and local communities.

CHCs seek to work with the NHS and inspection and regulatory bodies to provide the crucial link between those who plan and deliver the National Health Service in Wales, those who inspect and regulate it, and those who use it.

CHCs maintain a continuous dialogue with the public through a wide range of community networks, direct contact with patients, families and carers through enquiries, our Complaints Advocacy Service, visiting activities and through public and Patient surveys. Each of the 7 CHCs in Wales represents the "Patient voice" within their respective geographical areas.

This report brings together a range of patient stories and reflections about the impact that delayed treatment has had on themselves and their families. They represent a small percentage of those waiting for NHS treatment in Wales. We recognise that everyone's individual experience will be different.

Introduction

Health boards and trusts regularly judge their performance in terms of Referral to Treatment Times (RTT) against a set of targets described in weeks. It is regularly reported in the media that targets are missed or that waiting times in Wales are worse than in other parts of the UK.

Reviewing performance simply against figures can provide a useful indication. It does not provide a picture of what it is like to wait for treatment, perhaps in pain or with reduced mobility. Neither does it capture the wider and sometimes life changing impact on individuals, families and communities.

The 26 and 36 week targets were last met in Wales in August 2010. We have seen a welcome improvement in waiting times in Wales over the past year (at the end of February 2018, 87.3% of patients in Wales had been waiting for less than 26 weeks).

Nevertheless, the failure to meet targets has become an accepted norm. The real life implications of this can be devastating. It is important that decision makers look beyond the numbers when judging performance and deciding what to do about it.

This report aims to capture the impact that long waits have had on a range of people across Wales. We believe their stories demand action and challenge Welsh Government to take action to end long waits.

What we asked

We simply asked people to tell us in their own words how waiting for treatment was affecting their life. These people came to us through a variety of sources;

- Advocacy Service clients
- Engagement events
- Social Media
- Print media articles about this project

What we heard

Coping with pain

> "At that point I was in agony, and could only walk a few yards as the pain was excruciating. My Consultant could see how much pain I was in and apologised for the delays, but said the waiting lists were never ending".

Most people we heard from told us they were in pain, and for some patients pain affected their quality of life very substantially.

For some people long term use of strong pain killers was a cause of concern. People worried about side effects, over reliance and reduced effectiveness. Long waiting times for many procedures coincided with long waiting times for Pain Management Clinics (up to 2 years in some cases).

Without the help of Pain Management Clinics, patients with drug intolerances found it extremely difficult to get any form of pain relief. Access to non-drug methods of coping with pain, such as hydrotherapy and physiotherapy were seen as similarly limited.

We heard about what might be described as a catch 22; being told you do not meet the criteria for chronic pain management as there is a known and available surgical intervention that would address your problem completely.

Mobility

> "I cannot walk any distance without the aid of two walking sticks and if I have to wait until the summer of 2018 then I

> can see me becoming housebound, which I know will have an impact on my mental health".

The inability to carry out day to day activities that most people take for granted was a major issue for many people. Some people we heard from were carers and were no longer able to provide the care needed by their spouse or child.

Falls were a major issue;

> "I managed to trip and fall in the house three times due to my poor vision, l must admit l began to feel really down as l had lost my independence and felt isolated and cut off from my normal daily activities. I became totally dependent on my husband which in turn impacted on his independence".

Loneliness & good mental health

> "The present situation is causing me a good deal of stress. I am getting periodically depressed, my marriage is suffering and I am no longer aware of what action I can take to resolve the situation".

Many people told us that the combination of decreased mobility, pain and ill-health removed them from their usual activities and support networks and left them feeling isolated and lonely.

There is also a strong effect on mental health. Some people told us they feel powerless and distressed by waits of 100 weeks^{+}. We heard that for some, this was made worse when their estimated treatment times kept getting extended.

Those who had retired and were looking forward to spending more time with partners and family and developing hobbies and leisure activities told us the pain and stress of waiting for an operation had considerably reduced their quality of life;

"I do not suffer from depressive personality, l always look on the bright side of life but l must admit the last six months of waiting became very trying.

l could not go out in the garden if there was bright sunshine, indoors, the curtains and blinds needed to be drawn in whatever room I was in order to exclude bright light or sunshine.

Simple things like watching the television became very uncomfortable. l had great difficulty in reading books or newspapers, I could not use my computer without great difficulty".

Private Treatment

"I had my hip replacement on 1st November 2017 at a private hospital, close to where my daughter lives in England, at a cost of £10,500. If I had known I would have been waiting for this since I was first referred in October 2015, I would have had it done privately long since".

Intolerable levels of pain and mobility problems had led to some people paying for private treatment even though they could ill-afford it. Usually this was for an initial appointment with their NHS Consultant but some had gone on to pay for total joint replacements when waits became unacceptably long.

Loss of dignity

"I have now been suffering the indignity of having to wear a catheter for almost 12 months. During this period I have suffered five urinary tract infections. Initially the district nurses changed my catheter at the local surgery but they

began to have problems and now the catheter has to be changed at the hospital".

Some patients commented on the indignity of having to rely on others to carry out intimate personal care because they could no longer do it for themselves.

Being unable to maintain personal appearance was also a concern for many.

Relationships

People reported a severe effect on family life. Many older people had commitments providing care for grandchildren. Inability to carry this out had major financial implications for the entire family. People also told us about the emotional impact of missing out on what should have been a source of happiness and satisfaction and feelings of guilt that they are not contributing to family life;

"While I was waiting the pain in my breast got worse and worse… It meant I couldn't play with my grandchildren as I normally would because it was just too painful to lift them up or have them jump on me".

Several people highlighted that constant pain and fear had led to being short tempered and "grumpy" with close family members.

Work & finances

Not all those waiting for procedures such as joint replacement, cataract and prostate surgery were retired. Many people told us about significant effects on their work and careers. Patient R is just 25 and facing an 85 week wait for shoulder surgery;

"Whilst most 25 year olds are career building, I cannot seriously consider any career development opportunities at

> work as, instead, I am struggling to hold on to my job because of my health problems. I fear that in the longer term, even if my shoulder problem is resolved, my working record represents me as an individual with a 'sickness' problem rather than a capable individual willing to work hard and this has the potential to have life-long implications.

Others have had to take retirement while waiting because of on-going problems;

> "I'm retired now but I had been working for a supermarket. My employer was very supportive while I was trying to continue working but I was quite restricted in my ability to undertake any duties that involved lifting. It was clear from meetings with my managers that they were running out of patience so I decided to retire".

Sickness benefits do not take account of long NHS referral to treatment times and we heard how this can result in great financial hardship.

> "I now have a date, for mid-January 2018. The length of time the process takes does cause financial issues. Sickness benefit is only given for one year, so I have been without financial support since July 2017".

Co-ordination of NHS care

Many people told us that they have to act as their own case management co-ordinators. This is particularly true in areas such as cancer care where tests need to be done in a particular order and perhaps at a variety of locations. People told us that they spend a significant amount of time contacting different departments and liaising with consultant's secretaries to ensure things go smoothly.

Information

Lack of information on many aspects of their care was an important issue for most people.

There is a need for greater communication between the NHS and those waiting for operations, without regular communication people told us they felt abandoned;

> "….she has just been left to suffer in this way for months on end. As I say, it feels as though she has just been dumped".

"Harm" caused by waiting

Many people waiting for treatment worried that waiting in itself would cause irreparable damage and make the eventual treatment less successful.

> "…the extra pressure and pain I am putting my body through because of my left knee is causing further problems and issues with my mobility".

Holidays

People told us they had been asked to cancel holiday plans when they had been listed for an operation– even though they felt there hadn't been any realistic prospect of having the operation any time soon. This causes unnecessary financial loss and hardship;

> "Normally we would have been away over the winter and the sun and warmth offer some respite from the pain. Having been told not to go away and missing this much anticipated break, we are both upset to realise that we have waited around for nothing".

Our Stories

The following stories are an example of what we heard from people affected by long waits for treatment, as they described it.

Patient A

I am writing to you regarding a complaint I have regarding hospital waiting times. I have currently been waiting 51 weeks for hand surgery for removal of a very large ganglion. I rang this morning to be told there is at least another 30 week wait.

I have also been waiting 41 weeks for urgent wisdom teeth extraction as I daily have severe toothache and jaw ache which is preventing me from eating correctly. I understand that, if neglected, wisdom teeth can fuse to my jaw bone which will cause lots more problems. I've been told it will be at least another 40 weeks to see a consultant then it will be another long wait until surgery.

The health board have been in contact with me advising that they cannot do anything about the ridiculous waiting times. Apparently they can't afford to fund my treatment elsewhere even though it clearly states on all NHS material I have a right to be seen and retrieve treatment within 36 weeks of referral. This is not acceptable and I want the NHS held accountable for my suffering.

Patient B

In November 2016 I was admitted to Hospital for bladder retention and was fitted with a catheter. It was later discovered that I would need a prostatectomy and this should have been done in February 2017.

I heard nothing and contacted the Urology Department in March. They said my operation had been delayed and would probably take

place in August or September. Following this I receive a letter asking me if I still required the operation. I wrote to the Concerns Team of the hospital expressing my dismay and they informed me that the operation should be done in October.

I received a letter telling me the operation would take place on 23rd October. I attended a pre-op appointment a week before and on the day attended the arrivals lounge and went through the usual procedures and waited to be called. At around 3.35pm I was called into a cubicle and told the operation had been cancelled.

I have now been suffering the indignity of having to wear a catheter for almost 12 months. During this period I have suffered five urinary tract infections. Initially the district nurses changed my catheter at the local surgery but they began to have problems and now the catheter has to be changed at the hospital.

I feel there is little concern given by the hospital to my health and well-being. I fully appreciate that more serious cases than my own must take priority but to have a twelve month break in treatment is stretching things a bit far.

The present situation is causing me a good deal of stress. I am getting periodically depressed, my marriage is suffering and I am no longer aware of what action I can take to resolve the situation. I am retired and my wife and I travel a good deal, these trips are spoilt by frequency in having to use a toilet. I also have a worry as to the effect 12 months of catheter use will have on my bladder.

NOTE – the patient is still awaiting his prostatectomy – recently told it might be "sometime in 2018"

Patient C

Initially I saw my Consultant privately in early 2015, following a referral from my GP, and paying myself to avoid waiting the 6 month

wait to see him on the NHS as I had quite severe pains in my groin, which I knew were related to a failing left hip. The Consultant said he would arrange an MRI Scan, but there might be a wait for that.

Three months later, I had an MRI Scan, which confirmed the diagnosis that I needed a replacement left hip. I received a letter from the Hospital on return from holiday two months after that requesting me to make an appointment for Physiotherapy, I wasn't sure what this was for or who had requested it, and when I asked the Physiotherapist, he said my Orthopaedic Consultant had requested it to see if the acute pain was coming from the hip or the tendon. He said he was going to inject whichever site it was, to give me some relief whilst awaiting a hip replacement.

After a few physiotherapy sessions, the physiotherapist confirmed that the pain was indeed coming from my left hip and said there was no point in continuing now that we knew where the pain was coming from - I could have told him where it was coming from!

I heard nothing more, despite the Consultant's Secretary on several occasions, until I had a letter to go for a pre-op on 12th January 2017. I asked what the pre-op was for, and was told it was for an injection into my left hip to alleviate the pain whilst awaiting a replacement.

On 11th February 2017, I was admitted to hospital and informed by my Consultant that he would give me an injection into my hip, and also an injection into the tendon of the left hip under general anaesthetic, in the hope that these would reduce the pain whilst awaiting a hip replacement.

I returned home and had slight relief for a couple of days, then the severe pain returned, and was now all down my left leg and into my foot, making it very difficult to walk. I thought this was strange, as injections do usually offer some respite, having had them in the past prior to surgery.

I saw my Consultant on return from holiday on 16th March 2017 and told him I was in severe pain, which he could already see as I walked in. He then informed me that on 11th February he had only injected the tendon, and not the actual hip joint, which I found quite annoying as it meant yet another procedure with a general anaesthetic.

On 21st March, I was again admitted to hospital and had an injection into my hip joint under a general anaesthetic, which I assumed would give me some relief from the now excruciating pain I was suffering. The effects of the injection lasted only 3 days, and I rang my Consultant's secretary to ask her to let him know.

On the 18th May 2017, I saw my Consultant at the hospital. At that point I was in agony, and could only walk a few yards as the pain was excruciating. My Consultant could see how much pain I was in, and apologised for the delays, but said the waiting lists were never ending. He told me that I was on the URGENT list and it would probably be "*towards the end of the year*". This was very disappointing to hear, but at least there was a light at the end of the tunnel, or so I was led to believe.

In the following months, I rang my Consultant's secretary regularly to say that I was available at short notice, should there be any cancellations. This was on my GP's advice, as I was now on very strong painkillers every 4 hours as prescribed by my GP. I was told there are very few cancellations, but she would make a note on my file. At that point, she did say it may well be November/December for my operation.

On return from yet another holiday in a wheelchair in October 2017, I rang my Consultant's secretary yet again, just to confirm it was going to be November/December, only to be informed, no, it was more likely to be May/June 2018. As you can imagine, this was very disappointing news, and although I cannot afford it, I decided I had

to have the operation as soon as possible, as my life was becoming impossible and very dependent on others.

I had my hip replacement on 1st November 2017 at a private hospital, close to where my daughter lives in England, at a cost of £10,500. If I had known I would have been waiting for this since I was first referred in October 2015, I would have had it done privately long since.

My GP was very, very annoyed that I have had to pay, and said I should write to the Health Board and the local MP, as it is a national disgrace that anyone should have to suffer so much pain in this day and age. However, not wishing to delay it any longer I did not do that.

I have written to my Consultant, and said how sorry I am for the system, and do not blame him, but the Health Board who need to do something drastic to get the lists down. He is a brilliant Surgeon, and I have been under him for many years, as he did my right knee replacement in 2011.

When we moved to Wales in 2001, the waiting lists for any surgery were minimal, but just what has happened in the last 15 years is a mystery to all, as they are the longest in the UK now. I did request that I could go to another hospital anywhere in the UK several times, but was told that the Welsh NHS would not foot the bill for that. In England as at today's date, the waiting time for a hip replacement from referral to treatment is 11-18 weeks maximum.

Patient D

In July 2016 I was seen by an orthopaedic consultant and was advised that I required a replacement left knee, I was told that I would have to wait approximately 50 weeks for this operation and I agreed to go on the waiting list.

I have other mobility issues including a replacement right hip, which was done in 1998, a left hip replacement which was carried out in 2011. Due to numerous complications, I underwent a complete revision of this hip in November 2013 and I also had a spinal decompression operation in in 2010.

When I saw the Consultant in June 2017 I was told that due to the 'clean ward' being closed for three months due to winter medical admissions, no joint replacement operations had been carried out during that period, resulting in the waiting time increasing to 90 weeks.

I saw the Consultant again in September 2017 and was advised that the waiting list had increased further to approximately 100 weeks, which means that it will be the summer of 2018 before I have my knee replacement – if I am lucky and the waiting list does not further increase!

This is extremely frustrating, not only for myself and my family but also for the Orthopaedic Consultants. It concerns me greatly that I am having to wait another two years for an operation and in that time my situation is only going to deteriorate further, meaning taking increased pain relief medication, which in turn impacts on my quality of life.

Presently I cannot walk any distance without the aid of two walking sticks and if I have to wait until the summer of 2018 then I can see me becoming housebound, which I know will have an impact on my mental health. I am 65 years old and although I do have arthritis, the extra pressure and pain I am putting my body through because of my left knee is causing further problems and issues with my mobility.

I would like to know what the NHS is planning to do in the future to help reduce the waiting list for replacement joint operations as this situation cannot be allowed to continue. I am concerned that the "clean ward" will again be closed to joint replacement surgery this

year, resulting in an even longer waiting list. The extra cost in medication for all these patients waiting up to two years for their operations must surely be eating into budgets.

Patient E

I had a right knee replacement in February 2015 with the understanding that the left knee would get done within a 2 year period once the right knee was successful and I was fully weight bearing.

The appointment for next knee never arrived and on pursuing this matter, I was added to the urgent list in April 2017. I was then told that there was no chance of surgery before Christmas as there was an 80 week wait despite being assessed as clinically urgent.

I am diabetic and can no longer exercise due to pain. My right knee has now failed and needs a full knee replacement. My muscles are wasting due to lack of movement. I have steroid injections but these are reduced in both efficacy and in time they last. I can't take pain killers due to stomach and bowel problems.

My life is on hold.

Patient F

Many thanks for talking to me about the time I have been waiting, I wasn't expecting a response in all honesty so thank you for taking the time to respond.

As mentioned previously I am quite frustrated by the time I have been waiting. I fully acknowledge that the NHS is very busy and it's challenging trying to manage expectations. My mum is a Nurse so I understand how busy it can be for the NHS.

I've had blood tests done by my GP all of which have returned negative. However I live a life of discomfort most days and I really could do with knowing what's causing it, I just find the waiting time to be very long. I'm still reasonably young at 38 and as I pointed out in my last message there are people with far worse conditions than I have so I can't imagine how they must be feeling having to wait but you can only do what you can I guess.

Patient G

At the beginning of 2017, my optician referred me for a CT scan after I experienced sight problems which were thought to be the result of a minor stroke.

I had a scan on 27th February 2017, and this showed a brain aneurysm that needed further investigation to decide what treatment would be best. I had another scan in March 2017 and it was decided to seek the opinion of a Consultant neuro-radiologist regarding treatment options.

I did not get to see the neuro-radiologist because two of the three neuro-radiologists had left and the other is on extended sick leave. I was told that a locum has been recruited in South Wales but will not be providing a service at my local hospital.

I have now been referred to a hospital in Liverpool but I am still waiting for a date for treatment. Since receiving the diagnosis, I have been extremely anxious in case the aneurysm should rupture. I have had on-going vision problems caused by the aneurysm and this had caused me to have several falls.

Patient H

My problems started just before Christmas 2016 when I got flu and then developed sinusitis and a chest infection, a clear, watery fluid

started to discharge from my nose. The discharge was constant and was accompanied by headaches and light headedness.

When the problem did not resolve, my GP telephoned the ENT Department and arranged an out-patients appointment. I didn't want to wait any longer so my GP gave me a letter to take to the hospital. Once there, I saw a doctor who examined my nose with a camera.

I was given a nasal spray to use and a follow up appointment. At the next appointment, I saw a consultant who arranged a CT scan. The results of the scan showed a crack in my skull from which the fluid was leaking.

I was told that I would have to undergo surgery but would need to have an MRI scan first. This took place on 7th April 2017. The surgery took place in June 2017, six months after I had the first symptoms. I am making progress but I'm still not fully recovered yet.

Although I cannot fault the care that I received from the doctors involved, I am frustrated about the time it had taken to get a diagnosis and the waiting time for treatment to remedy the problem.

During that time, I suffered from debilitating headaches and light-headedness and a constant stream of fluid from my nose which went down my throat during sleep and made me cough. I was off work since the symptoms started because I was feeling so unwell and I work with food so could not go back for hygiene reasons. I have lost a considerable amount in wages due to this delay.

Patient I

Hi, I have waited 70 weeks already and will be 88 weeks by the time they say I may be called for pre op for hip replacement surgery. My hip has deteriorated a lot whilst waiting and the last x-ray they look at now is 4 years old.

I was invited to go to Crewe for my operation (*107 miles away*) and when I rang them they said it would be another 3 months wait, so as it is such a long way for my family to travel I decided to wait the extra 6 weeks to have it done locally.

I now use a wheelchair to go out or two sticks. I'm fed up now. When I went to see the surgeon they were taking people from another hospital where the waiting list was even longer. I queried this and suggested that this meant we would then have to wait longer. This is not fair on any of us.

Patient J

My wife had to wait 16 months for a hip replacement operation. At first we were told that it she would have the surgery around Christmas time or perhaps the following February but, in fact, she had to wait more than a year before she actually had the surgery. While she was waiting for an appointment, no one kept us informed about the reason for the delays or about how much longer she might have to wait. Having finally had the operation, she now needs another procedure to drain away some fluid, which is gathering around the operation site. She has been waiting for this follow-up procedure for more than 9 months now and there is still no sign of an appointment.

She feels as though she has just been dumped. Her quality of life is not good and she often says that she wishes she hadn't had the hip replacement at all. She can't go anywhere where there might be large crowds of people because she can't risk being pushed or knocked. She is very unsteady on her feet and can't risk falling over. My wife is much less mobile than she was before and she can't do the things she used to.

She gets terrible pain and is very swollen and bruised where she had the surgery because of soft tissue damage. And she has just been left to suffer in this way for months on end. As I say, it feels as though she has just been dumped.

Patient K

I had had breast implants following a mastectomy as a result of breast cancer. I started suffering with terrible pain and some hardening in my breast. Initially I was told that the implant had ruptured and so I would need it replaced. However, I was later told that this was not the problem after all. Either way, I needed surgery to correct the problem. I had to wait 54 weeks for the surgery.

Throughout that whole time I only ever spoke to someone in the department and got updated if I chased them up myself. Nobody contacted me to let me know what was happening or how long it would be. I knew from the outset that there might be a "bit of a delay" but I had no idea just how long I would actually have to wait.

To begin with I was able to be quite patient about the wait. But then as time went on and no one contacted me I started to get concerned. I couldn't plan my life. I wanted to book a holiday but I couldn't because I was worried that I might miss my surgery slot. This was very stressful for my husband and my daughter.

While I was waiting the pain in my breast got worse and worse. I was worried about the possible reasons for the pain and why it might be getting worse. It meant I couldn't play with my grandchildren as I normally would because it was just too painful to lift them up or have them jump on me.

It made me angry. I felt it wasn't fair. I did get a call with an appointment within 12 months of my referral but then the slot was cancelled. To be honest, this just felt like lip-service. Like they had given me an appointment just to cancel it so that it looked like they were doing something. Maybe that wasn't the case but that's how it felt to me. I had the pre-op appointment but then the pre-op was out

of date before I was even given a date for surgery. When I asked about this I was just told "*Oh, it'll do*". I felt like I was being fobbed off all the time. Why would they bring me in for a pre-op if there was no chance of the surgery happening before the information was out of date?

By the time I saw the consultant I was really angry about it all and this affected the doctor/patient relationship. It's so unfair that there is a difference between the waiting times in England and Wales.

Patient L

I had to wait 2 years just to be assessed by a surgeon when I needed surgery on my rotator cuff. I had some calcification of my collar bone, which was restricting my movement so my GP referred me to see a physiotherapist. After 6 months the physiotherapist decided that I needed to have surgery so referred me on. When I finally did see the surgeon for a consultation he told me that I would be prioritised. However, I had to be taken off the waiting list while I went to see a cardiologist about a heart problem.

Once that was sorted, I was put back at the bottom of the waiting list and was told that I would have to wait another 12-18 months for the surgery. I wasn't kept informed about what was happening and I actually only found out that I was back at the bottom of the list because I contacted the department and asked. I waited for this surgery for 3 ½ years.

I'm retired now but I had been working for a supermarket. My employer was very supportive while I was trying to continue working but I was quite restricted in my ability to undertake any duties that involved lifting. It was clear from meetings with my managers that they were running out of patience so I decided to retire. My condition didn't force me into retirement but it was definitely a contributing factor in my decision to retire earlier than I had planned. My employer did try to support me but at the end of the day they're a

business not a charity and they couldn’t carry me while I was unable to perform my duties fully.

I struggled with some of the basic necessities of life such as shopping. I can’t carry any weight on my right-hand side. I used to enjoy playing golf but I can’t do this anymore. I wasn’t able to do small things that I would normally take for granted such as lifting up my grandchildren. I suffered with terrible pain and I had to take Ibuprofen at the highest dose possible. I’m not even totally sure that it is ok to take this alongside my heart medication but I had to have something to ease the pain while I was waiting for surgery.

Patient M

Hello, I believe you're looking for opinions about time spent on waiting lists.

I was referred by my GP to the hospital Rheumatology Department for checks a good two months or so ago, possibly longer. I was given a waiting time of 20 weeks which was unacceptable to me. I'm in constant pain every day, chronic pain. There are people out there in worse condition than myself but the waiting times are so poor for this service around here.

I am still waiting to be seen and have also been put on the cancellation list and no one has called me at all. The excuse I've been given is that no one wants to come and work for this Health Board. Hope this feedback goes some way towards helping.

Patient N

I never imagined the wait for a cataract removal could become so stressful. I waited nearly eighteen months in total before I was called for my cataract procedure. The last nine months became a real nightmare. l live in a fairly rural isolated location. l am also disabled with asthma and COPD consequently this means that I am unable to

walk very far without becoming very breathless, therefore this inhibits the use of public transport due the distance I would need to walk. l had to give up driving for the last six months due to my poor vision.

l went back to the optician as l knew both cataracts were getting worse especially the left eye, the optometrist confirmed that I had virtually become almost blind in the left eye due to the density of the cataract and confirmed that it would be unsafe for me to drive until the cataract removal and subsequently made a urgent referral but l still had to wait many months before I received the procedure.

l do not suffer from depressive personality, l always look on the bright side of life but l must admit the last six months of waiting became very trying. l could not go out in the garden if there was bright sunshine, indoors, the curtains and blinds needed to be drawn in whatever room I was in order to exclude bright light or sunshine. Simple things like watching the television became very uncomfortable. l had great difficulty in reading books or newspapers etc., I could not use my computer without great difficulty.

I managed to trip and fall in the house three times due to my poor vision, l must admit l began to feel really down as l had lost my independence and felt isolated and cut off from my normal daily activities. I became totally dependent on my husband which in turn impacted on his independence.

I cannot even begin to explain the difference when the cataract was eventually done. l was able to live my life again and regained my independence. l am a retired NHS nurse, l retired at the age of 65 so l have understanding of how things work but surely a cataract operation is a lot cheaper than a possible full hip replacement as a result of a fall which thankfully l did not suffer, but many do. Also if a cataract is left too long other complications such as blindness could occur.

And the sad thing - l am still waiting for the other one to be done!

Patient O

I started feeling pain in my left shoulder in early 2016. It was a pain I was familiar with as two years ago I had the same pain leading to an operation on my right shoulder. I visited my GP who prescribed Ibuprofen. This didn't help so I went back to my GP and he referred me to "walk in physio". This was extremely awkward as my work took me all over the country meaning I had to take time off work to undertake a six week course of physio. The physio didn't have any benefit so it was recommended I receive a cortisone injection.

Due to the pain I was in I decided to finish working away and look for work closer to home, in the hope this would make attending appointments a little easier. Unfortunately the pain was so bad the GP signed me off sick in July 2016.

I received a referral to the clinic in September 2016 where I was seen by a consultant and received a cortisone injection. This had no effect so I returned to my GP towards the end of September. In mid-October I was referred back to the clinic where I saw a consultant who referred me to hospital for a scan and maybe another injection. I received the scan in November 2016 which showed an arthritic shoulder which required an operation. I was put on a waiting list.

I feel if I had been given a scan first as last all the treatment in between which did nothing to relieve the pain, would not have been given. Saving the NHS money and me time. In March this year I saw a consultant who confirmed the diagnosis. I was contacted early December to see whether I was able to attend a pre-op appointment as the clinic had a cancellation. I attended this appointment where I was told I would be contacted very soon with a view to an operation in early January 2018.

I now have a date, for mid-January 2018. The length of time the process takes does cause financial issues. Sickness benefit is only given for one year, so I have been without financial support since July 2017.

Patient P

On 1st March 2017, I was placed on a waiting list to have a total knee replacement on my right leg. My next appointment was made for 5th October 2017. I was expecting the Consultant to tell me when I would have my operation. He told me not to go away on holiday during January and February 2018 as there might be an additional operating list at this time.

I normally spend these months abroad but cancelled my arrangements. I subsequently heard nothing and after many phone calls and letters was told that I was number 153 on the waiting list and they had no idea when my surgery would take place. I was told that I could expect to wait a further 92 weeks despite having been listed for 52 weeks already.

I have written to the Chief Executive and Chair of the Health Board with no response to date but was contacted by an administrator who has asked me to fill in a Freedom of information form before I can have information about the waiting list, how the recent funding announced by Welsh Government has affected the list and where I actually sits on the list.

I run my own business dealing in antique furniture and the pain I am suffering is making it hard for me to continue. I have had to alter my stance and gait to compensate for the pain and this is making my hip worse and affecting the other knee. I have to sleep with pillows under my knee to get any relief and I tend not to go out due to pain. My wife is also suffering as I am grumpy and have short patience due to this unremitting pain. Normally we would have been away over the winter and the sun and warmth offer some respite from the pain.

Having been told not to go away and missing this much anticipated break, we are both upset to realise that we have waited around for nothing. I am very disappointed with the NHS.

Patient Q

I had partial knee surgery in February 2015, this failed after 2 years and I was told it needed total replacement. I was advised that I would need to wait 80 weeks just for an appointment with the Consultant so I made arrangements to see him privately to move things forward and saw him in April 2017. He told me I needed an urgent operation but that thus was unlikely to be done before Christmas of 2017. In the meantime, I was waiting for an appointment with the pain clinic but this never came through.

I spoke to the Consultant on the phone in November 2017 and he informed me that he was due to have hand surgery and would not be able to carry out operations until at least after Christmas. He said I should be treated at the end of February or perhaps the beginning of March. In January 2018 I signed a form agreeing to be referred to another consultant. My predicted wait is now another 52 weeks minimum.

I used to be a very fit and useful member of society; refereeing rugby all over North Wales, organising and participating in politics and social schemes such as litter picks with Friends of Anglesey Coastal Path. I am an insulin dependent diabetic and it is essential that I stay fit and healthy which, with the knee pains and developing related ailments, such as sciatica, is proving very difficult.

The physiotherapy offered by the Health Board is ineffective as it is merely classes for general post-knee surgery with no individual time from the staff to deal "hands on" with an individual's case. I have now lost a significant amount of muscle tone in my thighs and lower legs which will affect my capacity to recover from further surgery.

I am unable to take normal pain medication such as NSAIDs because of the side effects. As mentioned earlier, I have never been given an appointment with a pain clinic.

My relationship with my family is severely affected as I am so grumpy all the time; dealing with the constant pain, having to get up at regular intervals and move around to avoid the legs getting stiff, the sciatica and increased back pain. I am unable to sit for long periods so that precludes going to the theatre or cinema, travelling far etc.

Patient R

I first told my parents that I had been struggling for some time with my gender identity when I was 15. My parents were very understanding and wanted to help but didn't really know how. They came with me to see my GP. My GP was very honest that they had never treated anyone in my position before and asked for a couple of days to discuss what to do with colleagues. I was then referred to Child and Adolescent Mental Health Services (CAMHS).

I had to wait a couple of months and then had an appointment. The person I spoke to also told me that they hadn't had any previous experience but had found out what to do next. I was referred to specialist services based in London, my first appointment was several months later.

I had a number of appointments over the next two years to discuss how I was feeling. This was helpful but did not lead to any action.

At my last appointment with them when I was approaching 18 I was told I would be transferred to the adult service and that this would mean a further wait.

Throughout all this time whilst I feel I have been listened to, it hasn't helped to get me the treatment I need. I have become increasingly frustrated and it has led to me losing confidence. I have found it impossible to concentrate on my education and it has affected my relationships.

I have found support from others in similar circumstances by joining online network sites. I know I'm not alone and in some ways this helps but it also confirms that there is little chance of any action any time soon.

Many people have resorted to ordering hormone treatment online and whilst I'm told this is not a safe option I can understand why people do it. There is a big difference in your body between 15 and 18 and with every month that passes without treatment I feel my body is going further away from who I am.

I am now suffering with anxiety and depression. My GP told me to see someone privately about this because the NHS doesn't understand.

I have been told by adult services that I will have to wait over a year for my first appointment.

Learning from what people told us

The stories shared with us illustrate what life is like for some people in Wales waiting for treatment. This includes the additional issues that can be caused when communication is poor and people feel it is up to them to coordinate the various elements of their care

These stories should be a powerful reminder to those responsible for planning and delivering NHS services of the harm that can be caused by inactivity.

In our current system the requirement to monitor, report and act on harm does not include this.

The number of stories in this report equate to only a fraction of the missed targets reported each month by the NHS in Wales.

For those who spoke to us this measure is unlikely to hold much meaning. Instead, most people measured their wait in terms of the impact on their day to day life, their finances, their relationships, their careers, education and their independence.

It is difficult to see how clear and long established targets on waiting times are, on their own, meaningful to anyone. As they stand, they are not providing assurance to the public nor driving sustained improvement.

Responses to the recent White Paper "Services fit for the future" indicate wide-spread support for the introduction in Wales of Duties of Quality and of Candour. This provides a meaningful opportunity to set out a more effective basis on which performance is judged.

Our recommendations

The Welsh Government should, in developing a framework for the introduction of duties of quality and candour:

- set out clearly and simply what quality means from a service users perspective
- recognise the harm done by inactivity as well as the benefits of timely care
- issue revised quality indicators
- require NHS bodies to monitor and report on quality in a more meaningful way including the harm caused by inactivity.

The Welsh Government should work together with NHS bodies in Wales to make sure their plans clearly set out how waiting times will be improved, and take appropriate action if improvements are not made.

NHS bodies should ensure:

- They communicate regularly and effectively with people who are waiting for treatment
- People waiting for treatment know who to contact if they have concerns or need support managing their condition.

Acknowledgements

We thank the people who took the time to tell us about their experiences. We hope they influence decision makers to make improvements so that other people's lives are not affected in the same way.

CHCs will continue to monitor referral to treatment times across Wales and provide constructive challenge where improvements are not being made.

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Public Accounts Committee
Governance Review of Betsi Cadwaladr University Health Board - Lessons Learnt: Additional Information from BCUHB on agency staff spend in the Mental Health & Learning Disability (MHLD) Division

MHLD Agency Spend Comparison by Staff Group 17/18 to 18/19

Since 2017, agency spend by the Mental Health & Learning Disability (MHLD) Division has steadily reduced.
During 2017/18, the full year agency spend across all staff in MHLD was £6,176,617;
by Month 10 in 2018/19, the agency spend had reached £3,593,030, as shown below:

	Agency Spend 17/18 Full Year	Agency Run Rate Spend 17/18 - 10 Months	Agency Spend 18/19 to month 10	Variance against run rate
RP400-ADMINISTRATIVE & CLERICAL	393,903	328,252	141,018	-187,234
RP405-MEDICAL AND DENTAL	4,400,210	3,666,842	2,844,821	-822,021
RP410-NURSING AND MIDWIFERY REGISTERED	1,184,513	987,094	586,159	-400,935
RP415-ADD PROF SCIENTIFIC AND TECHNICAL	0	0	15,023	15,023
RP420-ADDITIONAL CLINICAL SERVICES	113,771	94,810	-734	-95,544
RP425-ALLIED HEALTH PROFESSIONALS	84,219	70,183	6,743	-63,440
RP435-ESTATES AND ANCILLIARY	0	0	0	0
Total	6,176,617	5,147,181	3,593,030	-1,554,150

MHLD Agency Spend monthly run rate comparison 17/18 and in year 18/19

	Run Rate comparison prior year			Run Rate comparison YTD		
Subjective Trend Analysis	Run Rate YTD £'000	Run Rate 1718 £'000	Run Rate Variance to prior year £'000	Run Rate Spend to mth 9 £'000	Mth 10 Spend £'000	Run Rate Variance in month £'000
Agency Medical	284	367	-83	290	236	-54
Agency Nursing	59	99	-40	61	33	-28
Agency HCA	0	9	-9	0	0	0
Agency A&C	14	33	-19	15	5	-10

Document is Restricted

Report by the Betsi Cadwaladr University Health Board (BCUHB) to the

Public Accounts Committee 4.3.19

1 Purpose of the Report

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

- finance and performance
- progress against PAC recommendations for the Health Board from the February 2016 report '*Wider issues emanating from the governance review of Betsi Cadwaladr University Health Board*' (recommendations 12 and 13)
- improving Mental Health Services, including the action taken in response to the Health & Social Care Advisory Service (HASCAS) investigation and Donna Ockenden Governance Review published in 2018
- special measures
- concerns (complaints and incidents management)

2 Key Improvement Headlines - Summary

The evidence provided in this report will demonstrate the range of improvements achieved since the last PAC report. The key improvements are as follows:

- **Mental Health Services** - strengthened leadership and governance arrangements, together with additional investment from Welsh Government to drive improvement and support, have led to support numerous developments which provide a solid foundation for the future and are already having positive impacts. These include implementation of the Together for Mental Health Strategy in partnership, innovative approaches to better dementia care, safer care environments, successful involvement of service users and communities in campaigns and projects which are reducing stigma and encouraging mental health and well-being, and a focus on reducing inappropriate out-of-area patient placements which has led to this practice being largely eradicated.
- **HASCAS and Ockenden** - the Health Board's commitment to responding fully to the recommendations is providing assurance that the necessary actions are being driven forward in partnership and that improvements will become embedded into future practice.
- **GP out of hours services** - noteworthy progress has been made, including the creation of the new role of Executive Director of Primary & Community Care to oversee transformation of services, better performance against national indicators and positive patient feedback – such that the Health Board now compares favourably to a number of other health boards in Wales.

- **Concerns management** - changes to the leadership and governance of complaints and incidents have led to a sharper focus on harms reduction, improved timeliness and quality of complaints responses, a reduction in the number of reported serious incidents, and reduced MRSA and c.difficile infection rates since the launch of the Safe Clean Care campaign.
- **Special measures** - the Health Board, with support from Welsh Government, continues to work at pace on fully meeting the expectations set out in the Special Measures Improvement Framework, some of which will be addressed by the progress detailed above. Of note, the Health Board has continued to improve in terms of staff engagement as evidenced by the increase in the overall staff engagement index score from 3.35 in 2013 to 3.51 in 2016 and 3.76 in 2018. In addition the responses to the key questions on advocacy and proud to work for BCUHB have increased by over 15% since the 2013 survey and are now all above 60%.
- In a November 2018 statement following the Health Board's most recent special measures progress report submission to Welsh Government, the Cabinet Secretary for Health & Social Services highlighted a range of improvements that had been achieved. However, ongoing challenges relating to finance, planning and performance were also noted. The Health Board recognises the serious nature of these challenges and is very clear on the sustainable improvements required and steps (agenda item 3.3) to be taken, not least in respect of its forecast deficit outturn position of £42m.

3 Finance

3.1 Financial performance over the last 4 years, together with the forecast for 2018/19 is shown in the table below:

Financial Year	Deficit £m	Deficit as % of Revenue Resource Allocation	Savings delivered £m	Agency Spend £m
2014/2015	£26.6	2.1%	£34.9	£31.0
2015/2016	£19.5	1.5%	£34.5	£37.4
2016/2017	£29.8	2.2%	£33.5	£45.0
2017/2018	£39.0	2.7%	£41.7	£34.2
2018/2019 (M9 forecast)	£42.0	2.8%	£38.9	£30.1

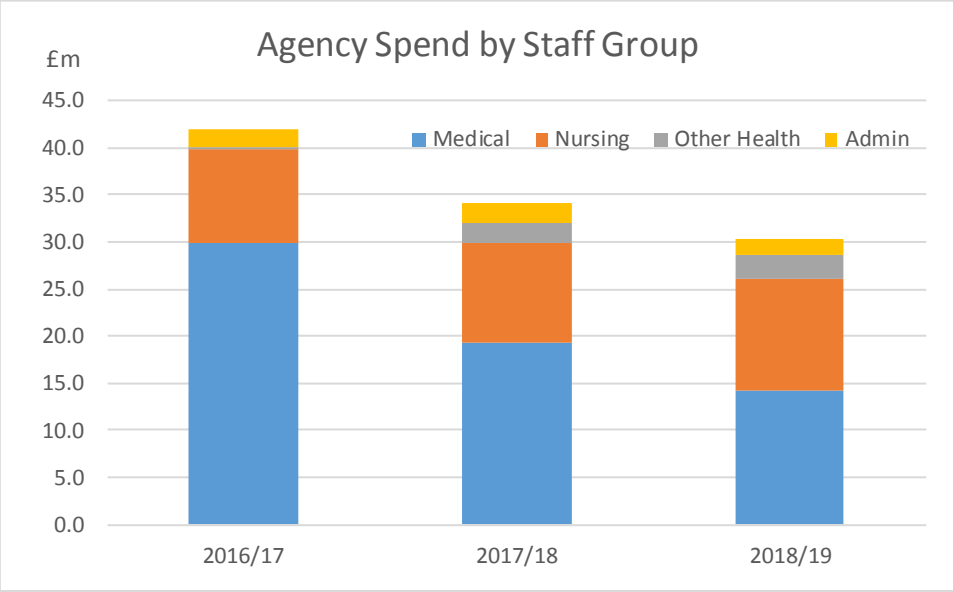
3.2 The Health Board approved a financial plan in March 2018. This acknowledged a deficit budget of £35m, which required the delivery of £45m savings, £22m of which were cash releasing.

3.3 The current forecast has increased the deficit of £35m to £42m, which reflects the significant risks around the underperformance of savings plans that are currently forecasting to under deliver by £6.2m and cost pressures in secondary care, continuing healthcare (CHC) and packages of care, and Mental Health Services.

3.4 The Health Board has been able to contain cost growth in most areas, but secondary care costs have significantly increased during the year, though partly offset by additional Welsh Government funding (waiting times, unscheduled care, drugs and operational capacity). The secondary care division has incurred circa £13m costs on agency staffing at Month 9, £5.2m on medical agency and £7.7m on nursing agency.

3.5 The ring fencing of Mental Health Services was established in 2008. The Health Board currently spends significantly in excess of the ring fence with an expected year end overspend of circa £4.5m, and an expected year end shortfall against the savings plan of £2.6m. Increased expenditure on Mental Health Services predominantly relates to CHC/individual packages of care and staffing costs.

3.6 Agency Costs - the Health Board has worked hard to deliver a reduction in agency staffing costs over the last three years but there has been a marked change in the spend by staff group, with the use of nursing agency being an increasing area of concern:



3.7 Investments - the Health Board has continued to invest in key clinical services and staffing and in 2018/19 made a number of investments to improve patient outcomes and experience.

These include:

- Sub-regional Neonatal Intensive Care Centre (SuRNICC) at Ysbyty Glan Clwyd - £1.3m
- centralisation of vascular surgery - £0.6m
- increase in medical consultants for women's clinical services - £1.3m
- Healthy Child Wales / paediatric diabetes Initiatives - £0.6m
- WHSSC specialised services - £1.0m

3.8 Savings - the Health Board has delivered significant levels of savings over a number of years (see data above). Much of this has been through transactional action and the Board has recognised that this approach will not bring about a sustainable financial position. During 2018/19 the Board appointed a Director of Turnaround and through dialogue with Welsh Government has secured additional resources which will build capacity and capability to design and deliver the substantial recurring savings required in future years. This additional capacity will enhance the Board's central Programme Management Office, increase programme management capacity for change programmes and further develop service improvement skills and capacity to support clinical teams to deliver change. In 2018/19 the Board is anticipated to deliver £38.9m of savings which equates to a 2.6% reduction in spend. As at the end of December savings achieved were £25.7m of which £24.7m are recurrent in nature, which equates to 96%, with £1m non-recurrent. The forecast for the full year is for £35.7m of recurrent and £3.2m of non-recurrent.

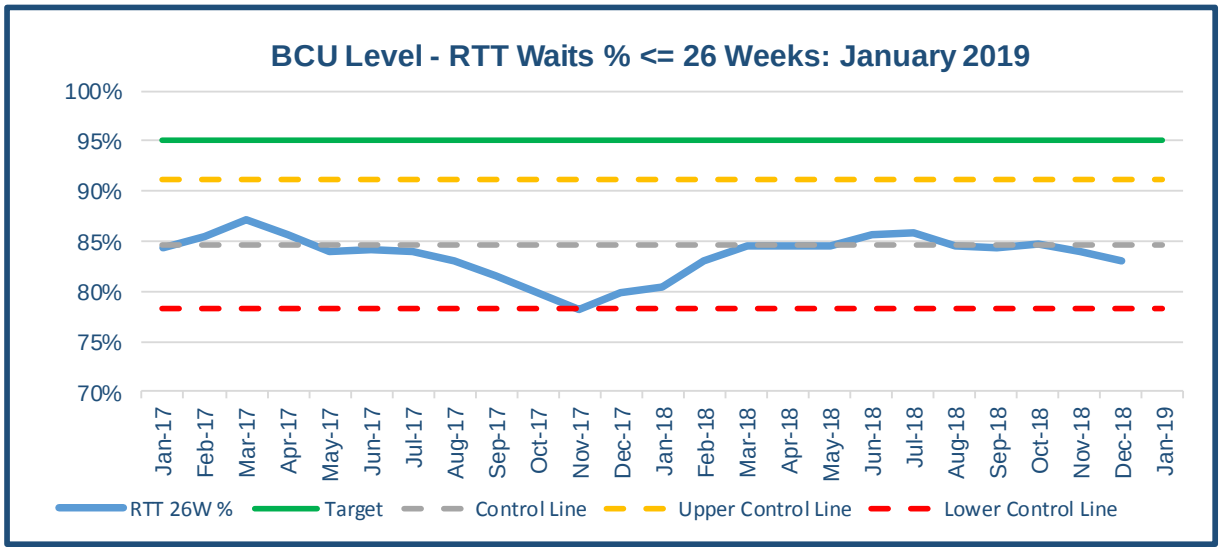
3.9 Original plans for the year were set at £45m, however significant elements of the programme relating to increased efficiency and effective use of resources have not been achieved. The non-achievement derives from an ambitious plan with, to date, insufficient capacity within the organisation to focus upon these requirements alongside other operational service pressures.

3.10 During 2019/20 the approach to savings will progressively shift from a predominantly transactional model to one which is aligned to transformational change.

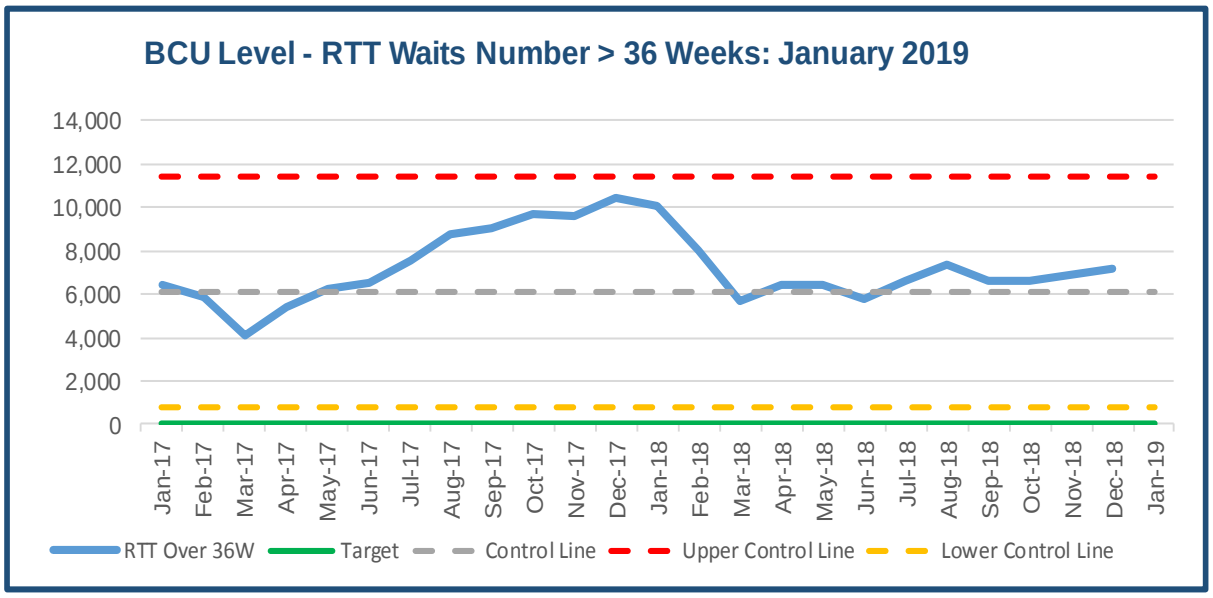
4 Performance

4.1 Two key performance areas, both in terms of important targets and our current challenges, are access times for elective care, and time to receive unscheduled care in the Board's Emergency Departments (EDs) and Minor Injuries Units (MIUs). Information on our performance and a supporting narrative is provided below.

4.2 **Access to elective care** - our target is to treat 95% of people waiting for planned care within 26 weeks of GP referral.



4.3 An equally important measure is the number of people waiting over 36 weeks, where the target is zero.



4.4 On both these measures, BCUHB is currently the lowest performing health board in Wales. That said, for the last seven months the number of people waiting over 36 weeks has been lower than the equivalent month in the previous year. Our most challenged services are orthopaedics, urology and ophthalmology where demand outstrips capacity – together these three represent the vast majority of our elective access challenge.

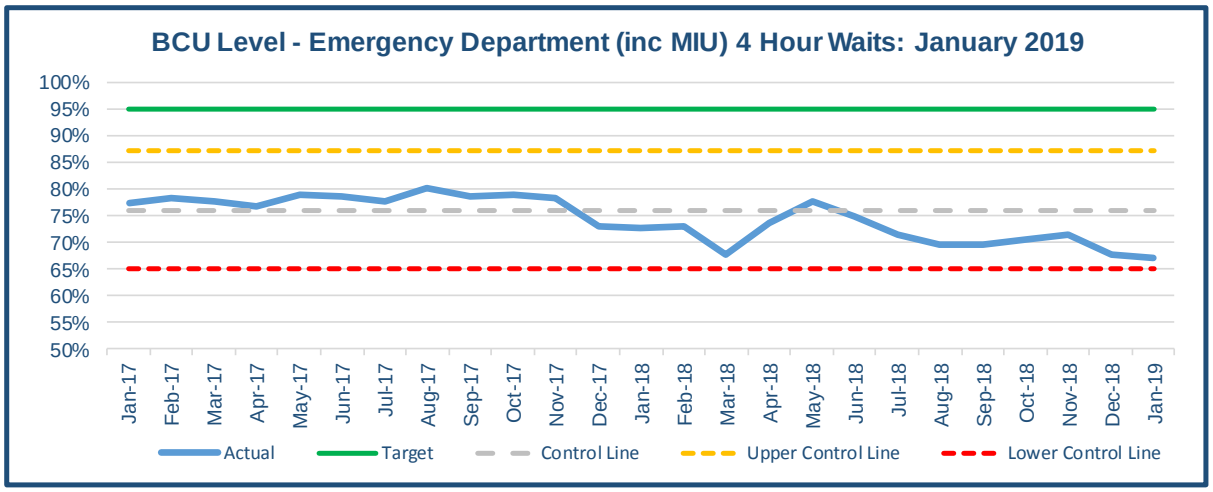
4.5 There is a Board approved plan to improve our orthopaedics services comprising outsourcing, additional consultant capacity, improved productivity, and site reconfiguration (our three main acute sites will continue to provide trauma and elective orthopaedic services). Discussions are underway with Welsh Government on resourcing this plan.

4.6 Planning is at an advanced stage for a proposed reconfiguration of urology services including the establishment of a pelvic cancer centre for north Wales.

4.7 In ophthalmology, we have benefited from Welsh Government project management support as we commence our reorganisation of ophthalmology services in line with new national eye care standards.

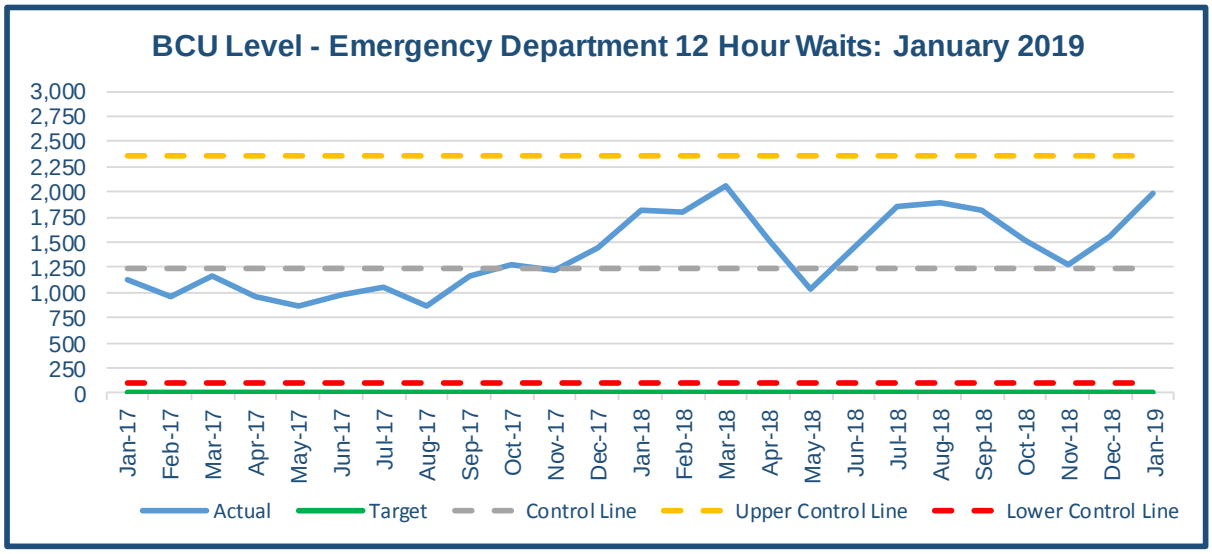
4.8 The Health Board is also working urgently to review established processes through dedicated leadership of planned care put in place in January 2019. Further specific remedial actions, including additional capacity, are being pursued to seek to ensure 2018/19 delivery. More generally the Health Board has an estate that is significantly worse than the rest of Wales in age and functional suitability, which at times impacts on service delivery. For example, recent building failures led to the closure of a day case unit in Wrexham.

4.9 **Access to unscheduled care** - the key measure relates to the percentage of new patients spending no longer than four hours in an ED and MIU. The target is 95%.



4.10 The Board is currently performing the least well of all health boards against this measure.

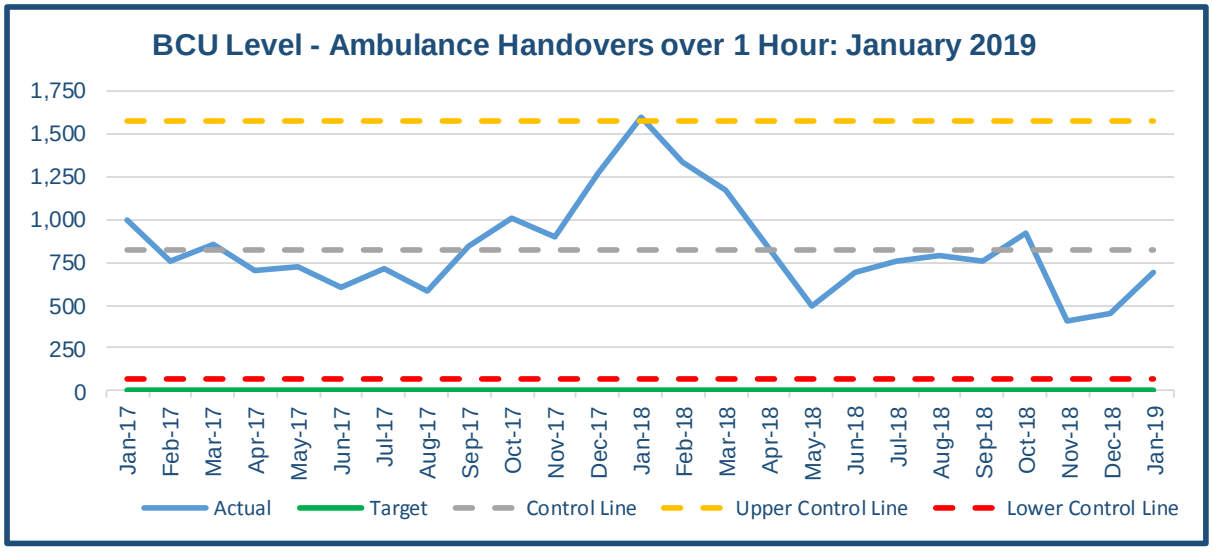
4.11 The Health Board faces a similar challenge in terms of the numbers of people waiting over 12 hours.



4.12 A new improvement approach – based on 90 day improvement cycles – has started to deliver some results. The outcomes work is centred around three key workstreams:

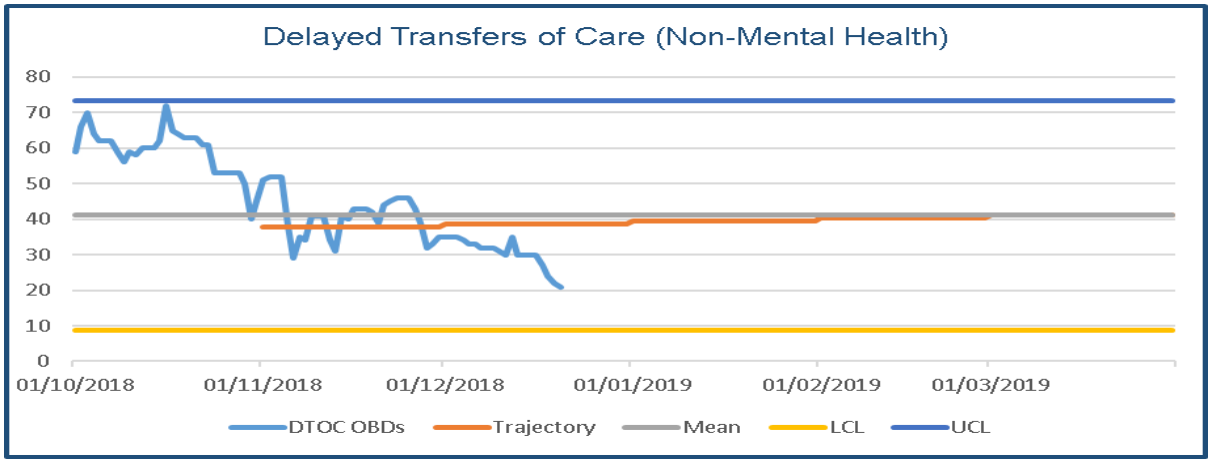
- Demand – we have established an innovative clinical assessment and triage service in collaboration with the Welsh Ambulance Services Trust (WAST). Although volumes are currently low, results (in terms of providing an alternative to hospital emergency departments) are encouraging.
- Flow - speeding up flow through hospitals by embedding the SAFER principles including early discharge and review by senior clinical decision makers.
- Discharges - including the provision of improved patient literature.

4.13 Progress has also been seen in reduced ambulance handover delays.



4.14 Improvements are being seen in numbers of ambulance handover delays and lost hours. In addition, serious incidents have reduced by 25% and no Coroner 'Regulation 28' notices have been issued.

4.15 There have also been significantly fewer delays in transferring patients out of our hospitals, as can be seen below.



4.16 It should be noted that staffing gaps such as consultant vacancies in emergency departments and dermatology and in middle grade doctor and nurse levels impact on the Health Board's elective and unscheduled care performance.

4.17 The Welsh Government funding for winter resilience has supported a number of schemes to respond to winter pressures and increased demand. The schemes include an admission avoidance initiative.

5. Progress against PAC Recommendations for the Health Board

5.1 Background and Context

5.1.1 The PAC report, entitled '*Wider issues emanating from the governance review of Betsi Cadwaladr University Health Board'* was published in February 2016 and considered by the Health Board in public in March 2016. Welsh Government, Healthcare Inspectorate Wales and BCUHB responded jointly to the report in June 2016.

5.1.2 The two recommendations specific to the Board were:

Recommendation 12 – *We recommend that Betsi Cadwaladr UHB provide an update to our successor Committee in the fifth Assembly on progress towards improving mental health services by June of 2016.*

Recommendation 13 – *The Committee does not believe that GP Out of Hours coverage is acceptable in BCUHB and we recommend the Health Board urgently address this.*

5.2 Progress towards Improving Mental Health Services (Recommendation 12)

5.2.1 Improvement in Mental Health Services is one of the key expectations within the Special Measures Improvement Framework (SMIF) as noted above and regular update reports on progress have been scrutinised via the committee structure and by the Board itself.

5.2.2 **Leadership and governance** - improvements in the effectiveness of leadership and governance structures have been led by a Director of Mental Health & Learning Disability (MHLD), who was appointed as an Associate Member of the Board with the permission of the Minister. This work has been supported by significant additional investment from Welsh Government since 2015. The Mental Health & Learning Disability (MHLD) Division's senior team was further strengthened and Emrys Elias was appointed by Welsh Government to work with the Health Board and test progress on the range of improvements required, including the reduction of out of area placements (now largely eradicated), to help achieve financial improvement alongside improved clinical outcomes. Focused action has been taken in key areas including the Division's structure, operational controls, delayed transfers of care processes, out of area placements and continuing healthcare.

5.2.3 **Strategy development** - the strategy for Mental Health Services, Together for Mental Health was developed with extensive input from service users and other stakeholders. It was approved by the Board in April 2017 and has continued to be developed, informed by engagement with partners.

5.2.4 The strategy has been written with the view that it is all-age and whole-system and accordingly addresses Child and Adolescent Mental Health Services (CAMHS), Substance Misuse Services, Adults of Working Age, Forensic Services, Learning Disabilities and Older People's Mental Health. The focus has now moved forward from the initial strategy and engagement onto the mainstreamed future model for MHLD services. Responsibility for implementing the strategy has been delegated by the North Wales Together for Mental Health Partnership Board to three Local Implementation Teams (LITs) covering Anglesey & Gwynedd, Conwy & Denbighshire, and Wrexham & Flintshire. The LIT membership comprises representation from the Health Board, patients, carers, the third sector and partner organisations including WAST, police, local authorities, benefits agencies and the Community Health Council. Work undertaken by the LITs has informed a successful bid submitted to the Healthier Wales transformation fund to provide the pump-priming needed to support the strategy's pathway development. In addition to the 3 LITs there are 7 clinically led Quality & Workforce Groups responsible for developing the detailed plans for the clinical service model across Mental Health Services.

5.2.5 **Compliance** - some key challenges remain in relation to sustained compliance with the Mental Health Act and Mental Health (Wales) Measure,

and additional support has been provided by the Welsh Government Delivery Unit. Compliance is being closely monitored and overseen by the Mental Health Act Committee of the Board. This committee has been refreshed and stabilised and has put more effective governance arrangements in place. There has also been a roll out of regular training for Mental Health Act Managers and Associate Hospital Managers to ensure they are up to date with the changes to the Code of Practice in Wales.

5.2.6 **Community Mental Health Teams (CMHTs)** - the Welsh Government Delivery Unit has undertaken a review of CMHTs across Wales, following which the Health Board has examined capacity and demand across the region. This will inform future workforce planning and contribute to consistent achievement of the Mental Health Measure.

5.2.7 **Quality metrics** - in respect of work on improvement trajectories, a ward based dashboard has been introduced and this provides the latest available position against performance targets. The dashboard is accessible via the Division's new intranet page to ensure visibility for all staff. This also provides links to IRIS data, other divisional reports and NHS Benchmarking information. The ward based dashboard format is now being used to develop a community-based dashboard, to ensure that the CMHTs' performance management tools are aligned with those of the wards. The intention is to roll out the Health Board's overarching quality dashboard, with mental health indicators added, so that there is MHLD Division-wide coverage and linkage with the ward and community based dashboards.

5.2.8 **Quality improvement** - a Quality Improvement and Governance Plan for Mental Health Services was approved by the Board in August 2018. The document is aligned to the overall corporate Quality Improvement Strategy and governance framework and sets out a clear response to recommendations from the HASCAS and Ockenden reports.

5.2.9 **Service improvements** - a procurement exercise was undertaken to commission training for the 'Today I Can' methodology and the first 90 day change agent initiative took place in early October 2018. The MHLD Division has also progressed recruitment for Service Improvement Leads. These posts will support the Area Teams to develop and embed their plans, and will ensure that the change programme is sustained across north Wales.

5.2.10 Using Welsh Government transformation funds, the Health Board has recently commissioned a full review of access to psychological therapies, which will include provision under Part I of the Mental Health Measure. In addition, the Health Board and the 6 local authorities, in partnership with third sector colleagues, have been successful in securing financial support for the provision of crisis cafes and alternatives to admission.

5.2.11 There have been a number of recent Healthcare Inspectorate Wales (HIW) visits to inpatient and community facilities. Whilst not all formal reports are yet available, informal feedback and statements in those reports already

published, comment positively on staff morale, leadership and the quality of patient interactions. HIW has also commented on the improvements seen in mandatory training compliance

5.2.12 In respect of Child & Adolescent Mental Health Services (CAMHS), there is now a single point of access in place to offer advice and signposting for concerned professionals working with children in north Wales. Given increasing demand for CAMHS services, the Health Board recently held its first 'deep dive' session to better understand demand and capacity challenges. A follow-up session will be held with referrers and other stakeholders. The aim is to focus on prevention and early intervention.

5.2.13 An all Wales neuro-development pathway is in place, which means that children who show signs of conditions such as autism and ADHD will be seen by a community paediatrician and receive a multidisciplinary developmental assessment, with referral to CAMHS if required. A north Wales integrated team is in place to provide services for adults with autism.

5.2.14 Following completion of a risk assessment for every MHLD Division inpatient ward and environment including the assessment of ligature risks, a 2 year programme was developed to remove high risk ligature points and improve the general environment across all inpatient settings. This addressed many of the quality and safety issues raised by HIW, the Welsh Government Delivery Unit and the Community Health Council, as well as enhancing the patient, relative, carer and staff experience. An ongoing assessment process is in place using an agreed risk assessment tool and is managed by senior ward managers and matrons.

6 Progress in GP out of hours (OOH) services (Recommendation 13)

6.1 Work has continued since 2016 to improve GP out of hours services, and to meet the revised national standards. Significant progress has been made. Over the last 18 months rota fill rates have continued to improve and patient feedback in July/August 2018 described the service as 'excellent' (80%) or 'good' (13%).

6.2 Work is continuing to transform the service model so it remains fit for purpose and is sustainable. This includes taking steps to reconfigure the service across north Wales to align with the expectations of the 111 service and also working collaboratively with WAST within an integrated clinical hub. Additional evidence on the progress made is included in the May-September 2018 Special Measures Overview Report (section 4.4.2).

6.3 Peer reviews took place across Wales in the autumn of 2018 and the peer review of the Health Board's GP out of hours services took place in October 2018. The purpose of the review and team was to act as a "critical friend" and to offer some direct support and advice for the local team ahead of anticipated winter pressures. In his covering letter, the Chair of the OOH Peer Review Panel noted: *Overall, the Panel was impressed by the ongoing dedication and*

commitment that was demonstrated by all staff and their continued focus on delivering high quality care to patients within OOHs. It was clear that was a passion to deliver long-term sustainable change (24/7) and that your proposed service vision aligns with the wider 111 transformation agenda too.

6.4 A draft action plan was produced by the Panel for the local team. The broad themes of which address:

- current service model
- appropriate and effective clinical triage
- multidisciplinary workforce
- clinical and corporate governance and risk
- clinical pathways
- the OOH management team

7 Special Measures

7.1 In November 2014, Welsh Government determined that the Health Board should be 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
- significant concerns around the delivery, safety and quality of Mental Health Services
- the management and control of capital schemes.

7.2 The first stage of targeted intervention was a diagnostic review. This work was undertaken between December 2014 and February 2015 and it included a financial and governance review. The Health Board published the final report in June 2015.

7.3 In June 2015, the then Minister for Health and Social Services wrote to the Chairman of the Health Board and issued a written statement to advise that the Health Board would be placed in special measures following a tripartite meeting between Welsh Government officials, HIW and the Wales Audit Office (WAO).

7.4 The Special Measures Improvement Framework (SMIF) was issued in January 2016, containing milestones against which the Health Board's progress would be measured. The Framework covered:

- Leadership
- Governance
- Strategic & service planning
- Engagement
- Mental health
- Maternity services
- Primary care

7.5 In April 2016, the Board approved the establishment of the SMIF Task & Finish (T & F) Group. The purpose of this group was to advise and assure the Board on the effectiveness of the arrangements in place to respond to the expectations within the SMIF. The group was chaired by the Vice-Chair of the Board, with the rest of its membership comprising key directors, independent members and an independent adviser. Now chaired by the new Health Board Chair, the group oversees progress, and continues to report to the Board after each of its meetings.

7.6 The End of Phase 1 progress report (covering the period November 2015 to April 2016) was approved for submission to Welsh Government at the May 2016 Board meeting. The progress noted included key appointments at Executive level and approval of a Board Assurance Framework, Risk Management Strategy and Engagement Strategy.

7.7 The End of Phase 2 progress report (covering the period May 2016 to November 2016) was approved for submission to Welsh Government at the November 2016 Board meeting. Progress was noted across a range of areas, including Board development, clearing the historic backlog of concerns, patient/public/staff engagement, strengthened internal governance in mental health services, appointment of a Director of External Investigations to coordinate input into the HASCAS investigation and Donna Ockenden governance review, better cluster working in primary care, and more robust and sustainable maternity services.

7.8 In April 2017 Welsh Government advised that it was felt that the Health Board had made progress in a number of areas and that the direction of travel was generally good. However, there remained a number of challenges in key areas that required continued focus and attention.

7.9 In June 2017, the joint review undertaken by HIW and WAO formally reported on the actions taken by the Health Board to address the governance concerns that were originally identified in 2013. The report acknowledged that the Health Board was making progress in some areas, evidenced by successful recruitment in maternity services, a new model of primary care in Prestatyn, improved governance arrangements, and partnership working to develop a mental health strategy. The review also noted that the Board continued to face a number of significant challenges. These included financial performance, strategy/plan development and fully embedding quality assurance arrangements.

7.10 In July 2017, the Cabinet Secretary for Health, Well-being & Sport published a written statement confirming that the Health Board was to remain at the current level of escalation - special measures. The Board fully accepted the Cabinet Secretary's conclusions, and those of the HIW/WAO joint review. The SMIF T&F Group was tasked with driving forward and monitoring the necessary actions.

7.11 In August 2017, it became necessary to elevate specific discussions on finance and performance. Welsh Government remained concerned about the deteriorating financial and performance position and it was decided that in addition to the action being taken with regard to special measures, it was necessary for the Health Board to have the same discussions in relation to finance and performance that had been occurring in organisations under Targeted Intervention. The organisation therefore effectively moved into turnaround as part of its financial forecast and performance / delivery, and commensurate actions were put in place to address the significant and ongoing challenges.

7.12 The End of Phase 3 progress report (covering the period between December 2016 and November 2017) was approved for submission to Welsh Government at the January 2018 Board meeting. This report noted that, throughout the reporting period, Welsh Government had continued to have regular discussions with the Health Board with regard to special measures - scrutinising and challenging in order to drive improvements in performance and delivery. The report also noted key achievements in the areas of greatest transformation since 2015, namely the leadership, governance, maternity services, primary care and engagement themes.

7.13 In February 2018 the Cabinet Secretary for Health & Social Services provided an update on the escalation status of health organisations under the escalation and intervention arrangements. The update statement outlined additional support for the Health Board. The Cabinet Secretary noted that the Board had made some progress against the expectations set out in the SMIF, in particular in the areas of leadership and governance - with a full Executive Team in place, established Board committee structure and development programme, and improvement in clinical oversight and the management of concerns. Key milestones had also been achieved in respect of mental health strategy development, public engagement, staff survey feedback and innovative primary care delivery. Significant improvement had taken place in maternity services, to the extent that this area was de-escalated from special measures.

7.14 Despite the improvement in some important areas, the Cabinet Secretary also noted that the Health Board continued to face significant challenges, particularly in terms of finance and performance, and also in relation to mental health services quality improvement and leadership (following a loss of momentum resulting from the sickness absence of key senior managers). A set of intervention actions and additional support (including input from Mr David Jenkins, Independent Adviser appointed by Welsh Government) was therefore announced, with improvement criteria to be progressed by April 2018. The Board published a report on these actions in June 2018.

7.15 A further SMIF Framework for the period May 2018 – September 2019 was issued by Welsh Government in May 2018. It comprised the four themes of leadership & governance, strategic & service planning, mental health and

primary care including out of hours services, with expectations spread across three time periods. It was made clear by the Cabinet Secretary that future progress assessments would need to demonstrate that sustainable solutions were in place to maintain improvement.

7.16 Welsh Government published an update on the Joint Escalation & Intervention Arrangements in July 2018.

7.17 Also in July 2018, the Health Board received a report on the '*Review of the governance arrangements relating to the care of patients on Tawel Fan ward prior to its closure on 20th December 2013 and governance arrangements in older people's mental health at BCUHB from December 2013 to the current time*' undertaken by Donna Ockenden. In response, the Board agreed governance and oversight arrangements for the implementation of the recommendations arising from the Ockenden review. Similar arrangements were also agreed for the recommendations made as a result of the HASCAS independent investigation, which had been commissioned in August 2015.

7.18 In September 2018, a new Chair, Mr Mark Polin, took up post and the recruitment of a new Vice-Chair and 5 Independent Members plus 2 Executive Directors took place. The Chair immediately assumed responsibility for chairing both the SMIF T&F Group and the Finance & Performance Committee. Expectations as to governance and scrutiny were reset and Board meetings placed on a bi-monthly footing to allow more in depth scrutiny of key topics during intervening discrete workshops. The effect of this was noted by the WAO in their most recent structured assessment issued in November 2018:
"We looked at how the Board organises itself to support the effective conduct of business. We found the Health Board has good arrangements to support board and committee effectiveness, and shows recent signs of strengthened scrutiny, and is working to develop a strong focus on fewer but key priorities".

7.19 In November 2018 the Board approved for submission to Welsh Government a special measures progress report covering May – September 2018. This report highlighted progress relating to Board capability and stability, development of a comprehensive response to the HASCAS and Ockenden recommendations, staff engagement, clinical involvement in service change proposals and achieving a culture of not placing mental health patients out of area.

7.20 The SMIF T&F Group has, as already mentioned, focused on scrutinising progress and on assuring the Board as to the effectiveness of the arrangements in place to respond to the SMIF.

7.21 The Finance & Performance Committee, aided by the recent recruitment of a specialist adviser on finance by the Chair, has turned its immediate attention to financial management and turnaround activity. In this regard the Chair is about to commission, with the support of Welsh Government, an external review of the existing arrangements with a particular focus on plan

development and associated delivery arrangements. In terms of performance, the Committee is concerned to see improvement in referral to treatment times and in unscheduled care in particular and both are the subject of monthly reporting. The Board performance report has been revised to provide greater focus on key challenges, progress and improvement actions.

7.22 In November 2018, the Health Board considered in detail the additional investment agreed by Welsh Government in July 2018, totalling £6.8m, to support special measures work across 2018/19 and 2019/20.

7.23 In an oral statement on 6th November 2018, the Cabinet Secretary for Health & Social Services highlighted improvements made by the Health Board in respect of Board capability, assurance systems, partnership working and mental health. Of note, the improvements in the results of the NHS Staff Survey since 2016, were acknowledged in relation to staff engagement. However, ongoing challenges relating to finance, planning and performance were noted.

7.24 In the same month, the Board received a report setting out progress made against the Staff Engagement Strategy, together with the findings of the 2018 national Staff Survey. The improvement across a range of measures was noted and the proposed development of an overarching improvement plan together with Divisional improvement plans was approved. This approach is fully supported by the staff association.

7.25 The Health Board continues to drive improvements as measured by the SMIF. The next formal update report to be submitted to Welsh Government will cover the October 2018-March 2019 element of the Framework.

8 HASCAS Investigation and Ockenden Governance Review

8.1 Background and Context

8.1.1 As a result of concerns regarding care raised by relatives of Tawel Fan ward patients, in December 2013 the Health Board took the decision to close the ward, which provided services to older people with dementia. Such was the seriousness of the concerns raised, the Health Board commissioned an independent external investigation in February 2014 from Donna Ockenden, an independent investigator (with her report and recommendations being received by the Board in June 2015).

8.1.2 In August 2015, the Health Board commissioned an independent, comprehensive and evidence-based clinical investigation from HASCAS into the care and treatment provided to patients on Tawel Fan ward. The commission also required an evaluation and assessment of the reasonableness of any acts or omissions by Health Board staff in order that management decisions might be taken in line with workforce policies. In November 2015, Donna Ockenden Ltd was commissioned by the Health Board to undertake a governance review into older people's mental health services across north Wales.

8.1.3 In January 2017, the Cabinet Secretary for Health, Wellbeing and Sport announced his decision to set up an independent oversight panel for the HASCAS investigation and Ockenden governance review, to provide assurance on the integrity of the work and ensure it was concluded in a timely manner.

8.1.4 In May 2018, the Health Board published '*Independent investigation into the care and treatment provided on Tawel Fan ward: a lessons for learning report'* by HASCAS.

8.2 Progress Update

8.2.1 In July 2018 at its public meeting, the Health Board considered its initial response to the HASCAS report and approved the governance and reporting arrangements alongside the terms of reference for an Improvement Group guided by a Stakeholder Group to oversee the implementation of the recommendations from the HASCAS report and the Ockenden Governance review jointly.

8.2.2 The Improvement Group and the Stakeholder Group were established with membership agreed and confirmed in line with the respective terms of reference.

8.2.3 The Stakeholder Group, which is a subgroup of the Improvement Group, comprises representatives of the Community Health Council, Bangor University, St Kentigern Hospice, North Wales Police, north Wales local authorities, community voluntary councils, the North Wales Adult Safeguarding Board and Care Forum Wales as well as 6 Tawel Fan family members. Staff from the psychology service are also in attendance at these meetings to offer support to members if required.

8.2.4 In November 2018, the Health Board received a paper providing a progress report against the recommendations.

8.2.5 Early positive feedback had been received from third sector representatives who attend the Stakeholder Group and assurance provided that the Health Board was strengthening its approach to partnership working.

8.2.6 All recommendations from both the HASCAS and the Ockenden reports have been mapped together to ensure the necessary actions identified are embedded across the organisation and are not dealt with in isolation.

8.2.7 A paper detailing the progress made against each of the recommendations was considered by the Health Board's Quality, Safety & Experience (QSE) Committee in January 2019 and by the Board itself in the same month. Whilst noting the progress made the Board asked that formal feedback be obtained from members of the Stakeholder Group as to their satisfaction with the current arrangements and that this be reported back to its next meeting.

8.2.8 Work is underway in relation to end of life care on older persons' mental health (OPMH) wards. This includes seeking to provide care in the patient's environment of choice, and the implementation of advanced care planning, treatment escalation plans and the all Wales arrangements for care decisions for the last days of life. Risk assessments will be undertaken with families to ensure early conversations in respect of care planning and choice. Palliative care training is to be delivered to staff within all care settings.

8.2.9 Work has progressed with the implementation of a number of initiatives that aim to improve the experience for people with dementia, who are presenting for unscheduled care to the emergency departments. Specifically, the three hospital sites are involved in the Dementia Friendly Hospital programme with good work underway at all sites but notably, Ysbyty Gwynedd was awarded Dementia Friendly Hospital accreditation by the Alzheimer's Society at the end of last year - the first hospital in Wales to achieve this. As part of this programme of work the following initiatives are also underway:

- Butterfly alert cards are being rolled out, which allow a person affected by a dementia to alert emergency department staff as to their needs. The cards aims to support patients in ensuring that their dementia and any anxiety are recognised, that this leads to quicker triage, that triage is dementia friendly and the triage nurse identifies with the person and their family/carer how the person can be best supported to receive the most appropriate treatment.
- Orange wallet is a scheme that supports people with forms of disability that may not be visible and any conditions that impact upon understanding and communication when using public services.
- An Emergency Department Dementia Pledge is in place which is a public facing statement that sets out what each department has committed to.

8.2.10 The post for a second consultant nurse with a special interest in dementia was successfully appointed to following interviews in January. It is expected that they will commence in post in early Spring 2019

8.2.11 Dementia Friends training has been delivered to the Board.

9 Concerns (complaints and incidents management)

9.1 Background and Context

9.1.1 At the outset of special measures in 2015, the improvement framework issued by Welsh Government reflected concerns about the management of complaints. An expectation was set to '*improve response times to concerns and complaints, ensuring the backlog is cleared urgently with lessons learnt and implementation of actions evidenced*'. In addition, the PAC report of February 2016 included a recommendation for Welsh Government to '*ensure*

that concerns/complaints are adequately dealt with at Board level or escalated sooner'.

9.1.2 In addition to the PAC concerns and the expectation set within the SMIF, in 2016, the WAO made a specific recommendation that "*the Health Board should look at further steps to improve clinical leadership and ownership of Putting Things Right processes, to support the improvement needed in response times and learning from complaints, incidents and claims".* The Health Board recognises that the investigation and understanding of concerns (complaints and incidents), alongside the views of service users, is an important source of learning and improvement.

9.2 Complaints management progress under special measures

9.2.1 Throughout the earlier phases of special measures during 2015-16, improvement of complaints management was an area of focused action. The process began with investment in building and training the corporate complaints team, introducing enhanced reporting mechanisms with better identification of lessons learnt and also clearing the historic backlog of complaints. It progressed to the setting of improvement trajectories scrutinised via more robust performance and accountability arrangements, resulting in better response times and a shift in focus onto the reduction in the number of open concerns once the backlog was cleared.

9.2.2 In May 2017, responsibility for Putting Things Right (PTR) processes transferred to the Executive Director of Nursing & Midwifery with the aim of improving the degree of clinical leadership within the PTR processes. As part of this transfer an Associate Director, Quality & Assurance was appointed in December 2017, with concerns management forming part of their portfolio.

9.2.3 The work of improving the quality and safety of care led by the Executive Director of Nursing & Midwifery has focused on the identified areas of improvement within the Quality Improvement Strategy (QIS). The priorities within the QIS reflect the main themes raised by patients and their families through the concerns process. The aims of the strategy are to:

- reduce avoidable deaths
- continuously seek out and reduce patient harm
- achieve the highest level of reliability for clinical care
- deliver what matters most: work in partnership with patients, carers and families to meet all their needs and better their lives
- deliver innovative and integrated care close to home which supports and improves health, wellbeing and independent living

9.2.4 In terms of the reduction of harm within the strategy the areas of focus are:

- venous thromboembolism (VTE)
- healthcare acquired infections (HCAIs)
- response to the deteriorating patient and adherence to early warning scores

- pressure ulcers
- falls
- medication safety
- identification and early treatment of sepsis.

9.2.5 In respect of leadership and governance, under the clinical leadership of the Executive Director of Nursing & Midwifery, the governance arrangements in respect of concerns handling have been reviewed. An independent board member has been identified to fulfil the role of concerns champion. This role involves responsibility for a greater level of focus on this key area of work. The champion has a deeper level of insight and knowledge, allowing them to better support the Board in understanding key issues. The individual has also, importantly, taken the role of Chair of the QSE Committee.

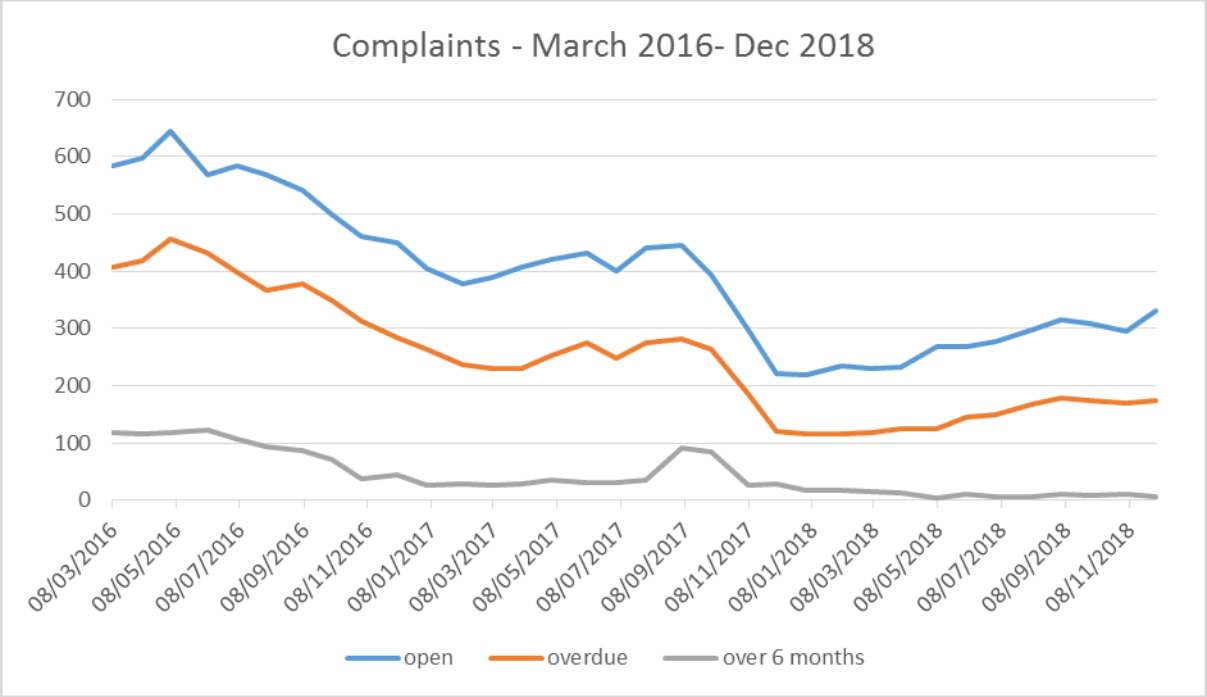
9.2.6 The Board is sighted on the key issues through the QSE Committee and the Quality and Safety Group (QSG). The Quality and Safety Group is led by the clinical Executives. It provides multi-disciplinary review and oversight of quality issues and promotes learning. All divisions of the Health Board provide monthly reports on their quality and safety issues, including concerns. The QSG provides an exception report to the QSE Committee at each meeting.

9.2.7 Weekly incident review meetings take place, chaired by the Associate Director, Quality & Assurance. These provide a forum for the review of all serious incidents reported via the Datix electronic management system in the previous 7 days, and to track progress of investigations and learning. The meetings also review all upcoming inquests and complaints open beyond 3 months.

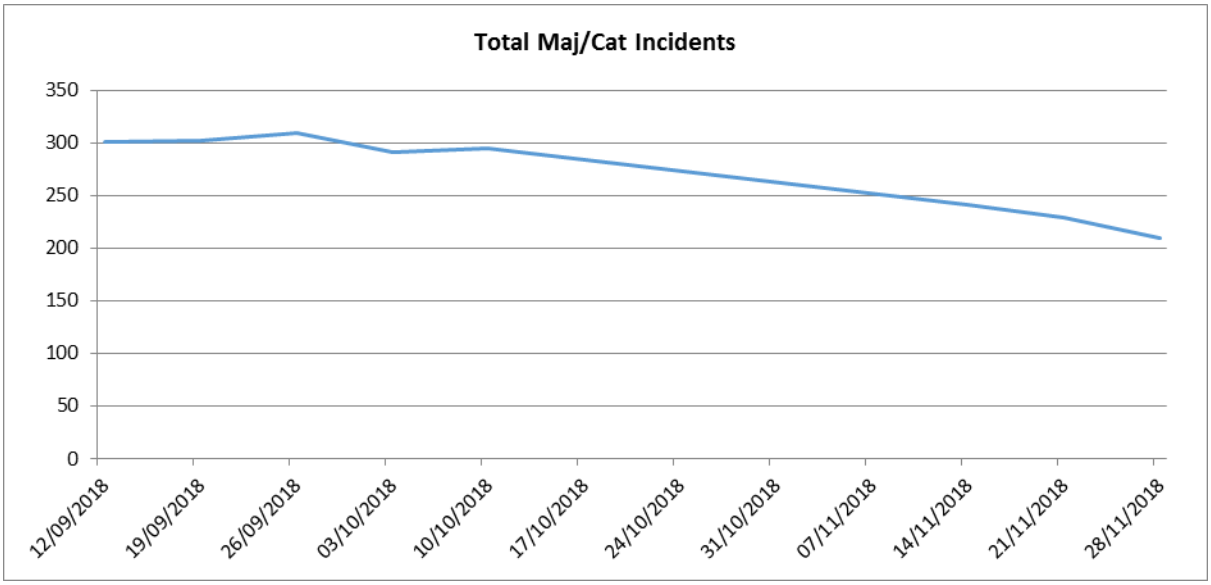
9.2.8 Corporate concerns management and support structures have been revised to enable the corporate team to devote more time to training, supporting and mentoring colleagues on the concerns management and lessons learnt processes. All investigations are led by the relevant service team, to ensure that lessons are identified and addressed early in the process and closer to the point at which care is delivered.

9.2.9 The Health Board is rolling out a series of ‘harm summits’ to promote avoidable harm reduction activities and to ensure that there is a clear, shared understanding of the management of harm.

9.2.10 In order to achieve more timely management of concerns, the Health Board has invested in building greater capacity. As a result, in the last two years there has been some improvement in the timeliness and quality of responses to complaints and serious incidents:



9.2.11 There has been a sustained improvement in the management of all incidents. In particular, better management of serious incidents has resulted in a reduction in the overall number of such incidents being reported. This trend has been particularly evident over recent months, as shown below.



9.2.12 As stated above, the management of complaints forms part of the wider quality and safety agenda being driven by the QIS. Below are some of the improvements being delivered.

- The introduction of a 'harms dashboard', providing data on two levels. Firstly, each ward sister has access to their own real-time ward-level data relating to the 4 core potential harms of falls, healthcare acquired pressure ulcers, infection and medication.

Secondly, the Board level harms dashboard provides an overview for senior leaders at Health Board, hospital site and area level, as shown in the screenshot below.

- During January 2018 the Safe Clean Care Campaign was launched in all three of the Health Board's acute hospitals. This campaign is a call to action, setting out essential steps to be taken by all staff to significantly reduce patient infection rates, supported by training and resources. Positive outcomes in infection control include a 63% reduction in MRSA, and a 29% reduction in c.diff cases.
- In July 2018 the Health Board initiated the development of a new accreditation programme which is being rolled out across all inpatient wards/units. Building upon the success of the Safe Clean Care Campaign, this programme involves implementing a set of standards to frame the quality, safety and patient care agenda.
- The Health Board has been focusing on improving pressure ulcer reporting and conducting root cause analysis in areas with the highest prevalence of pressure damage. In November 2018, a Pressure Ulcer Collaborative was launched to support improvement and culture change. There is a similar focus on using improvement methodology to reduce patient falls.
- Agreed improvement trajectories are in place for complaints and incidents for each division. These have been agreed with and are monitored by the Associate Director, Quality & Assurance.
- The Health Board has collaborated with the Welsh Risk Pool to play a key role in driving the national claims process reform on behalf of NHS Wales. This aims to promote more effective learning from claims.

9.2.13 Concerns management was an element of the findings of the HASCAS and Ockenden reviews. A key finding related to the need to ensure that families were easily able to make a complaint and would feel listened to. Improvement work on these two points has included;

- establishment of a Patient Advice and Support (PAS) Service at Ysbyty Glan Clwyd, to be rolled out to Ysbyty Gwynedd and Ysbyty Wrexham Maelor in 2019/20. PAS officers listen to comments and suggestions from service users and seek to quickly resolve any issues
- launch of an online complaints form from January 2019 to enable direct submissions into the corporate concerns process
- regular audit of the availability of concerns posters and leaflets in main patient and public areas, designed to ensure that service users are provided with relevant information
- roll out of the 'View Point' real-time feedback system, which provides service users with a mechanism to record their views or concerns online or on paper at a time best suited to them. Daily monitoring of submissions enables prompt action and learning to take place

9.2.14 Sustainable timely and effective management of concerns (complaints and incidents) remains an important priority for the Health Board, and work continues at pace to build upon the improvements already made.

10 Conclusion

This report demonstrates the progress to date and highlights continuing challenges. However, the Health Board is very clear that it still has much work to do to ensure sustainable high quality services across the organisation, with improved performance and financial balance. The Health Board is very grateful for the additional support provided by Welsh Government in recent years, which has undoubtedly enabled much of the progress seen to date. Going forward the Health Board is determined to deliver further improvement, at greater pace, through:

- the agreement and implementation of a more robust plan, with rigorous resource allocation and project planning, grounded in a stronger clinical strategy alongside finance, workforce, estates and digital strategies
- further strengthening leadership capacity and capability
- improved joint ownership and system working, led by the Executive Team and enabled by a revised Accountability Framework
- building on successful quality improvement/90 Day processes to implement a consistent, robust Health Board wide methodology
- building on the steps already taken to strengthen and develop partnership working
- the next stage of the successful drive to improve staff engagement and morale

We look forward to the opportunity to meet the Committee to discuss the contents of this report and other areas Committee members would like to examine.