

**Eluned Morgan AS/MS**  
**Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol**  
**Minister for Health and Social Services**



**Llywodraeth Cymru**  
**Welsh Government**

Our ref: MA/EM/1270/23

Russell George MS  
Chair  
Health and Social Care Committee

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Mark Isherwood MS  
Chair  
Public Accounts and Public Administration Committee

[SeneddPAPA@senedd.wales](mailto:SeneddPAPA@senedd.wales)

10 May 2023

Dear Russell and Mark

Many thanks for your letter of 19 April, following the meetings of the Health and Social Care and Public Accounts and Public Administration committees on 30 March 2023. It is important that we work together to support the Board and ensure that we avoid duplication.

You requested information on three areas, which I have addressed below:

- 1. Additional information on the Intervention and Support Team including its appointment, terms of reference, methods of working, time commitment, and relationship with Welsh Government and the new NHS Executive.**

When the Betsi Cadwaladr University Health Board was placed in Special Measures in February 2023, I took immediate action to appoint a number of Independent Advisors to support the Board as follows:

- **Alan Brace OBE** has been both a Finance Director and a Chief Executive Officer in a number of health bodies in Wales. In 2016, he was appointed as the Director of Finance of the Health and Social Services Group in Welsh Government, the post he held before retirement in 2021. In September 2018, he was made an Honorary Professor in Swansea University School of Management and also received an OBE in the Queens New Years Honours 2022 for services to the NHS and the Covid Recovery in Wales.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

- **Susan Aitkenhead** has extensive clinical, operational, governance and strategic experience in delivering healthcare across a variety of settings and sectors. She has held both provider and commissioning executive and non-executive Board roles within the UK and overseas. Susan has also worked in a variety of national policy roles such as at the Department of Health in England providing advice and support to ministers and officials across central government departments, at NHS England and NHS Improvement, where she was Deputy Chief Nursing Officer (CNO), and in professional regulation at the UK Nursing and Midwifery Council. More recently, Susan independently chaired a multi-professional Vascular Quality Review Panel which was set up in response to findings from a previously undertaken Royal College of Surgeons' Invited Service Review at Betsi Cadwaladr University Health Board.
- **Dr Graham Shortland** OBE, BM, DCH, FRCPCH was the Executive Medical Director and Board Member, Cardiff and Vale University Health Board between June 2010 to April 2019 and was responsible for significant strategic developments and services improvements during that time. This involved chairing All-Wales groups on behalf of Welsh Government including work on ophthalmic services, antibiotic prescribing, neonatal services, the Medical Directors group and services for patients with rare diseases. Subsequent to his retirement from the Medical Director post, Graham has advised NHS Employers as part of the Senior Negotiating Team for England, Wales and NI that successfully negotiated the new SAS Doctor Contract with the BMA. He has conducted a review as external expert, with a senior Paediatric colleague for a Children's Hospice to advise on future strategy and conducted and chaired, a review for a large NHS Wales University Health Board into its process of mortality reviews during COVID. More recently he has secured significant funding from Welsh Government for a two-year pilot for services for patients with rare diseases, a syndrome without a name (SWAN) clinic.
- **David Jenkins** was appointed General Secretary of the Wales TUC in 1983, a position he held for twenty-one years, during which time he also served on a number of public bodies including the Welsh Arts Council, the Monopolies and Mergers Commission, the Employment Appeal Tribunal, the Welsh Industrial Development Advisory Board and the National Disability Council. David retired from his position as General Secretary in 2004 and was appointed by Welsh Government as Chair of Health Professions Wales from 2004 to 2006 and as Chair of the National Leadership and Innovation Agency for Healthcare in Wales from 2006 to 2009. In 2009 he was appointed as Chair of the Aneurin Bevan University Health Board. His eight-year term of office ended in 2017 and he has subsequently provided independent advice and support to other health boards as part of Welsh Government Escalation and Intervention Arrangements.
- **Geraint Evans** is a former Executive Director of Workforce and Organisation Development at Aneurin Bevan University Health Board. Geraint has extensive experience of leading strategic change and workforce transformation at Board level in the NHS, Local Government and the private sector.
- Geraint Evans and Tracy Myhill will form an **Independent Workforce Support Team and programme of actions**. Geraint Evans will lead this independent HR team, which will involve a number of people with different skills on a task and finish basis in an initial phase of work to handle any immediate issues and assess the current Workforce and Organisational Development team. This will then inform a longer-term plan which will be ready for implementation from mid-May. Tracy Myhill will support the Chair in the process of finding and appointing a new Chief Executive for the organisation.

The terms of reference for the Independent Advisers (IAs) are attached at **Annex A**. We are in the process of appointing two further IAs, one of whom will focus on mental health support. We have also appointed two operational support posts to work directly with the health board, one of whom is leading a small team to focus on orthopaedics, and the other to support the health board with operational controls commencing with eliminating over 4-hour ambulance handovers.

All appointments have been direct appointments either through the NHS Executive or through an NHS organisation whereby the individual already had an employment contract. The contracts are initially for 6 months and vary between 4 and 8 days a month.

The IAs meet together with Welsh Government twice a month as a minimum and more frequently with policy and BCUHB officials, each provides a monthly report to the Welsh Government.

## **2. An update on the work and progress against objectives identified under the new special measures regime introduced in BCUHB.**

**Annex B** gives an overview of the special measures framework for the period until December 2023, the stabilisation phase.

Progress is being made against a number of the objectives and is summarised briefly below:

### **Governance, board effectiveness and audit**

Appointments have been made to the Chair of the health board and 6 Independent Members (IM) are in post. Interviews have taken place for a local authority IM and the outcome will be announced shortly. Nominations are expected for the trade union IM shortly. Work is ongoing to agree a Vice-Chair. One of the newly appointed IMs does have a mental health background. The main board has met once and there have been a number of workshops around planning and special measures. Committees are planned throughout May 2023.

As highlighted above a number of Independent Advisers have been appointed to work across the special measures domains, including board effectiveness and developing the organisational response to the Audit Wales review. To support this, changes have been made in the Office of the Board Secretary and a review of this structure and function is now underway.

An interim Chief Executive was announced on 2 May and Carol Shillabeer will lead the organisation, on secondment from Powys teaching Health Board. The process for recruiting a permanent Chief Executive started in March 2023 and is ongoing.

### **Clinical governance**

A review of clinical governance is being scoped out and an interim assessment of patient safety issues has commenced. Rapid reviews are taking place in response to issues raised by HM Coroner and the Public Services Ombudsman. New reporting and learning processes have been agreed and are being embedded across the organisation.

## Workforce and organisational development

Terms of reference for a rapid review of Executive Team portfolios have also been developed and this will commence during May 2023. An establishment review is underway, led by the interim Director of Finance. A scoping programme to assess the effectiveness and implementation of the new operating model is underway. Workshops with LMC and local staff-side partnerships are being arranged. A review of wellbeing, engagement and workforce policies is underway and expected to be completed in June.

## Mental health

A mental health inpatient safety assessment commenced on 24 May, to provide assurance and actions with regard to the mental health estate and action planning. The Royal College of Psychiatrists have commenced a review of mental health previous reviews to determine the extent to which the previous recommendations have been embedded and completed.

## Leadership and culture

A preliminary review of cultural leadership is being led by HEIW alongside the BCUHB workforce and organisational development team to assess the current situation and agree the next steps.

### **3. A timescale for the work looking at improving accountability, as well as that on revising and refreshing the intervention and escalation framework.**

Welsh Government officials are in the process of developing the NHS Wales Assurance and Oversight Framework. This will set out the mechanism and approach for gaining assurance from NHS Wales organisations, as well as setting out the parameters of how the Health and Social Services Group in the Welsh Government will work with NHS Wales.

The following principles will underpin the Assurance and Oversight Framework:

- **Creating an improvement culture:** the arrangements are intended to support the ongoing development of a culture of quality assurance, delivered for the benefit of patients. This will be supported by clear objectives which will drive a culture of high performance and accountability.
- **Transparency:** The measures and deliverables set in NHS Wales frameworks are clearly articulated to NHS Wales organisations so that they know what is required; understand how they will be assessed and the process that will happen if deliverables fall below expected levels.
- **Delivery focus:** The quality control approach will be integrated, action-oriented and focussed on delivering improvements agreed bilaterally (between Welsh Government and NHS organisations).
- **Proportionality and balance:** The Assurance and Oversight arrangements will seek to ensure that interventions and actions are proportional to the scale of the risk and that a balance between challenge and support is maintained.
- **Clear lines of accountability:** Quality assurance arrangements will ensure that Chairs and Accountable Officers nominate lead officers who are accountable for delivery and the main interface with the oversight approach.

- **Earned autonomy:** delivery against plans and agreed trajectories will result in greater levels of autonomy. As organisations deliver against target expectations, frequency and intensity of oversight arrangements will be reviewed. Conversely, greater levels of support and quality assurance interventions will be in place where required and could be assessed as part of organisational escalation.

The Assurance and Oversight Framework is being designed to promote a 'no surprises' culture, ensuring early identification of emerging issues and concerns, so that they can be addressed before they have a material impact or performance deteriorates further.

Organisations will be expected to maintain relationships with the NHS Executive and HSSG Welsh Government so that actual or prospective changes in performance are shared in a timely manner. Where quality risks are material to the delivery of safe and sustainable services, these should be managed and escalated to HSSG.

It is our intention that the new accountability arrangements, supported by a revised escalation framework, will be introduced later this year.

I note that you wish to be updated on these areas on a regular basis and as requested, I will write to you again in November.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'M. E. Morgan'.

**Eluned Morgan AS/MS**

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol  
Minister for Health and Social Services

**BETSI CADWALDR UNIVERSITY HEALTH BOARD  
INTERVENTION SUPPORT - INDEPENDENT ADVISERS  
TERMS OF REFERENCE**

**BACKGROUND**

1. On the 27 February 2023, the Minister for Health and Social Services announced that she was escalating the intervention status of Betsi Cadwaladr University Health Board to special measures with immediate effect. This decision reflected serious and outstanding concerns about board effectiveness, organisational culture, service quality and reconfiguration, governance, patient safety, operational delivery, leadership and financial management.

**REMIT OF GROUP**

2. A number of Independent Advisers have been appointed to form a health board improvement and support team to provide the support and advice necessary to enable Betsi Cadwaladr University Health Board to implement the changes required to deliver improvements. The support and advice in this instance refer to an objectively derived blend of measures (monitoring, assurance, evaluation, guidance, encouragement and support) which in combination will provide assurance to stakeholders (including patients, staff and the wider public).
3. The Advisers will focus specifically on the following:
  - Governance and board effectiveness.
  - Workforce and organisational development.
  - Finance and audit
  - Leadership and culture
  - Clinical governance and patient safety.
  - Operational delivery and service transformation

**THE APPROACH**

4. The Chair, Independent Members and Executive team will continue to lead the board in discharging their functions. To assist the board in developing solid foundations, the role of the Advisers will be to:

**BETSI CADWALDR UNIVERSITY HEALTH BOARD  
INTERVENTION SUPPORT - INDEPENDENT ADVISERS  
TERMS OF REFERENCE**

- Support the board to make decisions based upon a quality-based assessment and support the empowerment of the board.
- Provide appropriate challenge in examining the current health board systems.
- Provide advice, subject to their own individual skills, backgrounds and experience.
- Support board members while they undertake their duties.
- Mentor board members in the form of listening, provide encouragement and offer feedback.
- Advise on alternative mechanisms that could be applied from a strategic or operational basis.

The following sets out some of the core activities:

- **Oversight of improvement plans** – Support and advise on the arrangements to seek active and robust assurance that recommendations from previous reviews (clinical, governance, financial and HR) are being implemented.
- **Clinical reviews** – Support and advise on a process to establish an independent process to undertake appropriate reviews (patient safety for example); the process agreed will ensure any emerging actions and/or learning is acted upon.
- **Escalate wider concerns** - Escalate any wider governance issues or concerns, should they emerge, to the Board of BCUHB and WG. The Independent Advisers will not be responsible for any day to day operational or management functions. The Advisers do not have a responsibility to determine potential breaching of professional regulatory standards or performance issues. If any information is to arise which might lead to such concern, this will be escalated via the Welsh Government Escalation team through agreed pathways and a feedback process developed to ensure that the concern has been properly assessed and a decision on the actions required has been made. Consideration in the pathways should be given to external notification where a statutory requirement, in extreme circumstances, may be required.

**BETSI CADWALDR UNIVERSITY HEALTH BOARD  
INTERVENTION SUPPORT - INDEPENDENT ADVISERS  
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**STAKEHOLDERS**

5. The primary function of the Independent Adviser will be to support the Board Members and senior staff within the health board. They will work effectively with key stakeholders as appropriate.

**REPORTING**

6. Independent Advisers will provide an update to WG on a monthly basis, this will be in the form of an email which will then be collated and produced into a report for the Minister.
7. Where appropriate there may be a requirement to provide direct advice to the Minister.

**MEMBERSHIP**

8. Membership will include the following Advisers, but it should be noted that this list may increase or change as the Advisors gain further understanding of both challenges and opportunities as this work progresses.
  - Susan Aitkenhead
  - David Jenkins
  - Alan Brace
  - Graham Shortland
  - Geraint Evans

**MODUS OPERANDI**

- **Patient focused** – decisions, recommendations and actions will be driven primarily by safety, quality and patient experience considerations.
- **Valuing people** – a well led, highly motivated and appropriately engaged workforce is a fundamental requirement for the delivery of safe, high quality, patient centred services.
- **Open and transparent** - subject to the constraints of patient confidentiality and data protection, work will be conducted in an open and transparent manner.



**BETSI CADWALDR UNIVERSITY HEALTH BOARD  
INTERVENTION SUPPORT - INDEPENDENT ADVISERS  
TERMS OF REFERENCE**

- **Inclusive** - engage with staff, patients and stakeholders involving them actively in the oversight and improvement process.
- **Collaborative** - within an environment of robust scrutiny and challenge, to work collaboratively with BCUHB to optimise the improvement process and avoid unnecessary bureaucracy, duplication of effort and resource.

**ADMINISTRATION**

The Independent Advisers will be supported by an individual with good project management and performance analysis skills, who is able to interface at a senior management level within BCUHB and can produce draft reports of a standard which require minor amendment before being submitted to Ministers.

## BETSI CADWALADR UNIVERSITY HEALTH BOARD: SPECIAL MEASURES 2023

The provision of oversight, support and advice to enable BCUHB to respond to the requirements of special measures in a timely, open and transparent manner.

### Areas of Concern

- Governance, board effectiveness and audit
- Workforce and organisational development
- Financial governance and management
- Compassionate leadership and culture
- Clinical governance, patient experience and safety
- Operational delivery
- Planning and service transformation
- Mental health

### Outputs

- Terms of reference
- Monthly reports
- First 6 months reflections and achievements
- Individual reviews (To be determined)
- Regular reporting to Board

### Guiding Principles

1. Patients first – everyone using services should expect to receive consistently high standards of care and treatment
2. Staff empowerment – ensuring that they have the right working conditions and resources to support their own wellbeing and deliver the best care and services possible and sharing of best practice
3. A quality and safety ethos that drives everything
4. Delivers services that improve the health of the population and works to reduce health inequalities in collaboration with partners based on trust and respect, learning,
5. Has strong, compassionate leadership supported by robust and effective governance systems
6. Provides safe, high quality urgent and emergency and planned care services

### Values and Behaviours

- **Patient focused** – decisions, recommendations and actions will be driven primarily by safety, quality and patient experience considerations;
- **Valuing people** – a well led, highly motivated and appropriately engaged workforce is a fundamental requirement for the delivery of safe, high quality, patient centred services;
- **Open and transparent** - subject to the constraints of patient confidentiality and data protection, work will be conducted and decisions will be made in an open and transparent manner
- **Inclusive** - engage with staff, patients and stakeholders involving them actively in the oversight and improvement process
- **Collaborative** - within an environment of robust scrutiny and challenge, to work collaboratively with BCUHB to optimise the improvement process and avoid unnecessary bureaucracy, duplication of effort and resource

### Learning from other interventions

Learning from previous interventions highlights the benefits of investing time at the outset of any intervention process to establish and jointly agree solid foundations. This includes:

- Adopting a 'whole systems' approach (i.e. one which considers service failings in the context of organisational leadership, governance, culture, capacity and resource)
- Being clear about the underlying causes of the problem and tackling those rather than the symptoms which resulted in the intervention
- Clearly defining the standards to be met and the mechanism by which the change which is necessary to meet those standards will be brought about
- Providing the qualities, capabilities and capacity to deliver the equation of change
- Establishing clear timescales, progress measures and milestones
- Developing an explicit strategy for escalation and de-escalation
- Setting out clear lines of governance and accountability

## BETSI CADWALADR UNIVERSITY HEALTH BOARD: SPECIAL MEASURES 2023

The provision of oversight, support and advice to enable BCUHB to respond to the requirements of special measures in a timely, open and transparent manner.

### Independent Advisors

- Support the board to make decisions based upon sound governance principles, clinical assessment and the empowerment of the board.
- Provide appropriate challenge in examining the current health board systems.
- Provide advice, subject to their own individual skills, backgrounds and experience.
- Support board members while they undertake their duties.
- Support and mentor board members in the form of active listening, provide encouragement and offer feedback.
- Advise on alternative mechanisms that could be applied from a strategic or operational basis.
- Provide support to help improve operational performance and deliver the agreed transformational change needed
- Provide specialist HR support

### Working Together

- Opportunity to engage in designing Special Measures process;
- Independent Advisors to support and advise
- Monthly oversight meetings
- Quarterly Special Measures review meeting
- Weekly check ins
- Scheduled monthly meetings with Chair and CEO
- Monthly progress updates
- Emerging issues shared
- Board briefings as required
- Nomination of individuals/specialists to support/contribute to development of key strategies
- Joint approach to engagement with stakeholders
- Opportunities to sense check progress
- No surprises

### Performance Monitoring and Assessment Strategy

- Incorporates quality, safety, governance and sustainability
- Agreeing milestones, targets and measures
- Optimising reporting processes
- Monitoring and evaluation process;
- Assessment criteria;
- Escalation and de-escalation process
- Reporting methodology.

### Engagement and Communication Strategy

- Statement of principles
- Clarity of responsibilities
- Engagement methods and tools (targeted to audience)
- Regular stakeholder briefings: staff engagement and internal communications
- Public communication – building trust and confidence
- Political briefings (who does what and when);
- Media handling (who does what and when)
- Social media and/or web presence

### Information Sharing and Data Protection Policy

- Information sharing agreement
- Data ownership
- Patient confidentiality and informed consent
- Data handling and security
- Ensuring consistency of information
- Information flows

### Clinical Review Strategy

- Scope and terms of reference
- Data handling and information sharing;
- Patient and family engagement and communication
- Staff engagement and feedback
- Learning from evidence and best practice
- Resourcing
- Review methodology;
- Reporting format and process (emerging issues)
- Putting things right, redress and civil litigation
- Referral policy (professional bodies, coroners, etc.).

## BETSI CADWALADR UNIVERSITY HEALTH BOARD: SPECIAL MEASURES 2023

The provision of oversight, support and advice to enable BCUHB to respond to the requirements of special measures in a timely, open and transparent manner.

### Three phases

Stabilisation    Standardisation    Sustainability

### Stabilisation

- Stabilise the Board
- Review and strengthen executive leadership
- Accountability and Governance Review
- Review of patient safety and care
- Response to Audit Wales
- Leadership and culture diagnostics
- Finance and planning
- Operational grip and control

Delivery model for this stage will be led by a small team of

- Independent Member / Executive Directors
- Independent Advisor
- Welsh Government / NHS Executive

Programme and project provided by the health board and supported by the transformation team

### Governance, board effectiveness and audit

- Accountability and governance review
- Audit Wales and Kings Fund actions
- Office of Board Secretary Board Committees and Governance process
- Ensure appropriate governance is in place, particularly with regards to providing appropriate scrutiny of risk, performance, leadership style and practice

### Clinical governance, patient experience and safety

- Clinical leadership
- Clinical services – vascular, urology, mental health and dermatology
- Clinical behaviours and practice
- Regional delivery models
- Clinical network arrangements
- Clinical job planning
- Quality management systems and duty of candour assessment
- Review into patient safety concerns
- Oversight of the PTR process
- Review patient experience
- Ysbyty Glan Clwyd

### Workforce and organisational development

- Culture, values and behaviours
- Stronger Together review and refresh
- Review executive structure and portfolios
- Support and stabilise HR Team
- Arrangements for handling the Ernst and Young review
- Respond to grievances and related issues
- Staff well-being and support
- CEO recruitment
- Staff engagement and communications
- Staff side relations
- Workforce planning and integration

### Operational delivery

- Improved planned care performance
- Improved adult mental health, CAMHS and neurodevelopment delivery
- Consistency in urgent and emergency care over the next six months
- Evidence of actions implemented from identified within the speciality reviews
- Clear plans to reduce backlog and increase efficiency
- Strategies for orthopaedics, general surgery and ophthalmology

### Planning and service transformation

- A rapid peer review of integrated planning capacity and capability within BCUHB both in terms of IMTP strategic and operational planning
- A rapid peer review of the organisation's approach to developing their IMTP and the associated decision-making mechanisms
- An assessment of whether the health board has access to sufficient planning capacity and capability for strategic planning
- IMTP development process including the triangulation of plans to operational, workforce and financial inputs
- IMTP development stakeholder engagement and input
- IMTP development decision making process and governance

### Financial Governance and Management

- Financial Governance
- Resource Allocation and Utilisation
- The Financial Control Environment
- Maturity of the Finance Function

### Compassionate Leadership and Culture

- Cultural diagnostics
- Leadership development
- Leadership capability and capacity

### Mental Health

- Strategic vision developed, strong and credible strategy and action plan.
- Integration with corporate functions
- Outstanding issues and recommendations completed and embedded as business as usual
- Corporate governance and effective oversight and scrutiny
- Learning is routinely identified, shared and driving improvements in care
- Visible executive, board and medical leadership
- Evidence of positive shifts in culture
- Improving performance in line with requirements and expected standards