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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Claire Griffiths
Deputy Clerk
Public Accounts Committee
Chamber and Committee Service
National Assembly for Wales

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Dyddiad / Date: 22 December 2015

Dear Claire

As requested in your email of the 17th November 2015, please find below further information as requested by the Public Accounts Committee Chair.

1. Further information on co-locality across the Board's area in relation to GP out of hours services

The GP Out of Hours Service across North Wales continues to be developed and monitored to improve access and quality. Performance in relation to timeliness of response and access to appointments and home visits is reviewed daily. The quality of the service is also tested each day to ensure compliance with expected quality standards.

In addition to home visits, GP out of hours services are provided at 8 locations across North Wales, 3 of which are co-located on the main hospital sites. The Emergency Department and GP out of hours services are increasingly working together to improve patient flow and ensure that the patient is directed promptly to receive the most appropriate treatment and care. The Health Board is working closely with the national 111 Team to ensure that all opportunities to improve urgent care are explored and implemented appropriately. A recent workshop on the 4th December provided a comprehensive update on the progress made in relation to specific pathways of care for example blocked catheters and palliative care which will be used across North Wales both in hours and out of hours.

The rota position for GPs and Nurse Practitioner continues to improve, with between 77% and 98% coverage of shifts across North Wales and additional GP shifts being booked to manage expected increase in demand over the Bank Holiday period.

The full complement of Triage Nurses has now been recruited with induction and training underway. Recruitment is also progressing for additional District Nursing input in the West area and a pan-BCU Medical Lead.



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2. Current figures showing attendance at Board meetings

Please see attached table at Appendix 1.

3. Evaluation of the Committee Advisers use and total costs to date

In October 2014, Committee Advisers were appointed following a fair and open recruitment process for a pilot scheme intended to strengthen the governance arrangements of the Health Board. Committee Advisers have provided a useful source of advice on key issues and increased scrutiny and challenge of matters in some Committees. As agreed at the outset, the impact and effectiveness of the role has been subject to evaluation. Committee Advisers and Board Members have all contributed and provided feedback.

After detailed consideration, which included discussion with Board Members, and taking into account the responses of Committee Advisers, we have decided that the pilot scheme will not continue. Our evaluation of the impact of the role has demonstrated that, although Committee Advisers have a vast range of professional experience and expertise, greater impact would be achieved if the Health Board draws on them as necessary for individual expert advice and input.

We have taken a number of further actions over the past year to improve Board and Committee effectiveness including earlier this year welcoming four new Independent Members with a wide range of experience and skills, which has strengthened overall the capacity and capability of the Board.

The role of Committee Adviser will therefore be stood down with effect from 31st December 2015.

The total cost of Committee Advisors to-date is £39,597.

4. Information on the rise in Maternity services being provided at the Countess of Chester Hospital

The total number of admissions to the Countess of Chester Hospital as a percentage of all admissions for North Wales Obstetrics has risen from 15.4% of the total in 2014-15 to 20.2% for September 2015. Information for October & November is not yet available and therefore we cannot determine if this trend will be maintained. Activity will continue to be monitored at the Countess of Chester Hospital and all sites across North Wales.

The number of babies delivered month-on-month in Chester for 2015 as a percentage of all deliveries to North Wales mothers is set out below. This shows an increase over the later summer / autumn months.

Jan 2015	Feb 2015	Mar 2015	Apr 2015	May 2015	June 2015	July 2015	Aug 2015	Sep 2015	Aug 2015	Grand Total
7.46	6.3	4.16	8.77	2.36	6.22	7.7	7.6	10.33	8.9	7

5. An update on the Board's proposals for Primary Care

The Health Board is currently developing a Primary Care Strategy which will set out our vision for primary care for the next five years. The final strategy will be endorsed by the Board in March 2016. This work is underpinned by engagement with contractors, staff and stakeholders.

The new management structure within the Health Board is enabling local contacts and processes to be established at an area level to improve communication and responsiveness with contractors, community services and partners in local authorities and the third sector. Each area has a senior officer who, with support, is responsible for developing primary and community services, and building on the locality and cluster arrangements in place to enable groups of practices in smaller geographic areas to come together to address local issues and develop local solutions.

There are 14 GP clusters in North Wales and they have developed cluster plans based on individual GP practice plans. Additional funding of £1,326,000 has been provided by Welsh Government to enable clusters to take forward their priorities for action.

The Health Board is also utilising the other additional funding of £6,400,000, provided by Welsh Government to develop primary care, to recruit additional salaried GPs who can work in practices experiencing difficulties in recruiting GPs, additional advanced practice nurses, pharmacists and physiotherapists and strengthening the Health Board's infrastructure to support managed practices, estates development and workforce modernisation.

The role of other professionals such as nurses, pharmacists and physiotherapists is well established in the Health Board as a means of improving access for patients to appropriate services and reducing the demand on both GPs and on hospital based services.

Currently the Health Board is managing 3 GP practices in Blaenau Ffestiniog, Gyffin (Conwy) and Beechley in Wrexham. The Gyffin practice will return to independent contractor management in April 2016. From 1st April 2016 the Health Board will take over management of GP services in Prestatyn and Rhuddlan. A new model of primary care is being developed for the area which will be managed by the Health Board.



A primary care estates condition survey is currently being commissioned. When completed the survey will provide the baseline information to prioritise new developments and estate improvements over the coming years.

A number of new facilities are in the process of being completed at Tywyn, Benllech, Colwyn Bay and Hope, all of which will be operational in 2016.

Access to dental services is an issue for the Health Board as current access is 50.3% of the population, compared to the all Welsh average of 54.8%. The distribution of the access is all uneven with higher rates in Denbighshire, Flintshire and Wrexham. Our three year plan will set out our commitment and process to increase these rates to at least the all Wales position in 3 years.

6. Confirmation as to whether the Holden Report was shared with the Welsh Government and Healthcare Inspectorate Wales

The work undertaken by Robin Holden was the result of an investigation commissioned under the raising staff concern / whistleblowing policy looking into concerns raised about the management of the Mental Health Clinical Programme Group in their dealings with the Hergest Unit and a variety of other issues relating to the Hergest Unit. The report was shared with the Health Board in confidence but was not shared with Welsh Government and Healthcare Inspectorate Wales at the time it was received. The Health Board made a decision to withhold the full report because individual witnesses will have had an expectation that their statements, provided as part of a whistleblowing investigation, would be kept in strict confidence and to release this information may have constituted an actionable breach of confidence.

Welsh Government and Healthcare Inspectorate Wales were kept informed during this period of the issues and concerns within Mental Health Services and what action the Health Board was taking to improve the safety and quality of care. These matters were also reported publicly by the Board as part of the Mental Health Improvement Programme.

7. How the Board has improved its complaint handling procedure and how it tracks complaints once in the system including long standing complaints and whether these will be completed by the end of the March 2016

The Health Board has taken a number of actions to improve performance, develop capacity and provide ongoing training and support. These are summarised below.

7.1 Performance

Each service area has been set challenging trajectories for improvement; they are held to account through monthly Performance Accountability Reviews. The aim is to achieve 75% compliance with the 30 day Putting Things Right (PTR) target by 31 March 2016.



Weekly Concerns Meetings have been established in each service area. These groups will monitor performance and the standards of investigations; they will also monitor trends and use complaints and incidents for service improvement and learning.

Site specific dashboards are being developed to allow easy monitoring of performance and tracking of cases and teams are held to account through monthly accountability review meetings.

Significant progress has been made in eradicating backlog complaints and this work will be completed by the end of December 2015.

7.2 Structures

The Corporate Area Concerns Teams have been aligned to the 3 geographical areas and the operational structures are being developed to manage the investigation of concerns and learning lessons. This mirrors the emerging Concerns Model under discussion at an all Wales level.

Additional resources are being identified to ensure there is sufficient corporate resource to manage the concerns process. This includes the development of an early resolution team. The development of this service is subject to further discussions relating to the wider structures across the Health Board and it is intended to consider both corporate and operational concerns structures early in the New Year.

7.3 Other Actions

The Office of the Medical Director is finalising arrangements to implement the requirements set out within the 'Putting Things Right' regulations relating to Being Open across the Health Board. This will ensure there is an open clinical culture with errors being discussed with families immediately to prevent an escalation of issues to complaints. The policy has been introduced with the Workforce and Organisational Development Team working with the Medical Director on a robust implementation plan which includes both training and the nomination of Being Open clinical leads is now being taken forward.

7.4 Training

A national Putting Things Right (PTR) training needs analysis is being undertaken as part of the National Quality & Safety Group the outcome of which will inform a structured training programme for all levels of staff. The Health Board is contributing to the national work and is working locally to take forward the emerging recommendations. This work is not likely to be completed before March 2016.



In the interim, training for Investigation Officers is being provided along with training on handling “on the spot” complaints for Ward teams. In addition, a workshop is being held for staff in early 2016 to ensure that the right skills are available within the operational teams to take forward the concerns agenda.

As part of the concerns investigation process a ‘Lessons Learned’ template is to be introduced and will be completed by an Investigating Officer following each investigation. This will support learning across the organisation.

7.5 Timescales

The trajectory for delivering the 30 day PTR target is set to deliver 75% compliance with the 30 day deadline by March 31st 2016. This trajectory was set at the beginning of January 2015 with the expectation of increased capacity being in place early in the calendar year. However, due to delays in revised structures being implemented the trajectory will remain challenging. As described above, rigorous performance monitoring is now in place and there will remain a continued drive to achieve the target.

8. What is the process within the Health Board regarding the handling of CHC reports?

BCUHB receives monitoring reports from the CHC on the following areas. The Chief Operating Officer has overall responsibility at an executive level for service delivery.

8.1 Hospital Monitoring Reports

These audits are undertaken in acute and community hospitals to monitor the internal and external environment from a patient’s perspective.

Reports are received by the Service User Experience Team at BCUHB and sent to the relevant Matron for the area; an action plan is developed for any areas that are scored unsatisfactory and an outcome report is submitted to the CHC within one month of receipt of the report (CHC set deadline for outcome report).

8.2 Foodwatch

This audit was introduced in 2015, it assesses the cleanliness of ward kitchens as well as arrangements to ensure that patients are well nourished and hydrated.

Reports are received by the Service User Experience Team at BCUHB and sent to the relevant ward sister/Matron for the area to implement any improvement actions.



8.3 Mental Health Unit Monitoring Reports

These audits are undertaken in mental health in-patient units to monitor the internal and external environment from a patient's perspective.

Reports are sent direct to an identified lead within mental health service at BCUHB; the report is forwarded to the relevant Matron/Locality Manager; an action plan is developed for any areas that are scored unsatisfactory and an outcome report is submitted to the CHC within one month of receipt of the report (CHC set deadline for outcome report).

8.4 Bugwatch

This audit is an environmental assessment of inpatient areas specifically designed to observe infection control procedures within the areas.

Reports are received by the Service User Experience Team at BCUHB shortly following the site visit and on receipt they are forwarded to the relevant ward sister, and the infection control team for the area to address any immediate issues.

The CHC send an overarching report to the Executive Director of Nursing, Midwifery for a Board response. This report is considered at the Strategic Infection Prevention Group; issues raised are incorporated in the overall BCUHB infection prevention improvement programme.

8.5 CareWatch

This audit was introduced in 2014, and it is an assessment of markers of good patient care, based on the All Wales Fundamentals of Care Standards. These assessments are conducted on a rolling programme (determined centrally by the CHC) of all in-patient areas across the acute and community hospitals.

Individual ward reports are received by the Service User Experience Team at BCUHB shortly following the site visit and on receipt they are forwarded to the relevant ward sister, and the area matron to allow them to address any immediate issues.

An overarching report is submitted to the Executive Director of Nursing and Midwifery for a Board response. An action plan is developed in response to the recommendations made.

8.6 Accountability and Assurance

The local operational Quality and Safety Groups are responsible for ensuring actions are followed up and improvements are made. A 'themes and trends' report is submitted to the Quality, Safety and Experience Sub Committee on a quarterly basis. This report is continually developing in line with the recent White Paper 'Listening and Learning to Improve the Experience of Care' and includes information from concerns and patient feedback. The report is the



vehicle to ensure the information from the CHC activity is reported regularly to the Board.

9. Specific areas identified about the capacity of the non-executive team and how the Board plans to improve this

A full skills audit of each Board and Associate Members was undertaken by Ann Lloyd in September and October 2015. The conclusions reached were supplemented by observing the Board and Sub Committees in action. The scoring matrix used was that developed by the Good Governance Institute – maturity matrix of Director competencies which is designed to support development and improvement.

The elements measured were:

- Understanding the role
- Technical knowledge
- Understanding the organisation and the market
- Strategic thinking
- Vocational skills
- Behaviours
- Leadership calibre

Their skills were also measured against the Public Appointments Office criteria for appointment to NHS Boards. This looks at:

- Skills and experience – what they know about performance management, risk, governance, finance etc.
- Specific skills and experience e.g. communications and PR, strategic planning, legal, finance etc.
- Competencies – in self-belief and drive, team working, communicating and influencing etc.

The results of the skills audits have been fed back to each Board Member.

The skills that are present amongst the IMs but which need to be recognised more effectively are:-

- Entrepreneurial – especially an understanding of social enterprise and added social value
- Specialised organisational development
- Strategic planning
- Engagement and community development

The potential skills deficit identified at Board level via the skills audit are:-

- Legal (although one Independent Member has a degree in law but is not in practice)
- Estates – strategic and practical
- Commercial skills including marketing



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The Chair has notified the Welsh Government Appointments Unit of the need to recruit to fill the gaps identified; the appointments have been held pending the advertising of vacancies affecting all Health Boards in Wales. As a consequence one of the IMs whose term of office had come to an end in November 2015 has been extended to the end of March 2016. The recruitment process commenced on the 18th December 2015.

10. Following the forthcoming Board meeting, a note on the decision taken to co-ordinate the current committee structure

Board members have discussed proposals for revising Board and Committee meetings underpinned by further improvements in administrative processes. At its public meeting in February 2016 it is anticipated that the Board will consider a paper on the proposed changes which aim to ensure that the Board conducts its business more effectively and transparently. In summary, it will be proposed that the Integrated Governance Committee will be stood down as a Committee as its role in managing the business of the Board's main committees will continue and be strengthened through the establishment of a Committee Business Management Group (CBMG) supported by the Board Secretary. The Finance and Performance (F&P), Quality Safety and Experience (QSE) and Strategy Planning and Partnership (SPP) will therefore become main Board Committees. The CBMG will also be responsible for ensuring that the business of these 3 Committees is co-ordinated and fully incorporate workforce issues and those of information governance.

Yours sincerely

A handwritten signature in black ink that reads "Peter Higson".

Dr Peter Higson
Chairman

Appendix 1 – Attendance at Board Meetings

		Number of possible attendances Jan – Nov 2015	Attendance
Dr Peter Higson Chairman	Member	14	14
Mrs Margaret Hanson Vice Chair	Member	14	11
Mr Keith McDonogh Independent Member	Member	14	14
Dr Christopher Tillson Independent Member	Member	14	12
Ms Jenie Dean Independent Member	Member	14	13
Cllr Bobby Feeley Independent Member	Member from Feb 2015	13	9
Mrs Marian W Jones Independent Member	Member	14	13
Prof Jo Rycroft-Malone Independent Member	Member	14	3
Cllr Elizabeth Roberts Independent Member	Member to Jan 2015	1	1
Rev Hywel M Davies Independent Member	Member to 31.3.15	4	1
Mr Harri Owen-Jones Independent Member	Member to 31.3.15	4	4
Mrs Hilary Stevens Independent Member	Member to 31.3.15	4	0
Mr Ceri Stradling Independent Member	Member from 22.4.15	9	9
Mrs Bethan Williams Independent Member	Member from 22.4.15	9	8

		Number of possible attendances Jan – Nov 2015	Attendance
Mrs Lyn Meadows Independent Member	Member from 22.4.15	9	8
Mr Simon Dean Interim Chief Executive	Member from June 2015	6	6
Prof Trevor Purt Chief Executive	Member	7	7
Mr Russell Favager Executive Director of Finance	Member	14	13
Prof Angela Hopkins Executive Director of Nursing & Midwifery - Therapies & Health Sciences	Member	14	12
Mr Andrew Jones Executive Director of Public Health	Member	14	11
Mr Martin Jones Executive Director of Workforce & OD	Member	14	14
Mr Geoff Lang Executive Director of Strategy	Member	14	11
Prof Matt Makin Executive Medical Director	Member	14	14
Ms Morag Olsen Chief Operating Officer	Member	14	13
Mr Chris Wright Director of Corporate Services	In Attendance	14	12
Mrs Grace Lewis-Parry Board Secretary	In Attendance	14	14
Ms Bernie Cuthel Director of Primary, Community & Mental Health Strategy	Member to Aug 2015 and in attendance from Aug 2015	12	9
Ms Nichola Stubbins	Associate Member - Local Authority	14	8



		Number of possible attendances Jan – Nov 2015	Attendance
Mr Iain Mitchell Chair Healthcare Professionals Forum	Associate member to July 2015	9	6
Prof Michael Rees Chair (Designate) Healthcare Professionals Forum	Associate Member from Oct 2015	2	2
Cllr Philip Edwards Chair (Designate) Stakeholder Reference Group	Associate Member from Oct 2015	2	1