



Cross Party Group for North Wales Grŵp Trawsbleidiol Gogledd Cymru

Note of the Meeting of the Cross-Party Group for North Wales in the National Assembly for Wales, Friday 7th June 2019 Betsi Cadwaladr University Health Board Briefing (BCUHB)

Present

Llyr Gruffydd AM (in the Chair), Sian Gwenllian AM, Darren Millar AM, Janet Finch Saunders AM, Mark Isherwood AM, Rhun ap Iorwerth AM, Ann Jones AM, Jason McLellan (Office of Ann Jones AM), Guto Davies (Office of Jack Sergeant)

Mark Tami MP and Ian Lucas MP, Catherine (Office of Ian Lucas) and Katie (Office of Chris Ruane) (Mersey Dee and North Wales APPG)

Cynghorydd Llinos Medi Huws (Arweinydd, Cyngor Sir Ynys Mon), Councillor Sam Rowlands (Leader, Conwy) and Councillor Julian Thompson-Hill (Deputy Leader, Denbighshire, for Cllr. Hugh Evans)

Stephen Jones (WLGA) Secretary and Sponsor Representative, in attendance.

Speakers: Mark Polin, Chair of the BCUHB and Gary Doherty, Chief Executive of the BCUHB

1. Welcome by the Chair

The meeting was opened by Llyr Gruffydd AM.

2. Briefing on the Progress of the BCUHB to Move Out of Special Measures

Gary Doherty reported that at the time of going into special measures the BCUHB faced a number of challenges: -

- Acute hospital issues including paediatrics/maternity, infection control and waiting times both for A&E and more generally
- Mental Health services
- Out of Hours GP Services
- Governance and operation of the Board
- Financial Control

These challenges had undermined public confidence in the BCUHB. The BCUHB has been working to turnaround these areas of concern. Progress has been made: -

- Staff morale has improved significantly, despite a difficult period since being put into Special Measures. This provides a platform for future improvement and also reflects the service improvements we have made

- Service Improvements have been reflected in increase in staff saying they would recommend BCU for care and treatment to their friends and relatives
- Improvements have been made in joint working with a range of partners and BCU has increased both the seniority and number of staff fully engaged in partnership working
- Maternity Services have been subject to a lot of work. The service is now safe and its culture has improved enormously, resulting in it being taken out of Special Measures
- The Safety Issues in GP OOH Services and Mental Health have been addressed and services are on a par with other services in Wales, with OOH Services being taken out of Special Measures. Improvements are still required in these services but inspections evidence that the services are now safe.
- Infection control performance in the BCUHB is now the best in Wales for MRSA and 2nd for C-Diff.
- There continue to be excellent services in the BCUHB (where services are good performers in the Welsh context): -
 - Immunisation
 - Cancer Services

The Board is investing in all 3 main hospital sites and is recruiting to the Orthopaedics service.

The picture is more mixed with waiting times at A&E. Recent progress has been made on A&E waiting times: -

- Ambulances are queuing for less time outside hospitals.
- A&E throughput has increased with a 10% increase in “majors” (the more serious cases).

Sustained improvements have been made in reducing Delayed Transfers of Care. This winter performance improved despite “winter pressures” with a 60% reduction in ambulance waiting times and a reduction in 12 hour waits when comparing quarter 4 this year to quarter 4 last year. During this period there were periods when our 4-hour position also improved year on year, but this was not sustained.

Further improvements are required in the future in: -

- Four-hour waits at A&E
- Mental Health Services
- Elective waiting times

Overall the BCUHB is treating more patients, so the service is becoming more productive.

Savings are being made, for example the average monthly spend on agency medical staff reduced by around £1m staff last financial year

In spite of this, BCU was unable to hit its financial plan and is forecasting to have a deficit again in 2019/20. PWC have therefore been brought in to look at financial planning and control and to help develop more robust savings plans.

Listening to staff and further strengthening engagement is critical to further improvement.

Mark Polin then reported changes to the way the Board works to improve governance: -

- The Board meets monthly and alternates between formal and workshop formats to enable more discussion and enquiry regarding specific issues and upcoming decisions. Scrutiny at the Board itself and at Committee meetings has increased.
- Mark Polin is leading the Finance and Performance Committee and the Special Measures Task Group.
- He is entirely comfortable with the group of Independent Members on the Board.
- The Board is renewing its senior management with new Finance and Medical Directors due to be appointed soon. The Board will seek a Recovery Director to focus on financial recovery. Interim managing directors are also in place at the three acute sites.

Finance and performance are critical issues for the Board this year. Progress must be evident by the end of the summer 2019.

Other key issues for the Board are: -

- A clinical strategy to support clinical leadership and reconfiguration to be delivered by the new Medical Director.
- Balancing cost pressures, savings and investment required for service improvement
- Better delivery of the annual plan (57% of the plan was delivered by month 9 (75% of the timeframe) last year)
- Progressing workforce, estates and IT strategies in keeping with the overall clinical strategy

The infrastructure of the Board's services needs upgrading. ICT is rudimentary. The estate has a higher proportion of poor-quality premises than most parts of Wales due to having 136 premises. There are too many sites to maintain a quality environment across the whole estate.

From a North Wales perspective BCUHB is the biggest Board in Wales but is often under or not represented in national working parties and strategy debates e.g. the national working party working on an IT architecture for the NHS. The BCUHB and the region needs more representation in key national initiatives/policy making.

Partnerships are important to improving services like mental health, where the Board aims to be out of special measures in the next 12 months. The BCUHB has improved its support of the Regional Partnership Board (RPB) and is holding bi-lateral meetings with each Council.

Change has to come. The BCUHB cannot carry on as it is now: -

- Service re-design has to be delivered
- The BCUHB needs to be better able to justify change
- There needs to be better dialogue between the BCUHB and the WG on choices. In particular there needs to be more recognition of the balance between investment and improvement versus cost savings. Investment will be necessary to improve some services e.g. stroke services

There are some issues which the Board and Welsh Government are working on to resolve: -

- The framework, criteria and expectations for special measures. The framework needs to focus on the key issues remaining which need to be addressed
- Given the level of scrutiny has increased locally, there is scope to recalibrate the scale and frequency of intervention meetings between WG officials and the Executive Team

Discussion and Questions

The Countess of Chester and Cross Border Referrals for Specialist Treatment

Mark Tami MP raised the Countess of Chester and cross border issue. In his surgeries, constituents are telling him that GPs have told them (the patients) that they (the GPs) are not allowed to refer across the border to Liverpool etc. The Welsh NHS seems to have “a thing” for trying to send people from North Wales to Cardiff instead of the best option for the patient which is accessible to them and their families.

Both Mark Tami and Janet Finch Saunders reported constituents coming to them to complain of referral to Cardiff rather than Liverpool.

Gary Doherty responded that the root of the problem is that the English and Welsh funding systems are different. The English system is commissioner led whereas in Wales the Commissioner and Provider is in the same organisation. The English Providers seem to end up without appropriate payment for their services as their commissioning organisation (the English Commissioner) does not pay at the agreed rate for English Patients. The Welsh NHS does not take a commissioning approach. Therefore Welsh Payments may not cover the costs of treatment in English hospitals because the Welsh “rate” is lower. The Welsh NHS will not pay more for patients treated in England compared to patients treated in Wales for the same care.

The Countess of Chester took a unilateral decision as a frustrated provider not receiving full payment from the Welsh NHS for its services. Cross – Border arrangements are an ongoing risk due to the different funding and management systems.

There is a need for clearer communications on referrals for specific services. The Board’s Clinical Strategy will endeavour to address planning for funding of services to be purchased from the Countess of Chester.

Gary Doherty reported that he was unaware of referrals to Cardiff. He asked for details of such cases. If people don’t want to travel to Cardiff, he will intervene.

Mark Polin confirmed that the BCUHB is looking at the relationship with the Countess of Chester. Gary Doherty reported that there were similar issues with regard to SE Wales and Bristol.

An option moving forward would be to accommodate more Welsh patients locally, but this would require investment to build capacity.

Mark Isherwood reminded the meeting that the Countess of Chester was built to include service provision to parts of North Wales. Without those patients the Countess of Chester will be underutilised and potentially experience financial failure.

He was concerned that the WG and BCUHB had not given sufficient or timely guidance on referrals to the Countess Hospital

Darren Millar led a series of questions and challenges to the BCUHB: -

- Is the WG relationship with the BCUHB supportive or less constructive?
- Would there be benefits in going to 2 or 3 Boards instead of one?
- Are there too many managers in the BCUHB? Is accountability diluted because there are too many managers? (It is perceived that there are rarely any exits after changes in senior management in the BCUHB)
- What are the service redesign priorities of the Board?

Sian Gwenllian added that an urban model of care won't work in N Wales and that the paediatric consultants had almost been moved from Ysbyty Gwynedd because of "urban thinking".

Gary Doherty responded: -

BCUHB/WG Relationship

The WG provide support and challenge. Extra cash for commissioning assistance from consultants etc. is limited. However, there is a lot of advice on best practice. The challenge can generate some tension.

A lot of time is spent with WG officials some of which could be better spent on improving day to day operations.

Overall the intervention and support tends to be too ad hoc and short term. There should be a more longer-term approach with investment that enables improvement in future years.

Structural Change

The real need for the NHS in North Wales is to improve services. Structural change won't achieve that. The focus of activity in a restructuring scenario will be on creating new organisations (for 2 – 3 years) at the expense of service improvement activities.

Over-Management and (Senior) People Not Knowing What Their Role is (because of frequent changes)

The BCUHB does not feel over-managed. The organisation is probably "light" on leadership and ownership "on the ground".

There is a need for stronger organisational processes and operating and accountability protocols.

Service Re-Design

The strategic direction of the Board is to bring: -

- Community Services and routine services closer to home
- Bring together specialist services (in acute hospitals) to maximise volumes for safety and compliance with royal college standards. Bringing together specialist services is critical for recruitment and retention of skilled staff.

Mark Polin emphasised the point that there is scope for the relationship with WG to be reframed: -

- BCUHB needs to earn more autonomy by improving services and controlling spend (to eliminate deficits).
- WG has to be convinced of the change agenda (proposed by BCUHB) and enabling it through investment, where appropriate
- WG officials could seek to gain more assurance by attending Board and Committee meetings as opposed to frequent direct interventions with the Executive Team

An example of where the service can be improved with the right investment is orthopaedics where WG have agreed an interim settlement, but the full business plan to invest is still to be agreed after many months.

Now is not the time to split the BCUHB. There needs to be a focus on improvement, clear accountability and culture change.

The new Medical Director must shape the clinical strategy with clinical staff and build change from the bottom up with the clinicians.

The Board will need to look beyond individual hospitals (which can't all have every specialty service in them) and distribute specialties across the region. To have the best, safe and appropriately staffed specialty services will, on occasion, need a single, or perhaps two, rather than three, centres of excellence.

Sian and Rhun asked for more clarity on specialist vascular services and why they cannot be located in Bangor.

Further Comments and Discussion

Voluntary Sector

Mark Isherwood asked whether BCUHB was designing sufficient services with – and commissioning sufficient services from - key voluntary sector organisations to enable a move towards preventative services, improved wellbeing and greater cost-efficiencies. The 3rd sector should be involved in strategies to reduce hospital admissions, A&E waiting times and pressure on GP Surgeries in accordance with both the Social Services and Well-being (Wales) Act and the Well-being of Future Generations (Wales) Act.

Gary Doherty responded: We are trying to support the voluntary sector as part of the strategy to move to a whole population approach where prevention plays a bigger role in improving health outcomes. The third sector is an important part of the preventative agenda and I have set up a third sector working group. BCUHB will be investing in third sector prevention and early intervention services once we have cleared the deficit.

Countess of Chester and Repatriation

Mark Isherwood raised further questions on the Countess of Chester Hospital (CoCH). He sought assurances that the BCUHB is free to refer patients to and contract with the CoCH.

The responses indicated a preference for “repatriation” and use of the CoCH where there is no capacity or capability within North Wales. (Based on previous discussion this would undermine the viability of the Countess of Chester which was built as a District General Hospital to serve Flintshire as well as Chester and West Cheshire).

Gary Doherty reflected that greater capacity in BCUHB would lead to more freedom in contracting and less pressure to repatriate.

Ann Jones commented that through special measures the WG seeks better preventative care to reduce demand at acute hospitals. Hospitals do too much.

Ann supports a policy of repatriation where capacity and capability is present in the Welsh System. Welsh patients are not always treated well in England e.g. Gobowen (arising from differences in funding available for Welsh patients). With regard to tertiary services it is important to maintain links with where the expertise is e.g. Liverpool.

Improving IT

Ann referred to action being needed to improve IT. Clinicians need the whole journey of the patient at their fingertips.

Mark (Polin) and Gary agreed: -

- Prevention must be improved by joining up pathways into care and keeping people healthy. This requires good partnership working between councils, housing bodies, the voluntary sector and community health services
- Information sharing, and good IT are critical. There are some barriers to sharing information across organisational boundaries which must be broken down.

Improving primary care is the pre-condition to improving prevention. The BCUHB should aim for Health and Well-Being Centres in its major communities and plan for them.

Darren Millar made a series of challenging statements related to special measures: -

- WG promised improvement in 100 days through special measures. A 1000 days have passed and the BCUHB is still in special measures.
- There are still gaps in OOH GP Services and the services should not be out of special measures (in Darren’s opinion)
- Plans and strategies have been very slow to emerge e.g. the clinical strategy
- Improving primary care (GP Services) is proceeding very slowly

- In Wrexham Maelor Hospital, reduced ambulance waiting has been achieved by putting patients in corridors and that is not acceptable
- He is concerned by the rate of senior management turnover and does not support the current Turnaround Director in post.

Darren stated that: -

- He does not support breaking up the BCUHB as it would be unlikely to help improvement.
- The BCUHB needs to do something about parking on its major sites. The parking situation is causing adverse comments from patients and their families.
- He has confidence in the Chair and CEO of the BCUHB.

Mark Polin responded: -

- The BCUHB will be responsible for getting out of special measures, the WG cannot achieve that objective on BCUHB's behalf.
- The BCUHB has to demonstrate improvement to obtain more freedom for action
- There has to be more coherence in BCUHB planning
- Everyone has to look forward (not to the past) to deliver improvement

Gary Doherty responded: -

- With a commitment to write to Darren Millar on OOH GP Services. The service is no worse than others in Wales. It should not be in special measures which are designed for services that are the worst in Wales and/or unsafe.
- Mental Health is making progress. Taking the time to develop a good delivery plan will help Mental Health move out of special measures.

On management turnover Gary and Mark defended it by reference to the need for an effective top team. They are hoping for greater stability once the current structure is appointed to.

Janet Finch Saunders commented: -

- The Public Accounts Committee has criticised the process and arrangements for special measures. What is the BCUHB doing to respond to the report?
- AMs are informed by both official figures and casework with constituents. Casework suggests continuing problems. Very ill people are being moved around and families do not like that.
- She shares concerns about a top-heavy senior management structure and that some senior managers do not know the purpose of their roles.
- IT is a significant issue, clinicians do not know the people or the case in front of them because there is no IT to support them.
- Janet's group in the Assembly have lost confidence in the Minister (in contrast, as Darren Millar commented, with the BCUHB leadership)

Mark Polin reported that he believes the case for changing the special measures framework has been recognised. The BCUHB will respond to the PAC Report via WG and had prepared to give evidence to the PAC by carefully defining what the Board had to do address the failures identified.

IT should be a national priority, along with improving information sharing across organisations. IT should enable more mobile working. The three hospitals should be on the same IT system.

Two Director posts have been deleted and two new ones added: - Primary and Turnaround. These new posts are needed to meet the organisations' strategic objectives of improvement and shifting to a more preventative service.

Partnership Working

The discussion shifted to relationships with Local Authorities.

Cllr Rowlands reported that he wants the BCUHB to work more closely with Councils. Leisure Services and Social Services can contribute to the preventative agenda.

Cllr. Llinos Medi Huws reported that: -

- RPB – BCUHB relationships have improved. However, only one representative of the BCUHB attended the last RPB Meeting (the Chair, Teresa Owen). Therefore, the BCUHB has more to do demonstrate consistent, ongoing commitment.
- Strategic discussion at the RPB has been limited by operational discussions
- The RPB is not sufficiently involved in BCUHB strategy-making e.g. The Safe Care, Care Close to Home strategy.
- The third sector (represented on the RPB) say that the BCUHB is too big.
- The Welsh Clinical Information System is not making sufficient progress. It is operational in Gwynedd and Anglesey Councils. It is not used by the BCUHB or other Local Authorities.
- Anglesey want to help move services closer to home and reduce the reliance on acute hospitals. The key to this is delegating more authority over community services to BCUHB Area Directors so that they can work more closely with Local Authorities in their area.

Mark Polin responded that: -

- He and therefore the Board are serious about supporting and engaging with the RPB. Taking over the position of RPB Chair and the scale of representation from the Board is a sign of commitment. The RPB is a source of both funding and joint service planning/commissioning. Council CEOs and Leaders in bi-lateral meetings are agreeing we all need to work more closely in support of the RPB
- The national working party on Building a Healthier Wales is crucial to securing upstream prevention and care closer to home. Mark Polin has secured membership of the national group
- Feedback from councils suggests joint working in localities is going well.
- There are concerns in BCUHB that WCIS is not fit for purpose.

Ian Lucas MP reported that he had set up the Mersey Dee North Wales APPG in Westminster to consider challenges to cross-border working. He was therefore disappointed to have had no approaches regarding the Countess of Chester Hospital issue. He asked that the BCUHB consider using MPs to help resolve cross border issues regarding Gobowen, the Countess of Chester Hospital and access to Liverpool Hospitals.

The APPG has done a lot on Transport (roads, rail and buses) and transport is very important for access to health services.

Gary Doherty advised that one of the communications issues in dealing with the Countess of Chester was that the Welsh Government took over the case and negotiations. The issue at hand is local access by MPs and AMs to those in Welsh Government taking an overview of cross border negotiations.

Rhun ap Iorwerth raised the ability of Councils and BCUHB to make savings in their baseline budgets given increased demand. He is concerned that cost pressures on the Health Board will have an impact on Local Authorities.

Darren Millar suggested that North Wales was underfunded as a Health Board because it is largely a rural Health Board.

Mark Polin said he does not believe WG would consider a funding increase for North Wales until the BCUHB can show that it can address the central challenges facing the Board and has demonstrated progress on productivity and financial control.

Elected representatives assured the BCUHB representatives that they want to support the Board with regard to its status in Wales and the reframing of its relationship with the Welsh Government and to also provide critical friendship.

Any Other Business

There was no other business.