

	Betsi Cadwaladr University Health Board submission to the Health, Social Care and Sport Committee's general scrutiny inquiry.
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Introduction

1. Betsi Cadwaladr welcomes this opportunity to contribute to the Health, Social Care and Sport Committee's general scrutiny inquiry.

About the organisation

2. The Health Board is responsible for improving the health and well-being of the population of around 678,000 across the six counties of North Wales (Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham). It is also responsible for the provision of primary, community and mental health as well as acute hospital services. It operates three main hospitals (Ysbyty Gwynedd in Bangor, Glan Clwyd Hospital in Bodelwyddan and Wrexham Maelor Hospital) along with a network of community hospitals, health centres, clinics, mental health units and community team bases. The Health Board commissions the work of 105 GP practices, and NHS services provided by dentists, opticians and pharmacists as well as ensuring the population of North Wales can access high quality specialised services provided by NHS Trusts in England. In 2018/19, the Health Board had a revenue income of £1.54 billion and we employ approximately 18,000 people (15,500 whole time equivalents).

Overview

3. The past year has been another very challenging period for the Health Board. Although progress has been made in moving the organisation forwards, much more needs to be done, across a number of fronts, to return the Health Board to a secure footing for the future. The Health Board remains in Special Measures, although the improvements made to GP out of hours services mean that during the year this has been removed as a Special Measures concern. This follows similar progress with maternity services, which were removed from Special Measures last year. Welsh Government has also noted the improvements that have been made in the effectiveness of the Board and mental health services. Substantial progress has been made in a number of key areas, which are summarised below with more detail being provided in the rest of this paper:
 - Improvements in quality and safety including substantial reductions in infection rates, improvements in mortality rates, being awarded exemplar status for our work to reduce blood clots, improved stroke audit scores and sustained improvements in ambulance turnaround times

- Despite our ongoing challenges, our staff survey results show material improvement in a number of key measures including the proportion of staff who would recommend BCU as a place to work and who would recommend BCU for care and treatment
 - We have stepped up our commitment to partnership working which has delivered major benefits both in terms of joint planning and service development but also reductions in Delayed Transfers of Care
 - We have delivered a number of key service changes/innovations including new models of primary care, care closer to home, establishing high quality specialist services (e.g. SuRNICC, vascular, cancer services, cardiac services) and deploying leading edge, first in Wales technology (e.g. digital pathology)
 - Significant reductions in a number of high cost areas, such as employment of agency staff and the use of out of area mental health beds, which are both cost and quality improvements
4. However, it is fully acknowledged that there is a long way to go in respect of performance, especially on waiting times and our financial position, and the Health Board needs to reach a position that will allow an Integrated Medium Term Plan (IMTP) to be approved. More detail is given in the rest of this paper but it is important to state from the outset that the Board fully accepts that performance is not acceptable and that we must build on the successes described above to deliver sustained improvement across all our services.

Health Boards' integrated medium-term plans (IMTPs) supporting the delivery of the vision for health and social care set out in 'A Healthier Wales'

5. The Health Board has engaged in a number of strategic activities over recent years. In 2012 'Healthcare in North Wales is Changing' was launched, which focused on key areas such as Primary and Community services, Older People Mental Health services, Neonatal Intensive Care and Vascular surgery. Following the decision to place BCU in Special Measures service strategies were developed for Maternity Services, Primary Care and Mental Health. These frameworks are being implemented through our improvement groups and partnership forums and the work has resulted in GP Out of Hours Services and maternity services being lifted out of Special measures. The Health Board has delivered significant change in a number of areas as proposed in previous strategic plans. In 2018, the Sub-Regional Neonatal Intensive Care Centre was opened at Ysbyty Glan Clwyd, providing specialist neonatal care for babies with more complex needs. In April 2019, the specialist arterial centre for the North Wales vascular network opened, also at Ysbyty Glan Clwyd. The new Emergency Department at Ysbyty Gwynedd has opened and we have completed and opened the health care resource centres at Canolfan Goffa Ffestiniog, Flint and Llangollen, providing modern facilities for a broader range of care and support with partners.
6. In March 2018, the Health Board approved the ten-year overarching strategy, **Living Healthier, Staying Well: Our Strategy for the Future**. The high-level strategy set out our commitment to work to influence the broader determinants

of health and well-being, work in partnership to provide care and support, and directly provide excellent health care. The strategy is aligned to the long-term future vision of a “whole system approach to health and social care” as described in **A Healthier Wales**. The focus is on achieving better outcomes for people through an emphasis on population health; care closer to home; and improving hospital care. The strategy also sets out programmes for children and young people, older people and mental health, which promote well-being and early intervention. Having continually engaged with our staff, partners and communities we believe they would be substantial quality, safety, sustainability and efficiency gains from developing:

- Specialist inpatient urology services on two sites, working in an enhanced network of services across North Wales
 - A pelvic cancer centre linked with the development of robotic assisted surgery and co-located with the more specialist urology service
 - Expanded orthopaedic capacity at our three main acute hospital sites (rather than spreading this service over five sites as we do now) as part of an orthopaedic network
 - Improved stroke care, from prevention in primary care, improved hospital care; specialist community based rehabilitation and early supported discharge, and a new specialist hyper acute stroke care unit.
7. As active members of the North Wales Regional Partnership Board (NWRPB) and the four Public Service Boards, we are fully committed to working with our partners to deliver sustainable and improved health and well-being for all people in North Wales. During 2018/19, we strengthened our commitment to and investment in partnership working, which is bringing benefits in terms of a shared vision and priorities, closer collaboration and maximisation of opportunities.
8. In **A Healthier Wales**, there is a clear expectation of acceleration in the rebalancing of care from a hospital setting to primary and community services. To support this, the NWRPB submitted four proposals for the Transformation Fund, all of which were approved and secured nearly £11m for partnership transformation initiatives:
- Community services transformation
 - Integrated early intervention and intensive support for children and young people
 - Together for mental health in North Wales
 - North Wales Together: seamless services for people with learning disabilities

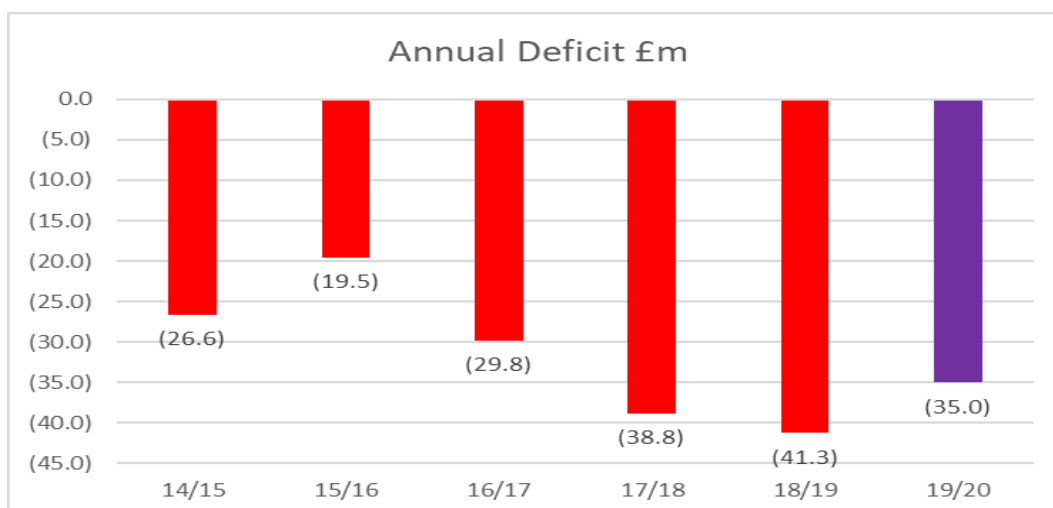
All the initiatives are now progressing through a partnership programme structure and are enabling the pace of transformation to increase.

9. The Health Board has not yet been in a position to deliver an approvable IMTP because of continuing pressures in respect of finance, planning and performance. We have however developed a Three Year Outlook, supported by an Annual Plan for 2019/20, which underlines the commitment to improving health and well-being for all, addressing health inequalities, supporting children to have the best start in life and working in partnership to enable people to

improve their own well-being. However, the Health Board must now move on to develop a comprehensive, co-produced, locally owned Clinical Strategy as a foundation on which to improve performance and as a key part of developing an approvable IMTP. To facilitate this, we are reviewing the existing strategies and enabling plans and engaging with key stakeholders and clinical leaders. This will be driven by the need to improve the value of healthcare, deliver better outcomes and harness technology to change radically the way we deliver services to the population. We will have developed a route map by December 2019, under the leadership of the Deputy Chief Executive and our new Medical Director, and building on co-production and extensive engagement with partners.

Finance

10. The Health Board has been in financial deficit since 2014/15 and after the final accounts for 2018/19 were approved, the Health Board reported a three-year cumulative deficit of £109.9m.
11. The following table illustrates the annual deficits between 2014/15 and 2018/19 and the current draft plan for 2019/20:



12. The Health Board has always sought to improve its effectiveness and efficiency in order to ensure we are able to use public funds in the best possible way. On a number of key efficiency metrics, we are a high performer compared to other Health Boards including readmissions within 28 days, admissions on the day of surgery, prescribing and the cost of our corporate services. We have delivered a number of improvements to our cost base including:
 - Significant improvements on reducing expenditure and reliance on agency staff, which has reduced by 33% from £40m in 2016/17 to £27m in 2018/19.
 - In relation to Out of Area costs, Mental Health has seen a reduction of £2.3m in placement costs from 2017/18 to 2018/19, a reduction of over 3000 less beds used. In 2019/20, the bed days are at a continuing low level.

- The Health Board, through its Primary Care Pharmacy Teams, work directly with individual GP Practices and within the Prescribing Enhanced Service to target specific drugs and devices (e.g. inhalers) for cost savings. Based on an analysis of the actual GP Prescribing costs and activity for Quarter 1 of 2019/20 compared to Quarter 1 of 2018/19, the Top-10 targeted savings areas have shown a cash reduction in expenditure of £1.4m, which represents an 18% reduction in cost. In many cases, there have been direct switches from one drug to a cheaper alternative hence the change in overall items issues is less than 1%.
13. However, we have not been able to make the progress needed on our financial position which we fully recognise is not acceptable. In March 2019, we commissioned an independent financial review by Price Waterhouse Cooper, conducted over a three-month period from April 2019. The review was undertaken with full engagement from both the Health Board and the Welsh Government's Financial Delivery Unit and there were five key outputs:
 - a) Review of Expenditure Controls report
 - b) Financial Baseline report
 - c) Revised Annual plan 2019/20
 - d) Pipeline of Opportunities
 - e) Delivery framework
 14. The Health Board has a £25m control total for 2019/20, which requires us to deliver a savings target of £35m. As at the end of August 2019, the Health Board has reported an £18.2m deficit, which is £3.6m behind plan. This is largely as a consequence of our continued operational challenges and cost pressures, driven mainly across our three main hospital sites in Ysbyty Glan Clwyd, Ysbyty Gwynedd and Ysbyty Maelor as well as the challenge of delivering our savings target.
 15. As at the end of August 2019, the Health Board has identified £25.2m cash releasing savings against a target of £35m (72%) and has delivered £6.7m (19%).
 16. The Health Board appointed a Recovery Director in July 2019 and the dual focus of the Recovery Programme is to control the expenditure run rate and to identify and deliver the savings target, in order to significantly improve the financial position on a recurrent basis, with the ambition to achieve the £25m control total. We now have a savings programme in the order of £37m, of which 65% is rated as green and 87% is recurrent, with a number of actions underway to further improve the situation including:
 - Financial Recovery (FR) delivery structure embedded
 - Additional grip and control processes for both pay and non-pay
 - Enhanced support to each Division to identify and take forward service improvement and savings opportunities, mitigating delivery gaps and putting forward new schemes

Performance

17. Key Achievements over the past year and first quarter of 2019-20 include:

- Best performance in Wales on Flu Immunisation uptake for our at risk population groups, over 65s and pregnant ladies
- Continuing good performance on Childhood Vaccinations
- Delivered a significant reduction in our crude death rate; 11% lower in 2018/19 compared to the year before.
- Our successful Safe Clean Care campaign has seen us reduce the number of cases of the healthcare associated infection MRSA by 53% across 2018/19
- Significant improvement in ambulance handover rates releasing 86% of ambulances from the hospital forecourts within 1 hour in April-August 2019/20 (20,524 ambulances). This is supporting our month on month delivery of the 8 min red response and better than the All Wales performance on amber 1 response times.
- 78% of patients on newly implemented Single Cancer Pathway waiting less than 62 days (2nd best in Wales). Performance improved further to 80% within 62 days in July 2019.
- Consistent delivery of the 31-day non-urgent suspected cancer 98% target, with improvement noted in the first 4 months of 2019-20 compared to the same period in 2018-19 and a higher number of patients treated.
- All reportable therapy services across all sites with waiting lists less than 14 weeks (Physio, Occupational Therapy, Speech and Language Therapy, Dietetics and Audiology reassessments)
- Sustained reduction in number of patients and bed days occupied due to delayed transfers of care. This has resulted in a 75% reduction in bed days lost to delayed transfer of care between August 2016 and August 2019.
- Improving performance across the 10 domains in the Royal College of Physicians quarterly Sentinel Stroke National Audit Programme

18. Key Challenges for performance:

- Elective Access waiting times – despite increased levels of elective activity our waiting lists are still far too long. Actions being taken include: increased governance and management of scheduling to improve treat in turn rates while maintaining access for clinically urgent cases, improved productivity to optimise available capacity, additional internal and external activity and appointment to recurrent posts to build sustainable capacity in services, such as orthopaedics where there is a sustainable service gap to meet population health needs.
- USC (unscheduled care) - 4 hour and 12 hour waits - our current performance levels are not providing a good level of patient experience and must consistently improve. August data shows that all our key USC indicators were better than they were in August 2018 – this is the first month this year that all indicators have either met the target or at least shown improvement on last year. 4-hour performance improved by 3 percentage points and 12 hour waits fell by 6%.
- Focussed action managed through the Unscheduled Care Improvement Group is ensuring a whole system approach is being taken to address pre-hospital, in hospital flow and improved discharge processes and community care. The

Health Board has invested in the SiCAT (single integrated clinical assessment services) within the ambulance control centre to support clinical decision making and signpost patients to the most appropriate service, increased the use of minor injury units and has invested in ambulatory care provision and in community resource teams as well as focusing on in-hospital patient flow and discharge planning

- During 2018-19, diagnostic waiting times increased primarily due to endoscopy services. We have commissioned additional permanent and temporary capacity to address this issue as well as continually seeking to improve efficiency/throughput per endoscopy room.
- Eye Care Measure - this is a significant transformation programme across Wales. BCU has commenced work to re-design both cataract and glaucoma pathways across primary and secondary care. This work will be enabled through technological innovation through the digital patient record being procured nationally. BCU is fully engaged with this programme of work.
- Follow Up backlog. The Health Board has a sizeable follow up backlog to address which includes the eye care backlog referred to above and involves other specialties. Through the Outpatient Improvement Group work is underway to deliver backlog reduction through the use of increased self-care, see on symptoms and patient reported outcomes as well as optimising internal capacity and reducing DNA (did not attend rates) to improve efficient use of staff time in clinics.

Escalation and intervention

19. In November 2014, Welsh Government determined that the Health Board should be escalated to 'targeted intervention' under the NHS escalation and intervention arrangements protocol. 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.
20. 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. Significant improvement had taken place in maternity services, to the extent that this area was de-escalated from Special Measures.
21. 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.
22. The Health Board submitted its latest formal update [report](#) covering the October 2018 - March 2019 element of the Framework to Welsh Government in May 2019. Following this, the Minister's oral [statement](#) recognised that improvements had been made in governance, quality, Board leadership, mental health services, engagement, partnership working and GP out of hours services (which was

removed from special measures). Concerns remained in relation to other areas, namely finance, planning and waiting time performance. At the time of writing, the Health Board remains in special measures and is continuing to drive improvements measured against a refreshed interim Special Measures improvement framework.

Workforce and integrated working

23. The Workforce Strategy is integrated with the service and finance objectives embedded throughout the Plan. We also recognise the role we play in supporting a strong workforce for the wider NHS and public sector. We want to have a pipeline of talent for all parts of the system.
24. We are clear that our ability to deliver the long-term strategy **Living Healthier, Staying Well** is predicated upon the health of our organisation. The purpose of our three year Workforce Strategy is: 'To enable the delivery of the long term strategy for the Health Board through aligning the workforce using the key ingredients of organisational health and performance' ([Workforce Strategy](#).) A talented and aligned workforce is crucial for bringing our strategic priorities to life and ensuring we deliver on our objectives.
25. Our strategic workforce aims are designed to deliver the right workforce to improve health and deliver excellent care whilst embodying our values:
 - Put patients first
 - Working together
 - Value and respect each other
 - Learn and innovate
 - Communicate openly and honestly
26. The principles of the 'Five Rights' should underpin everything that we do.

Right Size:

Ensure we have the right number of people in the right roles spending the right amount of time achieving given outcomes

Right Shape:

Identify duplication and inefficiency to establish the right balance of types of roles, levels of roles experienced staff to new/trainees

Right Cost:

Ensure pay and reward consistent with paying the right prices for the required skills

Right Place:

Ensure the required staff resources are available in the right location to meet the current and future workload

Right Skills:

Assess the gaps in competencies and skills to what will be needed to meet future goals

27. The Health Board, via our Workforce Strategy is on a journey to achieve a workforce in every area that 'lives' our values and who meet our 'five rights'. A priority in this is reducing our vacancy rates.

BCU Health Board Vacancy Rates

	Aug-18	Aug-19
BCU Total	9.7%	9.2%
Medical and Dental	12.3%	8.6%
Nursing and Midwifery	13.3%	11.8%

28. Progress has been made in filling our vacancies but the recruitment environment remains challenging and currently the Health Board is seeking to fill 130fte (full time equivalent) Medical and Dental posts and 653 FTE Nursing and Midwifery posts. There are 130 newly qualified nurses due to start during September and a further 260 people currently undergoing pre-employment screening.
29. In order to reduce our vacancies we are investing in a resourcing team; setting up recruitment and retention teams to address hotspots; increasing use of Digital Media (including a new Train Work Live Facebook page); attending events across the country and working with partner recruitment organisations, including working with an agency to recruit nurses from overseas.

30. We recognise that to deliver our values and reduce our vacancies there needs to be a strong focus on engagement and retention. The 2018 staff survey results for BCUHB revealed a number of positive improvements since the 2013 and 2016 surveys. The engagement index score saw an increase from 3.51 to 3.76. Material improvements have taken across a range of key areas including:

“I would recommend BCU as a place to work”

2013 = 42% 2016 = 51% 2018 = 61%

“I’m proud to say I work at BCU“

2013 = 47% 2016 = 54% 2018 = 65%

“I would recommend BCU to a friend or relative for treatment”

2013 = 51% 2016 = 61% 2018 = 67%

31. Clearly whilst the above shows real improvement, particularly when considering the challenges of the last few years, there is still a long way to go. Divisional improvement plans are in place and staff engagement events are taking place. We are reviewing the exit interview process to understand better why people leave the Health Board and we will be developing an improved retention strategy to explore how we can be more flexible in order to retain staff.

Mental Health

32. The challenges we face as an organisation and a region are interconnected, and cannot be tackled by the wider Health Board or by our Mental Health Division in isolation. With the support of key partners and people with lived experience of mental health issues, we have co-produced the first ‘whole system’ integrated mental health strategy – *Together for Mental Health in North Wales*.
33. Our new approach aims to ensure that people receive the right support, in the right place, at the right time. This involves moving away from a clinical, specialist model of bed-based care to one which is focused on community based prevention and early intervention. This significant, whole system change will deliver better outcomes for people across the region as well as better value for money.
34. Real progress is now being made across all areas, which is being felt by the people who use our services. Notably:
- Over the past three years, we have significantly reduced the number of days our patients spent at mental health units outside of North Wales. This has enabled more people to receive care closer to the support network of their friends and family, and also delivered significant cost savings
 - Recent reports from unannounced inspections of the Hergest Unit (Ysbyty Gwynedd), Ablett Unit (Glan Clwyd Hospital) and Nant y Glyn Community Mental Health Service by Healthcare Inspectorate Wales show that standards of care and staff morale have improved

- A specialist Perinatal Mental Health Service has been established to support new and expectant mums who are struggling with their mental health. In 2018/19 the service supported more than 450 women
 - We have implemented an end of life pathway, improved end of life staff training, and established dedicated end of life suites on our older persons mental health wards
 - We have developed our approach to restrictive practice management for all older adults within BCUHB healthcare settings. As a result of our proactive approach, assaults on our mental health staff have reduced by 50% over the past five years
 - Ysbyty Gwynedd is the first acute hospital in Wales to receive official recognition from the Alzheimer's society for working to become dementia friendly
35. We have also made significant progress in beginning to shift the focus of care to prevention and early intervention, and improving the support for people in crisis. Based on the empowering principles of our I CAN campaign, we have:
- Introduced I CAN Mental Health Urgent Care Centres at North Wales' three Emergency Departments to support people in crisis who do not require medical treatment or admission to a mental health unit. Since January 2019 the service has supported more than 1,000 people and a recent social return on investment analysis found that for every £1 invested, more than £5 of social value was created
 - Piloted I CAN Work in partnership with Bangor University, Welsh Government, CAIS and the Rhyl City Strategy. Based on the leading Individual Placement Support (IPS) model which is endorsed by NICE, I CAN Work aims to help people with mild to moderate mental health problems find and remain in paid employment
 - Introduced I CAN Mental Health Awareness Training which is being offered free of charge to employers, community groups and individuals across the region
 - Developed detailed local plans to introduce new community support, which will help prevent people from falling into crisis. Once fully established, we expect that more people will receive the early support they need in the community, leading to reduced waiting times and improved outcomes for people who require the specialist support of our mental health services
36. Despite this progress, a number of key challenges remain. These include, but are not limited to:
- Ensuring we have the capacity to respond to ever increasing demand for our services now, and in the future

- Offering services in an integrated and holistic way, with a real focus on recovery and rehabilitation
 - Recruiting and retaining staff
 - Re-earning the trust and confidence of the population we serve, particularly those who require care and support from our mental health services
37. Our detailed plans to address these challenges amount to a whole system transformation in how we deliver care.

EU Exit preparations

38. We have worked closely with Welsh Government and other partners across health, social care and other sectors in preparing for withdrawal from the EU, planning to ensure a robust response in the event of a “No Deal” EU Exit.
39. As with all Health Boards, BCUHB has a nominated Executive Director acting as the Senior Responsible Officer (SRO) overseeing the preparations locally, and contributing to a national group of SROs.
40. Since autumn 2018, the Health Board has had a task and finish group in place to coordinate business continuity, emergency preparedness and risk management of any potential impact on staffing, services or supplies, or broader partnership implications. The task and finish group has maintained a live database of all of the potential risks identified by divisional and corporate business continuity leads in order to identify issues, assess the potential impact, and where necessary enhance existing business continuity arrangements to support any response. The overall risk has been identified within the Corporate Risk Register and is visible to Board members.
41. The Health Board has also participated in the Local Resilience Forum and is working with partners in other sectors to share intelligence and plans.
42. BCUHB has actively participated in national planning events to ensure our local plans are as robust as possible, and held a BCUHB-wide exercise on 15 February, consistent with other areas. The aim of the exercise was to review and test business continuity preparedness, planning, and organisational resilience in case of disruption to critical services arising from potential EU Exit-related consequences.
43. After agreement to extend Article 50 and UK membership of the EU until 31st October 2019, the BCUHB Task and Finish Group was stepped down for a period. The Group has commenced work again as of August 2019 and will review and refresh the assessment of risk and the contingency arrangements put in place, addressing any further issues arising in the period to October 2019.

Conclusion

44. Despite our many challenges, the Health Board is confident and ambitious for its future, and is determined to further improve services to better meet the health and care needs of the people of North Wales. We have much to do to meet our own ambitions, and those of our partners, particularly in the areas of financial sustainability and delivering timely access to both planned and unscheduled health care services. We aim to build on the foundations we have already put in place and we look forward to the opportunity to discuss this report, and any other areas of interest to the Health, Social Care and Sport Committee, at the forthcoming scrutiny session.