

Governance Review of Betsi Cadwaladr University Health Board: Lessons Learnt

May 2019



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May 2019



About the Committee

The Committee was established on 22 June 2016. Its remit can be found at: www.assembly.wales/SeneddPAC

Committee Chair:



Nick Ramsay AM
Welsh Conservatives
Monmouth

Current Committee membership:



Mohammad Asghar AM
Welsh Conservatives
South Wales East



Vikki Howells AM
Welsh Labour
Cynon Valley



Rhianon Passmore AM
Welsh Labour
Islwyn



Adam Price AM
Plaid Cymru
Carmarthen East and Dinefwr



Jenny Rathbone AM
Welsh Labour
Cardiff Central

The following Member was also a member of the Committee during this inquiry.



Neil Hamilton AM
UKIP Wales
Mid and West Wales

The following Member attended as a substitute during this inquiry.



Llyr Gruffydd AM
Plaid Cymru
North Wales

Contents

Chair’s foreword	5
Recommendations	6
1. Introduction.....	7
2. Committee Findings.....	9
Leadership and Governance.....	9
Committee View	10
Finance.....	10
Committee View	16
Performance and Waiting Times	17
Committee view	19
Mental health services	19
Committee view	25
Out of Hours Services.....	26
Committee view	28
Special Measures and the Future.....	28
Committee View	30

Chair's foreword

The Public Accounts Committee has been monitoring governance arrangements and performance at Betsi Cadwaladr University Health Board (BCUHB) since 2013. Through this work, we, and our predecessor Committee in the fourth Assembly, have carefully considered how the Health Board has responded to being placed in special measures.

We have heard time and time again that many changes have been made to the leadership team at BCUHB, that plans are in place for improvement and there is a renewed sense of confidence and determination to take the Health Board out of special measures. However, it is the end results that determines success or failure and substantial progress at BCUHB remains to be seen. It is simply unacceptable that BCUHB, as the largest NHS body in Wales, has been in special measures for nearly four years to date.

BCUHB was the first Health Board in Wales to be placed in special measures and the recent escalation of Cwm Taf Morgannwg UHB's maternity services into special measures is of deep concern to us. We urge the Welsh Government to reflect on the lessons from its handling of BCUHB since placing it in special measures in 2015, to ensure the serious issues at Cwm Taf Morgannwg UHB are addressed swiftly so that the organisation can be rapidly de-escalated.

Although it is not within our remit to examine some of the specific individual concerns raised with us about the former Tawel Fan ward at Ysbyty Glan Clwyd, we did meet some of the families affected by issues to listen to their concerns. This informed our considerations of whether progress has been made in improving mental health provision within BCUHB and the Board's handling of concerns raised about mental health services in the Health Board. This included the process to commission and publish the findings of the independent reviews undertaken by Donna Ockenden and the Health and Social Care Advisory Service (HASCAS). We have made recommendations on how these processes can be better handled in the future.

We have listened carefully to the assurances put forward to us by the Health Board's senior leaders that it now has the right approaches in place to deliver improvement. However action must be delivered now. We will maintain our watching brief over progress.

Recommendations

Recommendation 1. We are unconvinced that sufficient resources are being devoted to turnaround action and although the Board has appointed a Director of Turnaround, we recommend the Board consider bringing in additional specialist external turnaround expertise to assist with this..... Page 16

Recommendation 2. We recommend that the Welsh Government writes to all NHS Wales bodies advising on the publication of reports to ensure that handling is better managed in the future. This advice should refer to providing advance notice of publication of reports along with an embargoed copy of the report, to all affected parties, ahead of the media. Adequate support should also be made available to those who might require it..... Page 25

Recommendation 3. We recommend that in the future, the Welsh Government ensures that any commissioned reviews into failings within any Health Board in Wales, are established independently of the Health Board in question.Page 26

1. Introduction

1. During 2012, Healthcare Inspectorate Wales (HIW) and the Wales Audit Office (WAO) identified growing concerns in relation to Betsi Cadwaladr University Health Board's (BCUHB) governance arrangements. In response to these concerns, a joint review of governance arrangements was undertaken by the WAO and HIW, the findings of which were published in June 2013. This was followed by a Public Accounts Committee (PAC) inquiry into "The Governance Arrangements at Betsi Cadwaladr University Health Board", with the Committee's Report being published in late 2013.
2. During this time, serious concerns about the quality and safety of care provided on the Tawel Fan Ward, Ysbyty Glan Clwyd, led to the closure of the ward in 2013. This, and wider concerns, including worsening finances, inability to produce an approvable Integrated Medium Term Plan (IMTP), poor performance against targets and concerns about maternity and GP out of hours services, resulted in the entire Health Board being placed under enhanced monitoring by the Welsh Government in December 2013.
3. In 2014, BCUHB moved from enhanced monitoring to targeted Welsh Government intervention, and in June 2015, BCUHB was placed in Special Measures – the highest level of escalation.
4. The fourth Assembly Public Accounts Committee, in follow up to its 2013 report on BCUHB, closely monitored the implementation of the recommendations in its report and held regular evidence sessions with the Interim Chief Executive and Chair of BCUHB. The Committee also considered how the Health Board had responded to being placed in special measures.
5. During this work, the previous Committee also decided to look more generally at governance arrangements for Welsh health boards and followed up issues arising from the independent review of Princess of Wales and Neath Port Talbot hospitals, "Trusted to Care", published in May 2014.
6. This work culminated in the publication of the Committee's 2016 report "*Wider Issues Emanating from the Governance Review of Betsi Cadwaladr University Health Board*", which summarised the Committee's work, and made a number of recommendations seeking to improve health board governance and strengthen performance management at BCUHB and more widely across Wales. The report also asked that its successor Committee, in the fifth Assembly, should

continue to monitor the progress of BCUHB during the period of special measures.

- 7.** In November 2018, we received correspondence from an Assembly Member requesting the Committee consider undertaking an inquiry into issues at the former Tawel Fan Ward at Ysbyty Glan Clwyd.
- 8.** The Committee considered the correspondence but agreed it was not within its remit to examine specific individual concerns about the Tawel Fan Ward. However, the Committee agreed that it was timely to return to the governance issues at BCUHB as a number of the previous Committee’s recommendations were still to be implemented at the end of the fourth Assembly.
- 9.** As part of this work, the Committee also wished to ascertain what improvements have been made to BCUHB’s mental health management following the series of reviews of Mental Health Services. However, this work did not focus specifically on the Tawel Fan ward issues but instead examined the Health Board’s handling of concerns raised more generally about Mental Health services within BCUHB. The Inquiry also examined the wider Welsh Government targeted support and intervention at BCUHB.
- 10.** This report does not seek to replicate the written and oral evidence we have received and instead sets out the Committee’s views on the key issues we considered. Transcripts of all oral evidence sessions and written evidence received can be viewed in full at:
<http://senedd.assembly.wales/mgIssueHistoryHome.aspx?IId=23786>

2. Committee Findings

Leadership and Governance

11. Since 2016, numerous changes have been made at leadership level in BCUHB with the appointment of a new Chief Executive, new Director of Mental Health, Medical Director and Executive Director of Nursing. Further changes to the executive team have included a new Executive Director of Public Health and in 2018 an Executive Director of Workforce and Organisational Development, and an Executive Director of Primary Care and Executive Director of Planning and Performance. In total eight of the nine Executive Director positions on the Board have changed since BCUHB was placed in special measures alongside significant changes in non-executive membership of the board. There have also been changes made to non-executive roles on the board.

12. Dr Andrew Goodall – Director General of Health and Social Services, Welsh Government/Chief Executive of NHS Wales, told us that previously focus on leadership capacity has been at the top of the organisation, but over the last 12 months, funding has been invested in underpinning support for operational managers within the structure of the organisation.¹ Mark Polin – Chair, Betsi Cadwaladr University Local Health Board told us that clearer expectations have been set in terms of the role independent Board members, with parameters in place for the operation of board meetings and the level of scrutiny that will occur in those environments.² The board is confident this will deliver improvement.

13. The Health Board has also set clear plans for the future which are underpinned by work on the Health Board estate, IT, finance and workforce.³ This will be supported by a clinical strategy. Despite these plans, the Health Board told us that a sense of realism is required and wholesale transformation within the next year is not guaranteed. We heard that while improvements will be seen, the Health Board will not be on a truly transformational journey in the next year, because there are still “some bedrock issues” to be tackled and these are important to moving forward.⁴

14. Although the Welsh Government has previously been concerned, at various times, that the Board has set too many objectives, we note the current annual

¹ Record of Proceedings (RoP), 28 January 2019, paragraph 57

² RoP, 4 March 2019, paragraph 18

³ RoP, 4 March 2019, paragraph 38

⁴ RoP, 4 March 2019, paragraph 41

plan focusses on three specific areas including access and waiting times; reputation and confidence; and finance and resources.⁵

15. However, we heard that this focus and clarity needs to be converted into operational delivery through the Board’s structures to achieve the performance expected of the organisation. We also heard that there is a need for accountability in terms of the leadership team delivering the objectives set out in the annual plan.

Committee View

The Committee is disappointed that the Welsh Government’s interventions and oversight as part of special measures to date has not led to the desired level of improvement. It is apparent that the Welsh Government’s interventions have had little practical impact, which strongly suggests to us that the package of support has been insufficient and that more substantial assistance should have been provided at the outset.

We share the frustrations of the people of North Wales at the pace of change and believe that both patient input and clinical engagement in delivering change has not been as effective as it could be.

We are encouraged to see that the new Chair is tackling the long standing and serious issues at BCUHB, and is demonstrating his personal drive and determination to make swift improvements. We are pleased that recent board appointments have refreshed the leadership at BCUHB, but it is too early to gauge impact and it is imperative that the Board collectively, with active support from the Welsh Government, now makes rapid and demonstrable improvements.

Finance

16. The NHS Finance (Wales) Act 2014 requires local health boards (LHBs) to manage their resources within approved limits over a three year rolling period. The legislation also requires LHBs to prepare and have approved by Welsh Ministers a rolling three-year Integrated Medium Term Plan (IMTP).

17. In 2018, we considered the Implementation of the NHS Finance (Wales) Act 2014, and found in terms of BCUHB:

⁵ RoP, 28 January 2019, paragraph 53

“...despite being at the highest level of escalation and intervention for several years, the health board remains in significant difficulties, and the Health Board’s written evidence gave the Committee little assurance that it has made much substantive progress beyond identifying a list of problems that it faces.”⁶

18. More recently, the Health Board has appointed a Director of Turnaround who is working with clinical teams to drive improvement. These have included use of medicines, agency staff costs and improved negotiations with locum agencies as well as improvements to mental health services which, we were told, have led to a reduction in expensive out of area treatments.

19. Welsh Government officials told us that “finance has become a greater concern under the special measures arrangements” and in January 2018, it extended some of the criteria and has been “much more explicit” about BCUHB’s delivery within its financial budget, setting “some clear trajectories of improvement”, which they suggested the Health Board had not met.⁷

20. The Health Board’s finances took a negative turn in the financial year 2014-15 and despite some signs of recovery in the intervening years, the position worsened during 2017-18, prompting the Welsh Government to begin more formal interventions through an independent review undertaken by Deloitte.⁸

21. The Deloitte review highlighted that the Board’s approach to financial planning, financial forecasting and risk management was simplistic, underdeveloped and too isolated from service and workforce planning. The approach to financial management was also found to be simplistic with budgets rolled over and targets being issued to the operating divisions with an expectation that the operating divisions could build plans without a lot of central support.⁹

22. In response to these findings the Board developed an action plan and the Welsh Government, through its intervention process, gave the Board until the start of the 2018-19 financial year to see if progress could be made in a tangible manner. The Board failed to make progress and the Welsh Government escalated its intervention.

23. Subsequently the Welsh Government commissioned its Financial Delivery Unit to work alongside the Health Board executive and finance team on the

⁶ Written Evidence, [Letter from PAC to the Welsh Government](#), 4 October 2018

⁷ RoP, 28 January 2019, paragraphs 180-182

⁸ RoP, 28 January 2019, paragraph 177

⁹ RoP, 28 January 2019, paragraph 180

delivery of the Board's action plan. However, we were told that unfortunately BCUHB has not made the anticipated progress and the Welsh Government is not seeing the improvement that it would have expected.¹⁰

24. The Welsh Government said the focus of external reviews has been to ensure that external partners are not just coming in, providing a view and moving out, but are instead ensuring learning is stable and continued within the organisation. We were told the Welsh Government has turned its attention, over the last 15 months or so, to supporting the operational capacity within the organisation and the local planning experience as well.¹¹

25. The Boards Finance Report to the end of November 2018 (month 8) reported that on 28 March 2018 the Board had approved an Interim Financial Plan that acknowledged a 2018-19 deficit budget of £35 million after the delivery of £45 million of planned savings, £22 million of which were expected to be cash releasing. The Board also reported, at the end of November 2018, an overspend of £26.6 million by that point, which was described as a "significant cause for concern".

26. The Finance Report for November 2018¹² also set out that the Health Board had forecast an underlying revenue cash shortfall of £53.1 million for the year. The Welsh Government approved Strategic Cash Support of £31m towards this shortfall with a further £4 million to be managed internally. Furthermore, following the increase in the forecast deficit to £42 million, an additional £7 million Strategic Cash Support would be requested from Welsh Government.

27. The Welsh Government told us, in January 2019, that the latest set of monitoring returns reported, at the end of December 2018 (or month 9 of the financial year), an overspend by that point of just under £31 million.¹³

28. In written evidence, the Health Board stated that its current forecast for the financial year was a deficit for 2018 – 19 of £42 million – significantly in excess of the Welsh Government's control total of £35 million and also worse than the deficit for 2017 – 18 of £38.8 million.

29. At the time of reporting, the most recent Finance Report for March 2019 (or month 12) reported that the Health Board's unaudited financial position for 2018-19 was an over spend of £41.3 million. It reported that £35 million of this overspend

¹⁰ RoP, 28 January 2019, paragraph 181

¹¹ RoP, 28 January 2019, paragraph 70

¹² [BCUHB Finance Report Month 8 2018-19](#)

¹³ RoP, 28 January 2019, paragraph 187

related to the Health Board’s planned budget deficit, with the remaining £6.3 million representing an “adverse variance against the financial plan”.¹⁴

30. The Health Board had set a savings target of £45 million for the year. This included £22 million for cash releasing savings and a further £23 million for cost containment schemes. The savings plans provided the following analysis:

- improved deployment of resources (£5 million);
- improved utilisation of resources (£10 million);
- service transformation (£10 million);
- reducing input costs (£10 million); and
- one per cent “transactional” savings (£10 million).

31. The Finance Report for March 2019 (month 12) reported that the Health Board had delivered savings of £38.3 million against a plan of £45 million, which is £6.7 million behind the full year target and represented delivery of 85.1 per cent. The shortfall in delivery was reported as being largely due to under-delivery on the Mental Health (£2.5 million), transactional (£1.8 million) and workforce schemes (£2.2 million), offset by over-performance on the Medicines Management schemes (£2.5 million).¹⁵

32. The Health Board stated that much of the savings it has delivered in recent years have been through transactional action and the “Board has recognised that this approach will not bring about a sustainable financial position”. It also noted that significant elements of its savings programme for 2018-19, which related to increased efficiency and the effective use of resources, had not been achieved. It attributed this to:

“...an ambitious plan with, to date, insufficient capacity within the organisation to focus upon these requirements alongside other operational service pressures.”¹⁶

33. It went on to say:

¹⁴ BCUHB Board papers, meeting 2 May 2019 (page 131)

¹⁵ BCUHB Board papers, meeting 2 May 2019 (page 142)

¹⁶ PAC(5)-06-19 P1. Report by the Betsi Cadwaladr University Health Board (BCUHB) to the Public Accounts Committee

“During 2019-20, the approach to savings will progressively shift from a predominantly transactional model to one which is aligned to transformational change.”¹⁷

34. The Board reported that, along with the additional resources it has secured from Welsh Government and the appointment of a Director of Turnaround, will “build capacity and capability to design and deliver the substantial recurring savings required in future years”. It would also “enhance the Board’s Central Programme Management Office, increase programme management capacity for change programmes and further develop service improvement skills and capacity to support clinical teams to deliver change”.

35. The Health Board also reported that:

“The Finance & Performance Committee, aided by the recent recruitment of a specialist adviser on finance by the Chair, has turned its immediate attention to financial management and turnaround activity. In this regard the Chair is about to commission, with the support of Welsh Government, an external review of the existing arrangements with a particular focus on plan development and associated delivery arrangements.”¹⁸

36. We heard there were some very clear financial pressures in BCUHB as well as some underlying issues that might be more difficult to address, such as staffing, recruitment and retention. We heard that the Board has a much higher spend than elsewhere in NHS Wales in terms of temporary and agency staff with vacancy rates running at between 10 per cent and 20 per cent in some areas.¹⁹

37. The Board is looking to reduce its deficit by making savings and has had some success in reducing its spend. For example, its spend on agency staff has reduced and through different models of care to build community resilience and keep people well, alongside a longer term focus on population health and taking preventative action, the Board believes it can deliver savings. The Board says it is on track to achieve £39 million worth of savings, while ensuring equity, quality and

¹⁷ PAC(5)-06-19 P1. Report by the Betsi Cadwaladr University Health Board (BCUHB) to the Public Accounts Committee

¹⁸ PAC(5)-06-19 P1. Report by the Betsi Cadwaladr University Health Board (BCUHB) to the Public Accounts Committee

¹⁹ RoP, 4 March 2019, paragraph 47

safety and, and reduce its budget deficit.²⁰ However, transactional savings have fallen short by £1.7 million and workforce savings fell short by £1.5 million.

38. The Health Board sets out specific issues in respect of the costs incurred on agency staffing and the work it has undertaken to deliver a reduction from £45 million to circa £30 million from 2016-17 to 2018-19. However, it notes “there has been a marked change in the spend by staff group, with the use of nursing agency staff being an increasing area of concern”. The Welsh Government explained that the Health Board could still do better with regard to its use of resources and that they need to hold them to account for progress on this.²¹

39. Referring to the Deloitte findings, the Welsh Government noted that that the Health Board had a “very simplistic” and “underdeveloped” approach to budget setting and financial planning, which was isolated from workforce planning. It needed to change its service and workforce models and make them deliverable within existing resources. As such, the Welsh Government had not been able to approve the Health Board’s three year plan, which would mean “having confidence that they [the Health Board] were in a position to break-even”.

40. The previous Committee’s 2016 report, *“Wider Issues Emanating from the Governance Review of Betsi Cadwaladr University Health Board”*, noted BCUHB’s financial deficit at that time but acknowledged that turning around the Health Board’s financial position was a longer, rather than a short-term endeavour. However, the Committee stressed the importance of maintaining the quality of patient care in spite of the financial challenges.

41. We note that the Chair of the Board has commissioned an external review of existing arrangements with a particular focus on development of a plan and associated delivery arrangements. The review is intended to provide a sense of the capacity and capability that exists in the organisation to deliver improvement, change and savings, and whether that capacity is being used effectively. The review will also assist with the development of the financial plan for the coming year and ensure its robustness. The Board recognises the need for lessons to be learnt from the current performance and financial year and for the Board to be assured that those lessons will be acted upon.²²

42. The external review is important, because the Board does not want to start running with a new financial savings programme only to realise part way through

²⁰ RoP, 4 March 2019, paragraphs 49-50

²¹ RoP, 28 January 2019, paragraph 211

²² RoP, 4 March 2019, paragraph 84

that the capacity is not there.²³ Early feedback from the review will confirm whether or not the plans the Board has in place are sufficiently robust and will help the Board understand, from an objective perspective, the scale of the issues they can address and how quickly.²⁴

43. In terms of when the Board will be in a position to produce a three-year plan to meet its second financial duty under the NHS Finance (Wales) Act 2014 is unclear. Welsh Government officials assured the Committee that they expected in the 2019-20 financial year, in line with the other Health Boards, to see a significant reduction in BCUHB's financial deficit, with a further reduction in the next financial year, and entering financial balance the year after.

44. However, given the problems that BCUHB has experienced, it is at least 12 to 18 months behind its financial targets. In recent years the Health Board has not even been in a position to submit an IMTP for approval. This combined with more ambitious service change and the challenges of picking up the pace of implementation in areas of efficiency and productivity will be a challenge for the Health Board. We heard that significant opportunities still remain for the Health Board in terms of reaching financial balance through the normal efficiency and productivity mechanisms that other health boards have been deploying more successfully.²⁵

Committee View

We are deeply concerned that the 2018-19 financial deficit has increased since the 2017-18 deficit figure and is significantly worse than forecast. It is completely unacceptable that BCUHB has so far failed to grip its financial position and re-occurring deficits of this scale are unsustainable. This position is not helped by the poor quality savings plans the Board has had in place which we heard have been both simplistic and overly ambitious, with insufficient capacity to deliver the plans alongside other pressures on services.

Recommendation 1. We are unconvinced that sufficient resources are being devoted to turnaround action and although the Board has appointed a Director of Turnaround, we recommend the Board consider bringing in additional specialist external turnaround expertise to assist with this.

²³ RoP, 4 March 2019, paragraph 86

²⁴ RoP, 4 March 2019, paragraph 87

²⁵ RoP, 28 January 2019, paragraph 209

We welcome the commissioning of an external review of financial management and turnaround activity by the Chair of the Board. We request sight of any report arising from that review when available, along with BCUHB's action plan to address the recommendations of that review.

It is imperative that BCUHB is able to produce an approvable IMTP for 2020-23 by this December given that BCUHB's continued failure to comply with this statutory duty is a major obstacle to its de-escalation from special measures.

Performance and Waiting Times

45. The Health Board provided us with data on waiting times for elective care and unscheduled care up to December 2018. The referral to treatment (RTT) target for elective care is that 95 per cent of patients are treated within 26 weeks of GP referral. The evidence shows that performance has been fluctuating around the 85 per cent level since February 2018. The number of people across North Wales waiting more than 36 weeks for treatment, for which the target is zero, has fluctuated between approximately 6,000 and 7,000 for most of the period since March 2018.

46. On both of these measures the Board is currently the lowest performing Health Board in Wales. The Health Board states that its most challenged services are orthopaedics, urology and ophthalmology “where demand outstrips capacity” but that it is taking action to address these pressures.

47. The position is similar for access to unscheduled care where only 65-75 per cent of patients per month were seen within 4 hours or less in the last 12 months, against a target of 95 per cent, the worst performance of any Health Board. In addition, 1,000 to 2,000 patients per month have been waiting more than 12 hours over the same period. Performance for the four-hour target is at Ysbyty Gwynedd: 70.5 per cent; Ysbyty Glan Clwyd: 54.6 per cent; Wrexham Maelor: 49.3 per cent

48. The Board is also performing poorly on waiting times for elective care. We heard that some progress had been made in terms of waiting times around orthopaedics and ophthalmology, and this had been achieved with support and extra funding for additional activity, but the problem is that the demand and capacity in these specialties is out of line.²⁶

49. We were told the Board has engaged its clinical teams and its partners outside the Health Board to pull together a complex plan to boost capacity which

²⁶ RoP, 4 March 2019, paragraph 101

has been carefully considered in terms of value for money and efficiency.²⁷ The plan will also reflect geographical and community needs and the Board will be seeking to resolve any outstanding issues and move forward with its plan for orthopaedic services, leading to a sustainable and efficient service.²⁸

50. In terms of unscheduled care, the Board has held a number of focused events with emergency departments to develop an improvement plan. The Board will need to set a clear line of direction and support its staff in delivering sustainable change and improvement. We were told staff engagement is important to the Board and that it is building into its 90 day plan, some themes around cultural change and engaging with “the hearts and minds” of its staff.²⁹

51. The Welsh Government informed the Committee that it had agreed a further £6.8 million investment, in total over 2018-19 and 2019-20, under special measures arrangements. This is intended to strengthen governance and accountability through joint working with clinicians and partners to deliver substantial improvements in planned and unscheduled care, across all acute specialities.³⁰

52. The Welsh Government’s Second Supplementary Budget for 2018 – 19 included an additional allocation for BCUHB of £24 million for special measures support. The Welsh Government has also made significant funding available to support the Health Board, without taking into account the deficit support that it holds for BCUHB within the Health and Social Services Main Expenditure Group (the MEG).

53. The Board is now implementing its second 90 day plan and told us that it is confident that this will lead to improved unscheduled care performance. The Board indicated to us that efforts have been made to get to the heart of these issues by the executive team, supported by additional capacity on the ground and this is bringing some coherence to the planning around unscheduled care that has not existed previously. This has been assisted by the appointment of a Director of Primary Care, which is providing early focus in terms of delayed transfers of care.³¹

54. The Board is confident that the approach being adopted by the executive team and the organisation around unscheduled care should deliver improvement

²⁷ RoP, 4 March 2019, paragraph 103

²⁸ RoP, 4 March 2019, paragraph 117

²⁹ RoP, 4 March 2019, paragraphs 123-124

³⁰ Written Evidence, PAC(5)-02-19 Paper 1, 28 January 2019

³¹ RoP, 4 March 2019, paragraph 142

soon. The same attention is now being paid to planned care and with this being subject to specific monthly reporting to the finance and performance committee, there is renewed confidence improvement will emerge.

55. There are significant problems with waiting times for outpatient follow-up appointments and a recent report by the Auditor General for Wales has found that the backlog in follow-up outpatients is a growing concern for the Health Board. The number of follow-up outpatients with a delayed appointment increased from 70,530 in August 2017 to 85,164 in August 2018. For some patients delays in getting a follow up review can create clinical risks as their condition deteriorates while they waiting to be seen.

56. The Health Board told us that it has plans in place to improve its performance in relation to follow up out-patient appointments. Those plans aim to introduce alternative service models utilising allied health practitioners and developing new follow up outpatient models with community and primary care services.

Committee view

Overall, we remain deeply concerned about the slow pace of change and limited improvement given that nearly four years have passed since the Health Board was put into special measures. Demand on services is now even higher than four years ago and there are gaps in staffing rotas for accident and emergency departments, requiring changes to workforce models and using a more multidisciplinary team approach. However, we recognise that significant change takes time because of the sheer range of changes required across the entire health and social care system in North Wales.

The need to reshape BCUHB's services is well understood but progress remains unacceptably slow. There is an urgent need to transform provision across North Wales, delivering financially sustainable services and improved patient outcomes.

There is scope to learn from others in order to improve performance and we encourage the Board to work with other Health Boards, particularly from those who are performing well, in order to learn and develop better practices..

Mental health services

57. The previous Committee's 2016 report, *Wider Issues Emanating from the Governance Review of Betsi Cadwaladr University Health Board*, included a section on the serious failings in mental health services in BCUHB, in particular

the treatment of patients at the Tawel Fan Ward in the Ablett Unit of Ysbyty Glan Clwyd. Serious issues were also identified at the Hergest Unit at Ysbyty Gwynedd and the Gwanwyn Ward in Wrexham Maelor Hospital.

58. The Committee’s report acknowledged the work undertaken by the Health Board to address the failings in its mental health services following the publication of the Ockenden report, which had been commissioned by BCUHB. This included a commitment to appoint a new Director of Mental Health Services and the creation of an improvement team within BCUHB. The then Deputy Minister for Health stated in November 2015 that external consultants would help accelerate the development of a long-term mental health strategy, and that new appointments to BCUHB would lead work to develop a new mental health governance framework.

59. In August 2015 the Health Board commissioned an independent investigation into the care and treatment provided on the Tawel Fan Ward from HASCAS and a governance review of older people’s mental health services from Donna Ockenden. Both reports were published in 2018. In January 2017, the Cabinet Secretary for Health, Wellbeing and Sport³² announced the establishment of an independent oversight panel for the two reviews, to provide assurance on the integrity of the investigation and governance review and ensure they were concluded in a timely way.

60. The Committee received numerous items of correspondence highlighting concerns that the HASCAS investigation report into care and treatment on Tawel Fan did not support the conclusion of the Ockenden report that “institutional abuse” had occurred. However, aside from this, it seems that the HASCAS and the Ockenden review conclusions were similar and this was highlighted to us by the North Wales CHC.

61. A further report by Donna Ockenden was published in June 2018 and looked into governance arrangements at the Health Board in relation to Tawel Fan prior to its closure and Older People’s Mental Health to the current time. The report suggested that there has been insufficient change and learning at the Board to date in spite of the organisation being placed into special measures by the Welsh Government over three years ago³³.

³² The Cabinet Secretary’s title was revised to Minister for Health and Social Services in December 2018

³³ [Review of the Governance Arrangements relating to the care of patients on Tawel Fan ward prior to its closure on 20th December 2013 and governance arrangements in Older People’s Mental](#)

62. During our inquiry, we met some of the Tawel Fan families. Their concerns, alongside those of the North Wales Community Health Council (CHC), seemed centred on the HASCAS finding that there was “no institutional abuse” and they expressed their deep concern about the lack of empathy shown by the Health Board towards those most directly affected. We heard specifically about the poor handling on the day of the publication of the HASCAS report and this was summed up in evidence to us from the CHC:

“But, on that day, the fact that there was not institutional abuse in the judgment of HASCAS was presented very early and very strongly. Had they said, ‘This was a weakness, that was a problem, this happened, that happened, all these things happened, nevertheless, we cannot, with our hands on our hearts, say that that was institutional abuse’, the families could have listened to that, heard it and had some closure. As it was, they heard, ‘No, it wasn’t.’ Apparently, what they heard was, ‘We believe the health board; we don’t believe you.’ That wasn’t said, that wasn’t intended, but that was what was heard.”³⁴

63. We also heard that on the day the HASCAS report was shared with the families, there was a separate event timetabled where the report was given to the press, which ran ahead of the meeting with the families. This resulted in the families having to use their phones to look at reports coming from the press meeting before they had had any opportunity to digest the findings themselves. The North Wales CHC explained:

“It was just badly stage managed. And the families went to that meeting hoping for closure, and because of the way it was presented, really could not get that closure and were further agitated. When you’ve been going at it for five years, it’s not easy to walk away from.”³⁵

64. We have heard that mental health services have remained a priority area under the special measures, although some improvements have been identified. In a statement on BCUHB on 6 November 2018, the Cabinet Secretary said:

“A key expectation of the improvement framework was that the board responded promptly and appropriately to the Health and Social Care Advisory Service—HASCAS, investigation findings and the Ockenden governance review recommendations. I am content that the plans the

Health at Betsi Cadwaladr University Health Board (BCUHB) from December 2013 to the current time

³⁴ RoP, 2 February 2019, paragraph 109

³⁵ RoP, 4 February 2019, paragraph 110

Health Board has put in place to implement the recommendations, both with mental health and more widely, are comprehensive and robust, with operational leads identified and being held to account. My focus now is on ensuring that there is rapid progress on implementing these plans.

We are already verifying the progress so far reported by Betsi Cadwaladr in their regular reports, and that is recognised by front-line staff in mental health, and that is in addition to the Healthcare Inspectorate Wales inspection programme, which is also reporting progress. Improvements so far include the confirmation of a new and visible senior management team, appointment of a new mental health nursing director, creation of listening leads across front-line staff and the launch of the ‘Today I can’ approach.”

65. The Health Board’s written evidence to us set out the work underway to improve mental health services in North Wales, including the appointment of a Director for Mental Health and Learning Disability (MHLD) with associate membership of the Board and a strengthened MHLD senior team. The Health Board’s mental health strategy was approved by the Board in April 2017 and is being implemented by three local teams covering Anglesey and Gwynedd, Conwy and Denbighshire and Wrexham and Flintshire. The Health Board stated that some key challenges remain in relation to sustained compliance with the Mental Health Act 1983 and the Mental Health (Wales) Measure 2010.³⁶

66. The Older People’s Commissioner also wrote to the Committee to express concerns about the rate of progress on improving mental health services for older people in BCUHB. In her letter, the Commissioner cited the HASCAS report on Tawel Fan Ward which attributed the poor treatment and compromised health, safety and wellbeing of patients to “a catalogue of fundamental system failures in relation to oversight and governance”. According to the HASCAS report, there were implications for the range of services used by older people.

67. By contrast, the Commissioner stated that the report by Donna Ockenden in 2015 concluded:

“...patients on Tawel Fan Ward had been subjected to a lack of professional, dignified and compassionate care in an environment that

³⁶ Written Evidence, PAC(5)-06-19 Paper 1, 4 March 2019

led them to being restrained and possibly breached their individual human rights.”

68. The Commissioner’s letter also cited correspondence from Donna Ockenden to Health Minister Vaughan Gething AM which noted that:

“She [Donna Ockenden] and her team continue to be contacted by services users, representatives and Betsi Cadwaladr UHB staff with concerns about how little progress is being made. Furthermore, she has shared concerns that the Betsi Cadwaladr UHB Board and senior management team within mental health do not have the capability and capacity to deliver the root and branch systemic review that is needed to improve older people’s mental health services.”

69. In addition, the Commissioner highlighted that BCUHB staff have told Donna Ockenden in correspondence that they feel staffing is “worse now”, that they are “exhausted”, feel they are not listened to, and that they do not expect positive change in the foreseeable future, having doubts about the ability of the Board and senior management to understand and deliver safe and effective care.³⁷

70. The Health Board’s written evidence sets out progress on implementing the 14 recommendations of the Ockenden and the 15 recommendations of the HASCAS reports which is being overseen by an Improvement Group, guided by a Stakeholder Group. However, North Wales CHC expressed some doubts about whether sufficient progress is being made with implementing the recommendations:

“I think the other thing to draw from the HASCAS and the Ockenden review is that the conclusions were very much the same, and in fact, the way the Health Board responded to those, they merged the reports and had the joint conclusions. Now, the HASCAS said that all of those recommendations needed to be acted on, implemented and resolved by [...] May 2019. We’re now in February and we’re not seeing a great deal of work towards that, or a great deal of on the ground evidence that those have been resolved. I think the timetable is now very, very challenging.”³⁸

71. The CHC suggested to us that “pace and urgency” is now needed to implement plans for better mental health services across North Wales.

³⁷ Written Evidence, PAC(5)-02-19 Paper 2, 28 January 2019

³⁸ RoP, 4 February 2019, paragraphs 112-114

72. We were informed that the Board was working through its stakeholder groups to deliver change and that a stakeholder reference group sits alongside the Board’s work programme of change for the HASCAS and Ockenden recommendations. The stakeholder group’s role was described as:

“...acting as our eyes and ears and critical friend to test those changes and to actually tell us if they believe that they’ll make the difference that they expect us to see.”³⁹

73. Furthermore, through the work the Board is doing to engage in the wider mental health community, it feels it can demonstrate the changes are tangible and sustainable.⁴⁰

74. Recent inspections by Healthcare Inspectorate Wales have also identified improvement in mental health services in North Wales, particularly in terms of patient safety, quality and experience, which provided assurance and evidence that cultural change is starting to embed. In the most recent HIW report on the Ablett Unit, the level of staff engagement, morale and governance was positive and the report reflects the leadership from the board to ward. There was clear evidence of the good reporting of incidents and support for managing difficult situations on the unit.⁴¹

75. In terms of securing continued improvement, we examined the extent to which staff recruitment and retention difficulties were hindering the delivery of better mental health services in North Wales and how these issues are being addressed. We were concerned that the 2017 report by the North Wales CHC on the Bryn Hesketh ward was critical of staffing levels and noted that the unit was staffed by a number of bank and agency staff.

76. The Bryn Hesketh ward now has a new matron who has been in post for over a year and by spring 2019, all qualified staff vacancies on the ward should have been filled. The Board has also increased the staffing establishment of Bryn Hesketh, in relation to the statutory review and our own internal reviews of Bryn Hesketh, as a stand-alone unit and dementia assessment facility.⁴²

³⁹ RoP, 4 March 2019, paragraph 171

⁴⁰ RoP, 4 March 2019, paragraph 171

⁴¹ RoP, 4 March 2019, paragraph 173

⁴² RoP, 4 March 2019, paragraphs 181-182

Committee view

The Committee welcomes the external evidence base and assurance that the Health Inspectorate Wales reports have provided in terms of changes being embedded and continuous improvement being secured. However, we were very concerned to hear directly from some of the Tawel Fan families about the handling of the publication of the HASCAS report. We believe that had it been handled with more sensitivity, then this could have provided the families with some closure. To some extent the handling of the publication by the Health Board undermined public confidence in the investigative process itself.

Recommendation 2. We recommend that the Welsh Government writes to all NHS Wales bodies advising on the publication of reports to ensure that handling is better managed in the future. This advice should refer to providing advance notice of publication of reports along with an embargoed copy of the report, to all affected parties, ahead of the media. Adequate support should also be made available to those who might require it.

The Committee is conscious there has already been a significant amount of independent review work into the Tawel Fan failings – the HASCAS work in particular was a very wide ranging and detailed investigation – and it is difficult to see what a fresh inquiry might add to what is already known about what happened on the Tawel Fan ward.

The Committee also does not have the role or remit to act as an arbitrator between the findings of the Ockenden and HASCAS reviews. Our work was convened to gain a wider update from the Health Board on the wide range of challenges it faces, with mental health services being one part of that, and Tawel Fan being one set of challenges within that.

We believe that any further public inquiry would take a very long time to complete and would be costly, while creating a further element of uncertainty for the Health Board when it needs to be moving on and implementing the HASCAS and Ockenden recommendations.

However, we are concerned about the pace with which BCUHB has acted to address the HASCAS and Ockenden recommendations and we would like greater assurance that BCUHB is engaging with and listening to the stakeholder group that it has set up to support this process. This is particularly in light of the concerns raised by the North Wales CHC that the group is not being kept fully engaged and their suggestion to us that the evidence provided to us by BCUHB was overly positive in this regard.

The Committee has considered the way in which the HASCAS and Ockenden reviews were commissioned and we have reservations about the appropriateness of the Health Board commissioning these reviews itself.

Recommendation 3. We recommend that in the future, the Welsh Government ensures that any commissioned reviews into failings within any Health Board in Wales, are established independently of the Health Board in question.

Out of Hours Services

77. There have been longstanding concerns about GP Out of Hours Services in BCUHB. A Review of General Practitioner Out of Hours Medical Services, conducted by Partners4Health, published in March 2015 had found significant problems with the sustainability of the service, leading to low morale amongst staff and a failure to achieve key national quality standards. Furthermore, problems with availability of staff and unacceptable variations in management systems and processes across North Wales were key findings of the review

78. At the time of our predecessor Committee’s report into “*Wider Issues Emanating from the Governance Review of Betsi Cadwaladr University Health Board*”, in 2016, GP recruitment problems had led the Health Board to develop alternative arrangements for providing primary care services in some areas, including developing a new model for primary care in Prestatyn. The Committee at the time expressed concerns about the coverage of GP out of hours services in BCUHB and recommended the Health Board urgently addressed this. It also recommended that all Health Boards review and improve their primary care estates.

79. A Report from the Auditor General for Wales in June 2017 found that although planning had improved, there were ongoing issues with GP out of hours services and that the Health Board was “not yet achieving a modern, consistent, well-resourced and staffed service that meets national performance targets”. The report also identified “a reduction in expenditure in real terms, along with underdeveloped financial planning and long-term workforce issues [which] continue to affect the sustainability of the service”.⁴³

⁴³ Auditor General for Wales Report, [Betsi Cadwaladr Health Board – Review of GP Out-of-Hours Services](#), June 2017

80. In evidence to this Committee, the Welsh Government described the Health’s Board’s GP out of hours services as having progressed from being an NHS Wales outlier in performance terms to being “more normal” in its arrangements:

“...So, we’re seeing improvements in fill rates, in shift filling, in telephone triage times and in face-to-face contacts as well. They’ve introduced a single integrated clinical assessment and triage service, which is better linking out-of-hours provision into WAST’s services, so it’s a precursor to the 111 model that we’d expect to see in place, where BCU clinicians are engaging with WAST earlier in the process when patients dial for an ambulance response. That helps to signpost patients to alternative pathways and alternative professionals, which is a key part of the strategy. We’re seeing improvements in recruitment and they’re continuing to work to staff a multidisciplinary team approach, again, to broaden that focus away from being a GP-only provided service into a team-based approach.”⁴⁴

81. In a statement on 19 February 2019, the Minister for Health and Social Services said:

“Out of Hours performance in the health board is now at a level that is comparable to other organisations and has been removed as a special measures concern.”⁴⁵

82. North Wales CHC told the Committee that despite some improvement in primary care “it remains incredibly fragile, and the recruitment of GPs is the big problem there”.⁴⁶ Some practices (fourteen currently) are managed by the Health Board. North Wales CHC suggested that younger GPs are increasingly concerned about work/life balance and are sometimes reluctant to take on the business management responsibilities of general practice.⁴⁷

83. Challenges remain for the Health Board due to rising demand and issues around staffing, capacity and ways of working. There has been an increase in terms of expenditure in the service and different staffing models but there remains some way to go in terms of the potential of those to see more multidisciplinary team working.⁴⁸

⁴⁴ RoP, 28 January 2019, paragraph 157

⁴⁵ Welsh Government Statement, [Minister for Health and Social Services, 19 February 2019](#)

⁴⁶ RoP, 2 February 2019, paragraph 154

⁴⁷ RoP, 2 February 2019, paragraphs 171-172

⁴⁸ RoP, 4 March 2019, paragraph 204

Committee view

We note that the Health Board has been taken out of special measures for GP Out-of-Hours services given the improvements in performance which mean that it is now at a level comparable with other organisations.

However, further improvement is needed along with greater resilience both within daytime services and out-of-hours services.⁴⁹

The Committee has recently undertaken a wider inquiry into GP Out of Hours Services and will report in due course on its findings, which will be of relevance to matters in BCUHB. In addition, the Auditor General for Wales is planning to publish a report on Primary Care Services across NHS Wales in summer 2019.

Special Measures and the Future

84. The Health Board has remained in special measures since 2015, specialist support has been provided and regular progress reports issued. On 1 February 2018 the Cabinet Secretary for Health and Social Services announced that, due to progress made, maternity services were to be de-escalated as a specific special measures concern. However, finance and some areas of performance would remain under the special measures arrangements.

85. The Welsh Government’s special measures improvement framework for the Health Board therefore currently focusses on leadership and governance, finances, strategic and service planning, mental health and primary care. The Health Board is required to report on its progress every six months. In written evidence, the Welsh Government stated that:

“To be considered for de-escalation from special measures the Welsh Government will need to be assured that progress is being made in key areas and that they are sustainable, these include:

- Sustainable improved performance in areas of quality, unscheduled and planned care;
- Progress in delivering the mental health strategy and actions agreed in response to the recommendations in the Deloitte, HASCAS and Ockenden reports;

⁴⁹ RoP, 4 March 2019, paragraph 206

- Approved three year plan for 2019-2022 developed in partnership with staff and partners;
- Continued improvements in compliance with relevant mental health targets including those set out under the Mental Health Act and Mental Health (Wales) Measure; and
- Financial plans are delivered as agreed and demonstrating an improved position as set out in the three-year plan.”

86. The Health Board provided us with a brief summary of some of the key areas of activity and told us it is determined to deliver further improvements at greater pace including:

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

87. We heard from the North Wales CHC that the rate of progress over the last three and half years during special measures has been much too slow. Although the CHC also noted that there had been some areas of improvement including maternity services “significant” improvement to public engagement through the use of social media and also improvements in infection prevention and control. Other improvements include end-of-life pathway for dementia patients and dementia-friendly emergency departments across north Wales.⁵⁰

⁵⁰ RoP, 2 February 2019, paragraph 18

88. The Board told us its plans are robust, with clear deliverables and expectations. Alongside that, the Board recognises there needs to be a clear alignment of finance and investment to what is in the plan and that these need to be lined up more effectively than they have been in the past, with clear trajectories in terms of both performance and financial savings moving forward over the next year.⁵¹

89. We questioned the Health Board on whether with the benefit of hindsight it thought the Welsh Government had underestimated the scale of the changes needed, or whether there was a failure of leadership to do what was necessary to implement the change. The Board expressed a view that the scale of the problems within the specific areas that the Health Board was in special measures for was underestimated, but that the special measures framework had brought a degree of focus and scrutiny. It had also brought support and additional capacity which the Board must now ensure is fully utilised.⁵²

90. The Board told us that it is confident that the plans being put in place now as a collective Board and also the independent member team that is working with the executive leadership, has increased the level of scrutiny and expectation. There are new executive directors in place alongside a new chair and the Board feels there is every reason to be optimistic. The Board intends to build on its current stability, nurture the renewed confidence within the organisation and harness this positivity to get the Health Board out of special measures.⁵³

Committee View

Although the Board has set out its plans for improvement we remain deeply concerned about what the position of the Health Board will be in 12 months. There is a serious risk that special measures may now have become a “normal state of affairs” for BCUHB.

We welcome the changes that BCUHB has made to its leadership team alongside the Chair’s visible confidence and determination to take the Health Board out of special measures. However, progress in delivering these improvements remains to be seen and it is too early to judge whether the Health Board’s intent will result in the desired outcomes.

⁵¹ RoP, 4 March 2019, paragraph 238

⁵² RoP, 4 March 2019, paragraph 244

⁵³ RoP, 4 March 2019, paragraphs 245-246

The Committee has heard the assurances put forward to us by the Health Board's senior leaders that it now has the right approaches in place to deliver improvement. It now needs the time and space to achieve this. We will continue to keep a watching brief over developments at the Health Board and we hope to see the much needed turnaround that the people of North Wales and the hardworking staff at BCUHB deserve.