



Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

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Mr Mark Isherwood MS  
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**Ein cyf / Our ref:** JW/GL/DL/CE21-2876/3086

**Eich cyf / Your ref:**

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**Dyddiad / Date:** 29<sup>th</sup> April 2022

Sent via email to  
[SeneddPAPA@senedd.wales](mailto:SeneddPAPA@senedd.wales)

Dear Mark

**RE: Betsi Cadwaladr University Health Board**

Thank you for your letter of 31<sup>st</sup> March 2022, seeking clarity regarding some of the responses given during the evidence session on 9<sup>th</sup> March.

Your letter makes a number of general observations as well asking for more specific responses and detail. We will respond to the general observations first and then move to the more specific topics.

Under the heading of service transformation and change you make a number of observations regarding the Committee's perception of a lack of a clear plan, sense of urgency and ownership of the problems facing the Health Board. In both our written evidence submission and the session on 9<sup>th</sup> March we stressed the commitment of the Board to deliver the improvements in services that the population of North Wales rightly expect and deserve. We re-iterate that commitment now.

In the period since our evidence session, the Board has approved its IMTP which sets out priorities for the coming three years, with detailed plans laid out for 2022/23. This is a significant step in our development and the IMTP will guide the Board's actions over the coming year, with clear actions identified and associated timescales for delivery. Supported by our programme of improvement and transformation, which is adopting an international evidence based methodology, this will form the basis of our approach to delivering continuous improvement across a wide range of services. Early priorities include aspects of planned care, where models such as Getting it Right First Time (GIRFT) are being utilised to transform pathways in particular specialties e.g. orthopaedics, urology and ophthalmology. In unscheduled care the immediate focus is on improving discharge pathways which will reduce delays. We have engaged support from outside of the Health Board through Improvement Cymru and the Delivery Unit of Welsh Government to assist us in optimising the impact of this work.

Addressing the challenges faced by the Health Board is a significant endeavour and one which we are progressing through the Targeted Intervention Framework agreed with Welsh Government. This demands a thorough and structured approach to organisational development and change across the four domains. This is, by design, a development journey which would not adequately be supported by the development of a single action plan. Previous experience has taught us that high level plans will not address the underlying issues sufficiently to secure demonstrable, sustainable change. Within the various aspects of the Targeted Intervention Framework we have clear programmes of work to achieve and these are tracked using the methodology we outlined in our written evidence. This tracked evidence is made public as part of the self-assessment process and we shall publish the latest position on this in our May Board papers, as part of the next milestone assessment.

With regard to your observations in relation to executive leadership, we can assure you that there is no lack of ownership of the challenges faced and the improvements required. Executive Directors are personally leading the response to each aspect of Targeted Intervention and are accountable to the Board for progress. We have also identified Independent Members to work alongside Executive Directors, bringing their particular experience and insight to this work. The Executive Director lead and link Independent Member for each of the domains are:

<b>Domain</b>	<b>Executive Lead</b>	<b>Independent Member</b>
Mental Health	Teresa Owen	Cllr Cheryl Carlisle
Strategy, Planning and Performance	Chris Stockport	Prof. Nicky Callow
Leadership	Sue Green	Linda Tomos
Engagement	Helen Stevens-Jones	Jacqui Hughes

Accountability for demonstrating improvement is real and is evident in the Board's challenging appraisal of progress and the requirement for clear evidence to support the assessment of progress. The multiple references made in our evidence session to the achievements and actions of staff throughout the organisation were intended to emphasise that this is not just an activity at Board level. Strong executive leadership is required, but real change at service level will only be delivered by teams across the organisation embracing our commitment to continuous growth and improvement.

The Targeted Intervention Framework is, by design, a self-assessment process. This focus on self-assessment reflects the need for the Board to develop the capacity and capability to oversee its own improvement journey and evidence its impact. We have engaged external support to give an impartial view of our evidence gathering and progress assessment. This will provide helpful feedback to the Board in May. Whilst the initial work is self-assessment, we should not lose sight of the overview from Welsh Government and the tri-partite meeting. This forum seeks to triangulate the Board's assessment and to satisfy itself that the progress reported is a fair reflection of what other indicators in the system are signalling. To date, there has been no feedback to the Board



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to suggest that its self-assessment is not a reasonable and fair reflection of progress made.

In your letter you raise the issue of the geographic spread of the Health Board and whether we consider this to have contributed to “failures” identified in the Health Board. We believe this question has been posed previously and responses have been given on a number of occasions. From the Health Board’s perspective there are both challenges and opportunities which arise from its size. Maintaining services in wide geographic areas can be a challenge, however we have clear examples of success in North Wales and are seeking to learn from other health systems to adopt new ways of working which can further enhance our delivery. More positively, having a large organisation makes the delivery of some services easier, such as specialised cancer, cardiac and neonatal services, with the scale of the organisation offering the opportunity to deliver more specialist work in an effective manner. The current configuration of the Health Board therefore offers the opportunity to lever the benefits of scale whilst also working locally with our statutory and third sector partners to shape services to fit with the diverse communities of North Wales. We have no specific evidence to support the proposition that the challenges we face are driven by the size of the Health Board and our view remains that effective service transformation and delivery can be achieved within the current structure.

Our new Operating Model is designed to support the transformation of health and care across North Wales. It is one part of a larger comprehensive organisational development programme driven and informed by our extensive engagement programme, Mewn Undod Mewn Nerth/Stronger Together. This commenced in summer 2021 and we heard from almost 2,000 staff members throughout the organisation through a series of one to one, small and larger group conversations, surveys and interactive sessions. This feedback was supplemented and triangulated with a full review of both external and internal reports such as HASCAS/Ockenden, Holden, Health Inspectorate Wales Reviews, Welsh Audit Office reviews etc. The aim of the Operating Model is to create an organisational context which supports improvement and addresses the barriers and challenges identified in previous reports.

The Operating Model specifically has been through 4 rounds of engagement, with the first setting out a range of options as well as providing an opportunity for alternative options to be put forward. This engagement involved leaders from across the organisation, with specific involvement of clinical leaders and staff at all levels across the organisation. The final proposed Operating Model was based on feedback received across three of the four cycles of engagement from September 2021 to December 2021, with many amendments made to reflect the valuable suggestions made by colleagues. This was then finally tested in January 2022 as an overarching structure.

Re-alignment of executive portfolios and the creation of the new roles of Integrated Health Community Directors, which are key in the new structure, were approved by the Health Board in February 2022. In the meeting you referred to in March 2022, the Board received a proposal regarding the transition from the current structure to the new Operating Model.



This was quite rightly challenged by the Board, exercising appropriate governance and due diligence to ensure that the Model could be implemented with minimal risk. Issues such as governance, communication and risk management were rightly explored, with further work agreed which will strengthen the proposals and aid successful delivery.

Development work continues to support effective implementation and we are working towards a go live date of July 1<sup>st</sup> for the Operating Model. We will present our assessment of readiness to the Board at its public meeting in May. The work we have done collectively as a Board is enhancing the robustness of our plans and will lead to a smooth transition. We are clear on the actions needed between now and the Health Board meeting in May, at which we anticipate approving the full implementation of the Operating Model with effect from July 2022.

Responses to your specific service observations are set out below:

### Mental health services

Service Priorities – our IMTP sets out our priorities for 2022/23 in some detail. For mental health services there are a range of improvements to be delivered, including in the following areas:

- CAMHS transition to adult services
- Early intervention in psychosis
- Eating disorders
- Older persons crisis care
- Perinatal mental health
- Psychiatric liaison services
- ICAN services in primary care
- Neurodevelopmental services

Our plan sets out the detail of the expected improvements in these areas and the timeframe for their implementation (see Appendix 2 of the IMTP).

In support of this we have a number of ongoing workstream priorities across mental health services. These form part of our continuing programme of improvement which will underpin progress against the Targeted Intervention Framework. This includes work on governance, engagement, embedding learning, structural change and organisational development.

We are particularly conscious of the potential impact of the very public and challenging agenda we face in mental health services upon our staff. We have implemented a Wellness, Work and Us programme, which was informed by feedback from staff. This includes actions such as raising awareness of wellbeing opportunities, supporting a healthier work / life balance, supporting staff when incidents occur, access to counselling



and emotional support, supporting personal development reviews and enhancing the quality of leadership.

Viewed alongside the commitments set out in the IMTP this provides a comprehensive programme of improvement work over the coming year.

Lower Level Ligatures – in response to the risks identified regarding low level ligatures we put in place a detailed action plan to address the risks associated with low level ligatures. This had 28 specific actions, all of which have been completed. These included areas such as:

- Learning events for staff on topics such as the Therapeutic Engagement and Observation Policy
- Training in risk assessment in specific areas, such as profiling beds
- Ligature risk reduction audits in each ward and building
- Monthly risk register review meetings to track progress
- Replacement of furniture and equipment to meet the lower ligature risk specification.

As part of our quality assurance process there will be a comprehensive re-audit of all facilities to ensure that improvements are maintained. This will be completed by the end of June 2022.

Our work identified a specific risk associated with the design of windows in both the Ablett and Heddfan Units. This has required a programme of capital works to replace the windows. The programme will be completed by the end of September.

Mixed cohorting – in our verbal evidence the Director of Public Health referred to a potential 4 phase programme to achieve both the phasing out of mixed cohorting in the Hergest Unit and the move to provision in a purpose designed facility.

For clarity, the first phase of this programme delivered the cessation of mixed cohorting as part of our core service provision at Hergest. This was achieved on 21<sup>st</sup> February 2022 and that position is being maintained, however exceptional circumstances may on occasion dictate limited use of this approach on a risk assessed basis. As a consequence of this change a small number of patients from the West are having to access inpatient care in Bodelwyddan or Wrexham. Phase 2 involves estates work at Ysbyty Cefni to allow this care to once again be delivered in the West. We expect this work to be commence in July 2022 and take approximately 3 months to complete. This will re-establish the provision of services in the West, with no reliance on mixed cohorting.

Phase 3 offers the potential to adapt accommodation in the existing Hergest Unit, with Phase 4 referring to the redevelopment of the Unit.

Ward Accreditation – the ward accreditation programme runs across all wards in the Health Board, including mental health and learning disabilities. It is managed by a central



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team, under the leadership of the Executive Director of Nursing, to ensure consistency of professional standards across the Health Board.

The accreditation framework assesses wards in the following domains:

- Ward leadership
- Communication with the multi-disciplinary team
- Patient communication
- Healing environment
- Nursing care and processes
- Nursing record keeping

Assessments are undertaken by the central team and are unannounced. The achievement of a particular level e.g. bronze, silver or gold requires the ward to achieve that assessment across all domains. If any element is below that standard then a lower award is allocated. The two wards which were assessed as white each had one domain where they did not meet the bronze standard, with the other 5 domains assessed as bronze. A support package is in place to drive improvement with an associated action plan for each ward. Re-assessment is expected in quarter 1 2022/23 and the wards are expected to achieve the bronze level at that time.

### Hergest Unit

As noted in the evidence session there are considerable concerns regarding the fitness for purpose of the Hergest Unit, which indicate a need to consider options to deliver a re-provision of this facility. These issues are being considered within the Health Board to identify potential strategic options which can then be discussed with colleagues in Welsh Government. This engagement with Government is a key part of the capital planning process and the Health Board cannot pursue this matter without support.

As previously indicated, the pressures on NHS capital are considerable. Across the NHS in Wales alternative sources of capital funding are being explored, in partnership with Welsh Government. The potential for alternative funding depends upon the nature of the scheme being considered and therefore any potential alternative financing routes will be the subject of discussion with Government as scheme proposals are developed.

It is worth noting that the Health Board is currently seeking approval for funding to redevelop the Ablett Unit in Bodelwyddan, with an estimated cost of £67m. We have signalled the need for consideration of capital investment for the Hergest Unit as part of our 10 year capital investment outlook submission to Welsh Government, with an indicative value of £75m.



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## Vascular Services

The Health Board has developed an extensive plan to address the deficiencies identified within the Royal College of Surgeons report. This was presented to the Board in public session on 15<sup>th</sup> February 2022. The Minister has set a clear expectation of improvement within a 3 month period and has sought monthly updates on progress from the Chairman of the Board. Two such updates have been submitted to date, on 7<sup>th</sup> March and 6<sup>th</sup> April. Copies of those updates are enclosed for the Committee's information along with the action plan for improvement. Further updates will be shared as they are submitted to the Minister.

These updates highlight the key actions which have been taken to enhance safety and quality, including additional "make safe" measures which were put in place on 11<sup>th</sup> March and will now remain until 23<sup>rd</sup> May. Significant external support has been secured and recruitment to key clinical leadership roles continues. The delivery of actions within this plan is being led by the Executive Medical Director with close oversight from the Chairman and Vice Chair of the Board.

## Financial Management

In June 2019 the Health Board's underlying deficit was subject to external review by PWC who quantified this as £56m. This was recognised by Welsh Government and is currently supported by £40m of strategic assistance funding, agreed over 4 years and ending in 2023/24. The Health Board recognises the magnitude of the challenge in eliminating this deficit and has prioritised within its IMTP stabilising the financial position, whilst improving the services we provide to the population of North Wales.

There is no quick fix for such a significant financial deficit but the Board fully understands the size of the challenge. This can only be addressed by a longer term financial package which will reduce in value as the key programmes described in the IMTP start to deliver a more sustainable provision of clinical services in North Wales. This will be delivered through the impact of a number of integrated strategies, which will be enabled by an ambitious transformation programme:

1. Quality strategy
2. Clinical strategy
3. Workforce strategy
4. Digital strategy
5. Financial strategy

Improved resource effectiveness and outcomes will be driven through the transformation programme, with the key workstreams being:

1. Planned care
2. Unscheduled care
3. MHLD

4. Covid recovery
5. Patient experience

The Health Board has reviewed the existing opportunities to deliver care more effectively and efficiently, as identified by both Deloittes (2014 – 2017) and PWC (2019), recognising the revised healthcare practices now evident as a result of the learning from COVID-19. A challenging savings programme of £35m per annum has been set over the life of the IMTP (£105m in total). This will be targeted to begin to reduce the underlying deficit, however due to the unpredictability of the current economic situation there will understandably be significant risk around both pay and non-pay inflation which could offset the planned gains.

In the written evidence previously submitted to the Committee we highlighted the areas where we believed opportunities to make savings exist. These opportunities were drawn from benchmarking and other comparative data which show a range from £70m to £114m:

Transformation Area	Low £m	High £m
Planned Care	19.8	36.7
Unscheduled Care	11.8	18.7
Mental Health	3.8	5.5
Other*	35.3	53.3
Opportunity Range	70.7	114.2

During the last year we have brought together, and enhanced, a number of functions related to service improvement and redesign to create a single transformation and improvement unit. This will enable us to place greater priority upon transformation, delivering continuous improvement across the whole organisation in a consistent, evidence-based way. Key priorities that the team will lead and support during the coming year include developing the BCU Pathway resource, Golden Metrics based upon PROMS and PREMS, the atlas of variation approach, and the embedding of ‘Lean’ principles into our delivery of continuous improvement.. This will drive improved outcomes for patients whilst also enhancing the effective use of resources and delivery of savings.

We are currently working across the Health Board and with Welsh Government colleagues to further define those key opportunities (particularly around planned care recovery after COVID-19) which will enable the Board to deliver better quality care, closer to home for our population.



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Discussions are ongoing with Welsh Government regarding the next stage in the plan towards financial sustainability and we believe that financial support will continue to be required for a further multi year period to deliver a balanced, sustainable financial position

### Regional Treatment Centres (RTCs)

Work to develop the proposal for Regional treatment Centres in North Wales continues at pace, with support from the Welsh Government. We have just reached a critical milestone in identifying the architects and professional advisers who will work with our clinical teams to finalise the design of the facilities and model their impact upon services. Recommendations are currently subject to Board and Ministerial approval. Once approval is received work will commence on Phase 1, which is the detailed design. This Phase will then enable the full tendering for the provision of the RTCs. Our current estimate of the delivery timeline is as follows:

- Phase 1 – develop the conceptual design with costs to RIBA 2 stage; to be completed by Q3 2022/23
- Phase 2 – with a preferred supplier appointed, develop the final design with costs; to be completed by Q4 2023/24
- Phase 3 – fully operational; to be completed by July 2025

It is envisaged that the RTCs will incorporate a range of services as set out below:

- Diagnostic and clinical support services including Radiology, Pharmacy, Phlebotomy, Pathology and Therapies.
- Outpatient facilities, including procedure rooms
- Operating theatres for day case and inpatient procedures
- Inpatient beds for orthopaedic services

We trust that the information contained in this letter and the documents submitted in support respond fully to the points raised in your letter. In concluding we would repeat our assurance, on behalf of the Board, that there is a clear and unwavering focus upon the need to secure demonstrable improvements in the services we provide to the population of North Wales.

Yours sincerely

A handwritten signature in cursive script, appearing to read 'Jo Whitehead'.

**Jo Whitehead, PSM**  
**Prif Weithredwr**  
**Chief Executive**

A handwritten signature in cursive script, appearing to read 'Mark Polin'.

**Mark Polin, OBE, QPM**  
**Cadeirydd**  
**Chairman**



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