Y Pwyllgor Cyfrifon Cyhoeddus

Lleoliad:
Ystafell Bwyllgora 3 - Senedd

Dyddiad:
Dydd Mawrth, 2 Mehefin 2015

Amser:
09.00

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

I gael rhagor o wybodaeth, cysylltwch â:
Michael Kay
Clerc y Pwyllgor
0300 200 6565
SeneddArchwilio@Cynulliad.Cymru

Agenda

MeetingTitle

1 **Cyflwyniad, ymddiheuriadau a dirprwyon (09:00)**

2 **Papurau i'w nodi (09:00-09:10)** (Tudalennau 1 - 3)

Craffu ar Gyfrifon y Comisiynwyr 2013-14: Llythyr gan Cyngor Celfyddydau Cymru (13 Mai 2015) (Tudalennau 4 - 6)

Trefniadau Llywodraethu Bwrdd Iechyd Prifysgol Betsi Cadwaladr: Llythyr gan Dr Peter Higson (15 Mai 2015) (Tudalennau 7 - 72)

Cyllid Iechyd 2013-14: Gwybodaeth ychwanegol gan y Bwrdd Cynghorau Iechyd Cymuned yng Nghymru (Mai 2015) (Tudalennau 73 - 75)

Diwygio Lles: Gwybodaeth ychwanegol gan Tai Wales & West (Mai 2015) (Tudalennau

76 - 77)

Ymchwiliad i werth am arian Buddsoddi mewn Traffyrdd a Chefnffyrdd: Llythyr gan Steve Martin Sefydliad Polisi Cyhoeddus i Gymru (21 Mai 2015) (Tudalen 78)

3 Diwygiad Lles: Sesiwn dystiolaeth 5 (09:10-10:15) (Tudalennau 79 - 86)

PAC(4)-15-15 Papur 1
Papur briffio gan y Gwasanaeth Ymchwil

June Milligan - Cyfarwyddwr Cyffredinol, Llywodraeth Leol a Chymunedau, Llywodraeth Cymru
John Howells - Cyfarwyddwr, Tai ac Adfywio, Llywodraeth Cymru
Sara Ahmad - Economegydd, Llywodraeth Leol a Chymunedau, Llywodraeth Cymru

4 Cynnig o dan Reol Sefydlog 17.42 i benderfynu gwahardd y cyhoedd o'r cyfarfod ar gyfer y busnes canlynol: (10:15)

Eitemau 5 a 6, a'r cyfarfod ar 9 Mehefin yn ei gyfanrwydd

5 Diwygiad Lles: Trafod y dystiolaeth a gafwyd (10:15-10:35)

6 Rhagnodi gan Feddygon Teulu: Gwybodaeth gan Archwilydd Cyffredinol Cymru (10:35-11:00)

PAC(4)-15-15 Papur 2

Y Pwyllgor Cyfrifon Cyhoeddus

Lleoliad:	**Ystafell Bwyllgora 3 – Senedd**
Dyddiad:	**Dydd Mawrth, 19 Mai 2015**
Amser:	**09.02 – 11.05**

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

Gellir gwylio'r cyfarfod ar Senedd TV yn:
http://senedd.tv/cy/2733

Cofnodion Cryno:

Aelodau'r Cynulliad:	**Darren Millar AC (Cadeirydd)** **Jocelyn Davies AC** **William Graham AC** **Mike Hedges AC** **Sandy Mewies AC** **Julie Morgan AC** **Jenny Rathbone AC** **Aled Roberts AC**
Tystion:	**Steve Clarke, Tenantiaid Cymru** **Mike Halloran, Tai Wales & West** **David Lloyd, TPAS Cymru** **Claire Maimone, Cartrefi NPT** **Jim McKirdle, Cymdeithas Llywodraeth Leol Cymru** **Steve Porter, Tai Wales & West** **Linda Whittaker, Cartrefi NPT**
Staff y Pwyllgor:	**Michael Kay (Clerc)** **Claire Griffiths (Dirprwy Glerc)** **Joanest Varney-Jackson (Cynghorydd Cyfreithiol)** **Hannah Johnson (Ymchwilydd)** **Nick Selwyn (Swyddfa Archwilio Cymru)**

TRAWSGRIFIAD

Gweld trawsgrifiad o'r cyfarfod.

1 Cyflwyniadau, ymddiheuriadau a dirprwyon

1.1 Croesawodd y Cadeirydd yr Aelodau i'r cyfarfod.

1.2 Ni chafwyd ymddiheuriadau.

2 Papurau i'w nodi

2.1 Nodwyd y papurau. Cytunodd y Pwyllgor y dylai'r Clercod gael eglurhad pellach gan Gyngor Powys a Chyngor Rhondda Cynon Taf ar nifer y swyddi gwag a pha adrannau oedd â'r swyddi 'anodd eu llenwi'.

2.1 Rheoli Ymadawiadau Cynnar: Llythyr oddi wrth Jeremy Patterson, Prif Weithredwr Cyngor Sir Powys (7 Mai, 2015)

2.2 Rheoli Ymadawiadau Cynnar: Gwybodaeth ychwanegol gan Rhondda Cynon Taf am ymadawiadau cynnar

2.3 Cadernid Ariannol Cynghorau yng Nghymru: Llythyr gan June Milligan, Cyfarwyddwr Cyffredinol Llywodraeth Leol a Chymunedau (14 Mai 2015)

3 Diwygiad Lles: Sesiwn Dystiolaeth 3

3.1 Clywodd y Pwyllgor dystiolaeth gan Steve Clarke, Rheolwr Gyfarwyddwr, Tenantiaid Cymru a David Lloyd, Cyfarwyddwr, TPAS Cymru ar ei ymchwiliad i ddiwygio lles.
3.2 Cytunodd Steve Clarke i anfon ffigurau am nifer y tenantiaid dan 21 oed sydd ar hyn o bryd yn meddiannu eiddo un a dwy ystafell wely.
3.3 Pan oedd yr Aelodau'n ystyried y dystiolaeth a gafwyd, gofynnwyd i Steve Clarke ddarparu nodyn ynglŷn â pham ei fod yn credu y dylai gweinyddu budd-dal tai gael ei ddatganoli.

4 Diwygiad Lles: Sesiwn dystiolaeth 4

4.1 Clywodd y Pwyllgor dystiolaeth gan Jim McKirdle, Swyddog Polisi Tai, Cymdeithas Llywodraeth Leol Cymru; Linda Whittaker, Prif Weithredwr, a Claire Maimone, Cyfarwyddwr Tai ac Adfywio, Cartrefi Castell-nedd Port Talbot (NPTHomes); Steve Porter, Cyfarwyddwr Gweithrediadau, a Mike Halloran - Rheolwr Tai, Tai Wales & West ar ei ymchwiliad i ddiwygio lles.
4.2 Cytunodd Steve Porter i anfon manylion am faint o'r 200 o gartrefi sy'n cael eu hadeiladu ar hyn o bryd fydd yn dai un neu ddwy ystafell wely, a'r hyn y mae hynny'n cyfateb iddo fel canran y tai y mae Tai Wales & West yn eu hadeiladu ar hyn o bryd. Hefyd, faint o'r 1000 o gartrefi arfaethedig sydd i'w hadeiladu yn ystod y pum mlynedd nesaf fydd yn dai un neu ddwy ystafell wely.
4.3 Cytunodd Jim McKirdle i ddarparu nodyn ar y canlynol:

- polisi'r awdurdodau lleol ar gyfer trosglwyddo tai pan fydd gan denant ôl-ddyledion tai. Pan oedd yr aelodau'n ystyried y dystiolaeth a gafwyd, gofynnwyd am gael gweld copi o'r cytundeb Taliadau Tai yn ôl Disgresiwn.
- pa ddau awdurdod lleol sydd heb ymrwymo i'r cytundeb.
- un ar ddeg awdurdod lleol sydd â chynlluniau i adeiladu tai cymdeithasol gan gynnwys y nifer arfaethedig o dai y maent yn dymuno eu hadeiladu.
- ffigurau ynglŷn â nifer y tenantiaid ag anableddau sydd wedi cael eu heffeithio a'u hail-leoli o ganlyniad i'r polisi.
- a yw awdurdodau lleol yn ystyried Lwfans Byw i'r Anabl wrth ystyried Taliadau Tai yn ôl Disgresiwn.

5 Cynnig o dan Reol Sefydlog 17.42 i benderfynu gwahardd y cyhoedd o'r cyfarfod ar gyfer y busnes canlynol:

5.1 Derbyniwyd y cynnig.

6 Diwygiad Lles: Ystyried y dystiolaeth a ddaeth i law

6.1 Ystyriodd y Pwyllgor y dystiolaeth a ddaeth i law.

7 Trefniadau Cyflenwi ar gyfer Absenoldeb Athrawon:

7.1 Cytunodd y Pwyllgor ar y llythyr drafft yn amodol ar newid ar ddiwedd paragraff 2.

Eitem 2.1

Cyngor Celfyddydau Cymru
Arts Council of Wales

13 May 2015

Mr Darren Millar AM
Chair
Public Accounts Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Dear Mr Millar

Public Accounts Committee: Scrutiny of Accounts 2013/14

Thank you for your invitation to respond to the Committee's report on the *Scrutiny of Accounts 2013/14.*

We welcomed the opportunity to meet with the Committee. The Committee was, of course, robust and forensic in its scrutiny. But it was also insightful. Committee members' questioning brought a fresh perspective to topics which to us seem straightforward and familiar. It was a timely reminder that we should make no such assumptions.

One of the objectives highlighted in your Foreword to the Committee's report is to "make reporting more transparent". This is also reflected in recommendation 9. We accept the challenge and will re-double our efforts in this regard.

The other eight recommendations in your report are focused on the activities of our peers. However, I wanted to reflect on the points raised in relation to value for money for taxpayers.

It's absolutely right that public bodies should be able to provide clear and persuasive evidence of the value that they provide – as a taxpayer funded organisation we're very aware that we operate, ultimately, with the public's consent. We're therefore fully committed to ensuring that our activities are engaging, relevant and effectively managed.

Plas Bute, Caerdydd CF10 5AL
Ffôn: 0845 8734 900
Ffacs: 029 2044 1400
SMS: 07797 800504
Ebost: gwybodaeth@cyngorcelfyddydaucymru.org.uk
Gwefan: www.cyngorcelfyddydaucymru.org.uk

Bute Place, Cardiff CF10 5AL
Tel: 0845 8734 900
Fax: 029 2044 1400
SMS: 07797 800504
Email: info@artscouncilofwales.org.uk
Website: www.artscouncilofwales.org.uk

Swyddfeydd Lleol/Local Offices:
Caerdydd/Cardiff, Bae Colwyn/Colwyn Bay, Caerfyrddin/Carmarthen
Rhif Elusen Gofrestredig/Registered Charity Number: 1034245

We spend a lot of time considering the value for money of our activities. Within the arts this raises some particular issues. We can readily provide myriad data and statistics on everything from the extent and the reach of our activities, to the financial leverage achieved through our investment, to benchmark comparisons with other similar activities. But measuring the impact (or the quality) of that activity is more challenging and contested.

For us, encouraging as many people as possible to enjoy and take part in the arts is fundamental to our work. But in persuading people to engage with the arts, it's essential that what they experience is well-crafted and of quality. Poor quality work is easily identified and self-evidently represents poor value for money. But the experience of attending or participating in a good quality event leaves people inspired, excited and invigorated.

However, how precisely might one 'measure' the value of this? This is especially the case with some of the activity we nurture and support, particularly where some of the benefits may well be seen elsewhere in the public sector. Examples would include our arts in health projects and funded work that has helped keep "at risk" young people out of the judicial system. The opportunity cost saving of initiatives such as these has a real value, but it is difficult to predict and define. But what we do know is that is that when budget cuts force reductions in this sort of activity, there's a very real risk that the result will be seen in added pressures on the public purse as a whole.

Whilst the value of such things is difficult to quantify, we're fully committed to finding convincing ways o explaining the outcomes as well as the outputs of our work. Our time with the Committee reminded us that we must have compelling arguments at our disposal, especially when budgets are reducing and comparative judgements have to be made about the allocation of scarce public funds.

One of the key chapters in the Committees report (chapter 4) examines the Commissioners' relationship with the Welsh Government. This is very specific and particular in type. However, there are some similarities in the relationship between the Arts Council and the Welsh Government.

Constitutionally we're a complex organisation – a Royal Charter body, a registered charity, a Lottery distributor and a WGSB. As with all of the UK's Arts Councils, we operate under the protocol of the "arm's length principle". This is designed to ensure that if necessary our charitable responsibility to speak up on behalf of the arts is unimpeded.

In practice, this is an arrangement that appears to work well. Our status as an independent body needs to respect the Welsh Government's proper need to express a clear view of how it expects to see public money invested. What Council can contribute is the authenticity, knowledge and experience that an arm's length body can offer.

Chapter 4 of the report refers to the challenges of longer-term financial planning. These, again, would apply with equal relevance to the Arts Council.

The Arts Council provides revenue funding to 69 organisations, many of whom plan their programmes and contract artists some years in advance. Annual funding introduces an unhelpful note of uncertainty, as, of course, does the prospect of in-year cuts to funding. Our sponsor department at Welsh Government is understanding of the issues. Any mechanism that would allow us to be able to plan over a three-year period would be enormously helpful and widely applauded across the arts sector.

My final observation refers to the format of our Accounts and Annual Report.

We entirely accept the Committee's encouragement to make our accounts more accessible to the public. Whilst the format of these is largely prescribed given our charitable status, we're making a number of changes that we hope will go some way towards achieving that goal.

Yours sincerely
Nick Capaldi

Nick Capaldi
Chief Executive

Eitem 2.2

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Mr Darren Millar, AM
Chair – Public Accounts Committee

c/o claire.griffiths@wales.gov.uk

Ein cyf / Our ref: PJPH/LMR
Eich cyf / Your ref:
☎: 01352 803267
Gofynnwch am / Ask for: Llinos Roberts
Ffacs / Fax:
E-bost / Email:
Llinos.roberts3@wales.nhs.uk
Dyddiad / Date: 15 May 2015

Dear Darren

Betsi Cadwaladr University Health Board – GP Out of Hours Service

I write in response to your letter of 14 May 2015 requesting a copy of the final GP Out of Hours report for your consideration as part of the on-going inquiry into governance arrangements at the Health Board.

In December 2015 the Health Board commissioned a review of its GP Out of Hours Services due to a number of concerns regarding the governance arrangements in the service. An independent review team was engaged and spent six weeks interviewing stakeholders, observing Out of Hours contact centres and undertaking staff surveys. The review was released to the Out of Hours leadership team on 13 March 2015 (copy of the final report attached). A full response and action plan has been developed with a number of immediate actions already completed. I also attach a copy of the action plan for your information.

The report and follow-up action plan and will be considered by the Quality, Safety and Experience Sub Committee of the Health Board when it meets on 19 May 2015. These meetings are held in public and the agenda and papers are available via the Health Board's website: http://www.wales.nhs.uk/sitesplus/861/page/80935

As part of the governance arrangements the Health Board will, at its next meeting on 9 June 2015, receive the report and action plan together with an update from the Quality, Safety and Experience Sub Committee.

In this context, I am keen to ensure that we follow best governance practice in considering the Out of Hours report so that sufficient time is allowed to prepare a full response that provides and up-dates on progress made since the report was received.

Kind regards.

Yours sincerely

Peter

Dr Peter Higson
Chairman

Cyfeiriad Gohebiaeth ar gyfer y Cadeirydd a'r Prif Weithredwr / Correspondence address for Chairman and Chief Executive:
Swyddfa'r Gweithredwyr / Executives' Office,
Ysbyty Gwynedd, Penrhosgarnedd
Bangor, Gwynedd LL57 2PW **Gwefan:** www.pbc.cymru.nhs.uk / **Web:** www.bcu.wales.nhs.uk

Quality, Safety & Experience Sub Committee: **Date of meeting 19.5.15** **Item QS15/101**	GIG CYMRU NHS WALES Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board *To improve health and provide excellent care*

Title:	BCUHB Out of Hours Review – Response and Action Plan

Author:	Mr Tim Lynch, Interim Secondary Care Director

Responsible Director:	Ms Morag Olsen, Chief Operating Officer

Summary of Key Issues:	The Out of Hours Review was commissioned due to a number of concerns regarding the governance arrangements relating to the service. An independent review team was engaged and spent six weeks interviewing stakeholders, observing Out of Hours contact centres and undertaking staff surveys. The review was released to the Out of Hours leadership team on the 13th March 2015 (copy of full report attached). A full response and action plan has been created with a number of immediate actions already completed.

Action Required By Committee:	**To:** *(Please tick all that apply. This section should match the recommendations made in the paper)*	
	Note	x
	Endorse	
	Ratify	
	Approve	x

Key Impacts:	*(Please provide a short summary against all that apply)*	
	Corporate Objective	
	Finance	
	Quality Impact Assessment	
	Health and Care Standards	
	Equalities, Diversity & Human Rights	
	Risk & Assurance	

Disclosure:
Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board
Committee Coversheet 8.0 May 2015

BCUHB – Out of Hours review – response and action plan

Background

The review was commissioned in December 2014 as a result as a number of concerns emerging regarding the performance and sustainability of the BCUHB Primary Care Out of Hours service. The main area of concern was the increasing difficulty in recruiting General Practitioners into the service resulting in constraints in filling shift patterns.

The service is provided in three distinct geographical areas – East, Central and West. The recruitment and shift cover issues are most prevalent in East (Wrexham). The review team was made up of members of an established PMS / GMS provider experienced in integrated service provision. One of the main elements of the review was an e-survey of staff which generated a large response and created an appropriate level of inclusiveness and transparency for a widely dispersed and mainly part time staff group.

The final version of the review was received on March 6th 2015. The review was released to the Out of Hours leadership team on the 13th March 2015 and to the wider Out of Hours workforce on the 20th March.

The review and subsequent response and action plan will be received by the Quality Safety & Experience Sub-Committee and all relevant documents will be available on the Health Board website.

Actions

Immediate action was taken to strengthen line management and nurse leadership. Specific issues such as the incomplete staff suspension processes have also been resolved.

Many of the reporting and governance issues have been resolved and will continue to be strengthened as a result of the new operational structure. Out of Hours will report into the Hospital Directorate Teams and will have budgetary accountability close to the point of operational delivery.

Lessons learnt and staff newsletters are already in place and discussions with the Community Health Council on developing patient surveys are booked.

Some recommendations such as the estate at Wrexham Maelor will take longer to resolve as will the development of alternative service models, and further integration with other elements of the unscheduled care system.

The progress against the review will be audited in September 2015 to ensure continuing assurance and development.

The issue of sessional remuneration for General Practitioners is under review and the payments for some key shifts have already been adjusted.

BCUHB Out of Hours review response and action plan

	Recommendation	Response	Owner	Timescale
1	Immediate attention needs to be given to improve staffing levels. In particular unfilled shifts and late unavailability of staff due to sickness. This issue is impacting on morale as well as perceptions that it compromises patient safety. Access to an urgent standby clinician in cases of surges in demand and staff sickness at short notice should be considered.	There will be various elements involved in reviewing staffing levels; • Method of populating rota's with six week forward view and lock down • Review of remuneration • Review of duplication of elements across three areas • Commence review of service model	HD's / USC CD	May 15
2	There is insufficient clinical leadership. Consideration should be made to appointing a lead nurse to each division. Consideration also needs to be made to the role of GP adviser. Many OOH services appoint a clinical director with a management role within the management team.	Immediate secondment of nurse support and alignment of governance to new structures. Clinical leader JD to be adjusted to reflect accountability rather than advisory role. Allocation of medical oversight within new OMD structure	HD's /OMD	June 15
3	All staff should be trained in the use of DATIX.	Identify numbers as some staff already DATIX trained in their primary job role with BCU. Training plan has been developed	HD's	Training Complete by Sept 15
4	Consideration should be given to setting up a training programme for OOH staff. As a minimum this should include mandatory training with additional safeguarding training for clinical staff.	Review level of mandatory training complete Consider implications of part time staff Monitor levels through HD performance report	HD's	Plan by June 15
5	Staff engagement needs to be improved. This could include regular, paid for, divisional clinical/operational team meetings, on-line staff surveys and a staff newsletter.	Improve engagement both on a service specific and integrated USC perspective	OoH's Ops manager	Plan by May 15
6	A better structured management on-call rota.	Link to overall BCU on call review	AD / HD	May 15
7	Three autonomous divisions within an overarching mechanism to monitor performance, quality and financial performance	Deliver appropriate level of autonomy linked to new operational structure, reporting and assurance lines	HD	May 15

8	There appear to be conflicts generated by the Head of Service also being a divisional lead. In addition there are personality issues between the divisional leads which is compromising decision making and partnership working.	Adjust line reporting through to HD team.	DSC	Done
9	Integration will only be possible when the clinical leadership, management issues and future structure of the service have been resolved.	Realigned reporting and structure achieved. Additional lead nurse achieved. Further integration within HD team plans and links to IMTP	HD	Review audit Sept 15
10	An urgent review of management systems and processes. a. Divisional Leads, Head of Service and Lead Nurse have un-minuted meetings to make decisions, clinicians meet in isolation with their own agenda which is not linked to management or clinical governance and current clinical governance arrangements do not have a grip on clinical risk or overall performance. b. The inability of the Divisional Leads and Head of Service to work effectively together was reinforced and will need urgent attention to enable the recommendations to be implemented	Realigned reporting achieved. Meeting structure revamped and refreshed. Governance arrangements now aligned through Hospital Team. “Head of service” issue resolved	DSC	Realignment done Head of Service resolved
11	The system of clinical governance needs urgent attention.	Additional lead nurse support and re-alignment with Hospital Team governance structures and arrangements.	HD	Complete by June 15
12	The premises in Wrexham are in need of development.	Refer into WXM estate capital plan	HD(E) /RT	Sept 15
13	There should be an annual clinical audit programme which links to local and national priorities, complaints,	Embed OoH’s elements into performance management arrangements. This will become	HD	Final Sept 15

	incidents and NICE and national guidelines underpinned by a schedule of activity	part of Area Team oversight when structures are finalised. HD to host in Q1/2		
14	There needs to be stronger performance reporting and monitoring arrangements. Performance should be reviewed at the Clinical Governance meeting and should be a standing agenda item	As rec 13		
15	The role of the Medical Advisers needs to be reviewed and taken in context with recommendation 2, strengthening clinical leadership	JD to state accountable not advisory	HD / WOD	June 15
16	Consideration should be made to recruiting directly employed GPs and this recommendation should be taken in context with recommendation 1, improving staffing levels	OMD reviewing the recruitment status of GP's (some salaried GP's already in place within BCUHB)	AT/OMD	Sept 15
17	Review the interpretation of the EU working time directive. This appears discriminatory and has affected operational resilience.	Establish review	HD/WOD	June 15
18	Ensure non-clinical checkers are trained in their role and that there is oversight of removal and replacement of controlled drugs in the medicines cabinet by the duty GP	Immediate action on CD control	OoH's op managers	Done
19	Review manager on-call arrangements to ensure compliance with Agenda for Change	Establish review Management presence on weekends from June '15	HD/OMD	
20	Lack of budget at a divisional level means lack of financial grip. Budgets need to be allocated by division with monies kept centrally to fund shared services, such as specialist HR.	Budgets aligned to point of delivery as part of wider operational restructure	HD / ADoF(Ops)	Complete May 15
21	Lack of reporting against Welsh OOH standards with respect to phone answering is a significant risk. This should be placed on the OOH risk register and options explored to resolve the issue.	Review policy and supporting telephony infrastructure	HD/IT	Complete June 15
22	There is a significant issue where OOH is carrying out	Examine and quantify. Area Teams will have	AT	Sept 15

	work normally done by district nurses. This places significant operational pressures on an already stretched service. BCUHB may wish to ensure equity of access to District Nursing services across North Wales.	responsibility for district nursing and will review data in order to provide gap analysis		
23	The prolonged suspension of three nurses on full pay places a significant additional burden on the OOH budget. It is recommended that this issue is resolved as a matter of urgency.	Resolved		
24	Consideration should be given to appointing shift coordinators across all the sites to cover busy periods.	Competency framework developed Included in service model review	HD	Sept 15
25	There should be a more robust system in place to ensure GPs are on the Welsh Performers List	Review against new guidance pending	WOD	June 15
26	Recruitment processes need to be reviewed to ensure less time between appointment and taking up a post in OOH.	Indentify element of process and refine. Include shared service elements	HD/WOD	May 15
27	The patient survey was a good news story that has not been disseminated to the OOH teams. It is recommended that it should be and that further positive news should be distributed as a matter of course	As part of integration strategy OoH's issues to be promoted more widely. OoH's Ops managers to "manage up " positive issues Staff news letter to be launched	HD/OoH Ops	May 15
28	The Wrexham site needs refurbishment and the provision of staff facilities and in improved physical relationship with the co-located ED	As rec 12. Integration will also be conscious of negative interpersonal / interprofessional relationships that have been mentioned		
29	Improve the quality of minutes going to the CPG Quality and Safety Committee	Immediate requirement	OoH's Ops mangers	Done
30	Ensure that responsibilities and accountabilities are made very clear to staff at all levels, including clinicians, for the safe management of the service	Improve through JD's, adjusted reporting arrangements and incident review feedback	HD / OMD	Adjust JD June 15
31	To enable CPG Quality and Safety Committee to be assured about the quality of care and the management of risks within the OOH service, the Risk Register needs to be reviewed to ensure it is up to date and that	The CPG will not exist after June 15. The governance route will be through the HD team as will the relevant risk register. Assurance and performance management will be at HD	HD	June 15

	actions have been completed. For actions not completed there should be a description of how risks are being managed. Where deadlines are in place they need to be met or a change negotiated with the board.	(Hospital Management Team) level.		
32	A more robust approach to ensuring that all risks are captured is necessary as the lack of an agreed methodology and approach to recording needs to be considered to avoid "false assurance". For example, risks not currently captured include a. Lack of ability to monitor phone answering standards and therefore compliance with Welsh OOH standards b. PDRs not completed c. Lack of District Nursing cover compromising patient safety and operation of the OOH service d. No annual audit programme	Integration into Hospital Management Team reporting and governance arrangements will reverse the isolation that appears to have occurred with OoH's These specific recommendations have been dealt with earlier. The specific risks will be captured and mitigated within local governance arrangements	OoH's Ops managers/ HD	June 15
33	Tracking decisions and actions of committees and working groups is not easy and an improved reporting mechanism is recommended	As rec 32		
34	Consideration should be made to integrate the Clinical Meetings and Clinical Governance group meetings	As rec 32		
35	Ensure Datix system is implemented and used by all staff	Links to rec 3		
36	Improve tracking of incidents and identify trends and themes	Links to rec 31 lessons learnt bulletin commenced	OoH's Ops manager	Bulletin May 15
37	Share learning from incidents to ensure the effective identification and management of risks	Achieved through HD governance arrangements	HD/OoH's Ops managers	June 15
38	Consider carrying out patient experience surveys more frequently than annually and ensure that this	Consider patient surveys across elements of unscheduled care including OoH's	Comms	Sept 15

	intelligence is used to inform service developments	Discussions with CHC in May 15		
39	Review the whole complaints process and ensure that it meets National Standards	Complaints process should conform and come in line with broader organisational arrangements. Review not completely applicable – performance management required	HD	May 15
40	Review the performance management systems to ensure a. Performance is measured and benchmarked against Welsh Standards b. Performance is a standing agenda item for the OOH Clinical Governance Committee c. Underperformance is not accepted and there are tracked actions with timescales to improve performance d. Ensure that OOH performance is reported the PSCM CPG Quality and Performance Committee e. Ensure that any issues compromising performance, for example telephony issues preventing reporting against call handing standards, are recognised as risks and managed appropriately through the OOH Risk Register and risk management process of BCUHB	Performance metrics to be part of Hospital Management team in the first instance with a review of moving to Area basis once established. PCSM CPG will not exist after June 15	HD / OoH's Ops manager	Audit review recs Sept 15

Betsi Cadwaladr University Health Board

Review of General Practitioner Out of Hours Medical Services
March 2015

Dr John Hodgson
Linda Gorst, RN
Chrissie Connellan

Contents

Betsi Cadwaladr University Health Board commissioned Parners4Health to review it's provision of GP Out of Hours Services.

Summary

Partners4Health was commissioned to carry out a review of the GP Out of Hours (OOH) service run by Betsi Cadwaladr University Health Board. This review was carried out between 27 January 2015 and 6 March 2015.

The review included

- An on-line survey of all staff working in OOH
- 1-1 interviews with key stakeholders
- Site visits
- Document review, including performance, finance, clinical governance, complaints and incidents and additional management and clinical meetings

It became clear from the interviews, site visits and on-line survey that there is a highly committed and loyal workforce, striving to deliver a high quality service.

The review recommendations (Appendix 3) can be summarised under the following headings

1. Staffing levels
2. Clinical leadership
3. Education and training
4. Staff engagement
5. Management structure
6. Workforce
7. Integration with co-located Emergency Departments
8. Clinical Governance
9. Performance
10. Finance
11. Complaints
12. Infrastructure
13. District Nursing

1. Staffing levels

There have been unfilled clinical shifts in all the OOH sites, particularly in the Wrexham OOH centre. This has impacted on response times and staff morale. Steps have already been made to try and address this and these efforts need to continue. In addition, alternative models of service provision and employment need to be considered to improve resilience and ensure that the service has adequate staff to meet the needs of an aging population at a time when the number GPs available to work in the service is likely to reduce.

Recommendation 1

2. **Clinical Leadership**
   Clinical leadership needs strengthening, with consideration to appointing a lead nurse to each division and strengthening the role of the Medical Advisers
   Recommendations 2,16.

3. **Education and training**
   Consideration should be made to developing an education and training programme for OOH staff
   Recommendations 3, 4, 6, 19

4. **Staff engagement**
   Staff working in the service generally felt that staff engagement needs to be improved.
   Recommendations 5, 28

5. **Management structure**
   There was a consensus across the survey, interviews and site visits that a return to three autonomous divisions was required. There was also a consensus that the current management structure, with a Divisional Lead who was also Head of the OOH Service across the whole of BCUHB, was not working. There were also widely reported personality issues between the Divisional Leads and Head of Service which were compromising the effectives of the OOH service that need to be resolved as a matter of urgency.
   Recommendations 6, 7, 8, 11, 25, 31

6. **Workforce**
   A number of areas need addressing, including the current interpretation of the European Working Time Directive, a potential loss of around 50% of the current GP OOH workforce, strengthening manager on call arrangements and ensuring these arrangements comply with Agenda for Change and bringing to a conclusion staff suspensions going back three years.
   Recommendations 9, 17, 18, 20, 24, 26, 27

7. **Integration with co-located Emergency Departments**
   There was a consensus in support of integration between the co-located GP OOH /Emergency Departments in Wrexham, Glan Clwyd and Bangor. However, it is recommended that the recommendations within this report are addressed first.
   Recommendation 10

8. **Clinical Governance**
   The review exposed a number of significant gaps in clinical governance and the report highlights this issue as requiring urgent attention. The key themes were
   - OOH Risk Register incomplete and not up to date
   - No evidence that performance is part of Clinical Governance
   - Poor or missing documentation of meetings and tracking of actions
   - Limited evidence of learning from complaints and linking these to audit of

workforce development

- No evidence of an annual audit programme

The systems of Clinical Governance require urgent attention.
Recommendations 12, 14, 19, 30, 32, 33, 34, 35, 36, 37, 38, 39

9. Performance

There was no evidence submitted to the review that OOH performance is being actively managed. The OOH service cannot report against a number of Welsh OOH standards and is currently failing to achieve any of the Welsh OOH standards. This does not appear on the OOH or any corporate risk registers and there was no evidence of remedial action being taken to improve performance.
The systems of Performance Management require urgent attention.
Recommendations 15,22 ,41

10. Finance

Finances are aggregated at a Service level, meaning the Divisional Leads have no grip of the finances of their Divisions. There was no evidence that financial performance was being formally reviewed by the OOH service. **The systems of Financial Control require urgent attention.**
Recommendation 21

11. Complaints

Although specific complaints are discussed at the Clinical Governance meeting, there is no consideration of numbers and type, response times, how resolved or lessons learned. In addition there are a significant number of complaints where the complaints process has not complied with Welsh national standards.
The systems of Complaints Management require urgent attention.
Recommendation 40

12. Infrastructure

The premises of the three major OOH centres were variable in quality, with Glan Clwyd being excellent, Bangor good and Wrexham generally poor. The latter site will require significant development if the aspiration for integrated services is to be delivered
Recommendations 13, 29

13. District Nursing Services

Although not directly part of this review, it became apparent that variations in the availability of District Nurses across BCUHB are having an operation impact on the OOH service. For example, in some areas District Nursing finishes at 17.00. This has resulted in OOH GPs having to respond to home visit requests for issues such as blocked catheters or nursing task associated with the delivery of End of Life care, including syringe driver management. The review team were of the view that a consistent District Nursing service across BCUHB should be available.
Recommendation 23

Overview

1. GP out of Hours Services provide GP cover for the majority of the week to the population served by Betsi Cadwaladr University Health Board. GP practices provide cover for 62.5 hours per week, compared with 105.5 for the Out of Hours service.

2. The service delivers home visits and booked GP appointments on three sites co-located with Emergency Medicine, one site located in a community hospital and sites and 17 Minor injuries (check) units, depending on day of week and time of year.

3. The Health Board wished to secure support to help understand the current position, any difficulties faced and to develop a way forward that improves team working across the sites and ensures that there is a sustainable high quality service for patients which is delivered at a sustainable cost and links to its overall 5 Year Strategic Plan and Operational Review January 2015.

4. Overview of Service

    - Patients contact the service when their surgery is closed. Previous users of the service generally know the Out of Hours numbers and for those who do not they are informed by a message on their GP practice answerphone.
    - Telephone calls are then routed to one of the four call centres in North Wales and a fully bilingual call handling service is available at all times. Calls are shared across all call centres to reduce call waiting times.
    - The Out of Hours phone is answered by a non-clinically trained call handler. Patients with immediately life threatening conditions are picked up at this point and are given a response, dependent on their needs. This could include dispatching a 999 ambulance.
    - Patients are then put on a “call-back” queue and a triage nurse phones them back to obtain clinical details. At this point the call might be ended by giving
        - Advice
        - An appointment to attend an Out of Hours centre to see a Nurse Practitioner or GP
        - A home visit by a GP or Nurse Practitioner
        - A 999 ambulance

5. These are a series of minimum standards that all OOH services must achieve and report against. The standards being used by BCUHB are the 2006 Welsh Government Standards for GP Out of Hours Services. Health Boards may agree additional standards.

6. The Standards have been developed to provide safeguards for Health Boards, providers and above all patients making contact with OOH services. It states that Health Boards and teams should use the standards to:

    - involve patients and service users in reviewing the services they receive
    - promote honest discussion about strengths and weaknesses in the service
    - improve team working
    - assess where they are doing well and have good practice to share
    - assess where they could do better and have areas for improvement
    - develop improvement plans to address the weaker areas
    - engage with organisational management to escalate risks and actions that cannot be managed at service level
    - identify opportunities to plan and design new services

    These principles and guidelines have been used as a basis of this report

7. The purpose of this review is to

    - Review how Out of Hours is provided and review the differing provision across the Health Board
    - Highlight adverse operational consequences arising from inadequate buildings or other infrastructure
    - Describe what excellence in OOH provision should look like
    - Carry out a gap analysis, including key issues to be resolved or mitigated following the review
    - Explore the potential for integration with Emergency Departments

Partners4Health would like to thank all who took part in supporting the work of the review and acknowledge the help and support given to the review team.

Methodology

1. The review was carried out over five weeks and was launched on 26 January 2015 with an anonymised online staff survey which was distributed to all Out of Hours staff groups in both English and Welsh languages.

2. There were a series of structured telephone interviews with key stakeholders identified by BCUHB. The interviews were carried out in confidence, usually with two directors from Partners4Health participating. All interviewees were guaranteed confidentiality and personnel from each of the three divisions were included.

   Other stakeholders were interviewed and included
   - ED consultants
   - Community service staff
   - Health Board staff

3. Delivery of the Out of Hours service was observed at the Wrexham, Bangor and Glan Clwyd co-located sites over the course of three site visits.

4. A comprehensive review of documentation was carried out

Best Practice was considered and evidence from the interviews, surveys and site visits, together with the documentation review, were used to make recommendations to support the development of the service.

Findings

1. **On-line survey (appendix 1)**
   There was an excellent response to the survey across all staff groups and locations, with 117 completed responses. The largest responding staff group was GPs (28.9%)

   There was a clear sense of pride in the service, with 84 written responses in this area. Positive comments were made regarding team work, dedication of staff and the view that a good service was being offered.

   a. **Integration**
      Roughly half the respondents felt that the OOH service felt integrated with other acute services. For those who did not feel there was integration, the key blocks to this included
      - Cultural differences
      - "Integration" varies with the workload in ED. When EDs are busy then they refer patients to OOH
      - Lack of leadership and issues related to personalities
      - Inadequate communication

   b. **Safety**
      84% of respondents felt that at times the OOH service was not safe. The key issues compromising safety were reported as
      - Unfilled shifts resulting in long wait times
      - Poor leadership
      - Excessively long waits for telephone triage

   c. **Datix**
      60% of respondents reported that they used DATIX. 40 respondents reported they did not use it for the following reasons
      - Unaware of what DATIX was
      - Lack of training
      - Difficult to use

   d. **Training**
      40% of respondents reported specific training in the past 12 months for their role in OOH. 22 respondents reported unmet training needs, including
      - Safeguarding Children
      - Triage system training to enable non-triage nurses to carry out triage
      - First aid training for drivers

   e. **How the service operates**
      80% of respondents expressed dissatisfaction in the way OOH operates. Key areas for change included

- Staff consulted and better informed regarding changes
- More visible management presence, especially when the service is in operation
- A change to three separate divisions
- Better communication with staff
- Better manager on-call arrangements
- Standby staff for unexpected sickness or surges in demand
- Stronger clinical leadership

When asked "what were the potential blocks to changes in the service?", there were 74 responses. Key themes were

- Perception that BCUHB does not view OOH as a priority
- Management not engaging with staff
- The current management structure
- Divisional leads not working well together
- The size of the service across North Wales
- Perceptions of "divisional politics"
- Not enough GP and nurse leadership
- Lack of developed decision making to the divisions

f. Workforce

A key issue for all OOH providers is workforce availability. With regard to the respondents, in 12 months time 62% said they would be working the same number of hours, with roughly the same numbers saying they will work more (14%) or less (17%). This suggests there is stability in the workforce for the next 12 months. However, the picture 3 years from now is less secure, with 45% working the same hours, 13% more and 33% less. **When analysed by staff group the most concerning area is that 55% of the GP respondents will work less for the service than they do now.**

Recommendations from the staff survey

1. Immediate attention needs to be given to improve staffing levels. In particular unfilled shifts and late unavailability of staff due to sickness. This issue is impacting on morale as well as perceptions that it compromises patient safety. Access to an urgent standby clinician in cases of surges in demand and staff sickness at short notice should be considered.
2. There is insufficient clinical leadership. Consideration should be made to appointing a lead nurse to each division. Consideration also needs to be made to the role of GP adviser. Many OOH services appoint a clinical director with a management role within the management team.
3. All staff should be trained in the use of DATIX.
4. Consideration should be given to setting up a training programme for OOH staff. As a minimum this should include mandatory training with additional safeguarding training for clinical staff.

5. Staff engagement needs to be improved. This could include regular, paid for, divisional clinical/operational team meetings, on-line staff surveys and a staff newsletter.
6. A better structured management on-call rota.
7. Three autonomous divisions within an overarching mechanism to monitor performance, quality and financial performance
8. Immediate attention should be made to the current management structure. There appear to be conflicts generated by the Head of Service also being a divisional lead. In addition there are personality issues between the divisional leads which is compromising decision making and partnership working.
9. The potential loss of over half the current GP workforce needs to be built into recruitment plans and potential service redesign to make the service less GP dependent.
10. Integration will only be possible when the clinical leadership, management issues and future structure of the service have been resolved.

2. Telephone interviews (Appendix 2)

Telephone interviews with key stakeholders were carried between 28th January 2015 and 20th February 2015. The list of interviewees was provided by BCUHB. In order to ensure an open and frank discussion, interviewees were advised that all comments would be anonymised.

The interviews have been summarised under key headings

a. Line management

Staff reported confusion as to who their line manager was. This was particularly evident for clinical staff.

b. Successes for the OOH service

- See people quickly when fully staffed
- A focus on patient care
- Autonomous Nurse Practitioners
- Get to where we want to due to good will of staff. GPs as independent contractors want to help us when our backs are to the wall.
- We have some good, loyal clinicians
- Good staff who work well as a team
- We are still here. We make things work despite obstacles from management
- Bringing the three services together. (However, they have not gelled as one)
- Adastra has the potential to enable flexibility across the sites
- Staff do an amazing job under pressure. I have never worked with such and incredible bunch of staff
- We are still here and haven't imploded
- We have staff who go the extra mile
- West co-location
- Marie Curie evening and weekend services in Central and East

c. **Main failings of the service**

There were two main areas reported. Firstly issues related to leadership and secondly, inability to fill the rota.

Management issues

- Poor communication
- Conflict between West divisional lead being head of service
- Poor management processes including un-minuted meetings and actions not completed
- Lack of trust and poor working relationships between divisional leads
- Lack of clinical leadership
- Clinical and management meetings taking place in their own silos
- Low morale due to management issues

There were also a number of additional issues

- North Wales too big an area to manage as a single service
- Limited clinical issues feature on the risk register
- Lack of continuing education for staff members

d. **Biggest challenges to the service**

The main issues, reported in several of the interviews, were

- Relationships and morale. Additional issues included
- Lack of an effective education and training programme and
- Poor premises in Wrexham.

Also reported was the tendency to be seeing sicker patients requiring home visits.

e. **Education and training**

The interviewees commonly expressed the view that operational issues overwhelmed everything and this, plus lack of clinical leadership and time, had resulted in inadequate education and training of the workforce. There is no training programme for the service. This has resulted in

- PDRs not being up to date
- Appraisals for non-medical staff not done
- Lack of clinical audit
- No clinical mentors for nurse prescribers
- No development for GPs

f. **Clinical Governance**

There was a lack of clarity amongst the interviewees as to what constituted clinical governance. Several staff members reported their audit activity as clinical governance. There were a number of concerns raised regarding the effectiveness of clinical governance meetings, although one interviewee stated that there were quarterly clinical governance meetings that reported to the CPG board

- Adverse comments on the meetings processes, for example
    1. Poor minutes (although this was reported as having improved over the past few months)

2. Notes from the clinical meetings not going anywhere
3. Papers tabled at meetings
4. Lack of confidence that issues are being tracked and actioned

- There were a number of other areas related to governance, including
    1. Lead nurse maintains the risk register
    2. Staff feel end of shift reports are not acted on
    3. Operational matters overtake clinical governance
    4. No clinical director
    5. Governance minutes not shared with the wider clinical team

g. Performance management

OOH performance was said to be put on the unplanned care dashboard and reported separately to the Welsh Office. It was thought that performance is reported to the CPG through Chris Lynes. Several interviewees commented that performance is not discussed at the Clinical Governance meetings and a further interviewee stated that OOH performance does NOT appear in the unscheduled care dashboard. Other themes included

- A general feeling that performance was just something to report and could not be managed or improved
- No benchmarking against other OOH provider

h. DATIX

There were generally negative comments regarding DATIX and the OOH culture of incident reporting.

- A number of interviewees reported lack of DATIX training
- A culture of keeping incidents within OOH
- Lack of confidence that DATIX or incident reporting generally will change anything
- Two interviewees found it difficult to use

i. Integration

Integration with local Emergency Departments was reported as working reasonably well in the West, less so in the Centre and not well in the East. There were different perceptions about how well integration was working on the same site. Key themes were

- Integration does not appear to be a corporate policy
- Current integration depends on the individuals on duty
- OOH is not at a point when it could effectively integrate with EDs

The impression from the interviewees was that joint working was variable across all sites, with some example of partnership working, especially in the West and Centre. There were no real examples of integration of services reported in the interviews.

j. What would you like to see following the review?

There were some strong themes which emerged from this question

- Review of current management arrangements
- A divisional model of provision with joint working
- The need for strong clinical leadership

Other comments included

- The Medical Adviser role does not work
- Nurses in charge of nurses
- More effective clinical audit
- More professional meetings
- More directly employed GPs in the workforce
- Staff being valued as demonstrated by positive feedback
- More money
- Improved communication between managers and the clinical team
- Improved culture. Managers being able to make changes without a grievance being taken out. Staff feeling able to speak out without fear of the consequences

Recommendations from the interviews

There are a number of recommendations that have already been made that were confirmed during these interviews. There are

Recommendation 1 (improving staffing levels) CONFIRMED Recommendation 2 (improving clinical leadership) CONFIRMED Recommendation 3 (all staff should be trained in the use of DATIX) CONFIRMED Recommendation 4 (education and training programme for OOH staff) CONFIRMED
Recommendation 5 (improved staff engagement) CONFIRMED Recommendation 7 (three autonomous divisions) CONFIRMED Recommendation 8 (immediate attention made to the current management structure) CONFIRMED Recommendation 10 (integration can only occur after clinical leadership, management issues and future structure of the service have been resolved) CONFIRMED

In addition there are the following recommendations

11. An urgent review of management systems and processes. a. Divisional Leads, Head of Service and Lead Nurse have un-minuted
meetings to make decisions, clinicians meet in isolation with their own agenda which is not linked to management or clinical governance and current clinical governance arrangements do not have a grip on clinical risk or overall performance. b. The inability of the Divisional Leads and Head of Service to work

effectively together was reinforced and will need urgent attention to enable the recommendations to be implemented
12. The system of clinical governance needs urgent attention. This recommendation will be expanded in the document review section.
13. The premises in Wrexham are in need of development. This recommendation will be expanded in the site visit section
14. There should be an annual clinical audit programme which links to local and national priorities, complaints, incidents and NICE and national guidelines underpinned by a schedule of activity
15. There needs to be stronger performance reporting and monitoring arrangements. Performance should be reviewed at the Clinical Governance meeting and should be a standing agenda item
16. The role of the Medical Advisers needs to be reviewed and taken in context with recommendation 2, strengthening clinical leadership
17. Consideration should be made to recruiting directly employed GPs and this recommendation should be taken in context with recommendation 1, improving staffing levels

3. Site visits

Visits were made to the Bangor, Glan Clwyd and Wrexham OOH sites in the period 12-26 February 2015. There were a number of issues which applied to all sites and this will form part 1 of this section. There were also issues which only related to a single site and these will be covered in part 2 of this section of this report.

Part 1

All sites host telephone triage, manned by a triage nurse and a call handler. Calls are taken non-geographically on a first come, first serviced basis. Those patients needing to be seen following triage are given appointments to see a doctor or Nurse Practitioner or a home visit.

All three sites are co-located within the local Emergency Department. Although they are co-located, there was little evidence on any of the sites of integrated working between the Emergency Departments and OOH. The reviewers found that patients could have a long journey through the current co-located services. The current system is as follows

- Patient arrives at ED with a problem suitable for the OOH service
- The receptionist puts the patient on the ED tracking system
- After a wait, the patient is seen by an ED triage nurse. This nurse can refer suitable patients to the OOH service.
- The ED triage nurse then either caries out a clinical or electronic handover of the patient who is then logged on the OOH appointment system
- After a wait, the patient sees the OOH triage nurse and there are a two options at this point
    - The patient is discharged with self-care advice

    - The patient is added to the GP or Nurse Practitioner appointment system. To prevent “queue jumping” this is the next available appointment which could be a several hours later.
- The patient sees the GP or Nurse practitioner

This potential for a long wait is recognised by ED staff who will often treat a patient who would be suitable for the OOH service as the ED wait would be less. Conversely, patient can be kept waiting in the ED and when the 4-hour target approaches, referred to OOH, putting added pressure on the OOH service. The interviewers found during interviews with ED and OOH clinicians, there was a willingness to work together but that this lacked the leadership necessary to be effective.

There were a number of issues raised on at least two sites which included

- The strict requirement that non-medical staff were not ”allowed” to opt out of the EU working time directive has resulted in loss of staff and difficulty filling shifts. Many OOH staff have day time substantive posts which makes it difficult, or at times impossible, to work in the service. The service has lost experienced staff due to this. One particular contentious area for non-medical staff is the fact that GPs are not required to have at least 11 hours between shifts but all other staff members are.
- Controlled dugs. Non-clinical checkers are used. Although, with appropriate training this is acceptable, it is a requirement that when the drugs are removed from the medicines cabinet it should be witnessed by the duty GP. The interviewers were not assured that this was happening consistently.
- The manager on-call arrangements appeared non-compliant with Agenda for Change. Staff reported non-payment of an on-call element in their pay to recognize their on-call responsibilities. In addition, any hours worked in the on-call period were not paid for but had to be claimed back, subject to the approval of the Head of Service. These hours are usually in the period where enhancements would operate but the time back in lieu was at the non-enhanced rate.
- Lack of clinical audit due to operational pressures and lack of staff.
- PDRs not up to date due to operational pressures and lack of staff.
- Lack of training on DATIX
- Two systems of reporting running in parallel; the end of shift report and DATIX
- Budgets not allocated to divisions making financial control difficult. However, there was an excellent in-house system of tracking shifts worked and billed and any outstanding payments
- Call statistics not available with the current IT set up. Therefore, unable to monitor against Welsh OOH standards
- Lack of consistent District Nurse cover meaning OOH has to respond

to calls that would normally be dealt with by District Nurses. Examples include catheter problems and end of life care, including management of syringe drivers

- There are three nurses who had been suspended on full pay for three years. We were told that the cost of this to the service was around £240,000 over this period.
- There was a system in place to audit GP and Nurse Practitioner notes but no system in place to audit GP or Nurse Practitioner telephone advice.
- Two sites felt that an on-site shift co-ordinator, at least for the busy period, would improve patient flow
- The system in place to ensure that GPs were on the Welsh Performers List is that one of the Medical Advisers looks at the weekly emails regarding doctors leaving the list. They reported that because they knew all the doctors in the OOH service across North Wales, they would pick up any Performers List leavers.
- Delays in appointing staff resulting in nurse shifts being filled with GPs at potentially greater cost. For example a member of staff was appointed in early September 2014 and was only given clearance to start in February 2015, a delay of five months.
- No-one had received the report from the excellent patient survey, carried out in April 2014.
- All sites reported difficulties filling the rota. This was especially an issue for GP cover in Wrexham
- All sites reported personality issues between the Divisional Heads and Head of Service which were compromising effective working
- There have been examples of secondments out of the GP OOH service that have impacted on effective service delivery

Part 2

- The OOH facility at Wrexham is sub optimal.
    - There are no staff rest facilities .
    - The only fridge, kettle and microwave are used in an area used for nurse triage, compromising patient confidentiality and the ability of the triage nurses to focus on their job.
    - The triage nurse conversations are not confidential and can be overheard by the patient and clinician in the adjacent consulting room.
    - There are no easily accessible toilet facilities.
    - The subjective impression of the review team was that the whole facility was tired with inadequate lighting and had inadequate work space.
    - There is no easy access between OOH and ED, compromising joint working and any future potential integration.
- The OOH facility at Glan Clwyd is excellent with well proportioned, well equipped rooms and excellent staff and office facilities. The

location adjacent to ED will support effective joint working.

- The OOH facility in Bangor is reasonable with well-equipped rooms, and a reasonable working environment. Although not ideally placed, the unit would support effective joint working with ED.

There are a number of recommendations that have already been made that were confirmed during these site visits. There are

Recommendation 1 (improving staffing levels) CONFIRMED
Recommendation 2 (improving clinical leadership) CONFIRMED
Recommendation 3 (all staff should be trained in the use of DATIX) CONFIRMED
Recommendation 4 (training programme for OOH staff) CONFIRMED
Recommendation 5 (improved staff engagement) CONFIRMED
Recommendation 6 (better manager on-call arrangements) CONFIRMED
Recommendation 7 (three autonomous divisions) CONFIRMED
Recommendation 8 (immediate attention made to the current management structure) CONFIRMED
Recommendation 10 (integration can only occur after clinical leadership, management issues and future structure of the service have been resolved) CONFIRMED
Recommendation 11 (urgent review of management systems and processes) CONFIRMED
Recommendation 13 (premises in Wrexham in need of development) CONFIRMED
Recommendation 14 (there should be a clinical audit programme) CONFIRMED
Recommendation 15 (stronger performance monitoring and reporting arrangements) CONFIRMED

In addition there are the following recommendations

18. Review the interpretation of the EU working time directive. This appears discriminatory and has affected operational resilience.
19. Ensure non-clinical checkers are trained in their role and that there is oversight of removal and replacement of controlled drugs in the medicines cabinet by the duty GP
20. Review manager on-call arrangements to ensure compliance with Agenda for Change
21. Lack of budget at a divisional level means lack of financial grip. Budgets need to be allocated by division with monies kept centrally to fund shared services, such as specialist HR.
22. Lack of reporting against Welsh OOH standards with respect to phone answering is a significant risk. This should be placed on the OOH risk register and options explored to resolve the issue.
23. There is a significant issue where OOH is carrying out work normally done

by district nurses. This places significant operational pressures on an already stretched service. BCUHB may wish to ensure equity of access to District Nursing services across North Wales.
24. The prolonged suspension of three nurses on full pay places a significant additional burden on the OOH budget. It is recommended that this issue is resolved as a matter of urgency.
25. Consideration should be given to appointing shift coordinators across all the sites to cover busy periods.
26. There should be a more robust system in place to ensure GPs are on the Welsh Performers List
27. Recruitment processes need to be reviewed to ensure less time between appointment and taking up a post in OOH.
28. The patient survey was a good news story that has not been disseminated to the OOH teams. It is recommended that it should be and that further positive news should be distributed as a matter of course
29. The Wrexham site needs refurbishment and the provision of staff facilities and in improved physical relationship with the co-located ED

4. Document review

As part of the review of OOH, over 130 BCUHB documents were reviewed. The review also considered addition external documentation regarding best practice.

- BCU New Operational Structures Part 2 12th January 2015
- NHS Wales Quality and Monitoring Standards in the Delivery of Out of Hours Care April 2006
- BCUHB GP Out of Hours Service Unscheduled Care Strategy 2013-2016
- Draft BCUHB GP Out of Hours Service Unscheduled Care Strategy 2013-16
- Primary Care Out of Hours Review Interim Report Dr Chris Jones July 2012
- BCU Health Board Partnership Review Internal Audit Report 2010 -11
- North Wales Out of Hours Service Staff Employees Relations Group April 2013
- North Wales Out of Hours Service Clinical Governance Committee Terms of Reference December 2013
- Out of Hours Organisational structure (undated)
- Draft Guidance notes to accompany organisational structure for BCUHB Out of Hours Service December 2010
- Governance – Putting Things right NHS Wales Version 2 April 2012
- Significant Events Log March 2014
- Out of Hours Risk register Feb 2014
- Out of Hours Risk Register March 2014
- Out of Hours Risk Register October 2014
- Primary Care and Specialist Medicine Risk Register Feb 2015
- Internal Audit Report GP Out of Hours Services May 2013
- PCSM01 Risk Management Guidelines February 2014
- GP Out of Hours Complaints Report April2014
- PCSM Performance Summary April – August 2014

- PCSM Performance Report April –December 2014
- PCSM Board Minutes May 2014
- PCSM Board Minutes November 2014
- Minutes of relevant meetings
- Complaints Log of uncertain date
- OOH staff Job descriptions

The supply of documents has not been consistent. Repeated requests have had to be made for minutes and agendas of meetings and some documentation has been provided multiple times. Some documentation has not been made available For example finance reports which were not available at Clinical Governance meetings and perhaps circulated at a later date and copies of monthly reporting to NHS Wales have still never been received.

By themselves, these issues may not be significant but it should certainly serve as a "smoke signal" for potential problems within the service (Keogh Report on Hospitals with High Mortality 2013).

The quality of written reports and minutes is very mixed with some extremely poor. For example

- Minutes dated incorrectly
- Few actions suggested or completed
- Action plans are generally poor
- There are spelling and grammatical errors that get in the way of the message and some documents are so confused they have no real use.
- Others, such as the report to the CPG Quality and Safety Committee, are simply lists

a. Clinical Governance (Appendix 4)

An Out of Hours Clinical Governance Group is in place and is scheduled to meet on a quarterly basis with agreed Terms of Reference (agreed December 2013). However, these terms are not consistently complied with, an issue that was raised in the NHS Wales Audit and Assurance Services review of OOH.

It is chaired by the Clinical Lead for the Out of Hours service, a Community Health Council member sits on this group and the group formally reports to the Primary Care and Specialist Medicine CPG Quality and Safety Committee. The Head of Service (or his nominated deputy) is required to attend the PCSM CPG Quality and Safety Group to report back from the North Wales OOH Clinical Governance Group. Staff members from SERG are co-opted members of the Clinical Governance Group.

The minutes are of a relatively good standard. However, it is clear that a number of the functions outlined in the Terms of Reference are not being followed. Some examples are highlighted below.

Function in Terms of Reference	Action

To instigate and complete a review of all Out of Hours Clinical Governance Guidelines/policies/ procedures on an annual basis	Policies not reviewed since December 2013
To monitor clinical training, supervision and mentorship within the Out of Hours setting	Mandatory training not completed by staff. Nurse practitioners do not have a medical mentor, PDRs not up to date, no evidence of significant educational activity within the service.
To review information and data including Serious Untoward Incidents, significant clinical incidents, complaints trends and Serious Case Reviews, ensuring that corrective and preventative action is taken and that lessons learned are widely disseminated;	Lessons learned not widely disseminated as evidenced in responses in both Surveys
To identify areas of potential risk for inclusion in the CPG's Risk Register and ensure that action is taken to mitigate or eliminate such risks	Process unclear and little evidence of mitigating action
To ensure that all services have a robust clinical audit programme in place and that results are reviewed and acted upon as necessary;	No evidence. Clinical governance and clinical meeting notes state that audits cycles are not undertaken and incomplete

To complete the governance loop the PCMS CPG Division and Health Board need to have appropriate information that enables the necessary challenge to ensure the safety and quality of care. The quality of information going to the Health Board is crucial to this. The quality of some of the papers we have reviewed could be significantly improved with more detail about the quality and safety of care, more relevant information about, for example, complaints and how they are handled and the outcomes of incidents as well as more explanation and interpretation of the raw performance data currently offered.

Recommendations from review of clinical governance documentation

Good governance is predicated on strong leadership and challenge. Strengthening the clinical leadership and making it more visible is important. The absence of a clear clinical strategy and a plan to implement it means that the service has developed in a haphazard way and the merger and development of the three services has not been implemented as effectively as it should have been

Recommendation 2 (improving clinical leadership) CONFIRMED

30. Improve the quality of minutes going to the CPG Quality and Safety Committee 31. Ensure that responsibilities and accountabilities are made very clear to staff at all levels, including clinicians, for the safe management of the service 32. To enable CPG Quality and Safety Committee to be assured about the quality of care and the management of risks within the OOH service, the Risk Register needs to

be reviewed to ensure it is up to date and that actions have been completed. For actions not completed there should be a description of how risks are being managed. Where deadlines are in place they need to be met or a change negotiated with the board.

33. A more robust approach to ensuring that all risks are captured is necessary as the lack of an agreed methodology and approach to recording needs to be considered to avoid "false assurance". For example, risks not currently captured include

a. Lack of ability to monitor phone answering standards and therefore compliance with Welsh OOH standards

b. PDRs not completed

c. Lack of District Nursing cover compromising patient safety and operation of the OOH service

d. No annual audit programme

34. Tracking decisions and actions of committees and working groups is not easy and an improved reporting mechanism is recommended

b. Clinical meetings

There are meetings called Clinical Meetings. Terms of Reference have not been supplied but it seemed to meet monthly, although there have been no meetings reported from 23rd July 2014 until 15th January 2015.

Clinical incidents, staffing levels, safety, training and other clinical issues are discussed at these meetings. However, it appears to take a long time to deal with issues raised. Policies and procedures are a standing item from December 2013 and responsibility for reviewing them has passed between a number of staff and they still have not been reviewed, despite it being one of the Welsh Quality and Monitoring standards

There seems to be little evidence of editorial control or responsibility for the minutes. Statements are made which have significant implications for the organisation, an example being a quote from the Clinical minutes of 14th January 2015, which states, *"It is unknown at the moment what is required with regard to mandatory training for doctors as no one is keeping track of it."* An example of meetings being disconnected from one another is that the minutes of the Clinical Meetings do not appear to go anywhere in the organisation and key risks, such as the one described, do not get entered into the OOH Risk Register

Recommendations from review of the Clinical Meetings documentation

35. Consideration should be made to integrate the Clinical Meetings and Clinical Governance group meetings

c. Incident reporting

The quality and format of documentation for incident reports is varied and training or guidance in their use is possibly limited as even when

the same format is used the interpretation of what information goes where is different. For example, in the surveys a number of respondents make comments such as

- *"Are issues tracked and actioned? This does not happen"*
- *Unable to meet the demands of callers on busy weekends long delay in Triage.*
- *Home Visits not always achieved in correct time span.*
- Lack of staff is reported several times on the significant risk log yet it is unclear what action is taken.

Most staff had an understanding of the need for reporting incidents which was evidenced in the responses in the surveys but there was a mixed view of the methodology and what should be reported. Evidence from the staff survey and interviews show that Datix is not well liked and many staff reference the old system of reporting on end of shift reports and continue to do so. In fact some staff say they have been told not to use Datix which has led to confusion and a potential risk that not all incidents are being captured. There was not a general understanding of what happened next after a DATIX report had been made and there was no consistent way that the outcomes were shared with the medical team, the wider nursing team or other staff. Sharing Lessons learned does not seem to be an embedded part of organisational culture.

Only one was document was received with regards to significant events, the Significant Events Log of March 2014. In this document the events reported are brief, frequently with columns left empty regarding follow up actions or lessons learned. Examples range from *poor staffing, GP bought a bulb for car, triage queues breaching 2 hours, one call handler to no GP on Deeside,* all of which have no follow up action. It is not clear what incidents are closed and what actions are being tracked and monitored. Incident reporting is not a standing item on either the Clinical Governance or Clinical meetings agendas.

Recommendations from review of the Incident reporting documentation

Recommendation 3 (all staff should be trained in the use of DATIX) CONFIRMED

36. Ensure Datix system is implemented and used by all staff 37. Improve tracking of incidents and identify trends and themes 38. Share learning from incidents to ensure the effective identification and management of risks

d. Managing Risks

The governance and risk management arrangements are not sufficiently robust to ensure that risks are passed up through the system and acted upon. There is a very good process map to follow, which is outlined in the PCSMO1 Risk Management Guidelines February 2014 and links to BCUHB Risk Management Policy and Strategy to ensure that Risk management is "everyone's business"

These Guidelines clearly indicate how risks should move through the system. For example, from Out of Hours to PCSM CPG Board and finally to BCUHB Board, where needed. However, it is not clear that this process is followed as there is no clear evidence that OOH Risk Registers are reported via the PCMS Quality and Safety Committee and discussed at the PCMS CPG Board Meetings.

Therefore, the Board does not appear to have a true picture of all risks and therefore may not have a live Risk Assurance Framework. Reporting lines are not very clear and even if set out are not always adhered to and where people deviate they appear not to have been held to account. Examples include issues that have been identified as serious enough to go from the Out of Hours Register straight to the Corporate Register and yet it is not clear if this has happened, nor what are the consequences of these issues not being addressed.

From reading minutes, the survey, interviews and site visits there is a division between clinicians and Divisional Leads and this is not formally recorded anywhere as a risk.

It appears that OOH risks are managed in isolation from directorate and corporate structures and therefore, it is difficult to track a path of how risks move through the organisation in such a way that the Board has a real understanding and a true picture.

The Out of Hours service has a Risk Register that contains the risks that have been identified, but it is unclear how far down into the frontline staff these risks are known and that the Register is understood and real. The lack of any minuted operational team meetings with Risk Management as an agenda item confirms this impression.

The review team was only supplied with the OOH Risk Register for October 2014 and latterly supplied with the PCSM Risk Register for February 2015. It is understood that all risk registers are on Sharepoint but it has been reported in the interviews that few staff actively review them here.

The OOH Risk Register is taken to the PCSM CPG Quality and Safety Committee and again it is unclear how these risks, if significant, move to

the Corporate Risk Register. When reviewing the minutes of the Quality and Safety Committees for February 2014, June 2014, August 2014 and October 2014 we found that Out of Hours was not a standing agenda item and not discussed except for

- 14th February meeting where the OOH Governance report was on the agenda but not recorded as being discussed
- 8th August minutes under AOB "*NM stated that there are GP staffing problems, palliative care issues which are failing to provide. She also stated that she needs to work with DL to add items to risk register "*
- The October minutes has the following reference to Out of Hours under Service Quality and Assurance ***OOH update –*** *NM informed group that they now have a medical advisor in each area which is a big help. Dave Phillips has split the OOH back into divisions and the complaints are split depending on where the patient lives. Nursing recruitment is better as is triage, however, still some issues with Doctors but improving.*

  The PCSM CPG Quality and Safety Meeting minutes also make reference to concerns regarding risk management. February 14th minutes state, "*Meetings that have already taken place need to be chased. MJ stated the level of risk and the level of accountability in escalation has been discussed with the individuals and is dropping below the expected level of standard"*.

  However, despite these general concerns there were only 3 OOH Clinical Governance meetings in 2014 - January, May and October but this is not clear from the Quality and Safety minutes. There were also just five OOH Clinical meetings in 2014 in January, February, March, April, and July. Lack of staff and pressures of work have been given as the reason for the reduced number of meetings. However, as has been stated previously, these meetings do not report anywhere.

  Issues raised at the Clinical Governance and the Clinical meetings do not make it through to the "crowded" Quality and Safety meetings and the issues and risks remain "hanging" unknown and unresolved in the system.

  Risk management and the cycle of improvement and following up recommendations and actions is not a process that appears to be embedded in the either the OOH or Community and Primary Care Division. This is evidenced by a number of risks that were put on the OOH Register in 2012 that still remain with little detail about follow up work that should have taken place. The Health Board needs to have assurance that risks are identified both at a service and a corporate level and actioned and removed from the Register.

Learning points and actions plans were sparse. How learning was to be shared was also brief and did not give assurance that it would happen, nor was there any way of demonstrating that it had. An example is on PCSM Risk Register February 2015 where it states that *"there is a failure to fill medical and GP OOH vacancies due to a failure to recruit Also significant reduction in senior medical staff in the Diabetes Service, reduced availability of junior and experienced medical staff attending wards and clinics. Adverse impact on clinical risks to patients and subsequently to other medical staff and operational service "* This was first raised in February 2013 but has not been reviewed since February 2014 and has not been closed. It is not clear if the mitigations, as set out in the Risk Register, have been carried out or have been successful.

Reports about incidents and complaints and other markers of quality are limited in detail in the documentation supplied and therefore of limited value. They do not give assurance that services are safe and sustainable. This, along with the invisibility of professional leadership, makes the line of sight between the "board and the ward" significantly less than ideal

Recommendations from review of the managing risk documentation

Recommendation 12 (The system of clinical governance needs urgent attention) CONFIRMED Recommendation 30 (improve quality of minutes to CPG Quality and Safety Committee) CONFIRMED Recommendation 31 (ensure responsibilities and accountabilities are clear) CONFIRMED Recommendation 32 (risk register needs to be reviewed) CONFIRMED Recommendation 33 (robust approach to ensuring all risks are captured) CONFIRMED **In summary, review the Risk Management and Governance arrangements such that there are clear lines of reporting so that issues can be connected and aligned. This will require the service to report incidents and near misses more effectively. Clinical reporting of incidents and near misses need to be connected to the business of the PCSM CPG Quality and Safety board more effectively**

e. Patient experience

Patient satisfaction appears to be very high and is undertaken by the CHC on behalf of the service. The latest report is "The Results and Findings of Patient Experience Survey 20th and 21st April 2014". This survey was undertaken over Easter Sunday and Easter Monday 2014 deemed to be one of the busiest for the North Wales Out of Hours Service. A total of 1700 appropriate patient contacts were identified and sent questionnaires. 366 responses were received which is a response rate of 22%. This is lower than in previous surveys undertaken. Good practice suggests that eliciting patients experience should be part and parcel of running clinical services. An annual survey is insufficient to measure the impact of operational changes and pressures, such as lack of clinical availability.

Recommendations from review of the Incident reporting documentation

39. Consider carrying out patient experience surveys more frequently than annually and ensure that this intelligence is used to inform service developments

f. Complaints

Specific complaints about the service are taken to the Clinical Governance Meetings and are discussed there. However, there is no regular report showing numbers and type, response times, how resolved or lessons learned.

An OOH complaints log has been included in the review, which although undated, has a file name including Feb 14. However, there were complaints dates December 2014. In this log there are a number of issues. For example

- Cases not closed after more than 1 year due to lack of clinician availability
- Cases not closed up to 2 years after the initial complaint due to meetings not taking place
- Lack of details which would be necessary to track a complaint
- Complaints with draft responses but no subsequent actions
- The complaints report also had a number of "closed cases", a number of which appeared to have outstanding actions

Recommendations from review of the complaints documentation

.

40. Review the whole complaints process and ensure that it meets National Standards

g. Performance

Understanding the quality of a service is essential and performance is a

key component in quality. However, performance of Out of Hours is not discussed at the Clinical Meetings, OOH Clinical Governance meetings, PCSM CPG Quality and Performance meetings, PCSM CPG Board meetings or BCUHB board meetings.

Performance is reported weekly to the Welsh Assembly by means of a SITREP spreadsheet and a monthly report to the Managing Unplanned Care meeting.

Performance is reported, but there is no commentary, no bench marking against Welsh Standards and no benchmarking against other OOH providers.

There was an almost total lack of understanding regarding performance amongst all staff members in the survey and clinicians in both the interviews and site visits. Performance is perceived as a management issue, not a clinical one.

As part of the review a performance dashboard was constructed, measuring 2014 performance against the 2006 Welsh Standards.

BCUHB OOH performance dashboard, 2014

Measure	Target	performance	RAG
Not more than 5% of calls abandoned after 60 seconds	**5% or less**	**Not measured** **Fail**	
90% of calls must be answered within 60 seconds if using introductory message	**90% or more**	**Not measured** **Fail**	
All calls answered within 180 seconds	**100%**	**Not measured** **Fail**	
Definitive clinical assessment of urgent calls within 20 minutes	**100%**	**80%** **Fail**	
Definitive clinical assessment within 60 minutes all other calls	**100%**	**83%** **Fail**	
Identification of life threatening conditions within 3 minutes	**100%**	**Not measured** **Fail**	
Face to face consultations			

• **Very urgent within 1 hour**	**100%**	**50%** **Fail**	
• **Urgent within 2 hours**	**100%**	**69%** **Fail**	
• **Less urgent within 6 hours**	**100%**	**Not measured** **Fail**	
BCUHB stretch target			
• **Less urgent within 4 hours**	**100%**	**88%** **Fail**	

It can be seen that there are significant failures against the standards. There is no evidence that this failure has been

- Reported to the OOH clinical governance committee
- Entered on the OOH Risk Register
- Reported to the PCSM CPG Quality and Performance committee
- Entered on the PCSM Risk Register
- Reported to BCUHB board
- Entered on the corporate risk register

Recommendations from review of the performance reporting documentation

41. Review the performance management systems to ensure
a. Performance is measured and benchmarked against Welsh Standards
b. Performance is a standing agenda item for the OOH Clinical Governance Committee
c. Underperformance is not accepted and there are tracked actions with timescales to improve performance
d. Ensure that OOH performance is reported the PSCM CPG Quality and Performance Committee
e. Ensure that any issues compromising performance, for example telephony issues preventing reporting against call handing standards, are recognised as risks and managed appropriately through the OOH Risk Register and risk management process of BCUHB

Appendix 1

On-line staff survey

Age		
Answer Options	**Response Percent**	**Response Count**
18-30	4.5%	5
31-40	21.8%	24
41-50	40.0%	44
51-60	27.3%	30
Age over 60	6.4%	7
	answered question	110
	skipped question	7

Which sex are you?		
Answer Options	**Response Percent**	**Response Count**
Female	57.1%	64
Male	42.9%	48
	answered question	112
	skipped question	5

Which employee group do you belong to? Please tick you main role.		
Answer Options	**Response Percent**	**Response Count**
GP	28.9%	33
Nurse practitioner	7.9%	9
Triage nurse	11.4%	13
Call handler	23.7%	27
Driver	16.7%	19
Shift supervisor	3.5%	4
Manager	7.9%	9
	answered question	114
	skipped question	3

Which area do you work in? Please tick where you work the majority of your hours.		
Answer Options	**Response Percent**	**Response Count**
West	21.2%	24
Central	44.2%	50
East	34.5%	39
	answered question	113
	skipped question	4

Are you employed		
Answer Options	**Response Percent**	**Response Count**
On a sessional/bank basis?	36.0%	40
On a regular contract basis?	64.0%	71
	answered question	111
	skipped question	6

What are you most proud about?

There were 84 responses to this question and typical responses include

- The staff working with me. They're dedicated and flexible with their time..
- I would not still working here but for my colleagues - the doctors, nurses blaenioraethu, the call takers, the drivers with the other practitioner nurse although I do not see them as often as that.
- I'm proud of the way we pulled together despite the endless troubles, eg lack of staff terrible
- Amazing staff who no matter what the pressures respond to patients with care and compassion and who support each other
- Staff Teamwork, pulling together under such pressure.
- I think the OOH provides an excellent service to the patients when their own GP is closed
- Delivering a good service under greater and greater pressures.
- Without the colleagues I work with I would not take on any sessions.
- The fact that even in the most difficult of times we have a cohort of staff who try to ensure that the needs of the patient are first and foremost of greatest importance
- The team spirit and priority we give to patient care over and above what is expected of the service

Does the OOH service feel integrated with other acute services? For example Emergency Departments and Minor Injury units		
Answer Options	**Response Percent**	**Response Count**
Yes	51.0%	50
No	49.0%	48
	answered question	98
	skipped question	19

If not, why not?

There were 43 responses to this question and typical responses included

- GP OOH viewed as the creator of ED problems but criticised if not able to take patients from ED if they attend inappropriately. Them and us attitude from some members of staff working within the 2 services.
- In my opinion the service occasionally feels integrated with ED but mainly when they are overwhelmed with a high volume of patients. The OOHs never use their wash room / kitchen as on the odd time that we have, we have been made to feel unwelcome.
- ED and OOH do not work closely enough together. Staff do not understand each other's roles
- Still a feeling of them and us

- OOH service treated as a dumping ground for work that A&E does not feel is significant
- Too many ego clashes, lack of leadership in both ends.
- We work well with ED and have good relationships with MIU but we are not integrated and don't think we need to be. We do, however, need to improve communications to work closer together to ensure the patient receives appropriate care in the appropriate place.
- Seems very little communication

Do you feel that the OOH service consistently delivers a safe effective service?		
Answer Options	**Response Percent**	**Response Count**
Yes	16.3%	16
No	83.7%	82
answered question		98
skipped question		19

If not, why not?

There were 99 responses to this question and typical responses included

- Usually yes. However not always. With inability to fill shifts it is inevitable that risks increase as workload can spike with inability to meet the demand - overnight can mean working through 2-3 hrs backlog of work on arrival - clearly risks evolve when would not be present if staffing was better - however there is no easy solution to that issue
- Inadequate staffing, poor leadership, inefficient working patterns
- Lack of GP in certain area and distance covered by one GP , very unsafe
- But often by the skin of it's teeth. Understaffing is a consistent problem
- Unable to meet the demands of callers on busy weekends long delay in Triage. Home Visits not always achieved in correct time span
- Almost every shift is understaffed clinically
- There were a further 92 responses, the majority expressing concerns regarding the inability to fill the rota. This was reported across all sites.

Do you use your incident reporting system (DATIX)?		
Answer Options	**Response Percent**	**Response Count**
Yes	60.2%	59
No	39.8%	39
answered question		98
skipped question		19

If not, why not?

There were 40 responses to this question and typical responses included

- Do not know to use it
- Not all of the time due to time constraints. You don't always get time to complete an incident report
- Don’t know enough about it
- Not encouraged to until very recently.
- never been told about it.
- Never even heard about this reporting system

- I find it cumbersome now it has changed and I don't have enough time spare to fill out the form. It needs to be more focused
- DATIX is new to me some say it's complex. Complaints over the years have never been acted on
- Don't know how to use it, and it seems too complicated.

Have you had any training specific for your role on OOH in the past 12 months?		
Answer Options	**Response Percent**	**Response Count**
Yes	39.6%	38
No	60.4%	58
answered question		96
skipped question		21

If no, do you have any current unmet training needs for your role in OOH?		
Answer Options	**Response Percent**	**Response Count**
Yes	31.9%	22
No	68.1%	47
answered question		69
skipped question		48

If you have training needs, what are they?

There were 29 responses to this question and typical responses included

- Child protection
- Drivers were always trained with basic first aid, in order not to give staff training we are now told we are only there to assist the doctor.
- Using triage system to be able to help when not seeing patients
- Some training on telephone consultation and triage might be of some help, but I would expect this to be funded by the service, i.e. done in paid time, given that it is going to benefit the service

Do you feel satisfied with how the OOH service operates?		
Answer Options	**Response Percent**	**Response Count**
Yes	20.4%	19
No	79.6%	74
answered question		93
skipped question		24

If not, what you like to see changed?

There were 78 responses to this question. The answers were often detailed and clearly much thought had been put into completing this section of the survey. The key themes which emerged were

- Equity of workload across areas.
- Doctors not requesting for extra money to cover calls in another area
- Doctor advice calls being added to an already fully booked surgery
- Staff feel uninformed about changes
- Avoiding the use of temporary staff

- No more doctors sleeping while the triage nurse struggles
- **More visible management presence (a frequent comment)**
- More triage over night
- **A change to three divisions (a frequent comment)**
- Consult the staff, not instruct
- **Improve communication with the staff (a frequent comment)**
- Ensure we know which manager is on call if there is a problem
- Band 2 staff not needing to make operational decisions when management is unavailable
- A retainer or enhanced rates for standby staff when there is sickness or surges in demand
- Reduction in variation in workload
- **More accessible and supportive management (a frequent comment) including out of hours**
- Clinical leadership spread too thinly
- Clinical input into the rota
- Improvements in palliative care
- **Rolling rota (a frequent comment)**
- Staff in one area should stop criticising staff in another
- Time for appraisal, development and training of staff
- Stop the blame culture
- And finally, the ever present expressed wish to see more staff on duty

If you would like to see changes, what do you consider to be the potential blocks to these changes taking place?

There were 74 responses to this question. The answers were often detailed and clearly much thought had been put into completing this section of the survey. The key themes which emerged were

- Historical ways of doing things
- Invisible borders between divisions resulting inefficient use of the mobile doctor
- BCUHB does not view OOH as a priority
- Management appearing to have their own agendas and not listening to staff
- The current management structure
- **Divisional leads do not work well together (a frequent comment)**
- The EU working time directive as implemented has resulted in staff leaving and lack of flexibility
- Size of the service
- **Lack of staff consultation by management (a frequent comment)**
- Lack of protected time to develop the workforce and carry out mandatory training
- Divisional politics
- Lack of devolved decision making authority
- Not enough nurse and GP input and leadership

With regard to your personal commitment to GP OOH, how many hours per week do you think you will be working in 1 years time compared with today		
Answer Options	**Response Percent**	**Response Count**
Less	18.1%	17
The same	66.0%	62
More	14.9%	14
None	1.1%	1
	answered question	**94**
	skipped question	**23**

With regard to your personal commitment to GP OOH, how many hours per week do you think you will be working in 3 years time compared with today		
Answer Options	**Response Percent**	**Response Count**
Less	33.0%	31
The same	45.7%	43
More	12.8%	12
None	8.5%	8
	answered question	94
	skipped question	23

Appendix 2

Stakeholder Interviews

Telephone interviews with key stakeholders were carried between 28th January 2015 and 20th February 2015. The list of interviewees was provided by BCUHB. In order to ensure an open and frank discussion, interviewees were advised that all comments would be anonymised.

In order to present the interviews effectively, quotes have been collated under key themes.

1. **Lack of clarity regarding who some of the OOH staff are accountable to was frequently reported**

2. **Successes include**
    - See people quickly when fully staffed
    - A focus on patient care
    - Autonomous Nurse Practitioners
    - Get to where we want to due to good will of staff. GPs as independent contractors want to help us when our backs are to the wall.
    - We have some good, loyal clinicians
    - Good staff who work well as a team
    - We are still here. We make things work despite obstacles from management
    - Bringing the three services together. (However, they have not gelled as one)
    - Adastra has the potential to enable flexibility across the sites
    - Staff do an amazing job under pressure. I have never worked with such an incredible bunch of staff
    - We are still here and haven't imploded
    - We have staff who go the extra mile
    - West co-location with ED
    - Marie Curie evening and weekend services in Central and East

3. **What are the main failings of the service?**
    - When it's busy I have to take short cuts but then I'm penalised for taking shortcuts
    - Managers quick to pick up the bad and do not recognise the good
    - Poor staffing and low morale…patient care affected by this
    - Communication issues. Huge **(mentioned multiple times)**
    - 3 managers of the service do not get on resulting in them and us
    - People sabotage stuff out of spite
    - Head of service and divisional lead seems an odd combination **(mentioned multiple times)**
    - Failure to get the three divisions to work as one
    - Area too big to manage
    - Combination of divisional for some things and single service for other does not work
    - There is no communication regarding strategy
    - The divisional leads and head of service meetings are not minuted and actions are not completed
    - No management input into the clinical leads meetings
    - Meetings often shelved
    - Team morale low due to management issues
    - Ineffective meetings with senior managers sulking. No notes, no action plans or follow up of actions
    - Managers thwart each other. It can be very uncomfortable
    - Divisional managers look after their own division and ignore the rest
    - Divisional managers do not trust each other **(mentioned multiple times)**
    - Distant managers and no clinical leadership
    - Weak management and failure to act on significant governance issues

- Three competing organisations have been thrown together. In fact they work against each other
- Head of Service a poor communicator and does not involve his staff **(mentioned multiple times)**
- Clinical issues do not go on the risk register
- The review is long overdue and I am excited to be contributing to it.
- We brought three organisations together and mucked it up
- OOH is a Cinderella within BCUHB **(mentioned multiple times)**
- Lack of clinical leadership **(mentioned multiple times)**
- Unilateral decisions from the Head of Service has demotivated the (staff group supplied)
- The management structure is dysfunctional. They do not get on. I have lost hair with frustration.
- Better educational activity and being able to show the workforce is accessing training
- Recruitment is the elephant in the room. Can't get doctors and it's getting worse
- Big issue with failure to fill GP shifts in Wrexham
- To try and get anything done we miss out middle management
- Clinical meetings and management meetings and never the twain shall meet

4. **Biggest challenges to the service**
    - Lack of GPs
    - Bank staff not wanting to cover antisocial hours leaving them to be picked up by regular staff
    - Relationships and morale **(mentioned multiple times).** The one place I've been when managers never mention patients
    - Sicker patients and more home visits
    - Delivering effective education and training **(mentioned multiple times)**
    - Premises in Wrexham need improving **(mentioned multiple times)**

5. **Education and Training**
    - I have not had a PDR whilst working in the service for 8 years
    - Not enough nurse time to cover mandatory training and PDR
    - Triage nurses do not have enough training
    - Managers firefighting on a daily basis so training and development neglected
    - I have never had an appraisal (non-clinician)
    - Feedback for Triage Nurses not effective. Does not include dispositions.
    - I want to introduce self-audit but no time for this
    - Clinical supervision for Triage Nurses not happening
    - We do not use clinical scenarios as part of the recruitment process
    - No development for GPs
    - We did have a training programme but it fell by the wayside
    - Only educational meeting in 2014 had zero attenders. We don't pay the hourly rate to come and can't even offer a cuppa.
    - Ongoing row with CPG regarding payment for BLS training
    - No clinical mentors for Nurse Practitioners including prescribing

6. **Clinical Governance**
    - There is a clinical management groups that meets on an ad hoc basis to review clinical issues
    - Quarterly clinical governance meetings that reports to the CPG
    - Lead nurse maintains the Risk Register
    - Commonly held perception that Audit was clinical governance **(mentioned multiple times)**
    - Are issues tracked and actioned? This does not happen
    - Some minutes at some meetings but in my experience mot meetings are not minuted, although this has improved over the past four months

- End of shift reports remain in OOH and staff report they feel they are not acted on
- Governance is not embedded
- Notes form the clinical meetings do not go anywhere
- We don't get to hear much at the coal face
- I was hoping you wouldn't mention this as I don't really understand what is going on
- There is no time at the meetings for clinical governance as we get overtaken with operational stuff
- It is difficult to say I am totally assured
- No overarching clinical director. No communication to doctors so no lessons learned.
- It's the same issues I've raised a million times
- I'd like to know what they are too
- I have been told that the clinical governance meeting is not the place to raise concerns or air dirty linen.
- I do not know if GPs have had level 3 safeguarding training
- Actions not completed as too busy trying to fill the rota
- The managers meeting doesn't happen very often and I don't get any feedback
- The clinical leads meeting notes probably end up in a black hole
- Papers are tabled at the clinical governance meeting that no-one had seen prior
- The wider clinical team do not see the clinical governance minutes

7. Performance management
    - Triage nurses never get to know about performance
    - OOH performance is put on the unplanned care dashboard
    - Performance is also reported to the Welsh Office
    - Performance not discussed at governance meetings **(mentioned multiple times)**
    - We do stats and that's about it. There is no regular review of performance
    - Performance reported to the CPG through Chris Lines
    - Performance tends to be individualised and not formalized. There is no benchmarking against other OOH providers
    - I get an email on statistics that says we've missed a target. I'm not interested in them to be honest
    - OOH does not report to the board and does NOT appear on the unscheduled care report
    - I did not know we had any performance management arrangements
    - It isn't done as it should be which is report to the Clinical Governance meeting
    - We do not report on the telephone standards as it can't be done **(mentioned multiple times)**
    - There is no formal performance reporting or management

8. DATIX
    - We don't use it because of fear of the consequences
    - Difficult to access DATIX training **(mentioned multiple times)**
    - Was told not to use it…there is a culture of keeping things in OOH
    - Ineffective
    - Staff use end of shift reports **(mentioned multiple times)**
    - I reported an incident on DATIX and not heard back
    - Everything in one place which is useful
    - I don't know what they do with it and if I have a problem I send a direct email
    - No confidence that anything we put on DATIX changes anything
    - I don't use it and people don't use it. Very difficult to use
    - Most frustrating tool I have every used.

9. Integration
    - A spread of responses from integration being essential to something to be avoided at all costs
    - Also a spread of responses from currently integration is effective to non-existent. The latter view was seen more frequently with regard to the Wrexham site
    - I try to support integration but it does not seem to be a corporate priority
    - GP OOH could do much to support ED
    - Integration depends too much on which individuals are on duty
    - Would need active management whilst the OOH base is open
    - Would need staff engagement and good communication
    - There are no joint governance arrangements in place
    - Good working in the West, OK in Centre and poor in the East due to relationship issues
    - Huge potential to learn from each other. It is my passion.
    - Management are always firefighting so integration is unlikely to happen
    - OOH is struggling so badly that it cannot take anything else on
    - Lots of older GPs will leave if there is integration. They do not want to take "hospital cases" and they are keeping the service going
    - OOH/ED is a longer term aspiration over the next 10 years
    - Need clarity on who does what

10. What would you like to see following the review?
    - Review of divisional management **(mentioned multiple times)**
    - A divisional model with cooperative working **(mentioned multiple times)**
    - Nurses in charge of nurses
    - Clinicians should run clinical services
    - Strong clinical leadership. The Medical Adviser role does not work
    - Mangers leading from the top. "I don't know what we can do to sort this out"
    - Integrated staffing model designed to meet what comes through the door.
    - ED would not work with sessional docs and we need to be the same. Promote the value of a GP in OOH. Poss a GP working days in ED and evenings in OOH
    - More autonomy
    - More money
    - More professional meetings
    - Positive feedback for staff
    - Clinical leadership **(mentioned multiple times)**
    - Communication between managers and the clinical team
    - More effective clinical audit
    - Culture…when a manager makes a change someone takes out a grievance
    - Stop the culture of fear and inability to speak out
    - The service is so dangerous, I did not want my name linked to it
    - Ensure that those who are delivering the service are listened too. They often have the best ideas

Interviewees		Background information
Eleri Evans	Mark Walker	
Hywel Hughes	Hollie Davies	• Bill Whitehead
Sefton Brennan	Christine Lynes	• Ken Dawes
Nicola McLardie	Olwen Williams	• David Lankshear
Toni Glanvin	Janette Fells	
Rebecca Payne	Keith Owen	
Chris Stockport	Hywel Hughes	
Sonia Thompson	Eamonn Jessup	
Dave Phillips	Linda Dykes	
Janna Schmidt	Liz Bowen	

Appendix 3

Recommendations

1. Immediate attention needs to be given to improve staffing levels. In particular unfilled shifts and late unavailability of staff due to sickness. This issue is impacting on morale as well as perceptions that it compromises patient safety. Access to an urgent standby clinician in cases of surges in demand and staff sickness at short notice should be considered.
2. There is insufficient clinical leadership. Consideration should be made to appointing a lead nurse to each division. Consideration also needs to be made to the role of GP adviser. Many OOH services appoint a clinical director with a management role within the management team.
3. All staff should be trained in the use of DATIX.
4. Consideration should be given to setting up a training programme for OOH staff. As a minimum this should include mandatory training with additional safeguarding training for clinical staff.
5. Staff engagement needs to be improved. This could include regular, paid for, divisional clinical/operational team meetings, on-line staff surveys and a staff newsletter.
6. A better structured management on-call rota.
7. Three autonomous divisions within an overarching mechanism to monitor performance, quality and financial performance
8. Immediate attention should be made to the current management structure. There appear to be conflicts generated by the Head of Service also being a divisional lead. In addition there are personality issues between the divisional leads which is compromising decision making and partnership working.
9. The potential loss of over half the current GP workforce needs to be built into recruitment plans and potential service redesign to make the service less GP dependent.
10. Integration will only be possible when the clinical leadership, management issues and future structure of the service have been resolved.
11. An urgent review of management systems and processes.
    a. Divisional Leads, Head of Service and Lead Nurse have un-minuted meetings to make decisions, clinicians meet in isolation with their own agenda which is not linked to management or clinical governance and current clinical governance arrangements do not have a grip on clinical risk or overall performance.
    b. The inability of the Divisional Leads and Head of Service to work effectively together was reinforced and will need urgent attention to enable the recommendations to be implemented
12. The system of clinical governance needs urgent attention. This recommendation will be expanded in the document review section.
13. The premises in Wrexham are in need of development. This recommendation will be expanded in the site visit section
14. There should be an annual clinical audit programme which links to local and

national priorities, complaints, incidents and NICE and national guidelines underpinned by a schedule of activity

15. There needs to be stronger performance reporting and monitoring arrangements. Performance should be reviewed at the Clinical Governance meeting and should be a standing agenda item
16. The role of the Medical Advisers needs to be reviewed and taken in context with recommendation 2, strengthening clinical leadership
17. Consideration should be made to recruiting directly employed GPs and this recommendation should be taken in context with recommendation 1, improving staffing levels
18. Review the interpretation of the EU working time directive. This appears discriminatory and has affected operational resilience.
19. Ensure non-clinical checkers are trained in their role and that there is oversight of removal and replacement of controlled drugs in the medicines cabinet by the duty GP
20. Review manager on-call arrangements to ensure compliance with Agenda for Change
21. Lack of budget at a divisional level means lack of financial grip. Budgets need to be allocated by division with monies kept centrally to fund shared services, such as specialist HR.
22. Lack of reporting against Welsh OOH standards with respect to phone answering is a significant risk. This should be placed on the OOH risk register and options explored to resolve the issue.
23. There is a significant issue where OOH is carrying out work normally done by district nurses. This places significant operational pressures on an already stretched service. BCUHB may wish to ensure equity of access to District Nursing services across North Wales.
24. The prolonged suspension of three nurses on full pay places a significant additional burden on the OOH budget. It is recommended that this issue is resolved as a matter of urgency.
25. Consideration should be given to appointing shift coordinators across all the sites to cover busy periods.
26. There should be a more robust system in place to ensure GPs are on the Welsh Performers List
27. Recruitment processes need to be reviewed to ensure less time between appointment and taking up a post in OOH.
28. The patient survey was a good news story that has not been disseminated to the OOH teams. It is recommended that it should be and that further positive news should be distributed as a matter of course
29. The Wrexham site needs refurbishment and the provision of staff facilities and in improved physical relationship with the co-located ED
30. Improve the quality of minutes going to the CPG Quality and Safety Committee
31. Ensure that responsibilities and accountabilities are made very clear to staff at all levels, including clinicians, for the safe management of the service
32. To enable CPG Quality and Safety Committee to be assured about the quality of care and the management of risks within the OOH service, the Risk

Register needs to be reviewed to ensure it is up to date and that actions have been completed. For actions not completed there should be a description of how risks are being managed. Where deadlines are in place they need to be met or a change negotiated with the board.

33. A more robust approach to ensuring that all risks are captured is necessary as the lack of an agreed methodology and approach to recording needs to be considered to avoid "false assurance". For example, risks not currently captured include
    a. Lack of ability to monitor phone answering standards and therefore compliance with Welsh OOH standards
    b. PDRs not completed
    c. Lack of District Nursing cover compromising patient safety and operation of the OOH service
    d. No annual audit programme
34. Tracking decisions and actions of committees and working groups is not easy and an improved reporting mechanism is recommended
35. Consideration should be made to integrate the Clinical Meetings and Clinical Governance group meetings
36. Ensure Datix system is implemented and used by all staff
37. Improve tracking of incidents and identify trends and themes
38. Share learning from incidents to ensure the effective identification and management of risks
39. Consider carrying out patient experience surveys more frequently than annually and ensure that this intelligence is used to inform service developments
40. Review the whole complaints process and ensure that it meets National Standards
41. Review the performance management systems to ensure
    a. Performance is measured and benchmarked against Welsh Standards
    b. Performance is a standing agenda item for the OOH Clinical Governance Committee
    c. Underperformance is not accepted and there are tracked actions with timescales to improve performance
    d. Ensure that OOH performance is reported the PSCM CPG Quality and Performance Committee
    e. Ensure that any issues compromising performance, for example telephony issues preventing reporting against call handing standards, are recognised as risks and managed appropriately through the OOH Risk Register and risk management process of BCUHB

Appendix 4

Chronology of Minutes and Issues from Clinical Governance & Clinical meetings July 2013 to January 2015

Type of minute	Date	Key issues	Actions	Actions completed/not
Clinical Governance	17/07/13	• Not quorate as Deputy ACOS Nursing not in attendance	Policies and procedures to be reviewed (initially by 23/07/13	Not completed due to workload
		• Staff sickness creating problem with complaints processing	Add complaints processing as serious risk to register	Was this done? Not on February or March Risk Register No others available to check
		• Task & Finish group to be set up to look at sustainability of GPOOH service and indemnity issues	Staff problems to be escalated to CPG	Was this done? Not known Not on CPG Quality and Safety minutes February 2014. No earlier available to check.
		• Discussed report by HIW which criticised BCUHB's governance arrangements & discussed ToR & how issues will be identified and escalated to CPG Board	Agreed that risk register will be in two parts & as minimum this committee will review 1. all red items 2. Items deteriorating 3. Items past action date which are not completed	OOH Risk Register May 2014 no new risks added no discussion. No recording of action plans not completed OOH Risk Register October 2014 recording of action plans not completed

		• Complaints report not completed due to sickness TG complaints lead to attend BCU Quarterly meetings NB check this	CD requires new SOP in order to deliver new registers for OOH controlled drugs	Clinical group dealing with SOP and takes until February 2014 for final draft to be produced still not signed off by October 2014 due to delay by hospital pharmacists
Clinical governance	16/10/13	No minutes		
Clinical governance	11/12/13	No minutes		
Clinical governance	29/01/14		Policies and Procedures updating	Still not completed
		Financial pressures highlighted	Risk Management & Development Plan ad hoc meeting planned for 12th March will allow CPG of any clinical consequence relating to budget provision	Q &S Meeting April 2014 No financial pressures discussed notes state OOH rotas – unfilled shifts. Issue lack of GPs, recruitment. Nurse Practitioners coming through, but lack of GP support. Has been escalated to DL, to be put onto Risk Register. CL met with Dave, needs further escalation. Dave to work with Sefton. 19 new GP have signed up. CL with expect paper in relation to issues surrounding Q & S Meeting June 2014 OOH not discussed
		Breaches of Service performance and Quality Standards	Escalation policy is on work plan for next year	On OOH Risk Register February 2014 but not on March 2014 or October 2014 Register

		Complaints from April 2103 to January 2014 noted as 134 in total • Outstanding 47 • Outstanding on Datix 13 • Outstanding not on Datix 34 • Does this mean 87 completed	Issues of significance for escalation • District nursing ongoing and worsening • Palliative care • WAST referral • Indemnity for GPs • Increase in home visits and acuity • Extreme pressures experienced in shift filling (Wrexham esp)	Q&S Meeting February 2014 Only OOH agenda item is Governance report which was not discussed Q &S April 2014 OOH Complaints not discussed (unfilled shifts etc only discussed see above in financial issues) Q &S June 2014 Meeting OOH not discussed Problems with Palliative care on OOH Risk Register October 2014
Clinical governance	14/05/14	Issues of significance have been escalated to CPG Quality and Safety meeting and responses should be reported and noted at this meeting Issue relating to District Nursing Service which are having a detrimental effect on OOH	Policies procedures and reviews	Still not updated due to time resources
		Risk register now working well 575k overspend on pay & 180k underspend on non pay Savings of 300k only resulted in 96k noted that the budget for the service is unrealistic	Clinical governance plan not done	Review for one staff group initially at a Clinical management meeting Q &S June 2014 no mention of OOH clinical governance plan
		No new risks for safety and risk register	Requirement to maintain a performers list of nurses	Has this been done? No evidence in any minutes
Clinical governance	15/10/14	• Pool indemnity highlighted as risk	Policies and procedures to be reviewed (initially by	Deferred to July but still not actioned then due

		• Need protocol for triage without TAS • Complaints reporting procedures to be refined and reported as one service • No risk register attached • No finance report available	23/07/13 30 day performance response for Complaints and incidents to be included from April Risks to go on CPG risk register • Palliative care • GPs in East • NPs in East	to workload No minutes PCMS Risk register February 2015 not on (only one received)
			CD registers received but not put into circulation as awaiting CD SOP	Final draft agreed and awaiting sign off in clinical minutes of February 2014 Hospital pharmacists now causing delay
Complaints Log	Not dated	Unclear which meeting it was taken to		
Clinical meetings	15/01/14	Review of serious incidents	Drivers need to be up to date on CPR training Controlled Drugs books need audited quarterly Issues re path lab reporting Nurses instructed to note all problems as significant events	Has this happened and where recorded? OOH October 2014 Risk register mentions issues with Path Lab results
			7% annual rise in home visits to be added to risk register	OOH Risk register 2014 includes this
			Procedures and protocols to be listed by AJ	This action has been ongoing since 2013
			Recommends that paediatric minor illness course to be re-run	Was it? No evidence in minutes

			Complaints and significant events meeting needed to discuss datix & how complaints are handled and how whole process managed	Was this done? No evidence in minutes
Clinical meeting	26/02/14	Handover of A&E issue raised – who has clinical responsibility ? - want to have working group to discuss broader issues	Mandatory training – all OOH staff groups behind	No action identified to ensure training implemented apart from discussing via PDRs
			CD SOP 5th draft amended for final sign off NB this was also raised in Clinical Governance meeting July 2013.	Still outstanding
			With a note to say on implementation of revised SOP new registers for OOH controlled drugs would be provided	Have new registers been produced NB Clinical governance minutes of 15th October 2014 state that SOP still not signed off due to delay with hospital pharmacists
			AJ wants all path lab problems for March recorded so she can contact surgeries re correct labelling	Was this done? No evidence
			DP takes over Risk Register and responsibility for amendments	
			Procedures and Protocols AJ putting together and prioritising a list of all areas which need a policy.	No evidence

			CS to provide update on progress on OOH policies on intranet	No evidence
			Issues re nurse practitioner prescribing	No evidence
			re paediatrics revised JD produced and all need to sign	No evidence
			Audits not completed for several weeks by ED &DM JF agrees to deal with poor audit scores when CS leaves as best she can with her already heavy workload	Was this done? No evidence
			Discussion re how long responses to complaints take AJ requests all shift reports to be sent to her to monitor any emerging themes . JF concerned who will deal with shift reports once CS leaves as won't be able to take on this extra workload	What action was taken ? CS due to have had meeting with DM did this happen? No evidence
			Concerns raised about NPs doing home visits – they can only see patients who fit in the matrix	What was outcome? No evidence
			Concerns re lone nurse practitioners in bases	What was outcome? No evidence
Clinical meeting	26/03/2014		Working group established for Handover A&E	April 1st initial meeting
			ED working group being set up for Central	
			Feedback from Wrexham ED group for April meeting	

			Awaiting ED group date for YG	
			Mandatory training still an issue	AJ putting together a pack on how to access it
			CD SOP still not formally signed off due to sickness	Chase CS or SG
			Date still not identified for minor paediatric illness course	NM to action
			Issues around patients being booked when GPs are on visits	Develop more robust system
			CS to produce policy for management of unwell patients being transferred to ward	Was this done and when? No evidence
			Concerns re revalidation of GPs who only work in OOH as no peer support	JF asked to pull together a report of experience in East to be used as a basis for a business case (6 month time)
			Path Lab issues raised again	Not all cases being forward for March review
			Risk register recommendation that lack of triage nurses be raised to significant level	Check if this was done No evidence
			Policies and Procedures placed in PP holding bay due to acknowledgment of size of project	No further action
			Audits still not being completed none from DM for a couple of months	CS to meet with DM What was outcome?

			Triage call handler audits ongoing	Call handler quarterly outcome audit needs to commence Does this happen?
Clinical meeting	30/04/2014		Handover working group now in place	Meeting end of May
			Re-triage of A&E referrals by nurses for comparison of outcomes v triage from non A & E.	Feedback at next meeting On Clinical Group Agenda January 2015 (first meeting since April 2014)
			Mandatory Training Infection control to be added to list	AJ still compiling list of mandatory training
			Email to all nurses reminding them of importance of ensuring their mandatory training up to date	Did NM action? Need evidence
			CD SOP still ongoing Issue re CD in cars	Meeting to discuss Did this happen? Need evidence
			Risk register Concerns raised about triage nurses working long days. Now highlighted as a risk	Not on OOH Risk Register October 2014
			Agree need to recommence monthly meetings with WAST	To be arranged Did this happen? Need evidence
			Audit issues around packs taken by DM in December but never been returned DM leaving ED Triage nurse audit continues. All nurses have been audited once.	Start these audits again Did this happen? Need evidence

			Complaints and Significant events All shift reports to AJ to capture themes	Complaints trends on OOH Complaints reports July and October 2014 No evidence for significant events trends
			CD to be discussed at CD SOP meeting next day Query review of palliative care drugs to be carried	Did this happen? Need evidence
			Issue raised re prescriptions being left out and not locked away	NM to identify who is responsible for locking away
			Chaperone training raised as an issue e learning pack sent to drivers and call handlers Poor response	
Clinical meeting	23/07/214		CS is AMD & will not attend meetings but will receive minutes	Medical advisor work to go to JF
			New medical advisors appointed JS for West and RP for Central JF lead medical advisor	
			YGC working group still not established When established it will re-triage any referrals from ED to OOH with immediate effect	RP to support facilitiation
			Mandatory Training AJ hands this over to NMc Staff having difficulty booking on BLS Training	

		CD SOP further meetings taken place New CD books ready in Deeside for when signed off.	To be signed off at next clinical Governance. However Clinical Governance Meeting October 2014 Sign off still outstanding
		Still ongoing issues with path lab results being rung through late at night	Option of letter to be delivered by driver but lack of drivers available to do this.
		Risk register Additional 190 triage hours agreed Palliative to be put on register for medical advisors to lead	Yes OOH Risk Register October 2014 has this as mitigating action for lack of staff
		PET causing a risk not able to continue next year	To be discussed at next "management" meeting. CS to be informed that cannot be supported next year due to difficulties in filling shifts Clinical Meeting January 2015 not on agenda

		Staffing levels great clinical risk due to unfilled shifts	NMc to ask SB for data for 2-3 weeks on unfilled shifts and whether stall have fulfilled their contracted hours. NMc to send email to all triage nurses that availability system will be continuing NMc to send email to all NPs regarding "being in charge" during shifts and will be expected of them. This will be cc'd to GPs for info. Did this happen? Need evidence
		Procedures and Protocols	No update
		Alltwen/Bryn to be covered by NPs at weekends from August.	Triage nurses to be informed of this so they only book patients which fit NP matrix
		Audit packs still being sent to JF to help ED	Are they being dealt with? Need evidence AJ to ensure half of triage nurses are up to date with their audit prior to leaving her current posts Has this been done? Need evidence
		Issue re continuity of call handler audits once AJ leaves and Sam goes on mat leave	Is this resolved?

		Issue re WAST home visit policy Clinical management meeting to be arranged once policies been gathered from other areas	Was this done?
		Special patients notes – each area managing differently but now addressed	Check inputted on ADASTRA
Clinical meetings 14/01/15		**Christmas and New Year feedback** JF says staffing not adequate & should have been extra shifts should have been put on	Clinical review of rota for Central and West for Easter Bank Holiday
		Shift supervisors reluctant to organise nurses	NM to organise shift supervisor competencies and training
		Issues re handover training in Bangor	suggested that paperwork be handed to OOHs and that triage nurses pick up paperwork
		Mandatory training Nursing staff database being updated by OOH admin staff *"It is unknown at the moment what is required with regard to mandatory training for doctors as no one is keeping track of it"*	JF to speak to CS and find out what they need. A database will be set up by admin staff if this is funded Does this happen? Need evidence

		Serious Adverse Incident report Audit of Nurse came out with 100%. NM concerned this is not realistic result and nurses should be trained with history taking. ABCDE system should be carried out, and any sign that something is wrong patient referred on	Needs to be a more robust method of supervising and monitoring NP practice
		CD SOP update and progress	Agenda item but no update given
		Path Lab results management	No progress Noted 3 separate systems across the sites
		Procedures and Protocol review	Too much work in other areas to carry out
		Risk register Lack of triage nurses Lack of GPs	 Recruitment drive on August 2014 so some still to start Recommended to be escalated to corporate register Not had corporate risk register to check against
		Complaints & Significant Event Learning Outcome and Themes	Nothing done as yet not time nor admin support JF to take up with TG
		Audit Main concern is not being able to save voice recording though this is working now Audit has fallen by the wayside as HD is only person available to carry this out and she is training nursing staff	A status report is required Has this happened? Need evidence

		Paediatric referrals No evidence of poor referrals although some NPs do not have paediatric experience	NM asked for mini CV from NPs of paediatric experience Is a study day required for basic paediatric training to enable nurses to become competent?

Eitem 2.3

Bwrdd Cynghorau Iechyd Cymuned Cymru
Ystafell 3.3
33-35 Heol y Gadeirlan
CAERDYDD
CF11 9HB

Board of Community Health Councils in Wales
Suite 3.3
33-35 Cathedral Road
CARDIFF
CF11 9HB

SUMMARY REPORT ON COMMUNITY HEALTH COUNCIL (CHC) COMPLAINTS DATA FOR THE NATIONAL ASSEMBLY FOR WALES PUBLIC ACCOUNTS COMMITTEE

Introduction

On 28th April 2015 the Interim Director of the Board of CHCs in Wales and other CHC colleagues gave evidence to the Public Accounts Committee of the National Assembly of Wales relating to Wales Audit Office reports on NHS Wales waiting times and key performance indicators. During the course of its questioning, the committee asked for the Board of CHCs to provide it with supplementary information relating to the number of enquiries, concerns and complaints received by the CHCs across Wales relating to NHS waiting times issues. This report furnishes the committee with the information it seeks.

Definitions

The *Datix Risk Management System* (Datix) is web-based patient safety computer software for healthcare risk management application. It is used by all the Health Boards across Wales to record patient-related incidents that occur in the NHS. The Board of CHCs in Wales uses a modified version of Datix to record all enquiries, concerns and complaints that are received via the seven CHC Independent Advocacy Services across Wales.

For clarification, the key terms that were used at the Public Accounts Committee evidence session may be defined as follows:

Enquiry:

A brief question or enquiry raised by a member of the public with a CHC about NHS Wales services which can be resolved quickly by telephone or an e-mail response.

Concern:

Any complaint, claim or reported patient safety incident (about NHS treatment or services) made to a CHC by a member of the public. Such concerns are recorded and may be pursued with a Health

Board by the Independent Advocacy Service, but they do not amount to "formal complaints" to be dealt with under NHS complaints procedures.

Complaint:

A formal expression of concern about NHS treatment or services, whether verbal or written, which requires a formal investigation by and a formal response from a Local Health Board within the context of the NHS Wales complaints process.

Data Sought by the Public Accounts Committee

The data that informs this report (and on which the oral evidence to the Public Accounts Committee was based) is taken from all enquiries, concerns and complaints raised with the CHCs across Wales between April 1st 2013 and April 1st 2015.

Over that two year period there were 8,679 pieces of data inputted by the CHC advocacy teams across Wales relating to enquiries, concerns or complaints raised by members of the public in Wales about NHS services. As the table below shows, only 3,514 of these cases were submitted to the UHBs as formal complaints. The remaining "enquiries" and "concerns" were satisfactorily dealt with at a local level (something that the CHCs are keen to encourage).

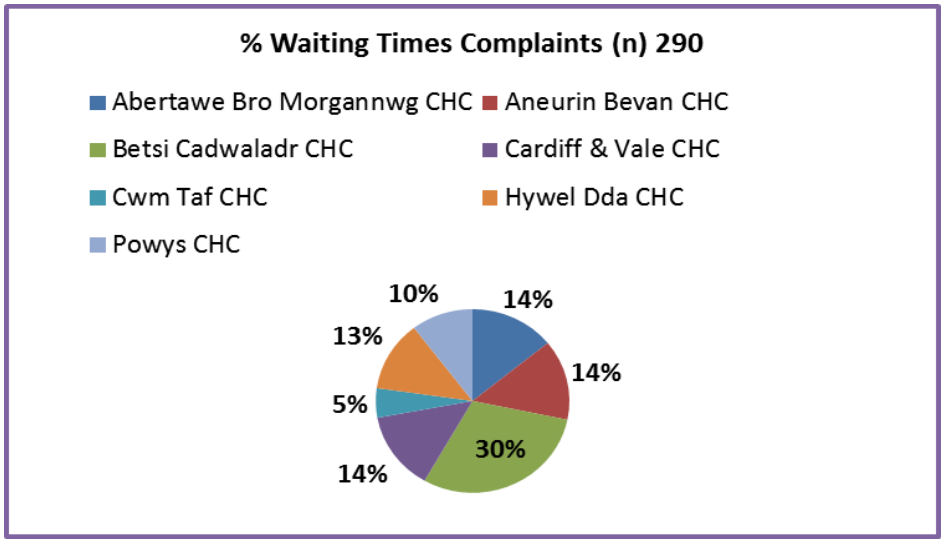
Table: Overall Data Set
01/04/2013 - 01/04/2015

CHC	Enquiries	Concerns	Complaints	Totals
Abertawe Bro Morgannwg CHC	413	243	361	1017
Aneurin Bevan CHC	259	692	466	1417
Betsi Cadwaladr CHC	726	499	1296	2521
Cardiff & Vale CHC	766	123	450	1339
Cwm Taf CHC	441	110	278	829
Hywel Dda CHC	400	170	416	986
Powys CHC	285	38	247	570
Totals	**3290**	**1875**	**3514**	**8679**

Waiting Times

As far as complaints supported by the CHC Independent Advocacy Service relating to "Waiting Times" are concerned, the CHCs across Wales received 290 formal complaints in the relevant 2 year period, as follows:

Waiting Times Complaints	
CHC	**No**
Abertawe Bro Morgannwg CHC	41
Aneurin Bevan CHC	41
Betsi Cadwaladr CHC	87
Cardiff & Vale CHC	40
Cwm Taf CHC	15
Hywel Dda CHC	36
Powys CHC	30
Total	**290**



Nature of Complaints (as per the issues of interest to the PAC)

Around 40 % of the complaints regarding waiting times related to delays in initial and/or follow-up appointments.

There is no evidence to suggest in our data that patients have been moved to 'the back of a waiting list' as a consequence of missing a scheduled appointment.

We have several cases recorded where the patient believes that their condition worsened due to delays in being given appointments. However, the case descriptions that we have are based on patient testimony and not on medical evidence.

Public Accounts Committee

Inquiry into Welfare Reform

Additional Information from Steve Porter, Operations Director, Wales and West Housing

Following the evidence session on 19 May, the following information has been provided.

Over approximately the last year we have completed 204 homes, 185 (approx. 90%) of which are 1 or 2 bedroom homes and 19 which are 3 or 4 bedroom homes.

Property type	Number
1 bed Flat	26
2 bed Flat	69
2 bed House	20
2 bed Bungalow	3
1 bed Flat extra care	33
2 bed Flat extra care	28
1 bed flat (domestic abuse refuge)	1
2 bed flat (domestic abuse refuge)	5
Total	*185 (91%)*
3 person House	17
4 person House	2
Total	*19 (9%)*

Our forecast for the next five years is shown below and is a judgement based our current expectations. The exact mix of property types is decided with the Local Authority in the run up to the scheme going ahead, with the aim of matching housing needs.

Property type	number
1 bed Flat	250
2 bed Flat	196
2 bed House	271
2 bed Bungalow	35
1 bed Flat extra care	31
2 bed Flat extra care	8
1 or 2 bed disability adapted bungalow	4
Total	*795 (84%)*
3 bed House	134
4 bed House	12
Total	*146 (16%)*

The forecast total number is 941 homes, 795 (approx. 85%) of which are 1 or 2 bedroom homes and 146 of which are 3 or 4 bedroom homes.

Public Policy Institute for Wales
Sefydliad Polisi Cyhoeddus i Gymru

Leanne Hatcher
Clerk to the PAC Committee
National Assembly for Wales
Cardiff Bay
Cardiff CF99 1NA

21st May 2015

Dear Ms Hatcher

Moving Forwards: Improving Strategic Transport Planning in Wales

I understand that during the fifth evidence session of its Inquiry into Value for Money of Motorway and Trunk Road Investment (on 21st April 2015) a member of the Public Accounts Committee cited a short passage from the report on strategic transport planning, which was published by the Public Policy Institute for Wales last November, and that this was interpreted as questioning the robustness of WelTAG.

The purpose of our report was to examine the international evidence about effective approaches to strategic transport planning and highlight any lessons that Wales might learn from these. It was, therefore, focused at a strategic level and concerned with policies and plans rather than the application of particular approaches to specific programmes and projects.

The author, Professor Preston, based his observations about WelTAG on the Stage 1 application by AECOM to the National Transport Plan in 2010. He has since written confirming that they do not apply to Stage 2 WelTAG applications at a project level, which are largely based on WebTAG.

I apologise for any confusion which the wording of his report may have caused and trust that this clarifies for members of the committee the context and scope of Professor Preston's analysis.

Yours sincerely

Professor Steve Martin

10 Museum Place, Cardiff, CF10 3BG | Tel: (0)29 20 87 5345 | www.ppiw.org.uk | info@ppiw.org.uk
10 Plas yr Amgueddfa, Caerdydd, CF10 3BG | Ffôn: (0)29 20 87 5345 | www.ppiw.org.uk | info@ppiw.org.uk

Mae cyfyngiadau ar y ddogfen hon