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Dear Mary

Joint HIW & WAO Review of Governance at Betsi Cadwaladr University Health Board

As you'll be aware a joint HIW and WAO review team was on site at the Health Board last week as part of the review of governance arrangements at the Health Board. We are very grateful to yourself and Health Board colleagues for finding the time to meet with reviewers, and for sharing information with us during what is a very challenging time for the organisation. Our particular thanks go to Grace Lewis Parry and her team for their support in helping to arrange the fieldwork week at short notice.

The information we collected last week is now being carefully considered alongside other sources of evidence, and will be used to inform the content of a draft report that we anticipate will be ready for circulation to the Health Board for factual accuracy checking in early June.

Information provided to us by Grace has demonstrated that much work is underway to address many of the concerns that HIW and WAO have previously identified. Within this we note the action that has been taken to strengthen Board meetings through use of minuted in-committee sessions, and a greater focus on patient experience information. We also note that hospital site management arrangements have been introduced, that work is underway to review the executive and clinical programme group organisational (CPG) structures, and that decisions have been taken in relation to community services.

However, information shared with us by Board members, and other senior members of staff has highlighted a number of issues which we consider are undermining the effective governance of the Health Board. Because of the nature of some of the concerns which are emerging, the review team felt it was appropriate for us to write to you now to highlight these matters. We expect these issues to feature prominently in our report, and we thought that early sight of them would allow the Health Board to start to consider its response to what are a number of potentially difficult and challenging issues.

The main concerns which are emerging so far are set out below.

- There would appear to be a potentially irretrievable breakdown in the working relationship between certain senior leaders in the Health Board, which is compromising the effective leadership and governance of the organisation.
- There is a concern about the stability and capacity of the Executive team as a result of sickness absence and staff turnover, and specific concerns about clinical leadership capacity of the Executive team given the acting nature of the executive posts with clinical responsibilities.
- In relation to the Executive team there is a further concern about a lack of cohesion in the way the team works which can mean that there is not a clear consensus amongst executives on important issues that come to the Board.
- Effective scrutiny and discussion at the Board on key issues such as urgent medical recruitment needs and CPG restructuring are being hindered by papers either being circulated late or tabled on the day. This is understandably provoking independent members to request more information in order to get the assurances they are seeking, which has the effect of further delaying key decisions.
- The Board has yet to see proposals for the reconfiguration plans involving acute services despite having commissioned this work last Summer. Notwithstanding the significant challenges associated with such a review, the delay in developing these plans is worrying given their fundamental importance in shaping future health services which are clinically and financially sustainable. Given the concerns expressed above about cohesiveness of executive team working, it will be vital to ensure that any proposals presented to the Board adequately address the inter-related issues of service, financial and workforce planning.
- Concerns that we have previously raised in relation to the governance, accountability and workability of the CPG structure have still to be fully addressed. Getting a clear consensus on the revisions to the CPG structure to address these issues appears to have been problematic, with the Board rejecting proposals that were previously submitted, and reworked partial proposals are now due to be discussed at the Board meeting on 23rd May.
- Linked to the above, accountability and performance management arrangements relating to CPGs need to be strengthened to ensure key aspects of corporate governance such ownership of budgets, responsibility for cost containment, and delivery of improvements are adequately addressed.
- When senior staff such as Assistant Medical Directors, have concerns about aspects of service delivery, we have been told it would not be uncommon for these to be raised only by email rather than through other, more formal and inclusive channels. This may be preventing important quality and safety issues from being fully considered at the appropriate forum, and creates the risk that the Board and its Committees are not fully informed of risks facing the organisation.

In addition to the issues listed above, we are also now aware of the *C. Difficile* outbreak in the Health Board, and a number of patient deaths where *C. Difficile* was the cause of mortality or a contributory factor. It is of very significant concern to us that the Board was not sighted of the magnitude of the issue in a timely manner. Moreover, the Director of Public Health Medicine has subsequently informed us that the actual scale of the problem is significantly worse than originally thought. This raises major concerns about the Health Board's clinical governance arrangements and specifically its reporting processes for something as fundamental as infection control. The exact details of the issues surrounding the outbreak are still unfolding, but the emerging picture is extremely concerning and we will continue to monitor the situation as it develops and reflect the latest position in our draft report. In the meantime, HIW will be writing separately to the Health Board to seek further information on the nature and handling of the outbreak.

Work will now continue with the preparation of a draft report setting out the totality of our findings. However, we'd be happy to receive any observations or queries that you may have on the issues raised here.

We have also given an undertaking to keep senior Welsh Government officials updated on the emerging findings of the review given the fact that they are already in close dialogue with yourself and the Chairman in relation to the challenges the Health Board is currently. It is therefore our intention to share a copy of this letter with David Sissling.

Yours sincerely



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Wales Audit Office



Mandy Collins
Deputy Chief Executive
Healthcare Inspectorate Wales

cc Professor Merfyn Jones, Chairman, Betsi Cadwaladr University Health Board