Cofnod y Trafodion
The Record of Proceedings

Y Pwyllgor Cyfrifon Cyhoeddus

The Public Accounts Committee

24/11/2015

Trawsgrifiadau'r Pwyllgor
Committee Transcripts

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

Cynnwys
Contents

Cofnodir y trafodion yn yr iaith y llefarwyd hwy ynddi yn y pwyllgor. Yn ogystal, cynhwysir trawsgrifiad o'r cyfieithu ar y pryd.

The proceedings are recorded in the language in which they were spoken in the committee. In addition, a transcription of the simultaneous interpretation is included.

Aelodau'r pwyllgor yn bresennol
Committee members in attendance

Jocelyn Davies	Plaid Cymru The Party of Wales
Keith Davies	Llafur (yn dirprwyo ar ran Sandy Mewies) Labour (substitute for Sandy Mewies)
Mike Hedges	Llafur Labour
Darren Millar	Ceidwadwyr Cymreig (Cadeirydd y Pwyllgor) Welsh Conservatives (Committee Chair)
Julie Morgan	Llafur Labour
Jenny Rathbone	Llafur Labour
Aled Roberts	Democratiaid Rhyddfrydol Cymru Welsh Liberal Democrats

Eraill yn bresennol
Others in attendance

Janet Davies	Cynghorydd Arbenigol—Ansawdd a Diogelwch, Llywodraeth Cymru Specialist Adviser, Quality and Safety, Welsh Government
Dr Andrew Goodall	Cyfarwyddwr Cyffredinol, Iechyd a Gwasanaethau Cymdeithasol/Prif Weithredwr, GIG Cymru, Llywodraeth Cymru Director General of Health and Social Services/Chief Executive, NHS Wales, Welsh Government
Joanna Jordan	Cyfarwyddwr Iechyd Meddwl, Llywodraethiant a Gwasanaethau Corfforaethol y GIG, Llywodraeth Cymru Director of Mental Health, NHS Governance and Corporate Services, Welsh Government
Martin Sollis	Cyfarwyddwr Cyllid, Llywodraeth Cymru Director of Finance, Welsh Government
Dave Thomas	Swyddfa Archwilio Cymru Wales Audit Office

Swyddogion Cynulliad Cenedlaethol Cymru yn bresennol
National Assembly for Wales officials in attendance

Fay Buckle	Clerc Clerk
Claire Griffiths	Dirprwy Glerc Deputy Clerk
Joanest Varney-Jackson	Uwch-gynghorydd Cyfreithiol Senior Legal Adviser
Paul Worthington	Y Gwasanaeth Ymchwil Research Service

Dechreuodd y cyfarfod am 09:06.
The meeting began at 09:06.

Cyflwyniadau, Ymddiheuriadau a Dirprwyon
Introductions, Apologies and Substitutions

[1] **Darren Millar**: Good morning, everybody. Welcome to today's meeting of the Public Accounts Committee. If I could just make the usual housekeeping notices, reminding Members and witnesses that the National Assembly for Wales is a bilingual institution, and that Members and witnesses should feel free to contribute to today's proceedings through either English or Welsh as they see fit. Of course, there are headsets are available for translation purposes, and these can also be used for sound amplification for those who require it. If I could encourage Members and witnesses to switch off their mobile phones, or put them onto silent mode, because they can interfere with the broadcasting equipment, and just advise you that, in the event of a fire alarm, we should follow the directions from the ushers.

[2] We've all received guidance as Members on oral declarations of interest, and I'll take those as they arise on the agenda. We have two apologies today: the first is from Mohammad Asghar, who won't be joining us today, and the second is from Sandy Mewies, but I'm very pleased to be able to welcome to the table this morning Keith Davies. Welcome to you, Keith.

09:07

Papurau i'w Nodi
Papers to Note

[3] **Darren Millar:** We have a number of papers to note. We've got the minutes of our meeting held on 17 November. I'll take it that those are noted. We've got a letter from Simon Dean, the interim chief executive at Betsi Cadwaladr University Local Health Board, with a redacted copy of the Holden report. This was circulated to Members last week, but we'll formally note it this morning. Can I take it that that's noted?

[4] We've also had a letter from Dr Andrew Goodall with an update on NHS waiting times, and we may touch on some aspects of that in our questions this morning, if that's okay. It looks particularly at referral-to-treatment times and issues in relation to that. Can I take it that that is noted?

Llywodraethu Byrddau Iechyd GIG Cymru
NHS Wales Health Board Governance

[5] **Darren Millar:** Item 3, then, moving on to our inquiry on NHS health board governance. I'm very pleased to be able to welcome to the table today Dr Andrew Goodall, director general of health and social services in the Welsh Government and chief exec of NHS Wales.

[6] **Dr Goodall:** Good morning. Bore da.

[7] **Darren Millar:** Joanna Jordan, director of mental health, NHS governance and corporate services; Martin Sollis, director of finance; and Janet Davies, who is—. Perhaps you could introduce yourself for the record, Janet.

[8] **Ms Davies:** I'm a specialist adviser for quality and patient safety.

[9] **Darren Millar:** Specialist adviser for quality and patient safety. Thank you very much indeed. Dr Goodall, this inquiry started a long time ago. As you will know, its genesis, really, was a report that was published jointly by Healthcare Inspectorate Wales and the Wales Audit Office on governance and leadership failures at the Betsi Cadwaladr health board. Since then, we've had a number of other reports that have been of concern to this particular committee, as well as in relation to some aspects of care at Abertawe Bro Morgannwg University Local Health Board. And, indeed, we've had follow-up

reports on the situation at Betsi. Can you tell me whether you think sufficient progress is being made, and how effective you think the escalation processes that operate within NHS Wales actually are?

[10] **Dr Goodall**: Thank you, Chair, and, of course, I've had the chance to participate in your own proceedings in reviewing governance on previous occasions as well. I do believe that we've been making progress on the governance arrangements in Wales. Of course, there has been a framework in place over many years, which sets out expectations for boards—their constitution and the way in which we expect things to be governed. I do think we've made progress over these recent years, not least with the good governance guide that's been issued—that's going to be refreshed in February of next year. We, of course, have had to take account of the recommendations of this committee at this stage, but I think you're right to focus on the escalation framework, maybe as an introduction of something that I think has really added some value to the system. I know it will feel as though it's still only a very early period that we're in at this stage—it's only been in place for 19 months at this stage, from April 2014—but I do think the clarity of that and reinforcing expectations for the service out there, irrespective of the function of the individual organisations, is important. I think it allows a rounded perspective to be taken, not just on performance issues but on a range of different areas. I think it allows Welsh Government to sit alongside regulators, so there is a chance, actually, to share intelligence amongst ourselves about different issues. And, of course, it's there, intended to be put in use. What we have done over this recent period of time is actually to use it for its intended purpose, which is to assess organisations and, where necessary, to move them up—and, I hope, in the future, down—the escalation process.

[11] I think it's matured. I think we've had to use the individual meetings with the regulators—the tripartite meetings that take place to make sure that we're able to genuinely focus on organisations. Certainly, in my own contact with regulators, I think that they would feel that it has been in development, but I'm very aware that it's still 19 months in at this stage. I think the fact that we have had to move organisations up has been important, and clearly we've had to use it to its ultimate intent by putting, for the first time, an organisation in Wales into special measures. I think that does show the intent has followed through.

[12] **Darren Millar**: Can you tell us—? The tripartite arrangements—obviously, Healthcare Inspectorate Wales, Wales Audit Office and Welsh

Government officials participate in the discussions on each health board. Do you think there are other parties who ought to be invited to the table who may have some intelligence about health boards?

[13] **Dr Goodall:** From a personal perspective, I think it works with the regulators, given our respective roles. I think that has given clarity. I think it would be wrong to say that we don't try and share broader intelligence. If we're aware of other issues of concern that have come through different structures, whether it's contact that we've had with individual organisations—it could be their mid-year review—or it could be some concerns that have been raised through complaints—sometimes they can emerge from a Minister's office that, for example, has raised issues—we do make sure that they are brought to the table as well. I think we should keep the escalation framework absolutely under review, however, going forward. But I do think that it has worked with the balance between Healthcare Inspectorate Wales, Wales Audit Office and with ourselves. Of course, ultimately, Ministers will have to accept recommendations from officials in terms of what that really means, based on those reflections as well.

[14] **Darren Millar:** Do you think one of the shortcomings of the system is that it requires Ministers to sign off on recommendations from the independent regulators?

[15] **Dr Goodall:** I don't think that's a problem at all at this stage. From my own perspective—

[16] **Darren Millar:** Do you perceive it could be a problem?

[17] **Dr Goodall:** Well, it could be a problem, I guess, but, in my experience, it's not been a problem in the sense that, as we've had to reflect on different issues, there may well be some different opinions expressed around tables about the progress that an individual organisation is making—I think that's quite rounded—but, to date, Ministers have accepted the recommendations that have come through and been made. We have put organisations onto enhanced monitoring. In Betsi Cadwaladr's case, it was moved to targeted intervention and, as you know, in June this year, it was pushed onto special measures. That's been accepted and endorsed.

[18] **Darren Millar:** Can I just touch on Betsi Cadwaladr? You've brought them to the table and, obviously, it triggered our piece of work. One of the issues that both regulators have expressed concern about is the lack of

permanent leadership, stable leadership, at that health board. We were told last week by the interim chief exec and the chair that good progress is being made in terms of the recruitment of a new permanent chief executive in north Wales. But then there was a bit of a spanner, it appeared to me, that was thrown into the works by the First Minister, in an announcement that was made in response to a question in the Chamber last week, which suggested that the health board might be split up. Do you think that there's a danger there in being able to recruit somebody if, halfway through a recruitment exercise, you're told that the organisation might be abolished?

[19] **Dr Goodall:** Well, I've been up in north Wales a lot myself over recent months, as you would expect, not just doing service visits but actually having a contact with the organisation, and it's clear that people will speculate on these types of issues. It's something that people do talk about in the area. I think from my perspective the most important thing is to actually get on with the appointment of the role. We've been very clear on the special measures, for example, that it's for a period of two years as a minimum in our expectations at this stage. I'm personally involved in the recruitment process around the chief executive. It will be for the board to appoint, but I'm on the panel at this stage. I know that I and the chair have had the opportunity to speak to interested candidates at this stage, and our expectation at the moment is that we should be moving ahead with an appointment process, hopefully with an appointment during December, and to be able to get somebody in very quickly at this stage.

[20] **Darren Millar:** Do you not accept though that some candidates might be put off by some uncertainty about their role?

[21] **Dr Goodall:** I think that, where Betsi—

[22] **Darren Millar:** I'm asking you now as NHS chief executive, not as director general. As NHS chief executive, do you not accept that this causes you problems?

[23] **Dr Goodall:** I think that, as NHS Wales chief executive, the fact that the organisation is in special measures is probably the key issue to try and focus on with individuals, and what they need to understand is that, as well as recognising that it means that the organisation, of course, has to make progress, actually our intention is to make sure that we're both challenging and supporting at the same time.

09:15

[24] I think that's probably the critical issue for people to be aware of, because this is not an organisation in normal circumstances that's going to be taken on by the chief executive. What I'd say at this stage is that I'm at least pleased that we do have, it looks like, potential candidates who are stepping forward. The closing date is not yet with us at this stage, but the interview date is in the diary, and I will be participating in that process.

[25] **Darren Millar**: Presumably, those candidates stepped forward before the First Minister's comments last week.

[26] **Dr Goodall**: The process is actually ongoing at this stage. The closing date won't be until the end of this month. At this stage, candidates continue to express interest. Certainly, I and the chair are having discussions on a provisional basis with people and they want to know a bit more about the situation.

[27] **Darren Millar**: You don't think it's a problem that you may need three chief executives or two chief executives in north Wales, rather than one.

[28] **Dr Goodall**: I think that we just need to have stability for the organisation. In my own experience—

[29] **Darren Millar**: This is my point though, Dr Goodall, there is no stability while people are speculating over the future shape of the NHS in north Wales, is there? Do you not accept that it was unhelpful that the First Minister has made those comments, as chief executive of NHS Wales?

[30] **Dr Goodall**: As I said, I've heard these comments being made when I've been in north Wales myself over the recent months.

[31] **Darren Millar**: Had you heard them from the First Minister's mouth before, or a Government Minister's mouth? Because every other comment previously has been: 'Betsi's not too big; we're getting on with it as it is; there's no prospect of reorganisation'.

[32] **Dr Goodall**: Chair, I believe that remains still the case. I believe that, irrespective of the size of the organisation—

[33] **Darren Millar**: So, you disagree with the First Minister's analysis that it

may be best broken up.

[34] **Dr Goodall:** I think that those sorts of decisions are not for me to focus on at the moment. I don't think it's for me to deal with. My responsibility is to make sure that we focus on getting the organisation in the right place to move forward. We've been very clear on the special measures timetable. I would expect, through the recruitment process, that we'll be able to appoint a good candidate at this stage, who really does understand the needs of the organisation at this time.

[35] **Darren Millar:** Just to press you, one further time on this, do you think that splitting Betsi Cadwaladr up into two, three or perhaps even more local health boards would be a positive development or not? Just a 'yes' or 'no' will do.

[36] **Dr Goodall:** Well, it's not really a 'yes' or 'no' answer. I believe that any organisation, whatever its size, can be managed. I think the concerns about Betsi were about leadership and governance and about the grip within the organisation. I don't think it's wholly a question of size.

[37] **Darren Millar:** Okay. You wanted to come in—I come to you, Jocelyn.

[38] **Jocelyn Davies:** When you said about people in the area speculating, are you telling us that the First Minister was speculating?

[39] **Dr Goodall:** No. I believe that any decision about Betsi would remain in a discussion that I'm not a participant of at this stage. I think that the important thing for the organisation is that it simply has stability. We've been very clear on the announcement, not least that Ministers have made, about the timescale for Betsi, with a two-year period for special measures at the moment. Clearly, in terms of expectations for those who may be interested in working for Betsi, at this stage, they'll want to understand the status of the organisation and we're being very clear at this stage that—

[40] **Jocelyn Davies:** What I'm asking you, Mr Goodall, is: is the First Minister in the same category as those people you mentioned, from the area, who are often speculating about this? Is he in the category of speculating?

[41] **Dr Goodall:** I've not spoken to the First Minister on this issue, and I couldn't respond to that.

[42] **Darren Millar**: Can you just confirm you said you haven't been party to any discussions on the shape of Betsi Cadwaladr?

[43] **Dr Goodall**: I've not been party to a discussion with the First Minister on this issue. What I have seen when I've gone up into north Wales, clearly, is that people will raise issues. When Betsi was originally configured, it obviously emerged from a range of different organisations. I think, when we look at some of the history around it, the fact that it had to actually take so many predecessor organisations and turn it into an organisation with an aspiration for one culture, with a focus on a range of services, I would accept as being quite difficult. I worked in a patch myself in Aneurin Bevan where we took previous organisations and moved them through; it was cutting across different unitary authority areas and it does take time to try and bring different sites together, different services and some of those aspirations around the individual communities as well.

[44] **Darren Millar**: Aled, it was on this, yes?

[45] **Aled Roberts**: Sut mae hynny'n wahanol i ad-drefnu llywodraeth leol, felly, os ydym yn sôn am greu dau neu un cyngor yn y gogledd?

Aled Roberts: How is that different to the reorganisation of local government, if we're talking about creating two or one councils in north Wales?

[46] **Dr Goodall**: Sorry, I don't quite understand.

[47] **Aled Roberts**: Rydych chi newydd ddweud ei bod yn anodd iawn i ddod â nifer o gyrff at ei gilydd lle mae diwylliant a phob peth felly'n wahanol. Ond, rydym ar hyn o bryd, heddiw, yn disgwyl datganiad gan y Gweinidog sydd yn sôn am uno cynghorau yn y gogledd, gan greu dau gyngor neu dri chyngor neu un cyngor. Sut mae hynny'n wahanol? Os yw'n ddigon da i lywodraeth leol, pam nad yw'n ddigon da i'r gwasanaeth iechyd? Siŵr o fod mai mater o reolaeth dda ydyw.

Aled Roberts: You have just said that it's very difficult to bring a number of bodies together where culture and so forth are different. But, at the moment, today, we're expecting a statement from the Minister discussing merging councils in north Wales, creating two or three councils or one council. How is that different? If it's good enough for local government, why isn't it good enough for the NHS? It's probably a matter of good management.

[48] **Dr Goodall:** When the original reconfiguration happened for health services in Wales, obviously, it was a very significant decision that was taken at that stage to bring together the organisations. Certainly, there's an expectation that, wherever local government ends up, there would be an aim for coterminousity with individual boundaries, in general terms, and I agree with that. But I don't think it is necessarily different or not. I think that the challenge for any organisation, of whatever size, and whatever its particular focus, is about ensuring that there's a focus from the individuals who are leading that organisation, whether that's through democratic processes or whether it's through officials themselves, and I do think it is a leadership and governance issue. I do think that any organisation of any size is able to be managed and have a focus around their particular expectations and objectives.

[49] **Aled Roberts:** Ond, Dr Goodall, roeddwn i'n clywed yn y gogledd am ryw bum neu chwe blynedd bod rheolwyr y gwasanaeth iechyd yn y gogledd yn uno'r gwahanol gyrff yma, a'u bod nhw'n dod efo undeb o ran polisïau, a phopeth felly.

Aled Roberts: But, Dr Goodall, I was hearing in north Wales for about five or six years that the managers of the NHS in north Wales were merging all these bodies, and that they were coming with unity with regard to policies, and so forth.

[50] Ac a dweud y gwir, beth rydym ni wedi ei glywed fel rhan o'r ymchwiliad yma oedd nad oedd y rhan fwyaf o'r gwaith yna wedi cael ei wneud gan y rheolwyr. Rydym yn dal i fod mewn sefyllfa lle mae nifer fawr o'r staff ar gytundebau hanesyddol, sy'n adlewyrchu o ble maen nhw wedi dod, o ran y cyrff, a phethau felly. Felly, methiant rheolwyr o fewn y gwasanaeth iechyd yn y gogledd rydym ni'n sôn amdano—nid un arweinydd, ond methiant rheolaeth o fewn y gwasanaeth iechyd.

And to tell the truth, what we've heard, as part of this inquiry is that the majority of that work hasn't been completed by the managers. We are still in a situation where a large number of staff are on historical contracts, which reflect from where they've come, in terms of the bodies, and so forth. So, it is the failure of NHS managers in north Wales that we're talking about—not one leader, but the failure of management within the NHS.

[51] **Dr Goodall:** And bringing together different organisations, you know, is a difficult environment to work through. I would have the same expectations as you—that I would have wanted and expected Betsi Cadwaladr to have made much more significant progress over that time. It's why I've

reflected on experiences elsewhere in Wales, where organisations have been able to bring together those requisite areas. And I think you're right to say that the governance review that you've been undertaking yourselves has identified that there are problems in the way in which the organisation tried to create that single culture and objective.

[52] Speaking from one example, I know, in evidence that was given last week, the reflection around the plan of the organisation, in terms of bringing things together—I mean, clearly, we monitor and review an operational plan for the organisation, to make sure that we keep a focus on performance targets and approaches that are being made around the nature of individual services. But, even at this stage, it doesn't still feel as though there is an overarching plan for north Wales that can really bring people together. Now, I see a lot of potential for that organisation to focus on the right kind of issues. I think there are emerging discussions happening. There's the wellness north Wales approach that's been brought through, which I think allows us to look through a population health lens at this stage. But I do think the organisation really does need this very clear strategic vision, and it has some fantastic opportunities, I think, in north Wales. The links with the university sector, the ability to focus on its university health board title, working alongside Bangor University, all of these need to be lifted up, I think, in terms of showing a real ambition and expectation for the north Wales population.

[53] **Darren Millar**: Okay. Julie Morgan.

[54] **Julie Morgan**: Going back to the size, in a general sense, do you feel you've learnt anything by the existing LHBs about a maximum or minimum size? I know you said that you think the important thing is the leadership, but, I mean, you could have an LHB for the whole of Wales, if you take on that sort of issue. So, what do you feel we've learnt by the present set-up?

[55] **Dr Goodall**: I think that, certainly, a need for clarity and a common purpose is quite important, and I see this in different-sized organisations in Wales. I look at an organisation like Velindre NHS Trust, on the one hand, with its particular focus and intention. I would accept that it has, perhaps, closer relations, to some extent, with its staff group, in terms of the ability to work through some individual aspirations and expectations for the organisation. But, what it has been able to do, I think, is to convey a common purpose for staff. We're currently working alongside them on a strategy that they're outlining for the future, where they do think that we can raise

standards and expectations around cancer services for the population of south Wales. And I think that's been able to generate a series of interest. Interestingly as well, they are an organisation with an approved plan; they were approved in the very first year. They are low down on our escalation levels, and they are making really good progress on a wide variety of fronts.

[56] But we see other organisations of size as well that, again, with a clarity and a common purpose, I think, can bring things together. A few years ago, I know that Cwm Taf Local Health Board had had a really difficult governance review that was undertaken, for example, by Healthcare Inspectorate Wales. And, actually, over this recent period of time, it's shown us that it is possible for an organisation—and of a size—to make sure that it can focus on its community's needs, and be clear about the leadership requirements around the board table, and give a clarity of where it wants to move forward. And, actually, Cwm Taf, at this stage—a health board that was approved in year 1 of our planning cycle—has got approved status, it's doing well on a range of fronts around its performance, it's on routine monitoring on the escalation framework. And, actually, having just done its mid-year review, two or three weeks ago, it had a very good mid-year review in terms of its strategic intentions as well as how it's performing on a range of measures. So, I think, although you may raise that size is the issue, I think that the bit that I've learnt is that it's really important how you bring the leadership teams in place around these individual issues.

[57] **Julie Morgan**: I accept that completely, but does size play any role?

[58] **Dr Goodall**: I think size definitely raises a challenge about the way in which you find opportunities to build up the relationships on a community basis. I think, given the special measures arrangements for Betsi Cadwaladr, one of our worries for north Wales has been the ability for the organisation, at scale, to really engage properly with the local community. We know that relationships do take time to create. Perhaps some of the engagement capacity and the focus of the organisation have not had quite the focus that one would have intended at this stage. I also think that a trust builds up over time as well. So, it's really important to be consistent in these different discussions that emerge in terms of building up support. So, I do think that what Cwm Taf Local Health Board did was demonstrate on a very open basis how they were handling problems. So, given that there was noise in the community and concerns, they were really able, I think, to demonstrate what they were doing about it and that they were actually putting things right. I think that helped to build up that level of community support in the area for

what the organisation was intending to achieve.

[59] **Julie Morgan:** You've used Velindre as an example, which, obviously, I know very well because it's in my constituency and I work quite closely with them. You mentioned the common purpose and the way that they're able to have the individual relationships with staff, which is partly, I think, to do with the size and the focus, with having the clear focus. How can that be repeated in very big organisations?

[60] **Dr Goodall:** Well, we have a responsibility to make sure that we share lessons with organisations and also that we're very clear about how we expect them to perform. Certainly, being clear on accountability alongside escalation is really important. In fact, after the last tripartite escalation meeting that we had, we agreed a change even on that with organisations who were at different levels, that, rather than just leave it as a discussion within that room with a label put on an organisation, we actually corresponded with the individual organisations in Wales—health boards and trusts—to describe to them if there were any outstanding concerns and where we would expect progress over the next six months at this stage.

[61] But, clearly, we have the chance to bring various things together. You know, I meet with the chief executives every month in terms of the oversight of the NHS. We have a chance to look at individual organisations. We have team Wales events where all of the directors and individual organisations in Wales are all in one room, and we've used the opportunity to learn from those kinds of experiences as well. Coincidentally, in my first week as I started as NHS Wales chief executive, the session was actually focused on 'Trusted to Care'. What was really important there was actually to learn the lessons that Abertawe Bro Morgannwg had actually gone through in terms of responding to that review and report, and provide quite a personal insight into what it had meant for the organisation at this time.

[62] I think there are lots of opportunities to bring that learning together in the NHS Wales context. Of course, we have opportunities, working with Wales Audit Office, whether it's good practice exchange, trying to promote this kind of information, just to make sure it's out there. Healthcare Inspectorate Wales often use their own annual reports and their thematic reviews to actually demonstrate good practice as well. So, one of my responsibilities—and, I think, for the central team—is how we bring these things together and orchestrate them, and make sure that people have the information to improve services and focus in their organisations.

[63] **Darren Millar:** Mike?

[64] **Mike Hedges:** Yes. I'll carry on with ABMU. I think ABMU has come to the conclusion, which I think everybody else did, that the hospital trusts are made up of units, which are hospitals, and of GP practices. They've moved towards having hospital managers, so that they actually have management on site rather than at some distance away. Is that a form of governance and management that you actually support? If so, is it going to be rolled out throughout the rest of Wales?

[65] **Dr Goodall:** Yes. I think that you absolutely need to have clarity about the hospital site arrangements. In a series of pressures, or indeed in a crisis—if there was a road traffic accident or a major incident was called—somebody does need to grip the site and make sure that the right levers are pulled at this stage. There is something about how you will work alongside people within individual sites and hospitals. In my past career, I was the general manager of Neath Port Talbot Hospital. So, I was at the Neath general hospital, and you had a chance to create those relationships on an ongoing basis, day to day. I do know that Abertawe Bro Morgannwg are already reflecting very positively on the introduction of their site presence over this recent period of time. Betsi Cadwaladr has introduced their area directors, and I know they are both associated with the sites on the one hand, but what they've also wanted to ensure is that you don't break off all of the primary and community services away from the hospital site, and, certainly, one of the intentions is how you still work on a system basis, but that people actually know who to go to when there's a need for some authority and governance within the organisation.

09:30

[66] **Mike Hedges:** Well, I think one of the things that has failed—and you might not agree with me—is linking primary and secondary care. All that seems to have happened to me—tell me if I'm wrong—is that money has been moved from primary care into secondary care, but actually getting them working more closely together, putting them under the one directorship, I don't believe has moved them one inch closer together.

[67] **Dr Goodall:** I would disagree with you not just in my national oversight, but actually, in the role that I used to discharge as a health board chief executive, and I believe that, again, organisations are in different

places. I would hope, ultimately, that when our system is really mature, you'd almost feel that you'd want to drop the primary care label and the secondary care label. I think there is a danger that what it reinforces is sometimes a very traditional approach that's always reliant on the hospital side of things.

[68] But I do think we've needed to have other mechanisms to work through. I've been really pleased, with other colleagues, about the progress that we've been making around primary care clusters in Wales. I think that's given a really discrete focus, maybe, and it is not dominated by the hospital environment, but is something that means that GPs and community teams have been able to focus on local services with the right attent.

[69] **Mike Hedges**: I agree with you entirely about primary care clusters and the progress that's been making, but that's almost despite of rather than because of the health board. Can I come back to the question I asked earlier? If it's working well in ABMU, having site managers in hospitals, is it something the rest of Wales should follow or not?

[70] **Dr Goodall**: I think it should be presented, if it has a successful impact, as good practice. I've worked with both arrangements, so I have worked with a separate director of primary care alongside a chief operating officer, and I've also worked in an environment where a chief operating officer has had the primary care responsibility as well. I still think that my organisation at that time discharged good governance irrespective of the different approaches there. What I would say is you've got to be very clear about what the benefits and outcomes are at this stage, and what it may well show is whether an organisation has matured sufficiently to get to that point or not.

[71] **Mike Hedges**: Finally, we've talked about health boards, but where I live in Morriston, in the ABMU area, an awful lot of the work done in ABMU is for Hywel Dda. I mean, a large number of Keith's constituents use Morriston as their primary hospital. You also have a hub-and-spoke model that works exceptionally well in renal services, but works across other services as well and is looking to be rolled out. Two questions leading on from that: do you think there should be more done in the hub-and-spoke model? Do you also believe that having the artificial boards, where you have an artificial boundary at Loughor bridge, is actually helping or hindering healthcare in Wales?

[72] **Dr Goodall**: I do believe that we need more clear hub-and-spoke

models. I think it works in different ways. It starts around the specialist and regional services on the one hand. You could also argue that it's the way in which one should expect the hospitals to work with community hospitals, it's the way community hospitals should network out into their individual primary care and community services, as well. So, I do think it's a principle that should happen. I think we need to be really clear on the relationships that exist. Patients don't observe the boundaries between organisations, and it's really important that whatever pathway people are on, they can access the care very quickly.

[73] We have an expectation with the organisations that we have in place in Wales that it's not about having a fortress mentality—putting up the fences at the border. I think there should be free-flowing pathways for patients through those. I think if we pick up on concerns that patients may feel that their having care is being compromised by that, we would intervene and look to address that. There are very clear signals for people to work on a collaborative basis in Wales, not least how it starts with objectives set by the Minister to chairs about that expectation. There are mechanisms in place for organisations to work with each other in Wales, and certainly, on areas like cancer pathways, for example, I can advise you that, yes, in the mid-year and end-of-year reviews that we do with organisations, we do pick up not just on the local situation, but actually to ensure that they're getting the support that's needed across organisations.

[74] I would say that the recent promotion of developments for Abertawe Bro Morgannwg and Hywel Dda together—. They've got a series of strategic proposals coming together under something called ARCH—a regional collaboration for health—linking in with the education sector very strongly. We would endorse and support that as a philosophy and approach for other areas of Wales, as well. So, I think that's been a really good start. We need to now get alongside those organisations to deliver that strategy and vision.

[75] **Keith Davies:** I agree with that, as somebody who was in Singleton Hospital last Friday, you know, coming from Llanelli. But things have changed, because I remember a consultant from Aneurin Bevan at the committee here, in response to one of my questions actually saying that Hywel Dda health board saw the Loughor bridge as a boundary and that nobody was allowed to cross that boundary. What I'm interested in now—because Betsi Cadwaladr's in this difficult position, and the most important thing that needs to be done now is to appoint the right chief executive, it seems to me. I did warn my colleagues in north Wales about four years ago

that the previous chief executive had been in Rochdale, and we'd had complaints from Rochdale to Hywel Dda, we had complaints in Hywel Dda about relationships within the community. I just wonder: who is responsible in the end for appointing these chief executives? Because we were astonished when Betsi Cadwaladr made that appointment four years ago or whenever it was. So, who is responsible in the end for the appointment of the chief executive?

[76] **Dr Goodall:** In our arrangements in NHS Wales every organisation, whatever the reporting lines up, remains an individual and sovereign organisation, so it is their appointment process in terms of discharging the legal responsibilities, not least as an employer for the individual. Welsh Government does sit within those interview panels. So, for example, I've been involved in four recent chief exec appointments in Wales. I've been on the panel, I've been part of the process, and I've been content that we've been able to appoint the right candidate on this stage.

[77] What I would say in respect of the arrangements for Betsi Cadwaladr is that I go into those arrangements particularly in the knowledge that, whilst there is the employment responsibility there, they are in special measures status. I agree with your sentiments that they must have the right chief executive appointed, and I will have the director of workforce for Welsh Government for the NHS alongside me in those arrangements as well, to make sure. We will also have other views that are able to be at the table to make sure that that is a good appointment as well. But this is not an unusual process for me. I've already been involved in that mechanism, as laid out in four other posts, and I have been very happy that the right candidates have been appointed through a competitive process and that they've been appointed because they've been the best candidate for the situation. I will endeavour to ensure, of course, that that happens for Betsi for the future. They do need an individual that can give the leadership for the organisation, who can give assurances on the governance aspect, but who is also able to build up the relationships, I think, that are needed for that individual health board.

[78] **Keith Davies:** But it seems to me, you see, that whoever appoints needs to have an independent report. Because you will remember, and I certainly remember, that, when the south Wales programme was set up for joint working between the health boards, Hywel Dda didn't want to be part of it. They wanted to be on their own, and that came back to who was in charge. So, whether Betsi Cadwaladr, their board, was given that kind of information

about what was actually happening, rather than just looking for references from people chosen by candidates—.

[79] **Dr Goodall:** Well, I wasn't part of that process. What I can say is that, as part of our process happening—and the interview date is in there—we do have headhunters who are involved, and it is precisely to ensure that we're able to make sure that candidates are clearly stepping forward with the right kind of background, as well as with an interest for the organisation as well.

[80] **Darren Millar:** Can you just clarify this? I'm going to bring in Jocelyn Davies in a second, just on board appointments. You say the Welsh Government is involved in chief executive appointments. Were you involved in the appointment of Trevor Purt?

[81] **Dr Goodall:** I wasn't.

[82] **Darren Millar:** As a Welsh Government.

[83] **Dr Goodall:** I wasn't personally involved at that point. I wasn't appointed, but David Sissling was on the panel.

[84] **Darren Millar:** Okay. So Mr Sissling was on the panel that appointed Trevor Purt in Betsi.

[85] **Dr Goodall:** He was on the panel, yes.

[86] **Darren Millar:** Okay. And, in terms of the exit arrangements from the organisation, were you sighted on the proposal by the health board in terms of the exit package we heard about last week, which, bizarrely, seems to suggest that Mr Purt is still being paid by the organisation, but working elsewhere?

[87] **Dr Goodall:** Obviously, the organisation acting as the employer has to review the legal circumstances and the employment rights and work that through. Yes, we would have been sighted on the exit arrangements at this stage. There would have been a need to make sure that, if Betsi had any proposals, they were at least acting within their local powers. They sought professional advice on that—about whether, if they were looking for a secondment arrangement, it would fit with the responsibilities that they have, and there was no need for them to refer that to Welsh Government because it fitted with their responsibilities.

[88] **Darren Millar:** But you were aware of those arrangements. Did you feel that they were appropriate, that they were a positive arrangement, given what you've said about community relations, et cetera?

[89] **Dr Goodall:** As you would expect, in the circumstances I would have been just kept updated, not least because of the accountable officer status, because I have to provide those arrangements for individuals who are acting in the interim chief executive role. I know what the health board would have done is to review, on the basis of the legal and employment rights, the best arrangement that they feel was possible in order to get on with the arrangements very quickly. I'm minded that, as HIW and the Wales Audit Office gave their own oversight at the time, I think the critical issue for the organisation was that it was really important to address the substantive arrangements for the chief executive—not least that the organisation, I think, needed momentum to move on and do the things that I outlined earlier in terms of its vision and strategy, and actually giving some confidence about the organisation as well.

[90] **Darren Millar:** I think we all accept that there needs to be some stable leadership there, and the chief executive post is absolutely critical, but can I just ask you again: did the Welsh Government express a view on whether the arrangements proposed by Betsi Cadwaladr were appropriate arrangements, particularly given that one of the areas that the board was put into special measures for was about trying to reconnect with the public? Was there any commentary from the Welsh Government when that proposal was received, about the potential damage it might do to public relationships?

[91] **Dr Goodall:** I think that, irrespective of the commentary, the health board simply had to act as employer. It needed to respect its legal responsibilities, and I think it had to get its own legal advice, work it through and make a judgment that was in line with its own board governance at this stage—

[92] **Darren Millar:** But did you give a view? I'm asking you whether you gave a view as chief executive, or NHS Wales, or as director general of the department.

[93] **Dr Goodall:** We were asked for a professional view about whether they could act within their responsibilities, and we were content that this was something that didn't need to be referred to Welsh Government, it was

about—

[94] **Darren Millar:** You were content that it didn't need to be referred, but did you think it was an appropriate arrangement? Were you happy with the arrangement?

[95] **Dr Goodall:** I don't think it's about being happy with the arrangement; I think the arrangements were such that the organisation at least could start to move on. And if the board felt, through its own governance arrangements—not least that I know it would have had to revisit this in its remuneration committee, but I feel it was in the interests of the organisation, given the situation, to actually be able to move on and make a substantive appointment for a chief executive.

[96] **Darren Millar:** So, you're happy with the arrangement?

[97] **Dr Goodall:** I think that the board had to discharge its own responsibility in this, Chair. From my perspective—

[98] **Darren Millar:** I'm asking you for your view. I'm asking you for your personal view: do you think that this is a good arrangement? Do you think that others ought to follow suit if they need to have their chief executive depart?

[99] **Dr Goodall:** I think there's a responsibility to always look at the individual circumstances, but, I think, whatever the commentary, organisations are going to have to look at the legal responsibilities. I think the important thing for Betsi is getting the right individual in post at the moment, Chair, to move on and to be able to do the things that we expect of them, whether it's about performance or whether it's about developing the strategy for the organisation.

[100] **Darren Millar:** You referred to the commentary a couple of times. Did you give any commentary about the potential risk that this might have to community relations in north Wales, as Welsh Government?

[101] **Dr Goodall:** I think we gave professional advice to say that they were able to act within their responsibilities and this wasn't a referral issue.

[102] **Darren Millar:** But you didn't ever make any comments about the potential for community relations, perhaps, to be damaged, or public

perceptions, perhaps.

[103] **Dr Goodall:** Chair, I didn't see the legal advice that was available to them; they had to do that themselves. Ultimately, they have to discharge an employer responsibility.

[104] **Darren Millar:** Okay, thank you. Jocelyn.

[105] **Jocelyn Davies:** Even though they were in special measures.

[106] So, you weren't on the panel last time. Is it the same process? That's what I'm just—.

[107] **Dr Goodall:** Underneath all of this, it's the same principle of process, but what we are doing on here are a couple of things that I hope will allow us to ensure that the appointment is robust and resilient for the organisation. There are choices, ultimately. An interview process can simply just happen. We are expecting very good information from the headhunters in advance. Clearly, we'll be shortlisting from that to manoeuvre it through. One of the reasons for having provisional conversations with people is simply to be able to respond to any areas of concern or interest that they may have that would continue. But we feel it's important to have a stakeholder mechanism as part of the process. That's worked very well, actually, for all of the previous posts that I've been involved in during this year, where there's been a stakeholder—

[108] **Jocelyn Davies:** So, is that a change from how it happened last time? That's all I'm—you don't need to describe it to me. What you're saying is that you've got extra things in this time.

[109] **Dr Goodall:** There will be extra processes in place this time, but it will be consistent with what we've done very successfully, I think, in other chief executive appointments already this year.

[110] **Jocelyn Davies:** Okay. So, it's not a repetition of last time.

[111] **Dr Goodall:** No, it will be different.

[112] **Jocelyn Davies:** In fact, it is slightly different, and you're using headhunters, as you say. It just seems to me that you've mentioned a few times a good governance guide and good practice guide, but this doesn't

guarantee that we don't have failures. The poorest traveller in Wales is good practice, because committees here—. I've been sitting on committees a long—too long, probably, and I could paper my house with all the examples of good practice, but it doesn't travel, even sometimes half a mile down the road. Why doesn't the good governance allow good practice to travel, even short distances?

[113] **Dr Goodall:** Yes, well, look, in my experience, I had no concerns about stealing good practice in order to move any organisation on that I've worked in over the last 25 years or so. I think there's always a time, of course, for innovation, but I do think that, if the evidence is there and if good practice is there, we should be looking for a way of ensuring that's implemented.

[114] **Jocelyn Davies:** There is nobody in this room that's going to disagree with you. I'm just asking you: why doesn't it happen? Everybody says, 'Oh, there's a good idea'; why doesn't it happen? You can produce all the good guides you like, but, if nobody's following it and we end up with boards in special measures, there's obviously been a problem that they haven't followed the good governance guide, have they? So, what—

09:45

[115] **Dr Goodall:** I think there are areas where we can give directions and we can ensure that's it about compliance with those, and moving things on. To some extent, I think 'Trusted to Care' allowed us to do that, where, actually, the learning that we had at that time wasn't about gently sharing the outcome for an individual organisation. I think what we actually did there was turn it into something very different with the spot-check process, for example, the sharing, the bringing together of the all-Wales expectations and expecting people to give assurance on areas like hydration, for example. So, we could explore that in more detail if you want to.

[116] **Jocelyn Davies:** As you say, you can give us examples, but then we end up with a board in special measures, so they didn't follow the guide—is that what you're telling us? That the good governance guide and the good practice guide just was ignored or—.

[117] **Dr Goodall:** No, not necessarily. I think there will always be good practice on a range of different fronts, so I don't think you have to contain it within individual boundaries of organisations. So, I think we have to keep promoting it and shout about it. As I said, I think there are some examples.

In my personal view, I think there are some clear areas where it should simply be a core expectation, and certainly where previously we've asked people to just simply adopt it, I think it should be perhaps stronger than that at this stage, and, actually, there's a need to say, 'Well, if you're not going to do it, why would you justify doing anything different?' I think that prudent healthcare allows a platform for that kind of discussion, because, actually, it's about presenting an evidence base.

[118] **Jocelyn Davies:** And it does seem from the witnesses we've had here that they were quite surprised to find that they weren't very good—shocked, in fact. They were shocked, in fact, to—. So, can you give us any evidence or any examples—again, of good practice, I suppose—of boards using outside expertise to give them some idea of how good they are, apart from inspection? We know of examples where boards use outside expertise in terms of culture and making sure it's fit for purpose. Do any of the boards in the NHS use that? Well, I can see Martin Sollis is nodding, so—.

[119] **Mr Sollis:** Aneurin Bevan is an example, where they've taken an approach to prudent healthcare and Aneurin Bevan particularly have gone outside of Wales and have looked at things like international evidence to move forward some of their out-patient elements, and to look for medical evidence and clinical evidence from abroad. I think we answered the science bit last week.

[120] **Jocelyn Davies:** So, we've got a good example there. Has that been copied anywhere else?

[121] **Dr Goodall:** Actually, the International Consortium for Health Outcomes Measurement example, which is an international outcome measures approach—it's got links with leading organisations across the whole of the world—. Because Aneurin Bevan started this of their own volition and they've managed those kinds of relationships, the discussion that we've been having with their team—we had their mid-year review three weeks ago—was our interest in now embracing that on an all-Wales basis, taking their initial learning but using the relationships in place actually to create a network across the whole of Wales. So, we'll be looking to bring that forward practically.

[122] **Jocelyn Davies:** So, is that in your good practice guide, your good governance guide? Is that in the good governance guide?

[123] **Dr Goodall:** It wouldn't feature as a specific example in the good governance guide, because that's more about the overall structure that's put in place around the individual organisations, but I would agree that that should be promoted, and not simply as good practice; I think we actually have a chance to show that that's a network arrangement that we've put in place for Wales.

[124] **Jocelyn Davies:** So, in terms of people sitting on boards, how are you as a Government ensuring that we've got people with the skills and the time to come forward and apply for board positions?

[125] **Dr Goodall:** We have a range of different ways of discharging this at the moment. We've obviously got existing members, and we need to continue to ensure that they are developed; there's a range of activities and offers made by Academy Health Wales to health boards, for example, that can be taken advantage of.

[126] **Jocelyn Davies:** But we know in Betsi that they weren't attending the training. We saw that—we saw the list of attendees; they weren't attending.

[127] **Dr Goodall:** And people do need to focus on that and attend. I was actually reflecting at my last discussion, I think, at the meeting, that, on that very afternoon, I was going to talk to about 110 members of health boards across Wales, which included independent members, actually to reflect on them about good governance and what it means, and the scrutiny and the monitoring requirements of how you triangulate in an organisation. So, there was an interest there. We've got Aneurin Bevan actually testing at the moment a self-assessment process, which is working on a checklist with Academy Health Wales, that is very much in line with the good governance guidance that we issued, which is going to be refreshed in February as well.

[128] **Jocelyn Davies:** So, are you satisfied that we've got enough talent and enough people and that they are being recruited, and that we haven't got just the same old tired people not turning up for training, and sitting on half a dozen boards?

[129] **Ms Jordan:** Can I just add that, in terms of the appointment of independent members now, we have introduced extra scrutiny at the time of appointment with assessment centres that are quite rigorous, actually, to help ensure that those that are appointed do have the necessary skills and expertise? We can provide you with the detail of that, if that would be helpful.

But we have added that in, so that should enable us to have a much better feel that those taking up the appointments are able to fulfil their roles more effectively.

[130] **Jocelyn Davies**: Are you providing training to people who would consider going on boards, if they had a little bit of training?

[131] **Dr Goodall**: We don't do that at the moment, but, certainly, it's really important to get interest. I know that, when Betsi Cadwaladr last went out for its independent members, as one example, it had a really good response, actually, and, given the situation the organisation was in, that was a good sign. I know other health boards have attracted in good interest, and, certainly, the Welsh Ambulance Services NHS Trust, when it was recruiting, had some broader interest. But happy to see how we can stimulate the interest, because it's really important that boards are diverse and representative of our broader communities.

[132] **Jocelyn Davies**: But do you feel, generally, that there's enough of a talent base, enough people coming forward, and there's not a shortage of good people to sit on boards?

[133] **Dr Goodall**: I think, certainly, on our recent testing of this, we do seem to be having good-calibre candidates stepping forward, and of a significant volume, which is allowing us to make some proper choices on the boards. I think you're aware that we pretty much replaced all of the independent members around the Welsh Ambulance Services NHS Trust table, going back about 15, 16 months or so ago. Certainly, a lot of people stepped forward with interest for that organisation.

[134] **Jocelyn Davies**: Okay, thanks.

[135] **Darren Millar**: Mike, you wanted to come in on boards.

[136] **Mike Hedges**: Yes, on good practice. You said earlier that you agreed with me that the hub-and-spoke model for renal services used in Hywel Dda and ABMU was a good example of working together. Where else in Wales do they use that hub-and-spoke model?

[137] **Dr Goodall**: There's a hub-and-spoke model in place on the renal side, equally, around Cardiff, for example, because it's got the renal specialist centre, and there are outreach renal services that are out in the

communities in south-east Wales at this time. So, that's not just a south-west Wales example, it's something that's pretty consistent in terms of the Welsh approach at this stage. There are other examples of other individual services that—

[138] **Mike Hedges**: Can I just push that—? Does Betsi Cadwaladr have a hub-and-spoke model for renal services?

[139] **Dr Goodall**: Well, they're reliant on specialist services outside of north Wales, and actually linking in, regionally, into the north-west. But they do have pathways and relationships in place that I feel are still within the spirit of the hub and spoke, because they, of course, have the locally accessible facilities as well. Whether it's precisely the same, given that the specialist centre is outside of north Wales, I would have to go and check for you, in response, but I know that they've got the local facilities, and I know that the clinical pathways in place absolutely bring the specialist centre into those arrangements as well.

[140] **Darren Millar**: Julie, was it on boards, or a different subject?

[141] **Julie Morgan**: It was really about reappointments of individual members.

[142] **Darren Millar**: Okay.

[143] **Julie Morgan**: What is the actual procedure?

[144] **Dr Goodall**: The procedure is that, when people are coming up for reappointment, the chair is able to reflect on that, and can decide one of two things. Firstly, they can ask whether it's possible for them to reappoint an individual member, and that advice can be put up to the Minister, who, ultimately, needs to endorse the independent members themselves. The second reflection that a chair can have is whether they feel, actually, in the circumstances, having done appraisals for independent members, where the board is at this stage, whether there's a need for change, do they have an opportunity to actually go out to advert, and either stand down that member, or to go out and actually test that member against a broader field, in competition. Now, the latter has been a more limited example, I think, over recent years. Typically, chairs will make their own judgments, and an independent member will either decide to stay or not stay. The Minister would have to be very confident about the individuals. But I know that, in the

Betsi session last week, there was some reflection on whether their advice would be, actually, that, perhaps, as a standard four-year term finishes, somebody should be simply tested against the external recruitment at this stage. I think we would be minded to go away and look at that at this stage. It's not something that's part of the process at this stage, but certainly something that we could look at.

[145] **Julie Morgan**: So, that's something you're seriously considering.

[146] **Dr Goodall**: Well, I think we can look at that. I think, again, it will depend on where an organisation is. I mean, if I could speak on the other side, again, from experience, my worry would be that, sometimes, continuity of independent members around the board is a positive thing, because, actually, you do build up relationships around the table. You know, scrutiny happens, people are part of strategic decisions being made, and, in the best examples, I think some continuity around the independent members is actually a positive thing. In an organisation—

[147] **Julie Morgan**: It doesn't mean they wouldn't be reappointed, does it?

[148] **Dr Goodall**: Well, it wouldn't, no, and they would be being tested against a broader area. So, I think, although it's not part of our current process, we can look at that principle. I think the Green Paper, as a general discussion against opportunities around where NHS Wales takes some of these general thoughts—we can certainly throw it into some of the considerations taking place. We just received responses, on 20 November, and are working it through at the moment. So, I think, given that prompt, we can certainly throw that into that discussion.

[149] **Julie Morgan**: It does seem to me that it would be good to have some sort of independent process, because as it is at the moment, it does depend on a value judgment.

[150] **Dr Goodall**: Yes. It's through the public services appointments process anyway, so although there's a recommendation that goes to the Minister for advice, the appointment mechanism itself goes through the public appointments process. So, I do think there is independence in that mechanism.

[151] **Julie Morgan**: But, I think you said that the Chair would have a view.

[152] **Dr Goodall:** Yes, in the current circumstances, the chair would have a view, and I guess, although I would want and expect chairs to reflect on the needs of their organisation, yes, we can look at whether that should be a trigger.

[153] **Julie Morgan:** It just seems to be that it should be a more independent process.

[154] **Darren Millar:** On boards, Jenny, for now, and I'll come back to you on the other issue.

[155] **Jenny Rathbone:** Yes, on boards. I agree with you that you need a balance between more experienced board members and fresh eyes. How do you prevent the person who's being a really critical friend from being dumped because they're asking awkward questions?

[156] **Mike Hedges:** Can I declare an interest on that? [*Laughter.*] I mean that in all seriousness, speaking as somebody who asked lots of questions and was dumped accordingly.

[157] **Darren Millar:** Noted.

[158] **Dr Goodall:** I think this is why we just need to take a rounded view on it, because I guess there would be different reflections. If we took the example there, it would be for the individual to still make sure that they're able to compete against the best of the external recruitment process. Certainly, although it's done through the public appointments process, and it's not chaired by chairs, chairs are part of that appointments mechanism itself. So, I would hope that it's a rounded process and that the assessment works for all the right reasons. I don't think the outcome we would be looking for is just because people have asked some awkward questions around the table—. I think it's really important that boards in Wales have really strong governance and have strong scrutiny monitoring. Actually, it's really important that they discharge that responsibility on behalf of communities, whatever their respective roles.

[159] **Jenny Rathbone:** It sounds as if the system isn't quite there to protect the person who is appropriately making that challenge.

[160] **Dr Goodall:** The system may not protect that. Again, I'm happy to take that away, Chair, and to put it into the consideration of potential options at

this stage. I'm happy that it could work either way at this stage.

[161] **Darren Millar**: Was it on boards, Aled, in terms of appointments?

[162] **Aled Roberts**: Ie. A allwch chi esbonio sut mae cadeiryddion byrddau iechyd yn cael eu hapwyntio?

Aled Roberts: Yes. Could you explain how the chairs of health boards are appointed?

[163] **Ms Jordan**: It's the same. The normal process is that there's a public appointments process, and—

[164] **Aled Roberts**: Ond pwy sy'n gwneud y penderfyniad? Rwy'n gwybod eu bod nhw'n ymateb i hysbysebion o ran swyddi cyhoeddus, ond beth yw'r broses ynglŷn â phwy sy'n gwneud yr apwyntiad? Rydych yn gwybod yn union beth rwy'n cyfeirio ato; yr holl sylw sy'n cael ei wneud ynglŷn â phwy sy'n cael eu hapwyntio fel cadeiryddion yng Nghymru.

Aled Roberts: But who makes the decision? I know that they respond to advertisements in terms of public appointments, but what is the process in terms of who makes the appointment? You know exactly what I'm referring to; all of the attention that is being given to who is being appointed as chairs in Wales.

[165] **Ms Jordan**: Ultimately, that's a ministerial appointment.

[166] **Darren Millar**: Jocelyn.

[167] **Jocelyn Davies**: Well, it's just a little cheeky question, because I thought, in terms of scrutiny, if you could choose the people who were scrutinising you, would you choose us? [*Laughter.*]

[168] **Dr Goodall**: I believe a real opportunity of the Welsh system is that there is a lot of scrutiny and governance around what happens. Of course, some of that has to be discharged locally, but Members will be aware of the number of committees that I've attended myself over many years, both in my previous roles, and actually in my current role. These are difficult sessions, often, for people to respond to and to be part of. I think it's a really important part of our Welsh system—this ability to have this high level of scrutiny and governance. So, I would defend this. I hope this makes it more transparent as well. They are difficult sessions, but I think it adds to the scrutiny process for Wales.

[169] **Darren Millar:** Aled, you wanted to come in.

[170] **Aled Roberts:** Mae datganiad diweddar y Dirprwy Weinidog yn sôn am greu tîm gwella o fewn Betsi Cadwaladr, ar ben y swyddogion sydd wedi bod yn rhoi cymorth iddyn nhw yn ddiweddar. Ydych chi wedi penderfynu strwythur y tîm gwella yna erbyn hyn, a'i aelodaeth hefyd?

Aled Roberts: A recent statement by the Deputy Minister talks about creating an improvement team within Betsi Cadwaladr, in addition to the officials that have been supporting them recently. Have you decided on the structure of the improvement team, and also the membership?

[171] **Dr Goodall:** Yes, and we will continue to work it through. We'll continue to get advice from those on the ground, not least from Simon, particularly, in his interim chief executive role, where we do expect him, of course, to give his own reflections and views. We've already committed, not least in the Deputy Minister's statement, to arrangements in mental health, and two individuals who are particularly being brought into the team. This is to plug some of the capacity gaps, and the particular skill sets that we think are needed within the organisation at this stage. We believe, at this stage, that, given what I said earlier, although it has an annual plan, the organisation really does need to lift its eyes about its future strategy and mechanisms on that.

[172] We're doing two things on that that will have occurred subsequent to the deputy Minister's original statement. One is that we have a meeting on Thursday with an organisation that's part of the all-Wales contracts that are in place and that we feel has expertise to potentially bring to bear on behalf of Betsi, alongside the team, but also to allow some of the skills to be transferred as well to Betsi, which I think is important for the future.

10:00

[173] So, we haven't got the outcome of that yet, but, actually, after Thursday, we'll have a view about whether that is the right capacity. We've also been reflecting with Betsi, given this requirement about engaging better with the community. We feel that, despite having increased the number of activities that have been going on across north Wales, still it feels as though they've been falling short, perhaps, on some of the capacity in place, where they could really turn this into more of a conversation on a more regular and routine basis. So, Ministers this week have been able to approve some particular funding and support, which will allow them to put in people who

will lead around engagement within the patch and actually help the organisation in those areas.

[174] But we do need to keep this under review. Last week, we were able to confirm that, alongside Dr Chris Jones going back for some revisit work, we've allocated our deputy director of primary care within Welsh Government for two or three days a week to actually help the organisation develop its primary care improvement plan, which will include the targeted spend of the primary care moneys that the Minister announced, to give support around the primary care clusters as well, because we feel that's an expertise that we can offer there. So, think we have a range of different choices that we can bring to bear.

[175] **Aled Roberts:** Roeddech chi'n sôn yn gynharach am ddiffyg cynllun strategol gan y bwrdd iechyd yn y gogledd. Yn amlwg, mi fydd rhaid inni gael cynllun gwella ar gyfer Betsi Cadwaladr, ac mae datganiad y Dirprwy Weinidog eto yn sôn am gerrig milltir. A fydd y cynllun yna'n cael ei gyhoeddi er mwyn inni fel rhanddeiliaid wybod yn union a ydyn nhw'n llwyddo i gyrraedd y cerrig milltir yna?

Aled Roberts: You mentioned earlier the north Wales health board's lack of a strategic plan. Evidently, we will have to have an improvement plan for Betsi Cadwaladr, and the statement by the Deputy Minister again mentions milestones. Will that plan be published so that we, as stakeholders, can know exactly whether they succeed in reaching those milestones?

[176] **Dr Goodall:** Yes. I would separate out the development of the strategic plan and vision—you know, the three-year plan for the organisation—from the improvement, plan as such, although the improvement plan will support the other, because that is really about making sure that milestones around the special measures areas in particular have progress. The improvement plan is under development. We are using the tripartite arrangements, working alongside Healthcare Inspectorate Wales and the Wales Audit Office to develop those at this stage. It will be very explicit, not just about the milestones that will be put in place, but the level of actions and activities that we would be expecting to be in place going forward. Some of this will build on the 100-day cycles that were initially introduced, but it goes much beyond that now for the organisation.

[177] What it will also allow us to be very explicit about is what the de-escalation criteria look like for this organisation. Although we've set this up

to two-year period of time and we'll make judgments all along the way, I think it's really important for the organisation, and probably staff in the organisation, to know what it would be taking to de-escalate, and I think we have choices there also. Whatever the organisational status, it is still possible to still focus on individual issues and de-escalate those. So, as an example, if sufficient progress was made on out-of-hours and milestones were met, would it be possible to de-escalate on that individual issue, even if the organisation was in overall terms left in special measures, just to show that there was progress? Our intention is to have a checkpoint process so that, every six months, we'll be able to give an update on this—and, yes, it will be in the public domain. We're just looking, at this stage, to first of all sign off those proposals with the regulators within the tripartite arrangements, which I hope we'll be able to do during December. And of course, the organisation has to have some contribution to that as well. What I would personally want to make sure of is that the organisation actually owns and understands those particular criteria in terms of setting the expectations for them as well, so it's dealt with on a very open and transparent basis. But it will be put in the public domain when that is signed off.

[178] **Aled Roberts**: Iawn. A ydych chi'n derbyn bod sefyllfa ariannol y bwrdd iechyd yn un fregus? Rydych chi wedi sôn am gyfarfod ddydd Iau a fydd, hwyrach, yn edrych ar gorff arall yn dod i mewn i roi cymorth iddyn nhw. Rydych chi hefyd wedi sôn hwyrach fod yna angen cymorth ychwanegol o ran cysylltiadau cyhoeddus, neu'r ffordd maen nhw'n ymwneud â'r cyhoedd yn y gogledd. Roeddwn i'n clywed yr wythnos diwethaf eu bod nhw'n talu ymgynghorwyr annibynnol i gynorthwyo aelodau'r bwrdd ac uwch-swyddogion £250 y diwrnod. A gaf i ofyn i chi o ran y corff yma sy'n mynd i ddod i mewn i weithio wrth ochr yr uwch-reolwyr: a ydy'r gost yna'n cael ei thalu gan y bwrdd iechyd, neu a ydy'r gost yna'n cael ei thalu gan Lywodraeth Cymru?

Aled Roberts: Okay. Do you accept that the health board's financial situation is a fragile one? You mentioned a meeting on Thursday that will, perhaps, look at another body coming in to provide support to them. You also mentioned that there is perhaps a need for additional support in terms of public relations, or the way that they engage with the public in north Wales. I heard last week that they were paying independent consultants £250 a day to support board members and senior officials. May I ask you, in terms of this body that's going to come into work alongside the senior managers: is that cost being paid by the health board, or is the cost being paid by Welsh Government?

[179] Rydych wedi cyfeirio at y ffaith—. O ran y cysylltiadau cyhoeddus yma, a fydd cost ar hynny? Mae adran cysylltiadau cyhoeddus Betsi Cadwaladr yn eithaf o faint, a dweud y gwir. Felly, mae cwestiynau ynglŷn ag—os ydy'r holl gymorth allanol yma yn cael ei roi i fewn—y gost i'r bwrdd iechyd ar ben adrannau, a niferoedd y rheolwyr sydd i ryw raddau hwyrach ddim yn gwneud eu gwaith.

You have referred to the fact that—. In terms of public relations, will that bear a cost? The Betsi Cadwaladr public relations department is quite big, to tell you the truth. So, I think there are questions in terms of—if all this external support is being put in—the cost being borne by the health board, on top of the departments and the managers who, to a certain extent, perhaps aren't doing their jobs.

[180] **Dr Goodall:** I think your point in principle is right, actually. We of course need to focus on the overall financial position of the organisation. We need to make sure that we get it to the best place possible at this stage. But, we also need to make sure that the organisation focuses on the quality of and the access to local services at the same time. The special-measures context does allow us to at least acknowledge some of those issues and ensure that the organisation continues to make the right kinds of decisions.

[181] On the engagement support, I was probably moving it more from just a communications perspective. I think it's about how they create this physical capacity to really get involved with the local communities and have an ongoing premise. But, what we wouldn't want to do at this stage is to feel that the organisation has been compromised further by a level of investment and support that is needed to be targeted as part of special measures. So, our underlying principles and intentions are to make sure that, where appropriate, and it may not be every single occasion, this additional support isn't something that the health board has to fund itself. We'll have advice going up to Ministers to make sure that we're able to deal with that on its own terms.

[182] I would say that the difference for me would be if somebody in a support mechanism is going in to, perhaps, where there is a vacancy within their structure, and we've helped to highlight an individual who may be able to help in that kind of aspect, that would be something within their existing budget, and actually probably we'd have the expectation that they would pick up that kind of attribute. But, I think, as a broad principle, the special-measures mechanisms and the improvement support will be something that

we would want to make sure the Welsh Government is able to support.

[183] **Aled Roberts**: Felly, er mwyn inni fod yn glir, a ydy'r drafodaeth ddydd Iau ynglŷn â'r corff allanol yma ar y sail bod Betsi yn talu amdano neu Lywodraeth Cymru?

Aled Roberts: So, just to be clear, is the Thursday discussion, in terms of this external body, based on Betsi paying for it or the Welsh Government?

[184] **Dr Goodall**: I think the principle on that—although advice would need to go up to Ministers at this stage—would be that the Welsh Government would be looking to give that support at this stage for the organisation, because we see it as a really important part of the special measures. If we identify gaps in capacity, or indeed if the organisation reflects it to us itself, we reserve the right to assess and judge it for ourselves, but I think it's really important to show that we follow through on that support as well.

[185] **Aled Roberts**: Ac, o ran yr holl ymgynghorwyr annibynnol yma sy'n cael eu talu £250 y diwrnod, a ydy nifer yr ymgynghorwyr yn Betsi yn llawer iawn uwch nag yn unman arall? Sut mae'r ymgynghorwyr annibynnol yma'n cael eu penodi?

Aled Roberts: And, in terms of all of these independent consultants who are being paid £250 a day, is the number of consultants in Betsi much higher than anywhere else? How were these independent consultants appointed?

[186] **Dr Goodall**: There are different arrangements in place across different organisations. I think every health board will reflect on times when they do need to increase some expertise or some capacity. I think the particular discussion that took place where this arose last week was actually around committee advisors. That was something that Betsi Cadwaladr had locally put in place, actually in response to the original governance review that this committee had undertaken, in order to try to secure a better focused capacity in place, alongside board members. That committee advisor role isn't something that is naturally in place in other organisations. I think it was them reflecting on their own circumstances and situation.

[187] **Aled Roberts**: Felly, sut ydym ni wedi cyrraedd y pwynt fod pobl yn cael eu penodi i fyrddau iechyd sydd angen cymorth allanol, ar gost i'r bwrdd iechyd yna—cost mae'n debyg sydd un ai'n deillio o arian a ddylai

Aled Roberts: So, how have we reached the point where people are appointed to health boards who need external support, at a cost borne by the health board—a cost that is likely either to stem from money that

gael ei wario ar reolaeth neu arian a ddylai gael ei wario ar driniaethau o fewn y bwrdd iechyd?

should be spent on management or money that should be spent on treatments within the health board?

[188] **Dr Goodall**: Every organisation has to put in management structures that it feels are fit for purpose to run its own organisation. It's really important to strike the right balance. People need to be directing as much funding as possible, of course, to direct patient care. That's what the NHS is here for and to support. But, organisations also need an infrastructure in terms of ensuring that they are able to discharge their governance, respond to scrutiny, develop their plans, and get the operational arrangements in place as well. So, I think the question here would be to simply make sure the organisation made the right judgments between these different issues and areas. I don't naturally see the committee advisor role sitting alongside boards for the future. Certainly, organisations that are at a lower level of escalation, that are not causing us concerns in this way, that have got good structured assessment responses from the Wales Audit Office at the moment, don't seem to need that. Betsi, I think, here is demonstrating that it has had problems around its board governance, not least how you have reviewed that yourselves as committee. We need to make sure that we get alongside them to respond and support that.

[189] **Aled Roberts**: Un cwestiwn olaf.

Aled Roberts: One final question.

[190] **Darren Millar**: Briefly.

[191] **Aled Roberts**: Fe wnaeth bwrdd iechyd Betsi Cadwaladr fethu cyflwyno cynllun ariannol tair blynedd o fewn yr amserlen. Roeddech chi wedi cytuno, rwy'n meddwl, ar gynllun blwyddyn efo nhw. Roedd yna ddiffyg o £26.6 miliwn ar gyfer 2014-15. Roedd adroddiad i'r bwrdd ym mis Hydref fod yna ddiffyg ychwanegol o £30 miliwn ar gyfer y flwyddyn ariannol bresennol. Felly, diffyg o £56.6 miliwn y bydd yn rhaid iddyn nhw ddod ag ef yn ôl o fewn y cynllun tair

Aled Roberts: Betsi Cadwaladr health board failed to present a three-year financial plan within the timescale. You agreed, I think, a one-year plan with them. There was a £26.6 million deficit for 2014-15. There was a report to the board in October that there was an additional deficit of £30 million for the current financial year. So, a deficit of £56.6 million that they will have to bring back within the three-year plan. Mr Sollis, could you perhaps explain to us where exactly Betsi Cadwaladr is in terms of

blynedd. A allwch chi, Mr Sollis hwyrach, egluro i ni lle yn union y mae Betsi Cadwaladr ar hyn o bryd o ran eu cynllun tair blynedd? A ydyw hi'n ymarferol i unrhyw fwrdd iechyd geisio tynnu £56.6 miliwn yn ôl dros gyfnod o dair blynedd?

its three-year plan? Is it practical for any health board to try to pull £56.6 million back over a three-year period?

[192] **Mr Sollis:** Can I try to answer in a wider sense? We're obviously aware of the financial position with Betsi. We're looking to see that improved by the year end in some way or capacity. Andrew's mentioned that we are looking. Some of those costs that are being currently incurred are support costs that need to be funded. So, there are some things that will help to reduce the deficit in this current year. We are putting them through special measures actions. I think it was presented to you last week. Simon Dean and Peter Higson said to you that there are opportunities in Betsi to turn this around. I think, in terms of long-term financial stability or sustainability, I think the opportunities are there. I think, in the short term, it's going to be more difficult and I can't see—. I think that the Minister, in the Finance Committee, stated that it's remote that we can see that they will turn that around in deficit terms within their three-year arrangements. What's important is that we sit alongside them, support them through that process, and get them into the sustainable position in the longer term. But you can't financially plan without having the other parts of the plan in place—the strategic plan, the workforce plan, and other issues in order to do that. So, for me, one of the reasons that they were first escalated in financial terms was because of that absence of a plan. I think that was raised in the Ann Lloyd report. Without those three pillars—the strategic element, the workforce element, and other issues—we won't get them into the sustainable position. That's exactly why we have to put the special measures actions in place and support them.

[193] Do I see the deficits being repaid over that three-year period? At this point in time, the most important part of that is to ensure that quality of care and patient care continues. What we would not want them to do is to take financial decisions that impinge on those aspects. So, what we're doing as part of special measures is sitting alongside them, monitoring that very, very closely, putting in the relevant support where we need to, to ensure that we get into that sustainable position. There are opportunities that they can go for. Some of the reports they've had from a consultancy perspective actually identify those for them. It's about how they grasp those and how they take them forward, with engagement across the organisation, and the

development of plans that others are succeeding to do.

[194] **Aled Roberts**: But there are already patients in north Wales who have been told that treatments have been cancelled until the end of the financial year. So, if that is wrong, where is the communication that that is wrong?

[195] **Dr Goodall**: Well, I suggest, Chair, that I pick that up at this stage because, certainly, we're working with Betsi Cadwaladr alongside all of the health boards in Wales about expectations for improvements on waiting times, about progress being made. The positions, actually, on waiting times were improved between August and September. Actually, Betsi Cadwaladr had improved their situation. They're currently ahead of their profile in terms of what they can do there. I know that they are committing to a level of elective activity, you know, from now right through to the end of March, and a range of actions is in place to actually improve that. So, I suggest that I look to clarify that with the organisation on your behalf.

[196] **Darren Millar**: Just in terms of wider NHS finances as well, perhaps you could drop us a note on what the current position is, looking towards the year end in all of the health boards. I think that that would be useful.

[197] **Dr Goodall**: Okay. We'll do that, Chair. Thank you.

[198] **Darren Millar**: Jenny Rathbone.

10:15

[199] **Jenny Rathbone**: Moving away from finances but recognising that finance is really challenging for any health board, I'm looking really to some of the issues that cause health boards to get into financial difficulties in the first place, and the early warning systems that do or don't exist sufficiently to try and head off clinical governance failures. We heard robustly your plans for the financial controls of health boards in the Finance Committee. Four of us were there, so we don't need to rehearse that. We accept that those are in place, but when you're looking at how the tripartite arrangements between yourselves, the WAO and HIW work in terms of identifying earlier when things are going wrong clinically and in terms of leadership, I think, if I was a man from Mars, I'd be surprised that HIW didn't have the independence that Estyn has. I wonder if you could explain why that isn't the case, and whatever you want to say about that in the light of Ruth Marks's comments.

[200] **Dr Goodall:** We can certainly reflect on the review and where it stands. I think you're probably aware that there are some questions that we've posed, not least within the Green Paper, about arrangements, which is where maybe legislation could help in this area to re-clarify those roles and responsibilities. The one thing in commenting that I just want to make really clear is that I don't oversee Healthcare Inspectorate Wales. The Minister doesn't —

[201] **Jenny Rathbone:** I know.

[202] **Dr Goodall:** —oversee Healthcare Inspectorate Wales. They do have operational independence. I accept that's within a hosting arrangement within Welsh Government, but I don't set—and neither does the Minister—their work programme. We do have a chance, of course, for contact, and certainly over this last year or two—. I look at 2014-15 as a measure of how HIW has helped us within the regulatory system in Wales. The level of their activities has materially increased. I think it went up about sevenfold. They are actually targeting about 454 different visits this year, which will be about another third increase, I think, on previous years as well.

[203] In my experience—and I emphasise this both centrally and actually out in the service—from a practical operational perspective, HIW have been, and are, independent. They are able to set their own work programme. They obviously need to request the resource requirements as well at this stage, but I've not seen a concern there. The advantage that I have, absolutely, is that, of course, we're able to draw HIW into things like the tripartite discussions on the escalation framework. I have my own contact with the chief executive of HIW to share information from my perspective and, actually, officials have a lot of contact as well. So, serious incidents and events that happen in Janet's patch on the quality side, there are lots of opportunities to actually bring together that intelligence and information. I think, again, it feels as though we've increased that level of contact and the sharing of information, actually, over this last 18 months to two years in particular as well.

[204] **Jenny Rathbone:** Okay. Some of the concerns that committee members had, when we spoke to HIW a fortnight ago, were really around the failure to systematically use complaints as a sounding board for where they might be needing to look when they went into an organisation. I just found that incredible, really. They have 60 staff, and three and a half full-time equivalents are working around data management, and so that must include

gathering in data about the numbers of complaints, in which areas and how they've been handled. I just wonder if you can say a little bit more about the importance of complaints as an indication, for board members and the Government and the health inspectorate, of when things might be going wrong. Betsi and ABMU are good examples of how that might have been picked up a lot earlier.

[205] **Dr Goodall**: It's a really critical source of information. It may just be worth opening that up with Janet, with her particular responsibility on the quality and safety side.

[206] **Ms Davies**: Just to make it clear, we already share a significant amount of information with HIW on a real-time basis, so they have access to all the information that we have. So, we focus particularly on the more serious end. All organisations have to report serious incidents to us—no surprises. We also get to see all reports that the Public Services Ombudsman for Wales issues, not just those that are in the public domain. We also get all coroner reports issued in Wales through the regulation 28 process. So, we share those all routinely with HIW. They have open access to our databases. So, those, to us, are key bits that give us our intelligence, as well as the wider stuff around numbers of complaints. So, obviously, the ombudsman casebook and other things give you a flavour of the complaints in the round and board papers—boards themselves publish quarterly reports on this. So, I think you have to focus down, you can't just look at total numbers, but you need to look at the themes and the issues.

[207] **Jenny Rathbone**: I understand that.

[208] **Ms Davies**: We've got the six-monthly data and the national reporting and learning system for instance, so the degrees of harm come from those. So, I think it is fair to say that HIW have a raft of information that they can use for their intelligence. As Andrew says, we have regular liaison meetings with them and not a week goes by when I or members of my team don't have a discussion with HIW. If we've got issues of concern, we'll have an informal conversation and vice versa. Similarly, they share information with us if they've been into an organisation and undertaken an inspection, if there's an immediate concern, we get copied into that, and if we've got similar concerns, we'll pass them through to them. So, there is an ongoing dialogue there.

[209] **Jenny Rathbone**: There may well be, but when they came to see us on

10 November, the chief executive told us that they had not been informed about specific concerns that the Government had around the out-of-hours GP services at Betsi Cadwaladr. So, tht somewhat undermines your picture of this seamless transfer of information.

[210] **Dt Goodall:** I think there'll always be some limits about whether everything happening in the system can always be shared. I think sometimes our expectation is for the boards themselves to take up the governance and responsibility for responding on an issue. Again, for the most mature organisations in Wales, about how they've progressed over recent years, that would be a really positive sign.

[211] Certainly, we need to reflect on how the level of complaints information that health boards themselves, at the individual level, are working through—how can that be accessed in a different way? We will look more at the serious side of things, but you are right, what's the best way of getting a more rounded approach to the whole level of information and support? Annual quality statements, complaints reports to boards—there are different ways and routes in, and certainly, we need to make sure that all of that is handled in a very open way—publicly on the one hand, but HIW, very specifically, need to ensure that they can access that as a source of information, too.

[212] **Jenny Rathbone:** There has to be a reflective piece of work, does there not, on how some of the serious concerns that have been widely publicised recently haven't been picked up and weren't picked up in a timely fashion locally? Everybody accepts that if you're here centrally, you cannot be kept abreast of absolutely everything, but it is about using the information that's already been generated and observing whether or not boards are addressing issues that are reflected in complaints.

[213] There are specific issues around Healthcare Inspectorate Wales, and it sounds like we have to go and get these questions answered by a different chief officer, because you're saying, 'Well, it comes under the Minister for local government.'

[214] **Dr Goodall:** Certainly, they are operationally independent, so neither I nor the Minister can endorse their work programme. It may be that we all share some concerns. My responsibility kicks in more where HIW have said, 'Look, this is a really serious concern (a) that we need to be aware of on behalf of the whole of NHS Wales and (b) for an individual organisation, as

part of its local governance. Certainly, I and we respond to those types of issues as they are highlighted. Absolutely.

[215] **Jenny Rathbone:** I have no doubts that, were HIW to produce a report saying that they thought X, Y and Z needed to be put into special measures, the current Minister would take that extremely seriously, but nevertheless, the system is not there for HIW to act independently, and were there to be an intransigent Minister in the future, for information not to be supressed because it was inconvenient—.

[216] **Dr Goodall:** I think the best outcome on this at this stage is probably that, having triggered the questions in the Green Paper consultation about opportunities on a variety of different issues that are about structures and reinforcing quality and effectiveness of organisations, we can draw down a discussion in terms of the responses that we received on that. We have had reflections about the role and function of HIW in it, because we had two very specific questions that were posed as part of that consultation, and, again, I'm happy to take this reflection into that, because we received all the responses just last week.

[217] **Jenny Rathbone:** Okay. Whilst we await the outcome of that consultation, could you just tell us what work has been done by the national quality and safety forum to have a more systemic approach to complaints in terms of the three levels that the Minister was talking about back in November last year?

[218] **Dr Goodall:** Yes. Janet.

[219] **Ms Davies:** Right. So, the national quality and safety forum has set up a work stream as a sub-group of its work, and from that a whole range of task and finish groups have taken forward the recommendations that Keith Evans made. So, picking up particularly on the complaints issue and sharing of information, one of the things has been around how we get to a common dataset around complaints. Now, one of the difficulties—

[220] **Jenny Rathbone:** How do we get to what?

[221] **Ms Davies:** To a common dataset around complaints, and which data are published. One of the difficulties has been that, even though all organisations use this thing called Datix to capture that, they all have different versions and they use it quite differently. So, it makes it hard to get

consistent data, which was one of the things that Keith raised. So, one of the bits of work that's now progressing at pace is to actually look to bring forward work to have an all-Wales system; so, an all-Wales data platform for complaints, so that everybody captures it in the same way, not just the numbers but the themes and the issues in order to drive the learning. So, it'll follow through the whole system. Part of that process will be also to share it more widely. So, I think in the longer term that would be a platform for HIW to have access to that information. We're also having conversations with the ombudsman so that he would also have access; obviously, identifiable patient information concerns would have to be put into place. So, we're looking at how we have an infrastructure that enables an all-Wales approach. That work is key, that's going forward, and the Minister's recently approved a project for us to move forward and take that forward. Obviously, a big procurement exercise is needed there.

[222] We've also been doing a lot of work in terms of reviewing the actual guidance in its wider sense—so some of the issues around how an organisation responds. But what we've been trying to do is actually put a human face to complaints, so we get away from worrying about the process and 'Have you done this within two days, or this within five days or 30 days?' et cetera, because, actually, what organisations now do more and more is look at resources, and bringing their resources together, not just in terms of how they manage complaints, but their whole resource around patient experience, so that when somebody raises a concern, you try and nip it in the bud, you give a human face and you pick up the phone and have a conversation with them and you try and work out what their issues are. We're seeing that more and more of those are being resolved very quickly, so very informally. Lots of people don't want to go into the complaints process, so we're seeing a shift in terms of the overall numbers, with formal complaints generally going down in many organisations, but the informal ones going up, and the use of other processes like board rounds and so on, to actually ask people, 'Have you got any concerns today? Can I put it right for you?', so you're trying to nip these things. So, there's a big change there, and we probably will want to make some minor changes to the regulations, but obviously that will need to be consulted on. We need to complete the work before we take that forward.

[223] We're also looking at some of the issues as to why people complain in the first place and what's difficult, so we're doing some work around bereavement support and how bereavement services fit into this, and looking at primary care, and, importantly, there's a piece of work going on in terms

of what a model patient experience concerns team looks like, and the things that an organisation needs to have in place to be able to manage these issues of concern more proactively. We've seen many organisations already put significantly more resource into this function, taking it much more seriously than perhaps they were before. So, there's a whole raft of work going on. There's a detailed implementation plan. The forum meets quarterly and has an update on that. So, we've got a whole load of work on-stream, so I think we are starting to see an absolute sea change, really, in the way people are approaching concerns.

[224] **Jenny Rathbone:** Okay, well that obviously is very welcome, because the source of all—

[225] **Darren Millar:** Sorry to interrupt. Can I just ask people to be as sharp as they can with questions and answers now? Thanks.

[226] **Jenny Rathbone:** Okay. Can you just say a little bit more about the role of the citizen who pays for the NHS, and how they are able to know what the quality of services are, and what complaints there have been about X, Y or Z service? We're talking about individuals, obviously, and how we inform people about what we're doing about things that aren't working as well as they might be, as well as obviously celebrating things that are going well.

[227] **Dr Goodall:** Earlier this year I launched the annual equality statement, which was an overview of NHS Wales to give a view on the things that have been of concern, what has been put in place to address them, some positive areas of development as well at the same time, but actually to try to be very balanced in the approach to that. Every organisation produces an annual quality statement. The challenge on these documents is to ensure that they're not just technical, that they are able to be reviewed by the public to understand them, and they're not just lost within committee structures at this stage. I do think we've got a lot of opportunities to continue to promote those types of approaches at this time. I do think two examples have been very successful: the iWantGreatCare experience—we did pilot that on two sites. I think that allowed two hospital sites in Wales to really reflect on very significant aspects of feedback positively, both for Wrexham Maelor and also the Princess of Wales Hospital site. That's been very well received by staff. The detail of the responses as well as the scoring mechanism that is in there has really helped, I think, reinforce people's ambitions for their organisation, but what we're looking at at this stage is that we need to look at how an equivalent of that works for the whole of NHS Wales as a single system,

which may not be iWantGreatCare, it could be something else.

10:30

[228] **Jenny Rathbone:** Okay. Well, fundamentally, it goes back to the question from Jocelyn Davies, which is: how do we get good practice to travel? Obviously, occasionally, in large organisations, things go wrong—it's how we respond that's important, in ensuring that that mistake, or whatever, is used as a way of ensuring that we are improving our service as a result of that learning.

[229] **Dr Goodall:** Just very quickly, Chair, I'll say that 'Trusted to Care' was probably the biggest example of that—

[230] **Darren Millar:** I've got another two people who want to come in on this, so very briefly, Jocelyn and then Aled.

[231] **Jocelyn Davies:** I just wanted to ask about this relationship with the health inspectorate, and you mentioned the good liaison and good communications. Would that not be possible if it was not part of Government, or would your processes, the bureaucratic processes, not allow that to happen unless this was part of Government, because you've given that as one of the advantages of being inside Government?

[232] **Dr Goodall:** I wasn't really commenting either way, I was just saying that, whether it's seen to be independent or not, I think the usual liaison and contact points are happening anyway and I think that it's—

[233] **Jocelyn Davies:** So, it's not a barrier, if it is outside of Government?

[234] **Dr Goodall:** From a personal perspective, no. I think it works both ways.

[235] **Jocelyn Davies:** Okay. Thank you.

[236] **Darren Millar:** Aled.

[237] **Aled Roberts:** Rwyf jest eisiau deall, os yw'r cysylltiadau yma mor dda—. Fe gafwyd tystiolaeth yr wythnos diwethaf o'r arolygaeth bod

Aled Roberts: I just want to understand, if these links are so good—. There was evidence last week from the inspectorate that the

y cyngor iechyd cymunedol yn y gogledd wedi anfon 59 o adroddiadau at yr arolygaeth yn sôn am bryderon ynghylch rhai wardiau o fewn y gogledd. Nid oedd yr arolygaeth yn ymwybodol wrth gael eu cwestiynu yr wythnos diwethaf bod yr adroddiadau yna wedi cael eu derbyn. Beth ydy'r broses efo adroddiadau cynghorau iechyd cymunedol? A yw'r Llywodraeth yn derbyn yr adroddiadau?

community health council in north Wales had sent 59 reports to the inspectorate discussing concerns about some wards in north Wales. The inspectorate wasn't aware, when they were asked last week, that those reports had been received. What is the process regarding the reports of community health council? Does the Government receive these reports?

[238] **Ms Davies**: No, we don't receive information from CHCs, but I think, picking upon on the HIW issue, our expectation clearly would be that there would be sharing of information between them, and we're really pleased that they've now got a memorandum of understanding in place to facilitate that. I think it's important to remember that HIW—

[239] **Aled Roberts**: Wel, hyd yn oed cyn y memorandwm, mi oedd yr adroddiadau wedi cael eu derbyn gan yr arolygaeth, er i'r prif weithredwr ddweud yr wythnos diwethaf nad oeddent wedi cael eu derbyn.

Aled Roberts: Well, even before the memorandum, the reports had been received by the inspectorate, even though the chief executive told us last week that they hadn't been received.

[240] **Ms Davies**: I think what we were seeing was inconsistency, and I think—

[241] **Aled Roberts**: Well, it's not inconsistency, it's a total lack of communication within the inspectorate.

[242] **Ms Davies**: Well, I think it's been two-way, between the inspectorate and the CHCs. I think both parties have accepted they need to put that right. They have now got an MOU in place. Obviously, we've got a new—

[243] **Aled Roberts**: What needed to be put right, then?

[244] **Ms Davies**: I think HIW, as we all know, has been on a journey of transformation, and a journey of improvement. It had to have better processes in place; it's now getting there. Similarly, we've had a change in

the board of the CHCs and the chief executive, and an improvement journey there. So, coming together, hopefully we'll now see that significant change and routine sharing of information.

[245] **Aled Roberts**: How do you get 59 reports that an inspectorate, or a chief executive of an inspectorate is not aware of?

[246] **Dr Goodall**: I think the inspectorate would have to respond to the circumstances. From our perspective, in overseeing the system—

[247] **Aled Roberts**: But, in reality, if you're saying that the system is so good, and the communication is so good that this type of situation—. Don't you accept that there is a crisis of confidence, when the type of scenario arises where we're told that 59 reports are delivered to an organisation that is charged with standards within the health service in Wales, but, when questions were asked, there was a complete lack of awareness with regard to those? If it was one report, fair enough, but 59?

[248] **Darren Millar**: I think what concerns the committee is that we heard about the importance of relationship managers in each health board—

[249] **Dr Goodall**: Yes, that's important.

[250] **Darren Millar**: —whom the healthcare inspectorate appoint to manage the relationships in that area. We were made aware that information was being shared with these relationship managers by the CHC in that particular area, that they felt was important information—an early warning system, if you like—and that, for whatever reason, that information was not carried forward or shared more widely within the organisation. Is that a concern for you? And do you think—perhaps you can answer this question as well—that the healthcare inspectorate is sufficiently resourced to be able to do its job? The chief executive certainly doesn't.

[251] **Dr Goodall**: I see an inspectorate that has stabilised itself out, with a lot of attention and focus. We've more recently gone through the review process with the Ruth Marks review. The Health and Social Care Committee itself had its own review and gave a series of recommendations. In terms of how its work programme has moved on, they've stabilised recruitment, brought people in and changed their ways of working. I said earlier that they've increased their level of activities. They're proposing to increase that level of activities in this year, so I think the coverage has certainly increased.

[252] I think on the individual aspect of why that important information didn't work through, probably HIW need to respond on the specific circumstances of that. Certainly, we're setting an expectation about the regulatory environment that the memorandum of understanding should be allowing to discharge that. Whether it's come down to individual relationship managers it's very difficult for me to comment, but I would expect important information like that to be in the system. We do have a lot of contact points with HIW. I wasn't saying that our system was completely perfect on all fronts. There are judgments that will be made about the level of reports that will be shared sometimes, when it's been left with an organisation to discharge its governance, perhaps rather than just shared directly with the regulator. But that sounds like that was a level of information that was really serious and important, and actually should have been responded to, but I can't respond on behalf of HIW.

[253] **Darren Millar**: One thing you didn't mention in response to the earlier line of questioning from Jenny Rathbone, Janet Davies, was that there was no reference to CHCs at all in terms of the quality and safety monitoring that you do as Welsh Government. Nor was there any reference to ministerial correspondence, and very often what Assembly Members tend to find is that, when the traditional systems haven't sorted out an issue, people will present themselves at an Assembly Member's door or a Member of Parliament's door absolutely exhausted at not getting anywhere with the traditional complaints routes. So, why aren't they part of your system, or are they and you've just omitted to tell us?

[254] **Ms Davies**: In terms of ministerial correspondence, we don't routinely share all ministerial correspondence with HIW, but we would take a judgment—I and other members of the team—in terms of, if we're seeing concerns coming through around care quality or themes emerging, then we would potentially bring that to their attention. So, we do it more on an exception basis than routine.

[255] In terms of the CHCs, we don't have access to all of the reports they do from all their visits—clearly, that's significant—but we do have periodical information if they've done a particular review, we see their annual reports, and so on and so forth. They are a member of the national quality and safety forum. They're also a member of the work streams, taking forward the concerns work, so they do have ample opportunity to bring concerns to the table if they wish us to consider them.

[256] **Darren Millar:** So, just on the ministerial correspondence, it's a judgment call, essentially, as to what you will or won't share. The reason I asked this specifically is that, obviously, Assembly Members were raising concerns about the quality of mental health care at the Tawel Fan unit, and, indeed, in respect of other units in north Wales, over a long period of time before any concerted action was taken by the health board or by the Welsh Government to address the issues at that board. Is that something that you think would now be picked up through the changes in arrangements that you've described, Janet Davies?

[257] **Ms Jordan:** Perhaps I can pick this up. Obviously, the Minister receives quite a large volume of correspondence each month. In preparing the answers, we're clearly aware of what's in the correspondence and what the emerging issues are. So, we will quickly pick up if there's a trend on a particular issue.

[258] In relation to mental health services in north Wales, it was actually some of the issues that we picked up through ministerial correspondence that were one of the first triggers to us in terms of there being some issues that we needed to address. So, correspondence around the Hergest unit, for example, was one of the key triggers for action that we took there even before the board was initially put on some enhanced monitoring under the old escalation things. So, I think it is true to say that we do carefully monitor ministerial correspondence and closely watch the emerging trends and information that's coming through that.

[259] **Darren Millar:** And the Robert Holden report that we received as a committee last week was shared with the Welsh Government as part of your work, if you like, or your attention to these issues?

[260] **Ms Jordan:** It was not shared with Welsh Government, as far as we're aware. Let's put it this way: we don't recall seeing it. However, the contents of it are not a surprise, because some of the issues that were in it we were aware of, and that triggered the conversation we had with the health board back in the autumn of 2013 and encouraged them to bring the Royal College of Psychiatrists in to do a review of the Hergest unit. And also we shared it with HIW, and they also went in and looked at the Hergest unit. So, I don't think there was anything new in that, and, in fact, the report went back to that stage. But we wouldn't necessarily expect a health board to share a precise matter on whistleblowing with us in every case, and they knew we

were aware of the wider issues through the other reports.

[261] **Darren Millar**: But isn't it more important that these things are shared in the future, given what we now know, with hindsight, in north Wales? There were clearly issues at Hergest, where patient care was being compromised, the Holden report says. We know, as well, that it made particular reference to the needs of frail, vulnerable people and them being neglected. We saw Tawel Fan's report, and we know that there were a number of complaints about the Gwanwyn ward even, over in the Wrexham Maelor Hospital. That's three units. Everyone felt, I think, that it was a rather isolated problem in Tawel Fan initially, but clearly now we can see, with these other pieces of information emerging, and the number of complaints at Gwanwyn, for example, that there's a wider problem here in north Wales. I appreciate the board in is special measures because of some of these issues, which I think is an entirely appropriate thing for it to be in. But just tell us: we've had a report into Hergest, we've had a report into Tawel Fan, we've had complaints at Gwanwyn—I haven't seen any reports into the outcome of the investigations that the health board has done into those complaints. Have you?

[262] **Ms Jordan**: Which particular complaints are you talking about?

[263] **Darren Millar**: There were a number of complaints, which were brought to the attention of the interim chief executive, which he assured people, through the media, would be taken seriously, properly investigated, and that the board would receive a report on.

[264] **Ms Jordan**: The work is still going on in terms of the Health and Social Care Advisory Service investigation, which I think you're aware of—

[265] **Darren Millar**: I'm aware of the HASCAS investigation; I'm talking specifically about complaints in respect of patient care at the Gwanwyn ward.

[266] **Ms Jordan**: On the Gwanwyn ward, there are still investigations going on within the health board and procedures in terms of looking at those complaints and issues.

[267] **Darren Millar**: And there'll be a report that will be published for people to be able to access, and which the health board will be expected to share with you as Welsh Government.

[268] **Ms Jordan:** I think we would certainly expect them to share it with us, and—

[269] **Darren Millar:** Not just expect them to share: are you requiring these things to be shared in the future? I have to say, I'm—

[270] **Dr Goodall:** In a special measures environment, that would be—

[271] **Darren Millar:** But, even outside of a special measures environment, when these sorts of serious allegations are being investigated, I would expect, and I'm sure the public would expect, that all of this information is shared directly with the Welsh Government, whether it gives a green light and rejects the allegations that have been made, or whether it raises some more serious issues. You're telling us that these things are not always routinely shared with you—very often, they're kept within the individual health board organisation.

[272] **Dr Goodall:** It can sometimes depend on the source of it, but, certainly, those that fit within the serious incident reporting mechanism, so they are seen to be the sentinel events, they do come in to us as a matter of routine.

[273] **Darren Millar:** But you're requiring, then, professionals to determine whether something is a serious incident or not. What we do know about the situation at Tawel Fan in particular is that the culture in that organisation was not raising these things as serious incidents. So, your system falls down immediately, doesn't it?

[274] **Dr Goodall:** Well, we have to have some reliance on board structures, and our expectation is that boards take that local responsibility first. We already know that Betsi are in special measures, not least on mental health in respect of a number of those areas at this stage. Our general approach for our system has to have some trust and autonomy for individual organisations to get on to resolve their local problems and to deal with them in a proper manner. On your CHC reflections, for example, in my pervious roles as chief execs, I was always meeting with community health councils, I was able to constructively deal with them, I hope, and for them to share information of concern, not just with me, but with my local system. Not all of those would have necessarily translated into something that would have gone to Welsh Government, because I would have felt I was dealing with it on a local basis, as the local chief executive. The very serious incidents, however, of course

would be naturally promoted within the system, because it would have been part of reporting mechanisms.

[275] **Darren Millar:** Absolutely, where they were identified as serious incidents. These, of course, weren't necessarily identified as serious incidents at all. Just with some hindsight here, it took two years to get this health board into special measures—two years from a report that identified serious weaknesses in leadership and governance. With hindsight, do you think it would have been better to get it into special measures in June 2013, when the original report was completed, and do you think it probably would have been out of special measures by now?

[276] **Dr Goodall:** It was already elevated on the previous escalation framework anyway around mental health specifically at that time. So, there was a particular approach on it. The escalation framework is there to be used. It was the rounded judgment around the table about the status for the organisation, and, when we made our original judgments, our view was, collectively—. But obviously we had to provide recommendations that Betsi Cadwaladr was on enhanced monitoring. It moved through to targeted intervention. That was a mental health issue that had triggered that at that time. It moved into special measures where it was there.

10:45

[277] Would it have progressed through special measures by now? I'm not so sure, given the oversight that we've had on this at this stage. Certainly, one of the reasons for putting Betsi Cadwaladr into special measures now, for this two-year period of time, is actually reflecting on experiences elsewhere, not least across the border. But it does take time for organisations to take a grip of these issues and to work them through. So, I don't think—. In my experience, over this last year and a half, I don't think that it would have meant that they would have come out of special measures at this stage and I do feel that we've used the escalation framework appropriately.

[278] **Darren Millar:** Of course, it'll only be in special measures while it exists. Aled Roberts.

[279] **Aled Roberts:** What I find hard to understand, though, is, if the ministerial correspondence was showing a pattern of concern with regard to mental health and, if, in these discussions between the Government and

Healthcare Inspectorate Wales, there were suggestions that perhaps something needed to be looked at, how Healthcare Inspectorate Wales were then coming to positive judgments with regard to adult safeguarding within Betsi Cadwaladr, contained in the 2014 report, when, at the same time, we read all of the stuff that was going on at Tawel Fan, where patently that was not the case.

[280] **Ms Jordan**: Can I just clarify something in relation to the ministerial correspondence about Tawel Fan? I'd need to absolutely double-check this, but, if my memory serves me, when we've looked at this before, I think there were only two pieces of ministerial correspondence that we had that gave any indication of anything going wrong in Tawel Fan, and, actually, they were not raising issues that were very, very serious. It wasn't as though we had even half a dozen letters; it was one or two.

[281] In relation to the Hergest unit, we were having regular correspondence from some actual professionals working in the organisation there, which I think were copied quite widely to Assembly Members, which I mentioned before. That did trigger us to say, 'There are issues here in terms of culture and the operation of these units that we have concerns about', and therefore we took action to say, 'Well, you should call in the Royal College and ask them to do a full assessment of the Hergest unit, how it's operating and how the relationships were starting, and you need to act on that.' And HIW did the same. So, I think we did begin to take action as soon as we became aware and were clear what the issues were. But I think it would be wrong to say that the Minister was regularly receiving a bagful of correspondence complaining about mental health services in north Wales.

[282] **Aled Roberts**: But if Healthcare Inspectorate Wales still did the same, how did they make those positive comments regarding adult safeguarding in north Wales?

[283] **Ms Jordan**: I'm not absolutely certain which particular report you're talking about.

[284] **Aled Roberts**: The 2014 report, from memory, which was referred to in evidence last week.

[285] **Ms Jordan**: But, in a number of reports that they prepared in terms of their particular inspections of mental health, they were raising some issues. There were some reports that they did of compliance with the mental health

Act that, at that point, they didn't regularly share with Welsh Government—they do now, so we would see all those in terms of their compliance with the mental health Act because that enables us to have a more complete picture of services in north Wales.

[286] **Darren Millar**: Jenny.

[287] **Jenny Rathbone**: I think my concern, just finally, is that we can accept that things went badly wrong at Betsi, but it's really how reports like this Holden report, which was telling us that it should be exceptional for staff working a 12-hour shift to be unable to take a break, the lack of a junior doctors rota, and the conflicting models of clinical care—. Those three things should have—there should have been a red light on, and if we only rely on the local health board to grip that and if they, for whatever reason, have been unable to do that, how is it that we can have an earlier warning light coming through to Government? I would have thought that Healthcare Inspectorate Wales ought to be the mechanism, as well as the Wales Audit Office, but, obviously, the WAO has a wider remit. So, I'm more worried, really, about the system that is or isn't in place to ensure that, with serious reports like this, Healthcare Inspectorate Wales are watching the health board to see whether these things have been addressed, and, if they haven't, then they obviously need to put up a red flare to Government.

[288] **Ms Jordan**: I think we've already said that we haven't seen the detail of the Holden report previously—

[289] **Jenny Rathbone**: But I'm trying to find a way—

[290] **Ms Jordan**: But in terms of the system—. But, in terms of some of the issues that were in there, we were picking them up through other mechanisms. So, for example, one of the issues that we'd identified was a lack of compliance with the new mental health Measure in Hergest unit, and that was an issue we were picking up with the health board and we were also in discussion with HIW about. That underpins some of the issues that are in there and was a trigger for us to ask the health board to call in the royal college to look at that. So, in terms of some of the wider issues around the shift management, et cetera, you would assume that, if HIW had done a report at that time, those would've been some of the issues that they would've picked up, and they certainly would now, because they've taken on board some of the learning that we had from our own spot checks programme, which we shared with them. We shared the methodology, and

they've actually, to some extent, slightly tailored their own inspection programmes as a result of the learning from the spot checks, which did particularly pick up on these issues.

[291] **Jenny Rathbone**: Okay, but all that just reinforces my anxiety that there isn't a systematic approach to ensuring that complaints are adequately dealt with at board level and that if they're not, that it then escalates much sooner than it had in this case.

[292] **Darren Millar**: You're making a statement, Jenny, not asking a question. Can I just ask one final question, if I may? We heard last week that the work has commenced by the Health and Social Care Advisory Service and Donna Ockenden in north Wales in relation to the follow-up work following Tawel Fan and more widely across north Wales in terms of some of these issues. It's taken a long time for those to get arranged and for them to be commissioned. Are you concerned about the pace of the progress, even from a health board that's in special measures, in getting that work commissioned and agreed and arranged?

[293] **Ms Jordan**: We've been in very regular discussion with the health board over this and the progress they're making. I think the health board have had to ensure that the HASCAS programme of work was not compromised by anything else that goes on. So, there was a process to follow in that, and that, I think, is going to complete in January now. So, in terms of Donna Ockenden's work, one of the things that the health board were really concerned about was that that didn't in some way interfere with the work of HASCAS, because that wasn't in anybody's interests. So, it has taken a little while to ensure that the terms of reference for Donna's work have been clearly set out, agreed with her, agreed with the families, and signed off by the board. So, that work has now commenced. But I think, to be fair to the health board, what they've needed to do is ensure that the process that was followed is proper, comes to a proper conclusion, but is done in a timely way. So, we've been in regular discussion with the health board over that.

[294] **Darren Millar**: So, HASCAS's work will be completed by January.

[295] **Ms Jordan**: Yes.

[296] **Darren Millar**: How long until the completion of the Donna Ockenden piece of work?

[297] **Ms Jordan:** I don't think they've set an absolute deadline for Donna's work. What we know—and you'll know through the special measures arrangements—is that we've asked Helen Bennett, a very experienced senior mental health nurse, to assist the health board in terms of their governance processes in respect of mental health. We are hoping that what's coming out of the Donna Ockenden work will help inform Helen's work as well, and, you know, vice versa. But I don't think they've set an absolute deadline for it.

[298] **Darren Millar:** Okay. Thank you very much indeed. On that note, we'll close this evidence session. Thank you, Dr Goodall, Joanna Jordan, Janet Davies, and Martin Sollis for your attendance today. As usual, you'll be shared a copy of the transcript of proceedings, and if there's any factual inaccuracy you want to address in there, feel free to do so. We look forward to receiving the additional information that you promised to send. The clerks will liaise with you on that. Thank you very much indeed.

[299] **Dr Goodall:** Thank you, Chair. Diolch.

10:53

Cynnig o dan Reol Sefydlog 17.42 i Benderfynu Gwahardd y Cyhoedd o'r Cyfarfod
Motion under Standing Order 17.42 to Resolve to Exclude the Public from the Meeting

Cynnig:	*Motion:*
bod y pwyllgor yn penderfynu gwahardd y cyhoedd o weddill y cyfarfod yn unol â Rheol Sefydlog 17.42(vi).	*that the committee resolves to exclude the public from the remainder of the meeting in accordance with Standing Order 17.42(vi).*

Cynigiwyd y cynnig.
Motion moved.

[300] **Darren Millar:** Item 4, then: motion under Standing Order 17.42 to resolve to exclude the public for the remainder of our meeting. Does any Member object? There are no objections, so we'll go into private session. Thank you.

Derbyniwyd y cynnig.
Motion agreed.

Daeth rhan gyhoeddus y cyfarfod i ben am 10:54.
The public part of the meeting ended at 10:54.