

**North Wales Community Health Council – Comments on the Public Accounts Committee report “Wider issues emanating from the governance review of Betsi Cadwaladr University Health Board - February 2016”**

<p>Recommendations 1 &amp; 2 – Member Attendance</p>	<p>Performance of Independent Board Members is not an issue that NW CHC is responsible for but we do not believe member attendance to be an issue at this time.</p> <p>In more general terms, the 2017 HIW/WAO Report suggests that the Board had improved and was acting more effectively but still had room for improvement</p> <p>The Deloittes Report, although heavily redacted for the public, has this to say;</p> <ul style="list-style-type: none"> <li>• <i>“In our view, executive level leadership capability and capacity needs to be enhanced. It will also require a “strengthening of financial and strategic capability amongst independent members”.</i></li> <li>• <i>“Financial and Strategic Planning at the Health Board is simplistic with budgets generally rolled forward into next year.”</i></li> <li>• <i>“There is a distinct lack of secondary questioning from Board members to facilitate detailed debate and discussion across the key areas of risk”.</i></li> <li>• <i>“The Finance and Performance Committee is spread too thinly, its role is poorly defined and misunderstood by Board members”.</i></li> </ul> <p>There has been a consistent criticism that Independent Board members saw their role as “<i>supporters</i>” of the Executive Management Team rather than holding them to account. Until the appointment of the new Chair in the Autumn of 2018 we would have concurred with that view. We now believe this to be changing. The new Chair, Mark Polin, attended CHC Full Council on 22<sup>nd</sup> January and confirmed that he has now taken over as the Chair of the Finance &amp; Performance Committee.</p>
<p>Recommendation 3 – Sharing of Good Practice</p>	<p>This is not an issue that local CHCs would monitor. It may be better answered by the Board of CHCs in Wales.</p>
<p>Recommendation 4 – Boards routinely with WG share all work commissioned as a result</p>	<p>This would be difficult for a local CHC to monitor. We do have concerns that such work is not routinely shared at local level and this is supported by paragraphs 1.28, 1.29 and 1.30 of the Executive Summary of the 2018 Ockenden Report (<i>see attached</i>).</p>

of serious concerns	
Recommendation 5 – WG to implement a systematic approach that ensures that concerns/complaints are adequately dealt with at health board level, and if not, are escalated to the Welsh Government	<p>This is a matter for BCUHB and WG. The Ockenden Report is strongly critical of the BCUHB Board role in complaints/concerns.</p> <p>There have been claims that the poor performance in relation to concerns/complaints has been resolved. We do not recognise any substantial improvement since 2016 in relation to complex concerns/complaints. The performance improvement in relation to 30 day targets seems to have been achieved on a technical basis by sending “holding” letters.</p> <p>We attach two emails from members of the CHC advocacy team which graphically set out the difficulties they encounter on a day to day basis.</p>
Recommendation 13. - GP Out of Hours coverage is unacceptable in Betsi Cadwaladr UHB	<p>GP Out of Hours coverage remains highly problematical and fragile in North Wales. This is, to a considerable extent, a product of the difficulty in recruiting GPs in all settings. The CHC believes that allowing GPs currently on the English Performers List to work in Wales would be particularly helpful in respect of OOH – mainly because it appeals to GPs who want a “portfolio” career. The CHC recommended this strongly in the WG consultation on the Performer List (see attached) but WG has not yet released the outcome of the consultation (<i>was due Autumn 2018</i>).</p>
Recommendation 14 - All health boards undertake comprehensive reviews of primary care estate	<p>NW CHC shares this view – our visiting programme looks at the patient experience of primary care estate and confirms the need for an improvement programme. There have been three new Primary Health Care Resources centres opened since 2016 (<i>Flint, Llangollen and Ffestiniog</i>). These are excellent additions but they do highlight the poor condition of other settings. At our Full Council meeting on 22<sup>nd</sup> January, we were advised by Mark Polin that a new Estates Strategy would be up for approval at the next Board meeting</p>
Recommendations 17, 18 & 19	<p>NW CHC commends the work of HIW in North Wales</p>
Recommendation 20 – sharing of complaints data	<p>NW CHC regularly shares anonymised complaints data with its HIW Local Relationship Manager</p>
Recommendation 22 – HIW improve joint working with partner agencies	<p>HIW and CHCs have developed further their joint working arrangements. There is a further All Wales review meeting between HIW and CHCs on 5<sup>th</sup> February. In North Wales joint working is close and regular. NW CHC visiting teams will often undertake visits at very short notice in order to provide “<i>on the ground</i>” information to HIW partners.</p>