

END OF TERM PROGRESS REPORT

Betsi Cadwaladr University Health Board

January – October 2020

REDACTED - S40

Introduction

This report has been produced to provide impartial, constructive feedback on the nine month period spent in my capacity as Board Advisor, supporting the Chair and Vice Chair of Betsi Cadwaladr University Health Board (BCUHB).

This insight took place during the global pandemic in which the Health Board was justifiably focused on COVID-19, initiating unprecedented contingency planning for its 17,000 strong workforce and the 701,000 population of North Wales. It was a period of churn at the top of the organisation, with three different CEO's during this brief period.

Any feedback is strictly without prejudice and based on my observations and experience of working with the Health Board between January and October 2020.

Background

As a former Independent Member and Vice Chair of BCUHB, it was a pleasure to be asked to assist as a Board Advisor, focusing specifically on Stakeholder engagement, Mental Health Services and Partnership working.

As the organisation was about to enter its sixth year under Special Measures, the coronavirus pandemic has inevitably been a significant test of leadership, governance, planning and delivery. The Covid-19 lockdown put a stop to many activities due to the urgent need to develop new services, systems and processes. Strategic and operational focus shifted to emergency planning and business continuity, as the Health Board plunged into a swiftly-changing, unprecedented situation.

Whilst the Health Board had become increasingly defined by the Special Measure label, it is clear that its response to the pandemic did not reflect an organisation entrenched in Special Measures. Indeed, its positive response is further evidence of tangible progress made by the Health Board across a range of different areas in recent years. Leadership and governance has been considerably strengthened; engagement with staff and external stakeholders demonstrate a growing maturity, which will help underpin the planning and development of an integrated clinical service strategy, and further transformation of services.

This report outlines progress, key findings and personal recommendations arising from this period.

Stakeholder Engagement

The Health Board has seen continued improvement in its corporate engagement with key stakeholders and opinion formers both inside and outside the organisation during the Covid-19 pandemic. It has been a hugely important way of demonstrating openness, transparency, and ultimately, accountability. It was crucial that the Health Board was able to articulate its response to the outbreak and its impact on North Wales to staff, stakeholders and the wider communities. And it did so. Indeed, the pandemic proved to be a timely but unexpected opportunity to showcase the Health Board in a different light, an opportunity which grasped effectively by front line employees, with public reaction and staff support being exceptionally

positive.

As part of its COVID-19 Strategic Plan, the Health Board adopted a revised communications and stakeholder engagement plan, setting out existing mechanisms and fresh approaches to ensure effective communications. Forging an understanding of key local stakeholders, their agendas, priorities and perspectives, was critical. In line with the Gold Command and Control structure, key messages were agreed; a work stream 'SIT REP' decision and risk log produced, along with daily, weekly and monthly summaries for Staff and Board members detailing activity and a forward look at forthcoming plans.

The Health Board established itself as a trusted source of timely and trustworthy information, with Briefings produced for key partners, including local authorities, members of Senedd and Parliament. Voluntary Councils were engaged, distributing key messages to the region's 3,000 organisations and charities. It was a period which resulted in a positive step change in Stakeholder engagement, with the Chair and Chief Executive holding weekly virtual meetings with North Wales politicians and local authority leaders, personally briefing them on developments and issues arising.

There was a significant increase in communications and engagement activity and output across the Board, with a notable departure in the media from the well rehearsed narrative about Special Measures. Indeed, positive media coverage about the Health Board more than doubled compared with the same period in 2019. A real achievement from a relatively small communications team.

Whilst the corporate communications team have done their utmost to deliver a hugely challenging agenda under the effective leadership of the Assistant Director of Communications and Public Engagement, it lacks the strategic level leadership that a vast and complex organisation like BCUHB requires. It is significant that a Health Board of this magnitude does not have a Communications and Engagement Director with a direct line to the Chief Executive. The current Assistant Director of Comms goes well above and beyond the role description, but the current workload is unachievable from a strategic perspective, and unsustainable, given the complex challenges and unprecedented media scrutiny of an organisation under prolonged Special Measures.

The creation of a Director level post would provide focused Director level leadership and support on all matters relating to strategic Communications and complex reputation management issues the diagnosis of potentially high-profile communication issues and the development of handling strategies. This is a critical agenda for the organisation; strategically planning, shaping and delivering a changing landscape of communications and public engagement. Being responsible for communicating with its geographically dispersed staff and population as well as its stakeholders demands the highest degree of focus, acknowledgement and recognition.

Internal Engagement

The importance of employee engagement cannot be overstated. Staff engagement should be everybody's business and Covid has inevitably been a limiting factor in this regard. The forthcoming staff survey should provide a helpful temperature check.

It's been heartening, however to see stakeholder engagement taking centre stage in the development of the clinical strategy. A standard operating procedure is now in place which should ensure effective stakeholder engagement not only in the development of the clinical strategy, but in any plan that might lead to significant service change.

It's worth noting that the Staff Engagement Team is currently separate from the Corporate Communications, a structural fact that is likely to bring challenges for both teams, and could

well be worth reviewing.

The incoming CEO will likely want to consider refreshing organisational values and behaviours, given that staff are still labouring under the impact of the Special Measures effect. This could then underpin the proposed Organisational Development Programme.

Relationship Management

The Health Board needs to acknowledge that the communications agenda and the corporate affairs agenda are two highly specialised areas that require full attention at Director level, linking directly to the CEO, and supporting the office of the Chair, Vice Chair and the wider Executive team. The Health Board requires executive and senior spokespeople who are fully on board with an evolving and fast changing media landscape. Battling over statement lines and spokespeople when media deadlines are imminent can only impact negatively on the organisation. A Director level appointment would oversee the management of the HB's political interfaces, ensuring a programme of political engagement that is properly managed and accountable, either in the form of a Director of Communications, Engagement and Corporate Affairs and/or alternatively, a Chief of Staff.

External Affairs

There has rightly been a significant focus on engaging the public since entering Special Measures. The weekly communications report produced for the Health Board is testament to the impressive efforts to deliver a range of positive news stories. Despite best endeavours by the corporate Comms team however, an organisation under prolonged Special Measures will be subject to more intense media scrutiny, and there will inevitably be a need to mitigate negativity wherever possible. This has been particularly true of the Covid pandemic. Whilst media handling is extremely well executed by this award winning team, a quick audit of public services in Wales will demonstrate that the BCUHB communications team is significantly under-resourced, particularly taking into account the intense media spotlight on such a geographically vast and politically diverse and complex organisation in Special Measures. This needs to be addressed urgently.

Public engagement and partnership working

Effective public engagement will be an essential component in the shaping of the future of health care in North Wales and the strategic context of A Healthier Wales. Continuous open and honest dialogue is critical so that service strategies are understood and accepted by the communities they are designed to serve. This takes dedicated time and effort, as demonstrated in the past in South west Wales. Investment and significant strengthening of capacity at Executive and Senior leadership level will therefore be required in this area, as outlined in the former Interim CEO's ask to Welsh Government.

Nevertheless, there have been excellent examples of partnership working during this period, with stakeholders uniting behind common agendas. The development of a strategic outline business case for a North Wales Medical School, a joint partnership between Bangor University and BCUHB, is a case in point. There are other notable examples. The implementation of the vascular services review recommendations has led to positive collaborative working with the Community Health Council, patients and carers. Patient experience feedback is actively being sought across and shared within the service. However, the unprecedented challenges of the pandemic has meant that face to face engagement has largely been relegated in favour of virtual engagement and needs to be reinstated as soon as is safe to do so.

Mental Health Services

It is generally accepted that the Mental Health and Learning Disabilities Division had made significant progress over the last three years with targeted support from Welsh Government. There appeared to be a growing consensus in late 2019 that it was close to being taken out of Special Measures and into Targeted Intervention.

The division continued to progress during the opening phase of the pandemic, with an impressively rapid redesign of inpatient and community services within the Health Board's agreed model. Overall, the MHLD division responded well to the COVID pandemic, and was quick to develop pathways that would keep patients safe. These pathways were discussed within the division and approved by the health board wide clinical pathway group.

Covid-19 related mortality rates were below the national average; there were positive HIW findings following an unannounced visit at the Heddfan Unit and the rapid adoption of tele-mental health was commended in a national report commissioned by Welsh Government. The Division's performance against the Mental Health Measure Part 1 (b): Intervention (Adults) saw a marked improvement, meeting WG targets for the first time, although reflecting in part, an initial reduced demand due to Covid restrictions.

Meanwhile, ICAN WORK evaluation has continued to attract national recognition due to the positive preliminary results. This should also help address the inevitable increase in demand for mental health and wellbeing services as a pandemic consequence. Furthermore, it is important that the Health Board celebrates and promotes its achievements more widely, and not allow the Special Measures label to continue to define the organisation.

All in all though, a notable achievement given significant leadership gaps throughout the Division. The early part of the pandemic saw sickness absences and capacity issues across the senior team resulting in significant churn and change in management positions, with just one substantive Director (the Medical Director) and one Interim Director for the whole MHLD Division. Not surprisingly perhaps, this deficit resulted in a number of challenges.

The discharge of patients within Primary Care Mental Health Services attracted widespread concern, albeit quickly rectified. It appears to have been a genuine misinterpretation of WG guidelines and the findings of the review being undertaken to establish how it occurred are still awaited. It is also acknowledged it was not the only Welsh Health Board to take a similar approach, although those responses went largely unnoticed. Again, with MHLD under Special Measures, BCUHB inevitably attracted a degree of media scrutiny and political challenge not countered elsewhere in Wales, further undermining public confidence.

The HB has successfully attempted to stabilise the Division. The appointment of The Executive Director of Public Health to provide divisional oversight has been a positive development and the senior management team is almost at full strength, with a number of Interims engaged to bolster leadership. Middle management has seen stronger and more consistent arrangements as a number of long-term absentees have returned to work. The Health Board's appointment of an Interim Associate Director of Governance should help ensure that MHLD clinical governance arrangements align with those of the Health Board. As the BCUHB Risk Management Strategy is ratified by the Board, signalling changes in the way risk is being managed, MHLD has transitioned its risk register accordingly, with a view to embedding the revised approach across the Division.

The changes have at times been extremely difficult and challenging. Further engagement with staff and external stakeholder would have been helpful as Phase two of the MH strategy and its Covid response was being considered. However, the urgency of the pandemic determined the extent of debate and discussion, compounded by gaps in key leadership positions within the Division.

The new interim leadership team will be prioritising a review of capacity and capability, the delivery of clinically safe services and effective partnerships, along with stronger and more aligned management and governance. The Patient Experience Group, which was temporarily paused early in Covid, is being re-instated. The triumvirate has subsequently focused on strengthening visibility, with an explicit commitment to co- production with patients, their families, social care and third sector colleagues.

Psychological Therapies

The implementation of the recommendations arising from the Psychological Therapies Review has been similarly paused due to Covid. Commissioned by the MHLD's Division, the report was an important milestone in its all-age strategy, Together for Mental Health in North Wales. Whilst many of the challenges highlighted are common to services across Wales, there are those which are specific to the North.

Despite early progress through the Psychological Therapies Improvement Board and a staff engagement workshop, it is clear that improving access to psychological therapies and embedding psychologically-informed approaches requires whole system change. The report found persistent structural, systemic and cultural obstacles which must be addressed. Whilst there is enthusiasm about this prospect and examples of positive and innovative practice, there is also scepticism. The appointment of a substantive Director of Psychological Therapies must therefore be a priority, leading on co-creating with staff a vision for psychologically- informed approaches across the Health Board. Staff engagement events have now been re-introduced and will be crucial in progressing this roadmap of improvement

Finally, it is imperative that a substantive Director of Mental Health is appointed as soon as it is practical to do so, with vacancies filled and interims replaced with substantive appointments for stability and continuity. Otherwise, there will continue to be an unfair burden of responsibility on too small a number of Executives and senior personnel. Whilst vacancies are a national challenge for mental health services, BCUHB has seen medical vacancies of up to 30% over the period, in contrast to the welcome reduction in locum and agency spend across the Health Board. An indication, perhaps, that some long standing issues in the Division still need to be properly addressed.

The long awaited appointment of a divisional HR officer is already beginning to have a positive impact and it is clear that a whole scale organisational development programme could be beneficial in the delivery of the cultural change required across the division.

Key Recommendations

- Appoint a Director of Communications and Corporate Affairs and/or Chief of Staff to provide leadership on strategic communications
- Strengthen the currently under-resourced corporate communications team
- Fully stabilise MHLD Leadership team with substantive appointments as a priority
- Appoint a substantive Director of a Psychological Therapies
- Implement an organisational development programme to address cultural behaviour in MHLD and the wider Board.

Concluding observations

On a concluding note, it is clear that an alternative way forward is now needed to realise the Health Board's ambition of being lifted out of Special Measures. It is acknowledged that

BCUHB has a long history of financial and performance challenges, which are exacerbated due to Covid.19. Unless the context in which it operates is properly addressed, there is no doubt it will continue to struggle to deliver sustainable progress into the future.

While scrutiny and constructive challenge of service delivery has been significantly strengthened at Board level, it is important that there is support in equal measure, nuanced to create a cohesive and healthy relationship between Exec and Non Execs in the current challenging landscape.

Given that BCUHB is the only Health Board in Wales under prolonged Special Measures escalation, it is perhaps worth noting that its financial deficit is proportionally far from being the highest. Moreover, whilst the strategic cash support afforded to BCUHB has been critical, it is significantly lower per head of population than the strategic cash support provided to the Health Board in Wales receiving the highest sum per head of population.

There will, no doubt, be sound economic, strategic and political arguments in support of the current strategic cash resource allocation. However, if BCUHB was in receipt of that higher level of strategic cash support per head of population, it would result in an additional £188 million to underpin transformation plans and improvement.

Whilst further strategic support has been formally requested of Welsh Government to help address a number of well rehearsed challenges, it is important that this is resolved speedily to give the incoming CEO and the Health Board the strongest possible foundation upon which to bring about the necessary improvements and to give the people of North Wales the health care that they deserve.

REDACTED - S40