



<b>Subject:</b>	Chief Executive's Report
<b>Summary or Issues of Significance</b>	Attached is the Chief Executive's update to Board for the month of February 2013 on key national, regional and local issues.
<b>Strategic Theme / Priority addressed by this paper</b>	All strategic themes are addressed through the provision of Board assurance
<b>Legislation or Healthcare Standard:</b>	Standard 1 – Governance and Accountability
<b>Evidence base or other relevant information to inform decision (e.g risks)</b>	n/a
<b>Consultation with others:</b>	Issues are shared appropriately as they arise.
<b>Equality Impact Assessment (EqIA)</b>	Has EqIA screening been undertaken? N Has a full EqIA been undertaken? N
<b>Recommendations:</b>	That the Board notes the update
<b>Author(s)</b>	Mrs M Burrows, Chief Executive
<b>Presented by</b>	Mrs M Burrows, Chief Executive
<b>Date of report</b>	13.2.13
<b>Date of meeting</b>	28.2.13

*Disclosure:*

*Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board*

## Chief Executive Report February 2013

This paper sets out key points for the Board to consider and take note of.

### Undergraduate programme

We had our review by Cardiff University regarding our undergraduate medical training programme. The educational reports for Ysbyty Gwynedd, Ysbyty Glan Clwyd and Ysbyty Wrescam Maelor are all positive showing a strong educational and teaching programme for junior doctors. As with any report there are areas for improvement however the findings of the review show North Wales has a very positive learning environment with strong clinical tutors and good accommodation. We were particularly praised on making sure juniors had access to the internet, a key element of their learning and indeed progression with WiFi in our hospitals and accommodation. They urged us to progress this during the coming year.

Particular praise was given to the Library staff who have formed an integrated service for North Wales. The students found the staff and service very proactive, helpful and responsive. Ysbyty Wrescam Maelor was praised for its teaching of psychiatric medicine as one student has now decided to major in this field because of the experience, a speciality that has low numbers of doctors wishing to work in this field across the UK. Cardiff University were very impressed with this.

This Review bodes well for attracting trainees and qualified doctors in the future especially if we look at this as part of the package of recruitment for the future - the BMedSci course at Bangor University, part of developing a North Wales Medical School with Cardiff & Swansea, the North Wales Clinical School, our collaborative work with Bangor University on research, development and the impending Clinical Research Facility not to mention the School of Nursing both undergraduate and postgraduate within North Wales.

### BCU Health Board visit to Mysore, Karnataka India

We have established links with Mysore as part of a knowledge exchange about mental health during the latter part of January and early February led by Professor Peter Lepping, Consultant Psychiatrist. The group included Professor Lepping, Professor Rob Poole, Professor Catherine Robinson, Dr Brian Tehan and Mr Simon Pyke.

A series of research meetings were held between members of the Centre for Mental Health and Mysore clinical academics. Active research collaborations are already in place. Professors Poole and Robinson were invited to present their research on the Natal Effects on Health in Adults as part of the MRC birth cohort study in Mysore.

The main area of specialism for BCU is on coercion which is now a collaborative project between the recently formed Indian Forensic Mental Health Association and the European Violence in Psychiatry Research Group. This is the first association of its kind in Southern Asia. As a result a declaration was made and signed by all participants which states: -

*'There is an urgent need for the recognition and implementation of the rights of persons with mental illness, following principles with regard to equality, security, liberty, health, integrity and dignity of all*

*people with a mental illness or not. All parties responsible for the care and treatment of mental illness should work towards the elimination of all forms of discrimination, stigmatization, and violence, cruel, inhuman or degrading treatment. We affirm that coercion or violence against persons with mental illness constitutes a violation of the human rights and fundamental freedoms, and impairs or nullifies their enjoyment of those rights and freedoms. We will strive to uphold the human rights of persons with mental illness. We will work toward the prevention of violation, promotion and protection of their rights’.*

Our Charitable Funds supported over 100 local student nurses and medical students to attend the symposium. Almost 500 delegates from various professions attended with widespread coverage in national and state media. Our research with Mysore now covers deliberate self harm, coercion and human rights in mental health practice and the development of novel research methods in Indian settings.

### **Robert Francis Report**

There is no doubt that this report, its findings and recommendations are a turning point for the cultures and behaviours in the NHS. It is a report that reminds us that our primary responsibility is the safe care of patients who place their trust in our hands when they are at their most vulnerable. We must not let them down.

The report identified many warning signs which taken together or singly should have alerted individuals, teams and importantly the Board that things were wrong, patients were at risk and indeed patients had died as a result. The causes identified were<sup>1</sup>:-

- A culture focused on doing the system’s business – not that of patients
- An institutional culture which ascribed more weight to positive information about the service than to information capable of implying cause for concern
- Standards and methods of measuring compliance that did not focus on the effect of a service on a patient
- Too great a degree of tolerance of poor standards and of risk to patients
- A failure of communication between the many agencies to share their knowledge and concerns
- Assumptions that monitoring, performance management or intervention was the responsibility of someone else
- A failure to tackle challenges to the building up of a positive culture in nursing in particular but also within the medical profession
- A failure to appreciate until recently the risk of disruptive loss of corporate memory and focus resulting from repeated, multi-level reorganisation

The consequences of these findings, which have led to the following aims has been well trailed in the media and throughout NHS organisations. It is important that we undertake a forensic and transparent analysis of our own organisation and hold the mirror up to make sure that we are capturing information, putting our focus on the right things and creating a culture that does not tolerate harm or lack of dignity to patients.

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<sup>1</sup> Robert Francis QC; *The Mid Staffordshire NHS Foundation Trust Public Inquiry, Executive summary*; February 2013

The aims arising from the Francis Report are:-

- Foster a common culture shared by all in the service of putting the patient first
- Develop a set of fundamental standards, easily understood and accepted by patients, the public and health care staff, the breach of which should not be tolerated
- Provide professionally endorsed and evidence-based means of compliance with these fundamental standards which can be understood and adopted by the staff who have to provide the service
- Ensure openness, transparency and candour throughout the system about matters of concern
- Ensure that the relentless focus of the healthcare regulator (HIW in our case) is on policing compliance with these standards
- Make all those who provide care for patients – individuals and organisations – properly accountable for what they do and to ensure that the public is protected from those not fit to provide such a service
- Provide for a proper degree of accountability for senior managers and leaders to place all responsibility for protecting the interests of patients on a level playing field
- Enhance the recruitment, education, training and support of all the key contributors to the provision of healthcare, but in particular those in nursing and leadership positions, to integrate the essential shared values of the common culture into everything they do
- Develop and share ever improving means of measuring and understanding the performance of individual professionals, teams, units and provider organisations for the patients, the public, and all other stakeholders in the system

The Health Board's drive for standards, the use of evidence and a focus on the betterment of patients has been demonstrated through our recent consultation and decisions taken by the Board. It is important that as we look at all our services we keep standards, improved outcomes and a lack of tolerance for harm in our sights as this is what will make the difference to how, where and when we provide care not least forgetting that much of our duty also lies in good public health and health protection. Our use of the Triple Aim should lead us to such improvement.

## **Performance**

As shown in the Health Board's reports, we are still in a position of not yet closing the financial gap to achieve our statutory requirement. Actions continue in terms of reducing unnecessary expenditure. Our attainment of the Tier 1 performance targets is still at risk in terms of 26 week achievement with a main focus on improving access to cancer treatment especially the 31 and 62 day requirements. The Board can be assured that decisions regarding the safety of patients are at the centre of our decision making. In terms of governance I have advised the Chairman and Chairs of the various Sub-Committees that decisions have been taken to secure safety of care in the face of financial deficit based on evidence and the advice of the Executive Medical, Nursing and Therapies Directors respectively. These decisions will be reported to the Audit Committee as part of our governance arrangements.

## **Acute Clinical Services**

The continuance of our service improvement programme has shifted to the acute hospital services in medicine and surgery in particular. This follows from the decisions taken regarding maternity,

gynaecology, emergency surgery, paediatrics, high level neonatal care, complex vascular surgery, primary and community services. Clinicians have been meeting since July and more progressively since November to setting up networks of clinical services using the cancer, cardiac and critical care models in particular. This network of care binds clinical teams together across North Wales to improve access to care, reliability of service and attainment of standards. The implications of changes to trainees as outlined by the Deanery have been included and initial proposals have been put forward on how services can be networked and maintained as a result. These are still in their initial stages and will form part of reporting to various Sub-Committees.

A formal project is in place that has a Project Board, which will report directly to the Board via the Chief Executive; a Clinical Strategy Group and an External Reference Group, the latter composed of stakeholders from the various Board associated Committees and other voluntary and local government groups. Trade Unions form part of the Clinical Strategy Group. The project initiation document will be available on SharePoint for Board members. It is hoped that recommendations will be made to the Board in June 2013 in preparation for the trainee changes which will come in force from August 2013.

### **Consultation process**

We await the final recommendations from the Community Health Council (CHC), the deadline set at for 1 March 2013 at the latest. We have continued to engage and work with the CHC since decisions were taken on 18 January to provide any additional information or clarification as required to provide the assurances they may need to come to a position. I can report this has been productive and yet challenging as we would expect. We have confidence in the CHC that they will meet the deadline of 1 March and look forward to their recommendations, whatever they might be.

Author: M Burrows, Chief Executive; 18 February 2013.