Cofnod y Trafodion
The Record of Proceedings

Y Pwyllgor Cyfrifon Cyhoeddus

The Public Accounts Committee

17/11/2015

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

Mohammad Asghar	Ceidwadwyr Cymreig Welsh Conservatives
Mike Hedges	Llafur Labour
Alun Ffred Jones	Plaid Cymru (yn dirprwyo ar ran Jocelyn Davies) The Party of Wales (substitute for Jocelyn Davies)
Sandy Mewies	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

Simon Dean	Prif Weithredwr Dros Dro, Bwrdd Iechyd Lleol Prifysgol Betsi Cadwaladr Interim Chief Executive, Betsi Cadwaladr University Local Health Board
Dr Peter Higson	Cadeirydd, Bwrdd Iechyd Lleol Prifysgol Betsi Cadwaladr Chair, Betsi Cadwaladr University Local Health Board
Dave Thomas	Swyddfa Archwilio Cymru Wales Audit Office
Huw Vaughan Thomas	Archwilydd Cyffredinol Cymru Auditor General for Wales

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

Dechreuodd y cyfarfod am 09:03.
The meeting began at 09:03.

Cyflwyniadau, Ymddiheuriadau a Dirprwyon
Introductions, Apologies and Substitutions

[1] **Darren Millar:** Good morning, everybody. Welcome to today's meeting of the Public Accounts Committee. Just a few housekeeping notices: if I could remind everybody 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. There are of course headsets that are available for translation purposes, and of course these can also be used for those who are hard of hearing, because they are amplifiers as well. If I could encourage everybody to switch off their mobile phones, or put them onto silent mode so that they don't interfere with the broadcasting equipment, and just remind people that, in the event of a fire alarm, we should follow the directions from the ushers.

[2] We have received one apology this morning, from Jocelyn Davies, but I'm very pleased to be able to welcome Alun Ffred Jones in her place. In terms of any oral declarations of interest, we'll take those as they arise on the agenda in line with the new arrangements in the Assembly.

Papurau i'w Nodi
Papers to Note

[3] **Darren Millar:** Item 2 on our agenda: we've got a couple of papers to note. We've got the minutes of our meeting held on 10 November. I'll take it that those are noted. And we've got a paper from the North Wales Community Health Council that is a submission that was given to a mini-summit on Betsi Cadwaladr. It refers to ongoing discussions that are taking place with Healthcare Inspectorate Wales. You'll recall that there was reference to a lack of engagement from the CHC in terms of information being passed up to HIW during the evidence session last week, and this report seems to suggest otherwise. I'll take it that that is noted.

[4] We'll move on, then, to other papers. We've got health board governance—sorry, we've got one further paper, and that is a Robert Holden report, which was shared with the clerks yesterday. This is an additional report that was requested by the committee in relation to our ongoing work on governance. Unfortunately, it's only been circulated to Members this morning because of its late arrival, but I take it that also is noted.

09:05

Llywodraethu Byrddau Iechyd GIG Cymru
NHS Wales Health Board Governance

[5] **Darren Millar:** Item 3 then—continuing our inquiry into NHS health board governance. I'm very pleased to be able to welcome two witnesses to the table—Simon Dean, the interim chief executive of Betsi Cadwaladr University Local Health Board, and Dr Peter Higson, chair of the Betsi Cadwaladr University Local Health Board.

[6] Gentlemen, you'll be aware that we've been looking at NHS governance for some two and half years now, since the Wales Audit Office and Healthcare Inspectorate Wales published a joint report into leadership and governance issues and problems at the Betsi Cadwaladr university health board. We're now two and half years on, and we heard recently from the Deputy Minister for Health that your health board is going to remain in special measures for a further two years. Can you tell us what your reaction is to that; Dr Higson, perhaps, first?

[7] **Dr Higson:** Thank you, Chair. I think, to begin with, I and the board welcomed the imposition of special measures, because I think it provided much-needed help and support, which the health board has needed for some time. I think that the improvements made, through Simon in the first 100 days, through the 100-day plans, are very good, but clearly there's a lot more to be done. I think having special measures for another two years gives us an opportunity to do a fundamental rebuild of the health board, building on the improvements made so far and making sure it's fit for purpose going forward, and fit to deliver the services the people of north Wales deserve.

[8] **Darren Millar:** We'll touch on some of those issues. You've provided lots of paperwork and evidence in relation to the 100-day plans and some of the other work that's been going on at the health board. One of the big concerns that this committee has had has been about who's in charge at the

top of the organisation. We heard, a couple of weeks back, that the chief executive, Trevor Purt, had stepped down from his post. Can you tell us what the current situation is with Mr Purt? Has he actually departed the organisation, and what were the terms of his departure?

[9] **Dr Higson**: Mr Purt has relinquished his role as chief executive, but we have agreed a secondment for Mr Purt to a health organisation in England for a period of 12 months, ending in October next year.

[10] **Darren Millar**: So, he's been seconded.

[11] **Dr Higson**: Yes.

[12] **Darren Millar**: At his existing rate of pay as a chief executive?

[13] **Dr Higson**: That's correct.

[14] **Darren Millar**: So, he's going to be within the employment of the health board for a further 12-month period.

[15] **Dr Higson**: Just under 12 months.

[16] **Darren Millar**: Do you think that represents good value for money for the taxpayer?

[17] **Dr Higson**: I think, in the circumstances we found ourselves in, and the options we had in front of us, this was probably the best value in terms of cost overall, and also in terms of allowing the health board to move quickly to recruit a new chief executive.

[18] **Darren Millar**: I assume the secondment is part of a wider exit package.

[19] **Dr Higson**: There's nothing wider than the secondment.

[20] **Darren Millar**: There's nothing wider that the—

[21] **Dr Higson**: The secondment includes payment in lieu of notice.

[22] **Darren Millar**: Okay. Does anybody want to come in on the leadership issues? Julie, I know you had a question on this.

[23] **Julie Morgan:** Yes. So, you're not expecting him to come back?

[24] **Dr Higson:** No. He has relinquished his post.

[25] **Julie Morgan:** He has relinquished the post; right. So, in terms of what's happening now, when will there be an advertisement for a new chief executive?

[26] **Dr Higson:** We've already started the process late October. An advert is being placed this week. We've appointed Harvey Nash, who are currently doing some work with Welsh Government on recruitment, to try and generate a shortlist, and we have a date in the diary for the middle of December for an interview. And, of course, it's an appointment which requires myself and the director general to agree, because of the accountable officer status that goes with the chief executive role. So, we are hoping, if a suitable shortlist is available, to make an appointment before Christmas, which, hopefully, would allow somebody to take up the post in the early new year.

[27] **Julie Morgan:** And what about Simon's position then in terms of overlap and support?

[28] **Dr Higson:** I think it's very much up to negotiation, in terms of whether we're successful in appointing, at this time around, before Christmas, but I'll ask Simon to comment, if he wishes.

[29] **Mr Dean:** Thank you for the question. Perhaps before I answer, I ought to just state for the record my position. I'm currently seconded from my substantive post as chief executive of Velindre NHS Trust. I actually have two secondments currently. One is four days a week to the health board and the other is one day a week to Welsh Government as deputy chief executive of NHS Wales. And I've recently been appointed, following open competition, to the post of deputy chief executive of NHS Wales on a substantive basis. I thought it was important to get that on the record, Chair. So, I'm here today as interim chief executive of the health board, rather than any of my other roles.

[30] Clearly, there is work to be done in that wider role within Welsh Government. I was asked to take on the role of interim chief executive of the health board on a temporary basis, which I was very happy to do, and discussions continue about exactly when I will return to my now substantive

post within Welsh Government.

[31] **Julie Morgan:** Would you hope to be able to work with the incoming new chief executive for a period of time?

[32] **Mr Dean:** I feel sure that, in my new Welsh Government role, I will be spending a considerable amount of time working with the health board.

[33] **Julie Morgan:** So you won't be going back to Velindre, sadly.

[34] **Mr Dean:** No, I'm not going back to Velindre; I've resigned from that post. So, my new substantive post will be as deputy chief executive of NHS Wales.

[35] **Julie Morgan:** In addition to a new chief executive, are there any other posts that are going to be advertised as part of the leadership team?

[36] **Dr Higson:** We're currently advertising for a director of mental health services, which is part of the same recruitment exercise, because clearly that's an area where we need to do a considerable amount of work going forward. The post will be advertised as a post reporting directly to the chief executive, given the importance of the services and the issues we need to move forward on.

[37] If I may, Chair, also take the opportunity to publicly put on record my gratitude to Simon for everything he's done since June, and observing how he's taken up the role and what he's managed to achieve, I think it's in the best tradition of public service, and I and the board are very grateful to him for that.

[38] **Darren Millar:** Julie, did you have any more questions?

[39] **Julie Morgan:** I'll just ask: this director of mental health services—is that a new post?

[40] **Dr Higson:** The director of mental health services is a—. There was a director of primary, community and mental health, and so it's been lifted out, given its importance, into a separate post. It's not a board voting post, but it's a post which has got seniority within the board, recognising that our mental health services employ over 1,800 staff. It's a very sizable chunk of our services and requires that distinctive leadership, especially in these times

where we've found ourselves with some elements of those services.

[41] **Darren Millar:** Okay. Sandy Mewies, you wanted to come in.

[42] **Sandy Mewies:** Yes. Good morning. I was pleased to see, actually, the short report that the Deputy Minister for Health did, and there has been some progress made. But I'm sure you'll agree that the board has no reason to be complacent, given that you've been given a bye now for two years to try and get yourselves sorted out. And as far I'm concerned, we're talking particularly about the chief executive and you as the chair as the main focal points, but chief executives and chairs need their team behind them. What I've been a bit concerned about in the papers before us is that under, for example, 'Further Progress made following the first 100 Days', there's plenty of process there—'We've done', 'We've looked at', 'This has happened'—but no outcomes. One of the things that was apparent to me—what I think has happened previously—is that there certainly was division between the chair of the health board and the chief executive and the team working that was going on. We had people not turning up to meetings—perhaps you'd like to explain why that happened and how you intend to correct it. Ann Lloyd talks about training and development for board members, and it's been analysed and triangulated and everything else, but we're not told, really, what you discovered in that. Were there serious deficiencies in the skills that were brought forward? How has that been addressed? Has it been addressed completely now? Because I do think, Chair, that the team are important, aren't they? I've read through several times what you're doing—the process of what you're doing; you've had workshops, you're doing this, you're doing that, you shared information with the audit office, but it doesn't tell us how you now feel your teams are more robust.

[43] I also want to know whether there are still deficiencies within what's going on. How are you going to address that? How long have you got to do it? Because I wouldn't like to think that Betsi was sitting back now and thinking 'Oh, we've got two years to put this right', because that isn't the case.

09:15

[44] **Darren Millar:** Perhaps if you can answer on behalf of your executive team, Simon Dean, and then, you, Dr Higson, in respect of the independent members.

[45] **Mr Dean:** I absolutely agree. The health board is not complacent. We've made a start. The 100-day plans were about providing focus and impetus on some of the key things that we needed to do, many of which involve process, because we need good processes in place in order to allow us to achieve the outcomes that we desire. Much of the process we've put in place has been about supporting staff. I would like to thank staff for all the work they do across north Wales; there are some fantastic services delivered day in, day out across north Wales, and it's really important that we recognise that.

[46] There are also some issues that we need to deal with, and the health board is engaged with that. So, we are looking at the team. I'm sure that the incoming chief executive will want to form a view about the team that he or she wants around them to move the health board forward. But there is absolutely no complacency on the executive side at all. We're moving to implement the structure that was agreed before I arrived in the organisation. I wanted to assure myself that I could see how the structure would work to deliver those outcomes, and we've made some adjustments to the structure—relatively minor in nature—and we're moving to fill that now. So, people are very focused on achieving the outcomes that we all desire to see in place.

[47] **Sandy Mewies:** I don't think anybody here who knows the people who work in the system would disagree about the hard work that they are doing on a day-to-day basis. But is what you're saying now that you are quite happy that the team that you've got in place now will do the job, and they'll do it properly?

[48] **Mr Dean:** All teams need development. It's a continuous process of learning and growth, and all teams benefit from fresh eyes, and we've had some new appointees in the last year or so. They've brought strengths to add to those within the team that were there already. As I mentioned, the incoming chief executive will form his or her view about how they want to structure the leadership team in the organisation moving forward and what changes, if any, they wish to put in place. As Dr Higson has mentioned, we are recruiting a director of mental health services because that's a particular area of focus, so that post will report directly to the chief executive.

[49] We've strengthened support into primary care. I'm in discussion with Welsh Government about how, under the special measures, we strengthen inputs even further. We have a lot of work to do in mental health services as

an example, and the deputy Minister, in his statement, refers to additional support that will be provided to the organisation. That support is support that I've been in discussion with colleagues in Welsh Government about. We'll be strengthening our support into primary care as well, and into our planning process. So, we will continue to strengthen the team.

[50] **Sandy Mewies**: So, there are no other glaring holes, other than mental health? You're quite happy that there is nothing there that's going 'beep, beep, beep'.

[51] **Mr Dean**: Well, there are lots of areas to do work on, which is why the health board is in special measures. I'm confident that the team is beginning to make progress to address those areas.

[52] **Sandy Mewies**: And prioritise them.

[53] **Mr Dean**: Absolutely. And I'm sure that the board will bring in additional resources where the need is identified.

[54] **Darren Millar**: I'll bring you in, in a second, Peter Higson, but I know, Alun, that you want to ask on this specific issue.

[55] **Alun Ffred Jones**: Os caf, diolch yn fawr iawn. Yn ystod yr—. Ydych chi'n clywed?

Alun Ffred Jones: If I may, thank you very much. During the—. Can you hear?

[56] **Mr Dean**: I can.

[57] **Alun Ffred Jones**: Yn ystod y blynyddoedd diwethaf yma, mae llawer iawn o feirniadaeth wedi bod ar y bwrdd, ac aelodaeth y bwrdd, ac rydym wedi clywed galwadau i'r bwrdd ymddiswyddo ac yn y blaen. Ond un peth sydd wedi bod yn absennol yw unrhyw feirniadaeth o'r uwch-reolwyr a'r rheolwyr. Lle mae gwendidau wedi digwydd—iechyd meddwl yn un enghraifft, ond mae yna enghreifftiau eraill hefyd—nid wyf wedi clywed unrhyw feirniadaeth

Alun Ffred Jones: Over the past few years, there has been a great deal of criticism of the board, and the membership of the board, and we've heard calls for the board to resign and so on. But one thing that has been absent is any criticism of the senior managers and managers. Where there have been weaknesses—mental health is one example, but there are other examples also—I haven't heard any criticism or any attempts to strengthen and change

nag unrhyw ymdrech i gryfhau a newid y drefn rheolwyr. Pam nad oedd yr uwch-reolwyr hynny yn cymryd cyfrifoldeb am y gwendidau a oedd yn amlygu eu hunain yn y sefyllfa?

the management regime. Why weren't those senior managers taking responsibility for the weaknesses that emerged in that situation?

[58] **Mr Dean**: I can only comment on what I've observed since I've been in the organisation from the beginning of June. But, my view is that senior managers were taking responsibility for the issues that were identified. The organisation has gone through a complete restructuring, from its clinical programme group model that was in place from the inception of the organisation to a new area and hospital team-based model, which was put in place by the now former chief executive. That model was in the process of being implemented. So, we've seen a new director of resources brought in, a new chief operating officer, a new director of secondary care, three new area directors, new hospital directors, and new clinical directors in the area teams and the hospital teams. So, the management team has been strengthened at all levels. There is more to do. There is no doubt about that; there is more to do. But that strengthening is there, and the commitment and passion is there from management colleagues as well as from front-line staff delivering care directly to patients.

[59] **Darren Millar**: Aled, it was on this same issue, yes?

[60] **Aled Roberts**: Oedd. Rwy'n cytuno â'r hyn y mae Sandy wedi ei ddweud, i ryw raddau. Os ydych yn edrych drwy gofnodion y bwrdd, beth sy'n eich taro chi ydy bod yr holl sefyllfa yn ymwneud â phroses. Nid oes llawer o dystiolaeth bod pethau yn newid, ac fe rof enghraifft ichi. Rwyf wedi bod yn darllen cofnodion ynghylch yr adran brys yn Wrecsam, a'r adran meddygon teulu y tu allan i oriau. Roedd gan y bwrdd adroddiad ryw flwyddyn yn ôl yn dweud bod yna ddiffyg, o ran staff nyrsio, o ryw 16 swydd. Mae yna ddau ymgynghorydd llai na hyd yn oed beth oedd y bwrdd

Aled Roberts: Yes. I agree with what Sandy has said, to a certain extent. If you look through the board minutes, what strikes you is the fact that the whole situation is to do with process. There's not much evidence that things are changing, and I will give you an example. I have been reading the minutes on the emergency department in Wrexham and the GP out-of-hours department. The board had a report about a year ago saying that there was a lack, in terms of nursing staff, of around 16 jobs. There are two fewer consultants than was even recognised by the board

yn ei gydnabod cyn inni weld cynnydd o ran y cleifion a oedd yn mynd drwodd, ac eto, y cwbl a welwch yng nghofnodion y bwrdd ydy '*Ongoing, ongoing, ongoing*.'

before we saw progress in terms of the patients going through, and yet all you see in the board minutes is 'Ongoing, ongoing, ongoing'.

[61] A gaf i hefyd ofyn ichi—ac rwy'n gobeithio y gwnewch chi gymryd y feirniadaeth hon yn gadarnhaol ac yn adeiladol? Rydym wedi bod yn yr un sefyllfa ers rhyw chwech neu saith mlynedd erbyn hyn, lle'r ydym yn cael pobl yn dweud wrthym eich bod chi'n ailstrwythuro, a'ch bod yn penodi pobl newydd. Rwy'n cofio cael fy nghyflwyno i'r cyfarwyddwr iechyd meddwl ryw flwyddyn neu 15 mis yn ôl. Dyn newydd a oedd yn mynd i drawsnewid sefyllfa'r gwasanaeth yn y gogledd. Beth a ddigwyddodd iddo fo? A oedd hynny yn benodiad parhaol, neu a ydym yn sôn am benodiadau dros dro? Os dyna'r sefyllfa—i ymateb i Alun Ffred—faint o'r uwch-reolwyr hynny sydd wedi mynd? Rydym wedi gweld dau brif weithredwr yn gadael eu swyddi, ond faint o'r uwch-reolwyr sydd wedi newid dros gyfnod y pedair neu bum mlynedd? Oherwydd rwy'n meddwl, erbyn hyn, bod pobl y gogledd wedi glân syrffedu ar ailstrwythuro a phobl newydd yn dod i mewn. Yr hyn y maent eisiau ei weld ydy gwelliant yn y gwasanaeth sydd ar gael. Rwy'n gwybod bod amser yn fuan, ond hyd at rŵan nid ydym yn gweld llawer o newid o ran beth y dylai pobl y gogledd ei ddisgwyl o ran triniaethau.

Could I also ask you—and I hope that you will take this as positive and constructive criticism? We've been in the same situation for six or seven years now, where we are being told that you're restructuring and that you are appointing new people. I remember being introduced to the mental health director about a year or 15 months ago. A new person who was going to transform the status of the service in north Wales. What happened to him? Was that a permanent appointment, or are we talking about interim appointments? If that is the situation—just to respond to what Alun Ffred said—how many of those senior managers have gone? We've seen two chief executive officers leaving their posts, but how many of the senior managers have been changed over the four or five-year period? Because I think that the people of north Wales are by now fed up of restructuring and new people coming in. What they want to see is an improvement in the service that is available. I know that it's early days, but until now we are not seeing much change in terms of what the people in north Wales should expect in terms of treatment.

[62] **Darren Millar:** Okay, you touched on a wide set of issues, but I'll allow Simon Dean to respond first just in terms of this question of issues being ongoing, ongoing, ongoing. Then I'm going to bring Peter in to talk about the board's capacity, if that's okay.

[63] **Mr Dean:** Thank you. There were a few points there. In terms of out-of-hours, there have been improvements. We've recently got an additional 21 GPs who are joining the service and committing additional sessions, and have recruited an additional 13 nurse practitioners. So, we continue to recruit staff to improve our out-of-hours services. I agree that there are challenges in the emergency service—the unscheduled care service—in Wrexham, and those are being worked on. Those are challenges that we face, in common with many areas of the health service in the UK.

[64] **Aled Roberts:** Can I ask something on that? Your paper, your letter, states that you've actually co-located at Ysbyty Gwynedd and Glan Clwyd, and it's silent on Wrexham. One of the other patterns, as far as the health board is concerned, is that the good practice in one of the localities isn't actually built upon elsewhere. What is the position regarding co-location, then, across the board?

[65] **Mr Dean:** I'd have to come back to you with a detailed note on that, but the principle of learning and sharing is critically important. I agree with that. It is making sure that, when we try things and they work, they are promulgated more widely across the health board.

[66] You referred to the mental health director. If it's the person I think you may be referring to, he was an interim director, and he is retired—if it's the individual that I'm thinking of. There is a change in senior management personnel across the organisation, as I mentioned and outlined a few moments ago. I'm sure that the organisation will continue to strengthen its management capability, as well as making sure that it has a structure in place that is likely to allow the organisation to succeed.

[67] **Darren Millar:** Mr Dean, many people are wondering why more people weren't shown the door as a result of the failures that have been identified in leadership and governance at this organisation over the past few years. Surely, there are some people around that executive table, as it were, who you're working with who clearly weren't up to the job. So, why are they still in the organisation?

[68] **Mr Dean:** I can't comment on actions that were or weren't taken before I took up the interim chief executive role. I have responsibility towards the organisation and to the individuals. I'm currently going through a process of performance appraisal and review with all of the directors, and, as part of that, we're identifying any issues that need to be developed through training or additional support.

[69] **Darren Millar:** Do you think, though, that any of those individuals around that executive table lack the capacity, the skills to be able to turn this ship, Betsi, around within the next two years?

[70] **Mr Dean:** I'm going to respond to that broadly, if I may, which is to say that the leadership team, which is not just the executive directors, as leadership is the responsibility of everyone within the organisation—. But focusing on the director cadre, the incoming chief executive will want to make sure that he or she has a team with the right spread of roles and responsibilities, the right blend of skills, in order to take the organisation forward. There is no doubt that the organisation needs to make sure that it has the right capacity and, as is clearly the case, there are some areas where that needs to be strengthened, and I referred to one or two of those earlier.

[71] **Darren Millar:** So, it doesn't currently have the capacity within the organisation to turn this thing around, which is why you're asking for additional capacity and support from the Welsh Government. You're nodding your head, Peter.

[72] **Mr Dean:** Indeed. We're in discussions, and we'll put some of that capacity in place ourselves, and some of it will be talking to Welsh Government colleagues.

[73] **Darren Millar:** Mike, was it on this?

[74] **Mike Hedges:** Yes, on this. We knew that, in the past, in the budget process, for example, the board would set a budget, but the departmental heads thought it was a negotiating position and that they could work around it.

[75] **Darren Millar:** Can we come back to finances, if that's okay, Mike?

[76] **Mike Hedges:** We can, but I think it really is on—

[77] **Darren Millar:** I'll come to you immediately after Sandy.

[78] **Mike Hedges:** Can I just link it in?

[79] **Darren Millar:** Yes.

[80] **Mike Hedges:** You've got a board making decisions, whether it's between the strengths, and it's got all these things done to it—. The question I'm going to ask is: underneath the board, is anybody paying much attention to the decisions you're making?

[81] **Mr Dean:** The short answer to that is: yes, they are. The slightly longer answer is: clearly, there are some governance elements of the way in which the organisation works that need to be strengthened, and we are in the process of doing that, and that includes that linkage between ward and board, with effective governance mechanisms in place to support it.

[82] **Mike Hedges:** I wasn't really talking about ward and board; I was really talking about: there's the board, there's the ward, but then there are the senior consultants and managers within the hospital, and they're the ones who run the hospital, effectively. You can make whatever decisions you like at a board level, but if they're not being implemented by those people who have procedural management and strategic management decisions, that's just—. You might have the best managers in the world making these decisions, but when it gets down to the people who actually have to implement them, if they ignore them—and you are not the only board in Wales where that happens on a whole range of issues—then what happens next?

[83] **Mr Dean:** I think there are two elements to that. One is process and the other is culture. We need the effective governance processes in place, and we need the right working culture that engages people in the organisation, across the organisation, in both the challenges and the opportunities that we have. One of the other areas of work that we're paying a lot of attention to is how we improve our engagement, in this case with staff and also with the public, for precisely that reason, because we need people to understand that, if you're connected into both the service they provide and the organisational framework within which they do that.

[84] **Darren Millar:** Thank you. Okay, going back, then, to Sandy's question

about the capacity of the non-exec team, Peter.

[85] **Dr Higson:** Just to reiterate that nobody is complacent about the scale of what we have to do, and I think we are, in my view, picking up weaknesses that go back to the very beginning of Betsi. The way it was organised and structured was not going to deliver in terms of what north Wales needed. The new structure we've got—and, again, structures are not an answer, but they're an enabler. And this new structure we've got very much picks up the points made by WAO and HIW about lack of focus around who runs the hospitals, but, importantly, it brings back localism, so we can have a balance between local delivery, delegated responsibility, better partnership working with local authorities, better decision making, delegation of budgets—the whole process you'd expect to see in place. Simon has very much moved that forward very quickly.

09:30

[86] In terms of the work Ann's been doing with us, first of all, it's been very welcome and it's been very supported. She and I have worked very closely together on what she's done. She has done a skills audit of the board's individual members. We've had individual feedback and there was feedback collectively at the end of October to the board. Ann's view is that we have all the right skills, but we're not necessarily using them in the right places. So, we've now got further work going on in two weeks' time, or about 10 days' time where we're looking at—. We changed our committee structure around January and reviewed that and some of the issues are about how people are using it—not the structure itself, again. There's further work to be done there.

[87] But, in terms of the board corporately, we've got three new independent members who started in the spring, following recruitment. We've got three more, I think, who are due. They're part of a composite advert from Welsh Government for independent members. Three more are being recruited at the moment. The areas in terms of what we—. I think areas of public engagement and if I say business generally are the weaknesses, or the gaps we've got in terms of building up a good independent member team. Ann and I are also working on a further board development programme, but we've come to the view that there are things that are practical things to sort out, get done, get finished, once and for all, finishing off all the recommendations from the various HIW, WAO reports, and we will scope out and look at a new programme at the turn of the year. Also,

common sense says it would be useful to have the new chief executive identified before we started that in terms of progress.

[88] We have made some good progress with the board development programme we've had in place. Attendance has been okay. Holidays and ill health and sometimes things that you can't avoid happened. But there has been good attendance.

[89] **Sandy Mewies:** Has it improved?

[90] **Dr Higson:** Yes. I mean, it has improved across the board—independent members and executives and other directors. Clearly, that's one of the areas I look at in terms of half-yearly and full-year appraisal.

[91] **Sandy Mewies:** Thank you for that. I suppose it would be nice to have perhaps a note on the specific areas you may have identified and what you're going to do about it. I would agree with you that there is still a lot of work to be done, for example, on public engagement. This is something I've talked to you about many times in the past.

[92] **Darren Millar:** Sorry, Sandy, before we move on to public engagement, I think Mike and Jenny had some—

[93] **Sandy Mewies:** That's fine, but I do want to come back to it.

[94] **Darren Millar:** That's okay. Mike.

[95] **Mike Hedges:** Very straightforwardly, how would you get executive members not attending the board meeting? I can understand non-executive, but executive members are your employees. I would assume that, if you've got the board meetings that are set for the year—. How you allow them to not be available for those times I find surprising.

[96] **Dr Higson:** It's normally in terms of holiday or ill health.

[97] **Mike Hedges:** Surely you could organise your holiday structure around the fact that these are the days you must not be on holiday. Councils do it with councillors all the time, telling them they can't be away. Here they tell us we can't be away during the months when the Assembly meets. Surely, you can do that? That is the sort of level of discipline that seems to be lacking in your organisation. People go on holiday as and when they like,

even if there's a board meeting.

[98] **Mr Dean**: I'm not sure I'd agree with that. I think that's an assumption. We can provide some detail on attendance by executives at board meetings. I would expect executives to be attending board meetings.

[99] **Mike Hedges**: You just said they weren't. One of you said—

[100] **Darren Millar**: It's obviously not universally the case, or it certainly hasn't been in the past. But you'll send us an attendance register that demonstrates the improved rates of attendance. Jenny Rathbone.

[101] **Jenny Rathbone**: Just looking at the auditor general and Healthcare Inspectorate Wales letter a month ago, there are some specific issues on this. One is that specific work is needed on board etiquette and behaviours. I think that's a cause for concern. Assertiveness is great, aggression is not. I wondered how you, as chair of the board, control that. Then, there were some specific concerns raised around the integrated governance committee you've set up and whether the chair of that committee should be independent of the sub-committees that are reporting into it so they're not holding themselves to account. Then, the quality, safety and experience sub-committee, which is obviously where we are looking at the quality of what patients are receiving—a lot of material to note rather than having an incisive debate about specific issues. Lastly, the overload on some members of the executive team and the potential for other senior managers, other than executive directors, to have more exposure to independent members and board level discussions. It seems entirely sensible, so I wonder if you can just talk about those specifics.

[102] **Dr Higson**: We've had a board etiquette in place for over 18 months, and what we're doing is refreshing it with Ann Lloyd, trying to concentrate it into a shorter document. It's basically just common sense about how the board should conduct itself. I think the issue there was about refreshing and clarifying what the expectations are from myself and Simon as chief executive of how the board conducts itself—

[103] **Jenny Rathbone**: But you are the chair of the board, so you, surely, set the tone, and you determine what is acceptable behaviour.

[104] **Dr Higson**: Yes, and I think there are conversations about when things aren't quite the way they should be. What I'm trying to do is to move the

board towards more constructive criticism and challenge, because I think there has been in the past a tendency to just discuss the problem at length rather than discuss how we're going to resolve it and how we're going to move forward. The behaviours are part of Ann's skills assessment. That's been picked up by her and me in terms of the next round of board development, but we have done some work on board behaviour already. So, I think we're a work in progress rather than there being a fundamental problem there. But clearly, as chair, I have very clear expectations about how we run meetings, how we behave, how we contribute and how we corporately, as a board—because we are a corporate board when we meet as a board in public—are able to both hold to account, but also move forward the very necessary improvements we want to see. Is that enough of an answer?

[105] **Jenny Rathbone:** Have you got enough carrots and sticks—

[106] **Dr Higson:** Sorry?

[107] **Jenny Rathbone:** Have you got enough carrots and sticks to ensure that this happens?

[108] **Dr Higson:** Yes.

[109] **Jenny Rathbone:** Okay.

[110] **Dr Higson:** And in terms—

[111] **Darren Millar:** Sorry. Peter, people will be astonished to find that people who are being appointed to the board in the first place don't already have the skills to understand how to behave around the board table. Why were these people appointed in the first place if they didn't have the right skill sets and didn't know how to behave in a meeting in order to come up with a decision and not just discuss things to death?

[112] **Dr Higson:** The issue really is that people come to these appointments not necessarily with experience of NHS boards and not the particular kind of board we have in the NHS, which is a corporate board, where there are different roles in terms of scrutiny at one point, in terms of committee work, but corporate discussion and decision making as a whole board. Ann is not saying it's awful; neither am I. We're just saying that we need to make sure that's right and it's—

[113] **Darren Millar:** We did hear from the Welsh Government that, sometimes, appointments were made simply because people weren't coming forward—'Well, you know, we have to appoint somebody from this pool of applicants, whether they have the skill sets or not that we need.' You've seen some evidence of that, then, on the Betsi board, have you, Peter, in your time there?

[114] **Dr Higson:** Two things, if I may, Chair. When I became chairman, early on, I decided that there would be no automatic reappointment—that every time a term ended, there would be a public appointments process because I feel it's important that there's an opportunity to refresh at every stage. It's not a criticism of anybody; it's just my way of doing things, and it's a way I would recommend to NHS Wales because I think it avoids any potential patronage by the chair in terms of appointments. When we recruited the three who took up post in the early summer/late spring, we had 57 applicants for three roles. We had a very, very strong field to work with.

[115] **Darren Millar:** Yes. But in terms of that point that you made, you would recommend that there's no automatic entitlement to reappointments, that people ought to—

[116] **Dr Higson:** Personally, I'd recommend that.

[117] **Darren Millar:** As a result of your experience at Betsi. Okay. The other issues that Jenny raised.

[118] **Dr Higson:** I'll pick up the other points, yes. Looking at how the current committee structure is functioning, as part of what Ann's done, is part of what we're going to be picking up in 12 days' time.

[119] **Jenny Rathbone:** That's very specific. That's a clear steer.

[120] **Dr Higson:** Yes, I was going to come back to that. I will be pre-empting the discussion that the board hasn't had yet, but we are looking to put in place a different arrangement to co-ordinate because the idea of the integrated governance committee was not to be another committee, but a committee of chairs to manage the business of the committees, and to produce an integrated governance report, so that the board didn't end up doing its scrutiny as a board corporate, but knew and had assurance that it was being done by the committees. So, there are some changes there that

we're going to make. We'll write to the committee once we've had that discussion.

[121] On the quality, safety and experience, I think the issue was that papers to note were being discussed. It was in terms of there being not enough focus on what the key papers were. We've done a lot of work on that, and that is improving in terms of the scope of that committee and in terms of what it does focus on.

[122] There is a sort of general point there, which I think links to what Simon said earlier as well. The committees are only as good as the material they're given. That's improved immensely over the last 18 months or two years. However, there's more to be done because what we're looking for in committees is not necessarily to do assurance on raw material, but to have evidence of assurance, of things being known about, being dealt with and being acted on. I think the point was made earlier as well, about it not just being about work being ongoing, but how improvements are being made as a result. That very much is sort of the mirror image of the operational structure where there's clarity of roles and responsibilities all the way through the organisation.

[123] The health board's been bedevilled by a very long, long protracted reorganisation six years ago—eight, come nine, if you take the two trusts, which amalgamated shortly before; a lot of interims, a lot of process there. What Simon has moved forward is to get our new structure—. Obviously, we want some checks and balances whether it is the right thing and good value for money, but get that clarity, because that will help then the work of the committees.

[124] Things have already happened. There is a stronger executive scrutiny of quality and safety issues. We also have a monthly integrated quality and performance report to the board, which we didn't have before. So, we are grinding away at that, but I think the point of that committee is that it is probably overworked because not enough work is done in preparation of the papers coming to it. That's something that we have been addressing for the last year and have been improving.

[125] In terms of overload, it's not just directors, other senior staff can be involved, obviously. What we do need is directors to have full ownership of their responsibilities and their portfolios in relation to our committees. So, the directors—I think this is answering your point, but please say if it's not—

have got to be the focal point, and they must be working with us, as independent members, in co-ordinating the business that the committee's looking at, and also, in terms of escalating any concerns, making sure that we follow our escalation policy, but they don't have to be the ones who do all the actual legwork there. However, they must take personal responsibility for it.

[126] **Jenny Rathbone:** Well, it's similar to the point about the quality of the papers going to the quality and safety committee: if your second line managers are not producing the papers or not taking ownership and therefore being able to answer independent members' valid questions, you obviously don't have the structure that you need to move forward.

[127] **Dr Higson:** The new structure is clearer. Accountabilities are clearer. I think before—

[128] **Jenny Rathbone:** Structure, perhaps, is the wrong word, but you don't have the staff, you know, the personnel that you need. If people aren't producing papers that are fit for purpose, and if people are not taking ownership—.

[129] **Dr Higson:** If I just quickly say that that has improved over the last two years. I think there are staff who need more training in terms of understanding what a good, quality evidence paper is, and we have offered that and provided that. I hate to say the word, but it is actually work that we still need to do more of. But it's not as if nothing's happened.

09:45

[130] The quality of the papers and the information has improved immensely, but there are still weaknesses there. There are still weaknesses in terms of—. I think, also, committee chairs and I have no compunction whatsoever in terms of not taking papers unless we feel they're fit for purpose.

[131] **Darren Millar:** Can I just ask: the board secretary's role is critical here, isn't it? You gave a commitment to have a separate board secretary who was not responsible for other executive matters. That is a commitment that you've delivered on now.

[132] **Dr Higson:** Yes.

[133] **Darren Millar:** And, I mean, they are the gatekeeper of the information to the board and sharing the board's information back down to other members of staff. Are you satisfied now that you've got the right peg in the hole, as it were, as far as your board secretary is concerned, especially given that it took a long time to get this additional piece of information, which was only circulated to committee members this morning, in spite of it being asked for months ago? Why are we having delays like this? Is that the sort of experience of board members when they ask for information?

[134] **Dr Higson:** Simon.

[135] **Mr Dean:** Shall I address that question?

[136] **Dr Higson:** On that specific point and then I'll come back.

[137] **Mr Dean:** I want to talk broadly. The role of board secretary is critically important as that bridge between the board and the executive part of the organisation. I think a number of people have responsibilities to make sure that that works effectively. That includes the chair and the chairs of committees, and it includes the chief executive and directors. So, it's about how that part of the system works, rather than how one individual functions. Clearly, we have further work to do to make sure that that part of our system works in a way that supports the board in the work that it is trying to do, which, in turn, supports the executive in the discharge of its functions.

[138] I think the particular piece of paper that you're referring to is linked up with some wider questions around the whistleblowing regulations under which it was pursued, so I don't think that the timing of the publication and the delay in publication is something that can be laid at the door of any one individual.

[139] **Darren Millar:** It took an awfully long time for us to get this information. We asked for it a long time ago and on a number of occasions. You managed to furnish it this morning and we'll touch on some of those issues when we discuss some of the mental health stuff a little later on. But I think it is a concern that it took such a long time for that information to be made available to the committee, excepting and notwithstanding some of the challenges around confidentiality.

[140] Can I just ask you, Peter—? Aled Roberts wants to come in to talk

about governance, but just one other issue. Obviously, the capacity of the governance arrangements of the independent members was insufficient, you felt, last time when you came before the committee. You've told us that Ann Lloyd says that the right people are around the table with the right skills now, yet, you've still got independent committee advisers sat alongside them, holding the hands of the committees and the board. Do you really need those people now? I know you're going to test, as it were, or assess and evaluate their impact. Can you tell us where you're at with that and then I'll bring Aled in?

[141] **Dr Higson:** Yes. The committee advisers weren't meant to hold hands, Chair, but they were there to provide a different set of perspectives and skills, which we felt would be complementary to the board as it was a year ago. They were recruited through open competition, through interview, and over the last two or three months, we have carried out an evaluation of how they've worked and we are going to be discussing that again next week in terms of going forward—is there still a role there, and if there is, what kind of role would that be? Is it as it was—. We were the first health board to try this out, so, quite rightly, we've evaluated to see if it's working. I'm very happy to write to the committee on the outcome of that discussion, and on the other issues as well, in terms of our committee and governance arrangements—

[142] **Darren Millar:** When you do that, can you tell us roughly what the cost of those committee advisers has been?

[143] **Dr Higson:** I can say it now. We pay them the equivalent to the Welsh Government daily rate of £250 a day.

[144] **Darren Millar:** But, more specifically, what's the total cost over the period of their appointment been since they were established? You can drop us a note on that, can't you?

[145] **Dr Higson:** Yes, we will.

[146] **Darren Millar:** Okay. Aled Roberts.

[147] **Aled Roberts:** Rwyf i eisiau mynd yn ôl at y cofnodion yma a sut mae'r cofnodion yn cael eu canlyn drwyddyn nhw unwaith rydych chi

Aled Roberts: I want to return to these minutes and how the minutes are pursued once you've discussed any situations arising. I have to say,

wedi trafod unrhyw sefyllfa. Mae'n rhaid imi ddweud, hwyrach eich bod chi'n dweud bod y sefyllfa wedi gwella dros y 18 mis i'r ddwy flynedd ddiwethaf, ond rwyf i yn dal wedi darllen adroddiadau lle nad wyf i'n teimlo y buasai'r adroddiadau hynny wedi gweld golau dydd o fewn llywodraeth leol achos byddai rhywun wedi dweud wrthynt yn y lle cyntaf nad oeddent yn ddigon da.

perhaps you say that the situation has improved over the last 18 months to two years, but I've still read reports where I don't feel that those reports would have seen the light of day within local government because they would have been told in the first instance that they weren't good enough.

[148] Ond beth sydd yn waeth byth ydy rhai o'r cofnodion rwyf wedi eu darllen, lle mae swyddogion yn dweud yn y cofnodion nad oes dim tystiolaeth bod hyn a'r llall wedi cael ei weithredu ar ôl i benderfyniadau gael eu gwneud, un ai gan y pwyllgor neu gan y bwrdd. Felly, pwy sydd yn gyfrifol yn y lle cyntaf—ai ysgrifennydd y bwrdd sydd yn gyfrifol am ansawdd papurau, ac ydy hynny hefyd yn gyfrifoldeb ar yr ysgrifennydd o ran pwyllgorau unigol? Ac o ran canlyn unrhyw fath o benderfyniadau sydd wedi eu gwneud, pwy sydd yn gyfrifol am wneud yn siŵr bod swyddogion yn gweithredu beth sydd wedi cael ei benderfynu, yn arbennig felly o fewn pwyllgorau, lle rydych chi'n darllen cofnodion am fisoedd—ac mewn rhai achosion, am flynyddoedd—a lle mae'r cwbl maen nhw'n ei wneud ydy trafod union yr un pynciau.

But, what's even worse is that, in some of these minutes that I've read, officials state that there is no evidence that this, that or the other has been implemented after a decision has been made, either by the committee or by the board. So, who is responsible in the first instance—is it the secretary of the board for the quality of the papers, and is that also a responsibility for the secretary in terms of individual committees? And in terms of following up on any decisions that have been made, who is then responsible for making sure that officials do take action on what has been decided, especially within committees, where you read minutes for months—and in some instances for years—and where all they've done is discuss exactly the same subjects.

[149] **Dr Higson:** Taking the first point about papers, it's a corporate responsibility of the directors, the chairs of committees, myself and Simon. There's a process when agendas are set for the board about—. There are routine items on the agenda throughout the year. Exceptional items are

agreed with me and Simon about a month in advance of the meeting. Papers are scrutinised through the executive and also then by me before they are signed off. The board secretary does work to, if you like, read out things that aren't right and send them back. There is a balance sometimes between the imperative of having the item being discussed, and whether it is a good enough paper; it's got to be good enough, but is it the best it could be? But, broadly speaking, I reject papers that are not, I feel, anywhere near what the board requires. But it's a corporate responsibility—there are steps in the process before things come to the board. But more needs to be done. As I said, improvements don't mean it's right; it means that we've got to do more to get that right, and it goes back to the earlier answer about making sure that we've got the quality of papers coming through the whole system and the quality of information coming through the system as we would want it. It has improved, but we need to do further strengthening on it.

[150] The board secretary's role, then, is sort of a gatekeeper in some ways, but not the only gatekeeper. Part of what we've been looking at with Simon is also the capacity of the board secretary's team to run a very complex board with many committees and sub-committees, because there is a risk that process overtakes purpose—the process of administering governance takes over from the purpose of governance. And what we're working on is fewer papers but better ones in terms of our governance, and also looking at our monthly board meetings. I believe we're the only NHS board in Wales that has monthly meetings, with the exception of August, so we have more frequent ones. But we need to again ask, 'What's the quality of it and is it working the way it should do in terms of providing public assurance?'

[151] In terms of following up the actions, that will ultimately come down to—

[152] **Mr Dean:** If I may, Chair, my expectation is that every paper that goes to the board is owned by the director—they may not be written by the director, but it's owned by the director under whose portfolio the issue sit—and that they're responsible for taking action to follow up the decisions made at a board or committee meeting.

[153] **Aled Roberts**: Pa mor aml felly ydych chi—. Rwy'n derbyn bod Mr Dean ddim wedi bod yn ei swydd hwyrach drwy'r amser, ond mi oedd yna adroddiad ar wasanaethau allan-

Aled Roberts: How often therefore do you—. I accept that Mr Dean has not been in post perhaps throughout the time, but there was a report on out-of-hours services that I've already

o- oriau, rwyf wedi cyfeirio ato'n barod, gan Partners4health, ac mi oedd yna, yng nghefn yr adroddiad, nifer o bapurau o bwyllgorau lle roedd tudalen ar ôl tudalen yn dweud 'dim tystiolaeth', 'dim gweithredu' a 'dim tystiolaeth'. Faint o weithiau felly mae'r cyfarwyddwyr yna, os mai un cyfarwyddwr sydd efo cyfrifoldeb am y papur, wedi cael eu galw i mewn un ai gennych chi neu Mr Higson i ddweud, 'Nid yw hyn yn dderbyniol; mi fydd rhaid i chi newid y ffordd rydych chi yn rheoli y gwasanaeth yma'.

referred to, by Partners4health, and, at the back of that report, there were a number of papers from committees where page after page stated that there was no evidence, no action taken and no evidence of action. So, how many times have those directors, if it's one director who is responsible for the paper, been called in either by you or by Mr Higson to say 'This isn't acceptable; you will have to change the way that you manage the service'.

[154] **Dr Higson**: Rwyf wedi'i gwneud yn glir fy hun, pan nad wyf yn hapus efo papur, trwy ysgrifennu at y bwrdd neu yn syth at y cyfarwyddwr, beth rwy'n disgwyl iddo ddod i'r bwrdd.

Dr Higson: I've made it clear myself when I'm not happy with a paper, by writing to the board or direct to the director, what I expect to be brought to the board.

[155] **Mr Dean**: Could I just comment on the out-of-hours paper specifically? That was a paper that was commissioned by the board because it identified that there was a challenge in out-of-hours of services. The chief operating officer, under whose portfolio that service sits, arrived in post, I believe, in September of last year, and the Partners4health report was in January, if I recall. I might get my dates slightly wrong, but—

[156] **Dr Higson**: January or February.

[157] **Mr Dean**: It was shortly after she arrived, and action has been taken. I highlighted earlier some of the improvements that have been made in out-of-hours services. Again, there is more to do. So, that has followed through. Why there wasn't action taken before that period, I'm not in a position to give an answer to.

[158] **Aled Roberts**: Ond rydych chi'n sicrhau inni heddiw, o ran y gwelliannau yr ydych chi wedi eu cyflwyno, na ddylem ni fod yma

Aled Roberts: But you're assuring us today, in terms of the improvements that you've put in place, that we shouldn't find ourselves in the

ymhen chwe mis—rhai ohonom ni, beth bynnag—yn darllen y fath adroddiad eto.

position in six months' time—some of us, anyway—of reading this kind of report again.

[159] **Dr Higson**: I sincerely believe that we won't, because of the improvements that the board's made in the last few months, its new management structure, and I feel that there's a sense of optimism in the staff now, in terms of taking the organisation forward. Clearly, the commitment we've all got at senior level—well, the board has, certainly—is to do our very best for the people of north Wales, which is an obvious thing to say, and it's been frustrating that it's taken a long time to start seeing these improvements. But, we are, as I said earlier, addressing some pretty fundamental weaknesses that go back to the very beginning. And I did say last year that this was not going to be a quick fix on this organisation.

[160] **Darren Millar**: That report didn't go to your board until June, in spite of having been published in February. HIW told us last week that it wasn't shared with them at all post-publication, in spite of the fact that, obviously, it identified significant weaknesses and challenges within the GP out-of-hours service. What assurances can you give us that when reports like that are commissioned and completed and passed back to senior executives in the future, what assurances do you have, Peter, that they're landing on your desk, so that the board can take stock of them, and what systems do you have to facilitate sharing that information with HIW, which you need to be able to rely on to give you some assurances about services?

[161] **Dr Higson**: Simon will talk about how our detail—because there is a relationship manager between HIW and the board.

[162] **Darren Millar**: But that relationship manager didn't even know that this piece of work had been commissioned, we were told last week. So, it doesn't work, does it? What's going to change to make it work?

[163] **Dr Higson**: My commitment, my approach to this as chair, has been as open as possible, that the systems we need to have in place, so that we presume sharing rather than presume not—and we need to make sure that Simon and the executives have got a robust process in place—mean that things are shared routinely with WAO, HIW as a matter of routine. If that wasn't shared at that time, that's something I wasn't aware of.

[164] **Darren Millar**: Can I ask you, Simon? Obviously, you've got another

role within Welsh Government, and I don't want to touch on that too much today, but do you think it would be useful if the Welsh Government made it clear to health boards that there should be a requirement to share this sort of information routinely with HIW on a regular basis in the future?

[165] **Mr Dean:** I've got a slightly oblique answer to that question, if I may.

[166] **Darren Millar:** Not too oblique—come on.

[167] **Mr Dean:** Not too oblique, I hope. My expectation in the role I'm currently in, and the role I was in at Velindre NHS Trust, is that we would be open and we would be transparent and we would share. I view regulators, including the WAO, as helpful. Sometimes, their criticism can be not the sort of thing that one wants to read, but if there's criticism like that, it needs to be read. So, the organisation has to be open, and it has to share, and it has to share with the public, with its staff, with the regulators, and with the people who are in a position to support it. So, I hope that's not too oblique an answer to your question.

[168] **Darren Millar:** It's not too oblique, but do you think the Welsh Government ought to require that the information is shared, rather than it be a choice for health?

[169] **Mr Dean:** I think that's probably a question where I should say that that touches on my other role, which I'm not sure—

[170] **Darren Millar:** Okay. Peter, do you think that there ought to be a requirement to share this sort of information?

10:00

[171] **Dr Higson:** I think we should all be clear what the expectations are on health boards in terms of what they share with the regulators. Like Simon, I think it's a slightly difficult answer for me to give because I think I would obviously say that sharing with regulators is a very necessary thing and important in terms of getting that overview and also in identifying any patterns of concern in an organisation, because it's not just about one thing, it's about a whole collection of data and reports that start giving you an indication of something to be picked up on and to be followed through.

[172] **Darren Millar:** You mention in your paper and in your opening

remarks, Simon Dean, that you've taken strides to recruit additional GPs into that out-of-hours service, and you've got some additional nurse practitioners as well that have been recruited, which has closed off some of those gaps that we saw in the rotas. There are still some gaps in the rotas at the moment. What are you doing to knock those off?

[173] **Mr Dean**: Well, we're continuing to seek to recruit and strengthen the service and, in the interim, we're making sure that there are sharing arrangements and mutual aid between the elements of the service so that, where there is a gap, it's covered by one of the two other out-of-hours services. So, we're at the highest level of fill rates, I think, for the last five years, and there is more to do. We'll continue to seek to recruit.

[174] **Darren Millar**: Okay. Thank you. Mike Hedges.

[175] **Mike Hedges**: When we first started talking to representatives of Betsi Cadwaladr, the board appeared to be considered by those in the organisation as an advisory board rather than a management board. Do you think you've made progress on that now—that they actually see it as being a management board? Coming on from Aled Roberts's questions about decisions being implemented, is there a reporting back to the board that decisions have been implemented? There may be occasions where they can't be implemented for good reasons, but those reasons need to be reported back rather than somebody lower down the organisation deciding they don't think it's a good idea and therefore they're not going to do it.

[176] **Dr Higson**: If I can take them in reverse order, the board every month and every committee have an action log of actions people are supposed to have taken and whether they've been completed or not. We also more routinely now ask for papers and evidence outside of the board meeting to give us assurance that things have been done. So, I can't say it's 100 per cent, but it's a lot better.

[177] In terms of what the role of the board is, I think, yes, people are realising—. I think again, in the NHS maybe, there's a general—and I say this based on previous experience—. I think, in the NHS, there may be some staff who don't fully appreciate what a board is there to do. I think we have strengthened our position, strengthened our role within the organisation and made it very clear that there are some things that the board can be the only bit of the organisation that decides on. But it's also being clear as a board that we separate the operational, the delegations, the delivery of services so

that the chief executive has rein to do that within tolerances set by the board. That's very much the work we've been doing recently, looking again at our risk appetite—what the risk is that we are willing to tolerate on the various risks we've got on our corporate register and what delegations we give the chief executive and directors to get on with things and when they should come back to the board if they are falling outside of those tolerances. So, I think the grip of the board is much stronger than it was initially. I would agree that, initially, I think the board wasn't understood and wasn't respected.

[178] **Darren Millar:** Okay. I'm going to move on now. I'll come back to Sandy's public engagement issue shortly, but, Oscar.

[179] **Mohammad Asghar:** Thank you very much, Chair, and thank you very much to the witnesses here. My questions relate to the financial management in the health board, which is not actually a healthy picture either. Can you give categorically a guarantee that all the budget holders in the health board understand and have signed up to the 2015-16 budget without caveats? Will the current forecast of a £30 million deficit at the end of this financial year get worse as the year progresses? Why haven't you planned for any savings to be achieved by the end of the year? Those are my first questions.

[180] **Mr Dean:** Shall I take that, if I may, Chair? Every budget is agreed and accepted by a senior budget holder. So, every budget is the responsibility of a director or a senior manager to sign off and agree at that level. Under their hierarchies, there are still some budget holders where we have not yet been able to get to a position where they accept the budget within their particular department, but at organisational level—. So, from my perspective, I can look to every director who has signed off the budgets in their areas. It's their responsibility to manage those through successfully. So, this comes back to a cultural issue that we need to continue to address.

[181] You touched on the financial position. Clearly, it's not an acceptable position to be forecasting a deficit of £30 million at the end of the year. The board and the executive of the organisation are fully aware of that and understand that responsibility. The question is: what options are open to the organisation to address that challenge, which do not directly impact adversely on patient care? So, you maybe wanted to touch on savings plans, but the original plan was to achieve 4.5 per cent savings this year, which is a significant undertaking. The current level of savings that have been achieved is 3.6 per cent, which, again, is quite a significant proportion of savings to be

achieved. You may have seen recently comments from across the border where NHS England is saying that provider organisations should not be expected to achieve more than a 2 per cent saving each year. So, 3.5 per cent is a good level of saving to achieve.

[182] Not every savings plan that's in place at the beginning of a year translates into reality. That happens in every organisation. Some will prove not to be implementable; some will not deliver the level of savings that were initially envisaged because they have to be worked through. So, it's not surprising that all of the savings plans identified have not been worked through. What the organisation has to do is to identify additional savings in their place.

[183] Some of the areas that are causing financial challenge are in areas that are also of particular service challenge. So, mental health is an example, where a key part of our financial problem is the cost of locum medical staff, in particular in mental health. Now, if we were only concerned about the money, we would simply cease to employ those locum psychiatrists, but that clearly would not be the right decision to make, and it's a decision that the board has clearly not even contemplated. The same is true in women's services; the same is true across a range of our acute services where we are reliant, because of the complexity and disposition of services, on spend on locum medical staff. So, we're doing everything that we can to reduce the forecast deficit but being very, very careful that we do not take decisions that directly impact on patient care.

[184] **Mohammad Asghar:** Thank you for that reply. There is one point you mention clearly here: the cultural issue. Could you elaborate on that in front of the committee? You've just said that there is a cultural issue to achieve this deficit.

[185] **Mr Dean:** Well, I think, at the heart of the special measures imposition is this question of: how does the organisation function? I'm not talking about how care is delivered, but how the organisation works as an organisation in governance terms in the broader sense. I think that's comprised of two parts, as I said earlier. One is processes and the other is culture. The NHS is all about people. We have to make sure that we align the board's perspective to that of individuals delivering care, and indeed of individuals receiving care. We have to make sure that we also align expectations the other way. So, a key feature for me is: how do we connect the organisation, through its various levels and layers, in a way that allows a shared culture to emerge that

achieves the right blend between an all-north Wales perspective and a very local perspective? That's what I mean by the cultural issue. It's about how we have that connectivity where people feel linked into an organisation. They feel supported by it; they feel challenged by it, when challenge is necessary, but they don't feel stifled by it. That's the cultural journey that the organisation is on, underpinned by good, basic governance processes—to go back to Sandy's question earlier—which is why you have to have the processes in place. But they alone are not sufficient. They're a platform on which you can build a culture.

[186] **Mohammad Asghar**: What further action could be taken to reduce expenditure, and does it include cutting back on delivery of planned services, especially patient care?

[187] **Mr Dean**: As mentioned earlier, we do not want to address the financial problem to the detriment of patient care, and that means that we face currently a financial challenge of about £30 million in this financial year, which is about the same as the deficit at the end of last year. So, the problem isn't growing, but what we have to do is develop a plan that allows us to tackle that deficit. We can take actions. Short-term actions tend to produce short-term results. The risk is that you gain a benefit in the short term, but you hold the future to hostage in doing so. So, what we have to do as an organisation is develop a clear plan that addresses the underlying issues that mean that resources end up being spent in the way in that they are. So, I've referred a moment ago to our spend on locum staff in mental health, as but one example. My question of the organisation is: what is our plan for mental health services that allows us to have the right blend of services delivered in the right way across north Wales in a way that can be fully staffed and is supportable within the budget? So that's the challenge: how does the organisation develop a longer-term plan within which it can plan its workforce, its service, its quality outcomes and its resources, rather than have to deal with issues as they arise—

[188] **Darren Millar**: I don't want to, really, interrupt you, but I've got a number of Members who want to come in with questions on finance. So, if I could ask Members to ask short, sharp questions, and if we could have some short, sharp answers, that would help us with time. So, Sandy Mewies.

[189] **Sandy Mewies**: We talked about £30 million now, but, actually, at the end of three years, it's going to be £56.6 million. It's a growing figure. How are you going to address this? My particular concern is: will you be cutting

certain projects out? It might be quite easy for you to say, 'Well, we're not going to go ahead with that now'. Is that a plan? Because I would have a particular concern about that. Just how are you going to manage that? Because £56.6 million isn't chicken feed, and it does mean that something's got to give. How are you going to do it?

[190] **Darren Millar**: Perhaps you could tell us in the context of possible winter pressures as well, Simon Dean.

[191] **Mr Dean**: Yes, and the short answer is that the organisation needs a plan. It has to address all of the needs. It's got to start from the population. The role of the health board is to be an organisation that improves the health of its population. So, it has to have an understanding of population health needs. I'll try to keep the answer—

[192] **Darren Millar**: Snappy.

[193] **Mr Dean**: —focused. We have to have a clarity about our strategy for primary care. We provide more services closer to home. And we have to have a clarity about our strategy around secondary and more specialised care. So, in the absence of a plan, there is a risk that precisely what you mentioned happens, Sandy—that something just gets cut. We can't afford to do that, and we don't want to do that, so we have to have a good plan going forward to make sure that the decisions the board makes are the best possible decisions, taking account of its wide set of responsibilities.

[194] **Sandy Mewies**: And is that plan there, or is it being worked on? It's ongoing, is it?

[195] **Mr Dean**: No, it's not there. No. One of the key features the organisation has to do is to build that plan. Again I come back to the reason for the imposition of special measures, which is about a lack of connectivity and trust with the population, so the organisation's got to reconnect with the population, and you might want to be touching on this in a moment—

[196] **Darren Millar**: Yes.

[197] **Mr Dean**: And build that level of understanding about the ambitions that can be delivered, about the choices that face the health service in general and north Wales in particular, and build a plan with the involvement of the people whose services are provided for, and the people who provide

those services—in other words, our staff.

[198] **Darren Millar:** Okay. A bit snappier, if you can. Jenny Rathbone.

[199] **Jenny Rathbone:** Two specific questions around—. Patients vote with their feet, and particularly around maternity services, because they're not even ill.

[200] **Darren Millar:** Jenny, finance, please. Stick to finance. We will come on to maternity soon.

[201] **Jenny Rathbone:** What is the significance of the rise in maternity activity at the Countess of Chester Hospital, No. 1? No. 2, you talk about the contribution you make to Welsh Health Specialised Services Committee as one of many health boards, but the fact is that your population accesses the majority of specialist tertiary services from across the border in English providers. I just wondered—does that mean that you're effectively paying twice, or could you just—?

[202] **Mr Dean:** 'No' is the short answer to take. On maternity services, I'll give you a separate note, if I may, on the rise in Chester.

[203] **Jenny Rathbone:** So, it's small, but it's not, you know—

10:15

[204] **Mr Dean:** Yes, I'll provide a separate note. Population of north Wales: 700,000, approximately. There is a limit to the range of very specialised services that can be provided, so the population looks into north-west England. We don't pay twice. What we do pay is through the English system and, because of the way in which the referral processes work, there is huge volatility in the activity and we tend to find the costs out of the end of the process, rather than the beginning of the process, because of the way in which the system works. We're looking to sharpen that up so that we have fewer peaks and troughs in financial impact on the organisation.

[205] **Darren Millar:** Thank you. Aled, on finance.

[206] **Aled Roberts:** Jest er mwyn inni ddeall, ynglŷn â'ch cynllun ariannol chi, wnaethoch chi ddim roi'r cynllun gwreiddiol i mewn ar amser i'r Llywodraeth. Fe wnaethon nhw dweud eu bod yn barod i dderbyn cynllun blwyddyn, o beth rwy'n ei ddeall, ond yn disgwyl ichi roi cynllun tair blynedd i mewn ar ôl hynny. Mae eich tystiolaeth chi'n dweud y bydd yn rhaid ichi arbed £56.6 miliwn eleni. Ai dyna'r sefyllfa felly? Dyna beth mae eich tystiolaeth chi yn dweud ar dudalen 35:

Aled Roberts: Just for us to understand, in relation to your financial plan, you didn't put the original plan in on time to the Government. They said they were ready to accept a year-long plan, as I understand it, but expected you to put in a three-year plan afterwards. Your evidence says that you will have to save £56.6 million this year. Is that the position, therefore? That's what your evidence says on page 35:

[207] 'In order to achieve the Welsh Government's three year breakeven duty, the Health Board will therefore need to achieve an underspend in the 2015/16 financial year of £56.6m.'

[208] Is that yours?

[209] **Mr H. Thomas:** I think, Chair, that actually should read 2016-17.

[210] **Aled Roberts:** Right okay. That explains. Can I just ask then what confidence you have in your forward assumptions with regard to service demand? I read on the MRI, for example—

[211] **Darren Millar:** Aled, just on the finances, first, if we can. So, the challenge over the three years you've raised. You've talked about the need for a plan to address that. It's obviously a long-term plan. What are we doing this winter? What are we doing this winter? What's happening in north Wales this winter? What consequences might there be for patients, for staff, for people on the ground? Can you tell us that, Mr Dean?

[212] **Mr Dean:** Well, the aim is to have a plan that means there are no adverse consequences for—

[213] **Darren Millar:** We're very late in the year, though.

[214] **Mr Dean:** Sorry?

[215] **Darren Millar**: We're in the middle of November.

[216] **Mr Dean**: We are indeed, and I expect the organisation—every organisation—to have a plan that runs throughout the year. It may have a particular focus during the winter period, but I expect the organisation to have a plan that will manage demand and capacity throughout the seasons.

[217] **Darren Millar**: But you don't have a plan at the moment to deal with this coming winter.

[218] **Mr Dean**: We do have a plan—

[219] **Darren Millar**: You do, okay. So, what does that plan entail? What impact is there going to be on patient care, for example?

[220] **Mr Dean**: The aim is for there to be no adverse impact on patient care. So, we have a plan. We are augmenting that with additional winter planning, which we're discussing with our partners. So, there is more work to do. It's a process that is continually refined. There was reference earlier to pressures on A&E in Wrexham and the unscheduled care system in Wrexham, which is correct. So, we are taking operational decisions to manage those pressures and we'll continue to work on that with our partners as we go through the winter.

[221] **Darren Millar**: Okay, Peter—very briefly.

[222] **Dr Higson**: If I may, Chair, just very quickly reflect on the wider issue of what's most frustrating about this health board is it hasn't produced a long-term plan—a vision, a strategy, and a plan to deliver it. That's part of the reason why we're in special measures and part of the extra support we're going to get. It's actually a straightforward process. So, it shouldn't defy being able to be done in the next six to nine months. As Simon said, the important thing is to build an alliance—with our staff, with the public—present to them some of the choices we've got to make, present to them some of the opportunities and some of the benefits, and some of the improvements we can make and save money at the same time. There are inefficiencies in the health board. I believe, without being able to go into detail, that the overspend or the deficit based on £1.3-something billion is entirely do-able if we've got a credible supported plan which delivers—and delivers improvements, not delivers less.

[223] But there are variations. Clinical variation is an area we discussed as a board last week. Why, in north Wales, do we still have clinical variation between hospital sites for the same thing? Those are the very detailed things we need to grind away, but—final point—in the context of a longer-term plan, which we've built up support for. I think what's failed the health board in the past is that plans have been parachuted in. They've been imposed. They haven't been built up by a longer-term process, a continuous process, of getting people engaged.

[224] Picking up an earlier point, there are particular developments we have under way at the moment, which won't stop. The revenue isn't a big issue, capital is being provided by Welsh Government. We are going to follow those through and they're going to get done. There's no rowing back on commitments made to date.

[225] **Darren Millar**: So the SuRNICC, for example, will be built.

[226] **Dr Higson**: Yes, absolutely, Chair. We've had some money to do the enabling work, and I have reiterated that very often in public.

[227] **Darren Millar**: No more slippage. No more sluggishness from the health board. It's going to be delivered on time and to whatever budget is required.

[228] **Mr Dean**: There hasn't been any sluggishness on the SuRNICC. It's working to plan.

[229] **Darren Millar**: Well, I beg to differ. It was sat on the shelf. The Welsh Government was waiting for a business case to be made. It wasn't made. Alun Ffred.

[230] **Alun Ffred Jones**: Rwy'n ddiolchgar am y sylwadau diwethaf yna gan y cadeirydd. Yr unig ryfeddod i mi, a sioc i mi, ydy bod corff wedi gallu bod mewn bodolaeth am chwe blynedd o dan arolygiaeth y Llywodraeth heb gael cynllun, yn enwedig corff mor allweddol â hwn. Felly, rwy'n credu bod y bwrdd a'i arweinwyr yn haeddu beirniadaeth

Alun Ffred Jones: I'm grateful for those last comments by the chair. The only surprise and shock for me is that a body has been able to exist for six years under the auspices of the Government without having a plan, especially such a key body as this one. So, I do think that the board and its leadership deserve absolute criticism for that.

lwyr am hynny.

[231] Ond gyda golwg ar y cynllun hirdymor, mae yna ddau fater y liciwn i chi wneud sylwadau arnyn nhw. Y cyntaf ydy'r sylw sydd ym mhapurau'r cyngor iechyd cymunedol, sy'n sôn am ymgynghoriad sydd i ddod ar ail-strwythuro sylfaenol i wasanaethau brys acíwt. A ydych yn barod i wneud sylwadau ar hynny, achos hyd yn hyn rydych chi, Mr cadeirydd, wedi bod yn bendant iawn, iawn nad oes angen newid o gwbl i'r drefn sylfaenol i ysbytai gogledd Cymru, ond mae'r adolygiad yna yn awgrymu bod hynny'n bosibl?

But with an eye on the long-term plan, there are two matters that I'd like you to comment on. The first is the comment in the community health council paper that talks about a consultation forthcoming on a fundamental restructure of emergency acute services. Are you ready to make comments on that, because up until now you, Mr chair, have been very, very firm that there is no need to change at all the current regime for hospitals in north Wales, but that review suggests that that is possible?

[232] Mae'r ail ynglŷn â'r mater arall, sef gwasanaethau mamolaeth, sydd wedi bod yn gymaint o destun cynnen. Mae adolygiad yn digwydd gan y coleg brenhinol yn edrych ar y tymor hir i wasanaethau mamolaeth. Rydym yn gwybod mai un o'r dewisiadau ydy sefydlu dwy uned yn cael eu harwain gan ddoctoriaid. Mae penderfyniad y SuRNICC a'i osod yng Nglan Clwyd yn golygu bod un o'r safleoedd hynny wedi'i benderfynu ymlaen llaw. Felly, nid ydy'r adolygiad yma yn un agored, tryloyw achos mae o eisoes wedi'i benderfynu bod yna un safle yn mynd i fod yn uned sy'n cael ei harwain gan ddoctoriaid, a gewch chi ddewis rhwng y ddwy arall. Nid ydy hynny'n ymddangos i mi fel ffordd gall na rhesymol o wneud penderfyniad, pan mae rhywun wedi gwneud

The second is in terms of maternity services, which have been so contentious. There is a review occurring under the royal college on the long-term effects on maternity services. We know that one of the options is to establish two doctor-led units. The SuRNICC decision and it's establishment in Glan Clwyd means that one of those sites has been decided ahead of time. Therefore, this review is not an open and transparent one because it's already been decided that there's one site that's going to be in a unit led by doctors, and then you can choose between the other two. That doesn't appear to me to be a sensible or reasonable way of making decisions, when someone has made a decision that does tie that review in ahead of time. Would you like to comment on

penderfyniad sydd yn ystumio'r adolygiad yna ymlaen llaw. Buasech chi'n licio gwneud sylw ar y ddau beth yna, os gwelwch yn dda?

that, please?

[233] **Darren Millar:** Do you want to give us an update on those?

[234] **Mr Dean:** Shall I take those, if I may? Your first point was about consultation on acute services. We're not ready to consult on any changes. We need to develop our strategy, starting from the population. We need to develop our primary care, our out-of-hospital services strategy, and then see how that flows through to the acute sector. So, we're not at a stage where we're ready to be having those discussions, but as the chairman mentioned, we want to be discussing those things with the public. This is not a position of pulling a plan out from a desk drawer somewhere and telling the public what they will have. It's a matter of engaging the public in the choices and the quality drivers that sit behind those choices, and we'll be doing that as we develop our clinical strategy.

[235] In terms of maternity, the royal college is doing some work, and there is no option, there is no proposal, to have two consultant-led services. There are a range of options that are being considered and that is what we've asked the royal college to come and work with us on, to provide the benefit of their advice and support. In any system there are fixed points, and one of the fixed points in obstetric care and maternity care in north Wales is there will be a SuRNICC and it will be at Glan Clwyd. So, that becomes a fixed point in the planning for obstetric services. The royal college is helping us with that. They're in the early stages of providing their advice. There are no proposals that are ready to be considered.

[236] **Alun Ffred Jones:** A gaf i jest ddod nôl ar y pwynt yna? Mae'ch papurau chi—y papurau ymgynghorol ynglŷn â'r newidiadau tymor byr a thymor hir—yn glir iawn yn arwain rhywun i feddwl mai dwy uned fydd yn cael eu harwain gan ddoctoriaid sydd yna. Mae popeth rwyf wedi'i glywed, a phopeth rwyf wedi'i ddarllen, yn awgrymu hynny. Yr hyn rwyf i'n ei gwestiynu ydy: wrth fynd i

Alun Ffred Jones: May I just come back on that point? Your papers—the consultation papers about the short-term and long-term changes—are very clear in leading someone to think that there'll be two consultant-led units. Everything that I've head, and everything that I've read, suggests that. What I'm questioning is: in entering a consultation period like that, because nothing has been

mewn i adolygiad fel yna, gan nad oes unrhyw beth wedi cael ei adeiladu, pam fod penderfyniad sydd wedi cael ei wneud—penderfyniad gwleidyddol, a dweud y gwir—yn flaenorol yn dweud mai hynny ydy'r *fixed point*? Hynny ydy, mae'n ymddangos i mi y dylai hwn fod yn benderfyniad sy'n cael ei wneud ar dir clinigol, yn ôl y galw am y gwasanaeth a sut i wasanaethu'r bobl orau, nid oherwydd penderfyniad sydd wedi cael ei wneud yn barod ond sydd ddim wedi cael ei weithredu. Felly, pam nad ydym yn ail-edrych arno, gan gynnwys y SuRNICC, yn y drafodaeth honno?

built yet, why is a decision—a political decision, to all intents and purposes—that's already been made saying that that is the fixed point? That is, it appears to me that this should be a decision that's made on clinical grounds, according to the demand for the service and how to serve the people best, not because of a decision that has already been made but hasn't been implemented. So, why don't we look again at this, including the SuRNICC, in that discussion?

[237] **Mr Dean:** A couple of points, if I may. The first is that the consultation paper to which you refer is focusing on the short-term only.

[238] **Alun Ffred Jones:** No, both.

[239] **Mr Dean:** The consultation is on temporary changes to do with current safety and quality—

[240] **Alun Ffred Jones:** And the longer term.

[241] **Mr Dean:** The consultation—

[242] **Alun Ffred Jones:** [*Inaudible.*]

[243] **Darren Millar:** Let Mr Dean answer.

[244] **Mr Dean:** —is about temporary changes only—very explicitly. We've been very explicit throughout the process that, should we wish to talk with the public about longer-term changes, there would be a completely separate process. It's really important to be clear about this. The current consultation is about temporary changes only.

[245] The SuRNICC decision was made on the basis of advice. There was a

review, there was a report and the First Minister made a decision based on that advice.

[246] **Alun Ffred Jones**: Just one point—

[247] **Darren Millar**: Be very brief.

[248] **Alun Ffred Jones**: Very brief, yes. When that decision was made, there was no discussion at all that there would be a decline in the number of consultant-led maternity units, but now that is on the table, and that changes the game entirely.

[249] **Darren Millar**: Perhaps you can, if it would help—and I think it may deal with some other questions as well—give us an update on where you're at currently with the consultation? The consultation period has ended, results are no doubt being collated, but what other activity has taken place in between? Are you able to bring us up to speed fully and can you tell us when you anticipate being able to make a decision about temporary changes and then, yes, the potential long-term changes?

[250] **Mr Dean**: Yes. The formal consultation period has ended and, as you said, Opinion Research Services are collating all the responses for us, and we are reading them. I've read all of them. So, officers and colleagues are working through them, looking to see what we've been told by the public and by members of staff to see whether there are helpful suggestions that can move things forward. We've got a workshop next week, which is effectively the options appraisal to look at where we are now against all of the four options, based on what we've heard through the consultation process and anything else that might have happened since the consultation was started. That will lead to a report, which will go to the board in early December, and then the board will make a decision on temporary changes, whether there are any or not, and if there are to be temporary changes, what form they will take. That is about temporary changes only.

[251] **Darren Millar**: Okay, and have there been any game-changers since the consultation began or ended—anything significant that's changed on that landscape of services as they are?

[252] **Mr Dean**: Well, things change. We've made some progress with recruitment, and we've lost a couple of people as well. So, we're looking through all of the points that have been made to see whether it changes the

balance of consideration of the options. That's the purpose of the workshop that we have next week: to look at all of that information and evidence and say, 'Does this change either the nature of the problem that we are seeking to address through temporary changes, or the solutions that we might put in place to address that problem?'

[253] **Darren Millar**: And then, longer term, I can assume you're waiting for this royal college report, and you'll consider that in due course.

[254] **Mr Dean**: Yes, and then if there are any proposals for any further change, that would be a completely separate process.

[255] **Darren Millar**: Okay. Peter Higson.

[256] **Dr Higson**: A very short comment, Chair. One of the touchstones for the board is in terms of equity in access. I think, when we're looking at services, it's not just what's clinically the best possible—because one could argue to have one hospital in the middle, but it's not acceptable—it's about the access that patients and relatives have to healthcare, it's about the equity of that access across an area like north Wales, and it's also about looking at alternative models, in some cases, like in primary care, which will provide a different kind of service. I just wanted to remark that we are an active member of the mid Wales collaborative, because I think many of the issues facing mid Wales face rural parts of north Wales in terms of sustainability and services in terms of the access people have to them.

[257] **Darren Millar**: A couple of quick questions from Jenny and Aled on maternity, and then back to Sandy on this public engagement, the wider issue.

[258] **Jenny Rathbone**: In light of the financial challenges, can you really afford a transactional approach, as opposed to a transformative approach? That is, can you really afford temporary changes in maternity services as opposed to long-term changes, which is obviously what you need to deliver?

10:30

[259] **Darren Millar**: Simon Dean.

[260] **Mr Dean**: What we need to deliver is a high quality, sustainable, accessible obstetrics service for north Wales. We have some particular

problems at the moment that are making that extremely difficult, and we've got to respond to those, and we may have to take short-term actions in order to address those problems. The aim is to develop that plan that is about sustainability for the longer term. That may involve change to the disposition of services—or, indeed, it may not—and that's the work that we need to address, but we have to do it in those two discrete areas. So, the immediate focus is to sustain the services that we have to make sure that we don't find ourselves in a position where services that are currently very fragile become unsafe.

[261] **Jenny Rathbone:** Okay, well, the immediate problem as described by the auditor general's letter is that different professional groups at the Glan Clwyd site are still not talking to each other appropriately.

[262] **Mr Dean:** There have been some challenges; they've been addressed in large measure. The focus is about the obstetrics service across north Wales as a whole. It's not a Glan Clwyd issue; it's about the challenges to recruiting enough doctors across the three sites in north Wales.

[263] **Dr Higson:** I just want to add that it's not a question of money; it's about getting the right service that is safe.

[264] **Darren Millar:** Aled Roberts, very briefly.

[265] **Aled Roberts:** Rwyf jest eisiau gofyn i chi anfon nodyn ynglŷn â beth ddywedoch chi yn gynharach bod rhai adrannau sydd dal ddim wedi derbyn eich cyllideb chi. Roedd hynny'n achos pryder i mi, a dweud y gwir. Ond hefyd, a gaf ofyn i chi: mae unrhyw strategaeth, bydded hynny o fewn y gwasanaeth mamolaeth neu unrhyw wasanaeth arall, yn seiliedig ar dystiolaeth gadarn. Beth sy'n fy mhoeni i, os ydym yn edrych ar MRI er enghraifft, ydy bod y galw wedi bod yn llawer iawn mwy na beth roeddech chi yn ei ddisgwyl. Yr un peth ydyw efo gwasanaethau orthopedig, lle rydych wedi ehangu'r

Aled Roberts: I just want to ask you to send us a note about what you said earlier that some departments still haven't accepted your budget. That was a cause of concern for me, to tell you the truth. But could I also ask you: any strategy, whether it's in maternity or any other service, is based on robust evidence. What concerns me, if we look at MRI for example, is that the demand has been much greater than what you were expecting. It's the same thing with orthopaedic services, where you've broadened the service in north Wales but withdrawn services from Gobowen, and that's created a

gwasanaeth o fewn y gogledd, ond eto wedi tynnu yn ôl y gwasanaethau o Gobowen, ac mae hynny wedi creu sefyllfa lle, hyd yn oed ar ôl y buddsoddi, mae'r rhestrau aros wedi gwaethygu. Felly, pa mor ffyddiog ydych chi fel uwch-reolwyr bod y dystiolaeth rydych yn seilio'r penderfyniadau yma arni yn gadarn?

situation where, even after the investment, the waiting lists have deteriorated. So, how confident are you as senior managers that the evidence that you base your decisions on is robust?

[266] **Mr Dean:** That, I think, is the challenge. My favourite question within the organisation is 'What's the plan?', and that presupposes that you understand what the issues are that you're seeking to address. So, it comes back to understanding the population, its needs, how those needs are expressed to primary care, as an example, what are the options, what are the service models we want to put in place to meet those needs within primary care, so alternatives for referral into secondary care services, and what are the number of patients we expect to flow through the various pathways that need capacity, because you then have to put capacity in place that meets those needs with appropriate quality standards, including those of access and timeliness. Or you have to make a decision, for whatever reason, not to put those services in place. So, connecting that understanding is very important, and starting from an understanding of demand, rather than starting with capacity. I think it comes back to the question we touched on earlier, which is about the organisation's ability to plan forward, which clearly it has not demonstrated to the extent necessary, because it does not have an approved three-year plan. So, the organisation has to build that capacity and capability.

[267] **Darren Millar:** Sandy Mewies.

[268] **Sandy Mewies:** Thank you, Chair. In fact, I think that talking about the budget actually does link in with public engagement, because without money projects aren't going to go on, and if they are going to go on there needs to be public engagement, and if they aren't going to go on there needs to be public engagement.

[269] I was interested in what Dr Higson said that there is this need for long-term strategic plans, but what's not been particularly helpful is the plans that have been parachuted in. That's raised some concern for me, because I'm particularly concerned, as you will know, about primary

healthcare in Flint, which has been a long time promise, which resulted in a previous health board decision that went on with this health board, and has not happened in a timely way.

[270] I've been highly critical, as you know, of the public engagement that has gone on, which I think has been limited in many, many ways. And I do remember talking to you—I wrote to you 12 months ago about publication, and people still are not entirely sure of what's happening. So, I want to know what you mean by 'what's been parachuted in anyway', because I don't know what projects have been parachuted in. But if you've got projects like the primary healthcare centre in Flint, which I'm really disappointed has not been started yet—I understand the strategic working group are now meeting again—are you going to be publicising what's happening, then? And can you tell me, actually, has your health board moved away from the original decision that NHS beds were not required in a hospital in Flint because, in that situation, they were neither safe nor sustainable? Can you tell me categorically, have you moved away from that, and if you have, what will you be doing instead? Because there is still a discussion about beds being provided. Can you confirm how many beds are going to be provided and what sort they will be?

[271] **Darren Millar**: Okay, this is obviously a constituency issue, but—

[272] **Sandy Mewies**: But there's a real lack of public engagement over what's happened here.

[273] **Darren Millar**: But it is a good example of a lack of confidence from the public, perhaps, in promises that the health board makes and how the health board communicates with people. You refer to the need for ongoing engagement in terms of building your longer-term plans for service change and for budgets, et cetera, but what about these specific community-related projects? How are you drilling down to make sure that people can have confidence in what you're communicating and that you're actually listening to the feedback that you're receiving? I will give you permission just to respond briefly to the specific question in terms of Flint.

[274] **Sandy Mewies**: Thank you, Chair.

[275] **Dr Higson**: I'll let Simon picked up on where we are with the development in Flint, et cetera. My general point about parachuting in is that short-termism—and I didn't mean projects like this, Sandy; I meant, when

we're changing year-on-year, and we're looking to outsource work, we're not addressing the fundamental capacity issue to meet the demand locally, and we don't use money wisely, then; we use it in short-term expenditure. So, the need for a plan is that we can consume our own smoke in what we do locally and we can afford what we need to have done in terms of tertiary services. So, that's my point.

[276] **Sandy Mewies:** I understand that.

[277] **Darren Millar:** And then, on Flint and communications.

[278] **Mr Dean:** On Flint specifically, the business case for the primary care centre is going to the Welsh Government capital implementation board on 16 December. So, I'll be coming to Cardiff with some other colleagues to present that to the panel that will then provide advice to the Minister on the business case, and the board decision is that there will not be hospital beds in Flint. There are discussions about what services the population of Flint needs and where they can be acquired. There are discussions as to whether some form of bed-based care might be helpful in Flint, but it would not be a hospital in, if you like, the traditional sense of the word. So, we're talking about extra-care-type provision.

[279] In terms of taking that work forward—and it does touch on the public engagement piece—that work is being led by Rob Smith, who's the area director for the east. So, he is involved in a project group, which includes members of the local community and the local council, and I'm expecting that group to be the focal point, both for taking the work forward and for communicating it within the local area. So, the area directors, who are a new feature of the structure, are really important focal points for that more local communication.

[280] **Darren Millar:** And given that we're on this issue of primary care facilities— we need to touch on mental health as well in a few moments, if we can—but can you tell us, we were obviously quite alarmed, many people in north Wales, about the news about people handing their GP contracts in, in and around the Prestatyn area and also in the Glan Conwy area; what action have you taken to address those concerns to ensure there's continuity of the service in those localities, and where are we in terms of potential risks to other GP practices doing exactly the same and there being a bit of a domino effect? Do you have the capacity in the organisation to cope with that?

[281] **Dr Higson**: If I can start off, I think more capacity to support primary care is one of the things that have come out of Dr Chris Jones's input to support us, and Simon is taking that forward. It was stripped out by the health board many years ago, and we're putting it back in, because primary care is a vital building block in the whole process. Can I suggest we pick up the Pendyffryn and Prestatyn issue, but then maybe a note more generally about what we're doing about primary care?

[282] **Darren Millar**: Yes, it would be very helpful. As a local AM, obviously, I've received a briefing, but just to assure this committee, as part of our work, that your governance framework is picking up these issues and measuring the potential risks and the potential benefits and opportunities that these might present.

[283] **Mr Dean**: Again, the area directors and their teams are critical in this, because they have that population focus. So, they are working with the primary care support team, who have effectively done a risk assessment of practices across north Wales. It's got elements of objectivity and it has elements of subjectivity as well. But I expect them to be out in the communities that they have responsibilities towards, engaging with primary care, understanding the challenges and opportunities in individual practices. We have seen a number of practices that are changing the nature of their contractual arrangements. In Blaenau, there is now a managed practice. We are seeing it around the Pendyffryn practice. We are not alone in this. This is going to be an increasing feature. What we are looking at is different models of support that need to be practice-specific. So, in some areas, it will be support going into an existing practice to allow it to continue to work under a GMS contract. In others, it may be cluster-level support. In others, it may be managed practices with salaried GPs with the health board. So, it is about being very active in engaging with the general practice community to understand those risks, and then to take the steps to support them. As Dr Higson mentioned, additional support to primary care is one of the specific issues that I have been talking to Chris Jones about and I have been talking to Dr Goodall about. In fact, I received a letter from Dr Goodall yesterday in response to a request for additional support into primary care. So, there is a very strong focus on primary care, because it is absolutely critical that we get primary care provision right across north Wales.

[284] **Darren Millar**: So, we can expect to see more of these different models emerging in the future. It is not going to be confined to Prestatyn, Blaenau and the Conwy area.

[285] **Mr Dean:** Time will tell, but I think that this is a problem that is being seen across the NHS in the UK, with the changing nature of the GP workforce and the changing nature of the way in which they wish to engage with the delivery of healthcare. So, I think we will see new models emerging. What we need is a plurality—

[286] **Darren Miller:** Do you have an idea of the scale of those practices, perhaps, that are considering the future?

[287] **Mr Dean:** That's a really difficult question to give an answer to.

[288] **Darren Millar:** That's what you are trying to establish at the moment, is it?

[289] **Mr Dean:** Yes, and I think we can only do that through a process of continuous engagement. Things can change quite quickly. The decision of an individual partner to retire earlier than the practice had thought may move a practice from being quite comfortable to being concerned. So, it's that continuous engagement—. To be alert to risks as they emerge is really important, but it is very difficult to put a number to it.

[290] **Darren Millar:** Okay. Thank you for that. Aled, you wanted to come in.

[291] **Aled Roberts:** Rydych wedi sôn bod angen newid y ddarpariaeth ac edrych mwy, hwyrach, ar weithredu yn gymunedol. Rwyf jest am wybod a oes gennych unrhyw ddiweddariad neu sylw ar yr hyn y mae'r cyngor iechyd cymunedol wedi dweud ym mis Mai ynghylch 'Health Care in North Wales is Changing':

Aled Roberts: You've said that there needs to be a change in provision and to look at working on a community basis. I just wanted to know whether you have any updates or comments to make on what the community health council has said in May in relation to 'Health Care in North Wales is Changing':

[292] 'Very slow progress in implementing the changes…A review of progress shows that in the key area of Enhanced Care at Home (which was the major enabler for the closure of Community Hospitals) only 50% of planned schemes are up and running'

[293] and even in those schemes,

[294] ‘less than 50% of planned activity levels’

[295] have been recognised.

[296] A yw hynny’n dal i fod—. Gwnaed y sylw hwnnw ym mis Mai eleni. A oes unrhyw fath o gynnydd wedi cael ei wneud, neu a ydych yn dal i fod ar ei hôl hi o ran newid y gweithdrefnau?

Is that still—. That comment was made in May this year. Has there been progress made, or are you still behind in terms of changing your procedures?

[297] **Dr Higson**: Jest i ddechrau drwy ddweud nad yw’n dderbyniol nad yw’r cynlluniau, y newidiadau na’r gwasanaethau newydd yn eu lle erbyn hyn.

Dr Higson: Just to start by saying that it is not acceptable that the plans, changes and new services aren’t in place as of yet.

[298] **Mr Dean**: I don’t have the detail at my fingertips, I’m afraid. My response is that we are focusing very heavily on developing our primary care strategy, in consultation with GPs and other partners, to make sure that we are building those services outside hospitals. I can’t comment on the detail that you mentioned.

[299] **Aled Roberts**: Do you recognise on the public engagement point, though, that one of the failings of the health board in the past has been that it has withdrawn services? This is talking about the closure of community hospitals without actually ensuring that those systems were in place. In reality, if you continue along that line, because of the financial pressures that you are in, without actually ensuring that these alternative provisions are already in place prior to those decisions, in effect, you are almost doomed to actually be in the same position again.

10:45

[300] **Mr Dean:** Just before the chair responds, if I—

[301] **Darren Millar**: I think it actually undermines public confidence as well, doesn’t it? If you are able to persuade them of the change and the need for change but then don’t fulfil your part of the bargain in terms of delivering some of the other alternatives—.

[302] **Mr Dean**: Yes, I agree. Before Peter Higson comments on the past—I'm not aware of the detail of that, I'm afraid—just to set out my expectation—. We're running a system and we have to make sure that each part of the system is in balance. So, a good plan would not result in decisions being made in one part of the system that have knock-on effects elsewhere that are not anticipated and catered for in advance. So, I agree with the basic thrust of your point. We need to be making sure that, however we structure services and however we go about making decisions, we understand the consequences of the decisions across the whole of the system. I'm not in a position to comment on what happened before my arrival. Dr Higson may wish to.

[303] **Darren Millar**: Very briefly, Peter, if you will.

[304] **Dr Higson**: It happened before my arrival as well but, as a point of principle, I think, chairman, the failure to deliver—. This is an issue of public confidence, I think. We are not going to ever regain public confidence if we don't do what we say we're going to do. I feel very strongly about this. Don't promise unless you're going to deliver. I think there may be problems or challenges in delivering, in terms of implementing, but don't say something and then not do it. The other point in terms of organisational and service change is that good practice is that you put in place at least the beginnings of the alternatives if not the whole thing before you wind down the existing service. That wasn't done with these plans, and I think that led to a lot of hostility and ill feeling and lack of trust, which we are still in the middle of trying to overcome and to rebuild. Going forward, we have to be a health board that, if we say we're going to do it, we're going to do it. If we're not, we must give good reasons why not.

[305] **Darren Millar**: We've just got a few moments left, and I'm very keen that we touch on the important issue of mental health and the follow-up work that you're doing in response to the Tawel Fan situation. Obviously, we've received another report this morning, which Members are still slowly digesting, but it appears to point to serious problems within mental health services in another unit in north Wales as far back as January 2014. Can you tell us first of all: was this report, the Holden report, shared with the Welsh Government, Peter? It was on your watch.

[306] **Dr Higson**: I don't know. I mean, I'd have to send you a note about that. It was shared with the board.

[307] **Darren Millar:** Was it shared with HIW? You can send us a note if—

[308] **Mr Dean:** I don't believe that it was. I believe it was produced as a result or following on from essentially whistleblowing comments from staff, and it was pursued as a confidential matter under that heading and—

[309] **Darren Millar:** This is where the problems appear though isn't it, with Betsi? There's been this tendency, this culture, if you like—and I appreciate that you're trying to change it—of things being swept under the carpet, even when there are serious concerns, such as the ones that whistleblowers brought to attention, and, quite rightly, a piece of work was commissioned to investigate those concerns. But concerns of this sort of scale were not dealt with appropriately back in January 2014, we had a situation bubbling away at Tawel Fan, which, eventually, came to light as a result of some work that was commissioned—again, in the right way, it was commissioned. But how do we get away from the sort of culture that doesn't allow these things to be brought to light much sooner, particularly in response to patient complaints or whistleblowing concerns by members of staff? Are we in a situation where these things can't happen again?

[310] **Dr Higson:** In terms of the concerns about the Hergest unit, they were very public before this report, and that report was commissioned in the middle of 2013 in response to whistleblowing concerns by staff, which actually outlined similar issues about the current management structure at that time. The Royal College of Psychiatrists were brought in. They published a report that autumn. HIW did an inspection again in December 2013. Taking all that together, the board had a very strong focus on the Hergest improvement journey. We can submit all the references to the board and its sub-committees, following this through. So, this report was taken as further confirmation, separately to the individual issues of whistleblowing that were raised, which were all dealt with and people written to. This was then put into the mix of the concerns about Hergest, which the board took a view could be managed and improved, and we have succeeded with Hergest. So, I think, notwithstanding the issues of who knew what about what, this was a decision to manage our way to improve Hergest, which we feel we've been successful in.

[311] **Darren Millar:** So, just to satisfy the committee then, if this sort of report was published again, it would immediately find itself in the hands of not only the board, obviously, but you'd share it with HIW, and the Welsh Government, to help to triangulate the intelligence, as it were, about

problems there.

[312] **Dr Higson:** Absolutely.

[313] **Darren Millar:** That's welcome news. In terms of the follow-up work to Tawel Fan, you've helpfully provided the committee with an update on some of the mental health issues, but you don't refer to the Health and Social Care Advisory Service independent piece of work, or the Ockenden piece of work. Do you want to just tell us where they're at, at the moment, and what sort of timescales we're looking at for their publication?

[314] **Mr Dean:** The HASCAS work is well under way, and they've been commissioned to review the individual patient concerns, so they're coming at it from the perspective of the individual patient. So, they're reviewing the concerns, and they will provide a report to the individual families. They'll also produce disciplinary cases where that is appropriate, which we will then take into internal processes. They're due to report in the spring of next year. It's a complex piece of work, with a very substantial volume of evidence to be worked through. And they're also talking again with those families who wish to speak with them. So, they are gaining additional information, which adds to that which they already have. So, it's going to be in the spring of next year, and they'll be producing reports for the families, which will be confidential to the families. They will produce a broader, thematic report, which will be in the public domain, but the very detailed reports are clearly for the individual families.

[315] **Darren Millar:** So, that's by spring next year. And Donna Ockenden is looking at something slightly different.

[316] **Mr Dean:** Donna Ockenden is doing, if you like, the ward to board. So, HASCAS are looking at—this sounds as if I'm trivialising it; I don't mean it to—what happened within the ward in relation to individual patients. The work that Donna Ockenden is doing is looking more broadly at the governance systems and processes within the organisation—who knew what, who should have known what about what was happening within Tawel Fan, how did our assurance systems work, and she commenced that piece of work yesterday. We're finalising the details of the timescale with her. Again, there's going to be an element of flexibility in that, because this is a piece of work, as is the HASCAS work, which, until you start it, and begin to work your way through, it's quite difficult to say exactly how long it will take, but it's probably going to be six or seven months, I would think, in order to do

that piece of work thoroughly.

[317] **Darren Millar:** It's obviously important that any lessons from what happened at Tawel Fan, and elsewhere in north Wales, are properly learned.

[318] **Mr Dean:** Indeed.

[319] **Darren Millar:** What systems do you have in place now to ensure that there's better learning from complaints more generally across north Wales? I notice that there's been a reduction in the number of long outstanding complaints, but where are you at more generally, not just in mental health services, but across your complaints system?

[320] **Mr Dean:** I would like, if I may, just to make a very brief comment about mental health, as a link in, and I do want to put on record my appreciation of the work that staff across the mental health services in north Wales do. There are some challenges and we do need to do work looking at our mental health services going forward. I think it's really important that we keep it in perspective. I've met lots and lots of staff who are doing fantastic work across the service in north Wales. So, thank you for allowing me to make that point.

[321] So, again using mental health as an example, there is a mental health improvement group, which is reviewing all of the complaints alongside other aspects of performance and quality standards, and is really focused on making sure that we are improving our work there. The area directors and the hospital management teams are also taking ownership of the complaints that relate to services within their areas of responsibility, and are making sure that we're tackling the backlog. There still is a backlog; we still take too long to respond to complaints, and we need a culture in which we deal with things before they become complaints—they're dealt with on the spot; they're dealt with shortly thereafter; they're dealt with by a quick phone call or a quick letter or a quick e-mail, rather than a process that takes you into the full concerns mechanism. So, we have to deal with those that are in that mechanism and we're making progress; there is more to do in order to clear those and we'll clear those by the end of the year, by the end of March, is the plan. Critically, we need to make sure that we have the right systems in place that deal with things quickly and appropriately, so that we are responsive to patients and their concerns and do not build up a process that becomes governed by the system, rather than by the issue that's at the heart of the anxiety.

[322] **Darren Millar:** You say you're going to end the longstanding complaints or deal with them all by Christmas or the end of the year—

[323] **Mr Dean:** End of March.

[324] **Darren Millar:** Oh, by the end of the financial year, okay. Can you send us a note just on how that's being tracked?

[325] **Mr Dean:** Yes.

[326] **Darren Millar:** I think that would be useful for committee members. Are there any other questions from committee members? Aled.

[327] **Aled Roberts:** A gaf i hefyd ofyn am nodyn ynglŷn â'r dryswch yr wythnos diwethaf ynglŷn ag ymweliadau dirybudd gan y cyngor iechyd cymunedol ac a oedd y rheini wedi cael eu derbyn gan HIW? Beth yn union ydy'r broses yn y bwrdd iechyd o ran adroddiadau gan y cyngor iechyd cymunedol, os gwelwch yn dda?

Aled Roberts: May I also ask for a note about the confusion last week about unannounced visits by the community health council and whether they were accepted by HIW? What is the process within the health board in terms of reports by the community health council, please?

[328] **Darren Millar:** Okay. That brings us to the end of our evidence session, if I could thank Dr Peter Higson and Simon Dean for your evidence. You'll be sent a copy of the transcript of today's proceedings. If there are any factual inaccuracies, feel free to get in touch with the clerks and we will have those amended. We're very grateful and we look forward to receiving the additional information. Thank you.

[329] **Dr Higson:** Thank you.

10:56

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.

[330] **Darren Millar:** We move very briefly, then, on to item 4, motion under Standing Order 17.42 to resolve to exclude the public from the remainder of our meeting. Does any Member object? There are no objections, so we'll go briefly into private session. Thank you.

Derbyniwyd y cynnig.
Motion agreed.

Daeth rhan gyhoeddus y cyfarfod i ben am 10:56.
The public part of the meeting ended at 10:56.