

Yr Adran Iechyd a Gwasanaethau Cymdeithasol
Cyfarwyddwr Cyffredinol a Prif Weithredwr, GIG Cymru

Department for Health and Social Services
Director General and Chief Executive, NHS Wales



Llywodraeth Cymru
Welsh Government

Darren Millar AM
Chair, Public Accounts Committee

10 December 2015

Dear Mr Millar,

Public Accounts Committee, 24 November 2015

I write in response to the series of questions you sent me following the above session.

The appointment process for independent health board members

Independent health board members are ministerial appointments. As such, they are governed by the Commissioner for Public Appointments and must abide by their Code of Practice, which describes the principles and essential requirements for making Ministerial appointments to the boards of public bodies. In discharging this responsibility, officials, in agreement with the Minister, are responsible for designing and delivering appointments processes which meet the three basic principles – merit, openness and fairness.

We have recently strengthened the process to test more adequately whether individuals have the right skills to undertake an Independent Member role. Following the shortlisting of candidates and prior to interview, an assessment centre has been introduced into the process.

The assessment centre includes 2 exercises, a group discussion exercise designed to test ability to work as a team and an individual presentation exercise designed to test strategic perspective and analytical skills. The group exercise assesses candidates against 5 criteria, Intellectual Flexibility & Adaptability, Collaborative Leadership, Impactful Communication, Empowering & Engaging staff, and Self Awareness Management & Self Belief. The individual presentation tests candidates against 3 criteria, Analysis & Use of Evidence, Leadership & Cultural Characteristics, and Communication Skills.

At interview candidates are asked a series of questions to explore their experience and to allow them to demonstrate their understanding of the skills required to be an Independent Member as set out in the role description and person specification.



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All candidates are asked about their skills, experience and value they would bring to the Board, the role of the Independent Member compared to other Board members, how they would influence rather than direct, understanding and experience of corporate governance and scrutiny, and how the Board ensures focus on patient care and safety is maintained whilst maintaining financial balance. The panel would also explore the job specific criteria relevant to the role.

This more holistic approach, allows the panel to make a more informed decision on the candidates suitability for appointment.

What pathways and relationships BCUHB have in place in the spirit of the Hub and Spoke Model for renal services

North Wales has three renal centres based at Ysbyty Gwynedd, Ysbyty Glan Clwyd and Wrexham Maelor Hospital. All three services provide outpatient clinics across the region as well as satellite dialysis units in Alltwen (linked to Bangor) and Welshpool (linked to Wrexham).

The hub-and-spoke model in North Wales is not exactly the same as that used in South West and South East Wales. For South Wales, the tertiary centres are based at one single unit and all renal services are provided as outreach from the central team including numerous satellite dialysis units. Cardiff also provides a South Wales hub for transplantation. In North Wales, the vast majority of adult renal services are provided by the three units, however, transplantation does require referral to one of the Transplant Centres in North West England, predominantly Liverpool.

The Welsh Renal Clinical Network does not have any strategic plans to centralise or amalgamate the centres in North Wales physically as the arrangements provide good local access and there are appropriate routes of referral. They are looking instead at closer working arrangements, flexible site working and securing greater presence from Liverpool as part of their outreach services for transplantation.

Projected financial position for all health boards at the end of the 2015-16 financial years

In response to the request by the Committee for the latest forecast year end positions, I attach the latest forecast year end positions reported by each individual NHS organisation (as at the end of November 2015) in the table at annex 1. I have been able to reflect the latest position based on month 08 (April to November 2015) representing the most up-to-date position for the MEG, including the NHS position. As you would expect, I have been holding discussions on plans and financial expectations throughout the year, including IMTP meetings and performance reviews. However, I have been specifically meeting with all organisations this week setting clear expectations and to confirm further improvements in their forecasts; it is clear that these will materially improve the position of individual organisations and forecasts to the year end whilst ensuring a local focus on quality and performance.

Whilst I acknowledge the current position in the table indicates a potential NHS pressure of up to £142m, having completed these discussions and using all resources available within the MEG, I am now confident that in these last few months we are now focused on resolving the last 1% potential overspend of the budget, which is the equivalent of around £50-60m. This will start to be reflected in the NHS monthly position from month 09. We will continue

as in previous years to focus attention on achieving a satisfactory year end which achieves the right balance between quality, performance and financial accountability.

Any concerns about individual organisations will be picked up in our tripartite escalation meetings with HIW and WAO which takes place this month under the routine escalation procedure.

Escalation status of all health boards

The table below provides the current escalation status of health boards and NHS trusts in Wales.

Organisation	Current Status
Abertawe Bro Morgannwg UHB	Enhanced monitoring
Aneurin Bevan UHB	Routine arrangements
Betsi Cadwaladr UHB	Special measures
Cardiff and Vale UHB	Enhanced monitoring
Cwm Taf UHB	Routine arrangements
Hywel Dda UHB	Enhanced Monitoring
Powys tHB	Routine arrangements
Public Health Wales NHS Trust	Routine arrangements
Velindre NHS Trust	Routine arrangements
Welsh Ambulance Services NHS Trust	Enhanced monitoring

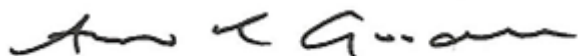
This information is also available on the Welsh Government website at the following link:

<http://gov.wales/topics/health/nhswales/escalation/?lang=en>

The information will be updated following the regular tripartite meetings, the next of which takes place in mid December.

I trust these responses provide the Committee with the information it requested.

Yours sincerely,



Dr Andrew Goodall

Annex 1

Projected financial position for all health boards at the end of the 2015-16 financial years (Month 08)

Organisation	Forecast EOY
Surplus / -Deficit	Current Month
Surplus/-Deficit	£000s
Abertawe Bro Morgannwg	-28,523
Aneurin Bevan	-19,701
Betsi Cadwaladr	-30,000
Cardiff & Vale	-23,209
Cwm Taf	0
Hywel Dda	-41,000
Powys	0
Public Health Wales	0
Velindre	0
Welsh Ambulance	0
NHS Wales	-142,433