

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

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



Llywodraeth Cymru  
Welsh Government

Darren Millar AM  
Chair  
Public Accounts Committee  
National Assembly for Wales  
Cardiff Bay  
Cardiff

Our Ref: DS/TLT

2<sup>nd</sup> August 2013

Dear Darren

## **GOVERNANCE ARRANGEMENTS AT BETSI CADWALADR UNIVERSITY LOCAL HEALTH BOARD**

During my appearance before the Public Accounts Committee on 18 July. I agreed to send you several pieces of additional information.

### **Cost of Chris Hurst's Work for the Health Board**

Chris Hurst undertook two days work for Betsi Cadwaladr at a total cost, including VAT, of £2,800 plus expenses (paid at Welsh Government rates). I understand that the rate agreed for Mr Hurst's work was recommended by Welsh Government's recruitment consultants Odgers Berndtson.

### **Date of Chris Hurst's Departure from Welsh Government**

Chris Hurst resigned and left his role in Welsh Government as Finance Director for the Department of Health and Social Services on 31 December 2011.

### **Details of the escalation process for concerns about Local Health board**

I attach at Doc 1 a copy of the Escalation Process as set out in the Delivery Framework.



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## **Terms of Reference for the report prepared by Allegra**

The formal Terms of Reference for the Allegra Report are attached at Doc 2.

## **Expenditure by Betsi Cadwaladr University Health Board on Salary Protection**

We are currently seeking the most update information on expenditure on salary protection for the Local Health Board. I will arrange for this to be sent you as soon as possible.

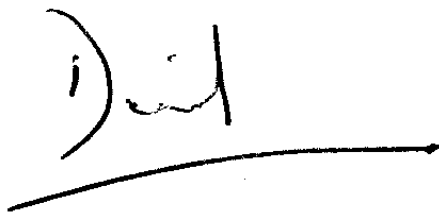
## **Definition of “Core Capacity” and Impact of unscheduled care on Core Capacity.**

I was asked to provide information regarding `core capacity'. In relation to surgical operations this comprises the theatres and beds which are generally designated or assumed to be available for planned activity. Clearly the theatres and beds are supported by budgeted staff and non-pay resources. Health Board will plan activity levels with reference to the capacity and will schedule admissions and operations accordingly. The core capacity will not take account of potential 'additional activity' which is secured either within the organisation through waiting times initiatives or externally by, for example, the use of other NHS providers or the independent sector. Such activity normally incurs additional, premium costs above those included in planned budgets.

I was also asked to clarify the impact of unscheduled care on core capacity. During the Winter and early Spring of 2012/13 there was a high level of demand for unscheduled care. This occurred across the UK. Our Health Boards opened additional beds but also used some of the core elective capacity for patients admitted as emergencies. This led to cancellations of planned activity. Health Boards did reinstate some of the cancelled activity and took decisions in this regard which were guided by clinical priority.

As stated above this additional activity was more costly and required the application of additional funding. The ability of Health Board to fund such activity was determined by the amount of money available to them in the context of their statutory financial duties.

Yours sincerely

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**David Sissling**

## 2. Escalation within the Delivery Framework

| Escalation Level | Performance trigger   | Escalation Action   | Monitoring   | De-escalation   |
|------------------|---|---|--|---|
| 0.               | Local delivery of all targets and/ or within trajectory.  | None required – earned autonomy (including potential for reducing the frequency of Q&DM) and minimal monitoring beyond that required for national returns.<br>Proactive assurance mechanisms.   |  |   |
| 1.               | Health Boards/Trusts fail to achieve/ maintain one deliverables.  | Health Boards/Trusts are responsible for remedial action in response to areas of failure. WG indicates the additional monitoring requirements. Plans brought forward to redress the position with immediate effect.   | WG, in conjunction when necessary with DSU (or other intervention mechanism identified by WG), assures and monitors implementation of plans and effectiveness of solutions.<br>Executive highlight report.<br>Support from other agencies if required. | Immediate removal of escalation action upon achievement of plan and return to improving KPIs. |
| 2.               | Continued failure to achieve/ maintain one or more key deliverables.  | WG instigates DSU and/or other intervention. WG and DSU (or other intervention mechanism identified by WG) will be actively involved in determining the necessary changes within the HB/Trust to deliver required outcomes through regular meetings/calls.  | WG Representatives to join regular meetings/calls and monitor effectiveness of organisational response with DSU and &/or other intervention mechanisms.  | Sustained improvement of KPIs causes removal of escalation actions.                           |
| 3                | Continued failure and/or a failure to maintain an agreed improvement trajectory following intervention.             | Issues raised with Chief Executive NHS Wales. Meeting required between HB Chief Executive, NHS CEO and/or NHS Deputy Chief Executive to determine future requirements and actions.  | Regular reporting established between CEO NHS Wales and HB Chief Executives until improving trajectory established.  | Maintenance of agreed improvement trajectories causes return to escalation level 2.           |
| 4.               | Continued failure to improve performance or failure to engage with the national process despite level 3 escalation. | Actions to be determined by NHS Chief Executive which may include the following: <ul style="list-style-type: none"> <li>• Meeting required with Chair, Vice Chair, CEO, Board Secretary and relevant Executives.</li> <li>• Introduction of `special measure' arrangements.</li> <li>• Review of executive effectiveness.</li> <li>• Review of Board effectiveness.</li> <li>• Removal of appropriate funding streams.</li> </ul> |  |   |



Alison Lord  
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Our Ref: KF/12/014/A3816983

12 October 2012

Dear Alison

### **Betsi Cadwaladr University Health Board - External Review**

Thank you for a most helpful scoping discussion yesterday. I am writing to set out the Terms of Reference for the Welsh Government's (WG) external review of the relevant financial matters at Betsi Cadwaladr University Health Board (BCUHB), these are as follows:

- Identify the key drivers of financial performance in the financial year 2012/13.
- Identify the key drivers of under performance in the financial year to date (month 6)
- Review the revised plan to the end of the current financial year and comment on the likely achievability.
- Assess progress on the development of the financial plan for 2013/14.
- Comment on the organisational management structure and effectiveness.
- Comment on the governance structure and effectiveness around the development, adoption and review of financial plans.
- Comment on the risk to year end performance on the main Tier 1 targets including RTT, Unscheduled Care of the proposed plans.

Heather Evans will project manage the review and will be your first point of contact. We are agreed that you will provide external leadership to the review, undertaking most of the fieldwork and reporting to me.

We have agreed that the output of the study will be a summary report of findings and recommendations, with supplementary advice as appropriate.

Heather will be in touch shortly to agree with you background information requirements and to confirm dates/times of interviews and project board meetings etc.

I look forward to hearing from you.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Kevin Flynn', with a vertical line extending downwards from the bottom of the signature.

**Kevin Flynn**

Cyfarwyddwr Cyflenwi /Dirprwy Brif Weithredwr, GIG Cymru  
Director of Delivery/Deputy Chief Executive, NHS Wales

Cc Heather Evans, Head of NHS Financial Management, DHSSC, WG