

Opening Statement from the Chief Executive Officer

The leadership of Betsi Cadwaladr University Health Board (BCUHB) including the integrated board has clear work to do to support staff to provide the best care and support to patients and of each other.

There is ground to make up as we move out of the pandemic in re-establishing norms of performance particularly in hospital care as we remove social distancing (for example, it will allow us to re provide around 100 beds and to increase theatre utilisation, diagnostic and outpatient capacity)

But more than this, there is work to do in response to clinical concerns raised by HIW inspections, by other regulators and interested persons, and through our own improvement and governance processes. Some of the issues (documentation, observations, falls for example) have proved to be challenging to resolve over time and relate to services across in patient services across BCU.

Some of the issues are basic in their nature and should be and are resolvable (environment for example)

And there is work to do to strengthen our governance and assurance processes so that we can support staff to improve helped by feedback on how their improvements are working and satisfy our selves individually and collectively that improvements stick over time. This work, planned as part of the operational model us being expedited.

I have reflected on our clinical and cultural change approach- using on evidence-based program which is proven to improve outcomes, patient experience, staff involvement and the safety culture which, importantly, has been endorsed by WG own improvement agency as the methodology they wish to roll out across Wales.

We are using this approach to move from individual improvement plans to a more systematic approach to improvement, based on risk, and put simply listening to staff about the changes they'd like to see, taking into account human factors in implementation and reviewing progress. This approach takes longer but the evidence shows with greater staff buy in, the results stick better. This means that improvement plans or make it safes are important to put in place while we work to develop the plan together. We have tried this approach in YGC ED, implementing a different model of triage recommended by the clinical team, and we see positive changes in the trends for triage and ambulance handover on a day-by-day basis.

The program of improvement, which includes work to improve the safety culture is part of our people strategy, improvement activities and operating model work Undoubtedly as we move to implement the changed structure, built on people focussed and clinical design principles, we need to pick up the pace and focus to be able to respond effectively

Moving to implementation is an important next step now to create the foundations - thoroughly- upon which the work of systematically applying the science to improvement can be embedded