

MAIN REPORT		ABM University Health Board
Health Board		Meeting On 26 th January 2017
		AGENDA ITEM: 1 (vi)
Subject	Chairman and Chief Executive's Report	
Prepared by	Steve Combe, Director of Corporate Governance	
Approved & Presented by	Andrew Davies, Chairman & Paul Roberts, Chief Executive	

1. PURPOSE

To advise Board Members of issues impacting on the Health Board.

2. KEY ISSUES

a. Unscheduled Care

In keeping with the NHS across the UK, our hospital, GP and community services have been extremely busy during the month of December, and into the first 2 weeks of January. During this period we have seen an increase in the number of ambulances and patients arriving at our hospitals when compared to the same period last year, and also in the acuity of patients attending hospital. In recent weeks there has been an increased prevalence of influenza circulating in the community when compared to the same period in 2016. The number of emergency admissions has also risen by around 6% when compared with last year.

Our winter plans have been activated. These included a range of measures, including promoting the increased uptake of the flu vaccine by patients and staff, increased community services support, new pathways of care to avoid hospital admission, the introduction of new models of care to reduce the time patients need to stay in hospital for investigation and diagnosis, such as additional ambulatory care services and 'hot' clinics for urgent patients, and the provision of temporary additional 'surge' bed capacity. We have been working closely with colleagues in social services and the Third sector to ensure patients who do not need hospital care have appropriate support at home to enable timely discharge.

- a. However, the increased demand and patient acuity has resulted in some very challenging days across the whole of the unscheduled care system within ABMU Health Board. Our staff have worked extremely hard to ensure that our sickest patients have continued to access the highest levels of care that they require in a timely way. This has however meant that at times some patients who have been less clinically urgent have had to wait longer to access our services than we would wish

b.NHS Wales Escalation arrangements

At the last meeting it was reported that the health board has been placed at “targetted intervention” status by the Welsh Government due to specific concerns about performance, finance and medium-term plans. As a result we put in place a de-escalation taskforce to respond to this enhanced scrutiny and expectation. In November following the reporting of the month seven financial position, the Health Board has been put under an even greater level of scrutiny with a clear expectation of stabilising and then improving this position.

The Board has expressed its wish to see urgent and radical action to tackle the scale of the financial and service challenge and the Chief Executive of NHS Wales wrote to the Chief Executive on 19th December expressing significant concerns about progress, pace and the capability of actions to date. The letter from Welsh Government asked the Health Board to take certain actions internally but with external support to:

- secure efficiency
- reduce variation
- identify cost improvements,
- identify service change proposals and
- increase financial discipline throughout the organisation

As a result it has been agreed that a major change programme be commenced to ensure service recovery and embed sustainable services within the health board recognizing that this will require a range of short, medium and longer term actions. This work will be firmly based on our values of:

- Working together
- Always improving and
- Caring for each other

The programme is supporting new management arrangements which have simplified decision making and improved accountability through values based, visible, local leadership teams working together.

The programme will be led by the temporary appointment of a full-time senior sustainability director reporting to the Chief Executive and supported by a Programme Management office and team. The aim of the Programme is to ensure we have a focussed and embedded systematic and sustainable service model within ABMU.

We are also seeking external support, particularly in the areas of financial management and data interpretation to support the programme.

Board members will be aware of the detailed programme management arrangements and the work of the De-escalation Task Force will be subsumed within a broader Recovery and Sustainability Board, which will report directly to the Health Board.

c. Integrated Medium Term Plan (IMTP)

Since the last meeting of the Health Board, the organisation has received updated information in respect of the likely financial outlook for the next three years of the planning cycle (2017-2020).

As noted above, the scale of the financial challenge over this three-year period is such that the Health Board is unable to develop an IMTP which meets the requirements of financial balance. This will be a key focus for the Recovery and Sustainability Programme. In line with due governance, the Health Board will therefore be submitting an Annual Plan rather than an IMTP.

Further work will be ongoing during February and March and we will further align the work service on sustainability, workforce plans, quality matters, financial recovery and performance matters over the coming months to enable a final Plan to be developed.

d. Transforming Cancer Services in South East Wales

Representatives of the Health Board received a presentation from senior managerial and clinical leads from Velindre NHS Trust on the above. The Transforming Cancer Services Programme is focussed on the development of a new cancer strategy for the services provided by the Trust for South East Wales. Services for the residents of Bridgend are provided by Velindre NHS Trust, whereas services for residents of Swansea and Neath Port Talbot are provided by the South West Wales Cancer Centre out of Singleton Hospital. Velindre NHS Trust presented the draft Programme Business Case and Outline Business Case for the new Velindre Cancer Centre. Comments on the draft documents will be provided to the Trust by mid January 2017 and it is likely that the final documents will be brought to the May meeting of the Health Board for consideration.

e. Engagement On Proposed Changes To Urgent Care Services At Neath Port Talbot And Singleton Hospitals

The Board will be aware that the Health Board agreed with ABM Community Health Council that there should be an 8 week period of engagement from 12th December 2016 until 10th February 2017 on the proposed changes to urgent care services at Neath Port Talbot and Singleton Hospitals. A series of drop-in sessions have been arranged at a series of venues from 2pm to 7pm through January and two public meetings are taking place on Tuesday 7th February at Aberavon Beach Hotel and Wednesday 15th February at Sketty Hall, both from 6.30 to 8pm.

All these sessions have been publicised through our website (via a new engagement section), via Local Authorities, AMs, MPs, social media, an article in the Evening Post and through posters being displayed at Health Board premises, primary care premises, voluntary sector networks and libraries.

Outcomes from the engagement process are being collated and will be presented to the March Health Board meeting, along with the view from the Community Health Council on the outcome and any further steps required.

f. 111 Update

A report was provided to the Board in September 2016 outlining the planned launch of the 111 service in the autumn of 2016. The new service began with a phased launch on 4th October and from 21st October all calls for the GP Out-of-Hours

Service (GPOOH) as well as callers seeking health information and advice were managed through the new 111 service. A Collaboration Agreement between ABMU and Welsh Ambulance Services NHS Trust (WAST) was agreed and signed in October 2016.

The service has now taken over 30,000 calls up to early January and coped well with significant demand over the Christmas and New Year period. A key element of the new service model is the Clinical Support Hub. The Hub operates at peak times during the OOH period to act as a coordinating point for managing complex patients, taking direct referrals from paramedics and other community healthcare professionals and overseeing the delivery of GPOOH services by having senior medical oversight. Through the pathfinder, ABMU became the first Health Board to utilise the skills of clinical pharmacists working alongside GPs delivering telephone advice and there are plans to expand these roles going forward.

Information available and feedback from professionals indicates that the new service has not had a negative impact on the wider unscheduled care service or primary care, and feedback from patients has been overwhelmingly positive. An external evaluation has been commissioned and a report is anticipated in May 2017.

g. Board Committees

The Chairs Advisory Group continue to review Board Committee arrangements and are considering whether to reinstate the Performance Committee. Given the escalation status of the health board this will be reconsidered in the spring of 2017.

Discussions have also taken place at the Strategy Committee and the Chairs Advisory Group on the role of the Committee. Given the strategic nature of the role of the Committee and the fact it is not an assurance committee to the Board both the Committee and Chairs Advisory Group propose that this would better operate as a time limited Task and Finish Group rather than a formal Board Committee. As a Task and Finish Group it would report directly to the Board.

h. ABMU Welsh Language Steering Group – 21st November 2016

The first meeting of the above group was held on 21st November 2016 with representation from both corporate and delivery unit departments. The group is considering how ABMU would deliver on the requirement to mainstream Welsh Language services as an integral part of service planning and delivery and the necessary arrangements for reporting such progress.

The group agreed terms of reference and will be reporting progress to the board twice a year. It was agreed that the Community Health Council and Staff Side would be invited to nominate representatives for future meetings.

The group heard a patient story set in Neath Port Talbot Hospital which demonstrated the importance of staff engaging with Welsh speaking patients even if they are unable to speak the language fluently.

It was noted that discussions were on-going with University colleagues regarding Welsh language lessons for staff and that these opportunities would need to be linked to the ABMU Bilingual Skills Strategy due to be received by the Workforce & OD Committee in January 2017.

Agreement was reached that representatives would champion the development of bilingual services and roll-out of the 'active offer' in their respective areas and report progress on the year 1 Welsh Government Strategy, 'More Than Just Words' at the next meeting in March 2017. In parallel work is also beginning on the development of an ABMU Welsh language Strategy and Delivery Plan spanning the next three years.

i. Awards/ Staff Recognition

December 2016 saw the launch of an award ceremony held by Swansea University to celebrate nursing and midwifery mentorship in ABMU and Hywel Dda university health boards. Each category had a recipient from both health boards, with one overall winner named Mentor of the Year. This inaugural title went to Julie Kimble, midwife at Princess of Wales Hospital. The rest of the winners were:

- Going the Extra Mile – **Sarah Kelly of the acute clinical team, Cimla;**
- Outstanding Contribution to Support Learning in Practice – **Susan Bellin, local primary mental health service, Tonna;**
- Exceptionally Innovative Learning Environment – **Jess Beynon and neonatal intensive care team;**
- Outstanding Involvement in Midwifery Mentorship Practice – **Natalie Bamfield, Singleton maternity;**
- Excellence in Partnership Working – **Theatres at Morriston Hospital.**

A number of Patient Choice Awards events have also been held.

Other departments and individuals who have received awards and or recognition since the board last met include:

- Two nurses were recognised at the RCN (Royal College of Nursing) Wales Nurse of the Year Awards; practice education facilitator Simon Cassidy lifted the Research in Nursing Award and Neath Port Talbot Hospital matron Sharron Price was named joint winner of the Humanitarian Award;
- Morriston Hospital consultant and Swansea University professor Ian Pallister won the Sun Military Award for Innovation for his lifelike model of a bomb blast victim to give military surgeons fully immersive training prior to the frontline;
- Tom Potokar, consultant plastic surgeon at Morriston Hospital, was awarded an OBE in the New Year's Honours List for services to global burn care and prevention.

j. NHS Wales Collaborative Leadership Forum – Terms of Reference

The chairs and chief executives of NHS Wales health boards and trusts have agreed that an *NHS Wales Collaborative Leadership Forum* should be established. This group will act as the responsible governance group for the NHS Wales Health Collaborative. The Forum met for the first time in December 2016 and agreed terms of reference which are attached.

The background to, and purpose of, the Forum are set out in the terms of reference. Primarily because of the escalation process described in section 11 of the terms of reference, there is a need for the terms of reference to be approved by the board of each individual health board and trust in NHS Wales.

k. Executive Team

Further to the report to the last meeting the following interview arrangements have been put in place to fill executive team vacancies ie:

- Director of Public Health – 2nd/3rd February 2017
- Director of Finance – 13/14th February 2017

Following a recent recruitment process, Christine Morrell has been appointed to Director of Therapies and Health Sciences. She brings with her a wealth of experience from her current role as Interim Chief Scientific Adviser (Health) to Welsh Government; she was formerly the Deputy Chief Scientific Adviser. Previously Christine worked in the ABMU patch and is therefore very familiar with our services. She will join us on 6th February 2017. Thanks go to Amanda Hall for her work in covering this role on an interim basis.

l. Non Officer Member Re-appointments

The board will wish to note the terms of office for Gaynor Richards and Paul Newman have been confirmed and will run until 30th September 2017.

m. ABM Community Health Council (CHC)

The board will wish to note the recent resignation of the Chair of the CHC, Roger Smith and that the role has been taken over in the interim by Susan Evans. ABMU board wishes to convey its thanks and best wishes to Mr Smith for his important contribution to this role and to welcome Mrs Evans.

3. RECOMMENDATION

The Board is asked to note the foregoing and approve the Terms of Reference of the newly established NHS Wales Collaborative Leadership Forum



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Cydweithrediad
Iechyd GIG Cymru
NHS Wales Health
Collaborative

NHS Wales Collaborative Leadership Forum *Terms of Reference*

Author: Mark Dickinson, Director, Business Unit, NHS Wales Health Collaborative Team (based on previous papers by multiple authors)

Date: 12 December 2016

Version: 1

(Approved by Forum 12/12/16)

Purpose and Summary of Document:

The chairs and chief executives of NHS Wales health boards and trusts have agreed that an NHS Wales Collaborative Leadership Forum should be established. This group will act as the responsible governance group for the NHS Wales Health Collaborative.

This paper sets out the terms of reference for the NHS Wales Collaborative Leadership Forum, as approved by the Forum on 12 December 2016.

1 Introduction

The chairs and chief executives of NHS Wales health boards and trusts have agreed that an NHS Wales Collaborative Leadership Forum should be established. This group will act as the responsible governance group for the NHS Wales Health Collaborative.

This paper sets out the terms of reference for the NHS Wales Collaborative Leadership Forum.

2 Context

2.1 Need for collaboration

The 2009 NHS Wales reforms ascribed clear accountabilities to health boards, as commissioners and core providers of healthcare services for their resident populations. Within the context of a planned system, Service Level Agreements with NHS trusts and between health boards have been the basis upon which resources have been directed across organisations, with WHSSC (and more recently EASC) providing a statutory joint committee mechanism for specialised services commissioning.

In the intervening years, service and workforce sustainability challenges arising from changes in clinical standards, reconfiguration of medical training and resource constraints have driven the need for health boards to work more closely together to redesign services across boundaries. This has created the potential for a dynamic tension between the accountabilities of an organisation to its local population and the wider health needs of the citizens of Wales.

The current structural arrangements within NHS Wales have not provided a governance and financial framework for joint decision-making across NHS organisations. This is an issue that boards raised in response to the 2015 Green Paper, identifying the need for the establishment of a formal mechanism that enables effective development of service strategy and decision-making when conflicts of interest arise.

There are cross-organisational-boundary service changes that need to be made to maintain standards and improve system performance. This requires a collaborative solution for joint working and decision-making across NHS Wales that has clearly ascribed accountabilities and a system for escalation where agreements cannot be reached.

2.2 NHS Wales Health Collaborative Team

The NHS Wales Health Collaborative Team (the Collaborative Team) was established in 2015 at the instigation of NHS Wales chief executives and brought together a number of existing functions. The aim of the Collaborative Team is to improve joint working between NHS Wales bodies, NHS Wales and its stakeholders.

The Collaborative Team is headed by a Director, appointed by NHS Wales Chief Executives and is hosted and supported on behalf of NHS Wales by Public Health Wales, under a formal hosting agreement.

The Collaborative Board was an evolution of the former South Wales Health Collaborative Board, which was established as the collective sponsor of regional programmes of work in South Wales and which itself subsumed the work of the former South Wales Programme Board.

3 Scope

The scope of the Collaborative Leadership Forum will be confined to those issues relating to supra-health Board service redesign. As a result, the scope of the Forum will be predominantly aligned to the work of the Collaborative Team.

WHSSC and EASC sit outside the remit of the Collaborative Leadership Forum, being statutory Joint Committees with their own governance and accountability frameworks. Similarly, Shared Services and NWIS have alternative agreed mechanisms for collective working and decision making.

Any commissioning implications arising from proposed service changes will be remitted to the relevant commissioning process for resolution (including specific health boards, trusts, WHSSC and EASC as appropriate).

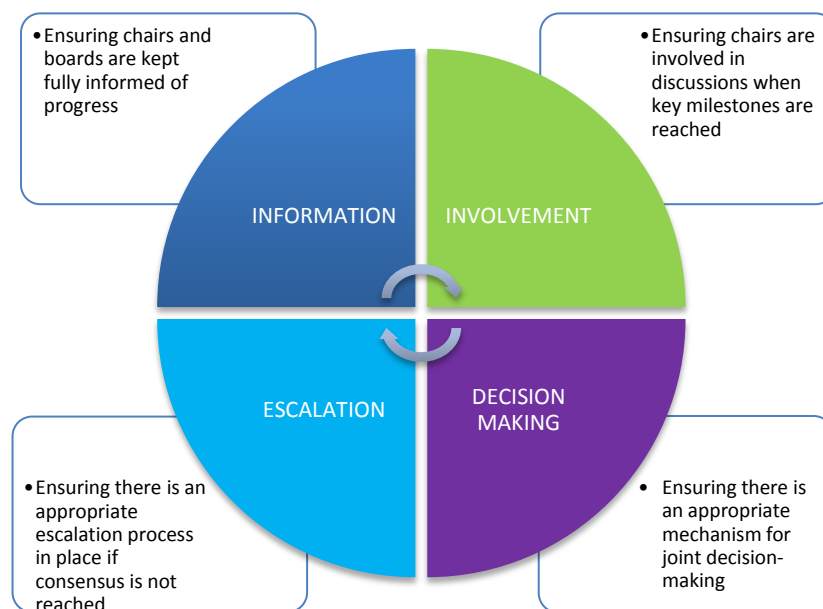
4 Purpose and roles

An NHS Wales Collaborative Leadership Forum (the Collaborative Leadership Forum) has been established to:

- agree those areas of service delivery where cross-boundary planning and joint solutions are likely to generate system improvement and remit them to the Collaborative Team or WHSSC as appropriate
- receive recommendations from the Collaborative Team (via the Collaborative Executive Group) and provide assurance to boards that any proposals have been fully scrutinised

- work together as health boards and trusts to secure an agreed set of recommendations to go back to individual boards for decision
- oversee any joint public engagement or consultation arising from board decisions as appropriate
- provide a forum for consideration of the best way to take forward any work directly commissioned by Welsh Government from health boards and trusts as a collective; and to provide a vehicle for oversight and assurance back to Welsh Government as required.

In undertaking its core functions the Leadership Forum will operate within the following four part model:



The Collaborative Leadership Forum will act as the responsible governance group for the Collaborative Team and will sign off the Collaborative Team Work Programme.

5 Guiding principles

In conducting its business, the Collaborative Leadership Forum will:

- work in a spirit of collaboration in support of the needs of the current the population of Wales and future generations
- support the principles of prudent healthcare
- be guided by the best available evidence

6 Authority and reporting

The Collaborative Leadership Forum has no specific delegated decision making authority from statutory health bodies but will provide a

mechanism by which collective recommendations are made to the statutory organisations for decision. Forum members may make commitments via the Collaborative Leadership Forum within the normal limits of their delegated authority.

The Collaborative Leadership Forum will:

- report to statutory health bodies formally and on a timely basis on the Forum's activities, in a manner agreed by the Forum
- make recommendations on specific issues for consideration by statutory health bodies

7 Membership

The membership of the Collaborative Leadership Forum will be:

- Chairs of all NHS Wales health boards and trusts
- Chief executives of all NHS Wales health boards and trusts

The Director of the Collaborative Team will be an associate member of the Collaborative Leadership Forum and will be in attendance at meetings.

Other individuals may be invited to attend specific meetings, or parts of meetings, of the Collaborative Leadership Forum, at the discretion of the Chair, where this will facilitate the work of the Forum.

8 Chair

The Collaborative Leadership Forum will be chaired by the Chair of the NHS Wales chairs' peer group.

A Vice Chair will be appointed by the Chair from within the Forum's membership

9 Arrangements for meetings

9.1 Frequency of meetings

The Collaborative Leadership Forum will meet quarterly. Additional meetings may be convened at the discretion of the Chair.

Meetings of the Collaborative Leadership Forum will be scheduled for 12 months ahead and any cancellations, additional meetings or changes will be notified at least seven days in advance.

9.2 Agenda items

The Chair will agree the final agenda for each meeting of the Collaborative Leadership Forum. All members may ask for an item or paper to be included on the agenda.

9.3 Circulation of papers

Agendas, supporting papers and minutes of the previous meeting will be circulated to members of the Collaborative Leadership Forum at least seven days before each meeting.

9.4 Quorum

The quorum for meetings of the Collaborative Leadership Forum shall be at least one member (chair, chief executive or nominated deputy) from each NHS Wales health board and trust and must include the Forum Chair or Vice Chair.

9.5 Attendance

Except in exceptional circumstances, all members of the Collaborative Leadership Forum should endeavour to attend all meetings of the group.

9.6 Deputies

Whilst members will make every effort to attend, deputies will be allowed. Deputies for chairs must be a non executive director of the same organisation and deputies for chief executives must be an executive director of the same organisation. Deputies will be assumed to have the full delegated authority of the member they represent.

9.7 Withdrawal of individuals in attendance

At the discretion of the Chair, any or all individuals in attendance at a meeting of the Collaborative Leadership Forum (i.e. non members) may be asked to withdraw from parts of the meeting, in order to facilitate full and frank discussion.

10 Conduct of urgent business

Where urgent business is required to be conducted between meetings, the Chair will arrange for members views to be sought by email and the outcome will be reported to the next meeting of the Collaborative Leadership Forum.

11 Decision making and escalation

The Collaborative Leadership Forum will seek to reach decisions by consensus.

Whilst all members of the Collaborative Leadership Forum will be actively involved in the work programme and any strategic debate, decision making on any options to be put forward to individual Boards for approval will be reserved for those organisations whose populations are affected by the proposed service change.

The success of the Forum is dependent upon the effective consensus decision making. There are two critical points in the overall process as follows:

- The ability to reach consensus amongst members of the Forum on recommendations to be made to Boards for decision;
- The agreement of the affected Boards to the recommendations put forward by the Forum

Failure to reach consensus at either of these two stages in the change process will require the following two-phased escalation process to be triggered so that a decision can be reached.

Phase 1 INFORMAL RESOLUTION

- Triggers to be agreed by the Forum
- Consideration to be given to the need for independent advice (clinical or non-clinical) to be given to the Forum as part of the informal resolution process
- Consideration to be given to appointing a skilled mediator to facilitate resolution at this stage

Phase 2 FORMAL ESCALATION

- Can only be triggered when informal resolution process is exhausted
- Process needs to be facilitated by the NHS Wales Chief Executive
- Nature of the process would need to be determined by NHS Wales Chief Executive
- Boards would need to resolve to be bound by the outcome of the formal escalation process

12 Support

The Collaborative Leadership Forum will be supported administratively by the Collaborative Team. In liaison with the Chair, the Collaborative Team will be responsible for:

- setting the schedule of meetings
- booking meeting venues
- sending invitations to attend meetings on behalf of the Chair
- preparing and circulating agendas, papers and minutes

- maintaining and following up on a list of agreed actions
- preparing reports for the Collaborative Leadership Forum
- facilitating the conduct of urgent business by email

13 Sub Groups

13.1 NHS Wales Collaborative Executive Group

The Collaborative Leadership Forum will establish, as a formal sub group with its own terms of reference, an NHS Wales Collaborative Executive Group (the Collaborative Executive Group), to provide more frequent executive guidance to the Collaborative Team and more detailed oversight of its work, within the parameters set by the Collaborative Leadership Forum. The Collaborative Executive Group will replace the former Collaborative Board and will meet monthly.

The membership of the Collaborative Executive Group will be:

- Chief executives of all NHS Wales health boards and trusts
- Director of the Collaborative Team

The Director of the Collaborative, under the authority of the Chair of the Collaborative Executive Group, will report to each meeting of the Collaborative Leadership Forum on the activities of the Collaborative Executive Group.

Decisions made by the Collaborative Executive Group that would have a material impact on services delivered by health boards and trusts or on the content of the Collaborative Team Work Programme will be advisory to the Collaborative Leadership Forum and will be referred back to the Forum for agreement. Where necessary, such recommendations may need to be agreed by individual boards.

The terms of reference for the Collaborative Executive Group will be ratified by the Collaborative Leadership Forum.

13.2 Other sub groups

The Collaborative Leadership Forum may establish additional temporary or ongoing sub groups for defined purposes.

14 Review

These terms of reference will be reviewed by the Collaborative Leadership Forum at least annually.