



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Health Board Meeting	31st January 2019	Agenda Item	1viii.
Report Title	Chairman & Chief Executive's Report		
Report Author	Pam Wenger, Director of Corporate Governance		
Report Sponsor	Pam Wenger, Director of Corporate Governance		
Presented by	Andrew Davies, Chairman; Tracy Myhill, Chief Executive		
Freedom of Information	Open		
Purpose of the Report	<p>The purpose of this report is to keep the Board up to date with key issues affecting the organisation, some of which feature routinely within the Board's business, whereas others have previously been presented to the Board.</p> <p>This report is set in two sections, the Chair's update and the Chief Executive's update.</p>		
Key Issues	<p>This report provides key updates to the Board including:</p> <ul style="list-style-type: none"> • The Bridgend boundary change; • Recent awards, good news stories and engagement events; • Bridgend Boundary Change; • The Joint Executive Team meeting and the Targeted Intervention meeting with Welsh Government; • The Kings Fund Development Programme • The latest performance and financial reports; • The development of our Organisational Strategy and the refresh of our Clinical Services Plan; • Preparations for Brexit; and • Engagement activity. 		
Specific Action Required (please ✓ one only)	Information	Discussion	Assurance
	✓		
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the report. 		

CHAIRMAN & CHIEF EXECUTIVE'S REPORT

1. PURPOSE

The purpose of this report is to keep the Board up to date with key issues affecting the organisation, some of which feature routinely within the Board's business, whereas others have previously been presented to the Board. This report is set in two sections, the Chair's update and the Chief Executive's update.

2. CHAIRMAN'S UPDATE

3.

Board Matters

Colleagues will be aware that Professor Ceri Phillips, our Swansea University representative on the Board, is standing down as his term of office comes to an end this month. Ceri is the longest standing member of the Board, and I would like to personally thank him for his great commitment and contribution to ABMU. He has been pivotal in developing our relationship with the University, including the development of the ARCH Programme, but more fundamentally helping the health board through some challenging times. He was appointed last year by the Health Minister to the Board of Health Education Improvement Wales and on behalf of the Board and the whole organisation I wish him the very best of luck for the future.

I wrote to Swansea University inviting them to nominate a new representative to the Board and am awaiting their nomination, which I hope can be confirmed by the Health Minister in the very near future.

With the Bridgend Transition on April 1st, Sue Cooper's eligibility to be an Associate Member of our Board, representing local authority social services, will unfortunately end. There will be the opportunity on another occasion to fully thank Sue for her exemplary contribution to the work of the Board and helping build the strong relationship we have with Bridgend County Borough Council. I have started the process of inviting Swansea and Neath Port Talbot local authorities to nominate a new representative to the Board.

Swansea University

The University is currently in the process of appointing a new Vice Chancellor following the retirement of Professor Richard Davies. Bernadine Rees, my opposite number in Hywel Dda University Health Board, took part in the stakeholder element of the appointment process. With several very impressive candidates to choose from, Bernadine and I made the case to the candidates that the appointment of a new Vice Chancellor would allow us to renew and refresh our relationship with the University.

As I have reported to the Board previously, following the suspension in November last year of the University's current Vice Chancellor and other members of staff, I wrote to the Registrar seeking assurances that these

developments didn't have implications for the Health Board, and I will update the Board on the response I received from the University.

Third Sector representative on the Board

As the Board will be aware, Raymond Ciborowski, our Third Sector representative, has written to the Health Minister resigning from the Board and his resignation has been accepted by the Minister. I have been in contact with the Public Appointments Unit in Welsh Government to start the process of advertising for this vacancy.

Kings Fund Leadership Development Programme

There continues to be good progress on the Development Programme facilitated by the Kings Fund. Since the last Board Meeting, there has been a session which focused on Quality Governance. The next session is taking place on 28th February 2019.

Bridgend Boundary Change

On 16th January 2019 a written statement was issued by Welsh Government which confirmed the Health Board name would change as of 1st April 2019 (following the transfer of health services in Bridgend County Borough Council), to Bwrdd Iechyd Prifysgol Bae Abertawe / Swansea Bay University Health Board. There has been an undertaking that these changes will be implemented in such a way as to minimise the costs of the change. So initially this name change will be largely digital, with a few items like key signs, for example, being amended. The name will be updated on other physical items, like headed notepaper, through routine replacement cycles.

I am very pleased that the Minister has agreed this new name. It reflects the new geographical boundaries of the health board from 1st April: Swansea and Neath Port Talbot, both of which are in Welsh Government's Swansea Bay City Region. The new name also helps strengthen our links with Swansea University.

The Bridgend Joint Transition Board met on 22 January 2019 and there is a detailed report later on the agenda.

Sustainability

As I have reported to the Board previously, as a named public body under the Well-being of Future Generations (Wales) Act 2015, I believe we need to consider how the Act and its commitment to sustainability and new collaborative ways of working affect us as an organisation. I have asked Sian Harrop-Griffiths and Reena Owen to work with Executive colleagues on producing a paper which will be the basis of a Board Development Session in the very near future.

I recently met with Sophie Howe, the Future Generations Commissioner for Wales, to demonstrate our commitment to the Act and give examples of how it is beginning to influence our thinking and actions, both as a Board and across the wider organisation.

Partnership working

Welsh Government legislation and policy statements such as 'A Healthier Wales', the Well-being of Future Generations Act and the Social Services & Well-being Act (Wales) Act 2014, are predicated on collaborative, citizen-centred working with a

wide range of partners and other public services, including the Third Sector. We need to ensure that our governance structures and membership of the many partnerships allow us to gain assurance as a Board, and I have been discussing this issue with Pam Wenger, our Director of Corporate Governance.

The number and complexity of these partnerships and joint committee arrangements is significant, as can be seen from the following list of the most significant of these:

NHS-only:

- Joint Regional Planning and Delivery Committee (with Hywel Dda)
- NHS Wales Collaborative
- Partnership with Cardiff & Vale University Health Board
- WHSSC (Welsh Health Specialised Services Committee)

With other partners:

- Western Bay Regional Partnership Board;
- Swansea, Neath Port Talbot Public & Bridgend Service Boards;
- ARCH (A Regional Collaboration for Health) with Swansea University & Hywel Dda

Awards

ABMU patient care honoured at RCN Wales Awards

Four of our nurses have been recognised at the RCN in Wales Nurse of the Year Awards. Alison Lewis picked up the Innovation in Nursing Award for her work in improving care for patients with chronic obstructive pulmonary disease (COPD). Hannah Rowlands was named Health Care Support Worker of the Year for bringing fresh ideas to improving patient experience in Ward 14 at Princess of Wales Hospital. Jonathan Gapper from the Psychiatric Intensive Care Unit (PICU) also at Princess of Wales Hospital, was runner up for the Mental Health and Learning Disabilities Nurse of the Year Award for his active leadership in the development of a transfer of care document. Andrea Donald, Support Worker at Gorseinon Hospital took runner for the Health Support Worker of the Year for her commitment to motivating patients to become more active and generally more social.

Dietician wins award for helping NHS staff manage IBS

Debbie Thomas, Prescribing Support Dietician triumphed in the Innovation of NHS Wales category of the MediWales Awards in Cardiff, after helping dozens of NHS staff manage the misery of Irritable Bowel Syndrome.

Morrison Cardiac specialist received outstanding award before retirement

Dr Mark Anderson was one of the trio of consultants who set up the Morrison Hospitals Cardiac Centre more than two decades ago and went on to develop a specialist interest in arrhythmia (abnormal heart rhythms). It is for this life saving work that he has been recognised by the British Arrhythmia Alliance, which presented him with the 2018 Award for Outstanding Individual who has contributed to Arrhythmia Services. Dr Anderson is due to retire within the next 6 months and I would like to take the opportunity to congratulate him on this prestigious award and thank him for the huge contribution he has made to the NHS over his career. I also wish him well in his retirement.

New Year Honours List - Nurse, GP and retired ABMU director featured

Morrison Hospital Ward G Sister Melanie Davies has been awarded with an MBE for Services to Patients with Learning Disabilities. She works tirelessly to improve the care of people with learning disabilities across ABMU and wider afield. Last year, she was named RCN Nurse of the Year.

Dr Heather Potter, General Practice Principal at the Medical Centre in Skewen has been awarded the BEM for Services to Healthcare. She has a range of specialist interests ranging from women's health and family planning to palliative care and respiratory medicine. She also won the 2000 Lundberg Award for Good Practice in Depression.

Former Director of Corporate Governance, Steve Combe has been awarded an MBE for Services for Governance in NHS Wales.

Dedicated staff and volunteers presented with Patient Choice Awards

Health Board staff and volunteers who devote themselves to caring for patients have had their dedication recognised by patients and their families. The Patient Choice Awards saw five separate events held to honour 225 staff working in all areas of the health board. The five separate ceremonies took place at Singleton, Primary and Community Care, Neath Port Talbot, Princess of Wales and Morrison Hospital. These events are about recognising our staff who strive to provide high quality patient care every day. An outstanding 78 awards were given out to teams and individual staff members for going above and beyond for patients, families and visitors.

Staff awarded for excellent mentorship

ABMU staff have been recognised at the Swansea University Mentorship Presentation and Awards Ceremony. The evening celebrated the gratitude felt by student nurses and midwives towards their mentors. Mentorship is a vital part of pre-registration nurse and midwifery training. Cindy Allan who is nurse at Gorseinon Hospital picked up Mentor of the Year. Samantha Ashton, a midwife in the Swansea Community North Team also picked up an award. She won outstanding involvement in midwifery mentorship practice.

Fellowship honour for Morrison Hospital consultant renal pharmacist

Congratulations to Chris Brown, Consultant Renal Pharmacist at Morrison Hospital, who has been made a Fellow of the Royal Pharmaceutical Society, one of the highest honours that can be bestowed upon the profession.

3. CHIEF EXECUTIVE'S UPDATE

3.1 Targeted Intervention (TI)

Board members will be aware of the 'Targeted Intervention' status of the organisation and that regular meetings take place between the Executive Team and Welsh Government to review performance and delivery. At the meeting in October 2018 it was noted that there had been good progress on a range of areas including our emerging Organisational Strategy, Clinical Services Plan, and how priorities will be shaped into a three-year plan from 2019-22. Our next scheduled TI meeting takes place on 4th February 2019 which will be reported at the next Board meeting.

3.2 Joint Executive Team (JET) meeting

The full Executive Team met officials in Welsh Government on 12 December 2018 to discuss the Health Board's mid-year position. It was an opportunity to reflect on good progress made in a number of areas including, but not limited to, those routinely scrutinised through the Targeted Intervention meetings.

The progress reports covered population health and primary care; work on digital and value based healthcare; early messages from the WAO structured assessment; and further development of our transformation proposals and regional working. We also discussed the Health Board's financial position and steps being taken to address workforce challenges. As a meeting looking both forward and back, there was an opportunity to provide further detail and our approach to developing our organisational plan, the clinical services plan and our integrated medium term plan. We clarified expectations over what the Health Board would submit to Government at the end of January – which is being covered on the agenda of this Board meeting.

Welsh Government recognised the significant amount undertaken to date in planning for the Bridgend Boundary Change, and the further work required to deliver it. Welsh Government committed its support to the organisation in ensuring the change happens in line with the pre-agreed principles.

Overall it was a positive meeting. All involved were open and constructive in relation to the progress made and ongoing challenges. Welsh Government shared a significant degree of confidence in the Health Board's ability to see through its plans and continue on its improvement journey.

The next full JET meeting is scheduled for 28 June 2019.

3.3 Performance Report

The detailed integrated performance dashboard and covering summary report later on in today's meeting agenda outlines the health board's reported position against key targets and provides updates on areas of performance that require more focused and targeted work. The Associate Director of Performance, supported by all the Executive Directors will present that report.

Whilst the primary focus of the discussion at the Performance & Finance Committee is around the five non-financial Targeted Intervention Priority performance measures. The committee discusses all aspects of performance. Key issues are as follows:

- **Healthcare acquired infections** – The monthly average number of cases of infection in Quarter 1 was 20 cases per month; this monthly average reduced to 18 cases per month in Quarter 2; the monthly average in Quarter 3 had reduced further to 15 cases per month. During December 2018, the number of cases of Clostridium difficile infection increased to 16 although the number of hospital acquired cases had decreased for the second consecutive month; there was a significant increase in the number of community acquired cases in December 2018, none of these was in a long-term care facility. As previously reported there are quality improvement and environmental improvement initiatives underway in all three areas with specific focus on those areas with the highest incidence, particularly enforcing the antimicrobial policy across all

community settings. It is worth noting that during periods of high bed occupancy, infection risk increases and operational teams are working hard to manage this.

- **Unscheduled care** – In December 2018 performance against the 4 hour metric was maintained from the November position at 76.5% and improved by 3% when compared with the reported performance for December 2017. However, performance was below the internal profile of 90.4%. Neath Port Talbot Hospital continue to exceed the national target of 95% but Morriston and Princess of Wales Hospitals were below profile, achieving 67.7% and 76.1% respectively. Our winter plan is in place and is assisting with the management of pressures. We are having a challenging January to date in unscheduled care and it is important to recognise the efforts of all staff who deliver care to support our patients. We are starting to see signs of stability in the unscheduled care system now and we anticipate that this will continue to improve.
- **Planned care** – the Health Board achieved its access target for December 2018 which was to have 3,045 or fewer patients waiting over 36 weeks. This is a significant achievement and again reflects a huge focus from all colleagues involved in delivering planned care. We plan to further improve this position in quarter 4. Outpatient, therapy and diagnostic access times are all performing well and continue to be amongst the best in Wales in terms of access times. Improvements have started to be seen following the implementation of plans to reduce waiting times for cardiac CT and MR scans and we anticipate this improvement continuing for the next 12 months to target levels. We are currently looking ahead to 2019/20 and considering how we can support initiatives to stabilise our planned care system to prevent pressures on waiting times growing. Alongside this we are also planning how we can substantially reduce the volume of longest waiting patients further next year.
- **Cancer** – Following performance of 88% in November, it is anticipated that performance against the 62 day Urgent Suspicion of Cancer measure will be at, or marginally over 84% in December. Service pressures are being experienced in the urology, breast and gynaecology tumour sites. Breast radiology is key element of the breast surgery pathway and whilst cover has been provided within the team, we have now advertised a substantive post to increase and stabilise capacity. A new gynaecological clinic timetable will be implemented alongside one-stop PMB clinics to increase capacity being fully operational in January 2019. Gynaecological Rapid Access Clinic capacity will also be increased which will help reduce waiting times.

3.4 Financial Position

The Director of Finance will present a summary update on the month seven position and the financial assumptions being considered and managed by the Board as well as being discussed in some detail at the Performance and Finance Committee. There is a report from the later on today's meeting agenda.

3.5 Annual Plan 2019-20 and Clinical Services Plan

Board members will recall the ABMU Organisational Strategy was approved at its meeting in November 2018. Later in today's agenda the Director of Strategy will be presenting the ABMU Clinical Services Plan and Annual Plan 2019-20 for approval.

3.6 Thoracic Surgery, South Wales

In November 2018, the five south Wales Health Boards and Powys Health Board, considered the outcome of the public consultation and recommendations on the future of thoracic surgery in south Wales. Welsh Health Specialised Services Committee (WHSSC) has now received confirmation from each Health Board that they have supported, with some caveats and requests for further assurance, the recommendation for a single thoracic surgery centre at Morriston Hospital, Swansea. The Managing Director of WHSSC has now written to the Health Board to confirm WHSSC's intention to commission thoracic surgery for south Wales from a single centre located at Morriston Hospital, ABMU.

The Health Board has been asked, as the provider of the service, to establish and lead the implementation project for the transformation of thoracic surgery to the new service model. The Health Board will establish appropriate governance structures to enable this to be progressed, to include WHSSC and all other affected Health Boards.

Over the next few months, WHSSC will be reviewing the commissioning plan for thoracic surgery in the light of the feedback received through the public consultation. We are working with WHSSC to confirm how the development of the commissioning Framework and Implementation Plan can be developed alongside each other to enable progress to be made as quickly as possible.

A full update will be provided at the March 2019 meeting of the Board.

3.9 Brexit

ABMU Health Board readiness for a 'no deal' Brexit is based on the current organisations emergency preparedness, response and recovery processes and in particular those aimed to ensure business continuity during Brexit. This also includes the Health Board's arrangements against the required actions and measures outlined by the Director General in support of the 'no deal' Brexit work.

The final outline and timetable for Brexit (whether with a deal or without), remains unclear and the concluding shape of any settlement remains very fluid. Therefore, in readiness a Health Board wide risk assessment has been undertaken in order to analyse the potential business impacts, to develop and review business continuity arrangements and to understand the contingency planning arrangements that will be required for preparedness, response and recovery for a 'no deal' Brexit on the 29th March 2019. This analysis has been completed alongside the national planning focus and in cooperation and collaboration with partners.

National planning is underway to understand the challenges, to note concerns and to ensure there is appropriate contingency planning against the identified risks. To understand the command, control and coordination arrangements that are necessary and to understand how we can plan and respond together.

Within the Health Board, there is representation from all services at the Emergency Preparedness, Resilience and Response Strategy Group in order to oversee the continued progression of business continuity planning, to note the high risks that are identified, potential financial implications and to provide additional assurance where required. A business continuity table-top exercise is planned in order to test and challenge current arrangements so that further resilience can be built in. In addition,

there is Health Board engagement with other health and multi-agency partners and participation with multi-agency colleagues in testing of arrangements is planned. Key messages have been shared as well as key updates forwarded from the national planning arrangements. Consideration is currently being given with regard to the communication strategy requirements going forward and the necessary command and control arrangements in readiness to fit in with national reporting structures as we move near to Brexit.

It is recognised that in support of this work, there are some challenges such as the resilience to sustain business continuity for an extended period of time in order to minimise the impact on current service provision, gaining full assurance from contractor professions and other inter-dependencies, restrictions in the flow of information consequently leading to panic buying/stockpiling causing unnecessary shortages whilst the implications of a ‘no deal’ Brexit remain unclear. However, planning continues to ensure that the Health Board is prepared and therefore resilient in readiness to respond to Brexit on the 29th March 2019.

3.10 Engagement Activity

Meet the Executive Team

Since our last Board meeting there have been three Meet the Executive Team sessions at Morriston Hospital in November 2018; a return visit to HQ in December; and a visit to the Neath Port Talbot Resource Centre earlier this month. The feedback for us as an Executive Team is always helpful and welcomed and we continue taking on board the views of our colleagues through this informal engagement activity.

I have continued my own programme of visits and engagement with groups of staff. This has included an insightful visit with the Children’s Community Nursing Team based at Neath Port Talbot; time on the Children’s Ward in Morriston Hospital; a visit with the Flying Start Health Visiting Team; and time spent with Pharmacy colleagues; Cardiology colleagues; and with our Graduate Management Trainees.

I also spent a lovely afternoon with some of our volunteers at our annual Volunteer Celebration Event on 21st November 2018 where we could thank our volunteers for their contributions. This event is a way we can recognise and celebrate the impact that our volunteers have on supporting our patients. We were able to say a direct thank you to those who freely donate their time, skills, and energy to our Health Board, playing an important part in enhancing patient and visitor experience from signposting and helping patients check-in for appointments through to serving in our hospital shops and gardening in our grounds.

There is of course broader programmes of engagement underway with staff. Led by our Staff Experience Team, the NHS Staff Survey workshops have been underway following the survey results we received in October 2018 and follows on from the *Shaping ABMU’s Future* staff engagement sessions. These NHS Staff Survey workshops were underway during November and December 2018 so there is a coherent continuum of internal engagement activity focusing on shaping the Health Board’s future.

4. RECOMMENDATIONS

Members are asked to note the report.

Governance and Assurance					
Link to corporate objectives <i>(please ✓)</i>	Promoting and enabling healthier communities	Delivering excellent patient outcomes, experience and access	Demonstrating value and sustainability	Securing a fully engaged skilled workforce	Embedding effective governance and partnerships
					✓
Quality, Safety and Patient Experience					
Ensuring that the Health Board make fully informed decisions is dependent on the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.					
Financial Implications					
There are no financial implications contained within this report. However, specific impact, where relevant, will have been considered within individual reports referenced within this update.					
Legal Implications (including equality and diversity assessment)					
There are no legal implications contained within this report. However, specific impact, where relevant, will have been considered within individual reports referenced within this update.					
Staffing Implications					
There are no direct implications on workforce in this report. However, specific impact, where relevant, will have been considered within individual reports referenced within this update.					
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)					
There are no direct implications on the Well-being of Future Generations (Wales) Act. However, the specific updates in this report will be subject to full impact against the act where necessary.					
Report History	None				
Appendices	None				