

ABM University LHB

Unconfirmed

Minutes of the Special Meeting of the Health Board
held on 25th June 2018 at 12.30pm
at ABMU Headquarters, Baglan

Present

Andrew Davies	Chair
Tracy Myhill	Chief Executive
Emma Woollett	Vice-Chair
Martin Sollis	Non-Officer Member
Jackie Davies	Non-Officer Member
Martyn Waygood	Non-Officer Member
Maggie Berry	Non-Officer Member
Tom Crick	Non-Officer Member
Angela Hopkins	Interim Director of Nursing and Patient Experience
Lynne Hamilton	Director of Finance
Siân Harrop-Griffiths	Director of Strategy
Sue Cooper	Associate Board Member
Chris White	Interim Chief Operating Officer
Sandra Husbands	Director of Public Health
Hazel Robinson	Director of Workforce and Organisational Development (OD)
Ceri Phillips	Non-Officer Member
Chris Morrell	Director of Therapies and Health Science
Alison James	Associate Board Member
Hamish Laing	Medical Director (from minute 113/18)

In Attendance:

Pam Wenger	Director of Corporate Governance/ Board Secretary
Emrys Davies	Non-Executive, Welsh Ambulance Service NHS Trust
Cathy Moss	ABM Community Health Council
Brian Moon	ABM Community Health Council
Clare Jenkins	ABM Community Health Council
Liz Stauber	Committee Services Manager

109/18	WELCOME	Action
	Andrew Davies welcomed everyone to the special meeting of the health board which was being held to consider a number of issues.	
110/18	APOLOGIES	
	There were no apologies for absence received.	
111/18	DECLARATION OF INTERESTS	

	Emrys Davies and Maggie Berry declared an in interest in agenda item 2 (iii) which related to the Bridgend boundary change as residents of the local areas.	
112/18	PUBLIC CONSULTATION ON THE FUTURE PROVISION OF ADULT THORACIC SURGERY IN SOUTH WALES	
	<p>A report outlining proposals for a public consultation on the future provision of adult thoracic surgery was received.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - The recommendation from the expert panel had been for adult thoracic surgery to be configured as a single centre at Morriston Hospital; - The Welsh Health Specialised Services Committee (WHSSC) had endorsed the panel's decision and recommended that each of the six affected health boards undertake a formal public consultation from 2nd July until 27th August 2018; - Following the consultation would be a period of analysis by WHSSC and an opportunity for the ABM Community Health Councils to consider the responses; - A final recommendation would be submitted to all health boards for consideration in October 2018; - A local engagement plan was being finalised with ABM Community Health Council; - Outlined in the report were the risks of which board members needed to be aware. <p>In discussing the report, the following points were raised:</p> <p>Clare Jenkins advised that the community health councils had had some concerns over the previous proposed timelines for consultation but were content with the revised ones. She added that she did not foresee any issues arising and the community health council's executive committee was taking place the next day.</p> <p>Andrew Davies commented that the health board had sought an extension to the consultation timelines as it had considered the previously proposals a risk.</p> <p>Emma Woollett queried if the community health council felt that the consultation process would be straightforward. Clare Jenkins responded that given Morriston Hospital was the selected centre, it was unlikely that ABMU's local communities would not agree with</p>	

	<p>the recommendation. She added that the issue was the capacity needed to deliver the right level of consultation and sufficient public interest, and the community health council was content that this was right.</p> <p>Siân Harrop-Griffiths stated that ABMU was working with colleagues in Cardiff and Vale University Health Board to develop an implementation plan.</p>	
Resolved:	<ul style="list-style-type: none"> – The report be noted. – The recommendation to undertake a public consultation in line with the proposals outlined in the public consultation plan be supported. – The core public consultation document for use in the public consultation be approved. – The equality impact assessment be noted. 	<p>SHG</p> <p>SHG</p> <p>SHG</p>
113/18	NURSE STAFFING LEVELS (WALES) ACT 2016	
	<p>A report outlining the health board's compliance with the Nurse Staffing Levels (Wales) Act 2016 and the ongoing requirements to maintain compliance was received.</p> <p>In introducing the report, Angela Hopkins highlighted the following points:</p> <ul style="list-style-type: none"> - The board had received regular updates in relation to the health board's progress against the Act; - The Act was being implemented on a phased approach and the health board had progressed the requirements at each stage to attain compliance; - The staffing levels for the 38 wards currently covered by the Act had been calculated through a triangulated approach which included patient acuity, professional judgement and quality indicators; - Morriston, Singleton, Princess of Wales and Neath Port Talbot units were all covered by the Act; - A peer review process was undertaken with each of the unit nurse directors reviewing a different unit; - Significant investment had been made into nurse staffing budgets with £1.6m recurring allocated since 2013 and a further uplift in 2017-18 of £1m to lift the headroom from 23% to 26.9% for all wards across ABMU, not just those 	

	<p>wards where the Act applied;</p> <ul style="list-style-type: none"> - The health board had significant band five registered nursing vacancies which amounted to 288.56 whole time equivalents in addition to vacancies within the healthcare support worker workforce and the higher bands for registered nurses; - A comparison had been undertaken of a ward on which staffing levels were compliant with the Act and one which was not, to demonstrate the impact of non-compliance on other areas such as quality indicators for patients and mandatory training for staff; - Three options were proposed to address the requirements of the Act and the recommended option utilised a risk-based approach to address ward areas where staffing deficits were significant and where patient clinical outcome measures were well below optimum ; - Even with unlimited funding, the health board would not be able to recruit sufficient staff due to the UK shortages of registered nurses and the need to avoid destabilising care home and domiciliary care sectors through the recruitment of large numbers of healthcare support workers; - The Act required health boards to ensure that 'all reasonable steps' were undertaken to maintain nurse staffing levels and option three addressed this. <p>In discussing the report, the following points were raised:</p> <p>Andrew Davies queried whether discussions had been undertaken on an all-Wales basis to determine a national position for the implementation of this section of the Act. Angela Hopkins responded that all health boards were taking a phased approach but some had made more progress than others. She added that at the moment, the Act only covered medical and surgical wards to ensure sensitive, dignified care for patients but acknowledged the financial challenges for NHS Wales. Andrew Davies stated that it would also have a significant challenge in relation to nurse training on an all-Wales basis.</p> <p>Hazel Robinson commented that the report was a fair summary of the work undertaken to establish the position and the all-Wales Directors of Workforce and OD group agreed that they all had similar positions.</p> <p>Lynne Hamilton reminded the board that £1m was being held in reserves for the Nurse Staffing Levels (Wales) Act 2016 and any additional costs would therefore be a risk.</p> <p>Ceri Phillips stated that it would be interesting to see if Welsh</p>	
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	<p>Government provided additional funding to commission more training places for student nurses, but even if this was to occur, it would still take three years for them to graduate and take up posts to improve the deficit.</p> <p>Tracy Myhill advised that compliance with the Act would have an impact on the integrated medium term plan (IMTP – three year plan) and queried if there had been any indication from Welsh Government that additional funds would be made available to address the shortfall. Lynne Hamilton responded that it was expected that health boards would organise their plans sufficiently in order to comply with the Act and there were no expectations that additional monies would be made available.</p> <p>Angela Hopkins commented that some years previously, a £10m uplift had been allocated to NHS Wales in response to the Chief Nursing Officer's staffing principles but more funding was required to close the gap between the principles and the requirements of the Act. She added that Workforce, Education and Development Services was working with Welsh Government to look at the deficit of nursing training places and Swansea University and ABMU had received an uplift of 4.9%.</p> <p>Martin Sollis stated that it was important that the focus was on quality, not finance, and he was pleased to see a prioritisation approach being taken. He asked whether services could be redesigned to address the shortfall on some of the wards and how much reliance was on bank and agency staff. Angela Hopkins responded that the Act did not prevent service changes, but it was clear that clinical areas not covered by the Act could not be disadvantaged by staff being moved to areas which were. Martin Sollis commented that taking a pragmatic view, it was difficult to see how the vacancies would be filled during the three years and a proper service and workforce planning process needed to be established, using a qualitative approach. Andrew Davies concurred, adding that these points had been made by the board during the tenure of the previous Director of Nursing and Patient Experience, as concerns regarding the 'supply' of nurses were raised when discussions in relation to the establishment of the Act commenced.</p> <p>Tracy Myhill referenced the list of 'hot spot' wards to prioritise and noted that none were listed for Princess of Wales Hospital. Angela Hopkins advised that while there were wards that required attention at Princess of Wales Hospital, the greater gaps were within the Swansea sites. Jackie Davies added that it was important to keep in mind the link between the Act and the 'Trusted to Care' work at Princess of Wales Hospital, as investment had been made at the time to nurse staffing levels.</p>	
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	<p>Jackie Davies stated that the issue with professional judgement was that it was difficult to articulate but the key component was to listen to staff and have a regard for their expertise. She added that the wards highlighted as hot spot areas were also areas in which concerns had been raised by staff to the Royal College of Nursing and it was not difficult to identify the impact investment could have in these areas.</p> <p>Hazel Robinson commented that it was important that bank and agency would not be used as a singular term as they were two separate entities. She added that workforce planning was critical this year, but there also needed to be an increase in the number of commissioned training places.</p> <p>Hamish Laing offered his support to the report as the other executive director with responsibility for quality and safety, as there was potential for this to be impacted upon by non-compliance with the Act. He added that the numbers of nurses within clinical areas also had an effect on other clinical staff as well as the progression of patients through the hospital system, as if there were gaps within the service by nursing, it created additional work for junior doctors and medical teams.</p> <p>Hamish Laing stated that the definitions of the wards included currently within the Act's remit was narrow, and asked whether this included specialist wards. Angela Hopkins responded that some were included but needed to meet the definitions laid down by the Act. Hamish Laing advised that some wards not covered by the Act were extremely busy and the health board needed to ensure that all wards had the right number of staff. He added that there would be significant costs but the transformational models of care being considered could mean fewer inpatient wards overall, to the benefits of patients.</p> <p>Emma Woollett complimented Angela Hopkins on her report, adding that there was a clear link between performance and safety. She added that she supported the risk-based approach but queried if there was anything which could be learnt from Aneurin Bevan University Health Board, who not only had good performance but its requirements for the Act were fewer. Angela Hopkins advised that Aneurin Bevan University Health Board had invested more than most already and could now provide very clear evidence of the positive impact this had on quality indicators.</p> <p>Martyn Waygood commented that the recommended option was a pragmatic one but there was no indication as what 'reasonable steps' constituted. Angela Hopkins advised that work was taking place across Wales to agree a definition for 'reasonable steps' in order to avoid variation across NHS Wales. Martyn Waygood queried if there was confidence that the recommended option could</p>	
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	<p>achieve a level which would satisfy the Act. Angela Hopkins responded that at the recent joint executive team meeting with Welsh Government, the Chief Nursing Officer sought assurance that the health board accepted the Act and had a plan to ensure staffing levels were increasing accordingly. She added that there was a national shortage of nurses, therefore it would be difficult for any health board to be fully compliant and the Chief Nursing Officer was aware of the concerns, particularly regarding the care home and domiciliary care sectors.</p> <p>Tom Crick queried if there was provision for the Act to be extended wider than medical or surgical wards and if so, what were the timelines. Angela Hopkins advised that the Act was clear that the ambition in Wales to achieve staffing at safe levels across all areas of nursing to improve the quality of care for patients and to support the health and wellbeing of nursing teams. She added that work was underway across Wales to include all specialities where patients rely on nurses for their care.</p> <p>Emrys Davies queried whether the number of vacancies quoted within the report was the health board's total for nursing. Angela Hopkins advised that it related to band five registered nurses only, as this was the area in which there were significant gaps, but there were also vacancies with band six and seven registered nurses, as well as amongst healthcare support workers. Emrys Davies responded that the health board would benefit from seeing all the vacancies to get the full picture as to the task ahead, in order to escalate issues to Welsh Government. He added this was an opportunity to start discussions as to the numbers of places to commission for training. Andrew Davies stated that this was a point well made as workforce planning across the public sector needed a more strategic view.</p> <p>Emma Woollett stated that while she supported the recommended option, it was important to recognise that there was only £1m in reserve against the required £3m, therefore the monies would need to be identified.</p> <p>Andrew Davies commented that wide-ranging conversations had taken place at the time of the legislation being passed as to the difficulties to recruit nurses, particularly further west in Wales, and it was unclear as to whether this had been taken into account. He queried if there were any sanctions to be imposed in the event of non-compliance. Angela Hopkins responded that there would be sanctions but the details were yet to be determined.</p> <p>Chris Morrell stated that she fully supported the position within the report as safe environments of care needed to be provided for patients.</p>	
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Resolved:	<ul style="list-style-type: none"> - The report be noted. - The position to the board against its responsibilities in implementing all sections of the Nurse Staffing Act, effective on the 6th April 2018 be noted. - The ward establishments determined by using the triangulated methodology as defined with the Act's statutory guidance be noted. - Progression with option three to maintain the ongoing compliance with the Act be supported. 	<p>AH</p> <p>AH</p> <p>AH</p>
114/18	BRIDGEND BOUNDARY CHANGE	
	<p>A report providing an update in relation to Bridgend boundary changes and outlining the terms of reference for the transition board was received.</p> <p>In introducing the report, Tracy Myhill highlighted the following points:</p> <ul style="list-style-type: none"> - The Cabinet Secretary had announced that the boundary for Bridgend health services was to move to Cwm Taf University Health Board by April 2019; - Informal conversation had been undertaken by the board during the consultation period as to the potential impact; - Scoping work was already ongoing with Cwm Taf University Health Board to determine the implications; - A proposed infrastructure was outlined within the report for both health boards to consider at their meetings this week; - Posts within a transition team were now out to advert and an interim transition director was in post; - A bid had been submitted to Welsh Government for resources to support the transition; - A transition board had been established and following discussions with Hamish Laing, there was provision within the terms of reference for a clinician to attend. The first meeting was scheduled later that week; - A process was required should there be issues on which the two health boards could not agree. <p>In discussing the report, the following points were raised:</p> <p>Andrew Davies thanked Tracy Myhill for the work she was undertaking with her counterpart at Cwm Taf University Health Board, adding that he was also undertaking discussions with his</p>	

	<p>counterpart, and the four were to meet later that week. He added that there did need to a mechanism should there be issues on which the boards did not agree.</p> <p>Andrew Davies advised that he had asked Martin Sollis to join the transition board as ABMU's independent member representative and consideration was also being given to having a local government member on the board.</p> <p>Hamish Laing stated that as part of the parliamentary review, evidence had been provided as to the need for advocates when groups could not agree, and consideration would need to be given as to whether NHS Wales would be considered the advocate in this situation.</p> <p>Brian Moon raised concern as to the lack of detail concerning residents of the Vale of Glamorgan who would be affected by the change in boundaries. Siân Harrop-Griffiths advised that the Primary Care and Community Services Unit was considering the primary care issues and undertook to determine how other services would also be impacted on for the residents. She added that it was important to note that there would not be any change to patient care or flow, and service planning and changes took several years to fully implement. Andrew Davies stated that a review of the Western Bay programme was also to be undertaken in light of the change.</p> <p>Chris White noted that both the Medical Director and Deputy Medical Director were to leave the organisation and as such, a clear clinical voice had to be identified for the health board. He added that Cwm Taf University Health Board would have a first draft of its IMTP by October 2018 but ABMU would need to manage this risk so that still delivered what it needed to prior to April 2018.</p> <p>Emma Woollett stated that the transition board reported to both health boards so this was the escalation mechanism. Pam Wenger added that there needed be clarity as to the delegation to the transition board from the health boards as it would be making recommendation for approval. She stated that the accountability sat with each of the health boards.</p> <p>Hamish Laing welcomed the opportunity for clinicians to have a 'voice' within the process and queried as to when the membership of the transition programme group would be confirmed. Siân Harrop-Griffiths responded that the scoping group was currently co-chaired by the two Chief Executives and the membership would be reconsidered once the transition board and workstreams were fully established.</p> <p>Martin Sollis stated that it was important that neither organisation was more 'worse off' than when the process commenced and it was</p>	
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	<p>critical that patient care was not affected. He added if there was agreement by Welsh Government as to the process, it needed to be party to it from a neutrality point of view.</p> <p>Tracy Myhill commented that both health boards agreed with the decision, but there was potential for a difference of opinions given the number of areas which had to be considered. She added that there needed to be a clear resolution or escalation process.</p> <p>Lynne Hamilton stated that Welsh Government needed to have a central role in order to risk manage some of the situations. She added that there needed to be a particular reflection within the process as to corporate and Headquarters functions as these were critical risk factors and early conversations were needed with Welsh Government.</p> <p>Sue Cooper stated that it was important to determine what had to be in place by 1st April 2019 and what could be transitional.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be noted. - The structure for overseeing the Bridgend transition, specifically the terms of reference for the joint transition board, be approved. 	PW
115/18	SWANSEA HEALTH CAMPUS CITY DEAL PROPOSALS	
	<p>A report setting out the Swansea Health Campuses City Deal proposals was received.</p> <p>In introducing the report, Siân Harrop-Griffiths highlighted the following points:</p> <ul style="list-style-type: none"> - Discussions had taken place with the board the previous year as to the development of the City Deal; - A draft business case was now ready to be sent by the project board to the City Deal regional office for submission to the Welsh and UK governments for consideration for the life science and health campuses at Singleton and Morriston hospitals; - Two early schemes within the case would have a direct impact on ABMU health board – the development of road access and the release of a floor and half of the management centre, both at Morriston Hospital; - There were no financial or workforce implications at this stage and any fees associated with developing the business case would be recouped from City Deal monies. 	

	<p>In discussing the report, the following points were raised:</p> <p>Andrew Davies advised that the governance arrangements for the City Deal had only just been agreed by Welsh and UK governments.</p> <p>Emma Woollett commented that she was uncomfortable having a board meeting just to 'tick the box' to get something approved and more discussion and preparedness was required for such strategic developments. Siân Harrop-Griffiths advised that she had made that point to colleagues at Swansea University with whom this was a joint venture. Hamish Laing added that it was a draft business case to be submitted so there was an opportunity to discuss it further at the July 2018 board meeting.</p> <p>Hamish Laing stated that when discussions commenced with regard to the health campuses, the health board had stressed the need to not just focus on Singleton Hospital, as Morriston Hospital was at the 'cutting edge' of services and had land adjacent to the site with which to be an ambitious life science campus. Emma Woollett queried as to whether the Morriston Unit was engaged with the process. Hamish Laing confirmed that it was, adding that it expected to be at the 'forefront' of research and innovation aligning with clinical quality and improvement. Andrew Davies advised the development was a critical long-term development within the strategic vision.</p> <p>Emma Woollett emphasised the need to have an organisational strategy in place to support such programmes and enable the board to make decisions appropriately.</p>	
Resolved:	<ul style="list-style-type: none"> - The report be noted. - The progress on developing the draft Business Case for the Swansea Health and Life Science Campus as part of the City Deal be noted. - Submission of the draft business case to the regional office, based on the information contained within this report once complete, be approved. 	<p>SHG</p> <p>SHG</p>
116/18	ANY OTHER BUSINESS	
	There was no further business and the meeting was closed.	
117/18	DATE OF NEXT BOARD MEETING.	
	26 th July 2018, Gwyn Hall, Neath.	

118/18	MOTION TO EXCLUDE THE PRESS AND PUBLIC	
Resolved:	Press & Public be excluded in accordance with Section 1(2) and (3) of Public Bodies (Admission to Meetings) Act 1960	

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Andrew Davies (Chairman)

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Date: