

ABM University LHB
Unconfirmed
Minutes of the meeting of the Health Board
held on 26th January 2017
in the Waterton Technology Centre, Swansea

Present

Andrew Davies	Chairman / Non Officer Member
Charles Janczewski	Vice-Chair
Alex Howells	Acting Chief Executive
Ceri Phillips	Non-Officer Member
Paul Newman	Non-Officer Member
Sandra Miller	Non-Officer Member
Gaynor Richards	Non-Officer Member
Rory Farrelly	Director of Nursing and Patient Experience
Hamish Laing	Medical Director
Siân Harrop-Griffiths	Director of Strategy
Paul Gilchrist	Acting Director of Finance
Kate Lorenti	Acting Director of Human Resources
Sara Hayes	Director of Public Health
Debbie Williams	Non Officer Member (until minute 11/17)
Alison James	Associate Board Member

In Attendance:

Steve Combe	Director of Corporate Governance/Board Secretary
Wendy Penrhyn-Jones	Head of Corporate Administration
Sue Evans	Acting Chair, ABM Community Health Council (CHC)
Clare Jenkins	Chief Officer, ABM CHC
Louise Platt	Head of Operations, Welsh Ambulance Services Trust (WAST)
Steve Pascoe	Chief Audiologist (until minute 4/17)
Vicky Warner	Unit Nurse Director, Primary & Community Services Delivery Unit (until minute 4/17)
Siobhan McClelland	Chair, Emergency Ambulance Services Committee (EASC) (for minute 17/17 only)
Stephen Harray	Chief Ambulance Services Commissioner (for minute 17/17 only)

Minute	Item	Action
01/17	WELCOME	
	Andrew Davies welcomed everyone to the meeting.	
	Andrew Davies stated that there were several visits being undertaken that day across the ABMU locality by the Cabinet Secretary for Health, Well-being and Sport and therefore certain Non Officer Members would be attending these events as board representatives. He also welcomed Alex Howells in the role of Acting Chief Executive due to the Chief Executive	

being on sick leave.

02/17

APOLOGIES

Apologies for absence were received from Paul Roberts, Chief Executive; Melvyn Nott, Non-Officer Member; Maggie Berry, Non Officer Member; Amanda Hall, Interim Director of Therapies and Health Sciences, Sue Cooper, Associate Board Member and Chantal Patel, Non-Officer Member, Emrys Davies, Non Officer Member, WAST and Peter Jones, Welsh Government.

03/17

DECLARATION OF INTERESTS

Sandra Miller declared an interest in Neath Port Talbot County Borough Council and Neath Port Talbot Council for Voluntary Services.

04/17

PATIENT STORY

Andrew Davies welcomed Steve Pascoe and Vicki Warner to the meeting.

Vicky Warner stated services like audiology were making a significant difference to patient care as people with severe hearing loss were four times more likely to be affected by dementia. Steve Pascoe explained that hearing loss and memory problems could present in similar ways and both had an impact on the individual and their carers and that hearing loss could also confuse a diagnosis of dementia. He stated that it was possible for hearing intervention to slow down cognitive decline in dementia as it could aid communication, enable daily living activities and help with mood.

The patient story related to a patient who had been diagnosed with dementia who was assessed and fitted with new hearing aids. Relatives of the patient concerned contacted the service to thank them for their intervention which had resulted in a marked improvement in the lady's ability to hear and participate in conversations. Vicky Warner stated there had been a lot of interest in the story which had been highlighted by the media. Steve Pascoe was noted to have discussed the potential for similar interventions with GPs and other colleagues to help build care pathways.

Vicky Warner said that links were also being made with similar work in North Wales and ongoing work was promoting audiologists working in clusters to help direct appropriate patients into the service. She stated that assessment waiting times currently stood at around 6 weeks with hearing aids were currently being fitted within 14 weeks. She acknowledged that patients with hearing loss and dementia would need a priority appointment which allowed them sufficient time for the completion of a full assessment.

In discussing the story, the following points were raised:

Louise Platt stated that WAST wished to link with this work and would

make contact with him in this respect.

Siân Harrop-Griffiths sought clarity around the statement that ‘people with hearing loss were four times more likely to have dementia’. Steve Pascoe stated that severe hearing loss was often associated with individuals being less socially active and this is why the statistics increased where hearing loss was an issue. Siân Harrop-Griffiths stated that given this it was important that such work was linked with helping people maintain social activities.

Hamish Laing stated that most adults tended to leave it too late to seek help for hearing loss. He commended the work being lead by Steve Pascoe as an excellent example of prudent healthcare.

Alex Howells asked how easy it would be raised skill and awareness levels. Steve Pascoe stated that he was in the process of presenting to key groups to make colleagues aware of the need to make early referrals. He said that around half of all hearing aids were needed by the over 75’s but said that hearing loss often occurred earlier. He said he had also been speaking to staff working in the community and providing advice by telephone to those working in the elderly care wards to enable relevant patients to be fast-tracked through the system. Finally he said that by increasing awareness more patients could be seen and helped.

Andrew Davies thanked colleagues for their inspiring story which he noted was aligned with ABMU values.

05/17 **MINUTES OF THE PREVIOUS MEETING**

The minutes of the meeting held on 24th November 2016 were **received** and **confirmed** as an accurate record.

06/17 **MATTERS ARISING**

There were none.

07/17 **ACTION LOG**

The action log was **received**.

Paul Newman stated that the minutes of the previous meeting confirmed there had been discussion around the discretionary capital programme. He asked that the issue be captured in the action log so that the issue could be discussed at a future board development session. This was agreed.

WPJ

With regard to escalation status, Alex Howells stated that there was an update within the Chairman/Chief Executive’s report. She added that a meeting was due to take place to discuss this further with the CHC in the next few weeks.

08/17

CHAIRMAN & CHIEF EXECUTIVE'S REPORT

A report setting out key issues was **received**.

In introducing the report, Andrew Davies and Alex Howells highlighted the following points:

- Whilst unscheduled care services had been under pressure the position had lessened in the last few weeks which would assist performance improvement. Tribute was paid to all those staff involved in maintaining patient safety during times of peak demand;
- The successful implementation of the 111 service. Thanks were paid to staff involved. Work was proceeding on the development of alternative pathways to seek to divert inappropriate demand upon services. The pending visit later that day of the Cabinet Secretary to the 111 service;
- Chris Morrell would be taking up post 6th February 2017 as Director of Therapies and Health Sciences. Thanks were offered to Amanda Hall for her leadership whilst acting as Interim Director of Therapies and Health Sciences. A letter would be sent to Amanda Hall conveying thanks from the Board;
- The need to consider the Terms of Reference of the NHS Wales Collaborative Leadership Forum.

In discussing the report the following points were raised:

With reference to the Transforming Cancer Services Programme, Charles Janczewski asked whether Velindre services would be expanded into the ABMU area. Siân Harrop-Griffiths stated that Velindre currently provided tertiary services for some patients in the east of ABMU. She added that a review was currently underway as regards future services and that in the meantime ABMU would continue to provide services for cancer patients.

Hamish Laing stated that ABMU was developing its own strategy for cancer services and through A Regional Collaboration For Health (ARCH) would be seeking to develop an ABMU cancer centre.

With reference to the NHS Wales Collaborative Leadership Forum, Ceri Phillips raised the issue of whether this would be able to follow through in terms of its purpose. Andrew Davies acknowledged the point stating that this would be evident in due course and it was important that ABMU continued to show its support in this regard.

Resolved:

- The report be **noted**.
- The Terms of Reference for the NHS Wales Collaborative Leadership Forum be **approved**.

SC

09/17

HEALTHIER COMMUNITIES PERFORMANCE REPORT

A report on performance was **received**.

In discussing the report the following points were raised:

Sara Hayes stated that the staff influenza vaccination programme had gathered momentum improving further on the previous year and school age vaccinations were also performing well. Efforts were continuing to encourage greater uptake.

Paul Newman stated that the improvements made in staff vaccinations should be celebrated. Sara Hayes concurred that ABMU was one of the best performing of the larger health boards in this respect. Paul Newman asked if funding would be made available in 2017/18 in this regard and if there were lessons for community groups. Sara Hayes stated the programme had been reliant upon flu champions and staff encouraging their peers to be vaccinated. She said there continued to be issues around access to vaccinations within the community as GPs tended to operate different systems with some being more proactive than others. She added that she had spoken with Welsh Government regarding the fact that independent contractors were able to set a ceiling in terms of the level of vaccinations they could achieve. Andrew Davies raised the issue of the involvement of district nurses. Sara Hayes stated that some work more closely with GPs than others. She said the issue arose around patients who were unable to visit the surgery but were not having regular district nursing visits as such patients tended to be vaccinated later in the programme.

Louise Platt expressed a wish to learn from ABMU's flu vaccination successes. Sara Hayes stated that the issue was promoted internally throughout the organisation and flu champions worked hard to encourage staff take-up. She stated WAST was welcoming to work with ABMU in this respect.

With reference to the Smoke-Free Initiative Sara Hayes stated this was a local authority matter.

Resolved: The report be **noted**.

10/17

SMOKING CESSATION DELIVERY PLAN

A report providing an update was **received**.

In discussing the report, the following points were raised:

Sara Hayes stated that the previous report on this matter had come before the Board in July 2016. She stated that even acknowledging the difficult financial position, given the health benefits that a reduction in smoking

could bring she advocated further investment in this area. She stated that levels of smoking had reduced by some 4% during her time as Director of Public Health and that decreasing levels of mortality were linked to this.

Alex Howells acknowledged that this was an important area of work which needed a comprehensive framework within the Integrated Medium Term Plan (IMTP). She stated that 2017/18 would be a year of financial recovery for ABMU and any decisions over funding needed to be threaded into ABMU's three year plan.

Ceri Phillips sought clarity around the level of confidence that was held in terms of the effectiveness of the measures within the plan. Sara Hayes stated that she was confident that the population would take-up one of the options available to them as more than 70% of smokers acknowledged they wanted to stop. She stated that demand for services continued to grow and work was ongoing to engage with smokers including those in deprived areas about the type of support they felt they required to stop. She added that there also needed to be greater focus on hospital patients who were smokers.

Ceri Phillips sought clarity around the percentages quoted on page 5 of the report appendix in relation to numbers of treated smokers. Sara Hayes stated that the annual target stood at 5% and current performance had reached 1.7% of this, or 40%.

Andrew Davies noted that page 38 of the appendix stated that the Smoke-Free Policy had been due for review in September 2015 but there had been insufficient support to progress this aspect. Andrew Davies suggested that this needed further Board consideration. Sara Hayes acknowledged this.

SH

Sara Hayes stated that if every patient who smoked was offered nicotine replacement therapy and access to an advisor then the issue of people smoking in hospital grounds could be better tackled. Rory Farrelly stated that this was an issue for ward staff as some patients left ward areas to go outside to smoke without telling staff which was a risk. He suggested that a number of approaches would be required to address the issue and that it was important that there was consistency of behaviour in this respect.

Charles Janczewski stated that whilst the proposals within the report would help tackle the issue and great strides had been already, ABMU was nevertheless facing some very real financial challenges and it was therefore important to remain realistic as to goals.

Resolved:

- The report be **noted**
- A further report on Smoke-Free Hospitals to be made to the Board at an appropriate time.

SH

11/17

PERFORMANCE REPORT – EXCELLENT OUTCOMES AND EXPERIENCE

A report on performance was **received**.

In discussing the report, the following points were raised:

Rory Farrelly stated that Clostridium difficile (C diff) cases in December 2016 had risen to 58 per 100,000 population compared with 32 per 100,000 in the previous month. In regard to Staphylococcus aureus, he said that this had seen a decrease to 27 per 100,000 in December 2016 from 46 per 100,000 in the previous month. Charles Janczewski stated that the actions set out in the report needed to be translated into 'SMART' format.

Rory Farrelly stated that there had been five never events thus far in 2016/17, the results of which were being reported to Welsh Government and through ABMU's Quality & Safety Committee.

Charles Janczewski asked how long it would take to achieve 90% on a regular basis in terms of the completion of serious incident reports. Rory Farrelly stated work was being undertaken to quality assure the process and by the end of March 2017 he expected performance to be in the region of 70- 80% which would represent a stable position. He added that some two thirds of incidents reported related to tissue viability which were not subject to root cause analysis. He undertook to keep the board informed.

Paul Newman sought clarity around the trajectory for improvement of clinical coding performance. Hamish Laing stated that the trajectory in the scorecard was being followed as a result of an increase in the number of clinical coders and overtime on the part of the existing workforce.

Paul Newman raised the issue of the deterioration in levels of completed discharge summaries in respect of Morriston and Singleton hospitals. Hamish Laing stated he had recently met with representatives from the Royal College of Physicians (RCP) to discuss how ABMU could engage in projects looking at the barriers to this issue. This was a medium term project and he said that in the meantime ABMU was progressing work locally to address the issue of improvement. He added that he was due to meet with unit medical directors and shared the concerns of Board members around this issue. Andrew Davies stated that the meeting with the RCP had been very positive and would result in a memorandum of understanding being drawn-up.

Charles Janczewski asked if the 'no discharge summary no discharge' pilot was helping improve performance. Hamish Laing stated this had been piloted in one ward in each unit for some time as part of the phased roll-out. He added that there were many reasons that determined how long it took to move a patient into another setting and work was also considering the technical aspects also. He said that document was being redesigned to help ensure it provided information for secondary care audits as well as being an important safety tool. He added that therefore, the matter was

being tacked in various ways.

Resolved: – The report be **noted**.

12/17 QUALITY AND SAFETY COMMITTEE KEY ISSUES – 20TH OCTOBER 2016

A summary of key issues arising from the above meeting was **received**.

In discussing the report Charles Janczewski stated that as Older Person's Champion he wished to be kept informed of developments in respect of the development of the 'Ward to Board' Assurance Framework.

Resolved:

- The report be **noted**.
- Vice Chairman to be kept informed regarding the development of the 'Ward to Board' Assurance Framework. **RF**

13/17 RESEARCH & DEVELOPMENT (R & D)

A six-monthly update on R & D issues was **received**.

In discussing the report, the following points were raised:

Hamish Laing stated this iteration of the report included examples of how projects were benefiting patients and the wider NHS.

Andrew Davies thanked Hamish Laing for the report which recognised the important links ABMU had with the University.

Ceri Phillips stated that he felt the report underplayed the extent of the work that was ongoing and undertook to discuss this further with the Medical Director outside the meeting. Hamish Laing accepted there were gaps adding that ABMU was working with a number of university partners.

Hamish Laing referenced two awards that had been gained for excellent research. Andrew Davies added his congratulations.

Resolved: The report be **noted**

14/17 OLDER PERSONS COMMISSIONER

A report providing an update on the expectations upon ABMU of the Older Persons Commissioner was **received**.

In discussing the report, Rory Farrelly stated that there was a need to integrate the work described within the report within other relevant ongoing work streams such as ward assurance. He added that the board needed to be cited on any areas of concern and progress made.

Andrew Davies stated that the working relationships between ABMU and the Older Persons Commissioner and the Children's Commissioner were

very good and ABMU was leading some pioneering work.

Charles Janczewski stated that it was likely that the Older Persons Charter would now not be ready to be presented to the Board until May 2017.

Resolved: The report be **noted**.

15/17 PERFORMANCE REPORT – ACCESSIBLE AND SUSTAINABLE SERVICES

A report on performance was **received**.

In discussing the report the following issues were raised:

Alex Howells stated that delayed transfers of care had reduced in January 2017 in a snapshot audit from 79 to 69 and Intermediate Care Fund (ICF) backed schemes were beginning to have an impact resulting in improved service performance.

In terms of diagnostics, Alex Howells stated that performance was good with the exception of endoscopy and that waiting times for outpatients was good except for gastroenterology and ophthalmology. She stated that there was a need to better use available capacity for those waiting 36 weeks or more.

As regards unscheduled care, Alex Howells stated that the position had been stabilising throughout the year and that services at the Princess of Wales Hospital had been largely achieving the required trajectories. She stated performance at Morriston Hospital had been less uniform with peaks in demand at different points during the year. She added that there had been a rise in admissions during December 2016 despite various changes to patient pathways being put into place in conjunction with the Welsh Ambulance Service Trust (WAST) as well as ambulatory care programmes. Increased demand had however had an inevitable impact on inpatient capacity. Alex Howells stated that the Winter Plan had been implemented over the Christmas and New Year period which would help to further increase capacity over the remainder of the winter months.

In terms of cancer services, Alex Howells stated that ABMU was seeing and treating more patients but due to increasing levels of demand it was not yet possible to achieve the required targets. She added that a report was expected the following week setting out how further improvements could be put into place.

Louise Platt stated that the past month had seen significant challenge in terms of demand upon the ambulance service. She thanked colleagues in ABMU for working collaboratively in this regard. Alex Howells stated 'the NHS system' was absorbing significantly more demand than ever before and that there were a lot of things that were being achieved that were not being measured. Louise Platt agreed adding this was not reflected when performance was reported. Andrew Davies concurred adding that a

means of recognising system-wide achievements was needed in order that recognition was given at times of unprecedented service pressures.

Hamish Laing stated that the all-Wales Medical Directors Group had been asked by Welsh Government to provide more information regarding the nature of attendance at accident & emergency departments as it was thought the proportion of 'majors' was increasing. Hamish Laing said that the picture was mixed in that there had been a rise in the number of seriously ill patients and that overall, numbers of over 75s was also increasing and the length of stay for such groups of patients was a reflection of how acutely ill they were. He added that new software on which ABMU was leading would help to provide greater granularity of information and that Welsh Government had given an undertaking to look at more meaningful measures around such data.

Rory Farrelly stated that from his discussions with front-line staff he was aware of the significant pressure that had been on services and that such peaks in activity had brought real challenges.

Sara Hayes stated that a lot of attendances were linked to alcohol and substance misuse and that the board needed to look at the data in greater detail. She added that alcohol would not always be noted in the records when for instance the patient had sustained a fall and therefore part of the wider picture was not being recorded. She undertook to look at what work had been undertaken in this regard in other organisations.

SH

In relation to unscheduled care performance, Charles Janczewski stated that a greater understanding of the issues could be gained by speaking to the staff involved in care delivery. He stated that he had spoken with a very enthusiastic team at Morriston Hospital the previous week who were receptive to new ideas despite the workload they faced. Andrew Davies concurred that ABMU had excellent staff undertaking a very challenging role.

With reference to the data provided in relation to Child and Adolescent Service (CAMHS) performance (which was delivered for ABMU residents by Cwm Taf University Health Board), Charles Janczewski stated that concerns had previously been raised previously in this regard. He said he had been engaging with executives regarding how this challenge could be addressed and suggested a report to the Quality & Safety Committee to stimulate activity and provide assurance to the board that progress was being made. This was agreed.

SHG

Andrew Davies stated that the issue of CAMHS performance had also been raised at the Partnership Board meeting recently. He said that significant work was ongoing which needed to be captured. He added that there was a need to ensure that governance arrangements were aligned. Siân Harrop-Griffiths stated that this was the first CAMHS performance report and that in respect of measure 2 this was low and had further declined due to reduced staffing levels but that a rise was anticipated for the next report

and have reached 100% by the end of March 2017. She added that in respect of measure 3 an improvement to 100% was anticipated by July 2017. Finally in respect of care and treatment plans she said that a new approach was being taken from the new financial year which should then result in improved performance.

- Resolved:**
- The report be **noted**.
 - Data on A & E attendances relating to alcohol/drug misuse to be reviewed **SH**
 - Report to Quality & Safety Committee regarding Child & Adolescent Mental Health Services **SHG**

16/17 WALES AUDIT OFFICE (WAO) – AMBU ANNUAL AUDIT REPORT 2016 / STRUCTURED ASSESSMENT - 2016

The above documents were **received**.

In discussing the reports, the following points were raised:

Steve Combe stated that informal discussions had been undertaken with WAO colleagues regarding both documents which had recently been received by the Audit Committee. Charles Janczewski stated that following discussions at the Audit Committee some aspects of the Structured Assessment had been changed and were reflected in the version of this document before the Board. He stated that the overall the report was balanced in terms of both positive and challenging messages.

Andrew Davies acknowledged that there were weaknesses in terms of financial reporting which had not previously been highlighted by WAO. Charles Janczewski stated that changes had already been instigated with regard to financial reporting content and that board had a responsibility to agree what further information it wanted in financial reports.

Paul Gilchrist welcomed the report said that ownership of the risks was a matter for the board. He added that WAO accepted that the board was made aware of the financial position and the revised content of the board finance report were a 'work in progress'.

Paul Newman stated that the references to the Quality and Safety Committee would need to be acted upon.

Steve Combe stated that an action plan would be developed in response to the Structured Assessment.

- Resolved:** The Structured Assessment and Annual Audit Letter be **noted**.

17/17

PRESENTATION: EMERGENCY AMBULANCE SERVICES COMMITTEE (EASC)

Professor Siobhan McClelland and Stephen Harrhy representing the Emergency Ambulance Services Committee (EASC) were welcomed to the meeting and invited to give their presentation which highlighted:

- The role of EASC;
- Collaborative Commissioning;
- Ambulance Quality Indicators; and
- Key Issues and Opportunities for ABMU.

In discussing the presentation the following points were raised:

Stephen Harrhy stated that there was a need to reach agreement on the collaborative commissioning agreement which would set out priorities and measure if the service was delivering against these and EASC would monitor this. He stated that the demand and capacity modelling work that had been the subject of discussion at the recent EASC meeting presented opportunities but that implementation would be dependent on resources.

Hamish Laing stated that ABMU hosted the Emergency Medical Retrieval Service (EMRTS) on behalf of EASC and this had undergone an evaluation of its first year of operation. In reference to the presentation he said he would welcome sight of the data regarding rate of calls per population to establish if ABMU had a greater proportion of ill patients. Stephen Harrhy referenced the fact that ABMU had fewer patients conveyed outside its borders than other organisations although the proportion of 'red' calls were relatively small in terms of volume. With regard to the evaluation of EMRTS he said that this had found the quality of service offered to be high which provided assurances. Whilst the issue of value for money had not been examined he advised this would be managed through the commissioning process. He added that the next piece of work that was needed would look at establishing EMRTS cover arrangements for the whole of Wales.

Ceri Phillips sought clarity around the level of assurance that the 'hear and treat' service provided value for money. Stephen Harrhy stated there was no benefit in moving service pressures around the NHS system and that pathways were being developed in relation to this which were having a positive impact.

Andrew Davies thanked colleagues for their presentation.

18/18

KEY ISSUES REPORT – STRATEGY, PLANNING & COMMISSIONING COMMITTEE

A report summarising key issues arising from the meeting of the committee held on 14th November 2017 was **received**.

In discussing the report, the following points were raised:

Andrew Davies stated that in reviewing the committee's terms of reference it was felt given that it was a forward thinking forum which discussed early ideas and that in future it should be known as a 'group' as opposed to an assurance 'committee'.

Siân Harrop-Griffiths stated that the December 2016 meeting had received a presentation on the topic of sustainable transport and whilst it was acknowledged there was more work to undertake this needed to be considered in light of available resources.

Sandra Miller stated that the issue of sustainable transport had been discussed for a number of years. She stated that service decisions had an impact upon service users and she was frustrated that more progress had not been made. Andrew Davies stated that whilst he agreed with the points made by Sandra Miller the reality was that given the difficult economic climate it was difficult to justify. He added that Mark Drakeford AM had wanted the City Region to be responsible for transport and therefore once this was established ABMU could work with local authorities and other partners to deliver on this issue. Sandra Miller stated there was a need for action now to avoid an impact upon services later on. Andrew Davies stated that this underlined the need for collaboration.

Hamish Laing stated that digitalisation of services would help enable patients to receive health care direct from their homes which would avoid the need to travel in certain cases.

Resolved:

- The report be **noted**.
- The Strategy, Planning and Commissioning Committee be redesigned as the Strategy Planning and Commissioning Group.

SC

19/17

HEALTH PROFESSIONALS FORUM

A key issues report arising from the above meeting held on 13th December 2016 was **received**.

In discussing the report Steve Combe stated that the Forum had not met for some time and although invitations had been extended to potential members, difficulties were being encountered in securing sufficient interest to enable it to operate effectively.

Resolved:

The report be **noted**.

20/17

MAJOR TRAUMA NETWORK

A report updating as to the process agreed to delivery on making a recommendation for a preferred location of a major trauma centre to cover the region of south Wales, west Wales and south Powys was **received**.

In discussing the report, the following points were raised:

Siân Harrop-Griffiths stated that discussions had been ongoing regarding this issue over a number of years dating back to the work of the *South Wales Programme*. She added that ABMU had seen Morriston Hospital as a potential site as part of the *Changing For The Better Programme* and this was set out in the ABMU Integrated Medium Term Plan (IMTP) also.

Siân Harrop-Griffiths stated that since that time the NHS Wales Collaborative had been moving discussions forward at a pace in order to try to bring the matter to a conclusion by the end of March 2017. She stated that ABMU was due to present its case along with Cardiff and Vale University Health Board before a panel of independent experts on 21st February 2017 in Cardiff which would be followed by a period of consultation over the summer and then a final decision.

Hamish Laing stated that the intention was that the UK would have a number of Major Trauma Networks across it and a Major Trauma Centre (MTC) for South Wales as part of that. He stated this was overdue and important for patients who had sustained serious injuries. He added that the intention was to place as many people as possible within reach of the MTC within one hour.

Clare Jenkins stated that the Collaborative had met Chief Officers of CHCs the previous day as the CHC had raised concerns regarding the decision making process. She added that the concern related to the fact that the report before the board had been put into the public domain without prior discussion. Also CHCs felt that greater understanding was needed as to why this particular issue represented a priority over other services when there was no financial modelling for it and the focus was upon a MTC rather than a network. She concluded by stating that this presented a risk to all involved.

Andrew Davies stated that he had raised these points and felt that the lessons arising from the South Wales Programme had not been learned.

Charles Janczewski stated that it was important to have a robust business case around any service development that provided demonstrable benefit to patients.

Steve Combe stated that Judicial Review was a very real risk if there was any variation from the required engagement process. Siân Harrop-Griffiths concurred but also recognised the importance of achieving a conclusion to this issue.

Andrew Davies stated that it was important that ABMU formally registered its concerns understanding the urgency for a decision.

Clare Jenkins stated that at the meeting the previous day, CHC Chief Officers had questioned the urgent need for a decision to avoid the issue being subject to Judicial Review. She stated that the Collaborative had given an undertaking to consider this further.

Paul Newman questioned to what extent the recommendation reached around the MTC was binding upon ABMU. Steve Combe stated that following consultation each health board would be required to reach agreement on the way forward.

Resolved: Concerns be expressed to Collaborative regarding engagement & consultation timetable for Major Trauma Centre Proposals.

SHG

21/17 A REGIONAL PARTNERSHIP FOR HEALTH (ARCH)

A report seeking approval of the ARCH Portfolio Delivery Plan (PDP) and setting out areas of work for which the ARCH Partnership was responsible over the next three years was **received**.

In discussing the report, the following issues were raised:

Andrew Davies stated a collective presentation had recently been delivered to Welsh Government Ministers around the PDP and had been well received. He added that the three partners involved had made significant progress since 2015 which was a massive achievement considering the scarceness of resources.

Siân Harrop-Griffiths stated that work had been ongoing to 'translate' the prospectus into the PDP which would enable the health economy to develop a sustainable model of care working with partners to maximise research and innovation.

Hamish Laing stated that there were linkages between the Swansea City Region Deal and were that to be approved it would accelerate some of the planned ARCH work and help to deliver a wider vision. He added that there had been a successful meeting with Welsh Government officials recently in respect of the City Deal and therefore ABMU should remain optimistic in regard to its potential to be approved.

Andrew Davies offered congratulations to all those involved in the

development of the PDP.

Resolved: ARCH PDP be **approved** for submission to Welsh Government.

SHG

22/17 KEY ISSUES REPORT – STAKEHOLDER REFERENCE GROUP

A report summarising key issues arising from the meeting held on 4th January 2017 was **received**.

In discussing the report Alex Howells highlighted a typographical error on page two of the report which stated ‘the environment of the *surgical assessment unit* which should have read *Singleton Hospital Assessment Unit*.

Resolved: The report be **noted**.

23/17 EMERGENCY AMBULANCE SERVICES JOINT COMMITTEE MEETING

Minutes of the above meeting held on 27th September 2016 and a key issues report in relation to the meeting held on 22nd November 2016 were **received** and **noted**.

24/17 SHARED SERVICES PARTNERSHIP COMMITTEE

An assurance report arising from the above meeting held on 17th November 2016 was **received** and **noted**.

25/17 PERFORMANCE REPORT – FULLY ENGAGED AND SKILLED WORKFORCE

A report on performance was **received**.

In discussing the report the following points were raised:

Kate Lorenti stated there had been a slight rise in sickness/absence both in terms of long and short term absences during October followed by a slight reduction in November 2016. She added that ‘hot spots’ had been identified and steady progress was being made.

Kate Lorenti stated that support mechanisms in terms of staff health & well being were in place and the Staff Engagement Strategy which was in the final stages of completion would be a key means which such issues could be better managed.

In terms of personal development appraisal reviews, Kate Lorenti stated that non-medical reviews currently stood at 53% completion. Again support was being deployed to help improve performance in this regard although service pressures were having an impact.

Paul Newman stated that the importance of timely information around

performance had been raised at the Workforce & Organisational Development Committee earlier that week. He stated that the data being presented was now three months out-of-date. Kate Lorenti stated that as agreed at the Workforce Committee a commitment to improving the information had been given and the associated deadlines were being discussed.

Andrew Davies offered thanks to Kate Lorenti from the board for her leadership at this challenging time.

Resolved: The report be **noted**.

26/17 VALUES UPDATE

A report setting out progress and plans to deliver against actions within the 'Embedding Values and Sustaining Changes Values' work programme was **received**.

In discussing the report, the following points were raised:

Steve Combe stated that ABMU was planning to undertake its own staff survey which would be more comprehensive than the national version. This was being launched on the anniversary of the launch of the values programme.

Andrew Davies stated the results of the most recent national survey had shown improvement in most areas.

Charles Janczewski stated that he had concerns regarding the level of attendance at values induction sessions. Steve Combe concurred that this needed to be addressed. He added that service pressures were having an impact on attendance levels.

Hamish Laing stated that junior medical staff were not currently being invited to these sessions and if this was addressed it would help attendance levels.

Resolved: The report be **noted**.

27/17 PARTNERSHIP FORUM KEY ISSUES

A report of the key issues relating to the meeting of the above Forum on 30th November was **received** and **noted**.

28/17 NURSE STAFFING

A report outlining actions required to comply with the duties contained within the Nurse Staffing Levels (Wales) Act (2016) was **received**.

In discussing the report, the following points were raised:

Rory Farrelly stated that the Welsh Government had issued draft guidance which was currently being consulted upon and that it would be important for ABMU to contribute in this regard.

With reference to section 25a, Paul Newman stated that there appeared to be no definition of the phrase 'to meet all reasonable requirements'. Rory Farrelly responded that this was expected to be known once the guidance was finalised. Paul Newman asked what the consequences of non-compliance would be. Rory Farrelly stated he had raised this question with the Chief Nursing Officer and was awaiting a response. Paul Newman stated that it would be important not to seek compliance at the detriment of other areas which were not subject to the guidance. Rory Farrelly concurred confirming he had made this point to the Health & Social Services Committee.

Charles Janczewski sought clarity as to how the Board would gain assurance around such matters. Rory Farrelly stated he would be presenting reports via the Quality & Safety and Workforce & Organisational Development Committees.

Sue Evans made reference to a CHC monitoring visit where difficulties had been highlighted in communicating with a member of ward based staff. Rory Farrelly stated that robust processes were in place around those employed as a result of overseas recruitment. He added that such staff were employed as healthcare assistants rather than registered nurses and were subject to a significant induction and mentoring programme. Rory Farrelly stated the Nursing & Midwifery Council required individuals to possess level seven language skills to be a registered nurse and that no further overseas staff were being recruited until they had achieved this requirement. He stated that patient experience feedback had not highlighted any issues with patients being able to communicate with overseas healthcare assistants and he offered to discuss the matter further outside the meeting.

Resolved: The report be **noted**.

29/17 FINANCIAL POSITION

A report setting out the financial position as at 31st December 2016 was **received**.

In introducing the report, Paul Gilchrist highlighted the following points:

- ABMU had reported a £26.623m overspend to the end of December 2016 against the £15.075m that could be anticipated given a forecast of £20.1m in the 2016/17 IMTP. Expenditure was therefore £11.584m above this;
- There had been an increase from £34.6m to £39.2m in the year-end forecasts presented to Welsh Government at the beginning of

January 2017 although significant work was ongoing to limit expenditure without impacting on the quality and safety of patient care;

- Current forecasts included a number of assumptions and the picture would become clearer as these were clarified.

In discussing the report the following points were raised:

Paul Gilchrist made reference to the financial allocation letter which confirmed that a proportion of funding had been earmarked by Welsh Government for particular issues.

Charles Janczewski thanked Paul Gilchrist for the revisions made to the financial report. In terms of levels of savings necessary in the next financial year these were noted to be 4%. Paul Gilchrist acknowledged the challenge of the task ahead. Charles Janczewski stated that the board would need to focus on what needed to be achieved. Andrew Davies stated that the establishment of the Recovery & Sustainability Programme Board would enable some of the issues to be addressed with pace. Ceri Phillips stated that there was still a separation between service and financial performance.

Clare Jenkins stated that given the scale of the challenge there would inevitably be difficult decisions to make. She added that the ABM CHC would welcome being involved in a constructive way. Andrew Davies stated that the flow of information between ABMU and the CHC was already good and the board would welcome the involvement of the CHC.

Andrew Davies thanked Paul Gilchrist for the presentation of the finance report which helped the Board to scrutinise and understand the context of the position.

Resolved: The report be **noted**.

30/17 AUDIT COMMITTEE KEY ISSUES

A key issues report arising from the meeting held on 17th November 2016 was **received**.

In introducing the report Charles Janczewski thanked executives for their support in addressing 'limited assurance' reports. He stated that *Health and Safety* had now gained a rating of 'reasonable' which was a tribute to the hard work of the team. He also asked the board to approve the losses and special payments detailed in the report.

Resolved:

- The report be **noted**.
- The losses and special payments be **ratified**.

PG

31/17 KEY ISSUES REPORT – CHARITABLE FUNDS COMMITTEE

A report setting out a summary of matters discussed by the committee at its meeting on 4th January 2017 was **received**.

In discussing the report Charles Janczewski stated work was ongoing in terms of supporting the Golau Cancer Foundation, fund managers were being encouraged to formulate plans to utilise their funds and asked the board to approve the amendments to the financial control procedure listed at point 14 of the report.

Resolved: – The report be **noted**;
 – The amendments to the financial control procedure be **approved**. **PG**

32/17 AFFIXING OF THE COMMON SEAL

A report outlining documents to which the Common Seal had been applied since the last meeting was **received** and **noted**.

33/17 BOARD BUSINESS CYCLE

The board business cycle was **received** and **noted**.

34/17 ANY OTHER BUSINESS

There was no further business and the meeting was closed.

35/17 DATE OF NEXT BOARD MEETING.

This would take place on 26th January 2017 at the Waterton Technology Centre, Bridgend, time to be confirmed.

36/17 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

.....
Andrew Davies (Chairman)

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Date: