

**ABM University LHB**  
**Unconfirmed**  
**Minutes of the Meeting of the Health Board**  
**held on**  
**30<sup>th</sup> March 2017**  
**in the Baglan Community Church, Baglan**

**Present**

Andrew Davies	Chairman
Charles Janczewski	Vice-Chair
Alex Howells	Interim Chief Executive
Ceri Phillips	Non-Officer Member
Paul Newman	Non-Officer Member
Sandra Miller	Non-Officer Member
Gaynor Richards	Non-Officer Member
Maggie Berry	Non Officer Member
Chantal Patel	Non-Officer Member
Rory Farrelly	Interim Chief Operating Officer / Deputy Chief Executive/ Director of Nursing and Patient Experience
Sara Hayes	Director of Public Health (until minute 79/18)
Chris Morrell	Director of Therapies & Health Science
Hamish Laing	Medical Director
Siân Harrop-Griffiths	Director of Strategy
Paul Gilchrist	Acting Director of Finance
Kate Lorenti	Acting Director of Human Resources
Debbie Williams	Non Officer Member
Sue Cooper	Associate Board Member
Alison James	Associate Board Member

**In Attendance:**

Emrys Davies	Non Officer Member, Welsh Ambulance Services Trust (WAST)
Clare Jenkins	Chief Officer, ABM CHC
Sarah Husbands	Director of Public Health Designate (until minute 79/18)
Debbie Bennion	Unit Nurse Director, Princess of Wales Hospital Delivery Unit (until minute 52/17)
Hilary Dover	Service Director, Primary & Community Services Delivery Unit (for minute 65/17 only)
Zoe Wallace	Head of Primary Care, Primary & Community Services Delivery Unit (for minute 65/17 only)
Steve Combe	Director of Corporate Governance/Board Secretary
Wendy Penrhyn-Jones	Head of Corporate Administration

Minute	Item	Action
49/17	<b>OPENING COMMENTS</b>	
	Andrew Davies welcomed everyone to the meeting.	
	Andrew Davies stated that it was the final Board meeting for Sara Hayes as she was retiring at the end of March 2017. He paid tribute to her as a quiet but effective Director of Public Health and, on behalf of the Board	

thanked her for the huge contribution she had made to the NHS both locally and nationally.

A warm welcome was extended to Sarah Husbands as the new ABMU Director of Public Health who was due to take up post in May 2017. Andrew Davies stated that he looked forward to working with her.

Finally Andrew Davies stated that it was the intention of Melvyn Nott to step down as a councillor at the forthcoming elections in May 2017 and he would write to him in this respect.

## **50/17 APOLOGIES**

Apologies for absence were received from Melvyn Nott, Non-Officer Member and Sue Evans, Acting Chair, ABM Community Health Council (CHC).

## **51/17 DECLARATION OF INTERESTS**

Gaynor Richards declared an interest in any matters relating to Neath Port Talbot Council for Voluntary Services; Sandra Miller declared an interest in Neath Port Talbot County Borough Council and Neath Port Talbot Council for Voluntary Services.

## **52/17 PATIENT STORY**

Andrew Davies welcomed Debbie Bennion and invited her to give the patient story.

Debbie Bennion introduced the story which had originated in 2014 following a complaint made in relation to the care afforded to a patient at the Princess of Wales Hospital. She advised that this was at the same time as the report commissioned by the then Minister for Health and Social Services which was conducted by Professor June Andrews – ‘Trusted to Care’.

Concerns related to the administration of medicines, personal hygiene needs not being met and the lack of assistance with eating and drinking. The family members making the complaint were said to have formed the view that whilst systems were ‘bad’ the staff were not bad people. The issue in the complaint were addressed and a meeting was arranged with family members to discuss this.

Debbie Bennion stated that the same family wrote again in 2017 to compliment the care provided to another family member. The letter referenced the caring and compassion of staff who they found to be very hard working despite the ward being busy. The relatives stated they recognised there had been a positive change in culture and practice at the hospital which demonstrated that their original concerns had been taken on board and that staff were working to ABMU’s organisational values.

In terms of the systems in place to monitor quality of care, Debbie Bennion

stated that the delivery unit management team saw every incident, complaint or compliment which was reported on a weekly basis and triangulated this information to ensure any necessary improvements were made and lessons were learned and shared. She added that there was a system in place to directly feedback information to wards and clinicians.

Andrew Davies thanked Debbie Bennion for her presentation. He said that the story demonstrated the journey that the Princess of Wales Hospital had made and took the opportunity to convey his thanks to everyone involved in contributing to this.

In discussing the patient story the following points were raised:

Ceri Phillips noted that the care provided in the two instances had been on different wards. Debbie Bennion stated that a range of changes had been made across the hospital since the original complaint which included investment in ward leadership, standardisation of systems and audit processes.

Charles Janczewski stated that he was aware of the level of input into the hospital to make improvements and the progress made. He added that this was evidenced at events such as the 'Patients Choice Awards' which enabled service users to nominate staff for awards. He praised the staff involved.

Debbie Bennion stated that the work of the Patient Advisory Liaison Service (PALS) team had been an important part of the improvement work as when issues were raised, the PALS team liaised with staff to ensure that early intervention was made to resolve issues. Paul Newman referenced time he had recently spent shadowing the PALS team at the hospital and asked if this was to be further developed. Debbie Bennion stated that changes were made to arrangements on a regular basis and the management team were keen to instil greater ownership for resolving matters locally at ward and department level.

Maggie Berry stated she had recently been an in-patient at the Princess of Wales Hospital and had received fantastic care and had been treated with dignity and respect by good humoured staff.

Sue Cooper referenced the development of the Community Resource Team which was providing robust arrangements to allow earlier patient discharge.

Debbie Bennion stated that where possible greater involvement of the patient's carers was also being encouraged.

Andrew Davies thanked Debbie Bennion for presenting the patient story.

## 53/17 MINUTES OF THE PREVIOUS MEETING

The minutes of the meeting held on 26<sup>th</sup> January 2017 were **received** and **confirmed** as an accurate record.

## 54/17 MATTERS ARISING

### (i) Minute 28/17 - Nurse Staffing

Paul Newman asked if there was any further guidance in relation to section 25a pertaining to the definition of 'to meet all reasonable requirements'. Rory Farrelly stated that the consultation would close on 25<sup>th</sup> April 2017 and it was likely that the final guidance would be published in the late summer/early autumn of 2017.

## 55/17 ACTION LOG

The action log was **received**.

### 1. Data on A & E attendances relating to alcohol/drug misuse

Sara Hayes stated that she would prepare a report for consideration by the executive team to demonstrate the numbers of patients involved. She suggested there was a need for ABMU to work more closely with the Area Planning Board and would refer this to the Director of Strategy to take forward.

### 2. Breakdown of Achievements Regarding Organ Donation to be provided to the Board meeting in March 2017.

Hamish Laing stated that in order to synchronise with the Welsh Government reporting cycle he proposed that the report be brought in September 2017. This was agreed.

**HL**

## 56/17 CHAIRMAN & CHIEF EXECUTIVE'S REPORT

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

In introducing the report, Andrew Davies took the opportunity to pay tribute to the leadership of Paul Roberts, former ABMU Chief Executive. He said that in particular he had played an important role in taking forward the actions arising from 'Trusted to Care'. He also thanked Alex Howells for stepping into the role of Interim Chief Executive saying that she had shown great leadership and grip regarding the challenges ABMU faced. He added that the organisation had a strong record of meeting challenges and he was confident that it would address its current challenges.

Andrew Davies stated that there were due to be five non-officer board member positions becoming vacant during 2017 as a result of board members reaching the end of their respective terms of office. He stated that Paul Newman, as detailed in his report, would be joining Hywel Dda University Health Board in the role of a non-officer member as of April 2017 but would continue as an ABMU non-officer member to chair the Quality & Safety Committee until September 2017. Paul Newman stated

that he would also continue to attend meetings of the ABMU Charitable Funds and Workforce & Organisational Development Committee during this time.

Alex Howells stated that in future there would be a comprehensive report on progress made under the Recovery & Sustainability Programme. She stated that she had recently attended the Community Health Council (CHC) meeting to talk about this work and that ABMU staff were continuing to be briefed. Alex Howells stated that from a communications perspective, the executive were aiming to focus attention on particular topics throughout the year and the current topic was medication waste.

In discussing the report the following points were raised:

Paul Newman raised the issue of back-fill arrangements to support the Director of Nursing & Patient Experience. Alex Howells stated that there were plans to appoint an Interim Deputy Director of Nursing post and it was hoped that this would be filled quickly.

Hamish Laing stated that a year-long appointment had been made to the post of Interim Unit Medical Director, Mental Health & Learning Disability Service Delivery Unit this being Dr Richard Maggs. Hamish Laing paid tribute to Gill Thornton for her previous input into this role and Andrew Davies undertook to write to her on behalf of the Board thanking her for her important contribution.

Maggie Berry asked if there was to be a primary care representative attending meetings of the Recovery and Sustainability Programme Board. Alex Howells stated that next phase of the work of the Programme Board would be to consider improving links. She said that mechanisms were already in place to brief the Local Medical Committee and that all leaders in primary care had a critical role in the development of new models of care. She added that a meeting had taken place that week to consider how such inputs could be increased.

Andrew Davies took the opportunity to thank Paul Gilchrist for continuing to act into the role of Director of Finance until the newly appointed Director of Finance, Lynne Hamilton took up post in May 2017.

**Resolved:** The report be **noted**.

## **57/17 HEALTHIER COMMUNITIES PERFORMANCE REPORT**

A report on performance was **received**.

In introducing the report Sara Hayes stated that for those viewing hard copies of the page two of the report should note a typographical error which had duplicated the heading '% update Hib/Men C booster at age 4'. She clarified that the second heading should have read '% update 2<sup>nd</sup> MMR dose age 4'.

In discussing the report the following points were raised:

Sara Hayes stated that Measles was continuing to circulate in the UK and Europe which meant that it was still important to improve immunisation levels and a strategic group was looking at this. As the immunisation plan was complicated for children she said that this represented a challenge to achieve. With regard to the influenza immunisation of ABMU staff, Sara Hayes reported an achievement of 60%. She also referenced an award secured by School Nurses for their achievements.

Charles Janczewski congratulated the team for their achievement in regard staff immunisations. Andrew Davies concurred saying that ABMU had previously had one of the lowest rates. Sara Hayes indicated that there was more work to do to support primary care to deliver immunisations via GP clusters. Andrew Davies sought clarity as to how ABMU could influence this issue. Hamish Laing stated that all community teams had been issued with iPads to support the efficient input of data at the point of care.

Rory Farrelly stated that there was no requirement to be a registered nurse to administer the vaccine and therefore healthcare support workers could undertake this task under the supervision of a nurse. He said that different ways of working such as this needed to be mapped through workforce plans. Andrew Davies stated that it was important that ABMU as an integrated healthcare organisation did all it could to enhance working relationships with partners and suggested an update on progress in due course.

Paul Newman noted that some 90.4% of children had been vaccinated and asked how many more would be required to achieve the target of 95% and whether work had been undertaken to identify good practice in this regard. Sara Hayes stated to achieve 95% would mean around 300 additional children being vaccinated. With regard to GP achievements, she stated it depended on culture and levels of enthusiasm as one particular practice had achieved 80%. Sue Cooper asked if this target was linked to the first 1000 days of life initiative and Sara Hayes responded that the bulk of vaccinations were targeted in this context.

Andrew Davies noted Sara Hayes had circulated to board members the immunisation policies for Northern Ireland and Scotland. Sara Hayes stated that these showed that where vaccination performance had remained high there had been no peak in influenza levels whereas Wales had reached moderate levels of intensity. She said that school age influenza vaccination brought other benefits by protecting other members of the household as children were often the source of such infections being spread. Andrew Davies undertook to raise this with the Cabinet Secretary.

**AD**

Claire Jenkins asked for a copy of the immunization policies and Sara

Hayes said she would relay these.

**Resolved:**

- The report be **noted**;
- Report to the Board regarding ways of improving vaccination rates in primary & community care including engagement with schools;
- Chairman to raise school vaccinations with Cabinet Secretary.

**SH**

**AD**

**58/17**

**111 PATHFINDER SERVICE**

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

In discussing the report, the following points were raised:

Alex Howells stated the project had been launched in ABMU in the autumn of 2016 as an integrated service incorporating NHS Direct Wales and the GP Out-of-Hours service with the aim of improving the delivery of urgent primary care via a single access point. She said that good progress had been made and benefits were already been seen as it had a more comprehensive infrastructure than the service in operation in NHS England. She added that it had attracted a good response from the Wales Ambulance Service Trust (WAST) in terms of advice and this was being built upon to ensure that admission to hospital was not the only option.

Alex Howells stated the service was due to be extended to Carmarthenshire next and the clinical support hub was being increased to support this.

Andrew Davies stated that one of the reasons for the success of the project had been due to the robust Out-of-Hours GP service arrangements within ABMU overseen by Dr Stephen Bassett.

Hamish Laing stated he as Medical Director held responsibility for reporting as regards 111 clinical governance issues at the current time. He added that he would not be in a position to undertake this role once the service was extended across the whole of Wales.

Emrys Davies stated that the clinical support hub was a valuable service which WAST would wish to see expanded as it helped avoid hospital admissions in certain instances. He suggested a single collaborative agreement for Wales once the service was fully operational across the principality. Steve Combe stated that the collaborative agreement had been agreed with Hywel Dda University Health Board with a view to a single agreement going forward. Emrys Davies noted this.

Charles Janczewski complimented the input of Dorothy Edwards, Assistant Programme Director. He said that that a presentation had been given to Welsh Government ministers recently and this had been well received. He added that it was important to acknowledge the necessary

preparatory work that had been undertaken in developing the facility which had been crucial to its smooth implementation.

**Resolved:** The report be **noted**.

**59/17 PHYSICAL ACTIVITY ALLIANCE GROUP (PAAG)**

Sara Hayes **tabled** a copy of the personal commitments made by board members to increase personal physical activity levels and encouraged them to seek such commitments from family members and friends.

A report describing the work of the ABMU PAAG seeking endorsement to implement the recommended approach was **received**.

In discussing the report, the following points were raised:

Andrew Davies stated that lack of physical activity led to a range of illnesses and that it was an important preventative measure in terms of dementia. He said it was important that all partner organisations confirmed their commitment in order to bring about change. He added that it was also important to consider the wellbeing of the workforce.

Sue Cooper stated she was supportive of this initiative. She spoke of engagement with 'looked after children' which had helped levels of confidence.

Sara Hayes referenced a link that had been emailed to board members to a Youtube video setting out the importance of physical activity.

Hamish Laing stated it was 'Workout at Work' day on 12<sup>th</sup> June and he welcomed board member involvement. Andrew Davies said that details would be circulated via the Medical Director's office.

Sandra Miller stated that children being able to walk to school was important and could also help with car park congestion.

Andrew Davies referenced research undertaken by Trinity College which had shown that children being prescribed laxatives no longer required these once they increased their levels of physical activity.

**Resolved:** The recommendations in the PAAG report be **endorsed**.

**SH**

**60/17 ANNUAL SCREENING REPORT**

A report setting out ABMU performance regarding national screening programmes for 2015/16 was **received**.

In discussing the report Paul Newman noted that there were gaps in terms of the most and least deprived areas and asked why this occurred and how it was being addressed. Sara Hayes stated that she would ask the public health team to consider this.

**Resolved:** The report be **noted**.



61/17

**WESTERN BAY POPULATION ASSESSMENT**

A report regarding the preparation of the above assessment in line with the Social Services and Wellbeing (Wales) Act 2014 seeking its approval and publication of the link on ABMU's website was **received**.

In discussing the report the following points were raised:

Sue Cooper stated ABMU was the only region with a web-link which brought the issue to life and she encouraged colleagues to view it.

Gaynor Richards stated she did not feel there had been the level of engagement with the third sector that she had seen elsewhere in Wales which was unusual and a missed opportunity. Andrew Davies agreed that effective engagement was crucial and that he hoped that after the pending local elections there would be an opportunity for further dialogue regarding priorities. Sue Cooper echoed this. She said that the third sector had been engaged in citizen's panels. Gaynor Richards stated that some third sector organisations in the Western Bay area were at risk of survival and suggested this matter was discussed further outside the meeting.

Siân Harrop-Griffiths stated the Population Assessment aligned with the Wellbeing Assessments which was the subject of the next report.

**Resolved:** Western Bay Population Assessment report be **approved**.

**SHG**

62/17

**WELLBEING ASSESSMENTS**

A report providing an update on the development of Wellbeing Assessments by each of the Public Service Boards in Neath Port Talbot, Bridgend and Swansea was **received**.

In discussing the report, the following points were raised:

Siân Harrop-Griffiths stated that each of the responses were attached to the report although the response to the Swansea consultation had needed to be submitted to comply with timescales.

Andrew Davies stated that the three Public Service Boards operated differently and a common innovative approach was needed reflecting the needs of the Act.

**Resolved:** The consultation responses be **endorsed**.

**SHG**

63/17

**DEVELOPMENT OF WELLBEING OBJECTIVES**

A report outlining the process taken to develop the ABMU Wellbeing Objectives as required under the Wellbeing of Future Generations Act (2015) seeking endorsement was **received**.

In discussing the report, the following points were raised:

Siân Harrop-Griffiths stated the each of the partner bodies had been required to develop the objectives as part of the planning process for

2017/18. This was linked to the results of the Wellbeing Assessments.

Andrew Davies stated that the development of the wellbeing objectives demonstrated ABMU was putting population health at the heart of its business.

Ceri Phillips stated that objectives needed to reflect what could be achieved and there may need to be some changes as to the way these were presented. He cited the example of 'giving every child the best start in life' saying that ABMU could only work toward this objective. Siân Harrop-Griffiths thanked Ceri Phillips and undertook to make the necessary amendments.

**SHG**

Andrew Davies suggested that these objectives also needed to feed into the Public Service Board's objectives.

Hamish Laing stated that the ABMU Digital Strategy was an enabler for connecting with local communities.

Siân Harrop-Griffiths stated that the Wellbeing objectives were akin to goals at the current time and that subsequently there would be need to look at outcomes and milestones and align them to ongoing work as part of developmental process.

Paul Newman asked how the Board would gain assurance in relation to the adoption of the work programme. Siân Harrop-Griffiths stated that it would be fundamental to the ABMU Annual Plan/ Integrated Medium Term Plan. She added that there would be a need to look at how it reflected all the relevant issues in a single place and proposed that this be further discussed amongst the executive team.

Steve Combe stated that the annual reporting arrangements would from next year be more focused around the Future Generations Act.

**Resolved:** Wellbeing Objectives be **approved** subject to agreed amendments.

**SHG**

## **64/17 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 the report provided data through to January 2017 and undertook to update the scorecards and re-circulate them by mid-April 2017.

In terms of clostridium Difficile he stated there had been 17 cases in February and 20 to date in March 2017. He acknowledged there was still work needed to address issues with antimicrobial prescribing and stated that it was important that clinical staff appreciated the impact that a case of clostridium Difficile had in terms of increased patient length of stay etc. Ceri Phillips concurred and asked if such information could be

incorporated into the performance report.

In relation to complaint response times Rory Farrelly stated that some 72% was being achieved against an 80% target. Claire Jenkins asked if the data related to first or second responses. Rory Farrelly stated that the quality of responses had seen significant scrutiny over the past 24 months. He added that around 20% of responses were quality assured and that this suggested that responses were addressing the relevant issues.

Charles Janczewski stated that performance report content were improving but there were still opportunities for them to be made consistent and for actions to be linked to outcomes and timescales for example. He noted there had been no improvement in clostridium Difficile since 2015 and asked what action was being taken to address this. Rory Farrelly stated the issue was discussed in the quarterly performance reviews with delivery units and trajectories set for improvement. He added that each individual case was subject to root cause analysis and where there were 'repeat offenders' these instances were addressed with the member of staff either via himself or the Medical Director. Rory Farrelly stated that Singleton and Morriston Hospitals were facing the greatest challenge as they did not have access to the required microbiology support. This had been discussed with Public Health Wales and further meetings were pending.

Charles Janczewski thanked Rory Farrelly for this additional detail and suggested that content of performance report text be reviewed as it did not provide this level of assurance.

In relation to staph aureus bacteremia cases per 100,000 population Charles Janczewski stated that only one of the four actions set out in the report were forward looking. Rory Farrelly acknowledged this and stated that 53% of such infections were community acquired.

Hamish Laing stated that crude mortality continued to fall and that the level was decreasing faster in Morriston Hospital than had previously been seen. He stated that important information was being gained from the mortality review process and that the more detailed (stage two) reviews were improving in terms of timeliness and the sharing of learning.

In relation of clinical coding, Hamish Laing stated that ABMU remained on trajectory in terms of delivery of targets. Andrew Davies asked how such performance compared with the position outside Wales. Hamish Laing stated that it was difficult to form a comparison as in NHS England clinical coding was directly related to income. He acknowledged that the type of information gained from clinical coding was key to service improvement and that performance beyond the required target would be necessary to ensure that the full benefits were realised.

Paul Newman noted that there had been significant improvement with regard to the number of discharge summaries completed at the Princess of Wales Hospital and asked how this had been achieved. Hamish Laing

stated there had been a suite of actions resulting in such improvement and that 'no discharge without a summary' was being rolled-out without an adverse impact on patient flow. He added that he had written to unit medical directors to speed-up the roll-out across the organisation and therefore expected further signs of improvement in the short-term.

With regard to pressure ulcers, Rory Farrelly stated there had been an increase in January 2017 in terms of the number of grades 1 and 2 cases but a decline in the more serious grade 3 ulcers. He stated that there was a need for further work between finance colleagues and Swansea University to define the costs of such instances in order to make clinicians aware. Hamish Laing stated that this had been looked at previously but would need to be updated.

**Resolved:** – The report be **noted**;  
The content of the report be reviewed to ensure it provided the necessary assurances to the Board. **RF/HL**

**65/17 APPLICATION TO WITHDRAW GENERAL MEDICAL SERVICES FROM COELBREN BRANCH SURGERY**

A report regarding the outcome of a Branch Surgery Panel to consider the above application and the recommended way forward was **received**.

Hilary Dover was welcomed to the meeting and invited to present the report. In so doing she highlighted the following points:

- The report sought endorsement of the recommendation made to withdraw all general medical services delivered by the GP and practice nurse;
- The Primary & Community Services Management Board had considered and endorsed the recommendation at its meeting on 8<sup>th</sup> March 2017 and agreed to commission a bespoke community transport scheme for a period of six months;
- Consideration was also to be given to the alternative use for the facility as a 'wellness centre'.

In discussing the report, the following points were raised:

Chantal Patel stated she had chaired the Branch Closure Panel regarding this matter and had noted that there had also been sustainability issues raised for other community based services including the school.

Alex Howells stated that Hilary Dover and her team were supporting practices to identify solutions to practice sustainability issues.

Charles Janczewski acknowledged that a well structured process had been followed in reviewing this case and sought confirmation of the level of service that would be in place should the closure be endorsed. Hilary

Dover stated that there would be no reduction as it was proposed that services be transferred to the Dulais Valley Health Centre. She added that this would improve efficiency, financial and workforce stability and staff wellbeing as well as enhancing recruitment prospects. With regard to the future use of Coelbren, Hilary Dover stated that there was an opportunity for this to become a wellness centre with links to the third sector. She acknowledged this would require a separate engagement process.

Hamish Laing asked if consideration had been given to the use of digital support as a form of outreach for patient consultations which would resolve the issues around access and transport. He said it would be useful to consider this in readiness for the six-month transport facility ceasing.

Sandra Miller acknowledged due process had been followed given the recruitment difficulties. She added that there was an ongoing consultation regarding transport and encouraged feedback to the Welsh Government to help find solutions.

Ceri Phillips noted that the surgery provided services for Powys NHS Trust. Hilary Dover stated that it was a branch surgery and therefore the matter was for ABMU to resolve. Paul Gilchrist clarified that ABMU was funded for the secondary care of Powys residents and if these patients were also registered with GPs contracted to provide primary care through ABMU, then it was also responsible for this aspect.

Chantal Patel stated that the CHC had been involved in the Panel and had been content with the level of engagement. Gaynor Richards stated that it would be important to ensure that matters of communication were well managed. Claire Jenkins stated that both CHCs had been involved and ABMU was following the policy adopted by Powys NHS Trust for Branch Closures in this case. She clarified that whilst on page 7 of the report there was a requirement for 36 months of data such information had only been available for the past two years.

Andrew Davies noted that a wellbeing centre was also being proposed as part of ARCH at Seven Sisters.

Andrew Davies stated that the results of a review across primary care was due to come to the next Board meeting which would propose a strategy based on the work undertaken by Hilary Dover and colleagues. He extended thanks to all those involved.

**Resolved:** Withdrawal of all general medical services from Coelbren Branch Surgery, Powys be **endorsed** on the basis that communication with local community was effective. **RF**

66/17

**ANNUAL PLAN 2017/18**

A report seeking approval of the Summary Annual Plan for 2017/18 for submission to Welsh Government on 31<sup>st</sup> March 2017 and an update on the submission of the Full Annual Plan was **received**.

In discussing the report the following points were raised:

Siân Harrop-Griffiths stated that the initial draft for the Summary Annual Plan had been brought to the Board in January 2017 based upon the Welsh Government's required framework. She said that it had not been possible at that point to submit this to Welsh Government and instead agreement had been reached that a one-year plan would be developed which had been submitted on 10<sup>th</sup> March. Siân Harrop-Griffiths stated that no formal feedback had yet been received and the Summary Annual Plan which was now due for submission was focused upon key priorities.

Siân Harrop-Griffiths stated that revised corporate objectives had been included in the document, for which endorsement was also being sought. She also referenced an appendix to the report which set out actions, timescales and enablers to deliver the plan.

Charles Janczewski noted that there were still some incomplete sections of the Summary Annual Plan and asked how this was to be resolved for submission. Alex Howells stated that the financial framework aspect had been evolving due to ongoing work given the deficit position faced by the Health Board. Whilst this was not ideal Alex Howells said that the Annual Plan currently contained a £45m deficit and there remained some decisions for the Board to make which would allow the financial section being finalised for submission. She emphasised that the figures would however remain 'a work in progress' as ABMU needed to continue to improve service and financial performance.

Charles Janczewski suggested that in future, non-officer members be asked to scrutinise the Annual Plan allowing it to be reviewed in smaller sections. Siân Harrop-Griffiths agreed this would be helpful. He added that overall the document had been easier to digest than in previous years and he had therefore been able to offer constructive comments.

Claire Jenkins asked if in future the CHC could be involved in the engagement process at an earlier stage.

With reference to the interpretation of graphs within the Plan, Paul Newman stated that in their current form the graphs suggested there would be step change in certain instances. Alex Howells stated that at the time the document was published for consideration by the Board, the data in respect of February and March 2017 had not been available but could

now be added. She stated that the trajectories for April 2017 had been based on the anticipated performance position and that it was important to have set ambitious yet achievable targets. She explained that the trajectories were therefore felt to be realistic and this had been confirmed by the final performance figures.

Sue Cooper referenced funding mentioned on page 45 of the report in relation to ICF (Intermediate Care Funding) which she stated was part of a partnership fund which needed to be acknowledged.

Ceri Phillips stated that the document would need proof-reading due to typographical errors. Siân Harrop-Griffiths agreed to address these.

Andrew Davies stated that there had been significant changes to the content of the annual plan in recent years which had led to its improvement. It was suggested that the document be approved in principle with the caveat of the comments (detailed above) with delegated authority for the Chairman and Interim Chief Executive to agree the final version the next day. This was agreed.

**Resolved:** The Annual Plan be **approved in principle** with delegated authority for the Chair and Interim Chief Executive to approve the Plan for submission to Welsh Government.

**SHG**

## **67/17 QUALITY AND SAFETY COMMITTEE KEY ISSUES**

A summary of key issues arising from the above which met on 23<sup>rd</sup> February 2017 was **received**.

In discussing the report the following points were raised:

With regard to the reference within the report to level four obesity services, Hamish Laing advised that for a patient to be seen in such a service required a level three service referral which ABMU did not have. Sara Hayes stated that whilst agreement had been reached some two years previously to 'seed fund' such a service this had not proved sustainable. She added whilst a level four service offered purely surgical treatment, level three services included a range of options. Sara Hayes stated that there was a business case within the IMTP but funding had not yet been made available.

Alex Howells stated that these were the kind of difficult decisions that the Board would need to make recognising that some investments could lead to considerable benefits but these would need to be clearly evidenced.

With reference to the clinical governance of EMRTS, Hamish Laing stated that this service was hosted by ABMU but not managed by it. He said that he was responsible for reporting any clinical governance issues to medical directors in Wales and that ABMU would continue to host EMRTS until 31<sup>st</sup> March 2017. He added that he said that he was due to meet with Welsh

Government to discuss the issue.

**Resolved:** The reporting arrangements for EMRTS to remain unchanged.

**68/17 KEY ISSUES REPORT – MENTAL HEALTH & CAPACITY ACT  
LEGISLATIVE COMMITTEE**

A key issues summary arising from issues discussed the above meeting on 22<sup>nd</sup> February 2017 was **received**.

In discussing the report Charles Janczewski stated that he wished to convey thanks to all those involved in enabling the committee to move from a 'limited' assurance internal audit rating to one of 'substantial' assurance.

**Resolved:** The report be **noted**

**69/17 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 with regard to the number of patients waiting less than 26 weeks from referral to treatment (RTT) at the end of March 2017 would be an improvement on the position 12 months previously along with performance against the 36 week target. She said that despite this ABMU had not met the required performance level in its Integrated Medium Term Plan (IMTP) and as a result, a proportion of the investment made by Welsh Government would be subject to 'claw-back'. Alex Howells stated that validation was underway as regards the patients who had received treatment as not all of these may necessarily have waited the longest. Whilst this was the requirement under RTT she said that clinicians had to balance such decisions with the issue of medical priority. She added that any lessons that came out of the validation exercise would be used to make improvements going forward.

Alex Howells stated there had however been deterioration in waiting times for endoscopy where 320 patients were waiting more than the target 8 weeks.

In terms of the Winter Plan, Alex Howells stated this had allowed ABMU to flex capacity at times of greatest need but this had impacted on elective admissions at Neath Port Talbot Hospital and in theatre staffing at Morriston Hospital. She added that whilst a decision was made not to continue outsourcing certain operations in the final quarter of 2016/17 this plan had been adjusted in order to progress some high volume lower cost outsourcing procedures.

Turning to unscheduled care, Alex Howells stated that there had not been a sustained improvement from the summer period into the winter which



had seen surges in demand. She stated this could not be totally offset through ICF monies given the patient profile and numbers requiring admission.

Alex Howells reported that despite additional demand ABMU had put a clear strategy in place to ensure Singleton Hospital could provide additional support to Morriston Hospital enabling it to manage a 50% increase in ambulance arrivals. She said that whilst additional demand was being absorbed this was impeding ABMU's ability to meet the required target.

Paul Newman asked what was causing the increase in demand and asked if future trends had been forecast. Alex Howells stated that the precise reasons were not known although there had been an increase in flu, respiratory and stroke over the last few months of the winter. She added that medical directors across Wales were looking at the data in conjunction with Public Health Wales. She added that Capita had been commissioned in 2016 to provide a report on demand and capacity modeling which had confirmed that demand would continue to grow as the number of elderly patients living longer increased and this could not simply be addressed by extending capacity as this could not be staffed. Alex Howells stated that the situation presented an opportunity to address the issue differently and there was a need to get away from what could be described as a 'cwtych culture'.

Alex Howells said that whilst in 2016 the peak in demand had occurred in December this had not been mirrored in previous years with a surge occurring in different parts of the winter. Emrys Davies stated that WAST had been successful in diverting some ambulance cases away from ABMU's receiving hospitals by channeling relevant cases via alternative pathways. He said that without this then levels of demand upon secondary care would have been even higher.

It was noted that the Child and Adolescent Mental Health Services 28 day waiting time target would be achieved by the end of March 2017.

In terms of the average length of stay, Alex Howells reported that over the last two years this had reduced as patients were being moved to the right place at the right time for their care. She reported that work continued with the Emergency Care Improvement Team with Morriston strengthening its improvement plan for the next year to accelerate increased performance.

Andrew Davies noted the variance in delayed transfers of care across the local authority areas for mental health patients in particular. Alex Howells responded that there were issues with patient flow which were resulting in delays in hospital although a certain extent of this was within ABMU's gift to resolve. In terms of the variations in delayed transfers of care she stated that this was in part due to shortages in domiciliary care packages and local processes. She added that resources were not being used to maximum benefit and this needed to be further discussed with local

authority colleagues. Andrew Davies stated that such collaboration was important as this was a system-wide issue.

Charles Janczewski stated that there was obviously significant good work ongoing but he said that was not sufficiently obvious from the report. He cited 'Percentage of Procedures Postponed' on page 6 and 'GP Practice Monitoring' on page 7 of the report as examples of text that needed review to make clear what actions were being put into place to achieve improvement in a given timescale. Siân Harrop-Griffiths acknowledged there needed to be greater challenge of the content.

- Resolved:**
- The report be **noted**.
  - The description of actions to address performance (and the associated timescales for this) be reviewed by each executive for submission to the next meeting.

**AII/SHG**

**70/17**

## **URGENT CARE**

A report outlining the outcome of the formal engagement process on the proposed changes to urgent care services at Neath Port Talbot and Singleton Hospitals setting out the recommended way forward was **received**.

In discussing the report the following points were raised:

Siân Harrop-Griffiths stated that there were two proposals for agreement. The first was to create a single integrated urgent care service at Singleton with a single assessment process channeling patients to a service most able to meet their needs. This would mean that the minor injury service would be open 8am-8pm Monday to Friday and 1pm-8pm on Saturday and Sunday.

Siân Harrop-Griffiths stated that demand for the MIU service at Neath Port Talbot Hospital at night was very low and it was proposed that opening hours should change from 24/7 to 7.30 a.m. – midnight, 7 days a week. She added that the CHC had been involved in the engagement process and it was proposed an implementation group would take the service change forward.

Paul Newman stated that good communication regarding the services ABMU offered would enable the local population to make informed choices rather than attending the emergency department by default. Siân Harrop-Griffiths stated that staff would make a self-explanatory flowchart available if a member of the public arrived out-of-hours which would include the options under the 111 service.

- Resolved:** Proposed Changes to Urgent Care Services **approved** for implementation. **SHG**

**71/17**

## **DIGITAL STRATEGY**

A report seeking approval of the above strategy was **received**.

In discussing the report, the following points were raised:

Hamish Laing stated that there had been widespread engagement regarding the Strategy which had included Welsh Government, citizens and service users. He added the Hywel Dda University Health Board had been very supportive of the Strategy and that it had been linked to the work of ARCH (A Regional Collaboration for Health) and the Swansea Bay City Region Deal. Hamish Laing paid tribute to the input of Stephen MacGowen who had led the development of the Strategy, colleagues in the Information Department and clinicians.

Andrew Davies stated that the Strategy, Planning and Commissioning Group had considered the document and suggested changes to the foreword which had been actioned.

Debbie Williams acknowledged the effort in developing the Strategy and commented that the NHS Wales Informatics Service (NWIS) had praised its development. She added that as they were seeking all-Wales informatics solutions it was important that any potential for future technical conflicts were managed. Hamish Laing stated that ABMU was committed to national programmes and that the strategy was seeking to address gaps that existed. He said that NWIS were being encouraged to work with ABMU to enable the vision to be 'scaled-up' across Wales and technology was being rolled-out for community teams and meetings were taking place with other health boards to learn lessons.

Hamish Laing acknowledged the importance of the strategy being aligned to staff, service users and culture and the need to provide the skills to people to enable them to reap the benefits.

**Resolved:** The Digital Strategy be **approved**.

**HL**

**72/18 KEY ISSUES REPORT – STRATEGY, PLANNING & COMMISSIONING COMMITTEE**

A report summarising key issues arising from the meeting of the committee held on 9<sup>th</sup> March 2017 was **received and noted**.

**73/17 MINUTES OF THE EMERGENCY AMBULANCE SERVICES JOINT COMMITTEE**

The minutes of the above Committee meeting held on 22<sup>nd</sup> November 2017 were **received**.

**74/17 NHS SHARED SERVICES PARTNERSHIP COMMITTEE**

A key issues summary of matters considered by the Committee at its meeting on 19<sup>th</sup> January 2017 were **received**.

In discussing the report, Hamish Laing referenced point 1 – Robotic Process Automation stating that this was an area being progressed by

ABMU to bring about greater efficiency.

**Resolved:** The summary be **noted**.

**75/17 WELSH HEALTH SPECIALISED SERVICES COMMITTEE – JOINT COMMITTEE MEETING**

A briefing setting out the key areas of discussion arising from the meeting held on 17<sup>th</sup> January 2017 was **received**.

**76/17 EMERGENCY PREPAREDNESS RESILIENCE & RESPONSE (EPRR)**

A report outlining the progression of the ABMU EPRR agenda during 2016 and the Health Emergency Planning Annual Audit for 2016 was **received**.

In discussing the report, Siân Harrop-Griffiths stated that Cardiff would be hosting the Union of Europe Football Association Champion's League in June 2017 and this would bring the potential for impact NHS services across south Wales.

**Resolved:** The report be **noted**.

**77/17 DEVELOPMENT OF A STRATEGIC FRAMEWORK FOR THE VOLUNTARY SECTOR**

A report on the work undertaken to develop the above framework through a co-productive approach with the sector was **received**.

In discussing the report Gaynor Richards stated this was an important piece of work for the third sector and that issues such as centralised budgets were helpful given there were more than 4,000 organisations which could help provide the services ABMU needed to deliver for its population.

**Resolved:** The Strategic Framework for the Voluntary Sector be **approved**. **SHG**

**78/17 KEY ISSUES REPORT – STAKEHOLDER REFERENCE GROUP**

A report summarising key issues arising from the meeting held on 1<sup>st</sup> March 2017 was **received**.

In introducing the report, Alison James stated that page three of the report being viewed via hard copies was missing but was available via the ABMU website and present in digital copies being viewed by board members. She stated that this sought the ratification by the Board of an extension to five years of the term of office for the carer's representative.

**Resolved:**

- The report be **noted**;
- The term of office of the carer's representative be extended to five years.

**RF/SHG**

**79/17 SWANSEA BAY CITY REGION DEAL**

A report in relation to the recent signing of the above document between the Welsh and UK Governments was **received**.

In discussing the report, Hamish Laing stated the agreement would result in significant investment to the area for the wellbeing of its citizens.

Andrew Davies raised the issue of governance arrangements and it was noted that this would be taken-up with the Finance Minister at a meeting the next day. He took the opportunity to congratulate Hamish Laing who stated that the achievement had been a team effort.

**Resolved:** The report be **noted**.

**80/17      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 that sickness levels were continuing to increase and long term sickness was a particular concern with some 700 staff having taken 21 or more days sickness. She said that action plans had been requested from delivery units/directorates to seek to address this. She added that an increase in the number of occupational health appointments had been made to help ensure staff were appointed as quickly as possible.

In terms of levels of recorded staff appraisals Kate Lorenti stated that these stood at just under 56% for non medical staff which was below target. She stated that increased levels of support were being provided to support the process of logging completion on the Electronic Staff Record and group appraisals were continuing where appropriate.

Hamish Laing stated that with regard to medical appraisal this was likely to end financial year at between 92-93% compliant which was ahead of profile and represented an improved position compared with levels around 50% only two years ago. Andrew Davies commended the improvement.

**Resolved:** The report be **noted**.

**81/17      KEY ISSUES REPORT – WORKFORCE & ORGANISATIONAL  
DEVELOPMENT (OD) COMMITTEE**

Reports of the key issues relating to meetings held on 24<sup>th</sup> January and 15<sup>th</sup> March 2017 were **received**.

In discussing the report the following points were raised:

Gaynor Richards stated it was helpful to receive presentations from delivery unit management teams at each meeting to provide assurance

regarding the sharing of good practice and the ways in which ABMU needed to develop alternative ways of working for the future sustainability of services.

Andrew Davies asked if the committee was considering how the organisation promoted itself in terms of recruitment. Kate Lorenti stated that reports were being received on specialist themed recruitment days. It was suggested that this was further discussed outside the meeting.

**Resolved:** The report be **noted**.

**82/17 PARTNERSHIP FORUM KEY ISSUES**

A report of the key issues relating to the meeting of the above Forum on 1<sup>st</sup> February 2017 was **received** and **noted**.

**83/17 FINANCIAL POSITION**

A report setting out the financial position as at 28<sup>th</sup> February 2017 was **received**.

In discussing the report, the following points were raised:

Paul Gilchrist stated the report set out the in-year financial position together with a history of the movement in the trend across the year. He stated that the month 11 position showed an over-spend of £30.729m and that the year-end forecast was an overspend of £36.4m. He added that given a break-even position could not be achieved by 31<sup>st</sup> March 2017, the accounts for 2016/17 would be qualified.

He stated that there had been an incremental improvement in the position in recent months but significant challenges lay ahead. He said that savings plans needed to be reviewed as ABMU had not been sufficiently ambitious in this respect and the current financial issues were as a result of a deterioration over the period of a number of years which made it more difficult to remedy.

Andrew Davies offered thanks to Paul Gilchrist for his input as Acting Director of Finance during a challenging period. He said that he agreed that ABMU had not remedied over-spending in previous years and this was not a sustainable position. Andrew Davies also thanked Alex Howells for her contribution to reducing the extent of the overspend.

Charles Janczewski stated that Wales Audit Office were planning to produce a best practice guide in June 2017 with regard to financial reporting to Boards which would need due consideration. He added that the financial reports prepared for the Board were historical and suggested that future iterations looked to set out the position going forward which would provide a further anchor-point for members to reference. Paul Gilchrist stated that Welsh Government required forward reporting and so such detail could be provided apart from the cash position. Charles Janczewski suggested that this be further discussed between himself and

Paul Gilchrist outside the meeting.

Emrys Davies stated that it would also be important to consider the achievements made in terms of the savings programme.

Ceri Phillips suggested that the term 'Cost Improvement Programmes' be changed to 'Value Gained Efficiencies'.

- Resolved:**
- The report be **noted**.
  - The report content be revised to incorporate 'forward-looking' content.
- PG**

#### **84/17      AUDIT COMMITTEE KEY ISSUES**

Key issues reports arising from the meeting held on 19<sup>th</sup> January and 16<sup>th</sup> March 2017 together with amended terms of reference and other matters for ratification were **received**.

- Resolved:**
- The report be **noted**.
  - The terms of reference and amendments to standing orders be **approved**;
  - The losses and special payments be **ratified**.
- SC**  
**PG**

#### **85/17      KEY ISSUES REPORT – CHARITABLE FUNDS COMMITTEE**

A report setting out a summary of matters discussed by the committee at its meeting on 14<sup>th</sup> March 2017 and amended terms of reference for approval was **received**.

- Resolved:**
- The report be **noted**;
  - The terms of reference be **approved**.
- SC**

#### **86/17      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**.

#### **87/17      BOARD BUSINESS CYCLE**

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

#### **88/17      ANY OTHER BUSINESS**

There was no further business and the meeting was closed.

#### **89/17      DATE OF NEXT BOARD MEETING.**

This would take place on 25<sup>th</sup> May 2017, Swansea Waterfront Community Church, time to be confirmed.

#### **90/17      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)

.....  
Date: