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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Health Board Meeting	29th November 2018		Agenda Item	1viii.
Report Title	Chairman and Chief Executive's Report			
Report Author	Pam Wenger, Director of Corporate Governance			
Report Sponsor	Pam Wenger, Director of Corporate Governance			
Presented by	Andrew Davies, Chairman and Tracy Myhill, Chief Executive			
Freedom of Information	Open			
Purpose of the Report	<p>The purpose of this report is to keep the Board up to date with key issues affecting the organisation, some of which feature routinely within the Board's business, whereas others have previously been presented to the Board.</p> <p>This report is set in two sections, the Chair's update and the Chief Executive's update.</p>			
Key Issues	<p>This report provides key updates to the Board including:</p> <ul style="list-style-type: none"> • The Bridgend boundary change; • The Thoracic Surgery Consultation; • The Kings Fund Leadership Development Programme; • Recent awards, good news stories and engagement events. • The temporary closure of the Minor Injuries Unit at Singleton Hospital; • The development of ABMU's integrated three-year plan; • The Public Accounts Committee's report on Informatics Systems in NHS Wales; • Infected Blood Inquiry Update; • The latest performance and financial reports; • The development of our Organisational Strategy and the refresh of our Clinical Services Plan; • Our Listen, Observe, Learn, and Act (LOLA) programme (LOLA) 			
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance	Approval
	✓			
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the report. 			

CHAIR & CHIEF EXECUTIVE'S REPORT

1. PURPOSE

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

2. CHAIR'S UPDATE

2.1 Board Member Appointments

Since the last Board meeting in September 2018, the Chief Executive and I are pleased to confirm Dr Richard Evans took up post on 5th November 2018 as our new Medical Director. Richard has more than 12 years' experience in senior leadership roles in the NHS and brings with him extensive knowledge of leading complex clinical services. We would take this opportunity to reiterate our thanks to Dr Alastair Reeves for agreeing to act into the Medical Director's role whilst we awaited Richard taking-up post.

We wish also to report that Christine Morrell, formerly our Director of Therapies and Health Science has decided to work part-time as of 5th November 2018 and therefore whilst continuing to provide support and leadership to therapies and health science within the health board and across Wales, Christine will step away from the full executive director role. Christine is therefore now our Deputy Director of Therapies and Health Science, working to Chris White, our Chief Operating Officer, who will assume executive accountabilities for therapies and health science. Chris White is himself a trained radiographer, and has many years' experience of successfully combining the Chief Operating Officer role with Executive Director of Therapies and Health Science in his previous organisation, Cwm Taf University Health Board.

2.2 Kings Fund Leadership Development Programme

There continues to be good progress on the Development Programme facilitated by the Kings Fund. Since the last Board Meeting, there has been a session with the Senior Leadership Team which focussed on the 'organisational model' and a session for the Executive Team on 16th November 2018. The next session on 5th December 2018, will focus on Quality Governance.

2.3 Bridgend Boundary Change

The Bridgend Joint Transition Board met on 22 October 2018 and received an update from the ICT work stream which is working closely with clinical and non-clinical teams to scope all of the IT systems which are being used in the care of Bridgend patients. There will be very few changes to these systems before 1 April 2019. All relevant clinical information will continue to be available to all staff involved in the care of a patient. Following 1st April 2019, both organisations will continue to work together with services where there are opportunities to evolve existing systems.

The Board will be aware of the agreed process in relation to the engagement on a potential name change. A survey was used to engage with stakeholders about the potential for a name change of the Health Board. The results on the online survey show that nearly 90% (89.33%) chose Swansea Bay University Health Board (Bwrdd

lechydd Prifysgol Bae Abertawe). A full update on the Transition Programme will be provided later in the agenda.

Following Board approval, I will then write to the Cabinet Secretary for Health and Social Care outlining the process indicating how the preferred name was determined, a narrative synopsis of the discussion points with stakeholders and an up-to-date assessment of the costs and an outline of plans for implementation for the name change.

2.4 Public Service Boards (PSBs) & Western Bay Regional Partnership Board

The Wellbeing of Future Generation Act (WBFGA) established PSBs to undertake Wellbeing Assessments and establish Wellbeing Plans for the local communities within each local authority area in our health board footprint. The partnership structures that arise from the WBFGA and also the Social Services & Wellbeing Act, which established the Western Bay Regional Partnership Board, are complex, overlapping and very time consuming. With responsibility for the commissioning of health services for the population of Bridgend moving to Cwm Taf University Health Board in April 2019, there is the opportunity and ambition amongst all our key partners to rationalise and simplify the current structures. As a result, a partnership and governance review is currently being undertaken to streamline the existing partnerships, and we hope the proposals from this review can be considered by all partners early in the new year.

2.5 Public Consultation - Thoracic Surgery

At its meeting on 25th June 2018, the Board approved the recommendation from the Welsh Health Specialised Services Committee to proceed to consultation and this commenced on 3rd July 2018. The Board was due to consider the outcome of the consultation at a special board meeting in October 2018 however, all Health Boards agreed that in order to allow sufficient time for all the Community Health Councils to consider the response to the consultation then the date by which the Health Boards would consider the outcome would be November. The Board will therefore consider the report later on the agenda.

2.6 Awards

- *ABMU's nurses' success at Inaugural Learning Disability and Autism Awards*

Three of our nurses were nominated at the inaugural Learning Disability and Autism Awards held on the 28th September 2018. Denise Bromfield, Joanne Edwards and Claire Jenkins all received nominations for Learning Disability Nurse Award which was won by Denise Bromfield. Denise was also nominated for the Senior Manager Award and Claire for the Trainer Award.

- *Morrison Radiographer receives Cardiff University Award*

Congratulations to Morryston Senior Diagnostic Radiographer Barry Spedding, who has received the award for the Best Placement Educator/Mentor: Diagnostic Radiotherapy and Imaging category at an award ceremony organised by Cardiff University.

- *Support Worker shortlisted for national #OurHealthHeroes award*

Health Care support worker Lindsey Gill, who works in both Singleton and Neath Port Talbot hospitals for the ABMU Specialist Pain Service, won the Our Health Heroes Regional Support Work Award for Wales and has now also been shortlisted

for the national title. Lindsey is in the running for the national trophy thanks to her dedication and enthusiasm in her role. She has been part of all aspects of the service from clinics, self-management, injections and pain management programme. She works closely with pain physicians during intervention clinics and keeps everyone happy with her cheerful attitude and work ethics.

- *Radiology team receive Cardiff University award*

The X-Ray department at Princess of Wales Hospital was awarded at the Cardiff University Healthcare Sciences Event. The team won in the Best Team Placement in Diagnostic Imaging category - a nomination which was put forward entirely by Cardiff University students. The win highlights the positive effect on the students who have completed their clinical placements there. The team have been fortunate enough to have had some excellent, professional and hard working groups of students working with them over the last couple of years. The reward is testament not only to the staff and their ongoing commitment to teaching, but also to those students who make the task so easy and enjoyable.

3. CHIEF EXECUTIVE'S UPDATE

3.1 Targeted Intervention (TI)

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

At that meeting, the Health Board also presented a six-month review across the five Targeted Intervention areas to Welsh Government. We were able to report year on year improvements in Referral to Treatment (RTT), Health Care Inquired Infections (HCAIs), Cancer and Stroke. We also reported on the range of actions underway to deliver an improved position on unscheduled care. More detail is provided below.

The Board is committed to delivering an improved financial position and remains on course to deliver within the £20m control total set by Welsh Government.

3.2 Performance Report

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

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

- **Healthcare acquired infections** – All three healthcare acquired infection indicators were within profile at the same time in October 2018. This is the first time we have achieved this level of performance for at least the past 18

months. As previously reported there are quality improvement and environmental improvement initiatives underway in all three areas with specific focus on those areas with the highest incidence, particularly enforcing the antimicrobial policy across all community settings.

- **Unscheduled care** – Performance in unscheduled care is challenging and outside of profile for October 2018 (4hr 77.96%). This is a marginal improvement from the September 2018 reported position of 77.43%. We have numerous actions in place to support improvement. Our winter plan is agreed and is being implemented. It is a partnership plan and involves a wide ranging series of actions with the WAST and our local authority partners. The Health Board has also invested in service change initiatives to implement new service models which deliver more timely discharge and value based care for frail older people in each of our four acute sites. Service models are also in place which provide comprehensive assessment for patients and appropriately redirecting them away from admission wherever possible to other services such as the heart failure team direct referral service in Princess of Wales Hospital (POWH).
- **Planned care** – the Health Board continues to perform well in terms of outpatient access and therapy service access. We are off-profile for patients waiting over 36 weeks although the position has marginally improved in October 2018. The Health Board has an interim milestone at the end of December 2018 of a maximum of 3,045 patients waiting over 36 weeks (currently 3,371 end of October) and we anticipate achieving this target given the wide range of actions which will have a positive impact in November and December 2018. We have made excellent progress in general surgery, urology and oral-maxillo facial surgery but we are off-profile in orthopaedics. The orthopaedic position has stabilised but remains off-trajectory and further actions are planned to recover this. Cardiac MR and CT account for over 80% of diagnostic waits. We previously reported an agreed plan for CT and now an agreed plan is in place for MR. We anticipate steady reduction in the waiting times for these patients over the next 12 months.
- **Cancer** – Following performance above 90% in July and August 2018 we have reported 83% and 84% respectively in September and October 2018. Service pressures are being experienced in the urology, breast and gynaecology tumour sites. The breast backlog has reduced to 3 patients indicating that breach numbers will reduce from November onwards and a post-menopausal bleed pathway has been implemented in Singleton Hospital for gynaecology patients which will have pathway benefits within the next two months. Urology in POWH remains a pressure area and cancer patients are being prioritised relative to other urgent cases within the specialty. Backlog levels have reduced materially since the end of October 2018 indicating a more stable system going into the winter months.

3.3 Financial Position

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

3.4 Temporary Urgent Closure of Minor Injuries Unit (MIU), Singleton Hospital

Following the approval of the Board in the Special Meeting in October 2018, the temporary urgent closure of the MIU in Singleton Hospital went ahead on 12 November 2018. The MIU is usually open 8-8 on weekdays and from 8-1pm on weekends, and is staffed by GPs. However, for some time staffing the unit reliably has been a struggle with the MIU being forced to close ad-hoc at very short notice because GPs have been unavailable to cover shifts. It has not been possible to alert patients about short notice closures and therefore sometimes people arrive only to find it closed. Until now, staff in the Singleton Assessment Unit (SAU) have been able to assist if necessary, but due to refurbishment, the SAU will move to Ward 20 in another part of the hospital. Unfortunately there is not enough room in Ward 20 to relocate both SAU and MIU so we are unable to maintain both services during the refurbishment.

The Board agreed that the safest option was to close the MIU while the SAU refurbishment is underway, and re-open it in the early spring, once the work is complete. The Health Board implemented a communication plan to ensure that the public are aware of the temporary closure.

The Board will be kept informed of progress and in due course of plans for the reopening of the MIU.

3.6 Staff Survey

The Board has received updates on the NHS Wales Staff which was live from 11th June to 5th August 2018, for a period of eight weeks. ABMU reached a response rate of 27% for the 2018 Staff Survey (as a part of an NHS Wales rate of 29%). This represents 4,086 respondents, compared with 2,710 in 2016. There is a report on this later in the agenda which looks at the results and the actions being taken as a result.

3.7 Update on Development of Three-Year Plan, development of an Organisational Strategy

The Health Board is simultaneously developing its Organisational Strategy, Clinical Services Plan and Integrated Three Year Plan 2019-22. The work to develop each of these is being undertaken through aligned processes which will deliver three interconnected products describing; our ten-year strategic vision, a five-year clinical services ambition and how we will deliver these through our three-year Integrated Medium Term Plan. The Board Development Session in October 2018 considered the progress and helped some of the framing of this work. Later on this agenda an update will be presented by the Director of Strategy and Director of Finance.

3.10 Brexit Preparations

The Welsh Government has been working with the UK Department of Health and Social Care to ensure robust plans are put in place to protect patient safety and healthcare provision as the UK leaves the European Union.

In order to ensure organisational preparedness, develop robust plans and in consideration of the potential subsequent surge in extraordinary demand for services an integrated management approach is in place. The Health Board preparedness, resilience and response arrangements include;

- Undertaking a Health Board wide risk assessment to identify vulnerabilities and establish a common understanding of the challenges on services that may have an impact on continued service provision;
- Ensuring there are up to date business continuity arrangements in place;
- Contacting companies with whom services liaise directly to gain further assurances with regard to continuity of service;
- Ongoing engagement with Local Resilience Forum;
- Representation at Welsh Government Civil Contingencies Brexit group;
- Ensuring feedback mechanism from national groups such as Workforce, Medicines Management, Shared Services, Public Health.

A fuller report will be presented to the Board Development Session in December 2018 and to the full Health Board meeting in January 2019.

3.11

Listen Observe Learn Action (LOLA) Programme Update

The Board receives regular updates against the LOLA Programme.

- *Meet the Executive Team*

The positive response to these internal engagement sessions continues since their launch in July 2018. The October 2018 session at HQ was extremely well attended and we had constructive dialogue about a number of areas with the Bridgend Boundary Transition being a big area of focus. As a result of this session, another *Meet the Executive Team* has been arranged for December at HQ in order to update in more detail about the progress on the Transition work affecting HQ colleagues. A timetable for monthly *Meet the Executive Team* sessions is being finalised which should assist colleagues needing longer notice to arrange to attend.

- *External engagement*

Regular engagement has continued with external stakeholders including public sector leaders, and partners, specifically South Wales Police; Women's Health Implementation Group; ARCH Programme Board; Neath Port Talbot County Borough Council (where we presented details and took questions about the service improvement in Neath Port Talbot Hospital and community services); Western Bay Housing Symposium; and Swansea City Council. We have re-established a series of engagements with our local Assembly Members, and held the constructive first meeting of that series earlier this month.

- *Internal Engagement*

I enjoyed an insightful and valuable day with colleagues working within Mental Health when I visited on September 3rd. I learned more about Older People's Mental Health Services from colleagues in Ward 15 and 21 and the Psychiatric Intensive Care Unit (PICU) at the Princess of Wales Hospital; I also spent time with colleagues

at Glanrhyd Hospital's Angelton Clinic – a purpose-built facility where we care for older people with dementia – and Caswell Clinic – which is a medium secure facility for forensic patients. It gave me a real insight to the way our staff deliver care within these challenging environments and I was struck by the calmness of Caswell Clinic despite the challenges of the patients' needs there and I was once again, so impressed with the incredible care our staff provide.

Following on from September's Leadership Summit, October saw an intense effort of staff engagement through the activity titled *Shaping ABMU's Future*. Taking place across ABMU sites, the 90 minute sessions enabled me to share my reflections since I joined ABMU, highlight some of the opportunities and challenges I see based on what I have heard and seen, and look at the priorities of the action we need to take. Meeting with almost 300 colleagues over five dates I facilitated a discussion with the colleagues who attended who shared their feedback about what they think we need to focus our efforts on to improve services and experiences of our patients and for our people. The sessions also gave us a chance to socialise and share the work going into the Organisational Strategy and the Clinical Services Plan refresh and how colleagues can help shape these. As well as the discussion, colleagues also completed feedback forms which will help inform our priorities going forward. Issues raised varied from practical suggestions about ICT systems to clinical and strategic approaches. Whilst this was time intensive, the overall the response from colleagues was such a resounding welcome to engage in this way and we are considering how this can be embedded within our regular LOLA activity. A video is also in production for colleagues who were unable to make the sessions in order to give them access to the messages shared.

Following on from *Shaping ABMU's Future*, the NHS Staff Survey workshops are now underway so there is a coherent continuum of internal engagement activity focusing on shaping the Health Board's future.

Visibility and Communications

My monthly Blog and complementary Vlog continue to attract feedback – some positive in relation to the ongoing engagement and messages therein and some challenge. Critical comments posted are being responded to inviting colleagues to get in touch directly although this does not always materialise. In addition, specific Executive Messages are also increasing the visibility of the Executive Board members.

4. RECOMMENDATIONS

Members are asked to note the report.

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