



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Health Board Meeting	27th September 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 Transition Programme for the Bridgend Boundary Change; • Board Membership and senior manager appointments; • ABMU's Targeted Intervention escalation status; • The latest performance and financial reports; • The development of our Organisational Strategy and the refresh of our Clinical Services Plan; • The Thoracic Surgery Consultation; • Value Based Healthcare; • Our first Joint Meeting between Executives Directors in ABMU and Hywel Dda University Health Board; • The Kings Fund Leadership Development Programme; • Our Listen, Observe, Learn, and Act (LOLA) programme (LOLA) • Recent awards 			
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance	Approval
				✓
Recommendations	Members are asked to:			

	<ul style="list-style-type: none"> • NOTE the report; • APPROVE the terms of reference for the Joint Transition Board; • NOTE the commencement of the staff consultation on the Boundary Change; • AGREE to write to the Cabinet Secretary on behalf of the Board to recommend a change of name for the Health Board as a result of the Bridgend Boundary Change.
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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

Bridgend Boundary Change

The Board's of ABMU and Cwm Taf University Health Boards met on 30 August and approved the services that will transfer from ABM UHB to Cwm Taf UHB with effect from 1 April 2019. Members approved the service transfer proposal, which was detailed in a report listing those services that will transfer in their entirety to Cwm Taf from April 1, 2019, those which will transfer to Cwm Taf but be commissioned by ABMU under a service level agreement (SLA) and those which will remain with ABMU.

Work has commenced to make an impact assessment of the boundary change on corporate functions within both organisations. The same methodology and tool is being used by both Health Boards to capture this information. This work is a key priority for the next month to inform the outcome of the staff consultation.

The Transition Board met on 31st August with a key focus of discussion being on the approach to the financial modelling, identification of key financial risks and approach to risk management and the further detailed work underway. The process for a possible change of name for each Health Board was also discussed with Welsh Government colleagues recently confirming the next steps.

Since that meeting, Welsh Government has requested information to support any potential name change, this includes:

- Estimate of costs,
- Preferred name, and
- Evidence of engagement and discussion to support the choice of preferred name.

The Health Board has previously discussed the benefits and opportunities of changing a name. The Board is asked to agree that the Chair writes to the Cabinet Secretary responding to the above issues.

Launch of Staff Consultation Process

The Staff Consultation process began on 10th September with a number of consultation events taking place across the ABMU area with events have been led by an Executive Director or the Transformation Director with senior workforce and Organisational Development support from both ABMU and Cwm Taf. Events have been generally well attended with good engagement and questions from staff. The key themes emerging from the first two weeks are:

- An acknowledgement of more detailed work to be done on a service by service basis; and

- The importance of regular and effective communication with staff, patients, public and community group including feedback from the Transition Programme Board;

Work has also progressed with Cwm Taf regrading an agreement on an approach to assessing impact and models for corporate services. An initial joint exercise to assess impact of boundary change will be agreed, initiated and completed by the end of October.

Terms of Reference

At the Joint Transition Board in August 2018, minor amendments to the terms of reference were proposed which includes the Trade Union Independent Member as a member of the Joint Transition Board. The revised terms of reference are attached as an **appendix** for approval. A copy of Bulletin 3 is **attached** for information.

Public Consultation - Thoracic Surgery

At its meeting on 25th June 2018, the Board approved the recommendation from WHSSC to proceed to consultation and this commenced on 3rd July 2018. The Board will consider the outcome of the consultation at a special board meeting in October 2018.

Board Member Appointments

Since the last meeting interviews have been held for the two Independent Member vacancies on the ABMU Board. The Cabinet Secretary has appointed Reena Owen as our community representative and Raymond Ciborowski as our third sector representative of the Board. They have already attended various Board activities and we extend a warm welcome to both of them. These appointments mean we have completed the process of filling all the Independent Member Board vacancies.

Interviews were held for the post of ABMU Medical Director at the end of last month and Tracy Myhill and I are please to confirm the appointment of Dr Richard Evans who is currently Clinical Board Director for medicine and a practising hospital consultant specialising in infectious diseases and general medicine at Cardiff and Vale University Health Board. 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. A start date is in the process of being confirmed.

Our interim Medical Director, Professor Pushpinder Mangat is leaving ABMU at the end of September 2018 to take-up a secondment to become Medical Director in Health Education and Improvement Wales (HEIW). We wish to thank Pushpinder for his many years with of service in terms of ABMU, particularly in the challenging period before the publication of the *Trusted to Care* report, and its predecessor NHS organisations and wish him well in his new role. We would also like to thank Dr Alastair Reeves for his ongoing support as he has agreed to act into the Medical Director's role between Pushpinder leaving and Richard joining us.

Kings Fund Leadership Development Programme

During 2017/18, the Health Board commissioned the Kings Fund, to undertake a comprehensive Board, Executive and Leadership development programme to

be delivered during 2018/19. Since the last meeting of the Board two further development sessions have taken place one for Independent Members on 17 September 2018 and the other for Executive Directors on 24 September 2018.

3. CHIEF EXECUTIVE'S UPDATE

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 July, Welsh Government were pleased to welcome the new members of the Executive Team and confirmed that the Health Board's escalation status remains unchanged. It was noted that the Health Board's overall performance position has improved slightly, and Welsh Government were now feeling more confident providing a foundation for the organisation to press ahead to make sustained improvement. At the time of writing this report, the Executive Team is preparing for the next TI meeting on 20th September 2018, a verbal update will be provided at the Board meeting.

Over the first five months of this year, we have been able to demonstrate improvements in a number of key areas including cancer delivery, outpatient and therapy waiting times and across some of the stroke measures. Welsh Government have also been encouraged by our approach to long term planning and transformation and supportive of the direction that we are taking in terms of the development of the organisational strategy and clinical services plan. There is also a recognition of the significant number of changes within the leadership in both Executive and Independent Members and an acknowledgement that the organisation is facing a significant challenge in terms of planning for, and delivering, the Bridgend boundary change.

However, it is clear that our performance in a number of areas is below our planned profile and that the focus for the latter part of 2018/19 must be on delivering our plans to improve unscheduled care, ensure that cancer performance improves and is sustained and reducing elective waiting times in line with the additional funding received from Welsh Government, as well as making progress on reducing healthcare acquired infections in line with our medium term plan. In terms of financial delivery, the Board will receive a financial report advising that Welsh Government have set out control total for 2018/19 at £20m (deficit) position and our forecast has now been adjusted accordingly. Welsh Government asked for a detailed plan setting out how we will meet our revised forecast, to be covered at the meeting on 20 September 2018.

Finally, the Board should be aware that Welsh Government have provided additional resources to help us in meeting the targeted intervention priorities and this is being deployed in a number of areas to support our work programme and allow us to strengthen leadership around the Executive Team in light of the organisational challenges.

Performance Report

The Director of Strategy, supported by all the Executive Directors will present the detailed integrated performance dashboard and covering summary report, which 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 primary focus of the discussion at the Performance & Finance Committee is around the five non-financial Targeted Intervention Priority performance measures. Whilst the Performance & Finance Committee discusses all aspects of performance the key issues are set out below:

- **Unscheduled care** – Performance in unscheduled care is challenging and outside of profile for August (4hr 77.81%). From a workforce perspective, there have been gaps in medical rotas and there has been a challenging period of junior doctor handover in July/August. There have also been capacity challenges due to the need for a cleaning programme following outbreaks in Morriston, Singleton and Neath Port Talbot Hospitals along with increasing capacity challenges in domiciliary care and care home market, particularly in Neath Port Talbot. We have a diverse range of actions scheduled for September and October across all aspects of the unscheduled care pathway to improve performance with detail set out in the full performance report.
- **Planned care** – we continue to perform well in outpatient access and therapy service access. However, we are off-profile for patients waiting over 36 weeks. We have made excellent progress in general surgery, urology and oral-maxillo facial surgery but we are off-profile in orthopaedics. Our focus for the next three weeks is to work with our clinicians to stabilise and recover the orthopaedic position. Cardiac MR and CT account for over 80% of diagnostic waits. We have an agreed plan for CT with a detailed, clinically led plan for MR to come forward at the end of September.
- **Cancer** – We are maintaining high performance levels through July and August and we are ahead of profile for the 62 day Urgent Suspected Cancer pathway with the last two months being 92% and 93% respectively. Backlog levels have increased recently which will need to be addressed to support a sustainable level of performance in future months.
- **Healthcare acquired infections** – C.difficile and e.coli numbers in month have reduced with C.difficile performance now within profile levels. Staph. aureus levels have increased in August with 52% of these cases in July and August were community acquired cases which are challenging to target from an improvement perspective. Quality 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.

Financial Position

The Director of Finance will present a summary update on the month five 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.

Leadership Summit

The Summit held on 7th September was an opportunity to engage with the senior leaders across the Health Board and to introduce our Executive Team colleagues who have joined us – I am pleased to say that Dr Richard Evans was able to join us that morning too. We had over 150 of our key leaders attend and I was pleased with the levels of energy and engagement.

The focus was very much on the need to work as one leadership team, with clear purpose on a set of collective priorities. I shared my reflections of my first six months in post, and we benefited from a Welsh Government perspective, to provide some context to the discussion. There was a welcome degree of consistency to our description of the challenges and opportunities, as well as consensus on the key areas of focus over the coming months. These include:

- A relentless focus on finance, quality and performance, as encapsulated by issues under scrutiny through the Targeted Intervention lens;
- The development of our organisational strategy and clinical services plan, which I update on below;
- Supporting the Bridgend boundary change in line with agreed principles and the related work to ensure the newly designed organisation is consistent with, and supports, our organisational strategy.
- Developing an agreed operating model with agreed ways of working that enable excellence to flourish and a model of system leadership and accountability that focuses on delivering excellent population health outcomes, and high quality care.
- Developing clear and consistent partnership arrangements with each of our stakeholders, building their confidence through the way we behave – with openness, respect and delivery on our promises and values.

A highlight summary video from the event is being produced to share this more widely across the organisation as well as sessions during October at all sites for the wider workforce. The Summit agenda and my presentation are attached as **appendices** for information.

Meet the Executive Team

We have had a positive response to these since we launched them in July which is part of our commitment to Listen, Observe, Learn, and Act (LOLA) approach. These sessions are designed to enable greater engagement with colleagues and the Health Board Directors where staff can meet the Directors face-to-face, hear first-hand about news and developments, ask any burning questions, and share any feedback.

The first session took place at the Princess of Wales Hospital, August's was at Neath Port Talbot Hospital and September's in Singleton Hospital. The October session planned for Health Board HQ, and November being at Morriston Hospital.

Staff Survey

I am pleased to report that we have had an improved response rate to the NHS Wales Staff Survey this year with an ABMU response rate of 27% against an all-Wales average of 29%. As I have said previously, the NHS Wales Staff Survey is a useful tool for me in understanding where our organisation is and how colleagues feel. Only by understanding this will we be able to determine an effective way forward for us to the best we can possibly be. Both the national and organisational reports will be published on the 1st October 2018.

Introductory meetings

These have continued with external stakeholders to include public sector leaders, politicians, and partners, specifically CEOs from both NPT and Swansea City councils; Swansea University; Womens' Health Implementation Group; Welsh Ambulance Services NHS Trust; WHSSC Joint Committee; Western Bay Leadership Group; Aberavon AM David Rees; CHCs; Joint Regional Planning Committee / Cardiology and Endoscopy discussions with Hywel Dda; HEIW; WHSSC Joint Committee; NHS Collaborative; and NHS Confederation.

Internal Engagement

There has been ongoing engagement with colleagues through a variety of attendance at formal meetings, site visits and 'walk-arounds' namely at Singleton and Neath Port Talbot hospitals. At Singleton I enjoyed meeting members of the senior team; my very positive visit to Ward 2; my whistle-stop tour through theatres; the time I spent with Dr Russell Banner, Dr Sarah Gwynne and colleagues; my interesting tour through our pathology services; and finally really enjoyed my time in SAU and talking to Dr Rhodri Edwards and colleagues including our social work colleague Joanna Slee from Swansea Council. It was great to hear of the excellent work we are doing together and the team spirit was evident.

Similarly at Neath Port Talbot hospital – visiting Ward A (Theatres and day surgery); Minor Injuries Unit; Afan Nedd Unit and Rapid Diagnostic Centre (RDC); TOCALS service model; Ward E (enabling ward) and also the Birth Centre. Again, a very helpful and informative visit which highlighted the potential for NPT to seize more opportunities and play a bigger role in the changing landscape within the Health Board, particularly within the context of the Bridgend Boundary change.

Hazel Robinson and I have also met with our Graduate Management Trainees at one of their regular sessions at HQ. It was so helpful to listen to their experiences of ABMU life where they explained the strengths of the trainee management programme and some of the opportunities to shape things differently as we take the programme forward. Their exposure to so many different services across our different SDUs can provide us with real insight about the issues and opportunities for us collectively.

Visibility and Communications

There has been continued increased visibility via my monthly blog and complementary vlog with encouraging feedback in response to content as well as some challenge from colleagues. In addition, a CEO video message has been produced for ABMU's Footprints Leadership Programme and a 'Q&A style' interview produced about leadership, the importance of leadership and how it aligns to our Health Board Values - all within the context of the Footprints Leadership Programme content.

I have also filmed a CEO message for the World Sepsis Day in support of ABMU's SeGMED Group at Morriston Hospital, on 13th September 2018) to help profile the positive work being done there and encourage sharing of best practice across all sites.

Development of an Organisational Strategy

The Health Board has agreed one of the key priorities for 2018/19 is the development of the organisational strategy which will provide the Health Board with a long term framework for the Health Board and its relationship with partners.

The Strategy will bring together our vision; ambition; strategic aims and enablers and objectives for the organisation. This will enable to have a common understanding of the role the Health Board plays in improving health and wellbeing and how it relates to patients, staff, partner organisations and the broader public services. The Strategy will be underpinned by more detailed clinical, service and corporate plans on which its strategic future is based. It also acts as a means of engaging and motivating staff in delivering a positive future for the organisation and those it serves.

At the Board Development session on 30th August 2018, a discussion took place on the process of developing the strategy and it was agreed we would hold a workshop in October to progress further.

Refreshing our Clinical Services Plan (CSP)

We are currently undertaking a review of our extant *Changing for the Better CSP* to reflect our changing environment, national and regional policy developments, and local sustainability challenges. As part of the TI package and support arrangements we have commissioned Capita to work with us and will be using a combination of qualitative and quantitative analysis and modelling to review our current position and assist in designing new clinical models for unscheduled care, surgical service and regional services for delivery over the next five years.

Predominately this work is being delivered over the next eight weeks by means of stakeholder interviews, clinical redesign groups with colleagues from a range of clinical professional groups and sector partners as well as wider engagement with clinical teams and stakeholders and the Chairman and the Vice Chair have been invited to attend the clinical redesign groups.

The CSP will also describe our service models and commitments against the five programme recently agreed by Board members (Older People, Respiratory, Diabetes, Heart Conditions and Cancer). It will reflect our ambitions to move to a more population health focused approach, providing a healthy start in life, improving independence and community resilience. Our care models will be based upon care at or close to home; integration; placed based and networked delivery approaches. Our CSP will include a Joint Regional Services Plan developed and agreed by both Hywel Dda and ABMU Health Boards.

ABMU deputy medical directors are working closely with the Director of Strategy and Capita to prepare a report to the Board in November 2018.

Executive to Executive Meeting – Hywel Dda University Health Board / ABMU Health Board

A constructive executive to executive session with Hywel Dda was held on 12th September. This was an opportunity for Hywel Dda colleagues to update on progress of their Transforming Clinical Services consultation. They are currently going through a process of “Conscientious Consideration”, in which they are giving full consideration of the material to have come out of the consultation in order to test and challenge their initial assumptions and proposals. They shared with us a high level overview of the consultation process and emerging messages.

We briefly rehearsed some examples of how patient flows across our Health Board boundaries may change under different scenarios that would require us jointly model the impact and plan for accordingly, building on our engagement to date. We reaffirmed our commitment to this joint work.

Value Based Healthcare

The Welsh Government has agreed to fund programme delivery resources in both Abertawe Bro Morgannwg University Health Board and Hywel Dda University Health Board, to pump prime and enable Value Based Health Care in both Health Boards and across the region working alongside partners, including Swansea University. The funding will support Clinical Leadership and Programme Delivery.

The ABMU and Hywel Dda clinical and finance teams met with Welsh Government colleagues on 11th September 2018 to discuss potential clinical pathway priorities (orthopaedics, Ophthalmology, ENT and Urology), the regional conditions for success, governance, measurement and reporting. The Welsh Government is supportive of our emerging approach. On 19th September 2018 the team have a further meeting with Professor Sally Lewis and Dr Tom Kelly (ICHOM – International Consortium for Health Outcomes Measurement), to firm-up approaches and plans

Awards

– Endoscopy Department, Princess of Wales Hospital (POWH)

I am delighted that the endoscopy department has been awarded a UK-wide badge of quality for its years of dedication to improving services for patients. JAG (Joint Advisory Group on Gastrointestinal Endoscopy) is part of the Royal College of Physicians and the programme, regarded as one of the most innovative and effective schemes in the healthcare sector in the UK and around the world, helps endoscopy departments focus on improving staff training and patient experience. I met the team when I visited in June and they shared their good news with me then – which has taken years of dedication and commitment from the team - but this was not published until sometime afterwards so well done again everyone and keep up your sterling work.

– Patients Know Best

There has also been great media coverage about a new digital service called Patients Know Best (PKB) which is helping empower patients to be more involved in their care by securely giving them access to their own health records. As well as having 24/7 access to their records, patients can now choose who they want to

share the information with, and work much more closely and easily with clinicians to manage their future care as a team. Care plans can be created digitally with input from patients and clinicians, and videos and other media content to help patients better understand their condition and manage care are also available. This is another great example of how digital is helping transform our services to, improve efficiency, and add value by further improving the experience for patients. Our Health Board is the first in Wales to offer this service to patients which is gathering interest from other Health Boards so well done to everyone who has been involved.

– *ABMU Apprentice Academy*

Since the last board meeting the ABMU Apprentice Academy received the *People's Choice Award* for Excellence in Workforce, OD (Organisational Development) and HR (Human Resources) at the HPMA (Healthcare People Management Association) Wales Awards 2018. *The Footprints* training programme called Footprints was also highly commended.

Senior Management Appointments

I am delighted that Hannah Evans, Director of Transformation and Irfon Rees, Chief of Staff took up post in August 2018. Hannah Evans will provide executive leadership within the Health Board in preparation for the April 2019 Bridgend boundary change and organisational re-design after the transition has happened. As Director of Transformation, Hannah will also provide executive leadership in developing a transformation programme and approach which ensures that all the different changes across the Health Board are aligned. Hannah will be working with our Executive Board and Delivery Units to develop an operating model for how our Health Board does business which includes roles and relationships at and between Headquarters and Service Delivery Units, and between Units themselves. Hannah will also help us design and agree the ABMU approach to how we operate including clinical leadership and engagement, decision making, performance management, performance improvement, communication, partnerships, and accountability.

Irfon Rees will be supporting us to develop successful strategic relationships and strategically manage our reputation with stakeholders and partners. Irfon will support the Chairman and myself, along with my Executive Team in the day-to-day management and delivery of strategic tasks and responsibilities on a range of complex pieces of work across the organisation and will play a key Health Board-wide strategic leadership role in interpreting Welsh Government policy and its delivery.

4. RECOMMENDATIONS

Members are asked to:

- **NOTE** the report;
- **APPROVE** the terms of reference for the Joint Transition Board;
- **NOTE** the commencement of the staff consultation on the Boundary Change;

- **AGREE** to write to the Cabinet Secretary on behalf of the Board to recommend a change of name for the Health Board as a result of the Bridgend Boundary Change.

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	<ul style="list-style-type: none"> • Terms of reference for the Joint Transition Board; • Bulletin 3 – Joint Transition Programme • Leadership Summit agenda, presentation & proposed priorities 				



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University Health Board



LEADERSHIP SUMMIT – 7TH SEPTEMBER 2018

Tracy Myhill

Chief Executive - ABMU Health Board



@TracyABMU



Purpose/Pwrrpas

- Share my reflections with you after 6 months as Chief Executive
- Gain a collective understanding of the key challenges facing ABMU
- Be clear on actions that we need to take
- Share emerging long term vision and direction
- Secure collective commitment to our ambition

A bit about me...

- Qualifications – FCIP, MBA
- 34 years in NHS Wales
- Former CEO Welsh Ambulance Service
- Deputy Chief Executive and Workforce Director in Health Boards, Trusts and National Director in Welsh Government
- Institute of Directors Public Sector Director of the Year (Wales)
- Healthcare People Management Association – HR Director of the Year (UK)
- Stonewall Role Model (Wales)
- Married to Dee - 4 'children'
- Born in Tonypandy
- Authentic, open, collaborative, Values based, engaging, passionate...



Our Values



A flavour of ABMU at our best...



PATIENTS KNOW BEST®
MANAGE YOUR HEALTH

Proton Pump
Inhibitor Prescribing

Transfer of Care and
Liaison Service (TOCALS)



Footprints Leadership
Development Programme
&
Apprenticeship Academy



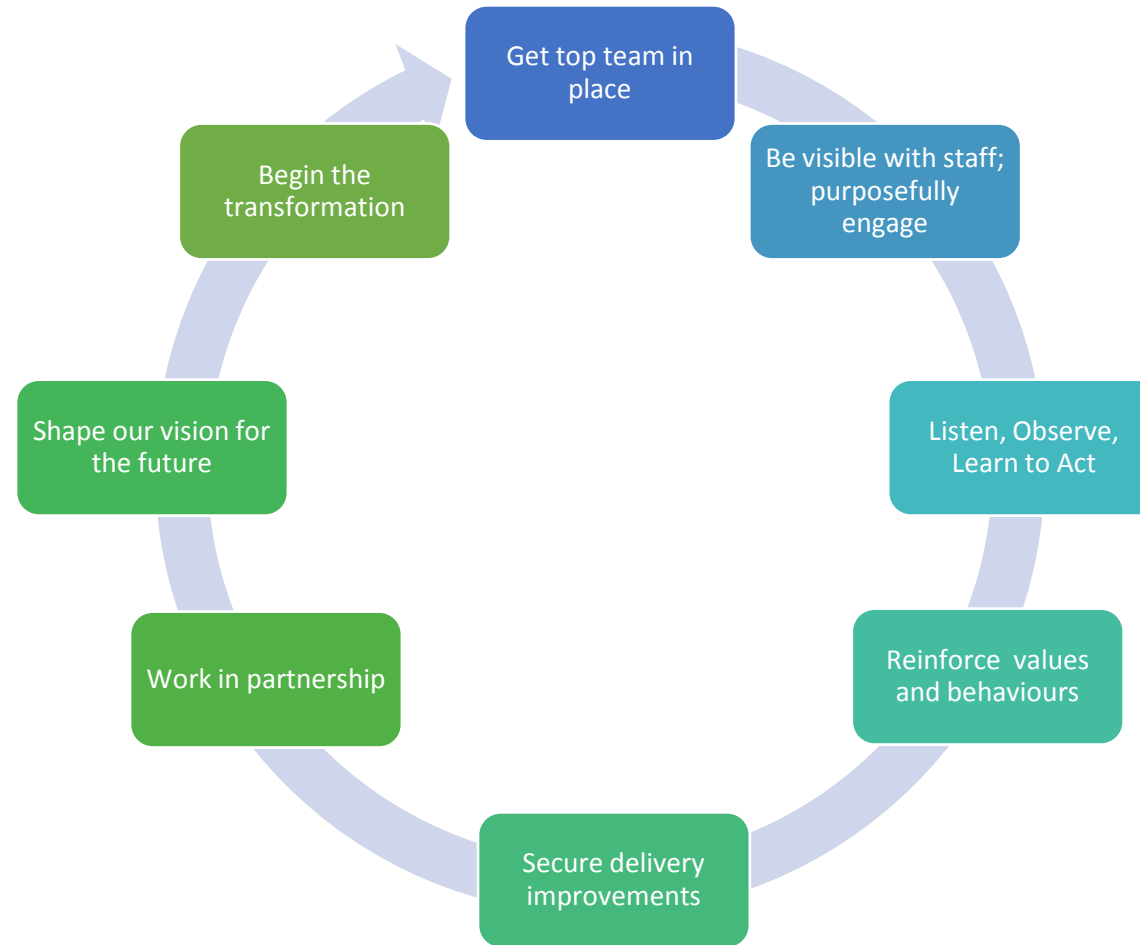
‘Meet the
Matron’ Sessions



Mobilisation
Project














My priorities in the first 6 months



ABMU HEALTH BOARD : BOARD MEMBERS

► EXECUTIVE TEAM

CHIEF EXECUTIVE	CHIEF OPERATING OFFICER	DIRECTOR OF CORPORATE GOVERNANCE	DIRECTOR OF FINANCE	MEDICAL DIRECTOR	DIRECTOR OF NURSING AND PATIENT EXPERIENCE	DIRECTOR OF PUBLIC HEALTH	DIRECTOR OF STRATEGY	DIRECTOR OF THERAPIES AND HEALTH SCIENCES	DIRECTOR OF TRANSFORMATION	DIRECTOR OF WORKFORCE AND ORGANISATIONAL DEVELOPMENT
										
Tracy Myhill	Chris White	Pamela Wenger	Lynne Hamilton	Richard Evans	Gareth Howells	Sandra Husbands	Siân Harrop-Griffiths	Christine Morrell	Hannah Evans	Hazel Robinson



Our improvement journey... A few highlights

No new never events since
March 2018

Best in Wales for Universal
Mortality Reviews

Sustained our
performance in endoscopy
services with no patients
waiting over 8 weeks

The backlog of patients waiting for
cancer treatment has reduced
over the last 4 months and is now
the 2nd lowest in Wales

Outpatient waiting times
have been sustained at
target level since April
2018

Working with WAST, we
have the 2nd best level of
response to red calls
within 8 minutes

The number of stroke
patients who are
thrombolysed within 45
minutes has improved

Our improvement journey.... A few more highlights

Meeting all requirements
of the Wales Mental
Health Measure

Community workforce
mobilisation shortlisted for
Transforming Health Care
Awards 2018

Speech and Language
Therapies achieved and
maintaining 14 week wait
target

WellCome programme roll out to
nurseries across ABMU, providing
targeted intervention for pre
schoolchildren

7 staff members from
mental health and learning
disabilities unit nominated
for RCN awards

Consistently achieve over
uptake rate of over 95% of
children receiving the '5 in
1' vaccine by age 1

Common Ailments Service now operating
in 95% of ABMU's 125 pharmacies (755
consultations undertaken in July, 144%
increase on previous month.

We are good at innovating...

There are new models of care in place in each of our hospitals to manage frail older people more effectively

3,243 staff are using mobile devices as part of the mobilisation project

We are pioneering a service in primary care to initiate and monitor Direct Oral Anti-Coagulants to prevent blood clots

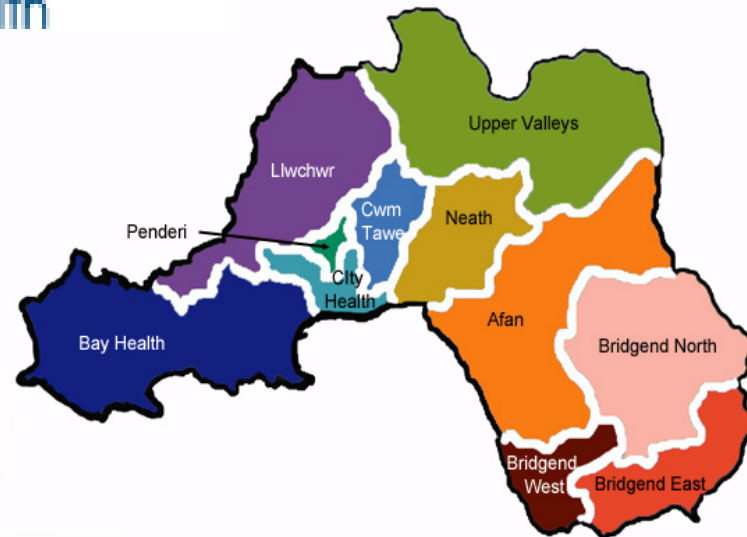
We have launched Patient Knows Better (PKB) to help patients take control of their own health by having electronic access to their records

We have secured funding to develop a Health & Well Being Centre in Swansea

We have just submitted a proposal to test a new model in the Cwmtawe Cluster which will integrate health & social care

The rapid diagnostic centre managing patients with suspected cancer at NPT Hospital is ground breaking

...and are well placed to be best in class in a number of areas





Value Based Healthcare & Clinical Variation Symposium

1.30-4.30pm, Friday 11th May 2018
Liberty Stadium, Swansea

Invited speakers:



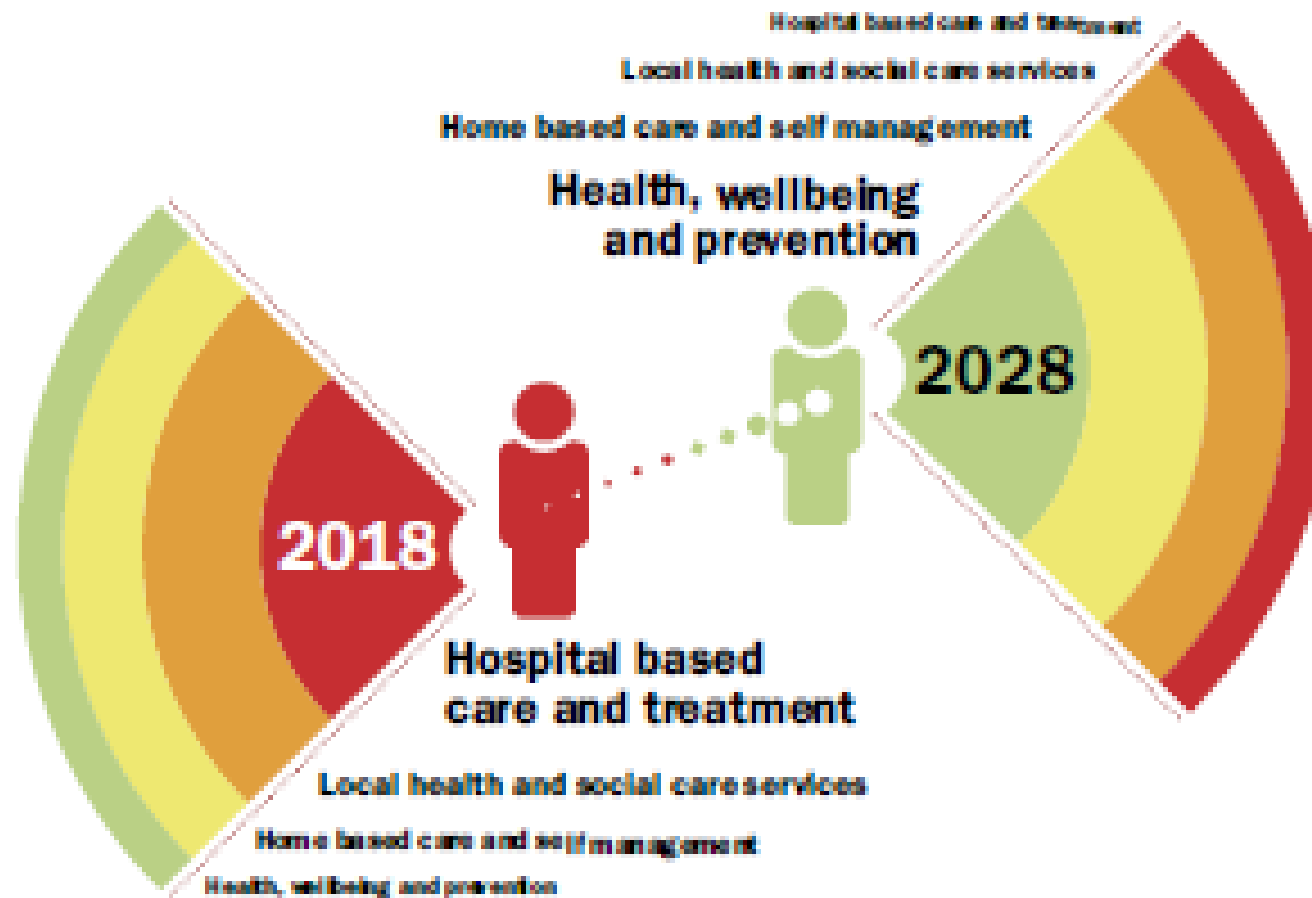
Sir J.A. Muir Gray CBE, FRCPSGlas, FCLIP *Director Better Value Healthcare*



Dr Sally Lewis *National Clinical Lead for Value Based Care, Wales*

CPD Accreditation applied for

But a long way to go to shift the dial to becoming a genuine population health focused organisation



What else do I note/see.....

- High level of escalation with Welsh Government/Intense scrutiny
- Some quality concerns/Some safety challenges
- Performance challenges/Significant financial challenges
- High executive turnover and instability in senior leadership
- Virtually new set of non-officer members on the Board
- Challenging workforce and employee relations climate
- Silos
- Unclear operating model/inconsistency/lack of discipline
- Lots of looking back : less looking forward : lack of clear org strategy and vision
- Clinicians not at the forefront
- Provider focus and emphasis
- Significant change on the horizon

"IT ALWAYS SEEMS
IMPOSSIBLE UNTIL
ITS DONE."

~NELSON MANDELA



Some more of what I see...

- Ambition
- Care
- Team spirit
- Innovation
- Drive
- Pride
- Opportunity



Targeted Intervention Status

We have been at a higher level of escalation with Welsh Government since Autumn 2016 – its time to focus our efforts to reduce this:

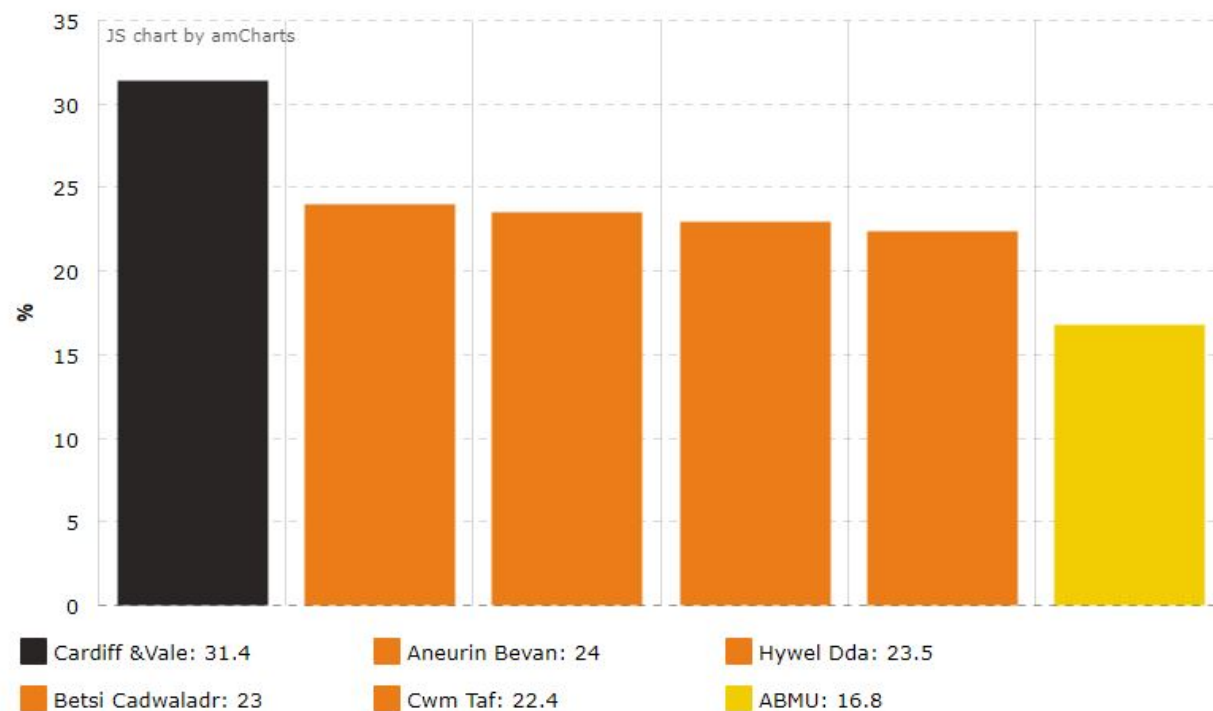
- Unscheduled Care
- Stroke Care
- Planned Care
- Health Care Acquired Infections
- Cancer
- Financial Position

...we need to make a step-change in performance...

Measures		Benchmark position (based on latest published data)						
		Best						Worst
Unscheduled Care	4 hours A&E	Powys	C&V	Ctaf	Hdda	ABMU	AB	BCU
	A&E wait over 12 hours	Powys	C&V	Ctaf	AB	ABMU	Hdda	BCU
	Red calls responded within 8 minutes	C&V	ABMU	Ctaf	AB	Hdda	Powys	BCU
	Ambulance handovers > 1 hour	Ctaf	C&V	Hdda	AB	ABMU	BCU	
Stroke	Direct admission < 4 hours	Hdda	C&V	Ctaf	AB	ABMU	BCU	
	CT Scan < 1 hour	Ctaf	Hdda	AB	C&V	ABMU	BCU	
	Specialist Assessment < 24 hours	AB	Hdda	C&V	ABMU	BCU	Ctaf	
	Patients thrombolysed < 45 minutes	C&V	Hdda	ABMU	BCU	AB	Ctaf	
Planned Care	% patients waiting < 26 weeks for treatment	Powys	Ctaf	AB	ABMU	C&V	Hdda	BCU
	Patients waiting > 36 weeks for treatment	Powys	Ctaf	C&V	AB	Hdda	ABMU	BCU
	Diagnostics > 8 weeks	Powys	Hdda	Ctaf	AB	ABMU	C&V	BCU
Cancer	NUSC patients treated within 31 days	Ctaf	AB	BCU	Hdda	C&V	ABMU	
	USC patients treated within 62 days	Hdda	AB	C&V	ABMU	BCU	Ctaf	
Infection Control	Rate of cumulative C.difficile cases per 100k population	C&V	AB	BCU	Ctaf	ABMU	Hdda	
	Rate of cumulative S.Aureus Bacteraemia cases per 100k population	BCU	C&V	AB	Hdda	Ctaf	ABMU	
	Rate of cumulative E.Coli Bacteraemia cases per 100k population	BCU	AB	C&V	Ctaf	ABMU	Hdda	

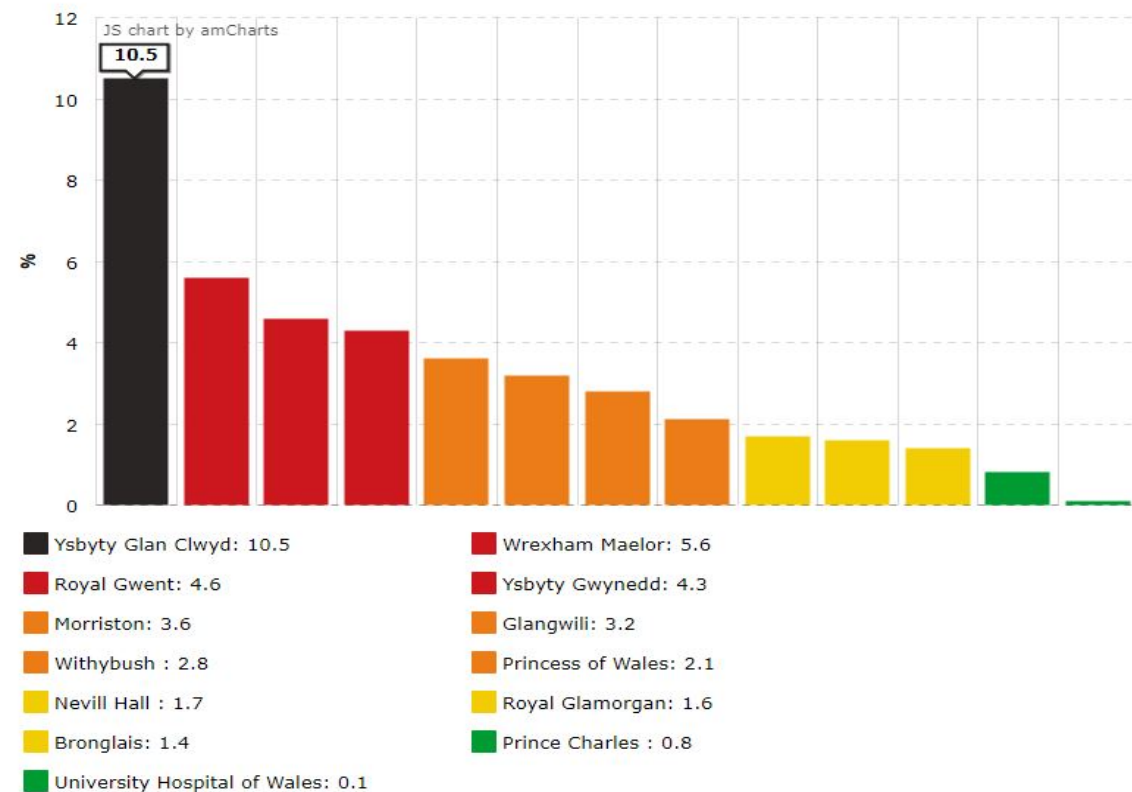
Scrutiny on performance will continue to be relentless...

Percentage of patients waiting more than 26 weeks for treatment (June)



Welsh Government

Percentage of patients spending more than 12 hours in A&E



Welsh Government

...we will not have flexibility and freedom to innovate unless we can control our finances

Where we are:

- 16-17 and 17-18 we failed in our statutory duty to balance our budget (16-17 deficit £39m; 17-18 deficit £32m)
- 18-19 WG expect us to reduce deficit to £20m
- Pay spend 70% of budget; our monthly spend £53.5m; £0.4m higher than same period 2017-18

What we need to do in the immediate short -term:

- **Everyone** needs to stop and think before spending
- **Everyone** needs to identify what spending can be **safely** reduced, delayed or deferred
- Tighter controls on new staff appointments
- Tighter controls on use of contingent labour
- Reduce non-pay expenditure in clinical and non-clinical areas
- Seek opportunities to maximize income

Action needed:

- Corporate Directorate and Unit plan by 14th Sept – used to be subject to Equality Impact Assessment
- Monitoring through Financial Recovery meetings
- Reporting to Performance & Finance Committee

...our immediate focus and priorities



Our Expectations ...



Leadership Behaviours:

- Pace, positivity and passion
- 'Us' & 'we' not 'them' & 'they'
- 16,000 people working together - not a heroic 'top team'
- Engaged workforce is paramount; without it we will fail
- Collaborative and system leadership is key

Work Collaboratively:

- System wide solutions
- "If one fails, we all fail"
- Our purpose as leaders is to serve staff on the front line

Role of the SENIOR Leader?

'The role of the senior leader in any organisation is to transform the organisation and the world beyond it with courage, imagination and energy'.



Our Expectations ...



Delivery:

- Do what we say we will do (reputation)
- Hold each other to account
- Pace, energy and purpose
- Collaborate

Lead the Way:

- What is our USP?
- What will we be known for across the world?
- What can we all get behind?
- Is it Values and Value Based Healthcare?
- Let's change the narrative.

Final Thoughts

“Change will not come if we wait for some other person or if we wait for some other time.

We are the ones we’ve been waiting for.

We are the change that we seek.”

Former US President Barack Obama





PROGRAMME – SENIOR LEADERSHIP SUMMIT

7TH September 2018

8.45am to 12.45pm

Aberavon Beach Hotel



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

8.45am	Tea & Coffee on arrival	
9.00am	Opening address – Reflections on my first 6 months as Chief Executive	Tracy Myhill
Stabilisation & Recovery – Our challenge in 2018/19		
9.30am	Guest Speaker: <ul style="list-style-type: none">• A perspective on ABMU• Introduction to the NHS Wales Efficiency Framework	Hywel Jones, Director - NHS Wales Finance Delivery Unit
10.00am	Quality, Delivery & Finance - our focus in next 6 months	Gareth Howells, Chris White & Lynne Hamilton
10.15am	Introduction to round table discussions	Hannah Evans
11.00am	Tea & Coffee Break	
Transforming Care and Delivering “A Healthier Wales”		
11.15am	Our vision and strategy – <i>emerging organisational strategy and clinical services plan.</i>	Tracy Myhill Sian Harrop-Griffiths Lynne Hamilton Dr Sarah Spencer Dr Aidan Byrne
Next Steps		

12.10pm	Top Actions in the next 6 months - feedback from round table discussions	Irfon Rees
12.20pm	Making a personal commitment to action	All
12.40pm	Close	Tracy Myhill

LEADERSHIP SUMMIT**7TH SEPTEMBER 2018****Purpose:**

- Share reflections from the Chief Executive on first 6 months in post
- Facilitate a wider discussion on the Health Board's 'targeted intervention' status and what action we need to take
- Test emerging medium and long term plans for ABMU

Outcomes:

- Improved understanding of the challenges and opportunities with a consistent message that we share across the organisation
- Awareness of the medium and long term plans to enable broader engagement with all staff about our vision and direction of travel
- A clear set of actions for the next 6 months with a personal commitment to delivery from all leaders

PROPOSED PRIORITIES

SEPTEMBER 2018 – MARCH 2019

1. **Strategy:** Developing an organisational strategy, supported by a clinical services plan, that sets out our ambition to excel as a population health organisation, supporting people to live long and healthy lives, with access to excellent care when needed.
2. **Organisational redesign:** Supporting the Bridgend boundary change in line with agreed principles and the related work to ensure the newly designed organisation is consistent with, and supports, our organisational strategy.
3. **Operating Model:** Agreed ways of working that enable excellence to flourish and a model of system leadership and accountability that focuses on delivering excellent population health outcomes, and high quality care.
4. **Performance:** Delivering against the performance commitments we have made, becoming known as an organisation with grip and focus and one that sets out to meet its own high ambitions.
5. **People:** Organisational design and people strategies that support a high performing culture, build capacity and capability and align our people and process to the ambitions set out in our organisational strategy.
6. **Partnerships:** Recognising the role we play in the regional health economy, developing clear and consistent partnership arrangements with each of our stakeholders, building their confidence through the way we behave – with openness, respect and delivery on our promises and values.
7. **Finances:** Deliver the above with a collective endeavour to recover the financial deficit and achieve financial balance through excellent financial planning and resource allocation, robust financial management, and good governance.

Tracy Myhill
Executive Management Team
7th September 2018

Bridgend boundary change



DRAFT TERMS OF REFERENCE

Versio	Issued	Date	Comment
V1.0	Issued electronically to inform Chairs and Chief Executives considerations on the establishment of the Joint Transition Board	May 2018	For Comment
V2.0	Issued by the Board Secretaries of ABM UHB and Cwm Taf UHB for approval by the respective Health Boards.	June 2018	For Approval
V3.0	Discussed at the Joint Transition Board in June and agreed minor amendments. Issued by the Board Secretaries of ABM UHB and Cwm Taf UHB for approval by the respective Health Boards.	July 2018	For Approval
V4.0	Discussed at the Joint Transition Board 27 July 2018 and agreed to include Leader of Bridgend CBC, Welsh Government as observers, Trade Union Independent Members as members and to acknowledge that the Directors of Governance have a remit to provide governance advice to the Board.	August 2018	For approval
V 5.0	Discussed at the August Transition Board and agreed minor tweaks.	August 2018	For approval

BRIDGEND JOINT TRANSITION BOARD

1. Constitution

- 1.1 The Abertawe Bro Morgannwg University Health Board and the Cwm Taf University Health Board have resolved to jointly establish a Joint Transition Board to take forward and implement a decision by Welsh Government to realign the Health Board boundaries for the Bridgend population into Cwm Taf University Health Board. The Welsh Government has been made aware of the establishment of these arrangements.
- 1.2 The remit of the Joint Transition Board will be to oversee the arrangements, on behalf of the University Health Boards, to implement the decision of Welsh Government in line with the requisite proposed Establishment Order(s). This will involve establishing the new arrangements by the proposed date of 1 April 2019.

2. Membership

- 2.1 The membership of the Joint Transition Board is:

Member	Position/Organisation
Andrew Davies	Chair, Abertawe Bro Morgannwg University Health Board, (Joint Chair)
Marcus Longley	Chair, Cwm Taf University Health Board, (Joint Chair)
Tracy Myhill	Chief Executive, Abertawe Bro Morgannwg University Health Board
Allison Williams	Chief Executive, Cwm Taf University Health Board
Martin Sollis	Independent Member, Abertawe Bro Morgannwg University Health Board
Paul Griffiths	Independent Member, Cwm Taf University Health Board
Jackie Davies	Independent Member (Trade Union), Abertawe Bro Morgannwg University Health Board
TBC	Independent Member (Trade Union), Cwm Taf University Health Board
Alison Phillips	Transition Programme Director
Hannah Evans	Director of Transformation, Abertawe Bro Morgannwg University Health Board (Lead Executive for the Transition)
Ruth Treharne	Deputy Chief Executive / Director of Planning & Performance, Cwm Taf University Health Board (Lead Executive for the Transition)

In Attendance	Position/Organisation
Darren Mepham (Co-opted Member)	Chief Executive, Bridgend County Borough Council
Huw David (Observer)	Leader Bridgend County Borough Council
Dave Thomas (Observer and Critical Friend)	Wales Audit Office (WAO)
To Be Confirmed (Observer)	Welsh Government
Invitation to attend to discuss work programme areas requiring wider collaboration	
Governance Advice/Support	
Pamela Wenger	Director of Corporate Governance / Board Secretary, Abertawe Bro Morgannwg University Health Board
Robert Williams	Director of Corporate Services & Governance / Board Secretary, Cwm Taf University Health Board

2.2 Whilst the Membership of the Joint Transition Board will remain under review, the implementation of the Welsh Government decision to realign the Health Board boundary will determine and influence appropriate attendees at each meeting.

2.3 All members are expected to regularly attend meetings and make a serious commitment to participating actively in the work of the Joint Transition Board.

2.4 The Directors of Corporate Governance' will provide governance advice to the Joint Transition Board and be the conduit with Welsh Government and legislative matters

3. Quorum and Attendance

3.1 A quorum shall consist of no less than 50 % of the membership, which must include members from both University Health Boards and a Chair and Chief Executive Officer.

3.2 Any senior officer of the UHBs or partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting to assist with discussions on a particular matter that relates to the delivery of the Terms of Reference.

3.3 The Joint Transition Board will have access to appropriate clinical advice as necessary.

3.4 Should any member be unavailable to attend, they may nominate an appropriately briefed Executive Director (for Chief Executives) or Vice Chair

to attend in their place, subject to the agreement of the Joint Chairs.

- 3.5 The Joint Transition Board will be chaired in rotation by the Chairs of the University Health Boards.

4. Aim

- 4.1 The Joint Transition Board will, on behalf of both Health Boards', oversee the implementation of the outcome of the Welsh Government's decision on the Bridgend Health Board boundary change and in doing so, will report to the respective Health Boards.
- 4.2 The Joint Transition Board will establish the Joint Transition Programme Group (JTPG) and will receive reports from the JTPG, who will oversee and receive reports from the established Work streams. A proposed structure diagram is attached at Appendix 1.

5. Objectives

- 5.1 The following objectives are within the scope of the Joint Transition Board:

Internal Control and Risk Management

- 5.2 The primary duty of the Joint Transition Board is to oversee the implementation of the Welsh Government decision as it relates to the Bridgend catchment population.
- 5.3 In furtherance of this duty, the Joint Transition Board will:
- Develop and agree the approach, and related processes, and take responsibility for identifying and managing associated key risks;
 - Agree a set of working principles, that will help guide the approach to the work required;
 - Maintain an agreement log for key decisions;
 - Report to the Health Boards on the probability of those risks materialising and the arrangements for managing them.

External Partnerships

- 5.4 Recognising the need to work in partnership the Joint Transition Board will:
- Ensure all Local Authority partners affected by the boundary change and Welsh Government are kept updated on related progress and where appropriate, invited to attend the Joint Transition Board
 - Ensure key stakeholders are communicated with on a regular basis.

6. Out of Scope

- 6.1 The following are outside the scope of the Joint Transitional Board:
- Replacement of existing University Health Board sovereignty or

- governance structures
- Delivery of existing local services, or
- Replacement of existing planning, governance, or due diligence arrangements.

7. Delegated Authority

- 7.1 The Joint Transition Board is authorised by the Cwm Taf and Abertawe Bro Morgannwg University Health Boards to undertake activity in line with these terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Joint Transition Board.
- 7.2 The Chairs and Chief Executives may need flexibility to take action outside the scheduled Joint Transition Board meeting arrangements, in which case, the appropriate authority will be sought by consideration and application of existing Health Board arrangements.
- 7.3 These terms of reference may be varied only with the express agreement of both Health Boards.

8. Reporting

- 8.1 The agenda will be based around the Terms of Reference of the Joint Transition Board and consider related risks and matters being considered and reported via the Joint Transition Programme Group.
- 8.2 Joint Transition Board meetings shall be recorded and routinely reported to the Health Boards. Papers will normally be distributed to Joint Transition Board one week before the meeting. The Joint Transition Board will agree information to be made available on the Health Boards websites.

9. Frequency of Meetings

- 9.1 The Joint Transition Board will meet monthly and will report routinely to the Health Boards. Any additional meetings will be arranged as determined by the Joint Chairs.

10. Accountability, Responsibility and Authority

- 10.1 Although, as set out within these terms of reference, the Board has delegated authority to the Joint Transition Board for the exercise of certain functions, the Health Boards retain overall responsibility and accountability for the commissioning (and where relevant, delivery) of healthcare of its citizens, through the effective governance of the organisation.
- 10.2 The Joint Transition Board is directly accountable to the respective University Health Boards for its performance in exercising the functions set out in these terms of reference.

11. Reporting

- 11.1 Through the Chief Executive Officers, Board update reports will be provided routinely to respective Health Boards, and where required, through respective Committee structures responsible for planning.
- 11.2 Regular joint updates will be provided to respective Community Health Council Service Planning Committees, with the opportunity to present at joint statutory CHC meetings to provide ongoing briefings.

12. Secretarial Support

- 12.1 The Committee Secretary shall be jointly determined by the Board Secretaries of Cwm Taf and Abertawe Bro Morgannwg University Health Boards.

13. Review Date

- 13.1 These terms of reference and operating arrangements will remain under review and should any changes be deemed necessary, will require approval by the respective University Health Boards.

DRAFT Version 5.0 for endorsement at Joint Transition Board August 2018

