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University Health Board



<b>Health Board Meeting</b>	<b>26<sup>th</sup> July 2018</b>		<b>Agenda Item</b>	<b>2 viii</b>
<b>Report Title</b>	<b>Chairman and Chief Executive's Report</b>			
<b>Report Author</b>	Pam Wenger, Director of Corporate Governance			
<b>Report Sponsor</b>	Pam Wenger, Director of Corporate Governance			
<b>Presented by</b>	Andrew Davies, Chairman and Tracy Myhill, Chief Executive			
<b>Freedom of Information</b>	Open			
<b>Purpose of the Report</b>	<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>			
<b>Key Issues</b>	<p>This report provides key updates to the Board including:</p> <ul style="list-style-type: none"> <li>• Update on the NHS@70 and Chairman's Values Into Practice Awards held on 5 July 2018;</li> <li>• Update on changes to the Board Membership including progress on the appointment of the two non-officer vacancies;</li> <li>• An update on the commencement of the Thoracic Surgery Consultation following the agreement by the Board on 25 June 2019;</li> <li>• An update on the Transition Programme for the Bridgend Boundary Change following the decision in June 2018;</li> <li>• An update on the Listen, Learn, Observe and Action Programme, key appointments and updates against programmes of work.</li> </ul>			
<b>Specific Action Required</b> <i>(please ✓ one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>	<b>Approval</b>
	✓			
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report.</li> </ul>			

## 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

#### 70<sup>th</sup> Anniversary of the NHS

Unlike most other health organisations, we decided in ABMU to use the whole of 2018 to celebrate the 70th anniversary of the NHS, and not just the 5<sup>th</sup> July 2018. Consequently, a very extensive series of events have taken place across ABMU in 2018. They ranged from the unveiling of the 'Lady of the Lake' sculpture outside the Welsh Burns Centre at Morriston Hospital in February through the health board's first nursing conference, to open days in hospital libraries to special menus offering traditional food in the restaurants in all four main acute hospital sites. Departments, wards and teams also held their own smaller events.

As part of the commemorative events a book of staff and patient memories and photographs have been compiled by the ABMU Communications Team in conjunction with colleagues in the Heritage Group, Medical Illustrations and others such as local born award winning actor Michael Sheen who provided the foreword.



*Pulling together, a snapshot of the first 70 years of the NHS in Swansea Bay and Bridgend* is an affectionate look back (and look forward) by patients, staff and the public who have lived and loved our local NHS through the decades and is available to buy from Amazon at £10 plus p&p. Proceeds to ABMU Charitable Funds.

Our symbolic miner's lamp relay, which started on Sunday, June 24<sup>th</sup>, reached ABMU HQ in Baglan on 5<sup>th</sup> July where a large group of staff turned out to greet the team and entertainment was provided by harpist Bethan Semmens. Staff at Neath Port Talbot Hospital joined patients for a celebratory tea party where they were entertained by dancers Rebecca Scott and Lloyd Perry, who are the current UK Open Amateur Rising Star Latin Champions. There was a special honour for Peter Llewelyn Evans, Maxillofacial Laboratory Services Manager at Morriston Hospital. He was one of just 10 NHS Wales staff invited to speak at a celebratory service in Llandaff, Cathedral in Cardiff, attended by HRH, the Prince of Wales.

Also staff from across the NHS in Wales - including ABMU - come together to create a one-off performance of Jess Glynne's hit song, 'Hold My Hand', to mark the 70th anniversary of the NHS.

In addition, the award-winning National Theatre of Wales is producing a 'Love Letter to the NHS' across Wales to celebrate the 'NHS@70', and will be performing their play 'Come Back Tomorrow' in the Chapel at Singleton Hospital

from 26 - 28th July with performances starting at 8pm. Tickets can be bought online at: [https://www.nationaltheatrewales.org/ntw\\_shows/nhs70-come-back-tomorrow/](https://www.nationaltheatrewales.org/ntw_shows/nhs70-come-back-tomorrow/)

### **Chairman's Awards Ceremony – 5<sup>th</sup> July 2018**

Health staff who go the extra mile for patients and individuals/teams who have gone above and beyond to develop services and conduct research which improves the lives of patients were recognised at the Chairman's VIP (*Values Into Practice*) Awards held on the 70<sup>th</sup> anniversary of the NHS.

11 winners were selected via an ABMU-wide staff vote, having been shortlisted following a record 225 nominations. Now in its fifth year, the categories had been revised and streamlined to reflect the core purpose of the awards. The various categories including *Putting Patients First* and *Volunteer of the Year* was the NHS@70 *Values Into Practice* Award, which was specially created to mark the anniversary.

*The winners were:*

- *Commitment to Research and Learning Award: Traumatic Brain Injury Service*
- *Excellence in Leadership and Management Award: Dr Anthony James*
- *Going the Extra Mile (GEM) Award: SCBU (Special Care Baby Unit) Family Support Group Bridgend*
- *Improving Health and Wellbeing Award: Fit for the Future – Traumatic Brain Injury*
- *Improving Lives Through Arts in Health Award: Arts as a Pathway to Hope Project*
- *Improving Lives Through Arts in Health – Photography Award: Emma Mugford*
- *NHS@70 VIP Award: Dr Firdaus Adenwalla and Mrs Annette Davies*
- *Putting Patients First Award: Sepsis Group, Morriston Hospital Emergency Department*
- *Volunteer of the Year Award: ABMyouth*
- *Welsh Language Award: Rhian Bowen, Speech & Language Therapy*
- *Working Together for Patients Award: Macmillan Therapy Team*

Well done to the winners but also to all those who took part. I look forward to seeking even more nominations next time.

### **Bridgend Boundary Change**

The Board received an update on the announcement that the changes to the boundary of Bridgend County Borough Council, with the local authority area moving into Cwm Taf UHB, will proceed with effect from 1<sup>st</sup> April 2019. Since the last meeting, we have now established a Transition Board with Cwm Taf which is co-chaired by myself and my opposite number Marcus Longley, and the first meeting of the Transition Board took place on 29 June 2018 and update on the progress will be provided later on the agenda.

We have agreed some principles with Cwm Taf UHB about how we will manage this change, and the things which are really important. A key principle is that this change should, at worst, have a neutral impact on both organisations in terms of services to

patients, populations served, staff, finances, performance etc. and of course to see improvements for all is the ultimate aim. We will be working together with Cwm Taf and with Welsh Government to effect this.

### **Joint Meeting with Hywel Dda University Health Board**

Following my suggestion the Health Board held it's first joint meeting with Hywel Dda University Health Board on 27 June 2018 which was very successful. The meeting provided both organisations with an opportunity to discuss our strategic regional partnership working and opportunities to align where possible our clinical strategies for the benefits of the population that both organisations serve.

As part of the meeting, the Health Board had a further opportunity to receive and discuss the Hywel Dda University Health Board's Clinical Strategy, – 'Our Big Change' to inform our Health Board's response. A copy of the response is at **Appendix 1**.

### **Public Consultation - Thoracic Surgery**

At its meeting on 25 June 2018, the Board approved the recommendation to proceed to consultation. However, Cardiff & Vale UHB requested some matters relating to the public consultation document to be considered further in advance of the consultation proceeding.

The related matters were considered and discussed by the Chairs and Chief Executives of Health Boards and Welsh Health Specialised Services Committee on Monday 2 July 2018, with advice provided by Directors of Governance / Board Secretaries. Following discussion and assessment of the matters raised, it was felt that the amendments proposed and agreed, were minor and not material, concluding with all Health Boards being fully supportive of the need to proceed to consultation with the wellbeing of patients remaining the priority.

The following amendments were agreed, which allowed the planned consultation to commence on Tuesday 3 July 2018:

- To add a comment of fact relating to the reference to generally poor outcome data, that we have 'expert surgeons who produce very good outcomes' – this relates to our two existing centres (amendment to page 6 of the consultation document)
- To add a free text box question – allowing for any other comments to be added (amendment to page 40 of the consultation document)
- To strengthen the *Frequently asked Questions* section on information relating to co-located and non-co-located Centres (amendment making reference to a link added to page 27 of the consultation document).

### **Board Member Appointments**

Since the last meeting interviews have been held for the two Independent Member vacancies on the ABMU Board. Recommendations for appointments have been

relayed to the Welsh Government for onward consideration by Vaughan Gething AM, Cabinet Secretary for Health and Social Services. I will keep the Board updated on progress.

Angela Hopkins, the interim Director of Nursing & Patient Experience left the Helth Board on 13<sup>th</sup> July and we welcomed Gareth Howells who has been appointed to this post substantively and took up post on 16<sup>th</sup> July 2018. We wish to reiterate our sincerest thanks to Angela for the significant impact she made during her months with us and wish her well in her new post as Acting Director of Nursing at Cwm Taf University Health Board.

We also bid farewell to our Medical Director, Hamish Laing after 34 years in the NHS, 24 of these being with ABMU and its predecessor organisations and the final four being in his current role. Hamish is leaving our Health Board and the NHS for a new post in Swansea University becoming Professor of Enhanced Innovation, Engagement and Outcome. Hamish has played a critical role in terms of clinical leadership across a range of clinical services, our relationship with Swansea University and Hywel Dda University Health Board and in addition to this has overseen the development of our digital agenda which are bringing benefits to patients and staff alike.

In terms of the interim arrangements for the Medical Director post the interviews for which are scheduled for the end of August 2018, our Deputy Medical Director, Pushpinder Mangat will be our Acting Medical Director. He himself is also waiting to take up a new role as Medical Director at Health Education & Improvement Wales (HEIW) in October 2018, and I would like to congratulate Push on his new appointment and also on him being made an Honorary Professor by Swansea University.

### **National Transformation Board**

The Welsh Government plan, **A Healthier Wales:** Our plan for health and social care which was published on 11 June 2018, sets out how it aims to transform social care and health in Wales by creating a seamless, whole system approach to improve the health and well-being of the people of Wales. The Plan committed to 'establish a national Transformation Programme to drive the implementation of this plan, led by the Director General, Health & Social Services, supported by a representative cross-sector Transformation Board.

The board will be responsible for supporting Andrew Goodall, the Director General of Health and Social Services, in leading the implementation of 'A Healthier Wales: Our Plan for Health and Social Care'. The board representatives from across the health, social care, housing, local government and voluntary sectors in Wales.

Alex Howells – Chief Executive, Health Education and Improvement Wales  
Clare Budden – Chief Executive, Pennaf Housing  
Dave Street – Director of Social Services, Caerphilly County Borough Council  
Gareth Roberts – Chair, North Wales Regional Partnership Board  
Huw David – Leader of Bridgend County Borough Council  
Keith Moultrie – Director, Institute of Public Care, Oxford Brookes University

Jan Williams – Chair, Public Health Wales  
Len Richards – Chief Executive, Cardiff & Vale UHB  
Phil Roberts – Chief Executive, Swansea County Council  
Phil Robson – Chair, Aneurin Bevan Regional Partnership Board  
Ruth Marks – Chief Executive, Wales Council for Voluntary Action  
Siôn James – Cluster lead, North Ceredigion Primary Care Cluster  
Steve Thomas – Chief Executive, Welsh Local Government Association  
Sue Evans – Chief Executive, Social Care Wales  
Vanessa Young – Director, NHS Wales Confederation

A meeting was held between the Cabinet Secretary for Health, the Minister for Children, Older People and Social Care and representatives of the Western Bay Regional Partnership Board (RPB) on 12<sup>th</sup> July 2018. The Leader for Neath Port Talbot County Borough Council (CBC) (and Chair of the RPB) attended along with the Chair of the Health Board (Vice Chair of the RPB), Cabinet Member for Care, Health & Ageing Well from Swansea Council, Cabinet Members for Social Care, Health and Wellbeing from Neath Port Talbot CBC and officers from the Health Board and two local authorities. This was a very positive meeting which allowed the Cabinet Secretary to outline the arrangements for the Transformation Fund (guidance attached at **Appendix 2**) and for the health board and two local authorities to outline the work which is being undertaken to develop the joint proposal for submission to Welsh Government shortly.

### **Western Bay Carers Partnership Board – Annual Report 2017/18**

The above report which evidences the achievements and progress made over the last financial year against the priorities set out by Welsh Government has been produced and is available at **Appendix 3**.

### **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, the first full Board Session has taken place and the focus of this session was to consider the respective roles and responsibilities of all Board Members (Chair, Chief Executive, Non-Officer and Executive Directors). The next session for the entire Board is scheduled in September 2018.

## **3. CHIEF EXECUTIVE'S UPDATE**

### **Listen Observe Learn Action (LOLA) Programme**

As part of my continued internal engagement I spent a great day with colleagues at Morriston Hospital on Friday June 5<sup>th</sup>. It was helpful for me listening to staff views and experiences and I was encouraged to hear about the strategic vision and ambition for Morriston itself and our health board more broadly that colleagues have. What also struck me is a consistent theme of us needing to work more effectively together within teams, within individual hospitals and units, across our organisation

and broader system of care. Overwhelmingly colleagues are telling me that there is a need and that there are opportunities for us to be more joined up. I am considering what we need to do to progress this and develop an operating model for us all that works and I welcome any views and advice.

During my visit I heard about the first patients arriving in the new **Liz Baker Renal Unit** from July 9th. I understand from colleagues that Liz was committed to improving the experiences and services for our renal patients and this £5.8 million scheme is a fitting tribute to Liz who sadly passed away in February last year.

On June 5th, I met with Jonathan Ridd and Jayne Nicholls of the **Paul Ridd Foundation**. Paul suffered with physical and learning disabilities and died from neglect in hospital in 2009. In his memory, his siblings Jonathan and Jayne established the Paul Ridd Foundation to support people with learning disabilities and their families and carers when needing health care. I was saddened, humbled, privileged, and inspired when I met with Jonathan and Jayne. You can read more about Paul's story and the excellent work of the Foundation in his memory [here](#).

In the last Board Meeting, the Volunteer Strategy was approved. The Chair, myself and some other members of the Executive Team participated in *Undercover Boss* for **Volunteers Week 2018** which was a great opportunity for us to celebrate and recognise the importance of our volunteer activity. I had a great time with colleagues including Glenda, Sylvia, Phil, and Julia who all did a sterling job of showing me the ropes at main reception in Morriston Hospital. One of our patients told me that if I kept up the good work I could be "...the big boss" and "go far" – which was very touching and amusing! My thanks go to Jo Parry for organising all of this and for initiating our volunteer strategy with these *Undercover Boss* sessions.

Along with other colleagues, I shared my personal story at the CALON event at Morriston Hospital on June 4th. CALON is the LGBT+ network for colleagues here at ABMU and I presented my story about how I have lived a life where I can be myself, and where I could not be myself. I explained that the stress of trying to pretend to be someone you are not eventually takes its toll. I am able to be myself in work and therefore give my best. I encourage colleagues to consider how you can support colleagues by being an LGBT+ Ally as it really does help.

Our first 'Meet the Executive Team' was held in the Princess of Wales Hospital as part of my commitment to Listen, Observe, Learn and Act (LOLA). The purpose of the session is to enable greater engagement with colleagues and we plan to hold these at various sites on a monthly basis. They are a means of staff hearing first-hand about news and developments and an opportunity to ask any burning questions and share feedback.

Our first session was very well attended by staff from a wide range of disciplines and departments and provided a very useful opportunity to speak with staff on an informal basis about issues that were important to them.

### **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 has improved for the last three months but remains behind our planned trajectory;
- **Stroke** – performance has improved over the past two months with assessment by a stroke consultant and CT scanning within one hour both being ahead of our planned position;
- **Planned care** – ABMU has achieved all of its planned care trajectories in quarter 1 of 2018/19 with the exception of diagnostic testing for which recovery plans are being developed;
- **Cancer** – ongoing reduction in the backlog of patients waiting 63 days for cancer treatment is beginning to result in improvement in the 62day urgent suspected cancer measure. We are working to further stabilise the resilience of the pathways in urology, gynaecology and breast services;
- **Healthcare acquired infections** – all three measures have improved in June 2018 and whilst not all are achieving trajectory further improvement is anticipated in quarter two.

### **Financial Position**

The Director of Finance will present a summary update on the Month three position and the financial assumptions being considered and managed by the Board are also being discussed in some detail at the Performance and Finance Committee.

### **Bridgend Boundary Change**

A Transitional Director (Alison Phillips) has been appointed, who will be accountable to Allison Williams and myself as CEOs of the two health organisations, to help shape the work we now need to do to translate all the scoping work we have done into real transformation and implementation plans to make the change. We are working closely with colleagues in Bridgend and those who serve the population of Bridgend to make transition as seamless as possible and will also set up an internal programme of work to plan for ABMU without Bridgend post April 2019. Communications will be a fundamental part of the programme.

Whilst Alison Phillips will work across both health organisations to enable successful delivery of the required changes there is much work that we have to do within ABMU specifically. Executive leadership within ABMU for ensuring that we are well prepared for the transfer of responsibilities from April and that we have redesigned our organisation for post-April 2019, will be the responsibility of Hannah Evans, Director of Transformation, who will be joining us in August. Sian Harrop-Griffiths will retain this oversight until such time as Hannah arrives.



### **NHS Staff Survey**

The NHS Wales Staff Survey launched on 11 June 2018 throughout all the health boards in Wales. It was scheduled to close on 22 July but is now being extended by two weeks bringing the closing date to 5<sup>th</sup> August to allow more employees to complete it. We have had a good response to the NHS Wales Staff Survey so far - in fact as of 16<sup>th</sup> July 2018 some 2,701 voices stronger (17% of staff) and I have enjoyed seeing colleagues tweet about participating. 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.

There has been a variable response rate across organisations and teams across all parts of Wales although ABMU's completion rate is in-line with other health boards of comparable size and services. I have asked that each of the Executive Directors and Senior Managers across the organisation remind and encourage staff to complete the survey.

### **New Internet Site**

Workstream one ("Information for You") of the NHS Wales Digital Strategy for Health and Social Care is reviewing the current architecture of websites in NHS Wales with the intention to rationalise the number and organisation of them. A key element of this programme is the development of [www.nhs.wales](http://www.nhs.wales) as the main portal/platform for patients. It has been agreed that the Health Boards and Trusts will retain their own sites within this architecture but that, where appropriate, content that is currently duplicated across several Health Boards (such as clinical information) could be hosted on the new all-Wales portal.

A project has been established for this transition across NHS Wales ("the Mura Project") and ABMU and Public Health Wales have agreed to form the first phase of implementation with others to learn from these and follow at pace. The new website will need to focus on information for patients, information about our services, how and where to access them.

The Board will be kept apprised of progress.

### **Patients Know Best™: a patient controlled record**

The equal sharing of information between patients and clinicians enabling and is a critical part of Prudent Healthcare, empowering them to take control of their health and wellbeing. So we are delighted that for the first time in Wales, patients in ABMU will be given a secure electronic record (called Patients Know Best) which they control and into which the information that the NHS holds about them will flow automatically. Initially this will be all their blood test results, but as part of our collaboration with the NHS Informatics Service (NWIS), we will add other results, clinic letters and their outpatient appointment details too, later in the year. Patients can add their own information and share all of it securely with their clinicians, carers

and family if they wish. Use of the messaging function allows patients to reduce unnecessary attendances at hospital and be in control of their care. ABMU is evaluating the benefits of the “PKB” approach on behalf of NHS Wales. When fully deployed, PKB will be tested in ten outpatient specialties in Princess of Wales Hospital and in four specialties across the rest of ABMU. The first patients in POW “signed up” to have a PKB account earlier this month.

### **Welsh Language Standards Update**

Further to the report provided at the May 2018 meeting updating the Board on the forthcoming introduction of Welsh Language Standards, key service representatives from ABMU (which included ICT, Nursing, Procurement and Workforce) have since met with the Welsh Language Commissioner’s office to discuss the process and timelines around the change over from Welsh Language Schemes to Welsh Language Standards.

The discussions provided guidance as regards expectations and arrangements that sit around the three month consultation phase and also enabled discussion of expectations as regards particular Standards.

On 18<sup>th</sup> July 2018 ABMU received a draft Compliance Notice setting out the particular Standards we are expected to adopt was received from the Welsh Language Commissioner in accordance with section 47(1) Welsh Language (Wales) Measure 2011. This confirmed the consultation period commenced on 18 July 2018 and will end on 10 October 2018. We therefore now have 12 weeks in which to formulate a consultation response setting out details of any Standards that we feel would be unreasonable and or disproportionate where they to be imposed. Our response will then allow the Welsh Language Commissioner’s office to formulate a final Compliance Notice detailing those Standards which we are expected to meet.

The draft Compliance Notice will now be considered by a range of operational colleagues in order that we can formulate our consultation response by 10<sup>th</sup> October 2018. This will be shared with the Board.

A final Compliance Notice is currently expected during November 2018 following which there will be a period of at least six months prior to the earliest date from which individual standards come into force.

### **Senior Appointments**

#### *a) Director of Transformation*

Hannah Evans, will take up a secondment to the post of Director of Transformation. She will have significant Health Board-wide responsibility leading on the development and implementation of a transformation plan for redesigning and transforming the organisation and its services to ensuring it remains fit for purpose and able to deliver on its accountabilities following the Bridgend boundary change.

Hannah will be responsible for reviewing and aligning all the change and improvement programmes across the Health Board to ensure that all benefits are maximised. This will include the current value-based health care projects, recovery

and sustainability plan, organisational and clinical services plan, regional services and plans, clinical leadership and engagement in order to develop a cohesive transformation strategy and implementation plan for the organisation.

*b) Service Director, Neath Port Talbot Hospital*

Brian Owens has been appointed to the post of Service Director, Neath Port Talbot Hospital. Currently the Director of Operational Performance at the East & North Hertfordshire NHS Trust, Brian will join us in mid-September 2018. In the meantime, Jan Worthing, Service Director Singleton Delivery Unit will continue to provide interim support to Neath Port Talbot Delivery Unit whilst David Roberts, Service Director for Mental Health & Learning Disability Services is undertaking the lead management role in terms of Cancer Services.

*c) Interim Deputy Medical Director (sessions)*

An advert was placed to cover the Deputy Executive Medical Director's post on an interim basis, on a job share basis, seeking applications from Clinical Directors in the Primary and Community Care Unit and Clinical Directors, from a Secondary Care Unit. Sarah Spencer (Princess of Wales Hospital), Aidan Byrne (Morrison Hospital), and Alistair Reeves (Primary Care) have been appointed into these posts.

#### **4. RECOMMENDATION**

Members are asked to **note** the report.

<b>Governance and Assurance</b>					
<b>Link to corporate objectives</b> (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
					✓
<b>Quality, Safety and Patient Experience</b>					
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.					
<b>Financial Implications</b>					
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.					
<b>Legal Implications (including equality and diversity assessment)</b>					
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.					
<b>Staffing Implications</b>					
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.					
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>					
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.					
<b>Report History</b>	None				
<b>Appendices</b>	None				



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University Health Board

Our Ref: AD/SHG/tr

Date: 12<sup>th</sup> July 2018

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*Dear Bernie,*

## **HYWEL DDA – OUR BIG NHS CHANGE RESPONSE TO PUBLIC CONSULTATION**

I am writing to respond to the public consultation currently underway on the future of NHS services in Hywel Dda.

Firstly, can I reiterate the congratulations which members of ABMU Health Board provided to you and your colleagues when we had our joint Health Board meeting on 28<sup>th</sup> June. The way in which you have undertaken the engagement, development of options and formulation of the strategy is one which all of our Board members have been extremely impressed with, and demonstrates openness, transparency and commitment to working with your public, staff and stakeholders in the development of the proposals. The final recommendation will, I am sure, reflect the breadth and depth of this engagement and will provide you with a strong foundation for implementation.

As two neighbouring Health Boards, our relationships have strengthened significantly in recent years through our joint work. This is particularly emphasised through the ARCH Programme, and more recently the Joint Regional Planning and Delivery Committee arrangements. This provides us with an excellent foundation upon which to respond to this consultation, and to jointly work together on implementing the outcomes. Given the scale of

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• Chairman/Cadeirydd: **Andrew Davies**

• Chief Executive/ Prif Weithredydd: **Tracy Myhill**

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ABM University Health Board is the operational name of Abertawe Bro Morgannwg University Local Health Board

[www.abm.wales.nhs.uk](http://www.abm.wales.nhs.uk)

the planning requirement to enable this – service, workforce and finance we will need to consider how best to manage this across the Health Boards to ensure that the limited planning capacity within ABMU Health Board does not become a rate limiting factor in the ability to progress business cases and implementation.

In our joint Board meeting we were all clear that we need increasingly to move towards a regional system of care for the population of south west Wales, and whichever option within the consultation document is determined as the preferred option, this will impact on services provided by ABMU Health Board. However, we are also clear that there are opportunities within this, so that care that is currently provided in ABMU hospitals could be delivered closer to people's homes in Hywel Dda – which completely supports the intent within your service model. We are already making some progress on this, for example, the non-surgical cancer strategy, and the regional pathways being developed through the ARCH Service Transformation Programme. As the preferred option is identified, we will increasingly need to identify and develop these opportunities.

The three options have identified the following potential impacts on Morriston Hospital:

Option	Impact on beds	Impact on A&E attendances
Option A	133	28,633
Option B	46	28,633
Option C	46	28,633

These figures are all a “best case scenario” which reflect modelling assumptions, which imply there will be significantly fewer hospital admissions, and significantly reduced lengths of stay. Clearly, if the models which are put in place in out of hospital settings do not achieve these, then the potential impacts could be much greater.

Option A clearly has the most significant impact on Morriston, and for this reason would not be acceptable to us as a Board. The impact both in terms of planned and unscheduled care would be so significant that we cannot support this option.

Through the ARCH Programme we have jointly reaffirmed the role of Morriston Hospital as the regional and specialist centre for South West Wales. The Partnership which ABMU has also recently established with Cardiff and Vale UHB to jointly consider regional and specialist provider services also reinforces this role. As you are aware, access to Morriston Health Campus is good, as it is close to the M4, however, there are restrictions to further developments on the site, which are related to access from the M4. The ability to implement the outcome of your consultation will depend upon the ability to improve access to Morriston Health Campus through infrastructure developments. We are hopeful that the Swansea City Region City Deal may help with some of the planning for this, but this will not support the actual works required. I would therefore hope you would support this as a regional priority.

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• Chairman/Cadeirydd: **Andrew Davies**

• Chief Executive/ Prif Weithredydd: **Tracy Myhill**

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As implementation plans are developed, then both Health Boards will need to develop aligned, and potentially joint, business cases to support both Health Boards' clinical services strategies/plans. We will need to ensure that in our discussions with Welsh Government, these are recognised as regional solutions which cannot be progressed individually.

We have already established clinical and operational relationships between our two Health Board through this process, and it is vital that these continue. We would wish to be involved in the implementation planning at both a strategic and operational level to ensure we all maximise the benefits of the opportunities that the strategy affords.

I would also suggest that an area we should consider quickly is the opportunity for a regional unscheduled care plan, which could particularly focus on the role of Prince Phillip Hospital working closely with Morriston Hospital and how the system could better work across the boundaries of our two Health Boards. I believe that this would further demonstrate our commitment to working regionally to improve the care for our populations.

I know that we will enter more detailed discussions as the analysis of the consultation responses becomes clearer, however, I hope that the above is helpful in expressing our view of the opportunities to be taken forward between our two Health Boards as the consultation is concluded.

Yours sincerely



**ANDREW DAVIES**  
**CHAIRMAN**

cc Board Members

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\* Chairman/Cadeirydd: **Andrew Davies**

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## Welsh Government Transformation Fund 2018-20 - Guidance

### Purpose

The Transformation Fund will be targeted to priority projects and to new models of health and social care, with the aim of speeding up their development and demonstrating their value.

The initial focus of the Transformation Fund will be on models which make early progress on: seamless alignment of health and social care services; local primary and community-based health and social care delivery; and new integrated prevention services and activities.

(Source: [A Healthier Wales: Our plan for health and social care](#), p21-22)

### Scope

The Fund is intended to meet the time-limited additional costs of introducing new models of health and social care. It is aimed at accelerating the wider adoption and scaling up of new ways of working which are intended to replace or reconfigure existing services. In particular the Fund is designed to quickly validate the 'scalability' of new models (their ability to expand from a locality to a region, or from a region to other regions) and to test whether they are 'transformative' (affordable and sustainable, changing or replacing existing approaches rather than adding an extra layer on to them).

The Fund will provide revenue funding to support time limited 'transformation projects' which support the introduction of new models. The Fund will not support the additional costs of delivering new models on a recurring basis. It will support costs which relate specifically to the 'transformation project', for example:

- Staff time – freeing up staff to develop and test new models of care, including backfilling of existing roles where necessary
- Programme infrastructure – at a national and local level, but proportionate to the scale of change
- Physical infrastructure – where possible from revenue funding, particularly application of ICT
- Double running costs – to support the transition from existing to new models of care.

The Fund will provide up to £100m of funding over the two financial years 2018-19 and 2019-20. There is currently no funding confirmed beyond March 2020.

### Selection and prioritisation of projects

Regional Partnership Boards are encouraged to develop expressions of interest which have already been shared with Welsh Government, in order to bring forward proposals for consideration as soon as possible. Proposals will be considered through the Transformation Programme, on a rolling basis, with an intended turnaround of not more than 3-4 weeks.

RPB endorsement: All project proposals will need to be submitted with the formal endorsement of at least one Regional Partnership Board. In endorsing projects RPBs should assure themselves that the project proposal:



- has appropriate scope, scale and ambition
- has a sufficiently robust and persuasive delivery plan
- has a credible leadership capability and capacity
- has given meaningful consideration to sustainability and wider scale up following the transformation funding period

Selection criteria: The ten national design principles set out in *A Healthier Wales* will be used as the primary criteria for selecting and prioritising proposals. Proposals must address the last two principles (scalable, transformative) and at least one other. Projects which convincingly address multiple design principles will be prioritised. The ten design principles are:

- Prevention and early intervention – acting to enable and encourage good health and wellbeing throughout life; anticipating and predicting poor health and wellbeing.
- Safety – not only healthcare that does no harm, but enabling people to live safely within families and communities, safeguarding people from becoming at risk of abuse, neglect or other kinds of harm.
- Independence – supporting people to manage their own health and wellbeing, be resilient and independent for longer, in their own homes and localities, including speeding up recovery after treatment and care, and supporting self-management of long term conditions.
- Voice – empowering people with the information and support they need to understand and to manage their health and wellbeing, to make decisions about care and treatment based on ‘what matters’ to them, and to contribute to improving our whole system approach to health and care; simple clear timely communication and co-ordinated engagement appropriate to age and level of understanding.
- Personalised – health and care services which are tailored to individual needs and preferences including in the language of their choice; precision medicine; involving people in decisions about their care and treatment; supporting people to manage their own care and outcomes.
- Seamless – services and information which are less complex and better co-ordinated for the individual; close professional integration, joint working, and information sharing between services and providers to avoid transitions between services which create uncertainty for the individual.
- Higher value – achieving better outcomes and a better experience for people at reduced cost; care and treatment which is designed to achieve ‘what matters’ and which is delivered by the right person at the right time; less variation and no harm.
- Evidence driven – using research, knowledge and information to understand what works; learning from and working with others; using innovation and improvement to develop and evaluate better tools and ways of working.
- Scalable – ensuring that good practice scales up from local to regional and national level, and out to other teams and organisations.
- Transformative – ensuring that new ways of working are affordable and sustainable, that they change and replace existing approaches, rather than add an extra permanent service layer to what we do now.

Proposal Documents: There is no prescribed format for project proposals. As a guideline, project proposals should be no more than ten pages in length. Project proposals should ensure that they cover the following key considerations:

- a clear description of the project scope and objectives, relating to *A Healthier Wales* and to relevant design principles
- a specific delivery organisation (if not the RPB itself) which will be accountable to the RPB and to the Welsh Government for managing project funding and delivery
- a monthly timeline setting out milestones and resource utilisation, including funding, throughout the life of the project
- how the project will be professionally evaluated in a timely fashion, to provide evidence which will inform decisions relating to wider adoption, considering particularly health and social care outcomes improvement, enhanced healthcare value, and affordable service delivery
- how the project will engage with key stakeholders, including particularly
  - those directly involved in the project (for example service providers, the public and patients)
  - potential 'next adopters' of the new model or approach (for example Clusters and other RPBs)
- how the new model will be sustainable after the transformation project is completed.

Project duration: Welsh Government Transformation Funding is not confirmed beyond March 2020. Project proposals which extend beyond this date are encouraged, however future funding requirements will need to be firmly committed by delivery organisations and partners in order to ensure that projects do not fail to complete.

Phased projects: Proposals are encouraged to develop a 'phased' approach which maps out in advance how models will be adopted more widely and at pace, subject to validation such as evidence of impact against targets and meeting delivery milestones. For example, proposals are encouraged to identify a 'second wave' of locations already committed to adopting the model, if 'first wave' adoption meets specified criteria.

Distribution of funding: There is no proportional allocation of transformation funding to geographic regions or to types of models. The Transformation Programme will aim to ensure an appropriate distribution across Wales, and to different types of models, but the ability to do this will depend on the strength of proposals received. The Transformation Programme will work with RPBs and delivery projects as required to support the development of projects across Wales, including for example targeted funding for 'second wave' adoption into new regions.

### **'Active' Monitoring and Management of Projects**

All Transformation Fund support will be awarded through a grant offer letter mechanism, using standard terms and conditions of funding which will apply to all projects. These will include:

- A named organisation responsible for managing the grant funding, and a named individual identified as the project lead

- Agreed high level objectives, quarterly milestones, and an agreed quarterly funding profile, extracted from the project proposal
- Regular quarterly reporting to the RPB and the Welsh Government on project delivery
- Attendance of all project leads at regular biannual transformation fund network events to share good practice
- Providing a summary monitoring and management update to the Transformation Programme at the end of each quarter

Funding will be awarded to support the specific activity set out in the proposal and in the grant offer letter. Funding will be distributed quarterly in advance and offered funding may be withheld or reclaimed from projects which do not deliver the activity set out in their proposal and the grant offer letter. The Transformation Fund will adopt an 'active management' approach to ensure that the scope and delivery timetable of individual projects can be quickly amended, through adopting the following general principles:

- Discussion with project teams before agreeing the high level objectives, quarterly milestones, and quarterly funding profile, to be included in the grant offer letter. In particular these conversations will challenge procurement and recruitment arrangements to ensure that assumptions are realistic.
- Encouraging project leads to 'look ahead' and to raise potential risks to project delivery with the Transformation Fund delivery team as they become aware of them, in order to revise project scope and timetable as required.
- Encouraging projects to 'get ahead' of their delivery timetables where that is possible, and to communicate that to the Transformation Fund delivery team.
- Dynamically reallocating funding, throughout the year, from projects which are experiencing delays to projects which are delivering strongly and are therefore capable of accelerating the pace and scale of new models.
- Communicating the overall funding profile and the dynamic reallocation of funding on an open, transparent and collaborative basis, particularly to project leads and teams through the transformation fund network events which all project leads are required to attend.

## **Other Comments**

The Transformation Fund will encourage a proportionate approach to project planning and assurance documentation, emphasising 'hands-on' management accountability, to reflect the need to deliver at pace and to respond in an agile manner to challenges and opportunities. Project leads and delivery organisations will be directly accountable through the grant offer letter for Transformation Funding, supported by RPB and partner oversight of the transformation project as a whole. A 'full' business case is therefore not a requirement for Transformation Fund support, although RPBs and delivery organisations may require projects to develop business cases to meet their own assurance and oversight requirements.

It is anticipated that some projects will 'fail to deliver' in the sense that following evaluation the case for wider adoption is not made, either generally, or at specific sites. Project leads will be strongly encouraged to acknowledge and explore 'failure' of this kind, in order to strengthen delivery by other projects and/or sites, and to use the transformation fund network as a mechanism for sharing insights and learning.

## **Next steps**

Informal feedback on developing proposals can be arranged through the mailbox [longtermplan@gov.wales](mailto:longtermplan@gov.wales), which will also be used for submission of proposals for Transformation Funding.