

MINUTES OF MEETING

Subject	NHS Wales Executive Board	Date	21 January 2020
Chair	Andrew Goodall (AG)	Time	14:00 – 17:00
Location	Conference Room 4.03, Cathays Park	Scribe	NR
Attendees	<ol style="list-style-type: none"> 1. Judith Paget – Aneurin Bevan 2. Tracy Myhill – Swansea Bay 3. Tracey Cooper – Public Health Wales 4. Carol Shillabeer – Powys 5. Gary Doherty – Betsi 6. Alexandra Howells – HEIW 7. Steve Moore – Hywel Dda 8. Sharon Hopkins – Cwm Taf M 9. Steve Ham – Velindre - yes 10. Rosemary Fletcher – NHS Collaborative 11. Brendon Lloyd – WAST 12. Martin Driscoll – Cardiff and Vale 13. Darren Hughes – NHS Confederation 14. Andrew Goodall 15. Helen Arthur 16. Alan Brace 17. Frances Duffy 18. Jo-anne Daniels 19. NR (on behalf of Jean White) 20. Andrew Sallows (on behalf of Simon Dean) 		
Apologies	<ol style="list-style-type: none"> 21. Len Richards – Cardiff and Vale 22. Jason Killins - WAST 23. Jean White 24. Ifan Evans 25. Albert Heaney 		

Key Points Discussed		
No.	Topic	Highlights

1.	Welcome, Apologies & DG / Chief Executive Update	<p>AG opened the meeting, all apologies were noted.</p> <p><u>DG Update</u></p> <p>AG reflected on the pressure that the system had been under at the turn of the year and many colleagues would have felt like the system was at a difficult tipping point, requiring system wide actions. The last couple of weeks have felt more manageable and stable, however many sites were still under pressure and the system was still busy.</p> <p>AG thanked colleagues for providing him with more focused recent updates on the situation within their organisations. AG acknowledged that two Health Boards recently declared business continuity for a short period.</p> <p>AG stated that the performance statistics will be out on 23 January and that colleagues needed to prepare for difficult system figures even though there had been some recovery over the last couple of weeks. AG stated he was pleased to see WAST maintain red performance through January based on operational data.</p> <p>AG reflected on leadership actions and stated that he does not want people to think that we are doing the same actions all the time and stressed the importance of planning and introducing new actions.</p> <p>SM stated that it had been a difficult period but he was working with other Health Boards.</p> <p>TM thanked AG for his support with the Minister and her health board had seen a reduction in their DTOC figures.</p> <p>A discussion was held on domiciliary care and that more could be done for those who are medically fit for discharge. It is crucial that these patients access the right care. BL stated that more resources have been made available to these patients and he is working hard to decrease the waits.</p> <p>AG provided an update on incentives and sanctions in respect of ambulance handover. The board discussed if there were to be financial penalties – how would they be used? The Minister is keen for proposals on this as soon as possible and colleagues internally are working on a paper for him with options to implement on the 1st April.</p>
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		<p>AG stated that once the Minister has agreed an option he will update the board.</p> <p>AG fed back on the recent clinical summit he held with clinical representatives. The meeting was framed to allow an open and frank discussion. The mood from colleagues was very much in the spirit of working together to find solutions to problems. A plan with short and medium actions is under development and will be shared with the group. AG stated that another meeting would be held in mid-February. BL stated that it was an encouraging meeting and colleagues wanted to work together. CS stated that a lot of work is going on, ie the ambulance taskforce and regional escalation that needs to be brought together and reflected on at a local level.</p> <p>FA provided an update on the Wuhan Coronavirus in China. 279 cases have been reported with 6 deaths. The threat to the UK has moved from very low to low and an incident group across 4 nations has been set up. FA stated that colleagues need to think about their plans for isolation and ambulances if it does come to the UK, advice to primary care will be sent shortly. This area would become of increasing importance.</p>
2.	Brexit Update	<p>AG provided the update.</p> <p>AG stated that the Welsh Government are currently working on post – Brexit actions and choices. The transition period comes to an end at the end of the year. A discussion is still needed on the status of the warehouse and the reintroduction of the stock stored within it. Next steps include standing down of the various no-deal contingency arrangements and transition to next phase of preparations.</p>
3.	Financial Update	<p>Alan Brace provided the update.</p> <p>AB updated the board that the Minister had recently attended the Children and Young People's and Health and Social Care Committee's for budget scrutiny. The Minister was asked less about NHS deficits and more about A Healthier Wales, Mental Health, the Transformation Fund and challenges in social and primary care.</p>

4.	Performance Overview	<p>Andrew Sallows provided the update.</p> <p>AG stated that the performance dashboard showed concerns about performance across organisations. Current cancer performance is a concern but is expected to improve.</p> <p>A discussion was held on performance. SM explained that he did expect his Health Board's figures to improve and more patients are being seen. TM stated that she expects to see improvements in many areas and is having individual conversations with clinicians. GD stated that he is bringing in more capacity in Wrexham and they are in a better position this January than last. JP stated that many of their areas should improve over the coming weeks.</p>
3.	Implementation of a Healthier Wales	<p>AG provided the update.</p> <p>Positive feedback has been received and all engagement activities have been completed. More work is due to be done on the editing of the National Clinical Plan. FA stated that he was receiving comments in from Chief Executives and the plan should be ready by the end of March.</p> <p>AG stated that the Minister gave an oral statement on the Transformation Fund on the 14 January which was shared with the board prior to the meeting. The funding will be coming to an end in March 2021 and the Minister will therefore not be carrying on and expanding it. The Minister is interested in spread and scale and this is where the challenge is. It was also mentioned at the budget scrutiny committee.</p>
4.	Develop Intermediate / Community based capacity for Care system	<p>AG provided an update.</p> <p>AG stated that more work needs to be done on developing capacity for the care system and intermediate capacity as there are concerns around capacity and domiciliary care.</p> <p>AG stated he will produce a discussion paper for the Minister in the next couple of months which will include</p>

		<p>reflections on maximising the housing offer and reflection on medically fit patients.</p> <p>TM stated that community assets need to be looked into and it is more than housing it is about where people need to be.</p> <p>SM stated that a process needs to be started with Local Authorities to see what can be done for joint working and planning and that his year has been difficult.</p> <p>AG stated that he had heard from housing associations who said it was difficult to access NHS funding.</p> <p>TM reflected on how we keep people living independently. It is worth thinking about what the obstacles are and the real problems that prevent doing this quickly?</p> <p>AG stated that he will draft a discussion paper for the Minister sooner rather than later. Colleagues agreed to let AG know if they are interested in getting involved.</p>
5.	Eye Care Pathways	<p>David O' Sullivan presented the paper.</p> <p>DS explained that this was the paper he took to Medical Directors. Demand and capacity are central to the issues and due to the ageing population demand will only further increase. There has been an over reliance on junior doctors and locums.</p> <p>DS also explained that there was a shortage of specialist capacity and a variation in implementation across Wales.</p> <p>RTT figures are increasing and the paper highlights the pathway issues. DS asked colleagues if they were engaged with this work and whether pathways were being utilised.</p> <p>JP reflected on how we can manage the demand on our services and stated that there were good relationships in place. However more can be done and this is an opportunity to do more outside hospitals.</p> <p>GD stated that they have a plan and are making process on pathways.</p>

		<p>DS explained that optometrists are there at the moment as they have been upskilling them. There is a need to increase their skills further.</p> <p>FD stated that a lot of work has been done on this area over the years and a lot of progress has been made. JP stated that she wanted the facility to be closer to home for her patients.</p> <p>AG outlined next steps for this work. A focus should be on eye care as a chronic disease and our plans could do more. AG asked the group for feedback, and no more than 2-4 pages, on what more can be done by the next meeting</p>
6.	Scan for Safety	<p>Frank Atherton presented the paper.</p> <p>FA updated the board on the potential cost and benefits of adopting Scan for Safety on an all Wales basis.</p> <p>Jonathan explained that the system is tracking products to patients and is a bar code system. There is an opportunity to make Wales a world leader and this has the benefit of a being single procurement system. The paper seeks to move forward with the procurement resource required and for everyone to work with them to be a partner.</p> <p>SH explained that everyone had signed up to it and it will handled through committee. AG asked Jonathan to ensure that TC is involved.</p> <p>AB stated that it was important for all colleagues to be sighted on it to ensure colleagues were not doing their own thing. Jonathan explained that the paper had been through with Directors of Finance and they were keen involved in it.</p> <p>AG stated that we need to ensure that shared services were involved in all this and we will be looking at this as an Invest to Save item.</p>
	ATMP (Cell and Gene Therapy) Programme	<p>Martin Driscoll provided an update.</p> <p>MD introduced the paper and provided an update on recent progress and activities. He thanked colleagues for</p>

		<p>their ongoing support. MD has a broad remit and is looking for economic development in Wales.</p> <p>MD updated the board on the latest work from Cardiff University on cell based treatment for cancer. MD will be mapping and scoping this work out.</p> <p>AG requested for momentum with this work. RO stated it was a good piece of work and was very timely.</p> <p>TC stated that it was good to hear about the work that is going on and offered to provide her support. MD explained that they were looking for new funding.</p> <p>SM reflected on how they could involve staff from rural and small hospitals. SH stated that this was a really exciting piece of work with an enormous cost involved. We need to ensure we manage expectations.</p> <p>AG stated that Wales needs to specify its role in the wider UK context.</p>
	NHS Executive	<p>Helen Arthur provided an update.</p> <p>HA stated that her team are currently in the process of working through some of legal services' questions and also working through what the functions of the Executive will be. HA stated she will shortly be setting up a programme board and asked the board for volunteers or nominations. She will be sending out invites in the next 2 – 4 weeks.</p> <p>CS stated that everyone on the board has an interested and would want to be involved. She will send over to HA nominations.</p> <p>RF stated that her staff were worried about the implications for them and specifically around accommodation. AG stated he would pick up her concerns.</p>
7.	Any Other Business	<p>AG stated that there is currently a huge focus on pressures and statistics. Board members need to convey that they have plans in place. Everyone needs to think about how they react and what they say.</p>

		<p>The following papers were noted at the meeting:</p> <p>NHSWEB(56)12 – Performance Paper (LHB Sheets)</p> <p>NHSWEB(56)13 – Things to be proud of</p> <p>NHSWEB(56)14 – Summary of National clinical audits and outcome review reports</p> <p>NHSWEB(56)15 – Oral Statement – Transformation Fund</p>
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Actions from January Meeting

Actions			
No.	Action	Owner	Target/Progress
1	Andrew to share with Chief Executives the actions from the January Clinical Summit	DG	Attached with minutes

Actions from December Meeting

Actions			
No.	Action	Owner	Target/Progress
1	Chief Executives to provide a written update on the progress of their organisations perspectives	Chief Executives	
2	Chief Executives to provide their feedback on the draft National Clinical Plan.	Chief Executives	
3	AH to send Workforce Strategy out to members for feedback.	Alex Howells	
4	All members to consider the Workforce Strategy and provide feedback once received and to consider how the strategy can be built into their IMTP going forward.	Chief Executives	
5	Chief Executives to review whether the six quality areas identified within A Healthier Wales are built into their IMTP and monitored.	Chief Executives	

