Aneurin Bevan Health Board

Executive Team Report

1 Introduction

The purpose of this paper is to provide the Board with an overview of current key issues locally and in NHS Wales through a report from members of the Executive Team of Aneurin Bevan Health Board.

Not all members of the Team have provided content for the report as updates are also provided through other reports on the Board agenda.

It also provides the opportunity to bring forward items to the Health Board to demonstrate in public, areas that are being progressed and achievements that are being made, which might not come through prior consideration by Health Board Committees or go directly to the Board as key discussion papers.

This report is intended to ensure the Board remains up-to-date and also provides an opportunity to highlight areas that can be brought back for future agenda.

2 Executive Team Report

2.1 Notable Achievements and Acknowledgement of Successes

2.1.1 Appointment of Vice-Chair
Health Minister Mark Drakeford has announced the appointment of Professor Siobhan McClelland as Vice-Chair of Aneurin Bevan Health Board.

Siobhan McClelland has been appointed for three years.

Health Minister Mark Drakeford AM said: “I am delighted that Professor McClelland will be using her extensive experience in Aneurin Bevan Health Board and I am pleased to welcome her to the NHS.”
2.1.2 Diabetic patient receives Elizabeth Evans Hughes Medal
A diabetic patient from Nevill Hall Hospital has been presented with the Elizabeth Evans Hughes medal after living with diabetes for 50 years.

Raymond Gadd, who is 73 and lives in Pontllanfraith, was diagnosed with type 1 diabetes when he was 23 in 1961.

Mr Gadd has been treated by the specialist diabetes medical team in Nevill Hall Hospital since 1981 and recently attended, with his wife Sheila, a presentation of the medal from Professor John Saunders at the Education Centre at the hospital.

2.1.3 Birth pool opens in Royal Gwent Hospital
A new birthing pool has been officially opened at the Royal Gwent Hospital, this means that the option to have a water birth is now available in all birth units in Aneurin Bevan Health Board.

Brennan Davies, from Caldicot, was the first baby to be born in the pool and attended the opening with his mum, Vivien Davies.

Midwives hope there will be many more to come, as low risk mothers-to-be opt for a water birth, or use the pool to help with pain relief in the early stages of labour.

2.1.4 Birth unit open day – Ysbyty Ystrad Fawr
An open day will be held at the Birth Centre in Ysbyty Ystrad Fawr, Ystrad Mynach on Friday 17th May between 10am – 3pm.

The stand alone Midwifery-Led Birth Unit in Ysbyty Ystrad Fawr is growing in popularity with many women opting for a midwifery led environment.

“We want to encourage anyone who is considering using our services to come along and see for themselves what’s on offer here” said Jackie George, Lead Midwife.

The Caerphilly area has had a very successful midwifery-led service since 2002, amongst the team of 26 staff there is a great deal of knowledge and experience.
2.1.5 Food for thought as hospital caterers meet in Newport
Hospital caterers from across the UK were in Wales during March to discuss food and nutrition and the role it plays in healthcare.

Health Minister Mark Drakeford welcomed delegates to the Hospital Caterers Association National Conference at the Celtic Manor in Newport.

The Minister outlined the innovative Welsh approach to improving the quality of food served in Welsh hospitals. Dr Andrew Goodall also spoke at the conference.

2.1.6 World voice day
Our Speech and Language Therapy Service took interactive displays and information stands to Tesco Extra, Spytty Park, Newport to celebrate World Voice Day in April.

Speech and Language Therapists provided general advice on how to care for your voice.

2.1.7 International Nursing Day
International Nursing day falls on Sunday the 12th May, to celebrate this year a number of events are taking place across the Health Board including -

A conference to be held on Friday 10th May to celebrate exceptional nursing and midwifery mentorship within the Health Board.

On 13th May the Older People's Commissioner will visit the Health Board to meet with staff, this will enable nurses to share progress and new initiatives for older adults.

2.2 Aneurin Bevan Health Board Cancer Delivery Plan
The Health Board has submitted an interim report on progress with achievement of its Cancer Delivery Plan. The Board will recall they approved the Cancer Delivery Plan in September 2012 and this is the first interim update report. A copy of the report has been placed on the intranet site for review. Of note is that the Cancer Services Team have now successfully recruited staff to the Acute Oncology Service at the Royal Gwent Hospital and Nevill Hall Hospital which is due to start in early summer.
2.3  Ysbyty Aneurin Bevan Minor Injuries Service
Following engagement with staff, staff side and the Community Health Council, it was agreed to pilot a new way of working within YAB MIU, in order to increase attendances to the recognised acceptable threshold of 25 per day. This involved extending opening hours, radiology provision and enhancing Emergency Nurse Practitioner (ENP) support.

Since 1 March 2013, the Monday – Friday opening hours have extended to 7pm and the Unit is now closed all weekend and Bank Holidays. The Unit is staffed by an experienced and qualified ENP at all times, rotating from RGH and YYF, supported by treatment practitioners, thus enabling a more consistent service. Additional radiology provision was also commissioned to support the service. It is proposed that the new pilot model runs until the end of July 2013 when a further review will be undertaken to again assess the Unit’s viability.

2.4 Cardiology Peer Review Referral Pilot
Referrals for Cardiology opinion continued to grow by 8% between 2011/12 and 2012/13. In a bid to reduce demand, the RGH Cardiologists and cardiovascular NCN have been meeting for 1 hour, once a week to discuss contentious/‘grey’ referrals. In order to create time for the Peer Group Review meeting, clinic templates are reduced for those consultants whose clinics coincide with the meeting.

Early pilot results are promising:
- 86 referrals reviewed over 6 peer review sessions;
- 79 (92%) removed from the waiting list and dealt with by advice, education, investigations or requests for further information
- Equivalent to 8% removal rate per month
- Net reduction 37 new outpatient consultation slots (42 new clinic slots cancelled v 79 waiting list removals)

Benefits
- Reduction in waiting list
- Primary/secondary care joint working
- Consultant/Peer arrangement on appropriate management
- Consultant confidence in managing referrals with advice
- GPs getting used to receiving advice
- Distillation of education topics for primary care
Next steps
• Continue with RGH Peer Review meetings on fortnightly basis
• Embed referral management ‘threshold’ amongst all RGH cardiologists
• Roll out to NHH Cardiology
• Re-audit waiting list at 3 and 6 month intervals to check that patients have not subsequently been re-referred
• Share results with Primary Care via LMC, newsletter

2.5 Older Persons Commissioner Visit to St Woolos Hospital
Sarah Rochira, Older People Commissioner for Wales, visited St Woolos Hospital on the 19 April 2013 to meet with the Age Cymru Robins Volunteers. The visit was extremely positive and the Commissioner spoke to patients and the Robins and commented on the excellent dignified care delivered at St Woolos Hospital. She recommended that the model needed to be replicated across Wales, and had nothing but praise for the way the nurses and the Robins worked together to ensure patient needs were met and treated with dignity and respect. It should also be noted that the Robins volunteers have also been successfully introduced in the Medical Assessment Unit and some ward areas at the Royal Gwent Hospital and are about to be introduced in the Emergency Department as well.

2.6 Care of the Elderly Consultant Appointments
The Community Division welcomes Dr Katherine Barnes and Dr Sarah Woollard who have been appointed as part-time Care of the Elderly Consultant Geriatricians with a special interest in Intermediate Care.

2.7 Palliative Care Strategy
Wendy Bourton, Independent Board Member, facilitated a meeting on 1 May between St Anne’s Hospice, St David’s Foundation Hospice Care, Marie Curie Cancer Care, Hospice of the Valleys and ABHB’s Palliative Care Directorate to discuss how a joint Gwent Palliative Care Strategy could be developed, incorporating the requirements of the ‘Together for Health End of Life Care Delivery Plan’. The meeting was very positive with all participants highlighting the benefits to patients if there was greater integration between the specialist services and clear sign up to the development of key strategic principles for future service developments. The ABHB Palliative Care Directorate agreed to draft a strategy framework for circulation amongst all the organisations for comment and a further meeting to progress the development of the strategy is planned for June 2013. It was agreed that the joint strategy should be presented at each of the respective organisations’ Board meetings,
with the target of the first iteration being signed off by the end of 2013.

2.8 Complex Healthcare – Care Home Ask and Talk (CHaAT)
An exciting and new initiative between senior staff from Complex Care in ABHB and several volunteer members of the Gwent NHS Retirement Fellowship (GNHSRF) has been undertaken to establish and prepare a small team of volunteers to be ready and able to visit care homes in the ABHB area and to talk with residents and relatives in these care environments. The aim of the service is to provide older people the opportunity to talk about their experiences, identify best practice already in place and provide the Complex Care Team with valuable patient experience data in which to continuously improve services. This initiative supports the ABHB’s dignity and patient experience agenda and also supports the Older Persons Commissioner (Wales) ‘Dignified Care’ and Voice, Choice and Control’ recommendations. The scheme is aptly named Care Home Ask and Talk (C.H.A.aT) and will be formally launched in August 2013.

2.9 General Dental Services Access
4 new contracts came into effect on 1 April 2013 with an expectation that circa 2,500 new patients will be able to access general dental services across ABHB.

Additionally the additional Emergency Dental slots commissioned until the 31 March 2013 have been extended until the end of May 2013 in Torfaen and Newport. This recognises access issues in these areas and will continue to be reviewed accordingly.

2.10 Domiciliary Dental Services Review
A multi-divisional review has been undertaken to review current provision and develop a new service model and referral pathway to ensure delivery of safe and effective oral health care to people whose circumstances make it impossible, unreasonable or otherwise impractical for them to receive care in a dental surgery.

The proposed Service Model will be presented to the Executive Team for consideration in June 2013.

2.11 Oral Surgery Review
An Aneurin Bevan Health Board wide review of Oral Surgery provision has commenced and this seeks to:

- Ensure patients receive care closer to home
- Ensure patients are seen in the most appropriate care setting
- Reduce waiting times
- Free up secondary care capacity for patients with complex needs; and
- Promote the most efficient use of NHS resources.

A clinically led Task and Finish Group will lead the programme and seeks to develop a high quality, accessible minor oral surgery service.

The Task and Finish Group will consider:

- A profile of current Oral Surgery provision across ABHB including activity and waiting lists;
- The complexities in Oral Surgery procedures and who should provide them, the competencies that would be required for a Minor Oral Surgery (MOS) service provider and performer, how these related to routine general practice and how they would be assessed
- The development of a single clinical pathway and associated referral pack (including triage)
- The identification of training needs and plans to address these
- The establishment of a monitor and review process to include audit and lessons learned.

The first meeting of the Task & Finish Group met on the 24 April 2013 and are now progressing the Enhanced Project Brief in accordance with the Health Board’s Service Reconfiguration Planning Toolkit.
2.12 General Medical Services

“A” is for Access
The table below details the achievement as reported from the 1 January 2012 to 1 April 2013.

<table>
<thead>
<tr>
<th>Jan-13</th>
<th>Jan-13</th>
<th>July</th>
<th>October</th>
<th>Jan-13</th>
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<tr>
<td>5Bs</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>TOTAL</td>
<td>91</td>
<td>90</td>
<td>90</td>
<td>89</td>
<td>89</td>
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</tbody>
</table>

There have been further improvements to the standards of access since the implementation of the scheme, there are currently 55% of the practices across Aneurin Bevan Health Board that are achieving the 5 “A” standards.

Quality and Outcomes Framework (QOF)
A raft of changes to the Quality and Outcomes framework came into effect from the 1 April 2013. The majority of organisational indicators have been “retired” but a number with direct clinical focus e.g. medicines management actions and significant event reviews have been retained. All of the indicators have been relabelled. A new set of indicators in relation to Rheumatoid Arthritis has been introduced. There are also new indicators in relation to Erectile Dysfunction in men with diabetes and for referral to pulmonary and cardiac rehabilitation for selected patients with COPD and heart failure respectively. A number of upper achievement thresholds will also be increased.

The Quality and Productivity (QP) domain has also been subject to revisions. The indicators relating to Accident & Emergency Department attendances have been retired. The indicators relating to outpatient referrals and emergency admissions will continue along with a new set of indicators in relation to risk stratification of
the practice population and case management of 0.5% of the practice population thought to be at high risk of hospital admission. Public Health Wales has been asked to prepare guidance to support the risk stratification but there will not be a prescribed software solution. Work has been taken forward locally to identify a menu of pathways for the referral and emergency admission indicators. These will be:

**Emergency Admissions:**
1. Assessment of the acutely unwell patient - recording physiological parameters at transfer of care (compulsory)
2. End of Life Care
3. COPD
4. Support for Carers
5. Gastroenteritis in Children

**Outpatient Referral:**
1. Colorectal symptoms (compulsory)
2. Erectile Dysfunction
3. Palpitations
4. Urgent Eye Symptoms
5. Musculoskeletal

These pathways will be discussed and finessed through the NCNs and implemented from 1 August 2013. Practices will have to follow three pathways from each menu.

Many of the changes to the QOF are Wales-specific and with the increasing divergence from the previous UK consensus it has become necessary to prepare a Wales Specific QOF guidance manual which is due for publication shortly.

### 2.13 Primary Care Prison Services

Aneurin Bevan Health Board is responsible for providing healthcare services for the prisoners housed within prisons located within its boundary, including HMP Usk and HMP Prescoed.

A full review of healthcare services has been undertaken with the following progress made:

- A substantive ophthalmology service commissioned from 1 March 2013 with a significant reduction in waiting lists at both prison sites;
- A new Service Specification for Pharmacy provision transferring to WP10 prescribing with effect 1 July 2013;
Additionally a significant amount of work has been undertaken to provide additional nursing support to the Prison Health Care Team, via the Primary Care Nursing Team to help to meet demand and assist with the MMR campaign for prisoners.

2.14 Measles Outbreak- MMR Immunisation
Health Board staff have been actively contributing to the drive to increase the number of susceptible individuals who have received a first or second dose of the MMR vaccine. In the period 15-28 April 2013 approximately 1900 vaccines were administered in mass clinics held in RGH, NHH, YYF and YAB. In the same period almost 4000 patients were immunised via GP practices. The Primary Care & Networks Division has provided guidance to GP practices and responded to many queries. Many of our staff have given up weekend leave at short notice to support our efforts. Joint working between the Health Board and colleagues from Public Health Wales has been effective and rewarding. The clinics have been favourably received by the public and attracted positive publicity. The emphasis going forward will be on the immunisation of school children with secondary school children being targeted by clinics in schools and colleagues led by the Family & Therapy Services Division supported by nursing input from the Primary Care & Networks Division and primary school children being proactively targeted by GP practices with Health Visitor support. A special Local Enhanced Service (LES) has been designed to support the GP campaign.

2.15 Therapies
Speech and Language Therapy
The Speech and Language Therapy website was launched on 22 March 2013. The new site provides a range of useful information for patients, parents, carers and professionals. It is an innovative and genuine attempt to allow patients to tell us what they think of our services so that we can constantly work to improve them.

It is intended to provide clear information to patients and referrers about our services. It is particularly important for those with communication difficulties to have extra ways of receiving and sending information which the website provides.

In terms of clinical governance it seeks to involve patients and provide them with accurate and timely information, both pre-referral and pre-appointment. Healthcare organisations are expected to actively help patients to obtain further information about their condition should they want to, so the website provides links to other websites related to diseases that are likely to cause
speech, language and communication needs. It will also allow us to run audits and surveys of our services.

**Occupational Therapy**

An article was recently published in ‘OT News’ (April 2013) written by Nicola Pendry, Advanced Practitioner OT for Huntingdon’s Disease. It is an excellent article which promotes Occupational Therapy, the Health Board’s Huntingdon’s Disease Team and the good work going on within Aneurin Bevan Health Board.

**2.16 Rhymney Health Centre’s Branch Surgery at Pontlottyn**

Correspondence has been exchanged with Mr Huw Lewis AM in respect of maintaining General Medical Services at Rhymney Health Centre’s Branch Surgery at Pontlottyn once the North Resource Centre opens. The Health Board has confirmed that no decision has been made surrounding this but that an application has been received from Rhymney Health Centre to close their branch surgery at Pontlottyn. The application will now be considered in accordance with the agreed policy and this will include discussions with the Community Health Council and a full Equality Impact Assessment. More recently, Mr Lewis has also forwarded a copy of a petition he has been presented with by local residents who are protesting about the possible closure of the branch surgery. The petition will be taken into account by the Health Board as part of the assessment process.

**2.17 Specialist & Critical Care Centre**

Following submission of the Outline Business Case (OBC) to Welsh Government, the Health Board has responded to the first round of the scrutiny process.

Progress continues with the programme of work, including:

- Meetings underway with Divisions to review progress and develop the issues log relating to workforce, plus more detailed discussion on revenue plans and specific design development.
- Progressing discussion with BETS about site acquisition – supported by NWSSP-Facilities Services (Property Services).
- 1:200 design starts once OBC is approved as part of Full Business Case (FBC) development, due for submission to WG July 2013.
- Advanced works and enabling works start on site post OBC approval.
- Design of Enabling Works design will be dependant upon WG approval. Any slippage will delay the scheme.
2.18 Discretionary Capital 2013-2014 to 2015-2016

Aneurin Bevan Health Board currently has Discretionary capital funding of £5.676m and approved All Wales Capital of £2.66m together with potentially £0.4m of capital disposals. Welsh Government has indicated that they are hoping to increase discretionary capital allocations in 2013-2014 but there has been no further information on possible timings or amounts. A sum of £786K is currently brokered from the Discretionary Capital Programme to support All Wales schemes and is detailed in Table 1 below. When the SCCC Outline Business Case is approved this will be repaid.

The resulting opening Discretionary Capital position as at May 2013 is set out in Table 1 below:

Table 1: Discretionary Capital 2013-2014 as at May 2013

<table>
<thead>
<tr>
<th>Source</th>
<th>Plan</th>
<th>Forecast</th>
<th>Outturn</th>
<th>Variance</th>
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<tbody>
<tr>
<td>Total Discretionary Funding</td>
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<td>5,676</td>
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<tr>
<td>Add Proceeds from Property Sales</td>
<td>400</td>
<td>400</td>
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<tr>
<td>Proposed Overcommitment</td>
<td>1,135</td>
<td>1,135</td>
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<tr>
<td>Total Discretionary</td>
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<tr>
<td>All Wales Capital</td>
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<td>-36</td>
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<tr>
<td>Contingency to Cover SCCC</td>
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<td>-500</td>
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<tr>
<td>Infrastructure Slippage</td>
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<tr>
<td>Total to Allocate</td>
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<td>Applications:</td>
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<td>Direct Service Allocations:</td>
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<td>Statutory maintenance</td>
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<td>Fire Safety allocation</td>
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<td>Imaging - X Ray Tube Replacement</td>
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<td>Total Direct Service Allocations</td>
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<td>Approved Commitments b/f from 2012/13</td>
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<tr>
<td>Upgrade of Doctor residence</td>
<td>605</td>
<td>605</td>
<td></td>
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<tr>
<td>RGH Operating Theatre Table Replacement</td>
<td>93</td>
<td>93</td>
<td></td>
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<tr>
<td>Volumetric Pump Replacement</td>
<td>500</td>
<td>500</td>
<td></td>
<td>0</td>
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<tr>
<td>Total Approved Commitments b/f from 2012/13</td>
<td>1,613</td>
<td>1,681</td>
<td>68</td>
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<tr>
<td>Schemes b/f from 2012/13 to be Approved</td>
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<tr>
<td>North Rhymney Integrated Resource Centre</td>
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<td>CT Scanner RGH</td>
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<tr>
<td>Total Approved Commitments b/f from 2012/13</td>
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<td>Early 2013/14 Approvals</td>
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<td>Uninterruptible Power Supply in NHH Care Unit</td>
<td>14</td>
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<td>0</td>
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<tr>
<td>Hostess Trolley</td>
<td>6</td>
<td>6</td>
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</tr>
<tr>
<td>Total Early 2013/14 Approvals</td>
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<td>20</td>
<td>136</td>
<td>0</td>
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<tr>
<td>Total Approvals</td>
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<td>3,374</td>
<td>204</td>
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<tr>
<td>Balance of Available Expenditure</td>
<td>-3,119</td>
<td>-3,051</td>
<td>204</td>
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<tr>
<td>Position Against Funded CRL</td>
<td></td>
<td>-1,916</td>
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</table>

There is currently £1.916m plus the previously agreed over-commitment of £1.135m left in the discretionary capital programme 2013-2014. Approximately £6m per annum is currently assumed to be available for the period 2014-2015 to 2015-2016. The Executive Team has recently reviewed the programme and some critical...
schemes/expenditure was approved. A detailed report on the 2013/14 Capital Programme will be shared with the Board in July.

2.19 Delivery and Change Programmes
The Delivery and Change programmes have been led by a number of lead executives to provide increased focus on a few high value hard to deliver programmes. With support from cross organisational and divisional teams this has assisted with the delivery of £29.2 million worth of efficiencies.

The programme will continue into 2013/14 with an added interest in capturing and focusing attention on quality improvement alongside the delivery of financial efficiencies.

<table>
<thead>
<tr>
<th>Programme</th>
<th>Financial Efficiencies delivered 2012/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team effectiveness: Improvements in consultant job planning and reduced reliance on waiting list initiatives</td>
<td>3.8</td>
</tr>
<tr>
<td>Every Day Counts:* Reducing the reliance on in-patient beds and the launch of Every Day Counts for Megan</td>
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<tr>
<td>Service reconfiguration:</td>
<td>1.1</td>
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<tr>
<td>Medicines Management: Maximising the efficient and effective use of medication</td>
<td>11.0</td>
</tr>
<tr>
<td>Effective Commissioning: Implementing the Out of area Treatments Policy and managing external provider contracts.</td>
<td>3.9</td>
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<tr>
<td><strong>Total 5 change programmes</strong></td>
<td><strong>29.2</strong></td>
</tr>
<tr>
<td>Plus though not through these work streams:-</td>
<td></td>
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<tr>
<td>CHC</td>
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<tr>
<td>Procurement</td>
<td>2.4</td>
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<tr>
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<tr>
<td>Divisional Management Action</td>
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<td><strong>Total work streams</strong></td>
<td><strong>29.2</strong></td>
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</tbody>
</table>

* The Every Day Counts for Megan Campaign was not given a financial target as it was designed to deliver efficiencies in the use of the inpatient beds.
2.20 Consultant Appointments
The purpose of the report is to inform the Health Board of outcomes from statutory Consultant Advisory Appointments Committees since the previous meeting, and to seek endorsement of substantive Consultant appointments made on its behalf. The report is sponsored by the Medical Director. All recruitment and interview process was conducted in accordance with Health Board policies and procedures.

Appointment of Consultant in Emergency Medicine
The Health Board held interviews for the post of Consultant in Emergency Medicine on Thursday 10th January 2013. The appointments panel comprised the following members:

**Chairman:**
Mr David Jenkins

**Representing the Chief Executive:**
Mrs Anne Phillimore, Director of Workforce and Organisation Development

**Medical Director:**
Dr Grant Robinson

**Representing the Royal College:**
Dr Jeremy Williams, Hywel Dda Health Board

**Representing Aneurin Bevan Health Board:**
Dr Mike Webberley, Assistant Divisional Director
Dr Sally Jones, Clinical Director

1 applicant was interviewed for this post.

The appointments panel recommended Dr Timothy Rogerson for appointment to this post.

Appointment of Consultant Rheumatologist
The Health Board held interviews for the post of Consultant Rheumatologist on Thursday 10th January 2013. The appointments panel comprised the following members:

**Chairman:**
Mr David Jenkins

**Representing the Chief Executive:**
Mrs Anne Phillimore, Director of Workforce and Organisation Development

**Medical Director:**
Dr Grant Robinson
Representing the Royal College:
Dr David Collins, The Great Western Hospital

Representing Aneurin Bevan Health Board:
Dr Caroline Mills, Assistant Divisional Director
Dr Syed Ayas, Clinical Director

2 applicants were interviewed for this post.

The appointments panel recommended Dr Madeleine Piper for appointment to this post.

Appointment of Consultant Radiologist
The Health Board held interviews for the post of Consultant Radiologist on Thursday 17th January 2013. The appointments panel comprised the following members:

Representing the Chairman:
Miss Sue Kent

Representing the Chief Executive:
Mrs Jan Smith, Director of Therapies & Health Sciences

Medical Director:
Dr Grant Robinson

Representing the Royal College:
Dr David Parker, Betsi Cadwaladr University Health Board

Representing Aneurin Bevan Health Board:
Dr Caroline Mills, Assistant Divisional Director
Dr Andrew Jones, Clinical Director
Mrs Leanne Watkins, General Manager
Dr Nest Evans, Consultant Radiologist

1 applicant was interviewed for this post.

The appointments panel recommended Dr Karene Lim for appointment to this post

Appointment of Consultant Anaesthetist
The Health Board held interviews for the post of Consultant Anaesthetist on Monday 25th February 2013. The appointments panel comprised the following members:

Representing the Chairman:
Miss Sue Kent

Representing the Chief Executive:
Mrs Jan Smith, Director of Therapies & Health Sciences
Representing the Medical Director:
Dr Alex Anstey

Representing the Royal College:
Dr Kathleen Eggers, Princess of Wales Hospital

Representing Aneurin Bevan Health Board:
Dr Caroline Mills, Assistant Divisional Director
Dr Andrew Bagwell, Clinical Director
Dr Andy Summors, Consultant Anaesthetist

1 applicant was interviewed for this post.

The appointments panel recommended Dr Ami Jones for appointment to this post

Appointment of Consultant Neonatologist

The Health Board held interviews for the post of Consultant Neonatologist on Thursday 7th March 2013. The appointments panel comprised the following members:

Chairman:
Mr David Jenkins

Representing the Chief Executive:
Dr Grant Robinson

Representing the Medical Director:
Dr Hywel Jones

Representing the Royal College:
Dr Andrew Coe

Representing Aneurin Bevan Health Board:
Dr Siddartha Sen, Representing Divisional Director
Dr Anneli Allman, Consultant Neonatologist

2 applicants were interviewed for this post.

The appointments panel recommended Dr Gautam Bagga for appointment to this post

Appointment of Consultant Vascular Surgeon

The Health Board held interviews for the post of Consultant Vascular Surgeon on Thursday 7th March 2013. The appointments panel comprised the following members:

Chairman:
Mr David Jenkins

Representing the Chief Executive:
Mrs Jan Smith, Director of Therapies & Health Science
2 applicants were interviewed for this post.

The appointments panel recommended Mr Christopher Twine for appointment to this post.

Appointment of Consultant in Oral and Maxillofacial Surgery
The Health Board held interviews for the post of Consultant in Oral and Maxillofacial Surgery on Monday 11th March 2013. The appointments panel comprised the following members:

Representing the Chairman:
Miss Sue Kent

Representing the Chief Executive:
Mrs Denise Lewellyn, Director of Nursing

Medical Director:
Dr Grant Robinson

Representing the Royal College:
Mr Martin Evan, Hywel Dda Health Board

Representing Aneurin Bevan Health Board:
Mr John Llewellyn, Clinical Director
Mr Richard Parkin, Consultant Oral Surgeon

1 applicant was interviewed for this post.

The appointments panel recommended Dr Magdalen Foo for appointment to this post.

Appointment of Consultant Anaesthetists (Two Posts)
The Health Board held interviews for the post of Consultant Anaesthetists on Monday 11th March 2013. The appointments panel comprised the following members:

Representing the Chairman:
Miss Sue Kent

Representing the Chief Executive:
Mrs Denise Lewellyn, Director of Nursing

Medical Director:
Dr Grant Robinson
Representing the Royal College:
Dr Rachel Collis, Cardiff and Vale University of Wales Health Board

Representing Aneurin Bevan Health Board:
Dr Andy Bagwell, Clinical Director
Dr Tracey Haynes, Consultant Anaesthetist

6 applicants were interviewed for these posts.

The appointments panel recommended Dr Francis Subash and Dr Peter Richardson for appointment to these posts.

Appointment of Consultant in Care of the Elderly
The Health Board held interviews for the post of Consultant in Care of the Elderly on Monday 8th April 2013. The appointments panel comprised the following members:

Representing the Chairman:
Mrs Wendy Bourton

Representing the Chief Executive:
Mrs Jan Smith, Director of Therapies and Health Science

Representing the Medical Director:
Professor Pradeep khanna

Representing the Royal College
Dr John Pounsford, North Bristol NHS
Representing Aneurin Bevan Health Board:
Mrs Jennie Willmott, Divisional General Manager
Dr Sanjeev Vasishta, Clinical Director
Dr Jaideep Kitson, Consultant in COTE

2 applicants were interviewed for these posts.

The appointments panel recommended Dr Katharine Barnes (part time 5 sessions) and Dr Sarah Woollard (part time 5 sessions) for appointment to this post.

Appointment of Consultant Radiologists (Two Posts)
The Health Board held interviews for the post of Consultant Radiologist on Monday 8th April 2013. The appointments panel comprised the following members:

Representing the Chairman:
Mrs Wendy Bourton

Representing the Chief Executive:
Mrs Jan Smith, Director of Therapies and Health Science

Representing the Medical Director:
Professor Pradeep khanna
Representing the Royal College:
Dr Abdul Gafoor, Plymouth NHS Trust
Representing Aneurin Bevan Health Board
Dr Andrew Jones, Clinical Director

2 applicants were interviewed for these posts.

The appointments panel recommended Dr Ramya Thiagarajah and Dr Anita Pandey for appointment to these posts.

Appointment of Consultant Community Paediatrician
The Health Board held interviews for the post of Consultant Community Paediatrician on Monday 22nd April 2013. The appointments panel comprised the following members:

Representing the Chairman:
Mrs Wendy Bourton
Representing the Chief Executive:
Mrs Jan Smith, Director of Therapies and Health Science
Representing the Medical Director:
Professor Pradeep Khanna
Representing the Royal College:
Dr Abdul Gafoor, Plymouth NHS Trust
Representing Aneurin Bevan Health Board:
Dr Ian Bowler, Clinical Director
Dr Alician Rawlinson, Lead Clinician
Mrs Sian Millar, General Manager

2 applicants were interviewed for this post.

The appointments panel recommended Dr Joanne Saunders for appointment to this post.

Appointment of Consultant Community Paediatrician
The Health Board held interviews for the post of Consultant Community Paediatrician on Monday 22nd April 2013. The appointments panel comprised the following members:

Representing the Chairman:
Mrs Wendy Bourton
Representing the Chief Executive
Mr Richard Bowen, Director of Planning
Representing the Medical Director:
Dr Stephen Hunter
Representing the Royal College:
Mr K N Rajkumar, Cardiff and Vale University Hospital of Wales
Representing Aneurin Bevan Health Board:
Mr C Blyth, Clinical Director
Mrs Leanne Watkins, General Manager

4 applicants were interviewed for this post.

The appointments panel recommended Miss Theresa Williams for appointment to this post.

3. Conclusion and Recommendation:

The Board is asked to receive this report for information.

Report prepared and sponsored by:
Executive Team
Aneurin Bevan Health Board

March 2013