Meeting Date	**27 January 2022**	**Agenda Item**	**1.9**
Report Title	**CHIEF EXECUTIVE'S REPORT**		
Report Author	Stephen Magowan, Head of Corporate Business		
Report Sponsor	Mark Hackett, Chief Executive		
Presented by	Mark Hackett, Chief Executive		
Freedom of Information	Open		
Purpose of the Report	To update the Board on current key issues and interactions since the last full Board meeting.		
Key Issues	Updates on: • OPERATIONAL DELIVERY • TAKING FORWARD OUR VISION AND STRATEGY • PATIENT QUALITY IMPROVEMENTS • FINANCIAL MANAGEMENT • OUR PEOPLE		

Specific Action Required ***(please choose one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
	☒	☐	☐	☐
Recommendations	Members are asked to **note** the report.			

CHIEF EXECUTIVE'S UPDATE

The purpose of this report is to update the Board on current key issues and interactions since the last full Board meeting. Further detail on some of these issues is provided in the Board reports.

OVERVIEW

The challenges for the Health Board have increased once again as we deal with the consequences of the Omicron wave of infection. As ever, we have seen our staff rise to this challenge and exceed on occasions what one might expect to be humanly possible. I am indebted for their professionalism and endeavour. We all owe them our gratitude and heartfelt thanks.

We need to deliver on the promises we make to ourselves and the public in this quarter to improve waiting times, cancer response, and service quality. While our values are constant, this need will challenge our prevalent culture. I have been considering this deeply as culture usually manifests in an ingrained mix of beliefs and rituals to which people turn when things get difficult or challenge them.

We really are at a watershed moment in addressing these challenges. I am concerned that we need to move from rhetoric, and the attitudes and behaviours that we are comfortable with and rely on today, and confront fundamentally what we exist for as a health board. In the context of the wellbeing goals for Wales and the framework of resources available to us, our focus must be to deliver a high quality and safe experience everywhere every time, commission the additional or evolving services our population needs, and work with our partners to urgently help our citizens to improve their health.

This quarter we have to focus on instilling a greater sense of responsibility for this delivery, a greater emphasis on clinical leadership and involvement of everyone, and a transformation of our approach to quality. We have to engage patients, carers and citizens, as well as staff, in this, and engender a greater sense of pride and achievement in everything we do for them. Too often we seem to want to settle for getting by, rather than excelling. For ourselves, our colleagues and our families, who are part of our community and sometimes our patients too, we need to excel. As we progress with changing for the future, this will be our unrelenting focus in 2022/23.

OPERATIONAL DELIVERY

COVID-19 INFECTION RATES AND OUR RESPONSE

Case rates in the community rose substantially through December 2021 and into January 2022. Neath Port Talbot had the highest rate in Wales with 2,246 per 100,000 for the seven days up to January 6th 2022 compared to 363 for the seven days to November 26th 2021, while Swansea recorded the most positive cases in Wales in the 24-hour 5th-6th January 2022 period, at 220. Our contact tracing team had to prioritise cases to contact, and 1 in 3 compliance visits identified non-compliance e.g. by people returning from overseas, which remains a real concern.

In the last week however, community infection rates have reduced markedly across the UK and Wales. In Swansea Bay, community infection rates have fallen exponentially, with the rate in Neath Port Talbot down from 2,246 to 576 for the seven days to January 17th 2022 and Swansea down to 550. There is cautious optimism, and real hope, that this wave of infection is receding in our communities; the next few weeks will tell us whether we can be more confident about this.

In November, I reported that in our hospitals, total COVID-related bed occupancy, comprising both acute and post-infectious patients, was stable but high at around 110-120 beds, and that this was impacting on hospital flow. While occupancy had increased to over 150 by the end of 2021, on 19th January 2022 the number of COVID patients in our hospitals was 91, including 14 in mental health wards. While many of these patients have COVID as a coincidental diagnosis to their main condition, their treatment and flow through the system is compromised by the need to manage them in separate general clinical areas.

We face four main challenges from high hospital and community infection rates:

- reduced staff availability because of COVID-positive infection or isolation requirements if household members are infected
- the consequential impact of this on our local choices flexibility to deliver services as we have to prioritise service delivery based on available staff
- the increasingly ubiquitous nature of the infection means that our nosocomial rates are rising e.g. 25 clinical areas in outbreak status in mid-January 2022 compared to 8 on 23rd December 2021, and incidental COVID infection presenting in patients who are attending for other conditions or with symptoms which require their admission or treatment
- the wider impact on our health and social care system as we see capacity reduce in, for example, care homes as they close due to infection outbreaks. In mid-January 2022, 34 care homes were affected by COVID, which increases delays in discharging patients to their chosen place of residence.

These challenges are mirrored across Wales with high occupancy of bed-based services, and considerable service disruption. Our approach in Swansea Bay linked to our greater resilience around our service configuration has enabled us to keep operating a much wider range of services than neighbouring health boards. I wish to thank all staff for their remarkable efforts and spirit in addressing these challenges yet again.

Welsh Government issued new arrangements in early January 2022 which eased some personal restrictions. People who have had a lateral flow test and are not symptomatic no longer need a PCR test, and if the downward trend in cases and positivity continues, Wales will move to alert level zero for all indoor activities at the end of this month.

We have been working with Welsh Government on a wide range of actions, including pressing for further easing of isolation arrangements and a move to more proportionate risk-based approaches to bed management now that we have a largely double-vaccinated population and widespread infection. These actions have been designed to restore operational systems in our hospitals and enable a more pragmatic approach to infection control arrangements as we move from pandemic to endemic incidence. It is hoped that existing clinical requirements such as extended outbreak protocols, now-onerous contact tracing procedures, and demanding care sector reporting and testing, which were appropriate last year, will be eased.

Relocation of the Fabian Way testing facility is scheduled for late February. There is capacity if we are not able to continue to use the testing site at Baglan Energy Park due to the problem with electricity supply to the site, and we will keep people appraised.

We have given more than 585,000 1st, 2nd and 3rd doses of Covid-19 vaccination, and more than 200,000 booster doses. As well as our large vaccination centres and transportable units which are open to appointments and drop-ins, 20 community pharmacies are giving boosters to adults, and staff who operated a new clinic at The Princess Royal Theatre in December 2021 are now helping to vaccinate people who are housebound. Our vaccination programme will therefore need to continue to deliver after January for:

- those who are currently ineligible (their last vaccination was less than three months ago, or they had COVID within the last 28 days)
- children aged 16 to 17, and 12 to 15 if they are in an at-risk group or live with someone who is immunosuppressed, or who themselves have a severely weakened immune system and should have four doses
- almost 1,600 clinically-vulnerable 5 to 11-year-olds (who will be served in a more child-friendly setting than the MVC at Singleton Hospital)
- those due their 2nd dose, which includes at least 7,500 12 to 15-year-olds
- those previously invited for their booster and who have not yet had it
- those who declined a 1st dose previously but now wish to be vaccinated
- primary school children who live with clinically-vulnerable adults - we intend to commence vaccinating this cohort over three weekends from 29th January 2022.

Welsh Government extended the guarantee of additional funding provided to health boards until end of September 2022, enabling us to explore what a more sustainable delivery model could look like when the virus becomes endemic, and therefore more consistent and predictable. The Business Case Group is currently reviewing a business case for a sustainable vaccination and immunisation service to improve the uptake of vaccinations against influenza and other communicable diseases. The provisional outcome is expected by the end of January 2022 and it will be incorporated into our recovery and sustainability plan.

UNSCHEDULED CARE

Current situation

Despite the COVID restrictions on the hospital sites and a large number of outbreak areas, regular infection prevention and control and risk-based facility assessment and utilisation are significantly reducing the number of beds that need to be closed at any time. The ambulance cohorting arrangement continues, however due to fluctuating WAST staffing resource, it has been intermittent and not 24/7.

Overall, unscheduled care services continue to experience high pressure with inpatient acute care having a relatively static demand profile and accident and emergency attendances reducing but the Emergency Department still having considerable overcrowding. The major causes of this are the:

- segregation of COVID and non-COVID pathways results in major inefficiency in patient pathways and the loss of specialty-based inpatient wards, expertise and teamwork
- high levels of clinically-optimised patients who are significantly delayed in leaving hospital for reasons linked to restricted community placement capacity and the current severe difficulties with certain service provision such as domiciliary care support
- high levels of staff unavailability, battle fatigue among staff and the constant changing of operational arrangements, which increase uncertainty and reduce sensible risk-based decision-making, in turn creating delay.

I have been assured by clinical executives and operational teams that daily risk assessments occur around staffing levels and risk stratification in inpatient wards and other services which have high staff absence. These are then acted upon to ensure suitable cover arrangements are in place, but we are continuing to see real pressure on occasion, especially on qualified nurse staffing levels. We are using all efforts to deploy other staff to ward areas where these high risk areas are identified. The Executive Nurse Director is strengthening these arrangements with the Medical Director and Deputy CEO to inspect routinely all high risk clinical areas to ensure we continue to use all possible means to reduce risk.

Utilisation of the transitional care home beds continues, but capacity remains limited as 50% of care homes are not admitting patients due to COVID and/or staffing levels. So far just 44 beds have been open on this pathway despite the extraordinary efforts to purchase the care home capacity, establish a dedicated Pathway 4 assessment team, place Pathway 2 patients temporarily into the community bed pool, and conduct daily reviews, enhanced with weekly senior ‘check and challenge’, to maximise the number of patients medically fit for discharge.

We will be seeking to further increase our community transitional care home capacity for the remainder of 2021/22 following discussions with care home partners in January 2022. I believe we will need to continue to operate these in 2022/23 to provide a viable alternative pool of beds as we commence the centralisation of our medical service at Morriston Hospital in September 2022 and meet the current challenges of a clearly constrained community care sector.

We will need to move now with our local authority partners in establishing the recovery trajectory for our Home First programme as pressures due to COVID ease and we have funded a considerable recurrent increase in the living wage for contractors who work in Home First and CHC placements, amounting to £4.5m. There is a considerably greater cost to our local authority partners. The current capacity is not measured as clearly as perhaps we would all wish and we collectively will need to address this and start to hold better to account our home first capacity in the system for delivery as further investment in this service has to be a key part of our long term strategy to reduce long lengths of stay for patients in our hospitals alongside other factors. Much like our ambitious plan for unscheduled care we need to be more radical in our thinking in this area.

Alongside the community bed expansion, I have asked the Chief Operating Officer to examine the benefits we can secure from reduced length of stay, better admission avoidance schemes, improved Home First capacity and our virtual ward progress to ascertain the bed plans by quarter in 2022/23 across the Health Board. These will then inform our service and financial planning for 2022/23.

Overall, the Health Board is maintaining all services including maintaining a green elective pathway, and our mental health service provision continues as previously described. There have been ad-hoc reductions in outpatient clinics to support the additional acute medicine physicians' rota and some ad hoc cancellations of elective cases either due to bed availability issues or in order to facilitate additional trauma lists. No service has been stood down in its entirety.

Urgent Care improvement

Hospital services

Morriston Service Delivery Unit is progressing the plan to implement a fully functional Short Stay Unit. The Rapid Assessment Unit (RAU) is functioning as a short stay frailty unit, and Ward D has been designated for general short stay. Two additional Clinical Nurse Specialists have commenced on the RAU as per the winter plan and will provide cover 8am to 4pm seven days a week. Ward D has a dedicated acute care physicians' cover rota in place, providing a daily morning session and an hour-long review slot each afternoon. The next step will be to create admission capacity on Ward D; this is currently planned for week commencing 31st January 2022, but will be dependent on the COVID profile within the hospital. This will be essential to reduce rapidly the time acute medical patients stay in hospital, increase patient experience and create a much more effective service for staff. The investment of a further £1.26m in same day emergency care will occur at the same time to extend the service to seven days a week over the next few months. This will integrate with the Acute GP Unit into a single same day emergency service. These actions are part of our strategic approach to create alternative sources of assessment, diagnosis and treatment of urgent care patients and prevent referral to an emergency department.

We have now committed to resourcing permanent increases in staffing in occupational therapy and physiotherapy for delivery of 7-day working in all the medical, elderly and trauma wards at Morriston Hospital. This is approximately a £750,000 investment and will

quickly accelerate assessment, deliver improved rehabilitation requirements, and drive discharge decision-making and improve therapy-led discharge at weekends. It will then enable holistic improvement to the process of readying patients for discharge sooner, ultimately freeing resource for further service benefit or reallocation.

There has been the successful recruitment of two additional care of the elderly consultants, which combined with these investments will greatly assist our capability to actively manage and rehabilitate trauma patients and reduce their time in hospital as we strengthen 7-day services in this area and hopefully as COVID abates, improve our patient quality.

Admission avoidance

However, it is essential that as many people as possible are supported in their own community, rather than in a hospital. We are therefore continuing to focus on reducing avoidable hospital admissions. For example, regarding admission avoidance for COPD sufferers, our existing COPD Team supports GPs in Swansea following recruitment of 2 Band 7 nurses funded by Primary Care. As many patients have months of exacerbations in their condition and a deterioration in their health and quality of life prior to admission, GPs and Practice Nurses are encouraged to contact the team members early so that they may intervene to prevent unnecessary admissions.

The team optimises medication, provides education and teaches self-management skills and future self-referral to the team, as well as managing exacerbations. If admission is necessary, the team will follow up on the ward and facilitate an early discharge if possible. To date, this process has proven highly effective as the team has had no GP referrals that required admission. It has eliminated intermediary GP workload, and avoided ambulance calls, conveyances to hospital, and acute bed occupancy. Moreover, as the team provides self-management advice that extends the effectiveness of their care beyond their weekday working hours, it avoids the need for an expensive weekend service which would not have a significant additional benefit to patient care.

Based on this, I have approved the permanent appointment of a Band 7 nurse, a Band 7 physiotherapist and a Band 6 nurse to staff a Monday to Friday, 8:00am – 6:00pm COPD service in Neath Port Talbot immediately. This will enable the teams to receive referrals from WAST and all GP practices as well as referrals of unstable patients from the Pulmonary Rehabilitation service, to ensure they are able to complete the programme, and other referrals that are more appropriate for the team to deal with and will be seen far more quickly than currently.

Virtual wards

We have commenced operation of four virtual wards in Swansea Bay, Cwmtawe, Neath and the Upper Valley, aligned to four GP clusters and each designed to care for up to 50 patients in their own homes. The wards bring together community-based multi-disciplinary staff such as the COPD team members, providing the same capability an in-patient would experience, and utilising the voluntary sector to contribute to providing out of hours' care for older patients. We have set a requirement with our primary and community services provider to identify the key performance measures which will define clearly the impact these teams have on admission avoidance and early discharge of patients they are

designed to care for. The business case for the four remaining clusters to have virtual wards will be ready in February 2022 for the Management Board to consider.

PLANNED CARE

The current outpatient numbers waiting for first outpatient appointments has continued to rise in December 2021. Overall, we have seen a significant reduction in the rate of monthly increases in the total outpatient waiting list in Q3 2021/22. Nevertheless, the total list represents a major challenge and we are providing a service level which is unacceptable to the public. Our operational strategy remains to:

- reduce referrals to hospital which are better dealt with in alternative settings such as primary or community care
- drive capacity up in primary and community health services by using a whole range of health professional and deliver care in alternative settings to hospital
- maximise the use of advice and guidance for GPs through virtual consultations to better manage patients in local settings
- maximise the efficiency and effectiveness of current outpatient capacity through better in list use and reduce unnecessary follow-up appointments
- restore our routine outpatient service levels provided in 2019/20.

The major focus over the past two months has centred on:

- developing alternative pathways in primary care for dermatology, orthopaedics/MSK conditions, ophthalmology and certain medical conditions
- focusing on the review of new and follow-up outpatients at a cluster level by general practitioners with consultant review. This is identifying huge reductions in outpatient referrals as alternative pathways are agreed or existing ones used better. For example, a review of new ENT referrals in one cluster identified a 75% reduction in new outpatient referrals to the service
- the focus on demand and capacity planning to ensure we firstly stabilise our referrals with our monthly capacity and then reduce waits across our top 10 longest wait specialties by increasing our capacity or using alternative pathways
- the move to straight to test to avoid unnecessary outpatient attendances
- creating capacity in Neath Port Talbot and Singleton hospitals for additional consultant clinics or using the community estate more effectively for extra clinics e.g. rheumatology/neurology services.

The creation of speciality ‘production plans’ encompassing these activities will enable us to generate clinically owned/more appropriately supported plans which I am becoming confident will start to change our waiting times, stabilise them in Q1 2022/23 and then start to reduce them in Q1-Q2 2022/23, depending on the scale of challenge in each area.

I have specifically focused Craige Wilson, Deputy Chief Operating Officer and Chair of the Planned Care Board, Deb Lewis, Deputy Chief Operating Officer Performance and Transformation to:

- develop rapidly expanded capacity at Neath Port Talbot Hospital with the service unit director in Q4 2021/22
- implement the top 10 specialties production plan and drive better performance delivery
- increase productive efficiency of current clinics and review the role of our outpatient management and organisation to ensure it is fit for purpose
- develop with our Outpatient Department Clinical Lead primary care pathways with general practitioners and other professionals.

As part of our 2022/23 plan, I intend to prioritise significant shifts in care to primary and community settings based on achieving at scale service excellence in diabetes, atrial fibrillation, hypertension and heart failure which will provide us with a cornerstone of prevention and early intervention to avoid hospitalisation and hospital-based outpatient attendances from 2022/23.

The inpatient and day care waiting lists remain stable at present, but there will be a considerable increase in these as we stabilise and reduce outpatient waits. These impacts are being modelled by Deb Lewis and her team to ensure we develop robust plans to increase capacity simultaneously. The main focus we have is to achieve:

- ensure we develop effective use of operating sessions working with productive partners on theatre utilisation, better pre-assessment and using operating lists fully
- the opening of a further 26 theatre sessions in Q4 2021/22 at Neath and Port Talbot and Singleton hospitals to increase specialty work on these sites and reduce dependence on Morriston. This will shift to these sites more than 50 theatre sessions since July 2021 which were provided largely at Morriston in 2019/20
- the deep dive into four specialties - urology, ENT, lower GI and plastic surgery to accelerate clinical and management action to improve outpatient, inpatient and day case delivery which I have personally led
- the detailed demand and capacity each quarter for specialties which brings together in-house delivery, insourcing and outsourcing approaches and impacts on waiting times
- the Medical Director at Singleton has reviewed with surgical and anaesthetic colleagues, arrangements to further increase surgical activity on the site and reported to myself and the Health Board Medical Director the actions required to deliver this
- I have commissioned the two Medical Directors in Singleton and Morriston to recommend the optimum configuration of non-intensive care post-operative recovery capacity that will dramatically increase complex surgery delivered off the Morriston site and increase capacity on it
- there have been detailed and constructive discussions with our clinical leads in orthopaedics and anaesthetics at Neath Port Talbot to provide enhanced recovery times for orthopaedic patients which shift considerably more major cases to Neath Port Talbot in the next 12 months
- the new ophthalmic theatre for cataract surgery has been ordered and will be built in Q4 2021/22.

The Health Board also has arrangements with a number of independent providers to outsource patients requiring a range of procedures including cataracts, and oral, spinal and hand surgery. In addition, we have insourcing capacity for endoscopy and gastroenterology, and mobile solutions for additional imaging (MRI and CT). Whilst tackling the backlog of patients, the Health Board is also working to transform the way in which care is delivered. This is evident in the work currently being undertaken to deliver the removal of basal cell carcinomas in general practice, but there are other surgical procedures that could equally be provided in primary care. Likewise, we are working with general dental practice to deliver more oral surgery and oral medicine locally, and there are GP cluster-based developments delivering spirometry, echocardiography and audiology.

CANCER

Overview

The level of cancer waits over 62 days remains unacceptable and a key clinical risk for the Health Board. A comprehensive review of the major tumour sites is currently being undertaken. I have asked for this to review our planning assumptions, execution arrangements and the responsibility and accountability framework to ensure we rapidly improve the position. A number of developments are occurring to assist this position which we will be implementing in Q4 2021/22. These are:

- improved primary care testing to screen out patients with cancer and non-cancer symptoms which we will be implementing in Q4 2021/22. This will transform the demand for endoscopy investigations for suspected cancers making the referrals much more likely to be for cancer patients and avoid lots of endoscopic examinations for patients with a low probability of cancer based on their symptoms. The released consultant time in clinics will be used for additional endoscopy sessions to reduce diagnostic waiting times. In parallel we are introducing better testing for inflammatory bowel syndromes which will release more consultant clinic capacity to be dedicated to our diagnostic demands
- the approval of an additional breast radiologist and third breast surgeon to tackle long breast cancer waiting lists
- We have conducted a further review of lower GI and urology to increase capacity to deal with cancer demand particularly in the diagnostic and outpatient waits.

Bowel screening colonoscopy

SBUHB is committed to providing a sustainable Bowel Screening Colonoscopy service that is of the highest standard and access for patients is within the standards outlined by Bowel Screening Wales by ensuring:

- there are sufficient regular weekly screening colonoscopy lists to manage commissioned demand and these are prioritised and protected
- the current backlog is prioritised with those waiting longest actioned quickly to reduce harm

- referrals are managed in line with urgent suspected cancer timelines for their screening colonoscopy until further capacity improvements are made
- planning for optimisation is undertaken and actioned as funding for optimisation has been made available to health boards since April 2021.

The Bowel Screening Wales Optimisation Advisory Board will optimise the screening programme in Wales to expand the age for screening from the current range of 60-74 years to 50-74 years between 2021 and 2024, and also increase the screening test sensitivity from the current levels by 2024. For SBUHB during 2021/22, it resulted in a proposed increase of 194 index cases above the Long Term Agreement of 100 index cases per annum, and an additional 54 repeat procedures for the full year.

The model in SBUHB for delivery against this challenge comprises two accredited Screening Colonoscopists and two trainees we expected to be accredited in January and June 2022. In 2020/21, SBUHB was funded for one list over 42 weeks and we have increased by two further sessions.

The Cardio-Pulmonary Department will move from Morriston Hospital to Neath Port Talbot Hospital. The hospital already runs prehabilitation and anaesthetic pre-assessment for which CPET is part of the pathway, and would allow CPET to run 10 sessions per week, on a like-for-like basis, i.e. all day Monday and Tuesday. The move was scheduled for January 2022, and will further move us towards our goal of these hospitals becoming centres of excellence for outpatients and planned care.

There is a desire to expand this service given anaesthetic consultant availability/rotation and added referrals from the colorectal cancer service which would double our CPET activity from 300 to c.600 patients a year, and further discussion will take place prior to any expansion plans being agreed.

AUDIT WALES REPORT

In December 2021, Audit Wales (AW) published its Structured Assessment 2021 (Phase Two) – Corporate Governance and Financial Management Arrangements document for the internal use of the Health Board. This considers how:

- corporate governance and financial management arrangements for ensuring that resources are used efficiently, effectively, and economically have been adapted for COVID over the last 12 months
- business deferred in 2020 has been reinstated
- learning from the pandemic is shaping future arrangements for ensuring good governance and delivering value for money
- the Board is scrutinising the development and delivery of the 2021-22 Annual Plan.

The overall assessment was that our corporate governance and financial arrangements are sound. Six recommendations were made for: improvement of the Health Board's website navigability and performance report content, refinement of Board and Committee papers, activity and audit tracking, and reinstatement of the Healthcare Professional

Forum with representation by it at Board. These will now be taken forward by corporate directors and the actions coordinated by the Director of Corporate Governance.

TAKING THE VISION AND STRATEGY FORWARD

We are continuing to make progress on key areas in Changing for the Future to be concluded this year to support our direction:

- **Singleton Hospital Ophthalmology Theatre** – on 7th January 2022, the Chair and Chief Executive signed a Chair's Action Decision Form to record approval for the placement of orders for ground works for, and fabrication of, the Singleton Ophthalmology theatre ahead of planning permission being received. This was necessary in order to utilise capital funding allocated only for 2021/22 for this project, which was approved by the Board at its meeting on 25th November 2021

- **Singleton Hospital Linear Accelerator Replacement** – I have approved £4.25m for the replacement of a linear accelerator at Singleton Hospital. £2.1m is being provided to purchase the equipment on the understanding this is completed in 2021-22. The remaining funding will be provided following submission and scrutiny of the business justification case, and must be claimed by 31st March, 2023

- **Morriston Hospital Hybrid Vascular Surgery Theatre** - the Board is being asked to endorse submission in draft to Welsh Government of the final Strategic Outline Case for delivery of an integrated theatre and radiology imaging devices for minimally invasive vascular surgery that will improve the patient pathway, experience and outcomes, with less trauma, fewer amputations, and shorter waits and stays, for South West Wales patients. This is a really terrific development for the Health Board which we need to get resourced by Welsh Government

- **Older People's Mental Health Services** - this follows substantial investment in community alternatives some years ago which have changed the service demands resulting in treating people closer to home. We now have too many unused beds which we would like to reduce and use the space for new service demands elsewhere in the Health Board. As a result of the concerns raised in the engagement, we undertook further engagement with the patients, CHC and carers directly affected by these proposed changes. The outcome is being presented to the January 2022 Board meeting.

- **Hydrotherapy services engagement** - We are engaging on changing our hydrotherapy services to support the development of each of our main hospitals as Centres of Excellence for specific services and to ensure we can provide improved services for our patients, improve the sustainability of our services, and use the resources we have most effectively.

  Where patients need rehabilitation prior to returning home, they will be transferred to Neath Port Talbot Hospital, which is going to be our Centre of Excellence for Rehabilitation. Neath Port Talbot Hospital is also planned to become the Centre of Excellence for Orthopaedic and Spinal Services so would offer hydrotherapy for these inpatients. Singleton Hospital is planned to be the Centre of Excellence for

Women's Services so hydrotherapy services e.g. Aquanatal would be provided there.

We also want to expand access by outpatients and communities to hydrotherapy services, using both Singleton and Neath Port Talbot Hospitals pools. This 'closer to home' model would help support members of the public to improve their health and wellbeing, and enable us to develop an increased level of expertise for our patients and health board population.

We are encouraging people to feed back. The engagement closes at midnight on 18th February 2022.

OUR PLANS

Recovery and sustainability

The purpose of the Recovery and Sustainability Plan (R&S Plan) is to set out the route map to deliver service and financial excellence over the next 3-5 years. It will be our Integrated Medium Term Plan (IMTP) for 2022-25 which the Health Board have a statutory duty to submit to Welsh Government.

The creation of these plans has been based on extensive clinical engagement, a focus on improving patient quality and rejuvenating our services to meet modern expectations. Alongside this we are producing the 2022/23 Annual Plan. Progress on the development of the R&S Plan since the last report to Board includes:

- detailed delivery plans drafted
- priorities reviewed by Management Board (15th December 2021)
- priorities reviewed by Board (16th December 2021)
- financial allocation letter received from Welsh Government (24th December 2021)

In the next phase in January-February, we will refine the priorities and their implications and triangulate service changes, workforce capacity and capability and finance. A draft R&S Plan will be prepared.

In light of the current pressures, Welsh Government has advised a revised submission date for IMTPs of 31st March 2022. Therefore, the final R&S Plan will now be sent for approvals in February, prior to submission in the form of IMTP 2022-25 to Welsh Government.

Joint executive team (JET) meetings

JET meetings are an important part of the formal accountability relationship between Welsh Government and Health Boards. Due to the urgent focus on vaccination programme expansion and hospital preparedness, our JET meeting scheduled for 22nd December 2021 was postponed. We have submitted our presentation which reviews performance this year and key risks, and covers our response to Ministerial priorities e.g. as set out in Welsh Government's Winter Plan, our operational plan for the remainder of the year including the use of funding for recovery from COVID, and our IMTP, including

how we are embedding the principles of the Wellbeing of Future Generations Act into the way that we work. When we receive feedback, we will share it with colleagues.

Sustainability plans

Last time I reported on the large scale solar farm development for Morriston Hospital. However, other plans are constantly being implemented at local community level which contribute too. Four general practices in the Upper Valleys GP Cluster - Amman Tawe Partnership, Dulais Valley Primary Care Centre, Pontardawe Primary Care Centre and Vale of Neath Practice – have launched a scheme to help the environment by recycling inhalers. The trial lasts until the end of January and patients registered with any of these practices can hand in their used inhalers at any of the pharmacies based within the Cluster. If this is successful, we intend it to be rolled out across our Board area.

Anjula Mehta, MD in primary and community service group is leading work with our cluster leads to improve the delivery of spirometry services to reduce the misdiagnosis of COPD and asthma which can cause the inappropriate prescribing of inhalers. The clusters will complete the COPD spirometry reviews in March 2022, and are working on the completion date for asthma spirometry reviews.

In respect of its national capital programmes for infrastructure and decarbonisation, Welsh Government has awarded the Health Board £200,000 for additional LED lighting and £63,000 for asbestos removal, and we are working to claim these by 31st March 2022.

Along with other health boards, SBUHB has been working with its partner organisations on a healthy travel charter. This is significant for the Health Board as:

- we are a substantial 'mover' of people around the region in terms of staff and patients accessing services
- pre-COVID, car parking was one of the biggest causes of concern from our patients and staff
- feedback from the Changing for the Future and Older People's Mental Health Services engagements concerns transport and access to our services
- we are required to develop and implement a Decarbonisation Plan
- we support the Swansea Charter on Climate and Nature Action.

We recognise that local and regional transport infrastructure is the most significant issue in considering future options, and that we need to participate in discussions on improvements. This draft charter shows commitment by the Health Board to improvements both for the health and wellbeing of our staff and to current service access arrangements, and gives us a voice in relation to the infrastructure issues and sustainability. Discussion has taken place at our Management Board, exploring and noting both the issues and our commitments with the aim of acting on both in due course, while understanding the need to move forward now and in step with our partners. If you are interested in this, contact Siân Harrop-Griffiths.

QUALITY

IMPROVEMENT ACTIONS

Infection prevention and control

Healthcare-associated infections (HCAI) are acquired as a result of healthcare interventions. HCAI may increase length of stay, reduce quality of life or cause death, and result in costs - of diagnosis, hygiene, reputation and treatment - all of which are unnecessary if HCAI are prevented. Preventing or reducing rates of HCAI involves evidence-based interventions from surveillance that combines leading measures of control completeness and lagging measures of incidence and response effectiveness.

SBUHB's HCAI situation is unacceptable, with currently the highest incidence of C. difficile, Staph. aureus bacteraemia and Klebsiella bacteraemia, and the third highest incidence of E. coli bacteraemia, in Wales. Three examples of the issues faced are:

- in October, Morriston Hospital's renal unit had the first two cases in patients in SBUHB, and possibly in Wales, of Staph. aureus exhibiting intermediate resistance to glycopeptide antibiotics, a last resort treatment
- a significantly increased rate of Enterococcus faecium infection, also resistant to glycopeptide antibiotics such as vancomycin, has recently come to light in Morriston Hospital's orthopaedic and trauma wards
- SBUHB is continually at risk from patients who carry extensively multi-drug resistant Carbapenemase-producing Enterobacteriaceae following a significant 2019 outbreak in a surgical ward in Morriston Hospital, as the Welsh Clinical Portal used for admissions does not indicate the known infection status of our patients.

The existing healthcare environment continues to compromise safe, quality care, and prevents the Health Board from achieving Welsh Government's infection reduction goals, because the:

- facilities are in a poor state of repair and lack decant space which compromises effective cleaning, not compliant with current Hospital Building Notes and their reconfiguration and refurbishment do not meet the requirements, and derogation to building standards occurs to meet service demand for beds
- cleaning process is fragmented and inappropriate, and cleaning undertaken is substandard
- IPC service is currently neither adequate nor sufficient for its remit, the extent of IPC compliance is limited or unknown, and medical engagement with IPC is poor
- governance process is incomplete, not embedded, and ineffective.

The remedies required are listed in the paper to the Board, and comprise capital expenditure as well as process changes with workforce implications. In parallel, for an effective IPC programme integral to assurance of high quality clinical outcomes and patient safety, the Service Group Triumvirates, with active clinical participation, must take ownership of stimulating the desire for quality excellence throughout the Group and undertaking the actions to achieve it.

To support this, the recommendations include the Health Board establishing a role of Director of Infection Control and a role of Consultant Practitioner in Infection Prevention, ensuring Health Board programmes and initiatives remain evidence-based, and leading on the establishment of the Health Board as a centre of excellence in IPC.

Starting immediately in January 2022, over the next three months we will be focusing on practice-based changes to address C. difficile and methicillin-resistant Staph. aureus, with the aim of incidences of these becoming 'Never Events'. The changes will be reviewed rapidly by the clinical teams, and then service units will be held to account by Richard Evans, Christine Morrell and Gareth Howells.

Quality & Safety Governance Group

I have asked the Executive Nurse Director to review the Health Board's current arrangements for the Quality & Safety Governance Group since it is not fit for purpose in terms of its role, function and membership to deliver high quality patient care in the Health Board and discharge its leadership responsibilities. The new arrangements will be developed by February 2022 and reported to Management Board.

Quality Management System

The Executive Directors and the service management teams will be attending facilitated workshops in February and March 2022 with me to develop our approach to our quality management system in the Health Board. The focus will be on where we are now and where we wish to be in terms of quality excellence and how we get to this goal. I am personally committed to developing a much more clinically-led organisation which places the patient, carer or citizen at the heart of it, but culturally we have a very long way to go to secure this situation, and we have to be restless to move there rapidly.

QUALITY AND SAFETY PRIORITIES

The Health Board's Quality & Safety Priorities are progressing as follows:

End of life care (EOLC)

- **Dec/Jan -** Continued training of secondary care staff and working with Primary Care and LA to start mapping care home training needs.
- **Next steps** – A 6-month training plan is being developed for these teams.

Falls prevention

- **Dec/Jan** - A Quality Improvement Lead has started, and initial scoping of specialist falls roles across the Health Board has commenced.
- **Next steps** – We are undertaking good practice and benchmarking visits to other HBs, developing a list of one-off falls prevention and falls management equipment requirements, and working on a report of falls data currently gathered, to support development of a dataset, and a report on specialist falls roles.

Healthcare-acquired Infections (HCAI)

- **Dec/Jan** - Recruitment to GP clinical sessions. Development of spec for C Diff, as part of development of ward to board dashboard for HCAI - dashboard developed and data being validated. Junior Dr Quality Improvement programme complete. 'How to' guide for Level 2 training circulated to service groups. Service group improvement plans have been developed for IPC training compliance.
- **Next steps** - Progression of ward to board dashboard, implementation of service group IPC training improvement plans, and review and standardisation of local decontamination protocols, and audit.

Sepsis

- **Dec/Jan** - The Band 8b Sepsis/Resus Lead recruitment was successful, and the Band 7 Sepsis/Resus officer is being recruited. Clinical sessions for Sepsis and RADAR have been advertised.
- **Next steps** - Commencement of post holders and development of a programme to ensure compliance.

Suicide prevention

- **Dec/Jan** - An 8a Quality Improvement Lead took up post in January 2022. Ligature risk assessments have been progressed, together with engagement with Assistant Director of Health and Safety regarding the Primary Care Estate.
- **Next steps** - Development of HB Talk to Me Action Plan, and scoping of training requirements across HB.

There will be more detailed review of the actions against these areas in Q4 2021/22 with myself and Nurse Leads. We need to move the work on to focus on delivery and much greater clarity on what the teams are seeking to achieve as there is a real need to develop a much stronger performance focus in these areas.

MATERNITY

The severe service disruptions in midwifery workforce has been a real concern for some months. These have been driven by COVID-related sickness, high absence outside COVID-related absences and high vacancy levels. I am pleased to report that there is an ever better staffing position developing linked to the actions taken by the midwifery leadership team, which include:

- development of and successful recruitment to a midwifery bank
- use of agency Midwives to ensure safe staffing levels within the obstetric unit
- enhancing overtime rates, which has been welcomed by midwives working for the Health Board
- the successful recruitment of 11 graduate midwifery entrants in Q3 2021/22

We plan to resume midwifery-led births and homebirth in Neath Port Talbot in February 2022. I want to thank all staff in our midwifery teams for the considerable flexibility, effort and sheer hard work to keep our mothers and babies safe over this period – it has been enormously challenging.

FINANCIAL HEALTH

STATUS

At the end of Month 9 (December), the Health Board has reported a cumulative overspend of £17.569m, £0.7m better than the forecast deficit. We continue to forecast an outturn of £24.405m following Welsh Government's commitment to provide non-recurrent support to mitigate the adverse 20/21 COVID impact on savings.

It is important to note that within the forecast, we are working to contain the impact of enhanced pay rates, increasing sickness absence and recruitment challenges which are increasing the volatility of workforce costs. Our winter plans to ensure service capacity is available as needed create potential cost challenges. This capacity prioritisation creates both significant funding and potential delivery risk for our efforts to recover from COVID, and it is expected that all the anticipated £119m recovery funding will be deployed to meet the additional costs involved in 2021/22.

OUTLOOK

While we have identified savings in excess of the planned savings requirement and have robust arrangements in place to realise as many as possible, we are sensitive to the need to accomplish this in conjunction with the other plans we are currently enacting, which involve many of the same staff. The primary concern is to achieve recurrent savings in 2021/22. The Management Board is considering options and planning to ensure we deliver £27m CIP.

Looking to 2022/23, we have received our allocation letter from Welsh Government. The settlement has been a good one for the NHS in Wales with a core sustainability uplift of 2.8% ahead of any wage award announcement for 2022/23 which will be funded in full by Welsh Government. The Health Board has also had confirmation of the £21.6m for COVID recovery notified in 2021/22 which is in addition to the core uplift. There are also allocations for value-based healthcare, mental health services and the regional integration fund.

At this stage there is no funding available for COVID response costs beyond the national programmes for vaccination, Test, Trace, Protect, and PPE. There are also exceptional costs in 2022/23, including increased utility costs, the impact of the real living wage, high non-pay inflation and the additional bank holiday. Whilst the settlement is good, these cost pressures are material and our ambition to save a further 4% in 2022/23 is essential to our ambition of a stable financial position. The key elements of the plan will be rigorously scrutinised and tested in the coming weeks ahead of a formal discussion with Welsh Government scheduled for 3rd February 2022. I shall keep the Board updated on progress.

OUR PEOPLE

STAFF EXPERIENCE

It is too easy, especially when everyone is working so hard under the current pressures, for us to be focussed on the task in front of us and lose contact with each other and the wider service we are part of and the people who work for it. Our values are humane, but they need a human touch to feel real and a human presence to be lived. In November, I reported that my executive colleagues and I intended to deepen and widen our engagement with staff as we recognise the importance of staff experience as a real-time proxy for quality and patient experience.

It is important that staff are able to share what they feel, know and experience with Board leaders and that leadership is present throughout our work. In February therefore, we are starting a programme of visits and meetings on the last Wednesday of each month by Board executives with departments and teams in all divisions across the Health Board. The purpose of this programme is to:

- Improve the visibility, accessibility and connectedness of the executive leadership with colleagues across the organisation in all areas
- Provide an opportunity for service groups to show the executive team areas of good achievement and practice as well as problems and difficulties
- Allow and enable greater understanding of issues together.

This programme of visits, whilst formally managed to ensure that diary time is kept free and that all parts of the organisation take part and all feedback is captured and responded to, is not about formal meetings. It is designed to create space for conversations and enhance mutual recognition and understanding between colleagues. It does not replace any of the meetings and relationships that already exist, but aims to ensure everyone is included.

The programme is intended to be permanent and cyclical, so that there are regular opportunities for staff and leaders to meet and share perspectives and experiences, and to share feedback and insight that emerges from the programme. A monthly staff awards programme is also to be introduced to coincide with these visits so the winners can receive their awards directly from the Board executives while on site. I personally visited a number of areas in December 2021 and January 2022 including our learning disability, physiotherapy and other services, and visited CAMHS with the Chair.

STAFF ENGAGEMENT

We intend to reintroduce the Team Brief approach to the HB to enhance internal communication, support key message consistency and visibility, initiate a cascade of information, and create a feedback loop. To that end, I held a briefing with senior managers on Tuesday 18th January to test the approach and would like to commence it in this quarter. A comprehensive review of our communications and engagement function has been undertaken, led by Nick Samuels, Interim Director of Communications. I will be communicating the outcome of this soon.

NEW YEAR'S HONOURS

MBE recipients are Professor Euan Jonathan Hails for services to Children and Young People's mental health in Wales, and Dr Edward Morgan Roberts for services to medicine and to the community in Swansea and Neath Port Talbot.

APPOINTMENTS AND APPRECIATION

I am delighted to announce the following appointments:

Clinical Lead for Organ Donation: Dr Anita Jonas

Anita will take over from Suresh Pillai in the new year. I'd like to congratulate Anita on her appointment and also to thank Suresh for his hard work as the previous Clinical Lead. We have made notable advances in our contribution to the nationwide programme thanks to Suresh, and I look forward to continuing to progress this under Anita's leadership.

SAS Advocate for Swansea Bay UHB: Dr Naleen Thota

Naleen is clearly passionate about taking on the role and seeking ways to improve how we engage and support our SAS doctors. We were also fortunate to have several excellent applicants for the post so I am confident that we can build a strong network within the Health Board for our SAS colleagues. I'm looking forward to working with Naleen and supporting his enthusiastic approach.

Case-UK Limited Well-being in the Workplace Recognition Awards
In support of Case-UK's Disability Confident commitments, Case-UK's workforce has identified individuals and organisations which it believes have gone above and beyond expectations to ensure Mental Health Support Services are being made accessible to their workforces, and the workforces of others. I am delighted that our Health Board is one of five organisations from across Wales and the South West of England that has been recognised as an employer making a positive contribution to its workforce's well-being. Well done!

MARK HACKETT
CHIEF EXECUTIVE OFFICER