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Health Board



<b>Meeting Date</b>	<b>28 July 2022</b>	<b>Agenda Item</b>	<b>1.9</b>
<b>Title</b>	<b>CHIEF EXECUTIVE'S REPORT</b>		
<b>Author</b>	Stephen Magowan, Head of Corporate Business		
<b>Sponsor</b>	Mark Hackett, Chief Executive		
<b>Presenter</b>	Mark Hackett, Chief Executive		
<b>Freedom of Information</b>	Open		
<b>Purpose</b>	To update the Board on current key issues and interactions since the last full Board meeting.		
<b>Key Issues</b>	<p>Updates on:</p> <ul style="list-style-type: none"> <li>• OPERATIONAL DELIVERY</li> <li>• TAKING FORWARD OUR VISION AND STRATEGY</li> <li>• PATIENT QUALITY IMPROVEMENTS</li> <li>• FINANCIAL MANAGEMENT</li> <li>• OUR PEOPLE</li> </ul>		
<b>Specific Action Required</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>- <b>NOTE</b> the report;</li> <li>- <b>SUPPORT</b> the engagement communication plan for Brunswick Health Centre.</li> </ul>		

## 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 issues is given in the Board papers.

### OVERVIEW

Having written about the improving Covid position in my last report, it is frustrating to now report that confirmed Covid-related hospitalisations have risen 12-fold in the last month to levels last seen in April 2022, including an increasing number of critical care cases. While they seem to be plateauing now, this sharp rise in Covid-19 infections in our communities and on our wards means we have had to require all staff, patients and visitors to wear face masks again in all clinical and public areas, in all health and care settings. We have also had to restrict visiting to our hospitals, to protect patients and staff. For the same reason, we were bitterly disappointed to have to postpone our Living Our Values Awards ceremony. We want to honour and celebrate the achievements and commitment of our staff and will hold the event in September 2022 when I believe it is safe to do so.

With community Covid numbers rising continuously since the start of June 2022 and affecting primary, community and social care and hospital staffing as well as patient admissions, the pressures in our Emergency Department (ED) and wards, community and primary care, and mental health services remain unchanged since my last report. Our hospitals are regularly above 100% bed occupancy, and our staffing levels are reduced due to Covid-related absence. At Morriston Hospital, for 10 hours on 12th July we had to declare a business continuity incident for quality and safety reasons, where we seek support from neighbouring health boards and the ambulance service for the redirection of new emergency patients during the incident period. While we hope this will not reoccur, we expect the pressure to continue through the heatwave and the school holidays, which also adversely impacts on restoring our elective surgery capacity at Morriston Hospital.

The overall picture around ambulance conveyances to ED, A&E attendances, admission rates and conversion of attendances to admissions shows largely a stable workload for our major acute hospital. This is a credit to the Health Board in a system when Covid recovery might be expected to drive considerable changes to demand at the front doors of hospitals. The cause of pressure is not currently demand, but the inability to move people out of hospital rapidly enough and the disruption Covid causes to routine patient flows.

We are working closely with our WAST colleagues on the joint plan to reduce ambulance handover delays and lost ambulance service time, and we are confident that when the current Covid wave passes, we will recover the significant reduction in average handover times and lost hours we achieved in May 2022, which demonstrated that the initiatives were working and delivering benefit. We have submitted our recovery plan with UEC trajectories for 2022/23 to Welsh Government, and we will keep building on existing initiatives and look at more ways to improve our emergency care pathways.

Regarding the national nosocomial infection review programme, we have almost completed our reviews, and are in the 4th week of contacting families, by phone followed up by letter. This has been positively received, as people welcome the chance to talk through their concerns and experiences, and some need bereavement support. We will shortly go back to our service groups to discuss the findings and learnings which we will incorporate in our current infection prevention and control plans. As soon as we have established the end-to-end process for the reviews we will scale up to complete the task. We expect to have a clear trajectory for this in September 2022.

We are keeping our focus on progressing the creation and delivery of services that provide the best possible patient experience, safety, access and outcomes, in accordance with our Recovery and Sustainability Plan. Our operational approach is simple; to ensure that we:

- contact all patients who are waiting to have the most up to date health status for them and we validate their position on our waiting lists
- improve the operational efficiency and effectiveness of existing outpatient departments, endoscopy and theatre sessions by ensuring our clinical teams improve systems and processes to deliver optimal productivity
- expand and redesign our diagnostic services to reduce the waits between referral and diagnosis of conditions and speed up care for people
- create alternatives to traditional secondary care referral routes by working across our health system, integrating the role of GPs with secondary care to reduce demand
- open up unused capacity at Neath Port Talbot and Singleton Hospitals and other locations to drive forward our centres of excellence model
- develop new pathways or build sustainably our capacity within the Health Board and with our partners across South West Wales and beyond.

Through these changes and our £21.6m recurrent investment in improving planned care and our £10m investment in urgent care, we will improve dramatically the services for patients in 2022/23. These changes have to be linked to achieving financial sustainability.

We are halfway through the formal consultation on our acute medical services redesign, with strong engagement directly and through our Health Board Partnership Forum, and a great response so far. Our staff are supportive of the thinking but there are areas to address and impact on individuals and the way we support them, which we are actively considering.

On other operational improvements since my last report:

- theatre productivity at our hospitals has increased, in particular, rising from 67% to 82% at Neath Port Talbot Hospital
- urology clinics have commenced at Neath Port Talbot Hospital alongside rheumatology in the new 21-room outpatient suite
- additional day surgery has commenced at Singleton Hospital to treat patients on our cataract lists

- the new scanner at Morriston Hospital is now operating.

We are gaining momentum with our monthly Team Brief on core messages about these overdue changes, supplemented with each service groups' local issues, and are working hard to launch a complementary newsletter. To deliver improved patient quality, safety and service levels, we have to accelerate our integrated health system development. This means we will have to increase the capability and capacity of our primary care and community health services to deliver different services to support acute admission avoidance and discharge, and shift resources between the services in a more deterministic manner than we have done historically. The very positive formal feedback from Welsh Government we received on 13<sup>th</sup> July about our Recovery & Sustainability Plan recognised the work undertaken by the Health Board to improve and embed an integrated planning approach, and I will be looking at this in earnest during the remainder of the summer.

## **OPERATIONAL DELIVERY**

### **COVID-19**

This month, confirmed Covid-related hospitalisations rose to a peak of 120 last seen in April 2022, including an increasing number of critical care cases, and are currently plateaued at 100 to 110. Due to this sharp rise in Covid infections in our communities and on our wards, we require that all staff, patients and visitors wear face masks again in all clinical and public areas, in all health and care settings. We know they help, and heighten behavioural awareness again among staff about the need to test twice a week. We are considering what additional near-real time communication we might provide to staff and public on hospital Covid status that could be useful. We must also once again restrict visiting to our hospitals, to protect patients and staff. 'Visiting with a purpose' has been re-introduced in our adult general wards. We will try to ensure all patients get the visits they need, with mobile devices in wards to aid interaction.

Average overall bed occupancy in acute hospitals in Wales, which hit a record 94.1% at the end of June, is still at a record high, and our hospitals are regularly above 100% bed occupancy. Covid-related staff absence has more than doubled since last month to around 400. This, combined with patients suddenly being unable to attend, challenges service provision and reduction of backlogs. In some weeks, large numbers of theatre lists have to be cancelled which profoundly affects patient experience and wellbeing. Service issues are exacerbated by similar challenges in social care and primary and community care where capacity is reduced due to staff absence or inpatient infections.

### **COVID-19 vaccination**

We completed our planned spring booster programme last month, and continue drop-in sessions at our Gorseinon and Aberafan centres. We are working on plans for autumn flu and Covid vaccinations for our population, informed by the Joint Committee on Vaccination and Immunisation's advice on 15<sup>th</sup> July 2022 to offer a booster to all adults aged 50 and over, and people aged 5 and older who are in a risk group, are household contacts of

immuno-suppressed people or are carers, by the start of December 2022, and among our staff we are preparing to train peer vaccinators in August.

### **UK COVID-19 Inquiry**

On the 28<sup>th</sup> June 2022, the Prime Minister wrote to the Chair of the Inquiry, accepting all the proposals the Chair made following the public consultation, and confirming the Terms of Reference (ToR) for the UK Covid-19 Inquiry. The Chair will set out her approach for the next stage of the Inquiry's work imminently, and we continue to seek clarification of the means and extent of participation of NHS Wales, and the need for Health Board input as participants or as respondents to requests for information and so on.

### **URGENT AND EMERGENCY CARE**

Unscheduled care performance remains escalated to increased monitoring in line with the Health Board's governance framework, and the pressures in our Emergency Department (ED) and wards, community and primary care, and mental health services remain unchanged since my last report. They adversely affect our ability to consistently provide the levels of high quality care to our patients that we aspire to.

The overall picture around ambulance conveyances to ED, A&E attendances, admission rates and conversion of attendances to admissions shows largely a stable workload for our major acute hospital. The main cause of pressure is the inability to move people out of hospital rapidly enough and the disruption Covid causes to routine patient flows. These have meant that people waiting no more than four hours in ED has fallen back to 71.6% (similar to March) from 73.8% in May, and 1,388 people waited more than 12 hours, the highest since February. At Morriston Hospital, for 10 hours on 12<sup>th</sup> July we had to declare a business continuity incident for quality and safety reasons (where we seek support from neighbouring health boards and the ambulance service for the redirection of new emergency patients during the incident period). While we hope this will not reoccur, we expect the pressure to continue through the heatwave and into the school holidays.

Despite this, we have continued to focus on improvements to reduce ambulance handover delays and lost ambulance service time, reduce overcrowding in ED, and increase flow out of hospital. We are working closely with our WAST colleagues, and are confident that when the current Covid wave passes, we will recover the significant reduction in average handover times and lost hours we achieved in May, which demonstrated that the initiatives were working and delivering benefit. That said, we will need to keep building on these and look at more ways to improve our emergency care pathways. We discussed at Management Board and agreed that to reduce the overcrowding in ED, the clinical executives, Chief Operating Officer and I would focus on 4 key areas:

- Further WAST stack reviews to divert ambulances from ED
- Acceleration of same day emergency care capability at Morriston Hospital
- The virtual wards 'pull' system operating in ED

- Expansion of community nursing to accelerate discharge 7 days a week.

These are being actively developed to ease the situation and are urgent requirements for Directors to achieve, as we have submitted our recovery plan with UEC trajectories for 2022/23 to Welsh Government.

At this time, the number of clinically-optimised patients in hospital has not reduced, and I have assigned Rob Royce, a Senior Project Director, to lead work on this, engaging with our partners to look at system-wide actions including additional community capacity, and maximising utilisation of our extended care home beds arrangement. Moreover, we are working with social care colleagues on a range of actions to improve discharge and admissions avoidance which will include measures such as suspending choice as to the preferred place of care after hospital as this is slowing movement out of hospital, and people who have lengthy stays in hospital deteriorate. Very often the best place is home, with support from relatives, and this also resolves the visiting constraint issue. This will be a new approach, but it is based on this relative risk and is used elsewhere, so we will work out how best to implement it and develop messages backed up with actions that encourage the behaviour we need. I will report to the Board on the areas in due course.

Consultation with staff on our transformative Acute Medical Services Redesign Programme began in June 2022 and concludes on 29<sup>th</sup> July 2022. We have had strong engagement directly and through our Health Board Partnership Forum, and a great response so far. It's really pleasing that following our wider public engagement on Changing for the Future last year, there's an overwhelming majority of people who support the direction and principles of how we'll deliver acute medical services in this Health Board that put the needs of patients at the forefront. Our service redesign will enable patients to take full advantage of community and new same-day care to diagnose and treat their condition. When patients must be in hospital, we will be there for them every day.

The feedback that staff are giving us on the finer detail and logistics of how we will achieve this is crucial to developing the optimal solution together. It spans preferred places of work, transport arrangements where place of work changes, and 7-day rostering, and we are addressing these as part of the formal consultation. I am grateful to staff for the professional way they have been approaching the formal consultation; we are listening and adapting, and I encourage all staff to participate and have a say wherever possible as we continue the dialogue. We intend to implement this as quickly as possible in the second half of 2022/23. I will brief the Board on this as part of our assurance and review.

In the coming months we shall continue to engage our professionals across the organisation to come up with all of the solutions we need to shape the future of acute medical services in detail. Moreover, as word spreads about these exciting and innovative changes, we hope to see capable people in our communities coming to take up the additional employment opportunities this service redesign requires. In conjunction with this, we are working hard to set out and flesh out how we will deliver surgical services in future, as part of Changing for the Future.

## PLANNED CARE

### Overview

The Health Board is focusing its efforts on meeting the Ministerial Targets of no patients waiting more than 52 weeks for a new outpatient appointment by the end of December 2022, and eliminating 104-week waits for treatment in most specialties by the end of March 2023. The number of patients waiting at the end of May compared to April was:

Number of patients	May 2022	April 2022
>26 weeks for a new appointment	26,456	25,601
>36 weeks at all stages	38,818	38,779
>52 weeks at all stages	28,319	27,592
>104 weeks	12,670	13,082

On theatre productivity, the teams have done good work to review and validate patient waiting lists and engage with specialties to increase utilisation and average cases per session. It is a particularly significant achievement for Neath Port Talbot Hospital, where utilisation has increased from 67% to 82% while maintaining 2.6 cases per session through list optimisation, to support adding procedures and more cases.

On planned care hospital developments, in June 2022, additional day surgery commenced at Singleton Hospital to treat patients on our cataract lists which will eradicate 26 week waiting lists by early 2023. Also in June, following refurbishment of Ward G in Neath Port Talbot Hospital to make a 21-room outpatient suite, urology clinics commenced alongside rheumatology. The remaining space will be used for the transfer of orthopaedic clinics from Morrison Hospital to Neath Port Talbot Hospital in September 2022. I am meeting with the Morrison Hospital team and the surgical directorate on plans to further increase surgical bed capacity, based on sustainable demand and capacity modelling.

In early July 2022, Canon handed over the new scanner at Morrison Hospital for clinical work. Both the scanning room and the control room are truly fit for purpose, and the image quality of the scanner is a significant advance on the existing machine, especially for cardiac scanning which can be challenging because of the motion of the heart. Such major equipment investments do not come along often, so we wish to ensure that the investment is recognised and appreciated. It increases the quality and capacity of our CT scanning services, enabling us to more rapidly reduce waiting times, and we hope that it will also help to attract radiographers and radiologists to come to Swansea Bay and join the Health Board to use 'state of the art' equipment for our patients.

### Orthopaedics

The Health Board has given notice to Cwm Taf Morgannwg on the use of six theatre sessions in Neath Port Talbot Hospital. This will allow more Swansea Bay patients to access the hospital from October 2022. The investment in a post-operative enhanced care unit, see below, in Neath Port Talbot Hospital will also significantly increase the range of orthopaedic patients who can receive their surgery there - people who can currently only be treated in Morrison Hospital have particularly long waiting times. The Morrison Hospital Service Group team is working to identify a ward to treat elective orthopaedic patients, but this is challenging due to the very high number of trauma patients, especially

those with a fracture of the neck of the femur, a large number of clinically-optimised patients occupying beds and the recent rise in the number of Covid-related admissions. In the meantime, therefore, we are in advanced discussions with colleagues in Hywel Dda to identify theatre space in Prince Phillip Hospital that could be utilised by our orthopaedic consultant to treat a small number of the longest-waiting patients who need the support of enhanced or intensive care services.

### **Outpatients**

Efforts to reduce the new outpatient and follow-up waiting lists have continued and increased, with a focus on Welsh Government priorities. Following our demand and capacity studies, trajectories for improvement that have been validated by a specialist NHS data validation firm have been submitted to Welsh Government. In addition, the phased approach to relocate outpatient services to Neath Port Talbot Hospital has progressed well with the successful implementation of phases 1-3 in quarter 1 this year. An initial meeting with Morriston Hospital physicians has unlocked opportunities for further engagement on the Health Board-wide review of outpatient services and a new clinical lead for our Outpatients Centres of Excellence has been appointed this month. We will develop plans that will enable us to relocate these non-acute services from the Morriston Hospital site in quarters 3-4 2022/23.

### **Diagnostics**

Validation of the cohort of patients waiting more than 100 weeks for an endoscopy has been completed. I have reviewed our endoscopy service arrangements and current staffing, and we will endeavour to increase by 30-35 sessions a week our 3 endoscopy units which have only been able to achieve 60% utilisation due to a lack of staff, and clear the Covid backlog. There are plans to reduce the number of patients waiting over 8 weeks from approximately 4,500 to 2,800 at the end of March 2023. We are seeking to accelerate this by developing Band 4 nurses to support the service, recruiting more endoscopists, of whom we have appointed 2 already, and transforming capacity through quality improvement and increased staff recruitment. These will be part of a business case developed by the service. The mobile CT scanner van situated at Morriston Hospital is managing demand well, but is also subject to our ability to staff the van and prevent demand on the hospital rising again. Outsourcing of Radiology and Cardiology work has been maximised.

### **Post-operative enhanced care unit for Neath Port Talbot and post-operative anaesthetic unit for Singleton Hospital**

These units will enable surgeons at Neath Port Talbot and Singleton Hospitals to treat more patients on our waiting lists for operations which are currently only carried out in Morriston Hospital, as it has advanced post-operative care to complement its critical care beds. The units offer patients advanced pain relief, blood pressure monitoring and oxygen support in the 24 to 48-hour post-operative period. This is right-sized, fit for purpose, post-operative care that is responsive to each patient's needs and is efficient in delivery. It will lead to improved patient care, better clinical outcomes, and reduce the time patients are in hospital. They represent an investment of £2.2m across all sites, resourced by Welsh Government and Health Board funds, and must be operational in October 2022.

Expanding these services reduces the risk of a scheduled operation at Morriston Hospital being cancelled because an emergency patient needed this care. Singleton Hospital, which already carries out some complex surgery, particularly for colorectal and gynaecology patients, will have four enhanced post-operative recovery beds initially. Neath Port Talbot Hospital's urology surgery services and its new Orthopaedic Centre of Excellence will be supported with the commissioning of three beds.

## CANCER

The total number of patients on the cancer pathway is 9% lower than this time last year (equivalent to 260 patients). However, skin cancer numbers are 24% higher than this time last year, upper gastrointestinal (GI) cancer are 22% higher and breast cancer volumes are 7% higher. Referrals are 15% higher than before the pandemic, as people with symptoms are presenting much later and consequently need more complex surgery or extensive chemotherapy and/or radiotherapy. We are continually greatly concerned for these patients, but have made good progress recently on the overall backlog, which is now 378, 82 patients lower than the planned trajectory, and in particular on the backlog of those waiting more than 104 days who have reduced from nearly 700 to 370. At this time, the top four tumour sites with the largest number of patients waiting are:

Site	Patients	% of backlog	% at diagnostics	Waiting for	%
Lower GI	104	27	59	Endoscopy	38
Urology	60	16	65	Trans-urethral resection	18
Breast	56	15	41 (one-stop screening-biopsy service)		
Upper GI	49	13	59	Endoscopy	37

Our priority activity on lower GI is to harmonise the referral process which currently enables general surgery and gastroenterologist referral, and to run additional clinics to reduce the backlog of new referrals. We will be meeting with GPs to communicate new guidance on faecal immunochemical testing in primary care which has now been adopted by the British Society of Gastroenterologists and should help reduce pathway demand for testing. The team have adopted continuous hyper-fractionated accelerated radiotherapy which they have developed through research during the pandemic to conduct prostate therapy in 5 visits instead of 30 sessions.

I recently visited the Rapid Diagnosis Clinic at Neath to see how the team is using £0.7m funding over two years from the Moondance cancer charity to transform cancer pathways within our Health Board. The energy, commitment and innovation shown is remarkable and a credit to the team:

- neck lump pathways – there has been a radical redesign to improve access for patients with potential cancer symptoms. From March to now, they've seen 57 patients in 10 clinics, of whom five had confirmed cancers and the remainder had known disease which would be treated on a non-cancer pathway. The service will be expanding in the autumn and winter this year to a two-weekly service, and move from providing the service to our most deprived clusters in Afan Valley, Penderi, City and Cwmtawe to our remaining four GP clusters. The service is already

dramatically reducing waiting times between referral and diagnosis which is now done on a one-stop basis at Neath Port Talbot Hospital

- colorectal pathway - patients with potential cancer or inflammatory bowel disease symptoms who were aged 30 to 60 and therefore not covered by our screening programmes are being given a colonoscopy, MRI CT and a multi-disciplinary team assessment within three days of referral, and seen on Wednesday afternoon in the same week for diagnosis by a colorectal surgeon. One of 12 patients had a confirmed cancer diagnosis and five had inflammatory bowel disease – this is dramatically improving access for patients in this age group to this service which requires early intervention to prevent hospitalisation. The service will be expanded to include rectal and anal masses on examination in primary care and this could result in a substantial number of patients not presenting with symptoms in ED
- an interventional biopsies service at Neath Port Talbot Hospital
- a radio therapist-led clinic for palliative care patients.

We will continue to focus on reducing the backlog of patients waiting more than 62 days on the other pathways, and driving down waits for a first consultation or the one-stop diagnostic service. All these innovations will help cancer diagnosis and treatment in the Swansea Bay area. Surgery capacity at Morriston Hospital remains a constraint, however capacity will increase when a new cohort of theatre staff joins in the autumn.

These activities are supported by the £1m investment held in the Health Board financial plan to reduce backlog and improve access for patients. The individual recovery plans for the top six high volume tumour sites have been aggregated into an overall recovery trajectory for the Health Board which I have approved, and we will be working with the clinical teams to deliver it, led by the Neath Port Talbot and Singleton Hospital Service Delivery Groups, and supported by the Deputy Chief Operating Officer for Performance.

## **TAKING THE VISION AND STRATEGY FORWARD**

I have been pleased to share in this report many examples of progress towards the vision. We are organising ourselves and identifying and removing barriers so that our skills and dedication have the most impact. We continue to drive forward our Changing for the Future initiative with approval at Management Board of:

- a submission to WHSSC in response to the consultation on the specialised services strategy for mental health, subject to further discussions on low secure services provision and potential to provide an eating disorder service
- the proposed transfer of commissioning responsibility for tertiary paediatric neurology to WHSSC from 1<sup>st</sup> November 2022
- terms of reference for the MSK pathway group

- the prescribing management scheme

There has been progress with Welsh Government on the capital case for the replacement facilities for the Burns Unit. We are currently designing the refurbished recovery area and new burns isolation PODs in critical care. I will continue to report on progress on this.

### **Regional developments**

On 29<sup>th</sup> June 2022, Steve Moore, the Hywel Dda Chief Executive, and I presented together at MediWales Connects 2022. It raised awareness among attendees of our regional collaboration through our ARCH partnership and our current priorities. On pathology development:

- The Building for Wales Framework tender documentation has been issued for the Health Board Project Manager and Supply Chain Partners. We expect to conclude the external appointments in August/September 2022
- The programme team has made excellent progress on the recommendations from the Welsh Government Gateway Review. The recommendation to recruit a Programme Director has reached the job advertisement preparation stage and will be published in the coming weeks
- Pathology service transformation activity across areas including Cellular Pathology, Microbiology, Genomics, Laboratory Medicine, Information Management & Technology is well underway, with work streams set up
- Digital colleagues from across different parts of the NHS are facilitating baselining, and support has been provided by Swansea University to provide expert knowledge on value-based approaches and Health Economic Impact Assessments to underpin the re-design and provide factual, thought-through, evidence-based proposals.

This is a great example of partnership working with our Hywel Dda colleagues which we should rightly be proud of. Proposals for integration of management arrangements will be concluded soon, and reported to the Board by our Director of Therapies & Health Science.

We have submitted our clinical services portfolio to Welsh Government, and the Minister for Health and Social Services has endorsed plans at Morriston Hospital for a new:

- Adult Thoracic Surgical Centre for South Wales. This is a major new capital scheme which at strategic outline business case stage indicates a £40-45m capital development. It will increase equity of access, standardise treatment and improve outcomes and service sustainability. The centre will be the 3<sup>rd</sup> largest in the UK, treating lung cancer patients and others who need surgery for various chest conditions living in the Aneurin Bevan, Cardiff & Vale, Cwm Taf Morgannwg, Hywel Dda, Powys and Swansea Bay Health Board areas, as well as teaching, training and research. Patients will be assessed locally and only travel to the Morriston centre for pre-admission and treatment. Detailed planning can now proceed, and the centre is expected to be open by 2027. As a centre of excellence, it will enable sub-specialisation by surgeons in more complex procedures.

- Hybrid Vascular Theatre for Southwest Wales. This is an £11m scheme at strategic outline business case stage. It combines traditional operating theatre functionality and state of the art X-ray imaging technologies, enabling vascular surgeons to perform both efficient, image-guided 'keyhole' procedures and traditional open surgery on patients with swollen or blocked blood vessels. This capability will improve patient outcomes and experience by reducing the risk of amputation, length of stay in hospital and waiting times. The theatre has capacity to treat around 500 patients living in the Hywel Dda, Powys and Swansea Bay areas a year, as well as supporting teaching. Some patients who currently need to go to England for treatment will be able to have their care in Swansea. Detailed planning can now proceed, and the theatre is expected to be operational by 2025.

### **Recovery and Sustainability Plan**

The purpose of this Plan is to set out the route to deliver service and financial excellence over the next 3-5 years and improve staff experience and satisfaction to build our strengths in recruiting a network of colleagues to treat people locally. On 7<sup>th</sup> July we had the opportunity to present to the Joint Executive Team meeting with Welsh Government on the outturn for 2021/22 and progress in quarter 1 of this year. This was a positive helpful session, and in August we will commence work on evolving the plan for 2023/24.

### **Planned Care Recovery and Sustainability Plan**

Five schemes that shift work and resources to primary care received recovery funds in 2021/22 and have been identified in this plan to potentially receive recurrent funding:

- Spirometry – we believe we are the only Health Board in the four nations performing spirometry in primary care. Having extended this to all clusters in January 2022, the entire COPD backlog has been cleared and the service opened to all practices and to WAST referral, for assessment of anyone with frequent respiratory issues
- Follow-up appointments – review and validation of the follow-up list has shown the potential to remove 50% of people from the lists in ear, nose and throat, cardiology, trauma and orthopaedic, and musculo-skeletal within the next 8 months
- Non-Urgent or Suspected Cancer (USC) dermatology – capacity to halve the number of people waiting by next summer and eliminate the backlog of non-USC skin lesion cases by August 2023 has now been established. Last month I visited the dermatology departments in both Singleton and Neath Port Talbot Hospitals, to understand current issues and the 3-year service plan, and a proposal to move referrals to primary care and optimise this pathway will be presented in September
- Echocardiograms – the pilot has shown the potential for earlier interventions to reduce the number of patients requiring immediate escalation in care
- Prehabilitation – this primarily reduces short notice cancellations of elective surgery, which cannot easily be filled.

These are exciting prospects, consistent with Ministerial direction, to develop as invest to save opportunities aligned with our Clinical Service Plan resource assessment.

## **Sustainability Plans**

Staff from Swansea Bay have been awarded a Welsh Government grant of over £58,000 to boost sustainability across their services on 5 staff-led projects - sustainable labs, Green Teams competition, enabling sustainable travel, sustainable procurement, and inhaler recycling. It shows the level of commitment from our staff to deliver a more sustainable Swansea Bay for our communities, patients and staff. We now have more than 80 members in the Swansea Bay Green Group, and have launched a sustainability survey which we expect will drive further recruitment.

## **PATIENT QUALITY IMPROVEMENTS**

### **Infection prevention and control (IPC)**

While the recently-developed trajectories for 2022/23 seem appropriate, I remain very concerned at the lack of traction on *S. aureus* and *C. diff* infection reduction which are significantly above trajectory. To address this, the hospital Service Groups are working with the Executive Medical and Nursing Directors on roles and responsibilities as we move from providing general guidance to targeting the top 5 areas with infection incidence for evidence-based practice to resolve. I acknowledge the amount of effort already exerted on IPC since April, but we need to translate that into results to protect our patients. Therefore, I have asked the Service Group and Executive Medical and Nursing Directors, Richard Evans and Gareth Howells, to commence data-driven rapid improvement events in the top 5-7 areas in our hospitals with *S. aureus*, *C. diff* and *E. coli* infections. I have also asked Richard Evans to address accelerating the provision to us of information about cases on confirmation by the Microbiology team.

We have seen excellent IPC results in MHLD and impressive progress in primary care, as well as reductions in rates at Singleton and Neath Port Talbot Hospitals. It is clear that where infections are within our control to prevent, we can strive to make them 'never' events. I am proud of the team for Swansea Bay now being the lowest, and below the English and Welsh average, in the prescribing of antibiotics that are high risk for *C. diff* infection. We now need to target the top 3 by volume antibiotics.

## **QUALITY AND SAFETY PRIORITIES**

### **Palliative and end of life care improvement**

SBUHB has one of the highest rates of in-hospital deaths in Wales, and scores below average in almost all priorities of care in the National Audit of Care at the End of Life. We must reduce hospital lengths of stay, readmissions and terminal admissions. The top 3 causes of death in Wales, cancer, heart failure and respiratory illness, have predictable palliative and end of life care requirements, and there is much we can do for people who would benefit from earlier intervention, as well as facilitate a patient's preference for place of care and death.

Our aim is to improve the whole system, and we believe our dedicated specialist time in virtual wards, advanced paramedics and front door palliative medical and nursing model

combination is a world first. We now see all referrals to the Community Palliative Care Team within target, and the volume is increasing, so we are seeing people sooner. Our specialist palliative care paramedics deal with most inbound calls with no admissions and fewer GP or nurse interventions. We are starting to see fewer hospital deaths and more community deaths as people are appropriately managed at home. The next steps are to:

- address communication and education between services so everyone knows that a patient is at end of life
- restore Covid-restricted Tŷ Olwen bed capacity to 14 beds before we introduce the next four virtual wards in partnership with the Tŷ Olwen Trust
- work towards providing the psychological and spiritual patient care of NICE guidelines, and pay attention to staff wellbeing too
- create a resource business case for the forecast trajectory of the number of patients we aspire to keep at home in their final days, so we transform investing in end of life in the way we invest in the start of life, aligned to the Ministerial direction around place-based primary, community and social care in Wales.

## QUALITY GOVERNANCE

Work to develop improved quality governance is now underway, led by me and supported by the Director of Nursing and Patient Experience as the executive lead for quality along with the Medical Director, Director of Therapies and Health Science, Director of Workforce and OD and Director of Corporate Governance. A few key actions in four areas will be delivered well and in full this year, with further work to follow in 2023/24:

- Governance - the former Quality and Safety Governance Group now has improved terms of reference, membership, structure and remit. This will be mirrored in the Service Groups, and a central quality hub will monitor process compliance
- Quality Management System - a draft quality strategy will be shared at the Quality Management Board in August 2022. The profile of the Quality Priorities and wider quality improvement work will be raised and success celebrated and shared, with a focus on IPC and falls. The Quality Improvement Academy will be critical in 2022-23 and will facilitate, support and encourage quality improvement outcomes
- Outcomes - as the Health Board's mortality rate is currently 9% above the Welsh average, we will produce mortality reduction plans across primary and secondary care and implement and monitor compliance with NICE guidance on this
- Learning – in the context of becoming a learning organisation, we will participate in the national Quality Improvement Coaching Programme. We will hold a 'big conversation' within the organisation to seek views on what the Health Board currently stands for and should stand for, and how this could be achieved, and the role of headquarters, service groups and commissioning teams will be reviewed to

empower staff to take responsibility and make change. A process to listen to staff views as to our culture will be shared with Management Board in August 2022.

## OTHER QUALITY MATTERS

### **Home Birth services paused for 3 months**

Home birth services were reinstated in February 2022 and there have been 22 home births since then. Unfortunately, pressure increased at the end of June 2022 as a result of increasing short term sickness, maternity leave (due to peak at the equivalent of 14 posts in November 2022), and absence in key leadership and governance roles, and we are not able to provide a safe home birth service. Therefore, to ensure there was clear and appropriate communication with women and the Community Health Council, we decided to pause the home birth service for 3 months from 7<sup>th</sup> July, with a fortnightly review by the Service Group during this period. The Freestanding Midwifery Unit in Neath Port Talbot Hospital remains suspended, however the Alongside Midwifery Unit continues to operate at Singleton Hospital as part of the Obstetrics Unit, offering midwifery-led services. We have run two recruitment campaigns from which 13 midwives have been appointed, leaving 15 vacancies, 8 of which will be filled from our graduate roster by the end of this year. There is a live advertisement for the remaining posts. I am conscious that this presents real challenges for our community midwives and our mothers-to-be whom we have contacted to explain the situation we face. The Management Board will be considering a sustainable solution for staffing in September 2022.

### **Review of the Mother and Baby Unit in Tonna Hospital**

In April 2021, we opened Uned Gobaith, meaning 'Unit of Hope' – the only one of its kind in Wales – at Tonna Hospital. The unit is an initial approach to addressing perinatal mental health, and comprises a team of psychologists, psychiatrists, occupational therapists and social workers, alongside GPs and specialist health visitors, offering inpatient multidisciplinary mental health care close to home to women and their babies from 32 weeks of pregnancy until their baby is a year old. In October 2021, a full time specialist perinatal mental health midwife was added to the unit to help link maternity and mental health services for those who may struggle their own mental health during pregnancy and following the birth of their child, but for whom general adult mental health services are unsuitable. Uned Gobaith looked after 34 mums and their babies on 39 different occasions in the year to May 2022. A review of the service is under way which will help determine its future. It has support from the Children's Charity NSPCC, which insists the service should be retained and strengthened if the number of beds isn't sufficient to meet the need, as the previous mother and baby unit in Wales closed in 2013.

### **Neonatal transport**

Following a July 2021 WHSSC recommendation to establish a neonatal operational delivery network (ODN) to improve governance of neonatal transport, and the setting up in March 2022 of a project board chaired by our Executive Director of Nursing & Patient Experience, a Memorandum of Understanding (MOU) similar to MOUs for the Major Trauma and Spinal ODNs, both also hosted by SBUHB, has been agreed. The MOU provides for a data-sharing agreement to be drawn up, granting of local operational authority in dispute resolution, and resourcing of clinical governance and administration

roles. We expect each Health Board to be responsible for their clinical governance of the transport for their patients, and risk-sharing in the event of any reorganisation costs. The go live date is expected to be 1<sup>st</sup> October 2022, depending on recruitment, with a period of transition if needed within the NHS Wales Maternity and Neonatal Network, which currently provides the governance, administrative and data analysis support. The ODN resolves the immediate need for oversight of the service, and we will work towards a dedicated foetal medicine network which will reduce this transport requirement. We are ensuring the risk transfer to the Health Board is minimal as a result of these approaches.

### **Phlebotomy service changes**

As all our clinical services are in Covid recovery, dealing with their backlogs, demand for blood tests has outstripped the number of phlebotomists available to deliver the service, which like others is also frequently affected by Covid-related staff absence. As a result, blood test lead times have increased unacceptably. From 25<sup>th</sup> July, following cessation of the service at the Bay Field Hospital, our hospital outpatient blood test clinics will increase the number of appointments they offer. A new community blood test clinic at the Port Talbot Resource Centre in Baglan is due to open in early August, followed by a temporary blood testing service at Central Clinic in Swansea city centre, and the second community blood testing hub at Gorseinon Hospital in the autumn. These hubs are part of our long-term plan for the service, and we are working on a business case for long-term funding of more phlebotomists so we can move blood testing nearer to the people who need it, at venues that can handle the huge demand. We perform more than 1 million tests a year for diabetes, electrolyte and warfarin monitoring, among others, and we ask for people to bear with us as we work to deliver this improvement.

### **Diabetes care improvement pilot**

Morrison and Singleton Hospitals are participating in a Royal College of Physicians' pilot inpatient diabetes accreditation programme to improve diabetes care in hospitals by setting quality standards and external performance assessment, then working on improvement with assessor support. Inpatient diabetes care is not universally standardised and currently there is no mechanism to provide assurance that services are delivered to people with diabetes in hospital to high standards. An accreditation programme will support hospitals to meet and then raise those standards.

### **Digital wards – deployment of ePrescribing at Morrison and Gorseinon Hospitals**

SBUHB is in the vanguard in Wales of moving from paper patient records to the 'digital ward', with implementation of systems such as the Welsh Clinical Portal and Nursing Care Record, Signal and devices to enable real time access to information. SBUHB is the national pathfinder for the deployment of electronic prescribing and medicines administration, which is already live at Tŷ Olwen Palliative Care Unit and in all medical wards at Neath Port Talbot and Singleton Hospitals. More than 70% of the nursing staff use the system, and the benefits are well-proven, with almost complete elimination of doses not given due to medicine not being available or medicines given but not recorded as given, and no allergy-related errors. Thousands of hours are being saved or released to clinical time, drug expenditure is reducing, and appropriateness of antibiotic choice is reaching 100%. Now deployment has started at Morrison Hospital, with Gorseinon Hospital scheduled for October 2022. I am grateful to the team for achieving this.

### **Branch surgery closure**

Brunswick Health Centre is a 4-partner practice delivering general medical services at St Helens Road and Morgan Street (Hafod Surgery) in Swansea through a telephone-first model. The partners intend to close Hafod Surgery, which was determined to be unfit for modern general medical service provision, with little scope for improvement. Following an initial patient engagement by the Centre in January 2022, we will commence a stakeholder engagement from 1<sup>st</sup> August to 23<sup>rd</sup> September 2022 to clarify the impact, and I have approved the engagement communication plan.

### **Quality Improvement awards event**

This will take place on 11<sup>th</sup> August 2022 at the Education Centre, Morriston Hospital. 14 entries will be presented on the day, vying for 1<sup>st</sup> and 2<sup>nd</sup> place in 7 categories, and those who placed 3<sup>rd</sup> will each receive their certificate then too.

## **FINANCIAL MANAGEMENT**

### **Overview**

I reported in March that we were in discussion with Welsh Government to address the £24m gap between the service we are funded to provide and the actual service demand from the population we serve, which is preventing this Health Board from achieving financial sustainability. This gap currently shows as an expected £24.4m revenue deficit for 2022/23 in our Recovery and Sustainability Plan, which comprised our opening deficit of £42m plus growth and investment of £31m, partly offset by planned savings of £27m and an increase in Welsh Government funding for 2022/23 of £22m.

I am delighted to say that we have received feedback from Welsh Government that per the revised resource allocation formula introduced in 2020/21 and following assessment of our Plan, the baseline allocation of the Health Board will be adjusted by £24.4m to reflect its population need. This means that for the first time in more than 3 years, the Health Board is able to forecast a balanced financial plan. This milestone achievement means we can at last again deliver on the statutory requirement to produce an Integrated Medium Term Plan. Clearly, we will be held to account to achieve financial balance this year and in future, but the opportunity now to strive to achieve the symbolic '£0' or better is a tremendous psychological boost for all our leaders and teams. I wish to thank the Director of Finance and the Finance team for their skill and determination in pursuing this, based on the excellent work across the Health Board to improve our financial management.

### **Month 3 – June**

Month 3 was reported before we received the revised funding allocation letter. The actual June variance was £2.6m, £0.6m adverse to the flat monthly target of just over £2.0m, bringing the Health Board to £1.1m adverse to plan after the first quarter. Cost pressures are being seen in variable pay, Continuing Healthcare (CHC) and savings slippage. Our pay budgets are balanced but we are underspending on our establishment list by £17m and filling the £17m with £17m of variable pay.

We intend to recruit a significant number of nurses into our vacant posts and undertake a strategic review of CHC with our partners. Savings progress is good and we are trying to recover the slippage to date by taking action now to meet our quarter 2 and quarter 3 targets. The funding required to support Covid transition and extraordinary pressures costs is treated as an anticipated allocation to be received from Welsh Government and noted as a risk. The concern remains our monthly run rates, and I will be requiring action by the Director of Finance to introduce financial controls this month.

### **Savings programme**

Further to the closure of the year end and revision of budget setting, a revised in-year and recurring savings target for 2022/23 of £31.6m has been set. At the end of June 2022, savings of £26.2m had been identified. I am working with the Director of Finance to support and challenge the underperforming areas and we will meet these teams again in early August to finalise the programme. Progress will be monitored to ensure the recurrent run rate is delivered and to begin identifying schemes that can commence in 2023/24.

## **OUR PEOPLE**

### **EXPERIENCE**

This month we received the first paper at Management Board on a proposal for talent management. It addresses talent development, diversity, equality, inclusiveness and succession planning. It provides for a phased implementation, with an initial focus on succession, through meetings in September and October 2022 and succession plans drawn up by the end of 2022 for review in early 2023.

Our Career Development Team has progressed the following initiatives that boost local employment opportunity:

- Apprentices – may now be recruited into substantive roles after apprenticeship
- The Health Care Support Worker Gateway pilot - 12 recruits are being fast-tracked to work in Morriston Hospital or Mental Health services after 8 weeks' training
- Graduate Gateway - a new cohort will start their first placements shortly
- Vocational Training - 55 young adults have been placed through Kick-start.

We are also reviewing the role of our staff networks within our insight and engagement structure. They offer a means to progress topics important to our change programme, moving equality forward, and contributing to decision-making, so we intend to formalise the governance to support networks e.g. with role descriptions, and support network leaders. This represents a major improvement in our diversity, equality and inclusiveness, which I want to thank our Director of Workforce and Organisational development for leading.

## ENGAGEMENT

On 30<sup>th</sup> June 2022, I was pleased to sign the Changing for the Future Partnership Agreement, which complements the Health Board and Trade Union Partnership Agreement. It means that we commit to working together to ensure a successful transition to the new clinical model that we aspire to through a change management culture with explicit health and wellbeing support for any colleagues affected as needed, and a timely and fair concerns resolution process. As an example, it supports the current engagement with our staff to plan the implementation of consistent targeted weekend working in Medicine and Surgery at Morriston Hospital for physiotherapy and occupational therapy, including a 1:6 rota, and commence this sustainable model of delivery in September.

## APPOINTMENTS AND APPRECIATION

I am delighted to announce the following appointment:

**Assistant Director of Strategy, Capital: Mark Parsons**

Simon Davies continues to 30<sup>th</sup> September 2022 as Programme Director for Capital

### **Swansea Bay's success at Wales' first cancer awards**

The Moondance Cancer Awards celebrate and spotlight people across NHS Wales and its partners who have maintained and innovated cancer services despite the extraordinary circumstances of the last two years. Swansea Bay's awards were for:

- **Outstanding contribution** - Dr Heather Wilkes, the pioneer of Rapid Diagnostic Centres which started in Neath Port Talbot, then were rolled out across Wales
- **Better patient experience** - the Ten Top Tips team at Swansea Bay working with Wales Cancer Network and Public Health Wales, who developed guidelines surrounding the language used for cancer prognosis
- **Innovation in early detection and diagnosis** - the SYMPLIFY study, run by Swansea Bay, Velindre Cancer Care and Health Care Research Wales, led to development of a multi-cancer early detection test
- **Working Together** - Swansea Bay and Cardiff & Vale UHB for South Wales lung cancer collaboration.

**MARK HACKETT**

**CHIEF EXECUTIVE OFFICER**