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Health Board



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| <b>Meeting Date</b>  | <b>25 November 2021</b>  | <b>Agenda Item</b>       | <b>1.8</b>               |                          |
| <b>Report Title</b>  | <b>CHIEF EXECUTIVE'S REPORT</b>  |                          |                          |                          |
| <b>Report Author</b>   | Stephen Magowan, Head of Corporate Business  |                          |                          |                          |
| <b>Report Sponsor</b>  | Mark Hackett, Chief Executive  |                          |                          |                          |
| <b>Presented by</b>  | Mark Hackett, Chief Executive  |                          |                          |                          |
| <b>Freedom of Information</b>                                      | Open   |                          |                          |                          |
| <b>Purpose of the Report</b>                                       | To update the Board on current key issues and interactions since the last full Board meeting.  |                          |                          |                          |
| <b>Key Issues</b>  | Updates on: <ul style="list-style-type: none"> <li>• OPERATIONAL DELIVERY</li> <li>• TAKING FORWARD OUR VISION AND STRATEGY</li> <li>• QUALITY IMPROVEMENTS</li> <li>• FINANCIAL MANAGEMENT</li> <li>• OUR PEOPLE</li> </ul> |                          |                          |                          |
| <b>Specific Action Required</b><br><i>(please choose one only)</i> | <b>Information</b>   | <b>Discussion</b>        | <b>Assurance</b>         | <b>Approval</b>          |
|  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Recommendations</b>   | Members are asked to: <ul style="list-style-type: none"> <li>• <b>Note</b> the report, including that the NHS-funded nursing care pay award information for 2021/22 has been received subject to finalisation</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 of these issues is provided in the detail of the Board reports.

### OVERVIEW

The exceptional, immense pressure on our operational delivery that I reported last time continues in all areas. Across the health board, there are four key drivers of this pressure:

- community prevalence of Covid in particular but also 'flu is leading us to lose up to 400 staff at any time for periods of isolation or recovery, which impacts directly on maintaining services consistently
- the upturn in consumer demand in the economy is raising private sector demand for people to fill retail and logistics jobs which has adversely impacted our ability to attract key staff in health and social care we need to fill our vacancies
- demand for our urgent and emergency services is back at pre-pandemic levels
- as a result of the recruitment and retention issues in social care, particularly domiciliary care, we have seen up to 200 care packages a week being handed back. There are increasing numbers of people at home with care and support needs going unmet, leading to crisis situations.

The combination of all these factors makes for a real difficulty in sustaining services and quality of our services is inconsistent and on occasion not at levels we would wish. These drivers above result in severe constraints on discharging patients from hospital, people stuck in beds that are not the safest place for them, and huge overcrowding in our emergency departments by people awaiting beds. At times we struggle to cope at the standard that we and the public expect. All these waiting times are too long, some people have been frustrated trying to get support when they need it, and staff are working flat out.

This adds to the pressure we also see beyond our hospitals. General practice is under great strain and reporting increased demand. Community and district nursing teams are doing their best to fill gaps in service provision in their areas, particularly in care homes which need support. Our mental health teams are doing their best to increase capacity to help the many people impacted by Covid.

We are however, determined to both find a way through these extremely challenging times, and to build sustainable services for the future which are designed to be better for our patients and our workforce. We are innovating and accelerating our current plan, primarily so we don't waste the opportunities this crisis creates. This is covered in more detail in the following sections of this report.

Throughout all this, the inspiring innovation and can-do attitude demonstrated by our staff and the responsiveness of our citizens to our public consultation has helped us to develop our plans to another level. We are going to be changing for the future at a scale and pace which could not have been done before March 2020.

One of the key change initiatives is centralising acute medicine at Morriston Hospital, to have a single medical take. It is proposed that this will take place in the summer

of 2022, along with a number of other changes, including more elective surgery being undertaken at Singleton and Neath Port Talbot Hospitals.

We know that to achieve these changes, engagement will be at the heart of us all moving forward together. So you will continue to receive regular information, updates and briefings like this in the months ahead. Lastly, I wish to pay testament to our staff who are working in the most difficult of circumstances. They continue to respond magnificently.

## **OPERATIONAL DELIVERY**

### **COVID-19 RESPONSE**

#### **Vaccinations**

We have given more than 565,000 doses of Covid-19 vaccination. 92% of those who received their 1<sup>st</sup> dose have received their 2<sup>nd</sup>, and we have given 66,500 booster doses.

We are concerned about the did not attend rate among 12-15 year olds, all of whom have been invited for their 1<sup>st</sup> dose. We are working with schools to try to increase the uptake, linking to our dedicated vaccination webpage on their school websites, a method of communicating with parents which was first used during the measles outbreak a few years ago, and proved to be a practical way of getting key information directly to parents.

A local Tell Me More Campaign Q&A event was held online this month. Its aim was informing people of the facts about Coronavirus and removing the confusion caused by misinformation and myths so that people can make an informed choice about vaccination.

You may have heard of some younger people getting their boosters ahead of those who are older. We are sending appointments for booster vaccinations in chronological order at least six months after the date the second dose was given. Earlier this year the health board and GP surgeries were administering 2<sup>nd</sup> doses at the same time. However, the health board, because of its mass vaccination centres, was rolling out 2<sup>nd</sup> doses faster than GPs. That's why you may have heard of some younger people getting their boosters ahead of those who are older. They had their 2<sup>nd</sup> dose earlier, so became eligible for their booster sooner. We've also chosen to hold off sending appointments to attend the mass vaccination centres to the most elderly and frail members of our community, even though they had become eligible, in order to invite them to our local vaccination centres and pharmacies, which have less appointment capacity but are less crowded and much closer to home.

#### **Infection rate**

Daily confirmed cases of Covid in the UK are approximately double that of one year ago, and case rates in our community also persist at high levels, with a regional rate of over 500 cases per 100,000 per week when modelling suggested that numbers

should be declining rapidly after the peak infections level in October. We are seeking to understand the reasons for this as this volume is a concern as we progress into winter with increasing exposure to other respiratory viruses.

Testing rates are currently around 9,000 per week, down from a peak of over 16,000 per week. Most tests are in the 40-49 age group, reflecting increasing numbers of cases in adults of working age.

In our hospitals, total Covid-related bed occupancy, comprising both acute and post-infectious patients, is stable but high at around 110-120 beds, including around a quarter of our intensive care beds. This continues to impact on hospital flow. Across Wales, there are currently over 800 Covid patients in hospitals, compared to 450 at my last report.

Nosocomial infections have impacted areas with hospital in-patient outbreaks and across the Mental Health services units. The picture in the mental health units is compounded by difficulties in managing patients with challenging behaviour, many of whom have refused vaccination.

## INFLUENZA AND RESPIRATORY SYNCYTIAL VIRUS (RSV)

Acute respiratory infection consultation rates in primary care in Swansea Bay have been relatively stable since the beginning of October at 180 – 195 consultations per 100,000 per week. That equates to about 6 consultations per practice per week on average, mainly in young children. This is about 3 times the level seen at this stage last year. Rates of RSV have been very high in under 5s and the peak has occurred much earlier this year.

Suspected 'flu currently comprises a very small proportion of these cases (less than 2%). Current 'flu activity is well below baseline (indicating that 'flu season has not yet started) and usually peaks about the end of the calendar year. To maintain the strong initial 'flu vaccination uptake, we are targeting activity with specific cohorts e.g. catch up 'flu vaccinations for children and young people who missed in-school vaccination due to illness. Vaccinations are being offered at a new drive-through delivered by the school nursing service at Longlands Playing Fields in Margam. It's believed to be the first of its kind in Wales and will protect hundreds more pupils from across Swansea and Neath Port Talbot for the winter. It's equally important that our staff get the vaccine to protect themselves and enable them to continue to look after patients.

## UNSCHEDULED CARE

Emergency Department performance remains a great concern due to the current demand back near 2019/20 levels and new Covid-19 arrangements impacting on

flow. We have been working to reduce this pressure as well as to improve discharge where we can.

### **Mitigating actions achieved since the last report**

We have:

- been running joint recruitment campaigns, including on local radio, with our Local Authority partners to recruit health and social care workers who will support Home First/domiciliary community-based care so patients who no longer need to be in an acute hospital bed can be cared for appropriately in the community. The campaign has resulted in 9 hires to date with 12 applicants due for shortlisting. HB Healthcare Support Worker recruitment is ongoing also, and at present we have 41 applicants waiting to be shortlisted
- secured an additional 45 beds to move clinically-optimised patients who would benefit more from being in a care home than hospital to out-of-hospital settings in November by directly commissioning with care homes. We aim to have additional beds for up to 100 patients, and once these are available and flow through the system increases, we can reduce our own temporarily increased bed numbers and re-use the space
- located GP Out of Hours and the Urgent and Primary Care Centre on the Morriston site so that patients needing primary care can receive appropriate attention
- commenced seven day working for therapy staff targeted at our Medical, Older Persons and Trauma wards at Morriston Hospital to discharge people on time when they are safe to leave hospital
- created seven day/week same day emergency care access at Morriston
- developed an effective short stay medical ward at Morriston

### **Mitigating actions in progress**

We are accelerating other plans for our front door services which are aimed at avoiding hospital admissions through:

- providing more medical support into the Emergency Department service to manage emergency patients waiting for transfer to wards
- development of ambulatory emergency care and short stay admissions capacity in November at Morriston
- increasing primary and community services capacity to meet rising appointment demand
- commencing operation in December of four virtual wards aligned to four GP clusters and designed to care for up to 50 patients each. We are receiving c£1m for older people's services using the voluntary sector to contribute to providing out of hours' care.

This creative response to immediately improving access to services will help ensure resilience over winter. Janet Williams, Director of Health Board Operations is working with our service units, local authority partners and Regional Partnership

Board on finalising our winter plans for 2021/22. These include jointly-provided initiatives for older people in the community, children and mental health services.

## PLANNED CARE

In September, the number of patients waiting more than 26 weeks for a new outpatient appointment increased further, while the number waiting more than 36 weeks for treatment reduced slightly. The plans to increase our theatre and bed capacity in Neath Port Talbot and Singleton hospitals to increase our elective operating are being implemented, with an additional 26 theatre sessions delivered per week in November. This will start to make inroads into treating those patients of the highest clinical priority and some of the longest waiting. The current progress we are making is too slow and we need to accelerate much more quickly our reviews for patients.

I have taken the decision to increase insourced lists at Neath for orthopaedics which is due to start this month, and to tackle the high gynaecology waits through a combination of insourcing and service changes by the end of March 2022. We are also seeking to expand outsourcing capacity. There has been additional investment in our services and planned care in recent months supported by Welsh Government funding. This will allow us to support long waiting orthopaedic and pelvic pain patients and optimised patients referred for cancer surgery. We have also had investment for further initiatives in the treatment of cancer patients, ophthalmology and dermatology.

During the pandemic, GP referrals to treatment (RTT) increased steadily, but since July have begun to reduce. 11,516 referrals were received in September 2021, compared to 10,440 in August 2019. The total waiting list has increased to 92,463 patients.

I have asked for a further 26 new theatre sessions per week by March 2022 in Neath and Singleton, and so far, work undertaken on increasing theatre productivity has had a real impact particularly at Morriston Hospital, with improvements to scheduling, theatre utilisation and pre-operative assessment pathways. Again, there remains much to do here.

Overall, we need to modernise faster our approach to planned care with more effective review of patients in primary care to develop more surgical care alternatives. A recent exercise in Cwmtawe Cluster reduced cardiology waiting lists following just consultant and GP review by over 20%. We must embrace further advice and guidance more fully, and ensure we have over 90% of our outpatient capacity filled. We are also working on expanding our outpatient capacity in Singleton, Neath Port Talbot and in primary care to overcome accommodation constraints on the Morriston site.

## CANCER

The current cancer waiting times are 62 days and the single cancer pathway shows over 590 patients waiting for treatment. The need to reduce this to zero is key for patient experience, safety and outcomes. We have seen our cancer referrals rise back to previous 2019 levels with indications that case complexity (as evidenced by histology requests) is increasing.

A comprehensive cancer improvement plan has been set by specialities which seeks to tackle systematically common cancer cases which account for well over 75% of patients waiting more than 62 days. The HB has invested over £1.5m to address improvements in cancer service access and we are innovating our practices. For example, in gastroenterology we have redesigned outpatient services to cut waits over 14 days for outpatient department first appointments by going straight to test. I will be presenting a revised cancer trajectory for improvement based on these actions to the HB in December 2021.

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

### POPULATION HEALTH STRATEGY

SBUHB is collaborating with Public Health Wales (PHW) on the development of our Health Board Population Health Strategy in alignment with PHW's strategy, 'Working to Achieve a Healthier Future for Wales'. We do not underestimate the challenges involved in developing a comprehensive strategy which improves the health and well-being of our population in key areas, but we believe that we have significant opportunities to deliver tangible improvements at a pace and intensity not previously seen. We shall seek to optimise use of our collective assets, and develop and nurture close collaborations with current and new partners, while embracing the principles of sustainability and prudent healthcare and the unique opportunities presented by the Well-being of Future Generations Act (Wales) Act 2015 to introduce a fundamental shift in the way we work. We hope to have this completed by Q4 2021/22.

### COMMUNICATIONS STRATEGY

In order to achieve our organisation's strategic goals, we need to involve everyone to help move safely from our current position to the desired future state. Therefore, we need an enabling communications strategy that supports our Organisation Strategy.

Our Interim Director of Communications has been leading the development of this, with our input at the September Board Away Day and in revisions of drafts since. We expect to bring the final strategy to Board for approval in December.

## CHANGING FOR THE FUTURE

At its last meeting, our Board approved the paper on Changing for the Future. It sets out our ambitions for centres of excellence, reductions in waiting times for planned care and in urgent and emergency care, more care close to home and greater use of digital services set upon a foundation of modern primary, community and mental health services and supporting patients whose needs deteriorate.

One of the key change initiatives is centralising acute medicine at Morriston Hospital. It is proposed that this will take place in the summer of 2022, along with a number of other changes, including more elective surgery being undertaken at Singleton and Neath Port Talbot Hospitals.

The consultation evaluation was conducted independently for objectivity and it provides the clearest mandate for change. We will now seek the Welsh Government investment and changes to primary care it requires. This will include capital and revenue funding, shaping expectations with the local authorities, communicating with the public to manage expectations on recovery trajectories and timelines, and demonstrating that we have the capability to achieve the change and will realise the benefits at Neath Port Talbot. Positively, we have already received £20m capital funding for orthopaedics at Neath Port Talbot, for radiology replacement, a new PET/CT scanner and ophthalmology development involving a new eye theatre at Singleton, and a fracture clinic at Morriston. The Management Board has approved a range of other business cases including three more theatres to an innovative modular design for Singleton.

As we progress, we will use formal and informal mechanisms to get Welsh Government exposed to what we're doing on the intended pace and intensity of delivery. We will also consult on future provision options for phlebotomy and hydrotherapy for completion in January 2022, and address the travel and transport concerns raised during the engagement programme by exploring the possibility of improving transport links between the health board's various hospital sites through partnership working with local transport providers, the voluntary sector, and local authorities.

## OLDER PEOPLE'S MENTAL HEALTH SERVICES

Engagement on plans for our Older People's Mental Health Services ran from 5<sup>th</sup> July to 12<sup>th</sup> September. We asked for views about the changes we are proposing to our specialist inpatient beds which provide assessment and longer-term care for the small number of older people with the highest levels of need who cannot be cared for safely anywhere else. These changes would enable us to focus our nursing and therapy staff more effectively on a smaller number of wards and sites and provide more appropriate designed environments and facilities for our patients. SBUHB would still have the equivalent of 97 beds per 100,000 over 65-year-olds, higher than the Welsh or UK averages of 84 and 48 respectively, and sufficient to meet the demands for our population.

As a result of the concerns raised in the engagement, we shall undertake further engagement with the patients and carers directly affected by these proposed

changes to identify their views and concerns, specifically in relation to Older Person's Day Hospital provision at Neath Port Talbot Hospital and with people who have been inpatients in the Older Peoples' Mental Health wards at Neath Port Talbot and Tonna Hospitals. The Community Health Council has agreed to these actions and agreed that the temporary closures of Older Peoples' Mental Health beds can continue until we report back on this further engagement to the Board in January 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.

In October 2021, our Management Board approved the Service Model Framework vision and priorities for Urgent & Emergency Care, Planned Care, Children & Young People, Cancer and Mental Health & Learning Disabilities. This is enabling development of a clear narrative and visuals for the R&S Plan, consistent with the Organisational Strategy, Clinical Services Plan and Changing for the Future.

We are currently engaging a wide range of clinicians in defining what excellent looks like and identifying how we implement and embed change, and I have been leading sessions with Clinical Directors and Service Group Director Triumvirates to test the priorities and deliverables, with a focus on year 1 of the Plan, and identify how they will achieve these.

For consistency with Annual Plan prioritisation, the prioritisation criteria utilised for the IMTP in 2019 have been reviewed and refined and will be used to complete the prioritisation. This will be considered at Executive Steering Group and provided in a draft plan for review at the December Management Board meeting. The final R&S Plan will be sent for approvals in January, prior to submission in the form of IMTP 2022-25 to Welsh Government by 28<sup>th</sup> February.

### **Joint executive team (JET) meetings**

JET meetings are an important part of the formal accountability relationship between Welsh Government and Health Boards. Since the pandemic, JET meetings have become more plan-oriented.

Our next JET meeting has been scheduled for 22 December 2021. It will review performance this year and key risks, but will cover 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.

## **Other plans**

We were delighted to announce that Morriston Hospital had gone live with its own full-scale solar farm directly wired to the hospital, a UK first. The 4MW farm will supply 26% of Morriston's power over a year, cutting the electricity bill by around £500,000 a year and significantly reducing carbon emissions. We have already had days when it fully powered the hospital. We anticipate there will be days when we will have surplus electricity to export to the National Grid. This is only one phase of a range of energy conservation measures we are implementing as we continue to develop our Health Board Decarbonisation Plan in response to the Welsh Government Decarbonisation Strategy.

## **QUALITY**

### **ACTIONS**

Work is underway on all the Health Board's Quality & Safety Priorities. The updates by priority are:

#### **End of life care (EOLC)**

High quality EOLC is a core service. EOLC has been included in the Long Covid pathway, and patient stories developed with a variety of EOLC experiences. The National Audit for Care at End of Life was completed and submitted in October.

Next steps: Ensuring that Advanced/Future Care Planning is considered for all chronic conditions, EOLC training is part of medical induction and EOLC champion training is provided for Neath Port Talbot Hospital, and community and care home staff.

#### **Falls prevention**

Events were held across the Health Board as part of Falls Prevention Week. The yellow band scheme introduced for people at high risk is being expanded to a bundled approach including yellow blankets. A quality improvement lead has been recruited.

Next steps: Rolling out 'hot debrief' across all inpatient areas, scoping equipment requirements and developing a resource information pack for falls prevention together with improving compliance with risk assessments.

#### **Healthcare-acquired Infections (HCAI)**

To date, there has not been a reduction in the overall rate of HCAI - SBUHB continues to have the highest rates of C. diff, Staph. aureus and Klebsiella in Wales.

Primary Care SBUHB remains one of the highest prescribers of overall antibiotics in Wales with a c.6% increase in the last quarter, but a 30% reduction in the proportion of broad-spectrum antibiotics.

Next steps: Progression of ward-to-board dashboard.

### **Sepsis**

Sepsis trollies have been placed in wards in Morryston.

Next steps: recruitment of quality improvement lead and mapping of equipment and training requirements.

### **Suicide prevention**

A multi-agency group has been established, and the quality improvement lead role is currently at interview stage. Funding has been secured for an arts-based project aimed at preventing staff suicide.

Next steps: Reviewing the Liverpool Model, gathering internal and external data to develop a local dashboard, and development of a 'Talk to Me 2' action plan.

## **IMPROVEMENTS**

### **Palliative and End of Life Care**

We have been concerned that the Health Board has not been meeting the palliative and end of life care needs of the population of Swansea Bay. You may recall a staff video about this topic at the public meeting at the start of this year. The palliative care needs of the population are predicted to increase by 42% over the next 10 to 15 years and the number of deaths is expected to increase by 25% due to an older, frailer population with multiple comorbidities.

We have made end of life care a quality and safety priority in 2021-22. The specialist palliative care team has been expanded and diversified to help the HB meet our population's needs. Specifically, six new Clinical Nurse Specialists have been appointed in Palliative Care, two new whole time equivalent paramedic roles have been appointed to and have started their induction with us. Three new Consultant posts in Specialist Palliative Care are out to advert and due for interview before Christmas. Dr. Sue Morgan, an End of Life Care Clinical Advisor, has been appointed, together with two substantive Clinical Nurse Specialists in End of Life Care and a band 3 support nurse.

As a result, the Specialist Palliative Care workforce will be better placed to meet the needs of the population, both through direct patient or carer contact and by supporting other teams across primary and secondary care and the Welsh Ambulance Service. We will be able to support patients in their last year of life, regardless of diagnosis or place of care. We are raising standards of knowledge and skills of the workforce across the HB, improving symptom control and supporting patients (and their clinicians) to focus on what is important to them in the last year of

life through advance and future care planning to help patients to have the right care in the right place at the right time.

## CONCERNS

### **Maternity**

Managing Midwifery services in a Covid environment is an ongoing issue at SBUHB and other the Obstetric units across Wales and the UK. Short notice absence (household symptomatic or positive children), restricted duties, long COVID, short and long term sickness and maternity leave have all created staffing challenges, resulting in an increased risk status.

A comprehensive package of mitigation measures has been implemented, including

- temporary suspension of both the Home Birth service, and the Birth Centre services in NPT Hospital in order to concentrate our available midwifery resources in Singleton Hospital
- recruitment (appointed 7 experienced Midwives), use of agency staff as needed, increased hours and hours banking, and enhanced overtime
- suspension of PROMPT training and mobilisation of all Midwives to support caseload where possible
- weekly staff support communication forum for Midwives, to provide updates on the service situation
- Head of Midwifery attends weekly update meetings with the all-Wales Maternity and Neonatal Network – attended by the Welsh Government Nursing Officer and Royal College of Midwives – and communication with and escalation to Service Group, Executive Team, Board, Community Health Council and Welsh Government as needed

## CARDIAC SURGERY ACTION PLAN (GIRFT)

We were disappointed to receive the GIRFT report on cardiac surgery, but we are determined to use this opportunity to ensure that our practices are comparable with the best performing units in the UK, and our action plan includes adopting best practice from other centres which will further improve quality outcomes. We are addressing two key quality aspects:

1. As one of our quality priorities for this year, we are reviewing governance arrangements in the Service Groups, which will ensure appropriate escalation. This work has been developed with input from Internal and external Audit. The review is scheduled for completion by the end of November. In addition,

the Health Board has been further improving its risk management arrangements over the last few months, including enhancing risk management training, additional scrutiny of the risks held at an operational level and escalation processes. We have a Risk Scrutiny Panel which meets monthly to consider risks escalated from the Service Groups and seek Executive advice, including whether the risk should be added to the Health Board Risk Register. Such risks are assigned to a sub-committee of the Board, providing for Independent Member scrutiny and challenge, and where appropriate, inclusion in a Board meeting agenda;

2. We will need to build further our informatics, annual audit and business intelligence functions to support our service units and work with them on key metrics on patient safety, experience and outcomes which present a clear 'weathervane' for the quality of service in each clinical service. We are completely committed to this and it will run across 21/22-22/23.

## CHILDREN'S COMMUNITY NURSING SERVICES REVIEW

An independent review was commissioned into the Children's Community Nursing Services at SBUHB. It was requested as the result of a number of concerns raised by families whose children were receiving care from the Children's Community Nursing team. Scrutiny of key patient experience indicators was undertaken. This included complaints received, feedback from patients and families through surveys and patient stories.

We were sufficiently concerned that we commissioned an external review of the Children's Community Nursing Service. At the same time, we made some immediate changes to give confidence in the existing service. The final report has now been received and shared with the Board. We have an action plan to take forward the recommendations of the review. We are proactively communicating with families, staff and stakeholders. We intend to listen to families' views on developing and improving the services provided and we are keen to then work together with them on this.

The report will require us to change significantly our leadership, culture, systems and practices, and quality control and improvement in clinical care, and become more focused on taking patient and staff experience into account in our clinical governance mechanisms. I will be asking Gareth Howells and Richard Evans to work with Christine Morrell to address this.

## **FINANCIAL HEALTH**

### **STATUS AND OUTLOOK**

At the end of Month 6 (September), the Health Board has reported an overspend of £12.006m, which is £0.2m 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 create potential cost challenges to ensure service capacity is available as needed. This capacity prioritisation creates significant funding and potential delivery risk for our efforts to recover from Covid, and it is expected that all the £119m recovery funding anticipated will be deployed to meet the additional costs involved in 2021/22.

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 significant concern is to address recurrent savings in 2021/22. The Management Board is considering the options and plans to address these to ensure we deliver £27m CIP. I shall continue to keep the Board apprised of our progress.

### **UPDATE ON THE NHS-FUNDED NURSING CARE UPLIFT FOR 2021/22**

NHS-funded nursing care means the NHS contribution towards the nursing care component of a person's nursing home fees by paying a flat rate directly to the care home. The Board is requested to note that pay award information for 2021/22 has been received subject to finalisation and Health Boards are now in a position to progress in accordance with the usual Inflationary Uplift Mechanism.

## **OUR PEOPLE**

### **STAFF EXPERIENCE**

My executive colleagues and I are deeply concerned to maintain or continuously improve the experience of our staff as they work with us. We intend 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.

Here are three examples of the transparent way we are seeking to do this. Firstly, we are encouraging managers within the financial resources available to prioritise advertising their vacancies as this can relieve capacity constraints that they know are the most important. Secondly, we intend to pose the serious question "What would you do regarding the Winter Plan?" to all our staff, as they are well placed to make

suggestions that can help them and their colleagues. Lastly, we need to involve staff in making Changing for the Future a success, so we are committed to a proactive consultation programme commencing in February about these changes with staff who work in the services where changes are planned.

## APPOINTMENTS AND APPRECIATION

I am delighted to announce the following appointments:

Kate Hannam, Service Director Morriston – 12 months' fixed term

Carol Doggett, Acting Nurse Director Morriston – 6 months' fixed term

I wish to record my appreciation for Pam Wenger, Director of Corporate Governance, who is leaving us, and to congratulate Hazel Lloyd, currently Head of Patient Experience, Risk and Legal, who will be Interim Director from 22<sup>nd</sup> November 2021.

Lastly, may I encourage you all to check the news page of our website. It regularly reports the most inspiring career and innovation stories of our colleagues on whom we all depend and for whom we all have the utmost appreciation. Thank you.

**MARK HACKETT**  
**CHIEF EXECUTIVE OFFICER**