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Swansea Bay University
Health Board



Meeting Date	29 September 2022	Agenda Item	1.9
Title	CHIEF EXECUTIVE'S REPORT		
Author	Stephen Magowan, Head of Corporate Business		
Sponsor	Mark Hackett, Chief Executive		
Presenter	Mark Hackett, Chief Executive		
Freedom of Information	Open		
Purpose	To update the Board on current key issues and interactions since the last full Board meeting.		
Key Issues	Updates on: <ul style="list-style-type: none"> • OPERATIONAL DELIVERY • TAKING FORWARD OUR VISION AND STRATEGY • PATIENT QUALITY IMPROVEMENTS • FINANCIAL MANAGEMENT • OUR PEOPLE 		
Specific Action Required	Information	Discussion	Assurance
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations	Members are asked to: <ul style="list-style-type: none"> - NOTE the report 		

CHIEF EXECUTIVE'S UPDATE

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

OVERVIEW

I was delighted that at last we have been able to hold our Living Our Values Awards ceremony to honour and celebrate the achievements and commitment of our staff who work every day on making this Health Board a better place to be a patient or an employee. From Excellence in Leadership and Management to Working Together to Speaking Up with Compassion, our 14 awards spotlight individuals and teams who are making a difference. It was a brilliant event and we can be proud of the achievements of our staff and volunteers.

We also at last have a breathing space in the fight against Covid, however the pressures in our Emergency Department and wards, community and primary care, and mental health services remain intense. Emergency Department attendances in August 2022 (10,731) were 2% lower than July 2022 but the number of long waits increased. Following executive team discussions in the summer to address the unacceptable pressures, I have introduced further changes which I cover in the Urgent and Emergency Care section.

We are progressing the changes that are needed for the recovery and sustainability of our services, in particular our Acute Medical Services redesign (AMSR), and I am grateful to everyone who formally or informally contributed their ideas and effort to it, and to those who organised and ran it. The consultation achieved what it was intended to, to gain feedback to inform the final proposals. The improvement principles of the redesign were supported, and responses focused on how to make them work best. For example, a phased approach to delivering consultant-led care across weekdays and weekends at Morriston Hospital for medicine is supported and will start in the Acute Medical Unit in Q3 2022. A plan for full weekend presence will be developed by January 2023 with implementation over a 3-year period. I believe the consultation process has strengthened everyone's commitment to improving care quality and outcomes and enhancing the work experience of staff.

Changing for the Future creates three centres of excellence and other changes aimed at unblocking bottlenecks and streamlining how we deliver care. The Acute Medical Services redesign is the foundation for delivering the changes that support Morriston Hospital becoming a centre of excellence for acute services. Following the sharing of the consultation outcome with unions and the wider organisation we have moved into implementation, and I am delighted to report that the Acute Medical Hub will open in early December 2022.

We now have to accelerate integrated health system development with stronger linkage between plans and action. Covid showed our teams at their most ingenious, courageous and caring, adapting quickly and creating services to meet people's needs. However, it also showed the importance of their wellbeing and their frustration when our services are at breaking point. We must lock in what we have learned from Covid and heard from staff to innovate services and patient pathways that meet their needs now as well as in the future.

Our improvement plans include many schemes within primary and community care services to enhance services in the community that support managing people as close to home as possible, without the need to attend hospital. They include:

- Providing care sooner to prevent illness
- Investing in care locally to support people faster and avoid admissions
- Growing palliative care and care of the elderly services
- Investing in other key services like atrial fibrillation, heart failure and hypertension, to reduce admissions and improve wellbeing
- Improving community and primary care management of conditions like diabetes, through earlier intervention
- Creating the Home First service, which enables more people to be cared for at home.

Our virtual wards are a key component of our integrated system thinking. Their continuous presence at the front door will lead to meaningful clinical conversations and change of practice. They:

- Improve coordination and accuracy of discharges
- Provide a one-stop discharge pathway, reducing confusion
- Reduce length of stay and increase the cohort optimised for discharge.

Their role will expand into perioperative optimisation and establishing home monitoring for more and wider patient groups. We need to enhance the timeliness of response of our community teams and improve linkages with other forms of home support. We need to deliver a robust Advanced Care Team aligned to increased virtual ward capacity, short term therapies services to assist step down, and social worker presence in A&E to turn around relevant cases.

However, we also need to do more than treat and care for people when they become ill. Taking a population health-focused approach will help us move from responding to demands on our services to ensuring our services are meeting the population's health needs, leading to a fairer Swansea Bay. Becoming a population health-focused organisation will enable SBUHB to improve the overall health and wellbeing of the local population whilst reducing the gap between our least and most deprived communities - focusing on prevention and tackling the 'causes of the causes' of ill-health. Population health cuts across all divisions and systems within SBUHB. There is no single team or unit responsible for its delivery; we all have a part to play in improving the health and wellbeing of our population.

Therefore, we are undertaking stakeholder engagement within the health board and with key partners and stakeholders. The internal work will focus on the IMTP and to look at how each part of our organisation applies a population health lens to describing their vision and how all parts of our organisation can work collectively to deliver services to those who have differential needs. The initial focus of the external stakeholder engagement has been to build connections and networks and get an overall sense of views on the approach we are proposing. The next round will seek to identify where the energy and needs are in terms of collective action across the system and that should be our start into a new way of working.

OPERATIONAL DELIVERY

Covid-19

This month, confirmed Covid-related hospitalisations have been stable at c.30 patients.

Autumn flu and Covid vaccinations for our population began on 1st September 2022, with staff vaccinations beginning on 25th September at Singleton Hospital, followed by our other sites from 3rd October.

The UK Covid-19 Inquiry's first preliminary hearing on the 1st work stream, which will examine the UK's resilience and preparedness for the coronavirus pandemic and was scheduled to commence on 20th September 2022, was postponed to 4th October due to the passing of the Queen. The 2nd work stream, which will examine political and administrative decision-making of the UK and devolved governments, has been opened. We await the announcement of the opening of the 3rd work stream, which will investigate the impact of Covid, and governmental and societal responses to it, on healthcare systems, including on patients, hospital and other healthcare workers and staff. In the meantime, we are meeting our legal advisors this month to confirm that we are taking all necessary actions at this stage and to prepare the next steps.

URGENT AND EMERGENCY CARE

Unscheduled care performance remains escalated to increased monitoring in line with the Health Board's governance framework. In August 2022, 30.3% of people waited more than four hours in our Emergency Department compared to 26.2% in May 2022 and 25.0% in August 2021, and 1,474 people waited more than 12 hours, the highest since February 2022. We are focusing on the following system improvements which I have agreed with the Management Board:

- Admission avoidance through maximum utilisation of Urgent Primary Care Centres and Same Day Emergency Care (SDEC). This includes joint WAST stack review undertaken between GPs and WAST Advanced Paramedic Practitioners. The next development will be scoping a pilot and cost-to-benefit of a home visiting service with a target attendance timescale of 1 hour and the aim to either avoid a conveyance to hospital or where hospital attendance is still required to look at alternative pathways such as Outpatients Assessment Service or SDEC
- Virtual Ward in-reach. SBUHB now has eight operational virtual wards aligned to the eight primary care clusters. Additional resource has been put in place to have five days a week in-reach into the Emergency Department and Acute Medical Unit with anticipated impact of 6-10 patients a day being picked up by virtual wards. The next stage of development is exploration of the fractured neck of femur pathway to establish if virtual wards could facilitate an earlier discharge for this patient cohort
- Targeted work on clinically-optimised patients and length of stay reduction. Reducing the length of time that patients stay in hospital is essential, as it has increased by 2-3 days in the last 12 months and is impacting adversely on those

needing to be admitted to a bed. Twice-weekly escalation meetings have been put in place to concentrate on resolving the complex long-staying patients across all sites, linked to rapid improvement. The Deputy Chief Operating Officer is leading on standardisation of ward processes at Morriston Hospital in particular, and on a site escalation framework and improved decision-making. There will be a renewed focus on each service having clear plans to address internal length of stay which is within their control to improve. Improvement in this area is key for the AMSR.

- **Community capacity.** We are addressing the proposed expansion of community nursing to accelerate discharge 7 days a week in alignment with the increase of resource to virtual wards. A proposal for joint procurement of additional care home bed capacity and reablement capacity is going through the Regional Partnership Board. Ultimately, virtual wards must become the enabler for community discharges of complex patients, co-producing care plans and ensuring patients transition to the right place at the right time. A clinical summit which I will be chairing in early October 2022 will consider further clinically-led opportunities to develop alternative pathways for patients.

Health Inspectorate Wales recently reviewed our A&E services following the review at another Health Board which raised real worries. Many positive aspects of the care we deliver, its patient focus and the clinical systems we have were detailed. However, the review identified excessive delays in patient flows and the need to escalate sooner patients with certain conditions. We were issued with an improvement notice which is detailed further in the Quality Governance section and we have responded to. I have met with the A&E clinical staff and we are addressing practical suggestions they made to make further changes to the service and internal site escalation to support the A&E team.

Acute medical services redesign

The Acute Medical Services redesign programme is now in its implementation phase. We engaged an external consultancy to conduct programme assurance – to check the programme against expected outcomes and benefits, stress-test our future state assumptions and existing staffing productivity modelling and identify weaknesses and risk. Overall the team noted that the consultation process has been robust in covering the changes to staff and also that significant work has gone into modelling the resource required for the desired state, and it appears to be robust with known risks around the consultant rota and nursing substantive staffing levels. The primary concerns related to:

- the tight 11-week timescale to drive down to 90 beds at Singleton Hospital using the existing workforce, admission avoidance initiatives, discharging clinically-optimised patients and addressing community capacity and demand
- upscaling the recruitment process to achieve the additional staffing desired
- impact of a Christmas implementation on key resource availability in the run up to launch and embedding afterwards to ensure length of stay remains reduced
- the number of new initiatives for staff to achieve over the 11 weeks.

While we have a very clear implementation journey now, we need to maintain our focus on engaging to win hearts and minds, developing an acute mindset around the 48-hour

turnaround time, and supporting staff to achieve the changes and deliver substantially higher performance than previously. I am focused on ensuring clarity of what we need to do to make the unit operational, resolving the issues downstream from ED that will make ED improvements effective, and how we track progress to respond to events as needed.

Building system resilience for winter

As part of the West Glamorgan regional partnership, SBUHB is working on developing an integrated Health and Social Care Winter Plan that will support all cohorts of the population – children, people with mental health or learning disability, older people, carers and communities - through the winter. The Plan's areas of focus include Home First (pathways 0-4), prevention and community coordination, carers partnership, housing partnership, digital transformation for Health and Social Care Programme, Transforming Complex Care Programme, Children and Young People Programme and the Transforming Mental Health and Workforce strategy.

With an emphasis on sustainable solutions aligned to the 6 Goals, not seasonal initiatives, in preparing the Winter Plan SBUHB is looking at the following specific aspects:

- Acute Medical Services redesign implementation in early December 2022
- Focus on admission avoidance and length of stay reduction schemes
- Workforce modelling and recruitment
- Plans for maintaining elective activity
- Preparation for potential industrial action
- Preparation for further Covid-19 waves
- Preparation for inclement weather

On admission avoidance, we are:

- Developing priority pathways and planned care e.g. for heart failure, diabetes
- Creating enhanced community capacity e.g. reform of community phlebotomy
- Creating an integrated front door – a proposal for a multi-disciplinary front door in-reach model has been submitted for consideration
- Providing rapid response e.g. a 6-day physio/occupational therapy service
- Developing pre-habilitation services – a cancer programme starts in October 2022
- Focusing on workforce e.g. skills mixing with GPs to increase capacity
- Delivering more care optimisation – a pathway 1 audit is planned for October 2022

The plan is due to be submitted to the Transformation Board on 4th October 2022 for endorsement for submission to the Regional Partnership Board.

PLANNED CARE

Overview

The number of patients waiting at the end of August 2022 compared to the previous three months was:

Number of patients	May '22	June '22	July '22	August '22
>26 weeks for a new appointment	26,456	26,826	26,811	27,019
>36 weeks at all stages	38,818	39,720	38,888	38,583
>52 weeks at all stages	28,319	28,611	27,681	27,570
>104 weeks	12,670	12,064	11,400	10,960

SBUHB continues to focus on delivering optimal performance against the ministerial targets. As of 11th September 2022, the number of patients waiting more than 52 weeks for a first outpatient appointment is higher than the Health Board's trajectory predicted, partly reflecting the peak annual leave period. In addition, the recovery plans for orthopaedics, which has the greatest number of these patients, will not be in place until the end of October. Activity to address other long-waiting specialties e.g. general surgery, plastics and oral maxilla-facial is also in progress or planned. Treat in turn rates across all specialties and utilisation of outpatient clinics are being monitored.

SBUHB is ahead of the predicted trajectory for 104 week waits at all stages, across most specialties at present. As a result of the activity to reduce first outpatient appointment waits, we expect more patients to join this cohort, but this should not impact on the Health Board maintaining its predicted trajectory.

In October the following developments are expected to be operational:

- Orthopaedics - more Swansea Bay patients will be able to access Neath Port Talbot Hospital theatre sessions following the cessation of use by Cwm Taf Morgannwg on the use of six theatre sessions
- Post-operative enhanced care unit for Neath Port Talbot Hospital and post-operative anaesthetic unit for Singleton Hospital – these will enable surgeons at these hospitals to treat more patients on our waiting lists for operations which are currently only carried out in Morriston Hospital
- Recommencing major orthopaedic surgery at Morriston Hospital – there remain great difficulties in achieving this, but the current absence of service is no longer acceptable for patients. We have been working with Hywel Dda to develop theatre capacity at Llanelli which is progressing but taking longer than expected. I am working with the services to deliver an alternative solution which will expand bed availability to the speciality at Morriston Hospital in October 2022.

A report on future Primary care projects to support planned care will be presented to Management Board in October 2022.

Paediatric outpatient unit at Morriston Hospital

The changes we needed to make during the pandemic resulted in a reduction of capacity across all services including impacting on the paediatric outpatient area at Morriston Hospital. This was partly due to our need to increase the provision of adult clinics, but also

as a result of needing to implement social distancing measures. While the capacity in the Morriston unit has been constrained, we have continued to provide dedicated services for children and their families in the Children's Centre and Children's Assessment Unit at Neath and Port Talbot Hospital, and also at the Children's Centre and the Paediatric Outpatient unit at Singleton Hospital. We also have designated outpatient and therapy areas for exclusive use of children.

As the COVID restrictions are easing, we are reinstating outpatient services for all areas in a phased approach. Adult services are being moved to the newly refurbished adult outpatient unit in Neath Port Talbot Hospital. This will allow the Paediatric area at Morriston Hospital to be returned to full paediatric use. We are on track to be able to have paediatric outpatient clinics at Morriston Hospital for a full day on Wednesdays and Fridays by end of September 2022, and we anticipate that we will be able to release the paediatric outpatient area in Morriston Hospital back to the children's service in its entirety by the end of October 2022.

GP access and the service user experience

More than 90% of patient contacts take place in General Medical Practices which are responsible for providing General Medical Services (GMS) from 0800 to 1830, Monday to Friday. GMS contractors must provide services at such times within core hours as are appropriate to meet the reasonable needs of its patients, and to have in place arrangements for its patients to access such services in case of emergency. The GMS contract does not specify the type of access model but does outline that the management of patients who believe themselves to be ill includes offering a consultation and, where appropriate, physical examination for the purpose of identifying the need, if any, for treatment or further investigation.

Access to in-hours GMS Service Standards guidance was issued in September 2019. The standards provide practices with clear expectations to work towards, with a need to better understand the barriers people face in accessing GP services. The Commitment to Access 2022-23 was introduced from 1st April 2022 and has two phases. 2019 Access Standards will remain in place as pre-qualifiers as part of phase 1. Phase 1 seeks, for example, confirmation that:

- practices have modern telephone systems, capable of call recording and call stacking and with a bilingual introductory message that lasts less than two minutes
- same day consultations for patients clinically triaged as requiring urgent assessment or under 16 years of age and pre-bookable appointments are offered.

All practices are expected to achieve, maintain and embed those working practices in order to participate in phase 2.

Phase 2 has three areas of delivery:

- Service Delivery & Communication, including care navigation training for all practice staff and appropriate consultations being booked to meet assessed need without need for patients to contact the practice again

- Patient Engagement, involving practices maintaining public facing dashboards and participation in patient experience surveys
- Digital and Reflective Report, which entails practices treating all patient contact equitably whether digital or by telephone, use of data from practice telephone systems and completion of practice equality impact assessments.

The Access and Sustainability Forum, chaired by the Service Group Director, which includes representation from the Local Medical Committee and Community Health Council (CHC), oversees a programme of work on access with a key purpose to drive forward improved and sustainable access within primary care across the Health Board area and is cognisant of the feedback from Primary Care on workload pressures in the face of increased demands for access to services and sustainability issues.

The Health Board's Primary Care Access and Sustainability Forum has established a Task and Finish Group, chaired by the Associate Director, in collaboration with the CHC and Local Medical Committee to identify issues and improve the service user experience of primary care services across Swansea Bay. This work is informed by recommendations of patient experience reports and feedback from the Health Board Accessibility Focus Group.

The CHC is repeating a Telephone Access Survey across all 49 practices; the scope has been agreed with the Health Board and the results will be presented to the Access and Sustainability Forum in December 2022 for consideration. The Health Board is offering access during 2022-23 to a unique practice development resource it commissioned, which is delivered by the Royal College of GPs. It comprises a bespoke programme that will identify and address up to 14 practices' main challenges, with a view to supporting their long term sustainability.

Regarding the national accelerated cluster development programme, good progress has been made since May 2022. There are eight local cluster collaboratives on the previous cluster footprint but with different membership, and professional collaboratives. Terms of reference have been drawn up to enable the collaboratives to function effectively and report in to the pan-cluster group which will connect activity across the system. While continuing all existing cluster priorities, the next steps are to:

- embed meeting arrangements
- identify meaningful cross-system projects
- establish a task and finish group on collaboratives planning
- complete discussions with the Regional Partnership Board
- put forward a cluster for review nationally
- deliver collaborative training needs,
- while continuing all existing cluster priorities.

Expanding outpatient capacity

The fracture clinic which was temporarily relocated to Neath and Port Talbot Hospital during the pandemic will be moving back to newly-refurbished accommodation at Morriston Hospital in October 2022. This will allow the re-purposing of space for all orthopaedic outpatients to commence at Neath and Port Talbot Hospital for the relocation

of all outpatient services for orthopaedics from the Morriston Hospital site, expanding capacity for our patients.

CANCER

The Single Cancer Pathway (SCP) backlog figures have seen a continued increase in recent weeks. The total backlog at 7th September 2022 was 512. The Cancer team is currently producing weekly recovery plans as required by the third level of escalation under the Health Board Performance and Escalation Framework. We are building a partial booking system to increase the strike rate in clinic across tumour sites. The tumour sites with the largest volume of patients in the backlog are:

Site	Patients	% of backlog	% at diagnostics	Waiting for	%
Lower GI	197	36	77	Endoscopy	46
Urology	89	16	44	Follow up	29
Upper GI	80	14	64	Endoscopy	40
Gynaecology	55	10	62	Treatment	16

The table indicates where the waits and bottlenecks are. Just 14% of patients are waiting for treatment.

Last month, I was pleased to receive a letter from the Director of Screening Services at Public Health Wales commending the efforts of the Endoscopy nursing and administration team, Specialist Screening Practitioners and Screening Colonoscopists in providing additional screening lists, both in the week and at weekends, to reduce bowel screening colonoscopy waiting times. In June 2022, there were 168 screen-positive participants on a holding list, waiting up to 6 months for their screening colonoscopy procedure. Now this holding list has been cleared and bowel screening participants are able to access colonoscopy within five weeks, with achievement of our 4-week standard anticipated in October 2022. In addition to this improvement in waiting times, the endoscopy teams have also assisted the Bowel Screening Wales programme to provide weekend mentorship and accreditation sessions. Without this assistance and the use of the theatres in Swansea Bay, accreditation of new bowel screening Colonoscopists in Wales would have been very difficult. Well done to all the endoscopy, pathology, radiology and surgical teams involved.

The demand and capacity plans in colonoscopy are being refreshed to take account of changes in clinical practice for FIT testing results from 1st October 2022. This is anticipated to improve capacity by c.12% per week which will enable us to deal with more patients and reduce the long delays for those who need regular surveillance.

There is a cancer summit with the Minister in October 2022 to discuss all Health Boards' progress in this area. Our results have been updated during the summer and I will be personally reviewing these in key specialities where we need to show great progress in reducing waits.

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 an increased focus on system integration and population health. The approach being taken is focused on Marmot principles, recognising that to build a fairer society based on principles of social justice, bold action is needed on several dimensions. The NHS cannot go it alone – and indeed was never meant to – in achieving improved population health. Therefore, we are currently undertaking stakeholder engagement internal to the Health Board and external with key partners and stakeholders.

The internal stakeholder engagement, which is about to start, will focus on the IMTP and to look at how each part of our organisation applies a population health lens to achieving their vision. To achieve the aspirations of the population health strategy, we will need all parts of our organisation to work collectively – some of this will be common to all e.g. how we consider the way we deliver services to those who have differential needs or particular aspects of healthcare for particular population sub-groups.

The external stakeholder engagement is underway and the initial phase is coming to an end this month. The focus has been to build connections and networks and get an overall sense of views on the approach we are proposing. From the initial stakeholder work, the following themes have emerged:

- A sense that this is the first time that there has been an articulation which encompasses and recognises the collective efforts of a wide range of actors and actions and is hugely welcomed by many as a way of creating synergies. It has been described as a 'harmonising' of different agendas and 'giving voice' to a much wider range of partners/stakeholders who are vested in key areas related to the work e.g. recognising the importance of housing, poverty, place-making etc.
- Data sharing and timely intelligence to make informed decisions are currently limiting factors
- A long term vision is needed as an umbrella to address the short term nature of funding and projects and small-scale initiatives
- A need to need to consider how action will fit with existing delivery requirements and partnerships/system structures – the need to build synergy, avoid overburdening those who are working to meet expectations of delivery and breaking down silo working
- The challenges of operating in different footprints e.g. GP clusters, local authority footprints, HB footprints etc. which creates lots of interfaces – with the potential for fragmentation and disjointed working.

There is a real desire for a population health and care model overarching strategic cases for bold action beyond the boundaries of any one organisation coupled with the active participation of our citizens in maintaining or improving their own health and wellbeing.

The next round will drill down into trying to identify where the energy and needs are in terms of collective action across systems that should be our start into a new way of working. The Director of Public Health, the Chair and I will be inviting our local authority partners to discuss our approach and suggested governance prior to December 2022. There will be a final draft of the strategy in December 2022/January 2023 which will be presented to the Board for approval no later than March 2023.

Recovery and Sustainability Plan - IMTP

Earlier this month we were pleased to receive confirmation that the Minister has approved our Board's Integrated Medium Term Plan (IMTP) for 2022-25 in accordance with the requirements of the NHS Wales Planning Framework and the duties set out by section 175(2) of the National Health Service (Wales) Act 2006 ("the Act") (as amended by NHS Finance (Wales) Act 2014). This approval is subject to the following summarised accountability conditions that we received from Judith Paget, Chief Executive of NHS Wales on 15th September 2022:

- **Primary Care** - demonstrate how the primary care needs of the population are being met, specifically with regard to dental and general medical service access
- **Regional Planning** - maintain detailed delivery plans for the regional programmes
- **Planned Care** – update on cancer service capacity and target delivery with improvement milestones within the Q2 monitoring period, ensure achievement, show where and what national recovery funding is supporting, and how the 7 day a week model of care is operating, and demonstrate how diagnostic services are prioritised for the number of people waiting to be diagnosed to return to pre-pandemic levels
- **Urgent and Emergency Care** - deliver improvement across the six goals programme, particularly goal 1, identifying actions to address immediate risks and develop and deliver a handover improvement plan during the Q2 monitoring period
- **Finance** - mitigate Covid costs and exceptional costs such as energy, ensure financial balance is delivered and progress allocative value and the population health resource agenda.

Funding assumptions remain to be crystallised and the service change and business case proposals are subject to normal compliance and approval processes. The Board will be held to account against the accountability conditions and is expected to scrutinise the plan and monitor progress effectively over the year, in particular also against the Ministerial Priorities set out in the NHS Planning Framework and the Minister's delivery measures. The accountability conditions will be tracked through quarterly reporting in the Integrated Quality, Planning and Delivery meetings and Joint Executive Team meetings, and progress of the plan discussed at the regular Chairs' meetings with Ministers. Any unacceptable variation from the plan will trigger an increased level of monitoring and scrutiny in line with Welsh Government's escalation and intervention arrangements. We will ensure effective oversight of these through our current governance processes.

Development of the Recovery and Sustainability Plan (IMTP) 23/24

Initial work is underway and service groups are already considering goals, methods and outcomes for next year. Participation in this work has drawn clinicians and managerial leaders from a wide perspective and generated great insights, approaches and solutions to our challenges. We will be reflecting on this in producing planning guidance in October 2022 for the organisation to use in formulating its 2023/24 plan.

System integration and population health are important factors for this plan. However, the WG funding allocation we have enjoyed in 2021/2022 reduces next year, so we need to focus on efficiency and productivity in order to make sound decisions about where to deploy with regard to these ambitions. We must consider how to flex the £1.3bn budget from bed-based services to exploit our system integration opportunities.

Sustainability Plans

This month we submitted our first Foundational Economy progress report for Swansea Bay University Health Board to Welsh Government. Highlighting the diversity of schemes covered in this work:

- a new class in the Contractors Framework will enable SME's to access the Framework to support the Foundational Economy. This is a first in Wales and it is expected that it will be rolled out throughout Wales
- an in-work support project, Wellbeing Through Work, provides free, rapid-access, brief-intervention therapy to the working population of Swansea, Neath Port Talbot and Bridgend (employed and self-employed) in local small-to-medium sized businesses via enrolment of their workplace health programmes. Under the scheme, waiting times from start of referral for mental health support from an Occupational Therapist is 2-3 days compared to 28 days for a first therapy session following GP referral. More than 2,900 mental health referrals have been made to date. As the end of the current funding from Welsh Government is 31st December 2022, the Health Board will consider a bid for a new iteration of the service funded solely by Welsh Government by November 2022.

University Designation Criteria status review

We have a meeting with Welsh Government on 4th October 2022 to review our designation as a University Health Board. We will be presenting to them the breadth and strength of work that the Health Board has been undertaking in 3 areas:

- Training and education
- Research and development, and
- Innovation

It is also now a requirement for Health Boards and their university partners to focus on Innovation, as well as Training and Education and Research and Development in the Integrated Medium Term Planning Process for NHS Wales' 2022 planning cycle.

PATIENT QUALITY IMPROVEMENTS

Infection prevention and control

There have been year-on-year reductions in *C. difficile* (17%), and *E. coli* (23%) bacteraemia. A rapid improvement programme has commenced at Morriston Hospital on *S. aureus* and *C. difficile* reduction, and there is a renewed focus on reducing use of invasive devices and rapid review of cases. We have identified a quality improvement manager who will drive outcomes and delivery, though local ownership and early intervention are essential. While we are recording and populating rates of infections in our systems, there is more work to do on data analysis to enforce early intervention and improve use of leading indicators to avoid cases. I am visiting the top five wards in Morriston Hospital and the top five areas in community teams with the highest rates of infection to consider progress and discuss the issues with staff. The Medical and Nursing Directors have likewise visited the Morriston site to review progress.

QUALITY AND SAFETY PRIORITIES

Suicide prevention

Suicide Awareness and Prevention is one of the key quality improvement priorities for SBUHB and together we can all make a difference. On 9th September 2022, SBUHB held an online learning symposium to mark World Suicide Prevention Day. I gave the opening address, but it was a great opportunity to showcase the work being undertaken across Swansea Bay with our partner organisations to raise awareness of suicide and its prevention. It was attended by staff, nursing students, the 3rd sector, local authorities and the police, and I wish to thank Professor Michael Coffey at Swansea University, Hazel Powell and colleagues for making it informative, emotive, enlightening, inspiring, passionate and compassionate.

Friday 23rd September 2022 marked the launch of Sharing HOPE – The Art of Healing Together at Swansea University. Sharing HOPE is an arts project available to all staff across the Health Board which offers safe spaces to heal, recover and come out stronger together, using arts and creative activities to find ways of expressing ourselves, connecting with peers and sharing our stories. The project is part of 'Arts and Minds', delivered with support from The Baring Foundation and The Arts Council of Wales.

End of life care

The Medical Director and I have reviewed the progress around our end of life investment and quality practices. This has been really helpful to further accelerate the work and augment it with:

- a working group to review surgical decision-making around patients and their treatment options towards end of life
- review of deaths which occur in certain parts of our system when people could and should be in more appropriate settings
- expansion of the palliative care paramedic service to the remaining four virtual ward clusters over the next three months
- review of the role and function of the clinical nurse specialist in palliative care.

Falls Prevention Week

Falls Prevention Week runs from 3-7th October 2022. There will be an intergenerational project at Morriston Primary School, starting the week with an education session and poster competition and ending with a Dance to Health taster session with pupils and grandparents. Falls 'crime scene' events will take place at each of our main hospitals, and there will be a daily podcast on preventive actions.

QUALITY GOVERNANCE

A draft quality strategy had been developed for wider engagement and feedback to support its refinement required to finalise the strategy and build a robust quality management system (QMS). I am chairing a QMS task and finish group with the first meeting scheduled for October 2022 and an expected timescale of March 2023 for implementation.

Healthcare Inspectorate Wales (HIW) made an unannounced visit to Morriston Hospital Emergency Department on 5-7th September 2022 and were not assured that all aspects of care were being delivered in a timely and effective manner. During their inspection, they reviewed a sample of patient records and found the following areas of concern which could pose an immediate risk to the safety of patients:

- delays beyond national guidelines in both triage and medical review of patients presenting with chest pains and associated myocardial infarction symptoms. In one record we reviewed, the length of wait between arrival and triage was two hours
- a patient had been lying on a spinal board for a significant period beyond national guidelines and that there was a delay in providing appropriate interventions, including an MRI, despite a neurological deficit being recorded
- an older frail patient had been lying on an unsuitable surface (ambulance trolley) for over 11 hours and had complained of being in pain during this time.

While HIW recognised the extreme system pressures that Emergency Department staff are experiencing currently, we received a letter requesting immediate assurances and have provided HIW with details of the actions taken to ensure that those patients considered high risk due to their presenting conditions are escalated so that they receive appropriate and timely triage, review, and intervention. This immediate improvement plan was submitted to HIW on 16th September 2022.

OTHER QUALITY MATTERS

Institution of Occupational Safety and Health (IOSH) course for Executives

This month we commenced IOSH training for board members and service unit directors who are responsible for determining policy and strategy for health and safety. The focus of the course is to provide an understanding of the business benefits of effective safety management, an insight into the true cost of safety failure, and a greater understanding of

collective and individual responsibilities and the legal liabilities placed on individuals and the organisation to integrate health and safety strategy into their business planning.

Safeguarding liberties funding

The previous Deprivation of Liberty Safeguards have been replaced with Liberty Protection of Safeguards. The ability to support teams with the relevant expertise to prevent escalation in cases and to manage the court-required paperwork has become increasingly challenging. A task and finish safeguarding group is being established which will look at patient flow, particularly around consent and capacity, and forming a centralised service for quicker access and safeguarding which would potentially support bed day savings. We have received c.£300k to support safeguarding liberties which will facilitate complying with the legal requirement, and reduce costs and delays in care by speeding up processes. It will report to Management Board in October 2022.

CAMHS commissioning arrangements

As a result of an audit of the CAMHS commissioning arrangements undertaken in 2021, in addition to issues with recruitment and retention and poor compliance against Welsh Government targets, SBUHB initiated a review of the service. The aim of the review was to develop and agree a service specification for CAMHS, consider options for the future delivery of Swansea Bay CAMHS and recommend a way forward. The review noted a strong commitment to improvement in the CAMHS service and good family feedback but also concerns regarding heavy caseloads, clarity of the referral process, a need to strengthen on-call access and integrate with adult mental health service as it remained in isolation, and recruitment and capacity constraints. Following the review therefore, Management Board has approved recommendations to transfer the service to SBUHB control, excluding Tier 4 and on-call arrangements from 1st April 2023. The Board will discuss this at the meeting in September 2022.

Digital developments

- Signal v3 - Performance testing of v3 of this patient flow system which further supports real time, informed decision making within and across acute sites, and was scheduled for release on September 21st 2022, showed potential for slow operation. A revised go live plan for Q3 2022 is being formulated
- Implementation of e-Prescribing and Medicines Management (HEPMA) at Morriston Hospital across five medical wards so far has been temporarily paused due to pharmacy sickness absence, but is expected to recommence by the end of September 2022. A bid to extend the Swansea Bay project across Mental Health and Learning Disabilities has been submitted to the national Digital Medicines Transformation Programme
- A decision on the go live of the Welsh Emergency Department System to enable full digitalisation of the department in Q3 2022/23 will be made in October 2022.

FINANCIAL MANAGEMENT

Month 5 – August

The Month 5 actual variance to plan was an overspend of £0.66m. This makes the year to date overspend £2.49m. We have implemented mechanisms to ensure that operational pressures are mitigated and areas return to financial balance. We have focused attention on the delivery of financial recovery as per the actions from our finance summit meeting on 7th September 2022. All Service Group Directors and Corporate Directors are preparing action plans to achieve required year end spend control totals by 30th September 2022. I have requested enhanced support to focus on both assurance regarding financial control, clarity on why actual spend is increasing and actions to return spend to pre-pandemic levels, along with a continued focus on savings. A Financial Improvement Director has been appointed and started this month. Updates will be provided in future reports.

At the end of Month 5, funding for extended flu and dental-related income had been received from Welsh Government but funding has yet to be received for the remainder of the Covid transition costs of £39.8m and the extraordinary cost pressures of £38.7m.

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 was set. Against this, at the end of August 2022, savings of £29.5m had been identified. Directorates are working to identify schemes to deliver the one-off in-year additional £2m savings by 30th September 2022. 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

ENGAGEMENT AND EXPERIENCE

The Big Conversation

The Big Conversation is key to our aspiration of being a learning health board, involving and empowering our staff to ensure Swansea Bay is a great place to work and to receive care. We want to create a quality-focused organisation, learning from staff and having a distributed, collective leadership model through staff empowerment and accountability. Over the next few months, we'll be inviting a wide range of staff to take part. We will explore:

- Where we are now – what's good and what isn't so good
- Where we want to be – our collective and individual aspirations to improve the quality of services for our patients
- How we can create an environment that engages and empowers staff to deliver high quality patient outcomes
- What we need to make this a great place to work.

I and the rest of the executive team will help facilitate this, listen to the feedback and use what we're told to help inform decision-making and ensure we become a more clinically-led organisation.

Living Our Values Awards 2022

Recognising and celebrating our people and their achievements is a fundamental part of our health board values and how we do things at Swansea Bay. It was fantastic to be able to recognise in person at Swansea Arena staff who have gone above and beyond in providing excellence in the care and services they provide, while demonstrating the Health Board's values. This is the list of awards and nominees, with the winners in bold:

- Always Improving - ReFit Projects: investing in renewables and energy saving measures; **The Start and Support of Non Invasive-Ventilation at Home Initiative; Paediatric Medication Error Prevention**
- Caring for Each Other - Bed Poverty – How Swansea Bay University Health Board Responded; **Swansea Maternity Team for Maggie's**; Adrian Paton
- Working Together - Team TRiM! Working Together to Support Each Other; 'Back to the Floor' Essential Skills for Covid; **Covid-19 Gold Co-ordination Centre**
- Commitment to Research & Development - **Developing tools to support patients and staff in Outpatients**
- Excellence in Equality & Inclusion - **Laurie Wood**; Integrated Sexual Health Team
- Excellence in Leadership and Management - **Jan Worthing**; Catrin Codd; **Rhiannon Hall**
- Improving Lives through Creativity - Capital Planning Team; Sarah Francis; **Sharon Hughesdon; Elizabeth Hogben; Joanne Pedrick**
- Learner of the Year - **Caitlin Amy Tanner**; Charlotte Bowen
- Partnership Working - **Support to the Care Home Sector Through the COVID-19 Pandemic**
- Speaking Up with Compassion - **CWTCH in the Community - Improving education to reduce adverse outcomes for patients who fall in nursing homes**
- The Essential People - Beverly Radford; **Andy Powell**
- Trainee Doctor of the Year - Dr Huw Dunstall; **Dr Zena Marney**; Dr Alena Ashby
- Volunteer of the Year - Ty Olwen Gardening Group; **Front Desk Volunteers; Phil Rees; Paul Clement & Brett Cotton**
- Welsh Language - Every day is a Welsh Day; **Using multimedia to improve kidney health literacy**; SBUHB's New Resourcing Team
- Ultimate LOV - **'Back to the Floor' Essential Skills for Covid**

APPOINTMENTS AND APPRECIATION

I am delighted to announce the following appointments:

Dr Rhodri Edwards, Consultant Physician in Geriatric Medicine, has been appointed to the post of Divisional Clinical Chair in Medicine

This is a key Clinical leadership post for the Health Board and I look forward to working with Rhodri in his remit as Divisional Chair. Rhodri takes up the post with immediate effect

Dr Anjula Mehta and Dr Raj Krishnan have been appointed to the post of Deputy Medical Director

Anjula is the current Service Group Medical Director for SBUHB, a post she has held since 2019, before which she was the Clinical Director Primary Care & Community Services in ABMUHB for three years. Raj has been a consultant Paediatric Nephrologist at Cardiff & Vale UHB for the last 15 years and is currently the Associate Medical Director for Patient Safety and Governance.

We are recruiting for Directors of our Corporate Governance, Insight, Communications and Engagement, and Strategy Directorates.

South West Wales Cancer Fund fund-raiser

Hundreds of cyclists led by rugby legend Jonathan Davies completed the 50-mile journey from Velindre Hospital to Singleton Hospital to raise funds for cancer services in Swansea and Cardiff. Jonathan is President of Velindre Fundraising and has supported patients and their families at Velindre Cancer Centre since 2008. Last year he decided to extend this, launching the first Jiffy's Cancer 50 Challenge for both Velindre and the South West Wales Cancer Fund. The amount raised in sponsorship this year currently stands at almost £50,000, which will be divided between the two charitable funds.

MARK HACKETT

CHIEF EXECUTIVE OFFICER