



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	29 July 2021	Agenda Item	1.9	
Report Title	Chief Executive’s Report			
Report Author	Susan Bailey, Head of Communications			
Report Sponsor	Mark Hackett, Chief Executive			
Presented by	Mark Hackett, Chief Executive			
Freedom of Information	Open			
Purpose of the Report	To update the Board on current key issues and interactions since the last full Board meeting.			
Key Issues	<div>Updates on:</div> <div><ul style="list-style-type: none">• PUBLIC ENGAGEMENTS• ANNUAL PLAN• COVID/VACCINATIONS• BROADER OPERATIONAL DELIVERY• ESTATES• SERVICE QUALITY AND INNOVATION• FINANCIAL HEALTH• OUR PEOPLE</div>			
Specific Action Required (please choose one only)	Information	Discussion	Assurance	Approval
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations	Members are asked to: <div><ul style="list-style-type: none">• NOTE the report</div>			

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.

PUBLIC ENGAGEMENTS

Changing for the Future

Our Annual Plan engagement programme [Changing for the Future](#), is now running for 10 weeks between 26th July and 1st October.

It outlines plans for Morriston, Singleton and Neath Port Talbot hospitals to evolve into individual centres of excellence - designed to give people better access to emergency care, and cut through long waiting lists for operations.

The proposals will give each hospital unique roles, with all three working even more closely with extended community care services. Together, they will form a closely integrated NHS service for Swansea and Neath Port Talbot.

The plans are outlined in detail in the engagement document, but in summary, the three distinct centres of excellence we aim to establish are:

Morriston Hospital will become the centre of excellence for urgent and emergency care, specialist care and regional surgical services, including complex medical interventions.

Singleton Hospital will become a centre of excellence for planned care, cancer and diagnostics. Whilst planned care is by its nature not urgent it is still essential, especially to patients awaiting care and who continue to suffer pain, discomfort and a reduced quality of life due to a lack of treatment. Singleton will become the powerhouse for delivering the large numbers of these planned operations.

Neath Port Talbot Hospital will become a centre of excellence for orthopaedic and spinal care, diagnostics, rehabilitation and rheumatology. Waiting lists have become too long, especially for those suffering pain and discomfort waiting for knee or hip replacements, or back surgery. We must take steps to address this.

Service relocations

As part of the proposed programme for change, some services will inevitably need to be transferred from one site to another. This will enable us to focus our skills, resources and knowledge, rather than aiming for a very broad range of services at each site.

While we are planning to make these changes at our hospital sites, we are also expanding our community services to support Home First approaches.

As well as engaging with patients, the public and our stakeholders, we will of course be engaging with staff and our trade union colleagues. This is a journey we are all on together, and it's extremely important that this work is done in the spirit of partnership.

Older People's Mental Health Services

Engagement has now started (3rd July-12th September), on [plans for our Older People's Mental Health Services](#).

We are asking 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 proposals will also allow us to increase the number of orthopaedic operations where we have seen a continued rise in our waiting lists with high numbers of patients waiting over one year for major orthopaedic operations.

The outcome of the engagement and all the responses received will be considered by the health board and Community Health Council in October 2021.

ANNUAL PLAN

Work continues at pace on our Annual Plan. Priorities achieved in Quarter 2 include:

- *Urgent and Emergency Care*: the approval of detailed business cases including Virtual Ward, Home First (previously Hospital to Home) and the Care of the Elderly Service; also, a detailed critical path and capital plan to support plans for the Acute Hub at Morriston Hospital
- *Planned Care Recovery*: A plan to implement a structure advice and guidance model across all Outpatients services by end of September 2021
- The strategic outline case for a new build *orthopaedic centre* at Neath Port Talbot Hospital has been submitted to Welsh Government and awaits their approval.
- *Cancer and Palliative Care*: An improvement plan is ready following extensive consideration of four tumour sites to fully understand issues and opportunities.
- A business case for *specialist palliative care* to improve timely and quality access to end of life care has been approved.

Care of Elderly consultant recruitment

Recruitment is now underway for the four Care of the Elderly consultants to support the further development of our services for older people. A special [recruitment webpage](#) has been developed to enhance the recruitment process, and a similar one is being developed for the recruitment of Virtual Ward staff.

COVID-19 RESPONSE

For Swansea Bay our level of new cases in the community continues to rise across all age groups but is being driven by widespread community transmission in the under 29 year olds. This in turn is driving up rates in older age groups through household and secondary transmission. While we are currently below the Welsh average case rates are rising steadily, as are positivity rates. We are starting to experience the impact of the Delta variant, which is now established as the dominant variant locally. Rates are currently above the levels seen in October last year, when

Regional restrictions were in place. The difference now is that we are on a trajectory of diminishing, not increasing restrictions, and we now have significant levels of vaccination coverage in our most vulnerable groups. However, it is important to remember that while vaccination reduces the risk of serious illness and hospitalisation it does not eliminate it.

We are seeing further presentations to hospital of cases and a small number requiring intensive care support. The level of pressure on our acute care system is now such that even a modest number of cases has a significant system level impact.

Self-isolation requirements have impacted and led to staff shortages across the Health Board with service disruption. Policy change in this area around releasing staff who are contacts and who are vaccinated back into work will mitigate these staffing shortages but will increase the risk of nosocomial transmission. There is a continuing need for staff to observe Infection Prevention and Control measures and to comply with PPE guidance. Risk assessments have been undertaken to inform the approach to PPE use across acute areas.

VACCINATION PROGRAMME

We began our vaccination programme on 8th December, 2020, and I'm delighted to report that we've now surpassed half a million doses. This has only been possible because of outstanding teamwork by everyone involved in the vaccination programme.

As of 20th July, we had given out 276,823 first doses, and 236,144 second doses. Around 83% of all adults in Swansea Bay have now received at least one vaccination.

However we are determined that no-one will be left behind, and our Vaccine Equity Group is currently supporting ways of delivering vaccines to hard-to-reach groups or people who may need additional support to receive their vaccine.

This has included a series of drop-in vaccination sessions, a drive-through session, and special events for members of our migrant and vulnerable community.

Booster campaign

Like the rest of NHS Wales, we have been planning a booster campaign for some time against a range of possible scenarios. The release of JCVI interim guidance provides a guide as to how a booster campaign might look, but we are not expected to receive a final decision until late August.

JCVI interim advice issued in June highlighted that there is a risk of further waves of Covid in winter and that increasing influenza vaccine uptake is another important tool to countering the impact of respiratory viruses on vulnerable people.

Until we receive the final advice, we continue to plan for a range of possible booster vaccination approaches.

Vaccinating children

On 19th July the JCVI published guidance about vaccinating children.

Teenagers aged 16 to 17 years of age who are clinically extremely vulnerable have already been offered the COVID-19 vaccination. This will now extend to this group of young people aged 12 and over.

Children and young people aged 12 years and over who are household contacts of people who are immunosuppressed will also be offered vaccination, to protect them.

17-year-olds with no underlying health conditions - who are due to turn 18 within three months - will also receive their vaccinations.

Work is underway by our vaccination team to begin vaccinating these additional groups of young people, with initial doses for 17-year-olds planned for end of July. Vaccinations for the other groups of young people will be offered once logistics are agreed.

BROADER OPERATIONAL DELIVERY

Performance

Emergency Department (ED) attendances in June 2021 were 6.6% higher than May 2021 indicating a continued and significant increase in the numbers of patients presenting at our front doors. They are still 10.7% lower than figures in June 2019.

Planned Care: June 2021 saw a slight in-month reduction in the number of patients waiting over 26 weeks for a new outpatient appointment, however the number waiting over 36 weeks for treatment has seen a slight increase. Plans have been developed to increase our theatre and bed capacity in Neath Port Talbot and Singleton hospitals to increase our elective operating. This will make considerable improvements to our patients.

GP referrals into the RTT system have steadily increased since the first wave of the pandemic, and are now higher than referral rates in June 2019. 14,807 referrals were received in June 2021, compared with 10,858 received in June 2019. The total waiting list size has decreased by 5,478 patients June 2021 (draft) to 78,335 patients waiting.

Cancer: June 2021 (draft data) saw a deterioration in performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days. The backlog of patients waiting over 63 days increased in June 2021 and is now similar to the monthly position that was seen in quarters 2 and 3 for 2020/21. A detailed cancer recovery plan has been agreed by the Management Board which will review performance. A performance trajectory will be provided aligned to the plan to enable effective delivery of performance. Performance delivery will not change in a stepped manner until the backlog is sustainably reduced. SCP performance declined in June 2021 to a draft figure of 48.3% (estimated to rise to 54% as still under validation) from 71.6% in March 2021.

Mental Health: performance against the Mental Health Measures continues to be maintained. All targets were achieved in May 2021.

Child and Adolescent Mental Health Services (CAMHS): Access times for routine CAMHS still don't meet the required targets, with crisis performance deteriorating to 93% against the 100% target. Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, however performance continues to increase steadily.

Recovery and Sustainability

Our new Recovery and Sustainability Working Group is progressing the plan needed to put us on an even financial and clinical keel before we can develop an approved Integrated Medium Term Plan (IMTP) from 2022 onwards.

Developing and implementing the recovery and sustainability plan needs a whole system focus with clinical leadership and engagement. Work is focusing on:

- What the system would look like if it was better integrated and patient centred - if time (of the patient and staff) was the unit of currency we're measuring)
- Shift focus to a wellness and prevention model and reallocate resource accordingly
- The priority actions to deliver the Clinical Services Plan in the next 3-5 years
- The best practice we need to adopt
- The top "vital priority" to improve leadership and performance
- How we can use data to drive change

The first phase of the group's work, establishing governance and arrangements, is complete, and the second phase – developing cases for change - is now underway.

A Regional Collaboration for Health (ARCH)

We have continued to work closely with colleagues in Hywel Dda UHB to accelerate work programme where we can jointly improve services for our populations. We are developing a revised governance structure to provide greater clarity over the roles of ARCH and NHS service improvements. As part of this work we have developed a joint regional narrative (attached) to clearly set out how we will work together in the future.

ESTATES

Liberty Testing Centre

The drive-through testing centre at Liberty Stadium has now closed, and the facility moved to a spare section of the car park at the Park and Ride off Fabian Way. More than 100,000 Covid tests were carried out at the Liberty Stadium since June 2020. We extend our warm thanks to both the management of the Liberty Stadium and Swansea City Council for their support.

Biophilic Wales

A grass-roofed round house has opened at Morriston Hospital, offering staff, patients and visitors a chance to visit a green oasis in the hospital grounds.

It is part of the Biophilic Wales project, a collaboration headed by the National Botanic Garden of Wales, with Swansea Bay University Health Board, Swansea University and Natural Resources Wales.

As well as the round house, a wildflower-lined, open-air corridor with seating has been developed.

Similar greening initiatives are taking place across Swansea Bay hospitals and other health board sites at a cost of £1.28 million – the majority funded by the Welsh Government.

SERVICE QUALITY AND INNOVATION

We continue to introduce service improvements and innovations, all ultimately designed to improve outcomes and experience for our patients. Headlines since the last meeting of the Board include:

Virtual Clinics

Technology is being harnessed to bring groups of Swansea Bay patients together for a specialist dermatology clinic without them having to leave home.

Before the pandemic, they would be brought in for a half-hour screening appointment. However, this involved staff giving out the same information to each individual patient – which could tie them up for half a day. The advent of Virtual Group Clinics (VGCs) means a number of patients can be seen at the same time. This not only avoids a hospital trip but saves staff time too.

One patient who took part in this virtual clinic said she found the group discussion to be informative, interactive and well adapted for everyone to understand.

Consultant Connect

A phone app that puts GPs instantly in touch with hospital consultants and other healthcare professionals for expert advice has been used more than 4,100 times since its launch last year.

In April 2020, we became the first in Wales to introduce Consultant Connect, which is also widely used by a range of community healthcare services. Since then it has helped reduce hospital admissions and outpatient referrals. GPs and other healthcare professionals can use the app to contact the relevant specialist in a matter of seconds. When it was introduced, the 24-7 service was used for Covid-19 inquiries and three specialities. Now more than 30 specialities are available, with more expected to be added in the weeks and months ahead.

The health board continues to see around 40% of its outpatient attendances virtually – one of the highest in Wales which is a great achievement.

Children's Service – Neath Port Talbot Council

I'm delighted to hear that Neath Port Talbot Council have attained an excellent rating following an inspection of Children's Services by the Youth Justice and Early Intervention Service. We have worked hard with our local authority and criminal justice colleagues over the last two years to support the development of the Youth Justice Services.

FINANCIAL HEALTH

At the end of Quarter 1, the Health Board has reported an overspend of £6.081m, which is in line with the forecast deficit. This is a great achievement and enables the Board to continue its change programme to delivery savings. I want to thank everyone for this.

The Health Board has made excellent progress on savings with identified savings in excess of the planned savings. The focus is now on the delivery of these savings and also on the development of a pipeline of schemes to support future plans for Health Board Recovery and Sustainability. This will be enhanced by a Savings PMO which will provide support, test and challenge at both service group and programme level.

The Health Board is currently anticipating £102.783m of additional funding to support COVID response and recovery. It is expected that this funding will be fully deployed to meet additional costs.

We have submitted to Welsh Government proposals for further expansions of our clinical services to meet the challenges to recover our waiting lists, cancer treatments targets and improvements in primary and community services. These are more than £40m and we await a decision in the next month.

OUR PEOPLE

I am delighted to announce we have appointed a new Chief Operating Officer. Inese Robotham is set to take over from Rab McEwan, who has been carrying the role out on an interim basis since February. There will be a gap between Inese joining us and Rab leaving which I am working on and inform the Board accordingly.

Inese, who will be joining us later this year, is currently the Chief Operating Officer at Dorset County Hospital NHS Foundation Trust – she will be an excellent addition to the team. I would like to thank Rab for his excellent contribution to the health board in his time with us.

We have also appointed an Interim Director of Communications and Engagement. Nick Samuels. Nick has worked as a director in the NHS for national organisations, major teaching hospitals, and other Trusts and Primary Care Trusts.

Hannah Evans, our Director of Transformation, has left us to join Cardiff and Vale University Health Board as Recovery Programme Director.

Kathryn Jones, our Interim Director of Workforce and Organisational Development has also left the health board to take up the post of Director of People and Innovation at Trivallis Housing Association.

Our thanks go to both Hannah and Kathryn for their hard work during their time with us, and we wish them both well for the future.

We are currently recruiting to the substantive Director of Workforce and OD post and will interview in late September 2021. An interim director, Debbie Eyitayo, is joining us in August 2021, until the recruitment process is completed.

Meanwhile, Julian Rhys Quirk, Assistant Director of Workforce – Policy and Systems, has kindly agreed to take on the role of Acting Deputy Director of Workforce and OD until Debbie arrives.

We are also substantively recruiting to the Executive Director of Finance and are interviewing in August 2021.

Brian Owens, our Director of Primary and Community Care has been given the project lead in NHS Wales for data and digital relating to primary care. The three main objective of the project are:

- Develop the portal to enable contractor services data to be viewed, analysed and used to inform future planning decisions.
- Develop a system wide escalation system that demonstrates the wider primary and community care pressures
- Develop a system for capturing, reporting and analysing health days at home data

MARK HACKETT
CHIEF EXECUTIVE OFFICER