Meeting Date	**26 May 2022**	**Agenda Item**	**1.9**
Report Title	**CHIEF EXECUTIVE'S REPORT**		
Report Author	Stephen Magowan, Head of Corporate Business		
Report Sponsor	Mark Hackett, Chief Executive		
Presented by	Mark Hackett, Chief Executive		
Freedom of Information	Open		
Purpose of the Report	To update the Board on current key issues and interactions since the last full Board meeting.		
Key Issues	Updates on: • OPERATIONAL DELIVERY • TAKING FORWARD OUR VISION AND STRATEGY • PATIENT QUALITY IMPROVEMENTS • FINANCIAL MANAGEMENT • OUR PEOPLE		

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

CHIEF EXECUTIVE'S UPDATE

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

OVERVIEW

I'm pleased to begin by reporting a substantial decline in the number of Covid patients, with 39 in our hospitals on 20th May 2022, just one of whom was in intensive care. While we can take advantage of the decline to progress with recovery, and have stood down the emergency command and control structure and made Covid-19 a standing item on our Management Board agenda, we are maintaining preparedness should Welsh Government reinstate any measures such as testing or mass vaccination.

The lease on the Bay Field Hospital, which thankfully never had to be used as a field hospital but supported our mass vaccination effort, comes to an end in July 2022, so it will be decommissioned and a vaccination centre will be opened at Aberavon Shopping Centre. We will complete the spring booster vaccination of our vulnerable citizens, and prepare for the autumn vaccination recommended by the JCVI on 19th May 2022.

I reported last time that we had started the process to undertake reviews of patient safety incidents following nosocomial transmission of COVID-19. We have been working to identify the actual and probable nosocomial Covid-19 mortality cases. As this work is nearing completion, in June 2022 we propose to contact families to notify them and inform them that we will now seek any learning to improve systems and processes, and if there are any issues in care, to identify these in line with the regulations. The review plan is being tabled at this meeting.

Despite the improved Covid position, all health boards have been wrestling with increased demand pressure on inpatient beds, caused by clinically-optimised patients not able to be moved out of hospital, longer lengths of stay, the resumption of elective surgery workloads and increased presentations at A&E. The number of clinically-optimised patients in our hospitals was 277, about half of whom are delayed returning to their place of residence.

The coincidence of fine weather and the bank holiday at the start of May meant increased arrivals at A&E across South Wales in addition to a rising number of patients with greater medical needs post-Covid. We were able to help alleviate an excessive caseload burden in Hywel Dda at the start of May, and then experienced our own overload situation which impacted business continuity briefly on 10th May. This combination of pressures impacts on our elective surgery capacity due to beds not being available, meaning surgery is often limited to urgent, emergency and cancer cases at Morriston Hospital. We are unable to rapidly restore the elective surgery we had at Morriston Hospital and there remains a significant risk and challenge here.

For the good of our patients and our staff we know that resolving it means keeping our leadership focus on achieving as quickly as possible the three vital changes I have set out in these reports over the last six months:

- complete the creation of our acute medical services unit and refocus A&E on the job to be done – life-threatening or trauma. ED will not be a medical admissions unit again; that will be our SDEC centre admitting to an assessment unit. It will result in fewer admissions, shorter lengths of stay, higher quality care, and more bed capacity in Morriston Hospital
- with our three hospital centres of excellence in place, we must deliver a thriving set of community, primary and mental health services. This means expanding and extending primary and community care with more resources to engage more patients to avoid complex interventions later and increasingly using modelling to commission or provide tailored services to local populations, complemented with profound change in the mental health service model, providing early intervention opportunities, single point of access, admission avoidance and modern inpatient acute assessment, and restoring high quality children's and maternity services
- implementing changes to make our services more effective, efficient, equitable, person-centred, safe and timely. We must reduce hospital-acquired infections which currently cost c£10m p.a. in unnecessary lengths of stay in secondary care and lost capacity to treat others. By achieving these components of high quality services we can overcome the service pressures, our workforce shortages and other constraints, and start to shift to a population health system for Swansea Bay.

The Board and Executive and Management teams have to challenge themselves and everyone in the organisation to expand their risk-taking mind set, considering the whole system and learning from those services that I have given examples of in previous reports which are already achieving dramatic improvements over what went before. Therefore, cascading from these reports, my team and I are starting a comprehensive communication initiative to help all our staff learn about what we are doing and understand why, alongside better listening and adapting to the needs of our patients. Briefing these central messages, supplemented with each service groups' local issues, is imperative to engender the clinically-led and management-enabled engagement we need to achieve our strategies and goals. We are not doing this in a vacuum; we are making multi-million-pound investment decisions with this end in mind. Over the next 4-5 months, we will consistently communicate what this organisation stands for and will deliver to the people it serves, engage our teams at all levels, and focus through leading indicators that show whether we will succeed on decisions and action to increase flow, reduce harm and progress this year's Plan in accordance with the Ministerial Priorities.

OPERATIONAL DELIVERY

COVID-19 REPORTING

Public Health Wales' Communicable Disease Surveillance Centre is changing the frequency and focus of its Covid surveillance outputs:

- moving to trend-focused weekly reporting
- combining PCR and LFD reporting
- greater alignment with other UK countries on cases, testing and positivity measures
- including ONS infection survey alongside case episode data
- more focus on data related to hospitalisation, deaths and syndromic surveillance as these measures are considered to provide a more reliable indication of trends now
- rationalisation of the Covid dashboard and reports

COVID-19 VACCINATION

This spring we are offering an extra booster dose of the Covid-19 vaccine to the most vulnerable (aged 75 and over, older care home residents and those aged 12+ who are immunosuppressed) people in our communities. The extra booster has been recommended by the independent Joint Committee on Vaccination and Immunisation (JCVI), which advises UK governments. It's being offered as a precaution so that those who are most at risk of becoming seriously ill if they catch coronavirus can keep a high level of immunity. We are encouraging those invited to take up this offer by 30th June 2022 to leave a long enough gap between it and the autumn 2022 booster if eligible.

On 19th May 2022, the JCVI recommended an autumn booster for care home residents and staff, NHS workers, over-65s and 16-64 year olds who are in a clinical risk group, and will continue to review the timing and value of doses for less vulnerable people.

UK COVID-19 INQUIRY

Following consultation with bereaved families, representatives from different sectors and the public, the Chair of the UK Covid-19 Public Inquiry has written to the Prime Minister with her proposed expansion of the Terms of Reference for the Inquiry to include:

- Children and young people, including the impact on health, wellbeing and social care education, and early years provision;
- Impacts on mental health and wellbeing of the UK population
- Collaboration between central government, Devolved Administrations, local authorities and the voluntary and community sector.

The Inquiry Chair has also recommended that the Terms of Reference be reframed to put inequalities at its forefront so that investigation into the unequal impacts of the pandemic

runs through the whole Inquiry. Once the Prime Minister has approved the Inquiry's final Terms of Reference, it will be established with full powers under the 2005 Inquiries Act. We will continue to prepare for this, and the Interim Director of Corporate Governance has the lead role on the Health Board's response to the review.

URGENT AND EMERGENCY CARE

Unscheduled care performance has been escalated to increased monitoring with a specific focus on streaming of patients in the Emergency Department and length of stay reduction plans within Morriston Hospital. The measure of people waiting no more than four hours in ED has improved to 72.9% in April from 71.4% in March. Performance against the 12-hour waits trajectory is below expectations, with the number of waits up slightly in April to 1,294 from 1,282 in March, although preliminary data shows considerable improvements in ambulance offloads which are some of the highest in the country in May 2022.

A recovery plan is being developed to show how UEC performance will improve and this will inform the development of recovery trajectories for 2022/23. In the meantime, our Minor Injuries Unit has recorded its highest ever throughput of cases which would likely otherwise present at ED. Some of these cases are driven by the fine weather and public holidays, and we are looking ahead to plan for the long Platinum Jubilee weekend. The Chief Operating Officer is leading this work with service delivery group directors.

The number of clinically-optimised patients in hospital is 277, equivalent to nine 30-bed wards. As well as the actions reported last month, we:

- focus on improving flow through better ward/board rounds, supported by Improvement Cymru
- continue to discuss options with our local authority partners and maximise use of Home First capacity
- have extended the agreement for our use of care home beds to November 2022
- are working to embed more active consideration by our clinicians of use of our new virtual wards at the same time as expanding virtual ward functionality to all clusters
- continue involvement of GPs in reviewing the ambulance stack of patients being conveyed to ED, to redirect them where appropriate
- develop new ways to avoid admission or improve discharge.

To break the cycle however, everyone involved must share an understanding from a system-wide perspective, of Urgent and Emergency Care. Signing up to a target for one part of the system such as 4-hour waits, and to a multi-agency plan for its delivery, means we all believed it is achievable through our decisions and action and therefore we may be held to account. We already have a plan; as the above actions indicate:

- we will intensify our focus on execution excellence to resolve the dependencies or find workarounds that are in our control to achieve

- we are going to make clinicians aware of all the options available to them at any moment, and help them choose to use them by providing evidence and balancing risk, including the risk from excessive caution
- as changes are made to make new options available, we will ensure plans for their adoption and embedding are made in parallel, then executed and benefits realised
- we will identify and use leading behavioural indicators related to clinical outcomes that show whether we *will* succeed, not just the lagging output targets that show *that* we succeeded or failed, and
- we will communicate our part of the system's performance clearly to our partners so that together we do the right things at the right time.

The number of people stuck in the system is unacceptable. By focusing on fixing the root causes, and investing now on changes that pay back in year, we will free up funds for more appropriate pathway development and for prevention. This will improve both patients' and our people's experience.

The business case for our transformative Acute Medical Services Redesign Programme has been finalised and agreed by Management Board; we are aware of the key risks involved to achieve smooth transitional arrangements which we'll support with in-year funding. We will be starting consultations with our staff on the changes in the next few weeks. We intend to implement this as quickly as possible in the second half of 2022/23. I will brief the Board on this in due course as part of our assurance and review. The need to reduce ambulance handover delays remains a pressing priority, and I am asking the Chief Operating Officer to address this with the service units.

VIRTUAL WARDS UPDATE

Four virtual wards have been operating since January 2022. Two of the four consultants have been appointed, so the remaining sessions have been covered by care of the elderly medical staff. So far, urgent and emergency care access by patients aged over 65 has reduced by 10% in the areas these wards cover, equating to c.500 bed days or 30 beds. However, the wards are currently operating at 30% to 40% capacity, so the immediate action is to increase awareness of them across the acute services to increase their usage. This includes developing consistency of use by clinicians to avoid unwarranted variation in identifying patients suited for the service, adopting a 'pull' approach by the virtual ward teams, and enabling escalation when needed to improve decision-making.

The business case for the remaining four virtual wards has been approved, and it is anticipated the service will be fully operational to support the acute medical services redesign in September/October 2022.

PLANNED CARE

Overview

Growth of the overall waiting list is beginning to slow, however the list size remains above acceptable levels and lengths of wait are also unacceptably long at 95,726 at the end of April 2022, an increase of 655. The number of patients waiting over 26, 36 and 52 weeks also increased but was offset by a reduction in those waiting over 104 weeks. The Health Board has received £21.6m recurrent funding for planned care recovery, and we will use demand and capacity modelling to develop recovery trajectories for 2022/23 and agree prioritised deployment of the recovery fund to reduce lengths of wait and waiting list size. These have been modelled, and in light of the national planned care recovery programme we are actively reviewing the implications of the new targets and how we deliver to them.

Refurbishment of Ward G in Neath Port Talbot Hospital – work on this to become a 21-room outpatient suite was completed last week and rheumatology patients became its first occupants on 23rd May 2022. The plan is for urology to commence clinics there in week commencing 6th June 2022, with others such as orthopaedics to follow. This increased capacity will in part compensate for the outpatient space given up at Morriston Hospital, initially as part of the response to Covid and now to facilitate the acute medical service redesign. This will have considerable capacity improvements which the Deputy Chief Operating Officer is modelling to ascertain the impact on waiting times in 2022/23.

Additional day surgery for eye care at Singleton Hospital – this has been completed and will be available to start treating patients on high volume cataract lists in June 2022. Two additional consultant ophthalmologists have been appointed, together with additional theatre staff, to ensure that the day theatre may be used to its maximum. The purpose-built theatre will deliver ten cataracts per list, a considerable improvement compared to current throughput.

Diabetes prevention - In March 2021, Welsh Government announced a funding commitment of £1 million per year over two years to develop a national diabetes prevention programme, All Wales Diabetes Prevention Programme (AWDPP). A further £1 million has subsequently extended funding for a further year to March 2024. Within SBUHB, the AWDPP will be implemented in 2 clusters - Upper Valleys and City - utilising the PHW funding that will be provided until 2024. Additional funding has been identified to allow a further 3 clusters to deliver a programme, and a business case to enable the delivery of a consistent, equitable, sustained Diabetes Prevention Programme across the 8 clusters within the Health Board area is going through approval at Management Board.

Ophthalmology resource shift – at Singleton Hospital, Suzanne Martin is the first orthoptist in Wales to be trained to inject a sight-saving steroid implant directly into a patient's eye, undertaking a procedure previously only carried out by doctors and helping to reduce waiting lists. Last year, Singleton's Melvin Cua became the first non-medical clinician in Wales to inject it. These injections can now be given in clean rooms in Singleton, instead of the more traditional operating theatres, freeing capacity for more eye surgery to take place.

Podiatry recovery – the podiatry service had to be stood down during Covid as assessments were face-to-face, resulting in a backlog of cases. We have largely recovered the virtual podiatry direct and face-to-face services, however musculoskeletal still has a substantial workforce capacity constraint to overcome in the next quarter.

Accelerated Cluster Development – this is a substantial element of the national strategic programme for primary care to enable primary care clusters to be a part of health board and regional decision making. We are establishing a pan-cluster planning group to bring together partners for planning and commissioning discussions. It will report into the governance structures of both the Health Board and Regional Partnership Board. Below this group will be forums for professional groups such as GPs, dentists, pharmacies and opticians, to respond to priorities. 2022-23 will be a transitional year as a significant amount of work is required, however it is hoped implementation of cluster development will commence in quarter two and a detailed action plan will be shared with the Management Board in June 2022.

CANCER

Single Cancer Pathway – generally the backlog has continued to reduce slowly from the peak of 724 in January as a result of targeted actions undertaken, and at 1st May was 465. However, service performance continues essentially flat at around 49% for April, with the prospect of a substantial dip to 32% for May as we continue to clear the backlog of cases. There are currently 143 patients with treatment booked outside of the target date, and estimated breaches total 100. Based on a projected denominator of 210 treated patients at the end of the month, performance is estimated to be 32%. The Pathway remains at escalation level under the Health Board Performance and Escalation Framework. Performance against the recovery plan continues to be monitored weekly by the Medical Director. A monthly cancer performance meeting is chaired by the Deputy Chief Operating Officer which reviews individual service plans to support recovery.

Regarding the backlog, access to cancer care for several tumour sites requires immediate improvement and specific detailed recovery plans are in development, prioritising the following due to their waits:

Tumour site	63-103 days	>104 days
Breast	106	15
Lower GI	48	28
Urological	43	39
Upper GI	37	26
Gynaecological	26	11

This is supported by the £1m investment held in the Health Board financial plan to reduce backlog and improve access for patients, and the individual plans will be aggregated into

an overall recovery trajectory for the Health Board. Updated backlog and performance recovery trajectories for this year are currently being discussed for approval by myself.

I remain disappointed and concerned about the slow progress we are making in this area for our patients. In June we will see a further increase in breast surgery capacity which will help throughput, but concrete actions are needed on all the above tumour sites which account for most of the long waits to ensure we have realistic improvement trajectories.

Colonoscopy - Our bid for funding for a pilot of Colon Capsule Endoscopy to reduce colonoscopy demand and as an exemplar to evaluate working across boundaries as part of the transformation of endoscopy services across Wales has been successful, and we are active participants of the CCE working group. Through this national pilot, it is hoped that CCE can be used effectively to alleviate the pressure on colonoscopy services and to improve patient access across Wales to innovative, sustainable pathways. The pilot will launch later this year, and potential impact and capacity gains will be reflected in our demand and capacity plan (from Q1 22/23).

Nuclear medicine – in the South West Wales Cancer Centre, hosted by us in Singleton Hospital, the nuclear medicine department's scanners have been replaced with new leading edge equipment which provide extremely sharp images and will help clinicians spot cancers earlier. In April 2022, I went to its opening of the new nuclear medicine department and saw how the new scanners' detectors enable close proximity to patients and focused scans to help discover and distinguish lesions. This is a £4.1m investment with Welsh Government funding that has taken six months to complete. It makes Swansea Bay a UK leader in diagnostic capabilities and puts Singleton nuclear medicine on the map. Our clinicians are delighted and it's exciting that the autumn meeting of the British Nuclear Medicine Society will be held in Swansea this year in November.

DENTISTRY

We recognise the upset and distress which dental pain can cause and acknowledge that some people have not been able to access routine dental services as we would have liked during the Covid pandemic. Covid safety guidance drastically limited the numbers of patients dental practices across Swansea Bay and elsewhere could see and the care that could be provided. In SBUHB, all dental practices remained open and worked to support their communities, and access to urgent NHS care not only maintained, but expanded.

As Covid restrictions are relaxed and we renew our focus on prevention and increasing access to dentists, we are confident that the public will start to see improvements. Key to this will be a reformed £22m commissioning programme, which is now in place and which 88% of dental practices in this area have chosen to join. Signing up means they will make a number of positive changes, including being able to offer care to almost 30,000 additional new NHS patients this year for courses of treatment over time. Practices will be able to focus on preventing dental problems, which will ease pressure on the system in the

future, and we are continuing with the excellent progress already made by our child oral health programme called Designed to Smile. Registration for access to dental care is being replaced now with a single point of contact through 111 which will indicate where capacity is available. Community dental will be able to refocus on seeing the most vulnerable with learning disabilities and complex needs.

TAKING THE VISION AND STRATEGY FORWARD

Capital is an issue for the whole system. We are seeking endorsement of our clinical services portfolio by the end of May 2022 to submit to Welsh Government following Health Board agreement. The document is strategic in nature, with specific business cases to follow in due course. Welsh Government see this as a really important capital view of the whole 10-year organisation strategy. Where premises that are no longer fit for purpose or unneeded are sold therefore, we need to be permitted to retain the funding and recycle it into both our planned care recovery activities and our local system reconfiguration for population health. We will examine the role and function of headquarters to ensure it supports the reframed clinically-led, management-enabled organisation.

While we are redesigning services for high quality, that is, they are effective, efficient, equitable, person-centred, safe and timely, we need to bring the people we serve on the journey with us. We shall be realistic in what we can and cannot deliver and what the outcomes and timelines will be, and communicate and engage accordingly.

We continue to invest as part of our Changing for the Future initiative to make each hospital a system for its specialisation, substantially increasing productivity:

- Enhanced Care Unit (ECU) on the Singleton site – the proposals for the ECU were formally approved by the Management Board in April 2022. Importantly, the ECU will also support Oncology, Haematology, Obstetrics and Gynaecology when escalation of care is required. Work is underway to describe the model in detail and to develop Standard Operating Procedures
- Singleton Hospital theatres – the strategic case will come for approval this month
- NPTH orthopaedic centre – the programme will currently enable commencement in March 2023, and we continue to look at how to bring that forward and will hear the outcome of reviews shortly.

On women's health, we are anticipating the Quality Statement coming out by the summer and continuing with our plans. For example, regarding endometriosis healthcare for which new guidelines were published by The European Society of Human Reproduction and Embryology in February, we have been taking specific actions:

- SBUHB has recently been successful in gaining accreditation as a specialist centre from the British Society for Gynaecological Endoscopy (BGSE)

- we are in the process of developing a clinical pathway which meets the NICE/RCOG and BGSE guidelines
- we are involving clinicians with an interest in endometriosis and pelvic pain in the diagnostic phase and with the less advanced cases, thereby ensuring that the specialists can focus on those cases that only they have the expertise to deal with
- we are preparing a business case for investment in our multi-disciplinary team, particularly in the long term funding of the physiotherapist, in post since 2021 following a successful bid to NHS Wales' Women's Health Implementation Group in 2020, who works closely with the nurse practitioner to support women while they are waiting for surgery. The reported outcomes from our pilot of this approach are extremely encouraging, so establishing the post on a full-time long term basis should enable us to pursue a more preventative approach with the aim of delaying or eliminating some surgical interventions.

With investment, the department is in a position to maximise the potential of its accreditation and ultimately provide a centre of excellence for South Wales. However, the team needs to reset and recover the service from Covid to ensure that we can meet the needs of all our patients sustainably.

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 and improve staff experience and satisfaction to build our strengths in recruiting a network of colleagues to treat people locally.

The R&S Plan will be part of our Integrated Medium Term Plan for 2022-25 which the Health Board has a statutory duty to submit to Welsh Government. It was approved by Board and submitted to Welsh Government on 31st March. To give confidence of deliverability, we:

- are quantifying Plan outcomes and delivery timelines for UEC, Planned Care and Cancer, the shift to Primary, Community and Therapies, and the prioritisation of planned care recovery funding
- are ensuring digital is a core component of all end-to-end processes, with a focus on joining up and embedding everything we have launched so far, then moving forward
- have finalised the accountability arrangements for execution of and reporting against the Plan, with an online Programme Portal as a tool to support execution
- are developing an everyday version of the Plan to aid its communication alongside direct engagement with Programme Boards, Service Groups, and in the Team Brief.

Performance management arrangements for 2022/23 are being tabled at the May Health Board meeting.

Sustainability plans

In April 2022, the Health and Social Care Climate Emergency National Programme announced a £2.4m fund projects that deliver towards the ambition for the Welsh public sector to be collectively Net Zero by 2030 and/or increase resilience to the impacts of climate change, by supporting change activity, implementing organisation-level decarbonisation plans, or providing funding for small to medium-sized grass-roots initiatives. We are actively developing proposals which will be coordinated through the Sustainable Swansea Group.

PATIENT QUALITY IMPROVEMENTS

The proposed Infection Prevention & Control (IPC) Improvement Plan presented at Management Board in March has been translated into service unit plans as part of the core business of high quality, safe care provision by Service Groups. These are so important that I am sharing here a summary of the scope of the reviews that have been conducted and the changes being prioritised:

- Mental Health and Learning Disabilities
    - recognition of the variety of environments, geographical locations and facilities involved, from inpatient services in a hospital facility to residential services which were more of a home environment, shared bathrooms etc
    - despite the pandemic and the challenges in terms of isolation facilities, infection rates remained low within the service group
    - improvements have been made in anti-microbial prescribing due to the pharmacy support within the clinical areas which could escalate issues to the Service Group Medical Director
    - each directorate area has specific scorecards to monitor performance and data is recorded on the Datix system
    - a monthly quality assurance process including ward managers is in place
    - an infection control group structure is in place, but at an early stage and the membership is being reviewed to extend beyond clinical and nursing staff
    - bespoke UTI training will be established
    - it is being made clear across the service group that safety is the everyone's responsibility of all
    - patient involvement in some areas, such as hand hygiene, is being encouraged
    - a system to provide assurance around equipment decontamination is to be developed

- Morriston Hospital
    - a local infection control group had been established which will support and monitor the implementation of the plan. Membership includes clinical, operational and support services

- an enhanced surveillance tool for all healthcare acquired infections has been developed
- focus is being given to a training plan as compliance is below required levels and matrons will conduct quality audits monthly
- initial prioritisation is on bacteraemia prevention, with discussion on how to consider the whole picture with existing resource
- a project lead will be nominated by 30th June 2022 to take forward specific key initiatives such as removal of unrequired cannulas and recommencing surgical site wound surveillance
- there is more work to be done to engage the wider clinical staff and therapies and phlebotomy, and create co-ownership with the multi-disciplinary team, but performance will be visually displayed to share information
- trajectory improvement should be evident by Q3/Q4, notwithstanding the contribution of overcrowding to infection rates

- Primary, Community and Therapies
  - the service group is not currently achieving the health board or Welsh Government tier one targets and a tailored plan is needed to reduce rates and harm within the community
  - six aspects are to be prioritised in the next 12 months - communications and engagement to share vision and focus across the agencies involved, e. coli, bacteraemia, clostridium difficile, staph. aureus infection reduction campaigns, further reduced broad spectrum antibiotics prescribing and antimicrobial stewardship acknowledging the limited workforce capacity
  - two GP lead sessions have been identified to support the work and identify practices that needed further support, but administration support is yet to be agreed and there will be estates issues to address
  - the plan will be driven forward under the requirement for Practices to comply with the General Medical Council's code of conduct which included 'no harm'
  - bespoke IPC templates can be shared digitally for a standard approach
  - requests for antibiotics made by care homes will be reviewed thoroughly
  - a zero tolerance stance will be integrated through benchmarking, walk-around and challenging staff, but raising awareness of the issues is having a positive impact as many patients are in their own homes so there need to be key messages around health promotion - this needs additional resources to be sustainable

- Singleton and Neath Port Talbot
  - the service group has met the e. coli performance trajectory
  - the infection control plan is being co-produced with the multidisciplinary team via a workshop and including a range of staffing groups such as clinical, nursing, therapies, hotel services and porters
  - four pillars underpinning the plan are leadership, positive outcomes, robust management and progress
  - a named medic had been appointed as the infection control lead
  - there are clear ward objectives and maintenance standards, with a clear zero tolerance approach in place
  - training programmes as well as spot checks, quality audits and walk arounds are taking place;

- improvements are celebrated
- e-Prescribing is supporting changes in anti-microbial prescribing and will benefit infection rates
- surgical site wound surveillance will be restarted
- monitoring compliance will be discussed further with the quality improvement team and governance arrangements for decontamination will be strengthened
- clear engagement at a multi-disciplinary level will be needed to get to zero HCAIs and there are opportunities in Q2 to further engage with clinicians
- the service group currently has two quality improvement sessions available but only one has been taken up.

We have set challenging targets, we have a plan, teams are changing practice quickly, and we are putting in place prospective management over next quarter. Our IPC team will help guide overall consistency, and share good practice to drive up standards, including use of The 15 Steps Challenge, a suite of tools that help staff explore different healthcare settings through the eyes of patients and relatives.

We continue work to complete the terms of reference, membership and sub-structure of the Quality and Safety Governance Group, and develop a more robust reporting system from service delivery group feedback, clinical effectiveness of services, patient outcomes, patients experience and patient safety. Further work is then needed to develop and embed a quality management system and improvement methodology spanning every quality priority, with quality rather than performance the focus.

I will be attending the June Quality and Safety Committee to discuss our progress on implementing these plans. I am personally involved with the Nursing and Medical Directors in ensuring progress on these plans. Currently we have much in place, but need to have behavioural change to reduce infection rates.

QUALITY AND SAFETY PRIORITIES

It is being emphasised to staff that it is everyone's responsibility to deliver these priorities, and the areas in which there is traction is where there is strong leadership. Work with Hywel Dda University Health Board to share its learning from quality improvement is continuing as it has an established programme and there is potential for combined training. Focus needs to be given as to how to share learning and skills across the health board following the two site visits conducted under the Leading for Safety Improvement programme, provided by Improvement Cymru in collaboration with the Institute for Healthcare Improvement, to provide a diagnostic report for areas of improvement.

The novel role of Falls Quality Improvement Lead has been introduced after falls prevention was identified as one of five priority areas that make a real difference to the lives of patients, families and staff. The purpose of the role is to encourage ideas and welcome innovation by service users by staff to prevent falls, monitor patient data to better

understand where more needs to be done, and to educate patients about the support available to them. These specialist roles are pivotal to our redesign for high quality.

Regarding falls in homes, we know that people are being admitted to hospital, not because of the fall itself, but because they are left on a hard surface for a long time. Therefore, we have introduced an education programme called Cwtch in nursing homes, where staff are able to assess patients properly to see if they can be moved. It has already won an award just five weeks after being launched in Swansea and the initial feedback is very positive.

DIGITAL UPDATE – A CORE ENABLER OF HIGH QUALITY

Welsh Clinical Portal – the digital record has been further expanded to include endoscopy reports and images, enabling them to be reviewed alongside other all-Wales results and reports and without needing access to physical medical records. Swansea Bay endoscopy reports can now also be viewed by other Health Boards and Velindre via Welsh Clinical Portal where patients receive treatment from those organisations.

Swansea Bay Patient Portal - 5,600 new patients have been registered to use the online portal, meaning we have now passed the 10,000 mark of registered patients. Patients self-manage services such as urology and rheumatology whilst clinical teams are using it as an enabler to modernise processes such as repeat prescriptions.

GP Test Requesting System – more GP practices are using this to request pathology tests; 82% of all primary care requests are now ordered electronically. The system supports patient safety by providing decision support and enabling requests made by the GP practice to be viewable in secondary and community settings.

Wound-scanning app - SBUHB is the first in Wales to use the Minuteful for Wound app to remotely track patients' wound healing progress. Developed by technology company Healthy.io, the app uses mobile phone cameras as a diagnostic scanner to accurately measure the size of a patient's wound. The pilot project has been rolled out within the district nursing teams and wound clinics across Swansea and Neath Port Talbot, partly funded by the Welsh Government's Digital Solutions Fund, which is co-ordinated by Digital Health Ecosystem Wales. Health Minister Eluned Morgan and Chief Nursing Officer for Wales, Sue Tranka, visited Cimla Health and Social Care Centre to see this example of how we are moving to different ways of working using technology to optimise patient care, and noted how it helps ease pressure on staff and helps reduce waiting times.

Blood test booking service – this is a streamlined fully bi-lingual service that helps patients find the earliest appointment across all our sites and makes administration far simpler for staff. The new system can handle 200,000 appointments a year, as well as accommodating more community locations which make it easier for patients to get a blood test without travelling to a hospital.

OTHER QUALITY MATTERS

SBUHB Nationally-reportable Incidents

Since the implementation of new reporting criteria, to 5th May 2022 the Health Board has nationally reported 48 incidents. This compares to 105 incidents reported for the same period in 2020/21.

Swansea Bay Children's Rights – Promises Charter

We intended to review this when Covid struck, but have now updated and reaffirmed our Charter of promises to young patients. It sets out 10 rights and what we will do.

South Wales Trauma Network Peer Review

In March 2022, a peer review of the South Wales Trauma Network which we host at SBUHB was undertaken by the NHS England National Specialised Commissioning Team. In April we received our notification of high level findings letter which indicated no immediate or serious concerns. This is excellent news; there is no requirement for us to action anything at this stage, and several areas of good practice were identified by the reviewers who commented on how successful the Network has been since launch in 2020.

FINANCIAL MANAGEMENT

Overview

The Recovery and Sustainability Plan 2022/23 includes a financial plan which reflects an expected £24.4m revenue deficit for the year. The assumptions underpinning the plan are the opening deficit of £42.1m, an increase in Welsh Government funding for 22/23 of £22.1m, a savings requirement of £27.0m, and growth and investment totalling £31.4m. We anticipate that Covid transition and extraordinary cost pressures such as utilities will be funded in full by Welsh Government, however there is not yet funding allocated for this.

Month 1 – April

With a £24.4m deficit plan the flat target each month is £2.0m. The actual April variance was £2.2m and so was £0.2m adverse. The funding required to support Covid transition and extraordinary pressures costs is treated as an anticipated allocation to be received from Welsh Government and noted as a risk.

Savings programme

With an annual savings target of £27.0m, monthly delivery is anticipated at £2.25m. For April, the shortfall against this target was £0.1m. We intend to have the savings plan fully substantiated by the end of May 2022. The current profiles indicate that most risk on the programme is in Q2, so I have challenged the whole team to take action to invest now to drag forward savings that pay back later in the year to maintain financial control.

Workforce

In April, we were £0.3m underspent on pay costs. This comprises an underspend on substantive posts and an overspend on variable costs. As mentioned above, we are putting £31.4m of growth and investment into the organisation and holding the overall deficit, so it is vital that we have grip and control of our workforce costs. I have asked the leads to ensure that vacancy numbers are real and that establishment numbers are aligned to the budget, payroll and rosters, and transfers and vacancies are updated. We want our workforce ESR system to enable actual reporting of actuals, first to hold budget holders accountable for budget spend, second to enable groups to operate to their grade, and third, to recruit. More local and international nurses will pay back by year end. Replacing vacant posts with consultant Advanced Nurse Practitioners and therapists will help raise quality, increase safety, and reduce the burden on current staff. We will retain a small variable pay pool that empowers and enables groups to flex for local needs during the year. This approach will significantly increase productivity and relieve exhausted staff.

OUR PEOPLE

EXPERIENCE

We recognise that our staff have had a tough time over the last two years, and that without them we can't do anything else. That's why we can't just rely on a sickness policy and our expansive wellbeing offer. We will now always look at the way work is designed, the people and teams needed, and the aims and objectives of the services for the people we serve. As we make these changes for the future then, it's essential that throughout the organisation we look after each other, be civil, be kind, be realistic, tell the truth, and be candid but caring. Together we are going to make a difference where evidence tells us we can improve with decisions aligned to the evidence.

We have to get our key messages out to everyone, and focus people on choosing action aligned with impact. The Communication and Engagement Strategy was approved by the Executive Team and reviewed by the Board in March 2022. Key components have been immediately progressed, including formation of the new Directorate which is currently with staff for consultation for establishment in Q2, development of the new newspaper's design and production for publishing from Q2, and a Team Brief which was piloted in April 2022.

STAFF ENGAGEMENT

SBUHB Quality Improvement Awards 2022

We have launched our awards scheme for this year, encouraging entries from across the board. Categories include communication, flow, leadership, reliability and teamwork.

Executive Director of Nursing and Patient Experience Recognition Awards

Healthcare support workers, nurses, midwives and health visitors have been nominated against three categories:

- making a difference for our colleagues and teams through providing exceptional wellbeing support
- making a difference to people using our services and their families by going above and beyond to help people stay connected
- leading for improvement - leading work that improves outcomes for people using our services.

We have had lots of nominations describing some of the extraordinary work our staff are doing every day, and will be communicating more on the intranet about those recognised.

APPOINTMENTS AND APPRECIATION

I am delighted to announce the following appointment:

- **Deputy Director, Public Health: Jennifer Davies**
  Jennifer is supporting Keith Reid, Director for Public Health

Royal Garden Party at Buckingham Palace – Karen Jones, Head of Emergency Preparedness Resilience and Response, was invited to attend the Royal Garden Party at Buckingham Palace on 18th May as a result of her work within the Health Board to respond to the COVID pandemic and ensure that a structured, safe and timely response could be invoked using our pandemic response plan.

International Day of the Midwife and International Nurses' Day - Over the last two years, our members of staff, including nurses and midwives, have carried out wonderful work under extraordinary circumstances. I met with Tina Howells, lead nurse practitioner at Neath Port Talbot Hospital, to hear about this and thank staff. At the Swansea.com Stadium, I met our international nurses, who have predominantly gone into our acute care settings, and heard about the huge sacrifices they made when they relocated to Swansea Bay during the pandemic, with some spending two years apart from their families. These are skilled nurses who complement our local staff, and experience working with equipment they had only heard and read about at home.

MARK HACKETT

CHIEF EXECUTIVE OFFICER