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Bwrdd Iechyd Prifysgol  
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Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>28 January 2021</b>	<b>Agenda Item</b>	<b>1.9</b>
<b>Report Title</b>	<b>CHIEF EXECUTIVE'S REPORT</b>		
<b>Report Author</b>	Irfon Rees, Chief of Staff and Director of Communications		
<b>Report Sponsor</b>	Mark Hackett, Chief Executive		
<b>Presented by</b>	Mark Hackett, Chief Executive		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To update the Board on current key issues and interactions since the last full Board meeting.		
<b>Key Issues</b>	Updates on: <ul style="list-style-type: none"> <li>• COVID</li> <li>• BROADER SERVICE DELIVERY</li> <li>• QUALITY AND SAFETY</li> <li>• PEOPLE</li> <li>• FINANCE</li> <li>• D20</li> </ul>		
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	Members are asked to: <ul style="list-style-type: none"> <li>• <b>Note</b> the report</li> </ul>		

## **CHIEF EXECUTIVE'S UPDATE**

My first report to the Board allows me an opportunity to put on record my thanks to colleagues in the organisation who have been so welcoming since I took up post on the 1<sup>st</sup> January. I am very grateful.

It also allows me the opportunity to reflect on early priorities. I am ambitious for the organisation and want to build on the progress made over the past few years. Enormous opportunities lie ahead: to deliver consistently high quality healthcare services with patients' need at their heart, and to work collaboratively with our local communities and statutory partners to improve population health and to support our population to live well, longer. Delivering these opportunities will require an ongoing focus in a number of areas

- Ensuring our values continue to drive the way we work: always improving; working together; and caring for each other
- Strengthen our focus on clinical outcomes as a means to drive improvement
- Similarly, make more systematic use of patient and staff experience measures as a means to identify excellence and target improvement work
- Drive even greater coordination between our services, striving for seamless health and care services
- Being a good partner regionally, working with clarity and purpose on the social determinants of health
- Delivering financial health, ensuring the improvements we make are sustainable and driving value.

While recognising all of the above, I have of course been struck by the enormity of the challenges posed by the current COVID-19 pandemic, and the ongoing professionalism and commitment of staff in rising to those challenges. The last few months have been incredibly intense and there are further challenging times ahead.

## **COVID-19 RESPONSE**

The work of the organisation continues to be dominated by its response to the second wave of the pandemic. Despite seeing some early benefit from the October "firebreak", there has since been a considerable increase in the incidence of COVID-19 within Swansea Bay, impacting on the delivery of primary, community and hospital services. At the height of this activity during mid-December 2020, positive COVID-19 cases rose to over 1,000 per 100,000 population.

There has been a decline in positivity and incidence rates in the region over the past few weeks, with the latter in the region of around 230 per 100,000. These rates however remain of significant concern, particularly against the backdrop of new variances of concern, some with a higher transmissibility rate.

Significant unknowns remain about the future progression of the disease in the coming weeks and months, and in particular the impact of the new variants of concern. We will need to remain both vigilant and agile in striking the right balance between planned and unscheduled care. Currently, there are around 170 patients with confirmed COVID-19 in hospital settings (around 450 when taking into account COVID-recovered patients). Admissions to critical care have been consistently high over recent weeks and surge capacity plans have been invoked which includes the surge critical care

capacity at Morriston. In addition, further surge capacity plans have been invoked for the provision of Continuous Positive Airway Pressure (CPAP). We also continue to provide support to a number of care homes, in partnership with Local Authority colleagues.

Capacity and surge planning is kept under weekly review through operational silver command. A framework and table of choices to support a “managed retreat” from routine and essential services has been developed and is kept under regular review. Using this approach and in light of system pressures and situational awareness prevailing at the time, orthopaedic activity at Neath Port Talbot was suspended in mid-December to allow the ward to be utilised for additional surge capacity. We are keeping this under review and will need to consider restarting certain services in order of clinical priority. At present urgent surgical activity at Morriston and Singleton is also being maintained.

Following a live exercise in early November, the Bay Field Hospital has remained in ‘stand-by’ mode and can be activated with 72 hours’ notice. This means that up to 80 beds can be mobilised as part of a phase 1 activation plan (which would be operationalised in 3 phases 20/30/30). A protocol has been developed which sets out the process for activation.

## **Testing**

Since late December there has been a reduced demand for testing locally following a short period in December where demand outstripped capacity. Reasons for the reduction in demand is not yet fully understood but communications continue to promote presenting for testing when symptomatic.

There has been a focus on increasing testing capacity locally including:

- Increased capacity across both Community Testing Units (CTUs) at Margam and Liberty: total capacity 1,300
- Local testing site in the Grand Theatre (walk-in centre) increased capacity with an additional local testing site established in Milland Road, Neath as a walk in facility: total capacity c700
- A Mobile Testing Unit (MTU) providing a service at 7 locations across Swansea Bay with an additional MTU becoming available at the end of January and places for its deployment are being developed: total capacity 400
- Activation of a Regional Testing Site to be located within Baglan Industrial Estate which will geographically provide for the Swansea Bay, Cwm Taf Morgannwg and Hywel Dda populations. This is expected to be operational from w/c 25<sup>th</sup> January 2021 and anticipated capacity is circa 1,000 additional tests per day.

## **COVID vaccination programme**

After many months of careful planning, the Board begun to deliver its mass vaccination programme on 8<sup>th</sup> December when the Pfizer/BioNTech vaccine became available. As at 17<sup>th</sup> January, almost 19,000 people in Swansea Bay had received a

first dose of one of the two vaccines now available to the Board, with the roll out of Oxford/Astra Zeneca beginning on 5<sup>th</sup> January.

Welsh Government published its Vaccination Strategy for Wales on 11<sup>th</sup> January, setting out a number of milestones and markers for NHS organisations. The first of those milestones is to vaccinate all those within priority groups 1-4 as set out by the Joint Committee on Vaccination and Immunisation (JCVI).

GP practices have been commissioned to deliver the vaccine to care homes and those aged over 80. The delivery to care homes is nearly complete with over 80% vaccinated to date and the programme is on course to complete this cohort by the end of January 2021.

The roll out to the over 80's has begun in earnest and will ramp up further week commencing 18<sup>th</sup> January 2021 when vaccine supplies increase. The aim is to complete this cohort in early February and in parallel to begin vaccinating those who are clinically extremely vulnerable

From 20<sup>th</sup> January, the Board will begin using its mass vaccination centres to deliver to patient cohorts beginning people aged 79 and working through the age groups to target all those aged over 70 by mid February. Work is also underway to assess the remaining JCVI cohorts and to determine the appropriate balance in the delivery model between mid February and into the Spring, which includes assessments of the optimum use of Local Vaccination Centres and discussions to facilitate other primary care contractors supporting the model.

The programme continues to manage a number of risks including vaccine availability which is subject to frequent changes and also workforce challenges. From 18<sup>th</sup> January, supplies of both vaccines increase significantly and delivery through the MVC model and through primary care will double to enable the programme to deliver its objective of vaccinating the most vulnerable in society as identified by the JCVI by mid February.

There remains significant communications and engagement activity to support the vaccination programme, to build confidence and maximise uptake in the priority groups. There is a joint communications plan in place with Local Authority partners, with significant activity mapped to key delivery milestones.

I am grateful to Keith Reid, Senior Responsible Owner of our vaccination programme, Dorothy Edwards, Programme Director, and to their respective teams for all their work in this areas.

## **BROADER SERVICE DELIVERY**

The integrated performance report provides detail against a broad range of operational delivery measures. In terms of some high-level issues and reflections, I would draw out that:

- Demand for emergency department care within the Health Board reduced in December 2020, however the lack of flow through the hospitals, as well as other

factors, continue to impact negatively on timeliness to be seen in our ED Department. I am focused on ensuring rapid progress of the suite of actions underway to improve flow and create additional contingency capacity, both of which will be critical should there be a further surge in COVID demand in the coming weeks. This includes a review of inter hospital transfer policies and resources and a relentless focus on medically fit to discharge patients. Dedicated support is now in place to drive actions forward and a review of the SAFER policy (a patient flow bundle that blends five elements of best practice). We are also working with our Local Authority partners over any opportunities to maximise capacity in the community.

- December 2020 was the first month in 2020/21 to see an in-month reduction in the number of patients waiting over 36 weeks. However, the in-month reduction is as a result of the dip in the number of primary care referrals received during the first COVID wave in April and May 2020. Diagnostics and Therapy waiting times have significantly increased since March 2020 however, the number of patients waiting over target reduced again in December 2020 with some therapy services maintaining a nil breach position (i.e. Occupational Therapy and Physiotherapy). We will need to rapidly define a delivery plan for recovering the waiting list position that has been exacerbated by the pandemic.
- Performance against the Mental Health Measures continues to be maintained and all targets were achieved in November 2020. Psychological therapies access times achieved of 100% against the 95% target in November 2020.
- Positive discussions have been held with the Welsh Health Specialised Services Committee (WHSSC) and Cardiff and Vale Health Board over a collaborative plan to address a backlog in Cleft Lip and Palate surgery, which has built up over the course of the pandemic. Additional capacity has now been secured for this activity.
- WHSSC has also had some financial benefits through its commissioning arrangements and the Health Board has successfully bid against in year slipped funding to enable innovative care solutions that can be delivered in the context of COVID-19.

## **QUALITY AND SAFETY**

The quality and safety of our services remain of the utmost importance. As would be expected, a key focus at present is on actions to prevent and reduce nosocomial transmission of COVID-19 as best we can. It is reassuring to see that rates have stabilised and improved over recent weeks. Broader infection prevention and control arrangements remain a strong focus, particularly the need to reduce rates of C. Difficile and S Aureus. I will be personally reviewing these as trends suggest variable performance that needs to be understood.

I was delighted to read earlier this month the Patient Experience team's January bulletin of patient stories. Patient stories are such an important way of sharing people's experiences – both good and bad – of the care they receive and of the way in which they interact with our services. As such, they are an important source of learning for us. I am sharing the Bulletin with Board Members for information.

## **FINANCE**

Our most recent financial position is for the end of December 2020. During December the Health Board overspent its revenue position by £1.944m against a plan of

£1.917m. This means that the Health Board is on track to meet its forecast year-end deficit. During the last three months of the financial year it remains vitally important that we maintain strong governance around our decision making, maintain cost control and ensure that wherever we can make financial savings which reduce our run rate of spend.

Through regular and transparent partnership working with Welsh Government the Health Board has moved quickly to secure nationally available capital slippage funds to allow for the purchase of high priority medical equipment.

Looking forward to next year, we know it will be a challenging year. Whilst we are working on the financial arrangements for important aspects such as elective recovery, TTP, PPE and vaccination, we know that our baseline revenue deficit will carry forward in to next year. In addition to this we will have to address the impact of the COVID pandemic on our ability to make recurrent savings. This will have the impact of increasing our opening deficit. Darren Griffiths, Director of Finance, is looking at the assessment of inflationary impacts on the Health Board next year in relation to the 2% inflationary funding uplift the Health Board will receive from Welsh Government. We will need to consider together what we can do to improve services and reduce spend to achieve financial sustainability. I will be working on the recovery programme, with colleagues and with Welsh Government, to present to the Board in due course. This will seek to secure a sustainable plan over 3 years, built on clinical ownership and development.

## **OUR PEOPLE**

It was fantastic to see Swansea Bay UHB colleagues feature in the Queen's New Year Honours. Wales' first woman consultant cardiac surgeon and two senior nurses who are all leaders in their fields have been recognised for their outstanding contribution:

- Professor Farah Bhatti, who works at Morriston Hospital, was also the first British woman of Pakistani heritage appointed as a consultant cardiac surgeon in the UK, and has been awarded an OBE for services to diversity in the NHS in Wales.
- Senior matron Carol Doggett, head of nursing – medicine and ECHO (emergency care and hospital operations) at Morriston Hospital, has been made an MBE for services to leadership and nursing care for intensive care patients and staff, particularly during Covid-19.
- Neath Port Talbot Hospital's clinical nurse specialist Karen Kembery has been awarded a BEM for services to nursing for her work to transform the approach to wound care and the prevention of pressure ulcers.

The NHS Wales Staff Survey 2020 closed on 24 November 2020 after being open for 3 weeks, and results were made available on 8 December 2020. This year, the survey has been co-ordinated centrally from Health Education and Improvement Wales, and has evolved from previous years based on colleagues' feedback across NHS Wales. There was a response rate of 20% nationally, and 18% for Swansea Bay. This represents 2,365 survey responses, with an engagement score of 75%. The results are to be considered at various levels within the organisation, and detail of actions to be taken as a result will come to the Board.

I am working with the Executive team on portfolios and will share further detail with independent members in the coming month.

In the meantime I am putting in some interim arrangements to bridge the period covering Chris White's retirement in March. Given the intense operational pressures and the considerable spell that Group Directors have dealt with this, I have decided to appoint an interim Chief Operating Officer (COO) for a limited period of 6 months. The reason for this is that I wish to ensure continued senior presence in the Board when Chris retires. I intend to advertise the permanent COO role in February 2021 and to recruit as soon as practicable. I have appointed Rab McEwan, who is a very experience COO and who will be joining at the end of February.

I am recruiting to a Deputy CEO from within the substantive Executive Director team presently and considering the optimum arrangements for the Therapies and Health Sciences portfolio. These actions are necessary given the wide role that Chris White undertakes presently.

I know colleagues will join me in thanking our staff for all that they are currently doing: the commitment and attitude is humbling, inspiring, and first class.

## **EU TRANSITION PLANNING**

As the Health Board has command, control and coordination arrangements in place in response to the C-19 pandemic, it allows for a constant state of readiness to respond to the pandemic and any concurrencies, including continued monitoring for any escalating issues arising as a result of the EU exit.

Following the legislation ratifying the Trade and Cooperation Agreement between the UK Government and the EU on the 30<sup>th</sup> December 2020, a series of changes have taken affect. However, as a result of the extensive planning that occurred for both a negotiated and non-negotiated outcome, at this early stage, there are currently no specific areas of concern that have been identified.

The Health Board, initially established its preparedness and response framework to Brexit during 2018 and this has been overseen by the EPRR Strategy Group, Chaired by the Director of Strategy. There is a live preparedness document in place and the following actions have been undertaken to provide assurance; this was also noted in the December 2020 Board meeting:

- Extensive service risk assessment and alignment of risks to national and regional assessments.
- There is a strategic risk log and register for those scoring 16 and above and Risk, Action, Issues and Decisions, (RAID) logs, held by each service.
- Financial risk assessment
- Revision of Business Continuity plans with appropriate mitigation measures
- Health Board representation at strategic groups including within Welsh Government and the Local Resilience Forum
- Health Board Brexit web page
- Adoption and awareness of specific processes for procurement
- Appropriate stock piling measures where particular high risks have been noted.

A continued monitoring process is in place with risks and mitigations regularly reviewed.

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