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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	25 July 2019	Agenda Item	1.9
Report Title	Chief Executive's Report		
Report Author	Pamela Wenger, Director of Corporate Governance		
Report Sponsor	Tracy Myhill, Chief Executive		
Presented by	Chris White, Deputy Chief Executive		
Freedom of Information	Open		
Purpose of the Report	This report aims to provide an update to the Board on relevant matters in my capacity as Interim Chair of the Health Board.		
Key Issues	This report provides key updates to the Board including: <ul style="list-style-type: none"> • Joint Executive Team Meeting • Overview of Quarter 1 • Supporting Delivery • Thoracic Surgery • Brexit • Organisational Structure • Leadership Summit • Living our Value Campaign • Engagement Activity • 'This is Me' Conference • Health and Social Care (Quality and Engagement) (Wales) Bill • Awards 		
Specific Action Required <i>(please choose one only)</i>	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 REPORT

1. PURPOSE

This report aims to provide an update to the Board on relevant matters in my capacity as Chief Executive of the Health Board.

Progress is being made on a number of key areas and further update reports on related key issues feature prominently at Board and Committees of the Board which oversee and scrutinise the Board's business.

2. KEY UPDATES

2.1 JOINT EXECUTIVE TEAM MEETING

I shared my reflections on progress during 2018/19 at the last Health Board meeting in May. Further to that, the full Executive Team had an end of year meeting the Director team in Welsh Government in early June to review performance. It was a helpful, constructive discussion covering a very broad range of issues. Colleagues in Welsh Government recognised the significant progress made over the course of last year and we jointly reflected on those areas where further work is needed. I attach Dr Andrew Goodall's summary of the meeting for information.

2.2 OVERVIEW OF QUARTER 1

The Board will be considering detailed reports on quality, safety and performance as part of the Board agenda.

The first quarter of 2019/20 has seen ongoing and significant pressures on our unscheduled care system, with challenges experienced in facilitating effective flow of patients through our hospital system, and out into the community in a safe and timely way. A number of the measures developed to deal with 'winter pressures' have carried on well into the Summer, such as keeping open our extra 'surge capacity' beds, and we have developed additional improvement plans. The Chief Operating Officer is holding weekly meetings with the senior leaders in all the units to consider and act more quickly on the things we know can make a difference in relation to unscheduled care. We also re-instigated our 'Breaking the Cycle' initiative over the past three weeks which saw support service staff joining front line colleagues, where practical, to help alleviate the pressure.

The unscheduled care pressures have had a knock-on effect on a number of broader performance measures. These will be explored more fully when considering the Health Board performance report. However, it is very reassuring that we have been able to maintain and build on our progress in reducing our rates of Health Care Acquired Infections, with a 50% reduction in C-Difficile, and 13% reductions in both E Coli Bacteraemia and Staph Aureus in the first quarter of the year.

The unscheduled care pressures have also exacerbated our financial challenge, both as a result of needing to invest extra capacity in meeting the additional demands, and

as a result of lost income or additional costs associated with displaced activity. There is a report on the Health Board's financial position on the agenda.

2.3 SUPPORTING DELIVERY

In recognition of the challenges identified above, additional steps have been taken to accelerate the pace of delivery and improvement in these areas. Detailed recovery plans are being developed alongside risk-assessed options for further action.

To support this work, a small, internal Delivery Support Team has been established, with a specific focus on unscheduled care, financial recovery and organisational sustainability. The team will complement external support commissioned by the Finance Delivery Unit (FDU) which will consider the detail of our financial framework; specifically:

- In year delivery of schemes
- Development of pipeline opportunities
- Strengthening the approach for future years financial planning

2.4 THORACIC SURGERY

At an extra-ordinary meeting of the Welsh Health Specialised Services Joint Committee on 28 June 2019 a paper was received that re-confirmed the advice from the provider Medical Directors and provided the Joint Committee with further information regarding the adult thoracic surgery consultant workforce arrangements required for a single service located at Morriston Hospital, Swansea and the cover arrangements for the Major Trauma Centre (MTC). This included:

- Detail regarding the anticipated demand for thoracic surgery in south Wales, this included out-patient and surgical activity and allowed for the planned 20% increase in activity;
- Expert advice on the level of activity required to maintain consultant thoracic surgeons' skills;
- Development of indicative job plans for consultant thoracic surgeons to inform an assessment of the appropriate number of consultants;
- Detailed costings for any proposed increase in consultant thoracic surgeons above the original WHSSC recommended level of six consultants;
- Clarity on the role of trauma surgeons in the immediate management of emergency trauma patients and the requirement for input from thoracic surgeons (e.g. telephone advice or on site input); and
- Clarity on the interface of thoracic surgeons in managing trauma patients with other specialties (e.g. rib fixation with orthopaedic surgeons).

Further detail on the outcome of the meeting is covered in agenda item 4.4 later on the agenda. A meeting of the Joint Committee is taking place on [23 July 2019](#) and update on the outcome of the meeting will be provided at the Board Meeting.

2.5 BREXIT

The Board has been receiving regular updates in relation to the Health Board's preparedness for Brexit. News from Brussels was received on the 11th April 2019 that the European Council had agreed to extend Article 50 and the UK's membership of the EU until 31st October 2019. Consequently all national groups, structures and

reporting mechanisms linked to Operation Yellowhammer were stood down with immediate effect. In order to retain a state of readiness for Brexit, the Health Board has maintained the Brexit work programme throughout, overseen by the EPRR Strategy Group, where Brexit has remained an agenda item. The following planning has been undertaken to date:

- Health Board wide risk assessment that is retained as a live document
- Business Continuity work programme is complete
- Brexit Preparedness assurance document collated inclusive of consideration for:
 - Multi-agency engagement programme
 - Exercising and testing
 - Information flows
 - National work programme targets and representation specific for Workforce, Welsh Blood, Procurement, (particularly with regard to assessment of critical items), Communications and Medicines Management
- Command and Control arrangements in place and will be re-established as required
- Dedicated Brexit Intranet web page is continually updated
- Senior Responsible Officer representation at the Welsh Government national structures

It is anticipated that national structures will be re-established early September and the Health Board is ready to step up accordingly with Emergency Planning and Resilience Response Group to oversee meetings planned in readiness to support this.

2.6 ORGANISATIONAL STRUCTURE

The impact of the change in becoming Swansea Bay University Health Board means that our new organisation is just under a third smaller than it was as Abertawe Bro Morgannwg University Health Board in terms of the population size we serve, our budget and workforce. We are still a large and complex organisation with a population of around 390,000 for which we commission services for and the provider of a range of services from primary, community, mental health and hospital services, including specialist services and regional services for west Wales and in some instances all of South Wales

The structures within the former ABMU supported a predominantly site based model of delivery with 4 of the 6 units being hospital based and 2 being service based. Within the site based units there are a number of services hosted exclusively in one unit.

We have recognised a need to review the structures of the new Swansea Bay Health Board to ensure that the new organisation is appropriately structured, focused and reflects the ambition of the organisation as outlined in the organisation's strategy, Better Health, Better Care, Better Lives.

We will shortly be entering an engagement phase across the Health Board on proposals to realign the leadership and accountability of our senior teams to support the changes to the new organisation.

2.7 LEADERSHIP SUMMIT

Following on from last year, our first Leadership Summit at Swansea Bay UHB took place on 18 July 2019. Aimed at leaders across our Health Board the event was an opportunity to consider progress made since last year, how we need to lead and how we organise ourselves and need to operate as Swansea Bay, and how we deliver our Clinical Services Plan.

We also focused on our Swansea Bay leadership approach and behaviours aligned to our Values so we can be the best we can be for our people, our communities and our patients.

2.8 LIVING OUR VALUES CAMPAIGN

We launched our #LivingOurValues bi-lingual campaign at the Summit which is designed to invigorate our organisational Values and Behaviours. This is in response to some of the feedback and outcomes of the NHS Staff Survey, the various Shaping Our Future staff engagement events which took place back in the autumn and the ongoing feedback through Meet the Executive Team sessions and intranet comments.

2.9 ENGAGEMENT ACTIVITY

“Meet the Exec Team” staff engagement sessions took place at Singleton (at the end of May) and Tonna Hospital (in June). Singleton’s event was our first evening session but despite the low numbers, we had great quality discussion. At both Singleton and Tonna there was as ever, helpful insight from recruitment turnaround times to accommodation and car parking with lots of conversations being followed up. In response to feedback, we also hosted a Meet the Exec Team in Morriston on Saturday July 13th – the first to take place on a weekend.

As has become routine, Executives conducted a number of informal and formal visits across the Health Board as part of our ongoing commitment to connect to our patients, and to be visible and accessible to our staff.

2.10 “THIS IS ME!” CONFERENCE

As part of our equalities, diversity and inclusion work, I co-hosted with Steve Moore, Chief Executive of Hywel Dda University Health Board, a joint event to celebrate the diversity of our workforce and help shape an inclusive workplace for everyone. It was a great event leading to numerous suggestions of how we can make our organisations better places to work.

2.11 HEALTH AND SOCIAL CARE (QUALITY AND ENGAGEMENT) (WALES) BILL

On the 17 June 2019 the Welsh Government introduced the Health and Social Care (Quality and Engagement) (Wales) Bill which has been developed to seek to:

- strengthen the existing duty of quality on NHS bodies and extend this to the Welsh Ministers in relation to their health service functions;
- establish an organisational duty of candour on providers of NHS services, requiring them to be open and honest with patients and service users when things go wrong;

- strengthen the voice of citizens, by replacing Community Health Councils with a new all-Wales Citizen Voice Body that will represent the interests of people across health and social care;
- enable the appointment of Vice Chairs for NHS Trusts, bringing them into line with health boards.

Continuous improvement in quality are key elements in these proposals for making the health and social care system in Wales both fit for the future and one which achieves value. It is proposed that the establishment of a Citizen Voice Body, covering both health and social services, will ensure that the voices of citizens are engaged, listened to and clearly heard. This will mean that, going forward, health and social care services are designed and delivered around the needs and preferences of individuals.

The Welsh NHS Confederation is working with Chairs and Chief Executives to frame responses to the Bill and each organisation has been asked to make a response to the proposals to the NHS Confederation by the 26th July 2019 in order for the NHS Confederation to frame a response from NHS Wales to be submitted to Welsh Government by the deadline of the 2nd August 2019. The Executive Team is actively looking at the proposals and the Director of Corporate Governance is developing a response. The Health Board will also have opportunities to discuss these proposals and it is proposed to make these themes the subject of a Board Development Session in the next few months.

2.12 SWANSEA BAY HEALTH CHARITY

Following the appointment of Deb Longman, Fundraising Manager for the Health Board Charity, staff have been invited to vote on three possible logos, the winning log will be announced shortly.

2.13 AWARDS

NHS Wales Awards

I am delighted that Swansea Bay has been shortlisted six times in this year's NHS Wales Awards, the finalist are;

- **Delivering person-centred services** - Swansea Bay UHB and Welsh Ambulance Service for the Non-Emergency Patient Transport Service End of Life Care Rapid Transport Service
- **Improving health and wellbeing**
 - Swansea Bay UHB in the Pre-treatment optimisation and pre-habilitation in Lung Cancer
 - Swansea Bay UHB and Swansea Council – Reducing the Impact of Adverse Childhood Experiences in Penderi Cluster, Leading to Implementation and Review of 'Primary Care Child and Family Wellbeing Service'
- **Improving patient safety**
 - Swansea Bay UHB for the Digital Innovation in Kidney Care: Electronic Prescribing and Medicines Administration (EPMA) for Haemodialysis
- **Providing services in partnership across NHS Wales**
 - Aneurin Bevan UHB, Cardiff and Vale UHB and Swansea Bay UHB in developing the South Wales Motor Neurone Disease Care Network

- Swansea Bay University Health Board and Welsh Risk Pool for working in partnership to reduce avoidable pressure damage across NHS Wales

Chairman's VIP Awards

Recognising and celebrating our people and their achievement is a fundamental part of how we do things here at Swansea Bay. Events such as the VIP Awards are an opportunity for us to say thank you for the most inspiring working being undertaken by staff who have gone above and beyond. The list of winners are as follows:

Special Honour Award:

Winner – Ward 12 Staff Singleton

The Chair's Challenge Cup:

Winner - Jackie Cadmore – for over 50 years dedication to the NHS

Highly commended - Dominique Potokar – 10 years Volunteering for Interburns

Always Improving:

Winner - Gorseinon Community Hospital MDT including the 'Hospital to Home' Team

Caring for Each Other:

Winner - ABMU Annual Winter Homeless Appeal

Commitment to Research & Learning:

Winner - Ira Goldsmith and Gemma Thomas

Environmental award:

Singleton Hospital Unit

Excellence in Leadership and Management:

Winner: Helen Extence

Best Foundation Trainee:

Winner - Simon Morris, Paediatrics

Best GP Trainee:

Winner - Adam Yarwood, GI Surgery

Best Junior Trainee:

Joint winners - Mike Cooper, Emergency Medicine and David Stephen Davies, Anaesthetics

Best Higher Trainee:

Winner - Bhawana Purwar, Urogynaecology

Going the Extra Mile:

Winners - Manju Nair, Sharon Jones and Catrin Ellis

Improving Lives Through Arts in Health:
Winner - Unscheduled Care OT Team

Arts in Health – photography:
Winner - Katie Stubbs
Runner up - Michelle Freeman

Volunteer of the Year:
Winner - Blood Bikes Wales (West Area)

Welsh Language:
Winners - Angharad Higgins, Mitchell Jones and Ysgol Y Ferch O'r Siarter Iaith
Champions

Working Together:
Winner - Neuro Rehabilitation Unit Team

Ultimate VIP Award:
Winner - ABMU Annual Winter Homeless Appeal

3. RECOMMENDATION

Members are asked to:

- **NOTE** the report.

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
Ensuring that the Health Board make fully informed decisions is dependent on the quality and accuracy of information presented and considered by those making decisions. Informed decisions are more likely to impact favourable on the quality, safety and experience of patients and staff.		
Financial Implications		
There are no financial implications contained within this report. However, specific impact, where relevant, will have been considered within individual reports referenced within this update.		
Legal Implications (including equality and diversity assessment)		
There are no legal implications contained within this report. However, specific impact, where relevant, will have been considered within individual reports referenced within this update.		
Staffing Implications		
There are no direct implications on workforce in this report. However, specific impact, where relevant, will have been considered within individual reports referenced within this update.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
There are no direct implications on the Well-being of Future Generations (Wales) Act. However, the specific updates in this report will be subject to full impact against the act where necessary.		
Report History	None.	
Appendices	Appendix 1 : Letter from Dr Andrew Goodall	

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/
Prif Weithredwr GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group



Llywodraeth Cymru
Welsh Government

Tracy Myhill
Chief Executive
Swansea Bay University Health Board
One Talbot Gateway
Baglan Energy Park
Baglan
Port Talbot
SA12 7BR

Our Ref: AG/MR/SB

24 June 2019

Dear Tracy

Swansea Bay University Health Board JET

Thank you for hosting the JET meeting on 5 June with your Executive Team to discuss the end of year position across a number of key areas and for providing the comprehensive papers beforehand to aid the discussion, which form a part of the record. We have had a number of meetings around targeted intervention (TI) and there has been progress over the last year. As we had had a TI meeting the previous week, it was agreed that we would not cover those areas in as greater detail in the JET.

This was the first JET as Swansea Bay following the transfer of Bridgend, but was also a look back at performance of the former Abertawe Bro Morgannwg UHB. You reported you have a full Executive team in place following the appointment of Richard Evans as Medical Director and you are working hard at developing as a team. During 2018-19, the aim was to strike a balance between stabilising and improving performance and quality and safety. There had been improvements against a number of the TI areas, but you recognise there was further work to do, particularly around unscheduled care and finance. You have continued to develop relationships with local authority partners and others. There is a significant transformation program in place and you recognise the importance of the coming months and the opportunities it presents. You have introduced the Guardian Service, which gives staff the opportunity to speak up about any subject. The number of never events has reduced dramatically and 95% of friends and family would recommend the ward or unit they had been seen on. You have agreed an organisational strategy and are developing your clinical services strategy.



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We began the meeting looking at planning and you stated the previous year had been spent focussing on developing sustainable services. The draft organisational strategy had been taken to the Board in November. The well-being objectives have been reviewed for 2019-20 and at the recent Board meeting you had discussed three, five and ten year outcomes. You reported there is Executive leadership of portfolios. On the Well-being for Future Generations Act (WbFGA), there had been a recent board development session where you highlighted some of the work you are doing. You were challenged by the Commissioner as to whether the three objectives you had were sufficient and covered the five ways of working and how you were mainstreaming some of the innovative work. You reported some of the work is being taken forward through the local PSBs. You are doing some joint work with the National Botanical Gardens and leading on some early years work around the Jigsaw project. You have been using the transformation funding to develop safe surroundings and working with Neath Port Talbot Council on well-being through work.

On governance, the Board has been through some significant change recently with a number of new independent members (IM). You have reviewed governance arrangements following the last structured assessment from the Wales Audit Office, which included a significant number of recommendations and progress is monitored through the Audit Committee. The structured assessment this year had five recommendations and there had been positive feedback from the WAO on the progress made. You have a comprehensive Board development programme that is being delivered through the Kings Fund. You recognise there is still further work to do, but progress has been seen. There is a Board assurance framework being put in place. In response to the Cwm Taf Morgannwg maternity report, you stated you had reviewed and strengthened quality and safety governance arrangements, building on actions that were already in place following the Kris Wade report.

On quality and safety, this remains a top priority for the health board. You are sharing learning and improving and a ward to Board dashboard is being developed. The monthly Q&S forum has been revamped, as has the Q&S committee and a draft Q&S framework is being developed. Walkabouts take place with the IMs and Executives. On serious incidents (SI), you reported there had been a difficult conversation with the Delivery Unit around SI management and performance, but had been de-escalated over the last month. I was pleased the supporting data tracked inpatient falls, pressure sores and the reduction in c-difficile and other HCAIs. You highlighted that inpatient falls had been a focus for the health board, but you were now looking at the wider community and out of hospital. On sepsis score roll-out, you have a plan to take forward and it is important you engage with your local GP practices and care home matrons.

On use of audits, you stated it is important for teams to own their own data and that this has given a better understanding of what is being input. Vascular and fractured neck of femur are areas of challenge and you are working on a plan for these areas. On mortality reviews, you reported that you are 100% compliant against stage 1, but only 16% compliant against stage 2.

On population health, you noted there was an opportunity now with the creation of Swansea Bay to reinvigorate the process. You were looking at co-production and healthy behaviours, linked to WbFGA. The primary care clusters have a real focus on population health. There had been reasonable performance against prevention, with progress made on flu vaccination for young children and frontline staff, though there was still work to do on staff vaccination rates which were lower than you wanted. There was good performance against MMR for young children, though in the older age group there were still some historical

issues to overcome. On smoking, you reported there was good performance for those that engage with the service, though you are still not getting enough people to engage. You are encouraging pharmacists to be part of the scheme and offer the level 3 service. You reported the smoking prevalence rate is currently increasing against an all-Wales target of 16%.

On chronic disease management, you are looking to address all unhealthy behaviours. There is good work around Making Every Contact Count (MECC) and training has been delivered to all health visitors. There is good work on-going around healthy activity and healthy weight and you are piloting additional support for people who are obese. On primary care model and clusters, the Cwm Tawe cluster is making good progress and the Minister had made a visit there recently. You reported that glaucoma clinics had now been moved out of Singleton hospital and there were plans to move diabetes. The Neath cluster had started work at the beginning of April and the remaining two clusters were starting shortly. All four clusters are working together to develop service redesign models. You highlighted that the challenge is to move away from the more traditional definition of prevention. It would be helpful when you present information for you to tell the story behind the numbers.

On substance misuse and drug related deaths; both Neath Port Talbot and Swansea local authorities were ranked second and fourth highest in England and Wales. You reported actions had been taken as this was a multi faceted issue and you were working with partners to ensure the educational message was being delivered and to help improve early access to treatments. You have tackled the backlog and reduced the length of time people are waiting, so that in Neath Port Talbot, no one waits over three weeks, whilst in Swansea, although some people wait up to three months, the majority are seen much quicker. On barriers to further improvement, you reported there are risks and challenges around how you can mainstream this and fund from the core resource. You highlighted the clusters are starting to develop maturity and there is good clinical leadership coming through. It was suggested that you may want to have a discussion with colleagues from Aneurin Bevan UHB around well-being networks, as they are quite well advanced in this area.

On performance, there had been a detailed discussion at the recent TI meeting; you reported you had treated 3,400 more patients than the previous year, seen 15,000 more outpatients, which had enabled you to deliver the best RTT performance for the health board for several years. The challenge for the health board was around follow-up appointments and you are working closely with the planned care programme team on this area. The key area is around changing the culture so that the default isn't to put a patient on the list for a follow-up appointment. You recognise that unscheduled care performance is not what is expected and needs to improve, especially as this is an organisation that should be delivering 80% against the four hour target on a consistent basis.

You have reduced the number of people waiting for psychological therapies by 66% and the length of wait from 52 weeks to 26 weeks and are now working to reduce the maximum wait to 13 weeks. It would be useful if you could share how you have been able to reduce the numbers and deliver the target. I noted the improvement in CAMHS performance at year end and it is important that this is sustained into 2019-20. There is a need to improve primary care mental health performance for the under 18s. You had treated 18% more urgent suspected cancer patients in the last year and 27 fewer patients had breached the target.

On workforce, the focus had been on medical agency spend and recruiting to fill posts. You have had Kendall Bluck in to help with designing a workforce model for Morriston emergency department and had implemented e-job planning and digital booking of locums. There has been a great deal of work around recruitment and retention and you highlighted that since the name change, this had become easier as people were able to recognise the area the health board served. The cap compliance against agency and locum spend is improving. You are starting to see an improvement in sickness absence rates with an underlying improvement in long term sickness rates. I am pleased to see the improvement in the PADR compliance to 66% and there had been an improvement in the staff engagement score in the staff survey. You had appointed three investigation officers to help with the pace of ER investigations and there had been workshops to address bullying and harassment raised through the staff survey.

You are developing a strategic OD framework which will have six domains and there has been positive feedback from Welsh Government colleagues that have seen it. There have been improvements in working relationships and this has been noted in the partnership forum, but you recognise there is still further work to do. On the Nurse Staffing (Wales) Act, you reported you were compliant, but this had been achieved by the use of bank and agency staff and the compliance statement had been taken to the Board the previous week. I recognise and note the supporting information around workforce contained within the papers.

You reported your digital plan is aligned to the national strategy and you have two areas of focus – health and well-being and digital care. You are using a number of core national products and you are working closely with Welsh Government and NWIS colleagues in the development of a three year plan. This is an area that you are leading the way on and it is important for you to keep up the work. There had been a detailed discussion at TI on the financial position, but it is noted that you came in at your control total of £10 million. We are challenging you to be an organisation that can deliver and we feel you are in a position to break even this year. It is important you maintain close links with Welsh Government and colleagues in the Finance Delivery Unit, particularly as there is some concern around the sustainability of some of the schemes in place. I noted the capital schemes that were listed within the supporting documentation.

You highlighted the importance of university in the health board name and your links with Swansea University around research and innovation. You are working with partners around the development of an Innovation Hub. You stated you had enrolled on the ARK (Antibiotic Review Kit) pilot and cardiology research. You are working closely with the Schools of Engineering, Maths and computing at the University. You are also developing systems to use smart phones to take and read photos of skin lesions. There has been positive feedback from the Deanery and HEIW. It is important for you to make use of those people who do PhD and to keep them employed within the health board. You agreed to meet with colleagues separately if they wanted to have a discussion around the clinical services plan.

On IMTP development, it is important for you to maintain conversations with colleagues in Welsh Government and for you to land the residual financial position. We agreed that it may be beneficial to focus one of our forthcoming TI meetings on the development of your plan. As usual, I acknowledge all the additional information contained within your plan and noted the fact you continue to deliver around 80% against the concerns and complaints response target.

This has been a good, supportive conversation. It is important for you to get approval of your plan, but you mustn't make this the be all and end all. You need to deliver improvements in unscheduled care performance. This is an organisation in transition and it is hoped that we may be able to have a different discussion at the mid year review in November. We will continue to have our regular TI conversations, though the aim is to reduce the level of contact and to give you more space to deliver.

I would appreciate a response to this letter by **8 July 2019**.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Andrew Goodall', with a stylized, cursive script.

Dr Andrew Goodall