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Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	30 May 2019	Agenda Item	1.9
Report Title	Chairman and Chief Executive's Report		
Report Author	Irfon Rees, Chief of Staff		
Report Sponsor	Irfon Rees, Chief of Staff		
Presented by	Andrew Davies, Chairman; Tracy Myhill, Chief Executive		
Freedom of Information	Open		
Purpose of the Report	<p>The purpose of this report is to keep the board up to date with key issues affecting the organisation.</p> <p>This report is set in two sections; the Chairman's update and the Chief Executive's update.</p>		
Key Issues	<p>This report provides key updates to the Board including:</p> <ul style="list-style-type: none"> • Bridgend Boundary Change • Living our values • Partnership working • Healthier Wales • Recent awards • Board matters • Progress in 2018/19 • Maternity services • Welsh Assembly General Scrutiny • Engagement activity 		
Specific Action Required (please choose one only)	Information	Discussion	Assurance
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE THE REPORT 		

CHAIRMAN & CHIEF EXECUTIVE'S REPORT

1. PURPOSE

The purpose of this report is to keep the Board up to date with key issues affecting the organisation. The report is set in two sections: the Chair's update and the Chief Executive's update.

2. CHAIRMAN'S UPDATE

Swansea Bay University Health Board

While the first formal meeting of the Board under its new name, it will be my last as Chairman with my retirement at the end of June. I have attached as an Appendix to this report the statement I made at my first Board meeting on 24th January 2013. I trust that with the support, efforts and commitment of the Board and our staff, I have been able to deliver much of what I had hoped for over six years ago.

Bridgend Boundary Change

As the first formal meeting of the Board as 'Swansea Bay University Health Board', it is an opportunity to reiterate my thanks to all those involved in planning and delivering the Bridgend Boundary Change, which formally took effect on 1 April 2019, with the final meeting of the Joint Bridgend Transition Board taking place on 23rd April in Princess of Wales Hospital. The transition took place remarkably smoothly, most importantly with minimum disruption to the populations of Swansea Bay University Health Board and Cwm Taf Morgannwg University Health Board. I want to thank my colleagues of the Board of Cwm Taf Morgannwg University Health Board and all the staff in both organisations who have managed a major and unique re-organisation in such a short space of time with little or no adverse impact on patients. That is testament to the enormous effort and diligence of countless staff.

The restructuring has been an additional burden for Tracy and our Executive Team at a time of considerable operational pressure and public scrutiny and I would like to thank them, and Hannah Evans who led the change for our Health Board. I have also written to Alison Phillips, the overall Transition Programme Manager, to thank her for her calm leadership of a very complex organisational restructuring. It has been a period of great uncertainty for all staff, but particularly those in Princess of Wales Hospital who have had to manage an extended period of stress and uncertainty over many years.

Living our Values

Swansea Bay University Health Board inherits a set of values that will guide it through the years ahead. As Chairman, on taking office it was clear to me that the organisation needed a clear statement of our core values and the Board started the process in July 2013. Our values were then drawn up by our patients and staff who over the process of a year, told us very clearly what behaviours they wanted to see

and those they didn't want to see. I have long championed these values and I take great reassurance in always being able to cite and promote examples of the ways in which we are living our values:

- **Always improving: Launch of our new Guardian Service**

Since the last meeting of the Board we have set up our new Guardian Service, in effect a system to allow staff the "Freedom to Speak Out", which was launched on Monday 13th May 2019.

The Guardian Service is an external, independent service which will operate 24/7, 365 days a year and will offer staff a safe, confidential, and non-judgemental supportive way for staff to raise any concern of risk in the workplace. It is designed to provide an additional avenue for staff to raise concerns: it does not replace the existing, valued support mechanisms within the Health Board including trade unions, wellbeing services and our HR department.

Since its launch, the service's two dedicated external independent Guardians have held drop in sessions across the Health Board's sites to allow staff the opportunity to meet them and gain more information on the service. They will also be attending team briefs in each Service Delivery Unit.

- **Caring for each other: Employee Wellbeing Champion Network**

In the Autumn of 2016 the Health Board launched a network of 'Wellbeing Champions'. Champions were intended to increase team members awareness of wellbeing services, signposting and giving appropriate information so colleagues can seek early support. The network also supports national and local campaigns related to health and wellbeing such as World Mental Health Day and the Health Board's Wellbeing Week.

I am pleased to report that the sixth series of workshops was recently completed for the Employee Wellbeing Champions and was attended by many newly registered champions. The network now has 340 champions (having begun with approximately 40 staff volunteering for the role) across the organisation covering most professions and grades of staff. The aim remains to have at least one champion in each Ward/Department across the Health Board. This also helps us deliver the Well-being at Work Objective on which we are leading with the Neath Port Talbot Public Service Board.

- **Working together: Jig-So project**

I was delighted to attend an event on 29th April 2019 presenting Swansea University's research findings of the Jig-So multi-agency service. Jig-So is a collaborative, early years intervention project between Swansea Bay University Health Board and Swansea Council. It brings midwives, family facilitators, nursery nurses and early language development workers. Jig-So supports young expectant partners (mothers and fathers) aged 16 - 24 from 17 weeks of pregnancy and throughout the child's infant years.

As part of the service's ongoing evaluation, a year-long study was commissioned and Swansea University presented their most recent findings. The researchers found the close collaborative working created a 'wrap-around' system to meet the sometimes complex needs of services users - creating a 'family' team around the young parents, which led to better outcomes for both babies and parents. For instance, after engaging with the team, the young parents were more likely to remain with their children, and there were also clear health improvements: with improved levels of breastfeeding, for longer duration, and with better diets, increased smoking cessation and greater alcohol abstinence. Staff also provided the young parents with advice on employment, education, housing or universal credit issues, leaving them feeling more supported and better prepared to be a parent.

Overall, the project is an excellent example of the Health Board working together with its partners to deliver against one of our three Wellbeing objectives – to “*Give every child the best start in life*”. I am delighted that some of the beneficiaries of the project's service offer will be with us at the Board meeting to share their experiences with us.

Broader partnership working

To improve Board governance, transparency and accountability regarding our many and varied partnerships, which reflect the increased collaborative, multi-agency nature of the Health Board's activities, there have been discussions with some Board colleagues about establishing a Planning & Partnership Committee of the Board. Concrete proposals will be brought forward for the Board's consideration in the near future.

- **Swansea University**

Along with our Tracy, our Chief Executive and a number of Health Board Executives, I recently met senior colleagues from Swansea University to discuss our partnership agenda. The Health Board and Swansea University have enjoyed a growing and fruitful partnership, with an initial bi-lateral Memorandum of Understanding and joint Intellectual Property agreement established in 2013/14, which led subsequently to the ARCH (*A Regional Collaboration for Health*) programme.

With the appointment of Professor Paul Boyle as the University's new Vice Chancellor and other new appointments recently made in both organisations, it was an opportune time to come together to reflect on and renew joint priorities and ways of working. There is an excellent opportunity to enhance our relationships and their value by building on the opportunities afforded by the existing Memorandum of Understanding, ARCH (*A Regional Collaboration for Health*) and the Swansea Bay City Deal, to identify ways of further becoming a 'best in class' university and health board partnership.

The meeting explored possible next steps in relation to bi-lateral working between the organisations, and a proposal is being drawn up on how best to focus our future collaborative efforts.

- **Public Service Boards (PSBs) and Regional Partnership Board (RPB)**

The requirements of local partnerships with the setting up of the Neath Port Talbot & Swansea PSBs and West Glamorgan Regional Partnership Board have become complex and more demanding in recent years as a result of the Social Services and Wellbeing Act and the Future Generations Act. The partners have collectively reviewed and streamlined the governance of the West Glamorgan RPB and Swansea PSB to make them more accountable, focused and therefore more effective. We have also tried to align the priorities and work of our two PSBs with those of West Glamorgan to eliminate duplication and improve accountability. At a recent Welsh Government workshop in Cardiff focused on ways of bringing PSBs and RPBs together for more effective joint working, it was pleasing to see that the local partnerships with which we are involved as a Health Board are probable further advanced than other parts of Wales. I believe the changes we have initiated locally will provide a sounder foundation for our future collaborative and partnership work.

- **Swansea Bay City Deal (SBCD)**

As colleagues will be aware, our Health Board is part of the Swansea Bay City Deal, with the proposed Morriston and Singleton Health Campus projects an important part of the SBCD Programme. I represent the Health Board as a co-opted member on the SBCD Programme Joint Committee, which is the accountable body for the City Deal. There has been considerable political and media attention on the Swansea Bay City Deal in the last six months. Much of this following from the suspensions of the Vice Chancellor and other members of staff Swansea University and subsequent scrutiny of the Llanelli Wellness Village, one of the projects within the SBCD. As a result of this increased scrutiny, the UK and Welsh Governments commissioned an external governance review of the SBCD and the Joint Committee commissioned an internal governance review of the Programme. Both reviews revealed significant weaknesses in the governance of the SBCD Programme, weaknesses to which I have been for some time drawing attention as a member of the Joint Committee and as Chair of the Health Board. The Joint Committee has accepted all the recommendations to improve governance that were made in the reports of the two reviews. I will give an update report to the Board following the meeting of the SBCD Joint Committee on 28th May.

- **Local elected representatives**

As has now become once again an important routine, I recently chaired an update meeting with our local and regional Assembly Members, Members of Parliament, and/or their representatives. These meetings provide an opportunity both to proactively share developments that may be of interest to our local representatives as well to create an open space outside of the regular channels of communication for Members to raise any issues of concern.

At the most recent meeting, Members were updated on the work undertaken to provide assurance of the safety and quality of Swansea Bay University Health Board's maternity services, following the recent reviews into maternity services at Cwm Taf Morgannwg University Health Board, and on the Health Board's role in

leading the implementation of the new pattern of adult thoracic surgery services across South East Wales, West Wales and South Powys. Both of these issues are covered on the Board meeting agenda.

Attendees were also updated on the process being followed in response to a request to close a primary care surgery in Cwmllynfell, covering the engagement process, the issues raised to date and current planned responses to those issues.

A Healthier Wales: Local Implementation

Vaughan Gething AM, Minister for Health and Social Services, paid a visit to the Cwmtawe Medical Group in Clydach on 9 May. The Group is part of the Cwmtawe Cluster Network - a group of three GP practices and health professionals, including dentists and pharmacists, working together with the voluntary sector and social services partners to improve services for local communities. The work forms one of our transformation proposals supported by Welsh Government's Transformation Fund and provides a blueprint for how the future of health and social care in Wales could involve.

Amongst the changes, Cwmtawe Cluster patients will see a new community audiology service, which will mean they no longer have to make the journey to Singleton Hospital, plus a phlebotomy service and a new glaucoma clinic. There will also be more support for young carers; improved provision to promote mental health and wellbeing; increased opportunities to lead a more active lifestyle and steps taken to tackle social isolation. The Minister stated that "it was really good to see how the Cwmtawe Cluster has developed since receiving money from Welsh Government's Transformation Fund".

Innovation and awards

- **Chairman's VIP awards**

I am looking forward to hosting my final Chairman's VIP awards on 6th June 2019. The calibre of nominations has, as always, been excellent and I know the shortlisting panel members were humbled by the number of inspiring and innovative projects and examples of high standards of care and compassion brought to their attention.

- **Team nominated for major award in highlighting clot risks in cancer patients**

The Pharmacist-led Venous Thrombo-Embolicism clinic in Singleton Hospital has been nominated for a major award for its role in raising awareness of cancer-associated thrombosis - one of the leading causes of death in cancer patients. Working in partnership with LEO Pharma, the team have helped develop a website called 'CancerClot'. The service has been adopted by health boards across the country and has now been nominated in the Best Pharmaceutical Partnership category in the Health Service Journal Awards.

- **Health Education and Improvement Wales BEST Awards**

Doctors and dentists across Wales have been recognised for their invaluable commitment to educating the next generation of healthcare professionals. Sarah Hemington-Gorse, a Swansea Bay University Health Board consultant in burns and plastic surgery and a training programme director for surgical trainees, has been

awarded the Health Education & Improvement Wales (HEIW) BEST Trainer Award in secondary care. Her trainees describe her a role model for women in surgery in Wales and this award recognises her exceptional dedication to teaching.

- **RCNi Nurse Awards**

A nurse and a specialist team at Neath Port Talbot Hospital have been shortlisted for the year's RCNi Awards. Macmillan clinical nurse specialist Catherine Lloyd-Bennett, based in the Rapid Diagnosis Centre, is in the running for the Cancer Nursing Award.

The Rapid Diagnosis Centre sees people with vague symptoms of suspected cancer. Catherine leads and develops the service, liaising with GPs across the health board area.

The Early Supported Discharge for the Frail Older Person service has been nominated for the Team of the Year Award. They ensure nursing and therapy colleagues work together to reduce prolonged and unnecessary hospital stays

Board updates

- **Board development**

I am grateful to colleagues' contributions to the recent Board Development sessions. In April we welcomed Andrew Haynes from NHS Wales Shared Services Partnerships to provide insights to trends relating to stress in the workplace and to update on the work of the Anti-Violence collaborative. We also discussed the results of the most recent Board Effectiveness Survey.

Earlier this month the development session focused on the Wellbeing of Future Generations (Wales) Act, and it was a pleasure to welcome Sophie Howe, Future Generations Commissioner, to report on her work and to provide some constructive challenge to the Board on how best we can embed the Act as an organisation. This was followed by a number of presentations on, and discussions of, examples of the progress we are making across the health board on becoming a more sustainable organisation, reducing our carbon footprint, developing green infrastructure and sustainable access and transport for both patients and staff.

There was a considerable focus on sustainable travel and transport and a recognition that many of the solutions lay in a co-ordinated regional collaborative approach to meeting the urgent challenges that all public services providers and our citizens face. As part of the follow up to the meeting I have written to the Chair of the Swansea Bay City Deal Joint Committee requesting that the Committee discuss the issues.

In addition to the Board development session on the Future Generations Act, two procurement work shops have been held in recent months to explore how we can embed sustainable development principles into our Health Board's procurement procedures to deliver greater value and wider economic and community benefit.

- **Appointment of my successor**

I announced at the March meeting of the Board my intention to stand down as Chairman. The Welsh Government has since advertised the role and the recruitment process to appoint my successor is underway. It is expected that the Health Minister will make an appointment in June.

3. CHIEF EXECUTIVE'S UPDATE

OVERVIEW OF 2018/19

The Executive Team and Welsh Government will be conducting a review of 2018/19 at a Joint Executive Team meeting on 5 June 2019. It will be an opportunity for collective review of the progress the organisation has made over the course of the year and the strong foundations Swansea Bay University Health Board now has in place to continue on that improvement journey through 2019/20 and beyond.

Some of the key points that I am sure we will be reflecting on include:

- We now have an agreed 10-year organisational strategy, supported by a refreshed clinical services plan. The plans are the result of extensive engagement across the organisation. They reflect the broader national context, and are aligned to a Healthier Wales, and the Social Services and Wellbeing and Wellbeing of Future Generations Acts. The organisational strategy is clear on our dual aims of supporting better health and wellbeing; and delivering better care. They provide a backdrop against which our Integrated Medium Term Plan is being developed.
- We have a full Executive Team in place. At the beginning of 2018/19 and during the course of the year we had a number of vacancies or interim arrangements in place. We now have a strong, visible and stable leadership team in place and have spent time in ensuring clarity of roles and executive lead responsibilities.
- We generally deliver high quality and safe care. 95% of patients surveyed in 2018/19 would recommend their ward/unit to their Friends and Family. There will have been times when our standards of care sometimes fell below what we would expect, but we continued to improve how we learnt from any mistakes.
- Our broader performance is improving. We can point to demonstrable improvement in a number of areas that were of concern at the beginning of 2018/19. In Health Care Acquired Infections, stroke, and cancer, we can point to significant full-year improvements when compared to 2017/18. In relation to planned care the Health Board's profile for numbers of patients waiting over 36 weeks at the end of 2018/19 was at its lowest level since April 2014, with significant improvement in the longest waiting times (a reduction of 500 over the course of the year). There were improvements in unscheduled care with

some stabilisation of performance in four and twelve hour waits in A&E as well as reductions overall in ambulance waits. The Health Board's winter plans were fully implemented, in partnership with Local Authorities. While recognising there is further work today to get unscheduled care performance where we want it to be, 2018/19 has been a year of greater stability and resilience.

- The Health Board also secured improvements across a range of areas not directly covered directly under the 'targeted interventions' arrangements. In relation to physical therapy services, no patients are currently waiting over the 14-week waiting time target and only one patient has waited over 14 weeks all year. A new target, supported by funding, was introduced by Welsh Government to reduce waiting times for access to psychological therapies to under 26 weeks for all relevant patients by the end of January 2019. The Health Board achieved target levels from January 2019 with the total number of patients waiting reduced by two thirds over a 6 month period and all waiting under 26 week target levels. The Health Board routinely delivers target levels of performance against the Mental Health Measure, which covers assessments, interventions and advocacy contact. Progress is also being made in access to primary care services. The number of practices offering appointments between 5pm and 6.30pm 5 days a week from 76% to 88% between Dec 2017 and Jan 2019. The proportion of practices opening core hours (or within one hours) has also increased to 95%. Childhood vaccination rates in the Health Board area are over 90%. At risk groups are prioritised in line with national guidance for the annual flu campaigns, with particularly high rates of vaccination achieved for pregnant women.
- The Health Board's finances are also improving. The deficit was cut to within the target level set for us by Welsh Government for 2018/19. There is further work to do to achieve financial balance by the end of 2019/20, but that remains the ambition.
- The Health Board's staff survey results also demonstrated a positive shift: the overall organisational engagement score for staff rose from 3.68 in 2016 to 3.81 in 2018 (on a scale rising to 5), with significant improvements in a number of domain areas. The turnover rate for staff within the Health Board (excluding junior medical and dental staff) stood at 7.71% in December 2018, a drop of 1.3% on the previous year.
- The Health Board, as part of the West Glamorgan Partnership, has been successful in securing financial support from the Transformation Fund for two

major proposals that are aligned to *A Healthier Wales* and the broader shift to more primary and community based care:

- o Our Neighbourhood Approach was awarded £5,900,000 to transform working practices within three cluster areas of Cwmtawe, Llŵchwr and Neath
 - o The Whole System Approach for Primary Care Clusters has also been awarded firstly £1,731,000 for the Cwmtawe Primary Care Cluster and then a further £8,883,000 to rollout the Whole System Approach to all the clusters of the West Glamorgan Partnership.
- The success in developing approvable transformation proposals was down, in part, to the strength of the Health Board's partnership arrangements. Those arrangements improved significantly during 2018/19. The Health Board is a key member of the West Glamorgan Regional Partnership Board, the Swansea Public Service Board, Neath Port Talbot Public Service Board and the ARCH Programme. The Health Board has also strengthened a number of its bilateral relationships over the course of the past year, individual local authority partners, its neighbouring health boards, the universities, and the police.
 - Alongside making these necessary improvements, the Health Board had to work closely with Cwm Taf University Health Board to deliver the Bridgend boundary change. As the Chairman notes in his update above, this has been planned for, and implemented, in a way that has had minimal disruptive effect on how our local populations interact with their health and care services. This has required a huge effort from all those involved, often on top of the 'day job'. I join the Chairman in thanking staff for their efforts.

In summary, Swansea Bay University Health Board has begun 2019/20 not only with a different geographical coverage but also with a strong foundation on which to maintain its improvement trajectory. The Health Board's annual plan sets out an ambitious set of expectations that will translate into improved outcomes and experiences for the population of Swansea Bay. The progress made in 2018/19 puts the Health Board in a much better position to be able to achieve its ambitions.

MATERNITY SERVICES

Board Members will be aware of the Royal College of Obstetricians and Gynaecologists and Royal College of Midwives report on their review of maternity services at the former Cwm Taf University Health Board. The report made for difficult reading and was upsetting: there is learning for us all in its contents.

Welsh Government sought assurances from all Health Boards on the safety of their maternity services. We shared the report widely within the Health Board and established a multidisciplinary team to undertake a self-assessment against the recommendations in the report. The initial self-assessment, and the evidence to support it, was considered at a scrutiny and challenge session with the Chairman, myself and a number of Independent Members and Executive Directors. This identified areas where further work was needed. A further version of our assessment and associated action plan was considered by my full Executive Team.

The full assessment shared with Government has also been shared with Board members. It is on the agenda of the Board meeting for discussion. The assessment allowed assurances to be given that our maternity services are generally safe and of high quality. It also helped identify areas where further improvement actions are needed, both in relation to maternity services and in relation to our broader clinical and quality governance arrangements. These actions were detailed in the Health Board's response to Welsh Government.

WELSH ASSEMBLY GENERAL SCRUTINY OF HEALTH BOARDS

All Health Boards in Wales have been asked to contribute to the Health, Social Care and Sport Committee's general scrutiny inquiry. Health Boards were invited to submit written evidence in advance of attending an oral evidence session. Swansea Bay University Health Board's written evidence is attached at Annex A. I was accompanied at the oral evidence session on 23 May 2019 by Chris White, Chief Operating Officer and Deputy Chief Executive, Sian Harrop-Griffiths, Director of Strategy, and Dr Richard Evans, Medical Director. The session was broad in nature, with Committee members covering numerous areas including Maternity Services, Winter Performance, Finance, Workforce, Mental Health, and the Bridgend Boundary Change.

SERVICE DELIVERY UNIT PERFORMANCE REVIEWS

We are currently undertaking our end of year formal performance reviews with each Service Delivery Unit. They provide the opportunity for the Executive Team and service delivery unit leadership team to collectively review integrated performance - quality, safety, delivery, finance - during 2018/19 and to consider the contribution of each Unit towards the delivery of the Health Board's 2019/20 Annual Plan.

ENGAGEMENT ACTIVITY

Events over the past month have reconfirmed for me the importance of our leadership engagement activity. I have always said that leadership is a 'contact sport', in that we need to be visible and accessible to our staff and patients, and that we need to spend a significant amount of time with our frontline staff to ensure we remain connected to the realities of health and care delivery.

Our 'Meet the Executive Team' engagement sessions continue, with meetings at Cefn Coed and Neath Port Talbot hospitals in March and April, and an evening session in Singleton Hospital on 22 May. These are completely open sessions in terms of attendees and content: issues covered include our plans for our estate and office accommodation; car parking and transport; and mechanisms for sharing best practice across and between delivery units. Our next event in Morriston will take place on the weekend.

Following the fire on Ward 12 at Singleton Hospital in March I have been privileged to spend time with clinical, support and portering colleagues who were directly involved and with patients and staff on our now 'temporary ward'. I was humbled in hearing of the incredible team effort from all involved in managing the incident and the flexibility in adapting to the temporary changes required whilst the ward is repaired and refurbished. I also spent time with staff and volunteers at Ty Olwen on our Morriston site. It was great to listen to our volunteers talk about the wellbeing benefits they enjoy through their volunteering and their ideas about how we can further improve our work here.

Following the recent Health and Safety Executive Report I have also been engaging with our staff who contributed to the review to thank them for taking part in the review openly and honestly and to gain a better understanding of the issues raised. My visits are underway within Emergency Departments, Portering, Theatres, Mental Health facilities, and others are planned across various sites over the coming months.

4. RECOMMENDATION

Members are asked to:

- **NOTE** the report.

Governance and Assurance		
Link 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		
<p>Ensuring that the Health Board make fully informed decisions is dependent on the quality and accuracy of the information presented and considered by those making decisions. Informed decisions are more likely to impact favourably on the quality, safety and experience of patients and staff.</p>		
Financial Implications		
<p>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.</p>		

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	Annex A : Statement from Chairman Annex B : Health, Social Care and Sport Committee's general scrutiny inquiry

Appendix A

My first ABMU Board meeting - Civic Centre, Swansea

24th January 2013

Thanks to my predecessor Win Griffiths. As today's WAO report says, "The Health Board has maintained a positive direction of travel with broadly sound governance arrangements that are continuing to mature."

Also very grateful to Ed Roberts, my Vice-Chair - we are already meeting regularly, etc. discussing how we will work together over coming months and years.

Charles Janczewski - I have written to Jan wishing him a speedy recovery and very grateful to Michael Williams for Chairing the Audit committee in Jan's absence.

Heartened but not surprised by early experience: great commitment and very strong public service values amongst ABMU staff.

My vision for ABMU:

- Developing a new form of collaborative health economy delivering best-in-class health & social care for the diverse communities we serve.
- A high performing, confident and learning organisation open to new ideas and ways of doing things: in terms of performance and how we deliver services, we should be regularly learning from others in terms of best practice and also benchmarking ourselves, not only against other Health Boards in Wales or even the rest of the UK, but also globally.

Opportunities & challenges: finance & demographics - *"You never want a serious crisis to go to waste"* (Rahm Emmanuel)

With both the South Wales Programme (SWP) and 'Changing for the Better' the direction of travel is clear - and once decisions have been made on the SWP there must be a clear appetite to deliver change - but at pace! After many years and months of change and churn our staff need and deserve greater certainty.

Collaboration based on Partnership - 'Team-ABMU' - based on partnership with local authorities; higher education - especially Swansea University; the Third Sector and workforce. As Chair one of my main roles is providing leadership - both internally and externally - and helping develop the strong and sustainable partnerships with our social partners upon which our success depends.

Higher education and "Developing the 'U' in ABMU". I spoke at the University Court on Saturday and said developing this relationship is a major priority of mine and with Paul Roberts and senior team met with Vice-Chancellor on Monday. I tasked the group with drawing up a Memorandum of Understanding between ABMU and University and we will be meeting again in March.

Local Government: Have already spoken to each of the Leaders of our three local authorities, and now setting up meetings with them at earliest opportunity to speed up/drive collaboration through Western Bay partnership to deliver more effective health and social care for the communities we all represent.

Other Health Boards: I have a good working relationship with all Chairs of LHBs and have set up series of regular bi-lateral meetings with Chairs and CEOs of neighbouring/adjoining LHBs to discuss issues of mutual importance and areas of possible collaboration. The key strategic partnership must be with Hywel Dda Health Board on the basis of "Two Health Boards - One Health Economy."

Workforce: A key priority for the Board - I will be dropping into Partnership Forum this afternoon to introduce myself.

Governance: Last but by no means least, the vital importance of good, effective corporate governance and the dangers of failed governance: Mid Staffordshire, the BBC; Banking sector; etc.

Clear that the Francis report will have major implications/lessons for corporate governance of Boards.

I want to review current Board corporate governance in light of best practice elsewhere and take on board lessons from Francis/Mid Staffs. In that context I have set up a meeting with the Auditor General next month to discuss ways in which we can strengthen the way we operate as a Board.

I have started meeting Non-Executive Board members on a one-to-one basis to listen to views of colleagues on how we can continue to improve the way we operate, assess their development needs, etc.

I will be arranging for the Non-Executives to meet together to discuss our respective roles and responsibilities.



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Bwrdd Iechyd Prifysgol
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Swansea Bay University
Health Board

Cadeirydd/Chairman: **Andrew Davies**
Prif Weithredwr/Chief Executive: **Tracy Myhill**

gofalu am ein gilydd, cydweithio, gwella bob amser
caring for each other, working together, always improving

Pencadlys Bwrdd Iechyd Prifysgol Bae Abertawe Headquarters

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Swansea Bay University Health Board Headquarters

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Rydym yn croesawu gohebiaeth yn y Gymraeg ac yn y Saesneg. We welcome correspondence in Welsh or English.

Swansea Bay University Health Board Written Evidence to the Health, Social Care and Sport Committee

Date of Submission: 2nd May 2019

1. Swansea Bay University Health Board (SBUHB) welcomes the opportunity to contribute to the Health, Social Care and Sport Committee's general scrutiny inquiry.

About the organisation

2. SBUHB replaced Abertawe Bro Morgannwg University Health Board on 1st April 2019 after responsibility for healthcare services in the Bridgend County Borough Council area transferred to what is now Cwm Taf Morgannwg University Health Board.
3. SBUHB serves a population of around 390,000 in the Neath Port Talbot and Swansea areas and has a budget in the region of £1bn. The Health Board employs approximately 12,500 staff involved in the promotion of good health and delivery of healthcare services. Prior to the Health Board boundary change, Abertawe Bro Morgannwg University Health Board covered a population of around 500,000, had a budget of approximately £1.3bn, and employed over 16,000 staff.
4. The Health Board works in partnership with local authorities and neighbouring health boards to deliver and commission a range of primary care, community and hospital based services across a number of sites. It also provides specialist healthcare services to a wider community: the Welsh Centre for Burns and Plastic Surgery at Morriston Hospital, for instance, covers south and mid Wales and the south west of England.

Overview

5. SBUHB heads into 2019/20 with a different geographical area, a predominantly new Executive team, and a renewed sense of ambition and purpose. An agreed ten year Organisational Strategy and refreshed Clinical Services Plan provide a framework for the Health Board to:
 - Play its full role in the local and regional health economy;
 - Increase its focus on improving its population's health and wellbeing;

- Integrate services with its partners in communities; and
 - Ensure it is a sustainable organisation delivering consistently high quality care.
6. The organisation has strong foundations on which to build: the quality of its care continues to improve; its performance against a number of priority measures has stabilised and improved; and it is reducing its financial deficit. 95% of the Health Board's patients who took part in the 'Friends and Family' test in 2018/19 would recommend the relevant ward or unit to friends and family if they needed similar care or treatment.
 7. The Health Board is a leader in Wales in digital technology and will seek to maximise this advantage in transforming how people's health is improved and how care is delivered.
 8. To accelerate its progress in integrating care and supporting the shift out of hospital, the Health Board and its regional partners have secured Welsh Government approval for transformation proposals aligned to '*A Healthier Wales*'.
 9. The Health Board is a key member of the West Glamorgan Regional Partnership Board, the Swansea Public Services Board, Neath Port Talbot Public Services Board and ARCH (A Regional Collaboration for Health) - a collaboration between SBUHB, Hywel Dda University Health and Swansea University. Its strong partnership arrangements are essential to the successful delivery of seamless and sustainable services and in the promotion and improvement of wellbeing in the people of the area. By building on a strong track record of collaboration with its local Universities, the Health Board also aims to be at the forefront of implementing research, enterprise, innovation and value-based healthcare, and to influencing research to meet its needs.
 10. Working closely with Cwm Taf University Health Board (as was) and now with Cwm Taf Morgannwg University Health Board, SBUHB has planned for and delivered the Bridgend boundary change. It has delivered the change while maintaining service continuity for patients. Significant Brexit preparedness arrangements have also been put in place to maintain service continuity, regardless of the outcome of the EU withdrawal process and negotiations.

Planning and transformation

11. SBUHB has been successful in adopting a more integrated and continuous planning approach across the breadth of its remit. The Health Board approved its 10-year Organisational Strategy in November 2018 and its 5-year Clinical Services Plan in January 2019.
12. The Organisational Strategy provides the long-term vision for the Health Board which is a critical element of becoming a clinically and financially sustainable

organisation, and in providing vision and direction to its citizens, partners and staff. It fully reflects 'A Healthier Wales' and the Wellbeing of Future Generations (Wales) Act. It sets the Health Board's strategic aims which are to:

- Support better health and wellbeing by actively promoting and empowering people to live well in resilient communities
- Deliver better care through excellent health and care services achieving the outcomes which matter most to people.

13. The Clinical Services Plan outlines how the Health Board will change its key service models to become sustainable. A transformation programme has been established, providing a vehicle for delivering the Clinical Services Plan (including a number of high value opportunities to improve efficiency and effectiveness).

14. The Organisational Strategy and Clinical Services Plan informed SBUHB's Annual Plan 2019/20 and will underpin its Integrated Medium Term Plan (IMTP) 2020-23. The performance trajectories within the Annual Plan have been agreed by Welsh Government. The Health Board intends to submit an approvable IMTP to Welsh Government in 2019.

15. The Health Board's regional planning functions have also developed significantly in the last two years. The relationship between SBUHB and Hywel Dda University Health Board in particular has been strengthened through the mechanisms and opportunities provided by A Regional Collaboration for Health (ARCH) and a Joint Regional Planning and Delivery Committee (JRPDC). The focus for the JRPDC is on shorter-term priorities and delivery, whilst ARCH, which also includes Swansea University, focuses on the medium to longer term. The Health Boards are working together on a number of short and long term regional priorities.

Performance and escalation levels

16. While remaining in "targeted intervention" status under the NHS Wales Escalation Framework, SBUHB continues to make significant progress in stabilising and improving performance across a number of measures. The Health Board's escalation status brings with it a focus on improvement in a number of performance areas, which include unscheduled care, cancer, planned care, stroke, and infection control. The progress made in these areas has been recognised and documented by Welsh Government.

17. In relation to planned care the Health Board's profile for numbers of patients waiting over 36 weeks at the end of 2018/19 was at its lowest level since April 2014, with significant improvement in the longest waiting times (a reduction of 500 over the course of the year). The Health Board achieved its required end of year waiting times control total by reporting 2,630 patients waiting over 36 weeks against a target of 2,664.

- 18.Improvements were also secured in speed of access to cancer services. The Health Board achieved a 5% improvement in the Urgent Suspected Cancer measure in 2018/19 with performance across the year at 86% compared to 81% in 2017/18 (this relates to the % of patients referred with a suspicion of cancer starting treatment within 62 days). This was achieved despite there being more patients being treated. A 1% improvement was achieved in the Non Urgent Suspected Cancer measure (for those not initially referred for suspected cancer but subsequently diagnosed with the disease) in 2018/19 with performance across the year at 96% compared to 95% in 2017/18.
- 19.The Health Board secured sustained improvements in infection control, seeing reductions of 36% in rates of C.Difficile, 4% in E.Coli, and 7% in S. Aureus infections between 2017/18 and 2018/19.
- 20.There were also improvements in unscheduled care with some stabilisation of performance in four and twelve hour waits in A&E as well as reductions overall in ambulance waits. The Health Board's winter plans were fully implemented, in partnership with local authorities, and their impact will be fully evaluated to inform further improvements planned for SBUHB in 2019/20. A key focus, in partnership with local authorities, has been on patient flow, ensuring that pathways exist for the accommodation of patients deemed medically fit for discharge outside of acute sites.
- 21.Stroke services is another area where the Health Board can demonstrate sustained improvement in access. Across the four access measures used to track performance SBUHB can point to improvements from 2017/18 to 2018/19 of +5% of relevant patients getting direct admission to a stroke unit within 4 hours; +10% receiving a computerised tomography (CT) scan within 1 hour; +6% receiving a stroke specialist assessment with 24 hours; and +2% achieving a "Door to Needle" (DTN) thrombolysis within 45 minutes.
- 22.The Health Board has secured improvements across a range of areas not covered directly under the 'targeted intervention' arrangements. In relation to physical therapy services, no patients are currently waiting over the 14-week waiting time target and only one patient has waited over 14 weeks all year. A new target, supported by funding, was introduced by Welsh Government to reduce waiting times for access to psychological therapies to under 26 weeks for all relevant patients by the end of January 2019. The Health Board achieved target levels from January 2019 with the total number of patients waiting reduced by two thirds over a 6 month period and all waiting under 26 week target levels.
- 23.The Health Board routinely delivers target levels of performance against the Mental Health Measure, which covers assessments, interventions and advocacy contact.
- 24.Progress is also being made in access to primary care services. The number of practices offering appointments between 5pm and 6.30pm 5 days a week

from 76% to 88% between Dec 2017 and Jan 2019. The proportion of practices opening core hours (or within one hours) has also increased to 95%.

25. Childhood vaccination rates in the Health Board area are over 90%. At risk groups are prioritised in line with national guidance for the annual flu campaigns, with particularly high rates of vaccination achieved for pregnant women.
26. SBUHB recognises and remains ambitious for further improvement in performance across all the areas listed above, and is now operating from a stronger and more sustainable basis to allow it to do so.

Finance

27. Financial management was also an area identified for improvement under the Health Board's targeted intervention status, with a particular emphasis on the need to reduce its deficit in a safe and sustainable way. Significant progress has been made.
28. In 2016/17 the Health Board overspent by £39m, and in 2017/18 it overspent by £32m. The position in 2018/19 improved by £22m (69%) compared to 2017/18. This was supported by the in-year provision by Welsh Government of £10m, made in recognition of improvements being made within the Health Board and to provide visible support to the actions being driven forward by the Executive team and Board. Following this additional provision, a 2018/19 control deficit total target of £10m was set for the organisation by the Welsh Government. The Health Board's end year position for 2018/19 was within the control total.
29. A significant element of the 2018/19 in-year financial improvement was delivered through non-recurrent savings. This has contributed to the underlying deficit position for 2019/20 being assessed as £30m. The key drivers of the underlying position are staff costs, particularly medical and dental and registered nursing costs.
30. The Board is moving away from a traditional flat line cost improvement programme approach to a more strategic savings approach using benchmarking to identify opportunities to realign service models. This approach tends to have a longer lead time and as a result the plans for 2019/20 cover a combination of strategic high value opportunities and efficiencies and more traditional cost improvements to be delivered in tandem in order to achieve financial balance.

Workforce and integrated working

31. SBUHB's ambitions can only be realised through the excellence and ambition of our staff. Within SBUHB we are creating an organisational culture driven by our values of *always improving, working together, caring for each other*.

32. SBUHB expects its leaders to lead by example and demonstrate the organisation's values and behaviours in all that they do. There is a programme of work in place to ensure the Chief Executive and wider executive team are visible within the organisation, engage meaningfully with staff on organisational developments, and communicate frequently across the organisation on key issues. This includes regular and open 'Meet the Executives' sessions, regular blogs and intranet updates, and frequent visits across the Health Board's various sites. The organisation invests in developing excellent leaders and managers, and in widening access to the career and talent pathways within SBUHB.
33. Evidence demonstrates that organisational performance is directly linked to levels of employee engagement. The overall organisational engagement score for staff, determined through a standard NHS Wales staff survey, rose from 3.68 in 2016 to 3.81 in 2018 (on a scale rising to 5), with significant improvements in a number of domain areas.
34. SBUHB faces nursing and medical recruitment challenges similar to those experienced across the UK. As well as contributing to all-Wales recruitment efforts, the Health Board is developing innovative ways to enhance the appeal of working for SBUHB, including through exchange programmes, fellowship schemes, and broadening its combined research and services posts. There is a Nurse Recruitment action plan in place to ensure the Health Board meets the phased implementation needs of the Nurse Staffing Levels (Wales) Act 2016.
35. The retention of staff is also key: the turnover rate for all staff within the Health Board (excluding junior medical and dental staff) stood at 7.71% in December 2018, a drop of 1.3% on the previous year.
36. The Health Board recognises that the home is the centre of the health and social care system. A significant element of SBUHB's workforce works in the community. This includes community outreach teams and teams working alongside, or integrated with, local authority colleagues. The health board's organisational strategy prioritises the ongoing promotion of community resilience through the integration of services across health and social care and beyond. This will be supported by the testing and implementation of new models of care, supported by Welsh Government transformation monies.

Delivering the Bridgend boundary change

37. The Minister for Health and Social Services announced on 14 June 2018 that from 1 April 2019, the responsibility for commissioning healthcare services for the people in the Bridgend County Borough Council (Bridgend CBC) area would move from Abertawe Bro Morgannwg University Health Board (ABM UHB) to Cwm Taf University Health Board (CT UHB). This boundary change establishes Bridgend CBC within the south east Wales regional footprint for healthcare provision and social services complementing existing economic and education partnerships.

38. A Joint Transition Board (JTB) was established as a sub-committee of each health board to oversee the implementation of the boundary change. Colleagues across both the Health Boards worked closely together, to identify all clinical services that fall within the scope of the transfer, working through every identified service, and both Health Boards agreed the future service provider arrangements. For some services, a Service Level Agreement has been put in place and SBUHB will continue to provide services to the population of Bridgend on behalf of Cwm Taf Morgannwg University Health Board, and vice versa.
39. In practice, this is an administrative change and not a service change. Patients should not notice any changes to their healthcare services. Services are not being lost or reduced, and how patients access services and receive their care remained the same from 1 April 2019. Patients will continue to travel to the same place as they do now to receive their care, and there are no changes to patient flows or referral arrangements.
40. A workforce transfer process was agreed and guided the decision making regarding all staff posts impacted by the change. The process of transferring identified services and the staff affected was led by the requirements under the TUPE as amended by the Collection Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014 and those laid out in the All Wales Organisational Change Policy.
41. The JTB met for the last time on 23 April 2019 to draw the Joint Transition Programme to a close. A Memorandum of Understanding has been completed, incorporating the principles that the JTB used to work together to manage the transition and boundary change thus far. The aim of the MoU is to set out the agreement reached by the two organisations in relation to the future co-operation, sharing of sites, staff and other resources and the exchange of information in the interests of delivering optimum patient care. The JTB identified the areas of outstanding and ongoing work in the context of the boundary change and agreed to take forward these via Joint Executive Team meetings, meeting initially on a monthly basis.

Preparations for EU withdrawal

42. SBUHB has worked closely with Welsh Government and other partners across health and social care in preparing for EU withdrawal, including for the possibility of a 'no deal' exit. The focus of the preparations has been on ensuring the maintenance of high-quality and safe healthcare.
43. As is the case for all Health Boards, SBUHB has a nominated Executive Director-level Senior Responsible Officer (SRO) overseeing the preparations locally, and contributing to a national group of SROs. The Health Board has actively participated in regional and national planning events to ensure our local plans are as robust as possible, receiving positive feedback from Welsh Government on its planning arrangements. A Health Board wide risk assessment has been undertaken to determine the potential impact of various

scenarios and to review, and further develop where necessary, business continuity arrangements. SBUHB was part of preparations that were made for a potential 'no deal' scenario, which included robust supply chain continuity arrangements and workforce planning.

44. Following the UK Government's agreement with the European Union to an extension of the Article 50 period to 31 October 2019, any plans to enact any 'no deal' provisions have been stopped. It is however recognised that the legal default remains that, until a deal is agreed and ratified, there is a risk of a no deal exit at the end of the extension period on 31 October 2019. The Health Board will therefore continue to keep its preparations under review.

Conclusion

45. SBUHB is optimistic and ambitious for its future, and for meeting the health aspirations and care needs of its local population. The organisation has much to do to meet its own ambitions, and those of its partners. The foundations are now in place to allow it to do so.
46. SBUHB executives are looking forward to the opportunity to discuss the above, and any other areas of interest to the Health, Social Care and Sport Committee, at the forthcoming scrutiny session.