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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	26 November 2020	Agenda Item	1.9
Report Title	CHIEF EXECUTIVE'S REPORT		
Report Author	Irfon Rees, Chief of Staff and Director of Communications		
Report Sponsor	Tracy Myhill, Chief Executive		
Presented by	Tracy Myhill, Chief Executive		
Freedom of Information	Open		
Purpose of the Report	To update the Board on current key issues and interactions since the last full Board meeting.		
Key Issues	Updates on: <ul style="list-style-type: none"> • Health Board de-escalation • COVID position • Forward look • EU Exit • Engagement • People 		
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'S UPDATE

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

1. HEALTH BOARD DE-ESCALATION

It is with great pleasure that we were informed of Welsh Government's decision and announcement that the Health Board has been de-escalated from its Targeted Intervention status. The Health Board is now at an 'enhanced monitoring' status.

The announcement is both a recognition of the great strides the Health Board has made over recent years to improve performance in a number of key areas, and a vote of confidence in the Health Board's handling of the COVID pandemic to date and of its plans for the future. I am pleased that the tremendous efforts of staff have made this possible and thank the Board for its guidance, challenge and support in helping to navigate this path.

We know there is no room for complacency. We are an organisation that strives to be continuously improving, even as we enter what is likely to be the most challenging winter ever experienced by the NHS in Wales.

2. COVID RESPONSE

It is clear we are now in the second wave of the pandemic. We have experienced considerable increase in the incidence of COVID within Swansea Bay that is impacting on the delivery of primary, community and hospital services.

Wales entered into a 'fire-break' on Friday 23rd October which ended on Monday 9th November. Since the fire-break, new rules have been introduced on a national basis in an attempt to keep the level of transmission under control. Shielding has not been formally reintroduced, although people who are at high risk are advised to ensure that they take sensible precautions.

TEST, TRACE, PROTECT

The Test, Trace and Protect service continues to be a key aspect of the overall response to the management of COVID-19. The service was stable over the summer period but has been increasingly busy since September as the number of cases of COVID-19 has risen. Audit Wales has undertaken a review of all TTP programmes across Wales and their report is awaited. In light of the increased workload, an external recruitment campaign has been undertaken to double the Trace and Protect workforce.

A local Testing framework is in operation. The two Covid Testing Units (CTUs) at Margam and Liberty Stadium continue to support drive-through testing (general public, pre-operative testing, key workers), with skilled staff carrying out tests on individuals. The Units also provide the staff resource to test at care homes and at individual's homes, if they are unable to drive. Across the two sites, there is capacity

to test 1,106 drive through attendances per day, as well as providing home tests for those who cannot travel and responding to care home outbreaks.

COVID VACCINATION

Following the initial submission of a vaccination plan in early September, detailed planning has continued at pace and a revised Programme Delivery Plan was submitted to Welsh Government on 16th November. The delivery plan is aligned with the Board's extant Distribution of Counter Measures Planning framework.

The agreed delivery framework is:

- A Mass Vaccination Centre
- Satellite Vaccination Centres in both Swansea and Neath Port Talbot
- Local centres for staff at each acute hospital site
- An In-reach model to support the delivery of vaccine into closed settings and to reach housebound patients.

Military planners have supported a 'stress test' of all Health Board plans in early November. In firming up our plans, we have now agreed site locations for all of the fixed site locations as described above and detailed work is ongoing to bring these into operational use. There is a national requirement to review security arrangements and this will be undertaken in conjunction with relevant authorities.

The availability of a skilled workforce to immunise remains the biggest constraint, although there has been an encouraging response to a local social media campaign and interest from agencies who are keen to support. Changes to the regulatory arrangements that allow other groups of staff to become immunisers will support medium term planning. In the short term, we will need to be flexible in deploying staff during the early phases of the programme.

The first phase of delivery will focus on those who are most 'at risk' and current guidance produced by the Joint Committee on Vaccination and Immunisation (JCVI) suggests that the first priority groups will be residents and staff in care homes together with front-line health and social care staff. Ensuring that the 'in-reach' and hospital delivery models are ready to be mobilised is a key priority.

Current indications are that a small supply of vaccine may be available in early December, however the delivery of vaccine in December is subject to considerable uncertainty and plans need to remain adaptable to changes in the national planning parameters.

CARE HOMES

Through the Incident Management Team mechanism and data from epidemiological reports and the TTP database, it is clear that there is growing concern about the sector as a whole and both the fragility of independent sector providers and the impact of ongoing transmission in the sector. We are working closely with multiagency partners over support to the sector.

HOSPITALS

We now have around 250 COVID positive patients in hospital, as well as a number of suspected cases. 13 of those patients were in critical care, at the time of writing. The proportion of COVID hospital patients requiring intensive care treatment is lower than in the first wave, partly as a result of patients presenting earlier in the disease's progression and as a result of improved treatment regimes. We are regularly discharging recovered COVID patients. However, we have also seen a significant number of deaths as a result of COVID in this second wave.

There have been a number of outbreaks of COVID-19 within hospital settings since September. These have been managed in line with the Board's Infection Prevention and Control Framework. The most significant outbreak has been in the cardiac centre in Morriston and resulted in the postponement of planned cardiac procedures for a number of weeks (since re-started), however there are ongoing outbreaks that are having a very significant impact. It is very difficult to prevent spread in hospitals given the levels of transmission in the community. All of our hospital sites have pathways and processes in place to separate elective (non-COVID) from non-elective; and cohort areas for known COVID-positive patients, and another for those awaiting a test result. All of these areas follow strict policies on physical distancing and use of PPE, in line with national guidance. An active communication campaign is underway to underpin the guidance and to improve adherence.

- WORKFORCE

Absence levels over the summer period reduced to normal levels, however, there is now a significant increase in COVID related absence across the Health Board. There are significant gaps in workforce availability, particularly in qualified nursing, and local pressures in Intensive Care. Specific actions are underway to block book agency support. A daily nurse workforce meeting is held to manage and mitigate risks.

A recent recruitment campaign was launched to the bank and this has been successful in generating a pool of Healthcare Support Workers (HCSW). A further social media campaign is underway to attract part time or recently retired professionals to support the COVID vaccination programme.

We are acutely aware that these remain challenging and stressful times for our staff and we continue to work closely with staff partners on ways to best target our support. A range of occupational health and staff wellbeing and support services continue to be provided.

3. QUARTER THREE PLAN

The Health Board's operational plan for Q3 and Q4 was submitted to Welsh Government on 16th October 2020, following approval by Chair's Action. It sets out the planned approach to responding to Covid-19 and continuing to deliver essential services for the remainder of the year, enabled by an effective Test, Trace and Protect service and COVID vaccination programme.

There are of course many variables. Detailed modelling to support alignment of service, workforce and financial requirements has been undertaken, and demonstrates that the Health Board has the physical capacity to respond to modelled demand, however acknowledging that there would be significant workforce challenges in staffing all super surge capacity.

Essential services can be maintained, although at periods of extreme pressure, some capacity may need to be flexed to respond to Covid-19 requirements.

The Health Board is required to set out that it can meet additional capacity requirements of 46 critical care beds and 621 acute beds. The Health Board has the physical capacity to deliver this through utilisation of internal and super surge capacity, however, staffing the totality of this capacity will prove extremely challenging. Plans are being finalised for agreeing the clinically led process through which services will be flexed and adjusted to meet this demand if required, and to deploy staff in a systematic way. This may mean that the Health Board will need to adjust some services for a period of time to support this.

The Health Board plans to continue, and if possible increase, the level of essential services delivery through Q3&4, especially in relation to cancer, diagnostics, planned surgery and outpatient activity. Arrangements have been made to protect elective theatre capacity wherever possible, although it has been agreed not to plan to undertake elective surgery (apart from urgent cancer surgery) during weeks commencing 28th December and 4th January.

In keeping with the rest of Wales, the Health Board is working to the clinical guidelines prepared by the Royal College of Surgeons to prioritise surgical activity. Patients requiring surgery have been classified in the following groups:

- Priority level 1a Emergency - operation needed within 24 hours
- Priority level 1b Urgent - operation needed with 72 hours
- Priority level 2 Surgery that can be deferred for up to 4 weeks
- Priority level 3 Surgery that can be delayed for up to 3 months
- Priority level 4 Surgery that can be delayed for more than 3 months

The Plan sets out that the Health Board will deliver Category 1a, 1b and 2 surgery during Q3&4, although there will be a backlog in relation to Category 2 at the end of the year. No priority 3 surgery is planned to be undertaken, with the exception of some paediatric surgery which is being clinically prioritised based on potential future and long term harm. The Health Board will continue to work with partners on regional solutions which may improve the ability to undertake elective activity through the remainder of the year.

All primary care services are now operating again, albeit through different arrangements in some cases. The Q3&4 priority areas take into account the refreshed national delivery milestones for the Strategic Programme for Primary Care, set out in the Q3&4 Operating Framework; the range of national guidance issued to primary care contractor services to date; and the extensive Health Board modelling (including Discharge Modelling and Bed Capacity Modelling). This is in addition to the emerging picture being presented by intelligence provided by data as part of the Minimum Data Set collection, and operational 'on the ground' knowledge of service demands and pressures.

In terms of mental health services, the pandemic is increasing psychosocial distress, people are fearful and anxious with anxieties relating not only to Covid-19 itself but also the loss of employment, reduced finances and to uncertainties over the future. The main psychological impact to date is elevated rates of stress or anxiety. But as new measures are introduced –especially quarantine- levels of loneliness, depression, harmful alcohol and drug use, and self-harm and suicidal behaviour are expected to rise. The expectation is that the impacts of Covid-19 on people's mental health and the Health Board services could be felt over at least three years, and the Plan reflects the organisation's emerging priorities to support this increased level of demand.

4. EU TRANSITION PLANNING

EU transition planning is overseen within the Emergency Preparedness, Resilience and Response (EPRR) Strategy Group, comprised of EPRR leads from all services across the Health Board. The Health Board also actively participates in a number of EU transition-related regional and national groups.

Due to the synergies between the Covid-19 response and EU transition preparedness, updates are now also included in the Covid-19 Gold meetings. A series of Covid-19 interim debriefs were undertaken during May and June to ensure lessons identified could be applied to the EU transition planning arrangements. This includes key learning points, particularly regarding:

- Supplies of medicines management,
- clinical and non- clinical consumables and food supplies
- workforce,
- Health and well-being
- Communications
- Emergency preparedness, resilience and response
- Command, Control and Coordination
- Multi-agency collaboration
- Financial oversight
- Community tension issues

The following activity is to be completed during November 2020:

- Full-service risk assessments
- Service Business Continuity plan and impact assessment review
- Review of Emergency Response plans
- Completion of an Assurance proforma in order that key risks, further mitigations and training requirements are identified, as well any additional gaps, planning and interdependencies can be noted. This is further progressed by the maintenance of a Risks, Assumptions, Issues, and Dependencies (RAID) Log in order to specifically address the mitigation requirements for the high risks.
- Support for staff in undertaking the settled status applications has continued and preparations are underway for the new Immigration Control system in 2021. Staff are also supported through a robust health and wellbeing programme
- A live EU transition preparedness document is in place.

5. ENGAGEMENT AND STAFF SURVEY

We continue to communicate as much as possible with our staff, keeping them informed on key issues. Our virtual 'Meet the Executive' sessions very are well attended and provided a forum for staff to raise questions or issues on any topic, or simply listen in.

The NHS Wales Staff Survey was launched this month and we know thousands of colleagues have already taken part. It runs until 24 November.

6. PEOPLE

Board members are aware that the Chair announced the appointment of a new Chief Executive, Mark Hackett, last month, following an extensive recruitment campaign. Mark will take up post early in the New Year. He is a very experienced NHS Chief Executive and I know he is excited about the prospect of leading the organisation through the next phase of its improvement journey.

Board members will also be aware that Chris White has announced his intention to retire at the end of March 2021. The timing allows Chris to continue to provide operational leadership over the coming winter as well as to support the new Chief Executive's in the first few months of his tenure. While there will be further opportunities for colleagues to thank Chris and reflect on his outstanding contribution to the NHS in Wales over many years, I wanted to put on record my personal thanks to Chris for his support to me during my time in Swansea Bay. I wish him all the very best.

7. THANKS

The November Board meeting will be my last formal Board Meeting as Chief Executive of Swansea Bay University Health Board, in advance of my retirement from the NHS at the end of the year. It has been a privilege to serve as the Health Board's Chief Executive, an experience made all the more rewarding by the colleagues I have worked with. I am grateful to Board members for their support and challenge along the way. I will follow the continued progress of the Health Board from a distance.

8. 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	None.	