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Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	07 October 2021		Agenda Item	1.9
Report Title	CHIEF EXECUTIVE'S REPORT			
Report Author	Susan Bailey, Head of Communications			
Report Sponsor	Mark Hackett, Chief Executive			
Presented by	Mark Hackett, Chief Executive			
Freedom of Information	Open			
Purpose of the Report	To update the Board on current key issues and interactions since the last full Board meeting.			
Key Issues	Updates on: <ul style="list-style-type: none"> • PUBLIC ENGAGEMENTS • COVID/VACCINATIONS • UNSCHEDULED CARE PRESSURES • BROADER OPERATIONAL DELIVERY • FINANCIAL HEALTH • OUR PEOPLE 			
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance	Approval
	<input checked="" type="checkbox"/>	<input 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.

OVERVIEW

This month's report paints a very mixed picture. There is exceptional, immense pressure on our services in all areas and every part of the health and care system working really hard and under substantial pressure. Staff are tired but giving their all and patients are presenting with significant healthcare needs whilst waiting times for appointments, diagnostics and procedures are at their highest. We are experiencing considerable workforce pressures, particularly health and social care due to illness and Covid-related isolation. The domiciliary care sector is under tremendous pressure with an inability to meet fully the referral demands on it due to workforce shortages, particularly in Swansea. It is a day-to-day struggle to provide safe care when people need it. At the same time, we have been engaging with local people, stakeholders and staff about plans for to invest in new services and technology, organise services to deliver more care and provide a better patient experience and outcomes and working environment, through our "Changing for the Future" public engagement. We have also been successful in securing new and substantial Welsh Government funding both to support the day-to-day pressures we are facing and our plans to improve services that deliver sustainable improvements for patient outcomes and access, whilst moving us a long way to delivering our Annual Plan and towards our long-term direction

Our staff have been magnificent and we are focusing on ensuring their welfare is supported and reinvigorating our recruitment to fill the large numbers of vacancies that we have. We are also collaborating with social care partners to recruit more domiciliary and care staff with joint advertising for staff posts to attract new staff to health and social care.

The pressures we see in our emergency department are a symptom of pressure in every part of the system and it is only by ensuring that patients can move between primary, community, hospital, mental health and care services easily, at the right time for their care needs, that we will see some of these pressures ease. That is why many of the proposals in *Changing for the Future* (see below) are so important.

PUBLIC ENGAGEMENTS

Changing for the Future

Our Annual Plan engagement programme [Changing for the Future](#), ran from 26th July until 1st October.

It outlined plans for Morriston, Singleton and Neath Port Talbot hospitals to evolve into individual centres of excellence - designed to give people better access to emergency care, and cut through long waiting lists for operations.

The proposals will give each hospital unique roles, with all three working even more closely with extended community care services. Together, they will form a closely integrated NHS service for Swansea and Neath Port Talbot.

As of 27th September more than 1,200 responses to the engagement had come in. Following the end of the engagement the total number of final responses will be analysed so that the Health Board and Community Health Council can decide if the proposals should progress at the end of October. There has been extensive and successful public engagement. It has been insightful and invigorating listening to people who use, rely on and work in our services and hearing their thought, experience and expertise. Executives held public sessions and there was input from Hywel Dda and Powys residents too.

Older People's Mental Health Services

Engagement on plans for our Older People's Mental Health Services ran from 3rd July to 12th September.

We asked for views about the changes we are proposing to our specialist inpatient beds which provide assessment and longer-term care for the small number of older people with the highest levels of need who cannot be cared for safely anywhere else.

These proposals would allow us to increase the number of orthopaedic operations where we have seen a continued rise in our waiting lists with high numbers of patients waiting over one year for major orthopaedic operations.

Conscientious consideration of the responses have been completed, and it has highlighted that we need to do some further work on the mitigations and issues raised by respondents to the engagement. I will report back on this at the health board meeting at the end of October 2021.

COVID-19 RESPONSE

Vaccinations

We have given well over 550K doses of Covid-19 vaccination since December of last year, and have now started new stages in our vaccination programme: rolling out booster doses, third doses for people who are immunosuppressed, and first doses for 12-15 year olds.

Booster doses for over 50s:

In line with JCVI guidance, we have begun our programme of booster vaccinations – starting with those aged over 80, people living in care homes, and frontline health and social care workers.

We will be progressing down the cohorts by age, as we did with our original vaccination roll out.

We have begun contacting people who are immunosuppressed to book their third primary Covid-19 vaccine dose. This group will also be offered a booster dose six months after their third dose – making four in total.

We started vaccinating these young people week commencing 4th October, with the aim of all getting an appointment offer by 1st November for 12-15 year olds.

COVID-19 infection rate

Unfortunately, incidence rates are at a similar level to those seen in December last year. The increase in incidence is being driven by increases in school age children where rates are continuing to rise very rapidly (rate in <18 years is now well over 2000 per 100K per week and rising steeply; with rates in 10-19 year-olds at over 2,700 per 100K and rates in under-nines at over 900 per 100K). Rates in other age groups are high, but have stabilised.

Testing volumes are now at record high levels and still rising slowly (now over 16,000 per week) but positivity rates remain high at over 20% overall (35% in 10-19s). There are high case rates in all age groups now and this is concerning as vulnerability to severe COVID infection increases with age.

We are not yet seeing high rates in returning students but will be watching this group with interest for emergent cases.

Hospital admissions remain at a stable level, as does ITU occupancy due to COVID. On 28.09.2021 there were 65 reported in-patients with 9 in critical care beds which is impacting on how we can manage patient flow in hospitals. These numbers are considerably lower than the first and second waves.

Overall the position appears to be one of widespread community transmission, despite vaccination coverage. Although the headline numbers/rates are dominated by school age cases (over 1500 per week) there remains a significant level of disease in older more vulnerable groups

Across Wales there are currently over 450 Covid patients in Welsh hospitals.

UNSCHEDULED CARE

Demands on our other services, including unscheduled care and the Emergency Department remains high and has largely returned to 2019/20 levels..

The increase in ward capacity required to manage Covid cases is having a significant impact on the operation of the acute care service. Significant additional capacity for acute medical care has now been opened on the Morriston site but this is being filled rapidly. Work has been underway to reduce numbers of in-patients with some limited success. We are looking at a number of ways to improve discharge where we can.

Our ability to discharge patients from hospital remains a challenge – this is on all discharge paths, not just to care homes. This reflects the wide pressures in the

community and the current difficulties with domiciliary care and closed beds in many residential and nursing homes due to infection control and other factors

The impact of Covid on the care home sector in recent weeks continues with over 20 homes closed because of Covid-related issues.

The domiciliary care sector picture has worsened, with business continuity declared by local authorities for community care.

This is having a major impact on our unscheduled care services and patient flow, and we are taking urgent and determined actions to mitigate the risks this pressure is causing to deal with the escalating patient safety concerns we have and where we can reduce avoidable harm.

Mitigating actions

We are continuing to work closely to support care homes and local authorities, and to manage the extreme pressures on our unscheduled care. We are taking a number of actions. These are:

- We are jointly recruiting health and social care workers with the local authorities. The minimum number of new recruitments is 30, but this is a rolling programme and the intention is to continue this recruitment as needed. These new staff will support the Home First/domiciliary community-based care, so patients who no longer need to be in an acute hospital bed can be cared for appropriately in the community, relieving pressures in the hospitals.
- Our local authority colleagues are introducing other changes to pay bands and domiciliary care shifts which we are supportive of.
- We are working in partnership to secure an additional number of care home beds to move clinically optimise patients to.
- We are looking at accelerating plans for our front door services which are aimed at avoiding hospital admissions, through the development of ambulatory emergency care and short stay admissions capacity; and focusing on increasing our bank staffing.
- There are a number of actions within the Emergency Department (ED). GP Out of Hours and the Urgent and Primary Care Centre on the Morriston site that we are taking forward to relieve the work of the ED
- Within the acute inpatient beds we are changing our purposes and focus to improve our control our patient flow
- Within primary and community services we are taking forward actions to increase capacity to meet demand, against a backdrop of staff shortages and support being offered to nursing homes
- There have been a number of actions we have developed with our clinical leadership team for further changes to our urgent and emergency services.
- We are introducing extra therapist cover over weekends to improve patient discharge flows. We are looking at potential options to buy spare care home

bed capacity over the next few months, and we are also looking at other means to support community services.

WINTER PLANS

Janet Williams, Director of Health Board Operations is working with our service units and local authority partners on our winter plans for 2021/22.

BROADER OPERATIONAL DELIVERY

Emergency Department (ED): Attendances in August 2021 were 3% lower than July 2021 indicating a slight reduction in the numbers of patients presenting at our front doors. The number of attendances in August 2021 are 1.7% lower than figures in August 2019.

Planned Care: August 2021 saw a slight in-month reduction in the number of patients waiting over 26 weeks for a new outpatient appointment, however the number waiting over 36 weeks for treatment has seen a slight in-month increase (1.2%). Plans have been developed to increase our theatre and bed capacity in Neath Port Talbot and Singleton hospitals to increase our elective operating. This will make considerable improvements to our patients. GP referrals into the Referral to Treatment (RTT) system have steadily increased since the first wave of the pandemic, however referrals have begun to decrease since July 2021. There were 11,320 referrals received in August 2021, compared with 10,440 in August 2019. The total waiting list size has seen an in-month increase of 2,566 patients in August 2021 to 89,921 patients waiting.

There will be 26 additional theatre sessions per week offered in October 2021, with 22 at Neath and Port Talbot and Singleton. I have asked for a further 26 to become new utilised theatres per week by December 2021. The work undertaken on improving theatre productivity has had a real impact in our theatre suites particularly at Morriston Hospital, and improvements to scheduling, theatre utilisation and pre-operative assessment pathways.

There has been a new investment in our services and planned care in recent months supported by Welsh Government funds. This will impact on a number of long-waiting operations such as ophthalmology, maxillofacial; dermatology, orthopaedics, and colorectal services to reduce waiting times for patients.

The imminent trajectories for improvement we are working on given the impact of the difficulties in out of hospital service provision. I will be reporting these to the health board shortly.

Cancer: August 2021 (draft data) saw a slight deterioration in performance against the Single Cancer Pathway measure of patients receiving definitive treatment within 62 days. The backlog of patients waiting over 63 days increased in August 2021. A detailed cancer recovery plan has been agreed by the Management Board which will review performance. A performance trajectory has been provided which is aligned to the plan to enable effective delivery of performance. Performance delivery will not change in a stepped manner until the backlog is sustainably reduced. Single Cancer

Pathway performance declined in August 2021 to a draft figure of 53% from 71.6% in March 2021.

The health board has recently received capital funding for a new state of the art PET/CT scanner to improve cancer diagnosis and treatments. There has been a £5m investment in a new linear accelerator and we are working with Welsh Government and partners on the development of robotic surgery for cancers in Swansea Bay, which will utilise this cutting edge technology for the service in future years

Mental Health: performance against the Mental Health Measures continues to be maintained. All targets were achieved in August 2021.

Child and Adolescent Mental Health Services (CAMHS): Access times for routine CAMHS still don't meet the required targets, with crisis performance deteriorating to 79% against the 100% target. Neurodevelopmental Disorders (NDD) access times within 26 weeks continues to be a challenge, however performance continues to increase steadily.

Population Health

The Health Board has proposals to develop a Children's and Young Persons' healthy weight service and is developing proposals for an adults' service. The investment is around £376K.

Keith Reid is working within the Health Board on the development of our Health Board Population Health Strategy and our specific areas of focus. This will require considerable engagement to develop a coherent strategy which improves the health and well-being of our population in key areas. We hope to have this completed by Q.4 2021/22.

Sian Harrop-Griffiths is taking forward our approach to developing our health board decarbonisation plan which we will share with Health Board members in due course, in response to the Welsh Government decarbonisation strategy.

Recovery and Sustainability

The development of the health board's Recovery and Sustainability Plan is being progressed through the Sustainability Working Group. Cases for Change and Evidence packs have been developed and issued to key system programme boards and leads (UEC, Planned Care, Cancer, MH&LD, CYPO & Maternity). These set out the challenges, constraints and opportunities in these areas. Service Model Frameworks and detailed delivery plans are now being completed by the programme boards to set out the visions and priority changes that will address the cases for change to form the basis of the Recovery and Sustainability plan.

This has been accompanied by engagement and communications by the strategy Team and Integrated Planning Group, including a systems workshop and an interdependencies workshop, Cluster engagement and Board briefings. A Data Intelligence Group has also been established to coordinate the demand and capacity and business intelligence needs of the plan. The Service Model frameworks and

detailed delivery plans will be reviewed and refined throughout October in order that by December we have drafted the plan and developed a cost improvement plan, an activity plan and identified service development priorities.

The emphasis of this work is to develop a clinically-led recovery and sustainability plan which focuses on how we can secure our long-term strategic objectives whilst developing our approach to population health improvement.

The timescale for developing the draft plans which will look at our integrated service and final plan is by December 2021. I have secured agreement by the Director General for Health on this.

A Regional Collaboration for Health (ARCH)

We continue to work closely with colleagues in Hywel Dda UHB in accordance with our joint regional narrative to accelerate work programmes where we can jointly improve services for our populations. We have revised the ARCH governance to provide greater executive leadership and focus on regional recovery and coordination. Our agreed a regional work programme includes Eye Care, Dermatology, Regional Pathology, Cancer services, Neurology, and Cardiology. We've created a pipeline of regional Strategic and Operational Change projects that over time will build on the breadth of regional collaborations.

FINANCIAL HEALTH

The health board agreed the Annual Plan for 2021/22 at its meeting on 23rd June 2021, having approved the draft annual plan in March 2021. This included a financial plan which reflected a £42.077m opening underlying deficit and indicated that in-year cost pressures and investment commitments could be met by the Welsh Government allocation uplift and planned savings. The Health Board plan therefore produces a £42.077m forecast deficit.

Welsh Government have confirmed the intention to provide non-recurrent support to mitigate the 20/21 COVID impact on savings and this will reduce the forecast deficit for 2021/22 to £24.405m.

At the end of Month 5 (August), the health board has reported an overspend of £10.185m, which is in line with the forecast deficit.

The health board is experiencing significant operational pressures, which are challenging workforce availability and costs. These are being reviewed in October 2021 and I have asked for our action to mitigate these risks.

The health board has made excellent progress on savings with identified savings in excess of the planned savings requirement. The focus is now on the delivery of these savings, recognising the potential impact of operational pressures on the delivery in-year and also on the development of a pipeline of schemes to support future plans for health board recovery and sustainability. This will be enhanced by a Savings PMO which will provide support, test and challenge at both service group and programme level. The CIP schemes have been reviewed in September 2021

and we are holding a series of sessions with budget holders in October 2021 to ensure recurrent delivery of schemes is served as there are outcomes emerging reflecting the difficulties in the health and social care system. These impact on saving schemes which we will need to offset. I will brief the Board on this with Director of Finance shortly.

The health board is currently anticipating £119m of additional funding to support COVID response and recovery. It is expected that this funding will be fully deployed to meet additional costs.

OUR PEOPLE

I am delighted to announce a number of key appointments to our executive team.

Inese Robotham has been appointed as our new Chief Operating Officer. She is joining us from Dorset County Hospital NHS Foundation Trust, where she has been responsible for leading the trust's response to the pandemic. She is arriving on 18th October, 2021.

Inese has extensive NHS experience at senior level, having also been the acting Chief Operating Officer at Worcestershire Acute Hospitals NHS Trust, among other senior NHS roles, and has proven leadership skills. My thanks go to Janet Williams, Associate Service Director for Mental Health and Learning Disabilities, who has been covering the COO role for the past six weeks.

Gareth Howells has returned to the health board to take up the role of Acting Executive Director of Nursing for a two-year period. A professional and inspirational nurse and leader, Gareth has extensive experience at, and commitment to, Swansea Bay. He will make a significant contribution to the wider strategic and operational development of the organisation to improve the service to our patients.

Christine Williams, who has been acting Executive Director of Nursing, is staying on as Deputy Executive Director of Nursing. I want to thank Christine Williams for her unfailing commitment she has demonstrated whilst acting into the role – she has been simply fantastic.

Following a competitive external process, Darren Griffiths has been appointed Director of Finance. Darren Griffiths will be well known to many as he has worked for Swansea Bay, and its predecessor ABMU, since 2008.

In March last year Darren took on the role of Interim Director of Finance just as the Covid emergency and lockdown took over our work and lives.

Darren has been an outstanding colleague and expert professional throughout his career and a key member of the leadership team here for the last 17 months.

Debbie Eyitayo has been appointed as Director of Workforce and Organisational Development. She has extensive HR experience at a senior level, including being Director of People at Epsom and St Helier University Hospitals NHS Trust, and Director of HR and OD at Hertfordshire Community NHS Trust. I am delighted to have Debbie on the team.

Christine Morrell has been appointed to Director of Therapies and Health Sciences from 1st October 2021, from her acting position on the Board. Christine is an excellent colleague who has contributed to our successes, and tackled a number of challenges in recent years. I look forward to working with her.

Deborah Lewis has been appointed Deputy Chief Operating Officer and will work on improving our performance, delivery, operational service planning, the service transformation portfolio and manage key service constraints within the Health Board. Deb brings great experience to us and the role enables her to develop her skills and abilities, which is terrific.

Kate Hannam was appointed Interim Director at Morriston Hospital in September 2021.

MARK HACKETT
CHIEF EXECUTIVE OFFICER