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Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>24 September 2020</b>	<b>Agenda Item</b>	<b>1.8</b>
<b>Report Title</b>	<b>Chief Executive's Report</b>		
<b>Report Author</b>	Irfon Rees, Chief of Staff		
<b>Report Sponsor</b>	Tracy Myhill, Chief Executive		
<b>Presented by</b>	Tracy Myhill, Chief Executive		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To update the Board on current key issues and interactions since the last full Board meeting.		
<b>Key Issues</b>	Updates on: <ul style="list-style-type: none"> <li>• COVID readiness</li> <li>• Q3 and Q4 planning</li> <li>• Service Updates</li> <li>• Brexit</li> <li>• Structured assessment</li> <li>• Key engagements</li> </ul>		
<b>Specific Action Required (please choose one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	Members are asked to: <ul style="list-style-type: none"> <li>• <b>NOTE</b> the report</li> </ul>		

## **CHIEF EXECUTIVE'S UPDATE**

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. COVID RESPONSE**

While overall hospital activity in relation to COVID-19 was low during July and August, there is now evidence of an increase in positive cases and a recent increase in suspected patients attending hospitals. As of 14<sup>th</sup> September, the COVID-19 weekly case rate is 9.3 and 7.0 per 100,000 in Neath Port Talbot and Swansea respectively. The Health Board is escalating its response arrangements, and has increased the frequency of its GOLD meetings to twice weekly. This may increase further.

Testing has been a key focus throughout August and there has been a significant increase in testing over recent weeks. The Margam Community Testing Unit has been functioning at full capacity. The number of positive cases remains low in absolute terms, but the rate of increase in positive cases is an indicator of increasing transmission. Regional Test, Trace and Protect (TTP) teams have seen a significant increase in workload from late August onwards.

As part of the development of Q3/Q4 operational plan, work is continuing to consider our service response to future waves of COVID-19 and to also ensure a robust and integrated winter plan that recognises broader risks including those relating to EU exit in January 2021.

Swansea Bay UHB's Protect and Response plan was submitted to Welsh Government on the 20<sup>th</sup> August 2020. There has been recent feedback as a result of a Welsh Government peer review and the plan will be further appraised and will remain live, flexible and adaptable to needs.

Work is now progressing to deliver a mass vaccination programme and the delivery of influenza vaccination as an adjunct to the COVID-19 response. A table top exercise was undertaken on the 20<sup>th</sup> August 2020 to ensure that the proposed model was fit for purpose and to further enhance the operational planning. A COVID-19 Vaccination Delivery Plan was submitted to Welsh Government on the 3<sup>rd</sup> September 2020 and will continue to be refined as national planning parameters change.

At the time of writing this report, the situation in Wales remains fluid with increasing incidence of COVID-19 in a number of different counties, which has led to the introduction of local lockdown arrangements in Caerphilly and Rhondda Cynon Taf, in line with the Welsh Government Coronavirus Control Plan. There is evidence of more widespread transmission in other counties in Wales. SBUHB has operational plans in place to respond to modelled levels of additional demand of COVID-19. At the national level, Welsh Government published a Winter Protection Plan on 15<sup>th</sup> September, setting out how health and social services will deal with the added challenge of COVID-19 on top of winter pressures this year.

## **2. QUARTER 3 AND QUARTER 4 OPERATIONAL PLANNING**

Work has continued on the development of the SBUHB Quarter 3 and Quarter 4 operational plan. A briefing session was held for Independent Members on progress with the development of the Plan on 27<sup>th</sup> August.

Welsh Government has advised that the Q3 & Q4 Planning Guidance and mandatory templates will be issued the week commencing 21<sup>st</sup> September. It is expected that a short narrative aspect will be required alongside. An outline document framework for the Health Board's Q3 & Q4 Plan has been developed, building on the Q2 Plan, and is in the process of being populated with the key elements of the individual essential and routine service plans.

Work has concluded on the general bed and Emergency Department (ED) demand and capacity modelling and was signed off at the Executive Board meeting on 9<sup>th</sup> September. The final national modelling was received on 10<sup>th</sup> September reducing the stock requirement for critical care beds across Wales. The local modelling has been refreshed based on the national advice.

A workforce deployment plan is being developed to support the Health Board's choices in light of any significant resurgence of COVID-19 related demand, set against the context of trying to reset and recover essential and routine services.

Board papers include the modelling scenarios and Welsh Government's recently published National Winter Protection Plan.

## **3. SERVICE UPDATES**

### **UNSCHEDULED CARE**

The number of unscheduled care attendances has climbed from 5,280 in April at the peak of first the COVID-19 outbreak to 9,684 in August. It is now at around 90% of the activity seen at the same point in the previous years, though there is a high acuity level among those presenting at our Emergency Department.

ED performance through to the end of August has been sustained, with over 80% of patients presenting being seen within 4 four hours in each of the past four months.

However, we have seen increases in the number of suspected COVID cases presenting in ED over the past few weeks. With the need to stream COVID and non-COVID patients in both ED and on the hospital wards, this will inevitably impact on patient flow through our hospitals. As noted above, we have enhanced capacity plans in place and multiple actions underway and in development in readiness for the forthcoming winter pressures.

### **PLANNED CARE**

Planned care services have continued to be brought back on line, with individual services undergoing a Quality Impact scrutiny process to determine the readiness and appropriateness of a service being restarted. Many services continue to adopt many of the positive new ways of working prompted by the onset of the pandemic. Surgical capacity continues to be increased incrementally, and individual procedures graded and prioritised using the Royal College of Surgeons guidance, published on 10th June 2020. Levels 1-2 procedures continue to be prioritised at the current time. Planned care performance is covered in detail in the performance report.

## TONNA HOSPITAL

On 2<sup>nd</sup> March 2020 the Health Board began a public engagement, due to run until 24<sup>th</sup> April 2020, on people's experiences of mental health services for older people in Swansea and Neath Port Talbot and on the proposed closure of 14 beds at Tonna Hospital for older people with mental health problems. These beds had been temporarily closed shortly before this due to low occupancy levels and concerns about being able to staff the beds and provide appropriate care to patients.

In consultation with the Swansea Bay University Community Health Board (CHC), it was agreed to pause the engagement as the Health Board responded to this COVID-19 pandemic and as normal engagement mechanisms were impossible during lockdown. The commitment was given that the 8 week engagement period originally planned would be restarted when circumstances allowed.

In order to maximise beds available for Covid-19 patients in our main hospitals the Older People's Mental Health acute ward (Ward G) has been relocated from Neath Port Talbot Hospital to Tonna Hospital (into the temporarily closed beds which were part of the engagement). We are unlikely to move the beds and patients back from Tonna Hospital to Neath Port Talbot Hospital until we are sure that we have passed the second wave of Covid-19 and additional winter pressures.

It is therefore necessary for the temporary reduction in older people's' mental health beds for the Neath Port Talbot area to remain in place whilst we assess the best time for undertaking safe engagement and returning our acute admission function to Neath Port Talbot Hospital. This is unlikely to be until early 2021, depending on the progress of Covid-19 and other pressures on the NHS. We will keep this under regular review to ensure that this situation remains for no longer than is absolutely necessary and will provide a further update in October 2020.

We have been working collaboratively with Swansea Bay CHC on this issue and they have confirmed the following: "The CHC appreciates the challenges placed upon the NHS at this time and the fact that they have to make best use of the resources available to them to ensure they can cope with the additional pressures of Covid-19 and the winter. Therefore we support the Health Board's decision to delay the engagement on the reduction in older peoples' mental health beds in the Neath Port Talbot area, and specifically Tonna Hospital, and look forward to working with them to engage meaningfully on this proposed change once circumstances allow." My thanks to the CHC for their support.

## MANAGEMENT CHANGES

Board members previously received updates on the organisational design work to strengthen our structures. All these changes relate to internal management arrangements and do not impact directly on service delivery. The outcome of our internal structures engagement exercise was agreed through the Senior Leadership Team and issued to the organisation in December 2019. The work was paused due to COVID-19 but restarted in July 2020.

Prior to the pause, the following changes were enacted:

- Risk, Legal and Datix team realigned under the Director of Corporate Governance;

- Education Centres consolidated under the Director of Workforce and Organisational Development;
- Breast and dermatology services consolidated, post boundary change within the Singleton Unit
- Rebranding of Informatics to Digital Services;
- Organisational Change Process for Service and Nurse Unit Directors commenced up to interview stage;

Other relevant structural changes resulting from wider Senior Leadership Team decisions are:

- All maternity services moved to the management and leadership of the Singleton Unit in 2019 following the learning from the Cwm Taf Morgannwg Maternity review.
- In June 2020 the Senior Leadership Team supported the development of a Care after Death Centre. This proposal was to align patient affairs, counselling psychology and chaplaincy resource to this centre which would sit under the Quality and Safety Governance team in Morriston Unit (now Morriston Group).
- In August 2020 the Senior Leadership Team supported a proposal to consolidate all elements of Cancer performance, information and strategic leadership under the then Singleton Service Director (now Singleton and Neath Port Talbot Service director) portfolio. The proposals also confirmed that the cancer professional leads in AHPs and nursing would sit under the relevant Executive Clinical Director, as the Associate Medical Director for cancer currently does with the Executive Medical Director. The proposal also set out the intent to evolve the Cancer Improvement Board into the Cancer Strategic Board, under the Executive leadership of the Medical Director and with responsibility for all issues relating to cancer (IMTP development, Cancer Standards, MDT matters, and peer Review submissions)

#### EXECUTIVE TEAM POSTS:

- The replacement CEO post is out to advert with support of recruitment consultants with an anticipated selection process due to take place in October.
- The Executive Directors of Finance, Nursing & Patient Experience, and Workforce & OD posts will be progressed once the new Chief Executive Officer is appointed. The scope of the Executive Director for Primary Community and Mental Health post is to be agreed.
- The Remuneration Committee agreed that the role of the Chief of Staff will be extended to include responsibility for Communications and Executive Engagement and management of the staff in these functions. The Committee also agreed that the title of the current role of Associate Director of Digital Services (formally IT) be changed to Director of Digital and reporting arrangements changed to report directly to the Chief Executive

#### GROUP DIRECTOR ARRANGEMENTS

- Jan Worthing (currently Singleton Service Director) has taken up the role of Service Director of the new Singleton and Neath Port Talbot Service Group with effect from 1st September 2020.

- Lesley Jenkins has taken the role of Director of Nursing in Singleton and will become Director of Nursing for Singleton and Neath Port Talbot Service Group from 1st November.
- Paul Davies is the interim Nurse Director at Neath Port Talbot hospital a post he will hold until 1st November.
- Stephen Jones has been appointed to the post of Nurse Director in Mental Health and Learning Disabilities Service Group
- Brian Owens (currently Neath Port Talbot Service Director) will take up post as Service Director for the Primary and Community Service Group on 1st January 2021 (designate from 1st September), enabling a smooth transition between September and January when Hilary Dover retires at the end of the year.
- Options for Therapy leadership within the newly formed Primary, Community and Therapies Group as part of the senior quadrumvirate arrangements for the Group are being considered.

#### **4. AUDIT WALES STRUCTURED ASSESSMENT**

Audit Wales' Structured Assessment of the Health Board has been finalised and published. It found that overall good governance has been maintained while working with revised frameworks to discharge Board responsibilities during the Covid-19 response. Through adapted arrangements, the Board maintained transparency, ensuring effective scrutiny and using data effectively to support decision-making. A resilient Board led the organisation and essential systems of assurance continued during the pandemic with a strong focus on risk management. Oversight of governance arrangements was maintained with committees temporarily stood down reinstated.

#### **5. BREXIT**

During 2019, Health Board ran a programme of work to ensure readiness for leaving the European Union. The EU transition period commenced in January 2020 and if there is not agreement by the end of December 2020, the UK leaves the EU on the 1<sup>st</sup> January 2021 with no deal.

The UK Government's Department of Health and Social Care (DHSC) has written to medicine suppliers regarding the continuity of supply, highlighting the need for flexible mitigation and readiness plans to be put in place to prepare for all scenarios.

The COVID-19 pandemic has added a set of complications to the process of leaving the EU and there remains a high level of uncertainty of the impact on the NHS and associated partners of leaving the EU whilst in the midst of a pandemic. The Health Board preparedness is based on specific risk assessments particularly in relation to clinical and non-clinical consumables and pharmaceutical supplies, workforce and resilience. The Health Board's focus will remain on minimising disruption to services, maintaining business continuity, responding to escalating issues and general resilience to ensure that any negative impacts which could impede health and care delivery are avoided or minimised.

## **6. ENGAGEMENT**

Collaborative and partnership arrangements have continued through the Summer, in modified form. Board reports cover the detail of some of the most recent engagement activity with both NHS and wider strategic partners.

Close working arrangements with Local Authority colleagues over our COVID-19 response in particular, have continued. Regular briefing and engagement sessions with regional Members of the Senedd and Members of Parliament have been reinstated following the Summer recess, though frequent written communication continued through July and August.

### **WORKING WITH WELSH GOVERNMENT**

Close engagement with Welsh Government continues, with regular interaction at Chief Executive level and between Executive Directors and their functional counterparts in Government. There is a Joint Executive Team meeting planned between the Health Board and Executive Directors in Government before the end of the calendar year.

### **MAJOR TRAUMA NETWORK**

I had the privilege of hosting the launch of the South Wales Trauma Network on 14<sup>th</sup> September. The launch of the South Wales Trauma Network is a significant milestone, and represents the culmination of extensive work, over many years, involving extensive engagement and consultation with the public, patients and other stakeholders. The network is made up of hospitals, emergency services and rehabilitation services across South Wales, West Wales and South Powys, working together to ensure patients with life-threatening or life-changing injuries receive the best possible treatment and care. Major trauma is the leading cause of death in people under the age of 45 and a significant cause of disability or poor health. Patients with these type of injuries will have a better chance of survival if they are treated within a major trauma network. The network's arrival marks a major step forward in the delivery of emergency care in Wales. Across the network more than 2,000 patients a year are expected to be treated, and up to 70 lives saved over the next five years. I am proud that Swansea Bay UHB has been given the responsibility for overseeing the running of the Operational Delivery Network on behalf of the NHS organisations in the region. We recognise the importance of this role and will ensure we discharge this responsibility efficiently and effectively, and continue the collaborative effort demonstrated through the planning for the network.

### **INTERNAL ENGAGEMENT**

Regular communication with staff is all the more important during these pressurised terms, during which there are many uncertainties and rapidly evolving situations. We issue daily briefings to staff via the intranet, and I issue weekly updates and regular blogs. I continue to have positive feedback on the usefulness of these updates.

While the necessary restrictions on unnecessary cross-site travel and the need to abide by strict physical distances measures limits our ability to undertake visits and face-to-face engagement events, our recent virtual 'Meet the Executive' sessions have been well attended and engaging. These monthly sessions will continue.

## **THANKS**

The commitment and dedication of our staff has remained steadfast over the Summer, being flexible in their response to new requirements, supporting the re-introduction of services in a safe way, and working in new ways to meet the health and care needs of our local population. As we enter a very challenging winter period, with the ongoing COVID-19 pandemic, we will continue to ask a lot of our colleagues. I know Board members will join me in thanking out staff for all that they are doing.