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Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	31 March 2022	Agenda Item	1.9
Report Title	CHIEF EXECUTIVE'S REPORT		
Report Author	Stephen Magowan, Head of Corporate Business		
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	<p>Updates on:</p> <ul style="list-style-type: none"> • OPERATIONAL DELIVERY • TAKING FORWARD OUR VISION AND STRATEGY • PATIENT QUALITY IMPROVEMENTS • FINANCIAL MANAGEMENT • OUR 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 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 Board reports.

OVERVIEW

After the last three months of our staff dealing with the Omicron variant of Covid, it was a relief to see the infection rate per 100,000 people reduce to 178 in Neath and 163 in Swansea in early March. Covid is still with us and unfortunately these rates have risen again. Covid-related bed occupancy in our health board area has increased from a low of 108 on 26th February to 149 on 17th March; the peak was 183 on 10th January. In this context, it has been encouraging for our operational teams to participate in a fortnight of 'system reset' activity, including discussion with Welsh Government colleagues on the infection prevention and control guidance issues that limit our ability to accelerate operational recovery, and seek solutions. The impact of the reset has been mixed; the evaluation will be distributed in March 2022 and we will consider the areas we need to change.

In parallel, SBUHB was the first health board in Wales to start to undertake reviews of patient safety incidents following nosocomial transmission of COVID-19, in line with the national framework and Regulations. We are keeping people who have contacted us about individual cases informed about the progress of their concern, and we are notifying family members of our investigations and findings where needed. A report will go to the May Board meeting.

I previously reported that in response to a historic backlog of transcatheter aortic valve implantation cases which has since been cleared, the Health Board had commissioned an external review of the clinical management of patients who passed away while waiting for a cardiac procedure. On 3rd March, we were delighted to receive a letter from the Royal College of Physicians which undertook the review in June 2020 and further reported in April 2021. The College has followed the actions we have taken to address its recommendations, and the letter commends this and says "it is heartening to see the service respond with the creation of a contemporary service that the Health Board and your patients can be proud of". The College is ceasing its active follow up on the basis that we will see the actions through to their conclusion as planned. I wish to record my appreciation of the exemplary work done by our cardiology colleagues to create such a service for Swansea Bay. The invited review of the service by the Royal College of Surgeons was conducted 28th-30th March. The review sought to determine whether there remains any basis for concerns, and will make recommendations as necessary or generally to improve patient care.

In my last two reports I wrote about our need to move rapidly to delivering a high quality and safe experience everywhere every time, and it is examples like the above that demonstrate Swansea Bay colleagues' intrinsic motivation to make our health and care service second to none, despite the constraints the public sector faces. At our joint executive meeting with the NHS Wales Chief Executive and colleagues on 1st March, we enjoyed a highly engaged

discussion about our ambition. The Health and Social Services Group really want to come alongside us in whatever way they can to support our aspiration about quality. Also this month, Management Board supported the executive team's intent to get to zero incidences of hospital-acquired infection wherever it is in our control to do so, through plans for excellence in quality and safety. Building on this momentum, our next step is to launch this drive throughout our sites, meeting with our medical, nursing and other leaders to discuss our commitment to infections being a never event is serious and realistic. It is important to rediscover adherence to the basics, supported by evidence-driven leading indicators and rapid responses which will help us on the journey.

Developing and delivering our approach to quality excellence throughout our organisation will be a key initiative in the next year. Some might question why we want to concentrate on it at this time. We should strive for quality excellence because we:

- are coming out of our Covid pandemic but it has been at a huge cost to us and to our patients;
- now face our greatest challenges ever in the NHS in dealing with substantial patient demand and expectations, increased harm and workforce scarcity;
- can use our scarce time to best effect only if we focus on developing quality excellence which centres on the needs of our patients and delivers services which are safe and effective for them, and efficient and productive for us.

Furthermore, following the most recent meeting under the Joint Escalation and Intervention Arrangements, the escalation status of Swansea Bay University Health Board remains unchanged at 'enhanced monitoring', based on strengthening quality governance arrangements at the operational level especially, as well as addressing the closure of our burns unit due to workforce challenges, and the need to achieve recurrent financial balance. I report on each of these in this paper.

In support of the System Reset event this month which is covered in this paper, the Health Board undertook work considering the quality governance arrangements in the Service Groups. Along with the Audit Wales quality governance review and another internal review, they indicated that we clearly articulate quality and safety (Q&S) priorities, our Q&S framework sets out processes for assurance, and we have ownership at key levels. However, they called out our need to enhance our quality governance and complete our quality monitoring arrangements, to network our siloed quality teams, and to produce a strategic approach to patient experience and widen the Q&S agenda beyond nursing.

If we don't change, we will see harmful events occurring, and we owe it to our patients to prevent them. These events also sap the energy, commitment and morale of our staff, as we all want the best for patients. The journey will be long and difficult as it will challenge our beliefs and attitudes, but it will have profound and lasting benefits for patients and staff.

OPERATIONAL DELIVERY

COVID-19 INFECTION RATES AND OUR RESPONSE

On 4th March 2022, Welsh Government published Together for a safer future: Wales' long-term Covid-19 transition from pandemic to endemic. While planning a future in which we live with coronavirus just as we live with many other infectious diseases, we have a continued responsibility to vulnerable groups and for contingency planning.

Covid is still with us. Since 26th February 2022, Covid-related bed occupancy in our health board area has risen from a low of 108 to 149 on 18th March; the peak was 183 on 10th January 2022. The majority of inpatients identified as positive are asymptomatic, which adds to the challenge of maintaining services due to the need for regular testing and nosocomial spread – 21 clinical areas and 10 care homes were in outbreak status on 15th March 2022 – along with having to manage pockets of staff absence due to Covid.

In general, the gamut of Covid-related infection prevention and control requirements continues to adversely affect patients' treatment and flow through the system, with screening, triaging, testing, physical distancing, cohorting, and PPE use remaining in place for now, and visiting is still restricted. This is a challenge given the relaxation of restrictions for the general public in other sectors. Transitioning from pandemic to endemic is no easy feat, and at this point I'd like to thank all staff for your continuing commitment to providing care in these challenging circumstances.

Following the latest guidance from the independent body which advises UK governments, the Joint Committee on Vaccination and Immunisation:

- parents and carers of all 5-11 year olds registered with GPs in the Swansea or Neath Port Talbot area can now book a vaccination appointment for their child;
- people aged over 75, older adults in care homes, and those aged 12 and over who are classed as immunosuppressed now have the longest gap since vaccination. We have started to deliver a 2nd booster to care home residents, and will widen this to the remainder in week commencing 4th April 2022 by invitation from their GPs;
- it is likely that there will be autumn Covid boosters for the most vulnerable.

The Health Board's Fabian Way drive-through Covid testing unit which has carried out around 94,000 tests since being set up in July 2021, has now relocated to Longlands Lane in Margam, to enable the site to return to normal use as a Park and Ride.

UK COVID-19 INQUIRY

The UK Covid-19 Inquiry draft terms of reference were published on 11th March. There are two parts:

- Creating a "factual narrative account" (of preparedness and resilience, how decisions were made, communicated and implemented etc.);
- Identifying lessons to be learned (the Inquiry will listen to the experiences of bereaved families, and consider experiences of and impact on healthcare workers).

UK Government is now in a 4-week consultation phase to finalise these terms.

URGENT AND EMERGENCY CARE

In my January report I explained the serious challenges we were facing and the main causes, and detailed the changes we are making in hospital services for acute admission avoidance. While the number of Emergency Department (ED) attendances is not higher than 2019/20 and the rate of hospital admissions has not increased since then, the average length of stay has increased substantially and discharge rates are reducing. Both the Health Board and our local authorities are continually exploring and implementing solutions to the exit constraints. We have:

- a robust process for clinically optimising inpatients to expedite discharges to appropriate places of care, improved by our investment in physio and OT therapies
- participated in the Day of Care audit;
- re-commissioned patient discharge services through the British Red Cross (BRC) for a further 12 months;
- continued to develop the short stay unit, older patient assessment service, same day emergency care (SDEC) unit, and GP triage of the ambulance stack within our suite of services at Morriston Hospital to prevent acute admissions.

We saw a small reduction in 4-hour ambulance waits against the target during February as Covid numbers reduced. Currently we are 3rd in Wales in ED performance, and are aiming for 75% of people to wait less than 4 hours in ED this month, and to reduce 12-hour waits.

As we increase extended day working and integrate out of hours' activity in the SDEC Unit, we expect to transition c.20 patients a day from our ED and to change the number of medical patients presenting there. It will improve further when we transfer acute GP admissions from Singleton Hospital to Morriston Hospital in September 2022. This is a cornerstone of the Health Board plan to improve our urgent and emergency care, with more people in most areas over 7 days a week as we move through service redesign and expansion. We are continuing work on this at pace. It requires an organisation change policy and accompanying consultation process, which we are finalising for April 2022.

SYSTEM RESET

Following the national health and social care risk summit on Tuesday 15th February 2022, in early March all health and local authority organisations in Wales took part in a fortnight's 'system reset'. It was aimed at providing targeted effort across acute sites and community services to expedite the discharge of clinically optimised patients and increase capacity in and flow through the system from the front door. The evaluation of the event pointed to some clear needs to resolve process issues:

- utilisation of the SAFER care bundle should be maximised and use driven by the Service Groups consistently – there still remains unacceptable variation from ward to ward which nurse and medical leaders need to address;
- engagement with patients, and families or carers, from arrival, so they may make informed decisions with us on their care journey;
- use of our Signal information system to improve flow using it widely daily;

- sequencing and standardisation of local and Health Board-wide bronze and silver command arrangements;
- enabling and empowering multi-disciplinary team working widely – teams are not working as effectively as they could and there is still too much silo working;
- awareness and understanding of the whole discharge process;
- continued review of the longest-staying patients;
- weekend availability of the Older Persons' Assessment Service;
- arrangements for supporting urgent complex mental health cases.

We have investment set aside in 2022-23 to complete the urgent and emergency care improvements. Our Management Board should shortly approve the business case for the extension of our virtual wards in Swansea Bay, Cwmtawe, Neath and the Upper Valley, to the four remaining clusters at Afan, Swansea City, Llŵchwr and Penderyn in 2022. I am personally chairing discussions on rehabilitation beds and with Social Services Directors regarding better elderly mentally infirm provision assessment and long term placement. Our significant investment in care of the elderly consultants will reduce the hospital burden by expanding out of hospital elderly care capacity.

PLANNED CARE

The evidence base remains that for a number of specialties we have to change work practices since our lengths of stay are considerably above the UK average. We will be working with these specialties in the coming months to do this – we have room to reduce our length of stay by up to 40%, and we need to grasp the opportunity to do this now.

I tasked Craige Wilson, Deputy Chief Operating Officer and Chair of the Planned Care Board with expanding capacity at Neath Port Talbot (NPT) Hospital, implementing top 10 specialties production plans, increasing productive efficiency of current outpatient clinics and reviewing the outpatient model, and developing more primary care pathways. At the end of February 2022, we were pleased to see the first reductions in referral to treatment waiting times across the 26 week first outpatient appointment, 36 week and 52 week waiting lists. I'm grateful to everyone involved for achieving this massive first step – for the first time in over 30 months, these waiting lists have not risen.

We are focusing on the seven priorities for delivery, and while some changes are still needed which require us to resolve workforce capacity and funding constraints, our work on making the recovery happen in Swansea Bay is translating into improved and clinically-led operational performance. The key changes delivered or being implemented are:

Triaging

- Information
 - validation of the waiting lists and development of robust plans and reporting for services to monitor progress against the Welsh Government waiting list priorities by 10 key specialties;

- more use of e-advice functionality and increased connection rates to Consultant Connect above 70%. Primary Care now has access to waiting time data through the Outpatient Dashboard which is being continuously improved and data-cleansed.
- Innovations in Primary Care
 - holding spirometry clinics to diagnose and optimise treatment for COPD and asthma patients;
 - treating non-urgent/suspected skin cancer cases, reducing demand on secondary care;
 - conducting prehabilitation to optimise patients with suspected GI cancer for diagnosis and treatment;
 - leading the review of the waiting list for follow-up appointments to expand use of an alternative appropriate pathway such as patient-initiated follow-up, see-on-symptoms, or to complete discharge;
 - increasing community-based blood testing capacity with facilities at Gorseinon, Port Talbot and Neath in Q1 2022/23 and devolving this into community settings, making it more accessible to patients.
- Infrastructure
 - repurposing primary care accommodation for outpatient clinics and monitoring available clinic sessions to increase utilisation;
 - achieving Welsh Government targets for virtual first time and follow-up outpatient appointments;
 - a draft clinical template has been developed for the use of Ward G at NPT Hospital to expand outpatient clinic capacity there. Capital works with our partners started on 21st March 2022 and will complete on 13th May 2022, providing 20-room clinic capacity to further reduce outpatient appointments at Morriston Hospital.

Diagnosics

- Cardiology – We are increasing CT and MRI scanning capacity for cardiology patients from the end of March, which will continue to reduce the increasing number of patients waiting more than eight weeks. We have extended the existing outsourcing arrangement with St. Joseph’s Hospital for extra sessions for these patients
- Endoscopy - The Healthcare Systems Engineering Team is working with the service to address the significant capacity gap in the overall endoscopy service through increased efficiency in the utilisation of the six endoscopy theatres. These currently commission only 40 sessions per week, requiring insourcing and outsourcing to private providers. There is scope to increase capacity to 60 sessions and to open the 7th theatre, and a business case to secure the recurrent additional funding to enable recruitment is required. About 2,000 patients are waiting more than eight weeks for endoscopy, and we have recurrent funding of £0.8m under the National Endoscopy Programme to create sustainable capacity, implement the straight-to-test pathway and improve services

- Neurophysiology – This team has made excellent progress in seeing waiting patients and expects to meet the referral to treatment targets by the end of March 2022. However, this is only being achieved with significant outsourcing, evening and weekend working.

Surgery

- We will have exceeded the target of 52 additional theatre sessions per week compared to May 2021 by the end of March 2022, which is a terrific achievement. The average number of additional theatre sessions that are currently running is 58, raising capacity to more than 150 sessions per week. All specialties have benefitted, but particularly general surgery and orthopaedics. We will be making a decision to fund three new modular theatres at the Singleton Hospital site to enable the transfer of further elective surgery from the Morriston Hospital site in 2022/23. This will be discussed in April 2022
- Ophthalmology – We have taken delivery of a new modular ophthalmology theatre this month. With Welsh Government funding of £2.5m towards the £3.3m cost and a further £0.7m investment in new equipment, we are currently recruiting staff to achieve c.200 additional operations a month. With its capacity for an extra 8,000 procedures per annum if evening and weekend session capacity can be resourced, we aim to clear the waiting list backlog by March 2023
- Orthopaedic – I have initiated work relating to the need to reduce avoidable falls and resultant fractures, and to improve the referral and pre-surgical treatment processes for musculoskeletal conditions. We have funded the development of three new modular theatres at the NPT Hospital site, enabling the transfer of elective orthopaedic and spinal surgery from Morriston, supported by some Welsh Government capital for equipping the theatres. The facility has been ordered and will ultimately result in a £16m annual increase in orthopaedic capacity from 2023/24 to reduce our completely unacceptable waiting list position.

We are giving notice to Cwm Taf Morgannwg University Health Board (CTM) to vacate 6-8 theatre sessions at NPT Hospital from 7th September 2022, to develop our capacity to perform more complex joint surgery, and will undertake public engagement as needed. In return, we will we take responsibility for the orthopaedic waiting list for SBUHB residents in CTM. I am in discussions with CTM around developing NPT Hospital as the centre for major joint surgery for the Bridgend population in the future.

Enhanced care at Singleton Hospital

- Enhanced care unit - After the transfer of emergency medicine from Singleton Hospital to Morriston Hospital, services that remain in Singleton will need access to an Enhanced Care Unit to support any deteriorating patients within the Oncology, Haematology, Maternity and Surgical specialties. It has therefore been agreed that workforce and clinical arrangements will be made for the current facility at Singleton to remain in place, enabling timely access to care with clear operating procedures

for responsibility for a patient transferring into the unit and for transfer from the unit to Morriston if needed, and facilitating training in this important aspect. We will undertake a study into the optimum intensive care model for the restructured services, including critical care outreach provision;

- Post-anaesthesia care unit (PACU) – Morriston Hospital currently supports around 420 patients a year with 24-72 hours' post-operative care. Around a third of these patients could be more efficiently and safely supported at Singleton and NPT Hospitals as part of our Changing for the Future strategy to devolve elective care for these centres. The Management Board has agreed a £2m investment to develop PACU facilities in all three sites to drive further elective capability there, following the review led by Mr. Pankaj Kumar, Deputy MD Morriston Hospital. Pankaj's excellent work will be taken forward by him and clinical colleagues. The funding comes from Welsh Government sources and the orthopaedic centre investment.

CANCER

Overview

Plans for recovery by tumour site were drawn up in September 2021, and a trajectory was set to at least recover to the end of April 2021 backlog position. That this has not yet been secured is hugely disappointing. While the total number of patients has fallen to around 3,000, all tumour sites except lower GI and skin remain above the submitted trajectory. Of particular concern as at 23rd February 2022 were breast, 64 above, urology, 54 above, gynaecological, 40 above and upper GI, 34 above. Tumour site leads, clinical directors and service managers were tasked with ensuring no patients are waiting over 100 days by the end of March 2022. While the increased focus this has brought will undoubtedly improve the overall position, this may not be achievable in all tumour sites and we have to address this as it is an unacceptable key patient safety and quality issue.

Recovery plans

We have conducted a review and developed recovery plans for the top six tumour sites by number of patients:

- Lower Gastrointestinal – the faecal immunochemical test for referral if positive was deployed in primary care in February 2022, resulting in a dramatic reduction in the colorectal cancer waiting list and speeding up the pathway of those patients. A consistent approach to referral pathways for gastroenterology and general surgery has been agreed, to eliminate unwarranted variations. A process review of endoscopy is being conducted to remove it as a bottleneck, and where possible, elective surgery is being moved from Morriston Hospital, avoiding cancellations due to urgent care needs
- Breast – we intend to achieve a sustainable, first class breast service for the population of Swansea, but the workforce challenges are significant. The first two insourced breast surgery lists have been completed this month. Most patients are currently waiting for the one-stop outpatient diagnostic clinic. Radiologist and consultant

surgeon capacity for these one stop clinics are the main constraints. We have appointed a breast radiologist to start this May, two breast radiologists from Breast Test Wales, likely to start in the summer, and two consultant breast surgeons who will be able to start around October 2022. In autumn 2022/23 we plan to bring back SBUHB patients currently going to CTM. A £0.5m investment in modern mammogram equipment has been agreed to expand one-stop service capacity

- Upper Gastrointestinal (oesophageal and pancreatic cancer) – most patients are waiting for diagnosis and many for endoscopy. A 4th pancreatic surgeon has joined the team at Morriston Hospital, providing additional outpatient capacity and more complete utilisation of the two theatre lists. Oesophageal surgery is now delivered by Cardiff & Vale University Health Board at University Hospital of Wales (UHW) due to the loss of the only surgeon at SBUHB, as we discuss the future for this service here.
- Urological – Clinical peer-review of all patients waiting over 100 days is resulting in clear actions for each patient. Half the patients await robot-assisted laparoscopic prostatectomy, which is undertaken at UHW on one all-day theatre list accommodating two patients a week. 27% of patients await in-patient diagnosis, and bed capacity has now been made available at NPT Hospital for an additional theatre list to commence next month. We are working to move day case diagnostic procedures from Morriston Hospital to NPT Hospital, and additional outpatient clinic capacity will be available from May 2022, reducing waits at the start of the patient pathway
- Gynaecological - 56% of patients await diagnosis, and 30% await a first appointment, reflecting our hysteroscopy capacity and post-menopausal bleeding clinic capacity constraints. We are developing the case to train additional nurse hysteroscopists to support the one currently in post, which will add resilience to our post-menopausal bleeding clinics. Currently both SBUHB and Bridgend patients of CTM use this service, and discussions are underway for CTM to take back their patients, enabling a sustainable service here for 30 SBUHB patients per week with a 2-3 week wait. A gynae-oncology surgeon and a senior clinical fellow are to start in May 2022
- Skin – the main delay is with patients awaiting a surgical excision and plans are in place to address the process issues to reduce these. We have recruited an additional dermatologist and are interviewing for another to increase capacity from three to five.

Regarding radiology, extended working days on CT scanning commenced at the end of February 2022, and the mobile CT scanner currently at the Singleton site will now be with us until at least June 2022. Unfortunately, the MRI scanning facility and machine need urgent remedial work and we have a capacity issue in ultrasound image administration, so we are outsourcing day case work to Sancta Maria Hospital.

The Moondance Cancer Initiative of Moondance Foundation, a not-for-profit organisation that funds and support projects to improve cancer survival across Wales, is supporting our Welsh flagship rapid diagnosis centre at NPT Hospital to soon offer a one-stop colorectal and neck lump assessment, and a biopsy service for malignancies of unknown origin.

A specialised treatment for early lung cancer tumours will be launched this summer at Singleton Hospital, home to the South West Wales Cancer Centre, which has pioneered cutting-edge approaches to treatments. Last year, for example, it became the UK leader in the use of intensity-modulated radiotherapy, the most effective form of radiotherapy available for most cancers. It has also trialled and implemented a new approach to treating breast cancer, reducing treatment from 15 days to five. Funded by the Welsh Health Specialised Services Committee, the precision of this latest technique means potentially curative treatment can be offered to around 30 patients a year who otherwise would not be able to have treatment for their lung cancer due to other medical illnesses, while for others it gives a better chance of curing their cancer in 3-8 sessions compared to up to 20 with conventional radiotherapy, and reduced side effects. It brings same day, state-of-the-art techniques closer to home for people in South West Wales.

TAKING THE VISION AND STRATEGY FORWARD

I have reported above on items that were previously listed in this section as plans but are now operational or being delivered. Further investments are being made as part of our Changing for the Future initiative to make each hospital a system for its specialisation, substantially increasing productivity:

- **Singleton Hospital Linear Accelerator Replacement** – equipment for the replacement of a linear accelerator at Singleton Hospital has now been purchased
- **Hydrotherapy services** – we agreed the closure of the Morriston hydrotherapy pool in the February Health Board meeting and are progressing with fracture clinic development at Morriston at a cost of £2.6m which will be ready in August 2022.

We are also making progress on improving mental health services:

- **111 service** – this is being enhanced to provide a one-stop service to all callers in crisis or needing wellbeing support. This will dramatically increase its effectiveness
- **Community services** - we are investing in autism and other disorders assessment and support in the community, and we will review community mental health team service provision for further development needs as part of our 2022/23 plan
- **Child and adolescent mental health services** – we are reviewing our commissioning arrangement, with the aim of making early intervention the basis of the delivery plan in primary care, as well as ensuring complete provision of specialist and escalated support across the region. The service specification is to be finalised by June 2022, and following implementation we expect to be able to bring back SBUHB children currently looked after by CTM
- **Adult assessment** - public engagement on the future location of Adult Acute Mental Health Assessment Beds in SBUHB closed on 25th March 2022. The responses are being assessed and the Board will be briefed on the outcome.

OUR PLANS

Recovery and sustainability

The purpose of the Recovery and Sustainability Plan (R&S Plan) is to set out the route map to deliver service and financial excellence over the next 3-5 years and improve staff experience and satisfaction to build our strengths in recruiting a network of colleagues to treat people locally.

It will be part of our Integrated Medium Term Plan for 2022-25 which the Health Board has a statutory duty to submit to Welsh Government. We are seeking Board agreement with the plan in March 2022 and will commence communicating it through the organisation.

Joint executive team (JET) meetings

Our JET meeting scheduled for 22nd December 2021 was held on 1st March 2022. I have shared details of the outcome with the Board and management colleagues.

Sustainability plans

We have appointed a Sustainability Planning Manager and we are in the process of finalising for approval the Health Board's Decarbonisation Action Plan. This seeks to integrate decarbonisation and sustainability consideration into all processes, from decision making to patient-facing operations. It will involve decarbonising our operations where we are able to, engaging, encouraging and enabling people to be agents of change, and collaborating for innovation.

We were pleased to welcome Minister for Climate Change, Julie James, to our solar farm for Morriston Hospital earlier this month. She sees it as a trailblazer in switching to renewables in Wales that can be replicated in community-owned and locally-run renewable energy sources across Wales to provide reasonably-priced, reliable and resilient energy.

A group of our frontline healthcare staff have launched the Swansea Bay Green Group to help tackle the climate crisis and make the NHS in the region more environmentally friendly. The Group is already working on reducing waste created during operations, prescribing inhalers that have a lower greenhouse gas footprint, and investigating options for safe reusable PPE. It's another opportunity for staff across the health board, from porters and physiotherapists to catering staff and finance managers, to develop our innovation capability. Everyone who works in healthcare in Swansea Bay is welcome to join the Group.

PATIENT QUALITY IMPROVEMENTS

In January's report, I explained our unacceptable situation, the main causes, and key actions we need to take to address and improve the Health Board's performance against key infections that are estimated to cost the Health Board £10m in extended lengths of

stay. The proposed Infection Prevention & Control (IPC) Improvement Plan was presented at Management Board in March by Gareth Howells who with Richard Evans and the service unit medical and nurse directors is responsible for driving down infection rates.

Past improvement activities have not succeeded in achieving a sustained reduction in healthcare-acquired infections, and these require a refresh and restart, strong leadership, and a commitment by all staff to act for improvement. Prevention of these infections has to be viewed as part of the core business of high quality, safe care provision by Service Groups, and a key responsibility of Service Group Directors and all Health Board staff. We acknowledged as a management team that we are a long way from where we need to be in quality excellence, and agreed that our ambition for zero tolerance is right for our patients and ourselves, and that we need to progress faster with:

- communication and engagement across the system;
- leading and lagging indicator measurement and expected actions;
- active use of more IPC data, available on every device;
- setting visible standards and reporting against them;
- assigning medical directors to leading cross-cutting work on specific aspects e.g. surgical site infections, reviewing our approach to cannulation, use of broad spectrum antibiotics and antimicrobials, reinforcing basic hygiene practices;
- rapid case reviews as learning and sharing events;
- investing in prevention to save;
- localising prevention and control expertise to drive activity.

The aim therefore is to create a guiding coalition of responsible clinical leaders (not just nursing staff) at all levels in the organisation who see the intrinsic benefits of reduction in harm from infection. We will launch this big conversation within the organisation in April, starting with running engagement sessions in Service Groups to convince clinical leaders that we are serious. We will ensure that each Service Group will have an infection reduction plan, and establish the improvement effort needed and work to systematise it.

We want to reignite people's intrinsic motivation to do the right thing here, by playing our part to help them to do it. We look forward to recognising good performance, and calling it out with daily praise from clinical leaders, ward/care home of the week, monthly IPC awards and so on that rebuild pride in what we do. We are working in Management Board on our approach to quality excellence and the culture needed to deliver it and will be looking to engage the Board and organisation in this work.

Work has also commenced on reviewing the terms of reference, membership and sub-structure of the Quality and Safety Governance Group, and developing a more robust reporting system from service delivery group feedback, clinical effectiveness of services, patient outcomes, patients experience and patient safety. The proposals will be coming to Management Board in April.

QUALITY AND SAFETY PRIORITIES

With regard to falls, there is plenty of evidence supporting the impact of a preventative programme that reduces the risk of falls through a combination of exercise and improved diagnostics, primarily using dual-energy x-ray absorptiometry scans which measure bone density for those at risk of osteoporosis. In 2017, the average wait for a scan was 12-14 weeks and it is now 12-14 months, with a further two months for the report, which is a powerful illustration of the scope for improvement.

I am chairing a working group that will review the current orthopaedic pathways, examine where bottlenecks form and set out a truly integrated service across both primary and secondary care. The aim will be to reduce waiting times, and where referrals are required, the process should be efficient and eliminate unnecessary outpatient appointments.

A national Leading for Safety Improvement programme, provided by Improvement Cymru in collaboration with the Institute for Healthcare Improvement, commenced in March, aimed at nurturing a strong patient safety culture. Four members of SBUHB staff are engaged in the programme and we look forward to it supporting our Q&S priorities.

The following Q&S-related awards or nominations have been achieved by our teams:

- in laboratory medicine - we achieved ISO accreditation in February
- the Rehabilitation Engineering Unit at Morriston Hospital - nominated for the engineering in medicine award in the UK Advancing Healthcare Awards 2022
- the NPT Acute Clinical Team at Cimla Health and Social Care Centre - has won the Eva Higgins Prize awarded by the British Geriatrics Society
- Lymphoedema Wales (hosted in SBUHB) - won the recognising excellence in rehabilitation award at the Advancing Healthcare Awards Wales
- Singleton Neonatal Unit - has received a letter of commendation for high outlier performance in the RCPCH-led National Neonatal Audit Project
- Maternity teams – acknowledged by the Welsh Risk Pool Committee for commitment to safe maternity services
- SBUHB's Research and Delivery team - the only Health Board team of its kind nominated for a St David Award in Innovation, Science and Technology

MATERNITY SERVICE

We have been taking steps to restore our maternity services to their pre-Covid position:

- home labour assessments and home birthing support are available from 1st March;
- our Alongside Midwifery Unit in Swansea Bay is open 24-7.

Reintroduction of services at NPT Birth Centre remains a priority, but at this time is not a safe possibility. The service is used by women from Bridgend as well as the local area, and they are currently going to Singleton Hospital which is straining services there. The next review will be on the 31st March, and we expect to reopen the centre by June 2022.

BURNS SERVICE

On 14th February 2022, we temporarily re-opened the existing burns centre with support from General Intensivists, and will co-locate burns care in the GICU within its existing footprint in October 2022, prior to permanently co-locating it in an expanded GICU footprint by mid-2023. Consultants from GICU and anaesthetics have agreed to support a hybrid model of cover to support this, and appointment of three new posts in the GICU has been approved. The co-location plans will require significant capital investment to proceed and the co-located burns capacity will need to be compliant with burns care standards. A business case is in preparation to present to Welsh Government and we are communicating the plan and progress to all parties involved. I wish to thank Mark Ramsey, Tera Humphreys and Richard Evans for their work in this area.

FINANCIAL MANAGEMENT

STATUS

At the end of Month 11 (February), the Health Board has reported a cumulative overspend of £20.946m, £1.4m better than the forecast deficit. We continue to forecast:

- achievement of a 4% savings target, twice the level of the next highest performing health board, and are reinvesting it to improve our quality;
- an outturn of £24.405m following Welsh Government's commitment to provide non-recurrent support to mitigate the adverse 20/21 COVID impact on savings.

We were delighted to be granted £1.959m additional capital funding, released from Welsh Government capital pools. It is being deployed on essential capital equipment for clinical safety, and improved access and other infrastructure. It will contribute to revenue savings next year and help modernise anaesthetics, cancer, maternity and other service provision.

OUTLOOK

Whilst the 2022/23 funding settlement is good, and our allocation letter indicated that the national programmes for vaccination, Test, Trace, Protect, and PPE will be centrally funded, there remained concerns about both residual Covid costs in 2022/23 as we transition to an endemic situation, and extraordinary pressures from increased utility costs, the real living wage and the Health and Social Care national insurance levy. Welsh Government confirmed on the 14th March 2022 that Health Boards may assume that both Covid transition and the extraordinary costs will be centrally funded too, subject to rigorous scrutiny and challenge of the cost drivers.

In 2022/23 there are new pressures on our core funding, including the additional bank holiday, demand growth in several areas, and non-pay inflation. We therefore intend to achieve another 4% saving which will finally arrest the financial deficit. To achieve the

basis for financial sustainability however, we need to address the underlying issue of a £24m funding gap for the population we serve, between the service we are funded to provide and the actual service demand, primarily relating to NPT. We are continuing discussions with Welsh Government on this aspect, sharing our new, more sophisticated modelling of population health needs. We are finishing internal discussions on our discretionary capital plans and will have a balanced capital plan to go into the IMTP.

Full details of this are provided in the budgetary management 2022/23 paper and the 2022-23 Long Term and Service Level Agreements paper covering the approach to revisiting costs in 2022/23. We believe that through our drive for financial balance, in the context of an integrated plan we are well placed to deliver financial sustainability.

OUR PEOPLE

EXPERIENCE

Swansea Bay is a values-based organisation and our people are our only asset for putting our citizens and patients at the heart of what we do. We want to support, develop and nurture them in the skills and confidence to live our values every day. As we seek to evolve our organisation's culture for the recovery and sustainability journey ahead, we recognise the importance of staff experience as a real-time proxy for quality and patient experience, and we want to learn lessons when things go wrong so the same errors can be prevented from being repeated. Supporting staff to be open in such circumstances or to provide and accept constructive challenge at critical moments in the interest of the people we serve is essential to this.

'Just' culture is a type of learning culture for constant improvement, oriented towards patient safety. It requires a change in focus from errors and outcomes to system design and management of the behavioural choices of all employees, supporting consistent, constructive and fair evaluation of the actions of staff involved in patient safety incidents. Individual practitioners should not be held accountable for mistakes made in a system they cannot control. In a just culture we are concerned for the safety of our patients and we are concerned for and care about each other. We intend to develop our approach to this through a survey and healthy working sessions and case review conversations in the coming months, and next month the Board will dedicate a day to consideration of our culture that will support excellence, high quality, innovation and restorative justice.

Audit Wales has requested that all Health Boards undertake a checklist regarding staff health and wellbeing support. A paper presented to the Board this month explains the comprehensive wellbeing offer that has been made available to staff and provides details of the support that will be available to staff during the Covid recovery period.

STAFF ENGAGEMENT

We are establishing the programme of presentations for this year's Clinical Senate. We know there is a lot of great work going on and this is the opportunity for staff who have done work they'd like to present, to share and discuss it, and stimulate further innovative thinking. Topics we cover fall into four categories: Research, Innovation, Quality Improvement and Value-Based Healthcare. In the latest call for innovations by AgorIP, the Swansea University invention-to-marketplace support service, four of the seven applications came from Swansea Bay UHB! These were for an MRI tester unit, a persistent pain system, a Positive Pragmatic Profile for use with children with autism, and translating an in-person positive psychotherapy intervention into gamified virtual reality.

We are also implementing a modern intranet for the Health Board. It will enable us to engage with our people in exciting new ways that most are familiar with online already.

UKRAINE RESPONSE

We appreciate that our caring staff may want to support the Ukraine. They are permitted to collect items locally to support community-based collections, but not to organise any cash collections – for monetary donations we refer them to the Red Cross as a reputable charity with a humanitarian purpose. Swansea Bay Health Charity, the official charity of SBUHB, is not permitted by its charitable objects to accept any money, and neither is the Health Board directly able to under the NHS (Wales) Act 2006.

APPOINTMENTS AND APPRECIATION

I am delighted to announce the following appointments:

- **Service Director, Mental Health & Learning Disabilities: Janet Williams**
Janet has taken over from Dai Roberts who retired after 38 years on 11th March
- **Deputy Director of Finance: Samantha Moss**
Samantha is replacing Samantha Lewis who retired on 23rd March
- **Deputy Director of Nursing and Patient Experience: Hazel Powell**

MARK HACKETT

CHIEF EXECUTIVE OFFICER