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Health Board



<b>Meeting Date</b>	<b>25 May 2023</b>	<b>Agenda Item</b>	<b>1.9</b>	
<b>Report Title</b>	<b>Chief Executive's Report</b>			
<b>Report Author</b>	Joanne Abbott-Davies, Asst Director of Insight, Engagement and Fundraising			
<b>Report Sponsor</b>	Mark Hackett, Chief Executive			
<b>Presented by</b>	Mark Hackett, 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>	This report includes updates on: <ul style="list-style-type: none"> <li>• Delivery of Recovery &amp; Sustainability Plan 2022-23</li> <li>• Taking Changing for the Future Forward</li> <li>• Quality</li> <li>• Our People</li> <li>• Finances</li> </ul>			
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b> <input checked="" type="checkbox"/>	<b>Discussion</b> <input type="checkbox"/>	<b>Assurance</b> <input type="checkbox"/>	<b>Approval</b> <input type="checkbox"/>
<b>Recommendations</b>	Members are asked to: <ul style="list-style-type: none"> <li>• <b>Note the report</b></li> </ul>			

## **CHIEF EXECUTIVE'S REPORT**

### **1. INTRODUCTION**

This report updates the Board on current key issues and interactions since the last full Board meeting in March 2023.

### **2. OVERVIEW**

Overall the health and social care system in Swansea Bay remains under pressure, making the organisation's continued efforts to make the vision outlined in Changing for the Future a reality even more important. It is clear that continuing to operate services as we have done over many years does not serve our staff or patients well. The transformation of our services which we have already implemented means that the impact of the pressures we have seen over recent months have not been as severe as they would have been if we had not already made these changes.

We know that the risks in our services are high with staff not being able to deliver the quality of care they want to, particularly in relation to discharging medically fit patients, which needs a multiagency response, so that we can provide timely care for acutely ill patients presenting at our hospitals. Stabilising our emergency / urgent care system, now that we have successfully implemented centralised medical admissions at Morriston Hospital, ahead of schedule, and the consequent opportunities this gives for separating planned and emergency / urgent care, expanding planned care capacity and developing our main hospital sites into Centres of Excellence continues to be our main focus for further transforming our services to be the best we can be. We need to recognise that doing nothing is the path of greatest risk.

The number of inpatients with acute Covid continues to decrease. The spring Covid booster campaign is now underway, targeting those at highest clinical risk – this should provide some added relief over the spring and summer by suppressing rates of serious illness requiring hospitalisation. The WHO assessment of the global risk posed by Covid19 is still “high” but no longer considered to be an unusual or unexpected event. This announcement does mark another milestone on our collective Covid journey but does not mark that it is time to move on from Covid.

Our priorities for emergency care in this quarter of 2023/24 are to further accelerate changes in our acute medicine services with greater range of same day emergency admission unit, transferring cases from the emergency department and introducing senior medical triage in the emergency department. These are being progressed now to reduce the number of ambulance waits over 4 hours and reduce long waits to be seen. There remains a laser like focus on reducing the planned care waiting times with the services looking to ensure no new outpatient wait more than 52 weeks by 30<sup>th</sup> June 2024. Finally, we are committed to delivering all our care trajectories in Quarter 1 as agreed by the Health Board.

### 3. TAKING CHANGING FOR THE FUTURE FORWARD

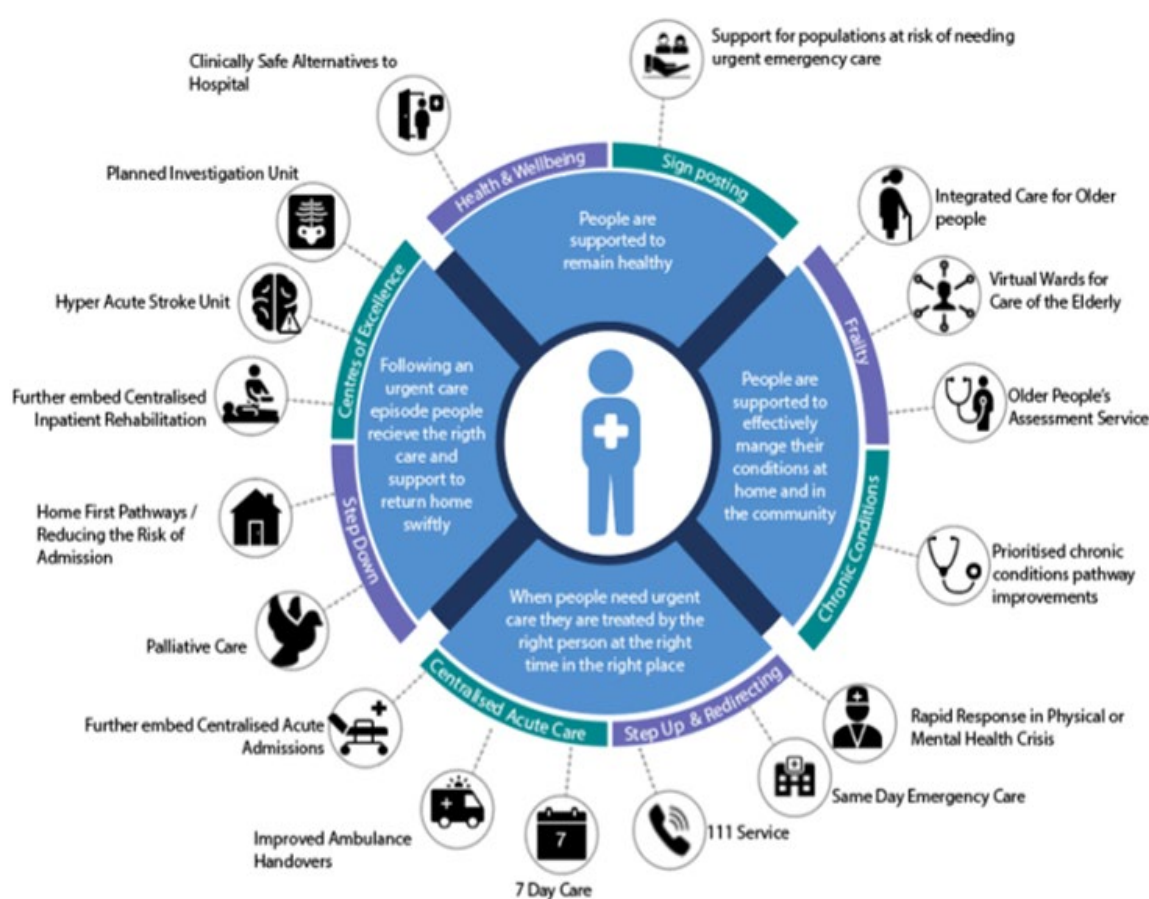
#### 3.1 Unscheduled Care

Now that acute medicine in Swansea Bay has become a single site model our focus has moved to ensuring that we have secured all the benefits possible from this transformation. The focus now is on ensuring only appropriate admissions are made to hospital and rapid discharge supports the discharge of patients at the earliest opportunity. This requires all our services across all our sites and in community and primary care to work together to ensure the highest quality services are provided for our patients in a timely way.

However the success of these changes is dependent on ensuring only appropriate admissions are made to hospital and rapid discharge supports the discharge of patients at the earliest opportunity.

#### Our Vision for Urgent & Emergency Care

##### Vision



The past six months have seen a fundamental transformation of our Urgent and Emergency Care services. We recognise that our patients are still waiting unacceptably long times for assessment and treatment and our teams are facing real difficulties. Overall demand for medical admissions is lower than in 2019/20 but patients stay longer in our hospitals and the number of delays in discharging them is greater due to constraints in the community. The diagram above shows the vision for these services, aligned with the All Wales 6 Goals programme, and including a

wide range of issues which need to be addressed in order for our Urgent and Emergency care system to be working optimally. We are therefore working across all our services to identify changes which can help address this. This is not a Morriston or Unscheduled Care problem, it is a system problem, and as such needs action from every single one of our staff and our partners to work system-wide on these common goals to improve our patients' experience and outcomes.

The rapid testing improvement work continues in Same Day Emergency Care, with the first two weeks demonstrating that on average an additional 10 patients a day are being seen, with increased pull of patients from the Emergency Department and Acute Medical Unit. Valuable learning is coming from this process, allowing us to identify the areas we are able to progress and make improvements in but also highlighting the challenges such as the use of multiple IT systems and not being able to have a single line of sight of all patients waiting. These are being worked through to ensure we are shaping the Acute Hub to be the best it can be. Work also continues to identify any other pathways and to formalise the pull system to ensure ambulatory patients are supported through the Same Day Emergency Care services.

The response of our staff to these changes in our health system has been incredible, we owe a massive debt of gratitude to them.

### **3.2 Planned Care**

Work continues at pace to establish Neath Port Talbot Hospital as the Centre of Excellence for Orthopaedics and Spinal Surgery and Urology. There is a particular focus on ensuring residents of Swansea Bay have a sustainable and clinically acceptable long-term solution to address urgent elective orthopaedic service pressures. Key to this is splitting Trauma and elective services in line with the British Orthopaedic Association and Get it Right First Time best practice guidance. The ringfencing of 10 beds at Morriston Hospital for complex orthopaedic elective cases as well as provision of trauma services there, with the planned expansion of elective capacity at Neath Port Talbot Hospital will progress this aim. The additional three modular theatres at Neath Port Talbot Hospital have now been handed over to the Health Board for commissioning and will be operational from June 2023. Costing £6.1m, their official opening is planned by the Minister for Health and Social Services on 15<sup>th</sup> June.



The public engagement on changing orthopaedics for the future started in February and ran until 14<sup>th</sup> April 2023. Letters have also been sent out to Swansea Bay patients currently on the CTM orthopaedics waiting list to ensure that those patients who are likely to be most affected by the change have the opportunity to put forward their views, and extra time for responses has been included so that they can respond by 23<sup>rd</sup> May. To date over 100 responses have been received and clearly the letters to the patients most directly affected by the proposed changes have generated even greater interest and we expect responses to the engagement to increase as a result.

Conscientious consideration of all the responses will take place with Llais and the Health Board will make a decision on the outcome of the engagement in June 2023.

Enhanced Care Units at Neath Port Talbot and Singleton Hospitals are now operational so that more complex patients can be treated there instead of going to Morriston.

A clinical transfer service is also being established to support greater casemix complexity at Singleton and Neath Port Talbot Hospitals so that we have the ability to transfer patients to Morriston should their condition require it. This service will be commissioned through the Emergency Ambulance Services Committee and we are working with them to agree a timeline from Autumn 2023.

The business case for additional theatre capacity at Singleton Hospital has been finalised for Board approval in June 2023. A further business case is also under preparation for all major urology work to be undertaken at Neath Port Talbot Hospital, further evidence of our commitment to developing our main hospitals as Centres of Excellence in line with Changing for the Future.

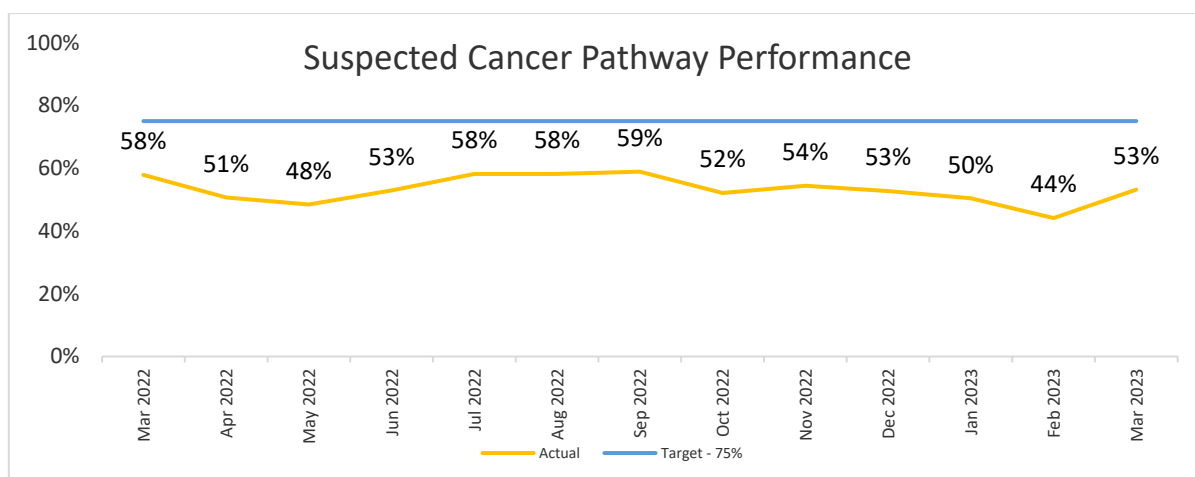
Across all specialities the number of patients waiting at the end of April 2023 compared to the previous five months was:

Number of patients	November 2022	December 2022	January 2023	February 2023	March 2023	<b>April 2023</b>	<b>In-month Improvement</b>
>26 weeks for a new appointment	21,400	20,174	20,288	17,257	15,381	<b>15,184</b>	<b>-201</b>
>36 weeks at all stages	33,583	33,321	32,031	30,017	29,303	<b>28,087</b>	<b>-266</b>
>52 weeks at all stages	24,308	22,634	21,306	19,707	18,178	<b>17,823</b>	<b>-358</b>
>104 weeks	9,048	8,066	7,331	6,656	6,012	<b>5,952</b>	<b>-63</b>

Sustainable reductions in waiting lists will need to see a combination of transformative approaches to service redesign and better productivity of services, and in line with our One Bay Way approach, this is being taken forward on a system wide approach, involving all our staff, services and partners.

### 3.3 Cancer

The performance up to and including March 2023 is illustrated below. As demonstrated below, there is an improvement in performance in March. 222 patients were treated in month, 118 of which were within the 62-day target.



Of the 104 breaches, the main contribution is attributed to Lower Gastrointestinal (24). However the main concern from a tumour site perspective remains Gynaecological with only 33% of patients treated within target and the highest volume of patients in backlog. Performance has ranged between 48% and 57% over the past year, and there is a need for all specialties to improve more rapidly towards the 75% national target.

There remain clear plans to achieve this which service group directors and medical directors are implementing with their teams alongside improved oversight. The will to change is now the issue we need to build on to make these improvements for our patients.

## Diagnostics

Delivery of diagnostics for cancer patients is improving. The table below outlines the delivery of radiology investigations in February and March. The increased demand in March has slightly affected the delivery of investigation and reporting within 7 days, however encouragingly the 14-day turnaround is static.

November	Within 14 days	Within 7 days	December	Within 14 days	Within 7 days
1180 examinations	94%	76%	1509 examinations	94%	71%

## Endoscopy

Representatives from Swansea Bay have been working with clinical and managerial colleagues in Hywel Dda to develop a regional plan for endoscopy. The plan outlines the workforce requirements to allow the current sessions that are not staffed across the seven units to be used and outlines the recovery trajectory associated with this and the proposed plan for sustainability. The initial plan was presented at the National Endoscopy Board Meeting in October 2022 and following a series of meetings with members of the National Endoscopy Team a revised plan was submitted in December 2022. Since then a further updated demand and capacity analysis has been undertaken by the Delivery Unit and required actions associated with delivering the Regional Plan presented to the National Endoscopy Programme Board. Further detailed discussions are planned between the National Endoscopy Programme Board and each Health Board.

### **3.4 Integrated Medium Term Plan (IMTP) development**

The Recovery and Sustainability Plan / IMTP 2023-24 has been approved by the Health Board and submitted to Welsh Government on 31<sup>st</sup> March 2023 and is and continues to be the subject of further discussions between officials and the Health Board. This has been built on the 2022/23 plan, developed through system wide groups and engagement with clinicians and service leaders across primary and secondary care plus other partners. The Clinical Executive Directors undertook prioritisation to assess impact on quality and safety, risks and reputation. The prioritised elements of the plan from this work were then tested back with Service Groups and clinical leaders with feedback considered in further rounds of prioritisation. All priorities have been classified into tiers, as follows:

- Funded – monies identified and funding agreed (e.g. investment approved by Health Board in 2022/23, Welsh Government, WHSSC / EASC funded)
- Cost neutral – to be delivered from within existing resources.
- Tier 1 Priorities – schemes which have been provisionally agreed for investment, release of funding subject to Business Case and full assessment in light of financial position.

There has been concentration on a smaller number of priorities whilst still delivering our core health services, ensuring capacity and resources are being used to make a difference to patients. Golden threads run through the plan – quality of care, prevention, reducing health inequalities, improving health outcomes and ensuring delivery on commitments for climate change.

We will be required to submit a revised annual plan to Welsh Government in May 2023 which delivers the revised Ministerial targets which were issued on XXX May 2023. The delivery of these is only achievable if the Health Board can access a significant proportion of the £50m national planned care allocations in 2023/24 to meet the considerable orthopaedic backlog. We will endeavour in all specialties, excluding spinal surgery and complex breast cancer reconstruction, to meet the reductions in patients waiting over three years by 30<sup>th</sup> September 2023 and remove all patients in these services waiting over 2 years by December 2023.

There are significant investments we have had to make in 2023/24 to meet essential patient safety requirements. These we have committed to because we must address the underlying risks in our services for the public. These are broadly contributing to about half of our planned deficit in 2023/24 with the remainder driven by inflation, energy costs and Covid legacy costs which are not funded centrally to the levels reached in 2023/24. This is a significant cause of our planned deficit linked to the cost of living crisis, wider consequences of Brexit and the Ukrainian war impacts on the global economy.

### **3.5 Maternity Services**

We have been working hard to develop proposals to revise its staffing model so that the Birthing Centre at Neath Port Talbot Hospital and the Home Birth Service can be reopened. These services were temporarily closed due to the lack of midwifery staff to run all of our services and the need to ensure safe services at Singleton Hospital. These plans have been finalised to ensure safe services linked to changes to the

service model, workforce modernisation and expansion of community midwifery birthing numbers. These will ensure effective, safe midwifery services and we will be investing £750,000 in these services over two years to secure this, which will increase community services, meet Birthrate Plus standards and improve the number of mother's birthing at Neath Port Talbot Hospital. There will be public engagement on these changes and Llais have agreed to an 8-week process for this. We are currently developing our engagement materials and plan and will be able to share these with you at the June briefing.

#### **4. QUALITY**

Quality continues to be a key focus. The priority areas in our Quality Strategy in particular have progressed, as follows:

##### **4.1 Infection, Prevention and Control**

The focus is on reducing infections across our whole organisation and system with the aim of building momentum and aspiring to zero infections. A new IPC dashboard has been developed with clinicians and is now operational, with positive feedback from staff as this shows current information on infection rates and areas where infections are identified and controls in place. The current IPC resources across the organisation are being mapped to ensure we pool these resources so that consistent approaches and support can be provided across the system. Areas of highest incidence have been identified and areas where National Cleaning Standards are not being delivered identified and escalated for action. Work is also underway to identify maintenance hotspots across the organisation and to cross-reference this with infection rates to ascertain priority areas to address environmental issues. A ward decant programme is also being developed as part of a structured 12 month environmental improvement plan, which will allow scope for deep cleaning of wards more easily when required.

An in-depth review of all service groups delivery against the major infections has been undertaken by Management Board. The progress on implementing evidence based practice has been sound but these are not the scale of the improvements we would wish in c difficile and staph aureus infections which needs renewed action and to consolidate and embed these evidence-based practices.

The Executive Directors in Nursing, Medicine and Allied Health Professionals with myself are considering next steps. In June we need to make more progress at Morriston and in our community services.

##### **4.2 Sepsis**

We are launching a new Sepsis screening tool in May 2023 which reflects national guidance on the management of Sepsis. Sepsis causes potentially catastrophic harm and we need to identify it early. Alongside the new tool we are driving a programme of audits across clinical areas so we can raise awareness of Sepsis within our teams and are identifying leaders to champion Sepsis in their teams and services, across the organisation.

The progress in this area has been varied. In the next three months we will ensure effective processes are in place to measure results, services and compliance with



sepsis bundles to ensure comprehensive coverage in practice and reduce the risk to our patients. Hazel Powell and Raj Krishnan are supporting the Project Director and me to address this.

#### **4.3 Recondition don't Decondition**

Building on programmes such as PJ Paralysis, which aim to get and keep patients out of bed and moving whilst in hospital, encouraging them to get dressed and be active. Data shows that there has been a reduction in hip fractures and falls where this approach is embraced. The rationale is quality, earlier discharge, more independence, less dependence and rehabilitation. We are committed to the standard throughout all services is that all patients should be mobile, subject to appropriate assessment. Again we are identifying nurse leads within each services area to be Falls Champions and to take the lead with reinvigorating this work.

#### **4.4 Digital Developments**

Digital is a key enabler in our plans to optimise care and services. A digital maturity assessment using an international standard to assess the organisation's digital maturity and adoption of e-health records, and a facilitated visit from an independent assessor has been completed. The outcome is expected shortly and along with the National Digital Strategy which will be published in June, will inform a refresh of the Swansea Bay Digital Strategy later in 2023-24.

#### **4.5 Remote monitoring for Wounds**

Our District Nursing team in Swansea Bay is working with the Life Sciences Hub Wales and Healthy.io to support the delivery of a wound care management app evaluation as part of the Welsh Government financed Digital Solutions Fund. As at March 2023, over 1,800 patients had benefited from the new technology across the Health Board, with a total of 3,499 wounds scanned over 21,507 assessments by district nurses or at the wound clinic. 73 clinicians now use the app, with more staff being trained all the time. The evaluation has improved communication and multidisciplinary working around wound management, reduced unnecessary clinic appointments, and improved patient engagement with their own care and recovery. The next phase of the project will focus on expanding the service across other specialties in the Health Board, including homelessness services, podiatry, community hospitals and referrals to the vascular hot clinic.

#### **4.6 Nursing & Midwifery Framework 2023-26**

To mark International Nurses Day on 12<sup>th</sup> May, we launched our Nursing and Midwifery Framework. We started the process last year when we asked our nurses and midwives about "What Matters to Me?". This was followed up with conversations throughout the year to hear what it is like to be a nurse or midwife in our health board and seek views to inform our framework. The responses were developed into a draft that has been further refined following engagement through our Nursing and Midwifery Board, taking account of our CNO priorities along with our health board values and The Code.

The vision for nursing is that:

- Swansea Bay University Health board is the place in Wales where the best nurses and midwives come to work, learn and lead their profession to consistently deliver high quality, safe, person-centred care and deliver improvements that will result in a better patient experience and improved outcomes
- Where we have pride in our profession and recognise nursing and midwifery as the high-value careers they are.

Gareth Howells, Executive Director of Nursing & Patient Experience, is now working on developing an implementation plan for the next year that will focus on delivering the Framework.



#### 4.7 Implementation of the new Health and Social Care (Quality and Engagement) (Wales) Act (2020)

The changes to the duty of Quality have been integrated into the Health Board's new Quality Strategy and will be reflected in the implementation plan. The Health Board has also been working with the newly formed Llais Neath Port Talbot and Swansea Regional Team, West Glamorgan Regional Partnership Team and our Local Authorities' Social Services Department to develop joint working arrangements going forward. The revised guidance on changes to health services was published on 5<sup>th</sup> May 2023 and work is underway to revise the extant proforma for service change on an interim basis to reflect these changes.



#### 4.8 Outpatient tools to improve quality and efficiency

Deb Lewis, COO, supported by Dr Gordon Staple and Chris Jones, have developed fantastic tools to establish within our clinical specialties the links between available capacity, actual performance and evidence based interventions to improve our productive potential and to support our vision of a high quality organisation. This offers fantastic opportunities to improve services for our patients, better use resources and dynamically plan for our demand.

#### 4.9 Specialist Team to deliver quicker Mental Health service

Patients with an urgent mental health need who turn up at the Emergency Department at Morriston Hospital are now being assessed within an hour by a specialist team. Previously, they would often have to wait hours at a time to be seen because ED staff have to prioritise those with serious injuries and medical conditions.

#### 4.10 Dementia Butterfly Scheme

The Butterfly Scheme is an opt-in scheme for people with a diagnosis of dementia, memory impairment or confusion. When patients or carers, on their behalf, opt in to the scheme, the patient agrees that a butterfly symbol may accompany all personal documentation. This alerts all care professionals and ancillary staff to a patient's different care needs. Each ward or unit has a resource pack for staff and are encouraged to use this scheme along with completing a This Is Me document with the patient or their family on admission.

#### **4.11 Good Grief Event**

The End of Life Parasol services, Care after Death Service and Ty Olwen volunteers welcomed public, patients and staff to Morriston Hospital to the event which encouraged openness and discussion about death, while raising awareness of all the different services and people who can be involved following a death. The event coincided with Dying Matters Awareness Week (May 8-14), with a number of local firms, including funeral directors, cancer charities and bereavement services invited to host information stands.



#### **4.12 Patients encouraged to help spot early signs of cancer**

Practices within the Llŵchwr Local Cluster Collaborative (LCC) have been running a pilot project by contacting patients who haven't responded to letters inviting them to undertake bowel screening. Practice staff will send letters to patients to remind them of the importance of being screened and to encourage them to take part. Screening is a process which checks for signs of cancer in people who don't have any symptoms. A home test kit is sent to eligible patients aged between 60 and 74 to help identify the symptoms of bowel cancer.

Patients can then be offered further tests and appropriate treatment if it is necessary.

#### **4.13 Funding award will speed up cancer diagnoses**

People with head and neck lumps that could signify cancer will be spared weeks of avoidable waiting and worrying before getting a diagnosis. Some of these patients require a form of biopsy known as an ultrasound-guided fine needle aspiration (FNA). This uses ultrasound pictures to guide a needle to take a small sample to be analysed by a cytologist, who evaluates cell samples and can accurately detect cancer as opposed to benign conditions. Sometimes, though, the sample is not adequate for the cytologist to make an assessment, so the patient has to be brought back for the biopsy to be done again – and if necessary, again after that. Now a new pathway is being trialled in radiology, which will allow that first sample to be checked immediately before the patient leaves the hospital. It's known as Rapid On-Site Evaluation, or ROSE, and means that if another biopsy is necessary, it can be done in the same appointment. The trial has been made possible after consultant head and neck radiologist Dr Shaheena Sadiq was awarded funding by Wales-based not for profit organisation Moondance Cancer Initiative.

#### **4.14 Testicular Cancer Support Group Launch**

A support group, the first of its kind in the area, is being launched for testicular cancer patients, with the inaugural meeting taking place in May. It follows on from a workshop organised by staff at the South West Wales Cancer Centre at Singleton Hospital, in association with Maggie's. The success of the workshop will be highlighted in a poster presentation at a national testicular cancer conference in Glasgow later this month, which is Testicular Cancer Awareness Month.

#### **4.15 Upgrade of Morriston Hospital Emergency Department's Waiting Room**

Work has started on an upgrade to the waiting room in Morriston Hospital's Emergency Department. It is the first stage of a £265,000 make-over of the waiting areas in both Morriston's ED and the Minor Injury Unit at Neath Port Talbot Hospital to include new seating and USB charging points as well as vending machines with card facilities and free water fountains.

#### **4.16 Independent commission set up to explore drug-related deaths**

A new independent commission set up to explore the high number of drug-related deaths in Swansea and Neath Port Talbot is calling for communities to get involved. Anyone affected by problematic drug or alcohol use – personally, or through relatives or friends; professionals or interested members of the public, are being invited to tell their stories to help drive the new commission's work. Neath Port Talbot and Swansea have consistently recorded the highest rates of drug-related deaths across all Welsh Health Board areas. During 2021-22, there were 41 recorded drug misuse deaths, at a rate of 11.3 per 100,000 population. The initial call for evidence to shape the priorities for the Commission runs until 19<sup>th</sup> May 2023.

### **5. OUR PEOPLE**

#### **5.1 Our Big Conversation**

I have led discussions with over 1,500 staff and numerous others who have participated in online surveys about our future organisational vision to create a high quality organisation. This has been some of the most rewarding work I have ever been involved in. my colleague Directors have supported this and have joined me in all events which have been well received by staff. We will be publishing shortly the final draft of the vision; the steps to turn the vision into a reality; and our future proposals for how we would like to move forward with creating a different organisation. This has been supported by close working with Board members. We will engage now in finalising the document in the next month and then moving forward with its execution which will set a compass direction for the next 3-5 years and how we will develop our organisation and support our quality strategy.

The cornerstone of this approach will be a new compact with staff and the People Promise; a new partnership with our trade unions who have been magnificent and a new deal with our patients. There will be a "One Bay Way" commitment to the values and behaviours we expect to support this. I will be briefing Board members on the document in early June 2023.





## 5.2 International Recruitment

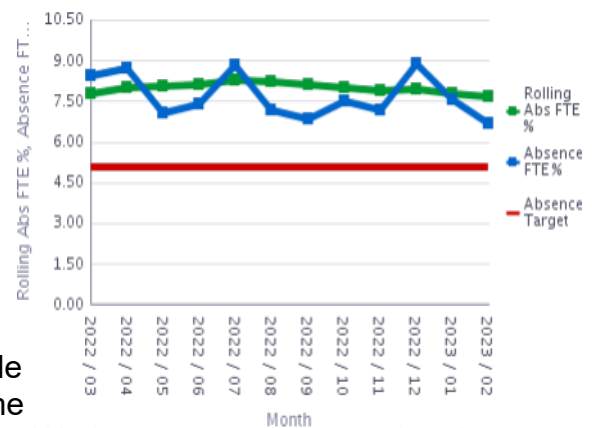
Our attempts to ensure we have sufficient, well trained staff for all our services continue, with hundreds of internationally trained nurses being ethically recruited over 2 years to fill Band 5 nursing vacancies have been stunningly successful with predicted numbers of vacancies of Band 5 staff at Morriston being eradicated in the Autumn of 2023. These staff combined with our domestically trained staff will make a huge improvement to the quality of our services, staff experience and patient outcomes.



To support this a purpose-built training facility at the Health Board's Baglan headquarters has been set up to help nurses recruited from abroad attain the required UK registration and will nurture and develop the skills of all nurses across Swansea Bay.

## 5.3 Sickness Absence / Staff Wellbeing

Concentrated efforts across the system have resulted in February 2023 reporting the lowest in-month sickness absence position for the last 12 month rolling period. Whilst still not meeting the target this is vitally important progress in ensuring we have enough staff in work to provide high quality services and also alleviate pressure on staff in work. Our focus continues to be on supporting staff wellbeing and resilience. Our Staff and Wellbeing Service are providing a wide range of support services for staff including Time to Change Wales sessions, Compassion rounds, Work related stress workshops, menopause sessions and REACT and suicide awareness training.



## 5.4 Congratulations to:

**Paul Lee, Medical Devices Training Manager** for Swansea Bay University Health Board, was a finalist at the prestigious Leadership in Healthcare Science award, presented at the National AHA (Advancing Healthcare Awards) ceremony in London on April 21st and was highly commended for his work and commitment to science and patient safety.

**Morriston Hospital's Katie Arnold** has been admitted into the Order of St John for her work with St John Ambulance Cymru. The Royal Order of Chivalry, which has its roots in the Middle Ages, is approved by King Charles and recognises her service with the Welsh first aid charity. The rules around the Order mean she will never know who has nominated her. But she will be known as an Officer of St John.

**Jack Allum** received a national award for his research into where hearing services are in greatest demand across Swansea Bay in Wales, UK, where he is an advanced audiology practitioner. The results of Jack's research aided in the planning of the transformation of audiology clinics across Swansea Bay.

## **6. MANAGEMENT BOARD DECISIONS**

We have progressed a range of issues through Management Board since the last Board meeting, including:

### **Falls:**

- Reviewing the Falls Rapid Response Service to ascertain any allocative gain by shifting resources out of sectors dealing with falls into the Falls Rapid Response Service and developing a manage and treat response in the community.
- Work with Welsh Ambulances Services Trust to identify models which work in other Health Boards and apply learning.
- Looking at the Acute Clinical Team and other services in relation to falls to avoid patients attending the Emergency Department, Acute Medical Unit or Out of Hours Service to shift demand and support it differently.

### **Digital Transformation**

- Matt John, Director of Digital is meeting with medical and nurse directors regarding benefits realisation from digital developments to share with Management Board in summer 2023.

### **Service Model for Ty Olwen**

- Agreed working group to look at potential of expanding Ty Olwen into providing end of life care with a modular unit and building a hospice service alongside it.
- Completing a memorandum of understanding with Ty Olwen Trustees to establish robust governance arrangements, for consideration by Board sub-committees.

### **Sustainable Transport Strategy**

- Agreed the strategic approach for the Health Board's Sustainable Transport Strategy and the associated action plan and their incorporating into future iterations of the Integrated Medium Term Plan.

### **Specialised Health Services**

- Agreed a programme to support the strengthening of the existing partnership between Cardiff and Vale UHB and Swansea Bay UHB through the development of collaborative delivery models.

### **Outpatients Management**

- Consideration of an options appraisal on the most effective management structure for outpatients' services, and agreement that the outpatients' function should be centrally managed, including the estate, administrative and nursing management of outpatient services with standardisation of processes and procedures under the Singleton / Neath Port Talbot Delivery Group.

## **7. FINANCES**

For 2022/23 we are on course to deliver a balanced financial position, alongside the delivery of £30m of savings, for which this is the second year that a savings target of £30m has been achieved. This is against a background of growing operational

pressures seen through run rate and inflationary growth but offset by non-recurrent opportunities from the balance sheet, investment slippage and Welsh Government funding, both linked to Covid-19 and energy.

Whilst the figures below are interim figures as they are currently subject to External Audit scrutiny and won't be submitted as Audited Accounts to Welsh Government until 31<sup>st</sup> July 2023, we are anticipating achieving 2 of our 3 financial requirements and only narrowly missing the target on the third.

Target	Position	Outcome
Performance against Revenue Resource Limit	£0.4m under	Achieved
Performance against Capital Resource Limit	£0.04m under	Achieved
Performance against Public Sector Payment Policy (95% of Non NHS Invoices paid within 30 days)	94.69	Missed by 0.31%

From the start of 2023/24 the current expenditure run rate pressures are anticipated to remain but tapering off as we go through the year to zero at the end of quarter 3. The foundations for reducing run rates were put in place in 2022/23 linked with the independent financial support brought in to consider operational pressures in one of the Health Board's Service Groups. Further, the outputs from a run rate reduction workshop held in February 2023 and the establishment of five clinically led, system-wide work streams to focus on reducing spend through pathways will underpin our approach.

The look forward into 2023/24 has identified further pressures, some of which are linked to inflation and demand growth along with others which are specific to service delivery. A comprehensive review of all likely pressures and has already made choices on what it will be unable to invest in or financially support into 2023/24 in reaching the value within the current plan which co-locates quality, safety, workforce, finance and risk as per the plan. There are other actions open to the Health Board (around immediately avoidable expenditure and reassignment of income allocations) that could reduce the planned deficit, which would need to implementation on a national basis across Wales, lead and directed by Welsh Government. There may also be other national policy decisions that could contribute overall.

The ongoing macro-economic pressures linked to inflation and energy, before the impact of growth in areas like CHC and Drugs, are forecast for 2023/24 to be far in excess of the 1.5% allocation increase provide by Welsh Government. So before the management of operations pressures the Health Board would be in financial deficit for factors which are outside its own control.

For 2023/24 based on the current cost, risk, quality, safety and funding assumptions outlined above, we have been unable to develop a position where a safe and sustainable service model can be contained within a balanced financial plan for

2023/24. The plan has been through a rigorous governance process of check and challenge by the Board and the financial plan at the 30<sup>th</sup> March 2023 was agreed at a deficit position of £69.9m.

I do not see this as a fixed point plan and is continuing to work to reduce the deficit as far as possible through the wide range of clinically led activities, creative financial solutions and workforce modernisation it has planned and that are currently underway.