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Health Board



<b>Meeting Date</b>	<b>26 January 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>	<p>This report includes updates on:</p> <ul style="list-style-type: none"> <li>• Strategic Issues</li> <li>• Patient Quality Improvements</li> <li>• Operational Delivery</li> <li>• Our People</li> <li>• Financial Management</li> </ul>		
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	<p>Members are asked to:</p> <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 November 2022.

## 2. OVERVIEW

Overall the health and social care system in Swansea Bay remains under extreme pressure. The quality of service we are offering patients is too often poor or variable and not what we would expect for our families on many occasions. The causes of this are multi-factorial around the overwhelmed primary care system, the absence of key staff in community services – particularly social care, the long waits to get patients into services and the major issues with patients needing to go home who have constraints in community services to support their discharge. This makes our 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. We continue to work with our partners to seek to develop solutions to these issues and recent information provided useful evidence around the need to address waiting for domiciliary care, social work assessment, therapy and other assessment and residential and nursing home transfer. The collective Health Board and Councils leadership are concerned about the situation and are working on solutions which we can further enact. I will keep the Board appraised of these. Implementing centralised medical admissions at Morriston Hospital and the consequent opportunities this gives for 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. We have decided in Management Board to move the acute medical services from Singleton from 23<sup>rd</sup> January 2023 which is a historic milestone for the Health Board and will bring to an end decades of separate acute medical services and we know will improve in the medium and long term our service resilience and effectiveness and clinical excellence.

The health and social care system has also been under significant pressure due to respiratory infections, with RSV, influenza and Covid infections all at high levels. However, there are some signs that suggest Covid infections are past the peak of the current wave. ONS Survey data shows only a very modest decline in community level infections in Wales but admissions of Covid positive patients have been steadily declining since the start of the year with Covid occupancy dropping by over half by mid-January. Influenza figures are also showing a decrease compatible with peak flu season having passed. Another respiratory infection causing significant

levels of illness in our community is Respiratory Syncytial Virus (RSV) which also appears to be on the decline with rates of infection now well under half that seen in mid-December last year. We expect a further rapid decline in infections over the next few weeks. The wearing of masks remains mandated in all clinical areas and for all public facing staff.

I must extend my thanks to everyone who worked so hard over Christmas and the New Year to help deliver services in spite of coping with these extreme pressures and the impacts of the two strikes in December as well as the further action in January 2023 which we have also had to deal with while maintaining operational services. Our teams' efforts have been exemplary, particularly given the sustained nature of these extreme pressures over the past 12 months.

### **3. TAKING CHANGING FOR THE FUTURE FORWARD**

#### **3.1 Unscheduled Care**

Acute medicine in Swansea Bay has aspired to become a single-site model for over a decade, and at last this is becoming a reality so that we are ready to meet the challenges of caring for our aging and patients with complex needs. The following steps have been taken:

- 4<sup>th</sup> January 2023 agreement to continue with the 2<sup>nd</sup> Phase of the Acute Medical Services Redesign Transitional Plan by Management Board, with support from senior clinicians and senior nursing representatives.
- Weekend GP take at Singleton Hospital ceased from Friday 6<sup>th</sup> January and moved to Morriston Hospital, with patients being seen in the new Acute Medical Assessment Unit rather than in the Singleton Assessment Unit. This new Unit at Morriston has 45 beds and Same Day Emergency Care, focused on assessment and treatment within 48 hours to avoid unnecessary admissions, so many more of these elderly people can now go home instead. From the opening on 5<sup>th</sup> December 2022 to 12<sup>th</sup> January 2023 there were 747 admissions to the new Acute Medical Assessment Unit which resulted in 363 assessment and short stay discharges and 370 transfers to inpatient wards.
- Medical wards at Morriston and Singleton Hospitals were also reconfigured.
- Management Board on 18<sup>th</sup> January reflected on progress to date and decided that 3<sup>rd</sup> Phase of the transformation programme should go ahead, with all medical admissions to Singleton Hospital stopping from 23<sup>rd</sup> January, allowing the Singleton Assessment Unit to close the following week.
- However it was recognised that because of the pressure on the system this further change would be challenging and that therefore some enhanced measures would be implemented during the last two weeks of January to provide additional capacity to support this, including:
  - Director of Nursing and key clinicians reviewing staffing levels and gaps across the whole system to manage these risks in an integrated way across the organisation.
  - Deploying clinically trained staff who work in support or managerial roles into frontline roles to provide additional support.
  - Expanding capacity and access to virtual wards and increasing discharge capacity into community services.

These fundamental changes would not have been possible without the hard work, dedication and focus of our clinical and management teams and I would like to personally thank all our teams for their continued work on this as well as their efforts to provide the best care possible for our patients throughout, with a sharp rise in respiratory infections and extraordinarily pressured times. Their teamwork, resilience and sheer effort have been exceptional.

### 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 its 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 have arrived at Neath Port Talbot Hospital and are being fitted out ready for use from June 2023. The Enhanced Care Unit at Neath Port Talbot Hospital is now open and this will enable some patients who would have needed to have their operations carried out at Morriston to be treated at Neath Port Talbot Hospital instead. Discussions are also underway with Cwm Taf Morgannwg UHB regarding transferring the usage of 6 theatre sessions at Neath Port Talbot from CTM for Orthopaedic activity for Swansea Bay and CTM residents back to our Health Board for use for Swansea Bay residents. In line with commitments made during the Welsh Government Bridgend Boundary Change consultation, any changes will be the subject of public engagement, and timed to release these theatres by June 2023.



The business case for Singleton theatres is progressing and we are on track with this. There will be a further case on the transfer of all major urology work to Neath Port Talbot Hospital in the next few months. It is clear that sustainable reductions in the waiting lists will need to see a combination of transformative approaches to service redesign and better productivity of services which we are focusing on for our services. A good example is the bone and muscle pathway out of hospital which could improve dramatically the waiting times for patients and change the nature of orthopaedic waiting times. This work is advanced with primary care and community colleagues and we are looking to see the service specification and business case in March 2023.

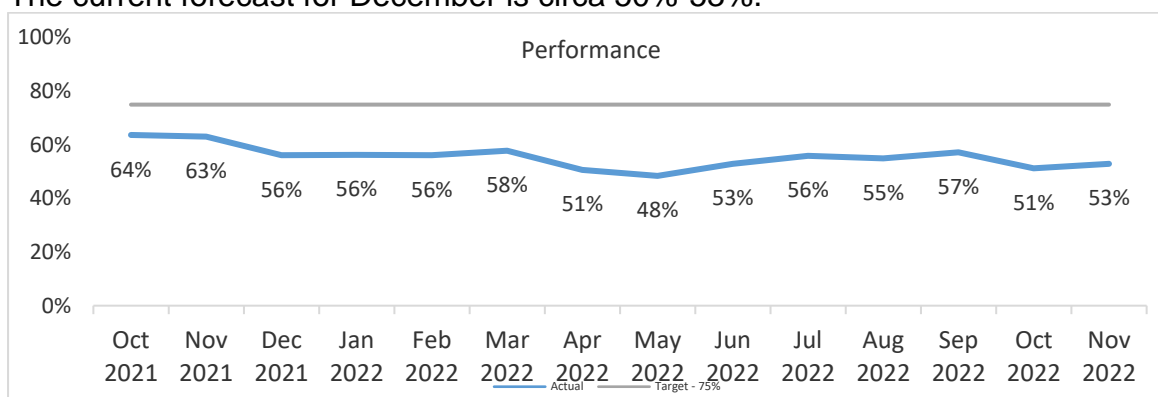
The Health Board delivered on its promises to Welsh Government around the number of patients waiting in outpatients over 52 weeks and over 104 weeks for inpatient care at the end of December 2022. This is a magnificent achievement. We have reduced the numbers waiting in each of these areas from April 2022, as shown overleaf.

Target	April 2022	December 2022	Reduction	% Reduction
>26 weeks for new appointment	25,601	20,174	- 5,427	- 21%
>36 weeks at all stages	38,799	33,321	- 5,478	- 14%
>52 weeks at all stages	27,592	22,634	- 4,958	- 18%
>104 weeks at all stages	13,083	8,066	- 5,017	- 38%

This is remarkable and we are well placed now to further reduce waiting times. Our success has given Welsh Government the confidence to allocate a further £1m to clear over 900 more people waiting over 104 weeks in children's dentistry, general surgery and other areas. I would like to thank Deb Lewis and Craige Wilson as the Deputy Chief Operating Officers for their leadership here and the remarkable efforts of our clinical and managerial teams in service units.

### 3.3 Cancer

Due to the submission times for formal cancer reporting, the December position is not yet available. The performance up to and including November is illustrated below. The current forecast for December is circa 50%-53%.



As can be seen, there is a slight improvement on the October position. A total of 242 patients were treated in month but only 128 were within the 62-day target. Of the 114 breaches, the main contribution is attributed to Urology (24). However the main concern from a tumour site perspective is Gynaecological with only 20% of patients treated within target.

Tumour Site	Total No. of patients treated	No. of patients treated within target	%	Tumour Site	Total No. of patients treated	No. of patients treated within target	%
Head and neck	11	5	45%	Breast	29	14	48%
Upper GI	26	12	46%	Gynaecological	10	2	20%
Lower GI	27	12	44%	Urological	42	18	43%
Lung	22	16	73%	Haematological	19	9	47%
Sarcoma	4	0	0%	Acute Leuk	0	0	
Skin(c)	48	37	77%	Children's	0	0	
Brain/CNS	2	2	100%	Other	2	1	50%

Due to continuing below-par performance across the majority of tumour sites, the CEO has arranged meetings with each of the Clinical Directors / Cancer Leads and the relevant management teams. These will take place over the next four weeks. In addition, each tumour site is developing recovery plans that will achieve a decision to treat (DDT) for all patients by day 31 of the pathway. Once in place, focus in January and February will then switch to treatment plans. For example there is a development planned to deliver radiotherapy services for treatment planning and treatment on Saturdays which we will be implementing soon.

### Referral rates

As can be seen from the table below, referral rates continue to be higher than the same period in 2021. However, tumour sites are beginning to see rates stabilise, particularly in Colorectal. This will be monitored.

Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022	June 2022	July 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022
1517	1708	1663	1888	1642	2090	1898	2086	2341	2149	2204	2142

### Diagnostics

Delivery of diagnostics for cancer patients is improving. The table below outlines the delivery of radiology investigations in October and November. Despite an increase in demand, more investigations were delivered and reported within 7 days.

October	Within 14 days	Within 7 days	November	Within 14 days	Within 7 days
1202 examinations	95%	64%	1381 examinations	92%	67%

### Endoscopy

Representatives with from Swansea Bay having been working with clinical and managerial colleagues in Hywel Dda to develop a regional plan. The plan outlines the workforce requirements to allow the current sessions that are not staffed across the seven units to be utilised 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 on 11 October and following feedback a series of meeting with members of the National Endoscopy Team have been held and a revised plan submitted as requested by 23 December.

The revised plan provides an updated demand and capacity analysis (based on 10 pts rather 12pts), clarification on the workforce plan and associated recruitment plan, including opportunities to enhance recruitment by working with an Academy model, and options for the interim arrangement via insourcing, outsourcing or a managed service contract. These will be undertaken across the south west Wales region to build our long-term capacity which will need to grow to meet demand by nearly 35% in the next 3 years . To meet this we will have to innovate e in our workforce solutions with more nurse endoscopists , changing the role of gastroenterologists towards more intervention and build up expertise in trained staff to release scarce qualified nursing time.

## 4. Strategic Developments

### 4.1 Feedback from JET mid-year meeting with Welsh Government

A letter was received from the Director General in December with feedback on their mid-year meeting with the Health Board. This was positive about our efforts on transformation in line with Changing for the Future, our renewed focus on quality and population health, Our Big Conversation, collaborative developments in digital services and balancing our budgets. Clearly there are still areas we need to focus on so that we are where we need to be, but it was heartening that our efforts to date are being recognised and I am grateful for everyone's work to achieve this. It has been a real team effort across the Health Board and we should feel proud of how we are developing in the most difficult of circumstances. We were asked to specifically address certain issues around population health improvements, ambulance waits and cancer waits which we are addressing.

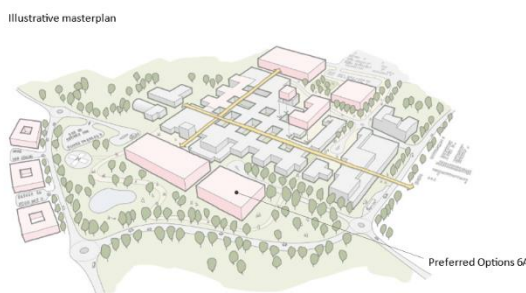
### 4.2 IMTP development & revised timescales

Work is underway to develop the Recovery and Sustainability Plan / IMTP for 2023-26 to support implementation of Changing for the Future. Guidance has been issued to Delivery Groups and submissions received. A clinical prioritisation process has been undertaken with the initial findings being fed back to Board members at their development session on 9<sup>th</sup> January, and Delivery Groups. Requirements for communication, engagement, digital, equality impact assessment, workforce, finance and other corporate support is being carried out to ensure that priorities will be able to be implemented and within the timescales set. It is then intended that the draft final recovery and sustainability plan / IMTP will be submitted to the Board for approval at its March meeting and submitted to Welsh Government by end of March 2023.

### 4.3 New Adult Thoracic Surgery Centre of Excellence for South Wales

Following public consultation in 2018 it was agreed that the new Adult Thoracic Surgical Centre of Excellence would provide a single service for South Wales based at Morriston Hospital. We published plans for this Centre of Excellence in June 2022 and Welsh Government confirmed funding so the plans could proceed at pace.

The Centre to be open within the next 3-5 years and will operate on an increased number of patients, potentially at least 20% more, and will be one of the largest centres in the UK.



The Centre will treat lung cancer patients and others who need surgery for a range of chest conditions. All pre-surgical and post-surgical management and test will be provided for patients in their local health board area, so that they only have to travel to the new Centre for pre-admission assessment and the surgery itself. An options appraisal workshop was held in October with stakeholders from across South Wales to agree the preferred size and location option for the new Centre and concluded that Option 6a (on Morriston's 55-acre development site) should be recommended. This was agreed unanimously at the Thoracic Project Board and this decision will be

used to develop the Outline and Full Business Cases. The indicative timeline for completion of the OBC is the Q4 2023-24.

#### **4.4 Partnership Working on Tertiary Services for South Wales**

The Regional and Specialist Services Provider Planning Partnership between Swansea Bay and Cardiff and Vale University Health Boards held a joint workshop with clinicians from both Health Boards in November 2022. The purpose of this was to start discussions on further developing the strategic partnership and identify how we could further collaborate to strengthen provision of tertiary (very specialist) services for the population of South and West Wales. A further workshop will be held in the spring to progress options.

The Partnership is currently running a project to consider options for the future provision of Hepato-Pancreato-Biliary services, which are currently provided by both Health Boards. An Expert Advisory Group was established to help propose a way forward. The Group met twice at the end of 2022 and an impact assessment of the outcomes is being progressed in line with the strategic discussions set out above. Public engagement will follow at an appropriate point and Community Health Councils are being kept informed of progress.

Swansea Bay has started to support Cardiff and Vale UHB in undertaking additional cardiac surgery cases by agreeing to transfer four cardiac surgery cases per week Morriston. This is part of our collective approach across the two Health Boards to provide mutual support for the benefit of patients across South and West Wales. This will be an area of considerable opportunity, complexity and change for the Health Board which I will be looking to brief Board members on in due course.

#### **4.5 South West Wales Cancer Centre**

The South West Wales Cancer Centre (SWWCC) at Singleton Hospital, provides non-surgical oncology services (cancer treatments) predominantly for the population of south west Wales. Swansea Bay and Hywel Dda University Health Boards have worked together to develop a Strategic Programme Case which provides a framework for the delivery and improvement of regional non-surgical oncology services (Radiotherapy and Outpatients) for the population of South West Wales.

The aim of the Strategic Programme Case (SPC) is to:

- Improve the health outcomes for people diagnosed with cancer
- Reduce the waiting times for treatment – increasing capacity to meet the growing demand for services
- Provide equitable access to patients across the region
- Provide a high-quality cancer service equipped with access to modern diagnostic and therapeutic equipment in accordance with best practice

Key to the delivery of these services over the next 10 years is the potential location of the Linac machines for radiotherapy, and if at least one of these should be sited within the Hywel Dda area and the future regional oncology outpatients model. The SPC sets out these current service models, compelling cases for change and the future programme of work to develop the new regional service models. Siting of the additional Linac will be determined by strategic options appraisal process taking place in early 2023-24 which will also consider the estates / infrastructure impact to

the Singelton site of potential developments. The capital funding is part of the requirements we have set out to Welsh Government and will be incorporated within our Estates Strategy. Further work has also been agreed on marketing and branding for the SWWCC and scoping of revenue forecasting for the long-term financial model and agree a funding solution with our partners by summer 2023.

#### **4.6 Population Health Strategy**

Work continues on developing our Population Health Strategy which will set out the guiding principles by which we and our partners will seek to improve the overall health and wellbeing of our population whilst reducing the gap between our least and most deprived communities – focusing on prevention and tackling the “causes of the causes” of ill health. A workshop was held with Board members to help inform this work which is the subject of ongoing discussions with partners and which will be presented to the Health Board in March 2023.

#### **4.7 Green Initiative - Inhaler recycling project**

Each year thousands of empty plastic inhalers are sent with household waste to landfill or popped in plastic recycling containers. However these used inhalers are not completely empty but still have residual gases in them which contribute to global warming. Eight pharmacies in the Upper Valleys Cluster are involved in a pilot which sees all elements of an inhaler recycled for plastic and metal while remaining gases are progressed and reused. This pilot, the first of its kind in Wales, could be expanded to other pharmacies and areas if successful.



#### **4.8 EMRTS / Air Ambulance Proposed changes**

A further update has been received by all Health Boards in Wales from the Emergency Ambulance Services Committee (EASC) on the timescale for the start of the agreed formal engagement process in relation to the Service Review of the Emergency Medical Retrieval and Transfer Services (EMRTS Cymru) who work in partnership with the Wales Air Ambulance Charity. This outlines that the revised engagement materials and process will be shared with Health Boards by early February.

#### **4.9 Estates Strategy Development**

We are in the process of developing our Estates Strategy. To support this a workshop has been held with the Board and a task and finish group is being established to look at options, how to engage the organisation in its development and how it can best support the implementation of Changing for the Future. The six facet surveys which underpin this work have also been carried out on primary care premises and further work will be needed across all areas and services to ensure our facilities are rejuvenated to meet the challenges of the future. The Strategy will be presented to the Board in May 2023.

## **5. PATIENT QUALITY IMPROVEMENTS**

### **5.1 A new Quality Strategy**

As the Board is aware we have been working to make quality our top priority. Through engagement with patients, staff and our communities we have developed a shared understanding of what quality means to us and how we can place it at the heart of what we do. Despite hearing talk of the pandemic being behind us now, the challenges it has brought with it have transformed the NHS landscape forever. It's forced us to face and solve new problems, to adapt and develop new approaches and to see things through a different lens. All of which has helped us to learn, develop and grow together. Our challenge is not to get back to normal, but to raise the bar, improve standards and allow staff to achieve their potential in jobs that they are proud of, doing and making things better for our patients.

In short, it's about better quality healthcare. As we recover and reset, we are ramping up our commitment to quality as our top priority. We want to learn when things go wrong, as well as when they go right, to help us make sure that we are always giving the best possible care – that which we would want for our family and friends. Last year we set about developing a Quality Strategy and building a Quality Management System to support it. Our strategy sets out our ambitions for improving quality for the next five years, and the quality management system will support our staff in doing the right thing, every time. The discussions we have been having through Our Big Conversation have involved Executives and myself listening to the views of our staff which has provided us with a richness of information and the summary of the core issues is currently being analysed. The next stage is engagement on the vision for the way we want to work in the organisation and what we will stand for as an organisation.

### **5.2 New Fracture Discharge Service**

Older people normally facing a long spell in hospital after fracturing a bone can now leave much earlier, as new targeted support is offered to them in their own homes. An older person would normally spend around three to four weeks in hospital with a fractured arm, collarbone or pelvis, and five weeks or more with a broken hip. But with the introduction of the new Fracture Discharge Service they can now be discharged from hospital at least 10 days earlier. Multidisciplinary teams from the Virtual Wards, Older Persons Assessment service, Trauma and Orthopaedics and the Early Supported Discharge services are working together to provide the new service. Within the first week of the new service operating, 5 Neath Port Talbot patients were able to go home early. Over the next few months, as the service rolls out across Swansea Bay 10 patients a week are expected to benefit. This will release around 25-30 beds across Morriston which were currently used by these patients each week.

### **5.3 Staff and Volunteers offer comfort to people at the end of their lives**

Hundreds of Swansea Bay staff are being trained to give patients at the end of their life additional care and comfort when they need it most. At the same time a new team

of volunteers has been enlisted to provide extra support and companionship to patients receiving end of life care at Ty Olwen Hospice in the grounds of Morriston Hospital. Patients often have questions to ask, along with feelings of anxiety, stress and fear about what happens to those they will leave behind. To help ease those worried, the health board's End of Life Care team is training more staff to become End of Life Champions through the Parasol Team. The Parasol Team take the end-of-life care delivered in Ty Olwen out into the health Board, upskilling other healthcare professionals in delivering that care. More than 200 members of staff have become champions over the past year.



#### **5.4 Baywatch to address patient falls**

Hospital staff are launching their very own Baywatch – to keep patients safe on wards. Staff will take turns to watch Morriston Hospital patients at high risk of a fall. Launched in December, Baywatch will see dedicated members of staff based within a ward bay where patients have been assessed as being at high risk of falling, making it easier for staff to monitor them. A review of previous inpatient falls over an extended period found that the majority of falls happened at the bedside when the patient's desire to move was outweighed by their physical ability, particularly following surgery. This is a preventative measure to try to support patients to be as independent as possible without putting them at risk.

#### **5.5 Suicide prevention – we can all make a difference**

This time of year can be hard for many people, particularly if they are lonely or bereaved, but recognising that someone is struggling and reaching out to speak and listen to them can make all the difference. The evidence base is very clear, normalising and talking openly about our mental health and suicide can and does save lives. See, Ask and Signpost is a way to help to our colleagues, patients and families and is underpinned by compassion, humanity, kindness and empathy. This suicide awareness training is open to all staff groups and helps our staff to gain the skills and knowledge to have a savvy psychological conversation with our colleagues and peers. The biggest gift we can give someone is our time and kindness, and to let them know they are not alone.

#### **5.6 New fracture clinic opens at Morriston Hospital**

A new £2m purpose-built fracture clinic is increasing time dedicated to patient care and cutting waits on treatment after opening at Morriston Hospital enabling the service to move back from Neath Port Talbot Hospital where it was relocated at the start of the Covid pandemic. The new fracture clinic in Morriston has more consultation, treatment and plaster rooms along with a dedicated plaster facility. After being diagnosed in either the Minor Injury Unit at Neath Port Talbot or the Emergency Department at



Morrison, patients are then assessed by consultants via a Virtual Fracture Clinic before being treated as an outpatient. The facility is based in the same area as therapy services, so giving patients a holistic approach to their care.

### **5.7 New Software unites nuclear medicine scanners across sites**

100s of patients undergo various diagnostic scans in Swansea Bay's hospitals every week. Each scan provides a huge volume of data which is used to form 3D pictures of the inside of a patient's body then has to be collected and analysed so treatment plans can be created without delay. Now a significant investment in a new software suite is helping to ensure this can be done as quickly and accurately as possible. This software links nuclear medicine scanners from different manufacturers in the three main hospital sites. This means specialists who analyse and interpret the data, and write the ensuring reports, can do so in the same way, whatever scanner was used and wherever they are based – even from home.



### **5.8 Funding received from Moondance Cancer Initiative**

Moondance Cancer Initiative finds, funds and fuels brilliant people and brave ideas to make Wales a world leader in cancer survival. Our Health Board has been granted funding to test the use of CanSense, a liquid biopsy test able to detect bowel cancer, in a strategic approach to the longest waiting colonoscopy surveillance patients. This work will provide evidence to support a scalable solution for endoscopy units across Wales and show the potential for a more streamlined approach. Another Swansea Bay project supported by funding will be the implementation of Rapid On-Site Evaluation (ROSE), which will allow cytology colleagues to immediately assess the adequacy of samples obtained by ultrasound guided FNA, thereby avoiding repeat appointments and reducing time to diagnosis for head and neck cancer.

### **5.9 Cardiac Surgical Team Safety Checklist**

Congratulations to cardiac staff in Morrison Hospital who, through their innovation, have helped the hospital become a UK leader in the safety of patients having open-heart surgery. The Cardiac Surgical Team developed a checklist to identify and correct all possible causes of post-operative bleeding before the chest is closed – resulting in fewer patients being taken back to theatre because of post-operative bleeding than anywhere else in the country. The team received the Improving Patient Safety award in the 2022 NHS Wales Awards.



### **5.10 Artificial Limb and Appliance Service quality assessment**

The Artificial Limb and Appliance Service at Morrison Hospital recently successfully passed its ISO 13485 Stage 1 assessment. This means the auditor was assured that the service has a documented quality management system that meets the

medical device manufacturing standards. This is excellent news and our thanks go to the ALAS team for all their work to achieve this. The next step will be for ALAS to move to the Stage 2 assessment which will give our patients assurance regarding the quality of the limbs and medical devices and services ALAS provides.

### **5.11 Multi-million-pound new technology transforms cancer care**

New technology is giving patients with breast cancer direct control over part of their treatment at Singleton Hospital. Patients have to breathe in or out until they are in the exact position required for radiotherapy to accurately target the treatment area, but without risking damaging surrounding tissue. Traditionally this has been achieved by radiotherapy staff instructing patients when to breathe in or out until they reached that optimum point. Now new scanning and radiotherapy technology at Singleton means that patients are scanned and a system upgrade called Sentinel, uses cameras to map the contours of a patient's body. Combining the two enables radiographers to monitor the patient's position more accurately during radiotherapy treatment. Patients can wear special glasses with a bar which that moves until they are in the correct position.



Three of the four Linear Accelerators (or Linacs - the machines that administer radiotherapy) have been enabled with this technology and the machines automatically stop if a patient changes position even by a fraction of a millimetre during treatment, preventing damage to healthy tissue surrounding the tumour. Patients now have a range of options to help them control their breathing – the special glasses, using an iPad or in one of the radiotherapy rooms the entire room changes colour in line with the patient's breathing. The remaining Linac will be replaced in the summer of 2023.

The South West Wales Cancer Centre has also trialled and implemented a revolutionary new approach to treating breast cancer, reducing the treatment from 15 days to just 5. This is thanks to staff expertise coupled with significant investments in equipment and software over the last five years.

## **6. OPERATIONAL DELIVERY**

### **6.1 Unscheduled care - AMSR**

As outlined above our focus over the past two months has been on centralising the medical take at Morriston Hospital. The new Acute Medical Unit (AMU) at Morriston Hospital has been proven to be effective in supporting the medical take, although noting that site pressures and the lack of patient flow over recent weeks has impacted the ability to keep the unit operating as it did in the initial two weeks.

We continue to review operating practices in the AMU and how it works, with some being changes in real time such as increasing the “fit to sit” area. Other changes are planned such as amendments to the Signal display and print layout and reconfiguration of curtain rails to accommodate more trolleys in the trolley section. The access route for the public to AMU has been discussed and using the

ambulance entrance for this is being trialled which it is hoped will allow the reception team to manage patient flows more effectively and also reduce the infection control risks for the unit.

To date we have been unable to reduce our medical bed base in with our original plan as part of the centralisation of the medical take. This has led to revisions of the plan with beds remaining open at Singleton that were originally intended to be closed by November 2022. These 120 beds are problematic to staff, undermine the Acute Medical Services Redesign programme and over time will lead to significant financial pressures. I have therefore established a bed decommissioning programme, which I will chair, and which is meeting for the first time on 23<sup>rd</sup> January 2023. Membership includes Executive Directors as well as the Directors of Social Services from our two partner Local Authorities. We will be looking at four overlapping areas: avoiding admissions, hospital processes that reduce length of stay, management of care of older people and out of hospital capacity so that these beds can be removed by end of August 2023.

Families of patients waiting to be discharged from hospital have also been urged to do all they can to support them to go home as quickly as possible. This is not only to help free up beds, but to ensure patients ready to leave are kept safe and given the best chance to recover. Nearly 280 patients in Swansea Bay Hospitals – that's the equivalent of 10 wards or a hospital the size of Singleton – are currently medically well enough to leave, but for a number of reasons they can't go.

## **6.2 Planned care**

In keeping with all other health boards in Wales, the ministerial target of having no patients waiting over 52 weeks for a first outpatient appointment was not met. However, the Health Board did exceed its trajectory of breaches with 7,778 compared to the 9,767 figure submitted to Welsh Government, the second lowest in Wales.

The health board continues to work towards the 104-week target (all stages) for the end of March is already well ahead of the 13,128 trajectory. The end of December position is 8,065 with a revised trajectory of around 7,000 for the end of March. Additional funding has been secured from Welsh Government to further reduce the number of children waiting for surgery over 104 weeks in Ear, Nose and Throat and Plastic Surgery together with additional support for adults waiting for oral medicine, laparoscopic cholecystectomies and hernias.

## **6.3 Midwifery Staffing review**

The Birthing Unit at Neath Port Talbot Hospital and home birth service continue to be suspended due to midwifery staffing availability. The Health Board has allocated the Singleton / NPTH Group Nurse Director part-time since November 2022 to work closely with the midwifery team to identify new staffing models and investment in Maternity Care Assistant roles. In partnership with Swansea University, the service is currently recruiting a cohort of trainee Maternity Care Assistants who will commence training in May 2023 and will work in both hospital and community settings. A

Workforce Transformation Midwife is also being recruited to take a lead role on the workforce transformation programme. A workforce paper is due to be presented to the Health Board's Management Board in February outlining the workforce recommendations so that these services can safely be reintroduced in a sustainable way. The Board will be updated at its next meeting on this.

#### **6.4 Changes to GP Practices**

##### **Dr R Penney, Cwmavon Health Centre**

Dr Penney is a single-handed GP at Cwmavon Health Centre and has given notice that he intends to resign his contract with the Health Board on 30<sup>th</sup> April 2023. A Vacant Practice Panel was convened to consider options and concluded that there were a number of viable options and so proposed that engagement with the practice population should take place over these (as agreed with the Community Health Council). In the meantime Dr Penney's patients will be transferred to the existing Managed Practice in Cwmavon Health Centre.

##### **Dr Vigneswaran, Cheriton Medical Centre**

Dr Vigneswaran is a single-handed GP in Portmead, Swansea, and has given notice that she intends to resign her contract with the Health Board on 31<sup>st</sup> March 2023. A Vacant Practice Panel was convened and concluded that there was only one safe and sustainable option – to disperse the registered patient list and for patients to be registered with neighbouring practices serving the area they live in. In partnership with the Community Health Council the Health Board will engage with patients over a four-week period on the implications of the change.

#### **Brunswick Health Centre Premises Proposals**

##### **(a) Closure of Hafod Branch site**

Brunswick Health Centre is located on St Helens Road, Swansea with services also delivered part-time from a branch site, Hafod surgery. The Health Board has undertaken an 8-week engagement with patients, in partnership with the Community Health Council, following a request from the Practice to close the Hafod branch site. A Branch Surgery Review Panel was held to formally consider the application and outcome of the patient engagement. The Panel concluded that it would recommend the closure of the branch surgery with the agreed mitigations to address the above points in place. The Community Health Council have also supported this recommendation.

##### **(b) Relocation Proposal**

In June 2022 the Brunswick practice notified the Health Board of their intention to relocate services from Brunswick Health Centre, St Helens Road to an alternative premises. The Community Health Council considered this proposal alongside a proposed engagement plan and Stage 1 Equality Impact Assessment in January 2023 and agreed an initial four-week engagement with patients focusing on the reasons for the potential relocation and the proposed site enabling feedback on the site and any impacts this would have on patients as well as seeking feedback on other premises options that could be considered.

## **6.5 Emergency Preparedness Resilience and Response**

The Health Board is defined as a Category 1 responder organisation under the Civil Contingencies Act 2004 and underpinning resilience framework. The Act places a number of responsibilities on us in order to be prepared for the future, including:

- Assessing local risks and using these to inform emergency planning
- Putting in place emergency plans

The Health Board has a suite of Emergency Response Procedures to respond to a range of emergencies. Following an extensive revision and re-launch during 2021, the Major Incident Procedures have again been reviewed and amended as appropriate, along with specific consideration of the impact of Changing for the Future reconfiguration plans on the major incident response. The revised Major Incident Procedures were relaunched in December 2022 and further awareness, training and testing arrangements will take place during 2023. Due to the significant service changes planned over coming months there will be an interim review of these procedures by May 2023 to reflect any changes that may impact our major incident response.

## **7. OUR PEOPLE**

### **7.1 Industrial Action**

The Health Board has been planning to mitigate the impacts of industrial action with the Royal College of Nursing members striking on 15<sup>th</sup> and 20<sup>th</sup> December 2022, GMB members on 21<sup>st</sup> December 2022 and 11<sup>th</sup> January 2023, and Unite members on 19<sup>th</sup> and 23<sup>rd</sup> January 2023. These have impacted the provision of nursing and ambulance services to date. We respect the decision of Trade Union members to strike and are working closely with colleagues to ensure that the impact on our patients is kept to a minimum and that we can continue to provide safe services.

### **7.2 Our Big Conversation**

Our Big Conversation has been running since November to support the empowerment of our workforce, help create a culture of quality improvement and enable local decision making and improvements, which are delivered by those directly providing care and services across the health board. A fantastic 984 of our valued staff, students and volunteers have taken part and shared their views and ideas, 540 through a survey and 444 attending face to face and virtual focus group sessions. Just before Christmas a similar survey was launched for the health board's partners and patient groups to complete. In the first two weeks 73 responses had been received and the survey will remain open until the end of January 2023. The second phase of Our Big Conversation will start in February with us reporting and playing back what we've heard along with considering how we'll work together to create the "Swansea Bay Way".



### **7.3 Overseas Nurse Recruitment**

Our efforts to recruit clinical staff from overseas continue, with 107 nurses being recruited from India, including 18 theatre nurses and 6 experienced Intensive Care

nurses. They will start to arrive from February 2023. Additional opportunities to recruit theatre staff are being pursued.

#### **7.4 Executive Director of Nursing Excellence Awards**

An event was held in December to celebrate primary care community care nursing services and recognise best practice. The following staff are to be congratulated for their work and for the awards they received:

- Clare James for helping people stay connected
- Alison Ransome for leading for improvement
- Catherine Davies for exceptional wellbeing support
- All 9 Band 7 clinical nurse managers leading the virtual ward roll out for excellence in improvement
- Karen Gronert, Emily Davies and Paula Heycock for leading for improvement

#### **7.5 Focus on the management of the mental health of our staff**

The Health Board's monthly Leadership Touch Point in January focused on how to support staff following traumatic events, how to have a psychologically savvy conversation with a colleague and services available to support staff with their mental health. Throughout the 2-hour session there was also a focus on how our staff are at risk of moral distress while working in the NHS and how to support staff with work-related stress. Also covered was how to deal with the stigma associated with having a mental health problem and a discussion on how to equip managers and leaders within Swansea Bay to manage and support affected staff.

#### **7.6 Board appointments**

I am delighted to inform the Board that Richard Thomas has been appointed as the first permanent Director of Insight, Communications and Engagement and will be taking up post on 1<sup>st</sup> March 2023. Richard is currently Director of Communications and Engagement at North Bristol NHS Trust. Richard brings a great combination of current NHS communications experience and previous engagement and insight expertise from his time as Portfolio Head of Marketing, Audiences and Digital Services at BBC Wales. He is a Welsh speaker and originally from the Swansea Valley.

Recruitment for the Service Director (Singleton and Neath Port Talbot Hospitals) and the Director of Strategy are underway.

Inese Robotham, our Chief Operating Officer has been successful in securing appointment to Shrewsbury and Telford Hospitals NHS Trust as Assistant Chief Executive. I am currently confirming interim arrangements for this post and we will be progressing substantive recruitment shortly.

## 7.7 Swansea Bay Health Charity

A Christmas card competition was held with children across Swansea Bay submitting designs which were judged by me. The number of entries was amazing, with more than three times the number of entries as 2021's inaugural competition. Packs of the cards were sold in the run up to Christmas, raising money for the Swansea Bay Health Charity, which funds additional facilities for our patients and staff beyond that which can be funded from NHS monies. In fact we had to order a further print run of the cards as they were so popular.



Staff are also being encouraged, at no cost to them, to order goods from Amazon through Amazon Smile, a website run by the online retail giant, that generates a donation to the charity.

The charity also organised a raffle to win a signed Wales Football Team shirt which raised £500.

## 8. FINANCIAL MANAGEMENT

### 8.1 Month 8 – November

At the end of month 9 (December 2022) the Health Board is £0.2m overspent in month and £4.3m overspent for the year to date. Morryston Service Group and Neath Port Talbot and Singleton Service Group are the areas with the most significant overspend contributing to the £4.3m.

For the Health Board to deliver breakeven by the 31<sup>st</sup> March 2023, there is a requirement for an underspend of £1.4m per month in the remaining 3 months of the year. A significant element of this reduction is linked to the work on the financial improvement review that commenced at Morryston Hospital in October 2022 to strengthen delivery of their savings programme and reduce their current overspends. Between Month 8 and Month 9 there was a £0.5m reduction in the spend but this needs to continue and increase delivery over Month 10 to Month 12.

Across the Health Board the areas driving the £4.3m include variable pay, clinical consumables, continuing healthcare growth and also non-delivery of savings. Within Month 9 there was also a stepped increase in the growth seen in primary care prescribing driven by a number of factors including pricing, growth and demand in areas such as antibiotic drugs.

The Health Board has an in-year cost improvement target of £33.6m, against which there are currently plans to deliver £29.9m of savings. This is a £2.5m reduction from the value reported in October 2022 due to the removal of red schemes (those which do not have robust plans to deliver them) as it has not been possible to develop the plans to fruition due to operational pressures. Work has commenced to identify areas of savings focus for 2023/24.

## **8.2 Financial forward look 2023-24**

Since the Autumn the Health Board commenced an assessment of its likely costs for 2023/24. However, until the receipt of the Welsh Government allocation letter at the end of December 2022 the comparison of costs versus income cannot be completed.

The Health Board received the formal allocation letter from Welsh Government on 22<sup>nd</sup> December 2022 outlining the funding to be provided in 2023-24. This outlined a 1.5% increase in core funding, along with funding to support the national COVID programmes of TTP, Mass vaccinations and PPE, funding for COVID recovery split between local and regional, support for 2023/24, pay award and RLW. However, at this point, unlike 2022/23 there are currently no funds available to address energy cost pressures, aside from the Central Government Energy Bills Discount Scheme.

The output from the current assessment of costs and income provides for a very challenging financial outlook for 2023/24 and the Health Board will be required to make choices on how it utilises its limited resources in 2023/24 as well as delivering further savings of 3-4%.

## **8.3 Capital position / projects**

After a challenging start to the year with reduced funding from Welsh Government, the financial position for this year has now stabilised. We have been successful in receiving £4.359m over the last few months from additional bids submitted to Welsh Government. At month 9 the forecast year-end outturn shows a reduced overspend position of £1.018m and allocations which are all low risk are in hand which will provide a balanced position.

Although the national funding outlook for next year continues to look challenging, it is pleasing to note that we've recently received notice of a successful bid from the national Estates Funding Advisory Board (EFAB). The allocation of £7.7m over 2023-24 and 2024-25 includes £6.7m to be invested into the estates backlog maintenance programme and an additional £1m for our decarbonisation priorities.

Detailed design work has commenced on the redevelopment of suite 4 in Tonna Hospital to provide a fit for purpose ward environment and support accommodation for older people. Subject to Welsh Government funding support for the business case, the ward will provide 15 ensuite single rooms for the longer-term care and assessment of NPT patients.