



<b>Meeting Date</b>	<b>30 March 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>	<b>Approval</b>
	<input checked="" type="checkbox"/>	<input 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 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. 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 us 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. This is based on creating a bedrock of thriving primary, community and mental health services upon which these centres of excellence are built. We need to recognise that doing nothing is the path of greatest risk.

Following a reduction in admissions of Covid positive patients earlier in 2023, the number of inpatients with acute Covid has now increased, peaking at more than 100 and in Wales the Office of National Statistics reported rates now being 1 in 45 of the population. The result has been continued pressure on acute bed capacity with long waits for admission in the receiving medical admission units. Plans are now underway for a spring Covid booster campaign to start in April and to target only 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 response of our staff to these changes in our health system has been incredible and their efforts magnified when set against periods of industrial action by staff groups around pay awards claims. We owe a massive debt of gratitude to them. Our Big Conversation has completed its second phase of engagement and we are still receiving great contributions on how we can create a quality led organisation and I am intending to publish a draft vision for creating the high quality organisation in April 2023.

### 3. TAKING CHANGING FOR THE FUTURE FORWARD

#### 3.1 Unscheduled Care

##### **Acute Medical Services Redesign**

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 Acute Medical Unit at Morriston opened over 3 months ago and learning over this period has already led to some changes:

- “Fit to sit” area being restricted to 8 chairs to ease congestion
- Demand for porters being monitored to ensure it aligns with staff available
- Early morning blood rounds trialled and being made permanent
- Ongoing drive for early utilisation of the new discharge lounge to support flow throughout the day

The Discharge Lounge at Morriston has been open for several months to help support patient flow through the hospital and is supporting up to 45 patients per day and is open from 8am to 7.30pm Monday to Friday. The Key features are:-

- Sandwiches and hot / cold beverages provided.
- Patients are transferred to the Discharge Lounge once their take home medicines have been ordered – to facilitate referral discharge.
- Staff are Dementia Champions and can support patients with dementia.
- They collect patients from wards where required and staffing levels are better than on wards to ensure our patients are supported while they wait for their transport home.

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. We have an organisation wide workshop on 20<sup>th</sup> March to review some case examples aimed at addressing some of the remaining barriers to optimal operational efficiency.

An independent review of ASMR has been completed which will outline past implementation benefits mitigation against the business case. This will be shared with the Health Board.

##### **Implementation of SAFER**

As part of these changes implementation of the SAFER patient flow and discharge policy have been rolled out across 9 medical wards at Morriston Hospital:

**Senior review before midday by a senior clinician 7 days a week**

**All patients will have an expected discharge date (EDD) and clinical criteria for discharge**

**Flow early from assessment units**

**Early discharge from wards (aim 33% before midday)**

**Review all patients within the ward on a daily basis**

These changes have been well received on the wards, where SAFER has then implemented and there are numerous changes to working arrangements.

## **Admission Avoidance**

Same Day Emergency Care (SDEC) and Virtual Wards are key components of our work on transforming Urgent and Emergency Care. We are using the following principles for this work:

- Ambulatory Emergency Care (AEC) and the Acute General Practice Unit (AGPU) should be integrated so as to operate as a single service.
- Patients should be seen by whoever is the most appropriate clinician as opposed to referral route.
- Single point of access.
- A seven day service with ongoing, consistent presence of variety of individuals (and skillsets) and services within the department.
- Work towards using one I.T. system that is accessible and used by all that is robust enough to generate real-time dashboard data that is useable, accurate and consistent.
- Maximise the potential of Same Day Emergency Care (SDEC) to avoid admission wherever clinically appropriate

A rapid improvement update will be created by Deb Lewis and Dr Anjula Mehta to review the use of SDEC against these principles.

In addition, we will be prioritising new approaches to rapid assessment and timings in ED to further reduce ambulance waits.

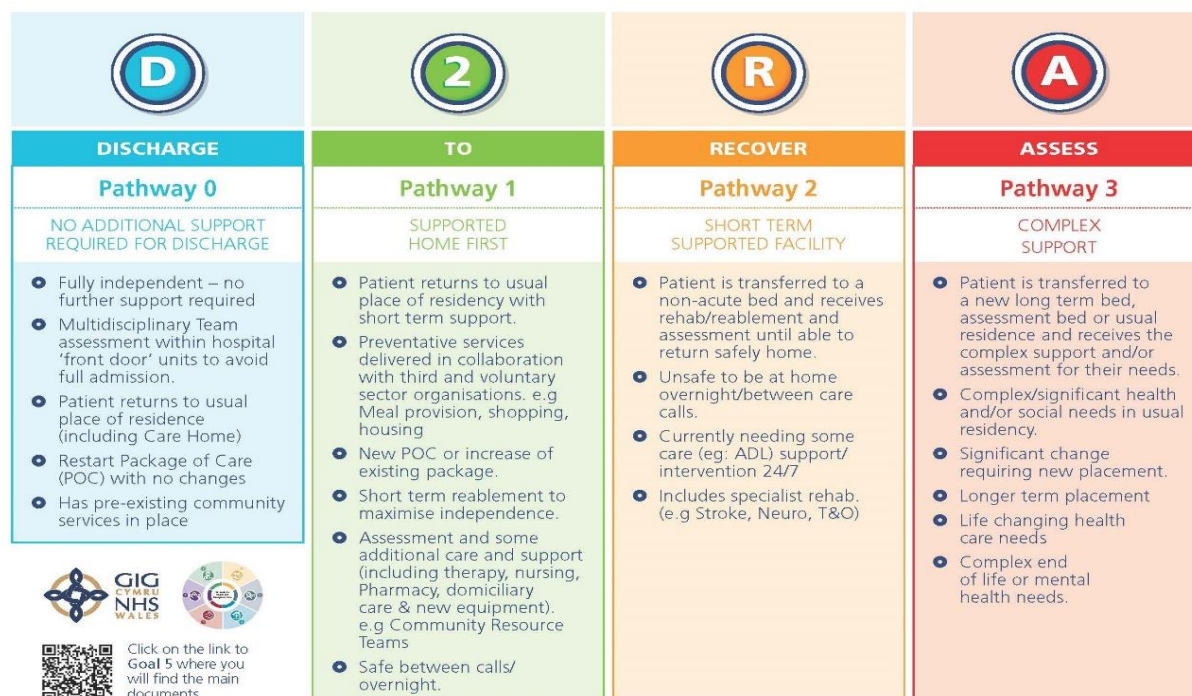
A review of the Acute Clinical Teams has also been carried out and the following recommendations agreed by Management Board, which are now being implemented by the Primary, Community and Therapy Service Group:

- Confirmation that the ACT service should be delivering a target caseload of 70 patients a day.
- That ACT needs to operate across the Health Board as a single service under a single leadership with equitable resourcing for the populations of Neath Port Talbot and Swansea.
- Provide a seven-day service with rapid response, assessment and treatment provided between the hours of 0800-2200 and accessed via a single point of access.
- Provide a rapid response (within 4h) to all frail elderly patients residing in SBUHB care homes or their own homes if medical/physical deterioration has been reported.
- Provide a rapid discharge function (same day) for patients identified by SDEC or from hospital teams who require ongoing intravenous treatment and/or ongoing intensive/acute medical/nursing input.
- The current pilot of a daily ACT presence in SDEC and working with the Ambulance Stack continues and its impact monitored.

A clear and quantifiable set of deliverables related to the above have been agreed. Monitoring of progress will be undertaken and appropriate actions agreed if progress is not being made.

## Accelerated Discharges

The Discharge to Recover or Assess framework is being used to ensure discharges are managed as appropriately as possible, as shown in the diagram overleaf:



There are clear examples across the wards of strong MDT engagement, the patients being front and centre of the discussion and a drive to support the patients’ wishes with regards to their treatment, outcomes and discharge planning. As part of the roll out we have been able to recognise and address challenges around infection prevention and control issues, social work engagement and discharge delays. The good progress on implementing SAFER is reflected in an internal revise of the implementation of the Acute Medical Services Redesign by Meridan which praised much of the arrangements for the development of this approach at Morrision. Linked to the SAFER principles Red to Green days uses simple rules to help reduce the delays for our patients by making “non-value” adding days (from a patient perspective) visible and a daily topic of conversation for both clinical and managerial staff.



**A DAY OF NO VALUE**

**KEY QUESTIONS**

- Can the patient care or interventions received today be delivered at HOME or in a non-acute setting?  
**YES – It's a RED DAY**
- If I saw the patient in an outpatient setting, would their current 'physiological status' require an emergency admission? **NO – It's a RED DAY**

- Inadequate MDT presence at the Board Round to allow firm decisions to be made.
- The care or interventions the patient is receiving today could be delivered in a non-acute setting.
- Tests and investigations have occurred but the results have not been reviewed by the Medical team and acted upon.
- A planned investigation, clinical assessment, discharge assessment or therapy intervention for today does not occur.
- Acute - The medical care plan lacks a Senior Medic approved expected date of discharge.
- Acute - The patient is a new admission and has not yet had a medical review/there is no initial diagnosis/treatment plan.
- If a patient is due for discharge today and the discharge prescription medications are not ready (Pathways of Care Delay).
- Transport delaying discharge or causing plans to fail today.

**A DAY OF VALUE**

- Patient progresses towards discharge
- Everything planned and requested is done
- Patient needs this bed for Acute care
- Everything that was planned for today gets done
- The patient requires acute hospital care
- The patient requires community hospital care
- The results from tests and investigation have been reviewed by the Medical team and acted upon
- The patient is receiving active interventions to get them to be discharged by tomorrow, and the discharge prescription medications are ready by the evening before the expected date of discharge.



## Reducing temporary additional capacity

Additional beds remain open at Singleton Hospital to support the medical pathways whilst investment in community and social care provision, coupled with the full rollout of SAFER across the Health Board is in place. We have reduced our demand for beds at Singleton to below 99 already and the plans to reduce these further through our approach to caring for people closer to their homes, improving our internal efforts to discharge patients and avoid admission where we can, will be set out in April 2023.

## Joint working with Social Services

Joint working with both Directors of Social Services continues to identify how capacity can be created out of hospital to enable these beds to be removed, including:

- A demand / capacity model being developed jointly to achieve 95% occupancy in acute hospital services and ensure appropriate community services to meet individual's health and care needs at home and prevent admissions and long-term care
- Identified underutilisation of step down beds and gained shared understanding of barriers to using these
- Consideration of establishment of an integrated discharge hub based on multidisciplinary team decision-making around patients and their discharge
- Agreed some actions to increase domiciliary care provision in the short-term, including alternative ways of supporting medicines management to release domiciliary care time
- Twice weekly meetings of COO and Directors of Social Services to unblock delays and review escalation arrangements to increase discharges
- Review of discharge processes

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 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 ring-fencing of 10 beds at Morriston Hospital for complex orthopaedic elective cases as well as the 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.

Enhanced Care Units at Neath Port Talbot and Singleton Hospitals are opening in March 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 or Singleton Hospitals instead, depending on the specialty involved.

A clinical transfer service is being established to support greater case mix complexity at Singleton and Neath Port Talbot Hospitals so that we have the ability to transfer patients to Morriston should their condition require it.

On Monday 20<sup>th</sup> February public engagement on Changing Orthopaedics Services for the Future began, running until 14<sup>th</sup> April 2023. This outlines the actions the Health Board is already progressing to increase capacity for orthopaedic patients and also proposals to repatriate Swansea Bay orthopaedic patients currently on Cwm Taf Morgannwg UHB waiting lists and release capacity at Neath Port Talbot Hospital. All these actions are aimed at delivering equitable, sustainable orthopaedic services for our residents so that we can achieve our aim of no orthopaedic patients waiting longer than 2 years for treatment by April 2024. The engagement documents can be accessed via this link: [Changing Orthopaedic Services for the Future - Public Engagement - Swansea Bay University Health Board \(nhs.wales\)](#)

The business case for Singleton theatres is progressing and we this will be presented to the Health Board in April 2023 for approval. 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. A further business case is also being developed so that the vast majority of major urology work can be centralised at NPTH, in line with Changing for the Future.

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	February 2023	Reduction	% Reduction
>26 weeks for new appointment	25,601	17,257	8,344	33%
>36 weeks at all stages	38,799	30,017	8,782	23%
>52 weeks at all stages	27,592	19,707	7,885	29%
>104 weeks at all stages	13,083	6,656	6427	49%

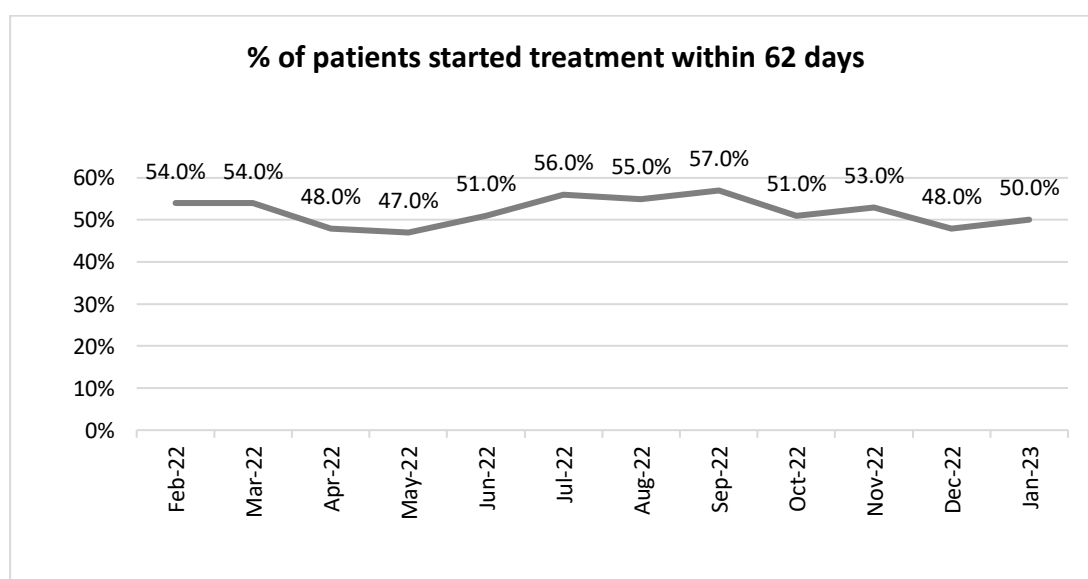
We continue to work towards the 104-week target for the end of March 2023, and we're already well ahead of our trajectory – with the end of February position of 6,656 with a revised trajectory of less than 6,000 by end of March 2023.

Additional funding of £884k 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.

These are all fabulous achievements by our staff, in difficult circumstances, but we know we still have thousands of our patients waiting for their operations, and we are committed to do everything we can do to reduce their waits.

### 3.3 Cancer

The January position is set out below:



As can be seen, there is a slight improvement in performance in January to 50%. A total of 252 patients were treated in month, but only 127 were within the 62-day target. Overall the total volume treated was higher than previous month.

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	13	4	31%	Breast	27	8	30%
Upper GI	19	12	63%	Gynaecological	9	3	33%
Lower GI	32	8	25%	Urological	32	13	41%
Lung	23	13	48%	Haematological	15	6	40%
Sarcoma	1	1	100%	Acute Leuk	0	0	-
Skin(c)	78	58	74%	Children's	0	0	-
Brain/CNS	0	0	-	Other	3	3	100%

Due to continuing below-par performance across the majority of tumour sites, meetings have been held with each of the Clinical Directors / Cancer Leads and the relevant management teams to escalate actions in these areas. 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. As a result it has been agreed that there will be further theatre sessions funded for Lower Gastrointestinal surgery and Oral Maxillofacial surgery at Morriston and for Lower Gastrointestinal surgery at Singleton.

### Referral rates

Referrals to the pathways in January returned to the expected volumes following a dip in December. Lung referrals were particularly high in January; around 44% higher than the previous 6 month average.

Feb 2022	Mar 2022	Apr 2022	May 2022	June 2022	July 2022	Aug 2022	Sep 2022	Oct 2022	Nov 2022	Dec 2022	Jan 2023
1663	1888	1642	2090	1898	2086	2341	2149	2204	2142	1449	2021

### Diagnostics

Delivery of diagnostics for cancer patients continues to improve. The table below outlines the delivery of radiology investigations in November, December and January.

November	Within 14 days	Within 7 days	December	Within 14 days	Within 7 days	January	Within 14 days	Within 7 days
1381 examinations	92%	67%	1265 examinations	91%	70%	1252 examination	92%	74%

### Endoscopy

Representatives from Swansea Bay having been working with clinical and managerial colleagues in Hywel Dda to develop a regional plan which was submitted to Welsh Government prior to Christmas.

Feedback on the plan, which has been approved subject to some further information has now been received and this will now be progressed to through the Regional Endoscopy Group. The plan is dependent on having seven nurse endoscopist in place across the region. There are currently five in post, two of whom are in training; this will take around 18-24 months. The health boards will now look to recruit an additional two nurse endoscopists. In addition, the Health Board has recently appointed two new gastroenterologists who will enable more endoscopy sessions to be provided in Swansea Bay.

## **4. Strategic Developments**

### **4.1 Integrated Medium Term Plan (IMTP) development & revised timescales**

Work has been underway for some time to develop the Recovery and Sustainability Plan / IMTP for 2023-26 to support implementation of Changing for the Future. We have a mature and effective planning system which has allowed us to develop our ambitious service plan to deliver improved quality, safety and access to the patients and populations we serve. Through this integrated approach to planning we run our financial assessments within the governance of the overall plan development process and since the receipt of the Welsh Government's financial allocation letter we have been developing our financial outlook for 2023-24 as part of the iterative process to agree a final plan. In particular we have been addressing the financial implications of exiting Covid and reducing the run rate associated with the operational pressures we are experiencing. We have financial improvement expertise working with the highest pressure areas, we are strengthening this and recently held a workshop with our leadership teams to generate new ideas for run rate reduction and service improvement to further accelerate run rate improvement.

Our financial and service strategy is based on:

- A laser-like focus on quality, using it as a lens for all of our decision-making
- Accelerating the separation of emergency and elective care for service technical efficiency
- Allocating resources differently to reduce long term costs based on allocative efficiency principles
- Accelerating our innovation linked to digital model, service model and workforce model changes
- Resetting the relationship of the public with our services

Work continues on the ongoing impact of service changes and additional capacity we developed in response to the pandemic, some of which are key developments such as our Children's Emergency Department, additional respiratory medicine beds and extended opening of minor injury access which would be beneficial to retain. Additional incremental acute bed capacity remains open, accommodating a large number of clinical optimised patients who are suitable for discharge, but the impact of Covid on the care home sector and domiciliary care services is still causing an extensive cost and workforce backwash into NHS provision and finances.

Through March 2023 we continue to refine the balance between service quality and safety alongside the financial position. We will have to make some difficult decisions for 2023-24, in spite of our best efforts, to ensure we provide safe and sustainable services going forward. The Board will be updated on the latest position at its meeting on 30<sup>th</sup> March 2023.

#### **4.2 Solar Farm Extension**

Welsh Government approval has been received to extend the successful Brynwhilach solar farm and provide battery storage. The £3.3m capital funding has been provided through the Welsh Government Re:fit programme and recognises our own decarbonisation action plan which is in accordance with the national NHS Wales Decarbonisation Strategic Delivery plan. Building on the success of the existing 4MW farm, the investment will provide an additional 1MW of solar capacity and a new 2MW battery storage facility. At times throughout the day, the solar farm already generates more electricity than is required for use at Morryston hospital. The battery storage will allow electricity to be available at other times of the day when the solar farm is not generating enough to supply the hospital. The scheme will further reduce energy bills and make cuts to our CO2 emissions.

#### **4.3 £16.5m Substation to reduce the risk of power cuts at Morryston Hospital**

Work has started on a multi-million-pound development that will significantly reduce the risk of power failures at Swansea's Morryston Hospital. The problem lies with two electrical substations which fully complied with British Standards when installed in the 1980s. However, they required urgent investment as hospital services have grown in size and complexity – far beyond what anyone could have originally envisaged. This left them at risk of overloading, potentially disrupting vital clinical locations such as theatres, theatre recovery areas and radiology. Now work is under way on a new substation, funded by the Welsh Government, and fully compliant with all technical standards.

#### **4.4 Green Team Competition**

Six Swansea Bay teams were able to showcase their innovative work at a new sustainability awards event – the Green Team Competition between Swansea Bay and Hywel Dda University Health Boards. Clinical Pharmacy won for the inhaler project, with the anaesthetics team's elective theatres shutdown check and the Neonatal Intensive Care Unit team reduction in single use infant feeding equipment being highly commended.

#### **4.5 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. The immediate urgency for this public engagement has receded as the new aircraft contract has now been agreed and will run until 2026. However EASC at its March meeting is considering pushing ahead with this in the meantime. Bearing in mind the wide range of public

engagements already being supported by Swansea Bay in order for key service changes to be taken forward, it may be that this will need to be prioritised for later in the year.

#### **4.6 National Imaging Academy for Wales**

Cwm Taf Morgannwg UHB currently hosts the National Imaging Academy Wales on behalf of health organisations in Wales. The current hosting agreement expires on 31<sup>st</sup> March 2023 and therefore all Health Boards in NHS Wales are being asked to agree to the extension of this hosting agreement for a further three years to 31<sup>st</sup> March 2026. The updated hosting agreement has been shared with all Directors of Governance in partner Health Boards and Trusts, seeking Board approval to allow the continuation of the hosting from 1<sup>st</sup> April 2023. Alongside this is a Hosting Assurance Framework to summarise and distinguish between the accountabilities for operational delivery and governance. The extension of the hosting agreement does not pose any new risks or costs for the Health Board.

### **5. PATIENT QUALITY IMPROVEMENTS**

#### **5.1 Launch of 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.

The Health Board's new Quality Strategy was launched this week, with the key message that quality is "everybody's business". This is part of our work to ensure Swansea Bay UHB is focusing everything we do on being a patient-centred, quality focused and staff led organisation, delivering:

- excellent services
- improved health and wellbeing of our communities
- reduced differences in health outcomes across Swansea Bay

The Strategy outlines how we will achieve a system-wide approach to quality that leads to improvements in the way we work. We have spent a lot of time engaging with staff around building a commitment to creating a high-quality organisation and this strategy is central to that, about how we can improve quality and why it's the most important thing we can do for ourselves, our patients, communities and their carers. Our staff are passionate about quality and getting it right, this Strategy (included below) outlines how aim to support them to do this, consistently and across everything we do. The strategy focuses on four main ambitions:

- Delivering safe, effective care

- Being an organisation which our communities and patients can be proud of
- Empowering our staff
- Accessibility

As part of implementing the Strategy we will be thinking about a new deal with our patients and our staff. For patients this is around creating much greater opportunities for them and the wider public to be involved in shaping and directing our services and as part of this being much more transparent about what we are and aren't providing and how we meet the diverse needs of our patients. For staff, our focus is on having well motivated, well engaged staff with a new pact where we are clear what we expect staff to do at work and in return what they can expect from us an employer.

In summary, quality in Swansea Bay is about when people need our services, that they are right, relevant, up to date, accessible, kind and timely. It's what we would want all the time, every time, for our own families. This Strategy outlines how we aim to achieve this and will be supported by an implementation plan.



Quality-Strategy-202  
3.pdf

## **5.2 New Swansea Bay Patient Flow system**

On 22<sup>nd</sup> March the new Swansea Bay Patient Flow solution, Signal V3 went live on wards across Morriston, Singleton, Neath Portal Talbot and Gorseinon Hospitals. The system is also used by the Home First team, Social Services and Mortuary services. It has over 3,000 users, including doctors, nurses, ward clerks, healthcare support workers, pharmacists, physiotherapists, occupational therapists, the 'home first' team, social services and mortuary services.

Following on from the success of the previous Signal system, which transformed the way in which we manage patient flow across the organisation from paper and manual whiteboards to digital ways of working, the new offering provides:

- Integration with Welsh Clinical Portal (WCP) so that users can request and view results for patients, check the GP record, retrieve documents (for example Discharge advice letters, referral letters), Medicines, Admission, Discharges and Transfers.
- Enhanced board round, SAFER and Multidisciplinary Team planning support
- Structured data and greater validation enabling a wider variety of quality data to be collected, supporting SAFER audits, data analysis and the triangulation of data with other systems providing a rich combined dataset including delays and Clinically optimised patients.
- Numerous quality and safety improvements, such as amendment of the infection control function to enable a narrative, created by the infection control team to be included in the infection section of Signal, describing cleaning and isolation requirements of the chosen infection, supporting staff to enact the correct infection handling protocol.

The launch of the new system was a “big bang” approach across the whole organisation, which was a significant challenge for frontline staff and the digital team to continue business as usual and minimise disruption. My thanks go to all involved for making this happen and the benefits this will bring for our patients.

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

The Health and Social Care (Quality and Engagement) (Wales) Act (2020) comes into force from 1<sup>st</sup> April 2023. It strengthens the existing duty of Quality on NHS bodies, establishes an organisational duty of candour on providers of NHS services and replaces the Community Health Councils with a new all-Wales Citizen Voice Body (Llais) to represent the interests of people across health and social care.

To support implementation, the changes to the duty of Quality have been integrated into the Health Board’s new Quality Strategy and will likewise be reflected in the associated implementation plan.

Briefings have started for staff on the requirements of the Duty of Candour and this will continue so that these requirements are embedded and an intranet page has been created to support this work.

The Health Board has also been working with the Swansea Bay Community Health Council and the Board of CHCs to help ensure the transition to Llais is seamless. As part of this the Health Board and CHC did a joint presentation to the West Glamorgan Regional Partnership Board recently on the implications of these changes on their work and also on social care. It was agreed that a multiagency working group would be set up to coordinate how these arrangements will work locally.

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

The Artificial Limb and Appliance Service at Morriston Hospital recently successfully passed its ISO 13485 Stage 1 assessment (November 2022) and has now also successfully completed the Stage 2 assessment (March 2023), achieving an externally certificated ISO 13485 Quality Management System. This gives our patients assurance regarding the quality of the medical devices (limbs, prostheses and accessories) and services ALAS provides.

Informal feedback during the assessment was very positive and the formal certificate from the auditing body has now been received. The formal scope of ALAS’s QMS certification is as follows “Design, manufacture, maintenance and provision of prosthetic limbs and related medical devices and accessories to amputees / NHS patients who are referred to Swansea Bay ALAS”. This is excellent news and our thanks go to the ALAS team for all their work to achieve this.

### **5.5 Audiologist awarded for research into demand for hearing services**

Jack Allum has received a national award by the British Academy of Audiology’s annual conference for his research into where hearing services are in greatest demand across Swansea Bay. For his dissertation, as part of his master’s degree at the University of Manchester, he analysed which adults accessed audiology services the most over a three-year period. He found that audiology services were used the most by patients living in the most deprived areas throughout Swansea Bay, according to the Welsh Index of Multiple Deprivation (WIMD). Swansea Bay’s audiology department has recently undergone a major transformation which will

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deliver quicker specialist access for patients by providing audiology services within primary care. Following successful trials, patients with hearing problems, tinnitus or problematic wax can now phone their GP surgery's telephone triage system and book directly to see one of the primary care audiology teams at designated clinics. Jack's research has helped plan the clinics, which are spread across Swansea and Neath Port Talbot.

### **5.6 Response Team keep Vulnerable Children out of Hospital**

A first-in-Wales rapid response team is helping to keep vulnerable children out of hospital when they develop potentially serious infections. Instead, the team supports them to be looked after in their own home – and works with families, schools and carers to try and prevent them becoming unwell in the first place.

### **5.7 Cellulitis**

A specialist Swansea Bay team has pioneered an innovative approach to tackling cellulitis. A new digital CELLUPROM system has been developed to help plan care and support patients with the issues they find most challenging.

### **5.8 Welsh Nursing Care Record**

The Welsh Nursing Care Record underwent an upgrade on 14<sup>th</sup> February 2023, with some important changes, including new electronic nursing documentation and new functionality.

### **5.9 Simple Wrist Fractures treated at home**

A new approach to treating simple wrist fractures has now been standardised, with patients self-managing at home, with instructions on how to remove the plaster cast and physiotherapy exercises to do. This has freed up fracture clinic appointments and saved patients having to make journeys to hospital.

### **5.10 New Food App**

A new food ordering app is being trialled at Singleton Hospital. This enables patients to order their own food, giving them more food options and reducing food waste. The intention is to roll this out across all other sites and wards over time.

### **5.11 Denture Daisy Oral Hygiene Campaign**

A denture campaign is helping patients and staff brush up on oral hygiene skills to prevent prolonged stays in hospital and reduce the risk of life-threatening complications. Failing to maintain a healthy mouth can result in a number of wide-ranging problems, varying from very minor discomfort to even putting life at risk.

### **5.12 First Swansea Bay Falls Prevention Summit**

Falls prevention is a quality priority for the Health Board. The first Swansea Bay Falls Prevention Summit is being held on 30<sup>th</sup> March 2023, bringing together those interested, involved and / or enthusiastic about falls prevention. The aim is to identify opportunities for collaboration, shaping our services, developing new areas of focus and understanding how we embed falls prevention in all that we do.

### **5.13 Developing Strategy for Supporting Innovation and Research across the South West Wales Region**

ARCH (A Regional Collaboration for Health) is currently developing its Innovation & Research Strategy to set out our approach to supporting innovation and research across the South West Wales region. To capture and share views and ideas for our collective ambition, a series of short (45-minute) themed workshops has been organised to bring innovators, researchers and enthusiasts together to co-design the Strategy and outline how we should shape our approach to research and innovation to drive change and improve health outcomes for our region's population.

## **6. PRIMARY AND COMMUNITY SERVICE CHANGES**

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

Dr Vigneswaran works as a single-handed GP working out of purpose-built premises which she owns, located in Cheriton Crescent, Portmead, Swansea, providing general medical services for a registered population of 1,893 patients. 68.9% of the practice population live in one of the most deprived fifth areas in Wales. She has given notice that she intends to resign her contract with the Health Board on 31<sup>st</sup> March 2023. Engagement with patients is underway, with an information leaflet having been sent to all patients and a drop-in session held on 8<sup>th</sup> February at Portmead and Blaen-y-maes Community Centre to answer any questions. The dispersal of patients to other practices in the area is underway with all patients being allocated to a new practice based on their location, but all patients will have the option to register with another practice if they wish.

### **Brunswick Health Centre 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 GP Partners are proposing purchasing an alternative building suitable for the delivery of General Medical Services to provide long-term sustainability of the Practice, providing improved facilities and more space. The Health Board was advised on 9<sup>th</sup> August 2022 that the partners had made an offer and had it accepted on an alternative property. The GP Partners understood that this offer was made at their risk but were concerned that they could be given notice from their current premises. The Health Board in partnership with the CHC undertook patient engagement from 30<sup>th</sup> January to 27<sup>th</sup> February 2023. The feedback from this engagement was that patients understood the desire of the practice to secure premises but there were overwhelming concerns raised about the proposed alternative building which is up a steep hill and inaccessible unless you are a car driver, and even then, not easily accessed. The Swansea Bay Community Health Council felt unable to support the Practice's proposal on the basis of the feedback received from the engagement but have asked the Health Board to work with the practice to identify alternative sites and/or to develop suitable mitigations for the proposed location.

## **7. OUR PEOPLE**

### 7.1 Industrial Action / Pay Discussions

The Health Board has been planning to mitigate the impacts of industrial action as these have occurred and this will continue as required. In the meantime a pay circular has been issued which covers part of the ongoing pay discussions. This relates to the one-off, non-consolidated and non-pensionable bonus of 1.5% which will be prorated to contract hours and employment length in 2022-23. This applies to all medical, dental, agenda for change and executive staff but not bank staff. Payments have been made to staff in their March salaries.

### 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. A similar survey was also launched for the health board's partners and patient groups and over 90 individuals and organisations submitted responses. The second phase of the process was launched during January and February 2023 with over 200 attending focus groups. These sessions gave feedback about what colleagues told us and what we have heard from across the organisation and from external stakeholders, shared a proposed vision for the organisation and engaged on how we take this vision forwards together. I will be writing this new vision for a high quality organisation this month for consideration by the Health Board and staff in April 2023. As part of this work Professor Michael West is holding a masterclass at the Swansea.com stadium in April which has proved so popular it has reached capacity.



### 7.3 Bay Health Staff Newspaper

The 4<sup>th</sup> edition of the Bay Health staff newspaper was issued in March 2023. It is part of our plan to improve how staff are kept involved and informed about where they work and features 12 pages of news and updates for staff with an introduction from our Chief Executive. Bay Health is being distributed across Health Board sites and GP Practices and is emailed to all our staff. We are currently reviewing physical distribution of the newspaper and carrying out a staff survey to see how we can improve this.



### 7.4 Congratulations to:

Deb Lewis who has been appointed **Interim Chief Operating Officer** from 1<sup>st</sup> March 2023 following the departure of Inese Robotham

Ceri Gimblett who has been appointed **Interim Group Director, Singleton & Neath Port Talbot**

Sharron Price who has been appointed as **Interim Nurse Director, Singleton & Neath Port Talbot**

Dr Ceri Todd who has been appointed as **Medical Director, Primary, Community & Therapies Group**

Siân Passey who has been appointed as **Nurse Director, Primary, Community & Therapies Group**

Derrian Markham who has been appointed as **Associate Medical Director for Cancer**

Dean Boyce on being elected **President of the British Society for Surgery of the Hand**

Debbie Fisher who has been named **Clinical Health Professional of the Year 2023** at Gower College

Samantha Davies, Mari Powell & Briony Guerin for being **Highly Commended at the Advancing Healthcare Awards Wales** for their Paediatric Respiratory Physio Rapid Response Outreach Service

Amanda Davies from Capital Planning made it onto the outgoing Future Generations Commissioner's **Changemaker 100 list** in Wales

### **7.5 Goodbye and thank you to:**

Long standing members of the Health Board's senior leadership team:

- Jan Worthing, Singleton & Neath Port Talbot Group Director
- Tanya Spriggs, Nurse Director for Primary, Community & Therapy Services Delivery Group
- Julian Rhys Quirk, Assistant Director of Workforce

All three have given dedicated service in the NHS over a long period of time and are leaving to start well deserved retirements. We thank you for all your efforts and wish you well for the future.

## **8. FINANCIAL MANAGEMENT**

### **8.1 Month 11 – February 2023**

At the end of month 11 (February 2023) the Health Board is £1.7m underspent in month and £2.4m overspent for the year to date. Morriston Service Group and Neath Port Talbot and Singleton Service Group (including Primary Care Prescribing) are the areas with the most significant overspend contributing to the £2.4m.

For the Health Board to deliver breakeven by the 31<sup>st</sup> March 2023, there is a requirement for an underspend of £2.4m in the last remaining month of the year. A

significant element of this reduction will be from non-recurrent opportunities linked to the on-going work on ensuring the Health Board Balance Sheet is robust and that all entries relating to previous financial years, where there is no longer an assessed liability, are written back to the revenue position. In addition (linked to the work on the financial improvement review that commenced at Morriston Hospital in October 2022 to strengthen delivery of their savings programme and reduce their current run rates) the reduced spend on variable pay will also need to continue or as a minimum hold at Month 11 levels.

Across the Health Board the areas driving the £2.4m include variable pay, clinical consumables, continuing healthcare growth and also non-delivery of savings. Since Month 9 there has also been 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. The anticipated delivery of £29.9m is in line with the position since Month 9 and will deliver an unachieved target of £3.7m by 31<sup>st</sup> March 2023.

We are working directly with our teams to implement run rate reductions plans, to ensure that we commence 2023/24 with no savings legacy from 202/23 and to develop the savings plans 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. On 22<sup>nd</sup> December 2022, the Health Board received the formal allocation letter from Welsh Government 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, unlike 2022-23 there will be no funding from Welsh Government for energy.

As per the planning guidance an Accountable Officer Letter to Welsh Government (WG), was present on 28th February 2023, based on the cost, risk, quality, safety and funding assumptions. The conclusion of this was that the Health Board could not see a position where a safe and sustainable service model can be contained within a balanced financial plan for 2023/24.

Full details on the 2023/24 Financial Plan are provided in a separate paper for approval by the Board today.

## **8.3 Capital position / projects**

As reported at the January Board, following a challenging start to the year with reduced funding from Welsh Government, the financial position for this year has stabilised with all expected funding now agreed. The forecast is for a balanced year-end position.

The national funding outlook for next year remains challenging and the prioritisation of scarce capital resources will be important.

Funding of £3.3m for the next stage of the Solar Farm development and battery storage at Morryston has been approved by Welsh Government.