



Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>27 July 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, Assistant Director of Insight, Engagement and Fundraising		
<b>Report Sponsor</b>	Mark Hackett, Chief Executive		
<b>Presented by</b>	Richard Evans, Deputy 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>• Delivery of Recovery &amp; Sustainability Plan 2023-24</li> <li>• Taking Changing for the Future Forward</li> <li>• Quality</li> <li>• Our People</li> <li>• Finances</li> <li>• Our Charity</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 May 2023. Unfortunately I am on leave and so unable to attend this Board meeting – the last during my time as Chief Executive of Swansea Bay University Health Board. With Richard Evans, our Medical Director and Deputy Chief Executive, taking over from me from September, you can be assured of a smooth transition as he has been intrinsically involved in leading the changes we have undertaken and continue to implement across the Health Board. I have been grateful for the support of not only Board members and in particular the Chair, Richard and my Executive Colleagues, but also for all our staff across the organisation and those in partner organisations who have made my time in Wales so enjoyable. I thank you all for your efforts to improve the services we offer to our residents and look forward to hearing the progress you make on transforming our Health Board in the future under the clinical leadership of Richard.

## 2. OVERVIEW

Overall the health and social care system in Swansea Bay remains under pressure, making the organisation's continued efforts to make the vision outlined in Changing for the Future a reality even more important. In the space of two years we have completed the redesign of our front door for surgery and medicine. Without these changes it is clear we would be in a much worse position in dealing with these pressures. Continuing to operate services as we have done over many years does not serve our staff or patients well. The focus over the summer will be:

- Reducing 4-hour waits for ambulance handover at Morriston's Emergency Department
- Improving 4-hour performance in Morriston's Emergency Department to 79%
- Improving numbers of cancer patients being treated within 62 days

These are important not because they are targets per se, but because access to services is a quality issue and delays result in patient harm and mortality. These are system-wide issues which cannot be resolved by an individual service or Delivery Group, but rather need the collective action of all of us and every part of our Health Board to be achieved. Increasingly as we move to integrated services in line with *A Healthier Wales* and the recently published Welsh Government State of Intent *Building Capacity through Community Care – Further Faster* this collective action will need to increasingly encompass social care, our partners in the third sector, as well as service users, carers and citizens and the work taken forward by the West Glamorgan Regional Partnership.

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. Taking forward at pace the transformation of our urgent and emergency surgical services, following on from the implementation of centralised medical admissions at Morriston Hospital, ahead of schedule, and the consequent opportunities this gives for separating planned and emergency / urgent care, expanding planned care capacity and developing our main hospital sites into Centres of Excellence continues to be our main focus for further

transforming our services to be the best we can be. We need to recognise that doing nothing is the path of greatest risk.

These priorities are included in our Plan for 2023-24 and we all need to be energetic and determined to achieve these, in order to improve and not just maintain services for our patients. It is important to remember that £35m of our planned deficit for 2023-24 is being invested in quality, addressing key safety risks, as agreed through clinical prioritisation.

We have overspent in the first two months of 2023-24 and we need to recover this position and make significant recurrent savings in order to deliver the quality improvements we all want to make. Getting things right first time is key to providing high quality services, but also saves money and time so we need to focus on delivering on this in all that we do. If we can concentrate on using our core services to address access issues, and so improve quality, we will also be able to invest in services within the Health Board and the local area, rather than using external, premium cost providers, so improving the quality of services provided and reducing costs.

Culturally we want to encourage services and all of our teams to do the right things for our patients, taking more action and ownership to change and improve services, knowing that they will be supported to do so and not face criticism or sanctions. We are challenging everyone across our organisation to take responsibility for identifying changes which need to be made and then to get on and make these happen, in line with the challenge staff laid down to us in Our Big Conversation. Also in response to Our Big Conversation and the identified need to flatten our structures and reduce bureaucracy we have launched a Voluntary Early Release Scheme which allows staff not providing direct patient facing services or professions with workforce shortages to leave the Health Board with a lump sum payment.

This is our collective challenge and we need to act differently so that everyone can contribute to making our Health Board a better place to work and where we can be proud of all the services we provide to all our patients and their families. Because of this, and based on everyone's feedback through Our Big Conversation, we will be issuing a 10-year vision for how we will become a High Quality Organisation in all that we do – *Our One Bay Way*. An in-depth version has been shared with senior leaders across the organisation, who have been asked to consider its implications. A summary version will be made available to all staff later in the summer.

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

#### **3.1 Unscheduled Care**

The past six months have seen a fundamental transformation of our Urgent and Emergency Care services, with the centralisation of admissions to Morriston Hospital to help address long-term pressures in the system. These services remain under pressure, despite these changes and medical admissions being no greater than in 2019-20, although indications are that patient acuity has risen. This is not a Morriston Hospital, Emergency Department or Unscheduled Care problem, it is a health system problem, and as such needs action from every single one of us and our services to contribute to improving care and support for our patients and staff –

be it clinical or non-clinical support services, primary and community services or our other hospitals.

For example, from September 2023, the District Nursing workforce will increase by 11.5wte Band 5s to provide more care for patients in their own homes, particularly over weekends and out of hours, expanding the current weekday 8am-5pm single point of access to a 7-day service. There have also been changes in working arrangements which have increased efficiency. The net effect is an increase of 25% capacity in the service from September 2023, which will enable more people to be supported at home and be discharged after attendance at hospital without admission.



Besides being a health system issue, this is also a wider care system problem which we will be looking to address through our work in the Regional Partnership Board and as we work towards introducing integrated health and social care services for the benefits of our service users and their families.

The next phase of our transformation of urgent and emergency care services at Morriston Hospital is the acute surgical reconfiguration programme, which is underway, focusing on two key areas:

- Creation of a new Surgical Assessment Unit using the void space above the Acute Medical Unit to support emergency surgical flow through ambulatory triage, treatment and hot clinics, with £1.5m revenue and £1.5m capital investment. Construction of the new Unit is underway, scheduled for completion at the end of July 2023, with 8 trolleys and 6 ambulatory chairs.
- Reconfiguration of downstream wards within the existing surgical bed footprint, allowing the reinstatement of dedicated specialty wards and to create a short-stay ward to support patient flow. Workstreams have been set up to drive the workforce model, planning and recruitment; implementation of the required ward reconfiguration; development of pathways and standard operating procedures to support these changes.



Work is also underway to improve the care of stroke survivors, with direct referrals being made from the Ambulance service to CT scanning (instead of requiring attendance, assessment and referral at the Emergency Department) and ringfencing stroke beds from 10<sup>th</sup> July 2023 to improve quality. The stroke business case for a £1.5m expansion in services is currently being prepared for consideration at Management Board.

We are also focusing on securing sustainable improvements in handover delays for ambulances over 4 hours and continuing to improve Emergency Department waits under 4 hours to 79% by the Autumn. To secure this we are:

- Continuing to improve the use of the Medical Assessment Unit

- Developing consultant triage in the Emergency Department
- Improving the use of the Discharge Lounge to increase bed turnover in the day
- Improving weekend discharge of patients across all specialties
- Focusing on solutions to increase discharges across community and hospital services

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

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

### 3.2 Planned Care

The new theatre complex at Neath Port Talbot Hospital has been commissioned and officially opened by the Minister for Health and Social Services as part of development the hospital as the Centre of Excellence for orthopaedic, spinal care and urology. It was a genuine pleasure to welcome



Eluned Morgan to



open the new facilities. With so much negative news about the NHS, this was something tangible for everyone to really celebrate. She was delighted not only with the facility itself but the opportunities it now offers to tackle long waiting lists head on. Dedicated elective hubs like this one are being seen as a key component of modern NHS care. The

maximum additional capacity of the facilities for an additional 3,000 operations a year. This capacity will be unlocked over time via successful recruitment and further Welsh Government funding which we have bid for. £21m has been invested in creating 3 new theatres, 5 preassessment room and staff accommodation.

There is a particular focus on ensuring residents of Swansea Bay have a sustainable and clinically acceptable long-term solution to address urgent elective orthopaedic service pressures. Key to this is splitting Trauma and elective services in line with the British Orthopaedic Association and Get it Right First Time best practice guidance. The ringfencing of 10 beds at Morriston Hospital for complex orthopaedic elective cases as well as provision of trauma services there, with the planned expansion of elective capacity at Neath Port Talbot Hospital will progress this aim.

The public engagement on changing orthopaedics for the future started in February and ran until 14<sup>th</sup> April 2023. Letters were also sent out to Swansea Bay patients currently on the CTM orthopaedics waiting list to ensure that those patients who are likely to be most affected by the changes proposed had the opportunity to put

forward their views. Over 100 responses were received, plus over 80 concerned patients had 1:1 conversations with Engagement Team members over the changes proposed and this feedback was also incorporated into the engagement responses. Conscientious consideration of all the responses took place and Llais (the new All Wales NHS and Social Care Public Voice Body) wrote to us with representations as a result. The Health Board responded to these representations in its consideration of the outcome of the engagement at its meeting at the end of June and decided that these changes should be implemented with the agreed mitigations. This will result in a further 5 theatre sessions at Neath Port Talbot Hospital being freed up from August 2023 to expand our Orthopaedic capacity further and so accelerate waiting time reductions for our patients.

The business case for additional theatre capacity at Singleton Hospital will be considered by the Board shortly, which will enable us to increase activity to address other surgical specialties. A further business case is also under preparation for all major urology work to be undertaken at Neath Port Talbot Hospital, further evidence of our commitment to developing our main hospitals as Centres of Excellence in line with Changing for the Future.

Further work is underway with Cwm Taf Morgannwg UHB to disaggregate other residual services from Bridgend Boundary Change. Discussions are underway with Llais to identify any public engagement requirements arising from these.

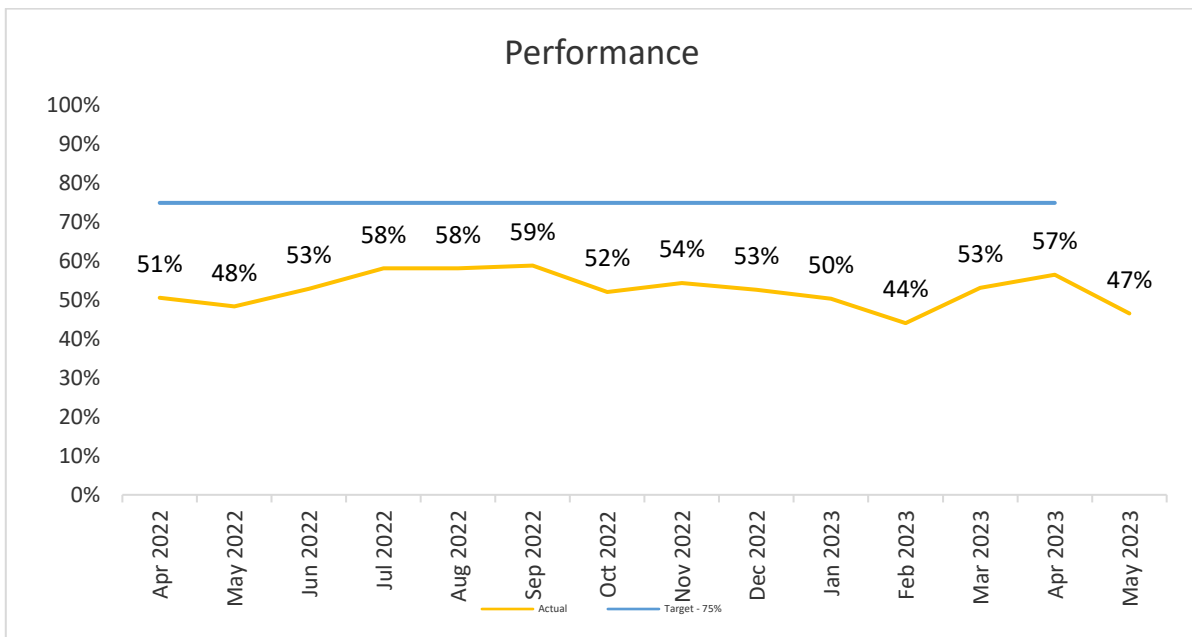
Across all specialities the number of patients waiting at the end of May 2023 compared to the previous five months was:

Number of patients	January 2023	February 2023	March 2023	April 2023	May 2023	June 2023	In-month Improvement
>26 weeks for a new appointment	20,288	17,257	15,381	15,184	14,734	<b>13,427</b>	<b>-1,307</b>
>36 weeks at all stages	32,031	30,017	29,303	28,087	26,362	<b>26,459</b>	<b>-97</b>
>52 weeks at all stages	21,306	19,707	18,178	17,823	16,975	<b>15,446</b>	<b>-1,529</b>
>104 weeks	7,331	6,656	6,012	5,952	5,791	<b>5,474</b>	<b>-317</b>

By the end of July 2023 we will have eradicated waits of more than 52 weeks for an outpatient appointment in all areas except orthopaedics and spinal surgery – something we need to celebrate and give our thanks to all involved. Orthopaedics and spinal surgery are being pushed to clear over 52-week waiters by the end of August 2023. Sustainable reductions in waiting lists will need to see a combination of transformative approaches to service redesign and better productivity of services, and in line with our One Bay Way approach, this is being taken forward on a system wide approach, involving all our staff, services and partners.

### 3.3 Cancer

Providing timely treatment for cancer patients is a key focus for the Health Board. We have not been doing as well as we would like, far from it. There was a slight improvement in performance up to and including April 2023 as illustrated below but this has fallen away in May 2023 where 234 patients were treated in month (an increase of 12%), 109 of which were within the 62-day target (a decrease of 7%) which is still significantly lower than the 85% target. Therefore, there will be a continued focus on improvements with the teams in all of the cancer sites. These need to be clinically owned and led, as many of the improvements are simple and effective working practice changes. We are investing in additional capacity, too, in Oral Maxillofacial Surgery and colorectal, most recently, to meet demand.



Of the 125 breaches, the main contribution is attributed to Urology (24). However, the main concern from a tumour site perspective remains Gynaecological with only 25% of patients treated within target and the highest volume of patients in backlog. Performance has ranged between 44% and 59% over the past year, and there is a need for all specialties to move more rapidly towards the 75% national target. Specifically in the areas of colorectal, urology and gynaecology, as well as developing local action plans there is an all-Wales initiative to improve performance.

The National Cancer Recovery and Improvement Taskforce has been established to work with health boards to look at the current constraints to deliver and identify means of improving. As a result a series of workshops for each of the cancer sites has been arranged this month with clinical and managerial representatives from each of the Health Boards. We will keep you updated on progress.

#### 3.3.1 Diagnostics

Delivery of diagnostics for cancer patients has been broadly maintained. The table below outlines the delivery of radiology investigations in May and June. Demand has continued to increase in May and June, with the percentage of reported scans within 7 days decreasing from 71% to 66% as a result.

March	Within 14 days	Within 7 days	December	Within 14 days	Within 7 days
1380 examinations	93%	63%	1408 examinations	91%	66%

### 3.3.2 Endoscopy

An agreement to increase additional core capacity for cancer has been reached, and work is underway to establish this in practice. Additional capacity currently continues with ID Medical which is improving waiting times for patients. More patients have been able to have their procedure within 14 days, increasing from 31% in May 2023 to 43% in June 2023.

### 3.4 Recovery and Sustainability Plan / Integrated Medium Term Plan (IMTP) development

The Recovery and Sustainability Plan / IMTP 2023-24 was approved by the Health Board and submitted to Welsh Government on 31<sup>st</sup> March 2023 and continues to be the subject of further discussions between officials and the Health Board. This has been built on the 2022/23 plan and concentrates on a small number of priorities whilst still delivering our core health services, ensuring capacity and resources are being used to make the greatest difference to our patients.

Golden threads run through the plan – quality of care, prevention, reducing health inequalities, improving health outcomes and ensuring delivery on commitments for climate change.

We have committed to significant investments in the Plan for 2023/24 to meet essential patient safety requirements because we must address the underlying risks in our services for the public. The remainder of our planned deficit this financial year arise from Covid legacy costs, the cost of living crisis, wider consequences of Brexit and the Ukrainian war impacts on the global economy.

## 4. QUALITY

As reflected above, work continues on our vision for becoming a High Quality Organisation. Our ambition is to become a leading UK health system that delivers national and international clinical and academic achievement, where staff work together in great teams to ensure patients and carers receive the highest standards of care and where the best people want to come to learn, work and research. All in order to deliver the maximum contribution to health and wellbeing. Quality therefore continues to be a key focus for us and highlighted below are some of the work underway to contribute to this vision:

### 4.1 Maternity Services

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

community midwifery birthing numbers. These will ensure effective, safe midwifery services and we will be investing £750,000 in these services over two years to secure this, which will increase community services, meet Birthrate Plus standards and improve the number of mother's birthing at Neath Port Talbot Hospital. An organisational change process is underway for midwives providing care at Singleton Hospital. We have also recruited new Maternity Care Assistants who will support midwives and allow them to spend more time doing what only they can do. The first cohort of 14 Maternity Care Assistants includes eight existing Swansea Bay staff from across the health Board, as well as new recruits. They will spend one day a week on the Certificate of Maternity Care programme in Swansea University and the rest of the time working with midwives and maternity staff to develop skills and achieve competencies. We are fortunate to have obtained the services of transformation midwife Dr Sarah Norris, who created the bespoke training programme. Further work is underway on reconfiguring our community midwifery service, including reopening our temporarily closed services. There will need to be public engagement on these changes and Llais have agreed to an 8-week process for this. We are currently developing our engagement materials and plan and will be able to share these with you next month.

#### **4.2 Patient Safety Congress**

There were some brilliant examples of quality and innovation at the Patient Safety Congress in Morriston Hospital's Education Centre. It was so pleasing to see great examples of clinicians constantly looking to improve. One of the early presentations featured the innovative work we've been doing as a Health Board in the field of virtual fracture clinics. Patients who have presented to us at our Emergency Department or Minor Injury Unit with a suspected fracture are now no longer routinely brought back in for a follow-up outpatient appointment. Instead, they are assessed virtually - every injury is looked at by a Consultant the day after the patient presents at ED or MIU. And the results? Fewer injuries have been missed and fewer patients have been forced to return to the hospital for an additional appointment – 66% fewer in fact. Plus, the approach has proved more efficient in terms of staff time and has also resulted in very high levels of patient satisfaction. Originally, this approach was adopted because of Covid but the detailed analysis and research done by the team on a proactive basis has validated the approach. This is yet another excellent example of how we can hit the sweet spot between high quality and efficiency, striving for one and delivering the other.

#### **4.3 Cutting Clutter and improving safety**

One of the issues which we heard loud and clear from staff through Our Big Conversation was everyone's frustrations over processes that are bureaucratic and do nothing to improve the safety of the care we provide. In fact not only can these systems cause unnecessary work, they might even compromise safety. Staff told us how wasteful and time-consuming these practices – known as safety clutter are. We are now asking for everyone across the Health Board to help us eradicate these. As part of our Patient Safety Congress we launched our very own Room 101, where staff can consign all that safety clutter to history. Submissions are open until the end of July and then submissions will be considered by an expert panel and where we can remove clutter, we will safely trial it. If we can cut down on the things that

actively detract from safety, we'll save ourselves time and effort, meaning we can spend this time on improving quality instead.

#### **4.4 Sepsis**

We've now launched the new Sepsis screening tool in all adult areas. Resuscitation and education teams have been visiting all areas and replacing the old books and stickers with information on the new sepsis screening tool. Sepsis remains the leading cause of death in healthcare. Successful management of sepsis is reliant on early identification and diagnosis, early antimicrobial therapy and timely haemodynamic resuscitation. All patients with a NEWS Cymru score of 3 or more should be screened for sepsis – that's about 20% of inpatients every 24 hours. The progress in this area to date has been varied. In the next three months we will ensure effective processes are in place to measure results, services and compliance with sepsis bundles to ensure comprehensive coverage in practice and reduce the risk to our patients. Hazel Powell, Deputy Director of Nursing & Patient Experience, and Raj Krishnan, Deputy Medical Director, are supporting the Project Director and me to address this.

#### **4.5 TAVI Turnaround**

TAVI is a minimally invasive alternative for people who are unable to have open-heart surgery for aortic valve replacement. It was pioneered in Wales at Morriston Hospital, but by 2018 it became clear that because of long waiting times a number of patients had died while on the TAVI waiting list. The Health Board set up a dedicated group to oversee service improvements and also commissioned an external review by the Royal College of Physicians, and agreed an action plan to meet their recommendations. Today the service is thriving, having treated its 1,000<sup>th</sup> patient and received a prestigious national benchmarking award that focuses on evidence-based best practices, all the way from referral to treatment. This is exactly the kind of high quality service we want to deliver and our thanks and congratulations need to go to all those involved in this remarkable turnaround.

#### **4.6 Learning Disability Awareness Week**

Our Health Board fully embraced the aims of Learning Disability Week, not least because some of you will be aware it has a particular significance within the organisation. The Paul Ridd Foundation was established after Paul, a patient with learning disabilities, died in Morriston Hospital having received very poor care. We have worked closely with Paul's family to develop staff training and to improve the care for other patients with learning disabilities. Now the Paul Ridd Foundation Learning Disability Awareness Training Programme has been made mandatory for all healthcare staff in Wales. This greater knowledge and understanding will help ensure our patients with learning disabilities get the good quality care they deserve, and that reasonable adjustments are made as needed.

#### **4.7 Digital Developments**

Digital services are a key enabler in our plans to optimise care and services. Key infrastructure has been successfully moved into a new data centre at Morriston Hospital as part of the complex migration programme to ensure robust and future proof hosting facilities are in place with minimal impact on our services. The planning to achieve this migration and reduce digital services outages is a huge undertaking, considering that the data centre delivers all of our Health Board's local

clinical and administrative systems, cyber security services and telecommunications alongside the Neath Port Talbot Data Centre. My thanks to everyone for all their work in making sure this move was implemented so smoothly.

#### **4.8 MOTs for heart failure patients**

In what is believed to be a first for Wales, our Community Heart Failure Service is investing in MOT-style annual reviews for patients whose hearts are not able to pump blood properly. Led by specialist pharmacists and nurses, the reviews are wide ranging and include an electrocardiogram, a medication review, diet and exercise advice and education about heart failure.

#### **4.9 Artificial Limbs are recycled for amputees in Africa**

Amputees living in Africa will have the chance to live more independently thanks to the donation of recycled prosthetic limbs and other equipment from our Health Board. Legs4Africa is to repurpose and distribute hundreds of components and prostheses it has received from the Artificial Limb and Appliance Service, based in the Specialist Rehabilitation Centre at Morriston Hospital. They will be used to help people who would otherwise not be able to afford a prosthesis. This also prevents these prosthetic limbs going to landfill. Medical devices given to patients through ALAS, including those manufactured inhouse have to be managed throughout their lifecycle, from their design to their disposal. The service recently received certification enabling the former prostheses to be safely donated to the charity.

#### **4.10 Falls initiative extended across more hospital wards**

Launched last December, the Baywatch initiative has seen dedicated members of staff monitor patients deemed at high risk of a fall. Working to an hourly rota, staff are based within a ward bay where patients have been assessed and identified as being at high risk of falling, making it easier to watch them. The dedicated staff can observe the patients deemed at high risk of a fall and are there to help and support them to move safely. Staff support patients by helping them to move around, advising them on appropriate footwear and helping them out of bed safely when they are able to do so. Baywatch posters have been put on display at the entrance to the bay on wards where the initiative is in operation. Since December, Baywatch has been launched on trauma and orthopaedic wards at Morriston Hospital, with plans in place to extend it to the remaining surgical and medical wards. Staff on Ward 12 at Singleton Hospital have also recently taken on the Baywatch role, and it will now be adopted on more wards across Morriston and Singleton.

#### **4.11 Advanced Practice Conference**

I am also delighted that our Health Board has announced its first conference to discuss Advanced Practice and its future. It will be a multi-professional conference and will comprise of expert speakers, poster presentations and a Q&A session, and is planned for 1<sup>st</sup> November in the Education Centre at Morriston. This is exactly the kind of forward thinking reflection we need to make sure we are in forefront of clinical practice innovation, and is a crucial part of us becoming a High Quality Organisation.

## **5. OUR PEOPLE**

## 5.1 Our Big Conversation

Following the discussions I have led with over 1,500 staff and numerous others who have participated in online surveys about our future organisational vision to create a high quality organisation, Service Group Directors have had first sight of this vision – our “One Bay Way”.

I have asked them to consider the implications and how service groups and teams will implement the vision going forward. Sessions are planned in July and August with Service Group leadership teams and with 200 leaders on 18<sup>th</sup> July to engage in discussion on this vision. A summary, plain English version will then be produced for distribution to all staff over the summer.



The cornerstone of this approach will be a new compact with staff and a new partnership with our trade unions who have been magnificent plus a new relationship with our patients. There will be a “One Bay Way” commitment restating the Health Board’s values and behaviours to support this.

## 5.2 Tackling staff shortages and pressures

Clinical staff in particular told us through Our Big Conversation about being short staffed too often, and as a result, having to cope with intense pressure. Working under that amount of pressure isn’t sustainable, and that’s why we have gone the extra mile to try to address the workforce challenges we face, and which are being faced across the entire NHS in Wales and the rest of the UK.

In the past 18 months, we’ve successfully recruited over 300 overseas nurses to help relieve pressure on our front line clinical teams. We’ve committed to more of the same with an additional 350 due in the next 12 months. Our rationale for this is very clear, if we can’t recruit sufficient numbers locally, we’re prepared to do everything possible to bring colleagues from overseas in order to fill shifts and ease the pressure on our existing staff.

## 5.3 New employer brand launch

We have been working to develop an employer brand that will support the retention, and employment of staff in the Health Board, positioning us as an employer of choice. The brand that has been created aims to engage and inspire our staff, building a strong sense of team identity that we believe is crucial to the way we do things here. This will in turn drive applications and attract potential new candidates. Through research and focus groups across the organisation we heard from staff members from a variety of teams, ages, positions and length of employment to find out what it is like to work for our Health Board. The groups identified the organisation to be a place of community, where staff members thrive for excellence everyday, and stood out as a place where teams support and trust each other, helping to deliver outstanding healthcare within the community. We wanted to therefore highlight to potential candidates who are looking to relocate to find more of a community or “home” where they will find a better quality of work and life, that the place to be is Swansea Bay UHB. The new website has now been launched and provides a vibrant site with wide range of additional information for applicants.

#### **5.4 Take pride in our diversity, but we've more to do...**

June was Pride month, so as well as celebrating it, it was also a great opportunity to reflect on what we're doing to ensure we are an organisation that is fair and promotes equality for all.

We have an increasingly diverse range of people working for us and in need of our services, be that because of their sexuality, colour, religion, disability or sex. So, for us to provide services that are truly personalised, we need to be open to and understand what our individual staff and patients need to allow them to get the best experiences. Recently we have held a series of workshops with the LGBTQ+ community, including staff, to help us identify the priority areas for us to concentrate on in the LGBTQ+ Action Plan we are developing. This has been well received by the community and continues to demonstrate our commitment to coproduction, which is greatly enhanced since the



creation of the new Directorate of Insight, Communications and Engagement. Welcoming diversity is a priority for us if we want to become a High Quality Organisation and as part of Our Big Conversation, we heard a lot about how we need to do much more to make every person feel valued and able to be the best version of themselves. We have recently set up a Strategic Group for Equality, Diversity and Belonging, aimed at accelerating our work in this area across the whole organisation. We will keep you informed of progress.

#### **5.5 Voluntary Early Release Scheme**

We launched a voluntary early release scheme earlier this month for qualifying staff. It will be used to simplify our organisation through streamlining our decision making and flattening our reporting structures as well as saving money. We're aware that different individuals at different stages of their lives might have career aspirations and other plans for their future that don't involve working for the NHS. This scheme will allow those whose applications are approved to leave the Health Board whilst receiving compensation. Those in hard to fill posts and those involved in front line clinical care will be excluded from applying for the scheme.

#### **5.6 Industrial Action**

The recent industrial action planned for 12<sup>th</sup> and 13<sup>th</sup> July did not take place. The RCN and Society of Radiographers will now suspend balloting their members regarding further strike mandates whilst talks continue to explore strengthening the non-pay elements of the pay offer collectively agreed by the Wales Partnership forum. These talks are being taken forward collectively in social partnership. It is also understood that discussions are likely to commence between the British Medical Association and Welsh Government, but no further details are available at present.

## 5.7 Congratulations to:

Everyone in the Swansea Bay's Armed Forces Forum which launched a staff survey aimed at supporting staff who have served their country as part of a coffee morning at Morriston Hospital to mark Armed Forces week.

Morriston Hospital's anaesthetic team for their work to reduce energy use by implementing their "elective theatres shutdown check".

James Tumbali, from Moriston's COPD Team for recently setting a new Welsh record for bench presses in his weight category.

Farah Bhatti for having her video "Transforming Lives" featured in an exhibition at the Royal College of Surgeons in England.

Sharing Hope, an arts project across the Health Board for staff to share stories and heal from the impact of the pandemic, which has been shortlisted for a Health Services Journal award.

Bethan Williams and Judith Wall who have been awarded the RCN award in the mental health and learning disability category.

Hazel Powell, Deputy Director of Nursing & Patient Experience, who is one of only two nurses in Wales recognised by the Nursing Times as part of the 75<sup>th</sup> Anniversary of the NHS.

Two Swansea Bay teams which have been shortlisted for this year's RCH Nursing Awards. The school in-reach service and the virtual wards team are finalists in the Mental Health Nursing and Nursing Older People categories respectively.

## 6. Swansea Bay Health Charity New Charity Strategy for 2023-24

The Charity's Trustees recently agreed a new Strategy for our Charity, marking a move to larger scale fundraising with less focus on events and more on the contribution it can make to help the Health Board achieve our key priorities. This Strategy will form the foundation of a longer term strategy and marks a step change in our fundraising efforts with Charity Hubs planned for each of our main sites to raise visibility with our staff, patients and the public.



## NHS@75

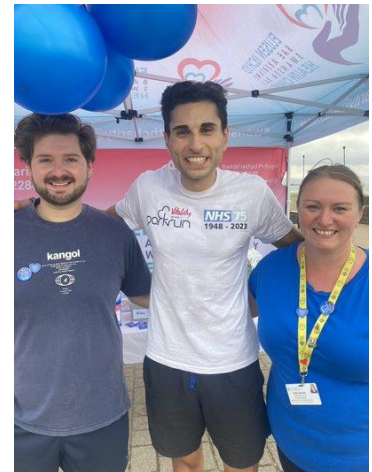
Events took place across the Health Board to celebrate the 75<sup>th</sup> birthday of the NHS. At Morriston Hospital a number of teams, including Welsh Language, Wellbeing, Arts in

Health, Engagement, Volunteering and Library Services came together to mark the day and showcase their work. Simply Gym was also in attendance, offering free health MOTs. The Charity held a raffle while people were invited to leave personal messages on a Tree of Appreciation display

A similar tree was available at Singleton Hospital, while a display of local NHS memorabilia and special NHS celebration menu including A&E Omelettes and Aneurin Bevan chicken were available at Neath Port Talbot Hospital.

Celebrity TV doctor Hussain Al-Zubaidi joined Swansea Bay runners to help mark the 75<sup>th</sup> anniversary of the NHS with a special parkrun event. The Doctor, who has a regular health advice slot on Channel 4's "Steph's Packed Lunch" crossed the finishing line in first place. More than 500 runners took part in the event. Our Charity Team were there to raise funds, and runners, volunteers and spectators were invited to donate £2. They also organised a raffle and there were NHS 75<sup>th</sup> birthday cakes on sale.

We participated in the Morrisons Big Tea event and ran this in our Hospitals, this was part of the NHS Charities Together initiative and the income generated will be forthcoming in the Autumn.



### **Sunflower School Competition**

Every year the youngsters at St Joseph's in Clydach compete to grow the tallest sunflower, raising money through sponsorship which is donated to the South West Wales Cancer Centre at Singleton, via the Swansea Bay Health Charity. The event was first organised by teacher Juliet Stack 27 years ago, in memory of husband Peter James who died of cancer. This year it has raised more than £65,000.

### **Chemo unit's gift from cancer survivor**

Staff at Singleton Hospital's chemotherapy unit have been gifted a device by a cancer survivor which will help them deliver intravenous therapy more easily. Retired civil servant Gail Cope raised £5,200 to fund a vein pen, which nurses can use to locate the strongest vein to use for the chemotherapy. This enables cannulas to be fitted successfully, avoiding potentially multiple attempts at insertion.

### **Staff put best foot forward**

Our health charity, Swansea Bay Health Charity, is more than £3,600 better off thanks to a team of staff putting a real shift in. In all, 25 Swansea Bay employees – from occupational therapists to a systems engineer – ran the Swansea Half Marathon after pledging to raise money for our Charity and become Charity Champions.

### **Third Jiffy's Cancer 50 Challenge is bigger and better than ever**

The charity cycle ride, organised by former rugby union and league star Jonathan Davies – known as Jiffy - has raised significant funds for the two Cancer Centres serving South Wales (at Velindre and Singleton hospitals), and this year's event on Sunday, August 20 looks set to be the best yet. For the first time, three distances will be available in order to cater for cyclists of all ages and abilities. The 50-mile route starts from The Cardiff City

Stadium and finishes in Bracelet Bay restaurant The Lighthouse, but two other distances have been specially added. A 32-mile ride will begin in The Star Inn in Wick, which takes out the main climb of the longer event.

A 10-mile course will start in Port Talbot's Remo's, which then follows a ride on the National Cycle Network and is aimed at younger family members who want to join their relatives who may have started the longer distances. All courses will lead to a "mass finish" from The Secret – opposite St Helen's rugby ground – into the Mumbles and on to Bracelet Bay.



Funds will once again be split between the Velindre Cancer Centre and South West Wales Cancer Centre, based in Singleton Hospital, Swansea, which is the second largest non-surgical Cancer Centre in Wales. Nearly 400 entries have been received to date (compared with nearly 200 at the same point last year).

### Commemorative Gardens

Funding obtained by the Charity from NHS Charities Together has been used to establish commemorative gardens at Morrison, Singleton and Neath Port Talbot Hospitals and Swn yr Afon, one of our Learning Disabilities bungalows. The £100,000 project involves a series of bespoke dry-stone wall circular seating areas, inlaid with hand-made personalised clay tiles, each reflecting the thoughts of NHS staff,



schoolchildren and members of the public in the Swansea Bay area about the Covid-19 pandemic.

As well as serving as memorials for those who tragically lost their lives in the pandemic and recognising frontline workers who put patients' lives first, they will also offer quiet

staff,  
visitors  
and



outdoor  
spaces for  
patients and  
to reflect, rest  
recharge.