

Bay Health

Staff newspaper of Swansea Bay University Health Board



James Tumbali, with his mum, Ching

James keeps it in the family by following mum into nursing

Two generations... the son of a Filipino nurse who came to Swansea over 20 years ago has followed in his mother's footsteps and has also become a valued member of the Morriston Hospital nursing team.

James Tumbali was just six when his mum, Ching, arrived here in 2001. She was one of the first group of Filipino nurses who came to Wales.

Now her son is part of the Morriston Hospital chronic obstructive pulmonary

disease nursing team. James explained that coming from a family of health professionals – his aunt is also a nurse – he had wanted a career in health, although initially he'd considered medicine.

"However, as an in-patient in 2012, I watched the nurses look after other patients, as well as myself; and watching the nurses changed my decision."

His mother, Ching Tumbali, recalled: "I was working in the Philippines in 2001,

when the NHS came over to recruit nurses for the UK. I had spent some time working in Saudi Arabia and didn't really want to return home. So when the opportunity arose, I took it. I have no regrets. We've been really happy here." Gareth Howells, Swansea Bay's Executive Director of Nursing, said: "It's truly gratifying to hear about the Tumbali family, where they have settled in so well, with the children following their parents into the NHS family."

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Heart failure 'MOTs' to put the brakes on hospital stays

MOT-style annual reviews have been launched for patients with heart failure to help them avoid hospital admission.

In what is believed to be a first for Wales, the wide-ranging extra check-up is led by specialist pharmacists and nurses from the Community Heart Failure Service.

The idea is to spot any deterioration or prospect of it and take appropriate action to keep the patient as well as possible and at home.

Advanced heart failure pharmacist Kerys Thomas, who leads the annual review service, said: "We are investing in time and education with the patients. This will reap benefits down the road.

"If we can send a patient away knowing what to look out for and that they should contact their GP if that happens, we are able to prevent hospital admissions." Patient Tracey Parry was among the first to benefit. She said: "I went away feeling positive. It's a good service."

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Mark Hackett, Swansea Bay University Health Board chief executive
Communications.Department@wales.nhs.uk.

As many of you will be aware, I have announced I will be retiring at the end of August, so this editorial is likely to be my last for Bay Health. The next one will be penned by Richard Evans, currently the Deputy Chief Executive and Executive Medical Director, who will be taking over as acting Chief Executive for 12 months from 1st September. But continuity is key and over the next few months you'll hear a lot from Richard and me about our journey towards becoming a High Quality Organisation. It's something our public and patients expect from us but it's also something that you, our staff, focused on during Our Big Conversation – the engagement process over 1,250 of you took part in from Autumn 2022 to Spring 2023.

You made it clear that, like me, you want to provide the best possible service but are often frustrated that we cannot always offer that. And while we've made progress over the last few months, with many examples of high quality services featured in this edition of Bay Health, there's much more we still need to do. That's why, over the coming months, we'll be adopting a laser-like focus on addressing the issues that get in

the way of providing that consistent and effective service. And we'll do all we can to empower you to identify solutions and implement them.

We'll work hard to improve your job satisfaction and increase your wellbeing. We'll also reaffirm our commitment to our Values and Behaviours, making sure that they're more than words on a page and that they can be used by one and all to encourage a positive working environment. Recognising the impact of staff shortages, we've already been working hard to fill all of our clinical vacancies, reducing our reliance on Agency staff. I wrote about this in my very first email Midweek Message, explaining that we're now in a position in Morriston where all Band 5 nursing roles are filled as a result of the huge effort that's gone into recruitment over the last year or so. We will also delegate more decision-making to the front-line, removing any pointless bureaucracy. But we'll also be clearer about accountabilities, making sure that everybody knows what is expected of them and what they can expect from their colleagues, managers and the organisation as a whole.

We will continue to invest in our digital services so that our processes and systems are more streamlined and joined-up, avoiding time wasting and improving our access to patient information that can help us more quickly make the clinical decisions we need to make. And where necessary, we will create new services that will deliver better outcomes for less money, much in the way we already have with our virtual wards. There is a cost associated with the transformation I have described – we think we need to spend at least an extra £30m this financial year and as a Health Board we've committed to finding the money. But the financial context is challenging and I want to be open about that. In the last financial year, our Health Board broke even, delivering a balanced budget against a turnover of around

£1.3bn. That was a significant achievement – one every single member of staff across Swansea Bay contributed to.

The current financial year, however, is a different matter. We face significant cost pressures as an organisation, partly as a result of inflation around energy, goods and services. We're also impacted by a tapering away of temporary funding as well as increased costs associated with tackling backlogs and performance challenges. That's why it's essential that we deliver against the savings plans that have already been agreed and continuously strive to find more efficient ways of delivering our high quality agenda.

At the same time, we have to focus on performance. Performance matters. It really does. We have to redouble our efforts so that we can:

- Reduce four-hour ambulance handover delays by 50% this financial year
- Reduce twelve-hour waits for patients in our Emergency Department to under 500 by the end of the year
- Deliver no more than 52-week waits for an outpatient appointment by 30 June 2023
- Almost entirely eradicate 104-week waits for treatment by December 2023 (except Orthopaedics, Spinal and DIEP breast reconstruction)
- Deliver our 62-day target for cancer diagnosis to 64% by September 2023

We're committed to putting the resources and support in place to enable us all to deliver against these targets and set us on the road to becoming a high quality organisation.

We owe it to our patients and public to deliver against these targets. They aren't just Ministerial priorities. These are targets we should all buy into. These are targets a high quality organisation needs to deliver against.

Discharge Lounge boosts patient flow

Morriston Hospital's Discharge Lounge is at the heart of efforts to improve flow, with capacity to support up to 45 patients every day.

Open from 8am Monday to Friday, it is ideal for early-bird patients who will have been identified for early discharge the previous afternoon. "Our Discharge Lounge is the last place patients will visit on their journey out of hospital," said senior matron Rebecca Davies.

"If they can't go straight home from the ward for whatever reason, they can wait safely with qualified staff, enjoying a cup of tea and a chat, maybe have a sandwich or a meal, until they are ready to leave. "It might be that they are waiting for family or patient transport or for their take-home medication to be dispensed by the pharmacy."

The Discharge Lounge is in a conveniently-located home right next to the main hospital entrance and behind blood tests. And it is taking its place as a cornerstone in ongoing efforts to improve patient flow by freeing up ward beds earlier in the day.

In basic terms, one free bed equals one less patient waiting in the Emergency Department (A&E) or in the back of an ambulance.

Rebecca added: "This can literally keep the hospital moving." Qualified nurses and healthcare support

workers (HCSWs) stand ready to welcome patients as soon as their To Take Out orders (TTOs) for medication have been completed.

Medication can be collected from the pharmacy and given to patients by Discharge Lounge staff, who are also able to book patient transport.

HCSW Ray Perkins explained how they work. "We get emailed a list of so-called golden patients in the morning and these are the ones that are definitely going home that day. We'll go and pick these patients up from the ward and bring them down.

"We also get told about the maybes and will continue to chase these and will bring them down here if we can. We offer all the care they get on the ward."

The team, who are all Dementia Champions, are solution focused, which means they can help busy ward staff by washing and dressing patients in order for them to be moved to the Discharge Lounge.

Access to the non-emergency patient transport system also means they can re-route crews to pick up from the Discharge Lounge instead of a ward.

• Contact the team on ex: 32485. A new online directory called Discharge Support has also been launched on the health board's website. It contains information on the wide range of discharge services. Go to sbuhb.nhs.wales/dischargesupport

Covid test centre staff who have worked flat out, putting themselves at the sharp end during the pandemic, have received a heartfelt thank you after a Swansea Bay drive-through facility closed its gates for the last time in April. The Longlands Lane centre in Margam is now shut, bringing to an end nearly three years of drive-through test facilities for health board staff and the wider Swansea Bay population. Simone Manning (pictured above, far right), the Operational Lead for Covid Testing, is keen to voice her appreciation for the team who have assisted in facilitating Covid Testing and put themselves at risk for the sake of the population in Swansea Bay. Simone said: "I just wanted to extend a heartfelt thank you to everyone who stepped up to the challenge, not knowing what possible impact Covid may have had on themselves or their families, "Naturally, our staff were feeling anxious around what the virus could mean to them personally but when patients came in, feeling the same, they offered all of the support they could and went above and beyond to provide reassurance."



Food for thought... staff go to unusual lengths to know how patients feel

Dedicated staff went to unusual lengths to find out how their patients feel – by having a feeding tube inserted from their nose down to their stomach.

People with conditions ranging from cancer to stroke often need what is known as a nasogastric tube because of problems with eating or swallowing.

The tube allows nutrition to be delivered in liquid form, either for the patient's entire calorific intake or as a supplement.

Macmillan clinical nurse specialist Llynos Webster, nutrition nurse specialist Amy Malyn and Macmillan specialist dietitian Sharon Davies all work with these patients as part of their roles.

They were thinking about what they could do as part of Enteral (tube) Feeding Week, which took place earlier this year.

Amy explained: "We had some equipment that had gone out of date so we thought why not try these tubes ourselves? It was Llynos who had the idea. I wasn't sure what I thought about it at first, but then the three of us just went for it."

Llynos said they thought it was important they should experience first-hand what their patients experienced. "We put these tubes in patients all the time. And we often say that, once the tube is in you can't feel it. But we wanted to find out for ourselves," she said.

"Then we started thinking about how long do we do it for? Just putting the tube in and taking it out after half an hour didn't feel long enough.

"We also wanted to find out what it was like to sleep with a tube in, and do basic tasks like eating a meal orally."

Amy inserted the tube for Llynos, who in turn inserted Amy and Sharon's tubes. As Sharon underwent a nasal endoscopy some years previously, she had an inkling of what to expect.

Even so, she found it helpful to close her eyes as Llynos approached her with the tube.

"You're not seeing the tube coming towards you and you're not apprehensive straight away. It helped calm



From left to right, Llynos Webster, Amy Malyn and Sharon Davies, who have gone the extra mile to understand how patients feel when using a feeding tube

me," said Sharon "The part of it going into the nose was what I was expecting to feel. For me, it was as the tube went down through my oesophagus. I hadn't experienced that before."

But there is more to the procedure that just inserting the tube. Care has to be taken that it is correctly placed into the stomach, and a sample of gastric acid had to be taken to ensure this.

After that, the tube is flushed with water – which both Llynos and Amy described as a strange, unexpected sensation. "After that, we just carried on and worked all day with the tubes in, taking into account that some people do go to work with them in," said Amy.

"Driving was quite hard work because when you turned your head to look, it was like a pulling in your throat. It's just all those little things that we had never really

thought about when explaining it to patients." Llynos added: "The family life aspect was really interesting. My youngest daughter didn't want to come near me. My oldest daughter was interested and my husband wanted to know if I was going to sleep with it in. So there are all those parts that we don't think about." Amy was the first to remove her tube but Llynos and Sharon kept theirs in overnight, removing them before starting work the following morning. The three are now planning to write a reflective piece on their experiences, and how it has helped them in terms of their patients.

Llynos added: "It wasn't a pleasant experience. But our patients have these tubes in for weeks, sometimes multiple insertions as well, as they can fall out. So it has made me a lot more aware of things like that."

Getting on board for insight into living with dementia

Swansea Bay mental health staff have been given a revealing insight into what life is really like for those living with dementia.

They took part in a training experience on board a virtual dementia tour bus, which simulates symptoms of the disease through the use of props and a series of tasks, when it visited Cefn Coed and Tonna hospitals. Staff were asked to put on thick gloves and wear spiky insoles, dark glasses and headphones – to take away primary senses, distort their surroundings and simulate the physical symptoms of dementia.

Once they were inside the dark confines of the bus, a guide reeled off everyday tasks to complete, such as moving crockery or hanging up clothing.

All the while, staff were distracted by flashing disco lights, and continuous background noise piped through their headphones. Dementia, the name for a group of symptoms that commonly include problems with memory, thinking, problem solving, language and



From left to right, physiotherapy technical instructor Laura Griffiths, community psychiatric nurse Callum James and student nurse Angharad Oliver

perception, now kills more people in the UK than heart disease or cancer. It is caused by diseases which damage the brain by causing a loss of nerve cells and affects one in five over the age of 80. Among staff at Tonna Hospital who took part in the virtual dementia bus training were Laura Griffiths, a physiotherapy

technical instructor, Callum James, a community psychiatric nurse, Savanna Cole, an occupational therapist, and student nurse Angharad Oliver. Savanna said: "I have a much better understanding after being in the bus, going through the experience with the kit on and then going through a debrief, which explained why we were wearing the items we were given and gave context to the experience."

"There are a lot of things I can take away from it. "For example, with the glasses on, your colour perception is altered by a filter, which simulates the deteriorating vision someone with dementia may experience. That makes it hard to differentiate colours. "In my role, I look at people's daily activities, and it's made me think of all the things I need to consider. "For example, if someone appears to have loss of appetite, I now know to consider that the colour of the plate might be a contributing factor and I might consider offering a blue or red alternative."

It can be a taboo subject that will often be put off for another day, but talking about death can give everyone the opportunity to die with dignity. Here, Sue Morgan, Consultant in Palliative Medicine, tells us why we should be talking about it more.



It's a subject some prefer to avoid, but discussing the final months, weeks and eventually moments of your life is a conversation we all need to have at some point.

Many find the emotional aspects around the end of life difficult to talk about – whether it's your own life, or that of a loved one.

But death happens to us all, and each person will have their own wishes. So it's vital we know what patients want and need. Hospital may be the best place for their care. Or, most important to them could be spending more time at home with their family. Or being able to walk their dog, go on holiday or attend church. Wishes may vary, but it's all about adding value to someone's final days or hours of life.

As part of the health board's Quality priorities, our End of Life Care team is focussing on 'Advance and Future Care Planning'.

This involves healthcare professionals - ranging from GPs, care home staff, consultants, occupational therapist, nurses, etc - identifying patients who are coming to the end of their life as early as possible. Then generating conversations so their wishes are discussed, recorded and respected.

The sooner this is highlighted the more time it gives the patient, relatives and healthcare professionals the opportunity to put things in place.

So this will be a bit of a culture change for healthcare professionals, and the public, because it's moving from the idea that everyone can have treatment to keep them alive for a long time. But while we can't prevent the inevitable, we can ensure that everyone has the opportunity to die with dignity.

Baywatch riding crest of a wave

A move to turn the tide on the number of patients falling in Morriston Hospital has been such a success it will be rolled out further. 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.

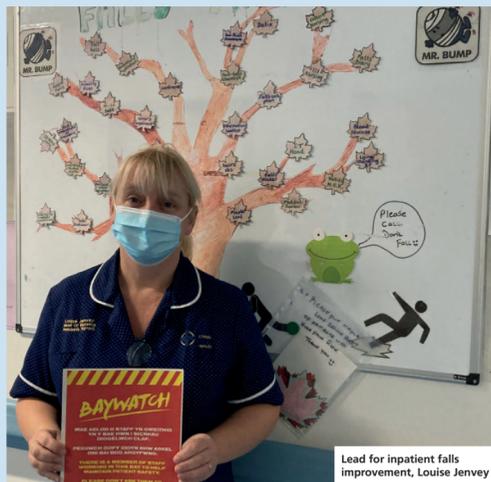
Staff support patients by helping them to move around, advising them on appropriate footwear and helping them out of bed safely when they are able to do so. It will now be adopted on more wards across Morriston and Singleton hospitals.

Louise Jenvey is interim head of nursing for speciality surgical services and lead for inpatient falls improvement at Morriston Hospital. She said: "The roll-out has been going well and staff engagement has been really positive.

"We have had some early feedback that it has been having a positive effect on patients so far and that it has prevented some falls.

"The way staff have engaged with the initiative so far has been phenomenal."

Since December, Baywatch has been launched on



Lead for inpatient falls improvement, Louise Jenvey

Ward 12 at Singleton. We will be extending to the cardiac wards and remaining surgical wards in Morriston, and then moving into the medical wards so it will be adopted throughout the whole hospital."

Staff based on the three musculoskeletal wards at Morriston Hospital have adopted the Baywatch role following its launch at the end of last year.

Karen Allcock, Ward W manager, said: "We have always worked to try and reduce the number of falls on our wards but now we can put patients into Baywatch bays so they can be supervised.

"It's been going well and it's probably prevented more falls as it makes sure there's someone there constantly supervising the patients.

"I think we have had fewer falls so far and we are most definitely preventing more falls from happening by doing it."

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.

"We are hoping Baywatch will be across all areas in Morriston by the end of May," Louise added.

"The trauma and orthopaedics wards are already using it, as are the staff in the Welsh Centre for Burns and Plastic Surgery, and

New framework sets out board's vision for nursing and midwifery

The health board has taken a major step forward in its vision of Swansea Bay as the place where the best nurses and midwives come to work. The new Nursing and Midwifery Framework – designed after listening to those already doing the job – was launched on this year's International Nurses Day, May 12th.

But the process actually dates back 12 months. On International Nurses Day 2022, nurses and midwives were asked "What Matters to Me?"

This was followed up with conversations throughout the year to hear what it is like to be a nurse or midwife in the health board and seek views to inform the framework.

The responses were developed into a draft that was further refined following engagement through the Nursing and Midwifery Board, taking account of CNO priorities



along with health board values and The Code.

Launching the framework, (pictured left), Gareth Howells, Executive Director of Nursing and Patient Experience said: "It has been a privilege hearing from our nurses and midwives about what matters to them and their drive to truly centre nursing care around people. "I am incredibly proud to be the Executive Director of Nursing in this health board."

The vision for nursing is:

That Swansea Bay University Health Board is the place in Wales where the best nurses and midwives come to work, learn and lead their profession to consistently deliver high quality, safe, person-centred care and deliver improvements that will result in better patient experience and improved outcomes. Where we have pride in our profession and recognise nursing and midwifery as the high-value careers they are. This is followed by the six key messages that we heard from our nurses and midwives along with some broad

approaches for how we will deliver on these:

- Truly centre nursing care around patients, working in multi-disciplinary teams to ensure seamless care;
- Change the way work in nursing is done through changing skill mix and advancing practice;
- Improve outcomes for people using our services through championing digital solutions, reducing unwarranted variations and improving our productivity;
- Build and sustain effective leadership at all levels that is tangible, visible, visionary, person-centred and accountable;
- Recognise the work of our nurses and midwives raising the profile of individuals and teams on a UK stage to be seen as leading edge; and
- Support each other to do a great job, work inclusively and value diversity.

We are now working on developing an implantation plan for the next year.

- Our workforce transformation plans: Pages 6 and 7.

Heart 'MOT' giving Tracey the confidence to get on with life

Tracey Parry admits people gasp in disbelief when she tells them she is living with heart failure. Medication keeps her as well as she can be, living an active and fulfilled life.

And now the 58-year-old grandmother is among the first of thousands like her across Swansea Bay to receive an extra check-up to help keep the chronic condition under control. In what is believed to be a first for Wales, the Community Heart Failure Service is investing in MOT-style annual reviews for patients whose hearts are not able to pump blood properly.

Lead by specialist pharmacists and nurses, the reviews are wide ranging and include an electrocardiogram (ECG), a simple test where sensors are put on the skin to measure how well the heart is beating, a medication review, diet and exercise advice and education about heart failure.

The idea is to spot any deterioration or prospect of it early so it can be nipped in the bud, keeping the patient stable and at home.

"My priority is staying out of hospital," said Tracey, a grandmother from Tonmawr in Neath Port Talbot,

"I was happy to get the letter for an appointment for an annual review, but also a bit anxious of having tests in case they showed I was getting worse."

They revealed Tracey remains stable, providing a much-needed confidence boost which has empowered her to carry on as normal.

Advanced heart failure pharmacist Kerys Thomas, who leads the annual review service, said: "We are investing in time and education with the patients to keep them as well as possible. This will reap benefits down the road."

Patients who attend the reviews, which began in April in outpatients at Neath Port Talbot Hospital, can be referred on to other parts of the heart failure service if needed.

"If we can send a patient away knowing what to look out for and that they should contact their GP if that happens, we are able to prevent hospital admissions," said Kerys.

She works with the nurse-led Community Heart Failure Service four days a week, thanks to a £600,000 ongoing annual investment in the service as a whole by Swansea Bay University Health Board. With just under 5,000 heart failure patients across Swansea and Neath Port Talbot, the once-small service had been swamped with work.

And while care continued during Covid, the pandemic gave them an opportunity to implement top-to-bottom reform.

With extra nurses on board, they were able to make sure patients avoided hospital admission wherever possible and, where unavoidable, that the correct support allowed discharge at the earliest opportunity.

The Community Heart Failure Service also sits on all eight Virtual Wards, supporting treatment in the community, and it advises GPs on how to manage those heart failure

New sepsis screening document has now been launched

The new sepsis screening document in all adult areas launched on Wednesday 17th May. Resuscitation and education teams are visiting all areas and replacing the old books or stickers with new the updated sepsis screening tool. Although the forms are self-explanatory there is guidance attached to the book covers. Sepsis remains the leading cause of death in health-



Tracey Parry (left), with Advanced Heart Failure pharmacist Kerys Thomas

patients they see. The annual review is a new string to their bow, producing even greater benefits for patients.

As those who are acutely unwell with heart failure are already seen regularly by the service, Tracey, who is stable and under the care of her GP, and others like her are being called for review first. Heart failure nurse and interim team lead Hayley Taylor, said their whole service provides hope following a frightening diagnosis.

"Patients are frightened with regards to their diagnosis and feel they are facing an uncertain future, but we know we can treat and support them and we really can make a difference." Tracey too was plunged into "doom and gloom" after her 2019 diagnosis came out of the blue. She had incorrectly put breathlessness and fainting down to stress and the menopause.

And while two thirds of heart failure cases are caused by coronary heart disease, doctors think Tracey's might have been caused by a virus. She gave up her job in a care home and thought her life was over. But she remains stable and active thanks to a positive attitude, the right medication and the support of family and friends.

While always careful not to overdo it, Tracey practices yoga, goes for walks, enjoys gardening and has even done some cold water swimming with a local group.

This has helped her to shed three-and-a-half stone, which is also good for her heart. "My heart is working as well as it can. I have got a disability but people think I haven't. They gasp because they don't realise there are different levels," she said.

Successful management of sepsis is reliant on early identification and diagnosis, early antimicrobial therapy and timely haemodynamic resuscitation. The screening document supports staff in the recognition and treatment of sepsis and enables the auditing of sepsis screening to reliably measure improvement. Please see the intranet for more details.

Insulin – getting it right

Did you know that Wales has one of the highest diabetes rates, with one in five inpatients also having the condition? Although insulin is a lifeline for many people with diabetes, it is a dangerous drug and a leading cause of drug errors. Getting it wrong can lead to potentially catastrophic consequences.

Insulin induced low sugar levels (hypoglycaemia) can lead to falls, and high sugar levels (hyperglycaemia) can result in complications as well as infections.

Insulin can be given using a syringe, pen, insulin pump device or by an insulin infusion.

But hospitals are busy, and insulin errors common – so education is key.

Diabetes guidance and teaching aids are available on the intranet under COIN. Search for 'Diabetes' and 'ThinkGlucose' in the COIN A-Z and also on the ThinkGlucose Sharepoint site.

Look on the intranet under Hub Sites – Clinical Services. Diabetes UK is a reputable resource for both the public and health care professionals: www.diabetes.org.uk

The 'Diabetes Education and Information Resource' is also useful for people caring for someone with diabetes e.g. care or nursing home.

It is downloadable to any mobile device.

Go to: www.Diabetes-Care.wales

Workforce changes to make for a bright future

Delivering top-quality patient care is at the very heart of what we do. But we can only do it with a strong and motivated workforce.

It's no secret that the NHS across the UK faces real staffing challenges. And Swansea Bay is no different. Relying on the traditional ways of recruitment is not enough. We recognise that. So we're going to do things differently.

We've already started. You will probably have seen the publicity around our recruitment of overseas nurses. We also have an 'always on' approach to recruitment, attracting applications within the country also. But it's not just about our registered workforce. We know there is huge untapped potential in our unregistered workforce too, and we will build on work that has already been done to realise this potential. We know many of them would love the opportunity to progress, yet are uncertain how.

We are making it easier for them to get on that career path, and we will be progressing this further in the weeks and months ahead.

"Having the right number of staff with the right skills is essential," said Gareth Howells, Executive Director of Nursing and Patient Experience (pictured inset, right). "Not having enough colleagues on their teams puts our existing staff under huge pressure. This affects their physical and mental well-being.

"It also has a financial impact on the health board because we have to spend money on agency staff. "We think it is far more sustainable to grow our staff, and be as flexible as we can to make the most of everybody's skills and talents."

It's not just talk. The health board will be setting up a

transformation programme board to agree how best to turn its ideas into reality.

And although this transformative approach is in the early stages, we have already started in some areas. Take maternity services, which, like many others, is facing unprecedented workforce pressures. This has directly impacted not just on morale but service provision too, with the birthing centre at Neath Port Talbot Hospital and the home birth service both suspended for some time.

A huge amount of work is taking place to address these issues, including a bespoke programme of training for maternity care assistants (MCAs). They will support midwives who can spend more time with their women.

Associate Nurse Director Lesley Jenkins said: "That is going to maximise the workforce capacity and the role of the registered midwife.

"And it's going to give the MCAs career pathways, because they really are highly valuable members of the team. What we are doing could become the pan-Wales model eventually. It's an exciting development."

Another tangible example can already be seen at Morriston Hospital, where cleaning staff have been up-skilled to clean beds and clinical equipment. This means a quicker turnaround of beds, and free up nurses to spend more time on clinical duties – *read our full story below*. There are numerous other practical examples of this thinking-outside-the-box approach, which we will highlight in the months that follow. Helen Annandale, Clinical Director of Therapies and Audiology, said: "By working together across traditional professional boundaries, we can provide better



patient care as well as being more efficient. "We can share knowledge and skills and support across our professions to ensure our patients receive the support they need. This can include developing enhanced roles.

"In short, growing our own workforce will support better patient care and job satisfaction." Up-skilling our existing workforce will also create opportunities for new recruits, benefiting the local economy and helping to tackle health inequalities. These new recruits might start on a lower band but, just like established colleagues, they will have the opportunity to get on the career ladder. "We are the biggest employer in this area," said Gareth. "We provide a way into healthcare for lots of people who perhaps left school at 16 and have some skills in some areas but are unable to get into a career."

Lesley added: "The message we want to get out is that you don't have to stay at the band you join us at if you have the aspiration to go beyond that."

- Launch of the health board's new Nursing and Midwifery Framework: See Page 4

Clean sweep as new skills deliver beds boost

Cleaning staff at a Morriston Hospital ward have been up-skilled to clean beds and clinical equipment, resulting in a quicker turnaround of beds and nurses being able to spend more time on clinical duties.

They received specialist training to clean and decontaminate equipment traditionally cleaned by nursing staff.

The team in Ward B took on the nurses' cleaning duties for a two-month pilot.

This is being assessed before potentially being rolled out across the health board.

Currently, nursing staff clean beds, mattresses, patient lockers and other patient care equipment. But during the pilot the domestic team cleaned all surfaces in the room, beds, mattresses and all

patient equipment from lockers to suction units. Rob Daniel, Deputy Head of Support Services, said: "We looked at the work around domestic staff taking on some of the cleaning functions made by nursing staff.

"That evolved into having a full-time person on the ward, undertaking the cleaning previously

completed by nursing staff on a daily basis.

"Previously, we had experienced delays for our domestic team to undergo the deep clean processes as nurses were not able to complete their routine clean as they were looking after patients. "It was hindering the process and patient flow.

"The trial showed a quicker turnaround in beds, which are now ready within 20-30 minutes.

"Before it would have taken over an hour, so it has improved patient flow.

"We worked in conjunction with infection control colleagues and have recorded improved general cleanliness of the ward area.

"The nursing team can now concentrate on their core functions in terms of patient care."

Rhiannon Jones, Deputy Head of Nursing T&O and Spinal, said: "When nurses are undertaking cleaning tasks, they are not spending that precious time with patients delivering hands-on essential basic care. The introduction of the enhanced domestic role on Ward B has released nursing time to focus on the patient hands on care and is helping us improve the quality of care for our patients there."



Members of the cleaning team who've been trained to clean beds and surgical equipment, freeing up nurses who would previously have undertaken these duties

Swansea Bay fit



Associate Nurse Director Lesley Jenkins (left) and Clinical Director of Therapies and Audiology, Helen Annandale

Updated staffing model for children's services

A significant transformation within our paediatric consultant team aims to deliver even better care for children and improve staff well-being.

The changes have taken place in Morriston's two paediatric wards, Oakwood and Ward M, along with the Paediatric Assessment Unit (PAU).

Two new consultants, Matt Ryan and Carwyn Dafydd (pictured right) have joined to create a more agile workforce, and new opportunities of further training and development for trainee staff have been introduced. The senior management team, medical HR, workforce and paediatric consultants created the new working model, which launched in January.

Dr Sujoy Banerjee, consultant neonatologist and Clinical Director of Children and Young People Division at Singleton, said: "This is one of the most significant changes in the paediatric medical workforce for a long time.

"Roles were not consistent and that resulted in complications in reaching an agreement on the best way to deliver services with the workforce.

"The main discussion was the balance between elective and emergency care along with equity of service. We recruited two new consultants, giving us more depth and allowing us to plan a more robust workforce model. We now have two consultants, rather than one as we had previously.

"We have also strengthened our middle grade roles through new recruitment and prompt replacement of certain unfilled posts."

Dr Pramodh Vallabhaneni, consultant paediatrician and Clinical Lead for general paediatrics, said: "The senior management team thanks our paediatric consultants for coming on board, identifying the change that was needed for the well-being of consultants and better care."

Sue Kotrzuba, Assistant Divisional Manager, Children and Young People, added: "Bringing equity really helps raise the morale of the team."



New nurse training suite opens

A purpose-built training facility crucial to the development of nurses within Swansea Bay was officially opened on International Nurses Day.

The Nurse Education Training Suite, built in the health board's Baglan headquarters, helps nurses recruited from abroad attain the required UK registration. It will also be used to nurture the skills of nurses across Swansea Bay.

It includes two rooms designed like wards, two teaching rooms, a quiet study area and clinical skills room. Head of Nursing Education and Recruitment, Lynne Jones, said: "The facility is far superior to anything we have had previously and we can now train all of our international nurses for their OSCE exam in a fully equipped facility with an excellent learning environment.

"The suite will also be used for a variety of educational activities for our nursing staff, like intravenous clinical skills training, practice assessor and practice



Cutting the ribbon on our new Nurse Education Training Suite

supervisor updating, clinical supervision, and documentation and record-keeping sessions." The health board is ethically recruiting hundreds of

international trained nurses over two years to fill Band 5 nursing vacancies, with the majority going to Singleton, Morriston and Neath Port Talbot hospitals. Among the first to be taught in the new training centre were a cohort of 107 nurses following a recruitment drive in India. Around 200 more overseas nurses are due to arrive over the next year. Joel Alphonso is one new recruit, who is now preparing for his OSCE exam. Joel, 26, from Mumbai, said: "I've been really impressed with the quality of training and also the set up of the training suite. The infrastructure and teaching is similar to what I experienced in India, but the difference here is the training is very much focused on the patient."

Welcoming the launch of the training suite, Chief Nursing Officer Sue Tranka said: "Since its inception the NHS has always welcomed and supported colleagues from across the globe, and we are pleased to welcome our international nurses to Wales."

Caitlin using experience to help patients

Starting your first job as a newly-qualified nurse just before the pandemic struck would be enough of a challenge for anyone.

But it was doubly so for Caitlin Tanner, who was born profoundly deaf and relies heavily on lip-reading to communicate – not easy when you are working in intensive care and everyone has to wear face masks. Now she has led a new initiative designed to improve the care of hospital patients with hearing aids or cochlear implants.

“I had hearing aids growing up,” said the 25-year-old. “Only the one hearing aid, as I’m completely deaf in the left ear.

“I could lip read but it was really difficult to hear what people were saying. It was really challenging at that time.

“I had cochlear implant surgery when I was 17. So that was in the middle of my A-levels. It meant a whole month of not hearing because when you are recovering from surgery, you can’t have any volume or sound at all.

“The change from having one hearing aid to two cochlear implants has been amazing.”

The way doctors and nurses cared for her when she had cochlear implant surgery in 2016 made her decide to go into healthcare.

After passing her A-Levels she gained a first-class degree in adult nursing. Caitlin then started work in Morriston ITU – just before the onset of Covid.

“I had to say to my managers I didn’t know how I was going to cope because everyone was wearing masks. “I was exhausted at the end of every shift because I was trying hard to listen, to focus on what people were saying, and to care for my patients, which was obviously the priority.

“I would get home from 12-hour shifts and I’d go straight to bed and be asleep immediately. I don’t think anyone realises how much energy and focus it takes out of you when you have no natural hearing.” There were some communication difficulties at the beginning, especially as Covid required staff to wear PPE including face masks.

Caitlin remembers asking colleagues to talk a little louder, to repeat things clearly, or not to turn away as they spoke.

“It was difficult when you’re new in a place and don’t want to get off on the wrong foot. But I saw a massive



Caitlin Tanner, pictured outside the main entrance to Morriston Hospital

shift in the way they communicated with me. It improved one hundred per cent.”

Caitlin also spent three years part-time studying for an MA in education for health professionals. During this time she successfully applied to do her PhD and was awarded the prestigious Swansea University Research Excellence Scholarship.

Her doctorate focuses on the experiences of deaf nurses in the UK. “From reading the literature, I found that there is inadvertently some discrimination, some biases towards deaf people coming into healthcare. “A lot of people think that, if you can’t hear, how can you look after a patient? A lot of the research I’m going to be conducting is into how we can support these nurses so we can safely get them into healthcare.

“I definitely want to use my experience to support deaf people to come into nursing or into healthcare because I know they don’t believe they can access that kind of career path.” Caitlin recently finished in

ICU after three and a half years to focus on her doctorate, though she will continue nursing by working bank shifts. And she has used her experience to design a deaf care plan for patients wearing hearing aids or cochlear implants. She presented it at an innovation meeting in the intensive care unit, where it will be implemented soon.

“The feedback I got from the meeting was that a lot of nurses on the ward might have to ask the doctors, ‘How do we change the batteries? How do we do this or that?’. A lot of education is needed. Communication with deaf patients is such an important thing, especially in ITU.

“The care plan is a guide that staff can use to look after them. Before I finished, I went around the unit, doing some teaching. I’m really excited about it. “The plan is to trial it in ITU, then roll it out across Morriston and then, hopefully, the wider Swansea Bay.”

Officer of St John. Katie, a bed manager, said: “I’m honoured to get it, but I don’t think I do anything different to anyone else.” After originally joining St John Ambulance aged 10, Katie became a registered nurse in 1998 and cared for burns patients in London before a stint nursing in the Army. Following a break from volunteering and a move to Swansea in 2001, where she spent time in both Singleton and Morriston hospitals’ Accident and Emergency departments,

Katie re-joined St John Ambulance Cymru nine years ago. “My main role is arranging nursing cover for large events, such as pop concerts,” said Katie. “We also provide volunteers for the Gerallt Davies Help Point, a specialist city centre treatment facility in Swansea which cares for and treats vulnerable and injured people on nights out.” Colleague and senior matron Rebecca Davies said: “Katie is tremendously committed to both her paid and volunteer roles, but she is extremely modest.”



David's back home the same day after spinal surgery first

Keyhole surgery for people with a debilitating spinal condition has been carried out for the first time in Swansea Bay.

For some patients the minimally invasive procedure, known as an endoscopic discectomy, avoids the need for an overnight hospital bed.

The first case was successfully carried out at Neath Port Talbot Hospital by consultant spinal surgeon Ben Boreham, who described it as an elegant solution to a common problem.

Mr Boreham removed a herniated disc from the spine of 44-year-old telephone engineer David Williams, from Carmarthenshire, who has suffered with sciatica-like nerve pain in his legs for years.

“After the operation I was on my feet really quickly – within an hour. And I went home the same day, which was amazing,” said Mr Williams.

The procedure will be made available to a limited number of eligible patients from the Swansea Bay and Hywel Dda health board areas, though it is hoped the caseload will increase over time.

Intervertebral discs are soft, shock-absorbing cushions between the vertebrae (back bones). For various reasons these discs can become herniated; they lose shape and bulge into the spine.

This can put pressure on the spinal nerves, causing potentially chronic leg pain or symptoms such as weakness, burning, numbness or tingling.

A discectomy is the surgical removal of the damaged part of the herniated disc, when non-surgical treatment has not worked.

The traditional “open” technique involves the surgeon making a large skin incision in the back, and lifting the muscle to expose the spine.

An endoscopic discectomy, by contrast, involves a tiny incision through the skin and muscle tissue. A thin metal tube is inserted, through which the surgeon can thread a small camera and special surgical instruments.

“It’s not a particularly new technique,” said Mr Boreham. “In some parts of the world it has been done for a little while now.

“But it’s relatively new in the UK and something that appealed because it has a number of benefits. There is less pain and blood loss, and a faster recovery for the patient.

“It also means you can potentially get patients home the same day without the need for an overnight stay. It’s always best to be in your home if possible, and the bed is then available for cases the next day.”

David Williams, pictured enjoying a walk in his garden at home in Carmarthenshire and right, with surgeon Ben Boreham



The health board invested in the procedure using Covid recovery funding, which paid for new equipment and specialist training.

This involved Mr Boreham, consultant spinal surgeon Navin Verghese, surgical care practitioner Rachel Thomas, Neath Port Talbot Hospital orthopaedic speciality manager Jade Rouse and spinal nurse practitioner Rhiannon Hawes between them visiting centres in the UK and Germany.

Neath Port Talbot Hospital is being developed as Swansea Bay’s centre of excellence for orthopaedic and spinal surgery.

Mr Boreham said only a limited number of endoscopic discectomies could be carried out to begin with. As with any new technique, the team needed time to develop their skills and become used to the new equipment.

“It’s not a procedure for back pain, which is an incredibly common symptom but one that, unfortunately, surgery does not really have an answer to,” he said. “However, for leg pain due to nerve compression it’s a good operation, as the pain can be very severe and disabling.

“Most of these problems can be resolved without surgery, but it’s the ones that do not respond that you

go on to operate on. “Because of our limited capacity we have strict criteria and can only operate on the most urgent, needful cases.

“It’s a service we are planning to develop. But as a starting point, it’s quite an elegant solution to a common problem.”

Mr Williams, an Openreach engineer from Llanybydder, had suffered from sciatica-like nerve pain, particularly in his right leg, for years.

“At the start of last year it got really bad,” he said. “At one point I had to go to A&E because I lost the feeling in both legs for a few hours. Physiotherapy and painkillers alleviated the pain but did not get rid of it. “I didn’t stop working but I work all over South Wales and if I was driving for a long period I had pull in to stretch my legs. I had to be careful how I planned my day.”

Mr Williams was referred to Mr Boreham and underwent various scans. It was then decided that surgery was the best solution.

“The leg pain is definitely much better than it was,” he said. “I’m walking around the house and the garden, though I’m following the advice from the physio and taking it easy. Hopefully I can look forward to a better quality of life.”

How the new theatres at Neath Port Talbot hospital are shaping up



Progress update on new operating theatres

It only seems like yesterday that they were arriving on-site but Neath Port Talbot Hospital’s new operating theatres are now good to go.

The £6.1 million block has gone up alongside the Minor Injury Unit and, as this latest photo shows, has blended in perfectly.

Neath Port Talbot is planned to become our Centre of Excellence for orthopaedic and spinal surgery, as well as urology, and the additional theatre capacity is a key part of our Changing for the Future transformation programme. Considering the modular theatres were only delivered

late last year, having them ready to open in June is quite an achievement. They will initially offer the same case mix as now but for more patients, eventually increasing to 150 a week. Meanwhile, the health board is continuing to progress its business case for the proposed new theatres at Singleton.

Penderi event shines spotlight on improving health



Members of the public taking part in a cookery workshop

Educational talks, cookery workshops and free fitness sessions have been helping to inspire people in Swansea to live an even healthier lifestyle. The Penderi Local Cluster Collaborative (LCC) hosted a free health and well-being event with a wide range of fitness classes, workshops and talks on offer. Its main aim was to support and motivate people to improve their health and well-being by making them aware of different resources and organisations available to them. Held at

Penlan Leisure Centre, it was the first event of its kind to be hosted by the LCC. Members of the public learned how to prepare healthy meals, tried out free Pilates sessions and chatted to a number of different community groups and organisations throughout the day. Dr Sowndarya Shivaraj, Penderi LCC lead, said: "We thought an event in the community would be a great way of bringing together lots of different organisations and groups in a friendly and approachable way for people."

Yoga and tai chi boost for recovery

People overcoming a mental health crisis will be able to take part in activities such as yoga and tai chi to help with their recovery.

The Crisis Recovery Unit, based in the Orchard Centre in Swansea, will be offering the daily sessions to patients who have been discharged from mental health wards – and in some cases could help prevent them going into hospital in the first place.

They will receive support from unit staff to aid their ongoing recovery and increase their participation in everyday life.

The unit will be running a timetable of group activities such as gardening, arts and crafts, yoga, gaming, tai chi and more.

Staff will be doing this by using the occupational therapy programme Recovery Through Activity, which uses a wide variety of activities available in the community to enhance health and well-being.

"We work with people who are going through or have



Staff pictured outside the Crisis Recovery Unit at the Orchard Centre in Swansea

been through a mental health crisis," said Jamie-Lee Downes, occupational therapist and deputy manager of the Swansea assessment and home treatment team. "That could be people with mental health issues who live in the community, so we prevent hospital admissions for them.

"We also work with people who have been in hospital and have come out and may be vulnerable so need that extra support. "Patients receive intense support in

New staff well-being approach

A new, integrated approach to occupational health and staff well-being has been launched to speed up access to advice and support.

The idea behind the move is to provide a single point of access for staff and managers, with what was the Occupational Health helpline now being used for both services.

Staff members can self-refer to the service or their manager can refer on their behalf.

Confidential support will be provided by the most appropriate member of the new multi-disciplinary team.

More detailed information about how the new system works can be found on the Occupational Health and Well-being SharePoint site.

Meanwhile, anyone with an interest in going the extra mile to support their colleagues is invited to become a Swansea Bay UHB well-being champion.

There are now over 580 well-being champions who have been supported by workshops and presentations to share initiatives and promote a culture and community of well-being support across the health board. If you would like to get involved, please discuss with your manager and see the staff well-being SharePoint pages or email SBU.WellbeingChampions@wales.nhs.uk

TAVI success leads to new benchmark



Having their cake and eating it... staff celebrate reaching a landmark with a 1,000th TAVI procedure

A service pioneered in Wales at Swansea's Morriston Hospital has now treated its 1,000th patient – and received a national award.

In 2009, it became the first hospital in Wales to introduce transcatheter aortic valve implantation – TAVI.

This is a minimally invasive alternative for people who are unable to have traditional open-heart surgery for aortic valve replacement.

In the years that followed, scores of successful TAVI procedures were carried out. However, in 2018 it became apparent a number of patients had died while on the lengthening waiting list for the procedure.

So the health board set up a dedicated group to oversee improvements in the management of the service, and commissioned an external review by the Royal College of Physicians.

An action plan was agreed to meet the RCP's recommendations. Since then the TAVI service has gone from strength to strength.

Consultant cardiologist Professor Dave Smith said: "When we started, we were doing somewhere between 20 and 30 a year for the first few years.

"It wasn't commissioned. It was done really as a bolt-on to existing workload within the department.

"Last we did 216 cases. So there has been a huge increase in volume. In fact, last year we did more TAVI procedures to replace diseased aortic valves than we did open heart operations for the first time.

"So we've gone full circle, from being a small, low-volume procedure to now becoming a mainstream, everyday treatment for patients."

And while number of cases has dramatically increased, the length of time from referral to treatment has fallen significantly.

"Not only are we doing more, we're doing them in a timelier fashion and that makes a big difference," said Professor Smith.

"If you treat people sooner, they have better outcomes.

"If you make people wait for longer, they have worse outcomes." Sometimes the aortic valve, which controls the flow of blood from the heart to the rest of the body, becomes narrow because of disease.

Known as aortic stenosis, it restricts the blood flow and the heart is put under additional strain as it has to work harder to overcome this.

Symptoms can include shortness of breath, chest pain, and fainting. If left untreated, aortic stenosis can eventually cause the heart to fail.

The only long-term treatment is valve replacement. Traditionally, this was done through open heart surgery and the cardiac surgeons at Morriston have had excellent results even in very elderly patients.

But some people are unsuitable for open heart surgery, often due to other conditions making it riskier or reducing the chance of successful recovery.

TAVI is a good alternative for these patients. It is minimally invasive and does not involve general anaesthetic.

Patients usually go home either the next day or two days later, which reduces the pressures on hospital beds. Consultant cardiologist Professor Alex Chase said the service had grown and matured, with the team having developed new skills.

"We used to have a team of surgeons in the room," he said. "Now there are just two doctors, two nurses and the supporting team – so a radiographer and a physiologist.

"Our average time to replace a valve is now less than the average time to treat a heart attack – around 55 minutes to an hour. We are very proud of what we have achieved."

The service has now received the Edwards Lifesciences benchmark award – making Morriston only the 9th out of the UK's 43 cardiac centres to gain this prestigious status.

Professor Smith said the award was recognition of the quality service the Morriston team provided.

He added: "We constantly have a desire to provide not just quick, timely care, but high quality care. That will always continue"



Sam's back on his feet after nine months in ICU

After spending more than nine months in intensive care – with his family being warned four times to prepare for the worst – things are finally looking up for Sam Clement. The 29-year-old has defied all expectations in getting his life back on track after being rushed to Morriston Hospital in the summer of 2021 with what turned out to be pancreatitis.

Sam was so ill he was quickly transferred to the hospital Intensive Care Unit (ICU) where he would spend a rollercoaster 284 days fighting for his life before coming through the other side.

Sam, (pictured above with mum Kathryn and stepdad Richard and inset, in ICU), said: "I remember going to hospital with bad stomach pains, thinking it was food poisoning, lying in bed and waking up three weeks later not knowing where I was.

"As it went on. I never thought I'd get out. Knowing that I might not make it made me feel scared. "I almost gave up hope but I have a very strong family, who kept any dark thoughts at bay, and told me I could do it. That really helped."

Thankfully, Sam is now well on the mend. He said: "I'm back in my old job, and have my own flat and I have a new girlfriend. I'm living life like I did before I went into hospital.

"I'd like to say thank you for everything to all the staff who helped me. Everyone was amazing."

Anita Jonas, a Consultant on Morriston Hospital's ICU said: "I don't think I can remember anyone being so critically unwell and surviving that long. It's amazing. If someone is really unwell, even though we do everything we can for them, quite often we lose them.

"He was placed in an induced coma several times during his stay. It was 284 days before we were able to discharge him. There were lots of ups and downs."

The family have made the decision to share their story in order to publicly thank the team. Kathryn said: "Everyone who works in the unit is absolutely amazing. Without them, Sam wouldn't be here. We wanted to do something for the unit itself. And one of the things which kept Sam going was the telly, so we bought 10 TV sets for the unit. We didn't fund-raise or anything, we wanted it to be personal from us."

ICU sister Melanie Phillips said that the family's strength had made a difference. Melanie said: "It was amazing seeing him go home. Because of everything the family went through, we collected a huge amount of money and paid for them to go to a bistro in Mumbles."



The Men's Shed in Clydach proving a real life-saver

Jayne Whitney, Swansea Bay's Suicide Prevention Lead, has welcomed news that the founder of The Men's Shed in Clydach has won an award, pointing out that the work it does has almost certainly saved lives.

Men's Sheds are places for the community to enjoy craftwork and social interaction, while helping to improve the health and well-being of its members.

The one in Clydach was established in 2019 when retired teacher Belinda Gardiner saw a derelict blacksmith's forge in the Swansea Valley village and thought that it would make an ideal home for a local

branch of the growing movement. It quickly became a popular lifeline for men and women in the area, resulting in Clydach Community Council naming Belinda its Health and Well-being Award winner 2023. Jayne said: "As a health board, we're trying to encourage more arenas where people can meet up. All credit to the Men's Shed in Clydach, they sound as if they've got it really right. It's absolutely brilliant work and long may it continue.

"I can absolutely say, with the evidence base and knowledge within mental health, that the group has almost certainly saved lives. "I wish there were more

available in all areas for people." When informed others believe the shed has helped save lives, Belinda Gardiner said: "People just come here and if anyone is troubled, we try to help them. There are lots of stories I could tell you and I know that we have saved lives. "It's quite humbling really that a little shed like this, that just started from an idea, has saved lives, not only in the village but the wider community.

"Some, who have come to the shed, have thought that the only way out was suicide. But after coming to the shed, and people listening to them, and supporting them, it has encouraged them to want to live again."

What's On

Dates for your diary



Week starting June 4th
Bike Week
National Carers Week

June 7th
LGBTQ+ Action Plan Workshop

Taking place at Neath Community Centre.

Suicide Awareness and Prevention training
 Training will be led by Lesley Bevan and trained facilitators. Lesley. bevan2@wales.nhs.uk

June 11th
Men's Health Week
BNF Healthy Eating Week
Diabetes Awareness Week

June 13th
SBUHB Maternity and Neonatal summit

June 13th-20th
SBUHB Dementia Care training

Neath Port Talbot Hospital Education Centre (Bevan Clinical Skills Room)

June 15th
Health Minister's visit, Neath Port Talbot Hospital
National Clean Air Day

June 16th
Ask and Act Group 2

June 18th
Cervical Screening Awareness week

June 21st
Cervical Screening Awareness Week: Lunch and Learn
 This Cervical Screening Awareness Week is an opportunity to highlight the importance of cervical screening. The Teams Lunch and Learn session delivered by Bethan Morgan, Lead Nurse, Cervical Screening Wales will share information on the importance of the screening process.

July 4th
NHS 75th Birthday Service of Celebration
 Cardiff

JIFFY AND CO GET BACK IN THE SADDLE

Jiffy's Cancer 50 Challenge is back for a third year, helping to raise funds for the South West Wales Cancer Centre Fund and Velindre Hospital's charity. This time there are three distances to choose from, and all entrants are asked to do is raise a minimum of £50 in sponsorship.



Jonathan 'Jiffy' Davies is ready to ride again

The event takes place on Sunday 20th August, setting out from the Cardiff City Stadium and finishing at Mumbles Lighthouse.

There will also be a 32-mile ride, setting out from the Star Inn, Wick, which avoids the main climb of the longer event.

New this year is a family-friendly, 10-mile ride starting at Remo's in Port Talbot and continuing along the National Cycle Network to the finish.

The challenge £180,000 in its first two years. To sign up for the 2023 event, visit: <https://cancer-50challenge.co.uk/>

Fundraising and events



Singleton Hospital Chemotherapy Day Unit staff, pictured with their donation from patient Gail Cope

Cancer survivor Gail's vein pen donation is gratefully received

Staff at Singleton Hospital's chemotherapy day 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 chemotherapy.

This enables cannulas to be fitted successfully, avoiding potentially multiple attempts at insertion. The 60-year-old threw herself into fundraising for the equipment after being treated at the Singleton unit for ovarian cancer. Gail, who lives in Mumbles, was diagnosed after taking part in Jiffy's Cancer 50 Challenge bike ride (see story below, left), led by former Welsh rugby captain Jonathan Davies, from Cardiff to Swansea in November 2021.

Gail said: "It was the second time I had cancer. The first time was in 2013 when I had breast cancer which resulted in me having a double mastectomy.

Fortunately, I did not need chemotherapy on that occasion. But I was diagnosed with ovarian cancer after doing Jiffy's bike ride. My stomach was very swollen. "It turned out to be a very large tumour which ruptured during surgery - I looked like I was having twins! "I had my operation in November, and in January I started a course of chemotherapy.

"I had six sessions and was quite lucky as my experience wasn't too bad compared with other patients who were going through harsher treatments. I like to think my fitness helped me through it."

Gail's experience of breast cancer led her to take part in Jiffy's Bike Ride, which raises money for the South West Wales Cancer Centre Fund and the Velindre Cancer Centre charity.

Now she has gone even further in her sporting endeavours as a member of Swansea Trisharks, a club which provides coaching for fitness and competitions. During chemotherapy, Gail was always apprehensive as to whether nursing staff would find a vein - on one occasion it took three attempts.

A fellow Trishark, Shelley Griffin, who is a nurse, was able to give her tips such as warming her veins up with a hot water bottle before chemotherapy. It was also through Shelley that Gail found out about vein pens, which eases the experience for both the patient and nurse.

Singleton oncology matron Rachel Smith said they had been overwhelmed with the donation. "Getting the vein pen will help us provide a better service for our patients," she said.

"With the vein pen, hopefully repeated attempts are reduced and the patient has a less distressing experience."



Members of Calon and Swansea Bay University Health Board joined colleagues from across NHS Wales to march in the Swansea Pride through the streets of the heart of Swansea.

The inclusive event filled the streets of Swansea with Rainbow flags, with a range of communities coming out to show support to the event. The event this year was held in Brangwyn Hall, with a variety of stalls from local community groups and our own health board highlighted inclusive services across the Swansea Bay area.



Have an idea to raise money to support staff and patients in Swansea Bay?

Contact the Swansea Bay University Health Board charity via our website: www.swanseabayhealthcharity.wales

Bay Health

Staff newspaper of Swansea Bay University Health Board

Contact Editorial: communications.department@wales.nhs.uk