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Nov / Dec 2022 ISSUE 03



Bay Health

Staff newspaper of Swansea Bay University Health Board



Cancer services taken to a new level at Singleton

Coloured lights and high-tech glasses are giving patients with breast cancer direct control over part of their treatment at Singleton Hospital.

They have to breathe in or out until they are in the exact position for radiotherapy to accurately target the treatment area without risking damaging surrounding tissue.

Traditionally, this was achieved by radiotherapy staff at Singleton's South West Wales Cancer Centre instructing patients to inhale or exhale until they reached that optimum point.

And if they moved during treatment, staff had to manually halt the radiotherapy beam until the patient was correctly realigned.

But all that is changing thanks to a multi-million-pound investment in new scanning and radiotherapy technology at Singleton.

It allows the patients to see for themselves when they are in the correct position. And if they move, the radiotherapy beam is automatically paused until they are in the right position again.

There's an important psychological benefit too. At the moment, permanent tattoos are needed to ensure the dose is accurately targeted.

But the new technology means this unwelcome reminder of a particular difficult time will soon be phased out.

Full story - P4/5.

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Open-heart surgery patient
safety at Morriston

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All set for Santa...Staff throughout Swansea Bay will be doing their best to create a festive atmosphere for patients in hospital at Christmas. That especially includes the children's wards, Oakwood and Ward M, in Morriston Hospital. Here, four-year-old Jack Wheatley, from Neath, adds some decorative flourishes to Ward M's tree. And there will be plenty of festive fun for the youngsters – including a virtual visit from Santa!

Dawn of a new era

A huge milestone has been reached in our commitment to improving the quality of care and experience for our patients and better working environment and job satisfaction for staff, with the phased launch of our Acute Medical Services redesign on 5th December.

This was an important moment in delivering on our promises to invest in improved services and modern facilities outlined in our Changing for the Future engagement.

Following many months of intense planning and staff engagement, the new Acute Unit, also known as the Acute Hub, opened at Morriston Hospital, with 45 beds and Same Day Emergency Care (SDEC.) Medical wards at Morriston have also been re-designated to support a number of medical specialties. There is also a dedicated discharge lounge for 15 patients.

This is the start of a transition period to implement the full AMSR redesign in safe stages into early 2023.

These vital changes are happening with the creation of the new Division of Medicine, led by Associate Group Director Fiona Hughes, Divisional Clinical Chair Dr Rhodri Edwards, and Interim Head of Nursing Emma Mitchell.

Kate Hannam, Morriston Service Group Director, who is overseeing AMSR said: "Commencing the AMSR redesign as planned on 5th December has been a huge achievement, and was only made possible by the outstanding teamwork and commitment shown by all the clinical and leadership teams involved in this huge piece of work.



Dr Rhodri Edwards, Divisional Clinical Chair

"While it will take time for all the positive outcomes of this redesign to come to the fore, I am delighted that the journey is now well underway."

Chief Operating Officer Inese Robotham said: "Only by redesigning our Acute Medicine in this radical way could we hope to tackle some of the intense pressures on our emergency care. I want to give a big thank you to everyone involved in getting us to this key milestone."

See P11 – New era for Swansea Bay Acute Medical Services



Mark Hackett, Swansea Bay University Health Board chief executive

This has been another extraordinary year with the pressures of Covid unrelenting and a cost of living crisis hitting us all hard. We've faced workforce shortages and a huge challenge in recovering planned care services. We can no longer talk of 'winter pressures' and 'summer recovery periods' as we are now running at peak capacity all year round. Waiting times and lists are the longest they have been for a generation. But we don't accept this as a new normal.

Our vaccine programme is helping us to live with Covid, having delivered over 1 million vaccines by NHS teams across Swansea Bay – an incredible team effort and an historic achievement.

Our talented and dedicated staff are working their hardest to provide the best care possible, treating patients with compassion and professionalism whilst also pioneering new and better ways to care.

We have just launched Our Big Conversation, to help us continue to share ideas and learn from each other's experience so we can explore ways to achieve excellent quality in everything that we do. And we're starting the conversation with three questions:

- Where are we now?
- Where do we want to be?
- What do we need to do to make this a great place to work?

For me it comes down to this. Is what we do good enough for our family and friends? Everyone I meet in the NHS wants to provide a service that they would wish for their loved ones. And if it isn't, I want to do something about it. And colleagues are bursting with positive ideas. Most are eager for change and are taking greater responsibility and accountability for their services. Staff are exercising greater autonomy, giving more support and offering clearer direction around implementing changes, based on sound teamwork across multidisciplinary teams.

A new staff-developed approach to reducing patient falls – Baywatch - will see dedicated members of staff on ward bays where patients have been assessed as being at high risk of falling. A group of Swansea Bay pharmacies has been leading the way in Wales, and reducing our carbon footprint, with an inhaler recycling programme. And cardiac staff have created an award-winning innovative checklist that has seen Morriston become a UK leader in patient safety for open-heart surgery. It will mean fewer patients being taken back to theatre because of post-operative bleeding than anywhere else in the country. The benefits are huge.

And we continue to invest millions in new services, equipment, and facilities to modernise care and the working environment. You, our staff, have helped design, plan and implement Morriston's new Acute Medical Unit, a huge step forward which will help reduce waiting times, improve working experience and deliver better outcomes for patients. Led by our clinicians and supported by management, we have invested over £4m in capital costs and an additional £4m revenue investment to deliver a high-quality service. This reflects the can-do attitude we are trying to create. After 15 years or more of discussing we are actually making centralised medicine a reality.

And we have secured additional capital funding in Morriston to expand surgical bed capacity above the new Acute Medical Unit to create more surgical assessment

beds. This will in turn enable further expansion of surgical inpatient capacity and is due to complete in early spring 2023.

At Singleton Hospital new multi-million-pound scanning and radiotherapy technology is improving care. And £2m has been invested in a purpose-built fracture clinic which has returned to Morriston after temporarily relocation at Neath Port Talbot Hospital at the start of Covid to create more space for an intensive care unit. The new clinic has bigger capacity with more consultation, treatment and plaster rooms and a dedicated plaster facility. And 10 beds have been ring-fenced at Morriston for some of our longest waiting complex orthopaedic patients to finally get their operations.

But there is no quick fix on reducing delays, addressing the Covid backlogs and getting bed capacity to where it needs to be. We've achieved so much this year but next year will require as much focus and energy in introducing more changes to get us to the level of quality we all want to achieve. Some of this comes down to equipping staff to make better and faster decisions and finding more effective ways to manage bed occupancy. We will need to focus more on earlier discharge across the whole week and on increasing primary and community capacity to support this. And we will look at increasing virtual wards and improving access to primary care through new telephony and remote access systems.

As this extraordinary year closes there is no sign that next year will be any more forgiving. But I do know that we are in a better shape to tackle the challenges. At this time of year we think of and are grateful for the love and kindness of family and friends. But it can also be a lonely time for many whilst others will be hard at work. On behalf of the Board of SBUHB I thank you for your dedication and service and the difference you are making to the lives of the people in the communities we serve. They know that at any time, on any day, they can look to us for kindness, care and help. It takes extraordinary efforts from all of you to keep that promise and I thank you and wish you a very happy and healthy festive season and a wonderful new year.

Details of which other services are being included will be publicised as each phase is introduced.

Swansea Bay Digital Services Senior Project Manager Matthew Arnold said: "Before, we had to ask a patient whether they wanted a record and that brought a lot of constraints.

"But now we can create records in advance for our patients to claim at their own leisure, if they want to.

"It will not be available to those awaiting a first appointment after being referred by their GP, as they may not need another after that.

"However, anyone receiving ongoing care will be able to claim their record once the automated process extends to that particular service."

Information on how to access the record once it has been created is available on the Patient Portal section of the health board website.

and Aberafan Shopping Centre.

"And it's not over. We are learning to live with the coronavirus and a huge part of that is maintaining levels of immunity.

"The current autumn booster roll out will help to do that. So please, if you're eligible for the Covid booster and flu vaccines, take up the offer."

Wedding vow couple raises £1,000 for cancer centre

A devoted couple who decided to renew their marriage vows following a cancer diagnosis ended up having to wait three years to do so.

They had to postpone the ceremony five times because of what they have come to know as the 3 Cs – cancer, Covid and chemotherapy.

This summer, Paul and Ashley Pegg finally achieved what they had first discussed back in 2019.

Instead of gifts they asked their guests for charitable donations. They have now presented £1,000 to the South West Wales Cancer Centre at Singleton Hospital where Ashley received some of her treatment.

The couple tied the knot in 2000, after cancer caused a sudden change of plans.

"We were supposed to have been married on 15th July," said Ashley.

"My mum, Valerie, had been suffering with skin cancer for around two and a half years, but it spread very quickly on her last holiday in Barcelona.

"She was flown back early during the second week of her holiday, straight into the Royal Marsden Hospital in London.

"The doctors told us she would not make it until July. I wanted my mother at my wedding, so we brought it forward.

"We had five days to organise everything. It went ahead on 1st June and my mum died on the 13th, at the age of 65." Her mother was from St Thomas in Swansea. Though born and raised in Surrey, Ashley spent her summer holidays with family back in Wales.

After she and Paul met, he joined her on regular trips to Swansea. Then, in 2017, they took the plunge and set up home in the city.

But in December 2018, Ashley was diagnosed with ovarian, colonic and umbilical cancer. After her first operation the following February, it was discovered they had merged to become mucinous ovarian cancer.

"It was the cancer diagnosis that triggered the decision to renew our vows," she said. "I was told it was a very rare form of ovarian cancer and the average lifespan was three to five years.

"It was a real shock. We decided to renew our wedding vows, thinking I wasn't going to be here."

They set the date for June 13th 2020, their 20th anniversary year and the anniversary of her mother's



Paul and Ashley at their wedding vows renewal ceremony held earlier this year.

Thousands more new dental appointments

Around 28,000 new patients are set to be offered appointments at dental practices in Swansea Bay by April 2023.

Updated contracts agreed with dental practices in Wales this year will help deal with backlogs of patients waiting to get an NHS dental appointment.

Dental practices who have signed up to the programme have agreed to see more new NHS patients as part of the reformed contract - introduced by Welsh Government to tackle the queues.

Swansea Bay's dental practices have an expectation to see around 28,000 new patients between April 1st this year and March 31st next year.

Already this has translated into around 17,000 appointments being allocated to new patients.

People who are looking for an NHS dentist for routine care are advised to contact a number of practices in the area and if an appointment cannot be offered straight away, to ask to be put on their waiting list.

There is no limit to the number of waiting lists that people can join and a practice will then make contact when they have capacity to offer an appointment.

New patients are those who haven't been to a specific dental practice in the last four years, so are new to the practice.

Karl Bishop, the health board's Dental Director, said: "The offer made by Welsh Government to practices in Wales to move to a contract model that encourages prevention



Paul and Ashley wedding album. Looking back to 2000...Paul and Ashley flick through their wedding album.

death. But then the pandemic meant that had to be postponed. And there was to be a further delay.

Ashley was in remission after the first operation, which was followed by a course of chemotherapy and immunotherapy. But the cancer returned, and a second operation followed in October last year, with the subsequent course of chemotherapy finishing this April.

In total the ceremony was postponed five times before it finally went ahead in August, with a service at All Saints Church in Mumbles.

This was followed by a three-course meal at Swansea's Marriott Hotel with around 140 guests in attendance.

"We decided to raise money by asking our guests to make donations instead of buying gifts," she said.

"By then we'd been married for 22 years. We had everything we wanted. We had a home. We had each other. There was nothing we needed.

"I wanted to do it for a mucinous ovarian cancer charity, but as it's so rare there isn't one specifically for it.

"My oncologist, Dr Rachel Jones, mentioned the Cancer Centre had a charitable fund, so Paul and I agreed we would give to that."

Between them their guests donated just under £900, with Paul and Ashley topping it up from their own pockets to make it exactly £1,000.

Donations to the South West Wales Cancer Centre Fund support patients and staff over and above what the NHS can provide.

Joanne Abbot-Davies, health board Assistant Director of Insight, Engagement and Fundraising, said: "Our thanks go to Ashley and Paul for contributing to our charity as a lasting way of celebrating their time together."

and access for the most vulnerable and in need in our communities has been enthusiastically taken up by dentists in Swansea Bay.

"Almost 100 per cent of NHS dental care within the health board will be within this new model.

"This is a huge positive reflection on the commitment and foresight of our dental practitioners and their teams.

"It also provides significant benefits and opportunities for our communities as part of the health board's drive to improve oral health and its impact on wider general health and social and family life."

Multi-million pound new tech transforms cancer care

Coloured lights and high-tech glasses are giving patients with breast cancer direct control over part of their treatment at Singleton Hospital.

They have to breathe in or out until they are in the exact position required for radiotherapy to accurately target the treatment area, but without risking damaging surrounding tissue.It's a technique known as deep inspiration breath hold.



In the linear accelerator room for the training day event. L-r: Sophie Jenkins, imaging lead; Ffion Morgan, SGRT lead; and Nicki Davies, radiotherapy services manager. The patient is portrayed by Charlie Pike.

Traditionally, it was achieved by radiotherapy staff at Singleton's South West Wales Cancer Centre instructing patients to inhale or exhale until they reached that optimum point. And if they moved during treatment, staff had to manually halt the radiotherapy beam until the patient was correctly realigned. But all that is changing thanks to a multi-million-pound investment in new scanning and radiotherapy technology at Singleton.

Patients are scanned using the radiotherapy department's CT scanner, which was bought last year and has recently been upgraded to include a system known as Sentinel. While CT scanners create a 3D image of the inside of the patient's body, Sentinel uses cameras to map the body contour.

Combining the two enables radiographers to monitor the patient's position more accurately during radiotherapy treatment.

This, explained Radiotherapy Services Manager Nicki Davies meant staff knew when the patient was in the correct position.

"CT staff will coach them to breathe. Patients can wear special glasses with a bar that moves until they are in the correct position," she said.

"Staff can determine then whether patients can manage it. That way, we don't have to do all the planning and then find out it isn't suitable for them and begin the process again.

"And most patients are far more relaxed by the time they get to treatment because they're aware of everything that is going to happen."

The hospital has four linear accelerators, or linacs. Three can deliver what is known as surface guided radiotherapy (SGRT), using the body contour mapping obtained at the scanning stage.

SGRT means that if the patient changes position even minutely, the linac automatically stops, preventing damage to healthy tissue surrounding the tumour.

"Previously we would watch and we would press a button every time they moved," said Nicki.

"Now it's not about how quickly we can press a button.

The machine knows when the patient is moving and holds the beam until they are in the right position again. It's much faster than human reflexes."

During radiotherapy, patients can either wear the special glasses to visualise when they are in the correct position, or do so using an iPad.

However, one of the radiotherapy rooms has been fitted with a special lighting system which has an even greater visual impact.

"The entire room changes colour for the patients," said Nicki. "It's blue before they breathe in. It's green when they are in the right spot and red if they breathe in too deeply.

"Patients tell us they like it because they are more involved in their treatment."

And there will soon be another important benefit for patients, this one more psychological.

When they have their CT scan, they are tattooed with three dots which are then lined up on the linac to ensure the dose is accurately targeted. But the new technology is making this redundant.

"We are now looking towards losing the tattoos," said Nicki. "Obviously that is going to be a huge step for them psychologically, in terms of not having a permanent reminder of what they've been through."

Sentinel has been utilised initially for patients receiving radiotherapy for cancer of the left breast, where the heart is located.

It has also been used for those receiving SABR, Stereotactic Ablative Radiotherapy, a highly-specialised lung cancer treatment.



"Patient" Sarah Butt with CT manager Helen Streater and senior radiographer Mark Pinson.

Nicki said: "We have concentrated on those patients who will benefit from it most. But it will roll out to other forms of cancer."

Singleton has been able to offer many other forms of highly specialised cancer treatments.

This is thanks to staff expertise coupled with significant investments in equipment and software over the last five years.

The linac that went live earlier this year replaces an older model – in fact it was the oldest still being used in the UK.

Singleton's second-oldest linac is also reaching the end of its days. Building work is now under way ready for its replacement to be delivered early next year. It is due to go live in the summer, after commissioning.

The new machines between them cost £8.5 million, with other associated costs on top. Once the new one is operational, all four linacs will offer surface guided radiotherapy.

"Obviously the more machines we have with this technology on it, the more patients we can treat," said Nicki

The department has worked closely with Sentinel manufacturer Vertec, which has donated a light system and provided a second at a reduced cost. This will be installed on the new linac going live next year.

The Singleton team also hosted a training day, to demonstrate the new equipment and give talks to staff from other centres.

New software links nuclear medicine scanners

With hundreds of patients undergoing various diagnostic scans in Swansea Bay's hospitals every week, meticulous but timely planning is critical.

Each of these scans produces a huge volume of data which then has to be collected and analysed so treatment plans can be created without delay.

Now a significant investment in a new software suite called Hermia from Hermes Medical Solutions is helping to ensure this can be done as quickly and accurately as possible.

The Hermia software links nuclear medicine scanners from different manufacturers in the three main hospital sites.

This means specialists who analyse and interpret the data, and write the ensuing reports, can do so in the same way, whatever scanner was used, and wherever they are based – even from home.

Nuclear medicine is a medical specialty involving the use of radioactive substances (radiopharmaceuticals) to diagnose and treat a wide range of diseases such as cancer or heart conditions.

The Nuclear Medicine department at Singleton Hospital, which bought the software, has two new SPECT-CT scanners and one PET-CT scanner.

CT, or computerized tomography, scanners takes a series of X-ray images around the body and uses computer processing to create cross-sectional images – providing more detailed information than standard X-rays.

SPECT-CT and PET-CT scanners obtain a second set of images following an injection of a mildly radioactive pharmaceutical into the patient. They then combine both sets of images to give the best possible result.

"The scanners produce a huge amount of data, from which we form 3D pictures of the inside of the patient's body," explained Head of Nuclear Medicine, Professor Neil Hartman.

"That data has to be analysed and quite a lot of calculations done to get it in the best shape to share with the referring consultant.

"The Hermia software includes normal reference databases derived from many normal scans with which you can compare your findings.

"It also provides complex mathematical models and works

seamlessly with Swansea Bay IT infrastructure to offer searchable storage for thousands of scans.

"Hermia allows you to manipulate data and save it in a way that makes the diagnostic judgement simple, and presented in such a way that you can then share it easily with colleagues."

Between 60 and 80 patients are scanned in Singleton's Nuclear Medicine department every day. But it does not end there.

The Hermia software, also extends to Morriston and Neath Port Talbot's radiology departments, each of which currently has a SPECT scanner with no CT capability.

When consultants refer a patient for any nuclear medicine scan, that referral is checked by one of a four-strong team of specialist consultants who have been licensed by ARSAC (the Administration of Radioactive Substances Advisory Committee) to authorise the use of radioactive medicinal products (radiopharmaceuticals).

The same four consultants then analyse and interpret the data. They are radiologists Dr Alex Powles and Dr Victoria Trainer, cardiac consultant Professor Julian Halcox and cardiac associate specialist Dr Martyn Heatley.

Their reports go back to the original referring consultants who, often following discussion by a multidisciplinary team, will then determine the best course of treatment.

"One advantage of the new software is that it doesn't matter whether the patient was scanned at Neath Port Talbot, Morriston or Singleton," said Professor Hartman.

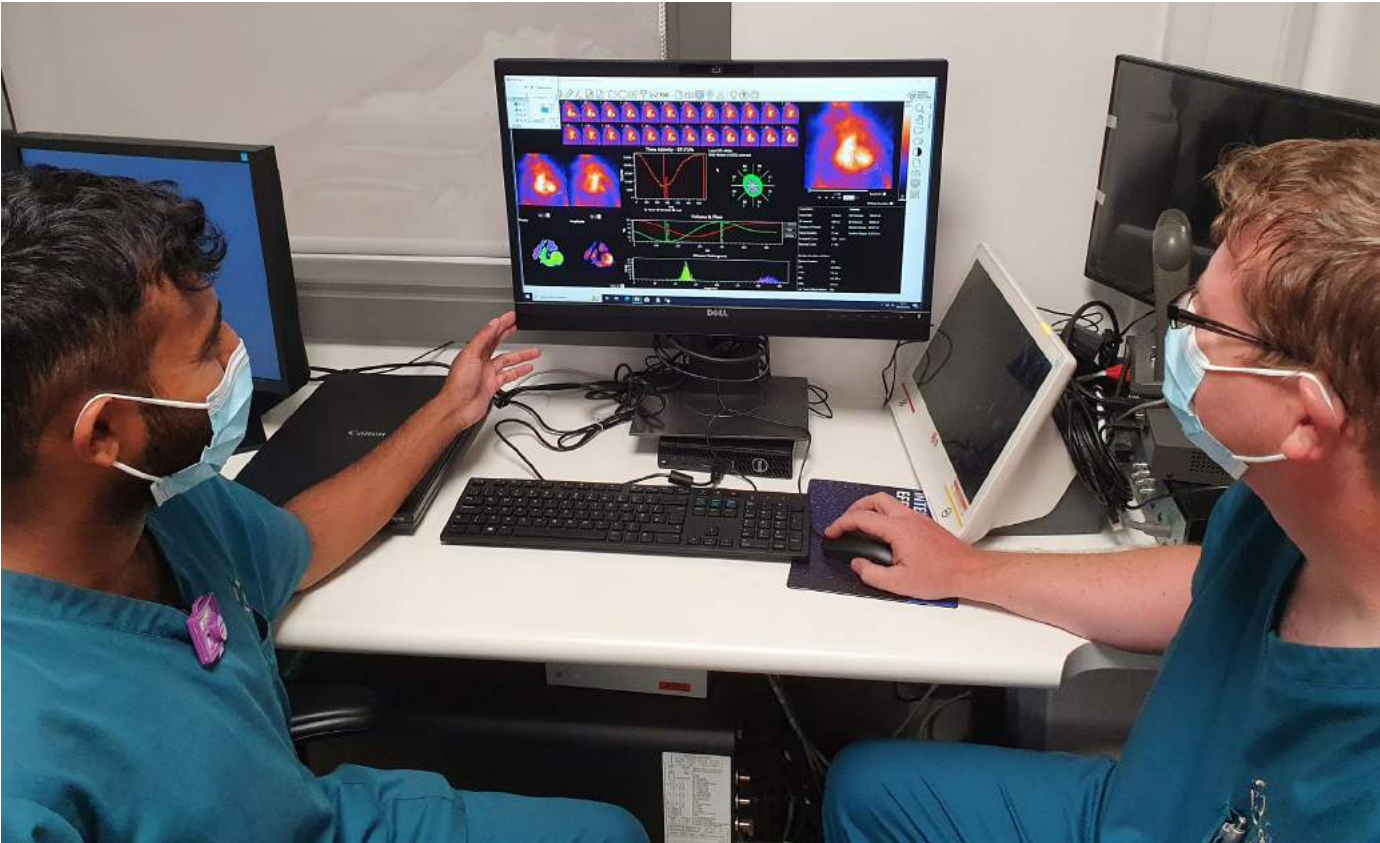
"All four of the consultants who read nuclear medicine scans can do so wherever they are located – even when working from home."

The software will also support another forthcoming development in Nuclear Medicine at Singleton.

Patients requiring a PET-CT scan previously had to travel to Cardiff. But in 2020, Swansea Bay obtained a mobile PET-CT scanner.

It is located outside Singleton Hospital and is used for patients not only from Swansea Bay but those from neighbouring Hywel Dda too.

"Within the next year or so, we hope to establish a new Swansea Bay static PET-CT Centre within the South West Wales Cancer Centre at Singleton," said Professor Hartman. "The new software will help us in that facility too."



Left: technologists Lakshan Chitrakumaran and Charles Willis demonstrate the new software.

Staff and volunteers offer comfort to people at the end of their lives

They are among the most difficult conversations facing health professionals.

Now hundreds of Swansea Bay staff are being trained to give patients at the end of their life additional care and comfort when they need it most.

At the same time, a new team of volunteers has been enlisted to provide extra support and companionship to patients receiving end of life care at Tŷ Olwen Hospice in the grounds of Morriston Hospital.

They often have questions to ask, along with feelings of anxiety, stress and fear about what happens to those they will leave behind.

To help ease those worries, the health board's End of Life Care team is training more staff to become End of Life Champions.

Monthly training sessions are open to all staff. More than 200 of them have become champions over the past year.

Training is delivered across the health board as part of the End of Life Care Team's Parasol Service, based in Tŷ Olwen. It is the first and only team of its kind in Wales.

Parasol clinical nurse specialists Glenda Morris and Philippa Bolton deliver the training, with support worker Sarah Romano a key part of the team.



Tŷ Olwen Hospice volunteer support manager Helen Martin and volunteer Chinch Gryniwicz.



Paul Murray, Vice Chair of Tŷ Olwen Trust (left) and Tŷ Olwen Hospice volunteer support manager Helen Martin (right) with the newly-trained volunteers.

Glenda said: "Death is still very much a taboo subject for many people, which is understandable, but it's something we all have to prepare for.

"For anyone coming to the end of their life, it is a very sensitive time.

"We want to make sure anyone working in the health board is confident enough to deal with patients at the end of their lives in the right way.

"We take the end of life care delivered in Tŷ Olwen out into the health board. We upskill other healthcare professionals in delivering that care.

"Recognising when someone is dying is hugely important. Putting plans in place means the patient and family are prepared for what is to come."

Meanwhile, Tŷ Olwen has welcomed its first seven specially-trained volunteers to an innovative role within the Specialist Palliative Care Service, called Person i Mi (Person for Me)

They offer their time and a listening ear to patients who have life-limiting illnesses, are in the last months of life or may have no or few visitors.

They also give family and friends a chance to take a break

during visiting, knowing one of the volunteers can keep their loved one company.

Volunteers work alongside staff to deliver one-to-one support to patients who may wish to share their stories, worries and concerns.

They can also help with practical tasks like helping patients make phone and video calls to family and friends.

Helen Martin, Tŷ Olwen Hospice volunteer support manager, said: "We believe everyone should have the opportunity for companionship if they wish during their time in Tŷ Olwen.

"It is a difficult role - it can be emotionally draining - so we had to identify people with the personal attributes to meet the role."

Chinch Gryniwicz, one of the first volunteers to be trained, was his partner's carer when she was diagnosed with motor neurone disease.

He said: "The training was very thorough, and it made a big difference in my approach. The role is reciprocal. I help the patients, but I take a lot from it too."

Baywatch aims to turn the tide on patient falls

Hospital staff are launching their very own Baywatch – but to keep people safe on the wards rather than at sea.

They will take it in turns to watch Morriston Hospital patients at high risk of a fall.

Launched this month (December), Baywatch will see dedicated members of staff based within a ward bay where patients have been assessed as being at high risk of falling, making it easier for staff to monitor them.

Working to an hourly rota, they will be on hand to support patients, helping them move around, advising them on appropriate footwear and helping them out of bed safely when they are able to do so.

Louise Jenvey is interim head of nursing for speciality surgical services and lead for inpatient falls improvement at Morriston Hospital.

She said: "We have taken the big step to implement the principles of Baywatch across all wards in Morriston Hospital.

"If a patient wants to get out of bed, it means someone is there to help them and to support them to move safely."

A review of previous inpatient falls at Morriston Hospital over an extended period of time found that the majority of falls happened at the bedside when the patient's desire to move was outweighed by their physical ability, particularly following surgery.

"This initiative will help us to engage with patients and allow us to have conversations with them so that they can make the right decision about how and when to move," Louise added.

"It is a preventative measure to try and support them to be as independent as possible without putting them at risk."

While it will mainly be nursing staff and healthcare support workers taking on the Baywatch role, it is hoped it will

evolve into a multi-disciplinary

"A fall whilst in hospital can and does have a significant impact on a patient, even if they are not physically harmed," Louise said.

"Our aim is to work with our patients and support them in being involved in their recovery from illness, provide them with information and support to make good decisions about how and when to move around and, above all, reduce harm."



Louise Jenvey is leading on inpatient falls improvement at Morriston Hospital.

How to know quality when you see it

The health board has been working at making quality its top priority. Through engagement with patients, staff and our communities we have developed a shared understanding of what quality means to us and how we can place it at the heart of what we do.



Hazel Powell, Deputy Director of Nursing and Patient Experience

A new Quality Strategy

Earlier this year, the health board set about developing a Quality Strategy and building a Quality Management System to support it.

Steve Spill Swansea Bay's Vice Chair and Chair of the Quality and Safety Committee, explained: "Welsh law places a duty of quality on us, meaning that in everything we do we have to make sure that we improve quality and outcomes for our patients.

"And the drive for quality applies to all our care settings from community services, primary care, secondary care, mental health and learning disability care to the services we deliver with organisations outside of the NHS."

Deputy Director of Nursing and Patient Experience, Hazel Powell explained: "The strategy sets out our ambitions for improving quality for the next five years but we recognise that how we define quality is a moving target. Our Big Conversation needs to keep going so that we don't lose sight of whether we need to change our priorities to deliver on our promises.

"We want to develop a quality management system that supports our staff in doing the right thing, every time."

The past few years have been a shock to the system like never before for the NHS. COVID-19 has put services under intense pressure, all over Wales and across the UK. Resources have been stretched, waiting lists have strayed in the wrong direction and meeting our staff recruitment and retention goals has been a big challenge.

Despite sometimes hearing talk of the pandemic being behind us now, the challenges it has brought with it have transformed the NHS landscape forever. It's forced us to face and solve new problems, to adapt and develop new approaches and to see things through a different lens. All of which has helped us to learn, develop and grow together.

We're an ambitious health board in Swansea Bay, with a talented and dedicated workforce, and we recognise that with every challenge comes opportunity. Our chief executive, Mark Hackett, has shared his vision for the future and it's not about getting back to normal. It's about raising the bar, improving standards, allowing staff to achieve their potential in jobs that they are proud of doing and making things better for our patients. In short, it's about better quality healthcare.

As we recover and reset, we are ramping up our commitment to quality as our top priority. We want to learn when things go wrong, as well as when they go right, to help us make sure that we are always giving the best possible care.



“ In my role, I look at the quality of the staff experience and how we recognise staff for the hard work they do. ”

Emma Arnold
OD Lead Facilitator / Staff Experience

But what exactly does the best care look like? We all come to work and strive to do the very best that we can. Going above and beyond is engrained in how we work. But how can we know that what we are achieving together is good enough?

Our leadership team have just launched what they call Our Big Conversation, an opportunity for staff across the health board to share ideas, knowledge, expertise and experience so that we can learn together about what we do well and what we can do better.

"For me it boils down to this" said Mark Hackett. "What would I want for my family and friends? If it feels good enough for them, I want everyone else to know how good that is. And if it doesn't feel good enough for them, I want to do something about it."



Beth yw ansawdd dda?

Ymunwch Â'N SGWRS FAWR

A gadewch inni barhau i wella gyda'n gilydd

Mae angen i ansawdd y
gofal rwy'n ei gynnig
fod yn ddigon da i mi fel nyrs.

"Ac i mi fel mam."

Rebecca Davies
Deputy Head Of
Nursing
Dirprwy Benmaeth
Nyrsio

What does good quality
look like?



Join OUR BIG CONVERSATION

and let's keep getting better together

"The quality of care I
provide needs to be good
enough for me as a nurse.

"And for me as a mum."

Dysgwch fwy a chymerwch ran.
Chwiliwch am 'Strategaeth Ansawdd'
ar fewnwyd y staff.



GIG
CYMRU
NHS
WALES
Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

Find out more and get involved.
Search 'Quality Strategy'
on the staff intranet.

What good quality should look like

Engagement with staff, patients and families around our Quality Strategy has helped shape the health board’s priorities for quality for the next five years. Our Quality Management System, which underpins the strategy, will provide the Board with monthly updates, showing where we are doing well and where we need to do better.

The board’s Executive Director of Nursing, Gareth Howells, said: “For us to achieve high quality care we must ensure that we have the right people, in the right place, doing the right things at the right time.

“But ultimately, this quality strategy is about people. Having listened to our patients, our staff, and our communities we’ve developed four key quality ambitions to help us deliver the best possible care – first and every time.”

Our quality ambitions are ...

Delivering safe and reliable care

By ‘safe’, we mean that no avoidable harm should come to patients when they are in our care. And by ‘reliable’ we mean the delivery of consistent care that patients know they can depend on. At its simplest, we want to deliver on our commitment to quality in every area, while ensuring as few things go wrong as possible.

Our strategy will help improve patient safety and reduce avoidable harm. Collecting and analysing data around patient safety incidents will help us cut out ‘never events’ (things that should never happen whilst patients are in our care). It can also help ensure that we’re prescribing

“ Quality is everyone’s responsibility. It’s about the whole team engaging in providing safe and effective care at all times. ”

Kellie Bateman
General Surgery Registrar



the right medicines, in the right way and help us to understand, measure and reduce potentially avoidable hospital deaths.

An organisation that our communities and patients are proud of

The challenges of Covid-19 have in some ways made communication with patients and their families even harder but they have also led us to discover new and innovative ways to reach out. But there is still more to do.

Our patients and their families are incredibly important to us, and we recognise their first-hand experiences are vital for us to continue to progress and learn. So better quality care means giving them a voice and listening to what they can help us understand, especially those people whose views are heard less often. We already have several ways that people can get involved in our work and will look to how we can increase those opportunities and give people the support they need to play a part.

Some communities are more at risk of poorer health than others for a variety of reasons. We firmly believe that there is no quality without equality, for our patients and for our staff. Our priority will be to make sure that we provide the same excellent quality of service for all those we serve.

We also know that Welsh speakers can face some specific issues when needing care. For some, receiving care in the Welsh language, when they are at their most vulnerable, is essential to maintaining dignity and respect and we will support staff in identifying, understanding, and meeting their needs.

Empowered staff

We all have a role in improving quality. Involving and listening to our staff on the ground is crucial. We need to learn what helps or hinders them in making positive changes to patient care while also asking how we can make improvements within teams to improve the quality of care?

How staff feel about what they do and where they work is really important. Staff who take pride in their work tend to be happier, more motivated and more productive, which in turn translates to better quality care and a better experience for patients.

High quality, accessible services, now and in the future

Providing the treatment our patients need, when they need it, is crucial. We know how waiting for care can be worrying for patients and that we must do more to reduce waiting times.

For us to address some of the challenges in unscheduled care, it is important that we have room in our hospitals to care for those who need to be there, and that we provide care for people in the community when that is the best place for them to be.

Cancelled operations can also be very distressing for patients. It is also frustrating for our staff and detracts from the high-quality care that we want to deliver. We’ll use data to better manage specialist bed availability and variations in demand for emergency care to help us reduce cancellations.

Working together to deliver for patients

Deputy Director of Nursing and Patient Experience, Hazel Powell, said: “Achieving these goals will take a huge team effort. We believe that our strategy shows our commitment to making changes to how we work, so that the quality of care we provide to our patients is at the heart of everything we do.”

Interim Head of Quality and Safety, Angharad Higgins, added: “Understanding what matters most to patients, measuring how good we are at delivering that and knowing where we stand relative to the best, means we can understand what needs to be done to deliver the quality of service we all want to see.”

“By making sure we then have the right skills, tools and resources in place to deliver it, we can ensure the best possible quality healthcare all of the time for all our communities.”

To find out more about our Quality Management System, to access our quality and safety hub, and to find out how you can get involved search ‘Quality Strategy’ on the staff intranet.

New era for Acute Medicine Service

It’s an aspiration which has spanned a decade or more, but at last acute medicine in Swansea Bay is evolving into the new single-site model – ready to meet the challenges of caring for our aging and complex-needs patients.

Over the last year a huge amount of work has been underway reorganising acute medicine, focusing mainly on our workforce to find the best ways to deliver the new-look service on one site while keeping staff wellbeing a top priority.

Combining our acute medical intake into Morriston Hospital and launching our new Acute Hub is one of the largest service changes the health board has undertaken. December 5th saw the start of the first phase of the new Acute Hub at Morriston Hospital. Further changes to how acute medicine is delivered will be rolled out over the rest of December and January, with phase two from February onwards.

The new Acute Unit, also known as the Acute Hub, has 45 beds and Same Day Emergency Care (SDEC.) Medical wards at Morriston have also been re-designated to support a number of medical specialities, and there is a dedicated discharge lounge for 15 patients.

These vital changes are happening with the creation of the new Division of Medicine, led by Associate Group Director Fiona Hughes, Divisional Clinical Chair Dr Rhodri Edwards, and Interim Head of Nursing Emma Mitchell. Morriston Hospital’s Medical Director, Mark Ramsey, was also instrumental in helping to get the new division and service changes underway.

Swansea Bay’s newly appointed Divisional Clinical Chair for Medicine, Rhodri Edwards, is a Consultant Geriatrician. His professional expertise caring for older people matches the profile of the vast majority of our patients (almost nine out of 10 patients on our wards are elderly.)

The Acute Hub provides a sharper focus on front door assessment and treatment within 48 hours to avoid unnecessary admissions – so many more of these elderly people can now go home instead.

Rhodri, who successfully launched the ICOP (Integrated Care of Older People) service at Singleton Hospital, said: “The majority of patients in hospital are older. Historically we haven’t been terribly good at organising care around the needs of these patients.

“It’s still true that most older people in hospital aren’t necessarily under a dedicated geriatric team with access to the benefits of specialist multidisciplinary teams.

“I think this has been an opportunity to design a system that’s better for this group of patients.

“All patients need easy access to high quality acute hospital care when they need it, and then being able to be transferred back to the community as quickly as possible sometimes with an ongoing plan for treatment and rehabilitation.

He added: “It’s been a long journey to get to this stage. Workforce and bed capacity have been important issues to address. There have been expectations of creating an acute medical hub for a long time and almost everybody thinks that’s the right thing to do which is such a positive thing.

“Yes there are some anxieties and concerns, but those are about specific issues. Nobody’s questioned that it’s right

thing to do as a clinical model, which I think is a really good thing.”

The new Acute Hub has assessment beds for patients for up to 48 hours, and its SDEC service benefits from a major GP input, making the best use of experienced general practitioners.

The Acute Hub supports the Emergency Department, taking on a large proportion of medical patients who traditionally had gone through ED. Under the new acute medicine model, ED will in future be better able to focus on major trauma and 999 emergencies like stroke and cardiac arrest.

Rhodri said: “In Swansea we will have our own dedicated acute medical unit where patients will be assessed quickly and efficiently, and there’ll be in reach from lots of different medical specialities.

“There will be a real focus on that first 24-48 hours of people’s admission to hospital, and I think we’ve struggled to do that historically. This is an opportunity to get that much better.

“There is an acute older people’s assessment area with 15 dedicated beds for older people, and that will have access to the multi-disciplinary team and all the things that we’ve been working on, like OPAS (Older Persons Assessment Service) and ICOP, but consolidated in one place.

“These pieces of the wider jigsaw are coming together, with the opportunity to deliver at scale.”

Rhodri added that the new model would also help address inequalities of access in the system.

“Previously patients admitted to Singleton needing access to specialist services such as renal or orthopaedics sometimes struggled to get that support. Whereas with us all on one site we’ll have much better equality of access to all those services for all the patients.”

He said he wanted to develop a culture within the Division of Medicine where all colleagues felt valued and had a genuine sense of ownership of their roles in the organisation.

“This is critical as two departments of medicine merge together. I would want all colleagues to feel engaged in an organisational plan to develop their speciality.

“I want to create an ethos where quality improvement and acute medical care are valued, and colleagues feel empowered to work collaboratively to improve services. I wish to foster a strong learning culture where improvements in safe patient care are prioritised.”

He said that excellent trainees were at the heart of any successful healthcare organisation.

“The Division of Medicine must genuinely prioritise and value education and training in all its activities.”

Integrated care was also key, he said, with the division working effectively with colleagues to overcome the traditional barriers between health and social care, primary and secondary care and physical and mental health.

Working alongside Rhodri are four clinical directors, 11 clinical leads, and directorate and service managers.

The four clinical directors include Dr Chris Hudson and Dr Sophie Henson who will focus on a number of specialist medicines. Chris has stroke, neurology, diabetes/ endocrine and care of the elderly. Sophie has endoscopy gastroenterology and respiratory.



Dr Rhodri Edwards, Divisional Clinical Chair

Dr Liz Davies, whose remit is urgent care, is the clinical director for emergency medicine, the Minor Injury Unit at Neath Port Talbot Hospital, acute medicine and same day emergency care. The clinical director for renal is Dr Clare Parker.

For full details of the new Medicine management structure, please see the intranet.

Phased roll-out

In this first phase, all medical patients are assessed in AMU, with the new short stay frailty and short stay medicine beds being used for patients who would otherwise require admission. Downgraded 999s and Treat and Transfer patients are longer transferred to Singleton Hospital.

The new Division of Medicine and associated leadership changes are in place, along with specialty ward alignment at Morriston. At Singleton we’ve started bringing together clinically optimised patients who are ready for discharge into dedicated wards and the Single Access Unit GP referral service began to reduce as patients are directed to the Acute Medical Unit. At Neath Port Talbot we will be centralising rehabilitation following a programme led by community teams to safely discharge clinically optimised patients.

After the New Year the weekend GP intake moves from Singleton to Morriston and the weekday GP intake will finish from 23 January when the SAU will stop taking patients who will now all access the new service at the Acute Hub.

Phase 2 of the redesign starts in February with centralisation of all of acute medicine at Morriston including medical teams and Dyfed and Tawe wards’ reconfiguration work complete. Centralisation of rehab will be underway and the interim 120 beds for clinically optimised patients will be operating at Singleton while new programmes are implemented. This is to increase their safe discharge and end the poor experience for these patients who no longer need to be in hospital.

Morrison’s fracture clinic opens

A new £2million purpose-built fracture clinic is increasing time dedicated to patient care and cutting waits on treatment after opening at Morrison Hospital.

The clinic has returned to Morrison having moved to Neath Port Talbot Hospital during the start of Covid to create more space for an intensive care unit.

The service is based where the hydrotherapy pool was previously situated, with Singleton and Neath Port Talbot hospitals now the focus for hydrotherapy services following a public engagement consultation.

The new fracture clinic in Morrison has bigger capacity with more consultation, treatment and plaster rooms along with a dedicated plaster facility. It is based halfway along the main corridor and at the back of the physiotherapy department.

After being diagnosed in either the Minor Injury Unit at Neath Port Talbot Hospital or the Emergency Department in Morrison, patients are then assessed by consultants via a virtual fracture clinic before being treated as an outpatient.

Natalie Heguye is among the patients to be treated at the new clinic after suffering a broken foot.

She said: “My treatment has been really quick and efficient. I’ve been really pleased with the new clinic – it’s new, clean, bigger and looks great. It’s also easier for me in terms of location.



(L-R) Plaster Technician Deb Isley, Student Nurse Likitha Eedara, Clerical Trainee Michelle Azari.

“I’ve been a few times over the last few weeks, and each time it’s been a pleasant experience.”

The move brings further benefits as the on-call consultant is based at Morrison for the duration of the on-call period and not split across sites. Time previously lost to travelling during the on-call period is directed back to patient care and improves the ability to cross cover other clinical activities, such as trauma theatres.

A dedicated plaster facility also prevents delayed discharges where an inpatient previously had to wait for a plaster technician to arrive from Neath Port Talbot Hospital

before they could have a new cast fitted.

Lynsey Gwilliam, Fracture Clinic Sister, said: “It is a fantastic new facility with increased capacity and new equipment which helps improve patient care.

“The move to our new fracture clinic in Morrison also helps in terms of surgical training, while an improved virtual fracture clinic room will allow trainees to join the clinic, which is great for their development.

“Being based in the same area with therapy services also gives patients a holistic approach to their care.”

New Fracture Discharge Service

The transfer of traditionally hospital-based services into the community is making great headway with the launch of the new Fracture Discharge Service.

Older people normally facing a long spell in hospital after fracturing a bone can now leave much earlier, with new targeted support offered to them in their own homes.

This group of patients usually need more help to wash, dress, look after themselves and regain confidence in mobilising than a younger person.

An older person would normally spend around three to four weeks in hospital with a fractured arm, collarbone or pelvis, and five weeks or more with a broken hip.

But with the introduction of the new Fracture Discharge Service they can be discharged from hospital at least 10 days earlier.

Not only can they go home more quickly to recover, but 100 or more hospital bed days a week are expected to be available for other patients.

Multidisciplinary teams from the virtual wards, Older Persons Assessment Service, Trauma and Orthopaedics and the Early Supported Discharge (ESD) services are working together to provide the new service.

Within the first week five Neath Port Talbot patients were able to go home early. Over the next few months - as the service rolls out across Swansea Bay - 10 patients a week are expected to benefit.

Swansea Bay Deputy Medical Director, Dr Anjula Mehta, said: “These patients need input with their pain control and rehabilitation, but in addition also need a bit more help with personal care than a younger person would - like dressing or getting in and out of a chair. Not forever, just for a period until they are able to mobilise better, are pain free, and independent again.

“There was certainly the potential of getting them out into a virtual ward setting, but they needed this additional personal care. So we’re really pleased that the Early Supported Discharge team at Neath Port Talbot are able to provide this input. They go into people’s homes two or three times a day and also provide rehabilitation as part of the patient contact where needed.

“They encourage patients to get up and get things done themselves, they empower them to mobilise and become independent quicker in the comfort of their own home.

“The patients get the medical, nursing, occupational therapy and pharmacological support from the virtual wards team, and the personal care and physiotherapy from the ESD team.

“So rather than keeping neck of femur (hip) fracture patients in hospital for three, four or even five weeks, we are pulling them out at day eight or nine when they are starting to mobilise.

“We wrap everything around the patient that they need at home for three weeks and hopefully they are back to what they were doing before.”

Dr Mehta explained that patients recover faster when they are at home in familiar surroundings. Being at home also reduces their risk of catching infections and losing fitness and muscle mass through inactivity.

The virtual wards model, which is increasingly successful at caring for people in their homes rather than hospital, is helping to reduce lengths of stay in hospital and improve patient flow.

Swansea Bay has an active virtual ward in the eight clusters, with an overall caseload of approximately 240 patients. There has been a two-phase introduction to the virtual wards over the last 12 months, with the final four going live in September.

To date virtual wards have saved in excess of 8,000 bed days and seen a significant reduction in admissions from all clusters.



Dr Anjula Mehta, Swansea Bay Deputy Medical Director

The beds in a virtual ward are the patients’ own, rather than a physical hospital ward. The multi-disciplinary team often meet virtually to plan care, but the actual delivery of care is hands-on. This ensures the right level of assessment and intervention is provided to the patient at the right time in the comfort of their own home.

New groom’s African fundraising challenge

A groom spent what should have been his honeymoon 2,000 miles away from his wife because of a very different matter of the heart.

Dai Jones from Port Talbot underwent life-saving emergency surgery at Morrison Hospital’s Cardiac Centre two years ago.

The swimming pool engineer has always kept fit but his life changed dramatically when he went for a run during the first lockdown.

“I’d only gone about a quarter of a mile and I couldn’t breathe properly,” said Dai, dad to daughters Poppy, 13, Evie, 11, and four-year-old Erin.

His GP referred him for tests at Princess of Wales Hospital, Bridgend, which revealed an aortic aneurism.

This is a bulge in the wall of the aorta, the major blood vessel carrying blood from the heart. It can rupture, causing life-threatening bleeding.

After spending three days in the Bridgend hospital in September 2020, Dai was transferred to Morrison’s Cardiac Centre, ready for planned surgery to be carried out a few days later.

However, on his arrival in Morrison Hospital an Echocardiogram (ultrasound of the heart) showed pending rupture aneurysm with fluid around the heart, which needed an emergency operation.

Consultant cardiothoracic surgeon Aprim Youhana not only removed the aneurism but also found a defective valve, undiscovered since birth, and replaced it with a tissue valve.

Dai spent two days in cardiac ITU, then was transferred to a ward where he remained for a week.

Two months later he developed endocarditis, an infection in the valve, and spent three weeks in Princess of Wales Hospital before returning home to long-term fiancée Rachel.

“Rachel said, you almost died twice in the last couple of months. If there’s anything you want to do in life, you need to go and do it. You don’t know what’s around the corner.

“I’d always wanted to climb a mountain so she said book it – book it tonight.”

Dai settled on Mount Toubkal in Morocco and booked it for September this year. Then he and Rachel decided to get married.

They wanted an early autumn wedding but a Covid-created backlog meant the best date available was two days before Dai was due to fly to Africa.

Although he offered to change it, Rachel insisted otherwise. And so Dai spent six nights in Morocco, with the tough ascent and descent of Mount Toubkal taking place over two days.

Dai funded the cost of the trip from his own pocket, but



Peak of perfection: Dai at the summit of Mount Toubkal

asked for donations for the cardiac ITU at Morrison – raising £1,100.

“They saved my life and I just wanted to give something back,” he said. “Mr Youhana is such a humble person and the staff and the care they provided was just amazing.”

Not long after returning to Port Talbot, Dai was off on his travels again. This time with Rachel, as the couple enjoyed a honeymoon in Naples.

Dai has since returned to the Cardiac Centre to hand over the donation.

Surgeon Mr Youhana said: “I am really delighted to see Dai looking so well and enjoying excellent quality life with his beautiful family after a major heart operation for such a life-threatening heart condition.

“I would like to thank Dai and his wife for their generosity to give up their honeymoon for him to raise funds for the cardiac ITU.”

Elliott gets on his bike to thank hospital staff

A little man with a big heart – and strong legs – has raised more than £1,000 as a way of thanking staff who looked after him in hospital.

Elliott Evans spent almost a fortnight in Morrison’s Oakwood Ward after banging his head.

By way of thanks, Elliott raised £1,020 through a sponsored cycle ride along Swansea seafront.

The donation is being divided between the Children’s Emergency Unit (CEU) and Oakwood Ward at Morrison Hospital.

Sam, a nurse who worked in the CEU but is now with The Grove Medical Centre in Uplands, said they had been in a park in the Afan Valley when Elliott banged his head twice in a matter of five minutes.

She checked him over and he was fine, only for him to complain of feeling unwell on the drive back to the family home in Sketty.

Elliott was assessed by CEU consultant emergency paediatrician Clare Dieppe.

“He initially had symptoms of a concussion. He had slurred speech and wasn’t walking properly,” said Sam.

“He seemed okay and didn’t need any CT scans. But as we were about to go home, he deteriorated back to what he was when he originally came in.

“Dr Dieppe ordered a CT scan. There were still no signs of concussion and then he got moved from being in the CEU



Elliott reunited with Dr Clare Dieppe, who first saw him when he arrived at the Children’s Emergency Unit.

down to the main ED. From there he was taken to Oakwood Ward.

“It was found that he had a brain infection, which was a coincidental find.

“He was looked after on Oakwood for 12 days. He was six when he came into hospital and seven when he left.

“He’s back to himself now. You would never realise he had been unwell.”

Sam suggested a sponsored bike ride and Elliott was fully on board. The route was from the Pump House in Swansea Marina to Verdi’s in Mumbles. Elliott was accompanied by

Sam, dad Andrew, sister Eilidh, aged nine, and uncle Chris Evans.

Donations flooding in from family and friends.

“My stepdad John McCulloch put in £100 to begin with and then added another lot of money,” said Sam. “Grove Medical Centre also did a baked potato day and donated the proceeds to the fund as well.”

Along with his family Elliott visited Morrison Hospital with the proceeds of his fundraising. There he was reunited with Dr Dieppe in the CEU, and with paediatric matron Sarah James.

Swansea Bay leads the way with inhaler recycling project

A group of Swansea Bay pharmacies are leading the way in Wales with an inhaler recycling project which could help the fight against global warming.

Each year thousands of empty plastic inhalers are sent with household waste to landfill or popped in plastic recycling containers after they've been used by patients with respiratory conditions like asthma.

However, the inhalers are not completely empty. They still have residual gases in them which contribute to global warming.

Now, as part of a trial, used inhalers are being disposed of in a greener way to stop these gases escaping.

Eight pharmacies in the Upper Valleys Cluster are involved in the pilot, which sees all elements of an inhaler recycled for plastic and metal while remaining gases are compressed and reused in refrigeration equipment.

Patients can return inhalers which are no longer needed to the following eight pharmacies: Vale of Neath Pharmacy, Resolven Pharmacy, Davies Chemist Ltd in Ystalyfera, Dyffryn Pharmacy, MW Phillips in Seven Sisters, MW Phillips in Crynant, Well Pharmacy in Pontardawe and Well Pharmacy in Cwmllynfell.

The project could be rolled out across the health board and country.

The pilot, the first of its kind in Wales, follows an initial trial which encouraged patients to return inhalers that were no longer needed after a survey revealed 90 per cent of patients were disposing their devices in general waste or plastic recycle bags.

In total, 1,249 inhalers were returned during the trial at the Vale of Neath Pharmacy over the course of a year.



L-R Niki Watts, Upper Valleys Cluster Lead Pharmacist; Amy David, Primary Care Pharmacist; Oliver Newman, Pharmacy Senior Project Manager.

These devices were then incinerated rather than sent to landfill in order to prevent greenhouse gases leaking into the atmosphere.

Niki Watts, the cluster's lead pharmacist, said: "I ran a survey to find out why patients weren't dropping their recyclers to the pharmacy because just two were returned in a few months.

"The general consensus was they thought they would be recycled if disposed of in their household recycling, which isn't the case. So patients did not realise that their method was having a negative impact on the environment.

"We educated patients on this and it has proved very effective in what we're trying to achieve with recycling inhalers."

Rhian Newton, Head of Prescribing and Medicines Management, added:

"We would like to thank patients for their continued support to this extremely important project and for playing their part in ensuring we, as a collective, reduce carbon emissions in line with the green agenda."

Suicide prevention – we can all make a difference

Jayne Whitney, Swansea Bay's lead for suicide reduction and prevention, explains how reaching out to someone in distress can help save their life.



This time of year can be hard for many people, particularly if they are lonely or bereaved.

Recognising that someone is struggling and reaching out to speak and listen to them can make all the difference.

The loss from suicide is devastating, so it's important we feel able to support our friends, family, colleagues and patients to do what we can to prevent it.

The evidence base is very clear, normalising and talking openly about our mental health and suicide can and does save lives.

All of us can do something to make a difference, so it is essential that everyone has basic knowledge of suicide awareness. It is as important as other

golden hours of early interventions such as CPR, stroke, choking and sepsis.

We need to remove the stigma and confidently support someone who may be struggling by reaching out and talking to them.

Suicide can be a preventable and avoidable death if the risk factors of individuals, groups or populations are addressed. Stigma surrounding suicide remains a cause of concern, as this can isolate and stop those in crisis from seeking help and prevent those bereaved from suicide from asking for support.

See, Ask and Signpost is a way to help to our colleagues, patients and families and is underpinned by compassion, humanity, kindness and empathy. It can offer someone an opportunity to seek alternatives to suicide at a time when they may feel trapped, a burden to others or see no way out of their pain.

Survivors of suicide tell us that hope, and having a space and opportunity to talk to someone who is willing to listen, can make all the difference in what is often a temporary and overpowering emotion. It does not mean we expect everyone to be experts or counsellors. The biggest gift we can give someone is our time and kindness, and to let them know they are not alone.

SEE: Recognise why someone may be at risk of suicide by knowing what to look out for.

ASK: If you worried about someone ask them if they are OK and start a conversation. Encourage those in distress to tell their own story in their way and at their pace. Engage in active listening. Don't be afraid of asking the direct question "are you thinking of suicide?" or "are you thinking of killing yourself?"

KEEP SAFE/SIGN POST: Make sure you have details of organisations and know what to do if someone needs support and help urgently.

React and Suicide Awareness training Level 1 is open to all staff groups no matter what your grade or occupation. It helps you to gain the skills and knowledge to have a savvy psychological conversation with our colleagues and peers.

Suicide awareness helps us to gain the courage and skills to reach out to someone when they are at their most vulnerable and supports us to look after our own mental health wellbeing. Please see the intranet to book onto a session which are held weekly throughout the year.

Morrison team becomes UK leader for open-heart surgery patient safety

A checklist created by cardiac staff in Morrison has seen the hospital become a UK leader in the safety of patients having open-heart surgery.

Fewer patients there now have to be taken back to theatre because of post-operative bleeding than anywhere else in the country.

It's down to a national award-winning checklist the cardiac surgical team developed to identify and correct all possible causes of bleeding before the chest is closed.

The benefits are huge, not only in terms of patient outcomes but also in the use of precious NHS resources. It also means fewer planned operations have to be cancelled, and has led to improved staff morale.

Post-operative bleeding is a common but major complication after open-heart surgery. From previous work in the cardiac surgical unit, the causes for return to theatre for excessive post-operative bleeding were identified.

The source of bleeding could be surgical, requiring further suturing, or just as commonly due to problems with deranged coagulation – a condition that prevents formation of blood clots.

Cardiothoracic consultant surgeon Pankaj Kumar said: "There is a return to theatre rate in every cardiac centre in the UK and indeed the world over.

"Over seven or eight years, our return to theatre rate was just over four per cent. A range of two to eight percent is recorded nationally and internationally, so ours sat in the middle of the pack."

Mr Kumar said various checklists were used around the world but they were not universal. So the cardiac surgical team designed their own.

All the team had an input in its creation, and the entire team also runs through the checklist, covering off all potential surgical and coagulative causes of bleeding. Only then is the patient's chest closed at the end of the operation.

The list was introduced for all open-heart surgery in August 2021, and the outcomes of cases before and after have now been compared.

"Some surgeons introduced it before last August in a limited manner, which brought our return to theatre rate down to two per cent," said Mr Kumar.

"But since August it has dropped to 0.7 per cent. That is the lowest rate in the UK now, by a considerable margin.

"The entire team has worked very hard to achieve this positive outcome for patients undergoing open-heart surgery in our unit. The challenge is to hold it there. If we can achieve that, we will be delighted."

Someone who is already delighted is 69-year-old Dave Bostock, one of the hundreds of patients to have successfully undergone open-heart surgery since the checklist was introduced.

In fact, it's almost exactly one year since Mr Bostock, from Llangynwyd, near Maesteg, was operated on by Mr Kumar.

"I had finished my working life but got bored and began doing some work as a caretaker in a large comprehensive school," he said. "I was walking 26,000-27,00 steps every day. "Then I started coughing up blood."

Mr Bostock underwent various tests before it was finally discovered the mitral valve in his heart had split. "My blood wasn't being pumped around my body properly."



Front row (l-r) cardiac theatre scrub staff Chito Fababeir and Victoria Jobson, and Sobaran Sharma, senior clinical fellow, cardiothoracic surgery. Back row (l-r) Mark Vernon, trainee clinical perfusionist, Ian Bennett, senior clinical perfusionist, Pankaj Kumar, consultant cardiothoracic surgeon and Deputy Medical Director, Morrison Hospital.

He was referred to Mr Kumar, who saw him in August 2021. Surgery took place on December 8th last year.

"I had no problems at all. They took me down to theatre at 8.15am and woke me up at 4.30pm. At 4.45pm, I was sitting up, having a drink. I was talking to my wife at 7pm. I was sitting up in bed, quite happy."

A year on, Mr Bostock is doing well. Although he cannot walk as fast as he used to, he no longer gets out of breath. And he has nothing but praise for the Cardiac Centre's staff.

"The standard of care was superlative," he said. "I can't fault it."

And while there are clear benefits for patients, there are also positive consequences for the wider NHS.

One of the most important of these is a reduction in the use of blood products; red cells, fresh frozen plasma and platelets – down by 66 per cent, 74 per cent and 37 per cent respectively.

Reduction in the use of these blood products alone is on target for a saving of around £120,000 over a year's clinical activity.

There are other financial gains. Patients recover quicker, so do not have to spend as much time in the Cardiac Centre's intensive care unit.

"One patient per bed costs around £1,600 a day in the critical care area," said Senior Clinical Fellow Sobaran Sharma, who led the checklist project. "So the length of stay can make a big difference from that perspective.

"Also, when patients have to go to theatre a second time, other surgery due to have taken place has to be postponed.

"The patients and relatives affected are then upset. So there is the human factor, as well as the cost of the session being lost."

This human factor applies to staff too.

Having to be called out, often during the early hours, for these emergency cases needing to go back to theatre for bleeding inevitably has an impact on the team's morale and well-being.

Scrub nurse Victoria Jobson said working through the checklist did not take up any more time but made a massive difference.

She said: "There are only a limited number of us. If we've been in all night then obviously we're not going to be in the next day and, as Mr Sharma said, cases are postponed to another time and that costs money.

"The checklist has stopped us being called in all the time. It has improved our well-being and obviously the patient's well-being."

Cardiac registrar Sam Poon agreed that the list had not only helped with morale but with confidence too.

"A checklist, especially when you are having a long, tiring day, does help because tired surgeons are prone to making mistakes," he said.

"When a trainee is closing a chest and then coming back to theatre, it does have some impact on confidence level as well."

The team has since gone on to win at this year's NHS Wales Awards, in the Improving Patient Safety category. Mr Kumar said the entire team had been delighted to receive it.

What's On

Dates for your diary



December 15th Skin Surveillance Training

To identify staff responsible for identifying a responsible person to ensure regular skin checks are undertaken within their ward/department/clinical area.

December 15th Anticoagulation Study Day

For ward-based qualified nurses involved in caring for and administering oral anticoagulants to individuals on a daily basis.

December 15th SafeCare training

December 15th December audit date

December 15th Datix drop-in session

December 20th Datix drop-in session

December 22nd Datix drop-in session

December 27th Datix drop-in session

December 29th Datix drop-in session

January 17th Mental Capacity Act - Essentials of Mental Capacity Assessments - virtual training sessions

Introduction for students to the essential evidence to undertake mental capacity assessments.

January 26th Mental Capacity Act - The Principles in Practice - virtual training sessions

To set out the aim and purpose of the Mental Capacity Act 2005 with particular emphasis on the application of the principles, to practice.

Join Our Big Conversation

Over the months ahead staff right across the health board will be invited to take part in an exciting new engagement programme aimed at helping us become a quality-focused organisation, where the views of our workforce really count.

Our Big Conversation is being rolled out the length and breadth of the health board. It will involve all staff groups, and include people working in a wide and diverse range of roles.

The health board sincerely values all of its people; whether in paid employment, as volunteers or students. We know that how you feel whilst in work impacts on the experience of our patients, service users and families and the quality of care they receive.

You will be able to get involved in a range of ways – either digitally, by volunteering to be part of Our Big Conversation, or you could be selected and invited at random or as a member of a specific staff group, site or department.

Recognising the diversity and spread of our workforce across hospital sites, the community and those who are agile workers, Our Big Conversation will roll out in a number of phases. Look out for further communication on sessions that will run across all sites over the coming weeks and months.

For further details, please contact us via the following e-mail address SBU.BigConversation@Wales.nhs.uk



Charity and Events

Children's charity Christmas card competition

Children from across Swansea Bay have been helping to spread some festive cheer – and raise money for a very good cause too.

Earlier this year, Swansea Bay Health Charity, the health board's official charity, launched its second annual Christmas card competition.

The response was amazing, with more than three times the number of entries as last year's inaugural competition.

Limited edition packs of the cards went on sale last month, with proceeds going to the charity's Helping Hands fund.

This is for projects that do not fit neatly into the dedicated funds, but which staff have identified as being of help to those who spend time in our hospitals and health centres.

The winners of this year's competition were Riya Susan Scavia, Bishop Vaughan Catholic School; Daphne Mawer, Burlais Primary School; and Isobel May Thomas, Cila Primary School.

The competition was judged by health board Chief Executive Mark Hackett, who said: "The standard was extremely high and it was very difficult selecting the three winning entries."

There were five winners last year. Unfortunately, Covid meant it was not possible to have the cards printed.

So packs of all eight winning cards have been on sale for £3 each. However, they have been selling fast and at the time of writing, very few packs were still available.



Health board Chair Emma Woollett with the eight winning cards in support of Swansea Bay Health Charity

But there is another way you can support the health charity – and it won't cost you a penny.

Many people will be ordering gifts and goodies, for Christmas and in the sales, through the internet.

But if you choose to use Amazon Smile – a website run by the online retail giant – you will generate a donation to the charity.

Amazon Smile has the same range of products for the same price as the main Amazon site. But it donates 0.5 per cent of the total spent, at no cost to customers.

You can access the website, smile.amazon.co.uk, using your existing Amazon log-in details. When asked to pick a charity, tap in 1122805 – which will then display Swansea Bay Lhb Charitable Fund And Other Related Charities.

After that you just carry on shopping – knowing you are doing your bit to help others.

A seasonal message from our chaplains

The Department of Chaplaincy and Spiritual Care welcomes all who are reading this, to take a behind the scenes peek at the workings of our department.

Despite the reputation of being called when a death is imminent, it may surprise you to know that so far in 2022, our small team of chaplains have:

- ▶ Worked across eight sites and units
- ▶ Supported over 2,800 patients and families
- ▶ Helped more than 280 members of staff
- ▶ Provided 40 training sessions with 1,000 staff and students
- ▶ Received 20 student nurses on placement in the department
- ▶ Conducted 15 funerals and two memorial services
- ▶ Organised two hospital weddings
- ▶ Arrange two Books of Condolence following the death of HRH Queen Elizabeth II
- ▶ Organised three major religious event
- ▶ Represented chaplaincy at around 55 meetings
- ▶ We were also nominated for an award

We know that this year has been tough for many people, both globally and locally, and we have loved the opportunity to draw alongside patients and families, staff and students in order to support and journey with them.

We are often asked: "How can you do this difficult work?" Our answer lies in the hope that we have.

Just like those who welcomed the birth of the Christ child, Jesus and hoped for better things to come, we too, look to Christmas as a time to be thankful for what has passed and look forward to better things to come.

Wishing you all a blessed and peaceful Christmas.

Reverend Tracey Pycroft, Head of Chaplaincy and Spiritual Care.

On Behalf of the Department of Chaplaincy and Spiritual Care.



Reverend Tracey Pycroft, Head of Chaplaincy and Spiritual Care



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