



Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

HSC(6) 27-23 PTN 29

Cadeirydd: **Emma Woollett**  
Prif Weithredwr/Chief Executive: **Mark Hackett**

**gofalu am ein gilydd, cydweithio, gwella bob amser**  
**caring for each other, working together, always improving**

**Pencadlys Bwrdd Iechyd Prifysgol Bae Abertawe**

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Rydym yn croesawu gohebiaeth yn y Gymraeg ac yn y Saesneg. We welcome correspondence in Welsh or English.



Dyddiad / Date: 30<sup>th</sup> August 2023

Russell George MS  
Chair Health and Social Care Committee  
Welsh Parliament  
Cardiff Bay  
Cardiff  
CF99 1SN

Dear Mr George

**NHS Waiting Times**

I refer to your letter of 26 July 2023 regarding the above and your request for a response to the issues raised in the annex of your letter in readiness for the general scrutiny session with the Minister for Health and Social Services on 8 November 2023. As requested, please find attached the response from Swansea Bay UHB.

Yours sincerely

**Mark Hackett**  
**Chief Executive**



## Recovery Targets

***1. The data released on a health board by health board basis shows there is variation across health boards about the length of waits in different specialties and progress made in tackling the waiting times backlog. Which specialties are most challenging for your health board, and what action is being taken to address the waiting times in those specialties.***

The Health Board has waiting time challenges in a number of specialties most notably orthopaedics, spinal surgery, general surgery, ENT, plastics and OMFS.

The development of new orthopaedic and spinal elective surgical hub at Neath Port Talbot Hospital (NPTH) is part of the key strategy for the Health Board in reducing waiting times in these two specialties. Confirmation of funding for the revenue stream to support the three additional theatres has recently been received and the first of the three new theatres will be delivering additional activity with effect from 28 August; the other two theatres are expected to come on line in October and January when recruitment and training of staff will be completed. In the interim the Health Board plans to insource staff to maximise the use of the three theatres from September onwards. In addition, the health board is working with Hywel Dda to deliver a regional approach to the delivery of orthopaedics with low complexity high volumes patients accessing NPTH and more complex patients accessing Prince Philip Hospital for their care; in addition to the most complex continuing to be treated in Morriston.

For the remainder of the surgical specialties there are a range of insourcing, outsourcing, and waiting list initiatives solutions which will support the reduction of waiting times.

An additional business case to support a similar expansion at Singleton Hospital for the other surgical specialties is currently being developed by the HB. Which will ensure sustainable service solutions for all specialties.

***2. What role have you/has your health board had in advising the Minister for Health and Social Services on setting the current targets (including in relation to which specialties are, or are not, included). Should health boards have a greater role in identifying the targets.***

There was no contact with the Health Board from the NHS Executive or Welsh Government to advise on the setting of the Ministerial Targets. In addition, the original allocation letter of the Planned Care Recovery Funding, prior to the targets being announced, was very prescriptive regarding utilising funds for diagnostics, critical care, and cancer. There was a limit to the funding available to meet the Ministerial Targets

It is our opinion that that there would be consultation with Chief Executives and Chief Operating Officers to enable realistic, deliverable stretch targets are established, which can be resourced effectively.

**3. The Welsh Government's Planned Care Recovery Plan sets out five recovery targets for health boards to deliver. The first two targets have been missed. Can you confirm whether your health board is on track to meet the revised targets (in relation to target 1 and 2) and to meet the other three targets on time. What do your current projections show in terms of when your health board will achieve each of the recovery targets.**

Whilst not achieving the first two targets, the Health Board made satisfactory progress towards meeting the initial two recovery targets and exceeded the trajectories submitted to Welsh Government by the end of March 2023.

The Health Board did not meet the 52-week waiting target for outpatients set for June 2023, with breaches primarily in orthopaedics and a small number in orthodontics. There was not an expectation for the target to be met in orthopaedic, due to the size of the challenge created by the repurposing of outpatient capacity during the Covid pandemic. The orthodontic breaches occurred as a consequence of a clinic being cancelled late in June, but at the end of July orthodontics was also compliant. It is anticipated that the orthopaedic breaches will be cleared by October 2023 and from that point forward the Health Board will remain compliant with this target and working towards the 36-week target set for March 2024.

With regards to the 97% and 99% targets for 104-week breaches, this will be a considerable challenge for the organisation in the areas highlighted above. However, with confirmation of the additional funding the Health Board is in a position to achieve these targets. This investment alongside service change and transformation is required to meet the targets by 31<sup>st</sup> March 2024.

### **Workforce**

**4. Are there particular specialties or roles in relation to which your health board is facing specific workforce challenges in relation to recruitment and/or retention. If so, what actions are being taken to address them, and are these included in your IMTP (please can you provide the Committee with a copy your latest IMTP).**

At the start of this year, service areas reported ongoing difficulties recruiting to the following specialties/ roles:

- Nursing, particularly relating to mental health and learning disabilities.
- Allied Health Professionals, including diagnostic radiography and dietetics (due to an aging workforce and national shortage), psychology (due to a significant demand for services post-covid compounded by difficult pathways to access the profession) and a number of smaller specialities in Therapies and Health Care Sciences:

In addition, following a review of the Quarter 1 annual plan delivery milestone updates and risks for this year, service areas have raised some challenges around an inability to recruit:

- Endoscopy nurses.

- Pharmacy resources for defined projects; and
- Roles to open the elective surgical hub (e.g., anaesthetics).

We have had significant success recruiting in all specialties for junior medical staff with an increasing number from overseas. We still have some challenges at a consultant level in Anaesthetics and Psychiatry.

Many actions are underway to address these challenges, the majority of which are highlighted in our IMTP.

- Some areas have strengthened their “grow our own” approach, including psychology, radiography, and endoscopy e.g., there is an increase in the number of staff undertaking level 3 & 4 education routes which assists with skill mix in difficult to recruit professions and also acts as a gateway to registrant roles, including nursing.
- Swansea University recently introduced a new BSc in Learning Disabilities and ODP programmes which will facilitate local recruitment (previously only offered by Cardiff University)
- The Health Board have been running apprenticeship events aimed at managers to showcase the potential benefits of introducing further apprenticeships within the Health Board
- External events across local communities, including school/colleges and job centres, have taken place to raise awareness of roles and opportunities within the HB. An example includes a recent school visit by our pathology service, which received excellent feedback from the pupils.
- There has been an increase in the development and introduction of new roles in the Health Board, including physician associates and anaesthetics associates.

There have also been a number of corporate Workforce and OD actions including:

- A major overseas recruitment programme which has attracted over 450 additional nurses over 18 months.
- A focus on job/role redesign in nursing with recruitment to non-registrant posts in the services to reduce demand for registrant staff.
- An increase in the number of nurses recruited ethically from overseas to fill nursing gaps and initiatives to improve their retention (e.g., cultural conversations)
- Expansion of the Health Board’s Central Resourcing Team (CRT) which aim to improve the recruitment experience of nursing and HCSW candidates. In 2022/23 when the CRT was first established, it supported the recruitment of over 300 band 5 nurses and reduced the time taken from initial vacancy creation to unconditional offer by 30 days.
- Our recent launch of SBUHB recruitment brand marketing materials working with a marketing agency.
- Our ‘big conversation’ engagement event with our staff which has been used to inform our retention strategy and plans e.g., reviewing flexible working and opportunities to resolve issues before employees leave.

**5. What actions are being taken in your health board to improve working conditions and wellbeing for healthcare staff. Please provide information about the usage and costs of temporary and agency staff in 2021-22, 2022-23 and 2023-24 (position to date and any projections for the end of year position).**

Staff wellbeing is a priority for the Health Board to ensure we have an engaged, motivated, and resilient workforce, which provides high quality and effective care for our patients.

The effective improvements in staff working conditions and wellbeing comprises of three main areas:-

- To provide support and access to wellbeing services to deal with staff concerns or stresses at work.
- The fundamental development of effective teams which are well led, have a clear vision and plan and engage team members effectively in how the work is done.
- A fundamental redesign of how the work is done, for example, the drive to separate emergency and elective services the Health Board operates.

These latter two have been a fundamental mark of our approach to improve the leadership, culture and behaviours in our Health Board – and at the same time enabled us to radically change the disposition of services to tackle long standing capacity, productivity and working practice issues. There is often insufficient attention paid to these areas compared to “investment” in staff wellbeing as evidence suggests this alone will not improve staff recruitment, retention and satisfaction.

A successful business case in April 2022 ensured that staff wellbeing services developed during the Covid-19 pandemic were permanently funded to maintain support for staff. These included the TRiM (Trauma Risk Assessment) team who are rolling out preventative and post-incident support for staff and teams; 72 staff are TRiM trained to deliver and support services, 2600 staff are REACT trained and the team have provided 30 bespoke interventions for teams/services after critical incidents.

Additionally, the mental health clinicians in the staff wellbeing service have developed a range of group and 1:1 intervention to support staff who have experienced the psychological impact of trauma, and this has been developed into a Staff Trauma Support Pathway to ensure staff receive timely support for work related and non-work related trauma. This has been shortlisted for the NHS Wales Award in the ‘Enriching the wellbeing, capability and engagement of the health and care workforce’ category - [NHS Wales Awards - Public Health Wales](#)

The staff wellbeing team have undertaken training to support suicide disclosures from staff and over 50 staff have been supported since May 2022, with outcome evidence demonstrating significant reductions in related thoughts and plans at discharge.

The Health Board is working with *Time to Change Wales* [Time to Change Wales](#) to deliver training to challenge mental health stigma in the workplace and so far over 700 staff have attended. This training has been shortlisted in the NHS Wales Awards in the ‘Working Seamlessly across the public and third sector’ category (link above).

Over 600 Wellbeing Champions support their teams with increased awareness of staff support in order to signpost staff and promote national health and wellbeing campaigns.

The Occupational Health team continue to develop digital processes to reduce waiting times for management referrals to ensure timely advice and recommendations to support staff health and wellbeing in the workplace. The team's Physiotherapists are increasingly undertaking prevention/early intervention work-based assessments to provide advice to teams in managing muscular-skeletal health at work.

The Staff Wellbeing Forum commenced October 2022 to share best practice related to staff wellbeing and to disseminate information across the Health Board with related presentations, feedback and improved partnership and collaboration.

Manager training in the use of the work-related stress assessment, Tailored Adjustments and managing mental health at work is helping to increase the skills of managers to support staff wellbeing with early intervention/prevention approaches. In addition, we have developed training on submitting good and appropriate Occupational Health referrals and awareness of wellbeing support.

The service also provides a number of initiatives aimed at employees and line managers on the potential impact of menopause in the workplace, highlighting ways in which all staff experiencing symptoms can be supported to continue being successful in their roles. These include training for all staff who want to take on the role of championing menopause in their area of work – 107 staff trained to date. Menopause for Managers training raises awareness of the All-Wales Menopause Policy for managers, highlighting the related risk assessment and how to use this with consideration of workplace adjustments for managers to support staff in work.

Evidence using standardised outcome measures and staff feedback, suggests that sickness absence may be higher without the support of the wellbeing service as 82% of absentees stated the service helped them return to work sooner and 70% of presenters stated the service helped them remain in work. Evidence also suggests improved productivity at work as a result of staff wellbeing support with 59% of staff stating the service helped improve work performance.

In order to encourage staff to cycle to work the Health Board has installed 13 lockable cycle shelters and extended the timeframe of the Cyle2Work Scheme, which offers staff the opportunity to purchase cycles through a salary sacrifice scheme. We have also increased the limit in order to provide a wider range of cycles, including E-Bikes. These initiatives will support staff health and wellbeing and save on travel costs.

The Health Board has a Sustainability Team that promotes cycling and walking, along with a Green Group and Cycle Users Group, which are staff led and sit under the remit of Sustainability.

The team has implemented/offered:

- Discounted bus travel for staff by partnering with a local bus company.
- Free bike maintenance sessions with 'Doctor Bike'

- Encouraged staff to participate in Cycle to Work Day by providing a free breakfast to those that did.

Sharing HOPE is an arts project delivered across the health board available to all staff groups. Its aim is to highlight the power of sharing stories and capturing Covid recovery, morale, trauma, and destigmatising of mental health. Several teams have accessed this support for team development and used mosaic, beach sculpture and pottery to increase self-awareness and team functioning.

Active August is an initiative aimed at transforming the physical activity culture across the Health Board and encourages patients and staff alike to embrace an active lifestyle and take small steps towards a healthier and more vibrant future. Teams have been encouraged to consider how they can be more active and consider walking challenges, move, and stretch breaks and related initiatives outside of work.

*Our Big Conversation* staff engagement programme has been developed as a vehicle to inform and shape the 'Swansea Bay Way' culture – a values driven, quality focused organisation. This is central to the Board commitment to improve quality. The approach enables the engagement programme to act as a cultural audit tool as a by-product. This engagement allows us to ensure we understand the things that impact our staff. We are working on creating a compact with our Trade Unions colleagues in partnership, which will help us not only enable we focus on the things that our staff say are important, but it will also feed into our HR Best Practice review into the way we manage our staff. (See further below Q7)

As part of the Annual Accounts process the Health Board is required to complete supplementary return FR03 for Welsh Government (WG). The purpose of FR3, as outlined in the Manual of Accounts is to provide information on gross expenditure within staff, commodity, and services groupings. The national consolidation of these statements is used in discussions with Treasury on funding the effect of price movements in pay and non-pay areas. The information is also used to answer Welsh Government and Parliamentary Questions.

As part of FR03 data is provided on staff costing and there is a dedicated section called 'non-NHS staff (agency etc)' for which there is a clear definition of what is included within the section. A summary of that is provided below:

- Locum medical staff where the payment is to an employment agency.
- Private agency staff procured through NHS Professionals on behalf of the NHS body should be included.
- Agency spend procured by the NHS body or NHS Professionals
- Excludes staff employed through a bank (whether organised by the NHS body itself or NHS Professionals)

As extract for the Non-NHS Staff lines for 2021-22 and 2022-23 is provided below:

Non NHS staff (agency etc)	2021/2022 £'000	2022/2023 £'000
Medical	5,543	6,315
Dental	-	-
Nursing, midwifery and health visiting staff	23,691	29,661
Additional Clinical Services - Unqualified Nurses	321	25
Additional Clinical Services - All Other Staff	-	-
Additional Clinical Services - Ambulance Staff	-	-
Allied Health Professionals	490	693
Professional, Scientific and Technical Staff	52	136
Healthcare Scientists	941	1,555
Maintenance & works staff	-	-
Administrative and clerical	2,358	1,843
Estates and Ancillary staff	1,233	188
<b>TOTAL NON NHS STAFF SALARIES AND WAGES</b>	<b>34,629</b>	<b>40,416</b>

The full detail on 2023-24 will not be published in the same format as that in Part 1 above until the completion of the 2023-24 Annual Accounts. However, the actual spend within the Financial Ledger system for the period 1<sup>st</sup> April 2023 - 31<sup>st</sup> July 2023 is summarised in the table below for agency spend only:

Type	YTD @ Mth 4 £'000
Agency - Non Medical	11,677
Agency - Medical	2,228
<b>Total</b>	<b>13,905</b>

**6. Please also provide information about any targets in your health board for the usage or cost of such staff, and outline what actions are being taken in your health board to reduce reliance on such staff (such as setting up the Collaborative Bank Partnership).**

The delivery of the 2023/24 £86.6m deficit plan required cost management and savings delivery of a combined total of £74.1m. There has been a transparency with the Board on the scale of this challenge, but it was felt that it was important to address cost pressures head on, recognising that large elements of both COVID transition and extraordinary cost pressures funding ended on 31st March 2023 and that these were coupled with increasing inflationary pressures against a reducing core allocation.

The Health Board is therefore managing the £86.6m deficit plan by balancing cost, risk, quality, safety, delivery requirements and whilst there are no specific targets for usage or cost of temporary staff, there is a run rate reduction programme which commenced in February 2023. The Health Board's Director of Finance and Performance set out our risk reduction work programme with Welsh Government and NHS Wales Executive colleagues at a formal financial review session held on Friday 28th July 2023.

There was a mutually understood assessment of our position and the wider range of actions we have in train at the moment to continue to de-risk the plan to deliver the



£86.6m planned deficit, which will include a reduced use of temporary staff. As Chief Executive and Accountable Officer is personally involved in driving these activities and we are taking all actions within the scope of our extant deficit plan to achieve the forecast. Some examples of actions and approaches we have already included within our existing plan which will cover temporary staffing are: -

- Reviewed ward and departmental skill mix
- Removed vacancies.
- Devolved targets to front line budget holders
- Restricted agency spends based on % staffing available in clinical areas.
- Increased procurement resource to accelerate and increase non pay opportunities.
- Increased recruitment of registered nurses to reduce agency spend.
- Introduced a Voluntary Early Release Scheme
- Commissioned targeted external expertise to support pressured service areas with capacity and expertise to innovatively address cost.
- Reviewed ward staffing models to change skill mix to release registered nurses to undertake clinical duties.
- Through our Acute Medical Service Redesign (AMSR) Programme we have reconfigured medicine and reduced medical bed numbers in Singleton Hospital from 120 to 30 in line with plan and plan to reduce this further to zero. We have therefore not included further bed reduction within the deficit reduction choices.
- Reduced capacity and realigned wards to reduce agency spend.
- Supported the development of community models such as virtual wards to reduce cost in the acute sector.
- Introduced a weekly escalation process with pressured service groups.
- Ensured that corporate teams deliver savings of equal percentage scale to clinical areas.

***7. Is there evidence from your health board of a causal link between staff retention and the availability of training and development opportunities in the local community or region. If so, what is your health board doing to ensure the provision of such training and development opportunities.***

“Our Big Conversation” staff engagement programme has been developed as a vehicle to inform and shape the ‘Swansea Bay Way’ culture – a values driven, quality focused organisation. This is central to the Board commitment to improve quality. The approach enables the engagement programme to act as a cultural audit tool as a by-product.

This is a continuation of the work undertaken to transform the Health Board’s culture, with a drive to move the organisation’s values from words on a page to something that is a lived experience for all regardless of position within the organisation. It is designed to set out what we “stand for” as an organisation.

Phase 1 of *Our Big Conversation* was launched on 31<sup>st</sup> October 2022 and was rolled out the length and breadth of the health board. It involved all staff groups, students, bank staff and volunteers, and included people working in a wide and diverse range of roles. It was led and overseen by the Chief Executive and supported through a specially convened Task Force, which included members of the Executive Team, a dedicated programme manager, the Director of Communications, and the senior lead for stakeholder engagement. The role of the Task Force was to ensure timely delivery, a coordinated and consistent approach to engagement and to evaluate the 'Our Big Conversation' process and methodology. The Task Force met on a monthly basis to monitor progress; consider key decisions; and to recommend any adjustments to the programme which were necessary.

Progress was reported monthly into Workforce and OD Delivery Group and to all staff via Team Brief, bi-monthly to Workforce & OD Committee and quarterly to Management Board and finally to Health Board. In addition to this, weekly updates were provided to the Director of Workforce and OD and me, from the programme manager.

The programme involves 3 overarching phases:

1. Identifying the current perception of staff and stakeholders of where we are, what we want the future to look like, how we want to work around here and what we stand for - Phase 1 ran from 28<sup>th</sup> November to 19<sup>th</sup> December 2022
2. Engagement on the potential and broad vision and how we get there - Phase 2 – ran 30<sup>th</sup> January to 27<sup>th</sup> February 2023
3. Setting the vision and ensuring longevity – on-going

### **Impact of Industrial Action**

***8. Please outline the impact of recent industrial action on patient care and on the number of patients waiting for NHS treatment from your health board. This should include information about how many planned operations and outpatient appointments were cancelled as a result of industrial action.***

Please see detailed below the number of patients cancelled (outpatients and treatment) as a consequence of the most recent industrial action:

Industrial Action cancellations	Outpatient Appts	Inpatient/Daycase
	4579	215

### **Innovation and Good Practice**

***9. What barriers are there to sharing best practice and rolling out successful innovations across health boards. Please also provide examples of how your health board has shared good practice or successful innovations with others, and how your health board has implemented good practice and learning from innovations shared with you by other health boards.***

The major barrier to sharing best practice and rolling out successful innovations is that health boards are using different approaches, language and data definitions, which causes confusion. A national training programme on how to undertake robust demand and capacity analysis needs to be developed and a standardised approach is agreed.

The Health Board's Healthcare Systems Engineering (HSCE) team has presented the demand, capacity and activity work undertaken nationally at the Welsh modelling collaborative and shared our approach in several catch ups with the NHS Executive Team. The team has also provided Hywel Dda UHB with the blueprints and queries required to replicate our radiology Vitals dashboard and presented to various members of the radiology and values-based healthcare team in Hywel Dda

Key members of the HSCE team have joined the Demand & Capacity Task and Finish group and will be attending the next workshop in September 2023 to present the methodology employed in the Health Board. They have also met with the Clinical Programme Director: National Clinical Framework to outline the approach taken.

The Health Board is a regular contributor to all Wales events to share good practice and we regularly enter UK wide events to promote our practice.

The Big Conversation and the subsequent vision of a high-quality organisation which has emerged from it sets out our blueprint to create an energised, engaged organisation centred around the patient or service, which is the fundamental precondition for innovative practice. Our move to a more clinically led organisation is centred to releasing, enabling and inspiring our clinical staff to grow to meet their full potential by aiming to the best in the UK.

We benchmark and reach out to access a wide range of audiences/areas to seek out best practice and adopt it.

***10. Can you outline the ways in which your health board is working with and being supported by the NHS Executive, and provide examples of how the NHS Executive is facilitating shared learning and regional working between different health boards?***

There are a number of areas where the health is working with and being supported by the NHS Executive, primarily in areas where regional working would be beneficial.

The NHS Executive has undertaken an extensive demand and capacity assessment in endoscopy, which has informed the recovery plan for the South West Wales region. In addition, we recently requested a "deep dive" from the NHS Executive to examine the operational delivery of the endoscopy service in Swansea Bay; this has revealed potentially efficiency measures which have been incorporated into the local action plan.

Through the NHS Executive, an All-Wales review of orthopaedic services has been undertaken and with their support a regional orthopaedic programme board in the process of being developed in the South West Region which will support the delivery of the direction of travel for orthopaedic surgery set out in the recent funding allocation bids to Welsh Government.

The NHS Executive is also supporting a similar review of ophthalmology services across Wales; the report is due to be published in the Autumn. This too is expected to support the development of regional approaches to the delivery of ophthalmology; it is anticipated that this review will reinforce the agreed approach by Swansea Bay and Hywel Dda on the establishment of one service to support the population of South West Wales

In relation to cancer, the NHS Executive has held planning workshops to identify solutions that will assist in improving performance against the Single Cancer Pathway, within the most challenged specialties i.e., gynaecology, urology and lower GI. This work is in its infancy; however, it has already provided a forum for health boards to share current practice and identify shared barriers to delivery. These workshops are additional to the Clinical Implementation Networks (CINs), supported by the NHS Executive, that already exist to implement best practice in the three specialties above plus ENT, ophthalmology, and dermatology.

***11. During the COVID-19 pandemic, health services adapted with agility and pace to redeploy or move equipment, staff, and services to meet priority needs. What action has your health board taken to learn from this experience and maintain agility and flexibility.***

The recovery plans for Planned Care have been developed at pace, most noticeably the development of a new elective hub for orthopaedics, spinal surgery, and urology at Neath Port Talbot Hospital. Historically, similar developments would have taken several years for the business case, the funding (revenue and capital) and construction to be completed. By identifying a revenue stream to fund a modular building hosting three laminar air flow theatres, the whole scheme from inception to completion has been achieved in under two years.

The Health Board has also taken the approach over the last two years of working with an insourcing provider to deliver additional capacity on weekends to a scale that had not been experienced prior to the Covid-19 pandemic. In some specialties Health Board staff have been employed by the insourcing company to deliver this work in other staff from other NHS organisations have been employed. This approach has proven more successful, in terms of volumes of patients, than the more traditional approach of outsourcing to local private providers. This approach has significantly contributed to the Health Board exceeding the improvement trajectories set.

## **Regional Approaches**

***12. What action is your health board taking to ensure that opportunities for regional working are considered, developed, and implemented. Please provide an update on how your health board is working with others on a regional basis.***

Under the auspices of ARCH (A Regional Collaborative for Healthcare) the Health Board works with Hywel Dda UHB to identify, develop, and implement regional working across a variety of specialties and diagnostic modalities.

The specialties where join/regional working has either commenced or is planned include the following:

- Dermatology – triage of referrals, clinical support and training to locums and GPs in Hywel Dda, share learning in delivery of tele dermatoscopy.
- Ophthalmology- regional paediatric and glaucoma service, regional approach to reduction in cataract waiting times; likelihood a regional workforce for future delivery of services.
- Endoscopy – regional approach to meeting waiting times targets, support from Hywel Dda in the delivery of Bowel Screening Service
- Pathology – agreement to the development of a regional service
- Radiology – demand and capacity exercise commenced to identify opportunities for regional solutions, a regional programme board has been established to agree future service model for the region.
- Orthopaedics – in line with the national recommendations

**13. Please provide information about how many patients have been transferred across the boundaries of your health board for diagnostics and treatment. This should include patients transferred to your health board by other health boards, and those your health board has transferred to other health boards. Are there organisational or cultural barriers preventing this from happening?**

	Admitted Patient Care	OP Atts
SBU Patients treated by external Welsh Providers	2,646	26,978
External Welsh Patients treated by SBU	9,252	105,267

The figures for diagnostics investigations are not readily available and in many cases link to treatment and outpatient appointments.

### Seasonal Pressure

**14. How confident are you that your health board can maintain or increase current levels of activity to reduce NHS waiting lists, especially as we move towards the winter months. Please outline how your health board will ensure that it can maintain activity during the winter, including any plans for how your health board will protect planned care from emergency pressures this winter, for example by separating planned and urgent care.**

Seasonal pressures, with the exception of paediatrics, are less of a factor now than experienced historically, as prominent levels of escalation for unscheduled care are seen throughout the year. However, over the Christmas and New Year period many local authority services closed for around two week and there is a significant impact on the flow through the whole system; this can take a few weeks to recover.

The Health Board has developed a clear strategy for the delivery of its services and the roles of the hospital sites. Morriston is now the single point for ambulance and primary care referrals for emergency care, whilst also delivering regional and tertiary elective services and the most complex orthopaedic cases. Therefore, the risk of any

impact of emergency pressures over the Christmas and New Year period will only be in these areas.

The main elective surgery streams are now delivered from Singleton and Neath Port Talbot Hospitals and therefore the impact of emergency pressures will be far less of an issue for the Health Board than in previous years; the plans for the expansion of orthopaedic and spinal surgery in NPTH hospital will not be affected by seasonal pressures.

## Supporting Patients

### **15. What approach is your health board taking to prioritising waiting lists, including balancing what may be conflicting considerations of clinical need and length of wait.**

Throughout the pandemic the Health Board strictly applied the Royal College of Surgeons (RCS) guidance on the prioritisation of patients; this was supported by a weekly clinical meeting to agree the prioritisation for surgery. Consequently, the Health Board is now in a position where there are still significant numbers of patients waiting in excess of 156 and 208 weeks. These are the Health Board's main priority to be treated by the end of March 2024.

In addition, during this period the Health Board made a conscious decision to realign the theatre capacity for trauma and emergency surgery so that the length of stay for these patients was minimised; this approach has subsequently continued.

As a consequence, there are some specialties that do not have access to the same number of theatre sessions as they did prior to the pandemic and re-aligning this capacity is one of the fundamentals for the Health Board's case for the development of three additional theatres in Singleton.

The current approach is that patients requiring cancer surgery and other clinically urgent cases are prioritised. In addition, for orthopaedics a ring-fenced ward for the longest waiting most complex (surgically or medically) has been established to enable some of the longest waiting patients to be treated.

To enable more complex patients to be treated in Singleton and NPTH, enhanced care facilities for post operative care have been established and this will therefore allow more of the longest waiting patients, who in many of the cases have multi comorbidities to be treated at these sites.

### **16. How many patients have been removed from the waiting lists in your health board as a result of waiting list validation exercises.**

The information below provides the details of the patients removed from both outpatient and treatment pathways for the period August 2022 to July 2023.

Validation Detail Aug 22 to July 2023	New Referrals	Inpatient/Daycase
Total Number of Patients Validated	22537	10230

Patients requested removal	3870	439
Patients removed for not responding	1594	351

**17. The Welsh Government has invested £20m a year to support the implementation of a value-based approach to recovery over the medium term, with a focus on improving outcomes that matter to patients. How is investment in this complementing the work health boards are doing to tackle the backlog.**

Swansea Bay is actively collecting and utilising digital patient reported outcome measures (PROMS) in sixteen services including therapies, surgical procedures, and chronic conditions. The data collected is used to monitor the QOL and health of patients waiting for treatment. Lymphoedema and IBS are actively using PROMS to triage patients on waiting lists.

#### Cardiology

- Redesign of patient pathway and new development of community models enabling them to effectively manage and triage waiting list patients.
- NT-Pro-BNP uptake from 22% baseline in FY 2019/20 to 96% in 23/24). This has reduced inappropriate referrals and enabled echocardiogram testing to be used more appropriately.
  - NT-Pro-BNP allows reduction of acute admissions and premature mortality before specialist review for diagnosis.
- Expansion of specialist nursing capacity with the aim of reducing length of stay for heart failure patients.
- Reduction of admissions for heart failure patients by increasing community service capacity

#### Orthopaedics

1. Expansion of the osteoarthritis non-surgical services to offer estimated 1400 yearly new patient appointments within primary care. Offering alternative lifestyle and self-management treatments to surgery for OA patients early in pathway.
  - Patient goals and PROMS used to measure values that matter to patients.
  - Patient initiated follow ups (to reduce unwanted appointments)
  - 12-month PROM monitoring using new digital technology system
  - Around 20% reduction in surgical referrals compared to previous OA pathway.
  - Use of third sector and industry partnerships
2. A new service has been established to support existing orthopaedic patients awaiting surgery for arthroplasties. Emphasis on using waiting time to prepare for surgery and optimise outcomes.
  - Use of new digital patient communication channel for the following:
    - 6 monthly validation of waiting list (5% of patients removed)
    - Health monitoring over 2+ years whilst waiting for surgery (helping us to prioritise patient needs, monitor health change, and accurate resource allocation to needs of patients)

- Identification and flagging of co morbidities requiring action prior to surgery (40+ BMI/DM/Anaemia/Thyroid). Potentially reducing current pre op wasted surgical appointments by 20-30%
- Anaesthetic screening. Reducing peri operative screening appointments due to commence.

This is a two-stage support programme.

- Stage 1 = Digital and self-management (education/diet/exercise content)
- Stage 2 = Supervised Therapy led support services (diet and Physiotherapy)

In addition, there is access to the British Red Cross waiting well home support (pastoral and practical support), using PROM data to self-triage waiting list into appropriate support.

### Financial Performance

***18. Please provide an update on your health board's in-year and projected end of year financial position for 2023-24, including whether you anticipate achieving your statutory duties under 2014 Act. If you are not expecting to achieve these duties in 2023-24, please explain why this is, and what actions will be taken (and when) to ensure that the duties will be achieved in 2024-25.***

The 2023/24 Plan was developed through extensive engagement with our organisation and thorough scrutiny and challenge via our Board governance processes. The Board considered that the plan submitted reflected the most appropriate balance we could strike based on the current cost, risk, quality, safety, delivery requirements and funding assumptions we had. As a result of this the Health Board was unable to submit a balanced integrated medium-term plan (IMTP) for 2023-26 in line with section 175(2A) of the National Health Service (Wales) Act 2006 (as amended by NHS Finance (Wales) Act 2014) and so the submitted plan reporting a forecast deficit of £86.6m in 2023/24 means Swansea Bay Health Board has failed to meet its statutory duty to submit an IMTP and to have an IMTP approved by the Welsh Ministers.

For 2024/25 the challenges driving the 2023/24 position remain and through the extensive planning process which will commence in the Autumn the Health Board will again need to strike a balance on cost, risk, quality, safety, delivery requirements and funding assumptions before finalising its submission at the start of 2024. However as outlined in the Year 2 of the 2023-2026 submission the Health Board would remain in financial deficit.