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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

Q3/4 Revised Annual Plan Timescales and Deliverables



In Committee Board Meeting
16th December 2021

Introduction

Purpose	This document sets out the requests for change to the goals, methods, and outcomes (GMOs) set out within the Health Board's Annual Plan 2021/22.
Background	<p>The Health Board's Annual Plan lists a number of organisational priorities, in the form of GMOs, to be delivered by programme boards. The Annual Plan document was submitted to Welsh Government, in June 2021. A mid-year review of the progress in delivering the GMOs, in December 2021, has indicated a number of changes to the methods, and outcomes, primarily related to timescales.</p> <p>A separate service change register has also been developed, alongside, to detail the in-year changes to services, led by Service Groups, which are not captured within the Annual Plan priorities. Each service change has been scoped and assigned to the appropriate programme board for oversight.</p> <p>The requests for change for each programme are listed in the following pages, with the justification for changes given alongside the impact assessment on planning assumptions. Where a GMO remains unchanged, or on-track for delivery, it is not listed within this document and remains as in the original Annual Plan document submitted in June. The in-year service changes for each programme are also listed, for context and oversight.</p>
Context	<ul style="list-style-type: none">• The significant majority of the actions set out in the 2021/22 Annual Plan are being delivered• The outcomes to enable impact to be determined will be finalised at the end of Q3• Certain Goals need to be reviewed to determine whether planning assumptions need to change for remainder of financial year• Reasons for slippage in delivery primarily relate to:<ul style="list-style-type: none">• COVID and the impact of third wave,• Workforce pressures – particularly in social care and independent sector,• Complexity of capital requirements – across the breadth of the Plan,• Scale of public engagement required for Older People's Mental Health Services and Changing for the Future.• The impact of the Omicron variant is not yet known, and may therefore have further impacts for the remainder of the financial year.
Impact	Where there are changes to GMOs across the programmes, the impact on operational performance, outcome measures, and planning assumptions for the Recovery and Sustainability Plan have been assessed and detailed on each slide.



Summary

Priority Programme	Executive Lead	Revised Methods	Revised Outcomes	Service Changes
Responding to COVID-19	Keith Reid	2	8	0
Prevention and Reducing Health Inequalities	Keith Reid	6	0	0
Urgent and Emergency Care	Inese Robotham	7	9	3
Planned Care Recovery	Inese Robotham	5	3	9
Primary, Community, and Therapies	Inese Robotham	0	0	1
Mental Health and Learning Disabilities	Inese Robotham	0	0	0
Cancer and Palliative Care	Richard Evans	1	0	0
Maternity, Children, and Young People	Gareth Howells	2	0	0
Quality and Safety Priorities	Gareth Howells	18	3	0
Workforce and Leadership	Debbie Eyitayo	0	0	0



Changes to Annual Plan 2021/22 GMOs

Goal	Fully vaccinate the entire adult population, fully vaccinating over 300,000 people by Q4		Agreed date	Revised date
Annual Plan Methods	Offer vaccination, by appointment, through the Welsh Immunisation System.		Sep 21	Mar 22
	Provide booster vaccination to eligible adults aged 50+ via mass vaccination centres, local vaccination centres, community pharmacy, general practice, and mobile vaccination deployment.		-	Jan 22
Annual Plan Outcomes	Agreed end of year outcome		Revised end of year outcome	
	All eligible adults in Swansea Bay offered a vaccine		All eligible adults in Swansea Bay offered a vaccine	
	80% of eligible adults fully vaccinated		Eligible adults who have not received any vaccine <5%	
	-		70% of those aged 12-15 years old received two dose	
	-		70% of those aged 16-17 years old received two doses	
	-		90% of immunosuppressed received a third dose	
	-		90% of care home residents received a booster vaccine	
	-		80% of eligible adults received a booster vaccine	
Change and Reason	Phase 1 and 2 of the COVID-19 vaccination programme completed ahead of time. Welsh Government announced Phase 3 of the programme, including the offering of vaccines to those aged 12+, a third dose to immunosuppressed individuals, and a booster vaccine to all eligible adult groups, in line with guidance received from the Joint Committee on Vaccination and Immunisation, and Public Health Wales.			

Annual Plan Methods: changes to the in-year deliverables, whether a change to the deliverable itself or the timescales for delivery.

Annual Plan Outcomes: changes to the end of year position on outcomes, and whether the outcome is on-track to be achieved by end of year.

Change and Reason: justification for the request for change

Impact: assessment on the impact to operational performance, outcomes, and planning assumptions for the Recovery and Sustainability Plan

In-year service changes not within Annual Plan

Service change	Service Group	Description	Status
Relocate colorectal surgery to Singleton	NPT and Singleton Service Group	Additional detail to the annual plan, transferring elective colorectal surgery from Morriston to Singleton to increase the centralisation of elective services.	Moving of lists has commenced.
Relocate all ENT surgery to Singleton	NPT and Singleton Service Group	Additional detail to the annual plan, transferring elective ENT surgery from Morriston to Singleton to increase the centralisation of elective services.	Moving of lists has commenced
Relocate benign Upper GI surgery to Singleton	NPT and Singleton Service Group	Additional detail to the annual plan, transferring elective benign Upper GI surgery from Morriston to Singleton to increase the centralisation of elective services.	X
Set up a Post Anaesthesia Care Unit (PACU) at Singleton	NPT and Singleton Service Group	Requirement for the provision of a PACU as part of transferring of elective surgical services to Singleton.	Model and SOP being agreed
Set Up a Post Anaesthesia Care Unit (PACU) at Morriston	Morriston Service Group	PACU Model has been operative within the Cardiac ITU footprint and to be substantiated and backfilled to mitigate constraints on cardiac surgery services. SBUHB has been allocated funding to implement PACU facilities.	In operation
Relocation of breast reconstruction surgery/DIEPs to Singleton	NPT and Singleton Service Group	Additional detail to the annual plan to centralise elective services, includes review of ward nursing, theatre, anaesthetic, consultant staff and ward environment. Relates to Singleton as Cancer Centre of Excellence.	Some work has been commenced with ongoing training in progress

Service change: a description of the in-year change to a service, not documented within the Annual Plan

Service Group: the Service Group delivering the change, and supported by the relevant Programme Board

Status: current position on the service change, and work planned.



Responding to COVID-19

Executive Lead

Keith Reid, Director of Public Health

Goal	Fully vaccinate the entire adult population, fully vaccinating over 300,000 people by Q4		Agreed date	Revised date	
Annual Plan Methods	Offer vaccination, by appointment, through the Welsh Immunisation System.		Sep 21	Mar 22	
	Provide booster vaccination to eligible adults aged 50+ via mass vaccination centres, local vaccination centres, community pharmacy, general practice, and mobile vaccination deployment.		-	Jan 22	
	Develop the vaccination business intelligence to support targeted intervention on groups with low up-take		-	Feb 22	
	Implement in-reach models using the mobile vaccination unit, and pop-up clinics, to drive up-take		-	Jan 22	
	Implement a self-booking tool to increase accessibility within lower up-take groups		-	Jan 22	
	'Nobody left behind' vaccine equity campaign		-	Feb 22	
Annual Plan Outcomes	Agreed end of year outcome		Revised end of year outcome		On-track
	All eligible adults in Swansea Bay offered a vaccine		All eligible adults in Swansea Bay offered a vaccine		✓
	80% of eligible adults fully vaccinated		Eligible adults who have not received any vaccine <5%		✗
	-		70% of those aged 12-15 years old received two dose		✓
	-		70% of those aged 16-17 years old received two doses		✓
	-		90% of immunosuppressed received a third dose		✓
	-		90% of care home residents received a booster vaccine		✓
	-		80% of eligible adults received a booster vaccine		✓
Change and Reason	Phase 1 and 2 of the COVID-19 vaccination programme completed ahead of time. Welsh Government announced Phase 3 of the programme, including the offering of vaccines to those aged 12+, a third dose to immunosuppressed individuals, and a booster vaccine to all eligible adult groups, in line with guidance received from the Joint Committee on Vaccination and Immunisation, and Public Health Wales.				



Prevention and Reducing Health Inequalities

Executive Lead

Keith Reid, Director of Public Health

Goal	De-normalise tobacco use on all SBUHB sites	Agreed date	Revised date
Annual Plan Methods	Implement the necessary support infrastructure, with service groups, for cross-site tobacco reduction	-	Q4
Goal	Increased number of people in our community who are a healthy weight	Agreed date	Revised date
Annual Plan Methods	Establish the necessary support infrastructure, within service groups, via the Weight Management service	-	Q4
Goal	Provide improved protection against childhood infections	Agreed date	Revised date
Annual Plan Methods	Re-establish the Strategic Immunisation group	-	Q4
	Agree a service-led approach with Service Groups	-	Q4
Goal	Early detection of cancer	Agreed date	Revised date
Annual Plan Methods	Implement the necessary support infrastructure for screening within service groups.	-	Q4
	Develop strategic goals for screening of cancer, to be delivered by Clusters, within the Recovery and Sustainability Plan for Cancer and Palliative Care.	-	Q4
Change and Reason	These Outcomes are population health outcomes for the Health Board: they are not delivered by the Public Health team. Accordingly, there is a programme of work required to establish the necessary infrastructure across the Health Board to support delivery (including operational management arrangements), and to develop and embed within the Recovery and Sustainability plan ways of working (the methods) that align with the attainment of population health goals, in order to deliver on the population health outcomes outlined in the Clinical Services Programme. Progress will be dependent upon the extent to which service groups and other providers, including primary care, are willing and able to re-orient their delivery to support attainment of population health outcomes		



Urgent and Emergency Care

Executive Lead

Inese Robotham, Chief Operating Officer

Goal	Improve quality of care and outcomes for acutely unwell patients through rapid access to medical assessment, investigation, diagnostics, treatment and if appropriate admission to hospital;		Agreed date	Revised date	
Annual Plan Methods	Development of an AEC service model at Morriston within the Acute Hub		Dec 21	Jan 22	
	Acute physician led AMAU at Morriston		Oct 21	Jan 22	
	Centralised acute medical admissions with single specialties for older people, gastroenterology respiratory and cardiology on Morriston site		Jan 22	Jul 22	
	Development of 7-day working of therapy and clinical support services to support front door		Oct 21	Jan 22	
Annual Plan Outcomes	Agreed end of year outcome		Revised end of year outcome		On-track
	Diversion of 6 pts a day from Morriston ED.		Diversion of a minimum of an additional 6 patients a day from the Emergency Department into the acute hub		✓
	Total estimated bed day reduction equates to admission avoidance of 8 - 10 pts per day via the acute hub.		Total estimated bed day reduction equates to admission avoidance.		✗
	Reduction of 1 day LOS per patient via centralised acute medical services.		Reduced Average Length of Stay – 0.5 per day for medical and T&O emergency admissions by July 2022		✗
	Further admission avoidance opportunity 10 pts per week via hot clinics.		Discharge rate of >85% via OPAS		✓
Change and Reason	The implementation timeline for the centralised acute medical take at the Morriston site has been extended to accommodate the outcome of engagement with the public (received Oct 28 th) and staff consultation process, leading to new start times for necessary capital works. The co-location of Acute GP Unit, Urgent Primary Care Centre, AEC and GP Out of Hours into an acute hub at the Morriston site occurred in Q3 21/22. The drive in Q4 will be to ensure benefits are exploited in admissions avoidance and LOS reduction. Assessment of outcomes to identify benefit metrics has resulted in revised metrics aligned to meaningful outcome measures using data available through the Health Board’s performance scorecard, and data warehouse.				
Impact	It is anticipated that there is improved performance in urgent care throughout Q4 due to the expedited measures implemented, and new ways of working in January 2022, which will run into 2022/23 Q1.				

Urgent and Emergency Care

Executive Lead

Inese Robotham, Chief Operating Officer

Goal	Implement an integrated Medicine for Older People pathway across SBU		Agreed date	Revised date	
Annual Plan Methods	Establish Cluster based Virtual Wards in four clusters		Dec 21	Dec 21	
	Establish an Acute Frailty Unit as part of the AMAU to complement the OPAS model in ED.		Jan 22	Jan 22	
	Establish centre of excellence for inpatient rehabilitation services at NPT Hospital – phase 1 to transfer stroke and orthogeriatric rehab patients to NPT from Singleton		Dec 21	Jun 22	
	Develop business case for extension of Virtual Wards to an additional four clusters		-	Jan 22	
Annual Plan Outcomes	Agreed end of year outcome		Revised end of year outcome		On-track
	13,000 bed days saved per year		10% admission avoidance of high risk patients with LOS >21 days, 30% reduction of LOS of ambulatory sensitive conditions.		X
Change and Reason	Assessment of outcomes to identify benefit metrics has resulted in revised metrics aligned to meaningful outcome measures, using data available through the Health Board’s performance scorecard, and data warehouse. Following approval of business case, and reduced funding, the outcome measures have been revised accordingly.				
Impact	Virtual wards will be implemented starting Dec 21, delayed due to time to recruit. Full benefits of 4 clusters to be see in 2022/23 following full implementation in initial four clusters, and extension to remaining four clusters.				



Urgent and Emergency Care

Executive Lead

Inese Robotham, Chief Operating Officer

Goal	Alleviating unintended variation and inequalities in the provision of whole system Heart Failure pathway		
Annual Plan Outcomes	Agreed end of year outcome	Revised end of year outcome	On-track
	100% of patients seen within 1 week after diagnosis for education and start of treatment (baseline 3-6 months) within Heart Failure services	100% of patients seen within 1 week after diagnosis for education and start of treatment, and seen within 2 weeks after discharge for education and starting of treatment	X
	100% of patients seen within 2 weeks of discharge from hospital (baseline 3-6 months) within Heart Failure services	95% of patients receive routine specialist assessment within 6 weeks	✓
	-	Average days waited for patients to receive an urgent assessment	✓
	-	Less than 7% of acute admissions with primary diagnosis of HF within 1 month of referral to HF Hub	✓
	-	Less than 19% in acute admissions with primary diagnosis of HF within 6 month of referral to HF Hub	✓
	-	Reduce Average LoS within the community nursing team	✓
	-	100% of patients are discharged to primary care when stable	✓
Change and Reason	Assessment of outcomes to identify benefit metrics has resulted in revised metrics aligned to meaningful outcome measures, using data available through the Health Board's performance scorecard, and data warehouse. Metrics to be reported from end of Q3.		

Goal	Digitally enable the safer flow policy through enhancements and development of Signal	Agreed date	Revised date
Annual Plan Methods	Implement Signal version 3.0	Oct-21	May-22
Change and Reason	Timescales for the development and implementation of Signal version 3.0 have been extended to enable completion of a wider scope of development to include integration with the electronic patient record in Welsh Clinical Portal, patient demographics, and single sign-on via Imprivata.		

Urgent and Emergency Care

Executive Lead

Inese Robotham, Chief Operating Officer

Goal	Increased HomeFirst capacity and expanded intermediate care model		Agreed date	Revised date
Annual Plan Methods	Increased HomeFirst capacity and expanded intermediate care model			Mar 22
Annual Plan Outcomes	Agreed end of year outcome	Revised end of year outcome		On-track
	To be agreed following agreement from the RPB post review of IPC plan	Pathway 2 capacity of 183-203 discharges (dependent on domiciliary care capacity to maintain flow)		X
	-	Pathway 4 capacity of 56 individuals discharged to a care home earlier.		X
Impact	The pathway 2 capacity is not delivered and impedes our discharge plan. We are not going to deliver increased discharge rates given collapse of domiciliary care providers. Performance trajectories for Pathways 2 and 4 will be re-visited with the Regional Partnership Board, due to the pressure on the domiciliary care market. A plan with revised trajectories will be established with LA parties in February 2022.			



Urgent and Emergency Care

Executive Lead

Inese Robotham, Chief Operating Officer

Service change	Service Group	Description	Status
Relocate Urgent Primary Care Centre & GP Out of Hours to Morriston	Morriston Service Group	Part of Acute Medical Service Redesign work, in addition to transferring AGPU in the Annual Plan, UPCC and GPOOH will transfer to Morriston to form an Acute Hub alongside AEC already based at the Morriston site.	Completed
Relocate in-patient rehabilitation from Singleton to NPTH	Primary, Community, and Therapies Service Group	In line with development of Centres of Excellence. Feasibility Assessment being completed. Proposal on approach to be submitted to Management Board.	Feasibility in progress and expect to complete Q2 22/23
GI Bleed rota to provide 24/7 care	Morriston Service Group	Planned since 2017, pending any further recruitment issues service should be in place in October 2021	Completed



Planned Care Recovery

Executive Lead

Inese Robotham, Chief Operating Officer

Goal	Implement structured advice and guidance to reduce referral demand and face to face attendances where appropriate	Agreed date	Revised date
Annual Plan Methods	Roll-out Consultant Connect to operate in all specialties	Sep 21	Dec 21
Change and Reason	Advice and guidance is being successfully utilised in the majority of specialties, with 57 messaging services in place, through the implementation of Consultant Connect telephone and messaging software, as well as the Welsh Clinical Communications Gateway (WCCG) referral system. A minority of specialties have not adopted some or all of the advice and guidance tools due to lack of clinical support or existing processes in place. The remaining specialties planning to implement the tools have been delayed due to workforce issues but are now engaged and awaiting clinical approval to progress delivery in Q3.		

Goal	Support the transformation of planned care including outpatients and theatre pathways through the provision of appropriate digital solutions.		Agreed date	Revised date	
Annual Plan Methods	Virtual appointments: embedding the use of Attend Anywhere and Swansea Bay Patient Portal in priority specialties, enabling non face to face appointments and/or reviews.		Mar 22	Mar 22	
Annual Plan Outcomes	Agreed end of year outcome		Revised end of year outcome		On-track
	-		35% of outpatient activity to be completed using a virtual activity method (including video call, and telephone)		✓



Planned Care Recovery

Executive Lead

Inese Robotham, Chief Operating Officer

Goal	Focus on improving position on elective orthopaedics through bridging solutions and transfer of service to NPT		Agreed date	Revised date	
Annual Plan Methods	Transfer Orthopaedic capacity to Bridgend to increase theatre capacity 1x theatre		Sep 21		
	Introduce consultant anaesthetist role, 5 days per week, to support the transfer of ASA 3 Cases		Sep 21	Sep 22	
	Capital development of 2 additional theatres at NPTH agreed with Welsh Government		Sep 21		
	Modular development of 3 additional theatres at NPTH agreed with Welsh Government		Sep 21	Sep 21	
	Insourcing work on weekends with arthroplasties and hand surgery			Jan 22	
Annual Plan Outcomes	Agreed end of year outcome		Revised end of year outcome		On-track
	Eradication of >2 year waits in T&O		Outsourcing 36 T&O cases per month by end of March		✓
	Reduce >1 year waits in T&O from 5,969 (at end of March 21) by 50% at end of March 22		Insourcing 102 T&O cases per month by end of March		✓
Change and Reason	Funding stream for the additional theatres at Neath Port Talbot Hospital was secured in August which was a delay to the anticipated timescales , after which the planning for three theatres plus the re-purposing of an existing theatre, has been able to commence. A clinical service model is being developed throughout Q3, which will inform a workforce model to be developed in Q4. Recruitment and capital works are anticipated to commence in 2022/23 Q1, and complete and commissioned in 2022/23. In the interim the existing theatres are being utilised on the weekends to undertake arthroplasties with the support of an insourcing company (commencing Jan 2022). In addition, theatre sessions for hand surgery have also commenced on weekends in Singleton again with the support of insourcing company				



Planned Care Recovery

Executive Lead

Inese Robotham, Chief Operating Officer

Service change	Service Group	Description	Status
Relocate colorectal surgery to Singleton	NPT and Singleton Service Group	Additional detail to the annual plan, transferring elective colorectal surgery from Morriston to Singleton to increase the centralisation of elective services. (8 Sessions in Singleton)	Moving of lists has commenced.
Relocate all ENT surgery to Singleton	NPT and Singleton Service Group	Additional detail to the annual plan, transferring elective ENT surgery from Morriston to Singleton to increase the centralisation of elective service. (6 sessions in ENT – increased from 2)	Moving of lists has commenced
Relocate benign Upper GI surgery to Singleton	NPT and Singleton Service Group	Additional detail to the annual plan, transferring elective benign Upper GI surgery from Morriston to Singleton to increase the centralisation of elective services. (2 sessions endocrine, 2 sessions general surgery)	No transfer to date
Set up a Post Anaesthesia Care Unit (PACU) at Singleton	NPT and Singleton Service Group	Requirement for the provision of a PACU as part of transferring of elective surgical services to Singleton.	Model and SOP being agreed by Q4 21/22
Set Up a Post Anaesthesia Care Unit (PACU) at Morriston	Morriston Service Group	PACU Model has been operative within the Cardiac ITU footprint and to be substantiated and backfilled to mitigate constraints on cardiac surgery services. SBUHB has been allocated funding to implement PACU facilities.	In operation – move to new PACU planned Q1 22/23
Relocation of breast reconstruction surgery/DIEPs to Singleton	NPT and Singleton Service Group	Additional detail to the annual plan to centralise elective services, includes review of ward nursing, theatre, anaesthetic, consultant staff and ward environment. Relates to Singleton as Cancer Centre of Excellence. (Simple procedures only at present, developing skills for DIEPs – looking to outsource DIEPs)	Some work has been commenced with ongoing training in progress to deliver change in Q4 21/22



Planned Care Recovery

Executive Lead

Inese Robotham, Chief Operating Officer

Service change	Service Group	Description	Status
Spinal Operational Delivery Network (ODN) Development	Morrison Service Group	The Spinal ODN will maintain and coordinate patient flow across the spinal surgery pathway; lead the development and coordinate implementation and delivery of standards and pathways and promote cross-organisational and clinical multi-professional collaboration. Will formally go live from April 2022.	On-track. Putting in place in interim arrangement between now and end of March 2022.
Increase Orthoplastic Theatre capacity and work to extend cover from 5 to 7 days	Morrison Service Group	Increase MTC plastic surgery consultants from 4WTE (10 sessions) to 5WTE (12 sessions) to facilitate the plan for additional ortho-plastic theatre capacity and work to extend cover from 5 to 7 days, increasing theatre capacity to improve elective orthopaedic position. (Non recurring funding for existing surgeons to increase capacity – waiting on confirmation of funding in January regarding substantive appointment when will pilot working for 6 day working)	Agreed with slippage monies.
Set up a programmed investigations unit at Singleton	NPT and Singleton Service Group	Provision of an investigations unit required in place of the Medical Day Unit as a result of Acute Medical Services Redesign work.	July 2022



Primary, Community, and Therapies

Executive Lead

Inese Robotham, Chief Operating Officer

Service change	Service Group	Description	Status
Wellness Centres	Primary, Community, and Therapies Service Group	<p><u>New Build Swansea Wellness Centre</u> with service changes for Abertawe Medical Practice, Sexual Health, DN Hub, Homeless and Asylum services plus the benefits of a range of services being collocated.</p> <p><u>Swansea Wellness Centre is a key enabler</u> for bringing together a number of health care and allied services into one new bespoke purpose-built facility in the city centre of Swansea delivering real benefits for patients and users.</p> <p><u>Clinical Model Goal</u>-Maximise opportunities to roll out prevention and wellbeing initiatives in primary care clinical and non-clinical settings as a key component towards the transformation of the SBUHB health and care system</p> <p><u>Clinical Model Method</u> : Wellness Centre model development to enable and facilitate new models of care to support the local population in receiving care closer to home and to avoid needing to use hospital based services.</p> <p>Planned building completion c.2025</p>	Outline Business Case stage



Cancer and Palliative Care

Executive Lead

Richard Evans, Executive Medical Director

Goal	Digitally support Cancer services through the implementation of the national cancer informatics solution to replace Canisc	Agreed date	Revised date
Annual Plan Methods	Adopt and implement the cancer information system (Canisc) national replacement	Sep-21	May-22
Change and Reason	The original, agreed date set out in the annual plan was an imposed deadline due to changes to the national hosting of Canisc. Migration of Canisc was achieved; the September 2021 deadline was therefore cancelled. The new target date for the national Cancer Informatics Solution project is May 2022.		



Maternity, Children, and Young People

Executive Lead

Gareth Howells, Director of Nursing and Patient Experience

Goal	Development of paediatric safeguarding services across the health board	Agreed date	Revised date
Annual Plan Methods	Successfully appoint named doctor role which is currently vacant Integrate safeguarding within service review job plans to allow dedicated time to support	Sep 21	Mar 22
Change and Reason:	Unable to appoint to key roles, recruitment process underway to deliver by March 2022.		

Goal	Deliver safe and sustainable maternity services	Agreed date	Revised date
Annual Plan Methods	Implement a central monitoring system to safely monitor the babies wellbeing in labour, and an antenatal surveillance of fetal growth and wellbeing	Jun 21	Mar 22
Change and Reason	Business case to be submitted to Management Board in December 2021. Capital funding has been confirmed via recent Welsh Government bid. Order to be placed with preferred supplier by end of Q3, with a view to receive delivery in Q4.		



Quality and Safety Priorities

Executive Lead

Gareth Howells, Director of Nursing and Patient Experience

Goal	Suicide prevention		Agreed date	Revised date	
Annual Plan Methods	Create and recruit Registered Professional post 1x Band 8c to lead and develop/support the service.		Dec 21	Mar 21	
	Create and recruit Registered Professional post 1x Band 8a to lead and develop/support the service.		Dec 21	Mar 22	
	Education of all available staff across the HB in recognising and managing suicide.		Mar 22	Sep 22	
	Remove ligature risks across all HBs premises.		Jun 21	Apr 22	
	Review the national self-harm and suicide prevention frameworks. The competency frameworks describe activities that need to be brought together to support people who self-harm and/or are suicidal.			Jun 22	
	Evaluating existing training and developing training curricula for practitioners from a range of clinical and professional backgrounds			Jun 22	
	Evaluating practice in existing services			Jun 22	
	Reflect on and supervising individual professional practice			Jun 22	
	Identify good practice and helping those receiving support to understand what they can expect from their care			Jun 22	
Annual Plan Outcomes	Agreed end of year outcome		Revised end of year outcome		On-track
	Reduction in numbers of suicides across the HB		Reduction in numbers of suicides across the HB		✓
	Removal of all pull cords and blind leads		Removal of all pull cords and blind leads		✓
Change and Reason	Delays to recruitment of key posts, revised banding for the role to lead and develop the service. Band 8a post recruited and commence January 2022 Initial baseline scoping exercise to ascertain learning/training needs for all front-line staff throughout PC&CS and Secondary care in relation to suicide prevention and harm, which may require development/purchase of a specific educational package when QI lead commences in post (Jan 2022). Ligature risks removed from Morriston Service Group and MH&LD Service Group. Currently in process of removing ligature risks from NPT&S Service Group.				



Quality and Safety Priorities

Executive Lead		Gareth Howells, Director of Nursing and Patient Experience			
Goal	Infection Prevention and Control – Reduction of Healthcare Acquired Infections			Agreed date	Revised date
Annual Plan Methods	Focussed work in Primary Care and community to achieve reduction in top 3 Tier 1 target infections to understand mechanism of transmission and ensure learning is undertaken and shared across the HB.			Mar 22	Apr 23
	Reduce antibiotic usage and improve quality of prescribing in terms of compliance to guidelines, review of antibiotics, documentation and timely transfer of IV to Oral prescribed medications.			Mar 22	Sep 22
	Achieve compliance with staff training (MDT) - all available staff.			Jun 21	Apr 23/ Ongoing
	Environment – Cleaning Compliance scoring matrix >95% (97% - September 2021)			Oct 21	Ongoing
	Implement actions from the IPC deep dive. Initial focus on Staph Aureus and Clostridium Difficile infections.				Mar 22
Annual Plan Outcomes	Agreed end of year outcome		Revised end of year outcome		On-track
	Hand Hygiene – 100%		Hand Hygiene > 95%		✓
	IP&C Training – 100%		IP&C Training > 95%		✓
	Cleaning Compliance scoring matrix >95%		Cleaning Compliance scoring matrix >95%		✓
			Using 2021/22 as a baseline, focus on reducing rates in Staph Aureus and Clostridium Difficile infections by 25% in 2022/23 Q1, moving to 35% by Q3, and 40% by end of Q4.		✓
Change and Reason		Welsh Government infection reduction targets for 2021/22 will not be achieved by SBUHB. If current trends continue, there will be an annual increase in cases of all key infections: C. difficile – 27%, Staph. aureus bacteraemia – 18% , E. coli bacteraemia – 29% , Klebsiella bacteraemia – 10% , and Pseudomonas aeruginosa bacteraemia – 26% . Failure to achieve reductions in infection is an ongoing risk to patient safety and the reputation of the organisation. Service Groups are driving improvements to reduce infections and ensure adherence to local and national infection prevention and control policies in all areas. There have been delays to recruitment of key post of Primary Care Clinical Lead for Antimicrobial Prescribing, but now in post. Key prescribing indicators for acute hospital prescribing are being reviewed in Q4 (21/22) to ensure the prescribing data provided is clinically relevant and easily accessible for all prescribers. PDSA Cycle 1 of Junior Doctor QI project nearing completion.			

Quality and Safety Priorities

Executive Lead		Gareth Howells, Director of Nursing and Patient Experience			
Goal	Improve the recognition and compliance of End of Life Care			Agreed date	Revised date
Annual Plan Methods	Review findings of National Audit of Care at End of Life (NACEL)			Mar 22	Apr 22/ Ongoing
	Build in feedback mechanism from HB mortality Reviews			Mar 22	Apr 22/ Ongoing
	Ensure training in recognition and management of patients approaching EOLC from 1yr down			Oct 21	Apr 22
	Develop the use of digital technology to map compliance and notification of patients who require or receiving EOLC			Mar 22	Apr 22
	Work with clinical leads to identify KPIs for the priority, including place of death, symptom management, and training in difficult conversations.				Mar 22
Annual Plan Outcomes	Agreed end of year outcome		Revised end of year outcome		On-track
	All Patients to be recognised and receive EOLC throughout HB (working toward 100%)		All Patients to be recognised and receive EOLC throughout HB (working toward 100%)		✓
	Review of Mandatory and Statutory training to ensure EOLC adequately provided. >95% staff compliance (available staff)		Review of Mandatory and Statutory training to ensure EOLC adequately provided. >95% staff compliance (available staff)		✗
	SIGNAL adopted in all clinical areas		SIGNAL adopted in all inpatient areas and virtual wards		✓
Change and Reason		Revised date as ongoing target. Delays to recruitment of key post of Clinical Nurse Specialist (EOLC). Delay in scoping/reviewing training.			



Quality and Safety Priorities

Executive Lead		Gareth Howells, Director of Nursing and Patient Experience			
Goal	Sepsis Prevention		Agreed date	Revised date	
Annual Plan Methods	Increase number of patients being properly recognised, assessed and treated for sepsis		Oct 21	Dec 22	
	Improve compliance with education of patient-facing MDT staff in the recognition of patients at risk of sepsis and acute deterioration. Develop a Health Board wide standardised teaching programme.		Dec 21	Sep 22	
	Ensure Sepsis compliance is captured across the HB to benchmark on a national basis.		Apr 22	Dec 22/ Ongoing	
	Establish a dedicated sepsis team. Identify sepsis champions for wards. Develop a Health Board wide standardised teaching programme		Apr 22	Dec 22	
	Work with Clinical Leads to identify and focus on Assessment processes, knowledge and local leadership of the SEPSIS plan		-	Mar 22	
	Review current Critical care outreach capability in relation to SEPSIS		-	Mar 22	
Annual Plan Outcomes	Agreed end of year outcome		Revised end of year outcome		On-track
	50% recognition, assessment and treatment		50% recognition, assessment and treatment		✓
	75% recognition, assessment and treatment		75% recognition, assessment and treatment		✗
	>95% training compliance of available staff		>95% training compliance of available staff		✗
	100% compliance of patients are reviewed against sepsis criteria		100% compliance of patients are reviewed against sepsis criteria		✓
	-		Using 21/22 levels as a baseline - Focus on increasing patient assessment rates by 25% in 2022/23 Q1, increasing to 100% in Q3.		✓
Change and Reason		Delays to all methods due to recruitment of key posts. 1 x Clinical Lead Sessions (Sepsis); 1 x Clinical Lead Sessions (Recognition of Acute Deterioration and Resuscitation - RADAR); Band 8 post QI Lead (Resuscitation & Sepsis) currently to advert and to commence Q4 2021/22.			

Quality and Safety Priorities

Executive Lead		Gareth Howells, Director of Nursing and Patient Experience			
Goal	Falls Prevention		Agreed date	Revised date	
Annual Plan Methods	Establish HB Strategic Falls Group with oversight across entire Health Board, including Primary, Community and Secondary Care.		Oct 21	Jun 22	
	Widen scope of current review to include community, Welsh Ambulance, and secondary care.		Oct 21	Jun 22	
	Incorporate Primary Care and Community input into Health Board Strategic Falls Group			Mar 22	
	Re-affirm ward and team leader responsibilities in Falls management			Mar 22	
	Ensure additions to preventative measures for patients in their own homes are in place			Jun 22	
	Update the Bed Rail Risk Assessment and addition of advice if using crash mats			Jun 22	
	Use of High-low beds and further guidance on risk factors, usage and record keeping (linked to procurement of Health Board contract in 2022/23 Q1)			Jun 22	
	Update the falls incident reporting in line with ‘once for Wales’ approach to incident management			Jun 22	
	Communicate the importance that the clinical team are responsible for coordinating a rapid review process and completing a scoping report which must be undertaken within 72 hours			Jun 22	
Annual Plan Outcomes	Agreed end of year outcome		Revised end of year outcome		On-track
	10% annual reduction in injurious falls		10% annual reduction in injurious falls		✓
	Reduced mortality (especially Frail and Older population)		Reduced mortality (especially Frail and Older population)		✓
Change and Reason		Delays to all methods due to recruitment of key posts. 1 x 8A QI Lead Falls Prevention			

Financial Impact

	2021-22 Plan Update £m	Current Position £m
20/21 Core Underlying Position	24.405	24.405
20/21 Savings COVID impact	17.672	17.672
20/21 Underlying Position	42.077	42.077
Cost pressures	25.600	27.100
WG Allocation	-15.100	-15.100
Investment Commitments	8.500	8.500
Planned Savings	-27.700	-26.600
Investments to enable Savings	8.700	2.500
Slippage on Plan		3.600
Forecast Position pre-COVID	42.077	42.077
Less 20/21 Savings impact	-17.672	-17.672
Forecast Position post-COVID	24.405	24.405

- Cost Pressures – due to higher than planned levels of ChC, NICE/HCD and general inflationary pressures being experienced.
- Planned Savings – the forecast savings delivery is £1.1m lower than the planned requirement.
- Investments – there have been delays in formulating, agreeing and implementing planned investments, which has resulted in investment slippage
- Slippage on plan is being considered for commitment in 2021/22 to support revenue benefits for 2022/23.



Financial Impact – COVID above base plan

COVID Funding	Confirmed & Anticipated Funding
	£000
Testing	3,524
Contact Tracing	12,971
Vaccination	13,264
Extended Flu	1,160
Enhanced Cleaning Standards	2,366
PPE	5,789
Care Homes	2,243
Sustainability	45,198
Long COVID	635
UEC Programmes	3,031
COVID Response	90,181
Recovery	22,787
20/21 Savings Impact	17,672
Total Allocation	130,640

- National programmes cost forecast to be £41.3m
- COVID response costs forecast to be £45.2m (excludes Long COVID and UEC)
- COVID recovery funding issued of £22.8m
- Savings loss offset funding £17.7m
- All of this funding is non recurrent in 2021/22

