A Respiratory Health Delivery Plan up to March 2017 for NHS Wales and partners

Listed below are the outcomes hoped to be achieved through the actions in the above delivery plan. Please answer the questions for each action.

Key service actions:	Has this action been completed y/n?	What has the HB done to support/achieve this action?	What was the impact of this action being completed/not completed?	How was this measured?	Additional comments
SMOKING					
Work collaboratively with a broad range of organisations to reduce the uptake and prevalence of smoking in young people and adults: and monitor and review progress against actions in the Tobacco Control Action Plan for Wales (2011)	Yes	HB worked in collaboration with British Lung Foundation "Love your Lungs Campaign during 15/16 and support the proposed 10 community screening events.	Increase awareness / early diagnosis of COPD and its symptoms.	Reduction in the prevalence of smoking. Increase in number of smokers successfully attempting to quit.	Poor public enagement with campaigns
Work with a broad range of partners (including community pharmacists, GPs, secondary care, Local Government and the third sector) to deliver local strategies and services to prevent smoking, offer support for those wishing to quit, and achieve the Tier 1 target on smoking cessation	Yes	Implementation of "Smoke-Free Bridgend-A Tobacco Control Action Plan" and look to roll out the plan across HB. Implementation Level 3 Community Pharmacy Smoking Cessation services in pharmacies across HB. Group based services provided by Stop Smoking Wales. Hospital based smoking cessation service implemented.	Increase awareness, signpost to services available to patients wanting to quit smoking including BLF support services and local Breathe Easy group.	As above. Increase in smoking patients being treated with an increase in successfully quitting.	Poor public enagement with campaigns
Work together to regularly review, plan and deliver the smoking cessation programmes recommended in the Tobacco Control Action Plan for Wales (2011) ensuring appropriate data collection for monitoring	Yes	Review of all plans via Respiratory Delivery Board, part of HB's Staying Health Project, changing for the better programme. Updates provided via Local and National	Continued updated of action plans in light of any changes and regular reviews to ensure on track with expected outcomes.	Via the action plan, feedback at meetings	
Ensure smoking cessation services comply with best practice	Yes	Close collaboration with stop smoking wales and BLF to ensure have most up to date information and guidance and access to services	Uptodate information provided.	Communication with partners and stakeholders. Feedback at meetings.	
Ensure sufficient capacity and workforce to be able to deliver the actions and outcomes of the Tobacco Control Action Plan for Wales (2011)	Partially	Health Board has been smoke free since 2012. Hospital smoking cessation services developed during this time period.	Smoke free premises		
VACCINATION PROGRAM					
In partnership with Public Health Wales promote active awareness campaigns and take-up rates for immunisation programs	Yes	Flu Champions within all services in HB and successful compaigns running with the aim to improve the uptake of the flu	Improved intake of flu vaccinations in staff and patients.	Data provided on uptake of flu vaccinations.	
Raise awareness and implement local immunisation policies	Yes	Done via the flu champions, and flu campaigns. Extend the number of community pharmacies participating in flu programme.	Improved intake of flu vaccinations in staff and patients.	Data provided on uptake of flu vaccinations.	
DETECTING LUNG DISEASE EARLY					
Work with Local Health Boards and Public Health Wales, to encourage integrated services that will lead to appropriate access to services to improve diagnostics and improved take-up of preventative management	No	Representatives from HB attend National RHIG meetings. Local RHIG meeting held within HB.			National RHIG to develop
Consider the inclusion of lung function and obstructive sleep apnoea-hypopnoea syndrome diagnostics within the referral to treatment time targets (RTT) as part of the 2014/15 review of RTT	Partially	In discussions with National RHIG and Welsh Government to develop RTT targets.			National RHIG to develop
Identify at-risk groups	Partially	People with chronic respiratory conditions are diagnosed earlier with milder symptoms	Teams from Primary Care sent for ARTP spirometry training to improve identification of at risk groups.		
Offer at-risk groups who present with persistent respiratory symptoms appropriate diagnostic tests (e.g. chest X-rays and spirometry), delivered by appropriately trained staff	Yes	At risk groups who present with asthma symptosm receive appropriate diagnostic tests and are signposted to support and treatment as required.	Initial increase in the incidence of COPD per 100,000 as the "missing millions" are diagnosed. As above.		lack of time and resoruce to education and train staff

Key service actions:	Has this action been completed y/n?	What has the HB done to support/achieve this action?	What was the impact of this action being completed/not completed?	How was this measured?	Additional comments
Offer spirometry to the over-35 age group who smoke, delivered by Association for Respiratory Technology and Physiology (ARTP) accredited staff within primary and secondary care	Yes	Business case developed to review infrastructure and resource requirements to enable delivery and include priorities of respiratory health delivery plan. Funding secured for spirometry training.	reduced acute vistis through improved preventative care. Improving awareness of quality assured spirometry in primary and secondary care. Early identification of COPD leading to earlier intervention. Reduction of time taken to diagnose and treat breathlessness in non -emergency patients where the cause is not easily identifable.	Smokers who have had offer of support and treatment within the last 27 months. People diagnosed with COPD confirmed by post bronchodilator. GP referrals.	
Validate and improve reporting and interpretation of spirometry results	Yes	National funding agreed to support HB to gain ARTP accreditation and run ARTP courses in-house. Long term funding to be included in above business case.		Smokers who have had offer of support and treatment within the last 27 months. People diagnosed with COPD confirmed by post bronchodilator. GP referrals.	
DELIVERING FAST AND EFFECTIVE CARE FOR: ASTHMA & ALLERGY COPD AND BRONCHIECTASIS INTERSTITIAL LUNG DISEASES SLEEP DISORDERED BREATHING ACUTE RESPIRATORY ILLNESS:					
Where appropriate, patients are able to access care in the community, closer to home	Yes	Development of pathways eg Asthma, COPD Early Dischrage, to address acute conditions across an enhanced primary-secondary care interface and to manage them where appropriate in the community setting.	Reduction in service variation and improving standards.	Admission avoidance.	
All people affected by a respiratory conditions to receive information about their condition, which is easy to access, relevant and easy to understand	Yes	Patients receive personalised action plan. Self medication information. Training is provided for inhalers etc and annual reviews held. Patients routinely signposted to BLF.	Patients were more informed about their conditions		
Patients are motivated and supported in managing their condition, thereby reducing the need for unscheduled attendances to hospital	Yes	Information provided so patients understand their condition and self management plans developed with patients. Patients routinely signposted to BLF to reinforce self management.	Patients were more informed about their conditions	Reduction in unscheduled attendances and re-attendnaces to hospital and average length of stay.	
People diagnosed with ILD to be managed through a Multi Disciplinary Team (MDT) that works to national guidelines	Partially	MDT approach to diagnosis of patients. ILD nurse specialist available. Patients if required assessed for oxygen therapy. Suitable patients offered pulmonary rehabilitation tailored to their needs. Full range of services offered by palliative care teams	Service delivered in line with national guidelines. Improved patient and carers awareness of ILD symptoms and treatment. Majority of patients are identified and managed in general respiratory clinics with a proportion being discussed at MDT and referred onto specialist ILD clinic. Therefore, most patients do not have access to a specialist ILD CNS or ILD rehab. This requires further service development.	Increased % of patients receiving written self management plan, discharge letter to GP within 24 hours or next working day, access to pulmonary rehabilitation, access to MDT service, receiving home oxygen service.	
Patients have access to prompt diagnosis and treatment, achieved by maintaining compliance with patient referrals for treatment targets (RTT)	Yes	WLI clinic support provided by Consultants to maintain zero position.	Meeting RTT targets.	Via RTT targets	
Ensure that adequate levels of physiotherapy services are established to provide and teach the breathing and lung drainage techniques that are essential to patients with bronchiectasis	Yes	Investment into respiratory CNS and physiotherapy team to support improvements, teaching and training.	Patients taught appropriate airway clearance techniques and advised of frequency and duration of when these should be carried out.	Improved patients and carers awareness of bronchiectasis symptoms and treatment.	
Ensure that, as with lung cancer, patients with ILDs are managed through a MDT framework and have access to specialist nursing support for appropriate conditions	Partially	MDT approach to diagnosis of patients. ILD nurse specialist available. Patients if required assessed for oxygen therapy. Suitable patients offered pulmonary rehabiliation tailored to their needs. Full range of services offered by palliative care teams	Service delivered in line with national guidelines. Improved patient and carers awareness of ILD symptoms and treatment. Majority of patients are identified and managed in general respiratory clinics with a proportion being discussed at MDT and referred	Increased % of patients receiving written self management plan, discharge letter to GP within 24 hours or next working day, access to pulmonary rehabilitation, access to MDT service, receiving home oxygen service.	

Key service actions:	Has this action been completed y/n?	What has the HB done to support/achieve this action?	What was the impact of this action being completed/not completed?	How was this measured?	Additional comments
Ensure that pathways for the investigation of sleep-disordered breathing are established to assess and treat patients with OSAHS within established RTT	Yes	Working towards introducing a Physiologist led clinic to reduce pressure on consultant clinic and increase capacity for the increasing demand. Training requirements were identified and fulfilled. Business case for backfill remains in development.		We are currently capturing referral times for referral to physiology for sleep study to treatment e,g, with CPAP. However, there may have been a delay in the triage process from date of GP/Consultant referral to triage to physiology for testing which we are not capturing.	
Undertake a population needs assessment and review current levels of service for sleep-disordered breathing against the recommendations of the Strategy Document for Sleep Disordered Breathing Services in Wales 2010[2]	No		Real requirements for sleep service therefore unknown.	n/a	
Develop initiatives with community leads to promote the management of acute respiratory conditions in the patient's home and intermediate care, where appropriate	Partially	Implementation of NICE / BTS guidelines for Asthma, COPD and ILD in Primary and Secondary care services through a defined pathway of care.	Patients with diagnosed lung disease supported in the community by apprporiate health care professionals addressing their action plan. However audit shows that annual reviews and self management plans are not always being completed.	Audit results against NICE / BTS	
Develop pathways to address acute conditions across an enhanced primary-secondary care interface and to manage them where appropriate in the community setting	Partially	Implementation of NICE / BTS guidelines for Asthma, COPD and ILD in Primary and Secondary care services through a defined pathway of care.	Patients with diagnosed lung disease supported in the community by apprporiate health care professionals addressing their action plan. However audit shows that annual reviews and self management plans are not always being completed.	Audit results against NICE / BTS	
Develop local hospital and community pathways to improve and facilitate the patient's journey from admission to returning home or to an intermediate care facility	Partially	Business case in development for COPD Early Discharge Team.	Awaiting implementation of early discharge team.	Reduction in length of stay for hospital admissions with COPD.	
SUPPORTING PEOPLE LIVING WITH LUNG DISEASE					
Ensure that all people with chronic respiratory conditions have a personalised self-management plan in place within three months of diagnosis	Partially	Aim for patients with chronic respiratory conditions to have an agreed, personalised self management plan which is coproduced with all relevant healthcare professionals and is reviewed regularly	Where not completed there are higher rates of GP consultations and hospital admissions.	Admission rates for chronic respiratory conditions.	
Ensure that all respiratory patients have the necessary key measurements taken annually to identify early decline in disease and facilitate appropriate interventions	Partially	Aim for all patients to receive relevant key measurements for their condition annually as set out in NICE and BTS treatement guidelines.	Where not completed there are higher rates of GP consultations and hospital admissions.	Admission rates for chronic respiratory conditions. Audit data for asthma and COPD suggest poor completion rates for annual review.	
Support the development of, and encourage referral to, patient groups such as Breathe Easy	Yes	Taking opportunities to signpost patients to relevant support groups available and provide any information leaflets, internet links and contact details.	In conjunction with BLF, coordinator was in post for 2 years to increase awareness and membership of breathe easy groups.	Increased number and/or membership of patient support groups.	
Ensure adequate and equitable access to palliative care services, including respite care, for patients with respiratory disease in the end-stages of their illness	Yes	Link work to be undertaken by GP practices via cluster network plans and the end of life care pathway audits.	All patients with advanced disease to be offered palliative and end of life support	Increased number of advanced directives of patients with advanced chronic lung disease	
Utilise appropriate referral to the NERS scheme to support people with respiratory conditions increase their long-term adherence to physical activity	Yes	Increased referrals to NERS. Implementation of HB Exercise Referral scheme. Baseline assessment of current referral patterns.	Raised awareness of scheme within primary and secondary care.	Increased referrals to NERS. Increase number of people who exercise regularly and improve overall fitness.	
IMPROVING INFORMATION					
Work with NHS Wales Informatics Service (NWIS) to develop IT systems which enable the sharing of patient information and data between primary and secondary care	Partially	Work is ongoing between NWIS and HB			

Key service actions:	Has this action been completed y/n?	What has the HB done to support/achieve this action?	What was the impact of this action being completed/not completed?	How was this measured?	Additional comments
Evaluate and respond to health board service reviews, especially where inequities in service delivery and outcomes between health boards exist	Partially	National RHIG meetings held with all HB represented. Local RHIG meetings arranged. Also participate in national lung cancer peer review process. Work is ongoing with service development and to identify staffing requirements.	Several services are understaffed/resourced but business cases are in development to address these issues.	Compliance with BTS and NICE standards and approval and implementation of business cases.	
Provide Local Health Boards with information to facilitate planning for respiratory services and analyses of trends in clinical outcomes and provision of services in primary and secondary care	Partially		Support required from NWIS in order to obtain metrics data		National RHIG to develop
Record and use information provided by Public Health Wales and Welsh Government sources to guide service review and development	Partially		Requirement for improved flow of data back from Public Health and Welsh Government		
Ensure outcome data and information from local and primary care services are collected and used to facilitate development and transparently published	Partially	Available data is collected and an annual plan developed for the HB. Local HB RHIG meetings scruitinse data as and when required.	Difficulties in gathering data due to non availability of information		
To use data and information collected so as to reflect service provision and outcomes and to report such progress annually	Partially	Available data is collected and an annual plan developed for the HB. Local HB RHIG meetings scruitinse data as and when required.	Difficulties in gathering data due to non availability of information		
Report progress against local delivery plan milestones	Yes	Action Plan developed and reviewed via Local HB RHIG and reports to National		Reports to both Local and National RHIG as and when required	
TARGETING RESEARCH					
Encourage more respiratory patients to participate in research activity	Yes	Working in partnership with NISCHAR and Swansea University to scope opportunities for further enhancement of research activity. Offer all appropriate patients access to relevant clinical trials.	Strenthening working relationships with stakeholders, encourage the development of clinical academics within ABMU	An increase in the number of respiratory trials run within Wales	
[1] The National COPD Audit Programme will include pulmonary rehabilitation snapshot audits.	Yes	Local pulmonary rehabilitation groups took part in audits	Rolling audits now in place	National Audit	

Strategic Key Actions - 2014-2017

Strategic context	By Whom	By When	Achieved?
Establish the all Wales Respiratory Implementation Group to provide strategic leadership and work at an all Wales level to support Local Health Boards' service improvements	Welsh Government	Jun-14	Yes
Consider options, and review priority, for a possible All Wales Integrated Respiratory patient management system to enable improved, efficient and effective healthcare provision which would include collection of information at Local Health Board and all Wales level for the outcome indicators and performance measures	Velindre NHS Trust through the National Wales Informatics Service	Timescale for options review to be agreed by September 2014	
Review progress in implementing these delivery plans and services against the expectations set out for 2017 and use the outcome to inform an updated local delivery plan to reflect activity under each of the themes for action Review and update delivery plans and milestones Report progress against local delivery plan milestones on their website Report formal progress against the delivery plans and NHS Performance Measures to Boards and Welsh Government	Local Health Boards working in partnership through their Respiratory Planning and Delivery Groups with other LHBs, Local Government and Third sector.	At least annually from September 2015. Biannually, first report April 2015 then every April and September. Annually from September 2015.	Partially
Publish annual All-Wales report on effectiveness of NHS Respiratory services in Wales, based on Local Health Board reports against Performance Measures	Welsh Government	Annual reports published - 01/02/2016, 01/02/2017	Yes

Population Outcome Measures

Smoking

Reduction in prevalence of adult smoking to **20% by 2016 and 16% by 2020**.

% of persons 16+ who reported smoking daily or occasionally,

	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15		2016-17*	2017-18*	2018-19
BCU	24%	23%	23%	23%	21%	21%	22%		19%	19%	18%
Hywel Dda	23%	23%	23%	21%	20%	20%	18%		19%	18%	18%
Powys	21%	23%	21%	21%	19%	19%	20%		20%	19%	16%
ABMU	24%	23%	23%	24%	23%	21%	19%		21%	21%	19%
Cwm Taf	25%	27%	26%	26%	24%	23%	23%		21%	21%	20%
Cardiff & Vale	23%	22%	21%	21%	22%	20%	18%		18%	19%	17%
Aneurin Bevan	24%	24%	24%	23%	22%	22%	21%		15%	16%	19%
Wales	24%	23%	23%	23%	22%	21%	20%		19%	19%	18%

Welsh residents who made a quit attempt via NHS smoking cessation services by local health board

	2013-14		2014-15		2015-16		2016-17		2017-18		2018-19	
	% of smoking population treated	% treated smokers validated as successfully quitting	% of smoking population treated	% treated smokers validated as successfully quitting	% of smoking population treated	% treated smokers validated as successfully quitting	% of smoking population treated	% treated smokers validated as successfully quitting	% of smoking population treated	% treated smokers validated as successfully quitting	% of smoking population treated	% treated smokers validated as successfully quitting
Aneurin Bevan	1.1%	34.2%	1.3%	38.3%	2.1%	37.6%	3.0%	42.3%	3.5%	40.1%	3.5%	42.6%
BCU	3.9%	34.4%	3.6%	31.1%	4.1%	31.3%	3.8%	31.1%	3.8%	32.4%	3.8%	37.0%
C&V	1.4%	29.7%	1.4%	36.9%	1.5%	44.6%	1.3%	55.8%	1.7%	60.3%	1.7%	54.6%
Cwm Taf	3.5%	33.3%	3.3%	36.3%	3.8%	37.4%	4.0%	37.8%	4.6%	36.9%	4.7%	34.2%
Hywel Dda	2.0%	40.2%	1.6%	50.0%	2.1%	51.0%	2.6%	59.4%	2.7%	55.6%	3.4%	47.9%
Powys	3.0%	38.8%	2.2%	48.7%	2.3%	40.1%	2.3%	44.0%	2.2%	44.4%	2.2%	36.5%
SB	2.1%	36.7%	1.7%	44.1%	2.0%	43.9%	2.6%	51.6%	2.6%	54.8%	2.6%	55.7%
Wales	2.3%	36.2%	2.2%	37.4%	2.6%	38.1%	2.9%	42.1%	3.1%	43.0%	3.2%	43.3%

Asthma

% of patients receiving annual asthma review

Asthma - Percentage of patients with asthma, on the register, who have had an asthma review in the preceding 15 months that includes an assessment

HB	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
ABU	76%	79%	75%	79%	74%	69%
BCU	76%	78%	75%	78%	72%	66%
C&V	77%	77%	77%	79%	76%	70%
Cwm Taf	77%	80%	77%	78%	74%	70%
Hywel dda	74%	77%	76%	77%	75%	63%
Powys	75%	78%	75%	78%	75%	72%
ABMU	75%	77%	75%	81%	75%	70%
Wales	76%	78%	76%	78%	74%	68%

Asthma mortality rate

Respiratory disease - mortality - Asthma

Asthma	2010-12 Average		2011-13 Average		12-14 Average		2013-15 Average		2014-16 Average		2015-17 Average	
HB	EASR	Deaths	EASR	Deaths	EASR	Deaths	EASR	Deaths	EASR	Deaths	EASR	Deaths
ABU	2.2	12	2.3	12	2.4	13	3	17	2.9	16	3.0	17
BCU	1.6	11	1.7	12	1.9	13	2.1	16	1.8	13	2.0	15
HD	2.2	9	2.6	11	2.9	12	2.5	11	2.1	9	2.2	10
C&V	1.9	8	1.8	7	2.2	9	2.2	9	2.4	10	2.0	8
CTM	1.7	4	1.7	5	1.4	4	2.2	6	1.8	5	2.2	6
Powys	-	<3	2.1	3	2.4	4	2.8	5	2.9	5	2.6	5
SB	3.3	16	3.1	15	2.5	12	1.8	9	2	10	2.5	13
Wales	2.1	62	2.2	66	2.2	68	2.3	71	2.2	69	2.3	74

Flu vaccination

Ensure >75% of target populations receive appropriate vaccinations

1. % flu vaccination uptake in patients aged 6 months to 64 years in at risk groups

	2013-14	2014-15	2015-16	2016-17	2017-18	2018 -19
ABU	55.3%	52.9%	49.3%	49.7%	50.8%	46.9%
BCU	53.5%	51.4%	49.3%	49.3%	51.6%	47.9%
C&V	52.7%	50.4%	48.2%	48.3%	49.0%	44.0%
CT	51.4%	49.8%	45.8%	45.2%	46.8%	40.0%
HD	47.5%	46.2%	43.2%	42.3%	42.9%	38.1%
Powys	49.5%	47.8%	44.5%	46.0%	47.9%	43.1%
ABMU	45.3%	44.0%	43.4%	43.7%	46.7%	43.0%
All Wales	51.1%	49.3%	46.9%	46.9%	48.5%	44.1%
Target	75.0%	75.0%	75.0%	75.0%	75.0%	75.0%

2. % flu vaccination uptake in patients aged 6 months to 64 years registered with Chronic respiratory disease

	2015-16	2016-17	2017-18	2018-19
ABMU	43.5%	43.5%	47.2%	46.4%
ABU	49.7%	49.7%	51.2%	51.3%
BCU	48.5%	48.5%	51.4%	50.6%
C&V	47.9%	47.9%	48.7%	46.7%
CT	45.8%	45.8%	48.0%	45.5%
HD	40.8%	40.8%	41.5%	40.2%
Powys	46.8%	46.8%	48.9%	46.3%
All Wales	46.5%	46.5%	48.6%	47.5%
Target	55.0%	55.0%	55.0%	55.0%

3. Combined figures for: Additional Prof Scientific and Technical, Additional Clinical Services, Allied Health Professions, Medical and Dental, Nursing & Midwifery Registered staff groups.

Uptake of influenza immunisation in NHS staff in Wales 2018-19						
	Immunised	Denominator	Uptake	Immunised	Denominator	Uptake
ABMU	7,913	13,086	60.50%	5,554	8,901	62.40%
BCU	9,101	17,778	51.20%	6,532	12,490	52.30%

C&V	8,482	14,493	58.50%	6,552	10,350	63.30%
CTM	3,944	8,225	48.00%	2,754	5,406	50.90%
HD	4,453	9,671	46.00%	3,221	6,736	47.80%
SB	8579	16138	53.20%	6103	11190	54.50%
All Wales	47,061	88,098	53.40%	33,653	60,671	55.50%

INTERSTITIAL LUNG DISEASES
SLEEP DISORDERED BREATHING
ACUTE RESPIRATORY ILLNESS:
Reduction in number of unscheduled attendances and re-attendances to hospital, and average length of stay

Number of emergency respiratory admissions

	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
ABMU	7928	7812	8224	7638	8455	9013	10066	10107
ABU	9714	8812	9254	9606	10357	11691	11707	11144
BCU	10240	9892	10975	9975	11410	12031	12224	13071
C&V	6233	6004	6463	6886	6995	8020	8161	8186
Cwm Taf	5908	5736	5777	6032	6247	6705	6861	7229
Hywel Dda	5106	4963	5683	5166	5751	6043	6463	6013
Powys	1483	1421	1634	1613	1802	1916	2012	2189
All Wales	**46612**	**44640**	**48010**	**46916**	**51017**	**55419**	**57494**	**57939**

ALOS - All respiratory admissions

	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
ABMU	6.08	5.85	5.97	6.16	6.66	5.98	5.64	5.09
ABU	5.57	5.30	5.62	5.34	5.46	5.14	4.84	4.29
BCU	6.56	6.35	6.89	6.39	6.70	6.31	6.35	5.82
C&V	5.95	5.70	6.40	6.20	5.74	5.83	5.94	5.55
Cwm Taf	6.63	6.60	6.92	6.60	6.10	5.62	5.30	4.63
Hywel Dda	6.36	6.10	6.23	6.53	6.57	5.78	5.91	5.44
Powys	7.37	7.34	7.80	7.54	7.56	7.31	6.66	7.11
All Wales	6.21	6.01	6.39	6.20	6.26	5.84	5.71	5.22

ALOS - Emergency respiratory admissions

	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
ABMU	6.20	6.03	5.99	6.02	6.62	6.09	5.81	5.34
ABU	5.95	4.76	5.12	4.95	4.90	4.64	4.31	3.90
BCU	7.23	6.86	7.22	6.86	7.16	6.67	6.94	6.28
C&V	6.10	6.24	6.78	6.90	6.56	6.44	6.81	6.38
Cwm Taf	6.46	5.07	5.70	5.38	5.04	4.82	4.65	4.11
Hywel Dda	7.17	6.96	7.06	7.31	7.38	6.66	6.78	6.32
Powys	7.42	6.95	6.86	7.10	6.97	6.36	5.87	5.99
All Wales	6.54	6.00	6.33	6.21	6.29	5.88	5.86	5.40

Respiratory Readmissions within 30 days of discharge

	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	Increase
ABMU	779	855	847	812	897	992	1,146	1,142	46.6%
ABU	915	932	968	948	1,018	1,229	1,234	1,150	25.7%
BCU	934	1,028	1,190	1,095	1,178	1,262	1,269	1,417	51.7%
C&V	653	604	629	736	728	925	907	966	47.9%
Cwm Taf	552	631	602	715	655	709	830	849	53.8%
Hywel Dda	631	467	489	503	597	601	703	669	6.0%
Powys	111	131	174	187	189	218	207	221	99.1%
All Wales	4,575	4,648	4,899	4,996	5,262	5,936	6,296	6,414	40.2%

Source: NWIS

Increased access for patients to community-based teams able to manage individuals closer to home across relevant disease groups

All people affected by respiratory conditions to receive information about their condition, which is easy to access, relevant and easy to understand

Patients with MRC breathless score of 3 or greater are referred to pulmonary rehabilitation (PR)

All people affected by respiratory conditions to receive information about their condition, which is easy to access, relevant and easy to understand

People diagnosed with ILD to be managed through a Multi Disciplinary Team (MDT) that works to national guidelines

Patients with MRC breathless score of 3 or greater are referred to pulmonary rehabilitation (PR)

Achieve, and maintain, compliance with patient referrals for treatment targets (RTT)

NERS referrals

Numbers and percentages of patients with COPD referred to NERS

All Wales Retention & Outcome Report for NERS referrals between January 1st, 2017 and December 31st, 2017 - Overall retention is 55.42%

	Outcome Measures																			
Pathway	Referrals Received	1st Consult Attended	Taken Up Programme	Did Not attend 1st Exercise	16 Week Consultation	% completion	Dosage numbers	Avg. MPVA mins 16 wks.	Numbers Completed Leisure data	Numbers who increased leisure	increase leisure mins									

Back Care		1438	816	702	114	362	51.57%	327	1098	179	137	335	EQ5 VAS Init	EQ5 VAS 16Wk	EQ5 Score Init	EQ5 Score 16Wk	Number with Path Specific data	Number with Path Specific improv	Path specific avg dec.	Outcome measure used
Cancer		472	315	279	36	144	51.61%	110	1042	68	55	341	61	72	123.83	133.64	6	3	1.97	BMI
Cardiac		2066	1580	1405	175	880	62.63%	807	1048	440	327	345	57	70	134.74	141.23	144	81	1.36	BMI
Falls		1407	851	712	139	437	61.38%	324	1113	123	89	159	66	76	142.45	147.16	880	423	13	Systolic BP
Generic		16726	9607	8405	1202	4896	58.25%	4338	1094	2230	1698	405	60	68	119.23	125.78	181	98	4	TUAG seconds
Mental Health		2610	1179	984	195	409	41.57%	364	1037	160	123	362	62	75	130.08	139.23	4895	2796	1.71	BMI
Pregnancy		895	231	153	78	62	40.52%	54	580	32	19	444	55	69	123.42	139.07	409	233	1.73	BMI
Pulmonary		1409	927	823	104	449	54.56%	402	1131	183	150	274	69	77	147.36	135.74	0	0	n/a	n/a
Stroke		405	272	247	25	162	65.59%	86	951	64	53	269	60	71	128.67	138.82	449	223	6	Resting HR
Weight		5445	2988	2583	405	1228	47.54%	1020	1132	574	470	402	56	67	120.48	129.01	162	84	13	Systolic BP
All Pathways		32873	18766	16293	2473	9029	55.42%	7832	1089	4053	3121	333	57	71	128.74	138.71	1229	923	1.86	BMI

Targeting Research

Recruitment to Respiratory studies by Recruiting Health Board for 2016/17 - 2018/19

Health Board	2016/17	2017/18	2018/19
ABMU	18	44	44
ABUHB	178	156	115
BCU	587	219	279
C&V	137	526	632
CTM	183	116	135
HD	456	328	181
Velindre	0	0	3
Grand Total	1559	1389	1389

Source: HCRW

Supporting people living with lung disease

All patients with advanced disease to be offered palliative and end-of-life support

Cancer of respiratory & intrathoracic (C30-39)			
	2017-18	2016-17	2015-16
ABMU	230	270	254
ABU	269	345	308
BCU	282	349	346
C&V	243	251	267
Cwm Taf	182	167	189
HD	108	112	98
Powys	35	20	35

Chronic respiratory disease (J40-70)			
	2017-18	2016-17	2015-16
ABMU	30	31	18
ABU	77	120	112
BCU	53	49	51
C&V	50	54	72
Cwm Taf	32	18	20
HD	4	4	1
Powys	4	2	6

Source: CANISC SPC reports

All patients with chronic respiratory conditions to have an agreed self-management plan
Increase the proportion of qualifying patients who have accessed support groups and palliative care services

All Patients Total number of patients registered as receiving care from a health care professional during the period, counting each patient only once.

	2017-18	2016-17	2015-16
ABMU	2542	2450	2305
ABU	3760	3994	3203
BCU	3564	3495	3441
C&V	2819	2500	2329
Cwm Taf	1323	1280	1382
HD	1277	1121	1083
Powys	603	619	555

New Patients Total number of new patients i.e those who received care from a health care professional for the first time ever during the period. Patients counted are those reported in 7.1 with a First Assessment within the selected time period

	2017-18	2016-17	2015-16
ABMU	1710	1721	1635
ABU	2207	2707	2282
BCU	2159	2186	2191
C&V	2224	2045	1834
Cwm Taf	853	836	951
HD	804	647	577
Powys	213	198	208

Source: CANISC SPC reports

All respiratory patients receive relevant key measurements for their condition annually as set out in NICE and British Thoracic Society treatment guidelines
Increased number of advanced directives of patients with advanced chronic lung disease

Respiratory Delivery Plan 2018-2020					
Listed below are the actions in the above delivery plan. Please answer the questions for each action.					
Key service actions:	**Has this action been completed y/n?**	**What has the HB done to support/achieve this action?**	**What was the impact of this action being completed/Not completed?**	**How was this measured?**	**Additional comments**
FLU VACCINATIION					
Appoint an Immunisation Champion in each Health Board.	Partially	Dedicated Flu Champions across the HB and recgular flu campaigns to recruit flu champions	Increased awareness of flu campaign across HB		
Ensure that Every Contact Counts and that the risk to individual's health from flu is explained and patients are protected by vaccine.	Partially	Staff encouraged to make every contact count and raise awareness of flu campaign.			Primary Care have a system for calling at risk patients in for immunisation.
Lead by example ensuring that front line healthcare workers caring for those with respiratory disease are immunised against influenza.	Yes	Via the HB campaigns. Weekly updates provided in line with with guidance issued by Public Health Wales for Data Collection and Submission for National Surveillance	Front line staff groups contribute towards the Welsh Government target of vaccinating 60%. As at 08.11.19 total of staff vaccinated 6092 / 47.5%. 4283 / 49% were front line staff. 6722 / 52.5% staff still not vaccinated of which 4533 51% are front line staff.	Measured by number of vaccinations undertaken.	
Develop resources, in conjunction with PHW, such as the impact of influenza on health is easily understood by various groups at risk (asthmatics, those with COPD, Cystic Fibrosis etc).	Yes	Health Board, Game of Thrones flu vaccination campaign on Social Media and HB communications. Primary Care and PHW will have individual campaigns.			
Include a module on vaccination to the National Respiratory Education Programme (NREP) for professionals and support organisations who engage with those respiratory disease so that risk of influenza can be meaningfully explained.	No				National RHIG to develop
In conjunction with PHW, engage with Health Board Planners and Infection Control Teams to minimise impact of influenza on health care settings during the flu season.	Yes	Regular flu meetings in each acute site in HB. Singleton Hospital have developed strategy to screen and separate presenting patients at the front door.			
SMOKING CESSATION					
The actions below are narrowly focussed on the role of the Hospital cessation services. Smoking cessation actions within the delivery plan need to include the role of other services under the Help me quit service provision -including HMQ community, HMQ pharmacy, HMQ for baby and HMQ in Hospital under this umbrella, and address population health. The actions also need to reflect the current strategic direction as outlined in the Tobacco control delivery plan; the Tobacco control Board and the implementation of the smoking cessation system for Wales and implementation plan, as agreed by Welsh Government, Directors of Public Health and Health Boards, and led through Tobacco leads and Smoking cessation subgroup of the TC Board.					
Continue longer-term funding for secondary care smoking cessation practitioners.	Yes	Current hospital smoking cessation team have permanent contracts and budget allocation. The service was established in 2014 with Health Board investment and not funded from RHIG money	Provides a consistent approach and level of service with the resources available.	As part of the Cessation Target performance, the Service performance is scrutinised through the Health Boards Performance and Finance Committee and reporting to Board. The Service target of 21 treated smokers per month has varied as has the follow up CO validated quits at 4 weeks	The hospital cessation service delivery model is being progressed locally in line with the all wales integrated smoking cessation system framework and service provision.
Improve referral rates from all clinical boards to smoking cessation services.	Yes	Standard referral form on the HB website, HSS practitioners receive referrals directly via clinical staff in the multi-disciplinary team.	Increased capture of referrals.	Number of patients seen.	Referral rates from all clinical areas including respiratory medicine remain low. Majority of activity is self generated by the practitioners.
Ensure that CO monitoring and referral becomes routine for all outpatients who are willing to engage with smoking services.	Yes	Appropriate equipment to monitor CO levels	Data on CO validated quits can be gathered.	Number of CO validated quits captured.	CO monitoring at every appointment is routine practice for all patients seen by HSS

Key service actions:	Has this action been completed y/n?	What has the HB done to support/achieve this action?	What was the impact of this action being completed/Not completed?	How was this measured?	Additional comments
Strengthen the secondary-care smoking cessation network identity and facilitate networking.	Yes	Practitioners released to attend inter HB meetings.	Able to share initiatives, improvements and service challenges with other HB's.	Feedback at team meetings	HSS practitioners attend quarterly meetings with secondary care practitioners from other HB's in Wales. Practitioners are part of the Help me quit workforce development network
Support an All-Wales minimum service specification; in particular to work with Public Health Wales and HBs to reduce variation and help all meet their Performance targets and the second BTS national audit data collection.	In Progress.	The service has supported the development of the all wales min service standards. They are now engaged in piloting the standards with the HMQ Workforce development group	min service standard implementation will help to assure consistency of service and quality of service provision	SBUHB practitioners participated in the BTS smoking cessation audit.	One of the SBUHB practitioners is a recognised audit delegate.
To refine and develop the QM10 database and use it to inform service provision and standardise hospital services; to develop electronic referrals, electronic feedback mechanisms, text reminders and testing of artificial intelligence (bot) support.	No	Practitioners have been involved in contributing to the data capture fields of the system. Single client management system is being progressed nationally as part of the all wales cessation system framework. This system is currently being procured	Practitioners from a variety of other HB's and background have also been involved my understanding is there was no consensus on a single agreed set of metrics.	not applicable as no data captured.	Q10 database has not been successfully launched for any HB to my knowledge.
To work with the Smoking Cessation Sub-Group of the All-Wales Tobacco Taskforce and Public Health Wales, to create unified database and minimum data set to unite community, primary and secondary care smoking cessation services across Wales by end 2018.	Yes	minimum data set agreed by smoking cessation subgroup and published. Roll out being progressed in line with all wales framework	NA	NA	
To support research and collaborations with other internationally recognised smoking cessation centres.	No	N/A	N/A	N/A	The HSS team have been successful in securing a grant of circa £10,500 from the 'Improving Patient Care in Tobacco Dependency Grant Application Identification' funding. The team were the only recipients of the award in Wales. The remaining 3 awards went to English Trusts. The award will be used to carry out a pilot project on delivering smoking cessation services to mental health wards in SBUHB. The funding has been ring-fenced until the next financial year as current long term sickness within the team precludes starting the project.
CHILDREN & YOUNGER PERSONS					
Have a lead for care of infants admitted with bronchiolitis, who contributes to both the pathway development and the annual audit.	Yes	Rachel Evans and Huma Mazhar have attended SWPRG meetings to discuss the pathway. No audit is planned at present	No change in practice		

Key service actions:	Has this action been completed y/n?	What has the HB done to support/achieve this action?	What was the impact of this action being completed/Not completed?	How was this measured?	Additional comments
Offer patients and parents Asthma Action Plans.	Partially	HB have been trying to do this for years but have insufficient nurse specialist hours to see all these patients and parents before discharge from wards. Do routinely in OPD setting as nurse specialist support available for most clinics. No input to patients seen in A+E and not referred to paediatrics.	Not all patients are discharged with action plan / wheeze plan from ward. Unlikely that children discharged from A+E have an action plan	Previous audits in OPD and ward /PAU. Currently part of NACAP paediatric asthma audit.	Need additional nurse specialist hours to improve this in the inpatient setting and to provide input into A+E
Develop an All-Wales pathway for the care of infants with bronchiolitis. The pathway should conform to the NICE guidance.	Awaiting the final draft	As above	Would mean no real change of practice for us as pathway is same as our current practice.	Participated in previous audits and will participate in future when they run	
Develop All-Wales paediatric asthma guidelines.	Guideline has been developed but not agreed by all parties regarding some steps and national guideline vague in these areas because of lack of evidence.	HB have put the posters up on paediatric unit and Paed ED and done some adaptations to incorporate our practice	Only recently introduced so cannot judge impact yet	Not measured yet as only recently introduced	
FAST & EFFECTIVE CARE - COPD					
Ensure exacerbations are treated promptly including supported discharge following admittance to hospital. This centres on being able to access primary care and in some cases using a rescue pack in suitable patients.	Yes	A COPD Team has been created working across Singleton and Morriston Hospital to provide early discharge for admitted patients .The team also identifies and assesses patients and liaising with teams in NPT. Work is underway to collaborate with Powys for patients admitted to Swansea	Shorter length of stays, decreased readmission rates and improved medication management	Length of stay, readmission rate, Patient reported Outcome Measures, Satisfaction, Medication Changes required was collected for each site	Work is being done to gain an increase in staff to allow Admission Avoidance referrals from ED, AGPU, GP's and WAST
Improve referral rates and access to Pulmonary Rehabilitation Programmes including quick access post-exacerbation.	Partially	The COPD Team assess all patients and refers all patients that are suitable and agree to PR. It has been agreed that these patients will receive priority due to exacerbations	An increased rate of PR referral for patients known to COPD Team		
Participate in National audits.	Partially	Discharge Bundles are being completed for all COPD Patients known to the Team as part of the National Audit	An increase in completed discharge bundles	Measured by Audit Team	
Educate the workforce around diagnosis, management and coding of COPD in conjunction with the NREP.	No				National RHIG to develop
Develop an All-Wales COPD care pathway, which includes prescribing guidelines. This will ensure an evidence-based approach in managing COPD patients across Wales.	Yes	All Wales COPD care pathway developed by National RHIG			
Explore the possibility of an IT red flag system suggesting a COPD assessment and spirometry for patients over the age of 40 years who present with repeated chest infections.	No				
Improved self-management for patients using various media.	Yes	The COPD Team provides education regarding self management to all patients known to the team. Signpost to British Lung Foundation.	Improved confidence and ability to self manage	By Satisfaction Survey asking specific questions on these areas	

Key service actions:	Has this action been completed y/n?	What has the HB done to support/achieve this action?	What was the impact of this action being completed/Not completed?	How was this measured?	Additional comments
Explore the possibility of other health care professionals such as community pharmacists or smoking cessation counsellors being able to perform spirometry in patients at risk of COPD.	No				
Development of an All-Wales COPD discharge bundle.	No				National RHIG to develop
ASTHMA					
Nominate a lead physician for asthma with a dedicated secondary care asthma clinic, supported by an asthma specialist nurse (ANS).	No	Yes - lead physician (Professor Gwyneth Davies). No - ANS (Asthma Nurse Specialist). HB have supported Winter secondment for 2 xANSs across 2 sites with a view to future dedicated ANSs. General respiratory CNS asthma clinic in NPT weekly.	1. Significant deficits in acute asthma care identified in recent RCP audit analysis. These included poor assessment of patients, suboptimal treatment (e.g. 73% had no record of systemic steroid administration, 27% not in receipt of inhaled corticosteroid on discharge, 17% not prescribed the minimal 5 days of oral steroids), 37% not reviewed by specialist respiratory team; poor provision of PAAPs, inadequate follow up 2. Delays in specialist assessment with delay in initiating appropriate biologic treatment	1. Against recent RCP audit standards, including: • Admission rates (ED, SAU, inpatient, total) • % patients referred to asthma specialist care • % patients provided with Personal Asthma Action Plan (PAAP) • Metrics of acute asthma care (recording of PEF on admission, best PEF, systemic steroid administration, B2 agonist administration, % reviewed by specialist respiratory team, % in receipt of inhaled corticosteroid on discharge, % prescribed the minimal 5 days of oral steroids.)	Severe deficits in asthma care have been identified. We hope to address these through the provision on Winter ANS secondments and then secure resource for dedicated ANSs. Without dedicated ANS, significant care deficits are likely to worsen even further. SU UHB is the only HB in Wales without a dedicated ANS. This is particularly problematic since there is only currently 4 sessions a week of consultant-led asthma service, with a full 10 sessions being required to effectively run the service.
Employ an asthma clinical lead within primary care responsible for implementing the recommendations from NRAD.	Partial	There is a newly appointed Clincial Lead for Respiratory in Primary Care (Kannan Muthuvairavan)	Poorer asthma care and patients at risk of asthma death, exacerbations and hospitalisations	n/a not formally measured. Could be measured by asthma death and hospitalisations. Other metrics could include PAAPs, annual review, appropriate referral to secondary care	
Support the development and implementation of an up-to-date All-Wales prescribing pathway on the management of asthma, to ensure cost-effective, evidence-based prescribing.	yes	Lead clinician is supporting this process	Development of All Wales guidelines	Development of All Wales guidelines	
Integrate asthma diagnostic guidelines into clinical practice. This will require different ways of working such as the establishment of diagnostic hubs within primary care with support from secondary care.	Partial	Better access to spirometry in primary care will help, but more needs to be done around asthams diagnostics.	Poor diagnosis of asthmas in primary care	n/a not formally measured.	
Ensure their asthma service is sufficiently resourced to ensure patients with severe asthma are able to access new therapies within 3 months of publication of relevant NICE guidance.	No	1. No HB action on lack of appropriate consultant resource. 2.ANS secondments over Winter, as outlined above	Delays in patient access to new therapies, estimated delays of 3-6 months	time from referral to estimated treatment	
Support the development of an All-Wales Prescribing Pathway.	yes	Lead clinician is supporting this process	Development of All Wales guidelines	Development of All Wales guidelines	
Support the development of the WeDAG MDT including coordinator support and database development to allow accurate record of patients discussed, recommendations and outcomes.	yes	Lead clinician is supporting this process	Progress development of an effective MDT which is adequately resourced in order to improve severe asthma care in Wales	Monitor progress of MDT	Being driven by National RHIG
Develop an All-Wales airways database.	yes	Lead clinician is supporting this process	Development of severe asthma MDT database is progressing with Cellma, with view to scale up across severe asthma in Wales	Monitor database progress	Being driven by National RHIG
COUGH					
Implement All-Wales cough guidelines for primary and secondary care via App interface.	No				National RHIG to develop
Work with NWIS to measure cough referrals per Health board.	No				National RHIG to develop
Work with NWIS to correlate reasons for referral.	No				National RHIG to develop
Develop primary and secondary care pathways.	No				National RHIG to develop
INTERSTITIAL LUNG DISEASE					

Key service actions:	Has this action been completed y/n?	What has the HB done to support/achieve this action?	What was the impact of this action being completed/Not completed?	How was this measured?	Additional comments
Have a nominated lead clinician for ILD with an established specialist ILD clinic to support patient pathway development and to facilitate patient care.	Yes	Dr Craig Dyer Appointed August 2018	ILD Lead appointed		
Ensure all patients with ILD to have ready access to ILD Clinical Nurse Specialist support.	No	Current ILD CNS is only available 18 hours weekly. This is only available to patients who are within the specialist ILD service (Not general respiratory follow up). A full time ILD CNS was applied for via business case meeting twice, and declined due to funding issues. A further application was made to Roche pharmaceuticals who no longer can support such applications	Increased admission for ILD patients not known to ILD service, Increased morbidity of patients, limited access to antifibrotic medication, reduced support for ILD rehabilitation, limited access to palliative care.	ILD database	Applied for 3 times within last 12 months, and declined due to funding issues
Ensure all patients with ILD who would potentially benefit to have rapid access to pulmonary rehabilitation.	Ongoing	Pulmonary Rehab service have had to find alternative accommodation for PR service, as HB have withdrawn previous accommodation. ILD PR only available to patients within specialist ILD service, not all patients.	Increased morbidity for patients with ILD, limited knowledge of disease process and treatment options available. Increased admissions rates to hospital	ILD database	
Ensure all patients with progressive ILD to have access to specialist palliative care services.	No	No support for ILD palliative care. This was requested and declined.	Limited access to palliative care for ILD patients		
Ensure all patients with ILD to have access to patient support groups.	Ongoing	Support group is self funding via support from volunteers. No external support from HB	Wider support would be appreciated to improve access for patients with ILD	ILD database	
Facilitate timely access to lung biopsies for patients with indeterminate radiology; either cryobiopsy or surgical lung biopsy.	Yes	Local ILD MDT reviews any patients with indeterminate radiology, and works with Cardiff and Vale MDT to support such	Limited patient numbers, therefore difficult to access.		
Develop an All-Wales ILD database.	Ongoing	Allowed flexible working to enable Dr Dyer to attend C&V MDT. This improves working at a regional level	Work ongoing to improve information on diagnosis and prescribing at regional level, including access to appropriate medication		
TUBERCULOSIS					
Ensure that there is a lead clinician with a responsibility for managing TB cases.	Yes	Identified relevant consultant with interest in TB (Dr Ahsan Mughal)	Monthly TB clinics		
Ensure that there is sufficient dedicated specialist nurse time allocated to TB management including contact tracing and outbreak management in each Health Board.	No	Agreed that Respiratory Nurse Specialist would lead in this role as previous serious issues surrounding TB have been identified. However this is in addition to role and additional workload. Staffing issues will reduce activity and support for TB service.	improved services		TB is only part of my respiratory nurse specialist role. A dedicated TB nurse is required.
Ensure attendance of clinicians at TB cohort review.	Yes	TB CNS has been attending TB cohort review, but with staffing issues this will reduce.	improved services		
Support the implementation of an All-Wales senior nurse role for TB to provide clinical leadership required.	No				National RHIG to develop
Develop All-Wales management guidelines for MDR and XDR TB.	No				National RHIG to develop

Key service actions:	Has this action been completed y/n?	What has the HB done to support/achieve this action?	What was the impact of this action being completed/Not completed?	How was this measured?	Additional comments
Develop a business plan for screening universities and prisons across Wales and to present to Welsh Government.	No		Was attempted in Swansea University however abandoned due to limited time available and poor uptake		National RHIG to develop
Create a business plan and institute video observed therapy (VOT) as an alternative to DOT.	No				National RHIG to develop
CHRONIC LUNG SEPSIS					
Increase utilisation of self-management plans.	Partially	Most patients in secondary care with Bronchiectasis are referred to chest physio for clearance techniques and self management.			
Increased Chief Investigator activity and portfolio listed trials and grant capture.	No				
Increased participation in commercial trials.	No				
Ensure people with bronchiectasis who meet the criteria for continuing secondary care to be managed by a multidisciplinary team led by a Respiratory physician.	No				
Participate in British Thoracic Society Bronchiectasis Audit.	No				
Develop and share All-Wales protocols, guidelines and good practice.	No				
Support education events with Primary, secondary and tertiary care.	No				
PLEURAL DISEASE					
Implement All-Wales standards for pleural procedures.	Partially Yes	Dedicated Pleural procedure room is available for inpatients in the respiratory ward but there is no dedicated pleural procedure room or place (permanent) for OP procedure clinic	Due to lack of permanent clinical space for pleural clinic, patients have been confused about the location changes and haven't had a pleasant experience. Ideally pleural clinic should be in the medical day unit with a dedicated procedure room, dedicated nurse specialist and 2 bed spaces. Unfortunately the MDU has been moved 14 times in the last 3 years with uncertainty over safe space and staffing each time.	Increased waiting times for pleural patients often resulting in 1) admission to hospital 2) Poor Patient feedback 3) Increased length of stay, 4) Increased time to diagnosis	
Ensuring that there is a dedicated pleural procedure room for all larger hospitals.	Partially Yes	For inpatients at Singleton Hospital	As above	As above	
Develop training, competencies and maintenance of skills for all professionals involved in the management of patients.	Yes	Respiratory Trainees are encouraged to attend OP consultant led pleural clinics, for ultrasound and competency sign off	Good training opportunities for respiratory trainees	Trainees feedback	good trainee feedback about pleural training since starting OP pleural service at Singleton

Key service actions:	Has this action been completed y/n?	What has the HB done to support/achieve this action?	What was the impact of this action being completed/Not completed?	How was this measured?	Additional comments
Develop standard operating procedures for pleural interventions performed by Advanced Nurse Practitioners.	Partially as only applies to Morriston Hospital Inpatients.	Both Morriston & Singleton Hospitals have a dedicated pleural procedure room within the Respiratory ward to ensure high standards of care during interventions for inpatients. This also ensures procedural safety and allows for peer support if required during or after interventions. Investment in new thoracic ultrasound machine. Appointment of Consultant supervisor to mentor and develop confidence and competence in pleural procedures and ultrasound.	Allowed structured development of the ANP in Morriston Hospital to achieve competence in procedural work and ensure autonomous practice in assessing patients and developing plan of care. Increased training opportunities for medical staff which has increased satisfaction during their Respiratory rotation. Having an autonomous ANP has resulted in reduced workload for Respiratory registrars which has allowed them to address other concerns/referrals within Respiratory medicine. Patient feedback demonstrated increased satisfaction in having an ANP led service due to continuity, single point of contact if any concerns noted, increased procedural safety. If this was not completed, this would have resulted in failure of the role and increased pressure on Registrars to complete the work.	1. Audit completed 2. Patient feedback 3. Peer feedback	
Develop All-Wales standard operating procedures and other guidance, as well as assessment tools for nursing staff involved in pleural intervention (as well as for other professionals such as junior doctors and consultants, who deal with pleural patients, manage chest drains and other pleural devices).	Yes	Updated guidelines in HB COIN website			
Develop a unified and structured All- Wales database for pleural procedure information (basic procedures and advanced procedures).	No				National RHIG in process of developing one
LUNG CANCER					
Continue to submit data annually to the NLCA to review performance.	Yes	Initial response regarding results issued to the NLCA in January 2019	Surgery in NSCLC performance has improved (when compared to previous audits). 2017 performance is 22.2% against a national mean of 18%. Chemotherapy in SCLC also demonstrates an improving trend with 2017 performance at 72.6% (national mean 70.7%). • The Swansea/NPT MDT was identified as an outlier against the SACT in advanced NSCLC measure with adjusted performance of 47.6% against a national mean of 65%. This outcome has been highlighted and discussed by the MDT and a formal response issued to the NLCA (indicating improvement actions).	NLCA assurance proformas submitted.	Just undergone peer review.

Key service actions:	Has this action been completed y/n?	What has the HB done to support/achieve this action?	What was the impact of this action being completed/Not completed?	How was this measured?	Additional comments
Undertake analysis of areas of Non-compliance with key clinical indicators with particular focus on treatment rates and survival. Detailed case Note review should be undertaken where there are low active anticancer treatment and low radical treatment rates to determine why patients with good performance status did Not receive the most effective treatment option.	Yes	For the treatment of stage IIIb/IV PS 0/1 NSCLC patients for 2017, validation of data was undertaken prior to submission. Also increased awareness of the importance of accurate documentation of performance status at diagnosis was implemented at the beginning of 2017.	Improvements were made to outliers following validation. Awareness raised of importance of accurate documentation.	Outliers reduced as a result of validation. Impact of increased awareness of accurate documentation cannot be captured in this data.	When 2016 data was scrutinised at an individual patient data level for 2016 all those who were PS0/1 at the time of decision to treat by the oncologist were offered SACT and the MDT was confident that patients were being appropriately treated as per the metric.
	yes	The performance status of all patients, for systemic anti-cancer treatment, is validated (prior to data submission). Prospective checks were implemented in January 2019 to compare performance status levels recorded during the diagnostic and treatment phase of care to ensure data accuracy.	To ensure PS levels are accurate and adjusted cases are excluded from the SACT measure (which identified the MDT as an audit outlier).	Audit data	
OUTPATIENTS					
Report outpatient waiting times.	Yes	Regular reporting on respiratory waiting lists.	Currently booking appointments within 26 week waiting list time and utilising WLI lists to ensure there are no breaches.	Information reports	
Provide outpatient data to NWIS systems for central data extraction.	No				Awaiting response from HB informatics
Work with NWIS to distinguish USC referrals from sleep referrals and other general respiratory referrals and explore breaking down referrals by category (e.g., breathlessness, cough etc.) to further develop useful management algorithms.	No				Awaiting response from HB informatics
Liaise with the Welsh Government outpatient transformation workshop to improve outpatient performance to improve the DNA rate. Solutions include automatic text reminders to patients prior to their appointment.	Yes	Supports the National Outpatient Modernisation work / National Board.	Review of systems (i.e. Text Messaging) underway	Information reports	
To continue to monitor and track performance by Health Board and feedback the results to local management teams.	Yes	Local Outpatient Delivery Board reporting	Improving performance	Information reports	
PULMONARY REHABILITATION					

Key service actions:	Has this action been completed y/n?	What has the HB done to support/achieve this action?	What was the impact of this action being completed/Not completed?	How was this measured?	Additional comments
Ensure people with COPD and self-reported exercise limitation (MRC breathlessness 3-5) are referred to PR and develop self-management and exercise programmes for people with an MRC score of 1-2.	Yes	As per BTS guidelines quality standard 1a people with COPD and self reported exercise limitation (MRC3-5) are referred to PR. This is part of the PR criteria and referral forms for Secondary, Primary and Community care. For patients with an MRC score of 1-2 , these can go directly to NERS or can be referred into PR depending on need also. The Help You Help Yourself (HYHY) scheme from BLF has also been introduced into SBU HB for a period of 18 months to allow patients with an MRC of 1-2 to be referred into an exercise and education class, this is Not as in-depth as PR.	Allows access to the wider population of COPD patients. Allows for earlier intervention. The link between PR, NERS and BLF allow for integration of services , ensuring patient flow and correct place of care.	Constant data collection, referral rates , time to treatment. NACAP Audit	
Ensure that PR programmes can support patients with bronchiectasis or pulmonary fibrosis.	Yes	The PR Service has a standardised COPD course across the whole of SB UHB provided in all GP network clusters. The Swansea and Bridgend locality offer specific ILD PR courses which patients in Neath can also access and travel to. If they do Not wish to travel then the patients in Neath attend a COPD course where their needs are catered for. The Neath locality offers bronchiectasis specific PR where all SB UHB residents can access. Referrals are made through secondary care to the bronchiectasis course and the team works closely with Consultants and physio delivering bronchiectasis clinics.	Adherence to NICE guidelines for ILD specific PR and BTS guidelines for bronchiectasis PR. The PR service is reacting to patient need and improving quality of service for our chronic respiratory disease patients.	Data sets, number of referrals, qualitative and quantitative data	The plan would be to be able to provide bronchiectasis specific PR in all localities not just Neath Port Talbot.

Key service actions:	Has this action been completed y/n?	What has the HB done to support/achieve this action?	What was the impact of this action being completed/Not completed?	How was this measured?	Additional comments
Improve referral rates to, and uptake of, PR programmes.	Yes	Due to the investment from WAG in September 2015 the PR service has been able to triple its capacity and develop condition specific PR. It also has allowed for 'pre-hab' of patients meaning that access to courses has improved and completion rates have improved to 86% from 25% in line with NACAP Audit targets. NERS referrals have also tripled and completion rates up to 32 weeks post PR have improved to nearly 50%. Primary Care in Neath and Swansea are targeting all GP clusters with improving referral to PR by using the Tower Hamlets Project , referring all appropriate COPD patients with an MRC of 3-5 to PR.	In 2016 a national clinical audit revealed that while 40% of patients with COPD should be receiving PR just 4 out of 10 of those eligible patients are actually even referred. This is quite startling as the strength of evidence in improving outcomes and reducing the burden on services is huge PR can reduce COPD exacerbations by 36% which means that if every eligible person was referred for PR exacerbations could fall by a third. In turn this would reduce COPD hosp admissions by 13% , halve length of time spent in hospital, saving 106,000 hospital days, reduce social care costs and free up GP appts. Through Value Based Healthcare work within the HB we have proved that those patients who have completed PR have less admissions to hospital and those that are admitted have reduced bed days.	Project for Primary Care commence October 2019, therefore will be capturing referral numbers. Value based Health care work	
Ensure community and hospital-based PR providers have an adequate, long-term funding framework that will allow programmes to recruit and retain staff with an appropriate skill mix.	Yes	Due to Wag funding for Primary Care HB are able to provide a MDT approach to PR on a permanent basis. This remains Swansea, Neath and Bridgend (SLA) at present. This also includes the Early Discharge/Admission Avoidance COPD Team in			
In conjunction with Public Health Wales, support the ongoing provision of the NERS programme.	Yes	HB have x3 WTE NERS members of staff working alongside PR services (MOU) to provide the exercise component within the courses and also the follow on for our patient cohort.	Referral rates and completion numbers at 16 and 32 weeks. Referral rates and completion rates vastly improved due to patients working with NERS instructors within PR who they then trust and wish to continue activity		As chair of PR work stream for RHIG work alongside head of NERS in WG and help to raise the profile of NERS within PR
Ensure All-Wales referral pathways are developed so that all patients are offered referral to PR or other activity-based intervention.	ongoing	Lead for PR in SBUHB is the chair for the PR work stream at RHIG and is working with the subgroup to develop referral pathways and improve the profile of PR in Wales			
Develop consistent Wales-wide outcome measures and a mechanism to collect these for use in PR, NERS, self-management and local exercise programmes.	ongoing	Own database and NACAP Audit	Allows for constant service development/ assessment. QI targets from NACAP		Working with work stream to develop this. All services in Wales part of PR NACAP Audit providing consistent outcome measure.
Ensure PR services across Wales address variation providing access to a multidisciplinary team approach involving a range of key rehabilitation professionals such as occupational therapists, physiotherapists and exercise professionals. Teams must also ensure access to dietetic and psychological support.	Yes	WAG funding allow for MDT including Physio, RNS, OT, Dietetics, Techs, NERS , Admin . Proposal for SALT. This is the only service in Wales which offers full MDT working and pre-hab.	Proven to show that with full MDT care our COPD,ILD and bronchiectasis patients are receiving Gold Standard holistic care leading to improved psychological, nutritional and physical outcomes	Specific outcome measures for all professions	

Key service actions:	Has this action been completed y/n?	What has the HB done to support/achieve this action?	What was the impact of this action being completed/Not completed?	How was this measured?	Additional comments
Develop strategic use of telehealth to assist delivery of PR in rural communities.	N/A at present.				Due to the way the service runs in SB UHB, HB are able to deliver PR in groups and all GP networks. This is not necessarily true of all services in Wales where the use of digital/ telehealth options are being utilised such as in rural areas.
OXYGEN					
Ensure that all oxygen prescribing is done through HOS teams across Wales.	No	all patients for LTOT should be referred to the oxygen services, GP'S currently prescribe palliative and cluster headache oxygen only. Due to limited numbers in home oxygen service HB can Not assure all prescribing	currently some oxygen is prescribed inappropriately.	through monitoring of monthly reports from baywater	
Review patient outcome data collection to meet BTS Quality Standards.	No				
Address inappropriate variation and support the implementation of specialist oxygen nurses	partial	band three technician employed for singleton however the oxygen services across site are understaffed in comparison to other services across wales.	unable to achieve all all Wales and BTS standards		B3 tech due to start maternity leave. And NPT staff being reallocated to work on other wards.
Reduce unnecessary variation in oxygen prescribing by sharing best practice.	Yes	monthly home oxygen meetings and attending the all wales clinical meetings.	share best practice.		
Develop All-Wales competency-based training for earlobe capillary blood gas sampling.	No	in progress			
Implement an All-Wales Risk Assessment Form.	No	in progress with all wales clinical group			
Develop an All-Wales Guidance of Removal of Home oxygen Policy.	awaiting approval from RHIG				
Develop an All-Wales Patient Information Leaflet.	awaiting approval from RHIG				
Implement an All-Wales PREM for oxygen.	this is being trialled in Hywel DDA				
SLEEP SERVICES					
Ensure data is provided for referral to treatment times.	No	We are currently capturing referral times for referral to physiology for sleep study to treatment e,g, with CPAP. However, there may have been a delay in the triage process from date of GP/Consultant referral to triage to physiology for testing which we are not capturing.		N/A	

Key service actions:	Has this action been completed y/n?	What has the HB done to support/achieve this action?	What was the impact of this action being completed/Not completed?	How was this measured?	Additional comments
Support sleep services as laid out by the Welsh Sleep Strategy document.	No	Recent meeting with deputy director of therapies to develop a “vision for Respiratory Physiology” document and undertake a detailed workforce planning exercise	Lack of development of staff, no vacancies for output of 2020 graduates currently despite 2 year tie in for repayment of bursary – financial cost to HEIW/WAG	N/A	Essentially without sufficient staff, funding, training and upkeep of equipment Respiratory & Sleep Physiology will struggle to maintain their services with the ever expanding patient populations.
Develop an All Wales MDT approach to sleep patients with a standard proforma. Those areas employing an MDT approach to the assessment of sleep patients had significantly lower waiting times than those adopting a tradition model of assessment.	No			N/A	National RHIG to develop
Identify staff numbers dedicated to sleep per local capita.	No	Workforce planning to be undertaken – not started yet		Establishment data and local population data	
Continue to monitor and track performance by Health Board and feedback to local clinical and management teams.	Not sure				
Develop a National database for sleep.	No				National RHIG to develop
Work with NWIS and Welsh Government to pilot the inclusion of diagnostic tests within the diagnostic and therapies return.	No				National RHIG to develop
Non INVASIVE VENTILATION					
Ensure major hospital NIV units comply with NCPOD standards.	Yes	Morriston hospital - 4 Bedded Acute NIV unit 24/7 7 days a week opened Dec 2018 with 2:1 staff ratio continuous ECG and sats monitoring with clear pathway and NIV alert call. Singleton acute NIV 4 bedded EMU with 24/7 7 days a week via medical SpR. All patients commenced on acute NIV are referred to respiratory teams and reviewed by critical care.	Morriston Hospital NIV audit 2018/2019 data collected showing improved patient outcomes esp escalation planning (100%)and mortality rate being 50% lower than national . No average. Also financial savings of £800,000 in first 6 months and fewer Morriston HDU beds used. Singleton did not take part in audit due to time constraints, however, all relevant data already collected by lead nurse and could be reviewed retrospectively.	National 2019 NIV audit	
Develop an All-Wales business case to support the implementation of the NIV NCOPD recommendations for acute NIV.	No				National RHIG to develop
Standardise training provision and competency based assessment for NIV.	Yes	NIV staff all complete competencies . EMU staff in Singleton undergo yearly updates.	Safe care delivery and empowerment of ward Nurses to lead a responsive 24hr service	National 2019 NIV audit and individual PADRs	

Key service actions:	Has this action been completed y/n?	What has the HB done to support/achieve this action?	What was the impact of this action being completed/Not completed?	How was this measured?	Additional comments
Standardise equipment and allow national procurement with an All-Wales model.	Partial	teams across Swansea Bay HB do use standardised equipment, although no formal process for national procurement			National RHIG to develop
Develop a 'Domiciliary NIV' Service model to support service development in line with predicted expansion in community service provision.	No		niv currently absorbed within understaffed general respiratory teams. Rapidily expanding caseloads are not sustainable with current resources.		
Develop a All-Wales database for patients on acute and domiciliary NIV.	No				National RHIG to develop
PALLIATIVE CARE					
Continue to promote discussions concerning advanced care planning for respiratory patients who may be entering a more palliative phase of their illness.	Partially	Training session for respiratory CNSs in advance care planning being set up.		Attendance of training day.	
Increase the use of advance care plans that are easily available for all health professionals in different health settings to find.	No	See above action.			
Ensure that respiratory teams alert primary care to those patients with advancing COPD to ensure they are included on the GP palliative care register and receive appropriate support.	No				

Respiratory delivery plan 2018-20	
Assurance measures - metric data	
Vaccination work stream	
Influenza uptake for high risk patients (6 months to 64 years and proportion to respiratory)	See outcome indicators tab
Influenza uptake for NHS staff and proportion on respiratory wards	Front line staff groups contribute towards the Welsh Government target of vaccinating 60%. As at 08.11.19 total of staff vaccinated 6092 / 47.5%. 4283 / 49% were front line staff. 6722 / 52.5% staff still not vaccinated of which 4533 51% are front line staff.
Influenza uptake for COPD and asthma as a percentage	Public health Liz
Smoking work stream	Public health Liz
Performance target on smoking cessation	See outcome indicators tab
Number and percentage of smokers referred for a quit attempt as a percentage of all smokers	See outcome indicators tab
Use of CO monitors for secondary care smoking cessation services	
CO validated quit rates at 4 weeks for all smoking cessation providers	See outcome indicators tab
CO validated quit rates at 52 weeks for all smoking cessation providers	
Number of prescriptions of combined NRT (+/- Verenciline) for patients admitted to hospital who smoke	
COPD work stream	Alison,
%age of COPD patients with obstructive spirometry	Primary Care COPD audit data.
Number of primary care and secondary care services with ARTP spirometry qualified practitioners	Fiona - spirometry training, list of training numbers
Presence of early supported discharge and number of those supported discharges per health board	Yes early discharge team Alison numbers since set up.
Median length of stay for COPD patients per health board	Informatics
Prevalence of hospital admission ratio per practice or cluster	Primary Care
Presence of accelerated pulmonary rehab programme for patients recently admitted to hospital with exacerbation	None

Availability of secondary care based advice or telephone advice service for the benefit of primary care	No dedicated phone service. Welsh Portal allows written communication between Respiratory Consultants and GPs
Paediatrics work stream	
Bronchiolitis admissions per Health Board	Informatics
Paediatric asthma admissions per Health Board	Informatics
Asthma work stream	
Asthma mortality rate	See outcome indicators tab
Asthma hospital admission rate	Informatics
% of patients receiving annual asthma review	See outcome indicators tab
% of patients with an asthma action plan	Primary Care ? Is it collected
Number of patients receiving more than 12 reliever inhalers per year without asthma review	primary care
Number of patients on asthma register with >80% adherence with ICS	primary care
Participation in national audit (and results of audit)	Analysis of interim data from the 2018/19 RCP Acute Asthma Audit showed significant deficits in acute asthma care at SBUHB, which supported the secondment of 2 Asthma Nurse Specialists over the Winter 2019/20. Examples of deficits in acute asthma care at SBUHB from the recent RCP audit include: • 17% of asthma patients had no Peak Expiratory Flow (PEF) recorded on admission • 57% had no best PEF recorded. • Following admission, 73% had no record of systemic steroid administration, 50% had no record of B2 agonist administration. • During admission, 37% were not reviewed by specialist respiratory team which is likely to have resulted in 27% not in receipt of inhaled corticosteroid on discharge and 17% not prescribed the minimal 5 days of oral steroids. • The deficits in steroid therapy are particularly concerning with risk of further exacerbation and uncontrolled asthma leading to readmission. This would be addressed by an ANS providing specialist input and supported discharge. • Lastly, Length of Stay (LOS) ranged up to 15 days and it is likely that this could be reduced by ANS input. The data collated during the three-month pilot would focus on determining LOS opportunities.
% of patients on asthma register receiving high does of ICS versus low dose ICS	primary care
Access to dedicated asthma specialist nurse in secondary care	Nil until recent secondment of 2 Asthma Nurse Specialists (ANS) over the Winter 2019/20. However, the secondment are due to end in March 2020. It is hoped that the gaps identified in service and subsequent improvements will make an irrefutable case for permanent posts.
Number of primary care healthcare professionals carrying out asthma reviews who have had specialist training in asthma	primary care
Number of patients on biological agents (omalizumab, mepolizumab, relisumab)	27

Number of patients referred to secondary care with uncontrolled asthma and referral to treatment times	
Number of patients discussed at All Wales MDT	Approx. 8 pa
PROMS implementation Nationally using ACQ6/7 and mini AQLQ	Yes
Cough work stream	
Number of referrals for chronic cough per Health Board	not currently collected
Interstitial Lung Diseases work stream	Craig Dyer & Cheryl Owen
Referral to treatment times	
MDT discussion rates	
Palliative Care referral rates	
Pulmonary Rehab referral rates	
Access to ILD CNS support	specialist info
Referral to lung biopsy times	
Tuberculosis work stream	
Number of cases by HB	1 Nov 2018 – Nov 2019 8 active cases
%ages of case reported at cohort review	100%
Compliance with cohort recommendations	Unclear what is being asked for here
Chronic Lung sepsis work stream	asan mughal how would you answer this.
Benchmarking across BE services in Wales to be updated and against tertiary UK centres	
Diagnosis of bronchiectasis confirmed by CT chest (using 1mm slices)	
%age of patients taught appropriate airways	
%age of bronchiectasis patients having sputum bacteriology culture when clinically stable recorded at least once each year	
Number of referrals and atendances to PR	Nicola Perry Gower
%age of bronchiectasis patients with individualised written self-management plan	
Outcome of surgery for pneumothorax cases (conservative management or intervention)	Query wrong workstream
Lung Cancer work stream	Pending Data will be released in National Lung Cancer Audit publication pending January 2020 for 2018 data
Survival rates	
Proportion undergoing surgery	
Proportion undergoing radical radiotherapy/chemotherapy	
Stage at diagnosis	

Proportion with histological confirmation	
Outpatients work stream	
Waiting times for respiratory medicine	
Wait times over 24 weeks	
DNA rates	
Pleurol Disease work stream	Francois Lhote.
Number of cases referred for opinion and advice to the WPIG	
Number of empyema cases referred to surgery	Thoracic surgery
Days wait to surgery for empyema cases	Thoracic surgery
Outcome of surgery for empyema (conservative management or intervention)	Thoracic surgery
Number of patients with pneuomothorax referred to surgery	Thoracic surgery
Days wait to surgery for pneuomothorax cases	Thoracic surgery
Pulmonary Rehabilitation work stream	Nicola Perry Gower
Pulmonary rehabilitation is offered according to British Thoracic Society guidelines	
Pulmonary rehabilitation is offered in primary care/community setting	
Numbers and percentage of all COPD patients referred for rehab	
Numbers and percentage of MRC dyspnoea level 3 to 5 patients referred for rehab that attend	
Numbers and percentage of MRC dyspnoea level 3 to 5 patients referred for rehab that complete	
Numbers of COPD patients attending PR with MRC dyspnoea scores of 5	
Wait for all patients attending PR	
Wait for patients recently admitted with exacerbations attending PR	
Numbers and percentages of patients with COPD referred to NERS	
Number and percentage of patients who complete pulmonary rehab who are referred to NERS	

Number and percentage of COPD patients referred to NERS that attend	
Number and percentage of patients who are referred to NERS and complete the programme	
Description of available NERS services	
Number of ILD patients referred for rehab that attend as a percentage of all referrals that attend	
Number of ILD patients referred for rehab that complete as a percentage of all referrals that complete	
Number of bronchiectasis patients referred for rehab that attend as a percentage of all referrals that attend	
Number of bronchiectasis patients referred for rehab that complete as a percentage of all referrals that complete	
Oxygen work stream	Michelle
Expenditure per disease category	
Spend per head	
Spend on heart failure and OSA	
Number of inappropriate referrals (unknown and other)	
Sleep Service work stream	Favas - Joleta, Lee in NPT, Simon Hildrup Morr
Present waiting times from time of referral to initial consultation or sleep related test	
Referral to treatment time	
Present waiting times from point of initial referral to sleep service e.g. GP to patient set up with continuous positive airway pressure devices in Obstructive Sleep Apnoea patients	
Present date on the number of pateints referred with a potential sleep disorder	
Present data on DNA rates	
Present data on the sleep diagnosis prevalence	
Present compliance data in OSA patients (defined as >/= 4 hours for >/= 70% nights) at 3 months and one year with subjective measurements of sleepiness	
Non-Invasive Ventilation work stream	Michelle who to send to in Morriston
Numbers of patients on long-term ventilation by disease category	

Description of workforce dedicated to NIV	
Number of acute NIV admissions by health	
Palliative care work stream	
Number of CODP referrals	
Number of ILD referrals	

Please list below the funding initiatives that have been funded including those funded directly from Welsh Government money allocated through the implementation group

Date(s)	Project name	Aims	Funding amount		Was the project a success?	How did it impact on patients/pathways?	How is the HB maintaining/ building on this
22/05/2019-22/08/2019	Example - Spirometry training	Improve diagnostics in primary care by ensuring at least one member of staff in all GP surgeries are trained in Spirometry	£100,000	WG and internal	Yes - Training caried out across whole of Wales	Improved diagnostics, more accurate recording of respiratory patients leading to faster and effective treatment	Spirometry training is now standard for all new clinical staff members
	Implementing COPD Early Discharge Team	Improve the outcomes for COPD Patients and reduce the impact of COPD patients and reduce length of stay (LOS).	£230,867	Internal	Consistent COPD Pathway in place. Project is still ongoing, awaiting start date for Physio.	Reducing length of stay	Using this team as a basis to expand into admission avoidance with additional staffing.
2018-2019	Extending the scope and value in Chronic Obstructive Pulmonary Disease (COPD) Services - Admission Avoidance	Improve the outcomes for COPD Patients and reduce the impact of COPD patients on the front door - ED (Emergency Department) attendances, admissions, ambulance calls and length of stay (LOS).	£126,671	Internal	Consistent COPD Pathway in place. Project is still ongoing, further recruitment to be undertaken to expand the current team	Reduction in readmission rates for COPD Early Discharge team. A reduced CAT (COPD Assessment Test) score post intervention. A mean improvement in quality of life (QoL) of 80%. Increase in self management	Expansion of the current COPD team, in relation to front door working (ED, AGPU, and admission avoidance working with WAST.
Mar-19	Spirometry Training	To provide spirometry training to staff within Respiratory teams	£45,000	WG and internal	Yes, additional staff are now spirometry trained.	Increase in skills of staff able to undertake spirometry	To be reviewed under HB Clinical Services Plan
Since 2015	Additional Consultant Posts	Additional Consultant Posts x 2.6 wte across HB		Internal	Further development of ILD service, new development of Pleural, TB, Neuromuscular NIV	Provision of new services to patients and communities.	To be reviewed under HB Clinical Services Plan
	Singleton Band 6 CNS (kirstie eastwood ??)	To backfill senior respiratory CNS to allow development of specialist TB service		Internal	Yes	Development of specialist TB CNS role	To be reviewed under HB Clinical Services Plan
	Singleton Band 3 Respiratory Tech (Oxygen and NIV) Kelly ??	To improve compliance with all wales oxygen and NIV quality standards		Internal	Yes	Improved quality of care for patients with home oxygen and domiciliary NIV	To be reviewed under HB Clinical Services Plan
	Macmillan Admin Support lung cancer	To improve tracking and pathway for patients with lung cancer		External (Macmillan)	Yes	Cancer tracking improved	
	Part time B6 CNS for NPT	improve pathway for patients with lung cancers		Internal	yes	Improved quality fo care for patients with lung cancer	To be reviewed under HB Clinical Services Plan
Gareth Barbour	Morriston Hospital respiratory ward acute NIV unit	To improve delivery of acute NIV care to patients, presenting to Morriston Hospital, through implementation of an NIV Unit.	£90,000	Internal	Yes	Patient mortality improved by 50%. The number of patients accessing acute NIV is also expected to double since introduction of the service.	Reviewing options to expand service access criteria.
	Pleural ANP Inpatients Morriston	To develop an ANP led pleural service on Anglesey Ward (Morriston)	n/a	Internal	Yes	Pioneering approach to managing pleural disease - ANP led model resulting in same day management (bed day efficiencies) , ED in-reach, admission avoidance, single point of referral/access/patient contact, enhanced trainee support and service development opportunities.	Formal re-banding of ANP is required (in recognition of additional responsibilties/enhanced skills). Vision to adopt stronger MDT focus - on a health board wide basis - to drive improvements in management of pleural disease.
	Development of a Pleural Procedure Room on Anglesey Ward	Development of a dedicated pleural procedure room to undertake pleural assessment and procedures.	£20,000	Internal	Yes	Improved environment to deliver pleural disease care. This investment was also an important enabler in developing the ANP led pleural service.	See above
	Physician Associate Recruitment	Appointment of a 1.0 WTE Band-7 Physician Associate to the respiratory medical team. Appointed December 2019.	£37,570	Internal	Awaiting Start Date	n/a	n/a
	Appointment of 2.0 WTE Respiratory CNS - MorristonHospital	One band seven and one band six Respiratory CNS	Approx £68,000	Internal	Yes	Improved provision of specialist nursing care to patients.	n/a
	Asthma Winter Funding - 2 B7 CNS for 4 months			WG (winter funds)			
	Pulmonary Rehab team monies			WG (query where it came from)			
	Hospital Smoking Cessation Nurses			Internal			
	Macmillan lung cancer lead GP role						
	Physiology expansion of team Morriston & Singleton	query if additional					