



**Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD
QUALITY, SAFETY AND EXPERIENCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	15 August 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Occupational Therapy (Paediatrics) Improvement Plan
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	James Severs, Executive Director of Allied Health Professions and Health Science
SWYDDOG ADRODD: REPORTING OFFICER:	Lance Reed, Clinical Director of Therapy Services

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Quality, Safety and Experience Committee (QSEC) received information in February 2024 and April 2024 describing the need to strengthen oversight and management of operational performance, which has a direct impact on the quality, safety and experience of patients waiting for therapies.

Cefndir / Background

QSEC received a paper in February 2024 which described the need to strengthen oversight and management of operational performance, which has a direct impact on the quality, safety and experience of patients waiting for therapies. The paper identified five main themes which would require development to improve oversight and assurance of quality, safety and patient experience as follows:

1. Oversight of performance.
2. Oversight of clinical risk profile and mitigations.
3. Clinical risk profile and mitigations
4. Oversight of demand and capacity.
5. Oversight of quality, safety and experience.

In April 2024, QSEC were advised, due to the size and scale of the project, it was necessary for this work to be targeted to one specific service to develop a template which could be trialled and upscaled to other therapy services. Due to the significant breaches in the 14-week referral to treatment performance for Occupational Therapy (Paediatrics), it was agreed to focussed on this service as a priority area for improvement.

Asesiad / Assessment

The Improvement Plan for Occupational Therapy (Paediatrics) (Appendix 1) shows the progress of the 5 key areas of focus within the Therapies Directorate.

Since the development of the improvement plan for Occupational Therapy (Paediatrics) in April 2024, there has been a reduction in the number of patients waiting for Occupational Therapy (Paediatrics) in May, June and July 2024.

Although the numbers the deduction is 7 cases per month, the ongoing number of referrals being received into the service are being managed in a more effective way, thus resulting in the arrest of the increasing figures

seen over the last few years. It is expected the trend in reducing waiting times for this therapy will continue over the coming months.

Table 1 shows an early indication of how the work aligned to the Improvement Plan for Occupational Therapy (Paediatrics) has arrested the increase in the number of patients waiting over 14 weeks referral to treatment.

	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sept 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25
Projected breaches without TIPP	328	335	341	347	353	359	365	371	377	383	389	396
Revised trajectories with TIIP	328	336	334	327	320	309	298	285	277	267	255	243
Actual Breaches	329	323	310	303								

Table 1: 14-week RTT Performance of Occupational Therapy (Paediatrics)

Further to the improvement plan for Occupational Therapy (Paediatrics), a review of establishment has identified the need to increase the core workforce in the service to manage and mitigate risks to quality, safety and experience of the service, including the following points:

- Directorate has agreed reallocation of resource from within Directorate to recover position – additional 3wte x B6 posts (currently out to recruitment).
- Carmarthenshire County Council have agreed increased resource (1wte x B6) to support integrated Paediatric Service
- Pilot for weekend working from 17th August 2024 to increase access and reduce waiting times for longest waits.

Table 2 shows the trajectory of Occupational Therapy (Paediatrics) for 14-week referral to treatment performance based on the additional resources as outlined above.

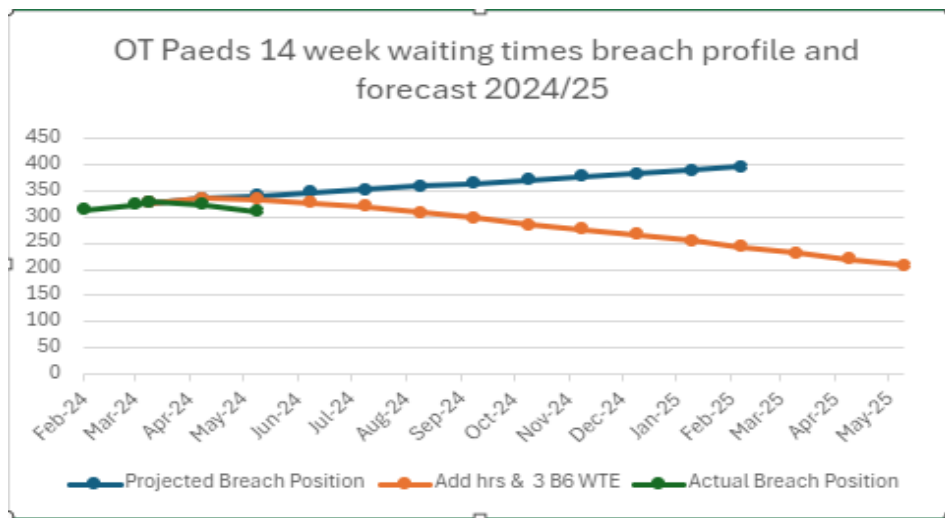


Table 2: Trajectory of 14-week RTT (2024/25)

The impact of the improvement plan for Occupational Therapy (Paediatrics) has not been factored into the trajectory of 14-week RTT (2024/25) however, based on the reduction in the number of patient's waiting over 14-weeks in May and June 2024, this trend is expected to continue further.

Argymhelliad / Recommendation

QSEC is asked to take assurance that the Occupational Therapy (Paediatrics) improvement plan has progressed.

QSEC is asked to agree the next update against the Occupational Therapy (Paediatrics) improvement plan for QSEC on 05 December 2024.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.8 - Provide assurance that all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the quality and safety of care provided, and that sources of internal assurance are reliable, there is the capacity and capability to deliver, and lessons are learned from patient safety incidents, complaints, and claims. 3.9 – Provide assurance to the Board that current and emerging clinical risks are identified and robust management plans are in place and any learning from concerns is applied to these risks as part of this management.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risk reference: 736 Score: 3X3 = 9
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	3. Data to knowledge 4. Learning, improvement and research 5. Whole systems perspective
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	3a Transforming Urgent and Emergency Care programme 4a Planned Care and Cancer Recovery 7b Integrated Localities
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Contained within the report
Rhestr Termau: Glossary of Terms:	Contained within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofiad: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	Quality, Safety and Experience Committee: 14th February 2023 8th August 2023. 13 th February 2024 Strategic Development and Operational Delivery Committee – June 2023 Executive Team Directorate Improving Together Sessions Monthly IPAR Report Operational

	Quality, Safety and Experience Sub Committee Therapy Services Directorate Operational Delivery Group
Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	There are robust governance arrangements underpinning fiscal management to ensure internal control and value for money.
Ansawdd / Gofal Claf: Quality / Patient Care:	Therapy Services ensures that patient care continues to be provided and understands that patient experience is vital to providing excellent care and driving quality.
Gweithlu: Workforce:	Contained within the report
Risg: Risk:	Contained within the report and action plan
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	Reputational risk relating to increased waiting times
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	

Theme #	Theme	Action #	Action detail	Task	Deadline	Status	Comments		
1	Oversight of performance for each service	1.1	Develop key performance indicators	Complete high level assessment of current reporting baseline data.	26/02/24	Complete			
				Correlate high-level baseline data with existing service level business intelligence and locally reported systems	15/04/24	Complete			
		1.2	Record key performance indicators	Using baseline assessment, determine level of reporting compliance for each service - map what data is collected and how/where it is stored	25/04/24	Complete			
				Develop WPAS reporting guide and best practice reporting guide for AHP Services to ensure accurate, regular and consistent reporting of AHP activity across Health Board	30/04/24	Complete			
				Create and implement AHP Access Policy	30/09/24	Complete			
				Determine training requirements for reporting and performance monitoring for each service.	30/09/24	Ongoing	Dependant on digital programme & WPAS reporting.		
				Organise training for administrators	30/10/24	Ongoing	Dependant on digital programme & WPAS reporting.		
				Organise training for clinicians (registered and unregistered)	30/10/24	Ongoing	Dependant on digital programme & WPAS reporting.		
				Report key performance indicators	Review governance processes within each service for quality and performance.	30/04/24	Complete		
		1.4	Develop a digital dashboard to monitor and report performance indicators	Define minimum data set to inform the first iteration of the dashboard	25/03/24	Complete			
				Review dashboards for Physiotherapy and Dietetics and complete gap analysis for OT	18/03/24	Complete			
				Develop first iteration of dashboard on excel to ensure it fits requirements.	01/04/24	Complete			
		1.5	Monitor key performance indicators	Implement governance processes within each service for quality and performance.	01/04/24	Complete			
		2	Oversight of clinical risk profile for each service	2.1	Develop clinical risk profile	Develop SOP with triage and treatment standards for each service/ patient group	01/10/24	Ongoing	SOP to be developed after Pathway revision completed.
						Facilitate workshop with Therapies and Risk and Assurance team to review initial assessment information.	01/03/24	Complete	
Review clinical risk profiles and complete state of readiness assessment for each service.	01/04/24					Complete			
2.2	Record clinical risk profile			Create MS Forms to capture service level information on clinical risk profiles.	26/02/24	Complete			
2.3	Report clinical risk profile			Actions to be scoped and determined	01/10/24	Ongoing	Clinical response targets currently being reviewed with activity/diagnosis codes. and exception reporting.		
2.4	Develop digital dashboard clinical risk profile			Create heatmap by subspecialty to develop basis of digital dashboard.	01/06/24	Complete			
2.5	Manage clinical risk profile			Implement SOP with triage and treatment standards for each service/ patient group	01/10/24	Ongoing	SOP to be developed after Pathway revision completed.		
3.1	Develop process to monitor patients waiting		Review baseline data to formalise existing processes	01/05/24	Complete				
			Develop SOP for follow up standards for each service/ patient group	01/10/24	Ongoing	SOP to be developed after Pathway revision completed.			

3	Clinical risk profile and mitigations for each service		longer than 14 weeks	Implement SOP for follow up standards for each service/ patient group	01/10/24	Ongoing	SOP to be developed after Pathway revision completed.
		3.2	Introduce weekly validation of waiting lists	Scope gap analysis for each service current SOP for waiting list validation	01/05/24	Complete	
				Develop SOP for waiting list validation for each service	01/05/24	Complete	
				Implement SOP for waiting list validation for each service	01/05/24	Complete	
3.3	Introduce digital weekly reporting of performance to inform clinical risk profile	Scope specification with informatics team based on clinical risk profile data.	01/05/24	Complete			
4	Oversight of demand and capacity for each service	4.1	Introduce electronic roster management	Organise demonstration of Allocate system	14/03/24	Complete	
				Engage with teams to understand how rostering is currently completed for the teams.	01/04/24	Complete	
				Identify feasibility of workforce planning tool and determine preferred way forward	01/09/24	Ongoing	TIM tool in place and template for job planning.
		4.2	Undertake demand and capacity for each therapy service	Preparation for workforce engagement and mapping workshops	01/05/24	Complete	
				Organise service level workshops with each service lead and deputies	01/06/24	Complete	
				Progress required changes for WPAS system to allow access to Follow Up waiting list data	01/10/24	Ongoing	Dependant on National Work to merge OPD & HCP WPAS Modules.
				Cleanse current ESR data to accurately reflect current workforce	01/07/24	Complete	
		4.3	Introduce job planning	Examine current levels of activity and service provision	01/07/24	Complete	
				Time and motion studies and analysis for each service	01/07/24	Ongoing	To be refined for Direct & Indirect data capture
				Profile existing Therapy workforce and available clinical time using job planning principles	01/10/24	Ongoing	Requires TIM capture.
				Draft Job Planning Standard Operating Procedure	01/05/24	Complete	
				Determine current arrangements for job planning within each service	01/09/24	Ongoing	Requires TIM capture.
		Build and roll out clinic templates (clinician, location, clinic type)	01/10/24	Ongoing	Requires TIM capture.		
5	Oversight of quality, safety and patient experience for each service	5.1	Develop Patient Reported Outcome Measures (PROMs)	Build on pilot as part of the Long COVID Adferiad programme requirement to capture PROMs.	01/09/24	Ongoing	Dependant upon national 'Promptly System' roll out. Working with Value in Health to utilise national 'Promptly PROM & PREM' digital system.
		5.2	Develop Patient Reported Experience Measures (PREMs)	CIVICA friends and family but no service specific PREMs.	01/09/24	Ongoing	