



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 June 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Planning Objectives Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mandy Rayani, Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Daniel Warm, Head of Planning

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

A revised set of Planning Objectives has now been incorporated into Hywel Dda University Health Board's (HDdUHB) plan for 2022/25 that set out the aims of the organisation, *i.e.* the horizon that HDdUHB is driving towards over the long term, as well as a set of specific, measurable Planning Objectives, which move the organisation towards that horizon over the next three years.

Each of the Planning Objectives has an Executive Lead and this report is to provide the Quality, Safety and Experience (QSEC) with an update on the progress made in the development (delivery) of the Planning Objectives under the Executive Leadership of the:

- Director of Nursing, Quality and Patient Experience
- Director of Operations

that are aligned to QSEC, for onward assurance to the Board.

Cefndir / Background

This report is presented as an update to demonstrate where progress has been made in delivering those Planning Objectives aligned to QSEC.

There are 4 Planning Objectives in total which are attributed to the following Executive Lead as set out and detailed at Appendix 1.

Asesiad / Assessment

Appendix 1 provides an update on each of the Planning Objectives aligned to QSEC, identifying their current status, whether these are achieving/not achieving against their key deliverables and a summary of progress to date.

A summary of this information is set out below:

Planning Objectives	Lead Executive	Status	If Planning Objective is 'behind'
1E	Director of Nursing, Quality and Patient Experience	On-track	Not Applicable (N/A)
2F		On-track	N/A
3C			
5P	Director of Operations	On-track	N/A

Argymhelliad / Recommendation

The Committee is asked to receive an assurance on the current position in regard to the progress of the Planning Objectives aligned to QSEC, in order to onwardly assure the Board where Planning Objectives are progressing and are on target, and to raise any concerns where Planning Objectives are identified as behind in their status and/or not achieving against their key deliverables.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 To receive an assurance on delivery against all Planning Objectives aligned to the Committee.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do 3. Striving to deliver and develop excellent services 5. Safe sustainable, accessible and kind care
Amcanion Cynllunio Planning Objectives	1E_22 Personalised care for patients waiting 3C Quality and Engagement Requirements 5P_21 Liberty Protection Safeguards
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	3 Year Plan and Annual Plan Decisions made by the Board since 2017-18 Recent <i>Discover</i> report, published in July 2020 Gold Command requirements for COVID-19 Input from the Executive Team Paper provided to Public Board in September 2020
Rhestr Termau: Glossary of Terms:	Explanation of terms is included within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofïod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	Public Board - September 2020 Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Any financial impacts and considerations are identified in the report
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues are identified in the report
Gweithlu: Workforce:	Any issues are identified in the report
Risg: Risk:	Consideration and focus on risk is inherent within the report. A sound system of internal control helps to ensure any risks are identified, assessed and managed.
Cyfreithiol: Legal:	Any issues are identified in the report
Enw Da: Reputational:	Any issues are identified in the report
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	N/A

APPENDIX 1 – Update of Planning Objectives (PO) aligned to QSEC as at 9th June 2022

PO Ref	Planning Objective	Executive Lead	Date of Completion of PO	Current Status of achieving PO within Completion Date (Delete as appropriate)	<ul style="list-style-type: none"> • Summary of Progress to date (including barriers to delivery) • For actions behind schedule, please provide an explanation • For actions behind schedule, what quarter will these now be achieved
1E	<p>During 2022/23 roll out the processes developed in 2021/22 to maintain personalised contact with all patients currently waiting for elective care which will:</p> <ol style="list-style-type: none"> 1. Keep them regularly informed of their current expected wait 2. Offer a single point of contact should they need to contact us 3. Provide advice on self-management options whilst waiting 4. Offer advice on what do to if their symptoms deteriorate 5. Establish a systematic approach to measuring harm – bringing together the clinically assessed harm and harm self-assessed by the patient and use this to inform waiting list prioritisation 6. Offer alternative treatment options if appropriate 7. Incorporate review and checking of patient consent <p>By the end of March 2023 to have this process in place for all patients waiting for elective care in the HB</p>	Director of Nursing, Quality and Patient Experience		On track	<ul style="list-style-type: none"> • A process to maintain personalised contact with patients awaiting elective care established and roll out plan in place. • Waiting List Support Services (WLSS) funding agreed until March 2023 to demonstrate value and impact • Phase 1 delayed as described in previous report (February 2022). • 15,000 Stage 4 patients will need to be contacted during 2022/23 • Letter issued Stage 4 adult Ear, Nose and Throat (ENT) patients (500) early December 2021 inviting contact with Waiting List Support Service (WLSS) by telephone or email via Command Centre (CCC) systems. Due to volume of Vaccination enquiries to the CCC and risk that patients offer support from WLSS would not be able to have calls answered WLSS Team called patients directly during December and early January 2022. An attempt to contact all patients has been made. • Patient Advisory Liaison Service (PALS) team have contacted ENT patients to evaluate their experience of service (April 22). This data will be used to guide future campaigns

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					<ul style="list-style-type: none"> • Contact has now been made to 3000 stage 4 orthopaedic patients (Hips and Knees) since March. The final 1700 Trauma and Orthopaedic patients are being contacted (May 22). • PROMS will be used to capture patient experience and impact of WLSS for orthopaedic patients. • Roll out plan to stage 4 services now in place • Urology (1800 patients) June 22 • Dermatology (700 patients) July 22 • Ophthalmology (4000 patients) July / Aug 22 • Gynaecology (1000 patients) Sept 22 • General Surgery Oct 22 • Communication of progress with the project continued with the Health Board's Community Health Council (CHC). • Communication with Powys Teaching Health Board regarding support for cross border referrals. • Wider communication plan to be rolled out to primary care, public and other key stakeholders by July 2022. • We will be trialling giving WLSS leaflets to all newly Trauma and Orthopaedic patients listed for surgery within the Outpatients Department to make service self-sustaining and cost-effective. • WLSS is working with the Communication hub and therapy service to develop

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					<p>seamless access pathways for patients to prehabilitation programmes and Education Programmes for patients (EPP).</p> <p>* The ophthalmology campaign will incorporate one of the Warwick Behavioural Change Programme projects. Outcomes of this project will support and inform future communication strategies with patients awaiting elective care.</p> <p>** Evaluation of WLSS in terms of benefits realisation and value being developed with Swansea University/ Finance</p> <p>Risks</p> <ul style="list-style-type: none"> • Funding for WLSS secured until end of Financial year (March 2023). Plan submitted in Integrated Medium Term Plan. Exit strategy planned in the event of ongoing funding not secured. • Telephony Infrastructure ability to manage call volumes to CCC. Digital Director establishing IT and Telephony infrastructure Task and Finish group. • Recruitment of appropriate staff. Staffing model for WLSS Team reviewed so less dependent on Clinically trained professionals. Some success but delays in getting staff in post is limiting further roll out.

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3C	From April 2022, establish an implementation group to identify the actions required to respond to the emerging requirements of the Quality & Engagement Act. The specific actions that will be put in place to support organisational readiness will be informed by the work undertaken to review the Health & Care Standards during 2021/2022 and the receipt of any formal guidance related to the Act.	Director of Nursing, Quality and Patient Experience		On-track	<ul style="list-style-type: none"> • The Health Board implementation group is continuing to meet regularly to discuss opportunities for early implementation. • The guidance from Welsh Government is awaited as well as further detail relating to the arrangements for reporting on quality and implementation of duty of candour.
2F	Develop a plan to introduce a comprehensive quality management system to support and drive quality across the organisation. Implementation to begin by April 2022 and completed within 3 years. The system will be supported by the HBs "Improving Together Framework" and EQliP Programme as delivery vehicles	Director of Nursing, Quality and Patient Experience		On-track	<ul style="list-style-type: none"> • Presentation at QSEC December 2021 agreement that Improving Together would be the vehicle to deliver Quality Management System • April 2022 Planning Objective 2F aligned to 3A (Now 1 planning objective setting out the key milestones for each).
5P	Develop and deliver an implementation programme that will ensure effective operational implementation of the Liberty Protection Safeguards (LPS) legislation across the health board by 1st October 2023.	Director of Operations		On-track	<ul style="list-style-type: none"> • 1st April 2022 implementation date postponed by UK Government. New date to be announced in winter 2022/23. Unlikely that implementation will occur before October 2023. • UK and Welsh Governments have launched a 16-week consultation on the revised Mental Capacity Act (MCA) Code of Practice (which incorporates new chapters on LPS) and the four Welsh

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					<p>Regulations. The MCA & Consent Group agreed a health board process which would enable individuals, services and professional groups to engage with the consultation. The response is being compiled by the Head of Consent and Mental Capacity and will be approved via Operational Planning and Development Programme before submission on 7th July 2022.</p> <ul style="list-style-type: none"> • LPS will apply to inpatients (16+) who lack capacity, across all our services and will require frontline staff to undertake 3 statutory assessments to authorise a deprivation of liberty. To support this Welsh Government have agreed a three-year funding programme to support implementation across health and social care (£8 million in 2022/23, and £17 million in each of 2023/24 and 2024/25). The phase 1 tranche of funding for 2022/23 is being used to establish two temporary posts. Phase 2 funding is expected shortly. • Work to support effective implementation continues, and the Consent and Mental Capacity Team have expanded provision of MCA training for clinical staff in order to embed the essential knowledge required to underpin LPS implementation.