

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	09 April 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Therapies Services Referral to Treatment (RTT) Action Plan – Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	James Severs, Executive Director of Therapies 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 purpose of this report is to provide the Quality, Safety and Experience Committee (QSEC) with assurance that appropriate action has been taken to ensure the Health Board has appropriate processes in place to mitigate the risk to patients waiting over 14 RTT for therapies.

This is an update following a paper presented to QSEC in February 2024 in which described there was insufficient oversight and management of operational performance, which could impact on the quality 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. The paper identified five main themes which would require development to improve oversight and assurance for 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.

Following a series of workshops and engagement events with key stakeholders from therapies, risk and assurance, informatics, performance and workforce from across the Health Board. This discovery exercise has informed an overarching programme plan which include recommendations to enable progression of this work, including smart actions, resource requirements and estimated timescales.

Asesiad / Assessment

The 'Therapies RTT Performance Improvement Plan' will become the 'Therapies Integrated Improvement Plan' capturing the essence of improvement which impacts on quality, safety, patient experience and performance' which reflects our patient focus throughout this improvement plan.

The Therapies Integrated Improvement Plan (TIIP) has been developed, setting out key actions that need to be achieved to deliver the appropriate improvements. The TIIP represents an overarching and comprehensive programme of work required to undertake this large-scale improvement. Some aspects

of this work have been progressed over the last two years, however, has not had the level of programme oversight and drive from key stakeholders as a shared, multi-departmental action plan which is an organisational priority.

The discovery phase has revealed the size and scale of the transformation required to yield the improvements necessary to improve oversight and performance, impacting on oversight of quality, safety and patient experience within the directorate.

The operating structure within the directorate has variable levels of waiting list validation and waiting list support management resource comparable to other Health Boards, or indeed similar directorates within the Health Board, for example, the directorate of planned/ scheduled care.

Working within the existing resource, it is estimated the improvement plan across the directorate is likely to take up to 24 months to implement across all therapy services.

To deliver the improvement at pace and ensure sustainability, additional investment has been scoped and will cost in the region of £200,000. This resource would support the employment of a new Service Delivery Manager (B8B, 1.0 WTE), Service Support Manager (Band 5, 2.0 WTE) and purchase of additional product licenses for an electronic rostering system. This proposal will be considered by the Executive Director of Therapies and Health Science and wider Executive Team in early April 2024.

In the meantime, plans are in development to progress using a phased approach starting with the TIIP for Occupational Therapy (Paediatric) (Appendix 1) due to its current breach position. The TIIP for Occupational Therapy (Paediatric) is expected to be completed by mid/ end June 2024. This work has commenced and learning from this integrated improvement work will serve as a blueprint to replicate and upscale improvement work across other services within the directorate.

Argymhelliad / Recommendation

The QSEC is asked to:

NOTE progress, since the first alerting to QSEC in February 2024.

RECEIVE assurance, the discovery work has been undertaken to inform the proposed TIIP.

NOTE there is an investment of £200K will be considered by the Executive Team.

RECEIVE assurance, the TIIP for Occupational Therapy (Paediatrics) will serve as a blueprint to enable replication and upscale improvement work across the directorate.

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:	3. Data to knowledge

Enablers of Quality: Quality and Engagement Act (sharepoint.com)	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: 14 February 2023 8 August 2023. 13 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:	

Appendix 1: TIIP for Occupational Therapy (Paediatric)

Theme #	Theme	Action #	Action detail	Task	Deadline	Task Status
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	Ongoing
		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	Ongoing
				Create and implement AHP Access Policy	30/04/24	Ongoing
				Determine training requirements for reporting and performance monitoring for each service.	15/04/24	Not Started
				Organise training for administrators	05/06/24	Not Started
				Organise training for clinicians (registered and unregistered)	20/05/24	Not Started
		1.3	Report key performance indicators	Review governance processes within each service for quality and performance.	30/04/24	Ongoing
		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	Ongoing
				Review dashboards for Physiotherapy and Dietetics and complete gap analysis for OT	18/03/24	Ongoing
				Develop first iteration of dashboard on excel to ensure it fits requirements.	01/04/24	Ongoing
		1.5	Monitor key performance indicators	Implement governance processes within each service for quality and performance.	01/04/24	Ongoing

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	01/05/24	Ongoing
				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	Ongoing
		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	01/05/24	Not Started
		2.4	Develop digital dashboard clinical risk profile	Create heatmap by subspecialty to develop basis of digital dashboard.	01/06/24	Ongoing
		2.5	Manage clinical risk profile	Implement SOP with triage and treatment standards for each service/ patient group	01/06/24	Ongoing
3	Clinical risk profile and mitigations for each service	3.1	Develop process to monitor patients waiting longer than 14 weeks	Review baseline data to formalise existing processes	01/05/24	Ongoing
				Develop SOP for follow up standards for each service/ patient group	01/05/24	Not Started
				Implement SOP for follow up standards for each service/ patient group	01/05/24	Not Started
		3.2	Introduce weekly validation of waiting lists	Scope gap analysis for each service current SOP for waiting list validation	01/05/24	Ongoing
				Develop SOP for waiting list validation for each service	01/05/24	Ongoing
				Implement SOP for waiting list validation for each service	01/05/24	Not Started
		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	Not Started
4		4.1		Organise demonstration of Allocate system	14/03/24	Ongoing

	Oversight of demand and capacity for each service		Introduce electronic roster management	Engage with teams to understand how rostering is currently completed for the teams.	01/04/24	Ongoing		
				Identify feasibility of workforce planning tool and determine preferred way forward	01/04/24	Not Started		
		4.2	Undertake demand and capacity for each therapy service	Preparation for workforce engagement and mapping workshops	01/05/24	Not Started		
				Organise service level workshops with each service lead and deputies	01/06/24	Not Started		
				Progress required changes for WPAS system to allow access to Follow Up waiting list data	01/05/24	Ongoing		
				Cleanse current ESR data to accurately reflect current workforce	01/06/24	Ongoing		
		4.3	Introduce job planning	Examine current levels of activity and service provision	01/05/24	Ongoing		
				Time and motion studies and analysis for each service	01/05/24	Ongoing		
				Profile existing Therapy workforce and available clinical time using job planning principles	01/05/24	Not Started		
				Draft Job Planning Standard Operating Procedure	01/05/24	Ongoing		
				Determine current arrangements for job planning within each service	01/04/24	Ongoing		
				Build and roll out clinic templates (by clinician, location and clinic type)	01/06/24	Not Started		
		5	Oversight of quality, safety and patient experience for each service	5.1	Develop Patient Reported Outcome Measures (PROMs)	Building on pilot as part of the Long COVID Adferiad programme requirement to capture PROMs.	01/06/24	Ongoing
				5.2	Develop Patient Reported Experience Measures (PREMs)	CIVICA friends and family but no service specific PREMs.	01/06/24	Not Started