



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	14 February 2023
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 Public Health
- Director of Operations
- Medical Director

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 the Quality, Safety and Experience Committee.

There are 7 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 the Quality, Safety and Experience Committee, identifying their current status, whether these are achieving/not achieving against their key deliverables, together with a summary of progress to date.

A summary of this information is set out below:

Planning Objective	Lead Executive	Status	If Planning Objective is 'behind'
1E	Director of Nursing, Quality and Patient Experience	On-track	Not Applicable (N/A)
3C		On-track	N/A
5X		On-track	N/A
4G	Director of Public Health	On-track	N/A
4M		On-track	N/A
5K	Medical Director	On-track	N/A
5W	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 the Quality, Safety and Experience Committee, 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:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
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 Choose an item.
Amcanion Cynllunio Planning Objectives	1E_22 Personalised care for patients waiting 3C Quality and Engagement Requirements 5K_22 Clinical effectiveness self assessment process 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 Choose an item. Choose an item. Choose an item.
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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 Phrofiod: 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:	Not applicable
Cydraddoldeb: Equality:	Not applicable

APPENDIX 1 – Update of Planning Objectives aligned to QSEC as at February 2023

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	3/31/2023	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 • Aim to contact > 15,000 Stage 4 patients by end of 2022/23 • Up to December 2022 14,297 stage 4 patients (Orthopaedics, ENT, Urology, Dermatology, Ophthalmology, Gynaecology, General Surgery) have been contacted via a letter with an offer of support via a single point of contact, information and advice on how to prepare for treatment (Waiting Well) and resources to support self-management. • Online self-management and waiting well resources developed and have been accessed over 11,647 times • 4,145 Phone/email contacts with patients • 1,559 patients needed clinical escalation due to a deterioration in their condition • Testing and developing digital solutions to provide support and advice to patients whilst they are waiting (ORCHA Apps/ Patient Knows Best)

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					<ul style="list-style-type: none"> • Working with the colleagues in Strategic Partnerships, Diversity and Inclusion team to further support the Priority Treatment for veterans of the Armed Forces (24 Armed Forces Veterans identified by the WLSS since Nov 22) • Active engagement with 3rd sector, Education Programmes for patients (EPP) and services in Local Authorities to improve offer of support to patients/ alternative services • Service capturing patient experience data through the Civica system • Wider communication plan to be rolled out to primary care, public and other key stakeholders by February 2023 (service webpage gone “live” and ITV Wales news clip January 2023) • Developing a WLSS leaflet for newly listed patients to inform them of the service from the point of listing. • WLSS continuously developing the offer of support, advice and signposting for patients to focus on waiting times being seen as an opportunity to: <ul style="list-style-type: none"> - Promote (improved healthy behaviours), - Prevent (worse health), - Prepare (for good health) <p>This “shift” is especially relevant for newly listed patients who could be on a waiting list</p>

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					<p>for a significant amount of time whilst longest waits are being prioritised.</p> <ul style="list-style-type: none"> WLSS is working with the Communication hub and therapy service to develop seamless access pathways for patients to prehabilitation programmes and Education Programmes for patients (EPP). Additional roll out to support patients on waiting lists for Community Paediatrics and Long COVID services in progress <p>Risk/issues:</p> <ul style="list-style-type: none"> Ongoing funding past March 2023 to keep providing a service to patients on waiting lists and support a shift towards "Waiting Well". Current automated PROM/PREM system (DrDoctor) used within the Health Board triggered by clinic appointments on Welsh Patient Administration System (WPAS) so unable to be utilised to capture patient reported harm/ experience for patients on waiting lists. Working on alternative ways to capture self-reported harm.
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	Director of Nursing, Quality and Patient Experience	3/31/2023	On-track	<ul style="list-style-type: none"> Implementation Group continues to meet regularly. Good progress made within the Health Board. The impact assessment is currently being updated to reflect concerns re resources

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	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.				<ul style="list-style-type: none"> • required for implementation of the Duty of Candour. • Resource requirement to be reflected in IMTP
4G	Over the period 2022/23 - 2024/25 implement the Health Board's "Healthy Weight: Healthy Wales" (HWHW) plan, undertake an evaluation of the impact and in light of this learning, by September 2024 develop a refreshed plan for the following 3 year planning cycle	Director of Public Health	30/09/2024	On-track	<p>All Wales Weight Management (WM) Pathway</p> <ul style="list-style-type: none"> • The quarterly progress report has recently been submitted to Welsh Government highlighting: • Recruitment to the L3 weight management MDT is almost complete - only 1 post (Band 4 Therapy Assistant Practitioner) remains and is currently being recruited to • The single point of entry (L2/3) and self-referral routes to the service are up and running and have been publicised to health professionals and the public. • A business case is currently being developed by a multi-disciplinary group for the establishment of specialist weight management services in pregnancy. The recently launched Foodwise in Pregnancy app is being promoted via maternity services across the Health Board. • The Children and Young People's Weight Management Task and Finish group has designed the model of delivery for children, young people and families. It is anticipated that the business case will be ready for

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					<p>submission to the Health Board by February 2023</p> <ul style="list-style-type: none"> • A strategic multi-disciplinary group has been established to oversee the development and delivery of weight management services at level 2 across primary care. • Work is underway to ensure the alignment of the Health Board WM pathways and the All-Wales Diabetes Prevention Programme (AWDPP). The AWDPP clinics are starting in January 2023 and there will be seamless transition between the two pathways depending on individual patient needs. In HDUHB the AWDPP includes the delivery of the Foodwise for Life programme and the National Exercise on Referral Scheme (NERS) alongside the initial brief intervention appointment as core parts of the service. <p>Whole Systems Approach (WSA)</p> <ul style="list-style-type: none"> • An appointment has been made to the regional lead post in the HWHW WSA team. Once in post the lead will appoint to the remaining structure to drive forward the systems approach across both health boards, providing leadership, co-ordination and support to the agenda. • A series of system mapping workshops will take place across Hywel Dda in February to

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					<p>gain better insight to current structures, systems and networks around healthy weight.</p> <ul style="list-style-type: none"> • work on the food system and public services food procurement is ongoing. There is representation from the Public Health Team and Dietetics at the Community Food Networks within each county, with the aim being to facilitate links to the Health Board strategic Food Systems work.
4M	By March 2023 create a sustainable and robust health protection service, including a sustainable TB services model for Hywel Dda UHB.	Director of Public Health	31/3/2023	On-track	<ul style="list-style-type: none"> • Discussions are ongoing with Local Authority Colleagues and Public Health Wales regarding the health protection service in Hywel Dda going forward. • Operational issues and opportunities around the TB service are overseen by the TB operational group, which is also key to ensuring the system has sufficient capacity to respond to outbreaks and incidents.'
5X	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 EQiP Programme as delivery vehicles	Director of Nursing, Quality and Patient Experience	3/31/2025	On-track	<ul style="list-style-type: none"> • Update on the Quality Management System (QMS) was presented to December QSEC and was well received • The accompanying document is being presented to Executive Team in February • Development of a website is in very early stages
5W	Develop and deliver an implementation programme that will ensure effective operational implementation of the	Director of Operations	9/30/2023	On-track	<ul style="list-style-type: none"> • Hywel Dda are still waiting on the UK Governments response to the consultation on

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	Liberty Protection Safeguards (LPS) legislation across the health board by 1st October 2023.				<p>the code of practise and no new date for implementation of LPS has been announced.</p> <ul style="list-style-type: none"> • Wider MCA training continues as part of the preparations and we are on track with the implementation plan.
5K	<p>"Establish a process to ensure effective clinical practice is embedded within individual practice and clinical service areas. The process is part of the Health Board's Quality Management System, alongside Clinical Audit and Quality Improvement, and sits within the Quality and Governance structure, by the end of 2022/23. This will be achieved by:</p> <ul style="list-style-type: none"> • Supporting the assessment of practice against local and national clinical effectiveness standards and ensuing that findings are used improve the services provided to our patients; • Supporting services to identify, understand and act upon findings from external reviews that are relevant to effective clinical practice e.g. GIRFT, Royal College Peer Reviews" 	Medical Director	3/31/2023	On-track	<ul style="list-style-type: none"> • The Effective Clinical Practice Strategic Plan has been approved, which sets out the Health Board's overarching vision for clinical effectiveness. An Effective Clinical Practice Delivery Plan is being shared with the Effective Clinical Practice Advisory Panel for consideration and final approval (pending for the March 2023 Panel meeting), which articulates the mechanism for delivery via a set of deliverable annual targets. This plan will be developed and updated annually. Once approved the Strategic and Delivery Plans will be communicated via a range of methods including a drop-in session per site, to be planned for the Spring 2023. • Local systems and processes have been developed to support delivery, including: <ul style="list-style-type: none"> ○ Revision of key policies, such as Dissemination of NICE and other National Guidance Policy; and New Interventional Procedures Policy. Discussions have progressed regarding the Interventions Not Normally Undertaken (INNU) work, with the

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					<p>involvement of Health Technology Wales and the Welsh Value in Health Centre.</p> <ul style="list-style-type: none"> ○ The development of governance including the establishment of a Clinical Standards and Guidelines Group (replacing the previous NICE and National Guidelines Group). The Group continues to meet with focus on specific areas and guidelines. ○ Continued soft roll-out of the AMaT (Audit Management and Tracking) tool in priority areas (see below). <ul style="list-style-type: none"> • Work is ongoing to utilise AMaT in priority areas including Pelvic Health workstreams, maternity, Heart Failure, Self-Harm etc. The four Pelvic Health Workstreams have successfully utilised AMaT to capture a compliance review against NICE guidance, identifying overall compliance percentage, barriers and risks. The reports (generated from the system) were presented at the Pelvic Health Steering Group and further work will be undertaken to utilise the system to capture actions to address any identified gaps. Ongoing input is provided to the developing Primary Care Pathways work with the intention for the identified pathways to become priority areas for future roll-out of

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					<p>AMaT. However, further roll out at the current time is impacted significantly by capacity and resources within the respective teams. A Welsh AMaT Super User Group is well established and we are working with other Health Boards to ensure that the system becomes a valuable resource for wider quality and safety within Wales. This includes maintaining contact in order to learn from another Health Board who are extracting data from the system into the local data warehouse, which is the intention for Hywel Dda.</p> <ul style="list-style-type: none"> • Discussions commenced in January 2023 regarding the development of a toolkit to support clinicians in reviewing and assessing their services and how assurance can be provided that practice is clinically effective – safe, efficient and evidence-based. In addition – a generic step-by-step guide/toolkit is being developed – to be featured on the intranet, to support staff in the process of assessing standards and guidelines and accessing AMaT to document, in line with the Strategic Plan. • The Health Board is participating actively in the annual (2022/23) Health Technology Wales Adoption Audit, responses to which are being captured via AMaT. This year’s audit

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					<p>covers 14 pieces of guidance, 12 of which are relevant to the Health Board.</p> <ul style="list-style-type: none"> • Health Board Mortality Review processes continue to develop, in line with the All-Wales Learning from Mortality Review Framework. This includes a Multidisciplinary Mortality Review Panel, which meets fortnightly to review cases that have been referred from the Medical Examiner Service. Learning from individual cases is shared directly with the relevant sites. The Health Board has processes in place to capture themes emerging from the Medical Examiner Service referrals, and any thematic learning being generated from proportionate investigations requested by the Mortality Review Panel. Thematic reporting will be introduced across the Health Board once there is a standardised process in place across all sites, by June 2023 (work is ongoing to operationalise the process on Glangwili site). This will include mechanisms to ensure triangulation with other Health Board data pertinent to mortality. In order to support this, discussions have commenced with support from Information Services regarding the development of a Power BI dashboard for mortality. • Active participation continues in the Health Board's Quality and Engagement Act

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					<p>Implementation Group, and the Duty of Quality and Duty of Candour Workstreams. This is with a particular focus on the Health and Care Standards, and understanding the impact of the revised Standards and associated Quality Statements and Service Specifications (when published).</p>