



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	07 December 2021
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

As part of the Annual Recovery Plan for 2021/22, the Board agreed a refreshed set of Strategic Objectives that set out the aims of the organisation *ie.* the horizon that the Health Board (HB) is driving towards over the long term, as well as a set of specific, measurable Planning Objectives, which will move the organisation towards that horizon over the next three years.

Each of the Planning Objectives has an Executive Lead and this paper is to provide the Quality, Safety and Experience Committee 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 that are aligned to this Committee, 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 2 Planning Objectives in total which are:

- **1E** - During 2020/21 establish a process to maintain personalised contact with all patients currently waiting for elective care which will:
 - 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 to do 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

This process needs to roll out through 2021/22

- **3C** - By September 2021, complete a review of all Health Care Standards including evidence of compliance. From this review, propose new Planning Objectives for implementation in 2022/23.

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 Objectives	Lead Executive	Status	If Planning Objective is 'behind'
1E	Director of Nursing, Quality and Patient Experience	Behind	<ul style="list-style-type: none"> • Initial focus on patients at Stage 4 of the Elective Care pathway following the validation of waiting lists. • Initiative piloted with 3 orthopaedic consultants with 270 patients led by the Quality Improvement (QI) team demonstrated the need for a Dedicated Programme team linked to the Planned Care Recovery Plan. <ul style="list-style-type: none"> ○ Letter providing a link to condition specific online wellness advice and offer of single point of contact by telephone or email to the Waiting List Support Service (WLSS) • Roll out plan recommended by General Manager, Planned Care Services agreed by the Oversight Group- Phase1- Ear, Nose and Throat (ENT), Urology, all orthopaedics and Ophthalmology by December 2021 Phase 2- Dermatology, Gynaecology and General Surgery by March 2022 • Project team recruitment has been challenging and has delayed the roll out of Phase1. • Plan now to send letters to ENT patients by the end of November and Orthopaedic patients in December 2021 • It is anticipated that the initial roll out plan will be on track by February 2022
3C		On track	Not applicable

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
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives:	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 Termiau: Glossary of Terms:	Explanation of terms is included within the report
Partion / 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 Quality, Safety and Experience Committee (QSEC) as at 22nd November 2021

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 2020/21 establish a process 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>This process needs to roll out through 2021/22</p>	Mandy Rayani	31/03/2022	Behind	<ul style="list-style-type: none"> • Initial focus on patients at Stage 4, Elective Care pathway following the validation of waiting lists. • Initiative piloted with 3 orthopaedic consultants with 270 patients led by Quality Improvement (QI) team demonstrated the need for a Dedicated Programme team linked to the Planned Care recovery plan. <ul style="list-style-type: none"> ○ Letter providing a link to condition specific online wellness advice and offer of a single point of contact by telephone or email to the Waiting List Support Service (WLSS) • Roll out plan recommended by the General Manager, Planned Care agreed by the Oversight group - Phase1- Ear, Nose and Throat (ENT), Urology, all orthopaedics and Ophthalmology by December 2021 Phase 2- Dermatology, Gynaecology and General Surgery by March 2022 • Project team recruitment has been challenging and has delayed the roll out of Phase1. • Plan now to send letters to ENT patients by the end of November 2021 and Orthopaedic patients in December 2021.

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					<ul style="list-style-type: none"> • It is anticipated that the initial roll out plan will be on track by February 2022.
3C	By September 2021, complete a review of all Health Care Standards including evidence of compliance. From this review, propose new Planning Objectives for implementation in 2022/23.	Mandy Rayani	30/09/21	On track	<ul style="list-style-type: none"> • A Health Board wide audit using the Welsh Nursing Clinical Record (WNCR) audit tool has been undertaken and is to be presented to QSEC in December 2021 (complete). • Automation of data collection, collation and analysis through maximising the use of digital technology/Business intelligence has progressed. Nursing metrics from WNCR presented to Senior Nursing Management Team November 2021 with further pilot starting pre-Christmas in Witybush General Hospital. • Ensure all reports, where relevant, that are submitted internally and those that are available to the public align to the Quality and Engagement act. • We have representation now on the five workstreams to develop the guidance and plans for when the act comes into force. • Establish an internal workstream leads group to feedback and ensure the Health Board is ready for the full adoption of the Health and Social Care (Quality and Engagement Act) (Wales) Act 2020.