



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	08 February 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**

<p><u>Sefyllfa / Situation</u></p> <p>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 <i>ie.</i> 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.</p> <p>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.</p>
<p><u>Cefndir / Background</u></p> <p>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.</p> <p>There are 2 Planning Objectives in total which are attributed to the following Executive Lead as set out and detailed at Appendix 1.</p>
<p><u>Asesiad / Assessment</u></p> <p>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.</p> <p>A summary of this information is set out below:</p>

Planning Objectives	Lead Executive	Status	Change	If Planning Objective is 'behind'
1E	Director of Nursing, Quality and Patient Experience	Behind		<ul style="list-style-type: none"> Phase 1 delayed as described in December 2021 report. Letter issued Stage 4 adult Ear, Nose and Throat (ENT) patients early December 2021 inviting contact with Waiting List Support Service (WLSS) by telephone or email via Command Centre (CCC) systems. Due to the volume of Vaccination enquiries to the CCC and risk that patients offered support from WLSS would not be able to have calls answered, the WLSS Team called patients directly during December 2021 and early January 2022. An attempt to contact all patients has been made. The Patient, Advice and Liaison (PALS) team are in process of contacting ENT patients to evaluate their experience of the service.
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 provide onward assurance to 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 Termau: 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 (PO) aligned to QSEC as at 17th January 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 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"> • Phase 1 delayed as described in December 2021 report. • Letters issued to Stage 4 adult Ear, Nose and Throat (ENT) patients early December 2021 inviting them to contact the Waiting List Support Service (WLSS) by telephone or email via Command Centre (CCC) systems. Due to the high volume of Vaccination enquiries to the CCC and a risk that patients that were offered support from WLSS would not have their calls answered, the WLSS Team called patients directly during December 2021 and early January 2022. An attempt to contact all patients has been made. • The Patient Advice and Liaison Service are in the process of contacting ENT patients to evaluate their experience of the service. • Next steps- Commence contact with 4500 stage 4 orthopaedic patients week commencing 31st January 2022. This will be undertaken in a phased approach (250 per week) until there is confidence with call capacity in the CCC and call handlers have been recruited in post and trained. • Patient Reported Outcome Measures (PROMS) will be used to capture patient

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					<p>experience and the impact of WLSS for orthopaedic patients.</p> <ul style="list-style-type: none"> • Plans to roll out to stage 4 Urology, Ophthalmology, Gynaecology and Dermatology patients from February – March 2022 (circa 6,700 patients) • Communication of progress with the project continued with Community Health Council (CHC) • Communication with Powys Teaching Health Board regarding support for cross border referrals. • Wider communication plan to be shared with primary care, public and other key stakeholders by March 2022. <p><u>Risks</u></p> <ul style="list-style-type: none"> • Funding for WLSS is secured until end of Financial year (March 2022) and an Integrated Medium Term Plan (IMTP) submitted. An exit strategy will be planned in the event that ongoing funding is not secured. • Telephony Infrastructure and the 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

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					recruiting staff in post is limiting further roll out.
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"> • Findings from the Health Board wide Audit of the Welsh Nursing Clinical Record (WNCR) was presented to QSEC in December 2021. • Automation of data collection, collation and analysis through maximising use of digital technology/Business intelligence has progressed. The pilot of Nursing metrics from WNCR is progressing and will be reported to the Senior Nursing Management Team in February 2022. • This work is progressing in line with the national workstreams implementation of the Quality Engagement Act <p>A new Planning Objective for 2022/23 has been proposed and progress will be monitored through the Committee from April 2022 onwards: <i>By March 2023 the Health Board will be in a position to respond to the 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.</i></p>