

# Wales Audit Office St

<b>Health Board</b>
<b>Aneurin Bevan</b>

**Betsi Cadwallader**

**Cardiff and Vale**

**Cwm Taf Morgannwg**

**Hywel Dda**

**Public Health Wales**

**Swansea Bay**

**Velindre**

## Summary - Responses per Health Board.

### Workforce

***Ensure that Health Boards have radiology workforce plans which identify the capacity skill mix required to sustainably meet current future radiology demand in a timely and safe way.***

National shortage of Radiology workforce i.e. Radiologists, Radiographers and Sonographers is a well-known fact. The Health Board is fully aware of the recruitment challenges and this has been identified in the integrated workforce Plan 2019-2022 which includes GUH Staffing. Integrated workforce plan key priorities are:

- Establish a robust workforce plan for sustainable delivery of diagnostics now and in the future aligned to the move to the 'Clinical Futures Model of Care'.
- Utilise evidence based practice to evaluate imaging capacity against projected demand to support service change. Embed philosophies such as Prudent HealthCare, Clinical effectiveness through engagement with service users. Rationalise demand as appropriate to support reduction in waiting times.

- Undertake an option appraisal for delivering cost effective reporting services through an efficient Medical staffing model equating service need to the Job Planning process underpinned by capacity and demand modelling.
- Evaluate service needs to implement a sustainable delivery model through sound business planning. Work with Divisions/ Directorate to identify methods for calculating workload associated with changes in Clinical practice or patient group profiles to identify resource and funding needs. Establish a methodology to evaluate conversion rates to diagnostics.
- Ensure equipment replacement is robust and maximise assets utilisation and reducing waste.
- Robust capacity and demand management to meet RTT and SCP targets.
- Robust vetting arrangements in line with "Getting it right first time".
- Ensure that the 4 tier Radiographic/Sonographic structure is implemented and Advance Radiographic/ Sonographic practitioner's roles are developed to meet rising demands. Radiologist's recruitment is still proving to be challenging and the Directorate is working closely with RCR on "Global Fellow" initiative. Currently ABUHB employs 24.40 Whole Time Equivalents (WTE) Radiologists and based on RCR guidelines Directorate is short of 20 Radiologists. (Radiographic Workforce: Band 5-7, current establishment vs CF requirements)

With regards to recruitment of Sonographers there is a well-established and successful training programme in place for ABUHB imaging staff. Whilst the Sonographic workforce issues are largely addressed through internal progression and training, there remain a number of e gaps. Fortunately, the Radiology Directorate have managed to attract external candidates and 2.8 WTE Sonographers have been appointed this year.

Radiology completes and submits an annual workforce plan which reflects future service needs in terms of growth, development and further skill mix. Funding for the majority of post graduate courses has to be found internally meaning that training needs have to be balanced against the financial position. Whereas student training numbers are in keeping with the workforce plan, there is little change in the training numbers for radiologists.

The radiology medical workforce capacity has recently been reviewed by external consultancy and has been found to operate at a high level of productivity. Noting this, the preliminary report still highlights a capacity shortfall and the service is developing a recruitment plan to address this. The plan is to continue with a blended approach looking at substantive consultant recruitment, recruiting to fixed term appointments via the RCR global fellowship scheme and continued development of non medical advanced practice roles in key areas such as plain film chest x-ray reporting, breast imaging, MSK and head/neck ultrasound.

Service developments in cardiac CT, cardiac MRI and prostate MRI have been delayed in part due to insufficient capacity to deliver them, but these remain in our forecast and we are hoping to incorporate them into the operational plan for 2020-21.

Whilst the imaging academy has been established, it is still not clear how this facility may best support radiology in North Wales, and late changes to the training scheme in the North West of England have made it difficult for North Wales trainees to secure the appropriate subspecialty placements.

The radiology directorate review their workforce plans on a regular basis linked to known demand changes and service developments. Due to the nature of the ongoing growth of the diagnostic services the workforce planning process needs to be iterative. The teams are particularly focussed on new roles to support the radiography workforce as there is a known national shortage of radiographers. These roles are focussed on the education of support workers to provide enhanced support. Additionally on at least a yearly basis the workforce planning assumptions are considered for the medical workforce to ensure that there is future planning linked to predictable demand shifts

Radiology has a robust workforce plan in place that informs the Integrated Medium Term Plan (IMTP) each year. We work with Workforce Education Development Services, The National Imaging Academy and South Wales Radiology Training Programme for commissioning training places. The workforce plan is informed by our strategic priorities, demand & capacity assessment and skills gap. This approach has enabled us to develop a sustainable workforce model that includes band 2 & band 3 staff to support the Diagnostics Hub. We have also successfully appointed 3.5 WTE Radiologists this year. A planned approach to advanced radiography practice including plain film and CT head reporting has released Radiologists time to undertake more complex work.

The radiology workforce is constantly being reviewed to ensure the workforce meets current demand. When vacancies arise they are reviewed and remodelled according to service needs. Further work is being undertaken with the Workforce and OD Directorate to model the radiology workforce in line with changes to out of hours provision.( This has been extended to review in hours and out of hours with emphasis on exploring and standardising staffing models across the HB) The radiology directorate is also represented on a range of groups taking forward the Health Board's Clinical Strategy. The Health Board has representation on Welsh Imaging forums and workforce sub groups.

Breast Test Wales requires a multidisciplinary team of clinical staff to deliver all the components of the breast screening service. This team consists of Allied Health Professionals (Radiographers), Nurses and Medical staff. The medical component of the team includes Breast Radiologists (Consultants), Surgeons and Breast Clinicians (Associate Specialists or Speciality doctor grade). The service faces longstanding challenges in recruiting to vacant medical posts, in particular radiology and breast clinician positions. Breast Test Wales has a mixture of substantive appointments and shared staff via honorary contracts with Health Boards throughout Wales. The current medical vacancy includes three whole time speciality doctor posts. There have been several attempts to appoint to vacant roles including working with Health Boards on joint posts but these have been unsuccessful to attract suitable applicants. The main operational impact of the current workforce situation is that assessment clinics do not achieve their timeliness standards in West and North Wales. Simply put there are not enough key staff to run the number of clinics necessary to achieve the three week standard. As a result existing staff are under greater pressure to deliver the same service to the same standard and to do so in the context of an increasing eligible population. The historical model for assessment clinic staffing is no longer sustainable in the context of declining numbers of radiologists. In order to provide the imaging component of assessment clinics, more breast clinicians and advanced practice radiographers are required. The process of developing this workforce internally from within the existing staff in the programme has been underway for several years. Developments such as the National Imaging Academy Development (NIAD) are very encouraging, however with the lead in time of six years required to train additional radiologists we will not meet the needs of the service in the short or medium term. Workforce development and succession planning are key aspects of the BTW operational plan. Advanced practice for non-medical staff is already embedded within the programmes workforce plan and BTW invest heavily in training and development for this particular staff group. Further work is underway to support the training and development and retention of Breast Clinicians within the service. Wales is not competitive in terms of salary offerings for Breast Clinicians who are paid on the speciality doctor pay scale, a more lucrative Associate Specialist spay

Workforce plan completed for cross-sectional modalities to include capacity and demand analysis and any new or anticipated change to referral demand such as Single Cancer Pathway. This detail required in depth data analysis and provides a comprehensive outline of workforce required including Radiographic, Support roles and Medical roles. This work is to be expanded to develop a formal training pathway and capacity and demand breakdown for ultrasound and plain radiography. A further project is underway to review and address sustainability of interventional work. An overarching sustainability plan concerning workforce within Radiology has been completed to identify opportunities for creation of a talent pipeline and comprehensive plan for engagement to address any recruitment or retention challenges. Further to this an advanced practice portfolio is due for finalisation in Q1 20-21, which outlines the training pathway, skillset and methodology required to support a sustainable workforce that bridges the gap between consultant radiologist and radiographic advanced practice. Significant progress has been made toward this agenda with 3 staff reaching further stages of advanced practice within the last 6 months.

The Radiology workforce plan is due to be reviewed and updated based on the recent approval to extend service provision to address backlogs in CT and MR identified in the IMTP. The introduction of a new assistant role to support radiographic staff reflects national trends for training and recruitment. An additional Ultrasonographer adds sustainability to the service with a longer term plan to develop the group further. The workforce plan will require regular modelling and update to support current and future challenges particularly the proposed New Velindre Cancer Centre. The medical workforce has also been supported to recruit at least 1 WTE radiologist for increased service delivery.

## Equipment

*Ensure Health Boards have equipment replacement programme, which sets out priorities, requirements and associated costs*

Radiology Directorate equipment portfolio will be expanded with the opening of GUH. Procurement for GUH is already completed. The Directorate have a well-established equipment replacement plan in place and all the replacements/decommissioning requirements have been identified until 2022 and work in progress in line with the plan. • FY19/20 CT Scanner at RGH, • 10 Mobile and Image Intensifiers across sites already replaced. • X-Ray equipment at St Woolos Hospital • Plans are in progress to upgrade old MR Scanner at YYF, • Replacement of Gamma Camera at Neville and replacement of X-Ray equipment at RGH. We are hoping to complete these projects by March 2020.

Equipment replacement concerns remain on the HB risk register. Although the service has been able to replace MRI and CT scanners in YGC, there remain significant capital items that are beyond end of life with no formal plan for replacement in 2020-21.

A business case for development of a consolidated nuclear medicine/PET CT service is being developed with support from the planning department, and that this will be brought through the Health Board in due course. Welsh Government have been informed of this plan and are supportive.

The process for equipment replacement is considered on a local basis as well as part of the national imaging equipment programme. On a local basis, the Clinical Board medical equipment risk register holds assets and risks to inform the prioritisation of capital expenditure. For the larger radiology equipment the priorities are set as part of the national programme.

We have an equipment asset register, with the age, type of equipment along with the asset life of the equipment, which is risk assessed and includes replacement costs. This then feeds into our IMTP to inform the equipment replacement programme.

The Health board has an up to date equipment replacement programme that has been regularly reviewed and remains a standing agenda item on capital planning meeting agendas. Additional revenue from Welsh Government has been secured recently for several equipment replacement programmes. Radiology equipment remains on the corporate risk register. ( The current pandemic has meant that there is a delay in the projects and funding that had been partially agreed for further replacement is now on hold . Risks continue to be reviewed and modified)

Breast Test Wales converted its entire programme to digital mammography following the submission of an approved Full Business Case in 2010. Wales was the first country in the UK to fully convert to digital mammography equipment. The planned replacement of that equipment was to begin financial year (2016/17) due to planned asset life but this been delayed. It is important that the replacement is progressed to avoid increase in maintenance costs, reduce service down time, ensure that the service uses up to date technology and that the replacement is planned to ensure there is minimal impact on service provision.

A bid outlining the equipment requirements, costs and the profiling of the planned replacement over the next three years has recently been submitted to Welsh Government for consideration.

New Equipment replacement programme completed by Radiology Services Manager and Superintendent site managers within SBUHB, currently this seeks to prioritise small scale kit for replacement with corporate capital. There remains a recognised shortfall in terms of capital investment funding available at a HB level with prioritised equipment funding given according to Health Board risk review. New Radiology Services Manager continues to ensure all equipment within SBUHB is recorded to include: current age, recommended lifespan - as indicated by manufacturer, level of service maintenance provided. Any service critical equipment over the manufacturer's advised lifespan is continually risk assessed and added to the risk register and HB capital bid programme. Equipment requiring WAG funding have been identified and are in scoping phase for feasibility and subsequent 3 stage BC development, these are reviewed throughout the year and as they arise. Radiology Services manager identifies all opportunities in advance for any capital slippage, with 7 pieces of equipment replaced last year as a result of proactive planning at local level. Radiology Services Manager has planned 1/4ly meetings with all wales procurement team to ensure suitable planning occurs seamlessly and effectively.

Equipment replacement is currently a strategic priority with the identification and justification of new equipment for the NVCC. The replacement of outdated imaging equipment in the interim will be reviewed on a case-by-case basis

## Demand

***Ensure that health boards know the current & future demand for each of the referring specialties that take account of changes, such as patient pathways. Ensure that HB's have action plans that detail how waiting times and reporting targets will be achieved in the short-term, and sustained in the future.***

which continues to rise on year to year basis (see graph below) based on Month 7 calculation, FY19/20 expected increase in CT/MR/US is in the region of 10-12%. The Directorate is actively trying to source capacity to meet the shortfall in all modalities. Radiology Directorate is working closely with other specialties to manage demands appropriately. Ensuring due consideration to RTT and SCP targets. The Radiology clinical teams have developed referral guidelines based on the principle of "Right test, right equipment at right time" guided by i-refer 2018. These guidelines includes Ultrasound, MSK Imaging Guidelines and MRI Knee/Lumbar. The Directorate is hopeful that demand will be reasonably well monitored and managed once the formal engagement and agreement with the primary and secondary care colleagues has been achieved. The Directorate holds a weekly performance meeting to closely monitor the capacity and utilisation along with workforce related issues to manage demand. The directorate actively participates in the weekly divisional RTT review meeting and fortnightly at the Cancer Assurance meetings. The Health Board has shown significant improvement in Radiology RTT targets compliance. This year Diagnostic RTT breaches are none to minimal. Apart from achieving diagnostic RTT targets services have made significant improvements in USC's scan time and most of the USC's Scans are now done within 14 days. Significant Improvements have been made on USC imaging Reports turnaround time (graph below) however for Routine Scans/X-ray report turnaround time is still around 3-4 weeks. Aforementioned improvements have been achieved by re-modelling the Cardiac CT services provision. Historically Cardiac CT services at ABHB only based at one site i.e. RGH led by Radiologist this has now changed to multisite by the inclusion of YYF site led by Nurses/Radiographers. Radiographers scope of routine and cross-sectional imaging vetting have been expanded to include investigations previously vetted by Radiologist, resulting in quick vetting/protocol hence less wait to book appointment. Sonographer's scope of practice expanded and some of the Radiologists sessions now converted to Sonographers session. Remodelling of workflow has helped Radiology services to release 2x WTE Long term Locum General Radiographers and 1 x WTE. Long term Locum Sonographers. Unfortunately, due to shortages in the Radiologist workforce this makes recruitment of consultants challenging and a number of vacancies continue to be carried despite ongoing advertising to recruit The Radiologist workforce issue has been further compounded

Demand for radiology continues to increase at approx. 1.3% per year overall, but this is heavily skewed to CT, MRI and Ultrasound which are experiencing growth between 5-10% per year. The service continues to work with the informatics teams and other departments to feed in to capacity models and to support operational plans. Recent work on the impact of single cancer pathway highlighted a number of pressures on radiology based diagnostics, and we continue to be involved in the development of the optimal pathways that is being coordinated by WCN. Performance monitoring arrangements continue to review waiting time, report turnaround, reporting backlogs. Whilst the service has not been able to fully meet the waiting time targets, we continue to plan for additional capacity through insourcing contracts in the short term whilst we look to develop a more cost effective service model through recruitment to permanent positions. To date these plans have not been taken forwards due to the lack of recurrent funding, however in line with the external review referred to earlier we propose to bring forwards a case for non medical staffing that is significantly more resilient and more cost effective than the contracts with external providers.

The sophistication of data review within radiology services is continually improving. The Health Board monitors on a quarterly basis the demand changes within the service in order to inform the IMTP process. Larger predictable changes are also being modelled such as the single cancer pathway, where the demand increase whilst varying across modalities is predicted to be greater than 20% in some areas. Additionally there are clear links across Clinical Boards to determine the probability of demand changes with pathway and service developments. The key focus for radiology service planning for the next financial year is transforming access to diagnostics closer to communities. This transition is in the planning stages to more closely align with patient need in the community. There has been significant progress in the management of waiting times within the Health Board for radiology services this year with a plan for further improvements through to March 2020. Beyond this point, it is important that the demand assumptions are tested on a more regular basis to ensure sustainability. Known demand changes are reviewed and there is appropriate planning in place such as for cancer services, however there is a risk that with reducing waiting lists demand will grow due to a current unmet need within the system.

Diagnostic Radiology waiting time management has matured further with twice weekly performance review, to support sustainable service planning. This approach informing planning for cancer services and other patient pathways.

The next phase of maturity is to transition to and introduce a reporting time target, to ensure workforce plans remain aligned and demand for imaging actively managed. Cardiff & Vale are represented at NISPB and sub group, and the regional outsourcing contracts forum to ensure resource utilisation is maximised efficiently and effectively.

Cwm Taf radiology has been at the forefront of pathway refinement and reform. We have had direct referral one-stop diagnostic pathways in place for assessment of breast and neck lumps for a number of years. During the last 12 months, we have one-stop haematuria as well as one-stop prostate MRI and biopsy pathways in place. Streamlining diagnostics in this fashion has substantially reduced waiting times as well as delivering high patient satisfaction. As a dynamic diagnostics service we are able to quickly respond to changes in guidance e.g. stroke pathway. Changes to demand from referring specialties is also informed through the IMTP process. In 19/20 implementation of the Single Cancer Pathway (SCP) will pose a big challenge and we are currently working on D&C plans which take account of this change. We undertake a robust demand and capacity plan for each of the modalities, with business partner colleagues from performance & information. This again forms part of our IMTP submission. We are meeting our radiology 8 week component waiting times on a monthly basis. As part of the Diagnostics Hub and Regional Diagnostics work, in 18/19 MRI capacity has been utilised by patients from Cardiff & Vale and Aneurin Bevan Health Boards. The final product of the radiology department is the report. We are currently working on a sustainable demand and capacity plan for a timely reporting service, which would be key for delivering pathway improvements including SCP. We monitor our waiting times on a weekly basis and we have reporting application through Qlik App, which is live and provides up to date information on reporting.

Radiology is involved in all pathway discussions including the introduction of the Single cancer pathway where specific demand and capacity was undertaken. ( Forums with other services have been established to examine future expansions and impact on radiology) Waiting times and reporting turnaround times are monitored with mid-month updates and month end reports. Exception reports detail the measures being taken to address any breaches and long term plans are provided monthly.

The eligible population for breast screening is forecast to increase into the 2020's. The total demand or "eligible population" for breast screening can be accurately estimated from available population data. Approximately 70% of the total eligible population currently choose to undergo breast screening. It should be noted that the overall activity of the service will rise year on year even with a static uptake figure as the eligible population increases. In the last 24 months BTW has increased the number of mobile breast screening units from 10 to 11. BTW has also increased the establishment of available radiographers to undertake screening mammography. This will support maintaining a 36 month round length throughout Wales and support the objective of delivering the service as locally to the population as possible. The established pathway for breast screening is not expected to change within the medium term. Work streams in relation to delivering timely reporting of mammograms and short waits to assessment are incorporated into the BTW operational plan. Current work is focused on delivering a fit for purpose workforce with sufficient capacity to ensure short waits ongoing although this is extremely challenging. BTW has an established framework for measuring the service user experience, performance measures are in place that are both quantitative and qualitative .

The service as a whole has a comprehensive quality assurance framework in place that assures clinical and operational standards. Key audits and service assessments are presented at the annual BTW QA meeting. Identified development are managed and progressed via the BTW Programme Board. BTW has well-established performance indicators shared at multiple levels within the organisation, from programme level to executive board. There is an established process of reporting the performance against the indicators and exception reports are prepared if the performance are not met with details of action underway to improve performance.

The quality and safety committee is the group that would discuss quality issues such as incidents, complaints, service user feedback and identified issues. There is a process of 'deep dives' been established to discuss services in detail and BTW will be discussed in the near future.

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Demand data has driven the response to increasing backlog numbers with extended service provision and is now the focus of talks with the Inpatient Strategic Group to develop increased access to Radiology services OOH. Extending the hours of operation of CT and MR will future-proof the service through the next 5 years based on current demand predictions. Recent approval to build a full clinical model and Business case for a full AOS service will also guide the development of Radiology access 24/7 requiring up-to-date data to support service change.

## Management Of Services

***Ensure that management accountability and strategic oversight is appropriate to drive service improvements. Ensure that referral guidance provides sufficient information and is accessible to referring clinicians.***

The Executive Director of Therapies and Health Science is the health board Executive Lead for Imaging and responsible to the Board for ensuring quality and safety of Radiology services. The Executive Director of Therapies and Health Science ensures that the ABUHB Radiology Service is strategically and operationally aligned to the National Imaging Statement of Intent and that this is reflected within the IMTP. Operational delivery is overseen by the Director of Operations, with the Radiology Directorate accountable for delivery within the Scheduled Care Division. The Radiology Directorate has established a governance structure to ensure high quality and safe Radiology services; A radiology programme board will be established prior to the start of the year to oversee and monitor progress the range of work streams. Each of these will include defined benefits and outcomes set against milestones for delivery across the duration of the programme.

The service has the support of the Secondary Care Medical Director and the Executive Director of Therapies and Health Science both of whom have taken forwards key issues on behalf of the service in the last year. In addition, the Health Board has established a business case development review group to give scrutiny of cases in development so that broader impacts in disparate services can be assessed. The service continues to operate pathways in line with the RCR guidelines with referrers having access to this resource through HOWIS. In addition, we continue to look to develop guidelines and pathways in line with the single cancer pathways, NICE guidelines and other national or local plans. These include commencing a “reflex CT” pathway to expedite CT after initial chest X-ray, expediting CT staging on the same day as colonoscopy if cancer is diagnosed endoscopically and developing the pre biopsy mp-MRI pathway following NICE guideline updated in May 2019. In the coming year we hope to extend and refine these pathways across all sites and we are also looking at improving access for CT angiography in stroke as part of a thrombectomy pathway, but this requires further discussion with clinical teams and the tertiary centre.

There is significant involvement of the Clinical Board management team in the oversight of the diagnostic services. Which forms part of a single oversight of diagnostic targets across all specialties by the Director of Operations for Clinical Diagnostics and Therapeutics. This is reported into the executive team on a weekly basis through the Chief Operating Officers office. The service improvement approach is instilled through supporting the team with service improvement practitioners from within the Clinical Board as well as from the continuous improvement team. This approach has realised further performance improvement in waiting time management during 2019 and into 2020, delivering improved access to diagnostic radiology for patients. Electronic access to iRefer through the 'e-library for Health' via the Intranet for all users. iRefer is the radiological investigation guidelines tool, from The Royal College of Radiologists (RCR). iRefer helps referring GPs, radiographers, clinicians and other healthcare professionals to determine the most appropriate imaging investigation(s) or intervention for patients. It provides practical guidance based on the best available evidence.

Radiology have a Clinical Director (CD) and Directorate Manager (DM) the CD reports to the Medical Director and the DM reports to the Assistant Director of Therapies & Health Sciences. The Directorate have monthly Clinical Business Meetings with the Chief Operating Officer to discuss operational matters, risks and service improvements. Quarterly Exception Reports are sent to the Quality, Safety and Risk Committee. Radiology has adopted the Royal College of Radiologists iRefer (Making the best use of clinical radiology services) referral guidelines 8th edition as its referral criteria. Weblinks are sent to all the referrers in their entitlement letters. We also have a duty radiologist each day that can offer advice to referrers. To ensure patients have the most appropriate test and best manage demand, in addition to the iRefer guidelines we have local referral guidelines for Musculo-skeletal imaging.

Management structure includes strategic and operational managers that meet monthly to coordinate and drive service improvement. Link to Royal College of Radiology guidelines is accessible via the intranet. There has been some attendance at GP cluster meetings for updates.( Clinical and managerial staff meet via the radiology quality and safety meeting to discuss service expansion and pathways )

The Director of Screening is managerially accountable to the Executive Director of Public Health Services of Public Health Wales NHS Trust. There are line management relationships linking the Director with all directly employed staff . The Head of Programme has managerial responsibility for all consultants during their sessional commitment to Breast Test Wales. This responsibility is exercised in conjunction with the employing Health Boards, as appropriate. There are direct management accountability through the Executive Director of Public Health Services to the Chief Executive Office Public Health Wales and established governance process through to the Public Health Wales Board and established committees that report to the Board.

Employment of new Radiology Services Manager. New Radiology Services Manager reviewing the current staffing structure to ensure this is fit for purpose and that leadership within these areas is adequate. A staff survey is to be completed to understand engagement, leadership and management and whether there is staff buy in. Staff feedback will be used to inform core elements of the strategic plan that will be evidenced in the new Radiology Services Manager's Strategic plan.

Once new Strategic plan is complete the strategic vision will be shared at ABMUHB West audit education meeting to ensure staff group understanding and buy-in, this will minimise the push back and assist in change management for areas that may be new or historically challenging to the workforce.

Personal Development Review's will be used as an opportunity moving forward to enhance understanding of the Health Board values, radiology strategic vision and how staff can support these. Opportunities for staff to engage in learning activities that support continuous service improvement will be a focus for senior leaders and their teams. Senior leaders to complete training in service improvement as available. A referrer survey is to be developed and rolled out for primary care this year and 1/4ly meetings allow opportunities to review triage and inappropriate referral management. Internal documentation is available and new documentation is added to HB websites as required.

Re-structuring of Radiation Services at VCC is a clear indication of the strategic importance of the service to develop clear reporting lines through engagement with the stakeholders. The change will provide a direct line of communication with the SMT for performance metrics and escalate service deficits more rapidly.

## Quality

***Ensure that common procedure codes are in place and used to ensure that workload is measure consistently with and between health boards. Ensure that common performance indicators are in place to drive the consistency of benchmarking and improvement of services. Ensure that appropriate and robust performance quality measures are in place, which includes the review of patient experiences and service quality reviews. Ensure that appropriate monitoring arrangements are in place at board and committee level.***

at ABHB are patient centred , safe, responsive, inclusive, well led, effective and efficient. A newly formed Radiology Clinical Governance forum monitor quality, innovation, safety and compliance under key five main domains with sub-domains. A Radiology Patient Reported Experience Measure (PREM) has been developed via adaptation of the Aneurin Bevan University Health Board (ABUHB) PREM. The Radiology PREM is carried out on an annual basis, for all outpatients using Radiology Services across the Health Board. Results of this PREM are collated and written into a report presented at the Radiology Clinical Governance Meeting. The Radiology PREM can be adapted as appropriate to act as a modality/site/patient group/service –specific survey.

All PREM surveys are subject to registration (Service Evaluation pathway) and approval through the Research and Development Team, prior to distribution. Once surveys have been collected, all data is transferred to an NHS password-protected computer for analysis. Hard copies of the surveys are then destroyed. Basic analysis and descriptive statistics are utilised in order to produce a written report. Unfortunately, All Wales Radiology Services benchmarking is not planned for this year, however ABUHB Radiology services will undertake its own Benchmarking process. The team is already working on the process, the format, data collection will be based on previous benchmarking/KPI criteria's mentioned in the table below. Following the instigation of revised management arrangements, ABUHB has achieved a range of radiology service improvements during 2019/20, Emphasis has been placed on establishing firm and sustainable foundations for more radical service modernisation and innovation in 2020/21. It is intended that 2020/21 will see a step change in the performance of the radiology service, driven by improvements in efficiency, streamlining of patient pathways, benchmarking against best practice and optimising staffing skill mix / extended practice potential. A series of work streams have been established to implement the above, ☐ Establishment of a robust and stable service that can deliver a sustained zero breach position against the eight week investigation target (from April 2020 and across the three year IMTP cycle) ☐ Increased proportion of investigations undertaken within six weeks of request. Full elimination of reporting backlogs and consistent delivery of a reporting turnaround target. ☐ Demonstrable efficiency levels benchmarked

The service continues to use the NICP code set within WRIS. As part of the requirement to undertake radiation dose optimisation, we are reviewing examination coding to ensure that the most appropriate code is used for all examinations - this will improve the accuracy of dose recording and will also help improve activity and demand monitoring. There has been no significant work completed nationally to develop a broad set of comparable performance indicators. In the absence of these, however, the radiology service continues to internally monitor referrals, activity, waiting times (for in patient, urgent and routine referrals) alongside reporting turnaround and reporting backlogs. Radiology KPIs are highlighted in internal, directorate and secondary care quality meetings. Radiographer reporting peer review is well established and consultant reporting peer review is currently being developed although this is hampered by other demand pressures.

BCU is the 'All Wales' pilot site for achieving accreditation in the nationally recognised 'Quality Standards in Imaging' (QSI - formally ISAS). Good progress is being made with an expectation that the final assessment will take place in 2021.

There was very positive feedback following a HIW inspection in early 2019 and the service receives regular compliments, all of which are fed back to staff.

Concerns/incidents are reviewed on a regular basis, and learning from these is shared across the teams. The radiology service maintains clear escalation routes through its own and the Directorate operational management structures. Issues of significance are escalated to secondary care quality, safety and experience meetings or to the secondary care management group and executive team. The service operates local quality and safety meetings, and radiation protection groups escalating through to the BCU radiation protection committee.

We use the National Procedure Codes in Radis which are updated by NWIS into the Radis tables. The radiology directorate utilises a standard set of performance indicators for reviewing not only waiting list performance but wider directorate performance including workforce, finance and quality and safety. These KPIs are monitored through the Directorate Performance Reviews and shared on a regional basis through the joint work on demand and capacity regionally. Quality Indicators are monitored through Regulatory Compliance Group and QSE sub-committee

Measurement of patient experience through National Satisfaction Survey monthly data collection.

Monitoring of the service performance as a whole is fed through to the executive team and committees through a number of functions within the Health Board. These include the Clinical Board performance reviews and weekly performance meetings with the operational team. Individual service issues are reported through to management executive as required in order to ensure the entire executive team is sighted on emerging issues and solutions.

All RaDIS codes used in CTUHB are National procedure codes. Every 6 months the procedure codes are updated from the NHS digital TRUD website. New codes are sent out to all the radiologists and old ones are deprecated. Performance indicator is our TIER 1 target of the 8 week component waiting time which is reported to Welsh Government monthly. We also have our internal performance indicators that we use for benchmarking and improving services. We have recently undertaken the NHS Benchmarking Network Radiology Project 2018. Patient experience surveys are undertaken on an annual basis. We are also working with the patient care and safety team on improving patient experience. The patient feedback is reviewed at our directorate governance meetings and learning opportunities are shared within the Directorate and the Health Board. The Integrated Governance Report is submitted to the Chief Operating Officer who reviews risks within the Directorate which is presented to the Quality, Risk and Safety Committee, which also comprises of independent members. When required the Directorate attends the Finance, Performance and Workforce committee to describe and explain relevant Directorate matters. This committee is made up of Executive Directors as well as independent members.

The Health Board has adopted the Welsh common procedure codes and has recently merged the three versions of the Radiology Information System that has further standardised the booking process. Radiology has regular performance reviews in line with other directorates.

Not applicable to BTW. BTW does not use a Radiology Information System (RIS). BTW operates the National Breast Screening IT system (NBSS). This is unique to breast screening. BTW has well-established performance indicators shared at multiple levels within the organisation, from programme level to executive board. Key targets are shared.

A higher payscale is available in England and this will remain a barrier in attracting trained staff into Wales. In order to enable the most efficient use of the workforce remote working will be key. In Breast Test Wales the functionality of the Picture Archiving and Communication System (PACS) will play a key role in how medical job plans are developed as it directly affects how and where certain aspects of the service can be geographically delivered from, specifically film reading and arbitration.

Finalisation of the RADIS transfer to one single server is to complete this month and all codes will be the same at this point. The majority of the codes are currently the same and so this work has continued to improve since last report. At a local level this is in place, a service wide KPI framework is to be discussed with all radiology managers for parity in due course. Currently a robust quality framework is in place with review of friends & family respondents data for trends and improvement areas. Patient experience questionnaire completed for a small cohort on a monthly basis to provide extra detail around service quality and performance. Clinical Governance meeting monthly to highlight any quality issues, review complaints and incidents and recognise areas of high quality. Service continues to see a number of compliments at local and corporate level. Performance review meetings held to monitor performance at unit level and throughout radiology. Escalation to board around areas of concern and continued monitoring of performance against local and national directives as well as outlined Welsh Government targets.

We use the National Procedure Codes in Radis which are updated by NWIS into the Radis tables. Data is used to inform IESG on a regular basis and subsequently fed into NIPSB and WG. On-going patient questionnaires help to shape the way we provide our service to meet patients needs and requirements. To underpin the quality agenda we have recently appointed a QSE lead to oversee this process but to also lead annual re-accreditation to ISO 2001 reflecting the commitment of the Trust to constantly review patient services through patient experiences and guarantee that quality measures are robustly embedded.