



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	09 April 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Draft Quality Improvement Strategic Framework 2026-29
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sharon Daniel, Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Marilize du Preez, Improvement and Transformation Lead

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

The existing Quality Improvement Strategic Framework (QISF) 2023-2026 has been revised to continue to strengthen and develop Hywel Dda University Health Board's strategic and systematic approach to Quality Improvement (QI) for the next three years.

The framework forms a crucial component of the Health Board's Quality Management System and outlines our ambition not simply to undertake more improvement activity but to ensure QI consistently delivers measurable impact. The framework also outlines how we will focus on the spread and scale of high quality, high impact QI projects along with continuing to build QI capability and capacity to deliver and sustain high-quality, safe, effective, and customer-focused care.

Approval from the Quality, Safety and Experience Committee is sought to progress the Framework to final design and publication, ahead of its submission to the Board.

Cefndir / Background

The development of the QISF has taken place over the past several months through an iterative engagement process. This has included:

- Engagement with senior leaders to ensure alignment with strategic objectives and service priorities.
- Review of evidence-based improvement methodologies, including the Health Board's Quality Management System, Value-Based Healthcare principles, and the IHI Model for Improvement.
- Refinement through feedback including the QIST team and senior leaders.

The draft framework also reflects how the QISF will support the delivery of the Health Board's wider priorities, including prevention, value-based healthcare, improving outcomes, strengthening patient and carer experience, and supporting staff to embed quality as part of everyday practice.

Asesiad / Assessment

The QISF provides:

- A clear strategic direction for QI aligned with the Health Board's Strategic Objectives and priorities.
- A central ambition to move beyond building capability alone to delivering measurable, demonstrable impact at scale. Over recent years, considerable progress has been made in equipping staff with QI knowledge and skills; the next phase focuses on ensuring that this capability consistently translates into improved outcomes, reduced harm, better experience, greater value, and strengthened prevention across services.
- A focus on system-wide improvement supported by robust methods, tools, and data.
- An ambition to develop a structured approach to spread and scale of high quality, high impact improvement projects.
- A strengthened approach to capability and capacity building, including the continued delivery of EQliP and the development of a Community of Practice.
- A structured approach to governance, monitoring, and providing assurance to QSEC and the Board.
- A commitment to national alignment, including Improvement in Practice standards, national frameworks (QMS) and integration with the Duty of Quality.

The draft document outlines the QISF strategic intent and priorities over the next three years with identified outcomes and benefits, and the mechanisms needed to successfully deliver the QISF. Once agreed the document will be formatted for board submission.

Argymhelliad / Recommendation

The Quality, Safety and Experience Committee is asked to:

1. Approve the proposed QISF strategic intent for 2026-29.
2. Approve the QISF priority areas and proposed outcome and benefit metrics.
3. Approve the QISF delivery approach.
2. Approve the draft Quality Improvement Strategic Framework for finalisation.
3. Support its subsequent submission to the Board for final approval.
4. Endorse the governance and reporting arrangements described in the framework.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:
Cyfeirnod Cylch Gorchwyl y Pwyllgor:

3.9 Provide assurance to the Board in relation to improving the experience of patients, including for those services provided by other organisations or in a

	partnership arrangement. Patient Stories, Patient Charter and Board to Floor Walkabouts will feature as a key area for patient experience and lessons learnt.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	
Amcanion Cynllunio Planning Objectives	
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	
Rhestr Termiau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofiod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	

Effaith: (rhaid cwblhau)

Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Intended to promote the quality of patient care

Gweithlu: Workforce:	Intended to develop workforce
Risg: Risk:	Not Applicable
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Not Applicable
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

QUALITY IMPROVEMENT STRATEGIC FRAMEWORK (QISF) 2026–2029



‘QUALITY-IMPROVING
SUPPORTING-FRONTLINE’

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DRAFT

1. Introduction

The Quality Improvement Strategic Framework (QISF) sets out how we aim to engage, empower, and equip our entire workforce to continually improve the quality of our services and deliver value and impact. As an organisation, we are committed to delivering a healthcare system of the highest quality, achieving excellent outcomes for our patients and wider population.

This document outlines the continued Quality Improvement (QI) journey that Hywel Dda University Health Board (HDUHB) has undertaken and sets out the whole system strategic approach to QI that the Health Board will adopt over the next three years.

The framework aligns to the HDUHB Strategic Objectives and sets out the Quality Goals that will drive QI priorities focused on improving patient outcomes, reducing harm, strengthening prevention, and enhancing overall customer experience. We want staff at every level and in every role to feel confident, empowered and supported to identify opportunities for improvement and to lead changes that enhance experiences and outcomes of care.

By promoting, encouraging, and supporting continuous improvement – and making quality everyone’s responsibility – we will sustain high quality services, strengthen our prevention-focused approach, and ensure HDUHB is an attractive, rewarding and valued place to work and deliver compassionate and customer-focussed care.

2. Our Health Board

Our Strategic Objectives

The QISF will support and enable the delivery of the health board’s four strategic objectives, and our move towards achieving our aspiration of Healthier Lives, Well Lived.



HDUHB Strategic Objectives

Starting with building **thriving teams** which are orientated towards supporting **healthier communities**, embedding our 20four7 prevention model, emphasising a social model for health and wellbeing and enhancing primary care and community provision. When required patients deserve to receive **great care**, with timely access to safe, high-quality services delivering improved health outcomes. Finally, we should be building **positive futures** where people are born healthy, live and age well, and die with dignity; and the NHS maximises its contribution to building a strong and sustainable society.

Our Quality Management System (QMS)

The Duty of Quality sets out the expectation that every person should receive high-quality, safe and effective healthcare. QI is an integral part of the Health Board's QMS Strategic Framework which aims to provide a system-wide approach to achieving quality of care in a way that drives continuous improvement.



Our Quality Management System Strategic Framework

The QMS ensures that services reliably meet the needs of the population by integrating four core components- quality planning, quality improvement, quality control, and quality assurance. The QI approach outlined within this framework will support the Health Board in bringing together a single quality system to meet its goals and improve overall customer care.

Embedding a culture of continuous improvement across organisation supports our Quality Management System (QMS), alongside the nationally and locally adopted Institute for Healthcare Improvement (IHI) Model for Improvement. Together, these provide a consistent, evidence-based approach to improvement practice. This integrated, whole-system approach strengthens the organisation's ability to deliver high-quality, sustainable care and fosters a shared culture of quality at every level.

Our Approach to Research and Innovation

QISF is closely aligned with the Health Board's Research and Innovation strategy, as both aim to strengthen our ability to deliver better outcomes, earlier diagnosis, more effective treatments and improved models of care. QI provides the practical methodology for turning research evidence and innovative ideas into measurable, reproducible improvements in real-world clinical settings. While research and innovation generate new knowledge, technologies and understanding of what works, QI ensures this learning is systematically tested, adapted and embedded into routine practice.

Together, they enhance patient and carer experience, improve workforce satisfaction, reduce mortality, and support prudent, value-based use of resources. By linking innovation with continual learning and operational improvement, QI acts as a bridge that helps translate discovery into better health outcomes and quality of life for the population.

Understanding the outcomes of each intervention or treatment—what they mean for patients, their families, and communities, as well as the associated cost—is central to delivering and sustaining value-based healthcare. This approach ensures that we focus not only on clinical results but also on customer experience, overall wellbeing, and the wider impact on people's lives.

3. Quality Improvement in Hywel Dda

Quality is integral to everything we do in Health and Social Care. Quality improvement (QI) can be defined as “a systematic continuous approach that aims to solve problems in healthcare, improve service provision, and ultimately provide better outcomes for patients” (Backhouse & Ogunlayi, 2020). The Health Foundation (2021) highlights the importance of considering all dimensions of quality when setting priorities for improvement. Within healthcare, **the six recognised domains of quality** provide a comprehensive framework for understanding what “good” looks like.

- **Safe:** Avoiding harm to patients
- **Timely:** Reducing waits and harmful delays
- **Effective:** Providing evidence-based care
- **Efficient:** Avoiding waste of resources
- **Equitable:** Ensuring consistent high-quality care for all
- **Patient-centred:** Respectful, responsive and preventative care aligned with customer (patient) needs.

As an organisation we take all six domains into account when identifying and prioritising improvement activity, as they are often interconnected and mutually reinforcing. By recognising how these dimensions complement each other, we can design improvement work that delivers value and impact across all domains of quality.

Our Quality Improvement Strategic Intent for 2026-2029

Between 2026 and 2029, Hywel Dda University Health Board will use Quality Improvement (QI) as a primary driver for safer care, better outcomes, improved experience, and greater value for our population.

Our aim is not to simply undertake more improvement activity, but to ensure that quality improvement consistently delivers measurable impact where it matters most to patients, service users, carers, communities, and our workforce.

Quality Improvement will be the mechanism through which the organisation:

- reduces avoidable harm and unwarranted variation,
- improves reliability, timeliness, and patient experience,
- supports a shift towards prevention and a social model of care,
- strengthens staff engagement, capability, and wellbeing, and
- maximises value from finite resources in line with prudent healthcare principles.

Moving from capability to impact

Over recent years, Hywel Dda has invested significantly in building QI capability, infrastructure, and a strong improvement culture. The strategic focus for the next three-year period is to continue to build QI capacity but crucially move decisively to delivering impact at scale.

This means:

- prioritising improvement activity where there is the greatest risk, harm or inequity
- aligning QI effort tightly to the Health Board's Strategic Objectives, Quality Goals and principal risks
- using QI deliberately to support delivery of annual plans, transformation programmes and system change
- embedding improvement as part of everyday practice rather than as an additional activity.

- QI will therefore function as a core organisational discipline, supporting delivery across operational, clinical and corporate portfolios.

To achieve this ambition, the Quality Improvement Strategic Framework will:

- provide clear direction for where and how QI effort is focused;
- enable consistent governance, oversight and assurance;
- support the development and deployment of improvement capability where it adds greatest value; and
- ensure that improvement activity contributes directly to safer, more effective, more equitable and sustainable services.

Quality Improvement will remain everyone's responsibility, but strategic QI deployment will be deliberate, focused and outcome driven.

Key QISF deliverables- what would good look like in 2029:

- Demonstrable improvement in safety and outcomes, including sustained reduction in avoidable harm and unwarranted variation across priority pathways.
- Improved patient and carer experience, with improvement activity increasingly driven by what matters to people who use our services.
- Stronger use of data for learning and improvement, with teams confident in measurement, testing change and understanding impact.
- A confident and engaged workforce, where staff at all levels feel empowered and supported to identify, lead and sustain improvement.
- More consistent delivery of value-based, prudent care, reducing waste and duplication while strengthening prevention and community-based approaches.
- Clear Board level assurance that QI activity is aligned, prioritised and delivering measurable benefits.

4. Our Strategic QI Focus Areas for 2026–2029

To deliver our strategic ambition, Quality Improvement activity across Hywel Dda will be focused, prioritised and aligned to the following six system level focus areas. These represent where most QI effort will deliberately be directed to over the next three years, and will support the delivery of our four strategic objectives.

Focus area 1: Reducing Avoidable Harm and Improving Reliability of Care

Quality Improvement will be prioritised to:

- reduce avoidable harm and high severity patient safety incidents;
- improve the reliability of core clinical and care processes;
- strengthen early identification, escalation and prevention of deterioration;
- embed a culture of continuous learning and prevention.

Improvement activity will be informed by harms data, learning from incidents and complaints, and national safety priorities, with a particular focus on areas of persistent risk or unwarranted variation.

Key outcomes and benefits:

- Sustained reduction in:
 - severe patient harm incidents
 - avoidable mortality measures
- Improvement in:
 - reliability of key safety processes (e.g. medication, deterioration, infection prevention)
 - learning loop closure following incidents and complaints
- Evidence that:
 - High risk and fragile services are actively using QI methods to address safety risks
 - staff report increased confidence in speaking up and improving safety

Focus area 2: Improving Flow, Timeliness and Access Across Pathways

Quality Improvement will be used as a key enabler of:

- improving patient flow across acute, community and primary care pathways;
- reducing waits and delays that negatively impact experience, safety and outcomes; and
- supporting redesign of pathways to deliver the right care, in the right place, at the right time.

This focus will directly support service sustainability, workforce wellbeing, and improved customer experience.

Key outcomes and benefits:

- Reduction in:

- avoidable waits and delays within priority pathways
- demand related harm (e.g. deterioration linked to delays)
- Improvement in:
 - patient reported experience of access and timeliness of care
 - flow measures across acute, community and primary care interfaces
- Evidence of:
 - Pathway level improvement work rather than isolated team-based changes
 - multidisciplinary ownership of improvement outcomes

Focus area 3: Strengthening Value, Productivity and Prudent Use of Resources

Quality Improvement will support a shift from activity-based improvement to value-based improvement, with a focus on:

- reducing waste, duplication and low value activity;
- addressing unwarranted variation using evidence based best practice; and
- improving outcomes that matter to patients relative to the resources used.

This will align improvement activity with prudent healthcare principles and Value Based Health Care, supporting responsible stewardship of public resources.

Key outcomes and benefits:

- Reduction in:
 - unwarranted clinical and operational variation
 - low value or duplicated activity
- Improvement in:
 - alignment between QI activity and Value Based Healthcare measures
 - demonstrable benefits realised from improvement initiatives
- Evidence that:
 - improvement work considers outcomes, experience and resource use together
 - services can articulate the value added by QI interventions

Focus area 4: Enhancing Patient, Carer and Community Experience Through Coproduction

Quality Improvement activities will increasingly be driven by:

- what matters most to patients, carers and communities;
- learning from feedback, complaints and lived experience; and
- meaningful coproduction in the design and testing of improvements.

This focus ensures improvement activity consistently reflects person-centred care, equity and inclusion, and supports trust and transparency with the population we serve by actively moving from “doing to” toward coproduced solutions shaped by lived experience and community need.

Key outcomes and benefits:

- Increased use of:
 - patient, carer and community insight in improvement design
- Improvement in:
 - patient reported experience measures (PREMs)
 - themes arising from feedback and complaints
- Evidence that:
 - coproduction is embedded in priority improvement programmes
 - services can demonstrate how feedback has directly shaped change

Focus area 5: Supporting Prevention and a Social Model of Health and Care

Quality Improvement will contribute directly to:

- prevention focused approaches that reduce avoidable demand on acute services;
- improvement of care models that support people to stay well for longer; and
- addressing wider determinants of health through integrated, system wide improvement.

Improvement activity in this area will increasingly span organisational and agency boundaries, supporting whole system working.

Key outcomes and benefits:

- Increase in:
 - improvement projects focused on prevention and early intervention
 - cross organisational or multiagency improvement initiatives
- Improvement in:
 - outcomes linked to keeping people well and independent
- Evidence that:
 - QI is supporting pathway redesign beyond hospital based care
 - community based services are enabled and supported to lead improvement

Focus area 6: Building Sustainable Improvement Capability Where It Delivers Greatest Impact

While improvement capability remains important, the strategic focus will be on:

- deploying QI expertise where it adds the greatest value;
- embedding improvement skills within operational services and teams; and
- supporting leaders to use QI as a core management and decision-making tool.

Capability building will therefore be purposeful and targeted, rather than uniform, ensuring improvement effort translates into measurable impact.

Key outcomes and benefits:

- Evidence of:
 - improvement capability embedded within operational services
 - leaders using QI routinely in planning, decision making and risk management
- Improvement in:
 - staff confidence and engagement in improvement
 - spread and sustainability of successful improvement work
- Assurance that:
 - QI investment is targeted, proportionate and aligned to strategic risk

These strategic focus areas will:

- guide prioritisation of QI projects and programmes, including our Enabling Quality Improvement in Practice (EQIIP) programme;
- inform annual improvement planning and resource deployment;
- shape conversations between Executives, services and clinical leaders; and
- support Board level assurance that improvement effort is aligned with organisational risk, priorities and outcomes.

These focus areas, although clear, are complex and apply across all our services, spanning clinical care, preventive care, population health, and broader determinants of wellbeing. Progress will require meaningful engagement from staff at every level, using recognised and evidence-based Quality Improvement tools and methodologies.

5. Delivering Our Quality Improvement Strategic Framework

The delivery of our QISF will be achieved through several mechanisms:

- The EQliP programme
- Ongoing QI coach development
- Targeted Quality Improvement and Service Transformation (QIST) team deployment and engaging with national QI resources and collaboratives
- Building capacity and capability
- QI SharePoint
- QI Community of Practice
- Developing a collaborative health board approach to Spread and Scale

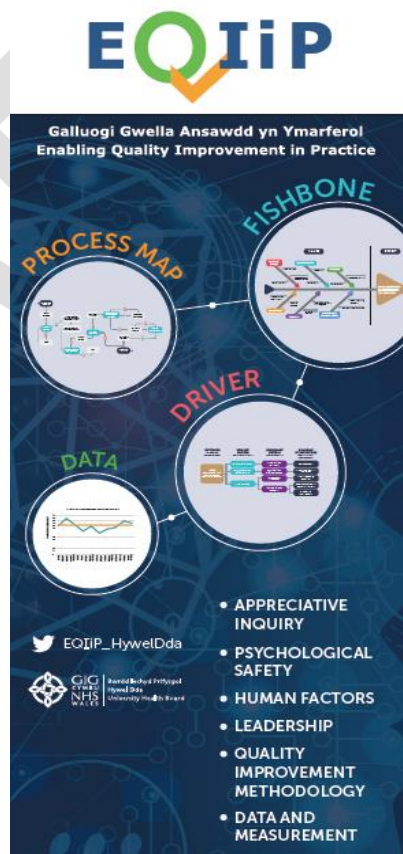
Enabling Quality Improvement in Practice (EQliP) Programme

Our collaborative EQliP programme will remain one of our primary enablers for the delivery of our QISF and is a central mechanism for supporting and strengthening our QMS.

The Breakthrough Collaborative model on which EQliP is based is a well-established, evidence-based approach to improvement, workforce development and enabling change (Nadeem et al., 2013; Hulscher et al., 2013). The EQliP programme applies this model to support frontline staff and leaders. EQliP has been running since 2019 and has had seven cohorts of 102 teams with 808 participants completing the programme.

The 9- month programme is designed to bring together multidisciplinary teams from across services and organisations to work on a defined improvement project aligned to our Strategic Objectives and Quality priorities. These projects focus on delivering better value, enhancing customer (patient and carer) experience, and strengthening preventative approaches within clinical pathways.

Teams participate in a series of structured learning events delivered by internal and external subject matter experts, complemented by support from health board improvement coaches. Dedicated time for skills development, supported activities, and peer learning enables staff to learn from each other as well as from national and local experts in improvement science.

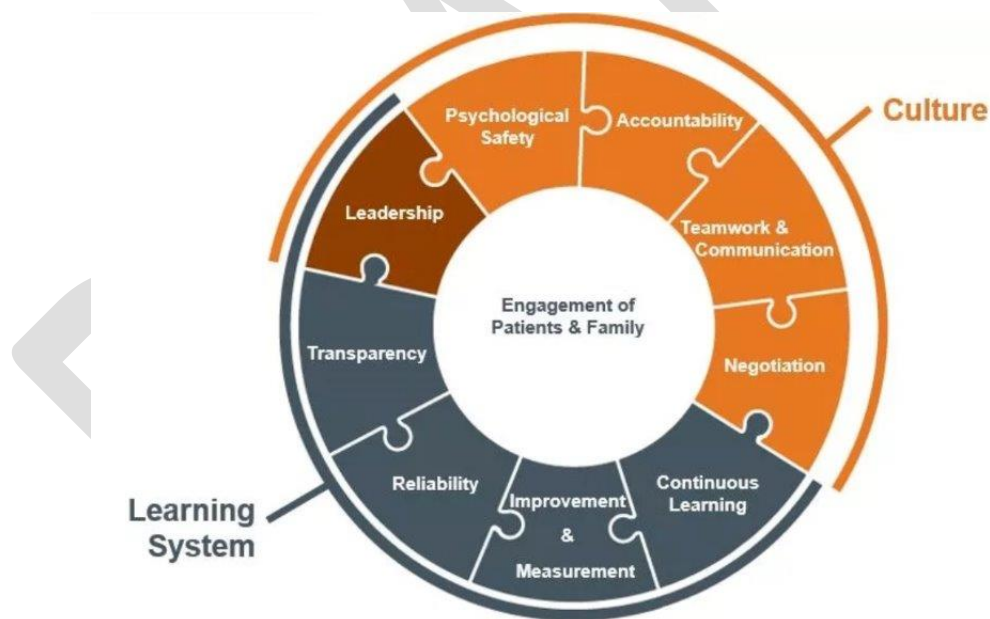


EQIIP Programme Content

The educational content of EQIIP has been developed in line with the priorities of the organisation and advancement of the published research in improvement science/quality improvement as outlined below. Delivery of educational sessions are now largely covered by members of the Quality Improvement and Service Transformation (QIST) Team and other experts within the Health Board and external stakeholders such as Academi Wales.

EQIIP programme content:

- Appreciative Inquiry
- Behavioural science
- Benefit realisation
- Clinical Audit
- Coproduction
- Data and measurement
- Duty of Quality/Duty of Candour
- Equality, Diversity and Inclusion
- Framework for Safe Effective Reliable Care (SERC)
- Human Factors
- Leadership
- Listening to patients/feedback
- Psychological Safety
- Publishing QI work/accreditation
- QI methodology and tools
- Spread and scale
- Sustainability
- Team building
- Value based healthcare



IHI Framework for Safe, Reliable, Effective Care

The Institute of Healthcare Improvement (IHI) framework for safe, reliable and effective care (SREC) is integral to the EQIIP programme. It is used to assess, benchmark and guide QI activity and support within project teams.



An example of how the IHI SREC framework is used to identify appropriate support in practice.

The national Quality, Safety and Improvement team within NHS Performance and Improvement has supported the development of a mechanism enabling all EQIIP participants to achieve the Improvement in Practice (IIP) accreditation, consistent with the national framework for Quality Improvement Training. Teams that demonstrate successful, scalable improvements—particularly those enhancing quality, patient experience, value, and prevention—are supported to attend the Spread and Scale Academy programme to extend their impact across the systems.

To support the delivery of the QISF we will continue to deliver EQIIP over the next three years with projects aligned to our QI focus areas and strategic objectives. This will enable us to support approximately 42 QI priority projects over the next 3 years through EQIIP and develop additional QI capacity and capability in over 300 members of staff.

QI Coach Development and Network

Identifying and developing more QI coaches will be key to the successful delivery of the QISF. Although QI coaches are essential to the delivery of the EQIIP programme, our long-term vision is to have a coach in every operational and clinical team to support QI at the point of care delivery.

Since 2019 when EQIIP was first introduced over 58 QI coaches have been developed within the organisation. Currently there are 40 active coaches/buddy coaches that support the EQIIP programme. This network of Improvement Coaches includes members of the Quality Improvement and Service Transformation (QIST)

team and the wider EQliP alumni community. The Improvement Coach Development Programme encourages both current and former EQliP participants to join this network, where they receive additional training in Human Factors, Appreciative Inquiry, LEAN methodology, ergonomics, behavioural science, and advanced Quality Improvement methodology.

We will continuously review the content and offer a rolling development programme to all our new and existing buddy coaches/coaches along with developing a competency framework to support the transition from buddy coach to coach. This network will enable coaches to share good practice and promote peer-learning and support.

All Improvement Coaches will hold Improvement in Practice (IiP) accreditation and will benefit from this additional specialist training. After each EQliP cohort, participants who demonstrate enthusiasm and capability for supporting others are invited to become Improvement Coaches and enter the development programme strengthening the network and the opportunity to embed quality improvement across all services.

Expanding the network beyond the QIST team creates significant value: it enables improvement activity to be supported directly within services by coaches who understand local pathways, customer needs, and opportunities for prevention. This distributed model strengthens capacity, embeds improvement as part of everyday practice, and enhances the quality and experience of care within teams.

Targeted deployment of Quality Improvement and Service Transformation (QIST) team resources and engaging with national QI resources and collaboratives

All Quality Improvement and Service Transformation resources are coordinated under the leadership and direction of the Director of Nursing, Quality & Patient Experience, who serves as the Executive Lead for Quality across all services and disciplines within HDUHB. Responsibility for championing, supporting, and promoting Quality Improvement activity is shared across the Executive Team, with each Executive Director expected to drive improvement within their own portfolio.

The QIST team comprises of 20 core members, including nine Improvement Advisors. The team and advisors bring specialist expertise gained through recognised advanced QI training and Improvement Advisor programmes, equipping them to design, measure, and apply advanced improvement methodologies that enhance value, strengthen prevention, and improve customer (patient and carer) experience. The QIST team also operates a model where some QIST staff are embedded directly within operational teams. This model ensures that services have direct access to QI expertise while maintaining strong professional leadership, governance, and support for staff working in these roles. The QIST team also offers ongoing support to services, teams, and individuals seeking improvement guidance, subject to capacity and demand.

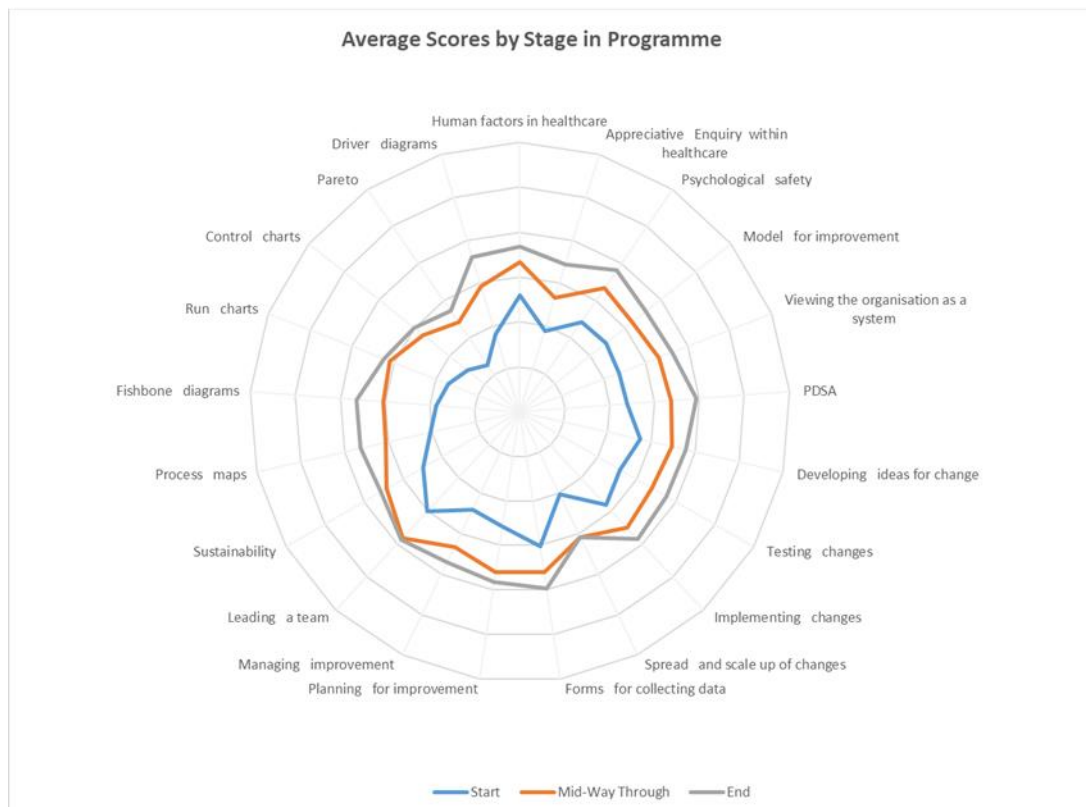
We will also continue to make best use of national QI resources and expertise available through NHS Wales Performance and Improvement and the Welsh Value in Health Centre, and engage with national QI collaboratives. These partnerships support the spread of evidence-based practice, alignment with national standards, and delivery of improvements that offer better outcomes, improved experience, and preventative benefits for our population.

Over the next 3 years the QIST team will continue to be strategically deployed to support targeted QI initiatives in focus areas across the organisation.

Building QI capacity and capability

HDUHB will continue to uphold its commitment to national standards for Quality Improvement training. All staff will be expected to complete IQT (Improving Quality Together) Bronze level training, or an equivalent accredited programme, as a foundation for developing improvement capability. This introductory training acts as a catalyst, helping staff recognise opportunities to enhance value, strengthen prevention, and improve customer (patient and carer) experience within their areas of practice.

Through EQliP we will build additional QI capacity and capability. To assess the development of EQliP participants' QI skills, a self-assessment tool is administered at three stages of the EQliP programme: at the start, midpoint, and end, shown in the figure below. Each team receives a summary of their results, highlighting areas of progress as well as aspects requiring further development.



Spider diagram – self assessment QI tool used in EQliP

The self-assessment is an important element of the EQliP programme as it enables participants to actively track their growth in quality improvement (QI) capability over time. By completing the tool at the start, midpoint, and end of the programme, individuals and teams gain insight into how their knowledge, confidence, and practical skills are developing. This structured reflection promotes greater self-awareness, supports goal-setting, and encourages participants to take ownership of their learning.

At a team level, the aggregated results highlight areas of collective strength as well as capability gaps that may need further support. This enables the QIST team to tailor coaching, resources, and teaching to real needs—ensuring each cohort receives relevant and timely guidance. The data also acts as a feedback loop for programme improvement, helping the EQliP team understand what is working well and where refinements may enhance impact.

Ultimately, the self-assessment strengthens the programme's ability to build sustainable QI capacity and capability by supporting reflective practice, reinforcing learning, and ensuring a responsive, learner-centred approach.

In addition, to ensure continued capability development and QI succession planning we aim for three members of the QIST team to attend an Improvement Advisor programme each year.

Quality Improvement SharePoint

Over the past three years, we have established and expanded a dedicated SharePoint site that hosts a range of supportive QI tools that are accessible to all staff. Our intention is to continue developing this platform so it can provide ongoing support to project teams, while also acting as a space to capture, share, and disseminate project outcomes—including conference posters, presentations, and professional or academic publications. It also serves as a central repository for the QI projects completed as part of the EQliP cohorts.

Community of Practice

To continue to support and develop participants that have completed EQliP a community of practice (CoP) will be established. The CoP will offer a supportive, collaborative environment where staff can share learning, test ideas, and continue to build improvement capability over time. The purpose of the CoP will be to strengthen and sustain organisational QI capability and capacity, spread best practice and support strategic priorities.

The CoP will blend structured elements (such as learning sessions, facilitated discussions) with informal peer-to-peer exchange that enables participants to learn from real-world examples. As the community develops, iterative feedback, reflective learning, and small tests of change will help refine the model, ensuring that the community remains responsive to staff needs, organisational goals, and the broader

shift toward prevention and value-based, person-centred care. Ultimately, the CoP will offer a sustainable mechanism for shared learning, collective problem-solving, and embedding improvement into everyday practice.

Developing a collaborative health board approach to Spread and Scale

EQliP teams that have demonstrated successful, scalable improvements—particularly those enhancing quality, patient experience, value, and prevention—have been supported to attend the Spread and Scale Academy hosted by the Dragons Heart Institute to try and extend their impact across the system. However, the impact of this approach to Spread and Scale has been variable.

To support our ambition to delivering impact at scale it is the intention to develop a robust internal spread and scale approach to ensure that high quality, high impact projects emerging from EQliP or other QI initiatives can achieve wider and more sustainable outcomes and influence across the organisation. This approach will create a structured method for proven improvements to be adopted consistently across teams, services and systems. It will include clear criteria for project readiness, how to demonstrate benefits and value, and practical tools and guidance to support wider adoption and spread.

This will require a strong coordinated effort across the system to develop an approach that is achievable and will maintain momentum to provide the support needed for successful implementation. By embedding leadership, sponsorship, aligning with strategic priorities, and building capability within frontline teams, this spread and scale approach will help ensure that QI projects not only sustain their improvements but deliver measurable benefits at scale. █

6. Quality Improvement Governance Arrangements

Oversight and assurance for quality, safety, and experience are delivered through the Quality, Safety and Experience Committee (QSEC) structure. QSEC will receive regular reports on the implementation, progress, and outcomes of this strategy, or more frequently if requested.

Feedback from our staff survey is routinely monitored and reported through the Board Assurance Framework, the Integrated Performance Assurance Report, and the bi-monthly Workforce Update submitted to the People, Organisational Development and Culture Committee. Insights from staff feedback directly inform strategic discussions and decisions, which are subsequently reported to the Board. This ensures that actions taken respond meaningfully to staff experience, which in turn supports improved customer (patient and carer) experience and strengthens the organisation's ability to deliver preventative, safe, and compassionate care.

HDUHB will develop an Annual Plan that this framework will support and enable. The Harms Dashboard will play a key role in shaping and prioritising this plan, providing real-time insight into safety, experience, and areas where preventative action is needed most. These data-driven insights, combined with the "Improving Together" conversations at directorate and service levels, ensure that improvement activity is

aligned not only to national priorities but also—critically—to the needs and priorities of our local population.

References

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