



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	14 February 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Quality Improvement Strategic Framework 2023-2026
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mandy Rayani Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Mandy Davies Assistant Director of Nursing/Quality Improvement

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

This report presents the updated Quality Improvement Strategic Framework for 2023-2026 for consideration and approval for onward submission to the Board

Cefndir / Background

The Health Board's first Quality Improvement Strategic Framework (2018-2021) was approved by the Board in 2018. An update to this Strategic Framework was delayed due to the COVID pandemic.

The 2018 Framework set out the Health Board's approach to building quality improvement capacity and capability through an ambitious plan to establish an Enabling Quality Improvement in Practice (EQliP) programme. This programme enables frontline teams to come together monthly to increase their QI and data knowledge, along with developing skills in Human Factors, Appreciative Inquiry and other leadership qualities, while working on a real work improvement project. Alongside attending the training programme teams are supported by an improvement coach to apply their learning from the programme to the delivery of their improvement project.

There have been two successful and fully completed EQliP programmes since it was established in 2019; at the height of the pandemic a virtual online version was introduced to ensure momentum was maintained. More than 200 staff have been recruited to the programme, circa 40 improvement coaches have been developed and 35 projects have been supported through the programme.

The third full programme is underway - 12 teams are currently being supported. It is anticipated that the fourth programme, for 15 project teams, will start in March 2023. There has been an increase in submissions for each programme which demonstrates the need for the Improvement Coach development programme to continue.

Each programme has been independently evaluated with support from Swansea University. The outcomes from the evaluation of the first programme have been presented at the

International Society for Quality in Healthcare (ISQua) International Quality and Safety Conference in Australia and has been published in the Journal of Health Organization and Management.

Applying their learning from the programmes delivered in 2019, 2020 and 2021 the Quality Improvement and Service Transformation Team (QIST) team has designed and published a workbook to support delivery of the programme and to promote the ongoing use of the improvement skills of those who attend the programme.

Asesiad / Assessment

The updated Quality Improvement Strategic Framework for 2023-2026, recognises how the EQliP programme has evolved over the past four years and continues to adapt and improve.

The Framework commits the Health Board to delivering two EQliP Programmes per year with projects that can be identified as supporting one of the Health Board's Strategic Objectives and one of the five Quality Goals. The developing Improving Together system will inform the identification of improvement priorities for operational teams and will become a feeder for the EQliP programme.

The delivery of two programmes a year is possible due the prudence with which the programme is designed and delivered. Using carefully selected training venues, sourcing local catering companies and using Health Board expertise to deliver the majority of educational sessions, we are able to run a programme for circa £25k.

The annual allocated budget for EQliP is £70K. The remaining £20k is used to fund the Coach Development programme.

Our unique improvement Coach Development programme ensures our project teams have the knowledge and skills available to them to support their QI project, whilst the improvement coaches have a network of support available to them and are given personal development, in extended Quality Improvement methodology and Human Factors.

The Health Board has committed to the IHI/ Improvement Cymru National Safe Care Collaborative. This collaborative follows a similar format to the Health Board's EQliP programme, using educational sessions, project-based outcomes and improvement coaching. Improvement Coaches who are members of QIST are supporting the four workstreams that are developing from this collaborative improvement, are supporting teams with improvement plans linked to the TUEC (Transforming Urgent and Emergency Care) six Goals. The collaborative is set to run until March 2024 and projects identified from the four workstreams will be supported join future EQliP programmes

Argymhelliad / Recommendation

The Quality Safety & Experience Committee is asked to approve the Quality Improvement Strategic Framework for 2023-2026 and recommend it to the Board.

Amcanion: (rhaid cwblhau)**Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.5 Ensure the right enablers are in place to promote a positive culture of quality improvement based on best evidence.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	None
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2. Safe Care 3.1 Safe and Clinically Effective Care 4. Dignified Care 7. Staff and Resources
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do 2. Working together to be the best we can be 3. Striving to deliver and develop excellent services 5. Safe sustainable, accessible and kind care
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol:**Further Information:**

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

Effaith: (rhaid cwblhau)**Impact: (must be completed)**

Ariannol / Gwerth am Arian: Financial / Service:	None
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Ansawdd / Gofal Claf: Quality / Patient Care:	Intended to promote the quality of patient care
Gweithlu: Workforce:	None as intend to develop the workforce
Risg: Risk:	None
Cyfreithiol: Legal:	None
Enw Da: Reputational:	None
Gyfrinachedd: Privacy:	None
Cydraddoldeb: Equality:	None



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Hywel Dda
University Health Board

QUALITY IMPROVEMENT STRATEGIC FRAMEWORK (QISF)

2023 – 2026



'QUALITY-IMPROVING
SUPPORTING-FRONTLINE'

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1. Introduction

Hywel Dda University Health Board Strategic Framework (QISF) is an enabler and a key component of the Quality Management Framework for the Health Board.

The QISF focuses on engaging and enabling the whole workforce to improve the quality of its services. As an organisation our aim is to deliver a healthcare system of the highest quality, with excellent outcomes for our patients and our population. This document will describe the Quality Improvement (QI) journey Hywel Dda University Health Board (HDUHB) has been on for the past 3 years and the whole system strategic approach to QI that the Health Board will adopt over the next three years.



This framework is aligned to the HDUHB Strategic Objectives and describes the Quality Goals which will be underpinned by annual priorities to deliver improved patient outcomes and overall experience of care. We value our staff and the work that they do. We want to create a culture in which continuous QI is at the heart of everything we do across all our services. We want our staff, at all levels and in all roles, to feel competent and empowered, and feel safe and supported to identify and make the changes that they know will improve patient’s experiences and outcomes of care. Promoting, encouraging and supporting continuous improvement to make improving quality everyone’s responsibility will ensure that we sustain high quality services, and make HDUHB an attractive and valued place to work and practice the art of caring. We have done this by developing our Enabling Quality Improvement in Practice (EQIiP) programme.

This collaborative programme gives staff the knowledge, skills and confidence to recognise and make changes which add value to the care received by patients, service users, their families and their carers. This culture and approach continues to put quality and the value of patient care at the centre of all our services and everything we do.

‘Everyone in healthcare really has two jobs when they come to work every day: to do their job and to improve it.’

Batalden and Davidoff 2007

2. Our Health Board

Our Strategic Objectives

HDUHB has 6 strategic objectives and by building improvement capabilities and activities within our workforce this Quality Improvement Framework will support the delivery of these objectives.

Hywel Dda University Board's Statement of Purpose, Strategic Objectives and priorities to support the annual plan



Our Quality Improvement Goals

Our QI Goals have been identified as they underpin our Strategic Objectives and our Organisational Values, we believe they are the right things to focus on to make a difference to patients, families and carers:

1. No avoidable deaths
2. Protect patients from avoidable harm from care
3. Reduce duplication and eliminate waste
4. Reduce unwarranted variation and increase reliability
5. Focus on what matters to patients, service users, their families and carers, and our staff

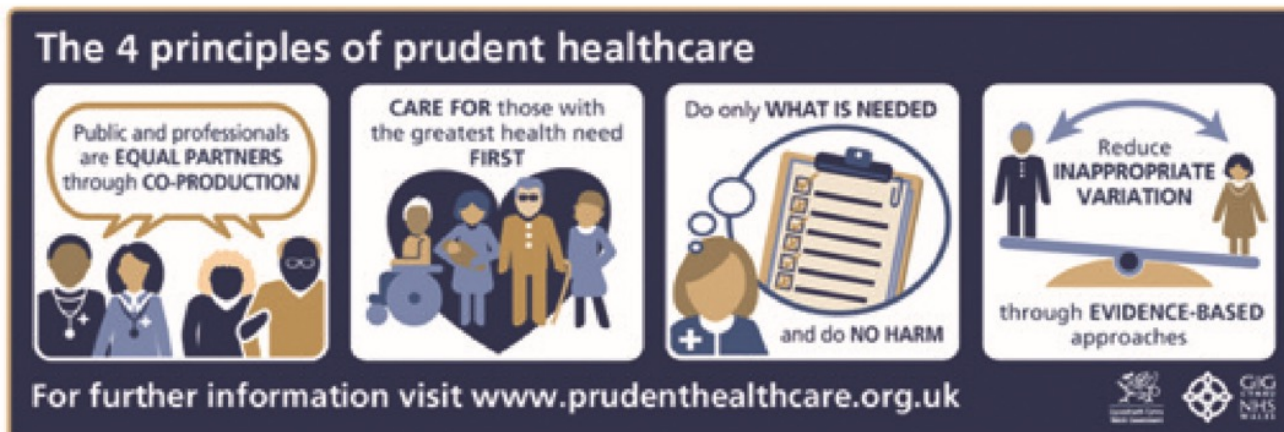
Our Quality Improvement goals, although clear, are complex and are applicable across all our services. Progress towards achieving them will require engagement from all staff at all levels in a range of activities, using established and proven Quality Improvement tools and methodology.

Our approach to embedding a culture of continuous improvement across all our services will be underpinned by the Institute of Healthcare Improvement (IHI) Model for Improvement which has been adopted at a National level.

Improving quality, value and patient experience

The Principles of Prudent Health Care and an understanding of value-based healthcare will be key drivers in our Quality Improvement activities.

Understanding the outcome of each intervention or treatment, what it means to patients and it's cost are fundamental to value-based health care. This means that we will ensure that every opportunity is taken to improve value by tackling variations in care across our services, reducing waste and implementing known best practice. We believe that this approach will benefit our patients, our staff and all healthcare services in West Wales.



Our programme is reflective of the Institute of Healthcare Improvement (IHI) framework for safe and effective care. We are using this as part of our engagement in the organisation to baseline our leadership and Quality Improvement (QI) impact through the safe care collaborative.

Our approach to QI to date is similar to the approach used by Improvement Cymru for the safe care partnership and so we are in the fortunate position to take advantage of the opportunities the collaborative offers and ensure a holistic and system wide focus on the Leadership Framework for safe, effective and reliable care.

Framework for Safe, Reliable, and Effective Care



© Institute for Healthcare Improvement and Safe and Reliable Healthcare

Source: Frankel A, Haraden C, Federico F, Lenoci-Edwards J. A Framework for Safe, Reliable, and Effective Care. White Paper. Cambridge, MA: Institute for Healthcare Improvement and Safe & Reliable Healthcare; 2017. (Available on ihi.org)

Embedding improvement in all our teams

Improving together is a system that is being developed to identify improvements. To do this we have come up with a supportive framework which will be further developed and rolled out across our operational and frontline services over the next 3 years composed of the following elements:

1. Supporting teams to come together to agree and prioritise the areas they want to improve
2. Encouraging teams to meet regularly to review data and feedback, discuss issues, review progress, and agree actions
3. Empowering our teams to agree key improvement measures & making data easily accessible to aid decision making
4. Work on improvement projects aligned to the team's priorities utilising QI skills and tools and engaging in EQiP for more complex multi-disciplinary improvement
5. Share good ideas across the Health Board to help others

We have set up a **SharePoint site** which we're hoping will build over time with supportive tools and stories from our staff.

https://nhs.wales365.sharepoint.com/sites/HDD_Improving_Quality



3. Quality Improvement in Hywel Dda

What quality in healthcare means

In Health and Social Care, quality is crucial. The Health Foundation 2021 state that it is important that healthcare organisations consider all dimensions when setting their priorities for Improvement. The six domains of quality are recognised with healthcare. It is important that healthcare organisations consider all these dimensions when setting their priorities for improvement. Often dimensions are complementary and work together.



The Duty of Quality indicates that everyone should have good quality healthcare. The 5 enablers to this are:

1. Leadership
2. Culture and valuing people
3. Data
4. Using the information
5. Whole-system perspective.

As part of implementing the Duty of Quality we are exploring ways of publishing information for our staff and the public.



Enabling Quality Improvement in Practice

Through EQiIP programme we give teams the opportunity to develop their Quality Improvement skills using evidence based methodology and tools to continuously improve the way we do things. They are able to contribute and influence direct improvement activities in their areas.

Project teams are identified by individuals, services and directorates. Projects have to align with HDUHB Strategic Objectives, Quality Improvement goals, or recognised as service priorities. Successful teams are identified using agreed criteria and informed of the outcome. Full commitment is needed from the individuals participating and their managers for the full benefit of the EQiIP experience.

The 9-month EQiIP programme invites teams to submit applications to attend monthly educational programme days, where protected project time is enabled and advice from a dedicated Improvement Coach is given. During this 9-month period, the EQiIP programme is designed to support the development of in-depth knowledge and skills in comprehensive improvement methodology and associated managerial and leadership attributes, whilst delivering a 'real work' improvement project. We will deliver 2 EQiIP programmes per year for 12 teams of 8 team members per programme.

Team membership will include HDUHB staff and staff from other agencies who are identified as stakeholders in the improvement project. This plan will therefore enable us supporting 24 improvement projects per year and training circa 200 people to Improvement in Practice Level skills.

Attributes to support leadership of successful improvement activities are covered with support from experts within HDUHB, Academi Wales, Swansea University and commercial experts providing education on leadership approaches, change management, patient and public involvement, and human factors. We encourage teams engaged in improvement activities to collect and display their improvement data for their service areas.

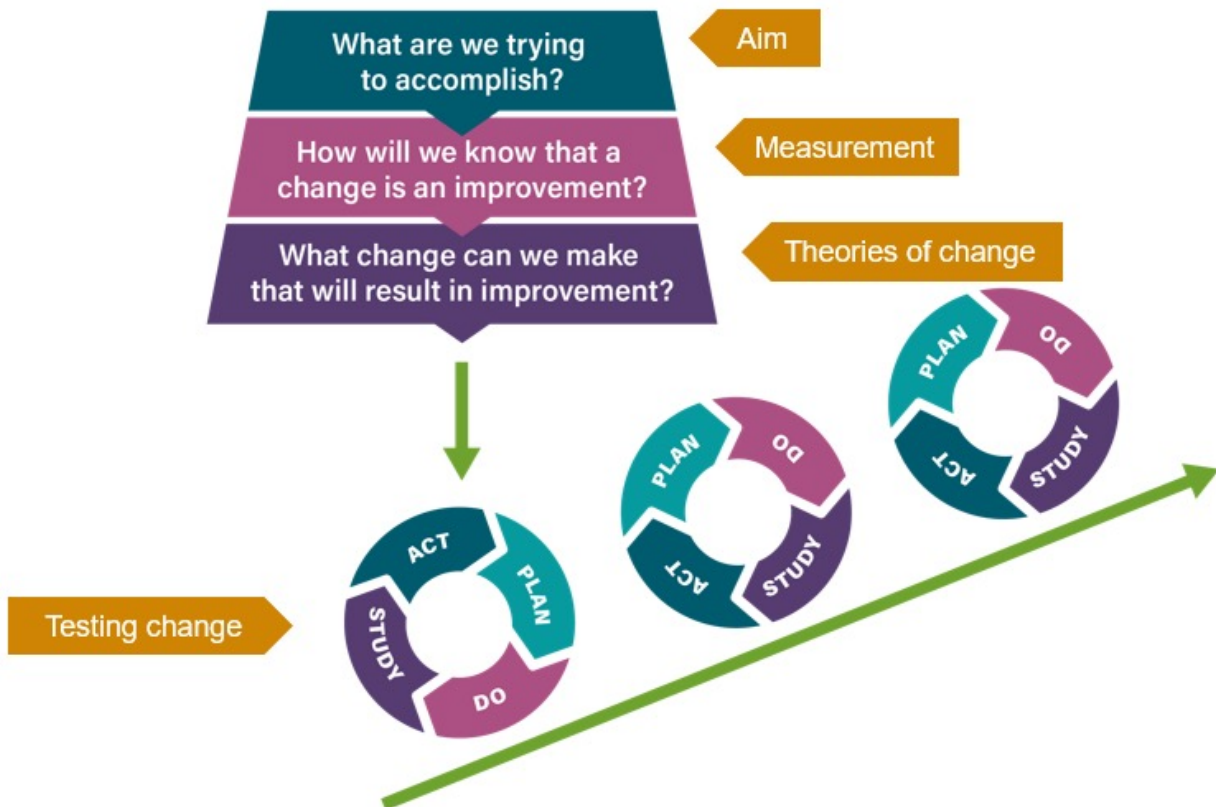
By adopting this educational approach whilst working with expert support from one of the Improvement Coaches on a real-work improvement activity, it is intended to enable teams to develop and embed their improvement skills. This will facilitate sustainable cultural change towards one of continuous improvement. A number of QI methodologies are taught within the programme; examples are the Model for Improvement and Lean.

Our approach is delivered through the adoption and adaptation of the Institute of Healthcare Improvement Breakthrough Series Collaborative model.

The programme has been formally and independently evaluated following cohort 1 (2019–20) and cohort 2 (2021–22), it has been developed and modified in response to each evaluation.

Improvement Cymru have supported the development of a mechanism to enable all participants in the programme to achieve the Improvement in Practice (IiP) accreditation, in line with Improvement Cymru’s national framework for Quality Improvement Training. Successful teams who are in a position to spread their improvements are supported to attend the Spread and Scale academy programme.

Figure 1 – Model for Improvement



As well as EQiP QI is promoted and methodology reinforced through a number of in-house programmes offered within the HealthBoard, e.g. Value based Healthcare, Green teams and the suite of multiprofessional leadership development programmes.

Impact

Building Quality Improvement capacity and capability across the Health Board enhances the motivation for change and improvement in the future, whilst staff gain accredited continued professional development. Improving efficiency and quality of services through collaboration with people, communities and partners develops the future workforce and increases the opportunities the organisation offers. Improving the productivity and quality of our services using the 4 principles of prudent health care and the opportunities to innovate and work with partners benefits the population as a whole.

To help us to understand whether we are moving to a culture in which continuous Quality Improvement is at the heart of everything we do across all our services, The Culture and Organisational development team have developed a monthly staff survey. Within the survey we ask key questions to determine whether our staff feel competent, empowered, and safe and supported to identify and make the changes that they know will improve patient's experience and outcomes of care. The focus on Quality Improvement will also have an impact on our performance in key areas. Performance is monitored through our Integrated Performance Assurance Report.

Improvement Coach Development Programme

To support the project teams on the EQiIP programme, we have Improvement Coaches dedicated to each project team providing expert QI support and identifying areas that would benefit from external expert advice, which is arranged as necessary. We currently have 40 improvement coaches and plan to develop a minimum of 15 per year, continuously expanding improvement coaches across the organisation.

A network of Improvement Coaches is developed within the Quality Improvement and Service Transformation (QIST) team, as well as from the wider EQiIP participants. The Improvement Coach Development Programme encourages EQiIP participants past and present to join this network where intensive Human Factors, Appreciative Enquiry and ergonomics training is given as well as advanced QI methodology. The Improvement Coaches will have Improvement in Practice accreditation as well as this additional intensive training. Following each EQiIP programme are invited to become Improvement Coaches and join the development programme. We will run one Improvement Coach development and in doing so add an additional 15 improvement coaches to the network per year. The benefits of the wider Improvement Coaches network from outside of the QIST team is the ability for improvement activities to be supported within services where Coaches are based.

Hywel Dda UHB is supporting the Safer Care Partnership collaborative at a National level, which is being led by Improvement Cymru and the Institute of Healthcare Improvement. Improvement Coaches from the QIST team are supporting on the 2-year National programme priorities.

4. Quality Improvement Activities

Our Collaborative Approach

The breakthrough collaborative approach is a tried and tested model of intervention and development; it is the approach being used on National improvement activities which HDUHB staff are involved in. HDUHB EQiP programme is aimed at frontline staff and leaders, and is designed to enable teams of staff at all levels and from different services and disciplines to come together to work on a specific improvement project that has been identified for their service or area of practice, linked to our Strategic Objectives and Quality Goals. The teams attend a series of specifically designed training events delivered by experts in the field, supplemented by specific locally delivered master classes. With time dedicated to the development of improvement skills through supporting activities, team members learn from each other as well as from the experts.

Appendix A is an example of a collaborative training programme. This has been refined and amended based on an independent evaluation of our first cohort and is adapted regularly to the needs of the participants. Teams are supported on project implementation by experts in improvement science and methodologies, to ensure delivery and sustainability. Each collaborative cycle will be delivered over a 9 month period. Our ambition is to provide two collaborative learning cycles each year for the next 3 years. To date we have had 2 successful cohorts and a mini collaborative during the COVID-19 pandemic. In total we have had over 300 participants on our various programmes.

At the end of each programme, participants will have developed leadership and coaching skills for improvement methodology and will be able to support colleagues in future collaborative cycles; thus building and spreading improvement knowledge and learning.



Improvement skills development outside the collaborative approach

HDUHB will maintain its commitment to national targets for Quality Improvement Training. All staff will be expected to complete IQT (Improving Quality Together) bronze level training (or equivalent) online as this will be a catalyst and motivation to identify an improvement project.

The collaborative programme is designed in such a way that successful completion of an improvement project will result in participating individuals having the opportunity to achieve Improvement in Practice team award via Improvement Cymru. Our Quality Improvement and Service Transformation Team also provide ongoing support for teams, services and individuals requesting QI support based on capacity and demand. Our aim is to run 2 programmes a year to include 12 projects per programme, 100 participants per programme.

Resources and Support to Deliver this Quality Improvement Framework

All Quality Improvement resources are aligned under the leadership and direction of the Director of Nursing, Quality & Patient Experience, as the Executive Lead for Quality across all services and disciplines within HDUHB. Support and promotion of Quality Improvement activities will continue to be a responsibility of all Executive Directors within their areas of responsibility.

The Quality Improvement and Service transformation team have over 15 members of their core team. 6 of those team members are improvement advisors. This further knowledge and expertise in QI is gained by individuals attending improvement advisors programmes enabling them to be experts in the design, measurement and application of high level improvement activities. We aim to ensure 3 members of our QI team per year have the opportunity to attend an improvement advisor programme. The QI team also host QI roles who work directly within other directorates. This hosting arrangement enables services to have QI expertise within their team and ensures leadership and support for QI roles. We will continue to make best use of the resources and improvement expertise available at a National level through Improvement Cymru at Public Health Wales, and the office of the Director of Value Based Healthcare.

5. Quality Improvement Governance Arrangements

Oversight and assurance in relation to quality, safety and experience is undertaken by the Quality, Safety and Experience Committee Structure (QSEC) who will therefore receive a report on the implementation and outcomes of this strategy at regular committee meetings or as requested.

QSEC structure is demonstrated in appendix B.

The feedback from our staff survey is monitored and reported through the Board Assurance Framework, Integrated Performance Assurance Report and the bi-monthly Workforce update to our People, Organisational Development and Culture Committee. Strategic discussions and decisions are made on the back of our staff feedback which are also reported to Board.

HDUHB will produce an annual improvement plan which this framework will enable the delivery of. The Harms dashboard will inform and influence this plan along with conversations from the improving together process which ensures alignment to National and more importantly local priorities.

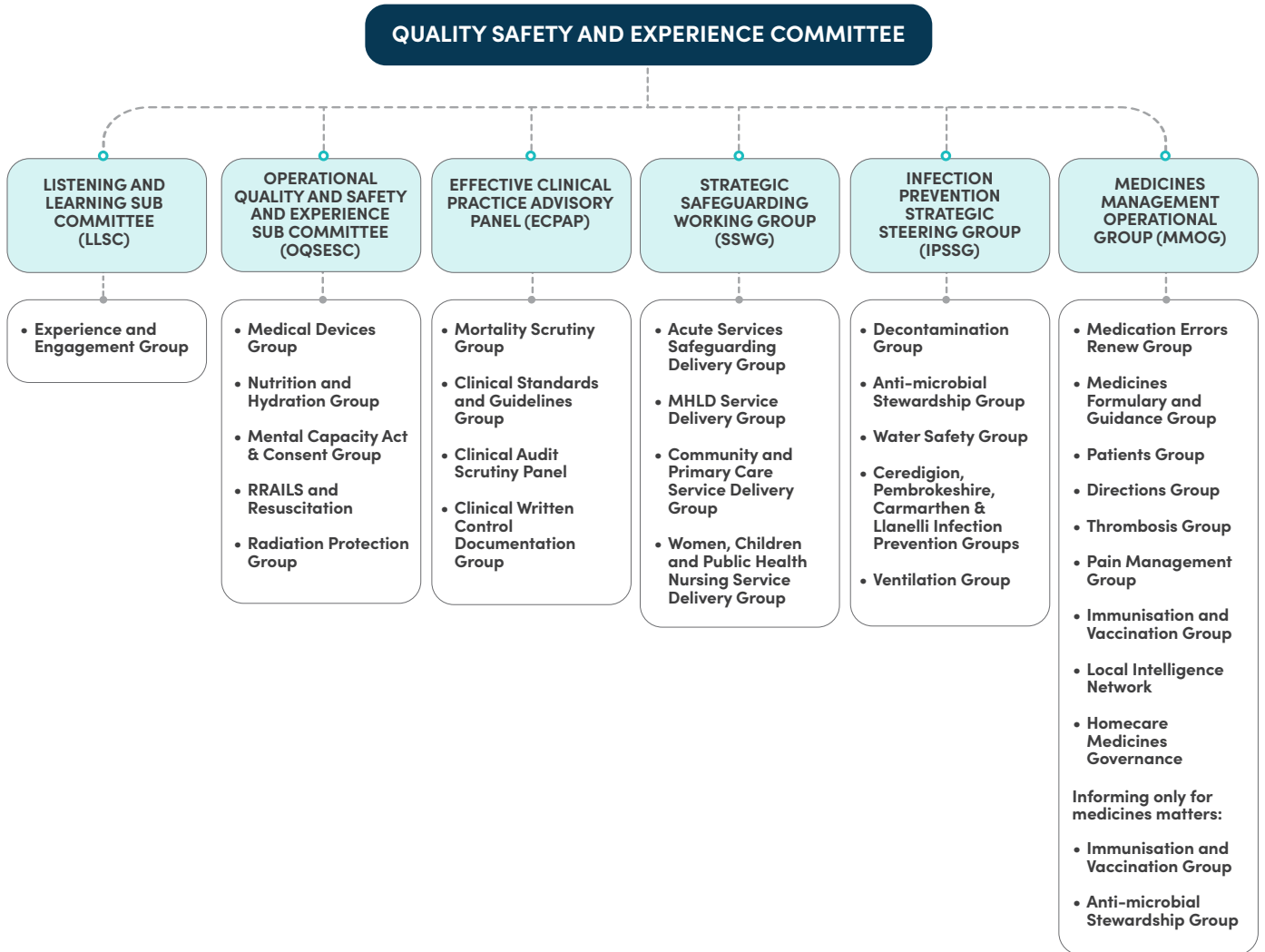


Appendix A

Date	Course topic
Programme Day 1	Welcome & introductions, Joy at Work
Programme Day 2	Human Factors
Programme Day 3	Introduction to Quality Improvement, QI tools
Programme Day 4	PDSA's & Data
Programme Day 5	Informatics, Co-production, Psychological Safety, Appreciative Inquiry,
Programme Day 6	Value Based Health Care, World café shared learning, behavioural change
Programme Day 7	Leadership
Programme Day 8	Project work, sustainability
Programme Day 9	Accreditation, next steps & publishing
Programme Day 10	Celebration Event

Appendix B

QSEC Structure diagram





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