

QUALITY IMPROVEMENT STRATEGIC FRAMEWORK (QISF) 2018-2021

'Quality-Improving-Supporting-Frontline'



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

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1. Introduction

This is the first Hywel Dda University Health Board strategic framework focused 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. The purpose of this document is to clearly describe the whole system strategic approach to quality improvement the Health Board will adopt over the next three years.

This framework is aligned to the University Health Board's approach to quality assurance and organisational development, and describes the quality goals which will be underpinned by annual priorities to deliver improved patient outcomes and overall experience of care.

Stakeholder involvement and co-production are core to the implementation of this framework, as only by listening to and involving those receiving care and providing services, can we ensure that we learn and continuously improve the services and care we deliver.

We value our staff and the work that they do. We want to create a culture in which continuous quality improvement is at the heart of everything we do across all our services. We want all our staff, at all levels and in all roles, to feel competent, empowered and feel safe and supported to identify and make the changes that they know will improve patient's experience 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 Hywel Dda an attractive and valued place to work and practice the art of caring.

We will do this through the comprehensive and collaborative programme of activities outlined within this framework to give 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 will 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)

Strategic Context

There are a number of national initiatives and policies which influence the way in which the University Health Board needs to work in relation to Quality Improvement.

- ✓ An **OECD (Organisation for Economic Co-operation and Development) Review** on Health Care Quality in the UK published 2016 was complementary about quality in Wales:

'In many respects "quality" is at the heart of the Welsh health care system.....the ambition for an excellent, patient centred health care system, promoting quality, access and equity is clearly there in Wales, but now tangible practical steps are needed to make the necessary changes.'



This framework is intended to enable us to make those changes

- ✓ In January **The Parliamentary Review of Health and Social Care in Wales: A Revolution from within – Transforming Health and Care in Wales** was published. The review sets out a vision for care in Wales which should be delivered against four mutually supportive goals –
 - Improve population health and wellbeing through a focus on prevention.
 - Improve the experience and quality of care for individuals and families.
 - Enrich the wellbeing, capability and engagement of the health and social care workforce.
 - Increase the value achieved from funding of health and care through improvement, innovation, use of best practice and eliminating waste.

This strategic framework has been developed to describe how the Health Board will work towards achieving these aims over the next 3 years.

- ✓ The **Social Services and Wellbeing (Wales) Act** (2014) and **Wellbeing of Future Generations (Wales) Act** 2015, place a requirement on the Health Board to work with Public Service partners to drive innovation and improve population outcomes. As the Health Board has set as one of its wellbeing objectives an improvement in the efficiency and quality of services, through collaboration with people, communities and partners, this strategic framework will ensure that stakeholders and patients are actively engaged through a collaborative approach to quality improvement.
- ✓ The **NHS Wales Peer Review Framework** was produced in July 2017. Peer review is a process to drive continuous quality improvement involving self-assessment, enquiry and learning between teams of equivalent specialisation and knowledge, to identify and share good practice and suggest areas for improvement.

The Health Board will use this process to inform its quality improvement activities, using its collaborative programme to engage and support clinicians to make changes in response to feedback from peer reviews.

- ✓ The Health Board publishes an **Annual Quality Statement**. This statement is first and foremost for the Health Board describe to the public the quality of its services through the following:
 - provide an assessment of how well we are doing across all services, including community, primary care and those where other sectors are engaged in providing services, including the third sector;
 - promote good practice to share and spread more widely;
 - confirm any areas that need improvement;
 - report on progress, year on year; and
 - account to its public and other stakeholders on the quality of its services.

The development of this Quality Improvement Strategic Framework will ensure that the Health Board is able to demonstrate year on year improvement in relation to the quality and safety of its services and use its Annual Quality Statement to set its quality priorities for the following year in an open and transparent way.

We will use this national context to build our quality improvement objectives within the health board to create a culture of continuous scrutiny and improvement. **Appendix A** provides a pictorial view of this approach.

What quality in healthcare means

The Institute of Medicine (1990) identified 6 dimensions of healthcare quality:

SAFE Avoiding harm to patients from care that is intended to help them	TIMELY Reducing waits and sometimes harmful delays
EFFECTIVE Providing services based on evidence and which produce a clear benefit	EFFICIENT Avoiding waste and duplication
PERSON-CENTRED Healthcare staff work in partnership with patients so that care respects patient's needs and preferences	EQUITABLE Providing care that does not vary in quality because of a person's characteristics

(adapted from Quality Improvement Made Simple – Health Foundation 2013)

What quality improvement means within Hywel Dda University Health Board

Our approach to quality improvement will mean consistent and well understood use of methods and tools to continuously improve the way we do things.

Studies have shown that board commitment and a leadership focus on quality improvement is linked to higher quality care. The Kings Fund (2017) provides a starting point for NHS leaders to embed quality improvement:



- Make quality improvement a leadership priority for board.
- Share responsibility for quality improvement with leaders at all levels.
- Don't look for magic bullets or quick fixes.
- Develop the skills and capabilities for improvement.
- Have a consistent and coherent approach to quality improvement.
- Use data effectively.
- Focus on relationships and culture.
- Enable and support frontline staff to engage in quality improvement.
- Involve patients, service users and carers.
- Work as system.

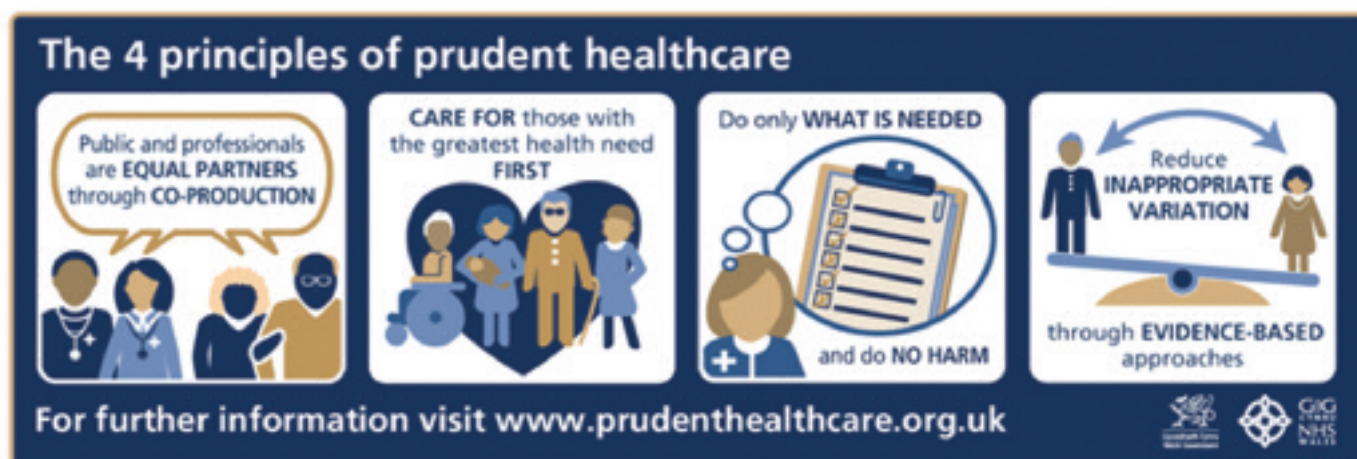


Improving quality improving value

Growing demand on NHS services is putting a huge strain on the money available to deliver services. The health board has had a Turnaround Programme in place since 2017 to address its financial difficulties and ensure that services are sustained for its population.

There is often a misconception that cost cutting and containment will result in a reduction in quality. By ensuring that the right care is delivered each and every time to all our patients and service users, we will see improvements in quality and efficiency and therefore achieve better value from the services we provide.

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, its cost and what it means to patients are fundamental to value based health care. This will mean that we will ensure that we take every opportunity 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.

2. Our Health Board

Our Health Board provides a wide and diverse range of primary, acute, community and mental health services across the three counties of Carmarthenshire, Ceredigion and Pembrokeshire.

We serve a population of over 384,000 people, employ over 9,000 staff and spend over £900 million of public money each year.

Our aim is to deliver a healthcare system of the highest quality, with excellent outcomes for patients. To do this we must remain committed to our mission that:

- We will prevent ill health and intervene in the early years; this is the key to our mission to provide the best healthcare to our population;
- We will be proactive in our support for local people, particularly those living with health issues and the carers who support them; and
- If our population thinks they have a health problem, rapid diagnosis will be in place so that they can get the treatment they need, if they need it, or move on with their daily life.

Our Strategic Objectives



The Health has 10 strategic objectives, these are detailed in **Appendix B** at the end of this document. This Quality Improvement Framework will support and underpin the achievement of these objectives by building improvement capabilities and activities within our workforce.

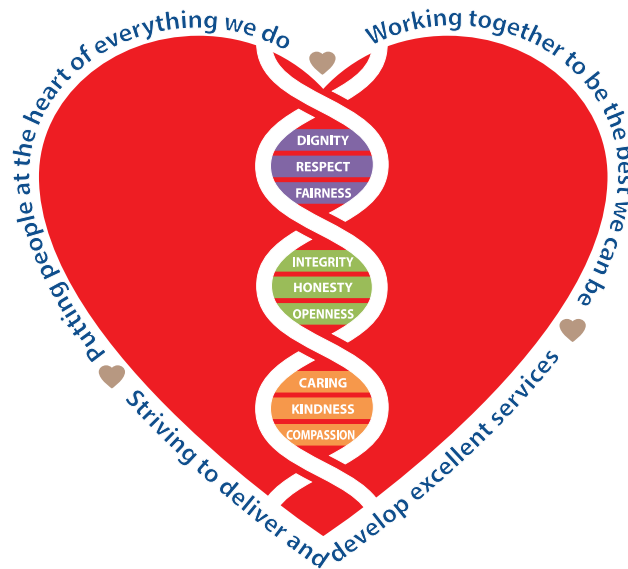
The University Health Board formally established the **Transforming Clinical Services (TCS)** Programme in April 2017.

The shared aim of the Programme is to provide better clinical services with a focus on keeping people healthy and preventing ill health, through care that is more accessible and delivered closer to home and away from a hospital setting when appropriate to a person's individual needs. This is a long term strategy for the redesign of our clinical services.

Whilst this long term vision is being developed and implemented we must ensure that we continue to focus on the quality of the services we provide now and every day to our population.

This framework will ensure that we are prepared, with quality objectives going forward which fit within our model for services for the future, agreed through the TCS process.

Our Values



Our overarching values comprise nine staff behaviour values and three organisational values. They are the key to how we work, how we behave and how others can expect us to behave and should shine through everything we do.

Our overall aim is to create a culture in which quality and its improvement is visible to patients and staff, by ensuring that the following are embedded in all our services:

- **Leadership** at all levels committed to patient centred care and respected through visible engagement with staff.
- A **culture** that supports and encourages staff to initiate and make changes at the point of care.
- **Operational** management practices that listen and ensure action to execute and implement change.
- Staff that have the **skills and capabilities** to identify the improvements needed and find solutions.
- **Timely data** that is analysed and accessible to measure and communicate the impact of improvement.
- **Resources** and expert support is available to drive improvement.
- An **environment** in that it encourages freedom of behaviour, supports change.
- Systems and process that are designed to add **value and deliver the quadruple aim**.
- **Learning** from improvement activities will be shared and those that add benefit rolled out to other services.

To help ensure services are sustainable within the resources available continuous improvements at the bedside, in clinics, in theatres and care centres is the culture we want staff to adopt to make the changes that they know will make care better for their patients. Our intention is to make every day work better and enjoyable, at the speed and at the scale needed to ensure that patients receive the best care available consistently and continuously.

To do this we need all our staff to be involved in co-creating improvements. Our belief is that we can do this by harnessing the 'renewable energy' within our workforce, by motivating and empowering individual staff to take the initiative and make changes for individual patients.

To help us to be clear about what we need to focus on we have identified **5 key quality improvement goals** which will drive our annual quality improvement priorities over the next 3 years.

3. Our Quality Improvement Goals 2018-2021

These goals have been identified as they underpin our mission statement, our strategic objectives and our organisational values and we believe they are the right things to focus on to make a difference to patients, families and carers:

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

What these goals mean in practice

No avoidable deaths

Whilst the Health Board recognises the Office of National Statistics (2015) definition of Avoidable Mortality, for the purpose of this framework the term avoidable deaths means:

Deaths where acts and/or omissions in care have occurred contributing to death, or have occurred as a result of self-harm incidents, whilst the patient/service user is receiving care from the health board.

Whilst the numbers of avoidable deaths identified as attributable to the Health Board has been low in comparison to the number of treatment interventions undertaken across all our services, the impact on families and staff involved in the care of the patient who died is significant and should not be underestimated.

The focus over recent years within the Health Board, particularly in relation to mortality reviews and serious incidents resulting in death has been in acute hospitals. National reports such as the Mid Staffordshire and Palmer Report have resulted in greater attention being paid to the learning arising from all deaths.

Deaths that are have not been the expected outcome of the treatment being provided should always be reported as serious incidents in line with the Health Boards Incident Reporting Policy, and should undergo a detailed senior clinical review to enable learning and highlight notable practice. In this way actions can be taken and shared, in order that reoccurrence can be prevented.

We recognise that there is more that we can do in this area to make our processes more robust, consistent and equitable across all our services.

To achieve this we will:

- Improve communications within and between teams and service providers to ensure that care and treatment plan objectives are clear and comprehensive, especially in relation to referrals and discharge information when patient move between services.
- Strengthen and embed our stage 1 & 2 mortality review processes across all our services to ensure that the early detection of learning can be shared rapidly and consistently.
- Ensure that we are compliant with national guidance and expectations in relation to mortality reviews and the reporting and investigation of serious incidents across all our services, so that outcomes are communicated in an open and transparent way.
- Put in place mechanisms to evaluate risks associated with care so that clinical pathways and services are implemented in a consistent and equitable way.
- Ensure that we take robust clinically lead actions in response to the outcomes of National Clinical Audits.

What we expect to see

Our goal of no avoidable deaths may appear ambitious, but a greater emphasis on learning and acting on outcomes of reviews is how we will demonstrate improved outcomes for patients and service users.

This will be evidenced by initial learning from stage 2 mortality reviews and serious incidents being shared appropriately within 48 hours of them being identified. Changes in practice will be evidenced through robust auditing and monitoring through our Quality, Safety, Experience and Assurance Structures with quarterly reports to the Board.

Evidence of this will be measured by:

- Improved performance in national mortality review and serious incident reporting targets.
- A reduction in the issues and themes raised through mortality reviews and serious incident reviews.
- An improved understanding of issues relating to deaths across all our services.
- Compliance and contribution to the National Clinical Audit Programme.
- A reduction in complaints related to poor communication when patients move between services.

Protect patients from avoidable harm

Harm from health care must be considered as an indication of the quality and safety of the care provided. For the purpose of this goal avoidable harm will mean:

An injury or adverse event resulting from or contributed to by the clinical care provided or omitted which results in the need for additional monitoring, treatment or admission to hospital, or delay in the patient's discharge or transfer of care.

Despite the hard work and commitment of staff incidents, such as falls which result in injury, healthcare acquired infections, pressure damage and medication errors, occur all too frequently to patients in our care and are examples of harm from the above definition.

Harm can also be caused from undiagnosed conditions such as delirium, sepsis, hospital acquired thrombosis. Delayed follow ups, missed fractures and failure to recognise and treat the deteriorating patient should always be considered as harm from care.

All incidents of harm or adverse events should be reported in line with the Health Board's Management and Investigation of Incidents Policy using the Health Boards Datix reporting system. All incidents of harm that are reported are reviewed according to their severity. Those categorised as low severity are reviewed and locally by the responsible service teams. Those categorised as high severity are reviewed by the Assurance and Safety Improvement Team. The focus of both local and corporate review processes must be to ensure learning, improvement and the prevention of reoccurrence.



We will use this framework to redefine and build our understanding of harm from care and ensure appropriate assurance process are in place, for example through our engagement and response to national clinical audits. In doing so we will create a visible and active quality and safety culture to further reduce harm and improve the quality and safety of care.

To achieve this we will:

- Improve incident reporting and investigation processes which will provide staff with responsive systems which support timely review, feedback and learning from incidents.
- Promoting a culture of psychological safety in relation to reporting and flagging of issues relating to harm or potential harm.
- Implement a service to board reporting matrix which will include key harm indicators.
- Agree and implement specific work programmes which focus on the root cause of the harms identified to ensure that lessons are learnt and actions are taken across the health board to prevent reoccurrence.
- Ensure active engagement and leadership in relation to national audits, improvement activities and collaboratives, across our hospital, primary care and community, in order to promote learning from others through benchmarking and networking.
- Ensure that our competency and skills development enable our staff to provide evidence based care.
- Use a range of different mechanisms to share learning and outcomes from incidents and the improvement actions expected with all of our staff.
- Develop the concept of clinical lead 'Safety Huddles' as part of board rounds and processes at the point of transfer of care between services.

What we expect to see

A reduction in the number of incidents which result in patient harm and an increase in near miss reporting by:

- Making information to share learning from incidents of harm readily and regularly available to all staff through corporate and service level Quality Improvement Newsletters, patient safety notice alerts.
- Ensuring Board and Senior Leadership awareness of safety and quality issues through Board to floor walkabouts.
- Each service team working to a clear set of quality and safety measures which are clearly communicated, understood.
- Service teams participating in collaborative improvement activities and competencies in quality improvement is building.
- Service teams taking action on outcomes of National Clinical Audits through action plans and improvement activities.
- Changes in practice readily evidenced and visible to staff, our service users and stakeholders.

Evidence of this will be measured by:

- A reduction in the causes of incidents of harm as a result of falls, pressure damage, HAT, medication errors, recognition and treatment of deteriorating patients.
- Number of improvement initiatives reported through performance reviews.
- Time to compliance reports in relation to patient safety notices and alerts.
- Outcomes of National Clinical Audits.

Reduce duplication and eliminate waste

It is vital that our resources are used effectively to ensure maximum benefit for patients.

Waste is anything other than the minimum amount equipment, consumables, space or staff and patient time. Duplication includes unnecessary and repeated investigations, clinical assessments, information collection and documentation. Duplication often causes frustration for patients and service users and uses resources which could be used more effectively.

Providing the right care, at the right time, in the right place and making every contact with patients, service users and our partners in care, count is how we want our services to be delivered. This is even more important in the last days of life, and how we support people to die with dignity and in the place of their choice.

To be able to do this our staff need the skills and tools to do their work effectively. They need to feel empowered to make changes to their practice and our systems and processes so that the time they spend with patients is as valuable and outcome focused as possible.

We will achieve this by:

- Build the improvement and leadership skills within our multidisciplinary and cross service teams through collaborative improvement and learning activities.
- Continuously review of our corporate and service level systems and processes to ensure that staff are able to work in the most effective way possible. This will include information and communication systems.
- Work with our partner agencies and university colleagues to promote and explore opportunities for integrated evidenced based working.
- Create a culture at all levels of the organisation where challenging the way we do things is actively promoted and proposals for new ways of working encouraged.
- Ensure that staff have access to the resources they need to explore, design, test and implement new ways of working based on the best available evidence in terms of outcome and value.
- Develop clinically designed pathways of care which reduce the need for unnecessary interventions for patients and service users whilst ensuring equity and timely access to care.
- Promoting a leadership culture where patient and staff views of services are actively sought and outcomes acted on and clearly communicated.

What we will expect to see

- Positive feedback from patients and services users on the efficiency of our services and their experience of their care and care management.
- Positive feedback from staff on what it feels like to work for the health board especially in relation to the enactment of our behavioural values.
- Teams will be actively identifying opportunities to make changes to their services and practices which reduce waste and duplication and add value to the care and experience of patients and service users.
- The outcomes of our quality improvement activities will be recognised and celebrated from within the organisation and will be evident in feedback from external monitoring arrangements and processes.

Evidence of this will be measured by:

- A reduction in complaints related to waiting times, access times for services and care transitions between services.
- Improved performance targets in relation to discharge, A&E, follow up appointments and length of stay.
- Improved outcomes from staff surveys.
- Take up of collaborative improvement programme.

Reduce unwarranted variation and increase reliability

As an integrated health board we provide a diverse range of services and pathways of care to our population. Many of these services are delivered with partner agencies and across organisational boundaries.

Patient and service users have a right to expect that the care they receive is equitable in terms of consistency, accessibility and reliability whenever and wherever they need it.

In order to ensure that we are providing reliable and consistent care we need to identify and acknowledge variations in care.

Variations in care in the NHS have been well documented. Unwarranted variation, or care that is not explained by illness, evidence or patient preference, is a drain on NHS resources, is not value based and can result in harm.

Variations can only be identified if care is measured against agreed, evidenced based and outcome focused pathways or models of care. This measurement will then enable us to understand our contribution to the care delivered, recognise variation and identify what and where improvement is needed to achieve the intended outcome.

To realise this quality goal we will need to develop clear and evidence based pathways and models of care across all our services and organisational boundaries, which staff own, understand and have the resources to implement.

To achieve this we will:

- Actively developing our approach and adoption of activities in relation to value based health care, including use of ICHOM standards and NICE guidelines.
- Develop a mechanism for clinical pathway development and review through the implementation of the all Wales Peer Review Framework.
- Ensure that pathways and models are based on the best available evidence and meet agreed quality and safety standards.
 - Continue and further promote the adoption and use of ICHOM standards.
 - Actively seek out national and international knowledge and research to inform practice.
 - Consistently review service provision against the available evidence and guidance.
- Ensure that nationally developed care bundles are adopted and implemented consistently and in a timely manner.
- Undertake structured audits to inform practice improvement and change.
- Implement a mechanism for monitoring and reporting of variance tracking in relation to pathways, models of care and care bundles.
- Develop a structured approach to service evaluation with our university partners.

What we expect to see

- Multidisciplinary and cross service teams will be using evidence based care and delivering care through agreed pathways, models and care bundles.
- Care will be standardised through clinically developed pathways and models.
- Patient Reported Outcome Measures and Patient Reported Experience Measures (PROMs and PREMs) are promoted, readily available and used to inform improvement activities.
- Clinical teams are actively engaged in improvement activities to reduce variations in care.

Evidence of this will be measured by:

- Outcomes of clinical audits and peer review.
- Increase in the number of clinically agreed care pathways.
- Feedback from PROMS and PREMS.
- Implementation of ICHOM standards.
- Incidents of harm from care.
- Clinical claims.
- Reductions in reported/identified variations in care.

Focus on what matters to patients, service users, their families and carers

To ensure that the care that we provide and to inform the planning of our services are of value we must understand what aspects of care matter most to patients and service users. This is not only about seeking feedback on care delivered but also about actively engaging patients in decisions about their care.

The health board has had extensive experience in service user and public engagement through its Transforming Mental Health Services programme and the development of its Transforming Clinical Services Strategy. However the level of engagement needed to achieve this quality goal goes beyond engagement of service users in local service design or change.



It is about patient centred care through the embedding of shared decision making. This means that at an individual patient and clinician level there is genuine involvement and informed choice to reach an agreement about care planning and ongoing care management.

This will require a change in approach by some services and clinical staff if true patient centred care through shared decision making is to be achieved.

High quality, accessible and comprehensive patient information on services, care and treatment options will be needed to support clinical communication, to enable patients and service users to make informed decisions. Without this information in a variety of formats and mediums it will be difficult for patients to actively engage in shared decision making.

Alongside these processes patient, services users and their families need to be given accessible and appropriate mechanisms to provide feedback on their experience of treatment, care and services.

To achieve this we will:

- Provide staff with guidance and training on how to create opportunities and manage through the use of tools and techniques to support and promote shared decision making.
- Develop a programme to promote a Making Every Contact Count (MECC) approach to all clinical activities in all service areas.
- Actively promote and encourage patient engagement in shared decision making about their care.
- Develop our mechanisms for obtaining feedback from patients, services users and their families in line with the Health Boards Patient Experience Strategy.
- Embed mechanisms to obtain feedback from patients, service users and their families into leadership activities and role objectives, ensuring that a variety of mechanisms and mediums are available to meet individual needs and preferences.
- Ensure that service leaders and staff can evidence how they have used feedback information to inform improvement activities, pathway development, and practice and service changes.
- Explore how patients, service users and their families can be actively involved in improvement activities and pathway development.

What we expect to see

- An increase in positive patient and service user feedback on care and services.
- Evidence of patient and service user involvement in shared decision making about their care.
- Patient information available in a variety of formats and mediums and evidence that it has been accessed by Individuals with a variety of sensory and cognitive needs.
- Patient, service users and their families are involved in goal setting to meet their care needs and that these goals have been responded to an met.
- A reduction in complaints in relation to communication about and during care.
- Staff feedback that demonstrates that they are confident and have the skills and tools to engage patients in shared decision making.
- Patient feedback and the outcomes of care are evidence in improvement activities which result in an appropriate change in service, practice and care delivery.

Evidence of this will be measured by:

- Number of complaints relating about communication.
- Staff surveys.
- An increase in positive patient feedback in relation to services, involvement in decision making about care and outcomes of care.
- Documentation and record keeping audits.
- Patient information audits and reviews.

Annual Quality Priorities

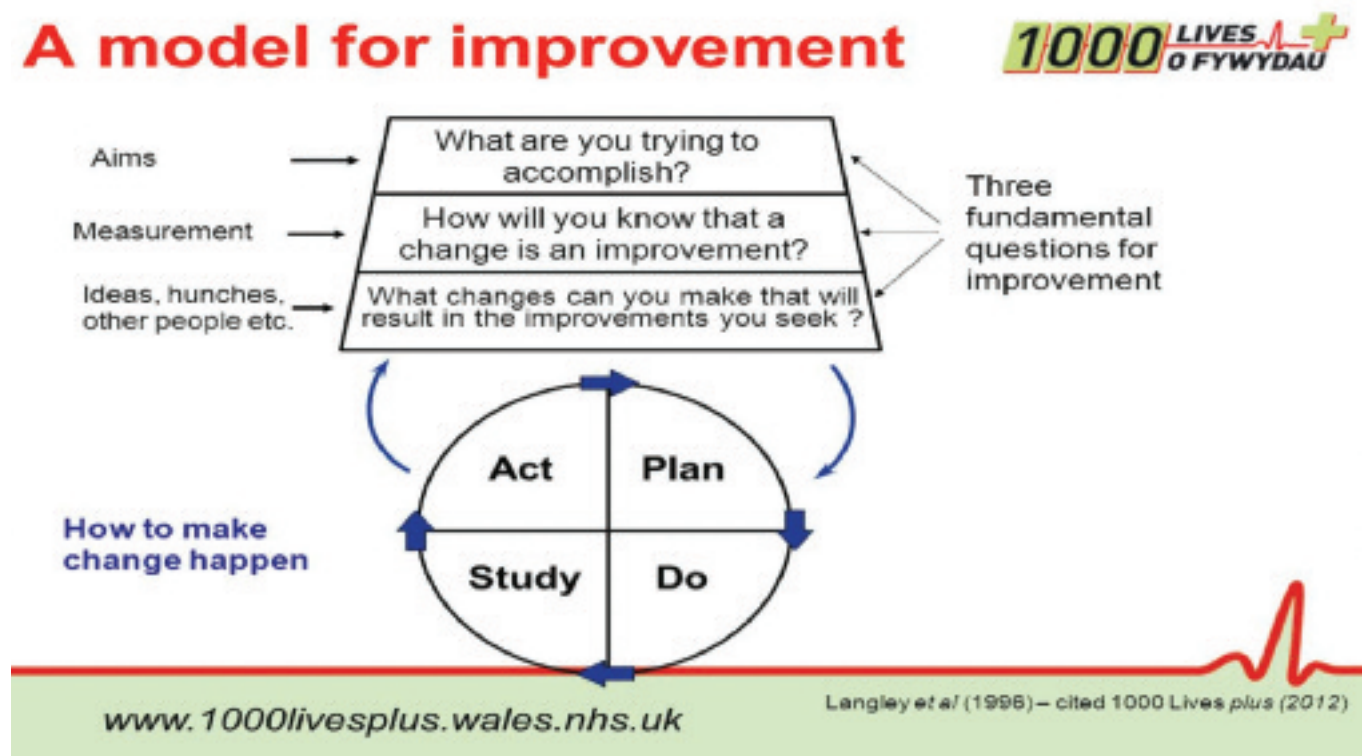
Annual quality priorities will be identified by operational teams and agreed with the service management teams and the UHB Executive Director of Nursing, Quality & Patient Experience, Quality & Patient Experience. The operational service priorities will align with the Health Board Quality Goals. Improvement activities will then be based on supporting delivery of the agreed priorities.

4. Quality Improvement Activities

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.



Our approach will be delivered through the adoption of the Institute of Healthcare Improvement Breakthrough Series Collaborative model.

Our Collaborative Approach

The breakthrough collaborative approach is a tried and tested model of intervention and development and is the approach being used on national improvement activities which health board staff are involved in.

The Health Board's approach 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 quality goals and annual priorities.

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 improvement skills development and activities, team members learn from each other as well as from the experts delivered by experts in the field.

Appendix C is an example of a collaborative training programme.

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 an 8 month period.

Our ambition is to provide two collaborative learning cycles each year for the next 3 years. At the end of each cycle 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

The Health Board 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 on line as this will be a catalyst and motivation to identify an improvement project. IQT silver level training will be integrated within the Health Board's collaborative programme.

The collaborative programme will be designed in such a way that successful completion of an improvement project will result in participating individuals achieving an IQT Silver Level award.

Resources and Support to Deliver this Quality Improvement Framework

In order to successfully implement this Quality Improvement Framework all improvement resources need to be aligned under the leadership and direction of the Director of Nursing, Quality & Patient Experience, Quality and Patient Experience as the executive lead on for quality across all services and disciplines within the Health Board. Support and promotion of quality improvement activities will continue to be a responsibility of all executive directors within their areas of responsibility.

We intend to work more closely with members of the Swansea Centre for Improvement and Innovation hosted by the College of Human & Health Sciences, Swansea University to develop the research and practice underpinning quality improvement. This collaborative working will include:

- Drawing upon and contributing to the evidence base of quality improvement and implementation science.
- Integrating quality improvement and evaluation approaches to support our whole systems approach.
- Exploring various theoretical and multidisciplinary approaches to quality improvement to help us understand the complexities of quality improvement in health and social care.
- Further developing programme theories to underpin our quality improvement work.
- Exploring joint funding and publication opportunities.

We will also continue to make best use of the resources and improvement expertise available at a national level through 1000Lives at Public Health Wales, and the office of the Director of Value Based Healthcare.

Appendix D at the end of this document details the actions and timescales for the implementation of this framework.

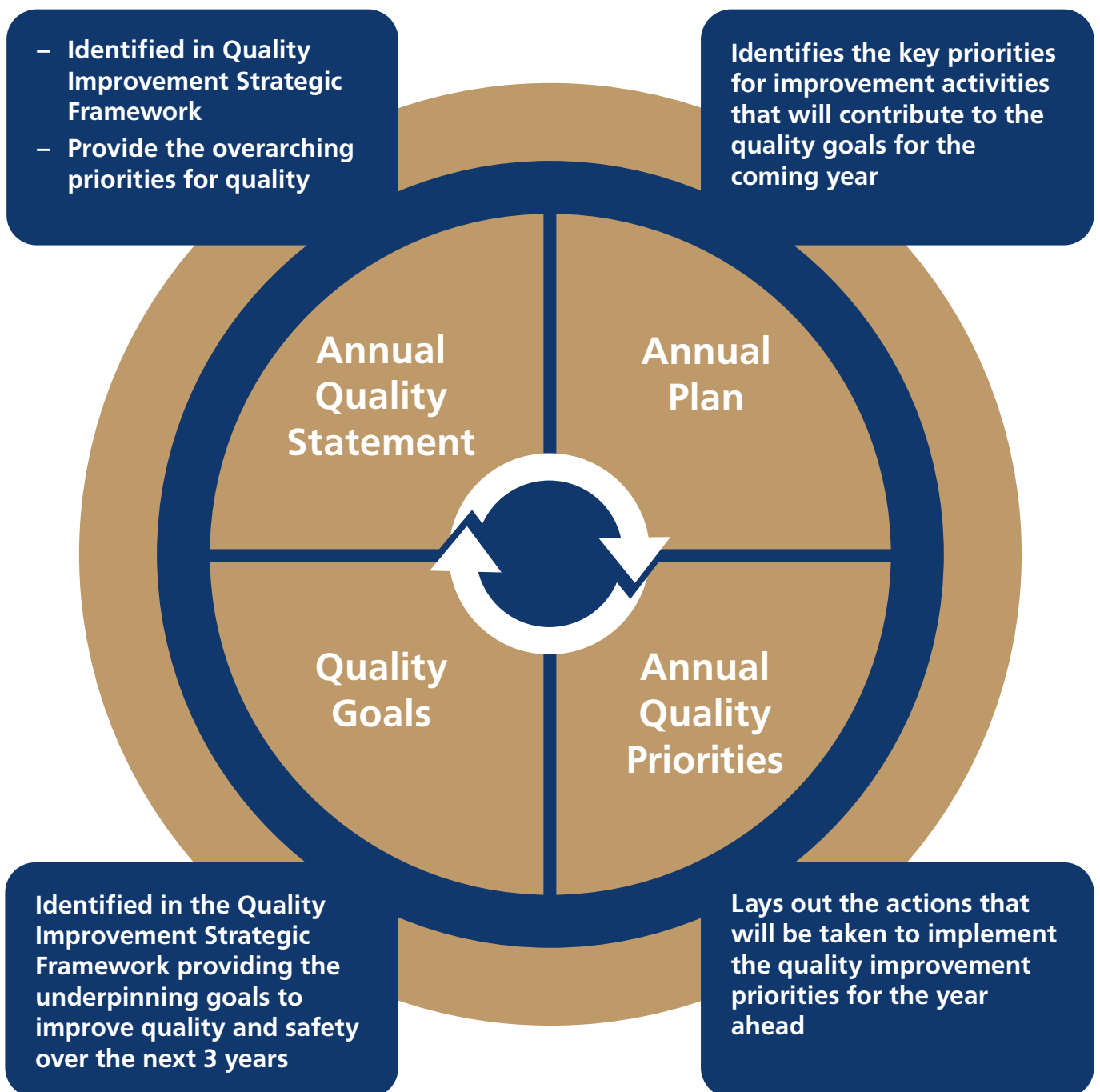
5. Quality Improvement Governance Arrangements

Work started in 2017/18 on the effectiveness of the University Health Board’s Quality and Safety structure, which will come to fruition during 2018/19 demonstrating the University Health Board’s commitment to the delivery of high quality care which is provided through prudent service delivery, by a competent and engaged workforce.

Oversight and assurance in relation to quality, safety and experience is undertaken by the Quality, Safety, Experience and Assurance Committee Structure (QSEAC) who will therefore receive a report on the implementation and outcomes of this strategy at each committee meeting.

Appendix E at the end of this document demonstrates the QSEA Committee Structure.

The following model demonstrates how the Health Board’s commitment to quality improvement, as outlined in this framework will be enacted for the Board:



Monitoring and Reporting arrangements

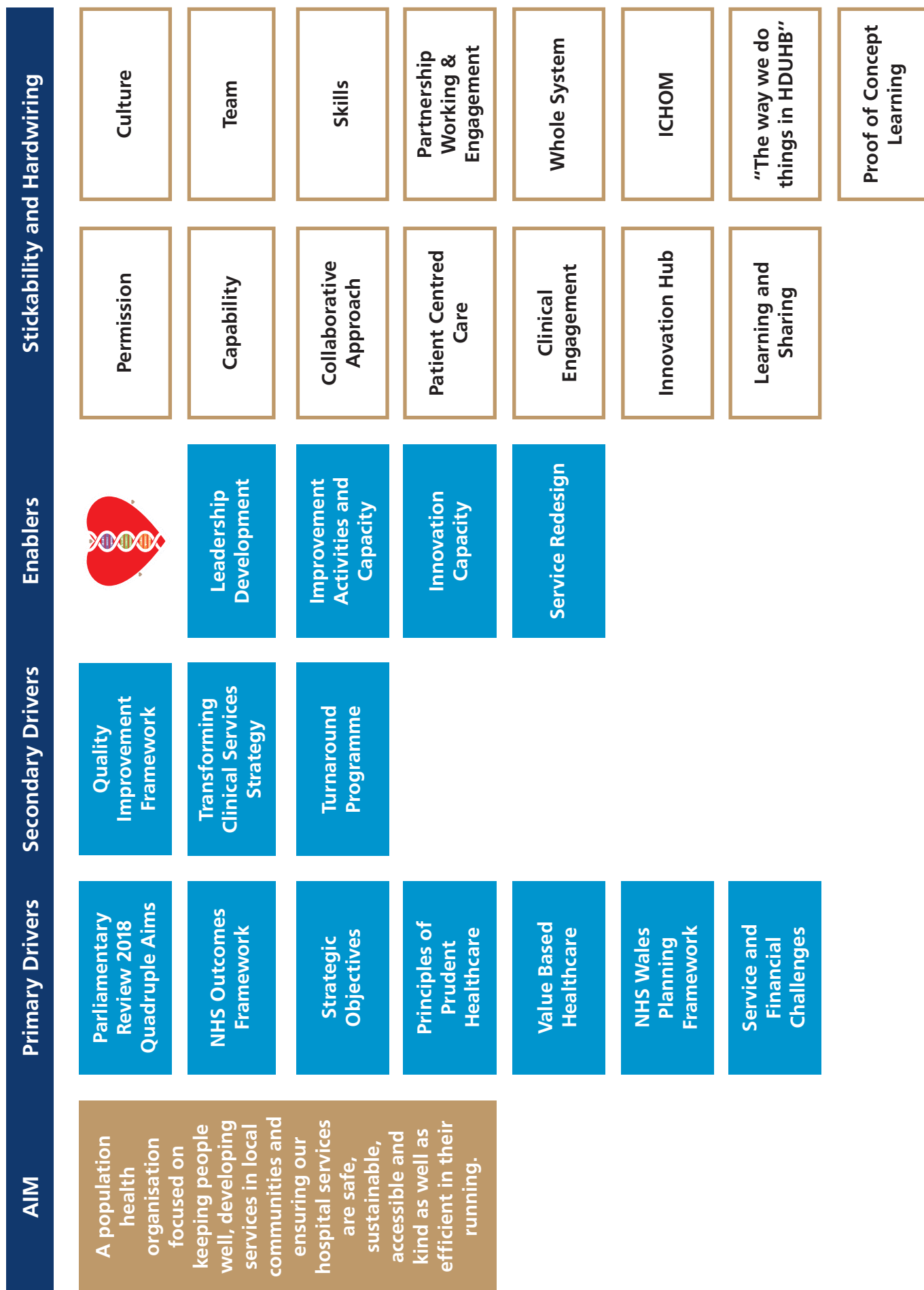
In order to ensure that we gain assurance that we are making progress towards the achievement of our quality goals and that our improvement activities are having a positive impact on our patients and service users we will undertake the following activities:

- Board to floor walkabouts which enable discussion with staff and patient about their experience of giving and receiving care with an appreciative enquiry approach focussed on quality and safety of care.
- Further develop our quality dashboard and ward to board reporting arrangements.
- Develop the role and function of the Learning from Experience Committee in monitoring the impact of our improvement activities.
- Establish a Patient Experience Forum to promote and establish mechanisms for patient and service user involvement in and feedback on our improvement activities.
- Establish a robust mechanism for peer reviews across all our services.
- Produce a quality improvement newsletter six times per year to share learning and best practice in quality improvement activities.
- Actively engage with University partnership colleagues on quality improvement activities and collaborative opportunities through University Partnership Board.
- Actively engage with national improvement activities and collaborative.
- Establish a Quality Improvement forum to bring together staff and partners motivated, interested and skilled in quality improvement activities.
- Promote further development of the improvement hub as a venue and resource for quality improvement activities and expertise.
- Provide monthly reports to QSEAC on our improvement activities supplemented by presentations by teams and individuals on improvement activities and achievements.
- Provide twice yearly reports to the Board on quality improvement activities and achievements.
- Hold an annual quality improvement conference where outcomes from the quality improvement collaborative programmes are celebrated and learning is shared.



We will collect and use existing data to measure our progress against the expected outcomes of our activities towards achieving our quality goals. This metric of measures will be monitored by the QSEAC on behalf of the Board and will be available to staff and patients. Improvements against our quality goals will be shared through quarterly newsletters and will form the basis of our Annual Quality Statement over the next 3 years. We want our staff, our patients and service users to come with us on this journey of improvement and will ensure take every opportunity to publish our quality improvement activities and promote the involvement of staff and our public in quality improvement activities.

Appendix A



Appendix B

Our 10 strategic objectives:

- 1** To encourage and support people to make healthier choices for themselves and their children and reduce the number of people who engage in **risk taking behaviours**.
- 2** To reduce **overweight and obesity** in our local population.
- 3** To improve the prevention, detection and management of **cardiovascular disease** in the local population.
- 4** To increase survival rates for **cancer** through prevention, screening, earlier diagnosis, faster access to treatment and improved survivorship programmes.
- 5** To improve the early identification and management of patients with **diabetes**, improve long term wellbeing and reduce complications.
- 6** To improve the support for people with established **respiratory illness**, reduce acute exacerbations and the need for hospital based care.
- 7** To improve the **mental health and wellbeing** of our local population through improved promotion, prevention and timely access to appropriate interventions.
- 8** To improve early detection and care of **frail** people accessing our services including those with **dementia** specifically aimed at maintaining wellbeing and independence.
- 9** To improve the **productivity and quality** of our services using the **principles of prudent healthcare** and the opportunities **to innovate and work with partners**.
- 10** To deliver, as a minimum requirement, **Outcome and Delivery Framework Targets** and specifically eliminate the need for unnecessary travel and waiting times, as well as return the organisation to **a sound financial footing** over the lifetime of this plan.



Appendix C

Improving Quality and Patient Outcome Team Development Programme (IQPT)

Information for directorate management teams and prospective candidates

This programme is designed for multidisciplinary teams to develop the skills to implement an improvement project within their service. It is a key enabler, through the Health Boards Quality Improvement Strategic Framework (QISF), to create a quality improvement culture by building improvement capability at the point of care delivery.

The programme is intended for teams of clinical and non-clinical staff identified as being leaders and creators of improvement ideas that will benefit patients in terms of outcomes from, and the value of, care.

	Date	Topics	Speaker
Day 1&2		What we trying to accomplish	Mandy Rayani, Director of Nursing, Quality & Patient Experience, Quality and Patient Experience (H DUHB)
		Happiness and Joy at work (Proven techniques on how to become happier and more successful at work and at home)	
		Being a leader of change for improvement	
		Team Working and Collaboration What do you need next?	
		Value Based Healthcare (Principles of prudent health care and how we can make our services better for patients and sustainable)	
Day 3&4		Tools for understanding your systems (process maps, driver diagrams, motivation theory and more)	
		Model for improvement (Aligned to IQT Silver)	
		Project Development and next steps (A3's)	

	Date	Topics	Speaker
Day 5		Data collection and measuring (Pareto, Control Charts and more)	
		Planning your data collection and analysis	MD/DB/JS/SH/SW
Day 6		Creativity and Reliability models	
		How are you doing?	MD/DB/JS/SH/SW
Day 7		Behavioural Human Factors	
		Team working and collaboration What do you need next?	Christine Davies, Head of Organisational Development (H DUHB)
Day 8, 9,10 &11		Project support and development Master Classes (TBC)	MD/DB/JS/SH/SW
Day 12		Celebrating your Success (Celebration Event, project progress presentations)	Invited Guests and speakers

Possible Master Classes:

Getting the most out of team meetings – ‘Huddles’

Excel Skills

More on Data collection and analysis

Difficult Conversations

Planned Experimentation

Presentation Skills

Co-production and public engagement technique

Service Evaluation Models

Shared Decision-making

Appendix D

Hywel Dda University Health Board Quality Improvement Framework Development and Implementation Plan 2017/18

Objective	Actions needed	Completion Date	Lead
Development of framework and strategic document	Consultation on principles and scope of framework Multidisciplinary Leadership group to contribute to and agree draft	November – April 2018	Assistant Director Quality Improvement(QI)
Approval of Framework by Board	Final Draft to be presented to Executive Team for approval and agreement of funding stream for collaborative	May 2018	Director of Nursing, Quality & Patient Experience, Quality & Patient Experience (NQ&PE)
	First draft to be presented to QSEAC for recommendation to Board April 2018	April 2018	Assistant Director QI
	Final draft to be presented to QSEAC for recommendation to Board	June 2018	
	Framework to be recommended to Board	July 2018	Director of NQ&PE
Dissemination and communication	Framework to be published on Intranet	July 2018	Assistant Director QI
	Framework to be disseminated to <ul style="list-style-type: none"> • All Health Board Committees and sub-committees • Management Teams • Departmental Teams 		

Objective	Actions needed	Completion Date	Lead
Collaborate Approach Implementation	Improvement Collaborative Steering Group established <ul style="list-style-type: none"> • Assistant Dir QI • Assistant Dir LD • Assistant Dir Operations • Assistant Dir Therapies and Health Sciences • Assistant Medical Director • Assistant Dir Nursing (Practice) • Assistant Dir Assurance and Safeguarding • Assistant Dir Patient Experience • Head of Improvement and Transformation 	July 2018	Assistant Director QI
	Directorates to nominate teams for 1st collaborate training programme	August 2018	Operational Teams
	1st Collaborative training Event Training	September 2018 – April 2019	QI Team
Value Based Health Care process commenced	Value Based Health Care Group established <ul style="list-style-type: none"> • Medical Director • Director of Nursing, Quality & Patient Experience • Director of Public Health • Director of Therapies and Health Sciences • Informatics Lead • Assistant Dir QI • Head of Transformation and Service Improvement 	August 2018	Assistant Director QI
	Clinical teams identified in each speciality area to pilot appropriate ICHOM standard	September 2018	Operational Teams
	Collaborative Steering Group Reports to QSEAC	From October 2018	Assistant Director QI
	Decision to support further Collaborative Training	February 2019	Executive Team

Objective	Actions needed	Completion Date	Lead
Value Based Health Care process commenced	Proposal on how Value Based Health Care and Collaborative Steering Group work together or merge submitted to Executive team		Assistant Director Quality Improvement
	Celebration event for Collaborative teams (Presentations to Board/Wider organisation Teams)	April 2019	Director of Nursing, Quality & Patient Experience Quality & Patient Experience
	Data collection and analysis on ICHOM standards piloted	September – March 2019	TBC
	Value Based Health Care reports provided to QSEAC	From August 2018	Assistant Director QI
	Decision to support roll out of other ICHOM Standards	March 2019	Executive Team

Appendix E

