Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	30 March 2023
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Quality Improvement and the Quality Management System
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Mandy Rayani, Director of Nursing, Quality & 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 paper provides the Board with an overview of the outcomes and impact of the Health Board's investment in, and approach to build its capacity and capability for Quality improvement (QI), and to introduce an updated Quality Improvement Strategic Framework for consideration and approval.

'Improving quality is about making health care safe, effective, patient-centred, timely, efficient and equitable. It's about giving the people closest to problems affecting care quality the time, permission, skills and resources they need to solve them. In the history of the NHS, there has never been a greater focus on improving the quality of health services.'
Health Foundation 2021.

Cefndir / Background

The Health Board's commitment to Quality Improvement was described in its first Quality Improvement Strategic Framework (2018/2021), approved by the Board in 2018. This framework set out the Board's ambition to create the environment for frontline staff to develop the skills and capacity to make continuous improvement part of their everyday work.

To facilitate this ambition, the framework proposed the Enabling Quality Improvement In Practice (EQIiP) Programme, set out our five Quality Goals and aligned improvement activity to the Health Board's Strategic Objectives.

To support the delivery of the framework, the organisation's improvement resource and expertise were brought together to form the Quality Improvement and Service Transformation (QIST) team, under the leadership of the Assistant Director Nursing and Quality Improvement. This enabled the development of improvement expertise to deliver the EQIiP programme, target improvement resource to support operational services on priority areas for improvement and connect improvement activity to clinical audit, practice development and functions focused on the deteriorating patient.

The first EQIiP cohort was established in 2019 for 11 project teams with over 100 participants and initiated the development of an Improvement Coach Development Programme for 11 improvement coaches, with support from Improvement Cymru and Swansea University. The 9-month programme was independently evaluated by Swansea and Warwick Universities.

During the COVID-19 pandemic, the QIST team was deployed to two key areas of work:

- To work alongside acute site operational teams to apply QI methodology to assist in the implementation of their COVID response
- To establish the COVID Command Centre and later to lead on the delivery of two planning objectives which were identified as a result of the pandemic
  - 1.B The creation of the Communication Hub to provide the mechanism for an organisational single point of contact following the success of the COVID Command Centre
  - 1.E In recognition of the impact of the pandemic on waiting lists provide personalised contact to patients waiting for elective care through a Waiting List Support Service.

Senior members of the QIST team led on the delivery of these planning objectives and other priority areas that emerged from the pandemic e.g. Long COVID. All of these activities benefited from the application of improvement methodologies and exposed others involved to the value and use of improvement tools and techniques.

To respond to the continued demand for improvement skills and support with improvement projects from operational teams during the pandemic, a virtual mini EQIiP programme was delivered for six project teams and 40 participants in 2020/21.

In 2021 the Medical Directorate appointed four Quality Improvement Clinical leads, one for each of the acute hospital sites. Working alongside the QIST team, these roles provide senior clinical expertise and facilitate clinical engagement in QI.

In recognition of the lessons learnt from the pandemic, the QIST team was reorganised to target resources to priority areas. Acute site-based QIST practitioner roles were established to work alongside each triumvirate team as a dedicated QI resource and QI practitioner roles with a specific focus on harm prevention and service redesign were also established in the following areas:

- Nutrition and Hydration
- Hospital Acquired Thrombosis
- Falls
- Medication Safety
- Pressure Damage
- Same Day Emergency Care
- Flow
- Women’s Pelvic Health

This restructuring has resulted in a more focused identification of improvement projects by operational teams which have been submitted for inclusion in the EQIiP cohorts held in 2022 /23. It has also raised the appreciation of the value of QI input to organisational priorities, in particular Transforming Urgent and Emergency Care (TUEC) and activities to improve patient flow.

The QIST team has fostered strong working relationships with colleagues in areas such as Value Based Health Care, Clinical Effectiveness, Workforce & Organisational Development and Performance Management in all its improvement activities and in the design and delivery of the EQIiP Programme.

As COVID-19 restrictions reduced, a blended EQIiP programme was delivered in 2021/22 for 18 project teams and 180 participants. Education sessions were delivered via Microsoft Teams to 5 separate venues across the Health Board, allowing project teams to come together whilst observing social distancing to benefit from shared improvement activities and experiences. This programme was evaluated by Swansea University. A celebration event was held where project teams shared their QI experience and the outcomes of their improvement projects. A visual interpretation of the event was used to capture the event and the team's improvement activities (attached at Appendix 1).

In November 2022, the third cohort of the EQIiP programme commenced and was able to be delivered with the 12 project teams and 100 participants attending in person in one venue.

In the summer of 2022, the Health Board made a commitment to take part in the Improvement Cymru/Institute for Healthcare Improvement (IHI) National Safe Care Collaborative. In response to the significant operational demand experienced over the last 6 months, and the launch of Welsh Government's Six Goals for Urgent and Emergency Care, the Health Board's engagement in this improvement collaborative is aligned to the TUEC work plan, and improvement projects from this work will be prioritised for inclusion in EQIiP programmes planned for 2023/24.

The design and recent launch of the Health Board's *Improving Together* initiative in 2023 is intended to promote the identification of improvement priorities by operational teams. The EQIiP programme and the QIST team will provide the improvement skills development and expertise to support the delivery of the improvement priorities identified.

The Health Board has developed its Quality Management Strategic (QMS) Framework which describes the Health Board's commitment to create a system wide approach to achieving quality of care in a way that secures continuous improvement, through a framework of Quality Planning, Assurance, Control and Improvement. To underpin the QMS the Quality Improvement Strategic Framework has been updated for 2023/2026 and is presented to the Board for consideration (attached at Appendix 2).

Asesiad / Assessment

The updated Quality Improvement Strategic Framework 2023/2026 reflects the significant progress with, and engagement in Quality Improvement (QI), over the past 5 years and extends the Health Board's commitment to make continuous improvement part of everyday practice and service delivery.

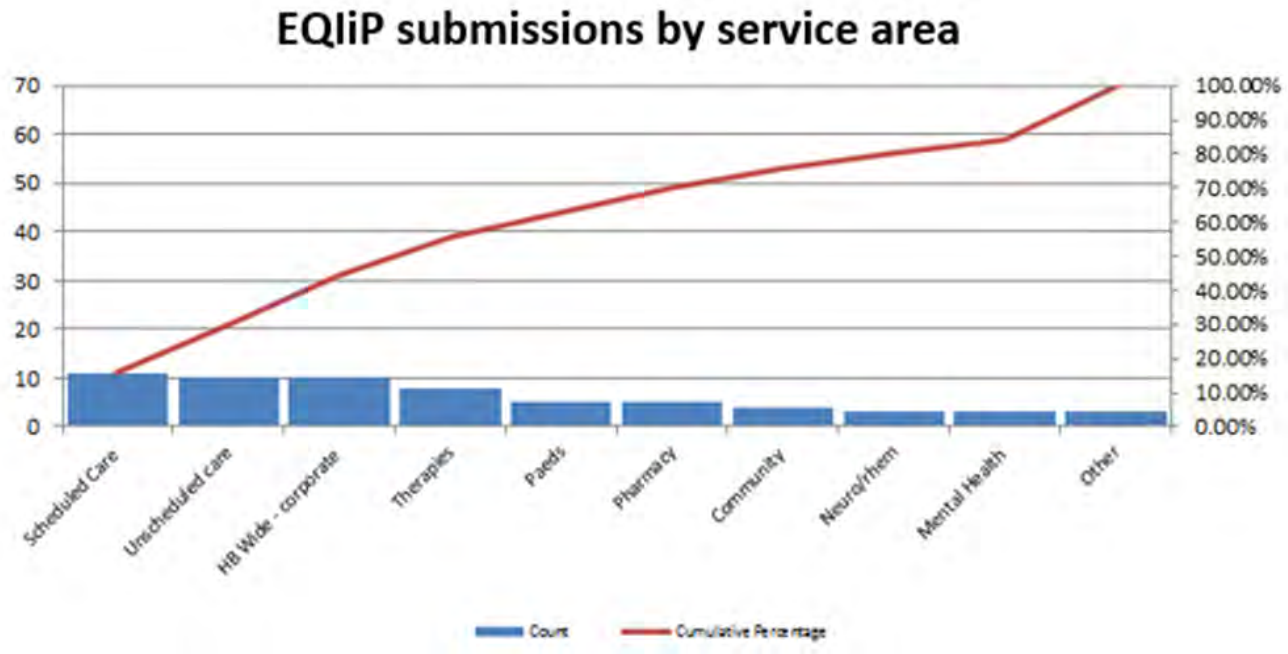
The updated framework commits the Health Board to delivering two EQIiP Programmes per year with projects that can be identified as supporting one of the Health Board's Strategic Objectives and one of the 5 Quality Goals.

A third full programme is currently underway with twelve teams being supported, and the fourth programme for sixteen project teams is being planned to start in March 2023. This means that by the end of 2023/24, and since the inception of the EQIiP Programme, over 500 staff wiil have received intensive improvement training, whilst working on a real work improvement project. In almost all cases, these Improvement projects have resulted in a change to service delivery and improved the outcomes and/or experience of care for our patients. All teams that have attended the full EQIiP programme have achieved a team award equivalent to the national standard of Improvement In Practice set by Improvement Cymru.

Teams are encouraged to include in their membership as many different disciplines as possible and participation is open to staff from partner agencies and service users.

The delivery of two programmes a year is possible due to 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 the 9 month programme for less than £250 per participant.

The chart below shows the spread of submissions for EQiIP across the Health Board's service areas:



There has been an increase in the number of submissions for each consecutive programme, demonstrating the demand for the EQIiP programme and the Improvement Coach Development programme. Our Coach Development programme is unique in Wales and provides enhanced QI skills and intensive Human Factors training, which ensures that project teams are offered the knowledge, skills and support to their bring their QI project to completion.

Three completed EQIiP projects have been accepted by and attended the Billions Programme, led by the national Spread and Scale Academy hosted by Cardiff and the Vale University Health Board.

By the end of 2023/24 we will have developed 55 Improvement Coaches, a number of which are recruited from, and will continue to work in, operational services, enabling them to continue to apply and spread their QI knowledge and skills with their colleagues and teams on a daily basis.

Independent evaluations, of one full programme and the blended programme, have demonstrated the value of the EQIiP programme to participants, especially in relation to the programme's content and the role and support provided by the Improvement Coaches. Participants have reported continued use of improvement skills following the programme; this has led to the development of an EQIiP Workbook by the QIST team, to faciliate participants' continued use of the knowledge and skills gained from the programme (attached at Appendix 3).

The evaluations mentioned above have also provided significant learning for the design and delivery of the programme, particularly in relation to the preparation of participants ahead of the the programme, development of a respository for improvement tools, recorded educational sessions and project activity. The QIST team is in the process of developing intranet webpages to serve this purpose.

Outside of EQIiP, the QIST team designs and implements improvement projects in response to national and local initiatives and priorities. Whilst the full range of activities are too numerous to provide in this report, some notable examples are:

- Real Time Demand and Capacity. This initiative contributes to the optimising hospital flow work plan and will be implemented across all four acute sites by the end of March 2023 with support from Improvement Cymru
- Medicines Management Improvement in PPH
- Supporting policy updates and implementation
- Ongoing support for Same Day Emergency Care Services development and improvement across all acute sites
- Engaging with National forums to promote and ensure evidence based practice
- Development of Criteria Led Discharge Protocol in Scheduled Care Services
- Support for the Standardisation of Colorectal and Orthopaedic enhanced recovery pathways
- Development of a Virtual Orthopaedic Prehabilitation Programme
- Redesign of acute site scrutiny panels to adopt an appreciative inquiry approach to incident reviews
- Introduction of a mechanism to ensure safe patient handover on discharge
- Women's Pelvic Health Improvement Programme
- Co-ordination of the development of a multi-professional, multi-agency falls prevention strategy

Supporting operational teams with data collection, measurement plans and service observations are also a significant aspect of the team's daily work activity. Along with supporting improvements in clinical practices and standards, the team works with front line staff to change behaviours and culture for sustainable improvement.

Operational management and development of the Communication Hub and the Waiting List Support Service (WLSS) continues under the leadership of the QIST senior team. The Communication Hub is currently supporting 20 operational services from across all three counties with call handling. In January 2023, the Communication Hub received 17,257 enquiries by telephone or email.

The WLSS service activity to the end of 2022 has been:

Letters Sent to Patients	Total Incoming Calls	Total Outbound Calls	E-mail Queries	Total Number Accessing Online Resources	Total Number of patients offered advice
15,374	3,424	663	254	11,647	1,672 (23%)

1559 patients escalated to Medical Professions due to deterioration in condition

1383 patients signposted for Support (self management programmes/PKB/Community Teams /Smoking Cessation)

24 Armed Forces Veterans identified since Nov 22

Senior members of the QIST team are co-ordinating the Health Board's enagaement in the Safe Care Collaborative. This collaborative focuses on the deteriorating patient and follows a similar format to the Health Board's EQIiP programme, using educational sessions, project-based outcomes and improvement coaching. Improvement Coaches who are members of the QIST team are supporting the 4 workstreams with improvement plans linked to the TUEC (Transforming Urgent and Emergency Care) 6 Goals. Examples of projects being developed include:

- Services to support conveyance and admisson avoidance
- Frailty assessment and care co-ordination
- Same day emergency care for acute oncology services
- Reducing ambulance hours lost
- Reducing Emergency Department waits
- Emergency Department streaming redesign

This approach has been acknowledged by the Safe Care Collaborative Faculty, and the Health Board presented their co-ordination, preparation and progress at the national learning session for the Collaborative on 7 March 2023.

The Health Board is sharing its improvement activity, approach and successes outside of Wales at national and international level, for example:

- The Orthopaedic Prehabilitation has been published as an example of good innovative practice in the NHS England Transformation Digital Playbook. https://transform.england.nhs.uk/key-tools-and-info/digital-playbooks/perioperative-digital-playbook/hywel-dda-university-health-board-virtual-orthopaedic-prehabilitation/

- The evaluation of the EQIiP approach was presented by Professor Sharon Williams, Swansea University, at the ISQua Conference in Australia in 2022 and an article was accepted for published in the Journal of Health Organization and Management

- Three EQIiP Projects have been accepted for presentation at the British Medical Journal (BMJ)/IHI International Forum for Quality and Safety in Health Care Conference in Copenhagen in May 2023

- Two of our QIST Practitioners who completed the Scottish Improvement Leaders Programme in 2023 received two of the three available awards from the faculty for their improvement projects.

The Health Board Quality Management Strategice Framework, the development of which was paused during the heightened response to the pandemic, has now been finalised and considered at the Quality, Experience & Safety Committee (QSEC). The framework is aligned to the expectations of the Quality and Engagement Act, providing a structure for the planning, assurance, control and improvement of health care by the Health Board. The overarching aim of the quality management system (QMS) strategic framework is to provide a system-wide approach to achieving quality of care in a way that secures continuous improvement.

The QIST team also has a significant role to play in supporting the organisation to deliver the expectation of the Quality & Engagement Act; building capacity to continuously focus on improving quality, by promoting the 6 quality domains within the Duty of Quality. For ease of reference the 6 domains reflect care and services, which are: safe, timely, effective, efficient, equitable, person-centred. Likewise, the Quality Management Strategic Framework provides a structured approach to ensuring that quality is an integral component to the way in which the Health Board conducts its business. This is already evident through the recently introduced Improving Together performance sessions held with Executive Team members and both operational and corporate teams.

The QMS Strategic Framework (attached at Appendix 4) and associated tools/resources are hosted on a SharePoint page, which is currently under development (screenshots attached at Appendix 5).

The Quality Improvement and Quality Management Strategic Frameworks are now in place and these, combined with the leadership development programmes, facilitated through the Organisational Development Department, will enable the Health Board to have a structured and consistent approach to ensuring that the workforce has the opportunity and training required to build and sustain capacity to deliver safe, kind and accessible services.

To enable this, an Improvement Network Group is being established, chaired by the Director of Nursing, Quality & Patient Experience. The group will bring together all corporate change and improvement leads, on a quarterly basis, to discuss workplans and activities. This will ensure work is aligned, collaborative, duplication is avoided and resources are utilised to create the greatest impact.

Argymhelliad / Recommendation

The Board is asked to:

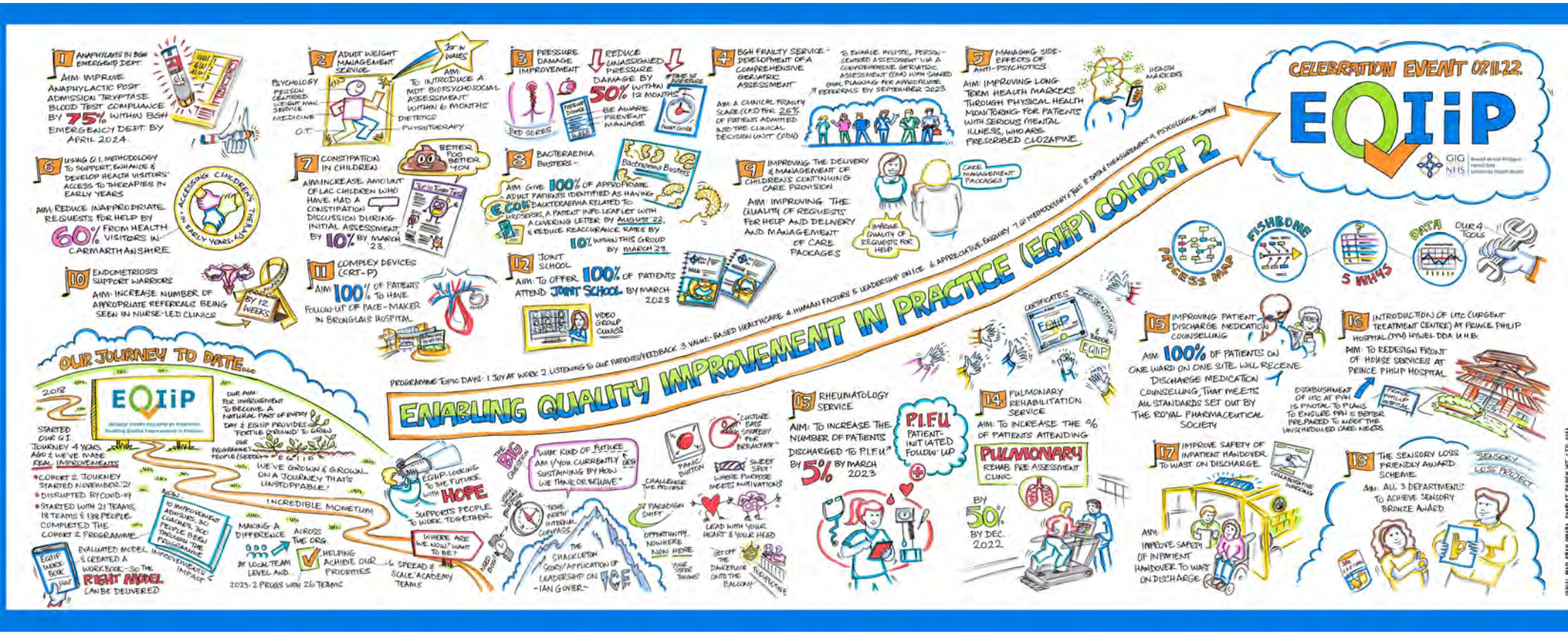
- **ACKNOWLEDGE** the outcomes and impact of the Health Board’s investment in, and approach to build capacity and capability for Quality improvement
- **NOTE** the Quality, Safety and Experience Committee recommend approval to the Board
- **APPROVE** the Quality Improvement Strategic Framework 2023/2026
- **APPROVE** the Quality Management Strategic Framework

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2. Safe Care 3. Effective Care 4. Dignified Care 5. Timely Care
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
Amcanion Cynllunio Planning Objectives	1B_22 Hywel Dda Health Hub – Single Point of Contact 1E_22 Personalised care for patients waiting
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:	Improvement Cymru
Rhestr Termau: Glossary of Terms:	Explicit in the body of the paper
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	QSEC

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	None
Ansawdd / Gofal Claf: Quality / Patient Care:	None
Gweithlu: Workforce:	None
Risg: Risk:	None
Cyfreithiol: Legal:	None
Enw Da: Reputational:	Ability to engage in National Safe Care Collaborative

Gyfrinachedd: **Privacy:**	None
Cydraddoldeb: **Equality:**	None


CELEBRATION EVENT 07.11.22.
EQIiP
GIG NHS
ENABLING QUALITY IMPROVEMENT IN PRACTICE (EQIiP) COHORT 2
PROGRAMME: EPIC DAYS: 1 JOY AT WORK 2 LISTENING TO OUR PATIENTS/FEEDBACK 3 VALUE-BASED HEALTHCARE 4 HUMAN FACTORS & LEADERSHIP ON ICE 6 APPRECIATIVE INQUIRY 7 QI METHODOLOGY & PDSA MEASUREMENT 8 PSYCHOLOGICAL SAFETY
1 ANAPHYLAXIS IN BGH EMERGENCY DEPT.
AIM: IMPROVE ANAPHYLACTIC POST ADMISSION TRYPTASE BLOOD TEST COMPLIANCE BY 75% WITHIN BGH EMERGENCY DEPT. BY APRIL 2024.
2 ADULT WEIGHT MANAGEMENT SERVICE
PSYCHOLOGY
PERSON CENTRED WEIGHT MGMT. SERVICE
MEDICINE
O.T.
DIETETICS
PHYSIOTHERAPY
1st IN WALES
AIM: TO INTRODUCE A MDT BIOPSYCHOSOCIAL ASSESSMENT WITHIN 6 MONTHS
3 PRESSURE DAMAGE IMPROVEMENT
REDUCE UNASSIGNED PRESSURE DAMAGE BY 50% WITHIN 12 MONTHS
BE AWARE PREVENT MANAGE
4 BGH FRAILTY SERVICE - DEVELOPMENT OF A COMPREHENSIVE GERIATRIC ASSESSMENT
AIM: A CLINICAL FRAILTY SCALE (CFS) FOR 26% OF PATIENTS ADMITTED INTO THE CLINICAL DECISION UNIT (CDU)
TO ENABLE HOLISTIC, PERSON-CENTRED ASSESSMENT VIA A COMPREHENSIVE GERIATRIC ASSESSMENT (CGA) WITH SHARED GOAL PLANNING FOR APPROPRIATE REFERRALS BY SEPTEMBER 2023
5 MANAGING SIDE-EFFECTS OF ANTI-PSYCHOTICS
AIM: IMPROVING LONG TERM HEALTH MARKERS THROUGH PHYSICAL HEALTH MONITORING FOR PATIENTS WITH SERIOUS MENTAL ILLNESS, WHO ARE PRESCRIBED CLOZAPINE
HEALTH MARKERS
6 USING QI METHODOLOGY TO SUPPORT, ENHANCE & DEVELOP HEALTH VISITORS' ACCESS TO THERAPIES IN EARLY YEARS
AIM: REDUCE INAPPROPRIATE REQUESTS FOR HELP BY 60% FROM HEALTH VISITORS IN CARMARTHENSHIRE
ACCESSING CHILDREN'S THERAPY IN EARLY YEARS KIT
7 CONSTIPATION IN CHILDREN
AIM: INCREASE AMOUNT OF LAC CHILDREN WHO HAVE HAD A CONSTIPATION DISCUSSION DURING INITIAL ASSESSMENT BY 10% BY MARCH '23.
BETTER POO BETTER YOU
8 BACTERAEMIA BUSTERS -
AIM: GIVE 100% OF APPROPRIATE ADULT PATIENTS IDENTIFIED AS HAVING E.COLI BACTERAEMIA RELATED TO UROSEPSIS, A PATIENT INFO LEAFLET WITH A COVERING LETTER BY AUGUST '22, & REDUCE REACCHANCE RATES BY 10% WITHIN THIS GROUP BY MARCH '23
Bacteraemia Busters
9 IMPROVING THE DELIVERY & MANAGEMENT OF CHILDREN'S CONTINUING CARE PROVISION
AIM: IMPROVING THE QUALITY OF REQUESTS FOR HELP AND DELIVERY AND MANAGEMENT OF CARE PACKAGES
CARE MANAGEMENT PACKAGES
IMPROVE QUALITY OF REQUESTS FOR HELP
10 ENDOMETRIOSIS SUPPORT WARRIORS
AIM: INCREASE NUMBER OF APPROPRIATE REFERRALS BEING SEEN IN NURSE-LED CLINICS
BY 12 WEEKS
11 COMPLEX DEVICES (CRT-P)
AIM: 100% OF PATIENTS TO HAVE FOLLOW-UP OF PACE-MAKER IN BRONGLAIS HOSPITAL
12 JOINT SCHOOL
AIM: TO OFFER 100% OF PATIENTS ATTEND JOINT SCHOOL BY MARCH 2023
VIDEO GROUP CLASSES
PROCESS MAP
FISHBONE
5 WHYS
DATA
OUR 4 TOOLS
OUR JOURNEY TO DATE...
2018
EQIiP
STARTED OUR QI JOURNEY 4 YEARS AGO & WE'VE MADE REAL IMPROVEMENTS
• COHORT 2 JOURNEY STARTED NOVEMBER '21
• DISRUPTED BY COVID-19
• STARTED WITH 21 TEAMS, 18 TEAMS & 138 PEOPLE COMPLETED THE COHORT 2 PROGRAMME
EQIiP WORK BOOK
EVALUATED MODEL & CREATED A WORKBOOK - SO THE RIGHT MODEL CAN BE DELIVERED
OUR AIM: FOR IMPROVEMENT TO BECOME A NATURAL PART OF EVERY DAY & EQIiP PROVIDES 'FERTILE GROUND' TO GROW OUR PROGRAMME & PEOPLE (SEEDS) - E G / I P
WE'VE GROWN & GROWN... ON A JOURNEY THAT'S UNSTOPPABLE!
INCREDIBLE MOMENTUM
NOW 10 IMPROVEMENT ADVISORS, 300 PEOPLE BEEN THROUGH THE PROGRAMME
IMPROVEMENTS & IMPACT
MAKING A DIFFERENCE AT LOCAL TEAM LEVEL AND ACROSS THE ORG.
HELPING ACHIEVE OUR PRIORITIES
2023: 2 PROGS WITH 26 TEAMS
SPREAD & SCALE ACADEMY TEAMS
EQIiP: LOOKING TO THE FUTURE WITH HOPE
SUPPORTS PEOPLE TO WORK TOGETHER
WHERE ARE WE NOW? WANT TO BE?
THE BIG QUESTION
"WHAT KIND OF FUTURE AM I/YOU CURRENTLY BEING SUSTAINING BY HOW WE THINK OR BELIEVE"
THE SHACKLETON STORY/APPLICATION OF LEADERSHIP ON ICE
- IAN GOVER -
PANIC BUTTON
CHALLENGE THE PROCESS
PARADIGM SHIFT
OPPORTUNITY NOWHERE NOW HERE
CULTURE EATS STRATEGY FOR BREAKFAST
SWEET SPOT WHERE PURPOSE MEETS MOTIVATIONS
LEAD WITH YOUR HEART & YOUR HEAD
GET OFF THE DANCEFLOOR AND THE BALCONY
05 RHEUMATOLOGY SERVICE
AIM: TO INCREASE THE NUMBER OF PATIENTS DISCHARGED TO P.I.F.U. BY 5% BY MARCH 2023
P.I.F.U. PATIENT-INITIATED FOLLOW-UP
14 PULMONARY REHABILITATION SERVICE
AIM: TO INCREASE THE % OF PATIENTS ATTENDING PULMONARY REHAB PRE ASSESSMENT CLINIC
BY 50% BY DEC. 2022
CERTIFICATES
15 IMPROVING PATIENT DISCHARGE MEDICATION COUNSELLING
AIM: 100% OF PATIENTS ON ONE WARD ON ONE SITE WILL RECEIVE DISCHARGE MEDICATION COUNSELLING THAT MEETS ALL STANDARDS SET OUT BY THE ROYAL PHARMACEUTICAL SOCIETY
16 INTRODUCTION OF UTC (URGENT TREATMENT CENTRE) AT PRINCE PHILIP HOSPITAL (PPH) HYWEL DDA U.H.B.
AIM: TO REDESIGN FRONT OF HOUSE SERVICES AT PRINCE PHILIP HOSPITAL
ESTABLISHMENT OF UTC AT PPH IS PIVOTAL TO PLANS TO ENSURE PPH IS BETTER PREPARED TO MEET THE UNSCHEDULED CARE NEEDS
17 IMPROVE SAFETY OF INPATIENT HANDOVER TO WARD ON DISCHARGE
COLLABORATIVE HANDOVER
AIM: IMPROVE SAFETY OF INPATIENT HANDOVER TO WARD ON DISCHARGE
18 THE SENSORY LOSS FRIENDLY AWARD SCHEME
SENSORY LOSS PROJECT
AIM: ALL 3 DEPARTMENTS TO ACHIEVE SENSORY BRONZE AWARD

GIG CYMRU NHS WALES | Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

QUALITY IMPROVEMENT STRATEGIC FRAMEWORK (QISF)

2023 – 2026

Contents

1. Introduction ..... Page 3

2. Our Health Board ..... Page 4

Our Strategic Objectives ..... Page 4
Our Quality Improvement Goals ..... Page 4
Improving quality, value and patient experience ..... Page 5
Embedding improvement in all our teams ..... Page 6

3. Quality Improvement in Hywel Dda ..... Page 7

What quality in healthcare means ..... Page 7
Enabling Quality Improvement in Practice ..... Page 7
Impact ..... Page 9
Improvement Coach Development Programme ..... Page 9

4. Quality Improvement Activities ..... Page 10

Our Collaborative Approach ..... Page 10
Improvement skills development outside the collaborative approach ..... Page 11
Resources and support to Deliver this Framework ..... Page 11

5. Quality Improvement Governance Arrangements ..... Page 12

Appendix A:
Collaborative Programme Timetable 2022 ..... Page 13

Appendix B:
Quality Safety Experience Assurance Committee Wiring Diagram ..... Page 14

1. Introduction

Hywel Dda University Health Board Quality Improvement 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

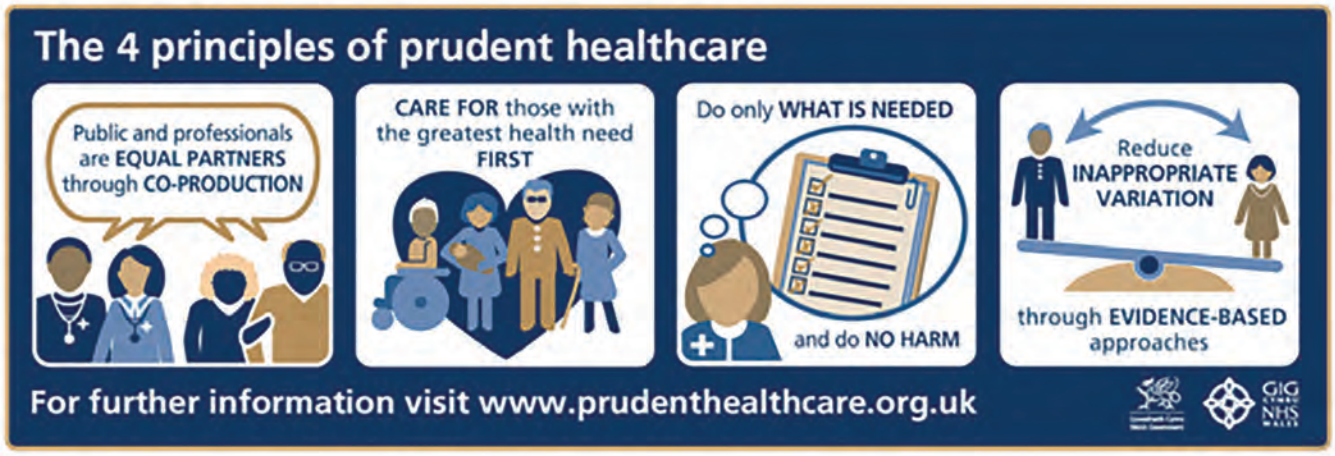
Our Quality Improvement goals, although clear, are complex and are applicable across all our services. Progress towards achieving them will require engagement from all staff at all levels in a range of activities, using established and proven Quality Improvement tools and methodology.

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.

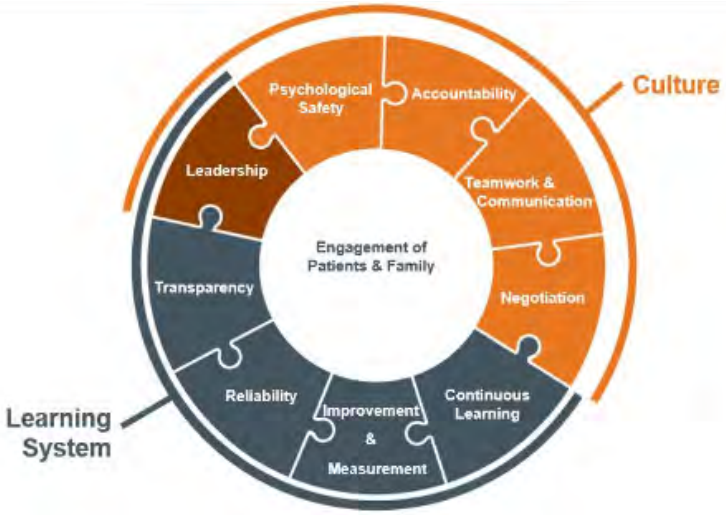
Understanding the outcome of each intervention or treatment, what it means to patients and it's cost are fundamental to value-based health care. This means that we will ensure that every opportunity is taken to improve value by tackling variations in care across our services, reducing waste and implementing 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 Collaborative 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 and 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 EQIiP for more complex multi-disciplinary improvement
5. Share good ideas across the Health Board to help others

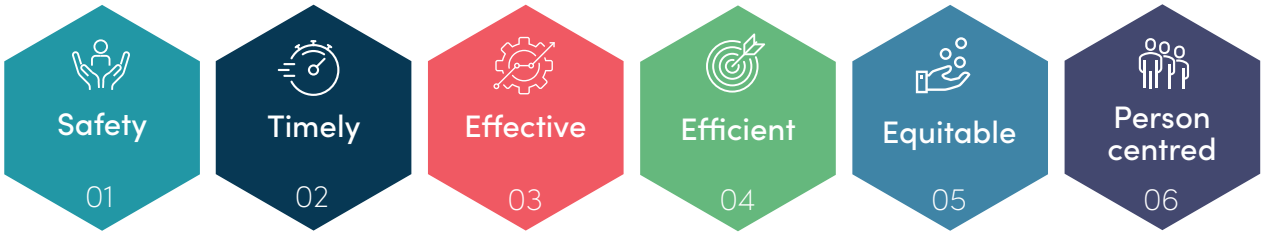
We have set up a **SharePoint site** which we're hoping will build over time with supportive tools and stories from our staff.

https://nhswales365.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.

EQIiP
Galluogi Gwella Ansawdd yn Ymarferol
Enabling Quality Improvement in Practice

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.

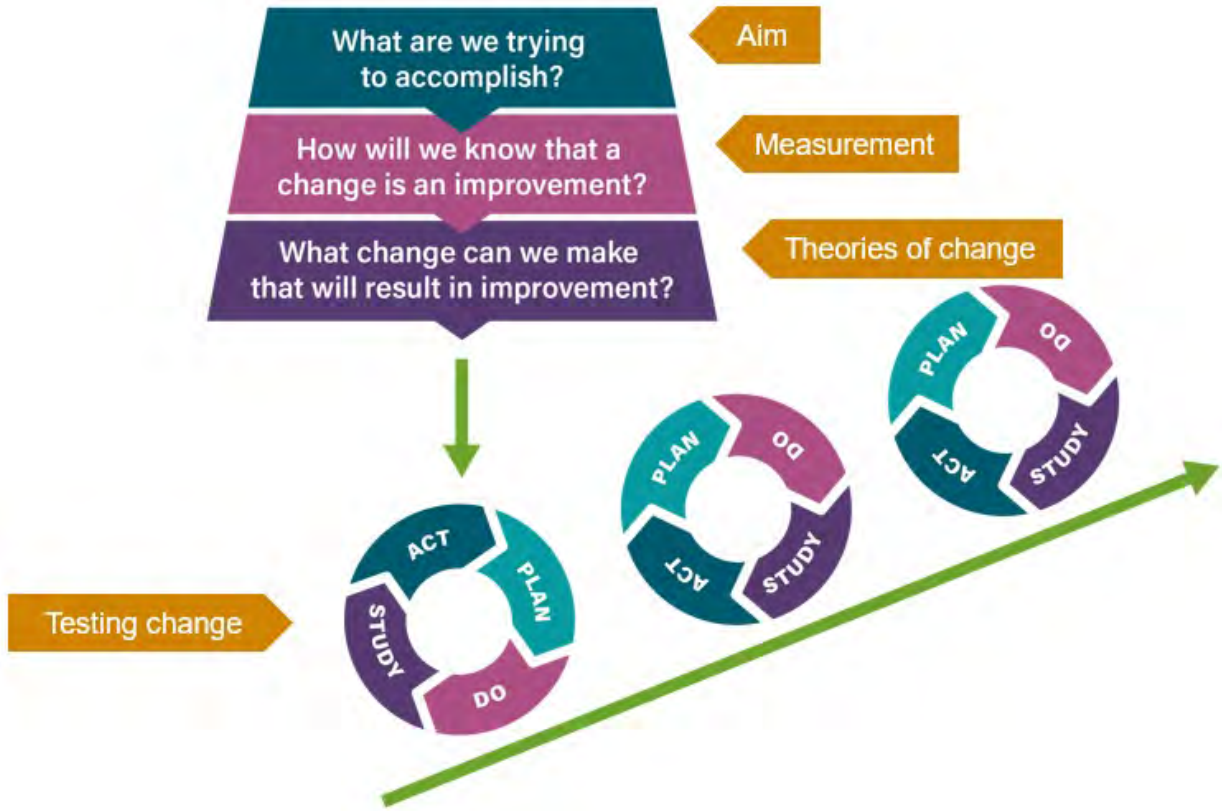
By adopting this educational approach whilst working with expert support from one of the Improvement Coaches on a real-work improvement activity, it is intended to enable teams to develop and embed their improvement skills. This will facilitate sustainable cultural change towards one of continuous improvement. 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 adaption 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



A well as EQIiP 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 multi-professional 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 EQIiP 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 participates 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.

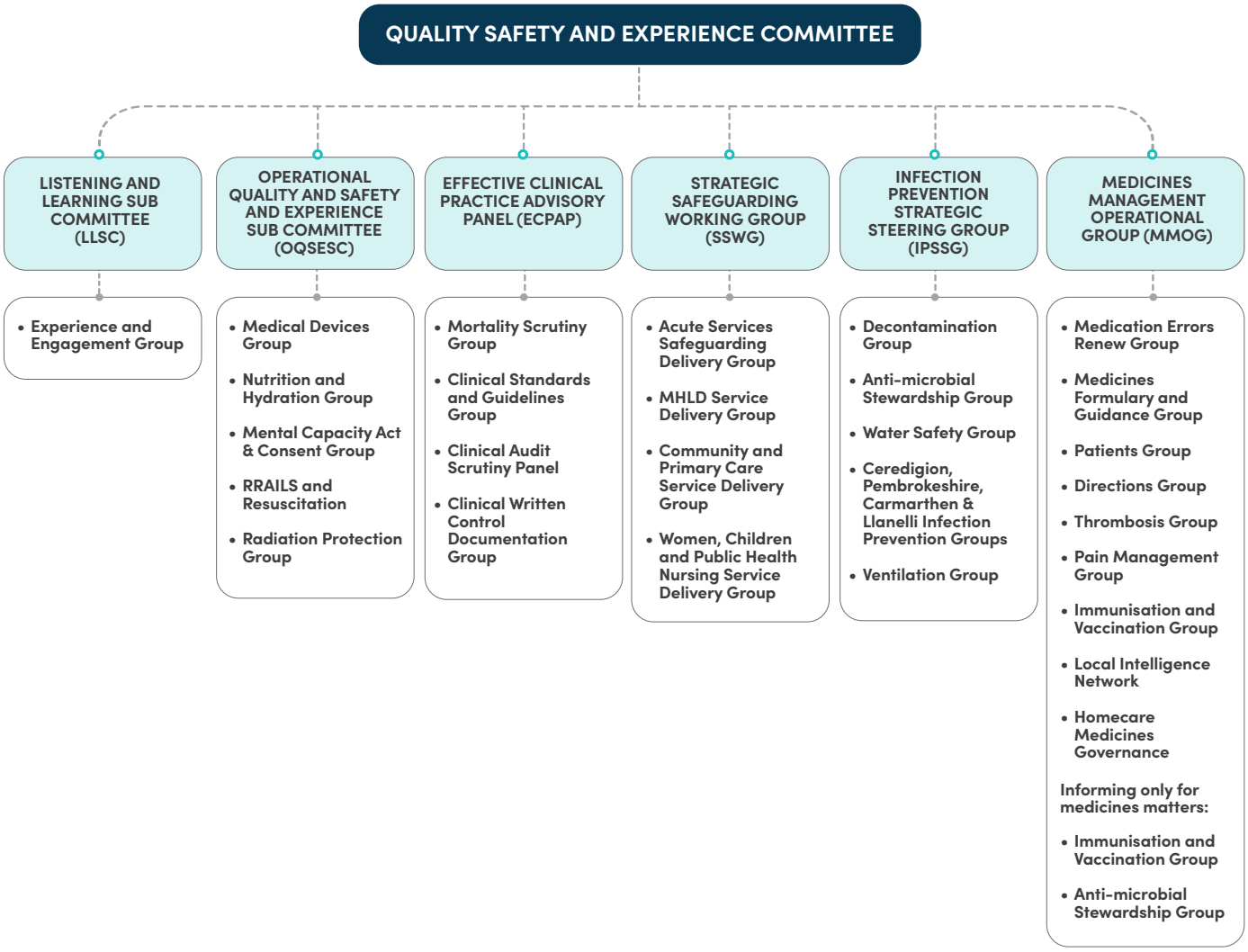
Appendix A

Example of an EQIiP cohort's programme

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 L earning, Behavioural Change.
Programme Day 7	Leadership.
Programme Day 8	Project work, Sustainability.
Programme Day 9	Accreditation, Next Steps and Publishing.
Programme Day 10	Celebration Event.

Appendix B

QSEC Structure diagram



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GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Name: .....

Project Team: .....

Cohort: .....

EQIiP

Galluogi Gwella Ansawdd yn Ymarferol
Enabling Quality Improvement in Practice

EQIiP COURSE WORKBOOK

2022/23

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Introduction

Our Enabling Quality Improvement in Practice (EQIiP) programme will give you and your team the opportunity to develop your quality improvement skills using evidence-based methodology and various tools and techniques, to help us continuously improve the way we do things.

We are delighted to support you on this programme and hope you will contribute and influence improvement activities in your areas of work long after the programme. During this 8 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.

By adopting this work-based educational approach, with expert support from one of the improvement coaches, you will have the opportunity to contribute to a real work improvement activity, which is intended to enable teams to develop and embed their improvement skills and facilitate sustainable cultural change, along with developing an environment supportive of continuous improvement.

Joy at Work

Notes

Human Factors

Notes

Quality Improvement

The internationally renowned **Model for Improvement** has been widely used in Wales and previous EQIiP cohorts as a guide to follow for improvement projects. There are other similar improvement methodologies which include Six Sigma and Lean. Each have their own benefits, but we use the Model for Improvement on this programme to promote a common language and approach in relation to improvement.

The Model for Improvement has 3 framed questions which provide direction for your project.

1. **What are we trying to accomplish?** This is the AIM and provides direction.

2. **How will we know that a change is an improvement?** These are the MEASURES and describe our current and future position.

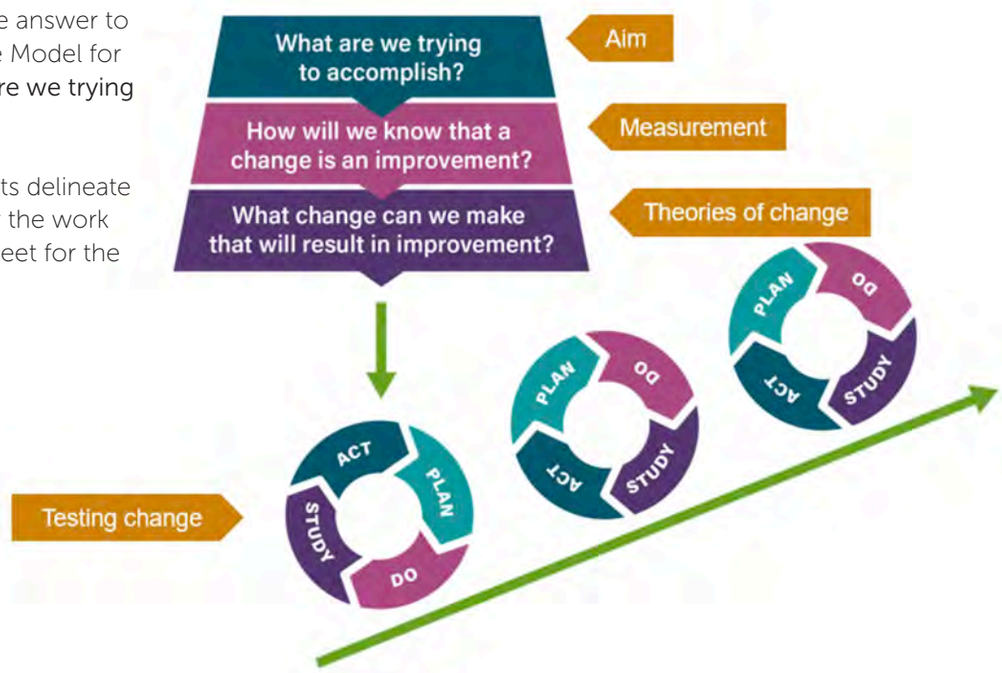
3. **What changes can we make that will result in an improvement?** These are the CHANGES that tell us how we are going to get there.

Notes

SMART Aim

An aim statement is the answer to the first question in the Model for Improvement, "What are we trying to accomplish?"

Effective aim statements delineate clear, specific plans for the work ahead. Use the worksheet for the design and questions



The second element of the module is testing small cycles of change – also known as the Plan Do Study Act (PDSA) Cycle.

Improvement tools

There are many improvements tools, during the EQIiP programme we will introduce you to the main ones that will help you visualise your process/ system, clearly define your problem and the scope of your improvement.

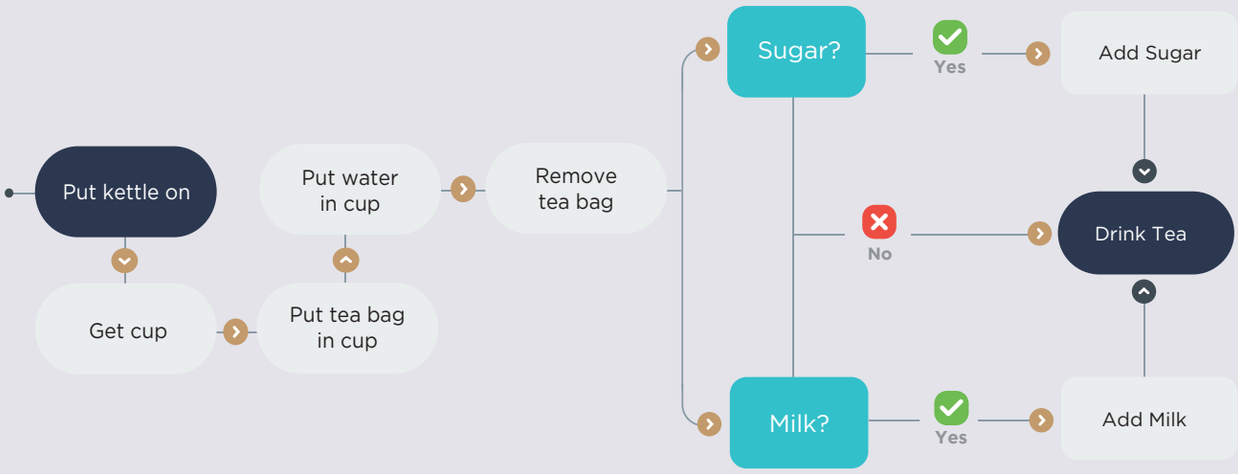
Process Mapping

Process mapping is widely used within improvement and is often a good starting point. Process maps show a series of steps/events/activities that produce a result, and is a tool that visually describes the flow of work of the system or process of concern, identifying areas that add value to the patient and exposing areas of waste or inefficiency. Process maps are used to find ways to simplify, streamline, or redesign processes.

Process maps will show who and what is involved in a process, so it's important to involve a range of people from across the process (also known as a pathway) being mapped. A process mapping session gives those present the opportunity to discuss the actual steps that occur when they "walk through" the pathway from their own perspective.

Using process mapping before making any improvement will help you gain a better understanding of how a whole system works in practice. If changes are made without understanding the current system, you might create problems at another point in the process/pathway. Please see the example of a process map below.

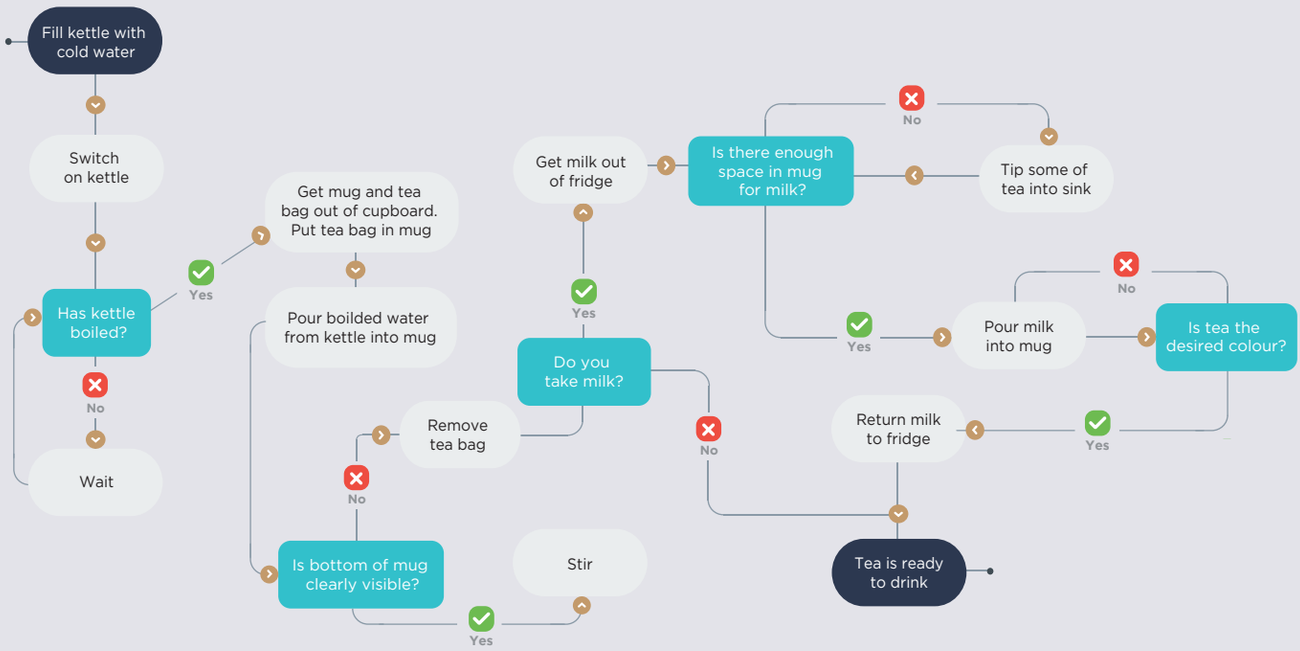
HIGH LEVEL MAP - MAKING A CUP OF TEA



This is called a **high-level map** because:

- It shows 6 to 10 steps (including the start and end points)
- It gives a panoramic view of the process
- It shows clearly the major blocks of activity, or the major system components

DETAILED MAP - MAKING A CUP OF TEA



Once created it's important to analyse the process map. Analysing process maps helps us identify the bottlenecks, repetition(s) and delays in a process. It can reveal areas where a process should be improved. The process map is a working document and should be easily visible to you and your team.

A **detailed map**:

- Is a close-up of the process
- Shows all the steps
- Makes it easier to identify rework loops and complexity in a process
- Allows you to add in time to each step and the time between each step

Complete a process map

Notes

Fishbone Diagram

The Fishbone Diagram is also known as a cause and effect or Ishikawa diagram (after its inventor, Professor Kaoru Ishikawa of Tokyo University). The Fishbone diagram gets it's name from it's shape; when it's completed it looks like a skeleton of a fish. This tool helps us to explore and display the possible causes of a specific effect or problem.

The tool quickly helps us to understand a problem and identify many possible causes – not just the obvious ones. The Fishbone Diagram is a useful tool to harness the collective knowledge and consensus of a team around a problem, identifying all the possible causes of a problem to focus the team on the root cause of the problem – not its symptoms.

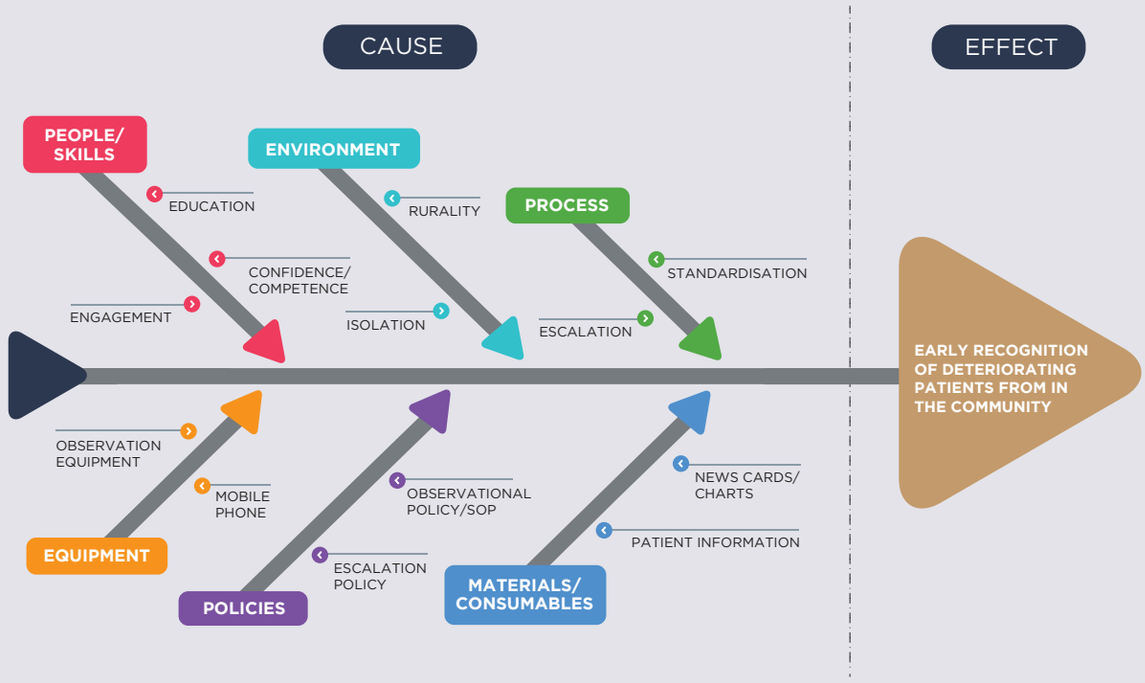
How to complete a fishbone

Firstly, identify the problem. Write it in the head of the fish and draw an arrow pointing towards it (creating the spine of the fish, see image below). Think about the exact problem in detail. Brainstorm the major categories of causes of the problem. If this is difficult, you can use generic headings as the categories: Methods Machines (equipment); People (man power); Materials Measurement Environment. Write the categories/themes of causes as branches from the main arrow (see image below). Brainstorm all the possible causes of the problem.

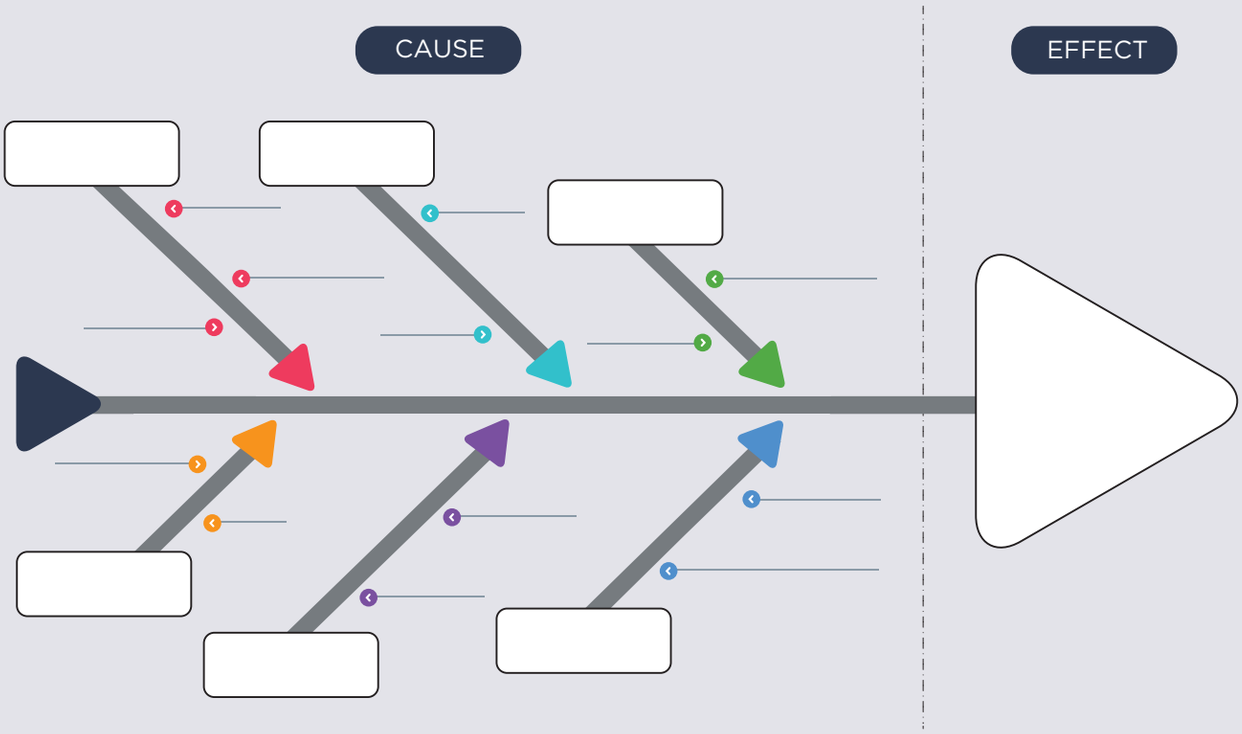
Ask, **"Why does this happen?"** As each idea is given, write it as a branch from the appropriate category. Causes can be written in several places if they relate to several categories.

When the group runs out of ideas, look at the diagram and focus the group's attention on the category/theme that has the fewest ideas related to it.

EXAMPLE OF A FISH BONE DIAGRAM



Complete a Fishbone Diagram



Notes

Driver Diagram

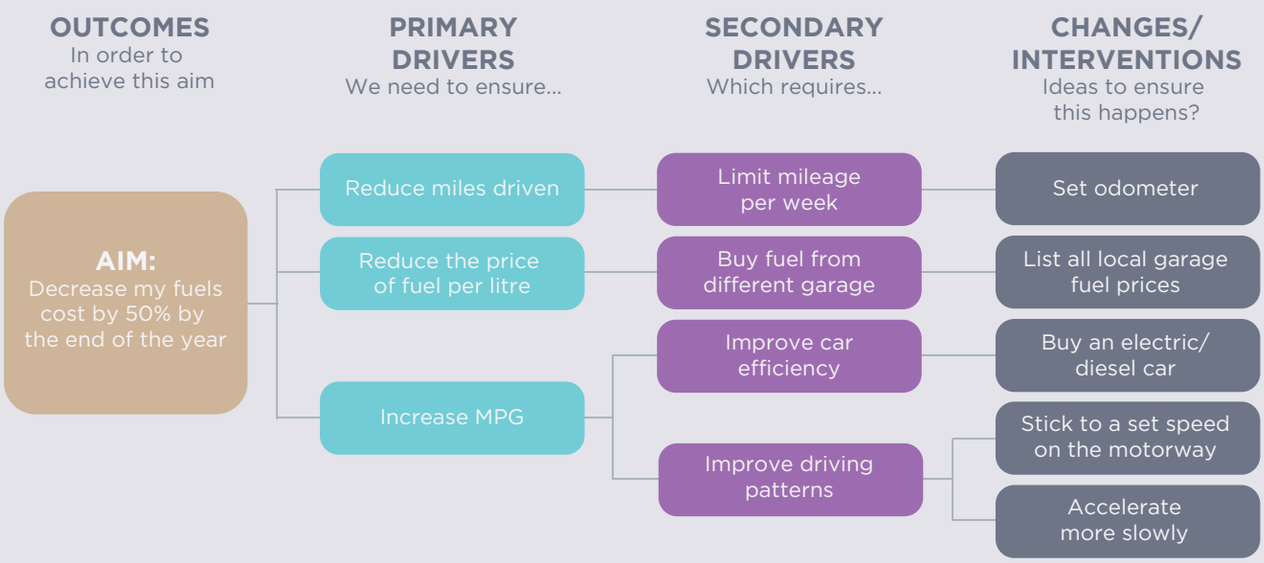
A Driver Diagram will visually show the team's ideas, hunches and theories of change that can be made to achieve the goal. These changes/interventions can be enhanced with PDSA cycles. The Driver Diagram can also be updated through your improvement journey and be used to track the process of your theory.

To create a Driver Diagram:
Start with a clearly defined and measurable aim. Brainstorm potential drivers with your team – the key leverage points in your system. Use your Fishbone Diagram to help create your Driver Diagram. Concentrate on generating ideas for drivers at this stage; don't try to allocate into primary or secondary straight away.

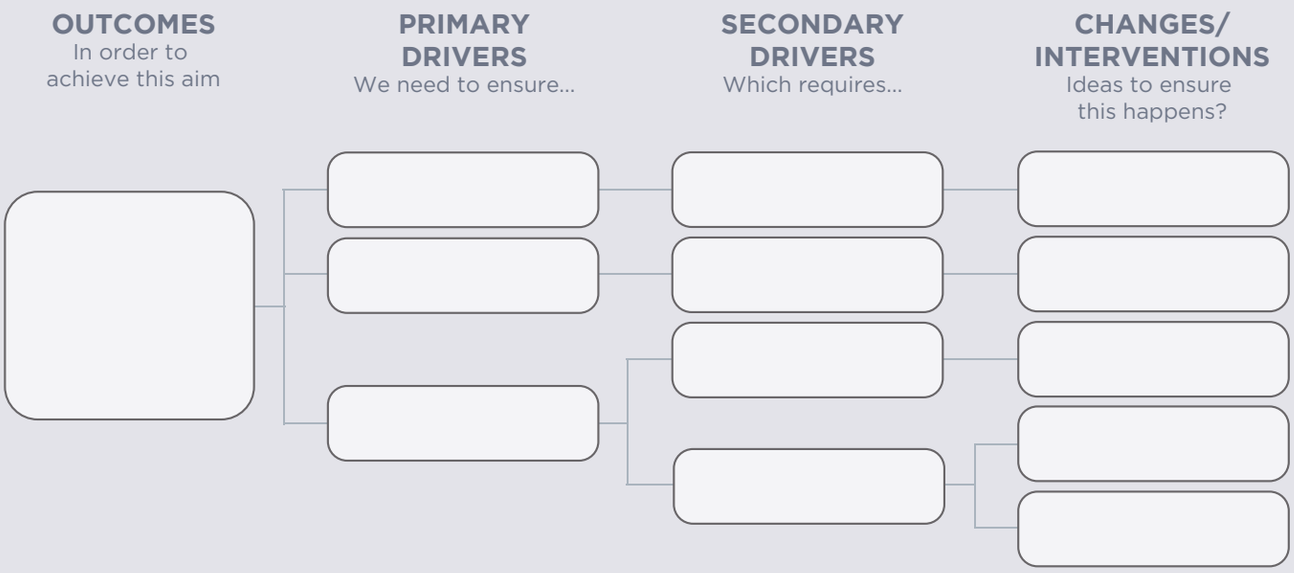
Once you've completed the brainstorm, cluster the ideas to create an agreed set of 'drivers' and check that each driver is clearly defined (and potentially measurable).

Now you can identify the links between the drivers – creating primary, secondary (and, if required, tertiary drivers). The primary drivers are high-level elements that must change to accomplish the aim. The secondary drivers sit to the right of these and are more actionable approaches, places or opportunities within the system where a change can occur. Set these out in the diagram format. Add your changes/interventions to ensure that the drivers happen.

EXAMPLE OF A DRIVER DIAGRAM



Complete a Driver Diagram



Notes

5 WHYS

The 5 Whys is a simple improvement tool which can help define the relationship between a problem and its root cause. Through repeatedly asking the question 'why?' (ideally, five times), it is possible to cut through the layers of a problem to identify a cause. The 5 Whys method is part of the Toyota production system. Developed by Sakichi Toyoda, a Japanese inventor and industrialist, the technique became an integral part of the Lean philosophy (Planview, 2019).

The 5 Whys originated within Toyota as they developed their manufacturing methodologies. It forms a critical component of their problem-solving training and is part of the induction into the Toyota production system. Very often, the answer to the first 'why?' will prompt another 'why?' The answer to the second 'why?' will then prompt another and so on; hence the name, the 5 Whys strategy (Ohno, 2014). The 5 Whys tool quickly helps identify the source of an issue or problem. We can focus resources in the correct areas and ensure we are tackling the true cause of the problem, not just its symptom. In order to answer each 'why' question, significant information or analysis maybe required.

The key is to avoid assumptions and encourage the team to keep drilling down to the real root cause. If we try to fix the problem too quickly, we may only be dealing with the symptoms of the problem, so we can use 5 Whys to ensure that we are addressing the cause of the problem. Remember, if we don't ask the right questions, we won't get the right answers. You can use this when completing your fishbone diagram, as it helps to get to the root cause of a problem.

EXAMPLE OF A 5 WHYS PROCESS

01 **"Why did the robot stop?"**
The circuit has overloaded, causing a fuse to blow. **01**

02 **"Why is the circuit overloaded?"**
There was insufficient lubrication on the bearings, so they locked up. **02**

03 **"Why was there insufficient lubrication on the bearings?"**
The oil pump on the robot is not circulating sufficient oil. **03**

04 **"Why is the pump not circulating sufficient oil?"**
The pump intake is clogged with metal shavings. **04**

05 **"Why is the intake clogged with metal shavings?"**
Because there is no filter on the pump. **05**

Complete a 5 WHYS Process

01	01
02	02
03	03
04	04
05	05

Notes

Measurement for improvement

Types of data: The types of data used in improvement can be defined as:
Quantitative – data that defines and can be measured and written in numerical form.

There are 2 forms of quantitative data:

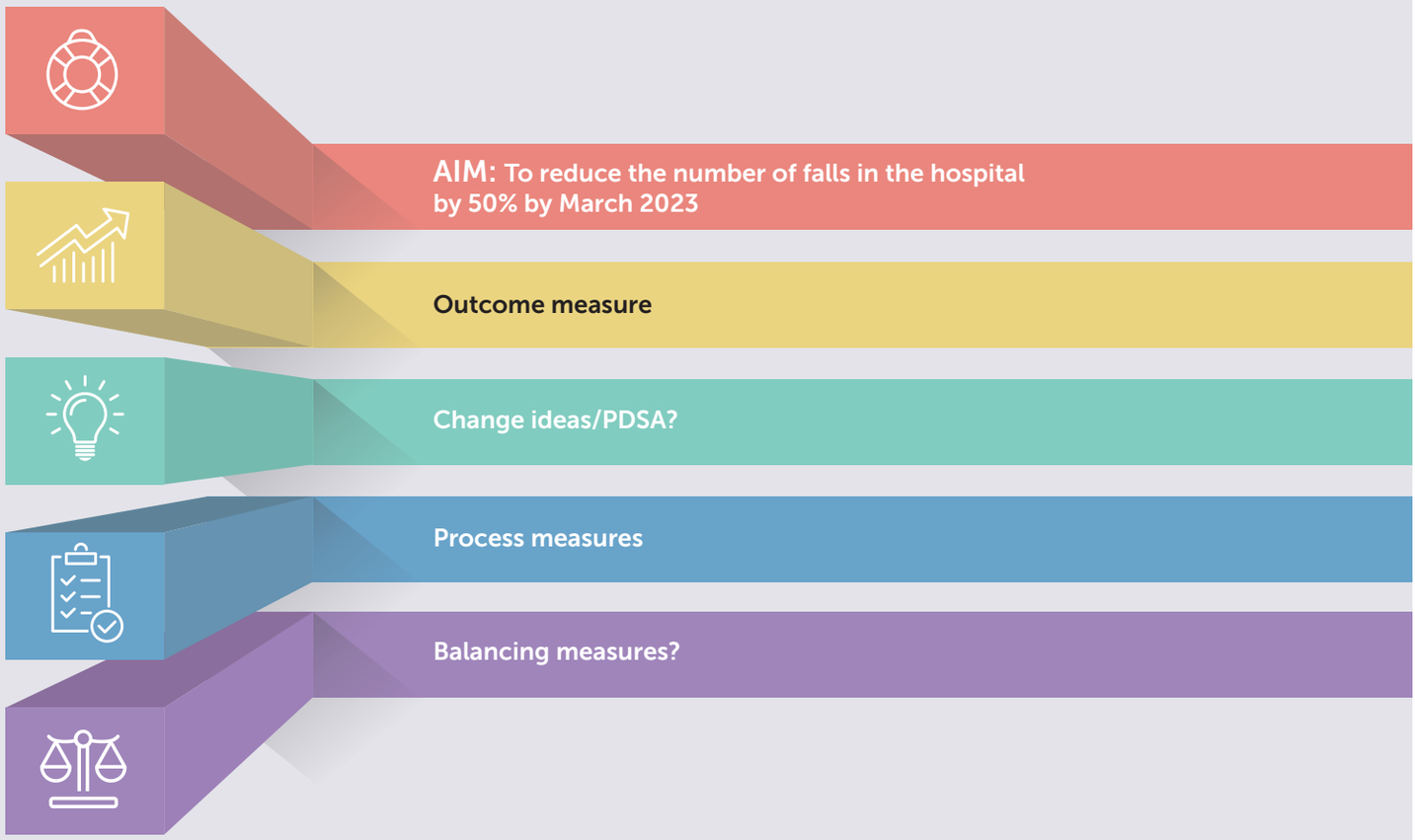
- **Continuous data** - data that are measured over time e.g., number of discharges per day/ week/ month
- **Categorical data** - data that can be divided into groups e.g., reasons for cancellations

Qualitative – data that describes and not numerical in nature e.g., patient experience

Measurements in improvement:

- **Outcomes measures** - measurement directly linked to your aim. Demonstrates if changes are having an impact at system level
- **Process measures** - measurements relating to specific steps within a process. Can be used to determine of the change idea or PDSA cycle was carried out as planned or to demonstrate what you are doing differently
- **Balancing measures** - measurements linked to consequences or changes elsewhere in the system that was unexpected or that contributed to the outcome

Exercise:



Baseline measurements:

- Baseline measurements are the data collected before any changes are introduced.
- The centre line or median is calculated from baseline data.
- For a baseline measurement a minimum of 10-12 points is needed.
- Ideally a minimum of 20 data points is needed to see if change has taken place within a project (10 of these being baseline data).

Additional points to consider about your measurements and data collection plan:

- What data will you collect?
- Where can you find the data? Manually or electronically?
- Who will collect it?
- What is the time frequency? Daily? Weekly?
- What is your time scale?
- How reliable is your data?

Notes

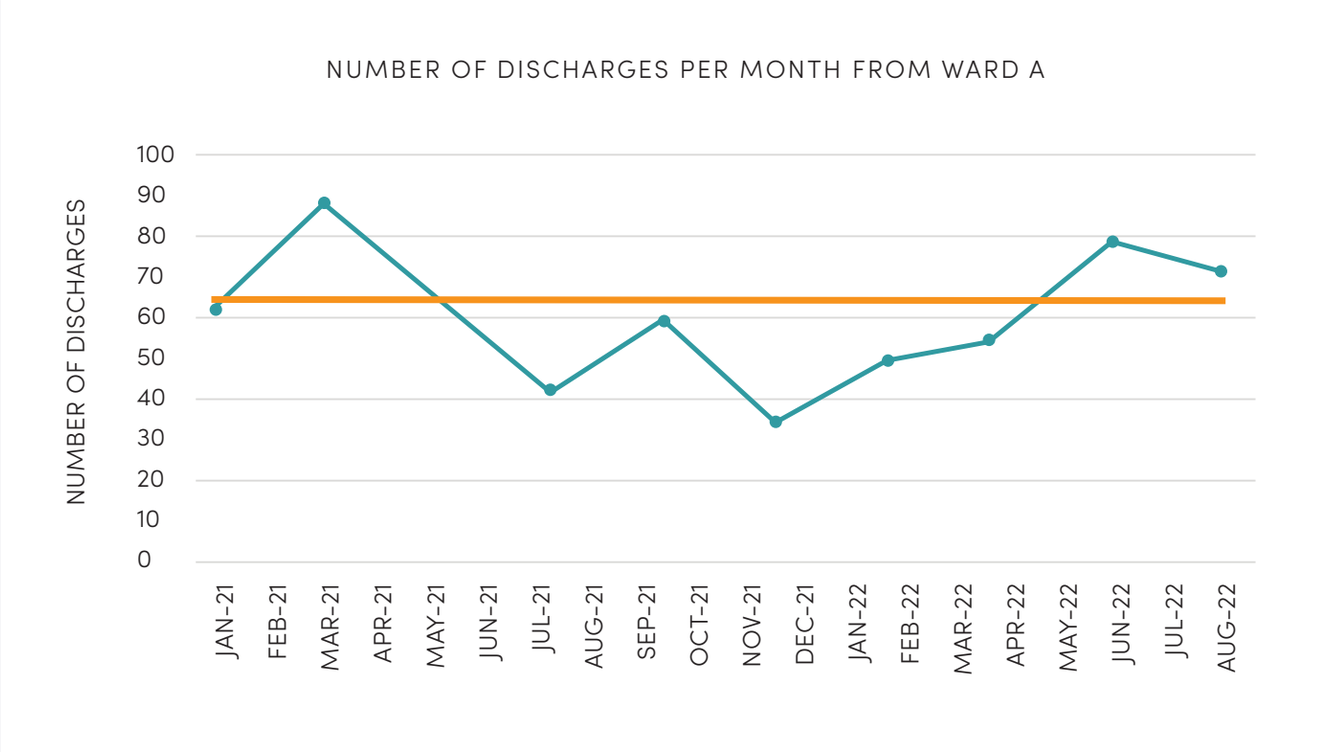
Presenting and analysing measurements and data

Measurement and data can be a very powerful way to communicate information and the impact of changes made in the system. Visual representation and graphs can reinforce the main points, patient stories or quotes can bring the whole thing to life.

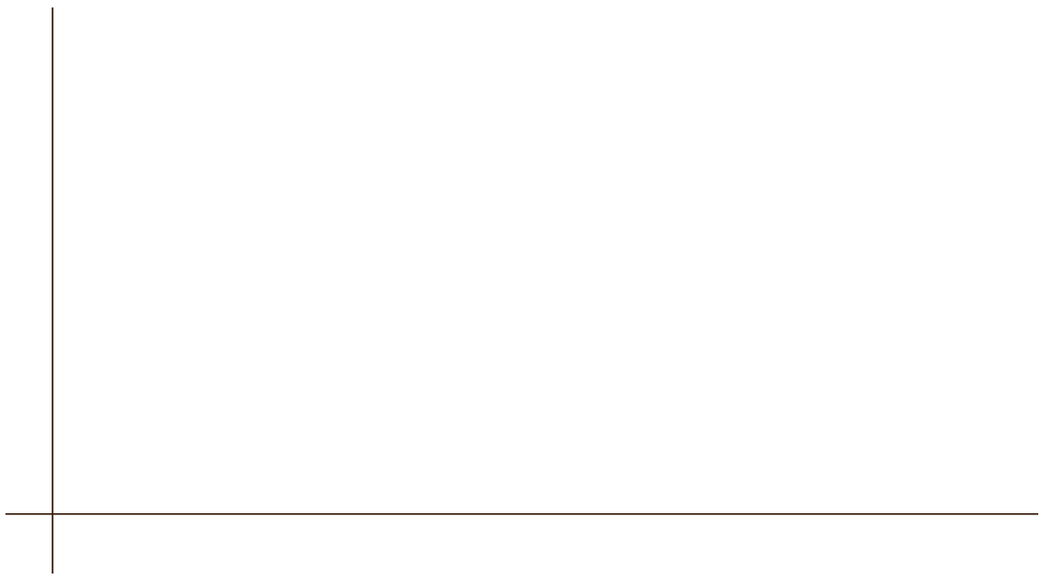
How to present your data:
The easiest and most effective way to visually display your data is **Run Charts.** A Run Chart is simply a line graph of continuous data plotted over time (hours/days/weeks etc). This is sometimes referred to as time series data.

How to create a run chart:

1. Title the chart
2. Design the horizontal axis (time component)
3. Design and name the vertical axis (count/number percentage etc)
4. Plot the data points and connect them drawing a line
5. Plot the median line



Complete a run chart



The difference between median and mean:

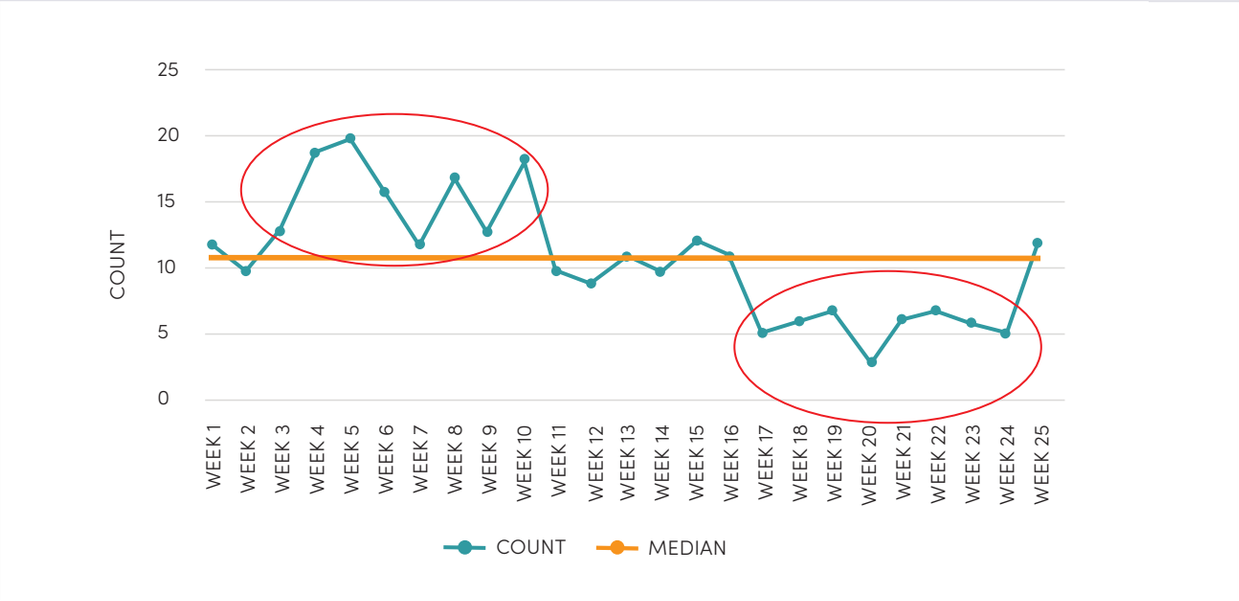
Median - the middle number/value in a group of numbers. The median can be a better centre line measure as it is less affected by extreme values.

Mean - is the "average" people normally refer to by adding up all the numbers and dividing it by the amount of numbers. Mean is most widely used but can be affected by extreme values, especially when there is a small amount of data.

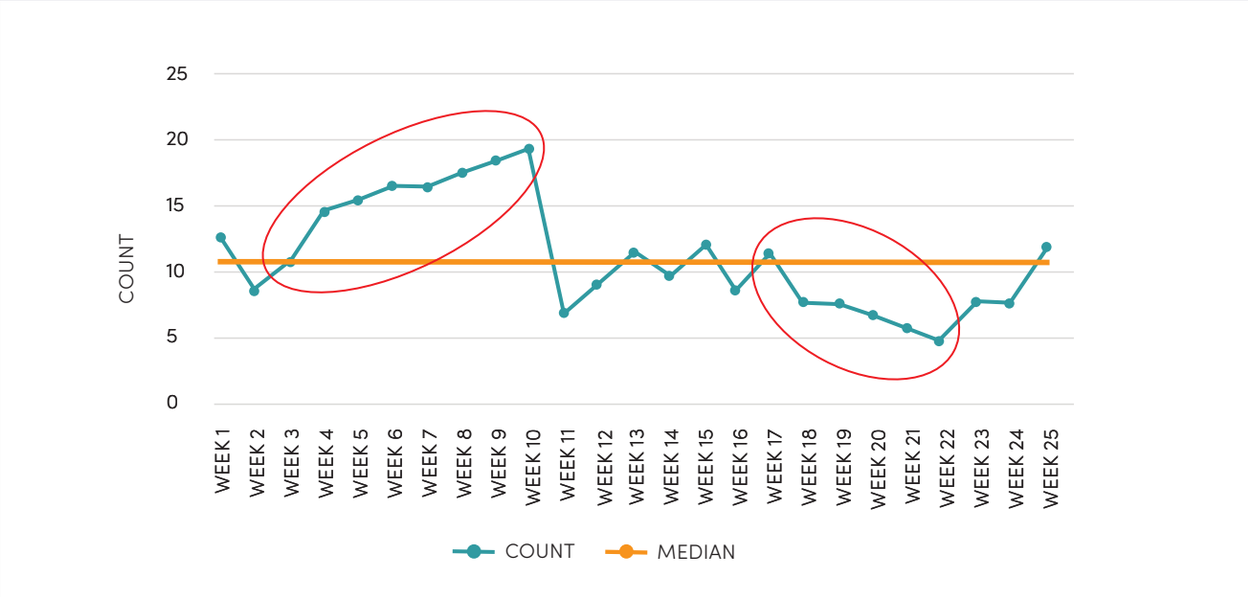
Analysing the data:
To assess if variation in the data is random, or non-random variation, and whether this is attributable to the change introduced in the process **4 simple probability-based rules (The S.T.A.R rules)** are followed.

The S.T.A.R. rules

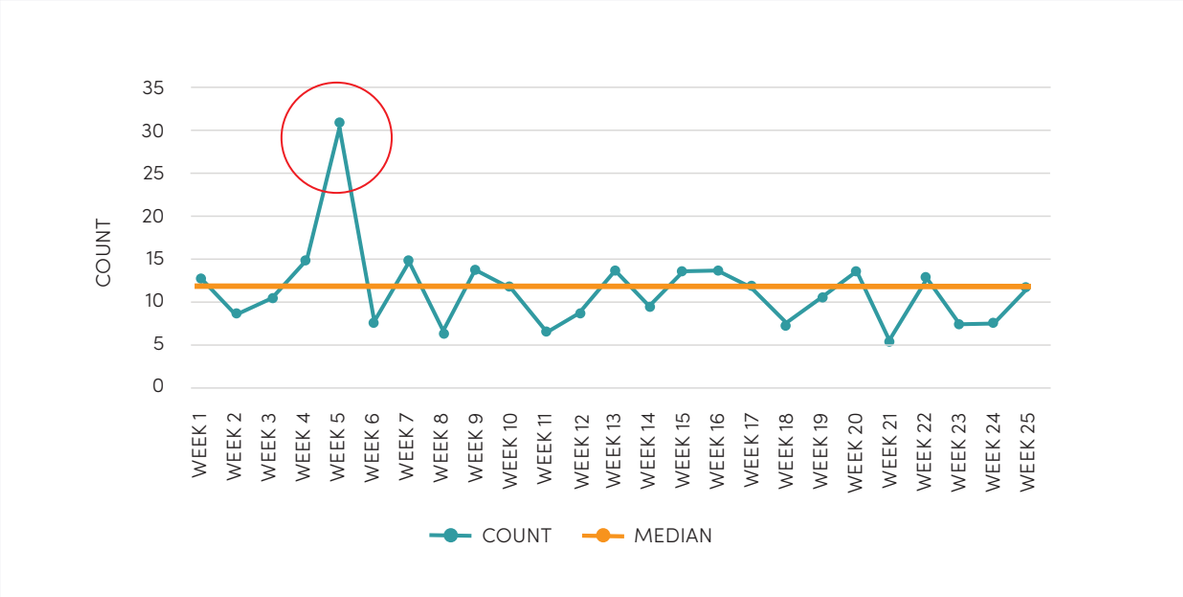
Rule 1 Shift: A shift on a Run Chart is 6 or more consecutive points either all above or all below the median. Values that fall on the median do not add to nor break a shift. The shift and run rules require more than 10 points before they are applicable.



Rule 2 Trend: A trend on a Run Chart is 5 or more consecutive points all going in the same direction (up or down). If the value of two or more successive points is the same, ignore one of the points when counting.



Rule 3 Astronomical Point: An astronomical point is an obvious blatantly different value which is clearly highly unusual. **BE AWARE**: Every dataset will have a high point and a low point. This does not make them astronomical.



Rule 4 Runs: The number of times the line crosses beyond the median. Count the number of runs and always add one extra. Then refer to the runs table (in handout). If the number of runs falls within the range between the lower and upper limit – this is random variation. If the number of runs falls outside the range between the lower and upper limit – this is non-random variation.

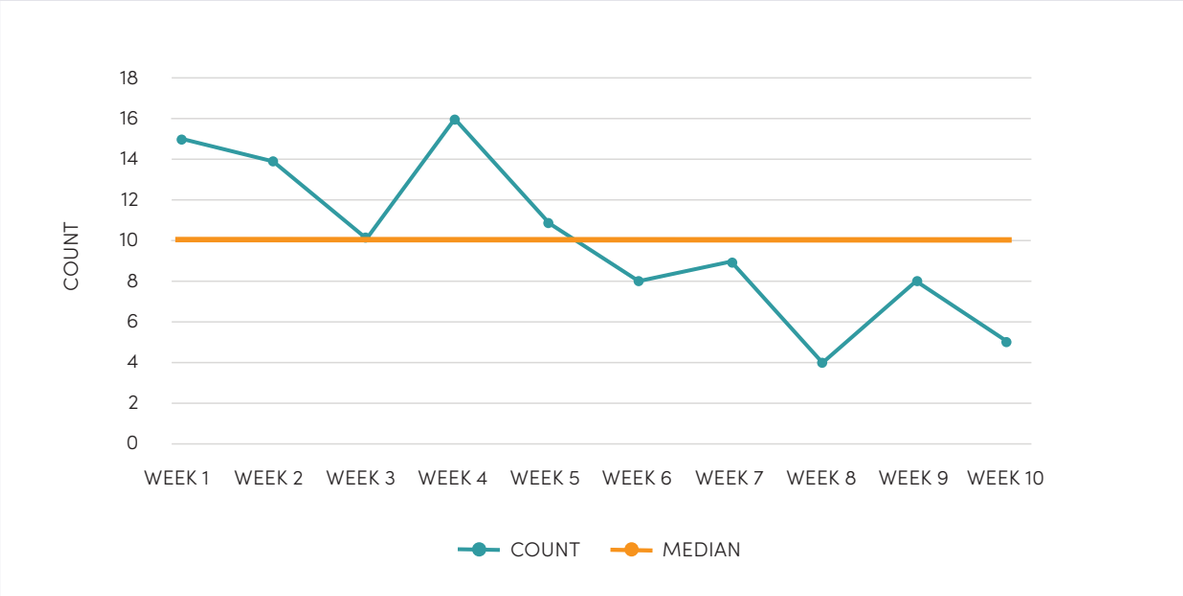


Chart analysis exercise:

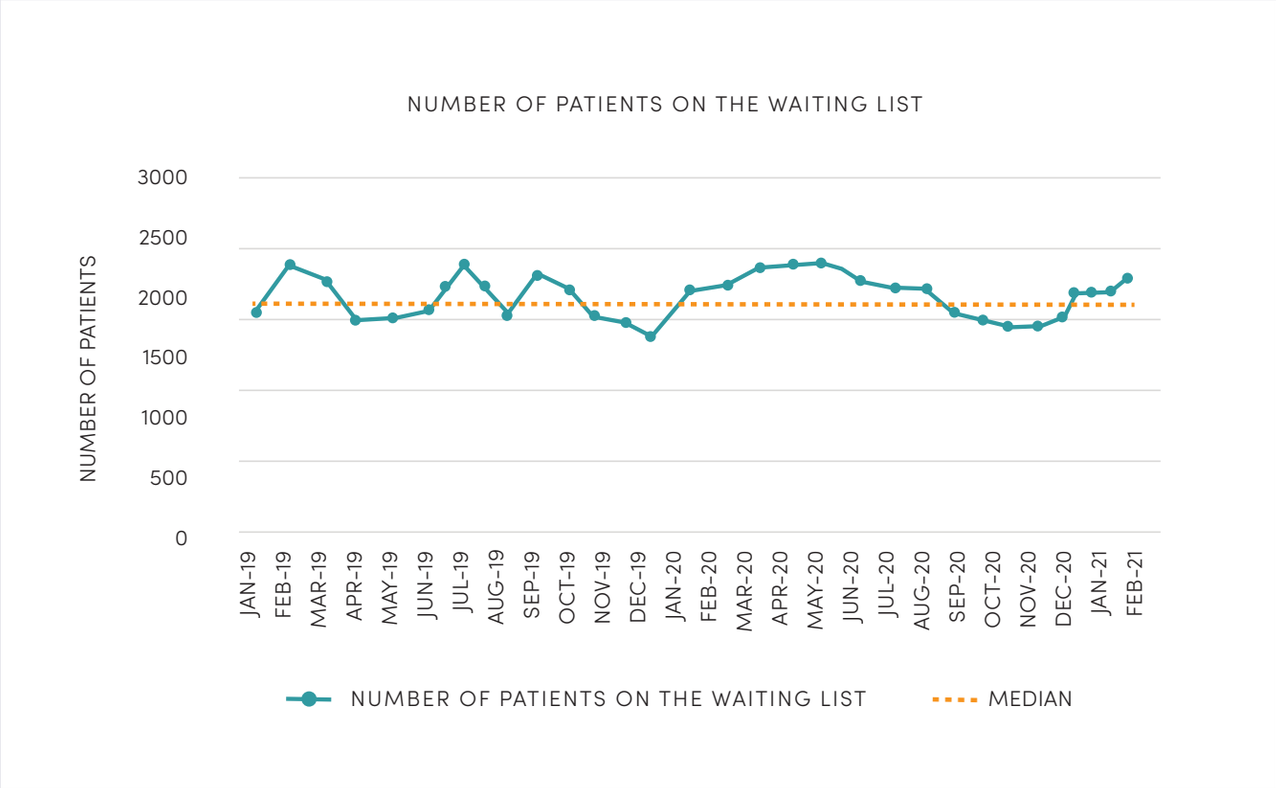
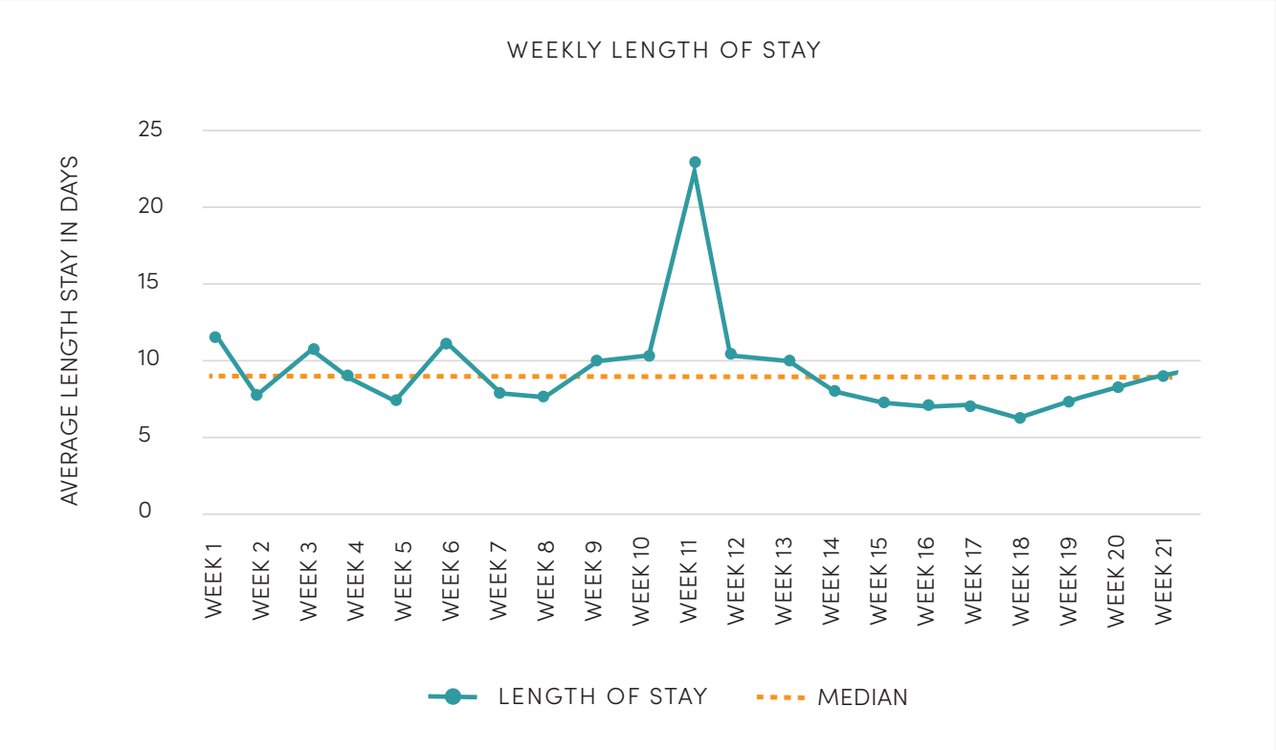


Chart 1
Findings:



Use the Improvement Cymru Academy toolkit run chart booklet for a step by step guide to run charts and how to create one in Excel.

Share learning

Notes

Patient Feedback

Notes

Co-production

Notes

Psychological Safety

Amy Edmondson is an expert in the field of psychological safety. She talks about why psychological safety is so important in the health care environment. She describes 4 important outcomes of safe working environments.

1. **Learning**
   Understanding what psychological safety is encourages you to speak up when working in a potentially complex stressful environment.
2. **Risk management**
   If people are able to discuss risk thoughtfully and skilfully they are better able to manage the risks collectively. Healthcare outcomes are interdependent on skilful co-ordination, discussions and decision making of different clinicians. PS is an input that helps people discuss risks thoughtfully, make decisions skilfully and that way they are better managing the very real risks that are ever present in the healthcare setting.
3. **Innovation**
   Is another crucial outcome of PS. When people have a better understanding of what PS is they are able to better brainstorm, they are better able to offer at possibilities, and they are better able to assess and test ideas using rapid cycle learning processes.
4. **Job satisfaction/meaning**
   People who have a high sense of PS at work feel more valued and respected by their colleagues and their organisation. Therefore, they feel better about their job and retaining their position. This is obviously a valuable outcome, when people have longer tenure in their jobs it's better for patients, the organisation and their colleagues.

Notes

How comfortable do you feel speaking up within your organisation?

Notes

How can you support this within Hywel Dda?

Notes

Appreciative Inquiry (AI)

Appreciative Inquiry is about asking a simple question – **how can we be better?**

It is really about how people think and not immediately about what they do. It encourages us to create a space for positive inquiry. Often our minds are consumed and bogged down with negative thoughts, which drain our energy.

AI is also about sustainable improvement through building on what works (Rowett, 2015). It has been around since the 1980s and it is described as a proven process or set of principles that empowers any group to find what's working. AI encourages us to create a vision for the future which stimulates positivity and sustainable change – if people feel positive about a change it is more likely to be sustained. The Idea is to work with the team that the change will impact – that could be immediate team – or wider stakeholders including patients and families.

The central idea to AI is that every organization has a positive core (values) however bleak things might look. It includes things like strengths, peak experiences, good practice, successes, and key learnings. Ideally you would want to link any improvement work with the core values of the organization and to focus on the positive elements (rather than the traditional problem finding/solving approach).

There are five key stages to AI:

1. **Define** the topic of enquiry by considering what is the area of work (improvement) to be done and what area the team want to focus on. This stage will need teams to define the project's purpose, content and what needs to be achieved (often captured in the project charter).
2. **Discover** and appreciate what already works well and revisit the organisation/team's successes, strengths and when things have gone well. Through discussion/story telling the team find out what works and why.
3. **Dream** is the third stage and here we encourage team to imagine "what could be". This builds on the successes identified in stage 2 and imagines new possibilities and the preferred future.
4. The **Design** stage involves determining "what should be" by bringing together the stories from the discovery stage and the creativity from the dream stage. Helps to create the 'ideal'.
5. The final stage is about **Delivery** (often referred to Destiny) and this is where what was developed in the design stage is delivered and embedded into teams and the organisation.

CYCLE OF APPRECIATIVE INQUIRY

Value Based Health Care

In its simplest form, Value Based Health Care is about making sure all that we do – including the way we use resources – focuses on improving outcomes. Hywel Dda's approach to Value-Based Health Care is situated within a wider public value framework. Public values are about ensuring we are taking steps to understand what matters to people and maximising the use of resources to make a positive contribution to deliver those things.

Our approach to public value recognises that Hywel Dda University Health Board can work with its partners to make a significant contribution to whether people are flourishing, enjoying their lives, and feeling happy and healthy.

Hywel Dda has a document 'Our approach to value based health care' which is available for wider reading. Please see further reading.

Behavioural change

Notes

Leadership on Ice

Making improvements and changes to the way we do our work is innovative and so can be seen as leading the way. In this way leaders are not defined by role, status, or the resources they have access to.

To demonstrate this, Shackelton has been called "the greatest leader that ever came to God's earth, bar none," yet he never led a team larger than 27 people, failed to achieve nearly every goal he set and, until recently, has been little remembered since his death in 1922. Stranded in the frozen Antarctic sea for nearly 2 years, Shackelton and his team of polar explorers endured extreme temperatures, hazardous ice, dwindling food supplies and complete isolation. Despite these seemingly insurmountable obstacles, the group remained cohesive, congenial, and mercifully alive – a fact that speaks not just to luck but to an unparalleled feat of leadership.

Drawing on the amazing and true story of the 'Endurance' Expedition, this informative, interactive and inspirational workshop will highlight the critical importance of 'True North' leadership when responding to the challenges, and particularly maximising the opportunities, that emerge in times of adversity, uncertainty and change.

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Sustainability

Sustainability can be defined **"when new ways of working and improved outcomes become the norm"**. There are many elements of sustainability that are important to improvement.

First, during EQIiP you will be learning new skills and experiencing new ways of working. Research by the Health Foundation suggests sustaining the changes we make; improvement needs to become a habit – something we do or think about every day. Ways to help sustain and continue your learning around improvement include practicing what has been learned already and finding other ways to improve (using QI tools with other teams/processes), linking with other improvers inside and outside of the organisation, sharing your learning with other members of the wider team.

We all know that sustaining new ways of working can be challenging – what we often term as initiative decay or improvement evaporation effect. But there are some things we can do to try to ensure we sustain are improvement efforts. For example, the use of Model for Improvement and PDSA cycles helps us to define our improvement activity and encourages us to continue to make small cycles of change.

Previous research has shown the following as key elements for success:

- Ensuring improvements are strategically aligned to key organisational priorities
- Good leadership at all levels
- Team-based problem solving
- Focus on value and the patient journey
- Access to data and visualise data to control and sustain improvements
- A process for maintaining improvements – e.g. weekly improvement huddles, review of PDSAs.
- Establish good networks and collaborators
- Move beyond the 'hawthorn effect' and encourage continuous learning
- Move from improvement projects to scale and spread and system improvement.

There are some useful tools that help to think about where we might need to focus our efforts when thinking about sustaining our improvement activities – for example: The Spread & Sustainability of quality improvement in healthcare, NHS Scotland - **www.qihub.scot.nhs.uk/media/596811/the%20spread%20and%20sustainability%20ofquality%20improvement%20in%20healthcare%20pdf%20.pdf**

Notes

Improvement in Practice Accreditation Team Award

Improvement in Practice aligns staff across Wales with a common improvement mind set and is accredited by Improvement Cymru.

Members of the project team will be able to submit a poster and evidence of their project to the Quality Improvement and Service Transformation Team.

This will be marked against criteria from Improvement Cymru's Improvement in Practice awards; if successful the team will be awarded the 'Improvement in Practice team award'.

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Meeting Notes

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Next steps for your project

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Further Reading

- For more information on improvement activities and support please visit the Improving together page. https://nhswales365.sharepoint.com/sites/HDD_Improving_Quality

- For more information on Hywel Dda Value based Health care including the strategy: https://nhswales365.sharepoint.com/sites/HDD_Values_Based_Health_Care

- For external support and information please visit: Improvement Cymru are the improvement service for NHS Wales. The aim is to support the creation of the best quality health and care system for Wales so that everyone has access to safe, effective and efficient care in the right place and at the right time. https://phw.nhs.wales/services-and-teams/improvement-cymru/

- Health Education and Improvement Wales (HEIW) have a leading role in providing the healthcare workforce in Wales with education training and development. https://gov.wales/health-education-and-improvement-wales

- The Health and Social Care (Quality and Engagement) (Wales) Act: https://gov.wales/health-and-social-care-quality-and-engagement-wales-act-summary-html

- The Institute for Healthcare Improvement (IHI) has used improvement science to advance and sustain better outcomes in health and health care across the world. https://www.ihi.org/about/Pages/default.aspx

For further information please contact

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GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

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DELIVERY OF HIGH-QUALITY CARE:

QUALITY MANAGEMENT SYSTEM STRATEGIC FRAMEWORK - DRAFT

Contents

1. Introduction - Quality Management System Strategic Framework 3

2. Quality Management System Strategic Framework: an easy guide to understanding what our quality management system entails 5

3. How we will deliver on the components of Quality Management System.....8

3.1 Quality Planning – have clear vison and purpose 8

3.2 Quality Control - Maintain quality and be alert to any signs of deterioration 10

3.3 Quality Improvement – Deliver on identified improvement.....11

3.4 Quality Assurance – Independently check the quality.....12

4. Underpinning our Quality Management System 15

4.1 Leadership, culture, enablement and delivering on our duty of candor.....15

4.2 The QMS: we all have a part to play 16

5 The next steps in our QMS journey.....17

This framework has been developed following a review of current documents associated with quality and patient safety. Specific refence is given to the following:

1. Welsh Government (2021) Quality and Safety Framework https://gov.wales/sites/default/files/publications/2021-09/quality-and-safety-framework-learning-and-improving_0.pdf
2. Public Health Wales (2021) Achieving Quality and Safety Improvement: Improvement Cymru Strategy
3. The Scottish NHS Quality Management Framework
4. East London Foundation Trust (ELFT)

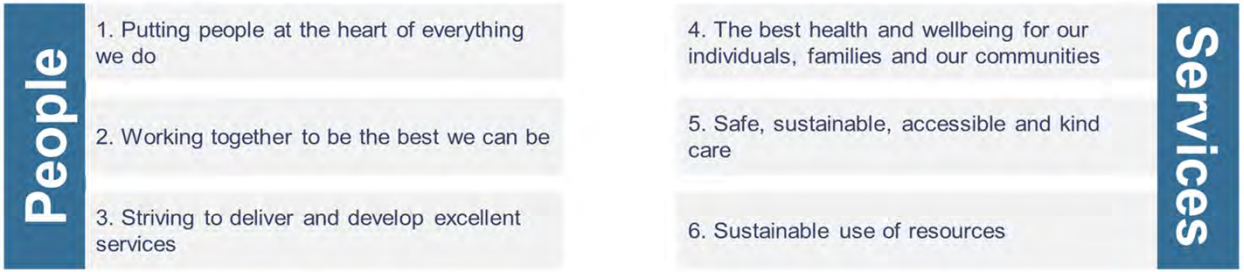
1. Introduction - Quality Management System Strategic Framework

Quality should be at the 'heart' of all aspects of healthcare and putting quality and patient safety above all else is one of the core values underpinning Hywel Dda University Health Board.

"...Quality is defined as continuously, reliably, and sustainably meeting the needs of the population that we serve" Duty of Quality Statutory Guidance (gov.wales)

The overarching aim of the quality management system (QMS) strategic framework is to provide a system-wide approach to achieving quality of care in a way that secures continuous improvement. This strategic framework sets out the Board approach, structure and tools provided to empower staff to lead and deliver services that meet quality and safety expectations and standards. We must put the people who use our services, patients, and carers at the centre of everything we do, working together as one Hywel Dda team, ensuring we have the data, resources, engagement, and support required to deliver on a quality service through our system. The development of our QMS framework and the board strategic objectives will act as an enabler to this.

Figure 1. Strategic Objectives



Through delivery of this framework and the embedding of our Board's strategic objectives, vision, and values, we aspire to be an organisation where all staff working for the Health Board understand and wholeheartedly commits to delivering consistent high-quality care and service to patients, service users, their families, and carers. This framework must not be seen in isolation: the Quality Management System Strategic Framework provides the umbrella under which the key enablers and programmes of work focused on driving quality, safety, performance, and efficiency within the Health Board come together.

> '*Our Quality management system incorporates quality planning, quality control, quality assurance and quality improvement. As a Health Board we are trying to bring each of these approaches together into a single quality system to meet our goals and improve care for our service users'.*

Our strategy, *A Healthier Mid and West Wales: Our Future Generations Living Well*, encapsulate the quadruple aim of excellence set out in *A Healthier Wales* (Welsh Government, 2018)[1] The recent Health and Social Care (Quality and Engagement) (Wales) Act 2020 places both an enhanced duty of quality and an organisational duty of candour on us, as a health board our QMS framework will strengthen our approach to delivering on high quality, safe care

[1] Welsh Government (2018) *A Healthier Wales: our plan for health and social care* A Healthier Wales (gov.wales)

2. Quality Management System Strategic Framework: an easy guide to understanding what our quality management system entails

To achieve the aspiration of having a quality-led health service, we need to operate within an effective quality management system. This Quality Management System (QMS) Strategic Framework (strategic framework) will enable the delivery of all our planning objectives. This document describes the interlinked key elements that must always be working together to ensure continuous improvement in quality: planning; improvement; assurance and control. The intention of the document is to describe the process we will put in place and actions we will take to provide the assurance that the system is doing all that it can to deliver the best outcomes our population.

Approach	**What does it mean**	**When should I consider its use**	**Cautions**	**Examples of aligned programmes of work and tools**
Quality Planning/ redesign	Designing high quality into the structure and processes that meet the service need Understanding the needs of the population through feedback from people that use our services. Scrutinising the evidence base to identify the best available service models, to design the structures & processes which enable us to meet the identified need and agreed national and local standards	When there is an unmet service need, do it once and do it well On an annual basis, or more frequently, if standards are not met or when the population, we serve has identified an unmet need within our current service model.	Top-down reorganisation has large risks of unsettling and disempowering staff the best redesign and planning efforts deeply engage all stakeholders in the process	• Strategic board objectives • Annual planning • Commissioning contracts • Population health assessments • Value Based Health Care (aligning our pathways to patient outcomes • Review of operating modules • Review of team structures
Quality assurance	Method of verifying process integrity and all efforts made to avoid non-conformance Structured assurance 'check-in' approach to assess whether we are providing 'good' care and meeting minimum requirements / standards. This	Any time to assure yourself that the system in your area is effective All services should be able to describe how they assure themselves and others that they are providing 'good' care.	Assurance alone cannot help a service provide excellence. It can merely	• Audit (clinical, internal etc) • Inspections and peer review • Benchmarking against national standards • Spot checks

	can be done by 'walk arounds' measuring against standards, identifying gaps, developing action plans and re-checking to ensure compliance	Information provided to the Board directly or via Quality, Safety Experience Committee should give assurance on effective systems, risks and mitigations of those risks. We provide evidence and information to inspectorate bodies/regulators to assure them on the quality of our services	ensure we are meeting standards and providing good care. Do not over-rely on assurance alone	• WalkRounds • Action plans and trackers
Quality control	Visual leading and lagging measures of high-quality performance to guide action Excellent operational management: • a set of measures which will monitor service quality & performance, chosen by the team, and tracked transparently in real-time • a visual management system of key work processes and data such as being made available through 'Improving Together'/dashboards • regular team huddles around the data, responding to changes in the data as needed, with clear escalation protocols when the team can't solve something	In real time for efficient operational management of service quality Every service should have a quality control system, to enable it to manage service quality and performance in real-time more effectively	Quality control imposed from outside the team is less effective. It needs to be owned and developed by the team	• Improving Together • Harms dashboard • Improvement data • Patient experience and feedback (using systems such as Civica) • Safety huddles
Quality improvement	The generation and implementation of ideas for achieving high quality, QI science	To resolve enduring control issues that matter most to the delivery of a service		

	A systematic process to improve performance, quality and safety, efficiency, effectiveness, and experience driven by those closest to the area for improvement. QI requires a project team with diverse members with improvement knowledge and skills. This skill and knowledge capacity building can be developed through our local programme EQIiP	Solving a complex problem to which we do not know the answer or where a possible solution has not been tested in context. Tackling what matters most to our service users and population	Quality improvement requires time and effort. Only utilise it for complex problems focused on what matters most. Quality improvement requires a discrete team, meeting regularly and testing changes. Be clear about the aim and ensure your theory of change is strong enough to meet the aim.	• Thematic reviews • Proportionate investigations (identifying learning) • Culture programme – considering skills, behaviours, values and beliefs and leadership • EQIiP • PDSA cycles • Driver diagrams

3. How we will deliver on the components of Quality Management System

3.1 Quality Planning – have clear vison and purpose

As an organisation there is a requirement for us to understand our priorities for improvement and design our appropriate interventions. To do this we need to understand need and assets from the population perspective, identify the gap in what is provided and identify the priorities for redesign and continuous improvement, it is also important that we understand the contributory factors of issues feeding from quality control.

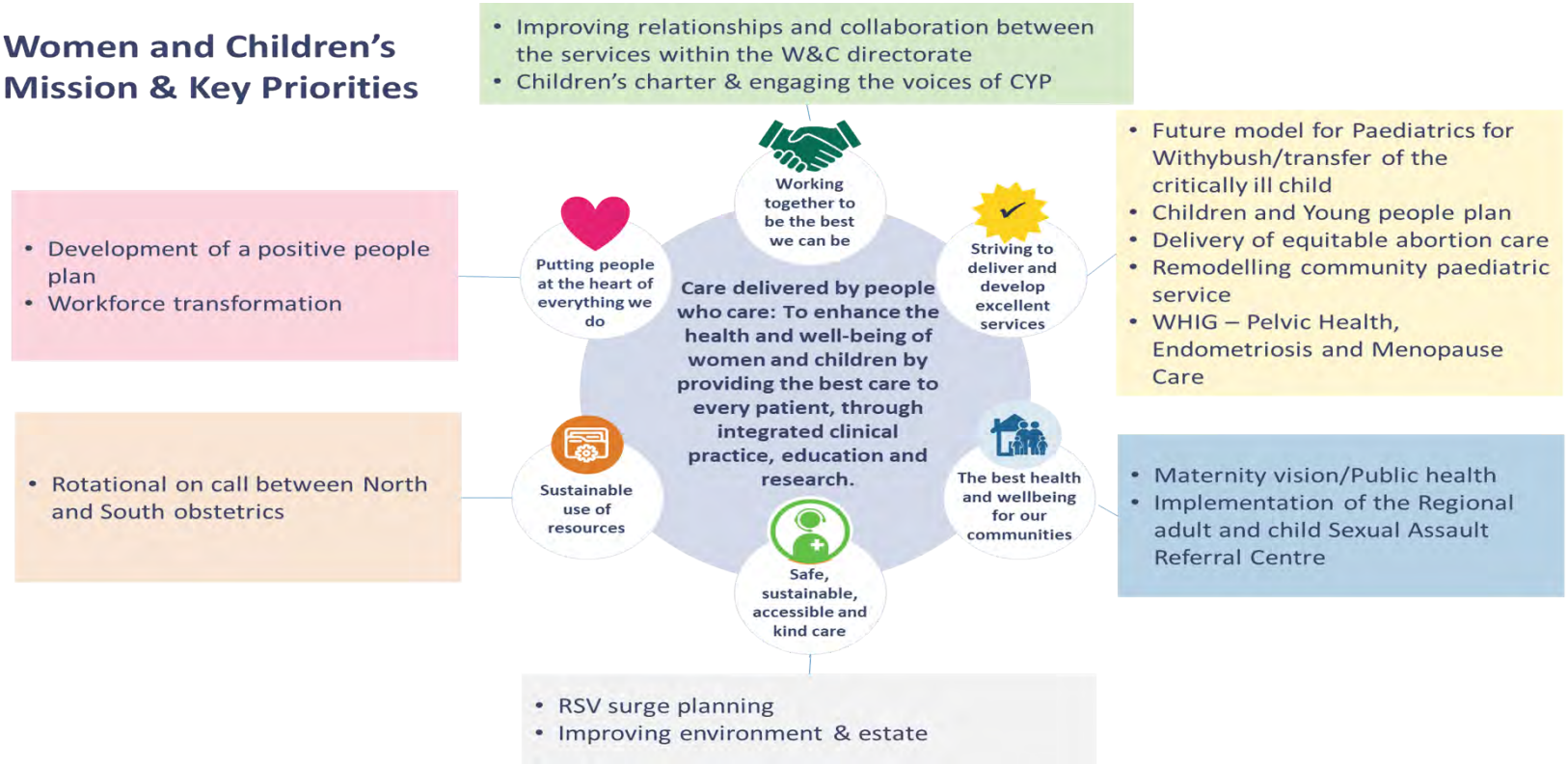
The Board have set 6 strategic objectives with clear outcome measures – to support delivery of a QMS framework there is a requirement to ensure that these are understood by staff throughout the organisation. This will allow grass root staff to focus on those issues which are meaningful to them and the services their provide for their population needs. By planning and identifying priorities in this way each service will be able to identify gaps, set clear priorities and goals for improvement and as such support the planning for quality of their services for their individual population needs.

The board is committed to reshaping pathways based on outcomes and is using Value Based Health Care to take this forward. To deliver on quality planning, the Board is committed to working with staff at all levels of the organisation to ensure they can identify the priorities their service requires.

Figure 2. – Strategic objectives at Board level (2022/23)

Strategic objective	Outcome	Measure
1. Putting people at the heart of everything we do	Patient: our patients report a positive experience following their treatment and care	Overall patient experience score
	Staff: our staff feel valued and involved in decisions	Overall staff engagement score*
	Population: we are actively engaging our population and seek their feedback about current experiences and future needs	Scoping work to be undertaken to develop a population survey
2. Working together to be the best we can be	Staff: our staff feel that they are part of an effective team	Staff response to: team members trust each other's contributions
	Patient: we are listening to the voices of our patients to ensure that our services deliver the outcomes that are important to them	% of pathway covered by PROMS % of PROMS returned against total cohort
	Organisation: as a health board, our strategic vision is clear and our objectives are aligned	Staff: PADR in last 12 months that has supported my development and provided me with clear objectives aligned to team and organisation goals Staff response to: I am proud to tell people I work for Hywel Dda
3. Striving to deliver and develop excellent services	Discover: we are actively involved in research development and innovation	New R&D studies commenced in a year (hosted and sponsored)
	Design: our staff actively bring improvement and innovation into our thinking	Staff feel able to make improvements in their area of work
	Deliver: our staff are empowered and supported to enact change and continuously learn and improve	Staff feel empowered and supported to enact change and continuously learn and improve
4. The best health and wellbeing for our communities	Population: our communities feel happy, safe and are able to live life to the full	Options for new measure being investigated
	Health and wellbeing: our communities have opportunity from birth to old age to be healthy, happy and well informed	Options for new measure being investigated
	Equity: our communities have a voice and are able to fulfil their potential no matter what their background or circumstances	Options for new measure being investigated
5. Safe, sustainable, accessible and kind care	Safe: we minimise harm for the patients in our care	Patient safety incidents causing moderate, severe or catastrophic harm
	Sustainable: we have a stable and sustainable workforce	% change to nursing and midwifery staffing levels (target 3% improvement)
	Accessible: our patients can access services in a clinically appropriate timescale	Options for new measure being investigated
	Kind: maximise the number of days that people stay well and healthy in their own home	Patient response: I am treated with dignity, respect and kindness
6. Sustainable use of resources	Social: our positive impact on society is maximised	% third party spend with Hywel Dda and Welsh suppliers
	Environmental: we are making a positive difference to addressing the climate emergency	% change of total emissions over time
	Economic: making progress against the delivery of our Roadmap to financial recovery	Compliance on breakeven duty

Figure 3 Strategic Objectives at service level - Use of strategic objectives at service level to set key priorities for services (Women and Child Health)



By understanding the priorities at service level senior managers within Directorates and sites can plan to set clear goals and actions to achieve the outcome required, by developing their own priorities and setting their goals there has been a real sense of empowerment at service level and importantly the meaningful priorities set by the service can be shared with staff, service users, and the wider population. Meaningful metrics can be developed and used to support outcome measurements which can become visible through localised dashboards and enable improvement by utilising each component of the QMS framework.

3.2 Quality Control - Maintain quality and be alert to any signs of deterioration

Quality control is the process we use that seeks to ensure that the services we provide are delivered to a high-quality standard and that this standard is maintained and improved upon over time. To achieve this, there is a requirement to embed mechanisms into teams/services so they can detect variation from agreed standards/desired quality. This will be achieved by setting measurable standards which are based on identified priorities within the planning cycle. There is a requirement to monitor these in real time as well as over time.

There will be an expectation that each service/Directorate will have access to robust quality data aligned to their key improvement measures, which is analysed to identify gaps and any areas of improvement and will drive the quality agenda. To deliver on quality control, the Board is committed to developing systems and processes which are measurable this will be achieved by:

- Having fit for purpose quality dashboards, with measurable quality outcomes accessible at board and service level.
- Using staff and patient experience measures, which will be evidence based and have identified outcomes. The Board has invested in CIVICA which is the patient experience module on the Once for Wales system.
- Actively seeking to benchmark the care, we deliver both nationally and locally, with services which are of a similar size.
- Use of SPC charts to measure improvements

Our Safety dashboard and Our Performance dashboard will assist services and Directorates identify areas of concern / hot spots.

Our dashboards give an overview of patient safety related risks and potential harms across our acute, community and primary care system. The report uses statistical process control (SPC) charts. SPC charts plot data over time and can inform better decision-making. Each SPC chart produced 2 types of icons i.e. one for variation and another for assurance. This helps to pinpoint concerning or improving trends and whether we are going to miss or hit targets. An example of an SPC chart can be seen below.

3.3 Quality Improvement – Deliver on identified improvement

To support continuous improvement, we will ensure that staff and teams have the skills to improve what is in their control and escalate those issues that aren't (microsystem improvement). We are also committed to support Systems which enable the spread of learning to ensure adaptation for local context. 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 are committed to delivering on this by supporting a series of comprehensive and collaborative work programmes which will build and develop staff knowledge, skills and confidence to recognise and make changes which add value to the care received by patients, service users, their families and their careers. This culture and approach will put quality and the value of patient care at the centre of all our services and everything we do.

Quality improvement is everyone in health care's business, and in Hywel Dda UHB there has been significant investment in Quality Improvement and Service Transformation team to take this agenda forward. The board has already invested in Ensuring Quality Improvement in Practice (EQIiP) programme. This approach to quality improvement supports consistency and uses well understood methods and tools to continuously improve the way we do things. The EQIiP programme is based on the breakthrough collaborative approach which is also used nationally. Frontline staff and leaders come together monthly to work on specific improvement projects that have been identified for their service, or area, linked to our quality goals and strategic objectives. The teams attend a series of specifically designed training events delivered by experts in the field and supplemented by locally delivered master classes. With time dedicated to the improvement skills development activities, team members learn from each other as well as from the internal and external experts.

Each improvement project team has a dedicated improvement coach allocated to work with them for the duration of the programme. This will ensure development of QI expertise and that improvement skills are maximised. Improvement coaches have received intensive Human Factors training and are supported by external parties.

Team members will be accredited with Improvement in Practice award from Improvement Cymru when they have successfully completed the programme.

The board has also supported several staff through the Senior Leaders Improvement Programme which is a national programme delivered in conjunction with IHI and Improvement Cymru.

3.4 Quality Assurance – Independently check the quality

Quality assurance is a phrase used to capture the actions taken and tools used to ensure that the agreed standards and procedures are followed to the expected level to provide high quality care. Several mechanisms, known as Assurance Tools, are used as part of the methodology for providing evidence-based assurance. These assurance tools feed into the overall system of assurance, through the mapping of sources of assurance, issues can be identified relating to gaps in control or gaps in assurance, and duplication of effort. There are several health boards tools which support assurance as well as softer intelligence, both needs to be used to support assurance.

Assurance tools (examples only)

- Executive listening and learning Events
- Board WalkRounds
- Service safety walkabouts led by service managers, ward managers, clinical leads, professional leads (for example)
- Observations of patient care, lead by the Quality Assurance and Safety Team
- Care to share sessions in clinical areas, facilitated by the PALS Team
- Surveys at different stages throughout a patient's care journey/hospital admission
- Fundamentals of Care audits at ward level

Peer reviews and reviews by other NHS bodies (examples only)

- Professional bodies
- All Wales clinical networks

- Welsh Risk Pool
- Internal Audit

External inspections and reviews (examples only)

- Community Health Council
- Welsh Audit Office
- Healthcare Inspectorate Wales
- Delivery Unit Performance Driven

Public Services Ombudsman (Examples only)

- Ombudsman Casebook
- Public Interest Reports
- Thematic Reports
- Reports following complaints to the Ombudsman against the health board.

Internal Peer review

Central to quality assurance will be the development of a formalised Peer Review process. Importance will be given to triangulated data to support peer reviews, the Quality Assurance and Safety Team in advance of the peer reviews will provide this information. This will ensure information received is not seen in isolation and will support triangulation of data.

There will be a significant emphasis on the role and expertise by the reviewer; we will provide education to staff to feel confident in undertaking peer reviews.

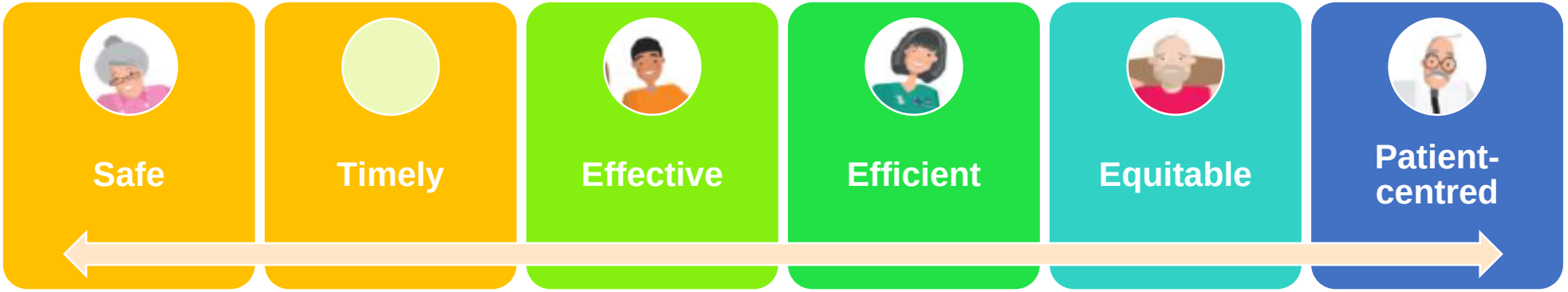
- Quality, metrics will be developed to support the peer reviews.
- The voice of service users, and carers, will be considered, this will be in conjunction with the Patient experience Charter.
- There will be feedback to staff teams at the time of the review to support ownership and consensus on issues
- Staff and any service users involved in the review will agree actions with the review teams. These actions will be focused on the key issues and measurable.
- A process will be agreed whereby best practice will be shared across the Health Board.
- The review teams will assist with networking across the health board where they are aware similar issues have been addressed and resolved.
- Review teams will agree with service leader's timescales for re-reviewing, which will vary according to the nature of any issues and the scale.
- A formalised panel will be set up to oversee results and learning from peer reviews

Team level information needs

Alongside Health Board wide information about quality, each senior management team across the organisation will have additional information needs that reflects the care they provide and deliver. Dashboards with key quality indicators available to senior team members. They will be trained and informed understanding of the quality of care they are providing.

Individuals working in clinical teams providing NHS services are at the frontline of ensuring quality of care to patients. Many of our frontline staff work within a framework of professional regulation that makes them personally accountable for the quality and safety of care they provide to individual patients.

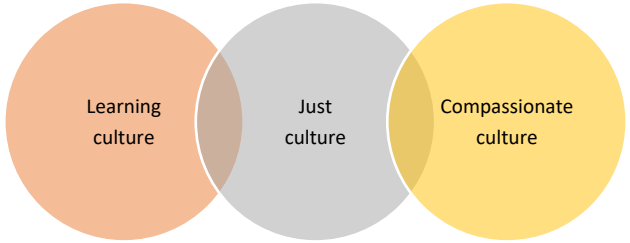
The tools used to support quality control and assurance should ensure that the care provided by the health board is safe, timely, effective, efficient, equitable and patient-centred.

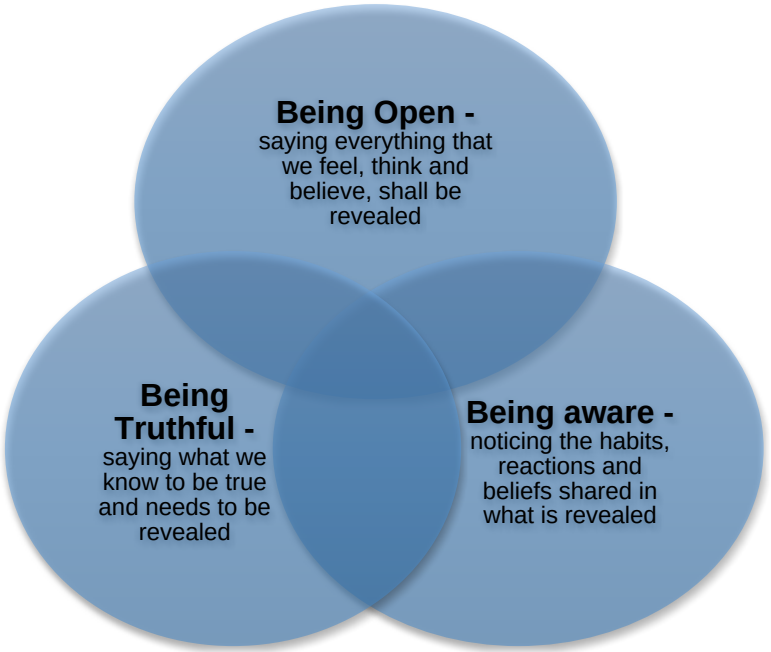


4. Underpinning our Quality Management System

4.1 Leadership, culture, enablement and delivering on our duty of candor

For the QMS to be effective it needs to be underpinned by leadership, beliefs, attitudes, skills and behaviors that enable improvement, including how to work in complex systems, a focus on issue analysis and not blaming people, behaviors which recognise and celebrate success, including rewarding open sharing of problems and de-incentivising behaviors which cover up problem, coaching and compassionate leadership.





In this context, culture is the product of individual and group, attitudes, competencies, and behaviours that form a strong foundation on which to build a quality service. We will demonstrate active listening to truly understand the views of our staff, patients and loved ones using our services. When concerns are raised about aspects of quality of care, i.e. safety.

Enabling families and communities to become equal partners in all aspects of quality this will be achieved by building processes and culture within the organisation which supports co-design and co-production. Staff at all levels within our organisation will be supported to gain the knowledge, skills and time to engage in the work of quality planning, improvement and control at a level commensurate with their role.

4.2 Our Quality Management System: we all have a part to play

Manager / Team leader ➢ Planning – I am part of planning and commission services and put the structure and processes in place ➢ Assurance – I help make sense of the data and address gaps against standards ➢ Control – I am transparent about performance and empower the team to act on small problems ➢ Improvement – I facilitate identifying the area for change and remove barriers to team participation.
Team member ➢ Assurance – I participate in audits, inspections and learning lessons ➢ Control – I listen to feedback from our service users, use our quality dashboards, meet standards and flag and solve daily issues ➢ Improvement – I communicate my view on the area to change and help generate and implement ideas.
Consultant / Senior clinician ➢ Planning – I identify the optimal service model to meet the need from evidence and my expertise ➢ Assurance – I help identify and set standards the team operates to, and participate in assurance ➢ Control – I use the data to monitor how our team is performing, and take in and act of the feedback ➢ Improvement – I use my clinical and research knowledge to bring ideas and help a diverse team achieve.
Senior leader ➢ Planning – I contribute to the strategy and vision and help our teams and partners align their work ➢ Assurance – I ensure systems are in place to provide meaningful assurance to the Board and its committees ➢ Control – I monitor performance, regularly listen to staff and service users, and use data in decisions ➢ Improvement – I am a sponsor of innovation, helping prioritise and then challenging people to achieve.
Service user ➢ Planning – I have stories to contribute to identifying the need and how the service might best fit ➢ Assurance – I can be involved in understanding service standards and in service audits ➢ Control – I can feed back my experience in real time and subsequently ➢ Improvement – I can input into change, co-produce it, and feedback on whether the change is helpful.
Board member ➢ I am the critical friend across the four domains of the Quality Management System. I support, challenge, and give feedback.

5 The next steps in our QMS journey

Steps to improving governance

- Embed the business partner model between corporate functions and Directorates / localities
- Directorates to review their approach to quality governance to ensure it meets the agreed organisational approach (as recommended in the quality and governance internal audit.
- Consideration to be given as to how the governance within services and specialties is reported to Directorates.

Steps to demonstrating and ensuring quality

- Prepare for the Quality and Engagement Act coming into force in Spring 2023 and ensure that the duty of quality requirements are met;
- Continue EQIiP and ensure that projects meet organisational priorities
- Further develop the harms dashboard

Steps to getting better at knowing our outcomes

- Introduce a new management system to monitor implementation and compliance with NICE (National Institute for Clinical Excellence) and other national guidance
- Further develop the system that links the organisational risks and evidence through triangulation of data (Harms Dashboard)
- Develop key outcome measures through use of PREMs & PROMS

Steps to getting better at being a learning organisation

- Listen to patient stories and experiences and identify new areas for improvement;
- Listen to staff stories and experiences and identify new areas for improvement;
- Encourage EQIiP graduates to continue to use their learning with new improvement projects;
- Develop a portal for sharing learning from improvement projects, lessons learnt from concerns, and patient / staff feedback etc.

Quality Management System

Patient Safety (Hywel Dda UHB - Assurance, Safety & Improvement)

Quality should be at the 'heart' of all aspects of healthcare and putting quality and patient safety above all else is one of the core values underpinning Hywel Dda University Health Board.

"...quality is defined as continuously, reliably, and sustainably meeting the needs of the population that we serve" Duty of Quality Statutory Guidance (gov.wales)

The overarching aim of the quality management system (QMS) strategic framework is to provide a system-wide approach to achieving quality of care in a way that secures continuous improvement.

Our Quality management system incorporates quality planning, quality control, quality assurance and quality improvement.
As a Health Board we are trying to bring each of these approaches together into a single quality system to meet our goals and improve care for our service users'

Quality should be at the 'heart' of all aspects of healthcare and putting quality and patient safety above all else is one of the core values underpinning the NHS in Wales. Poor quality care can also be costly in terms of harm, waste, and variation.

Quality care is not achieved by focusing on one or two aspects described below. High quality care encompasses all six aspects with equal importance being placed on each.

each.

Safe - Our health care system is a high quality, highly reliable and safe system that avoids preventable harm, maximising the things that go right and learning from when things go wrong to prevent them occurring again. People's health, safety and welfare are actively promoted and protected; risks are identified and monitored, where possible, risks to safety are reduced or prevented and this is delivered by appropriate numbers of suitably skilled workforce.

Timely - Our health care system ensures people have access to the high-quality advice, guidance and care they need quickly and easily, in the right place, first time. We care for those with the greatest health need first, and where treatment is identified as necessary, we treat people based on their identified and agreed clinical priority

Effective - Our health care system ensures decision-making, care and treatment reflects evidence-based best practice, to ensure that people receive the right care to achieve the optimal outcomes possible for them and that matter to them. We design transformative, evidenced-based, whole-of-life pathways that cover prevention, care and treatment, rehabilitation and embed these into local service delivery.

Efficient - Our health care system takes a value-based approach to improve outcomes that matter most to people in a way that is as sustainable as possible and avoids waste. We make the most effective use of resources to achieve best value in an efficient way. We only do what is needed and undertake treatments targeted at those likely to gain the most benefit, ensuring any interventions represent the best value that will improve outcomes for people

Equitable - Our health care system provides everyone with an equal opportunity to attain their full potential for a healthy life which does not vary in quality because of personal characteristics such as age, gender, sexual orientation, race, language preference, disability, religion or beliefs, socio-economic status or political affiliation; the organisation that provides care; or location where care is delivered. We embed equality and human rights in our health care system and promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time

Person-centred - Our health care system meets people's needs and ensures that their preferences, needs and values guide decision-making that is made in partnership between individuals and the workforce. We care about the well-being of individuals, their families, carers and our staff. We ensure that everyone is always treated with kindness, empathy and compassion and we respect their privacy, dignity and human rights. We are committed to working better together to put people and their families at the centre of decisions, seeing them as experts working alongside professionals to get the best outcome and experience.

Quality Planning | Quality Control | Quality Improvement

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Quality Planning

Quality Control

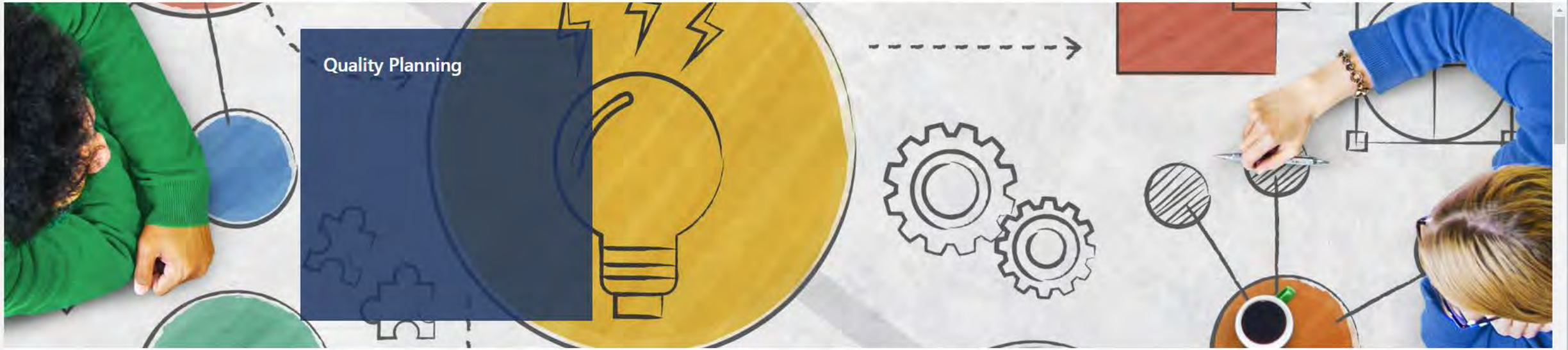
Quality Improvement

Our data

Our data

Improving Together

What is Improving Together?



As an organisation there is a requirement for us to understand our priorities for improvement and design our appropriate interventions. To do this we need to understand need and assets from the population perspective, identify the gap in what is provided and identify the priorities for redesign and continuous improvement, it is also important that we understand the contributory factors of issues feeding from quality control.

The Board have set 6 strategic objectives with clear outcome measures – to support delivery of a QMS framework there is a requirement to ensure that these are understood by staff throughout the organisation. This will allow grass root staff to focus on those issues which are meaningful to them and the services their provide for their population needs. By planning and identifying priorities in this way each service will be able to identify gaps, set clear priorities and goals for improvement and as such support the planning for quality of their services for their individual population needs.

Quality Control

Quality control is the process we use that seeks to ensure that the services we provide are delivered to a high-quality standard and that this standard is maintained and improved upon over time. To achieve this, there is a requirement to embed mechanisms into teams/services so they can detect variation from agreed standards/desired quality. This will be achieved by setting measurable standards which are based on identified priorities within the planning cycle. There is a requirement to monitor these in real time as well as over time.

There will be an expectation that each service/Directorate will have access to robust quality data aligned to their key improvement measures, which is analysed to identify gaps and any areas of improvement and will drive the quality agenda. To deliver on quality control, the Board is committed to developing systems and processes which are measurable this will be achieved by:

- Having fit for purpose quality dashboards, with measurable quality outcomes accessible at board and service level.

To support continuous improvement, we will ensure that staff and teams have the skills to improve what is in their control and escalate those issues that aren't (microsystem improvement). We are also committed to support Systems which enable the spread of learning to ensure adaptation for local context. 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.

What does Quality Improvement mean?

It's the generation and implementation of

When should I consider its use?

When we need to resolve enduring control issues that matter most to the delivery of a

Caution

Quality improvement requires time and effort. Only utilise it for complex problems focused on