Quality Improvement Strategy

The Board’s Strategic Implementation Plan
2014 – 2017

Approved at Betsi Cadwaladr University Health Board on

Following approval at the Board, there are some minor amendments to be made to this Strategy document, and the final version will be uploaded by the end of September.
Putting Patients First – A Quality Improvement Strategy (QIS)

Foreword by the Chair and Chief Executive of Betsi Cadwaladr University Health Board

Our purpose at Betsi Cadwaladr University Health Board is to improve health and provide excellent care to the people of North Wales. We take this responsibility very seriously. We are determined to work together with patients, families, carers and communities to put the physical and mental wellbeing of our population at the heart of everything we do. Working with primary care and in partnership with others - including local authorities and the voluntary sector - is vital if we are to provide more care nearer to patients’ homes and away from hospitals. We are committed to strengthening these relationships to ensure that we meet the needs of all, and in particular those who are most vulnerable.

It is of paramount importance to us that all those in our care are treated with compassion and dignity and that their individual needs are met, whether at home, in the community or in hospital.

We know that some people may have concerns about standards of hospital care, following the publication of a number of highly critical reports locally, nationally and across the UK about failings in care.

We acknowledge the challenges facing all NHS organisations, including our own, which is why it is so important to be open and honest about what patients can expect from our services.

We have been listening carefully to patients, staff and partners about what needs to improve and those views have been brought together to shape the clear objectives that we have set for improvement.

This strategy sets out how we will provide safe, high quality care for everyone we treat over the next three years. It describes our current position – what we are doing well, and where we need to improve – and sets out the range of actions we are taking to make those improvements.

It will guide all of our planning and development. Our activity will be measured and evaluated against it, so that we can benchmark progress and identify areas of performance that do not meet our high standards and take steps to improve.

Dr Peter Higson
Chairman

Prof Trevor G Purt
Chief Executive
Section 1: Bringing Clarity to Quality

Developing a confidence in caring is the essence of what this Quality Improvement Strategy (QIS) sets out to achieve with a clear intention to keep the patient focus at the heart of all areas of improvement. To support the Strategy the Health Board have established a range of tools and principles by which it will monitor and gain assurance about the Quality Improvements it aspires to achieve through its staff. These systems and processes are based on national best practice and result from some of the lessons learnt and shared following Francis, Keogh, Berwick and more recently the Andrews report (2014).

Within Wales, the Government’s NHS plan “Together for Health” sets out a bold programme for improving health and healthcare for the NHS in Wales to 2016 and beyond, so that:

- Health will be better for everyone
- Access and patient experience will be better
- Better service safety and quality will improve health outcomes

“Achieving Excellence - The Quality Delivery plan for the NHS in Wales (2012-2016)” sets out how the new quality improvement and assurance arrangements will operate on our journey to consistent excellence.

The first step on the journey for Betsi Cadwaladr University Health Board (BCUHB) to improve quality is to be clear and explicit about the standard of care patients and service users can expect. The Health Board acknowledges through this Strategy that whilst much of the care provided across BCUHB meets the required standards, and in many cases exceeds the agreed standard, regretfully however some aspects of care have not always met the expected or required standards of care. This has led to delays and omissions in care and to less than optimum care outcomes and poor patient experience.

A Strategy which establishes our ambitions for Quality Improvements

Implementation of our quality improvement strategy is our top priority – we know that improving the quality of our service lies at the heart of being a sustainable and successful Integrated Health Board. This will explicitly link with our operational three year plan to ensure focus on all elements of the Health Boards delivery plans.

In order for us to deliver this Strategy we must focus and improve all three dimensions of quality:

- The patient experience
- The safety of our services to improve health outcomes
- The quality of outcomes delivered through clinical excellence
Our Quality Improvement Strategy (QIS) is supported by explicit year on year objectives across these 3 domains to ensure that quality is everyone’s business within the Health Board and reflects our commitment to develop a seamless service for the population that we serve (QIS Document 3). We also know that being open with the public we serve is also essential if we are to build the confidence in our services.

As an illustration of our ambition and of the public facing nature of the challenge we are setting we have agreed a goal of reducing the level of in-hospital mortality over the period of the 3 year Quality Improvement Strategy. We believe this safety goal is a powerful and simple statement of intent. Over many years our Mortality rates has been higher than the national average. The new method of monitoring mortality rates is captured via the Risk Adjusted Mortality Index (RAMI).

This Strategy will outline objectives which will support safety in the care that we provide and will also contribute to a reduction in our mortality figures. As an Integrated Health Board we will focus equally on promoting health for our population. The Quality and Outcomes Framework (QOF) will be utilised to achieve quality improvements in care provided by General Practitioners. The areas within the QOF are included within our web site and the outcomes will be published annually (www.mylocalhealthservice.wales.gov.uk).

Continuing to use national guidelines and best practice tools, we will develop and enhance the care delivered within BCUHB and not only monitor the clinical outcomes but a range of service user experience feedback methods developed as a framework of best practice in caring for patients.

Section 2: Ensuring that Quality Drives our Agenda

Actively engaging patients, staff and other key stakeholders on Quality

In order to ensure that this Strategy was influenced by the public, patients and staff, an engagement process commenced in late 2013 and early 2014 with significant engagement and contribution to the development of this strategy. This included Quality Improvement drop in sessions and Quality Improvement Workshops.

In these engagement processes we asked patients and staff what was important to them in ensuring high quality services for all. Many of their views have been integrated into this Strategy.

A summary of the key themes that emerged from that engagement can be accessed on our website (www.bcu.wales.nhs.uk). We have also undertaken a number of processes to elicit staff views on the principle values of the organisation. Our ambition is to be described in 3 years time as a Health Board which operates according to an explicit set of values with all our partners in promoting health and delivering care. These are described as:

Put patients first
Work together
Value and respect each other
Learn and Innovate
Communicate openly and honestly

Vision for the future: Working together in an integrated way to promote a seamless service
We have, through a number of discussions across the Health Board and with our partners, outlined that we want to promote health and provide services which are patient focused, with service user/patients at the centre of everything we do. In essence, care delivered in the right place, at the right time, by the right individuals. We will consider how we promote the health of our population and deliver care in the many and varied settings across the Integrated Health Board.

We are clear however, that Quality drives our agenda and in doing so have asked the following question:

“What would it take for all patients/service users to say this about our hospital or about the primary care services we provide and share this with their friends and family?”

**Quote regarding exceptional care**

“I just want to say “Thank you” to all the staff at the hospital who looked after me so well recently. Both the Consultant Radiologist, his theatre staff and the nurses on the ward showed that staff in the NHS have very high professional standards and care about the patients in their care. As far as I am concerned, having excellent health care when you need it is something we all need to cherish”

We aspire to ensure that every service user/patient and visitor contact with us at any time of the day or night is memorable for all the right reasons and not just meets but exceeds the individual’s expectations and preferences. Whether the contact is by telephone or in person, if someone is simply seeking advice, visiting a loved one, or attending one of our clinics or wards for care and treatment, they will experience the highest quality of care or service from every single member of staff and at every stage of their personal journey or contact. Within Wales a clear marker for quality of services and care provided will be the support to facilitate communication in the Welsh or English language supported by bilingual messages at each point of contact.

The key building blocks to achieve this vision and the improvement goals set out below are for services to strive for improvements in promoting the health of the population of North Wales and the three dimensions of:

- Patient/service user experience
- Clinical effectiveness
- High levels of patient safety

**How will we improve and by how much**

We predict that through the development and implementation of the Quality Improvement Strategy, and by identifying ambitious annual clinical services “Quality Development Plans”, we will achieve further improvements in clinical quality and patient safety over the next three years.

The Quality Improvement Strategy is our leading Strategy and will work in conjunction with the Operational three year plan and is supported by:

- Workforce & Organisational Development Strategy
- Mwy Na Geiriau (Welsh Language requirements)
- Together for Health Plans
- Framework for delivering Integrated Health and Social Care
- Local Public Health Strategic Framework
Together for Mental Health

The Health Board is confident that the three year Quality Improvement Strategy will deliver the following high-level improvement and performance goals by 2017.

**Continue to identify and implement initiatives to support General Medical Services (GMS) in recruiting and retaining staff to enable safe and sustainable delivery of services. As evidenced by**

- Commissioning and providing more services outside hospital settings in primary and community care, e.g.
  - Further roll-out of Enhanced Care to all BCUHB localities
  - Increase services within Community Pharmacies
  - Increase Optometric services in line with the BCUHB Eye Care Plan
- Fulfil the 2014/15 requirements of the BCUHB Local Oral Health Plan
- Development of Primary Care Resource Centres e.g.: Flint, Llangollen. Community Hospital development in Tywyn.

Achieving ongoing improvements in patient /service user experience with the aim of:

**“Getting it right first time, every time, for all our service users, outpatients and inpatients”**

**As evidenced by:**

- Real time service user / patient feedback being in top **20%** performance with clear actions demonstrated on the top 5 areas where experience is not optimal and to make those improvements whilst patients are still in our care
- Meet Welsh Government minimum national cleaning standards and exceed them
- **90%** of inpatients and outpatients rate their care as “excellent” overall
- **90%** inpatient and outpatient care delivery will be able to demonstrate patient and carer involvement in decisions and care delivery

Being able to demonstrate clinical effectiveness through improved patient outcomes by 2017 as evidenced by:

**Scheduled Care:**

- Achieve comparable national best practice clinical outcomes consistently across all services
- Ensure a **100%** of all patients achieve their Welsh national waiting and access times
- Delivery of the 31 day standard (**98**) and 62 day (**95**) standard referral to treatment for Cancer patients

**Unscheduled Care:**

- Eradication of over 12 hour waits within all hospital emergency care facilities (A&E)
- Eradication of Ambulance waits of longer than 1hr (turnaround time)
- **95%** of patients spend less than 4 hours in all hospital emergency care facilities from arrival until admission, transfer or discharge
- Being reviewed by a specialist within 1 hour of request
- If decision to admit then admission to a bed within 4 hours

**Achieving high levels of patient safety by 2017 evidenced by a reduction in patient mortality rates**

**Supported and underpinned by:**
• Elimination of ‘avoidable’ hospital acquired pressure ulcers at grade 3 and 4 by 2017
• 80% reduction of inpatient falls resulting in harm by 2017
• Mandatory reporting is in place for *Meticillin-resistant Staphylococcus aureus* (MRSA) bacteraemia, *Meticillin-sensitive Staphylococcus aureus* (MSSA) and *Clostridium difficile* and the Incidence and prevalence will be reduced in line with national targets and to exceed national target in the 3 year period
• 100% compliance of WHO safer surgery checklists (2014/15)

**Section 3: An Integrated Framework for Quality and Service Transformation**

The Quality Improvement Strategy will engage all services and staff in developing community, primary care, specialist and acute / tertiary care which is patient centred, safe and effective, while also ensuring that efficiency, equity and timeliness are embedded within the service improvement and changes we make.

**The Health Board and clinical teams being sufficiently aware of potential risks to Quality**

Over the last year, BCUHB have recognised the need to make improvements across a range of clinical, patient experience, service delivery and financial indicators. The need to develop a robust framework for change is very real and we have undertaken significant work to place quality and safety at the heart of our discussions and actions. This increased awareness of quality and safety is demonstrated through the development of a balanced score card approach from clinical teams, wards and departments to the Health Board, raising expectations of clinical managers and leaders, for example making falls and pressure ulcers unacceptable rather than inevitable. These balanced score cards / dashboards will be developed for clinical teams and services in all areas across BCUHB. Throughout the organisation, we recognise the need to build on this work and to ensure that our performance monitoring is robust, consistently safe and effective.

**Maintaining and measuring national minimum quality standards**

Whilst the primary focus of the strategy is a three year improvement agenda to identify, develop and deliver best practice and innovation, it is equally important that the Health Board achieves and maintains excellent performance against minimum national standards such as the Standards for Healthcare in Wales, the Fundamentals of Care, National Tier 1 and Tier 2 targets, Risk Management Standards and other external inspection or accreditation schemes.

**Building on our current quality performance**

We will focus on addressing the known issues that are a cause of concern for our patients as part of our commitment to continuous improvements in Quality as follows:

• Getting it right first time / first contact in patient pathways
• Consistent and effective Communication - care and compassion
• Providing information at each stage of the pathway
• Consistent clinical standards and practice - safe care
• Strong performance management if care falls below the required standard
• Way finding (sign posts to hospitals, clinics, wards and departments)
• Access and booking
• Cancelled operations
• Patient transport
• Timely and transparent response to serious incidents and complaints

Staff and patient representatives contributing to this Strategy have outlined their concerns about the approach and communication from staff on the front line which they feel has led to a lack of consistency in care delivery.
They have outlined that:

- Verbal and written communication must be a priority for improvement so that the individual needs of the service user / patient are core to how we professionally communicate as individuals and within clinical teams.
- They have emphasised the importance of the role of the ward / community team manager and Matron in supervising care delivery but importantly to be a strong and visible leader with whom patients and carers can easily discuss any concerns and improvements made where required.
- A need for greater focus on all the interlinking dimensions to quality, through clinical leadership and performance management.

**Building a Quality Framework**

Demonstrating the Health Board's commitment to learning from National Inquiry's and reports, adopting the UK national "Quality Governance Framework" will be key to the success of this Quality Improvement Strategy.

The headings within this Strategy are taken from that Framework and have been used in discussion within the Quality Improvement Workshops and engagement sessions across BCUHB as well as with clinical leaders to consider how they monitor the effectiveness of our governance arrangements. This will provide a Board Assurance checklist for Quality for the Health Board and for any external body reviewing care provision in our services. Monitoring the evidence provided against that framework will form a key performance measure for the Board and for Clinical services across the integrated areas within BCUHB. The baseline framework will be formally adopted by the Health Board when it approves this Strategy and a Board level assessment against this framework will be required annually over the three years of the Strategy.

The Health Board has a small number of formal Committees to provide strategic assurance on all matters relating to its business. The key formal committee to support the Board assurance on quality improvement will be the Quality and Safety Committee which is chaired by an Independent Member.

This Committee has a new Executive Group to support its work which is called the Quality Assurance Executive and this forum consists of our top clinical leaders and receives a range of working group / committee feedback on quality issues which require detailed consideration. This group then provides assurance to the Quality and Safety Committee or escalates issues of clinical / quality concern.

Ward to Board measures (clinical dashboards) have been developed to provide both granular and high level information relating to quality performance and this principal method will be expanded over the period of the Strategy to cover all clinical areas. This will provide a very clear line from the point of care to the Health Board and enable positive outcomes to be celebrated or poor outcomes on specific standards to be integrated into clear actions for improvement. The results from these clinical dashboards will be provided at each ward / department and team location for public view and for discussion with patients and their families and carers.
Prudent Health Care

Nationally within the UK it has been recognised that there is a potential gap between resources required and resources available. The Health Board recognise through this Strategy that:

At present there is variation in the delivery of health interventions and of access to some health services, with many opportunities to significantly improve quality

- A recognition that in many instances, improving quality can also reduce costs, for example, reducing rates of infection falls and pressure ulcers
- Acknowledgement that BCUHB is better at responding to ill health when it becomes a serious problem, rather than preventing deterioration in people’s health
- A recognition that new technologies can now support care at home or in the community which were previously the sole domain of specialised services in hospitals
- A recognition that there is duplication of some treatments or diagnostic processes, high levels of locum or temporary staff usage, and inconsistent value in how things are bought or procured
- A recognition that some of the opportunities for health, social care and third sector organisations to work together to streamline care are not being maximised
- A recognition that some of what BCUHB provides to patients is of low clinical benefit and that the focus must be on preventative services, delivering care and treatment that offers greater clinical benefits

The All Wales vision is of a triple aim of:

- Providing the highest possible quality and excellent experience
- Improving health outcomes
- Helping reduce inequalities

This means providing services that are safe, effective, accessible, affordable and sustainable - reducing harm, variation and waste. Getting high value from all our services, balancing the quality and financial context for BCUHB will be challenging, however, we are an integrated healthcare organisation and will need to robustly review the productivity of systems and processes as well as the wider opportunities with regard to health promotion and prevention to effectively use the available financial resources whilst making quality improvements. Clinical staff in front line care will need to work together to review the effectiveness of clinical procedures and their outcomes.

Clinicians should focus on doing the minimum necessary to benefit the patient, the over-prescribing of antibiotics is an example of treatment which in many cases makes little difference to the patient and has contributed to a build up of resistance to the drugs, which ultimately presents a risk to the health and well being of the individual and the population as a whole.

Patient advocates outline their frustrations about administration inefficiencies, with multiple appointment letters being sent to patients, or patients / service users feeling frustrated when trying to make contact with BCUHB about getting an appointment. They outline that poor telephone communication skills and occasional poor receptionist skills of front line staff add to their frustrations about waiting times and mask their overall experience of any good services they receive thereafter.
Our ambitions within this Strategy will be to support all our staff to maximise their contact with each and every patient / service user to ensure the best experience each and every time, no matter where that contact is (primary, community or acute care) and to make that contact count for both the positive experience of the service user / patient and to maximise any public health benefits from each contact.

Section 4: Ensuring the Board and Clinical Teams have the necessary leadership, skills and knowledge to deliver the quality agenda

BCUHB is committed to supporting staff to provide better services to our patients / service users and to support all staff to bring to life the Health Board’s core values.

The Contribution of the Workforce for Continuous Quality Improvement

The Quality Improvement Strategy recognises the significant contribution that a well-trained, motivated and supported workforce makes to delivering and achieving high quality care and services. It is well documented that changes and improvements which are owned and driven by an individual service or team are the ones which are most likely to be successful and sustained. When asked, patients frequently cite that not only the skills but also the empathy and friendliness demonstrated by the people looking after them are important and are what contribute significantly to their overall experience of care. The Strategy will escalate action to ensure that all staff have and demonstrate highly-developed customer care and communication skill and that each and every member of staff is supported with an annual appraisal, professional development plan and are able to attend the mandatory training required for safe and effective service delivery.

In the Strategy engagement process with staff and patients / carers, they identified the need for increased visibility of Matrons and senior nurses / Doctors and the Executive team in clinical areas alongside the need to recognise these clinical leaders. Over the period of this Strategy, further work will be undertaken on the visibility and competencies of health professionals to increase the confidence in care delivery and also the supervision of care delivery.

Ensuring clearly defined, well understood processes for escalating and resolving issues and managing performance

A range of national reviews (Francis (2010, 2013) Keogh (2013) Berwick (2013) and Andrews (2014) have identified a range of recommendations which need to be considered within the context of this Quality Improvement Strategy. Learning from within our own Health Board, including the joint Inspectorate Wales (HIW) and Wales Audit Office (WAO) report into Governance arrangements at BCUHB have been reflected within this Strategy. The Welsh response to Francis “Safe Care, Compassionate Care” outlines that the consistent delivery of safe, high quality care relies on contributions from a wide range of organisations, individuals and stakeholders. The Health Board need to be confident that truly compassionate care is skilled, competent and value-based that respects individual dignity.
The Chief Nursing Officer in the Welsh Government has undertaken significant work to support improvements in the Fundamentals of Care across Wales and the Older People’s Commissioner for Wales has defined the standards expected to ensure that dignity and compassion are delivered through the staff working in health and social care services in Wales. Nationally the General Medical Council have developed additional standards through which Doctors will be held accountable for optimising care delivery for all patients. These reaffirm their accountability for fundamental aspects of care such as tissue viability (prevention of pressure ulcers) and improving the nutritional status of patients. These principles are equally embedded within codes of practice for all Health Professionals.

Section 5  Shaping the Future

Promoting a quality focused culture throughout the Health Board

The Health Board has considered and reflected on external reports which have identified system and process failures and those concerns which have reflected negatively on the governance arrangements within the Board and resulted in some loss of public confidence.

With a renewed leadership team, and a strong determination to put things right, this Strategy provides a commitment to quality improvement, with BCUHB being very clear that this Strategy is the main priority for the Board. Other strategies put in place will underpin and support the overriding principle for quality improvement.

Any operational and financial planning within the 3 year planning process will need to make reference and consideration to the key principles of this Strategy and acknowledge the governance systems and processes this Strategy proposes to safeguard the quality of the services at BCUHB. The following governance processes will underpin the Quality Improvement Strategy and will need to be integrated into the operational three year plan:

**Quality Governance Framework:** This nationally recognised framework will be used by the Board to review its Governance arrangements. The Quality and Safety Committee will provide a summary Quality Governance Framework self-assessment on an annual basis and this will be considered formally at the Health Board through the public section of the Board meeting.

**Quality Impact Assessments:** Described in section 6, this process will be formally monitored by the Quality Assurance Executive Committee who will then provide assurance to Quality and Safety Committee.

**Quality Development Plans:** The annual Clinical Quality Plans developed by each Clinical and Corporate team will underpin and implement the objectives from this Strategy as well as developing specialist level objectives for improvement. These plans will be monitored by the Quality Assurance Executive.

**Quality Performance Framework:** A range of clinical Indicators have been agreed by Executive Directors (Clinical Dashboard). A Quarterly formal meeting has been established where these clinical indicators from teams, wards and departments are reviewed by Chief Operating Officer, along with other Indicators. The actions required for improvement will be monitored closely and discussed with other Clinical Executive Directors.

**Annual Quality Statement:** Each year a prospective process will be established to gather the evidence to support the quality improvements identified within this Strategy. It will enable public
scrutiny against the aims of this Strategy and hold us to account with any quality improvements which we may fail to deliver.

By introducing these formal processes to safeguard the quality of services, this establishes a clear direction for BCUHB in our determination to improve services for the population that we serve. BCUHB will develop an outcome focus for all aspects of quality using the Annual Quality Statement to provide the annual publication of outcomes against the priorities established within this Strategy.

**Principles in implementing the Strategy aligned with specific Strategic Quality Objectives**

1. Detailed quality improvement objectives for patient experience, clinically effective and efficient care, and patient safety have been outlined in Document 2 of this Strategy and will be reviewed on an annual basis.

2. The Deputy Directors of Nursing, Assistant Directors (Medical, Nursing), Senior clinical leaders and team / ward / departmental managers will work with the Medical Director, Director of Nursing and Midwifery, Director of Therapies and Health Science and Executive team to ensure a multidisciplinary focus on continuous quality improvement.

3. Work within each Clinical Service service area will lead to the development of an annual Quality Development Plan (QDP), with a focus on areas which improve quality while reducing costs. GP Practice/ Community Pharmacy and Dental services will be monitored via PCSU where all 14 Locality will report progress against their Locality Action Plans. All of which will underpin this Strategy and enable the full implementation and benefits of this Strategy.

4. The operational three year plan submitted to Welsh Government will be required to make explicit reference to the Annual Quality Plans and the over-riding Quality Improvement Strategy. The annual business cycle will need to consider any component of the three year plan which may impact on the quality of care or services and appropriate Quality Impact Assessments formally undertaken and reviewed before being formalised by the Board.

5. The Health Board will continue Local Authority / third sector partnership approaches and work closely with the Community Health Council, so that patients and carers are consistently involved in service redesign, developing the approach to gaining patient experience feedback from outpatient areas, primary care, departments and wards. The Health Board will build on the methods of feedback and enhance the triangulation of themes and trends arising from those approaches.

6. As part of implementing the Quality Improvement Strategy we will investigate these themes further, using agreed patient feedback methodology including “Real Time” Monitoring to ask a high number of service users in primary care, outpatients and inpatients about their immediate experience of care and services. We will use a range of patient experience tools to enhance the trends and themes for improvement.

7. Quality improvements are relevant to all our services which include explicit Public Health priorities to ensure ongoing improvements in preventative and anticipatory care, in support of improving health gain, reducing health inequalities and keeping people out of hospital when it is clinically effective and appropriate to do so. We will publish the outcomes of the Health Board’s Quality metrics through Board and Committee reports.

8. Establish corporate public Quality Display Boards in clinical areas to share outcomes.
9. Action plans for improvement (where required) will be publically available to demonstrate actions being taken to ensure continuous quality improvements.

Metrics approach to care delivery – The Health Board’s approach to putting the public, patients / service users at the heart of our business

The Health Board recognises that Quality and Safety are core aspects of our business and that at least 25% of the Board agenda should be focused on quality and safety. In the principles of putting patients first, a patient story will be provided at the beginning of the Board Meeting and Quality and Safety Committee. This process ensures that the emotions of this story resonate whilst the core business continues. The following methods to reviewing care will provide a metrics approach for Departments / wards / centres / primary care teams and corporate committee’s to evaluate quality care provision and performance. This builds on the soft and hard intelligence outlined in the Francis Report (2010, 2013) and Keogh (2013).

Primary care methods

1. GP / Dental / Community Pharmacy Contractor Quality Assurance Visiting programme (QAVP)

The Quality Assurance Visiting Programme (QAVP) is the mechanism by which, the Primary Care Support Unit (PSCU) will be gaining assurance and providing support and guidance to independent contractors. The GP programme was commenced on the 27th March 2014 and during 2014/15 the Dental and Community Pharmacy programmes will commence.

To support and underpin the new QVAP programme a practice risk profile has been created as a means of collating intelligence about GP, Dental and Community Pharmacy contractors/practices in the areas of: contracting, clinical governance, finance and medicines management. The purpose of the practice risk profile is to assist PSCU staff in monitoring where risks and concerns have been highlighted and to assist in deciding the level and frequency of QAVP visit the contractor requires.

The QAVP for each stream is planned to follow the same format with two levels of visit dependent on the current risk status of the contractor:

- A level 1 visit is classed as a ‘rapid review’ and will be completed for practices identified as a low or moderate risk for who a detailed in-depth multi-disciplinary team visit is not required. The visit will be completed by members of the clinical governance team and contracting team, who will use an assessment tool to identify where the contractor / practice is compliant, partially compliant or non-compliant against a set of criteria.

- A level 2 visit is classed as a comprehensive team visit which may include an Assistant Medical Director, Medicines Management Pharmacist, Practice Development Nurse, Head of Clinical Governance, Head of Contracting PCSU, Dental Advisor and Dental nurse depending on the stream visit being completed. The visit will be a more detailed review of the practice; key risks which have been identified prior to the visit and any areas the team consider need to be reviewed.

2. Utilisation of the All Wales Clinical Governance Practice Assessment tool for GP’s.

In addition to the rolling programme of visits, practices are requested to annually complete the All Wales Clinical Governance Practice Self Assessment Tool (CGPSAT). This is an essential part of the quality assurance of contractual requirements and completion of the tool could also support GPs in their appraisal and revalidation processes.
The Clinical Governance Practice Self Assessment Toolkit (CGPSAT) is designed to encourage general practices to reflect and assess the governance systems they have in place in order to facilitate the delivery of safe and effective clinical practice. The Public Health Wales Primary Care Quality and Information Service developed the tool which is designed to measure improvement over time from 2010.

**Inpatient care methods (Community Hospitals and District General Hospitals)**

**Planned “Observations of Care”:** Two representatives from pre-agreed teams will undertake an Observations of care within a clinic / ward / department (ie Board members, corporate nursing team, senior managers / matrons / Community Health Council / volunteers) with immediate verbal feedback to clinical staff. Written feedback to the relevant Clinical Services as well as a high level summary will be provided to the Quality and Safety Committee through the Patient Experience report.

**Frequency:** This method would be planned into monthly programme and known to the clinical area or team.

**Patient Stories and Patient Diaries:** Recruiting patients at the beginning of their patient pathway either through Primary Care, outpatients or inpatient to share their story with us or use a diary to record all aspects of their care will be a core part of our improvement programme. Both processes will be used to evaluate and improve care delivery. This will involve the Community Health Council, patient representatives and volunteers who would receive training on these principles as well as the “Putting Things Right” Corporate Team, Corporate Nursing Team and Matrons. The themes from these stories will be triangulated with complaints and real time patient feedback and fed back to primary care teams, wards and departments within each Clinical Programme Group and corporately collated so that emerging trends and themes for improvement are clear.

**Frequency:** Ongoing prospective process where CPG’s and PCSU would agree process for supporting the implementation and utilisation of these methods

**Themed Patient Panel Reviews:** When trends or themes appear, the Health Board will establish comprehensive panel reviews into those issues resulting in an internal report for consideration by the Quality Assurance Executive Group, Quality and Safety Committee and Board when required. This will involve patient experience representatives, Community Health Council, Corporate Nursing Team, Clinical Matrons and Commissioners / Education providers.

**Frequency:** As themes identified from formal Committees or Corporate reports

**Point of Care to Board Review:** Core clinical (patient sensitive) indicators have been agreed for ongoing review for the effectiveness of care delivery within any Inpatient ward (Community Hospitals or District General Hospital ) and to identify trends and themes in key quality outcomes. The information will be gathered and shared by ward managers, Matrons, senior nurses.

**Frequency:** Monthly planned and prospective ongoing programme.

**Real time patient feedback:** Using the All Wales Service User Questionnaire and through Health Board templates which have been designed to ask core open questions from patients during their inpatient stay, outpatient, A&E or maternity consultations, we will elicit real time feedback and enable prospective improvements to be made. We will work with Mental Health colleagues, GP’s, Practice Nurses, Health Visitors, Therapists and Community Nursing teams to develop tools within Primary Care which can provide patient / service user feedback from all stage of the patient's pathway. These methods will be utilised monthly which will reflect the progress being made on areas of improvement from the annual patient surveys and also the top themes of concern from complaints and real time patient feedback. Team leaders, ward managers, service area clinical matrons, CHC members, “Putting Things Right” team and the corporate nursing team will be involved.
**Frequency**: Monthly planned and prospective ongoing programme.

**Quality Performance Reviews**: Clinical services / teams will all have a Quality Performance Review of these indicators as part of their core governance performance meetings. To maintain an overview of the overall and individual clinical service performance, the Chief Operating Officer will lead a Quarterly review of all measures that demonstrate active performance towards quality and operational improvements.

This has a clear escalation process to the Director of Nursing and Midwifery when improvements are not made within agreed timescales and active performance management.

**Frequency**: Monthly Planned and prospective ongoing programme.

**Patient Environment Action Teams (PEAT) Inspections**: A monthly review of patient environments to ensure that cleanliness, estate and facility issues are picked up and improved. This could involve patient representatives, CHC members, Volunteers, Corporate nursing team, facilities, Infection Control Team, Health and Safety representatives and Estates.

**Frequency**: Monthly Planned and prospective ongoing programme.

**Patient Safety Walk rounds**: The Wales 1000+ collaborative developed “1000 lives Safety walk rounds” to review care delivered in wards and departments. A tool is available which enables Executive Directors and Independent Members to meet with staff teams to discuss care delivery, the concerns about care delivery and discuss and agree support to progress. These will always be announced and a summary of discussions and agreed actions will be fed back to the department, Executive Team and Quality Assurance Executive Committee.

**Frequency**: Monthly Planned and prospective ongoing programme.

**Unannounced Ward and Department Reviews**: We will undertake unannounced quality reviews which will include the use of a Quality Assurance check list and established metrics outcomes for review. This could result in positive assurance and feedback to staff or may indicate a number of improvement actions which may need to be implemented. The ward, department or team will have an opportunity to present quality improvement work already being undertaken and other actions which are being worked through. In the absence of these assurances the Clinical areas/services will be required to develop a Quality Improvement Framework to support the ward / department or team to make the required quality improvements.

**Frequency**: As and when required.

**Quality Improvement Framework (QIF)**: QIF is a process where a level of concern has been raised through the designated quality metrics or unannounced quality checks. The clinical team will be supported to make the quality improvements which have been identified (through the range of soft and hard intelligence) and a formal meeting with the team and their Clinical service representatives convened.

A bespoke quality support programme specific to each team will be identified and agreed with supervisory colleagues with an identified corporate quality lead. Support for the team will be identified depending on the quality issues of concern, this may be leadership support, support from educational partners regarding practice development and other senior health professionals and this support will be provided within an agreed detailed timescale.

Routinely the team will have a remedial action plan and assurance provided through regular quality reviews. The quality monitoring process whilst on the QIF will include patient or carer representation, CHC members and education providers in conjunction with senior health professionals.

**Frequency**: As and when required.
**Quality Assurance Executive:** This is a new group established to provide a forum for Clinical Executive Directors, Clinical leaders, Deputy Directors of Nursing and Medical Directors as well as safety leads to come together to focus on the quality and safety issues which are a priority within the Health Board. Their advice and assurance to the formal Quality and Safety Committee of the Health Board is seen as an essential component of this Strategy’s success.

**Quality and Safety Committee:** This a formal committee established by the Health Board to review all quality and Safety issues in relation to performance. The Committee will receive assurance from the Quality Assurance Executive who will identify trends and themes of issues within care delivery and raise any concerns with the Committee as well as recommendations for action.

**Executive Directors - Clinical Profile and Support Roles:** The Executive Directors who are clinicians will be expected to undertake clinical time with front line teams and ensure clear clinical leadership as well as clinical credibility. The corporate nursing and medical teams will also support this approach with agreed clinical sessions built into their job planning.

**Section 6: Providing clarity of roles and accountabilities in relation to Quality Governance**

**Integrating Quality into the annual plans**

The development of an annual ‘Quality Development Plan’ will set out clear objectives and milestones for delivery for each of the quality indicators and underpin the implementation of this Strategy as well as expanding on specialist quality objectives not outlined within the main Strategy. Workforce measures will be developed at team and locality level to incorporate ‘team’ measures which will address staff-related quality issues, e.g. improved management of personal performance.

Each plan will clarify the governance arrangements and accountabilities for delivery of the plan and each team and locality will publish their quality outcomes each year. These Quality outcomes will be collated and published through our Annual Quality Statement where we will report our performance and progress in each of the Quality domains and set out the improvement priorities agreed by the Health Board for the forthcoming year as set out in this Strategy and updated accordingly.

**Identification and planning for Quality Innovation and Improvement**

The Health Board is an integrated organisation and where and when required, commissions other organisations to provide care (specialist or independent services). Current contracts which formally set out commissioning arrangements will be strengthened with regards to the quality outcomes and measures used to monitor quality. Each organisation providing care on behalf of BCUHB will be expected to develop a Quality Development Plan based on the key performance indicators defined within the contract. The consequences of not meeting the defined quality improvements will be set out formally within each contract and will be renewed on an annual basis.
Quality Alignment to Business and Financial Plans

The annual Quality Development Plan will be developed alongside the business planning process each year. The principles of this Strategy would advocate utilising a Quality Impact Assessment process to ensure that:

- All plans support the strategic objectives of the Health Board
- Business and financial plans will not be to the detriment of clinical quality, more likely they will enhance the care we offer
- Plans will not stifle innovation. More likely they will support our clinical teams in pushing the boundaries of excellent productive clinical care
- Planning will take into account key risks highlighted through the Health Board’s corporate risk register

Aligning the Vision for Quality with Audit, Research and Innovation

Internationally, the highest quality of care and the best outcomes are found in hospital and teams that have developed a strong audit and research mission. The evidence shows that this is because patient care is improved by participation in clinical trials and the benefits accrued by the application of clinical innovation and the most advanced surgical and medical techniques. The BCUHB has a Clinical Audit and Effectiveness Group chaired by the Director of Therapies and Health Science. A number of other groups report to this including the Clinical Audit Group which is chaired by a Consultant. There is an annual Clinical Audit plan, which includes all of the audits specified nationally as well as corporate clinical audits which have been identified through Ombudsman reports, concerns, trends and themes. Repeating clinical audits once improvements have been made is a key part of the improvement process to underpin this Strategy. The Quality Assurance Executive and the Quality and Safety Committee will closely monitor the reports it receives from clinical audit.

Aligning the Vision for Quality with Front Line Staff

The Health Board is operating in a period of unprecedented change and delivering our quality vision will require exceptional leadership. The Board’s Leadership and Management Development Strategy ‘Pinnacle...Reach New Heights’ identifies how the organisation will support leaders to develop an innovative organisation that drives change across the health economy through leadership from every seat in the organisation. We expect our leaders to deliver our vision through demonstrating the highest standards of integrity, honesty and transparency through:

- Placing the service user / patient at the centre of everything we do
- Promoting a culture of meaningful engagement at all levels of the organisation
- Inspiring the delivery of our vision and strategic commitments to deliver quality improvement through innovation and change
- Creating effective teams within and across departments
- Working in partnership with key stakeholders and partners
National drivers supporting our leadership and management development initiatives are the Workforce and Organisational Development Framework – ‘Working Differently-Working Together'; Improving Quality Together Framework; the new Healthcare Leadership Framework and the All Wales Management Competency Framework.

Established local leadership and management development initiatives within the Health Board which will support Quality Improvement include:

- Consultant Foundation Programme – aimed at newly appointed Consultants
- Senior Medical Leadership Programme – aimed at experienced senior clinicians such as Clinical Directors, Chiefs of Staff and aspiring Clinical Directors / Chiefs of Staff
- Supporting You Modules – offer a variety of people management training such as Sickness Management, Conducting Effective Appraisals, Stress Management and Recruitment
- Bespoke Leadership Programmes – offered to Clinical Programme Groups which are tailored specifically for their service needs
- Institute of Leadership and Management Programmes - offered at Levels 2, 3 and 5
- Developing Team Based Working utilising the Aston Model – developing Team Coaches to support the development of Team Based Working throughout the organisation with a focus on Locality teams, Unscheduled Care teams and teams involved with care of the Older Person.
- Access to the NHS Leadership Academy.

Quality delivery through front line staff

The Nursing and Midwifery Council Code, General Medical Council, Health Care Professions Council and the General Pharmaceutical Council have codes and standards which enshrine the expectation that all of their registrants will deliver high quality care, compassionate, safe and effective care as do all of the Clinical leaders in these fields who are responsible for the teams and individuals caring and treating patients.

The Health Board expects there to be an increasing focus on improving outcomes and experiences for the people who use their services, particularly safeguarding vulnerable and frail elderly and to ensure ‘Dignity in Care’.

We are resolute in protecting the rights of staff to speak out about poor care or workplace concerns. We will make it easier for staff to raise concerns about poor care or attitudes to patients or carers. There will be zero tolerance of direct threats to the physical safety of front line staff.

There is a clear corporate responsibility for care and the Health Board will work with its key clinical leaders and staff to ensure that lines of accountability in BCUHB are clear. The responsibility for quality and safety at the Board is currently with the Director of Nursing and Midwifery but it should be clear that the quality of care is also a corporate responsibility and everyone’s responsibility and not just enshrined in one Director.
The leadership exhibited by team leaders, ward sisters, senior health professionals and medical staff in BCUHB is pivotal. The strength of that leadership has an unambiguous link to the quality of care and the reputation of all professions, with the Health Board ensuring staff are provided with the time to care and be a visible presence to patients and their families / carers. The Health Board recognises leadership potential and will provide, in collaboration with universities and internal educational programmes, opportunities for leadership development.

To demonstrate this commitment we will be implementing a back to the floor programme for Matrons, Senior Nurses, Midwives, Allied Health Professionals (AHP) and Medics to ensure a consistent focus on front line care alongside a development programme in which a junior nurse, Dr, Midwife or Allied Health Professional representative could sit with the Quality and Safety Committee or the Health Board on a rotational basis. This will give staff at a junior level the opportunity to express new ideas to decision makers and to gain an understanding of the wider operation of an NHS organisation.

Section 7: Implementing the Quality Improvement Strategy

The Quality Improvement Strategy identifies four key interlinking and complementary organisational drivers, which when implemented will support achievement of the vision and the improvement goals set out in Section 2. These are driving development and implementation of:

- Leadership and culture for quality improvement
- Measurement for quality improvement
- Evidence-based interventions and proven best practice
- Workforce capability and skill for quality improvement

Effective high-performing organisations recognise the significance of quality and continuous quality improvement to achieving their strategic and core business goals and are successful in engaging and communicating this to all staff and to service users.

The Health Board will oversee implementation of the Quality Improvement Strategy. It will agree and articulate clear improvement goals, drive an improvement culture throughout the organisation, support effective clinical leadership and ensure and approve an infrastructure for strategy implementation.

The Board have authorised the Quality and Safety Committee to oversee the quality and safety agenda and this committee would therefore formally monitor the development and implementation of the annual quality development plans arising from this Strategy.
Section 8: Quality Information

Ensuring an appropriate review of quality Information

Measurement of Quality: The challenge set by “High Quality Care for All” (Dept of Health, 2008) was for healthcare organisations to be able to define, deliver and measure quality in the three dimensions of patient experience, safety and effectiveness and in all services and at every service level.

Meeting National Quality Standards and sharing that information provides assurance to patients, service users and the wider public that BCUHB is a safe and high-performing organisation with effective and robust clinical governance arrangements. The clinical indicators used in each team (point of care) to Board metrics will enhance the evidence provided against quality standards.

Robust Quality Information: Implementing the Quality Improvement Strategy across the Health Board will require consideration of investment in expertise and resources to enhance existing data capture, improve coding and support frontline staff to acquire new skills and expertise in using data to support quality improvement at team / ward and service level. This will be supported through the Workforce and Organisational Development Strategy as well as the IT and Informatics Strategy.

Section 9: Evidence-based interventions, implementing best practice and innovation in Quality and Safety

The Quality Improvement Strategy will require increased use of benchmarking and continued implementation of evidence-based safety interventions and recognised best practice to achieve excellent clinical outcomes for patients.

Having robust clinical services and teams driving their own clinical audit programmes will enable the Health Board to demonstrate the year on year improvements outlined in the Strategic Implementation Plan and the evidence required by the Quality and Safety Committee to provide assurance that the Quality Improvement Strategy is being implemented effectively.
Conclusion

Health Board commitment to Quality Improvement and Health promotion.

The Health Board approach to continuous improvement requires commitment, an inclusive approach and continuous review. The Board will utilise its Quality and Safety Committee to formally monitor the implementation of this Strategy and provide assurance to the Board.

A core component of this Strategy is to ensure that it represents the integrated nature of the Health Board and that sufficient focus is placed on the Public Health priorities, which will enable the Health Board’s programme of quality improvement to cover all aspects of prevention and health promotion in its Quality Improvement intentions.

The formal evaluation of this Strategy and the impact on quality improvements in care provision is essential for BCUHB. We will therefore continue to work with staff and service users to ensure that the full range of patient specific measures of care and experience are robust to provide transparent information for them. The ongoing involvement of our staff, patients representatives, CHC and patients and service users is not only important in reviewing care and evaluating patient experience but in prioritising clinical areas for improvement in each annual Quality Development Plan.

The Health Board will develop a programme of activity which will enable continuous involvement with all stakeholders.

The Health Board will encourage and promote innovation in quality and safety improvement at all levels and ensure achievements and successes (big and small) are recognised, rewarded and shared widely both internally and externally to the community, patients and partners.

The outcomes from the Quality Improvement Strategy will be produced in the Annual Quality Statements to be published each year in June.

Chair                                           Chief Executive

September 2014