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Bae Abertawe
Swansea Bay University
Health Board



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| Meeting Date | 26 January 2023 | Agenda Item | 2.1 |
| Report Title | Final Draft Quality Strategy | | |
| Report Author | Angharad Higgins, Interim Head of Quality and Safety Hazel Powell, Deputy Director of Nursing and Patient Experience | | |
| Report Sponsor | Gareth Howells, Director of Nursing and Patient Experience | | |
| Presented by | Gareth Howells, Director of Nursing and Patient Experience | | |
| Freedom of Information | Open | | |
| Purpose of the Report | For the Board to receive the final draft Quality Strategy for approval. | | |
| Key Issues | <p>The quality strategy is an important component of our quality management system.</p> <p>Development of the strategy follows a process of engagement and feedback across the organisation, with stakeholders and the Health Board.</p> <p>The strategy describes our vision and ambitions for quality for the coming five years and will be supported by an implementation plan, which will be presented by the Executive Director of Nursing and Patient Experience in April 2023.</p> | | |
| Specific Action Required <i>(please choose one only)</i> | Information | Discussion | Assurance |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input checked="" type="checkbox"/> |
| Recommendations | <p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the process of engagement undertaken to develop the strategy, which included engagement with Health Board members; • APPROVE the draft strategy and timescales for development of a supporting implementation plan; and • APPROVE the Executive Director of Nursing and Patient Experience as the executive lead for quality, who will take forward the implementation of the strategy within the Health Board | | |

Quality Strategy 2023-2028

1. INTRODUCTION

The purpose of this report is to share with Board the final draft quality strategy, following the update paper provided to the Health Board in September 2022.

The paper describes the process of engagement which was undertaken to support the development of the strategy and sets out the strategy's vision and ambitions for quality.

2. BACKGROUND

Duty of Quality

The Health Board has a Duty of Quality, set out in the Quality and Engagement Act (WG, Health and Social Care (Quality and Engagement) (Wales) Act, 2020) to

- *Achieve a system-wide approach to quality, that leads to improvements in the way we work*
- *Include quality in all the decisions we make*

To enable us to meet our responsibilities under the Duty of Quality we have put in place a quality management system with the following key elements

- Quality Strategy- setting out our vision, values and ambitions for quality
- Quality Management Framework- describing the systems and structures for delivering quality care
- Quality Improvement Framework- driving improvements at every level, through skills and infrastructure

Scope of the Quality Strategy

This strategy applies to all of our activities, in all of our care settings, including community services, primary care, secondary care, mental health and learning disability care and the care we deliver through commissioning services from others.

Our approach to quality will include, but not be limited to

- The effectiveness of our services for patients
- The safety of our services for patients
- The experience of people who need our services
- Clinical outcomes for our patients

Engagement

Engagement on this strategy commenced in Management Board on September 7th 2022 and concluded on December 30th 2022. During this time we engaged with staff through the following channels:

- an open access event for all staff
- workshops within the Quality Congress
- presentations to
 - each service group
 - Health Professionals Forum
 - Partnership Forum
 - Community Health Council
 - Independent members
 - Quality and Safety Committee

Themes emerging from this engagement have been reflected in the narrative and quality ambitions within the strategy.

Vision for Quality

Our vision for quality is to ***reignite our intrinsic commitment to delivery of excellent high quality care that exceeds patients and carers' expectations.***

In delivering this vision we will consider the aspect of quality described by the Institute of Medicine namely care that is

- Safe
- Effective
- Timely
- Efficient
- Equitable
- Person-centred

Quality Ambitions

Through the process of engagement we have identified four key quality ambitions, along with work-streams within these. Our quality ambitions are

- 1. Delivering safe and reliable care**
- 2. Being an organisation that our communities and patients are proud of**
- 3. Empowering staff to deliver high quality care**
- 4. Providing high quality accessible services, now and in the future**

Under each of these ambitions are improvement goals, which will be built into our implementation framework.

Quality Priorities

The strategy commits to delivery of the current quality priorities, until they have achieved their goals and are part of our 'business as usual,' as well as describing the principles by which we will agree future priorities, namely through

- holding regular conversations with our patients, communities, staff, contracted services and stakeholders

- reviewing concerns, incidents and near misses to understand where there may be preventable harm
- reviewing our risks and issues in relation to quality and safety
- considering any foreseeable changes or issues that might affect quality and safety
- assessing if we are the best organisation to take this work forward

Structures to Deliver

An implementation plan will be developed by March 1st 2023, describing how we will deliver this strategy. Monthly reports will then be provided to Quality and Safety Committee, describing progress against this plan and achievement of milestones.

A communication plan is also being developed to support socialising of the strategy amongst our teams and communities.

Next Steps

- Design and digitalisation of strategy is being undertaken by the Department of Insight, Communication and Engagement for completion by 28th February 2023
- Development of implementation plan for Management Board approval by 28th February 2023
- **Launch event 2nd March 2023**
- Communication plan development by 31st March 2023
- Monthly reporting to Quality and Safety Committee from 1st April 2023

3. GOVERNANCE AND RISK ISSUES

Quality governance systems have been reviewed across the organisation in order to support delivery of this strategy and these will be kept under review by the Chief Executive and Clinical Executives.

Risks to delivery of the quality strategy will be escalated through the Quality and Safety Group to Management Board and reported to Quality and Safety Committee who will assure themselves risks to delivery are robustly managed and effectively mitigated.

4. FINANCIAL IMPLICATIONS

There are no known financial implications arising from the strategy at this point, however actions within the implementation plan may result in additional resources being required to take forward the work needed.

5. RECOMMENDATION

Members are asked to:

- **NOTE** the process of engagement undertaken to develop the strategy, which included engagement with Health Board members;
- **APPROVE** the draft strategy and timescales for development of a supporting implementation plan; and
- **APPROVE** the Executive Director of Nursing and Patient Experience as the executive lead for quality, who will take forward the implementation of the strategy within the Health Board

| | | |
|---|---|-------------------------------------|
| Governance and Assurance | | |
| Link to Enabling Objectives (please choose) | Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities | |
| | Partnerships for Improving Health and Wellbeing | <input checked="" type="checkbox"/> |
| | Co-Production and Health Literacy | <input type="checkbox"/> |
| | Digitally Enabled Health and Wellbeing | <input type="checkbox"/> |
| | Deliver better care through excellent health and care services achieving the outcomes that matter most to people | |
| | Best Value Outcomes and High Quality Care | <input checked="" type="checkbox"/> |
| | Partnerships for Care | <input checked="" type="checkbox"/> |
| | Excellent Staff | <input checked="" type="checkbox"/> |
| | Digitally Enabled Care | <input type="checkbox"/> |
| | Outstanding Research, Innovation, Education and Learning | <input type="checkbox"/> |
| Health and Care Standards | | |
| (please choose) | Staying Healthy | <input checked="" type="checkbox"/> |
| | Safe Care | <input checked="" type="checkbox"/> |
| | Effective Care | <input checked="" type="checkbox"/> |
| | Dignified Care | <input checked="" type="checkbox"/> |
| | Timely Care | <input checked="" type="checkbox"/> |
| | Individual Care | <input checked="" type="checkbox"/> |
| | Staff and Resources | <input checked="" type="checkbox"/> |
| Quality, Safety and Patient Experience | | |
| The strategy sets out our vision and ambitions for improving the quality and safety of patient care and the experience of patients, families and our staff. | | |
| Financial Implications | | |
| There are no known financial implications arising from the strategy at this point, however actions within the implementation plan may result in additional resources being required to take forward the work needed. | | |
| Legal Implications (including equality and diversity assessment) | | |
| Equality impact assessments will be undertaken on individual elements of the implementation plan | | |
| Staffing Implications | | |
| No known staffing implications. | | |
| Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015) | | |
| <ul style="list-style-type: none"> ○ Long Term - The strategy describes our five year quality ambitions and within these stresses the importance of relationship between quality and sustainability. ○ Collaboration – the strategy notes the important role of partners in helping us to deliver high quality care. ○ Involvement – A patient engagement framework will be developed to sit alongside this strategy. This framework will describe new opportunities for patient and community involvement. | | |
| Report History | Health Board January 2023 | |
| Appendices | Appendix 1- Draft Quality Strategy | |



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Swansea Bay University
Health Board

Swansea Bay University Health Board's 5 year Quality Strategy

Contents

| | |
|---|----|
| Croeso/ Welcome | 6 |
| Our Values and Objectives | 7 |
| Our Vision for Quality | 7 |
| Our Values | 7 |
| Our Health Board Objectives | 8 |
| About Us | 9 |
| About the Health Board | 9 |
| Our Communities | 10 |
| Our Teams | 10 |
| Context and Scope | 11 |
| Duty of Quality | 11 |
| Scope of the Strategy | 12 |
| Links with other Strategies | 12 |
| Our Responsibilities for Quality | 13 |
| Engagement on the Strategy | 14 |
| How we developed our Quality Strategy | 14 |
| What we heard | 15 |
| Person-centred care | 15 |
| Diversity and inclusion | 15 |
| Culture | 15 |

| | |
|--|-----------|
| Governance Systems..... | 16 |
| Outcomes..... | 16 |
| People | 16 |
| Sustainability..... | 16 |
| What Quality Means to Us | 17 |
| Definitions of Quality | 17 |
| Dimensions of Quality..... | 17 |
| Governance Systems..... | 19 |
| Quality Management System..... | 19 |
| Four Elements of our High Quality Management System | 20 |
| Quality Assurance | 21 |
| Quality Control..... | 23 |
| Quality Planning..... | 24 |
| Quality Improvement..... | 24 |
| Our Quality Ambitions | 25 |
| 1. Delivering Safe and Reliable Care | 25 |
| Learning from patient safety incidents..... | 25 |
| Preventing Peri-operative Never Events..... | 27 |
| Medicines safety including at the point transfer of care (medicines optimisation)..... | 28 |
| Understanding, measuring and reducing patient mortality | 29 |
| Improving outcomes and learning from National audits, registries, confidential enquiries and PROMs | 31 |
| Using data and benchmarking intelligence to understand variation in outcomes..... | 32 |
| Creating new opportunities for patient and public involvement | 33 |

| | |
|--|-----------|
| Improving how we communicate with patients and their families | 36 |
| Improving the Experience of Patients and their Families | 38 |
| Meeting Diverse Needs | 40 |
| Welsh Language | 42 |
| Handling and resolving complaints effectively | 43 |
| Duty of Candour | 43 |
| 3. Empowered staff | 45 |
| Improving staff experience | 47 |
| 4. High Quality Accessible Services Now and In the Future | 50 |
| Cancelling Fewer Operations | 50 |
| Reduce Patient Waiting Times | 52 |
| Sustainability | 53 |
| Annual Quality Priorities | 54 |
| Health Board Wide Priorities | 54 |
| Service Group and Specialty Priorities | 55 |
| Future Priorities | 56 |
| Delivering this Strategy | 57 |
| Quality Framework | 57 |
| Communication Plan | 57 |
| Implementation Plan | 57 |
| Reporting progress | 58 |
| Working with Partners to Improve Quality | 58 |
| The Role of Digital Technology | 59 |

| | |
|--|----|
| Resources | 59 |
| Working together to innovate and improve | 60 |

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Croeso/ Welcome

Welcome to our new Quality Strategy which sets out our ambition and priorities for the next five years. The strategy has been developed after engagement with our staff and our communities to make sure we have a common vision for the future.

Like other Health Boards across the NHS in Wales, we are in a period of recovery following the Covid-19 pandemic, where we are rebuilding our services in a way that meets people's needs and is sustainable. We are doing this against a back drop of a society that is still healing from the impact of the pandemic and facing challenges with the cost of living. As we recover and reset, we need to build quality into all that we do so that we can provide the best care we can for our communities.

We are setting out our commitment to quality during these challenging times, so that our patients, our communities and our staff can know that improving quality is the most important thing for us in all that we do. We know that there is more that we need to do to provide high quality, improvement-focussed, person-centred care in an organisation where staff feel listened to, engaged, supported, have the freedom to act to do the right thing and are and safe to speak up with concerns. We want to learn from when things go wrong and when they go right so that we can provide the best possible care, every time.

Across our services we have excellent staff who work tirelessly to provide great care, people who have great ideas about how we can improve and want to make a difference. This strategy supports our staff to feel safe to speak up and to share both concerns and ideas about how we can make positive changes.

When we engaged with our staff and communities on this strategy people told us that having accessible, equitable and inclusive healthcare was a hallmark of quality for them. Making sure that we remove potential barriers and give everyone an opportunity to thrive is an important element of high quality care.

Technology has a key role to play in delivering this strategy. The past few years have shown how we can quickly introduce new ways of working that can be more effective and make our services more accessible. As we look to the future, we will seek out and embrace new ways of working more efficiently using digital solutions.

This strategy states our commitment to making changes to how we work, so that the quality of care we provide to our patients is at the heart of everything we do and that it states our confidence in our staff's ability to deliver this.

Our Values and Objectives

Our Vision for Quality

To reignite our intrinsic commitment to delivery of excellent high quality care that exceeds patient and carer expectations

Our Values

We have in place a set of three values which are established within the Health Board. These values were developed through engagement with patients, communities and staff. These are important to us and shape all that we do, every day. Our values are:

- **Working together**
- **Always improving**
- **Caring for each other**

These values will help to shape and drive forward improvements in quality and to support staff in being the best they can for our patients.

Our Health Board Objectives

This strategy supports achievement of the Health Boards' strategic objectives namely:

- **Delivering our responsibilities as an anchor institution and as part of the foundational economy** to improve population health and wellbeing and a greener, cleaner, fairer, more equal Swansea bay
- **One system of care** pathways of care beginning with the principle of home first
- **Better together** creating strong partnerships, delivering regional solutions, based on highly engaged approaches with the public, our patients and our staff
- **Right care right place** delivering care the maximises digital, technology and estate utilisation and innovative solutions
- **Prioritisation** reducing harm, improving quality and safety, delivering outcomes that matter to people. Delivering value and driving performance excellence
- **Workforce** prioritising wellbeing, operating within constraints, creating new innovative models and roles that prudently respond to health need
- **Building resilience** addressing short term challenges through long term sustainable solutions to enable recovery and future proof our services
- **Digital first and data driven** improving our quality, safety and productivity via digitally enabled improvement and exploiting opportunities of data and its analysis in all that we do
- **Responding to Covid** enabling escalation responses to be embedded into business continuity

Source: Recovery and Sustainability Plan 2021/22

About Us

About the Health Board

Swansea Bay University Health Board was created on April 1, 2019 and covers a population of around 390,000 in the Neath Port Talbot and Swansea areas, as well as supporting a contingent of 1 million people in South West Wales and beyond. We have a budget of around £1.4bn. The health board employs approximately 16,000 staff.



We have three major acute hospitals providing a range of services: Morriston and Singleton in Swansea, and Neath Port Talbot Hospital in Baglan, Port Talbot. We have a community hospital and primary care resource centres providing clinical services outside the main hospitals. Mental health and learning disabilities services are provided both in hospital and community settings.

Our regional services, provide care to patients from across South Wales and beyond, these services include the Welsh Centre for Burns and Plastics and Wales Fertility Institute.

Primary care independent contractors play an essential role in the care of our population and the health board commissions services from GPs, opticians, pharmacists and dentists across the area. We currently have 49 GP practices in our health board area, 72 dental practices including orthodontists, 31 optometry practices and 92 community pharmacies. Many of our patients live in care homes and we also utilise transitional beds for those awaiting a package of care. We also provide healthcare services for HMP Swansea.

We are proud to work with a range of third sector providers to provide the range of services that our patients need.

Our Communities

When we look at the quality of our care, it is important that we consider the needs of all of our population and what quality means to each them.

Swansea UHB provides services across urban, rural and industrial communities, including the City of Swansea, the towns of Neath, Pontardawe, the Swansea Valleys and the Port Talbot area.

We have populations with diverse linguistic and cultural needs, including Chinese, Bangladeshi and other Asian communities. Many international students attend Swansea University, with non-English speaking children being part of family groups within the University. Swansea was the first Welsh city to become a City of Sanctuary, a city which is committed to building a culture of welcome, especially for refugees seeking sanctuary from war and persecution.

The Welsh language is thriving within areas of Swansea UHB and 19.65% of our population aged 3 and over can speak Welsh (WG, June 2022).

There is a known link between socio-economic deprivation and health outcomes and as we deliver this strategy we will work to improve outcomes for our most disadvantaged communities.

Our Teams

We employ around 16,000 staff in a range of roles including technical scientists, midwives, portering, catering, therapists, nursing and medical staff, as well as the range of administrative roles that are needed to support the organisation. Volunteers play an important role in Swansea UHB, providing services that improve the quality of our patients' experience.

Many of our staff live in within the Swansea UHB area and the Health Board is the one that cares for them and their families and friends.

We are also fortunate to be supported by an overseas nursing workforce and by medical and other staff who have trained overseas. These individuals are important part of our workforce and our population.

Our relationship with Swansea University is important to us, both in the learning and research opportunities it provides our partnership to develop our healthcare workforce and in the valued contribution of students on placement with us.

Context and Scope

Duty of Quality

Swansea Bay University Health Board has a Duty of Quality, set out in the Quality and Engagement Act to (WG, Health and Social Care (Quality and Engagement) (Wales) Act, 2020)

- **Achieve a system-wide approach to quality, that leads to improvements in the way we work**
- **Include quality in all the decisions we make**

This means that in everything we do, from day to day decisions, to decisions that affect teams, services and the whole organisations, we have to make sure that we improve quality and outcomes for our patients.

Scope of the Strategy

This strategy applies to all of our activities, in all of our care settings, including community services, primary care, secondary care, mental health and learning disability care and the care we deliver through commissioning services from others.

The quality strategy sets out our ambitions for improving quality for the next five years, whilst also recognising that quality is a constantly moving target and research knowledge is ever-expanding. We have included improvement goals that we have identified as important to helping us to deliver this strategy. We recognise that there will be other goals we will need to work towards during the life of the strategy and these will be built into our implementation plan.

Our local health and social care economy is also likely to change significantly during the lifetime of this strategy as our Recovery and Sustainability Plan is implemented: we will need to review our ambitions at least annually so that they remain relevant and achievable.

Our approach to quality will include, but not be limited to

- The effectiveness of our services for patients
- The safety of our services for patients
- The experience of people who need our services
- The clinical outcomes for our patients

Links with other Strategies

We will build on existing strategic approaches as a platform for delivering more effective action aimed at preventing ill-health and supporting good health and well-being and addressing inequalities, this includes our duties under the Wellbeing of Future Generations Act and A Healthier Wales and the goals set out in our Swansea Bay HB Annual Plan.

Our Responsibilities for Quality

The Health Board Board's responsibilities in respect of quality are:

- To ensure that minimum standards of quality and the safety of our patients are being met by every service within the organisation;
- To ensure that the organisation is striving for continuous quality improvement and excellence in every service, and;
- To ensure that every member of staff is supported and empowered to deliver our vision for quality.

In discharging these responsibilities, the Board has an absolute commitment to the vision set out in this strategy and to ensuring quality-driven decision making at every level.

Engagement on the Strategy

How we developed our Quality Strategy

It is important that this strategy is real and meaningful to our staff and our communities and that it reflects what is important to them. ‘*Better Health, Better Care, Better Lives*’, the Health Board’s 2019-2030 strategy, has previously laid the groundwork for this strategy, committing the Health Board to addressing the aspects of care that matter most to our patients. These include improving the hospital environment, a focus on individual needs and ensuring that they achieve the best clinical outcomes possible for them.

In order to engage on our strategy we shared a draft version with staff from across the organisation and held events at team, service group and Health Board level to hear people's views. We also asked our partners, including the Community Health Council what quality looks like to them.

We are hugely grateful to everyone who engaged and helped us to shape our future direction. Throughout this document we will include speech bubbles representing some of what was said to us, so that you can see how we have responded. We have also summarised people's vision for quality in a word cloud which shows that equitable, patient centred, safe care is important to us all.



What we heard

We received excellent feedback on our strategy and some clear themes emerged, these have been taken into account in developing this strategy.

Person-centred care

- We need to work across organisations and systems to provide truly person-centred care
- Patients should be supported and encouraged to be engaged in their diagnosis, treatment, recovery and maintenance of their health
- Patient engagement in our service design and its operation and to constantly understand the experience of people we serve in order to continuously improve our care

Diversity and inclusion

- Staff and patients should be valued for who they are
- We need to understand and meet people's individual needs, including, but not limited to, those of language, culture, faith, sexuality, age and identity
- Our care should be accessible, which may mean working differently to meet people's needs

Culture

- Quality improvement needs to be embedded in all that we do, we need to empower staff to share ideas and make changes
- Staff need to feel safe in work and able to raise concerns
- Incidents and concerns should be used for learning, not to apportion blame and to have a culture of fairness and openness
- We need to be open and candid with our patients about the care we provide at all times
- Patients and the community have an important role to play in helping us look at the quality of our care
- Our reputation should match our culture, we want to be known as an organisation that is committed to high quality care and positive attitude of finding solutions instead of barriers
- Co-production will be embedded throughout Swansea Bay UHB and patients will be supported to make choices and be engaged in their care

- Leaders will demonstrate our value and an active commitment to engaging with patients and staff in order to drive improvements in quality

Governance Systems

- Our governance systems need to be set up to help us to deliver high quality care
- Quality systems need to be embedded and people need to understand their role in quality

Outcomes

- We want the best possible outcomes for our patients and how we work needs to support us in achieving this
- Data and information will be used to benchmark against other services and our outcomes will be amongst the best
- Clinical outcomes and patient outcomes will be measured and demonstrate continuous improvement
- We need systems to identify and measure outcomes that are important to our patients

People

- We need solutions to our workforce gaps
- All of our behaviours should be in line with our values and if they are not, we need to tackle them
- A positive staff experience and progression opportunities is important for retention and staff engagement

Sustainability

- Climate change affects all of our health and we need to reduce our impact on the environment to benefit us all
- We have to reduce our impact on the environment, through use of resources, ways of working and how our buildings function
- Our resources are finite and we have to make the best use of them in order to provide sustainable services
- There are opportunities to work differently and more effectively through digital solutions

What Quality Means to Us

Definitions of Quality

Quality will mean something slightly different to each of us and each of our patients, we asked our Chief Executive for their definition of quality and they said

“For me, quality means doing our best at all times to make a personal, human connection with the people who rely on us and to recognise the enormous privilege of being able to help people in their hour of need”.

Mark Hackett Chief Executive, 2023

Within Swansea Bay UHB we will adopt the definition of quality set out in the Quality and Engagement Act, namely that quality within healthcare is

A system-wide way of working to provide safe, effective, person-centred, timely, efficient and equitable health care in the context of a learning culture.

(WG, Health and Social Care (Quality and Engagement) (Wales) Act, 2020).

Dimensions of Quality

The Institute of Medicine (Institute of Medicine, 2001) describe six characteristics of quality, which we have adopted these as our dimensions of quality. Using these dimensions helps us to consider all aspects of quality. These dimensions are:

- **Safe – care that avoids harm**
- **Effective - evidence care based that is appropriate to need**
- **Timely – the right care at the right time**
- **Efficient – care that avoids waste**

- **Equitable** – an equal chance of the same outcome regardless of geography, socioeconomic status etc.
- **Person-centred** – care that is respectful and responsive to individual needs and wishes

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Governance Systems

Quality Management System

To deliver high quality care we need a quality management system that supports people in doing the right thing every time.

In 2022 we reviewed our quality governance structures and identified that we needed to make changes to strengthen how we promote and ensure high quality care, our new quality management system was born from this review.

It is important that our quality management system sets out the standards that patients should not only expected from services, but also receive. These quality standards will include, but not be limited to the Welsh Government Quality Standards 2023.

Patients and families are the first line of defence when it comes to quality of care as they have first-hand experience from which to learn, so they have to be engaged and involved in how services are provided and developed.

Having a robust quality management system means we have:

- Timely insight and intelligence sharing into issues that need to be addressed and escalated and opportunities for learning and improvement
- Positive assurance that statutory duties are being met, concerns and risks are addressed and improvement plans are having the desired effect
- Confidence in the ongoing improvement of care quality. This includes confidence that inequalities and unwarranted variation are being addressed.

We recognise and will continue to build and strengthen the following **critical success factors**

- Visionary and person-centred leadership;
- Culture and value of people;
- Measurement in terms of experience and outcomes;
- Learning, improvement and innovation; and
- Systems perspective – governance.

Our quality management cycle needs to be intact and connected at local, regional and national levels to enable and drive the greatest improvement.

Four Elements of our High Quality Management System

Four elements have an equal role in helping us to deliver high quality care.

These are

- **Quality Assurance**
- **Quality Control**
- **Quality Planning**
- **Quality Improvement**



Quality Assurance

As an organisation we have a responsibility for ensuring that we have systems and structures that give us assurance on the quality of our services, from ward level to board level. Our Quality Assurance Framework sets out our arrangements for gaining assurance and during the course of this strategy we will review this document to ensure that it is relevant in all of our environments of care and reflects the requirements of the Duty of Quality. We will also consider how we can make the best use of every opportunity to receive patient, family and staff feedback as part of our assurance processes.

Corporately we have systems and undertake activities to provide assurance on the quality of our care including the following:

- Compliance with legislation and review findings
- Compliance with professional standards
- Board and executive oversight
- Review of quality metrics including patient safety incidents, patient outcomes and patient experience
- Benchmarking with other organisations
- Commissioning thematic reviews where appropriate
- Quality summits at a health board level
- Service group reporting and accountability through our quality and safety governance groups
- Multi-disciplinary unannounced assurance audits
- Self-assessment against external reviews within other organisations.

Service groups have quality assurance process in place at group-wide and divisional level, including

- Compliance with professional standards
- Triumvirate oversight
- Agreement of 'hallmarks of quality' at service and service group level
- Reviews of commissioned services, including those in primary care
- Review of quality metrics including patient safety incidents, patient outcomes and patient experience

- Service group quality summits to serve as 'deep dive' reviews
- Divisional reporting to quality and safety governance groups
- Service group assurance activities and audits

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Quality Control

Quality control is an important part of our quality management system, it is how we check the quality of care we provide and how we promote the importance of standards across the organisation. Quality control is our real time system for managing quality.

Responsibility for quality control sits across the whole organisation and as part of our quality management system, service groups and specialities will have in place their own rigorous and proactive quality management systems which mirror the responsibilities at corporate level.

Our quality management system includes how we ensure that the services we commission have effective and active quality control systems in place and that there are routes for escalation and support for these services.

We recognise the important role that independent review plays in quality control and are committed to working with external bodies such as Health Inspectorate Wales and Audit Wales to respond to recommendations and learning from their reviews of our care, our structures to support quality and to learning from their reviews of other organisations.

Quality Planning

In order to deliver this strategy we need to continuously scan the horizon for challenges and opportunities. We need to design quality into our systems and processes and to respond to unmet or changing needs. To help us do this we have committed to improving how we engage with our staff and patients to learn about their experience and also to making better use of information to help us to identify 'hot spots,' and areas of good practice to share.

We will use assess the quality impact of our decisions and review our structures and processes to ensure that they promote and deliver high quality care.

Quality Improvement

Quality improvement is fundamental to helping us to make the changes we want to see in the quality of our care. It is the generation and implementation of ideas that help us to achieve high quality care.

We are establishing a quality hub which will provide improvement support and resources across the Health Board, so that quality improvement becomes the 'way we do things around here.'

We know that many of our staff are passionate about improvement and want to work with others to spread positive changes across our services, to help them do this we are establishing a Community of Practice, who will learn, share and drive a movement of improvement across Swansea Bay UHB.

Improvement Cymru are an important partner in this work and our work through their Safe Care Collaborative will help us achieve our quality ambitions set out in this document as well as helping us to mature in our approach to quality.

For quality to be improved we need protected time to stand back and look at how we can work smarter and improve services

We need to get people connected to improve the quality of our services

Our Quality Ambitions

1. Delivering Safe and Reliable Care

By 'safe', we mean that no avoidable harm should come to patients whilst they are in our care. By 'reliable', we mean the delivery of consistent care to a standard that patients can rely upon. At its simplest, we want as few things as possible to go wrong and as many things as possible go right.

We want to build on the successes of our previous programme to improve the safety of our patients and develop and embed a mature safety culture at every level of the organisation.

Our strategic direction for the next five years will continue to be the reduction of avoidable harm to our patients and the proactive implementation of improvements to keep our patients safe.

Learning from patient safety incidents

Incident identification, reporting, analysis and learning is a key pillar of keeping patients safe and is important in informing improvement actions and harm reduction. This is supplemented by other systematic measures such as adverse event identification and safety thermometer audits, to help us know and understand when things have gone wrong, where risk reduction measures need to be focussed and to monitor the effectiveness of improvement actions.

Improvement Goals

| 2023-24 | 2024-25 | 2025-26 |
|--|---|--|
| We will review our processes for working with patients and their families when things go wrong, i.e. ensure that incidents involving the safety of our patients, complaints, mortality and morbidity reviews are joined up from the patient/family perspective and they have a key and clear point of contact. | | |
| We will review and strengthen our arrangements for learning from serious incidents. | | |
| We will adopt an open 'no blame' approach to incident investigation and learning in order to achieve a more restorative approach to improvement | | |
| We will contribute to national work to ensure that there are effective incident reporting systems in place for independent contractors | | |
| | We will continue to focus on encouraging incident reporting and systematic incident analysis, implementation of risk reduction actions. | |
| | | We will review levels of reporting lower levels of harm and near misses and set target for increasing these rates in line with national profiles |

Preventing Peri-operative Never Events

Never events are incidents which are preventable, providing that the known controls to minimise the chance of them happening have been fully implemented. Nationally, the three most common never events all relate to surgical procedures: wrong site surgery, retained foreign object and wrong implant (peri-operative never events). National work to reduce such never events initially focussed on the operating theatre environment, the main preventative measure being the implementation of the World Health Organisation (WHO) surgical safety checklist. Never events occur in other invasive procedures conducted outside the operating theatre environment. New National Safety Standards for Invasive Procedures have been produced to inform the development of local standards for both “in” and “out of” theatre invasive procedures. Human factors and system failures contribute to never events, it is broadly acknowledged that these factors impact safety incidents and efforts to prevent harm should consider these factors and their interactions.

Our aims are to understand and learn about contributory factors that lead to peri-operative never events and eliminate them by increasing the quality of engagement with the WHO checklist in all theatre/ interventional environments. This will help us to undertake regular quality assurance and peer reviews to evaluate safety behaviours and training for peri-operative procedures. We will develop and implement local safety standards for invasive procedures which align with national guidance, to include invasive procedures which take place in ‘out of theatre’ environments.

Improvement Goals

| 2023-24 | 2024-25 |
|--|---|
| We will sustain 95 per cent compliance in the use of the WHO surgical safety checklist | |
| | <ul style="list-style-type: none">• Zero peri-procedure never events for a year |

We need to identify high risk areas and target them

Medicines safety including at the point transfer of care (medicines optimisation)

Medicines are used to treat the majority of patients, so it is vital that the most effective medicines are used, and that patients are kept safe. Nationally, up to 50% of hospital admissions may involve a prescribing error (Auditor General for Wales, 2016).

Our multidisciplinary Medicines Safety Group reviews medication incidents, medicines related safety themes and safety notices/alerts, advising the Health Board on implementation strategies to ensure safety in the use of medicines and reduce potential risks to patients.

Our aim is to work with patients to deliver safer and better outcomes from medicines, with focussing on improving medicines safety at the point transfer of care. Our improvement activity will focus on medicines reconciliation ('getting the medicines right'), the quality of medicines information shared at points of handover, and the safety of high risk medicines processes (e.g. insulin, anticoagulation). This will require staff training and appropriate use of new technology coupled with patient involvement.

Improvement Goals

| 2023-24 | 2024-25 |
|--|---|
| We will set a target for the number of patients with complex medicines referred for a post discharge community pharmacy review | We will achieve the target we have set for post discharge community pharmacy review |
| "Get it on time"- develop an approach to ensure patients receive their Parkinson's medicines within 30 minutes of the prescribed time | Deliver on Get it on Time |
| | Zero medication incidents involving high risk medicines (such as insulin) resulting in moderate or severe harm |
| Utilisation of the electronic prescribing and medicines administration system to audit and improve the quality of medicines management across the Health Board. | |

Understanding, measuring and reducing patient mortality

Approximately half of all deaths in the UK take place in hospital. Many deaths that occur in acute hospitals are predicted due to the patient's condition. However, we know that in all healthcare systems, things can, and do, go wrong. Research tells us that around 3% of hospital deaths are potentially avoidable.

Mortality indicators

In Wales the recommendation after the Palmer Review (Palmer, 2014) is to undertake regular case note review. This is currently facilitated by the Medical Examiner (ME) reviews. We will be fully compliant with the ME service in the coming months and all secondary care deaths will have a ME review by April 2023, as stated by law. Themes and trends from the reviews will be monitored regularly to generate organisational learning and ensure improvements are identified if there are any concerns.

Crude mortality will be monitored for individual clinical areas along with the condition specific mortality rates. Mortality indicators will also focus on still births, perinatal mortality, neonatal mortality, paediatric mortality rates and maternal deaths. Any outlier data will have an in-depth clinical review irrespective whether they have been to the ME service to identify any avoidable causes. All these processes will be fully integrated across the organisation.

Local mortality review and Learning from Death process

Our process for adult mortality review has been revised and relaunched in line with the ME service. A weekly Mortality Review panel has been established to identify learning for cases returned from the ME service. Pertinent information from patients undergoing Coroners' post mortem is also fed back into our mortality review group to maximise the learning.

If we know and understand the common causes of potentially avoidable mortality in our patients we can use this knowledge to direct clinical audit and quality improvement activity. This information can form the basis of integrated learning with partners in primary care and, in combination with the Deanery, to support post graduate education. This cross system involvement allows the construction of an integrated healthcare programme, where understanding and preventing potentially avoidable death becomes the highest safety and quality priority.

Improvement Goals

| 2023-24 | 2024-25 |
|--|--|
| We will identify the top ten causes of adult mortality; from this, we will develop learning to support and enhance our patient safety and quality improvement programmes by 2024 | |
| Review our maternal and neo-natal mortality data and use this to develop a safety and quality improvement programme | Delivery of the programme |
| Thematic review of deaths within mental health services | Development of safety and improvement programme based on outcome of the review |
| Thematic review of deaths within learning disability services | Development of safety and improvement programme based on outcome of the review |

Improving outcomes and learning from National audits, registries, confidential enquiries and PROMs

The Health Board's has a strong history of participation in national clinical audits. This ongoing commitment to benchmarking and learning forms an important part of our quality strategy, in particular enabling the publication of consultant-level clinical outcomes data.

Our aim is to ensure that clinical care is delivered in accordance with patients' preferences, and in line with the best available clinical evidence, including NICE standards, royal college guidelines and recommendations arising from nationally reported incidents.

By understanding our current position in relation to national guidance (for example through clinical audit) and by working with our regional academic partners (such as Swansea Bay University and ARCH) to facilitate research into practice and evidenced based care/commissioning, we can work towards minimising any variations in practice.

Over the course of the next five years, we will continue to develop the way we use participation in local clinical audit to drive improvement in clinical services.

Improvement Goals

| 2023-24 | 2024-25 |
|---|---|
| 95 per cent of relevant published NICE guidance will be formally reviewed by the Health Board within 90 days of publication. | |
| | We will develop and implement new internal systems for identifying and monitoring compliance with national guidance |
| All clinical services (at sub-specialty level) will participate regularly in clinical audit (measured by registered clinical audit activity during each year of this strategy). | |

Using data and benchmarking intelligence to understand variation in outcomes

Understanding the impact of our care and treatment by monitoring mortality and outcomes for patients is an important element of improving the quality of our services.

Better data and intelligence to identify unwarranted variation and support quality improvement. Data is integral to this work and there is a commitment to identifying data analysts to support the delivery of the priorities across 2023-2024 to present the information in a way that staff understand and recognise to be able to address;

We need to make better use of our data so that we can transform it into information and then ultimately into wisdom, which will help us to improve the quality of our care.

Our strategic approach is two-fold:

- To conduct routine surveillance of our quality intelligence information at Health Board, divisional and speciality level to identify, investigate and understand statistical variation in outcomes, taking action to
- improve services where required;
- To respond to any alerts regarding the quality of our services identified by external sources and to investigate in a similar manner as described above.

Improvement Goal

| 2023-24 | 2024-25 |
|---|---------|
| To develop a quality dashboard for the organisation and service groups that give people live access to the quality information they need | |
| Review the current arrangements for the generation and reporting of quality, experience, outcome and effectiveness in order to provide reliable, accurate and timely information on the quality of our care | |

Have we got the right data to help us?

We collect so much data, but do we make best use of it?

Creating new opportunities for patient and public involvement

Quality care comes from understanding and it is important that we continually engage with our patients and communities when we plan and review our services. We will review the range of opportunities that we have for people to become involved in our work so that we always work together.

We already have several ways that people can be involved in our work including:

- Becoming a member of Swansea Bay UHB
- Becoming a volunteer
- If someone has raised a concern, helping to create the solution
- Sharing a story of care with the Health Board
- Sharing ideas on how we can improve
- Supporting our charitable work

Are we adequately engaging people's views and reflecting them in service change and policies and our planning?

We want to increase the ways in which people can become involved in our work and the diversity of people who engage with us. People might need some support in order to do this, this might include knowing more about the Health Board, training, support in meetings or in other ways, we will provide the support people need in order to be involved in our work.

We will build a series of opportunities for people to be actively involved in our work at a range of levels. The following ladder shows some of the ways we want to involve patients and our communities in our work:

Collaborating

Making joint decisions with us, this might be at an organisational level, for example being a member of a board who make decisions on service changes, or at a local level through being part on an interview panel

Being involved in quality improvement projects, including defining how we measure success from a patient or community perspective

Involving

Involvement in developing policies or evaluating our services, for example being part of a team undertaking assurance audits.

Being a member of a reference group from whom we would seek advice and feedback, for example the BAME forum, the Accessibility Reference Group and Bay Youth.

Consulting

Community and individual feedback on services through surveys, focus groups and patient panels.

Reading documents and strategies to see if they make sense from a patient perspective.

Informing

Provision of information, such as newsletters, websites, social media, leaflets, you tube etc.

Improvement Goals

| 2023-24 | 2024-25 |
|---|---------|
| <p>We will create a range of new opportunities for people to be involved and create a Patient Experience Framework that support this strategy. It will include new opportunities such as:</p> <ul style="list-style-type: none"> - Becoming subject experts and inputting to how we plan and deliver care - Working with the Bevan Advocate programme to promote community health leaders - Working with the Community Health Council and Citizen's Voice body to listen to patients - Developing a toolkit of support for people who want to be engaged in our work and making this support available to all who need it - Providing public information on what we have done as a result of feedback, at local and health board wide levels - Developing tools to engage with people who have distinct needs - Working with Bay Youth to listen to young people's feedback and will develop tools to engage with children accessing our services - Continuing to develop the role of our Involvement Network as the 'go to' way for communities of interest to engage with us | |
| <p>Developing and testing a 'patient governor' model in 2024, in order to strengthen our relationship with the community that we serve.</p> | |
| <p>Delivering a programme of events and 'Big Conversations', including key questions about how we can best serve our population</p> | |

Improving how we communicate with patients and their families

How we communicate with patients and their families has a significant impact on their experience of our care. When we consulted on this strategy people told us how important it is that we tell them what is happening to them or their loved ones when they are in our care.

The challenges of the Covid-19 pandemic mean that we have had to work harder to communicate effectively with patients and their families and we still have work to do.

We know that there are many areas where we need to improve communication including

- when someone is admitted through our emergency departments
- how we keep people informed about waiting times
- communication with families when someone is an in patient
- how we engage with people regarding discharge from hospital
- reviewing our interpretation services so that they meet people's needs every time
- giving people opportunities to raise queries 'on the spot'

I just wanted to know how my mum was and what ward she was on

We value the opportunity to put things right or to answer queries as they occur and our PALS teams play an important role in helping people to talk to us if something is concerning them. We need to make the PALS approach accessible to all of our patients, including those in Primary Care and our community services, so that we have resolve any issues early and improve patients' experience as a result.

Getting communication right makes such a difference – patients just want to know what is going on

We know there will be a wait, but we need to know how long and what is happening

Improvement Goals

| 2023-24 | 2024-25 |
|--|---------|
| Working with patients and partners to develop a set of quality standards for communication with patients and their families | |
| We will develop and implement a plan to increase the use of the Patient Knows Best system in order to promote patient engagement in their care | |
| We will develop a model of PALS that is accessible to all of our patients, including the introduction of E-Pals and a PALS model for patients in primary care and community services | |
| We will review our interpretation services and develop a plan for improvement | |

Improving the Experience of Patients and their Families

Our patients are our most important people. We need to improve the quality of patients' experience and that of their families and loved ones. To do this we must listen to patients and our communities and respect their input, including those who may be seldom heard.

During the lifespan of this strategy we want to see a step-change in how we engage with patients and make them a truly equal partner, this includes

- Improving how we listen and act on feedback and how we feedback what we've done as a result
- Making sure that we provide timely and open responses to concerns
- Delivering the Duty of Candour
- Engaging with patients in our quality improvement work
- Creating opportunities for patients to report safety incidents
- Listening and valuing patient's views at every stage and at every level

Have we listened to the patients first?

Gathering feedback from patients is embedded in the way we work and where possible we want to receive this feedback in 'real time,' so we can anticipate expectations and act on any concerns or good practice as soon as possible. Our feedback system

- Enables people to give us feedback when it suits them best
- Present feedback in a way which drives improvement
- Helps staff to be engaged in the process
- Make feedback visible to our patients and communities so that they can have confidence in our care, or where necessary, to hold us to account
- Show our patients, communities and staff that we are proud to be an organisation that listens
- Enable us to identify and celebrate successes as well as highlight problems.
- Support the message to our staff that **every patient encounter matters**.

Improvement Goals

| 2023-24 | 2024-25 | 2025-26 |
|--|---|---------|
| We will build upon our current 'You said/ We did' system of how we let people know how we have acted on their feedback and will make improvements to our systems to provide more specific information in real time | | |
| We will improve the overall rating of quality of care, to consistently scoring over 90% in both the Friends and Family test and the All Wales NHS Patient Questionnaire and any successor versions | | |
| | Develop systems for patients to report safety incidents | |
| We will review and strengthen feedback mechanisms for patients accessing or seeking to access Primary Care services, and community services and how this feedback is reported and used within the organisation | | |
| | We will review our feedback systems so that we have feedback tools in place for people who have distinct needs, including, but not limited to children, young people, people with learning disabilities, people with a sensory loss, people with a cognitive impairment, people with limited literacy and people in the Criminal Justice system | |
| We will develop systems to routinely triangulate staff and patient experience as tools to evaluate the quality of our care | | |

Meeting Diverse Needs

Some communities are more at risk of poorer health outcomes than others, these inequalities in health are caused by factors including

- Health literacy
- Social deprivation
- Barriers to provision
- Fear, or experience, of not having their needs identified and met
- Low expectation from service
- Language and communication barriers

Making services more equitable for every person, when we look at work for vulnerable groups and we bring the standards up for everybody

We firmly believe that there is **no quality without equality** and are committed to promoting diversity and inclusion for our patients and staff. We will challenge and address direct and indirect discrimination within our services and towards our patients and staff.

In delivering this strategy we will assess the equality impact of any changes and actively seek out the views of seldom heard groups, so that any changes do not create disadvantage to people.

Improvement Goals

| 2023-24 | 2024-25 | 2025-26 | 2026-27 |
|--|---|---------|---------|
| Develop working links with our Strategic Equality Group and engage with this group through our quality and safety structures | | | |
| Equality impact assess our implementation plan | | | |
| | We will set out how we will engage with our communities in a structured | | |

| | | | |
|---|--|--|--|
| | manner in order to ensure we are an inclusive organisation | | |
| | Review our interpretation services in Primary and Secondary Care so that they meet people's needs | | |
| We will proactively engage with minority communities within our area to understand how we can make our services accessible to them | | | |

Welsh Language

Wales is a bilingual country and we take seriously our statutory responsibilities to meet the Welsh Language Standards and to deliver an Active Offer of care through the medium of Welsh.

We appreciate the specific issues faced by Welsh speakers requiring care, for example Welsh speakers receive a Dementia diagnosis three years later on average than those who only speak English, and this means that their cognitive condition is much worse by the time they receive as diagnosis. (Alzheimers Cymru and Welsh Language Commissioner, 2000). Receiving care through the medium of Welsh, when people are at their most vulnerable, is integral to person centred care and is essential to maintain dignity, respect and patient engagement.

We need to consider the needs of Welsh speakers in all our care settings and to support staff in identifying, understanding and meeting their needs.

Improvement Goals

| 2023-24 | 2024-25 | 2025-26 | 2026-27 |
|---|---------|---------|---------|
| We will review how we ensure person-centred care for Welsh speakers with specific needs, including children and people with a cognitive impairment | | | |
| We will continue to support work towards compliance with the Welsh Language Standards as they apply to the Health Board and will include achievement of specific targets within our implementation framework | | | |

The Welsh language is a right, not a choice- it is about dignity, individualised care and patient safety

Handling and resolving complaints effectively

Complaints enable us to learn about patient experience, but how we enable people to complain and how we respond when they do, is a vital part of patient experience; it speaks volumes about our values and the kind of organisation we aspire to be.

We will be considering the findings of the recent independent review of our Children's Community Nursing Services in so far as they relate to lessons about the complaints process and what they tell us about how we can become a more patient-focused organisation.

As part of our conscious move towards a customer service culture, more than ever we want to convey the message that patients and their families are encouraged to raise concerns without prejudice. In particular, we want to look at ways of involving patients in helping to design the solutions to the concerns they raise, and in wider quality improvement activities in the Health Board. We are also committing to explore how we might offer appropriate independent review of patient concerns and what the trigger points for this would be.

We have seen a slow but steady shift towards informal resolution of complaints. We want to see this pattern continue, with as many concerns as possible identified and resolved swiftly at point of care. We understand and respect that 30 working days (our standard timescale for formal complaints investigations) can be a long time for patients and family members when they are seeking answers to important questions.

Duty of Candour

The introduction of the Duty of Candour (WG, Health and Social Care (Quality and Engagement) (Wales) Act, 2020) gives a commitment to safe, effective and person-centred health services.

The Duty of Candour means we have a duty to be open and honest with the people we are caring for when things go wrong, and harm has occurred and we should try and put things right. This statutory duty will promote a system wide culture of openness and honesty. It also places a requirement for us to follow a set procedure to evidence that a series of prescribed actions have been undertaken when the Duty of Candour is triggered.

We need to support our staff in meeting our Duty of Candour and in providing great service, all of the time. To do this we will need to have training and support to make sure our staff have all of the skills they need and will develop resources to meet this need.

Improvement Goal

| 2023-24 | 2024-25 |
|--|--|
| To have developed and delivered a training programme which includes Duty of Candour, early resolution and customer service | |
| Over 85% of complaints will consistently be responded to within 30 working days, with extensions to deadlines made by exception only. | |
| | Less than 5% of complainants will ask us to reopen their concerns |

3. Empowered staff

Work to develop a robust quality management system is now underway, led by the Chief Executive and supported by the Director of Nursing and Patient Experience, the Medical Director, Director of Therapies and Health Science, Director of Workforce and Organisational Development and Director of Corporate Governance. However, **everyone has a role in improving quality** and that culture is an intrinsic component of helping to drive the reset for quality improvement

Improvement Cymru visited us in June 2022 and told us that they found examples of excellent work and empowered teams, but that this was not consistent across the organisation. We want everyone to understand and be passionate about their role in improving quality, and we need to give them the tools to deliver this.

People have told us that our systems can make it difficult for them to work efficiently and that we have created 'Safety Clutter,' Safety clutter is the accumulation of checklists, activities, protocols and systems that are put in place in the name of safety, but actually do little to contribute to improving safety. (Rae A, 2018). We also want to understand what makes people deviate from known safe practice and how we can address these human factors to improve quality and safety.

As part of our Big Conversation with staff, we will be asking them what helps or hinders them in making positive changes to patient care. We will listen to what people say and make improvements within teams and across the organisation to support this transformational culture change.

Improvement Goals

| 2023-24 | 2024-25 |
|--|---------|
| Work with front line staff and partners to develop a quality improvement training programme that enables them to make a changes within their teams | |
| Identify staff within the organisation who have completed the quality improvement training and invite them to join a quality improvement Community of Practice | |

| | |
|---|--|
| Establish a Community of Practice where improvement leads can share learning and opportunities for improvement across the organisation | |
| Develop our training offer and establishment of a Quality Improvement Academy | |
| | Review how we identify and celebrate good practice and success within our teams in order to scale and spread improvement activity |
| | We will support colleagues in delivering quality improvements within Primary Care settings through reviewing their quality improvement capacity |

Need to get people to buy into a health board team ethos. How do we get people to connect and improve quality of services?

Improving staff experience

We aspire to be an organisation that in all of our interactions, demonstrates our values of

- Working together
- Caring for each other
- Always improving

We want there to be something tangibly special about how we care for people – whether they are patients or members of staff. We will treat people as valued individuals, rather than as sets of presenting symptoms, diagnoses or as job titles.

In order to provide the best care for our patients we need to be an excellent employer for our staff. Great patient experience doesn't happen without happy, motivated staff who take pride in their work. Patients notice when staff are dissatisfied – this impacts on how patients feel about our hospitals and undermines their faith in our care. So we believe that improving staff experience is integral to our quality strategy and will be reflected in how we prioritise annual quality objectives during the lifetime of this strategy.

Swansea Bay UHB already has a highly skilled workforce, committed to delivering compassionate, high quality individual care, but we know from successive NHS staff survey results that there is more we can do to support and engage our staff.

In response to this challenge, key initiatives have already begun include developing a culture of collective leadership' through staff listening events, leadership development masterclasses, regular surveys and 'pulse' checks to monitor staff morale and job satisfaction, and focussed activities aimed at reducing moral trauma, work-based stress and bullying and harassment.

Staff have told us that having access to relevant, high quality training is important to them and we want to improve our mandatory training compliance so that our teams are skilled and confident.

It is also important to recognise the challenges we face recruiting to specialist areas/roles, set in a national context of a diminishing supply of trained and experienced professionals, and it is vital that we focus on key areas of improvement to attract and retain staff.

Improvement Goals

| 2023-24 | 2024-25 | 2025-26 | 2026-27 |
|---|--|---------|---|
| Staff engagement through our 'Big Conversation' so that we can better understand their experience and any barriers to quality service | | | |
| Establish staff experience forums in all areas | | | |
| | Improving rates of mandatory training and PADR compliance to over 85% across all areas | | |
| | Reducing incidents of bullying and harassment towards staff by other staff by 50% | | |
| | | | More than 80% of staff will rate the organisation as an excellent or good place to work |
| We will also achieve year on year improvements in our annual staff turnover rates | | | |

- We will also achieve year on year improvements in our annual staff turnover rates

We need a culture of openness from top down and between services.

Staff need to feel inspired and feel that the HB is behind them to improve quality of services and environments.

4. High Quality Accessible Services Now and In the Future

Cancelling Fewer Operations

We recognise that the cancellation of a patient's operation can be very distressing for patients and their families and detracts from the high quality patient experience that we want to deliver. It is also very frustrating for our staff who have worked alongside the patient in preparation for their surgery to have to cancel at short notice.

The Health Board continues to work to minimise the number of occasions on which a patient's operation is cancelled for non-clinical reasons, taking into consideration all the steps across the patient's pathway from initial listing through to admission.

One of the areas of greatest challenge is the availability of an appropriate specialist bed on the day of admission, pivotal to which is the way we use our annual planning cycle to ensure that our capacity meets demand.

Our plans for addressing variation in emergency demand are another crucial determinant of success in reducing cancelled operations during the lifetime of this strategy.

Improvement Goals

| 2023-24 | 2024-25 |
|--|---------|
| We will implement reporting measures that closely monitor theatre cancellations for non-clinical reasons and implement processes to minimise cancellations and promote efficient use of theatre capacity | |
| We will agree yearly performance targets to reduce the number of patients who are cancelled the day before their 'To come in' date. This is not a nationally mandated requirement, but we recognise that the impact of this form of cancellation is equally significant for patients. | |

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Reduce Patient Waiting Times

The NHS Performance Framework (Welsh Government, June 2022) sets out a series of performance targets, including those relating to access to primary and secondary care. We know how waiting for care can be worrying for patients and are working to increase access and reduce waiting times.

In order for us to address some of the challenges in unscheduled care it is important that we have room in our hospitals to care for those who need to be there, and that we provide care for people in the community, if this is the best place for them to be.

We are also working closely with our independent contractors who are seeing increased demand for their services and who are committed to making sure that patients can access the services that they need through Primary Care as we know how important this is.

Our Annual Plan includes more information on our improvement goals for improving access, waiting for care can affect both quality and safety therefore it is an important feature of this strategy.

Improvement Goals

| 2023-24 | 2024-25 | 2025-26 | 2026-27 |
|--|---------|---------|---------|
| We will develop a series of standards about how we communicate with people while they are waiting for our care | | | |
| Deliver on the patient waiting time goals set out in our Annual Plan | | | |
| Change the way we deliver chronic condition management to increase prevention and early intervention in order to reduce the impact of chronic conditions on people's lives | | | |

We need real objectives that make a difference to patients
for example, not waiting in A and E, not sleeping on sofas
and waiting in ambulances.

Sustainability

We have a duty and responsibility to ensure that we support the NHS Wales Decarbonisation Strategic Delivery Plan (Carbon Trust, 2021) and as we look to improve quality we will ensure that we consider the impact on the environment.

Improvement Goals

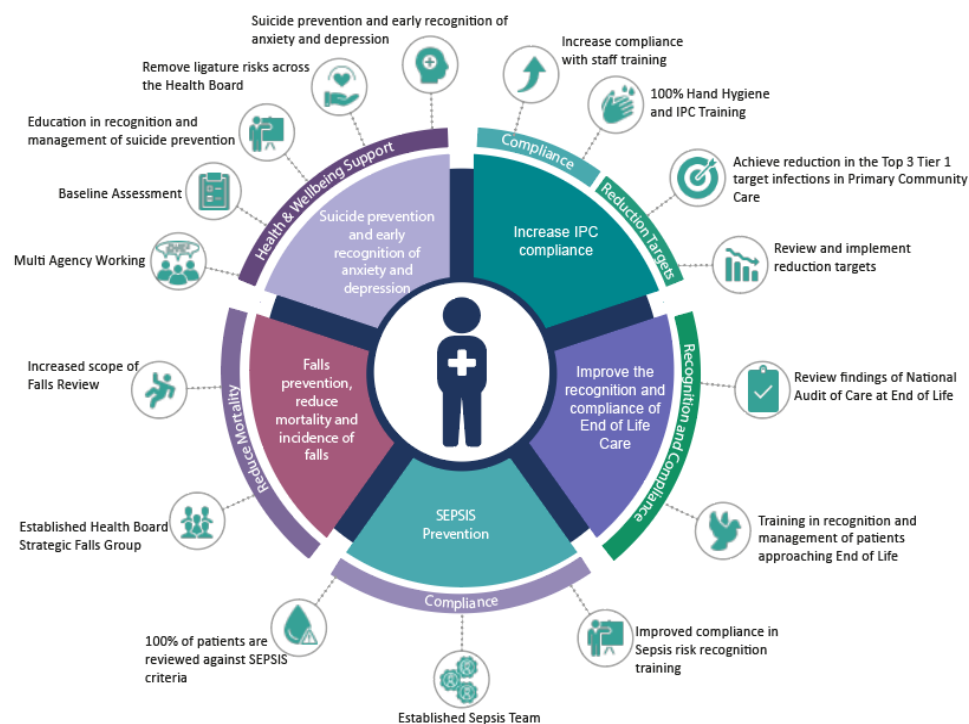
| 2023-24 | 2024-25 | 2025-26 |
|---|---|--|
| We will include Green Quality Improvement in our quality improvement training programme | | |
| | Promotion of the Green Team programme and improvement projects that reduce environmental impact | |
| | | Agree a set of measures to assess the environmental impact of our quality improvement work |

Annual Quality Priorities

Health Board Wide Priorities

In addition to the longer term strategic aims set out in this document, each year we will agree a set of priorities where we want to focus our efforts to achieve improvements in the safety of our care. These changes will have a significant effect on our patients and communities, we will prioritise these areas for targeted action to improve outcomes. Currently we have five quality priorities, these are

1. Improving End of Life care
2. Falls prevention
3. Reducing healthcare acquired infections
4. Improving the early recognition and management of Sepsis
5. Suicide prevention for our communities and staff



Service Group and Specialty Priorities

In addition to our Health Board wide priorities, service groups and specialities will need to develop their own priorities to reflect their patients' needs. For example, Mental Health and Learning Disability Services may have areas they need to focus on and this is encouraged in order to meet the distinct needs of their patients, as will Maternity Services and Children's Services.

Primary Care will also have a distinct set of priorities that reflect the quality issues for our independent contractors and care homes. It is important that the service group has clear plans in place to meet these.

Local developed priorities will be expressed through a series of goals, methods and outcomes, including measures of how we will know we are making a difference.

Future Priorities

Whilst these are our current priorities we know that there will be other areas where we need to target our efforts, once we have achieved improvement in these areas. As part of the implementation of this strategy we will continually review what our quality priorities should be. To do this we will:

- hold regular conversations with our patients, communities, staff, contracted services and stakeholders
- review concerns, incidents and near misses to understand where there may be preventable harm
- review our risks and issues in relation to quality and safety
- consider any foreseeable changes or issues that might affect quality and safety
- assess if we are the best organisation to take this work forward

As part of the engagement on this strategy people have started to tell us about what they think our future priorities should be, we will keep asking and keep listening to what is important to people.

Delivering this Strategy

Quality Framework

Our Quality Framework that sits alongside our Quality Strategy and sets out our systems and structures for quality within Swansea Bay UHB, this includes the roles and responsibilities of our Board, our Quality and Safety Committee and the groups that report into these. We will keep this framework under regular review during the life span of this strategy to make sure that it helps us to deliver high quality care.

Communication Plan

It is important that the vision and goals that we set out in this strategy remain in high profile for our patients, staff and communities. To make sure that we keep talking about and looking at quality, we will develop a communication plan that outlines how we will regularly engage and promote the strategy.

Implementation Plan

Within this document we have set out a number improvement goals that we will achieve during the lifespan of this strategy. Detail of how we will do this will be included within our Quality Strategy Implementation Framework. This framework will include equality and quality impact assessments of any service changes or improvements we bring in to help us to deliver on this strategy.

Our Quality Strategy Implementation Framework will reflect the following steps to embedding a culture of quality (The Health Foundation, 2019)

- Securing Board support
- Assessing readiness

- Securing wider organisational buy-in and co-creating a vision
- Developing improvement skills and infrastructure
- Aligning and coordinating activity
- Sustaining an organisation-wide approach

We believe that we have made good progress against initial steps to embed a quality culture, including securing Board support and assessing our readiness and are confident that we can take the next steps to achieving a culture of high quality care.

Reporting progress

It is important that we maintain momentum in improving quality and to ensure this, each month, our Board will receive a range of performance data demonstrating progress towards achieving our goals, enabling the board to exercise challenge where necessary.

In seeking continuous improvement, the Board will constantly be guided by five key questions:

1. Are we targeting and measuring what matters most to patients?
2. Do we know how good we are?
3. Do we know where we stand relative to the best?
4. Do we know how much variation in practice we have and where that variation exists?
5. Do we have the right capabilities, tools and engagement to deliver the changes we need to make?

Working with Partners to Improve Quality

Swansea Bay UHB is one partner, amongst many who work together to improve the health and lives of our communities. We recognise our role within our local community and nationally and want to have a reputation for being a good partner to other organisations. Partners can also give us valuable insight into how we are perceived and received within our communities and we value the input of others as we reflect on the quality of our care.

We also understand our role as an anchor institution and are committed to supporting our local, regional and national economy.

Our relationship with our regulators is important to us and we are committed to listening and learning from inspectors including Health Inspectorate Wales, the Public Services Ombudsman and our commissioners.

The Role of Digital Technology

Technology has a key role to play in supporting the delivery of quality care. As a health board we are proud of how we use digital technology to improve patient care, including roll out of electronic nursing records and electronic prescribing systems.

Over the past two years we have used digital technology to help us make our service more accessible, including using 'Attend Anywhere' for remote appointments. This has helped us to see more patients, reduce waiting times to be seen and reduced the carbon footprint associated with attending a clinic appointment. We will continue to explore opportunities for using digital technology to improve the quality and accessibility of our care as we do this we will make sure that people are disadvantaged in their care through a lack of access to digital technology.

As we deliver this strategy, technology will support us in all aspects of our quality work. This will include providing us with real time data so we can identify trends and 'hot spots,' making the way we work more efficient, helping us to make some services more accessible to patients and in modernising our services.

Resources

The commitments we make in this strategy also need to be financially deliverable. We know that high quality care is also cost effective care. Whilst Welsh Government has worked hard to deliver a significant increase in NHS resourcing in 2022/23, the level of financial allocation to Health Boards will reduce in 2023/24 and reduce further in 2024/25 and as a result these years will be financially challenging. Therefore, our relentless focus on quality must be accompanied by an equally relentless focus on efficiency and effectiveness of services— the message is “affordable excellence”.

To support us in delivering this strategy we will review our quality resources across the organisation and compare ourselves with high performing health boards, so that our structures are designed to deliver the goals within this strategy.

Working together to innovate and improve

This strategy is testimony to Swansea Bay UHB's investment in a wide range of programmes and approaches to innovate and to improve.

We know we cannot deliver this alone and look forward to working with our staff, our patients, our partners and our communities to achieve a step change in the quality and safety of our care.

DRAFT FOR HB APPROVAL JAN 2023