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Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	29 September 2022	Agenda Item	2.1
Report Title	Draft Quality Strategy		
Report Author	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 an update on the draft quality strategy.		
Key Issues	<p>A component of the health board's quality management system is to establish a quality strategy.</p> <p>Having a quality strategy establishes a shared understanding of quality and a commitment to place it at the heart of the health board.</p> <p>The draft quality strategy has been developed for wider engagement and feedback to support its refinement required to finalise the strategy.</p>		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommendations	<ul style="list-style-type: none"> • NOTE the progress made in developing a quality strategy and the next steps. • APPROVE the timescales to co-craft strategy in the organisation • REQUEST views and perspectives from Independent Members on the strategy prior to its consultation and engagement. 		

Draft Quality Strategy

1. INTRODUCTION

The purpose of the report is to update the Board following the Management Board meeting on 7th September 2022, where engagement on the draft quality strategy commenced, in order to support its refinement and lay out the next steps, including further engagement and consultation across the organisation.

2. BACKGROUND

To support the focus on quality at every level, work to develop a robust quality management system is now underway. This work is being led by the Chief Executive and supported by the Director of Nursing and Patient Experience, as the executive lead for quality, along with the Medical Director and Director of Therapies and Health Science. However, the health board recognises everyone has a role in improving quality and that the culture is an intrinsic component in the delivery of high quality care and services.

Developing a quality management system will the health board to meet our responsibilities under the Duty of Quality; key elements within our quality management system are

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

This paper outlines the work to date and next steps in the development of our quality strategy.

Quality Strategy

Having a quality strategy establishes a shared understanding of quality and a commitment to place it at the heart of everything we do. The Quality Strategy will lay out the health board's vision and commitment to quality and safety and aligns with the Welsh Government's Health and Social Care (Quality and Engagement) (Wales) Bill published in June 2019 and due to come into force in Spring 2023.

A review of existing quality strategies from across the UK has been undertaken and initial work has taken place to benchmark against University Hospitals Bristol NHS Foundation Trust to develop a draft quality strategy (Appendix 1: [Quality Strategy for Engagement.docx](#)).

This work has been shared at Management Board for feedback to support its refinement and will be further revamped following feedback from staff, patients and wider stakeholders as part of our engagement process

1. Engaging with Management Board

Management Board received the draft strategy on 7th September 2022 and have been asked to consider the following questions:

- Do we have the right approach to priorities and engagement?
- Are the improvement goals specific, measurable and sufficiently aspirational to give a step change in quality delivery?
- How should we resource the developments and what are the key first priorities?

2. Engaging with staff

Engagement at senior level commenced within the Management Board meeting, following this a range of approaches to engage with staff on the Quality Strategy will be put in place over September and October. This will include existing Health Board wide meetings including; Clinical Senate, Health Professionals Forum, Patient and Stakeholder Experience Group, Clinical Outcomes and Effectiveness Group, Patient Safety Group.

This will align with the *Big Conversation* a suite of learning and engagement events under the quality and safety framework. That will help create a quality-focused, learning organisation with distributed collective leadership in which staff voices and listening are at its heart, engaging and empowering staff at all levels.

In addition, Service Group Directors are asked to engage at local level with staff in a range of ways to ensure as wide engagement as possible.

Working with the Directorate of Insight, Communications and Engagement a new approach to medical engagement is being developed and this provides an opportunity to utilise this as part of ensuring wide engagement on the Quality Strategy.

Furthermore, we will hold a Health Board wide discussion and engagement opportunity.

Broad staff engagement

The strategy will be launched with an additional dedicated Team Brief, followed by divisional and corporate department quality briefs. Briefing materials and presentations will be prepared for these if required. Production of a special issue of Bay Health is being considered, either as a 4 or 8 page stand alone or as a 4 page insert into the regular publication. This would be supported by regular channels: staff bulletins, intranet and social media.

The message to staff through these routes, will be that their voice and their views on how we deliver quality care and services is important to the organisation and we want to hear from them.

3. Engaging with external stakeholders on the quality strategy as it develops

Key milestones will be identified within the overall timeline for development of the strategy at which point engagement with stakeholders will be undertaken. Stakeholders' views will be focussed on areas of partnership work where there may be shared outcomes or goals and where their input can influence the strategy.

Accessibility

Engagement in the strategy and any materials developed will be in accessible formats in order to facilitate broad engagement.

Next Steps


- Identify the key milestones and questions and finalise the plan for external engagement. Stakeholder engagement will be complete by end of October 2022.
- Take forward engagement plan with staff over September and October.
- Final draft of the strategy to be presented to Management Board on 30th November.

3. GOVERNANCE AND RISK ISSUES

The final Quality Strategy will go to Management Board in December 2022 and then Quality and Safety Committee and Board for sign off.

4. FINANCIAL IMPLICATIONS

While there are no financial implications arising from this report specifically, the outcome of the actions may result in additional resources being required to take forward the work needed.

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 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 type="checkbox"/>
	Excellent Staff	<input 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		
<p>Quality, safety and experience should be the core components of all that the health board does as it is here first and foremost for patients. Having a quality strategy establishes a shared understanding of quality and a commitment to place it at the heart of everything we do, the quality strategy represents a unique and important opportunity to work together to mutual benefit to make our services even better.</p>		
Financial Implications		
<p>While there are no financial implications arising from this report specifically, the outcome of the actions may result in additional resources being required to take forward the work needed.</p>		
Legal Implications (including equality and diversity assessment)		
<p>An equality impact assessment will be undertaken.</p>		
Staffing Implications		
<p>There are no staffing implications.</p>		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
<p>In order to develop the organisation to be a sustainable one for the longer-term, a quality strategy is critical in creating an expectation of the public that they deserve, and should receive, care that is of the highest quality.</p>		
Report History	Management Board 7/9/2022	
Appendices	Appendix 1 (in resources) :  Quality Strategy for Engagement.docx	



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Quality Strategy

2023-2027

This document is being developed as pre-work for the development of SBUHB Quality Strategy. This will be further revamped by what staff and patients and wider stakeholders tell us is important to them as part of our engagement and consultation.

Purpose

Quality is our number one priority. The purpose of the quality strategy is to articulate our ambitions for quality in a way that is meaningful and serves as a statement of intent that patients, carers, staff and other stakeholders can use to hold the Health Board to account for the delivery of high quality services. By implementing this strategy, we want to enhance our reputation for providing the best possible treatment, delivered with care and compassion.

Strategic alignment and drivers

The quality strategy sets out our ambitions for improving quality for the next four years, while also recognising that quality is a constantly moving target. Research knowledge is ever-expanding. The state of 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: our ambitions may not always be within our own gift to deliver and we will need to review them on an annual basis.

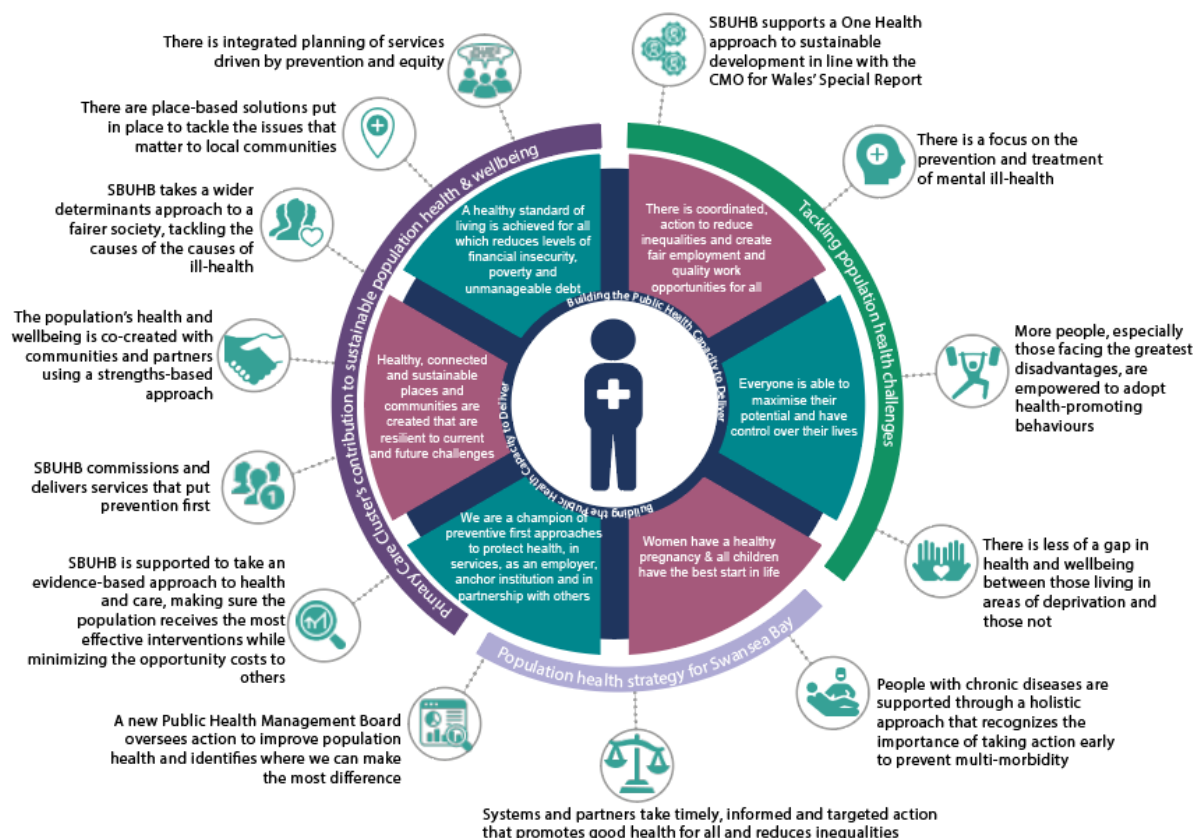
In addition, we will agree a set of annual quality and safety priorities within our annual plan, which will determine where we direct our focus and energy.

- Our **mission** as a Health Board is to improve the health of the people we serve by delivering exceptional services, care, teaching and research, every day.
- Our **vision** is for Swansea Bay, and our services, is to be among the best and safest places in the country to receive care.

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

- People are healthier, have fewer chronic conditions and have longer life expectancies;
- People are able to receive treatment at home and in their community;
- People are able to receive the right mental health treatment and support;
- People can get urgent care when and where they need it without long waits;
- People receive the right care by the right people;
- People have diagnostic tests quickly;
- People don't have to wait too long for treatment;
- People diagnosed with cancer receive effective treatment quickly.

The Health Board will build on existing policy approaches as a platform for delivering more effective action aimed at preventing ill-health and supporting good health and well-being and addressing inequalities as well as supporting good end of life care. This requires consistent and concerted action across a range of endeavours. This will be informed by good local intelligence and supported by an appropriate culture and behaviours that value well-being and prioritise its creation and maintenance. We will develop and strengthen the machinery that supports delivery of well-being approaches, both organisationally and through partnerships.



Outcomes:

- The health board has access to population health intelligence to support planning and delivery of services
- The health board takes action across all six of the domains set out in the Marmot Review
- A Public Health Programme Board is established
- The priorities of the population health work stream of the new National Clinical Framework are delivered locally
- Local Public Health Team staff are successfully transferred from Public Health Wales to the Health Board
- Local outcomes meet the expectations set by national Welsh Government-funded programmes such as Health Weight Healthy Wales, the Tobacco Control Strategy for Wales, and Healthy Schools
- Public health initiatives are successfully delivered through primary care, such as implementation of the All Wales Diabetes Prevention programme, delivery of the Adult Weight Management service, and childhood immunisations.

Defining quality

'What quality means to me'

'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. It's vital that patients can see their priorities for healthcare within the pages of this document. We also want this strategy to mean something to every one of our staff. Its success will depend upon on our staff being able to recognise their own contribution to quality.

As part of our ongoing focus on quality, we will be inviting our staff to tell us what quality means to them. During 2020 we consulted with our multi-disciplinary teams and agreed five quality and safety priorities. These priorities reflect areas where we want to make a significant difference to the quality and safety of our services, within the context of our recovery and sustainability plan.

A wider view of quality

Put simply quality is care that is effective, safe and provides as positive an experience as possible. [The Quality and Safety Framework](#) (Welsh Government, 2021) uses the Institute of Medicine's (1999) description of six characteristics of quality:

- Safe - avoid harm
- Effective - evidence based and appropriate
- Timely – at the right time
- Efficient - avoid waste
- Equitable – an equal chance of the same outcome regardless of geography, socioeconomic status etc.
- Person-centred - respectful and responsive to individual needs and wishes

Organisations at every level should function as a quality management system to ensure that care meets the six domains of quality. The quality management cycle needs to be intact and connected at local, regional and national levels to enable and drive the greatest improvement.

Fig 1: Quality Management Cycle



Threads running through each of these core quality themes are research, education, innovation and improvement. And underpinning the strategy are our Health Board's values – caring for each other, working together and always improving.

The Quality Strategy aligns to the Welsh Government's Health and Social Care (Quality and Engagement) (Wales) Bill published in June 2019 and due to come into force in Spring 2023. The Act introduces a new duty of quality placed on NHS bodies and Welsh Ministers. This enhanced legal duty sets out that all decisions that are made are done so as to secure improvement in the quality of the services provided within the Welsh NHS, and to deliver improved outcomes for the people of Wales. This legislation emphasises the need for organisations to go beyond simply maintaining their services, and to strive for continuous improvement and excellence.

Work to develop a robust quality management system is underway through the following quality enablers:

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

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”.

Our ambitions

In the next part of our strategy, you will read about the commitments we are making against each of our five quality and safety priorities, namely:

1. Improving End of Life Care
2. Falls Prevention
3. Reducing Healthcare Acquired Infections
4. Improving the recognition and management of Sepsis
5. Suicide Prevention

As we consider our quality ambitions and what is important to us, we want to

- Improve the safety of patients by reducing avoidable harm;
- Embed a culture where staff are empowered and encouraged to improve the quality of care that we provide
- Strengthen our culture of keeping our patients safe;

- Support patients to understand how their health, or otherwise, impacts on their ability to live well for as long as they can, and so that the health board really understands what is important to them at all stages of their journey;
- Cancel fewer operations;
- Reduce patient waiting times;
- Create new opportunities for patients, families and staff to give us feedback about their experiences, and in a way which enables concerns to be addressed in real-time;
- Develop a customer service mindset across the organisation, including how we handle and respond to complaints;
- Take a lead role in the development of a new national system of rapid peer review of unexpected patient deaths, implementing learning about the causes of preventable deaths;
- Significantly improve staff satisfaction, making the Health Board an employer of choice.

Key to this is good communication with patients, families, the public, and our staff and between departments and each other.

Improving end of life care

About 1% of the population each year dies, and whilst that did plateau, we will start to see an increase again as the people living longer start to die. Estimated increase in numbers of death by 25% over the next 10-15 years. And where we are unable to prevent progressive and multiple co-morbidities, palliative care needs will increase by about 42% in the same time frame.

We want to help patients to tell us what is important to them. We need to tell patients and their families what they can expect as their condition changes, so they can plan for it. Advance and future care planning, alongside serious illness conversations, with health care professionals ensures that patients (and those important to them) understand how their conditions are impacting on their function and reserve and helps health care professionals understand what the patient's priorities and preferences are.

The National Audit of Care at the End of Life tells us there is often very little time between the medical team acknowledging someone is dying to them dying, resulting in no time to prepare the patient, for them to put into place what is important to them and no time to prepare family. We will communicate sensitively and have earlier conversations with the dying person.

Improvement goals:

- We will improve compliance with NICE Quality Standard 13 End of life care for adults covers care for adults (aged 18 and over) who are approaching their end of life.
 - That the possibility (that a person may die within the next few days or hours) is recognised and communicated clearly, decisions made and actions taken are in accordance with the person's needs and wishes, and these are regularly reviewed and decisions revised accordingly.
 - Sensitive communication takes place between staff and the dying person, and those identified as important to them.

- The dying person, and those identified as important to them, are involved in decisions about treatment and care to the extent that the dying person wants.
- The needs of families and others identified as important to the dying person are actively explored, respected and met as far as possible.
- An individual plan of care, which includes food and drink, symptom control and psychological, social and spiritual support, is agreed, co-ordinated and delivered with compassion.

Falls prevention

Falls are a common, but often overlooked, cause of injury. Falls and fall-related injuries are a frequent and serious problem for older people aged 65 and older, who have the highest risk of falling. Around 1 in 3 adults over 65 and half of people over 80 will have at least one fall a year. In 2017/18, the Welsh Ambulance Services NHS Trust received 62,488 calls relating to falls. Of these, 31,042 resulted in attendance at a hospital. Falls account for a high demand on the service, second only to breathing problems. It is estimated that between 230,000 and 460,000 people over the age of 60yrs of age fall in Wales each year. The number of people aged 65 and over is projected to increase by 232,000 (36.6 per cent) between 2016 and 2041. As people live longer, more elderly patients are being admitted to hospital.

In-patient falls are the most frequently reported safety incident. More than 250,000 falls and 1,000 fractures are reported from hospitals each year in England and Wales. Recent UK data shows an average of 6.63 falls per 1,000 occupied bed days, which equates to more than 1,700 falls in an 800-bed general hospital at current bed occupancy rates. Data also showed that 30 – 50% of falls resulted in physical injury, as well as fractures which occurred in 1-3% of patients.

We will implement the NICE CG161 Falls in older people: assessing risk and prevention National Audit of Inpatient Falls (NAIF) recommendations, which focus on:

- Multifactorial risk assessment of older people who present for medical attention because of a fall, or report recurrent falls in the past year
- Multifactorial interventions to prevent falls in older people who live in the community
- Multifactorial risk assessment of older peoples' risk of falling during a hospital stay
- Multifactorial interventions to prevent falls in inpatients at risk of falling

Improvement goals:

- Reduce the number of inpatient injurious falls to 195 or below per month, representing a 10% reduction in falls from the 2021/22 injurious falls rates.
- Achievement of inpatient falls per 1000 bed days below national average of 6.6

Reducing healthcare acquired infections

To be completed.

Improvement goals:

- Reduce incidence of the following key infections: *Staph. aureus* and Gram negative bacteraemias, and *C. difficile* infection, incorporating strategies to reduce other healthcare associated infections.
- Reinvigorating evidence-based improvement methodologies, such as the use of care bundles, for the insertion and maintenance of invasive devices.
- Improve safety of patient care environment, with a focus on minimum standards of cleanliness, and scoping House Keeper/Domestic roles and reviewing processes of auditing when a higher level of deep clean is required.
- Review strategic and operational Corporate IP&C workforce, ensuring sustainability
- Digital intelligence resource to support the delivery of key improvement actions
- Strengthen IPC resources within Service Groups.
- Effective communication strategy making IPC everyone's business

Improving the recognition and management of sepsis

Unrecognised acute deterioration (AD) remains one of the biggest causes of harm in healthcare, it occurs in all specialities and all settings. SBUHB is committed to improvement in this area and has identified Sepsis, probably the biggest cause of acute deterioration, as one of its five quality priorities.

There is no silver bullet to reduce harm from AD. Improvements will come from many small changes developed in collaboration with clinicians on two main aspects, recognition of and response to acute deterioration, in line with national guidance and international best practice.

- Recognition- using tools such as National Early Warning Score Cymru (NEWS Cymru) and conveying concern using Situation Background Assessment Recommendation (SBAR).
- Response- using tools such as structured Sepsis screening tool, Treatment Escalation Plan and AKI bundle.

There has been a huge amount of great work in this area already and part of the team's strategy is to ensure that these improvements are robustly embedded into practice. To ensure that the right thing happens every time for every patient.

Our aim is to reduce harm from acute deterioration year on year from 2022.

These goals will be achieved through collaboration with clinical staff and using improvement methodology such as human factors, behavioural change and reflecting on current performance through learning from data.

Improvement goals:

- Improve the treatment of sepsis by 50 %- in line with new AoMRC antimicrobial guidance
- All acute wards to be using an AKI bundle by 2023
- Embed the use of Treatment Escalation Plans

- Ensure all patient facing staff are able to access sepsis training and that is in line with AoMRC, from induction and pre-registration training to senior HB staff.

Suicide prevention

Suicide is rare but globally almost 800,000 die in this way each year. Worldwide it is the 15th leading cause of death accounting for approximately two in every 100 deaths. Notably it is the second leading cause of death among young people in the 15-19 years age group. Suicide is a significant social and public health problem. Each year in Wales between 300 and 350 people die from suicide. This is about three times the number killed in road accidents.

Suicide and self-harm are largely preventable if risk factors of individual groups or population levels are effectively addressed. Therefore, encouraging “self-seeking” behaviour and increasing the chances of earlier and timelier interventions are key within suicide prevention.

We will reduce stigma and improve awareness and understanding of suicidal behaviours amongst the public, professionals and people who are in contact with people at risk of suicide and self-harm. Stigma regarding suicide can be a barrier to those people in crisis seeking the appropriate help and to those bereaved accessing post suicidal bereavement support.

Improvement goals

- Early recognition of anxiety and depression leading to risk of suicide.

In addition to our five quality and safety priorities there are other areas where we need to make improvements, going forward we will include into our quality priorities programme pressure ulcers and access.

Pressure ulcers – to be completed

Improvement goals

Ensuring timely access to services

Welsh Government has published its programme for transforming and modernising planned care and reducing waiting lists in Wales. This plan sets out a number of key ambitions to reduce waiting times for people in Wales, which are:

- 95% of new patients should spend less than 4 hours in emergency departments from arrival until admission, transfer or discharge.
- No patient waiting more than 12 hours in emergency departments from arrival until admission, transfer or discharge
- No one waiting for longer than a year for their first outpatient appointment by the end of 2022 (new target established in the planned care recovery plan)
- The maximum wait for access to specified diagnostic tests is 8 weeks.
- The maximum wait for access to specified therapy services is 14 weeks.

- No patients waiting longer than two years in most specialities by March 2023, and no patients waiting longer than one year in most specialities by Spring 2025
- 95% of patients waiting less than 26 weeks from referral.
- No patients waiting more than 36 weeks for treatment from referral

These national access standards, along with other standards that measure waiting times for specific parts of a patient's pathway or different groups of patients, apply to a very high proportion of the patients who come through our doors. Our Health Board has an absolute commitment to achieving these national standards.

This means keeping people at home as much as we can. If we can stop people who don't need to be in hospital, this helps avoid people getting stuck in hospital, getting hospital acquired infections, reducing mobility/function and increases flow throughout the whole system.

During the lifetime of this strategy, we will continue to set stretching annual targets to reduce cancellations and waiting times. As part of this strategy, we are also committing ourselves to ensuring timely access to mental health services for people who are seen in our Health Board's emergency departments.

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. Alongside the national target of operations cancelled on the day, we are also recording and trying to reduce the number of operations or admissions cancelled the day before the patient was due to be admitted.

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.

Reference the AMSR work as that is about improving timely access, work to centralise orthopaedics in NPT hospital as that is because our biggest group of patients waiting for surgery is orthopaedic procedures. Tie it into planned care programme of work and trajectories?

Improvement goals:

- We will achieve the target of no more than 0.8 per cent of patients operations cancelled on the day of admission.
- We will agree yearly performance targets to reduce the number of patients who are cancelled the day before their 'To come in' date. Our target is the same as for operations cancelled on the day of admission, i.e. no more than 0.8 per cent of elective admissions cancelled the day before.

Reducing outpatient appointments cancellations and in-clinic waits on the day of the appointment

Nearly all patients will have outpatient contact with our services, often on multiple occasions.

In total, we deliver approximately **INSERT NUMBER** outpatient attendances every year. It follows that outpatient services must form a key part of our ambitions for quality over the next four years. Ensuring timeliness of appointments including virtual consultations, digital opportunities, easy and clear communication and a responsive interface between the patient and our services, are essential components of our ambitions for improvement and will have a positive impact on a huge number of our patients.

The Health Board coordinates its improvements for outpatients through its Planned Care Group, delivering a programme of transformation work whilst dealing with Health Board wide operational issues. Outline of work under planned care

We will set stretching but achievable annual targets for reducing outpatient clinic cancellations and clinic waiting times for each year of this strategy.

Improvement goals:

- We will reduce the percentage of outpatient appointments cancelled by the Health Board to less than six per cent by 2025.
- We will achieve year-on-year reductions in the percentage of patients waiting more than 30 minutes after their clinic appointment time.
- We will achieve year-on-year reductions in the percentage of patients who report a delay in their clinic start time through patient reported measures.

Timely access to mental health services

Ensuring timely access to mental health services for adults and children who are seen in our emergency departments and maternity services at times of acute personal distress is a key priority for the Health Board. Psychiatric liaison services provide mental health care to people of all ages who are being treated for physical health conditions. This service is a vital element of the delivery of a modern, responsive and integrated service to patients. We will work with partners to ensure that when patients are identified as requiring onward specialist mental healthcare, we minimise the delays and maintain the safety of our patients while they await their transfer.

Add in section re wider access to mental health services.

Delivering safe and reliable care

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

Our overall aims and targets

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 four years will continue to be the reduction of avoidable harm to our patients and the proactive implementation of improvements to keep our patients safe.

Our overall target is to reduce avoidable harm to our patients by 50 per cent and to reduce mortality by a further 10 per cent by 2026. We are setting this stretching target in the context of promoting an open and transparent culture when things go wrong and a mind-set of seeking continuous learning and improvement.

Improving the safety of our patients

Developing our safety culture to help us embed safety and quality improvement in everything we do

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 as the executive lead for quality along with the Medical Director, Director of Therapies and Health Science, Director of Workforce and OD and Director of Corporate Governance. However, it is recognised that everyone has a role in improving quality and that the culture is an intrinsic component of helping to drive the reset for quality improvement. This is taken into account for the next phase of work.

- Of the five quality priorities in the recovery and sustainability plan, focus is to be given to infection control and falls, given the impact they have patients' ongoing recovery as well as their experience as an inpatient;
- More clinical and therapies/health science engagement and leads in these areas will be identified;
- Focus on communication engagement and celebration;
- Raise the profile of the quality priorities and wider quality improvement work through podcasts, newsletters and staff bulletins as well as regular conferences/events to celebrate and share success.
- Better data and intelligence capture to 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 2022-23 to present the information in a way that staff understand and recognise to be able to address;
- Review of staff within the organisation who have completed the IQT (Improving Quality Together) silver training to determine if there are opportunities to engage them with the delivery of the quality priorities. There were also opportunities to train staff on a monthly basis around quality improvement skills.

Improvement goals:

- We will sustain upper quartile rate of reported incidents per 1,000 bed days: an indicator of an open reporting and just culture.

- We will see an increase in reporting lower levels of harm and near misses

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 600,000 (11 per cent) non-elective hospital admissions medicines are a contributing factor and 20 per cent of people over 70 years old take five or more medicines.

Our aim is to work with patients to deliver safer and better outcomes from medicines, with a primary focus to improve 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:

- Zero medication incidents involving insulin resulting in moderate or severe harm.
- By the end of 2024, we will also set a target for the number of patients with complex medicines referred for a post discharge community pharmacy review.

Preventing peri-procedure never events

Never events are a type of incident which should never happen, 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).

Nationally-driven work to reduce such never events was initially focussed on the operating theatre environment, the main preventative measure being the implementation of the World Health Organisation surgical safety checklist. Through analysis of reported incidents at a national level it has been recognised that these 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.

Our aims are to eliminate peri-operative never events and to increase the quality of engagement with the World Health Organisation (WHO) checklist in all theatre/ interventional environments. We want to reduce the level and frequency of inattention at the 'time-out' section of the WHO checklist across all theatre/interventional environments to less than one per cent.

Our approach will be to develop and implement local safety standards for invasive procedures which align with national guidance. This will include invasive procedures which take place in 'out of theatre' environments such as wards and departments.

Improvement goals:

- Zero peri-procedure never events for a year.
- We will also sustain 95 per cent compliance in the use of the WHO surgical safety checklist.

Learning from the use of patient safety incidents

Incident identification, reporting, analysis and learning is a key pillar of keeping patients safe which informs 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:

- 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 also continue to focus on encouraging incident reporting and systematic incident analysis, implementation of risk reduction actions.
- We will increase the breadth of our Safety Bulletins and review and strengthen our systems for sharing organisation-wide learning.

Improving patient and staff experience

We aspire to be an organisation that treats people differently: in the sense that there is something tangibly special about how we care for people – whether they are patients or members of staff – and also because we treat people as valued individuals, rather than as sets of presenting symptoms, diagnoses or as job titles.

Patient experience is an established cornerstone of an NHS understanding of quality, however it is becoming increasingly recognised that 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 reputation. 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.

Patient experience

Patient experience can be described as the sum of all interactions and 'touch points' that the patient and their family has with our organisation: it's about what happens at those touch points and how it makes patients feel.

Before we can improve patients' experiences of our care, we firstly need to engage and involve them. We need to maximise channels of communication with patients and the people who care for them. Our strategy for improving patient experience is

underpinned by a commitment to four core principles: creating new opportunities for patients and the public to get involved with our Health Board; actively seeking and responding positively to feedback; actively encouraging patients to raise questions and concerns at point of care, and; handling and resolving complaints effectively.

Although we already do all of these things, we want to see an organisational step-change during the lifetime of this strategy. We understand that patient experience is subjective and that we won't always get it right, but we want to develop a culture of partnership working where the slogan "nothing about me without me" is truly reflective of the way we work and communicate. We want to develop our listening ear – as an organisation, and as individuals – to ensure that the patient's voice is heard at every level of our organisation.

We follow the Welsh Government Listening and Learning framework, the framework outlines good service user experience.

Key Determinants of a Good Service User Experience
The key determinants of a good service user experience, based on national and local published evidence, include:

- **First and Lasting Impressions**
For example:
 - Being welcomed in an appropriate manner;
 - Being able to access services in a timely way;
 - Being treated with dignity and respect.
- **Receiving care in a Safe, Supportive, Healing Environment**
For example:
 - Receiving care in a clean, clutter free environment;
 - Receiving good, nutritious, appropriate food;
 - Having access to drinks;
 - Having rigorous infection control practices in place.
- **Understanding of and Involvement in Care**
For example:
 - Receiving appropriate, timely information;
 - Being communicated with in an appropriate, timely manner;
 - Involvement of service users, carers and families in decisions about choice of treatment options and care plans, including discharge and transfer.

Creating new opportunities for patient and public involvement

Patient and public involvement helps us to understand people's experiences, as well as being part of a good experience. Over the next four years, Swansea Bay UHB is committed to building a new and dynamic relationship with patients and the public – helping us to deliver the right services both now and in the years to come. Strengthening our engagement model is a key priority and we recognise that significant ongoing focus is required in this area to build Health Board and confidence with the communities we serve.

It is important that we make it easier for patients and the public to navigate and understand the different access points and roles they can play along the involvement and engagement pathway. For example:

- Taking part in Network events;
- Becoming a member of Swansea UHB;
- Becoming a volunteer;
- Taking part in our assurance visits;
- Joining our staff interview teams;
- If you've made a complaint, helping to create the solution;
- Sharing your story of care with the Health Board.

Improvement goals:

- We will create new touch-points including mystery shopping and 'You Said We Did' events where we share changes and improvements that have resulted from listening to the patient voice.
- We will use social media as a tool for involving patients and the public in our work.
- We will continue to work closely with the Community Health Council and the incoming Citizens Voice Body and our Networks as the way for local communities of interest to engage with our Health Board: we will develop a planned programme of events and 'big conversations', including key questions about how the Health Board can best serve its diverse population.
- We will develop a Health Board patient and public involvement toolkit, and train and empower staff to carry out effective involvement activities using a core set of methodologies and resources; these include the 15 Steps Challenge, Face2face interviews and Patient Experience at Heart workshops.

Actively seeking and responding positively to feedback

The Health Board already has access to a huge amount of patient feedback data that allows us to understand how people experience our services. Going forward we will review and ratify our patient experience strategy.

Our Welsh Government Listening and Learning from feedback methods.



Service User Feedback Methods

Service users, families and carers can give feedback in a wide variety of ways. Some may be specifically designed by organisations to encourage feedback, however there are other sources. It is important that service users, families and carers feel that their views, positive, negative or neutral, are welcomed, that notice will be taken and improvements made where necessary.

A range of feedback methods are available to gain user feedback. Much of the published experience relates to hospital service users although most of them are also applicable to

service users in other settings. It is important that organisations use feedback from all sources to gain a balanced view of experience. A summary of methods is shown below:

Real Time

Service users should be given opportunities to give feedback (eg surveys) whilst in our care so that action can be taken to resolve issues.

Proactive / Reactive

A range of opportunities should be made available to service users / families / carers to provide feedback at any time to demonstrate that feedback is welcomed. This can include paper and online methods, text and social media.

Retrospective

In-depth feedback should be sought from service users after they have left our care to allow more detailed analysis of issues. This can incorporate quality of life and Patient Reported Outcomes Measures (PROMs) / Patient Reported Experience Measures (PREMs).

Balancing

Narrative feedback adds balance to survey-based feedback. Sources include concerns and compliments, clinical incidents, patient stories, third party surveys such as Community Health Council and voluntary organisations.

Since 2014 we have collected patient feedback. In 2021 a new system called Civica was procured across Wales for Health Boards to use. The Civica system gathers, analyses and responds to patient feedback. We maximise opportunities for people to give feedback, where possible in real-time at point of care.

The new system contributes significantly to our ambitions for achieving a culture where staff understand the importance of providing a great patient experience and take personal responsibility for making this happen. The way we gather feedback has changed to becoming a core part of what we do and who we are.

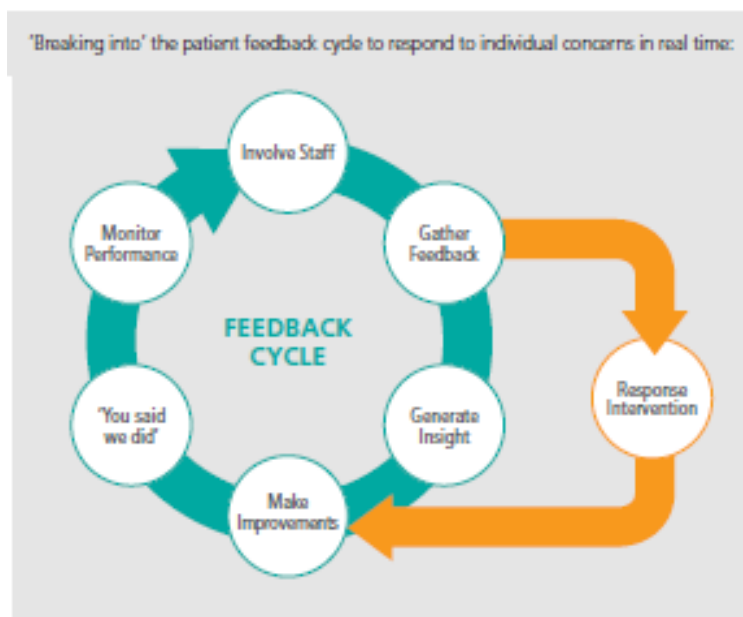
Our new feedback system does:

- Enable people to give us feedback at the time that suits them best.
- Present feedback in a way which creates positive competition and drives service improvement.
- Facilitate multi-professional engagement in seeking, hearing and acting upon patient feedback: the new system allows medical staff to become fully engaged in this process – we want to see patient feedback becoming a routine part of how doctors measure success, not just an activity linked to five-yearly revalidation.

- Support transparency, putting feedback directly into the public domain, allowing people to make informed choices about their health care, inspiring confidence in our organisation and, where necessary, holding the Health Board to account.
- Deliver or facilitate a clearly recognisable corporate brand articulating our desire to hear from patients: patients coming into our hospitals or visiting our web site, will get a clear sense that we value and use their feedback and that we take pride in being a listening organisation.
- Enable us to identify and celebrate successes as well as highlight problems.
- Allows SMS messages to inpatient and outpatients, real time feedback, Alerts, automatic reports
- Support the message to our staff that **every patient encounter matters**.

Most of our current surveys are retrospective (via SMS direct to the patient mobile device) and not at point of care. There are good reasons for this. For example, some patients may take a different view about their care (either positively or negatively) having had time to reflect on their experience; and other patients may be reluctant to speak frankly whilst they are in a position where they are still receiving care. In order to guarantee a consistent flow of reliable, robust, feedback, which we can use to measure progress. We also use QR codes on posters in clinics, also placing F&F cards (paper version) in clinic and ward areas for people to complete and post in the boxes for collection and processing.

We have shifted our primary focus to asking patients about their experiences at point of care, using PALS and Volunteers to undertake surveys. Critically, we hope that this will give us the opportunity to put things right – if we can – for anyone who gives us negative feedback or raises specific concerns. The new Civica system has the added ability not just to capture feedback in real-time, but to create the potential for staff to respond positively and to feed this back personally and publicly.



We continue to maximise learning associated with the Friends and Family Test (FFT) in its various forms. This includes continuing our recently established practice of publishing any negative comments received via the FFT, with a considered response from the Health Board.

Through the programme described here, we will continue to find out what kind of service people received from our organisation, how they feel about this, and what we can learn about delivering great people and community service. Our new Civica programme also enables us to respond, not just to patterns and themes of feedback, but to feedback from individual patients and family members in real-time. This represents a step-change in two-way communications.

Improvement goals:

- We will improve our overall ratings of care in the Friends and Family test currently our score is set to 85% satisfaction rate. We aim to be above this score and monitor monthly scores.
- We will also aim to achieve an NHS All Wales Question score of 90% , The All Wales Questions are validated question set from the Listening and Learning from feedback framework
- We will achieve Friends and Family Test scores and increase response rates. Where able benchmarking with other HBs in Wales who use the F&F questions
- We will achieve the widespread use of patient experience insight at all levels of the organisation – personally, within teams, and as an organisation – to shape and improve care.

Encouraging patients and families to raise concerns and seek help at point of care

One of the central themes of our strategy for patient experience is responsive care – enabling and encouraging patients to raise questions and concerns about their care, here and now. Patients occasionally give negative feedback about our services after they have gone home from hospital. When this happens, there is always a sense of regret that we missed the opportunity to talk, and perhaps, to put things right. We have described how one of the requirements of our new patient feedback system will be the ability to bring negative real-time feedback to the attention of staff to create the possibility of having conversations and addressing concerns as they arise. However, this is just one of the ways in which we need to be connecting with patients.

During the lifetime of this strategy, as part of developing a recognisable brand for patient experience at Swansea UHB, we will publicise to patients and the people who care for them the different ways that they can seek help if they are unhappy, concerned, or worried about any aspect of treatment and care. We will do this in a way which gives patients permission, and it becomes what staff expect – “it’s OK to ask”. In practice, this covers a wide spectrum of activities from on-ward/in-clinic conversations with staff, to the use of call bells, to access to the PALS services.

Improvement goals:

- We will achieve a top 10 score in the national staff survey for the proportion of staff saying that the Health Board acts on concerns raised by patients

Handling and resolving complaints effectively

We have recognised how engagement and involvement activities are a way of understanding the ‘what’ and ‘how’ of patient experience, as well as themselves being part of the ‘what’ and ‘how’. The same is true of how we handle complaints about our services: complaints enable us to learn about patient experience, but how we enable people to complain, and how we respond when they do, is itself a vital part of patient experience; it speaks volumes about our values and the kind of organisation we aspire to be. As part of our conscious move towards a people and communities 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. Complaints in Wales are governed by the Putting Things Right Regulations 2013

We aim wherever possible to have 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 (or standard timescale for formal complaints investigations) can be a long time for patients and family members when they are seeking answers to important questions.

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Improvement goals:

- 75 per cent of complaints will consistently be responded to within 30 working days, with extensions to deadlines made by exception only.
- We will achieve a top 10 score in the national staff survey for the proportion of staff saying that the Health Board acts on concerns raised by patients (this means moving from a current overall score of 72 per cent to a projected requirement of 80 per cent).

Improving staff experience

Swansea 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. We are working to continually collect feedback from staff using the Civica system. This will allow us to collect more real time feedback.

Add in last Staff survey findings

Key initiatives have already begun include developing a culture of 'collective leadership' through staff listening events, leadership touchpoints, regular surveys and 'pulse' checks to monitor staff morale and job satisfaction, and focussed activities aimed at reducing work-based stress and bullying and harassment.

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. It is vital that we focus on key areas of improvement to attract and retain staff.

The Health Board also understands the important role that physical and psychological initiatives can play in creating a healthy workplace. We will continue and broaden a range of local initiatives to support our staff: from building resilience, to the Sharing Hope project and seasonal flu vaccinations.

Improvement goals:

- By 2025, we will be recognised as being in the top 3 NHS Health Boards to work for, as measured by the following aspects of the NHS staff survey:
 - Staff engagement score % rise by? Score in staff survey
 - Quality of staff appraisals measured by?
 - Incidents of bullying and harassment towards staff by other staff (reducing by a quarter, from? per cent to? per cent by 2025).
- We will also achieve year on year improvements in the following areas:
 - The Friends and Family Test, measuring whether staff would recommend Swansea UHB as a place to work.
 - Turnover rates, reducing this by a minimum of 2 per cent by 2025 (from? per cent to no more than? per cent).

Improving outcomes

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.

Patient reported outcome measures (PROMs) can help us understand the outcomes which matter most to patients (including quality of life), highlight areas with significant variation in outcome and indicate potential areas for service improvement.

Add in plans around PROMS

Evidence-based practice and local clinical audit

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 four years, we will continue to develop the way we use participation in local clinical audit to drive improvement in clinical services.

Improvement goals:

- 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).
- 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.

Using 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.

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; and
- 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.

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: the conclusion of natural disease processes, frailty of old age, and complex patients with multiple comorbidities. However, we know that in all healthcare systems, things can, and do, go wrong. Research tells us that around three per cent of hospital deaths are potentially preventable.

Hospital standardised mortality ratio (HSMR) and summary hospital-level mortality indicator (SHMI)

There are two main tools available to the NHS to compare mortality rates between different hospitals and Health Boards: the Hospital Standardised Mortality Ratio (HSMR) produced by Dr Foster Intelligence, and the Summary Hospital Mortality Indicator (SHMI) produced by the Health and Social Care Information Centre. The HSMR includes only the 56 diagnosis groups (medical conditions) which account for approximately 80 per cent of in-hospital deaths. Our Health Board tends to lend greater weight to the SHMI as it includes all diagnosis groups as well as including

deaths occurring in the 30 days following hospital discharge whereas the HSMR includes only in-hospital deaths. SHMI data published in ? suggests that fewer than expected patients die in the care of our hospitals.

Taking 2020 as a whole, SHMI data shows that Swansea UHB had ? deaths compared to ? expected deaths, when compared against rest of England: a SHMI score of ?. The latest HSMR data available at the time of writing is for the period ?. Or alternative data source used in Wales?

Local mortality review

Because the vast majority of deaths are expected and are 'acceptable' outcomes, at best, the SHMI and HSMR provide only a broad measure of the quality of care provided at a hospital. As the inherent limitations of global measures of death rate become more apparent, our desire to continually improve the care we provide has led us to focus our efforts on achieving a better understanding of unexpected and potentially preventable death. The way we are doing this is through individual case note review of deceased patients: a personalised approach which facilitates broad based organisational learning.

If a hospital knows and understands the common causes of potentially avoidable mortality in the patients for whom it is responsible, it can also use this knowledge to direct clinical audit and quality improvement activity. Furthermore, this information can form the basis of integrated learning with partners in primary care and can be used as an effective learning tool, 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.

The Health Board's current process for adult mortality review was established for adult inpatient deaths in May 2014 with the aim of reviewing all inpatient deaths occurring in the organisation. The review is carried out by the lead consultant for each patient. However, this is now being revised and relaunched, with a new emphasis on peer review, in line with national guidance.

Given that the majority of hospital deaths are expected, rather than review all deaths, we will instead develop a process of rapid and full review of potential high risk cases. This will include all deaths of elective admission patients and all deaths of patients with learning difficulties.

This process will also allow us to co-ordinate and integrate already established pockets of excellence such as the Intensive Care National Audit & Research Centre (ICNARC) data which demonstrates we have one of the safest intensive care units in the country. This coordinated approach will allow us to accurately identify areas where improvements will save lives.

Full integration with the Coroner's office will be established so that pertinent information from patients undergoing Coroners' post mortem is fed back into our mortality review group to maximise the learning. In addition, we already have an established process of reviewing both child and maternal deaths. All three of these

processes will be fully integrated across the organisation, particularly where there is overlap or transition from childhood to adult.

Improvement goals:

- We will identify the top ten causes of adult mortality within the organisation.
- From this, we will develop multi-disciplinary learning to support and enhance our patient safety and quality improvement programmes.

Working together to innovate and improve

This strategy is testimony to Swansea UHB's investment in a wide range of programmes and approaches to innovate and to improve, some of which are highlighted in the figure below.

Add in detail about innovation programmes and future plans.

1. We encourage and capture ideas for innovation and improvement.
2. We sort and classify ideas – encouraging staff who can implement themselves to do so, or helping them connect to an existing programme.
3. Where ideas need support, we decide which to prioritise.
4. We provide support in implementation of the best ideas. Support could include resource capacity, capability development, coaching in tools/methods, or support in developing a case for funding.
5. We publicise and celebrate implementation of good ideas.
6. Part of this approach will involve the creation of a new multi-professional quality forum where representatives from these programmes meet to review proposals, exchange ideas, and seek opportunities to add value through collaborative working.

Monitoring our progress

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.

Following the publication of the Quality Strategy our Quality and Safety Process Framework will be undertaken to update this in line with the Quality Strategy This will include an action plan to monitor achievement of the improvement goals within the Strategy and compliance of the Framework and take account of further guidance due in Autumn relating to the Quality and Engagement Act.

This will include each month, our Board receiving 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:

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

Our Board will also continue its existing practice of receiving a patient story at the start of its meetings – where possible, from the patient in person. The purpose of the story is to remind the Board about the people it serves and to create a context for the vital discussions and decision making that follows.

At the end of 2023/24, 2024/25 and 2025/26, the Board will review and, if necessary, adjust our 2027 goals. The Board will also agree a set of annual quality objectives to keep us moving towards our vision. We will do this in consultation with staff, patients, members, partners and governors. The objectives, which will relate to the four core themes of our strategy, will be published in our annual Quality Account; and every quarter, the Board will receive a report detailing the progress we have made towards achieving them.