

CHANGING FOR THE BETTER



REPORT

Quality Strategy

05



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

May 2015

© ABM University Health Board 2015

This strategy and associated annual plans can be downloaded from;

www.changingforthebetter.org.uk

Our quality strategy for 2015-2018

Caring for each other,
working together
and always improving.

“ We will respect people’s rights in all that we do
and plan our services and their care with them.
Wherever and by whom it is provided, care will be
safe and compassionate, meeting agreed national
standards, providing excellent outcomes and an
experience that is as good as it could be. ”



CONTENTS

Foreword

Introduction and Context	01
Our strategic quality objectives	07
Put the building blocks in place	19
The next steps	24
Appendix 1	28



FOREWORD

Rory Farrelly
Director of Nursing
and
Patient Experience



Hamish Laing
Medical Director



As Abertawe Bro Morgannwg University (ABMU) Health Boards' executive leads for quality, we are committed to a truly integrated healthcare system that is designed to meet the needs and priorities of the people of Bridgend, Neath Port Talbot, Swansea and the communities for whom we provide tertiary services, and is comparable with the best standards.

Our first and main priority is to deliver health services that embody the principles of Prudent Healthcare and are consistently of the highest quality; by this we mean safe, effective, person-centred, caring and compassionate services that respect people's needs and empowers them to make informed decisions and choices.

Quality must be at the forefront of all our thinking and embedded in everything that we all do. Every one of us working in healthcare has a role to play in ensuring that anyone who uses our services or those that we commission for them (for example from our GPs or care homes) receives high quality advice, support, treatment and care every time.

Recently we have taken significant steps to strengthen the Health Board's quality assurance, patient feedback and quality improvement arrangements.

However further work is still needed and we know that we must continue to transform how we work if we are to place people always at the centre of the services we provide and prevention, quality and transparency at the heart of the healthcare we deliver.

Our Quality Strategy gives a clear direction to everyone who works for, or on behalf of, ABMU Health Board and demonstrates the importance we place on quality and the experiences of our patients. It provides a vision of what we can, and must achieve, and a plan of how we will do so.

We hope this Strategy will strengthen the confidence that those we commission and provide services for have in our organisation, by demonstrating how we will work together with them to deliver services that are amongst the very best and of which we can all be proud.



INTRODUCTION AND CONTEXT

Abertawe Bro Morgannwg University (ABMU) Health Board is committed to delivering the highest quality health services that make genuine and meaningful differences to the people of Bridgend, Neath Port Talbot and Swansea and the communities for whom we provide tertiary services. However, issues identified in Princess of Wales Hospital during 2013 and described in the reports from the Advancing Quality Alliance (AQuA) and Professor June Andrews, showed that we needed to strengthen the processes and systems that we have in place to eliminate variability and deliver a high quality service 'every time'.

Our Quality Strategy sets out the steps we will take to improve the quality of our services and achieve excellence consistently by ensuring that **quality assurance** and **quality improvement** are at the forefront of all our thinking and embedded in everything that we do. It describes what we want to achieve (our **strategic quality objectives**), the approach that we will take to achieve them (our **annual quality plans**) and how we will measure success (our **quality measures**).

This Strategy builds on and supersedes our previous patient experience and safety programmes. It is not just about restating the aims and objectives we have set previously or renewing policies and approaches. It is about bringing real and tangible change to the culture of our Health Board and the way in which we deliver our services: adopting all the principles of Prudent Healthcare and the values we have set ourselves with our patients. This Strategy applies to all our services (health promotion and prevention as well as primary, community, secondary and tertiary care) provided and commissioned by the Health Board; it provides a shared vision of how we will:

- Put the people of Bridgend, Neath Port Talbot and Swansea, our wider communities and the experiences of all our patients at the heart of our services by promoting and encouraging patient and carer decision-making and involvement in everything that we do (**“Working together”**);
- support and enable our staff to deliver high-quality, evidence-based care and prevention compassionately by making it easier for them to consistently do the right thing (**“caring for each other”**);
- make tangible, continuous and measurable improvement to the aspects of quality that people have told us are important to them (**“always improving”**);
- ensure vibrant research and education collaborations aligned to help us excel as a provider of healthcare;
- learn from when the patient experience is poor or we cause harm so that we do better in the future; and
- become a ‘high reliability’ organisation that has consistent quality and improving the experiences of our patients at the core of all our services.

The quality objectives and goals we have set should guide all the strategic, service delivery and development plans produced by this Health Board and will ensure that quality is embedded in all work streams put in place to deliver the Board’s six strategic aims:

- | | |
|---|---|
| • Healthier communities; | • Strong partnerships; |
| • Excellent patient outcomes and experience; | • A fully engaged and skilled workforce; and |
| • Sustainable and accessible services; | • Effective governance. |

Annual “Quality Plans” that implement the approach set out in this Strategy will be included in the Board’s Integrated Medium Term Planning (IMTP) process, and all related annual business plans.

How this document fits with national guidance and policy

This Strategy builds on the foundations put in place nationally by the Welsh Government as well as our local quality improvement and assurance arrangements. Particular regard has been paid to Achieving Excellence: The Quality Delivery Plan for the NHS in Wales 2012-2016, which sets out the Welsh Government's ambitions for achieving excellence in Welsh healthcare by 2016. The Welsh Government's vision is for a quality-driven NHS that is focused on providing quality care and excellent patient experience, harnessed through four key drivers:

- **The enthusiasm and commitment of our staff;**
- **the views of the public;**
- **transparent reporting on performance; and**
- **a system that demonstrates the behaviours of high performing, quality-focused organisations;**
 - **clear organisational values and goals;**
 - **visible leadership at all levels;**
 - **strong employee engagement and satisfaction;**
 - **a relentless focus on improvement;**
 - **robust systems for reporting and learning;**
 - **openness in all that they do.**

Achieving Excellence also sets all Welsh health organisations the double goal of ensuring both **quality improvement** and **quality assurance**. So far the following national building blocks have been put in place:

- **Doing well, Doing better: Standards for Health Services in Wales;**
- **1000 Lives Campaign and the 1000 Lives Plus programme;**
- **Putting Things Right Regulations (2011) - user focused arrangements for dealing with concerns about NHS care;**
- **Safe care, Compassionate Care, the national governance framework;**
- **Delivering Safe care, Compassionate Care: Learning for Wales from the Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry;**
- **the requirement for all NHS organisations to produce Annual Quality Statements;**
- **The NHS Outcomes Framework for 2014-15;**
- **The Andrews Report “Trusted to Care”;**
- **The Palmer and Evans Reports to Welsh Government; and**
- **Disease or condition-specific Quality Delivery Plans.**

We have also reflected the findings of the Berwick report (2013)¹ in our Strategy, as this stressed the importance for health organisations, whether they provide or commission health-related services, to place quality, especially safety, above all other aims by:

- **Involving patients in everything that we do by engaging, empowering and hearing their voice throughout the entire system and at all times.**
- **fostering the growth and development of all our staff, including their ability and support to improve the processes in which they work.**
- **embracing transparency unequivocally and everywhere, in the service of accountability, trust and the growth of knowledge.**

These are important principles that also have been echoed in ‘Delivering Safe care, Compassionate Care’, the Welsh Government and NHS Wales’ response to the Robert Francis Report².

We have a comprehensive plan to address the failings identified in Trusted to Care (the “Andrews Report”). The standards that we have developed with our partners and patients for what frail older people can expect from us and the measures to assure that we are meeting those expectations will be adopted throughout the Health Board and across the NHS in Wales.

¹. *A Promise to Learn a Commitment to Act — Improving the Safety of Patients in England*

². *Report of Mid Staffordshire NHS Foundation Trust Public Enquiry, February 2013.*



OUR STRATEGIC QUALITY OBJECTIVES

To be successful, any strategy is dependent on there being absolute clarity about the strategic objectives that everyone needs to work towards achieving. In developing our strategic quality objectives we have used the Institute of Medicine (2001) definition of quality as their cornerstone. This has the following six dimensions:

- **Person centred: health services that are responsive to the needs and requirements of the individual and are guided by the values of the individual;**
- **safe: health services that take all possible steps to avoid injury or harm;**
- **effective: services that are based on best practice and evidence;**
- **efficient: services that do not waste resources such as equipment, energy, medicines, diagnostic time;**
- **equitable: services that do not vary due to personal characteristic such as age, gender and geographical location; and**
- **timely: services that are provided when they are needed and where there is no delay in the delivery of care and treatment that is needed.**

However, if quality and the experiences of our patients are to be at the heart of everything we do, we must define and measure them from the perspective of our communities, patients, their carers and families. We must listen to, and

most importantly hear, what the communities we serve have to say and understand their experience by involving them, patients and their carers/relatives in the planning, development and delivery of all our services.

To help with this, we ran a series of “In Your Shoes” workshops during 2013-14 which gave us an important opportunity to listen to those we provide services for and understand their experiences and expectations. The workshops gave patients, their families and carers a way to influence how we deliver consistently safe, effective, person centred, caring and compassionate services. In addition, we also carried out an intensive workshop programme with our staff, called “In Our Shoes”. During the “In Our Shoes” workshops, staff shared experiences about what makes for a good day at work, what makes a bad day and what leaders, managers and they themselves can do to make ABMU a better place to work in.

This has enabled us to develop with the public and our patients, stake-holders and staff the values and behaviours that can be expected in all those who work for, or on behalf of ABMU Health Board. These have been distilled into three key themes and are summarised below.

caring for each other	working together	always improving
in every human contact in all of our communities and each of our hospitals.	as patients, families, carers, staff and communities so that we always put patients first.	so that we are at our best for every patient and for each other.
We are friendly, helpful and attentive . We welcome others with a smile. We see people as individuals . We do the right thing for every person and treat everyone with dignity and respect . We are kind, compassionate, patient , and empathetic to the needs of others.	We communicate openly and honestly and explain things clearly . We take time to listen, understand and involve people . We value everyone's contribution and we work with our partners to join things up for people. We are open to, and act on, feedback . We speak up if we are concerned.	We keep people safe and provide an efficient and timely service. We are professional and responsible and hold ourselves and each other to account . We choose a positive attitude, seek out learning , and continually develop our skills and services.
We won't ignore people, be dismissive, rude, abrupt or leave anyone to suffer or feel neglected.	We won't let each other down, exclude or criticise people.	We won't accept second best or choose a negative attitude.

For our Quality Strategy to be successful, these values and behaviours will need to be demonstrated by all of us, every minute of each day.

We have also taken account of:

a. the outcomes of the engagement events led by the Welsh Government, that identified what people living in Wales consider to be the key aspects of quality health services, these are:

- **Being well informed and supported to manage their own physical and mental health;**
- **being protected from harm;**
- **being treated with dignity and respect;**
- **receiving the right care and support as locally as possible;**
- **having timely access to services based on clinical need;**
- **being actively involved in decisions about their care;**
- **being treated as an individual with their own needs and responsibilities; and**
- **being able to find information on how the NHS is open and transparent about its use of resources.**

b. the requirements set by the Welsh Government for reporting on quality as part of Annual Quality Statements, these are:

- **Staying healthy;**
- **safe care;**
- **effective care;**
- **dignified care:**

- **timely Care;**
- **treating people as individuals; and**
- **our staff.**

c. the quality themes being consulted upon as part of the new Standards for Health Services, namely:



Understanding the journey ahead of us

Whilst we were talking with people about what our values should be, we completed a baseline assessment of where we were as an organisation for some of the key quality dimensions and drivers outlined earlier in this section. We used this to describe the vision that we want to achieve over the next three years.

The focus of our Strategy

Our baseline assessment and most importantly the feedback we received from the communities we serve and our patients confirmed that we should focus on defining excellence, identifying whether we are delivering excellence and always trying to improve the quality of what we do.

Therefore we need to:

- **Make clear what we mean by quality and how it will be measured and monitored;**
- **make the guidance and information we provide on our priorities simpler so that there is no doubt what is expected;**
- **put our people at the heart of all that we do and develop meaningful partnerships with them to improve our services;**
- **listen carefully to feedback from patients, carers and relatives and ensure that we learn from them how we can do better and then tell them what action we have taken;**
- **ensure a coherent and consistent approach to the delivery of quality across all our services by developing a culture in which the pursuit of continuous improvement is both encouraged and expected;**
- **take a holistic and “whole system” approach where health promotion and preventing or delaying the on-set of ill health have equal importance to the delivery of care and treatment of illness;**
- **recognise when others are better placed to deliver services and work with other statutory, third sector and voluntary organisations to commission the services that citizens need;**

- **support and enable our staff to deliver the highest possible quality support, care, treatments, teaching and research consistently by empowering them to monitor and reflect on their own performance and always be trying to improve; and**
- **be clear how we will measure and share information about our quality performance and be open and transparent in our assessment of quality; because if we are not honest about the quality of our services how will we know where to focus and improve?**

Our definition of excellence and Strategic Quality Objectives

People living in the communities we serve, patients and stakeholders have told us that they understand that given the complexity of some of our services, sometimes things will go wrong - but they do not expect to be put at risk of avoidable harm and want always to be treated with dignity and respect. They also expect us to be clear what an excellent service should look like; to know when we fall short of delivering it and to be open about any shortcomings. They have told us that in terms of quality improvement they would like the Health Board to focus on:

1. Re-establishing standards of basic human care

Humanity and dignity	Available staff (safer levels)
Having food and drink	Continuous care / after-care
Medication and pain relief	Bring back Matrons
Human contact	Specific needs (disabilities)

2. Supporting a positive, person focused attitude in all staff

Welcoming and smiling	Attitude and morale
Friendly and caring	Treat the individual
Empathetic and supportive	Putting patients first
Aware of the impact	Helpful and time to listen

3. Ensuring messages are understood

Improving communication	Be open and honest
Information people need	Feedback
Inform of waiting times	Acknowledge the problems
Listen and understand	

4. Staff training and development

Training	Accountability / consistency
Clear expectations	Able to speak up
Values based recruitment	Empower value staff
Role modelling values	Clear goals on same page

6. Specific improvements in relation to

Quality / nutrition of food	Decreased paperwork
Calm healing environment	Better car parking
Better notes system	Access
Increased resources	Discharge / after-care

Responding to what people have told us is important to them and recognising the foundations put in place nationally by the Welsh Government we have adopted the following definition of quality:

Quality services, care and treatment are safe, effective, person-centred, caring, compassionate and respect people's needs and their right to make informed decisions and choices.

We will focus on delivering high quality services by addressing those things that contribute to the achievement of the following strategic quality objectives:

1 Quality Objective: *To plan and deliver our services with the people living in the communities we serve, so that they are person-centred, caring and responsive to need.*

We will have achieved this objective when:

- Our public and patients are engaged and actively involved in all our planning and their views and experiences inform our service development and design;
- we learn from when things go wrong so they do not keep going wrong;
- our learning from the experiences of our patients and the outcomes of the care we provide forms the cornerstone of all our planning, service development, service design and delivery across all parts of the health board;
- we measure and talk about the outcomes that matter most to people, patients, carers and relatives;
- our services are easy for people to access when they need them, with reasonable adjustments made for individuals who find it more difficult to use our services than others;

- our staff give support, advice, care and treatment in a way that is compassionate, respects individual needs, values and rights every time; and
- we work in partnership with patients, their families and carers so that they share decision making about their care.

2

Quality Objective: *To deliver excellent, effective and efficient services that are based on evidence and standards.*

We will have achieved this objective when:

- We compare (“benchmark”) our services against the very best and continually improve so that the outcomes are and remain in the top 25%;
- we use measures to show that all of our services, wards and departments are delivering high quality outcomes consistently;
- we use the latest evidence and research to guide the advice, interventions and treatment we provide (and also do not provide), at all times;
- we provide consistent, clinically-proven advice and services at the right time, in the right place and to anyone who will benefit;
- we no longer provide services that people will be unlikely to benefit from and could be harmed;
- we provide advice, support, treatment and care in environments that are clean, safe, accessible and fit for purpose;

- information about outcomes for patients is collected in “real-time”, analysed and reported, not just to those accountable for them but used to drive continuous improvement and published openly; and
- we use patient reported outcome measures to show where improvement is needed.

3

Quality Objective: *To make sure that everything we do is as safe as possible.*

We will have achieved this objective when:

- There is zero tolerance of safety breaches and never events;
- we consistently use agreed national and professional standards to reduce unjustified variation and practice known to cause harm;
- we act promptly to address concerns and incidents, and ensure a robust and proportionate investigation every time to prevent repeated poor care, treatment or service;
- we seek actively to learn from and share the experiences of our own and other organisations, safety alerts and research to avoid unnecessary harm to our patients and population; and
- we review the care of anyone who was being treated by us when they died to make sure that the care and treatment we provided was the best available

4

Quality Objective: *To organise the Health Board for excellence and continuous improvement.*

We will have achieved this objective when:

- The shared values and behaviours that we have adopted are demonstrated by everyone in the Health Board;
- accountabilities and responsibilities are clear;
- the personal objectives of all our staff are aligned to the health board's quality objectives;
- all our staff are skilled in improvement methods and are empowered continuously to improve the quality and effectiveness of the services they are part of;
- we are recognised by our patients and staff as being a listening organisation that knows how well we are doing and for being open, honest and transparent in all that we do;
- we have strong and effective clinical leadership at all levels; and
- we continuously and consistently improve our services so that they deliver high quality today and tomorrow.



We have set ourselves the objective of organising our Health Board for the 'delivery of excellence' because this is essential for the achievement of this Strategy. To deliver quality consistently we need to be a 'high reliability' organisation and so we must ensure that we address the fundamental issues of:

- **Culture;**
- **accountabilities and responsibilities;**
- **optimisation and standardisation of processes; and**
- **outcome measurement and monitoring.**

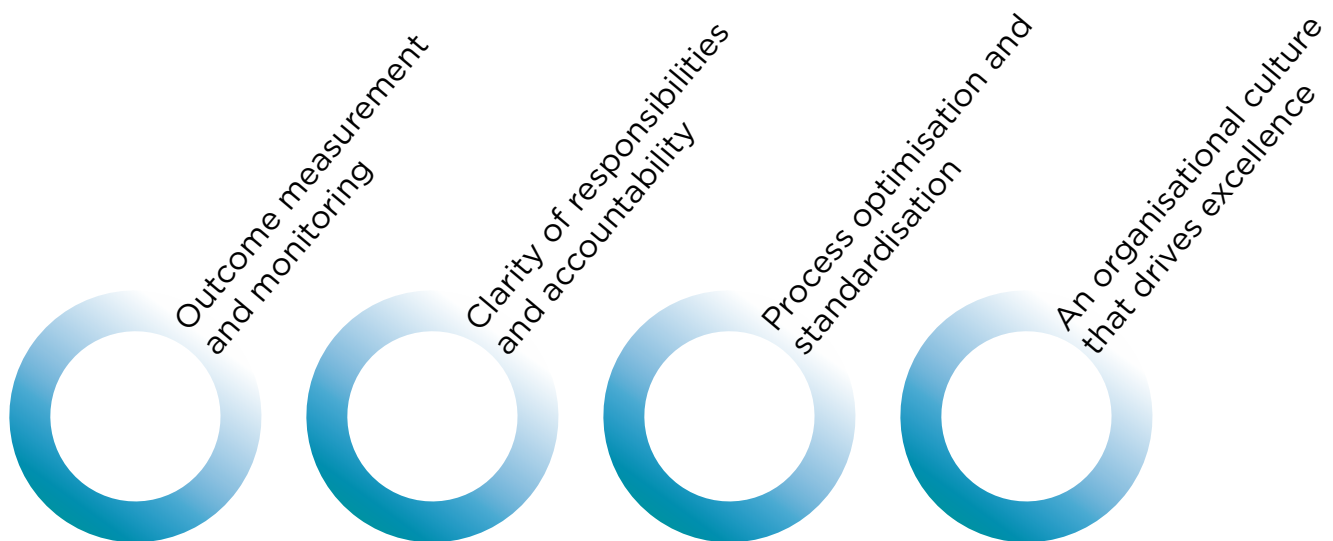
These are discussed further in the next section.



PUTTING THE BUILDING BLOCKS IN PLACE

to make us a 'high reliability' organisation

The achievement of consistent quality across all our services will not happen on its own. It requires strong and effective leadership, the right infrastructure and the commitment of every staff member to do their job to the best of their ability. In “The More I Know the Less I Sleep” (KPMG, 2013) international health leaders point out that many healthcare organisations ‘lack even the basic building blocks’ to enable them to become an organisation that delivers quality consistently i.e. a high reliability organisation:



If we are to meet our Strategic intent of delivering ‘health services that are safe, effective, person-centred, caring and compassionate and respect people’s needs and their right to make informed decisions and choices’ we need to be satisfied that we have all four building blocks in place and that they are operating effectively across all parts of our organisation to deliver quality outcomes every time.

Organisational Culture:

A culture devoted to achieving the highest quality

Creating the right organisational culture is vital to the success of this Strategy. High quality organisations have a culture of excellence where only the highest standards are accepted.

Demonstrating the values we have described earlier in this document are vital if we are to provide ‘safe, effective, person-centred, caring and compassionate services that respect people’s needs and their right to make informed decisions and choices’. To reinforce these values, a set of supporting behaviours will be developed and mapped to professional codes of conduct and related guidance from the General Medical Council, Nursing and Midwifery Council, General Dental Council, General Pharmaceutical Council, Healthcare Support Workers, Institute of Healthcare Management and Health and Care Professions Council (see inside back cover).

We know that a change in culture does not happen overnight and that in many parts of the Health Board a culture that supports high quality care and excellence is already in place, however we must ensure that this is consistent across all our services. The “In your shoes” and “In our shoes” meetings were just a start. To deliver this Strategy we will:

- **Support the Board to take an active involvement in defining and measuring quality;**
- **ensure quality is at the core of the business of this Health Board;**
- **engage with our staff to ensure continuous measurement and a clear sense of accountability become intrinsic values instead of imposed obligations;**
- **expect zero tolerance of breaches of safety;**
- **encourage understanding, trust and respect of the roles we each play in delivering quality;**

- **ensure a learning approach to addressing errors that does not seek to blame;**
- **further develop and support multi-disciplinary team working; and**
- **look carefully at the training and development opportunities we provide to our staff and Board to ensure that they equip them to deliver excellence.**

Responsibilities and Accountabilities

All of us who work for, or on behalf of, ABMU Health Board have a responsibility and are accountable for the quality of services and patient outcomes. However, it is important that everyone understands the part that they each play in providing excellent person-centred, compassionate and effective clinical care.

The More I Know the Less I Sleep highlights the importance of:

- **Accountabilities, responsibilities and reporting lines being clear; including clarity as to who are the identifiable owners of patient pathways as well as services and wards;**
- **making high quality patient outcomes (and not process measures) the most important objective;**
- **having a clear vision of how to use measures; without this even the best metrics have little value;**
- **frontline staff deciding what to monitor and not developing measures from the top; and**
- **a streamlined, upward flow of the most important measures.**

Being clear about accountability and responsibility can drive-up quality because individuals are motivated to “own” any problems and help find solutions. We will work on this with colleagues as the new organisation arrangements are designed and set out details of the action we will take in the annual quality plans that will underpin this Strategy.

Optimising and standardising processes

We must, wherever and whenever possible, align measurement and roles with evidence-based standards, well-tested pathways and procedures. Such an approach will reduce complexity, variation, waste and also enhance quality. The design of those pathways must reflect the mutually agreed needs of our patients and citizens and seek to meet (but not exceed) that need. There needs to be continuous scrutiny to ensure that the proposed pathway of care is in fact delivering what was intended. If not it needs to be redesigned so that it does or does it even better.

Research has shown that guidelines are often forgotten or not referred to and so through the commissioning boards and clinical teams the Health Board will:

- **Encourage the use of standard operating procedures; these should be seen as the basis of continuous improvement and the default so that practitioners can focus on the unique aspects of care;**
- **replace guidelines with automated pathways i.e., the default way of doing things;**
- **front-line staff will be supported to design and embed those pathways and be responsible for confirming that the standardised procedure is followed; this will ensure that they are user-friendly;**
- **ensure that information on compliance with and outcomes of the care pathways are fed back to the “owner” so that they can monitor and improve the pathway; and**
- **work with front-line staff to develop scrutiny processes and checks so that they are owned and understood.**

The Board will also work with front-line staff to ensure that they are supported, equipped and have permission to make decisions on:

- **What is most important for patients;**
- **what they can do to change and improve care, care outcomes and the experiences of their patients, prevention and treatment ;**
- **what they have to do to make those changes, including any escalation processes or changes to pathways of care;**
- **what to monitor and how to report how their changes and improvements are progressing; and**
- **ensuring they provide high-quality, evidence-based and risk-managed care, in their own ward, department or area.**

Measurement and monitoring

If we are to drive-up quality and bring about positive and meaningful change we must measure what matters to our patients and ensure that the information we collect is focused on patient outcomes and improving their experiences. We must benchmark our services with the best and establish the key outcomes measures and linked targets for all our services, which will help drive quality. A limited set of key outcome measures will capture the quality of our services better than the large range of process measures we currently have in place; research has shown that often process measures give false assurance in relation to quality.

We will therefore review all information and data collection, measures and indicators to ensure that they are what we need to collect and are focused on the right things such as quality outcomes for our patients. Where possible we will collect such information as part of the delivery of care and will share it with those that generate it. We will invest in and develop the use of technology and digital systems to help with this.



THE NEXT STEPS

towards excellent services and high reliability:
What we will focus on over the next three years.

Over the next three years we plan to deliver significant improvements in all the four domains of quality and have set an ambitious, but achievable way forward. We want to become the safest Health Board in the United Kingdom and to ensure an excellent patient experience every time by:

- **Planning and delivering our services with the people living in the communities we serve so that they are person centred, caring and responsive to need;**
- **delivering excellent, effective and efficient services that are based on evidence and standards;**
- **making sure that everything we do is as safe as possible and ensuring we learn when things go wrong; and**
- **organising the health board for excellence and continuous improvement.**

In the months ahead we will continue the work we started in 2014 to create a culture of continuous quality improvement and learning, where everyone understands their role in delivering clinical quality and works towards that goal every day. In the first year we will focus our attention on projects and programmes of work that will reduce harm and mortality, improve patient experience and make the care that we give to our patients reliable and grounded in the foundations of evidence based care.

In Appendix 1, we have set out an overview of what we must and will do, over the next three years, if we are to deliver excellent services and become a high reliability organisation. Key milestones and measures will be mapped against

these ‘must do’s’ and these will be used to assess our progress and hold ourselves to account publicly. Detailed Annual Quality Plans will be developed and these will set out the priorities that we will focus on in each year of this Strategy.

How the Strategy will be communicated

We want to create an environment where quality is owned and driven by everyone who works for or on behalf of the Health Board. Therefore, it is important that we provide everyone with a clear understanding of the importance that the Health Board places on quality, its definition and the need for continuous improvement. This Quality Strategy will be promoted widely using existing internal and external communication channels. We will ensure that the Quality Strategy forms part of induction and is referenced in job descriptions, objectives and appraisals. A webpage, Team Brief and regular bulletins will be used to update staff and our public of progress.

How the Strategy will be delivered

The Board will need to demonstrate that it has the will and capability to support the improvement of quality and provide the skills and resources that people need to do so. This will include giving all of our staff an understanding of how to measure and improve quality and some more specialist resources to support the development of measures and the changes themselves. This should be aligned fully with our service improvement capacity so that there is sharing of capability, organisational development and intent.

We value our learning from patient mortality reviews, peer review of clinical services including “spot checks”, invited reviews as well as the bench-marking of our services against others through national audits and other quality assessments. From this learning we can identify particular priority areas for improvement. We will deliver this Strategy through a series of projects targeted at these priorities which will also reflect the work of national quality improvement collaboratives. We will set out our priorities in an annual quality plan which will be incorporated in the Integrated Medium Term Plan for the coming year to ensure that the resources and organisation required has been identified.

How the delivery of the Strategy will be monitored

The Board has overall accountability for quality but has delegated responsibility for the regular and detailed scrutiny of this area to the Quality & Safety Committee. The high level objectives and actions and measures set out in this Strategy will be supported by a more detailed Annual Quality Plan in which responsibility for their delivery of each objective, agreed measures of success, milestones and timescales will be described. This plan will form a key component of the IMTP.

As well as developing this Strategy, the Medical Director and Director of Nursing & Patient Experience commissioned a review of the quality assurance and improvement arrangements in place at locality and directorate level. The findings of this review, together with the work of the Chair and Chief Executive to review corporate accountabilities and responsibilities will be used to inform a new Quality Assurance Framework and Annual Quality Assurance Plan. The Framework and Plan, being developed by the Board Secretary, are designed to give the Board assurance on the quality of care from the 'Patient to the Board' and will ensure that information from various sources is triangulated so that a more accurate picture of quality is built up.

How the Strategy will be reviewed and evaluated

This Strategy will be reviewed each year as part of the Annual Quality Statement process. The Annual Quality Statement will report publically on progress in the priority areas set out each year.



APPENDIX 1

1 Quality Objective: *To plan and deliver our services with the people living in the communities we serve, so that they are person-centred, caring and responsive to need.*

Our aim:

We are committed to making the experience of everyone who comes in to contact with any of our services the best that it can possibly be. We have therefore set ourselves the aim of:

- **Offering everyone the opportunity to provide feedback to us;**
- **receiving feedback from at least 40% of our patients/service users by the end of March 2017;**
- **each of our hospitals being in the top 20% of NHS hospitals for patient experience (*as determined by the Department of Health “Friends and Family Test”*) by the end of March 2016;**
- **each of our primary care contractor and commissioned services offering their patients the opportunity to provide feedback on their experience and using the information to plan and deliver service improvements by December 2016;**
- **achieving a 90% positive feedback score for primary care and commissioned services by March 2017;**

- **working with our stakeholder reference group, disability reference group and Community Health Council to increase patient and user involvement in how we plan and deliver services; and**
- **training at least 1000 of our staff in co-creating health principles by March 2016.**

What we will do to achieve our aim:

We are clear (as indicated by the Quality Objective) that to ensure that our services are person centred and responsive to need, we must engage and actively involve the communities we serve and our patients in the planning, development and design of our services as well as their delivery. Therefore, we will embed, the principles of co-production in all that we do.; using the knowledge and expertise of our patients, communities and the professionals who support them, to deliver improved outcomes and experience across our services

In addition, we must ensure that we have embedded (across all Health Board provided and commissioned services) easy ways for patients and their loved ones to tell us about their care and treatment experiences and outcomes. All feedback received must be made available to staff at all levels of the Health Board in real time so that it can be used to make improvements and changes. We take forward the recommendations made by Keith Evans (2014)³, seeing every complaint as ‘a gift’ and opportunity to learn and improve.

Echoing the principles of prudent healthcare, research undertaken by Mulley, Trimble and Elwyn (2012)⁴ highlighted that often the care and treatment options are not properly discussed with patients and their families and hence their preferences as not properly understood. Evidence from trials shows that patients properly engaged in making decisions about their care and treatment and whose preferences are taken account (“co-production”) have greater satisfaction in the care and treatment provided and consume less health care resources.

³ *A Review of Concerns (Complaints) Handling in NHS Wales - “Using the Gift of Complaints”*

⁴ *Stop the silent misdiagnosis: patients’ preferences matter, BMJ 2012;345:e6572*

Support continuous engagement with our communities and patients in planning, service design and development.

Implement approaches for capturing patient feedback in real time and at scale and for using it to ensure continuous and timely feedback.

Develop and implement patient reported outcome measures across all major clinical service areas.

Develop and implement better ways of identifying patients care and treatment preferences.

Review how we communicate with citizens, our patients and staff and develop a communication strategy that improves communication (in both directions).

Over the period of this Strategy we will put mechanisms in place to:

When helping us to establish what our values should be, patients and staff gave us a number of priorities for improvement which we will take forward under this quality objective. These are fundamental to improved patient experience and providing care that is person-centred and responsive to need.

These priorities were:

Re-establish standards of basic care.

Support our staff to deliver excellent services and have a positive person-focused attitude.

Improve the way we communicate and information we provide.

2

Quality Objective: ***To deliver excellent, effective and efficient services that are based on evidence and standards.***

Our aim:

Our aim is for there to be continuous improvement in the outcomes achieved by each of our services and for them to be in the top 25% of the UK by the end of March 2018 when measured against their peers.

What we will do to achieve our aim:

To achieve this aim and deliver excellent, effective and efficient services we must first know how our services compare to the very best and to the agreed standards. Benchmarking and measurement are vital to ensuring quality and allow improvement.

During the period of this Strategy we will:

Introduce Patient Reported Outcome Measures (PROMs) in every major service area by 2017.

Benchmark our services against the very best so that we better understand the quality of the services we deliver and commission.

Develop, with our staff an agreed quality dataset based on outcomes and measures of safety for each service which will be used to monitor quality and drive improvement.

Describe clearly the services we provide, pathways of care and the standards that our public and patients should expect to receive.

Streamline information and data collection and improve its validity so that we use information to focus on quality outcomes rather than measures of process.

Start to replace guidelines with standard operating procedures and automated pathways.

Establish an annual pro-active quality improvement programme based on national best practice, patient feedback and the outcomes of internal and external reviews.

Establish commissioning boards to set the standards and outcomes that we expect our services to meet.

Address the delivery priorities set out by the Welsh Government.

Improve documentation and reduce duplication and the collection of data that is of no value.

3

Quality Objective: *To make sure that everything we do is as safe as possible.*

Our aim:

Our aim is to reduce the number of patients who are harmed by the care we provide by 50% by March 2018.

What we will do to achieve our aim:

We know that some patients are harmed by the care we provide to them and recognise that it is our duty to protect those who use our services from harm and negative consequences of care and treatment.

Our aim in becoming a high reliability organisation is to systematically reduce episodes of harm and error.

We will strengthen the steps we take to avoid harm and will ensure that when a patient safety incident does occur it is fully investigated promptly so that immediate action can be taken to prevent it being repeated. The Health Board will also ensure there are effective mechanisms in place to spread the learning from such incidents.

For the period of this Strategy we will:

Develop a zero tolerance of safety breaches.

Review all deaths to ensure that we did the best we could for the patient.

Embed national and professional standards to reduce unjustified variation and increase reliability.

Implement a learning approach to addressing errors or poor experience that does not seek to blame.

4

Quality Objective: *To organise the Health Board for excellence and continuous improvement.*

Our aim:

Our aim is to provide excellent care every time and to continuously improve the quality of our care

What we will do to achieve our aim:

We recognise that if we are to do this we must address the culture of our organisation and ensure quality is at the core of our business. For the period of this Strategy we will therefore focus on:

Making accountabilities clear.

Addressing cultural issues.

Embedding quality objectives into job descriptions and personal development plans.

Implementing an organisational wide integrated clinical audit, inspection, peer review and spot check programme.

Developing service level quality improvement plans.

Implementing a quality impact assessment process.

Establishing and supporting multi-disciplinary team working and the development of improvement skills.

Strengthening governance arrangements through the development of an annual quality assurance plan.

Creating the will and capacity within the Health Board to give people the skills and support for continuous quality improvement and to embed the principles of prudent healthcare.

OUR VALUES AND BEHAVIOURS



Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Our values	Our behaviours. How we are with patients, families, carers and colleagues.	
	We will	We will not

caring for each other in every human contact in all of our communities and each of our hospitals.

Friendly, helpful, attentive and welcoming	<ul style="list-style-type: none"> Be approachable, smiling, offer warm welcomes Be helpful, attentive to others' needs; do the little things that make the difference; be prepared to go the extra mile 	<ul style="list-style-type: none"> Be moody, impatient, rude or abrupt Ignore people; be too busy to help or have an "it's not my job" attitude
See people as individuals, do the right thing for every person, treat people with dignity and respect	<ul style="list-style-type: none"> Be sensitive, thoughtful and flexible about how to meet the needs of each person Protect others' dignity and privacy, and take action when you see these being undermined 	<ul style="list-style-type: none"> Make assumptions about others' needs, preferences or abilities; ignore individual needs Be disrespectful; dismissive, undermining, bullying or intimidating
Kind, compassionate, patient and empathetic	<ul style="list-style-type: none"> Put yourself in others' shoes and treat them as you would wish to be treated Be calm, patient, reassuring; put people at ease 	<ul style="list-style-type: none"> Neglect people; allow people to suffer unnecessary discomfort or distress Be insensitive; make people feel like a nuisance

working together as patients, families, carers, staff and communities so we always put patients first.

Communicate openly, honestly and explain things clearly	<ul style="list-style-type: none"> Listen closely to what is being said Be open, honest and clear; speak in a language which people understand Let people know what's happening now and next Check the person understands what you're saying 	<ul style="list-style-type: none"> Use jargon or over-complicated language and assume people understand Leave others confused or with unanswered questions and concerns
Listen, understand, involve, and value everyone's contribution	<ul style="list-style-type: none"> Consider others' views; and include people (patients, carers, colleagues) in decisions about things that affect them Appreciate others, be supportive and say 'thank you' 	<ul style="list-style-type: none"> Ignore other peoples' opinions, concerns, ideas or contributions; exclude or talk over people Not take the time to ask questions or find out more Let others down; take other people and their efforts for granted
Open to and act on feedback and speak up	<ul style="list-style-type: none"> Always speak up when you see poor behaviour or unsafe practice Give constructive feedback; and be open to, and act on, feedback yourself 	<ul style="list-style-type: none"> Walk past unsafe practice or ignore poor behaviour Reject or not learn from feedback Blame or criticise others and not consider how you could improve

always improving so that we are at our best for every patient and for each other.

Safe, positive, seek out learning and continually develop	<ul style="list-style-type: none"> Be vigilant about safety and risk; never turn a blind eye Look for opportunities to learn; enthusiastically share ideas and actively seek solutions and ways to improve 	<ul style="list-style-type: none"> Be negative; cut corners; cover up mistakes; ignore evidence; accept poor standards Be obstructive or resistant to change; use negative body language like eye-rolling or sighing
Professional, responsible and hold each other to account	<ul style="list-style-type: none"> Be accountable for your own behaviour, and hold others to account; keep promises Be positive, a role model and inspirational to others 	<ul style="list-style-type: none"> Leave notes and documentation incomplete Accept second best; pass the buck; avoid responsibility and have to be chased by others Complain about work to patients
Efficient and timely	<ul style="list-style-type: none"> Actively find ways to reduce delays and waste; join up services for others Plan ahead, be prompt, organised and responsive; value others' time 	<ul style="list-style-type: none"> Ask others to take on too much; set unrealistic expectations and pass on stresses Avoid change 'because we've always done it this way' Keep people waiting unnecessarily

