

Quality Improvement Strategy- 2017-2020

1.0 Introduction by Executive Director of Nursing and Midwifery, Executive Medical Director and Executive Director of Therapies and HealthCare Scientists

Improving health and providing excellent care is a responsibility BCUHB take very seriously, an ethos also echoed in the 'NHS Wales Delivery Framework' and Future Plans. The NHS Wales delivery Framework is aligned with Ministerial Policy and the need to drive up standards and outcomes. It sets out the processes which are in place to monitor progress and provide support and intervention as necessary.

Consisting of five quality 'domains' and evidenced in the 'Quality and Safety' domain is the seeking of assurance that services are safe, standards are improving and quality care for people in NHS Wales is provided in a safe environment, while protecting them from avoidable harm.

Whilst the Quality Improvement Strategy (2014-2017) established the background and principles of how the Health Board would progress improvement across a range of Quality Indicators, the pace and drive anticipated has not resulted in the significant improvements anticipated.

A position paper presented to the Quality Safety and Experience Committee (QSE) in March provided a very clear baseline of high level harms across the Health Board ahead of the '**renew, refresh & refocussing**' of the QIS. This will enable the organisation to monitor interventions which are being recommended are delivering demonstrable improvements and are embedded throughout BCUHB.

The methodology of this baseline position was intended to inform and enable the QSE to discuss and agree a clear trajectory for the next phase of the Quality Improvement Strategy (2017-2020).

The Health Board methodology to support the required pace and drive behind each "Harm objective" will be provided through a real time Quality performance Dashboard, which is currently under development. This will enable an overview of Health Board performance as well as an ability to drill down to site and then ward/department level performance. It will also support better analysis allowing targeted interventional support and early identification of best practice.



Gill Harris
Executive Director of
Nursing and Midwifery



Dr Evan Moore
Executive Medical
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2.0 So what are we trying to accomplish?

This is the second stage/iteration of our Quality Improvement Strategy after the Health Board approved our initial Quality Improvement Strategy in 2014 (2014-2017)

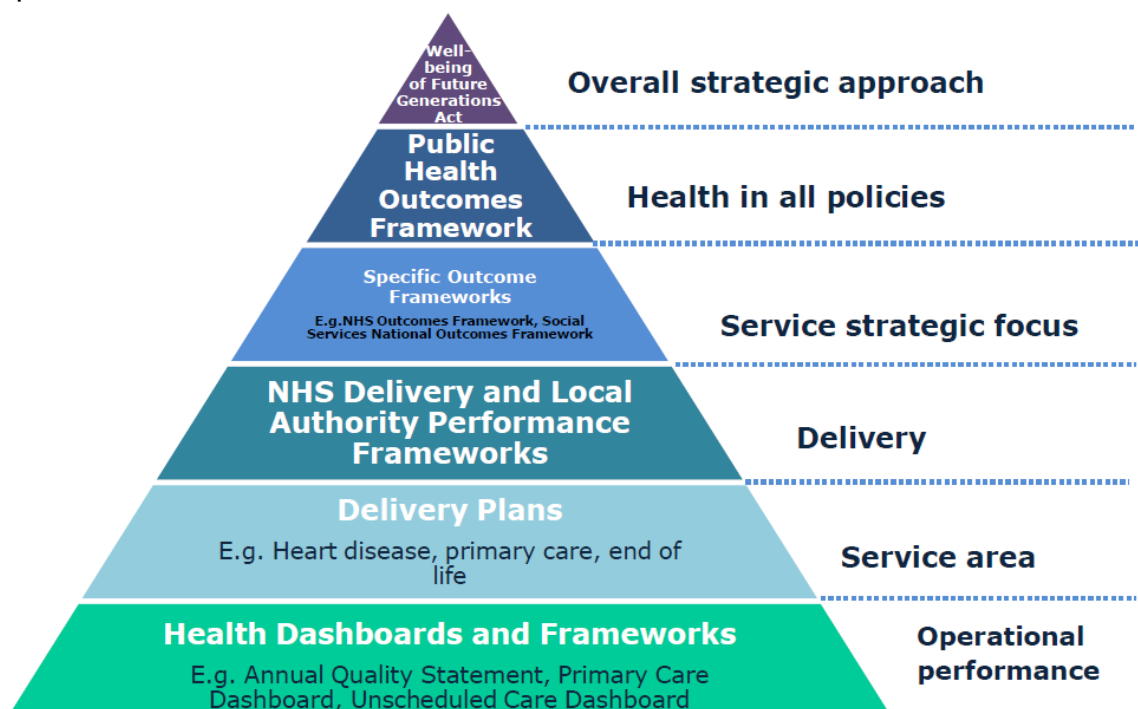
In our initial Strategy we established a range of tools and principles by which we intended to monitor and gain assurance about the Quality Improvements we intended to make. These systems and processes were and are based on national best practice and result from some of the lessons learnt and shared following Francis, Keogh, Berwick and more recently the Andrews report (2014).

We would recognise however, that as an organisation whilst we have made some improvements in some areas of our clinical practice, the pace and drive to continuously seek out and reduce patient harm and achieve a high level of reliability for Clinical care has not been consistently achieved.

3.0 Bringing Clarity to Quality

Developing a confidence in caring is the essence of what this version of the Quality Improvement Strategy (QIS) sets out to achieve with a clear intention to keep the patient focus at the heart of all areas of improvement. However, in reviewing, refining and refocussing our approach to this stage of our Quality Improvement journey we want to be clear about what we are trying to accomplish.

Within Wales, the Government's NHS legislative framework establishes the intent to improve the population health. This is aligned through the public health outcome framework and translated into operational delivery through the annual delivery framework. Both frameworks embrace the seven national domains of: Staying Healthy, Safe Care, Dignified Care, Individual Care, Effective Care, Timely Care and Use of Staff and Resources. Through our operational plan we will be adopting a model of outcome focussed improvement, shifting focus from inputs and activities to short, medium and long term results for our patients and the population of North Wales.



The revised priorities for our organisation have been discussed and agreed amongst our most senior clinical leaders and have also been shared with wider staff and patient groups. We want to deliver a “Safe, effective and Compassionate” approach to care and to *do no harm*. We will accomplish this by putting the needs of our patients, their families and carers first. We will continue to relentlessly pursue giving our patients, families and carers safe, effective and compassionate care every time.

The Quality and Outcomes Framework (QOF) will be utilised to achieve quality improvements in care provided by General Practitioners. The areas within the QOF are included within our web site and the outcomes will be published annually (www.mylocalhealthservice.wales.gov.uk).

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



A Strategy which establishes our ambitions for Quality Improvements

- 1. Reduce avoidable deaths*
- 2. Continuously seek out and reduce patient harm*
- 3. Achieve the highest level of reliability for clinical care*
- 4. Deliver what matters most: work in partnership with patients, carers and families to meet all their needs and better their lives.*
- 5. Deliver innovative and integrated care close to home which supports and improves health, wellbeing and Independent living.*

4.0 A Promise to learn- A commitment to Act

Our journey to raise the bar on quality

The Clinical Executive Directors have reviewed the previous Quality Improvement Strategy (2014-17) and improvement outcomes with senior colleagues and staff across BCUHB. All recognised the need to review and revise our approach to improvement. A consistent theme from external agencies and internal staff has been the explicit recognition that we need to demonstrate our learning from serious Incidents and complaints and to consistently practice to recognised evidence based standards. The commitment to act on any variations and hold each other to account for the delivery of required standards is an essential part of this Strategy. This aligns with our patient feedback which has enabled us to develop the key actions to raise the bar on quality across the Health Board, and make the most difference at pace.



5.0 Raising the bar on Quality and Safety at BCUHB

In asking staff “Are you doing *your best* to make this Health Board and our services *the best* for our staff and patients” we have collated some video sound bites from a range of staff to share their views on our web site. Some of the areas presented by staff were:

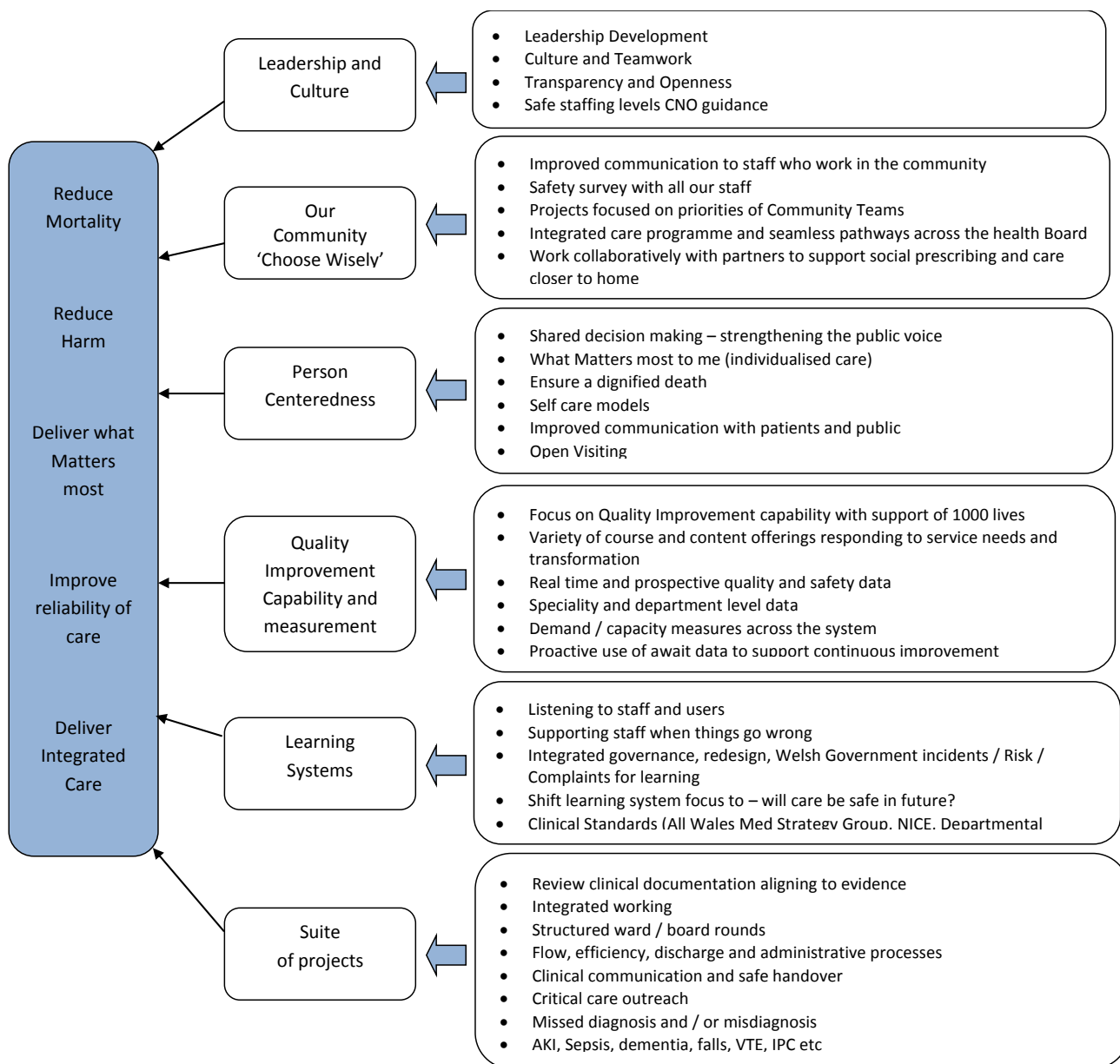
1. Ensure we do not expose people to harm
2. Adhere to clinical standards and reduce variation
3. Care and compassion to be at the centre of all our interactions and communications with users and staff
4. Have the right numbers of staff in the right place
5. Support train and develop our staff in their ambition to deliver great care
6. Ensure consistent support for all inpatients to maximise their nutrition and hydration intake in order to maximise recovery.

These were further tested and endorsed at the BCUBH Quality Conference on the 7th April prior to consideration of endorsing the priority list.

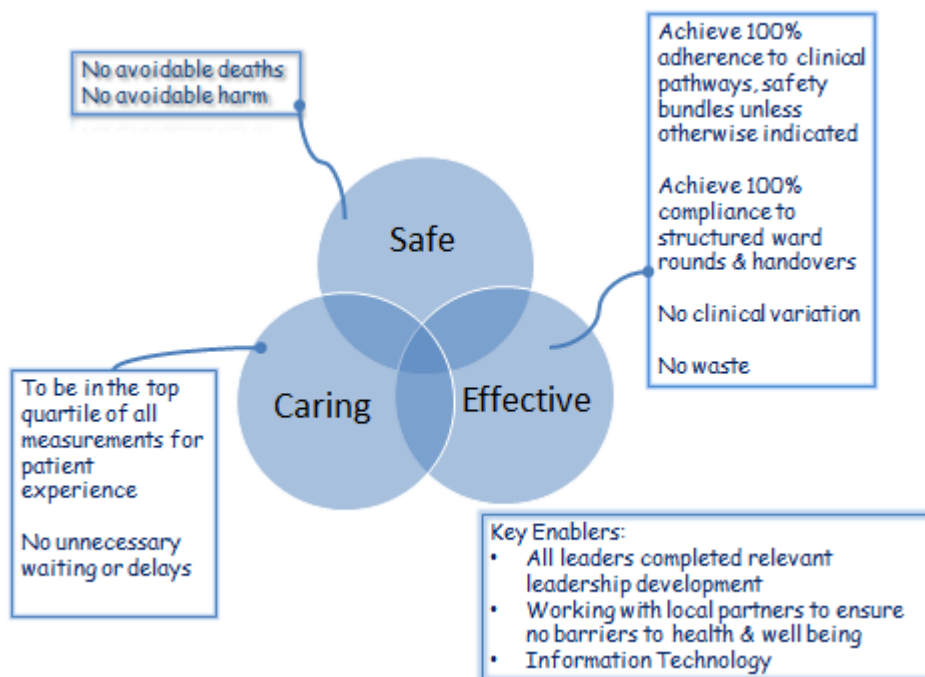
Continuing to use national guidelines and best practice tools, we will develop and enhance the care delivered within BCUHB and not only monitor the clinical outcomes but a range of service user experience feedback methods developed as a framework of best practice in caring for patients.

6.0 What changes can we make that will result in improvement?

In order to accomplish our ambitious aims we will need a far reaching plan to engage with staff on finding solutions right across the Health Board. The following Driver Diagram summarises the areas of work we will tackle in the next three years while the following pages examine each primary driver and what projects will be need for each.



7.0 Agreed priorities: The engagement process and review of data across the Health Board has resulted in the following areas being adopted as the Health Board ambitions for improvement under the headings of *Safe, Effective and Caring*:



Aim 1 – No Avoidable Deaths:

The number of avoidable deaths in the NHS remains uncertain. During 2017/18 the health board will continue to address through the findings of universal mortality reviews themes relating to the reported deaths. Estimating preventable deaths becomes more difficult when reviewing cases of patients with complex conditions and co-morbidities; however, the organisation is committed to a multi-disciplinary case-note review methodology to ensure lessons are learned. We can use these mortality reviews to find defects in care that we can address in our services in our aspiration of having no avoidable deaths. Our measurement of both Crude and Amenable mortality per 100,000 of the European Age standardised population, will be used to determine whether impact of actions can be observed in the trends over time.

Monitoring our risk adjusted mortality rates is one way to understand how we are doing on eliminating avoidable deaths. Not every patient admitted to the hospital for a given condition has the same risk of death. For example, an otherwise healthy 40 year old with pneumonia has a different risk of death than a 90 year old lifelong smoker. In order to account for these differences, we use a risk adjusted ratio that incorporates the characteristics of each patient.

Our aim must be to learn from all aspects of our care in order to tackle the areas that make care consistently safer.

Safe	We will prevent deaths when possible and ensure those dying have dignified departures
Measures	Using crude mortality as an indicator we will identify any variation from normal and initiate investigation at case-note level to ascertain lessons to be learned Serious untoward incidents that resulted in patient death

Incidence of still births
 Number of patients able to die in their place of choice
 Reduction in mental health suicides

Aim 2 – Safe; Continuously Seek Out and Reduce Patient Harm:

The Health Board has prioritised Harm Free Care as a priority. This will focus on a reduction in the following:

- VTE (Venous thromboembolism)
- HCAI (Healthcare Acquired Infections)
- Response to the Deteriorating Patient and adherence to Early Warning Scores
- Pressure ulcers
- Falls
- Medication Safety
- Identification and early treatment of Sepsis

An underpinning aim to support this will be to deliver care, ‘in the right place, by the right member of staff, at the right time’. This will place an emphasis on our users receiving care in the right environment, including their own homes.

Safety	We will not harm anyone in our care
Measures	Unexpected admissions to critical care environment Number of Cardiac arrest calls in a non-critical environment Reduction in incidents reported with harm specifically: <ul style="list-style-type: none"> ❖ Reduction in pressure ulcers ❖ Reduction in falls ❖ Never Events ❖ Infection rates Quality Audit performance, including safety thermometer, maternity dashboard & accreditation frameworks Medication errors - Safety Thermometer

Aim 3 – Effective; Achieve the Highest Level of Reliability for Clinical Care:

Achieving the best outcomes for patients requires us to provide care that is effective and we want to do this in a way that provides the best possible patient experience. Clinical audit is a way to determine if the care we are providing is in line with recognised standards with the results informing those who use and provide our service both where we are meeting standards and where improvements need to be made. Through a focus on the National Clinical Audit and Outcome Review Panel and Corporate Clinical Audits we will ensure that quality improvement takes place where it will be of most benefit to patient outcomes.

NICE and the All Wales Medicines Strategy Group standards and guidance set out the way care should be provided and these will become increasingly important in ensuring we provide effective care. Rapid dissemination of new standards to clinicians and supporting quality structures will contribute to their adoption and implementation with monitoring through the NICE and All Wales Medicines Strategy Group.

Effective	Achieve the Highest level of reliability in Clinical Care
Measures	<ul style="list-style-type: none"> Results of national audits Strengthen our clinical pathways to ensure reliability against NICE, NCEPOD, WHO checklists etc. Performance against the new <i>accreditation programme for wards, departments and community</i> Adherence to the GROW programme recommendations Adherence with Sepsis Six

Aim 4 – Caring; Deliver What Matters Most: Work in partnership with patients, carers and families to meet all their needs and actively improve their health:

Our staff strongly supported this goal and were keen to see performance being openly shared. This aligns with the Health Board’s commitment to be open and honest in the work it undertakes. The Health Board’s pledge to move towards visiting times being open, according to patient’s needs and requirements was welcomed and helps us in our ambition to include patients, carers and families in the delivery of care. It also ensures that there is enough time to ensure that there is access to medical, midwives, nurses and Allied Health Professionals to discuss treatments with carers and families.

Caring	<p style="text-align: center;">We will provide services that patients rate as better than the national average</p> <p style="text-align: center;">We will have minimal waiting or delays</p>
Measures	<ul style="list-style-type: none"> Performance in national patient surveys Results of real time patient feedback The number of local resolutions managed by the introduction of the PALs team Number of serious complaints Number of service changes involving patients National waiting time standards (e.g., A&E waiting times) Hospital appointment cancellations The introduction of an <i>Open Visiting</i> policy across BCUHB to completely embed ‘John’s campaign’ Full implementation of the Dementia strategy Performance in staff feedback surveys

Aim 5 - Deliver innovative and integrated care close to home which supports and improves health, wellbeing and independent living

In line with our drive for an integrated approach to care we will support patients, carers and families to fully engage and understand the pathway of care they are following to receive seamlessly co-ordinated care.

Caring	Deliver innovative and integrated care close to home which supports and improves health, wellbeing and independent living
Measures	Community Dashboard Performance against the Accreditation Frameworks Patient Surveys in community and intermediate settings Responsiveness of our community crisis teams Number of patients able to die at home if this is their choice

The Health Board will also pursue the introduction of **Always Events**, to including embedding the **#hello my name is...** to continue to support the principles of the campaign, as it has been introduced across the Health Board and it is monitored through the monthly scores which are consistently between 91% and 95% compliance from a patients perspective for the past 6 months.

The Always Events which have been tested out patients/ public with the support of the Community Health Council and staff are as follows:

Staff will always communicate with, inform and respect the patient and/ or carers.
Patients, families and/or Carers will always know who is in Charge of their care.
Patients, families and /or carers are always listened to.
Patients' physical, social and emotional needs will always be reviewed
Patients, families and/ or carers will always receive information and education to facilitate self –care
Patients, families and /or carers will always be included in the discharge process

8.0 Ensuring that Quality Drives our Agenda

8.1 Actively engaging patients, staff and other key stakeholders on Quality

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

Improvement drop in sessions and Quality Improvement Workshops. To refresh and refocus this second stage Strategy, we have sought to engage staff and many of their views have been integrated into this Strategy.

We also originally undertook a number of processes to elicit staff views on the principle values of the organisation. Our ambition was to be described in 3 years' time as a Health Board which operates according to an explicit set of values with all our partners in promoting health and delivering care. These were and are described as:

- **Put patients first**
- **Work together**
- **Value and respect each other**
- **Learn and innovate**
- **Communicate openly and honestly**



8.2 Vision for the future: Working together in an integrated way to promote a seamless service

8.3 Quality delivery through front line staff

Our staff are our most valuable resource and are key to the successful delivery of this strategy. By describing our expectations, every member of staff will be clear on the part they play in eliminating harm and providing an excellent patient experience.

The Health Board, will work closely with our universities, organisational development support and the 1000 lives team to ensure our staff have the skills and leadership capabilities to support the expectations described in this strategy. With the staff knowledge of the services and the support described, they will be freed to implement local improvement strategies to transform and progress our services to best meet the needs of our population.

This strategy outlines the Health Board expectations that there will be an increasing focus on improving outcomes and experiences for the people who use their services, particularly safeguarding vulnerable and frail elderly and ensuring 'Dignity in Care'.

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

The responsibility for quality and safety at the Board is with the Director of Nursing and Midwifery but it is acknowledged that the quality of care is everyone's responsibility.

8.4 Evidence-based interventions, implementing best practice and innovation in Quality and Safety



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

Having robust clinical services and teams driving their own clinical audit programmes will enable the Health Board to demonstrate the year on year improvements outlined in

the Strategic Implementation Plan and the evidence required by the Quality and Safety Committee to provide assurance that the Quality Improvement Strategy is being implemented effectively.

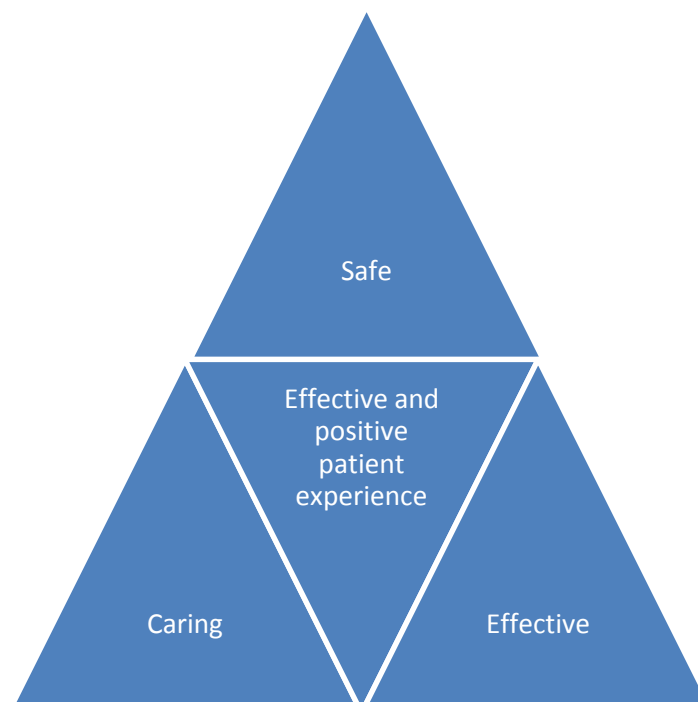
Measuring Success:

Implementation and Monitoring

The quality strategy will be driven by the transparent and open reporting of achievements against agreed standards providing the golden thread of communication and assurance from ward, department and community to Board.

The Health Board has undertaken a baseline of harm which will be used to provide individual reduction trajectories which will be monitored via the quality dashboard. This will be aligned with key metrics to provide the Board with assurances on Progress.

Triangulate information:



The newly developed dashboard will enable local teams to review their own information, engage in local improvement plans, and seek assistance, alongside sharing good practice. Incorporating safe staffing and roster management, incidents, harm and audit outcomes, this will provide intelligence to teams to support early intervention and the introduction of real time patient acuity allowing staff to be safely allocated.

The measurement against individual department profiles for improvement will be monitored the dashboard. Whilst initially focussing on harm, this will evolve to incorporate patient feedback, staffing levels and patient acuity. Each department will have access to their own dashboard information, with visibility from 'Service to Board'. An escalation framework will provide timely access to resources to help support improvement.

Information technology is a key enabler to delivering and measuring the impact of our refreshed Quality Strategy. The Health Board already proactively engages with IT solutions to help our staff to deliver timely and effective care in many areas, but this will need to be further strengthened to enable us to deliver our ambitions.



Quality Board

Each clinical area will openly display their performance against key indicators to better inform our staff and patients.

Cleifion yn Gyntaf/Patients First

Ward Name Here

Dyddiad/Date

250x30mm

Staffio/Staffing

Nyrs mewn Gofal/
Nurse in Charge

200x30mm

Mae'r tîm wedi cynllunio The Team have planned	Nyrs Gofrestredig Registered Nurse	Nyrs heb Gofrestru Non Registered Nurse	Staff Therapi Registered Therapy Staff	Staff Gweinyddol Admin Staff
Sifft Gynnar/ Early Shift		62x86 mm		
Sifft Hwyr/ Late Shift				

Owionessodol Actual	Nyrs Gofrestredig Registered Nurse	Nyrs heb Gofrestru Non Registered Nurse	Staff Therapi Registered Therapy Staff	Staff Gweinyddol Admin Staff
Sifft Gynnar/ Early Shift		62x86 mm		
Sifft Hwyr/ Late Shift				

Ansawdd/Quality

Dyddiau ers yr achos diwethaf o/
Days Since Last

C.Diff	MRSA
41mm x 83mm	
Cwypiadau Cleifion/ Patient Fall	Wiserau Gwasgu Gradd 3/Grade 3 Pressure Ulcer
150x30mm	

**Dywedoch Chi, Gwnaethom Ni/
You Said, We Did**

A4 Pocket

**Statws Achredu Wardiau/
Ward Accreditation Status**

Caiff pob ward eu hasesu a byddan yn ennill naill ai cyfradd goch, ambr, gwyrdd neu las.
All wards are assessed and gain either a red, amber, green or blue rating.

Statws presennol y ward yw:/
The ward's current status is:

150x30mm

A4 Pocket

9.0 Conclusion

Health Board commitment to Quality Improvement and Health promotion.

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

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

The formal evaluation of the implementation of this Strategy and the impact of the quality improvements in care provision is essential for BCUHB. We will therefore continue to work with staff, service users and stakeholders to ensure that the full range of patient specific measures of care and experience are robust to provide transparent information for them.

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

Progress against the Quality Improvement Strategy will be reported in the Annual Quality Statements to be published each year.

Chair

Chief Executive