

<b>Cyfarfod a dyddiad: Meeting and date:</b>	Quality, Safety and Experience Committee 1 <sup>st</sup> March 2022					
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public					
<b>Teitl yr Adroddiad Report Title:</b>	Quality Priorities					
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Gill Harris, Executive Director of Nursing and Midwifery					
<b>Awdur yr Adroddiad Report Author:</b>	Mathew Joyes, Associate Director of Quality					
<b>Craffu blaenorol: Prior Scrutiny:</b>	Mathew Joyes, Associate Director of Quality Gill Harris, Executive Director of Nursing and Midwifery					
<b>Atodiadau Appendices:</b>	None.					
<b>Argymhelliad / Recommendation:</b>						
The Committee is asked to note this report.						
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>	√	<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>		<b>Er gwybodaeth For Information</b>
<b>Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable</b>						<b>N</b>
<b>Sefyllfa / Situation:</b>						
This paper provides the Committee with an update on the interim quality priorities agreed for 2021/22 and proposed priorities for 2022/23.						
<b>Cefndir / Background:</b>						
The Health Board is working to develop its new Quality Strategy however the work has been delayed due to the clinical pressures encountered impacting on the ability to meaningfully engage and due to the wish to align with other priority work taking place such as the refresh of Living Healthier, Staying Well, the Integrated Medium Term Plan and Stringer Together.						
The pace of work on the Quality Strategy will now be expedited following the recent winter and pandemic pressures.						
In the meantime, the interim quality priorities have been refreshed and are detailed on the attached document for ratification by the Committee.						

The overarching aim of the interim quality priorities is:

**We will provide healthcare that is person centred, safe and effective for all**

The aim is divided into three priorities, organised around the definition of quality from the Quality Act:

**Priority 1: We will provide safe healthcare**

**Priority 2: We will provide clinically effective healthcare**

**Priority 3: We will put patients and carers at the heart of our services**

Under each of these priorities is a set of actions. This is detailed on the attached “plan on a page.”

This plan on a page includes some of the previously agreed priorities from 2021/22 however some of the previously agreed interim quality priorities have been removed due to their completion – these are detailed below (in all cases the work continues to further enhance and develop this achievements as part of a continuous improvement approach):

Domain	Concluded Quality Action	Closing Position Update
Priority 1: We will provide safe healthcare	A new Speak out Safely process will be implemented	The Speak out Safely process has been launched, as has the Work in Confidence platform and recruitment of Speak out Safely Guardians. A Multi-Disciplinary Team is in place to oversee. Reporting to the RaTS Committee is in place.
Priority 2: We will provide clinically effective healthcare	A new Transformation and Improvement Service will be created	A new Director of Transformation and Improvement has come into post and the new Service has been formed and is developing. A new Transformation and Improvement Strategy is in development and has been presented to the Board.
	A clinical lead for mortality review will be appointed	A new Associate Medical Director of Mortality Review has come into post and the national framework is being implemented (this includes close working with the new Medical Examiner Service). Close collaboration is developing with the Patient Safety team to align learning.

	Corporate and local quality teams will be aligned	All teams have now been aligned from 01 December 2021 except Womens which is currently underway. Work is now commencing to maximise the benefit of a single integrated function and to strengthen professional standards and development.
	Board Member Quality Walkabouts will be introduced	A programme has been developed and implemented. Further refinement is underway to maximise the programme.
Priority 3: We will put patients and carers at the heart of our services	The complaints process will be strengthened and improved	The new process has been implemented following co-design with stakeholders and an external review and there are early positive indications of chance. Significant ongoing focus and scrutiny is in place.
	A new patient information process and Readers Panel will be implemented	A new process has been implemented, supported by a new Procedure and a new Readers Panel. Work is now underway to develop the central library and catalogue all existing information. The EIDO platform has been embedded.
	A new real-time patient feedback system will be implemented	The new Once for Wales real-time patient feedback system has been implemented. A new Patient and Carer Feedback Framework is in development.
	Digital patient stories will be introduced	Digital patient stories (audio and video) have been implemented. A central library is being developed.
	Patient and Carer Experience Champions will be introduced	Over 100 Champions are now in place with regular engagement and development sessions. Recruitment and development will continue as a rolling programme.
	Patient use devices will be rolled out	Patient use devices have been rolled out and will continue to be actively offered and supported.

**Asesu a Dadansoddi / Assessment & Analysis**

**Goblygiadau Strategol / Strategy Implications** – Not applicable.

**Opsynau a ystyriwyd / Options considered** – Not applicable.

**Goblygiadau Ariannol / Financial Implications** – Not applicable.

**Dadansoddiad Risk / Risk Analysis** – Contained within separate papers on the agenda.

**Cyfreithiol a Chydymffurfiaeth / Legal and Compliance** – Not applicable.

**Asesiad Effaith / Impact Assessment** – Not applicable.



## Interim Quality Priorities – 2022/23

### Quality Vision

**We will provide healthcare that is person centred, safe and effective for all**

Quality Priorities	Improvement Actions	Expected Outcomes
<b>Priority 1: We will provide safe healthcare</b>	The incident process will be strengthened and improved in co-design with patients, partners and colleagues	The aim of this work is to provide a more streamlined process, which has a focus on high quality learning and improvement – the expected outcome is a reduction in the repeated underlying causes of incidents
	The safety alert process will be reviewed and improved in co-design with patients, partners and colleagues	It is expected the new process will provide a more streamlined approach using technology alongside a greater level of assurance from team/ward-to-Board (note: Internal Audit recently gave very positive assurance to the new processes rolling out)
	A new safety management system (Datix) will be implemented as part of the Once for Wales Project	The new system will be implemented and the transition from old to new will be complete with minimal disruption and no data loss – the new system will provide an enhanced user experience and better quality data to support learning
	Conduct a safety improvement project on surgical safety including a focus on WHO Checklist & LocSSIPs using a human factors based intervention	There will be a reduction in the number of surgical incidents where the underlying causes relate to standard safety requirements
	Conduct a safety improvement project on falls reduction	There will be a reduction in falls where the underlying causes are the same across services

	Conduct a safety improvement project on pressure ulcer prevention	There will be a reduction in pressure ulcers where the underlying causes are the same across services
	Conduct a safety improvement project on managing deteriorating patients	There will be a reduction in incidents of patient deterioration where the underlying causes are the same across services
	The ligature risk reduction process will be improved	All ligature assessments will be completed, maintained up to date, and assurance reporting through the governance structure
	Deliver the Safe Clean Care project to ensure high standards of infection prevention and control	The project will support the effective prevention and management of infections
	Develop a human factors expert faculty to support safety improvement projects and investigations	A human factors faculty will be established and trained to a Health Board specified level with the faculty members supporting improvement projects and investigations
<b>Priority 2: We will provide clinically effective healthcare</b>	A new approach to the development of patient pathways will be developed	The new BCUPathways approach will be finalised and resourced to support the ongoing work required
	Strengthen the clinical audit programme using a risk-informed approach with greater link to improvement projects	The new clinical audit programme will be evidently risk informed and clearly linked into governance and improvement structures
	Strengthen the NICE implementation assurance programme	The NICE process will provide greater assurance on the cascade, assessment and completion of baseline assessments reporting through the governance structures
	Fully embed the new Learning from Deaths Mortality review Framework	The framework will be fully developed including roll-out of the new Once for Wales Datix Mortality Module
	A Learning from Excellence process will be introduced to recognise and learn from exceptional practice	A Learning from Experience system will be in place with reporting fed back into services
	The Quality Dashboard will be developed to improve patient-to-Board quality insight	The Quality Dashboard will be reviewed and strengthened to provide greater triangulation of data and improved risk-based reporting
	Engage with the Getting It Right First Time (GIRFT) programme in key specialities	Improvements will be seen in patient pathways and clinical practice, to reduce unwarranted variation

<p style="text-align: center;"><b>Priority 3:</b> <b>We will put patients and carers at the heart of our services</b></p>	Develop a new Patient and Carer Feedback Framework and toolkit to set-out consistent expectations on using feedback to drive improvement	A new framework will be in place, alongside a toolkit, to support staff use patient feedback
	Develop a new Patient and Carer Involvement Framework and toolkit to set-out consistent expectations and tools for involving patients in delivery and improvement	A new framework will be in place, alongside a toolkit, to support staff use in the involvement of patients in areas such as recruitment, quality improvement, governance meetings, etc
	Develop a Carer Experience Assessment Toolkit and Accreditation process to consistently improve the experience of carers and the support offered to them	A toolkit and accreditation process will be developed in c-design with carers, with roll-out commencing as part of a multi-year programme
	Conduct a patient experience improvement project on compassionate care	Training and support will be in place to support a compassionate care based culture in clinical services
	Develop a Co-design and Co-production Toolkit and internal training offer to strengthen the organisation's maturity around patient experience and engagement	A toolkit and internal training offer will be made available to support greater patient and carer engagement

**Note: A Patient Safety Programme is in development that will provide the framework for many patient safety improvement projects**

These interim quality priorities will apply for 2022/2023 whilst the new Health Board Quality Strategy for 2022-2025 is developed. These priorities and actions reflect the work being done in 2022/23 to improve quality, based on identified risks and concerns and feedback from strategy development work so far. They will become part of the new strategy with clear outcome measures developed. Therefore they are expected to be priorities for the first half of 2022/23 only.