



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Quality Strategy



PERSON
CENTRED



SAFE



TIMELY



EFFECTIVE



EFFICIENT



EQUITABLE

Executive Summary

This is a new Strategy for Quality that will be implemented throughout Aneurin Bevan University Health Board in April 2023. A key focus in the development of this Strategy is progressing on what we have already accomplished and building on existing structures throughout the organisation. Quality is embedded in our culture, and we are committed to continually improving. Delivering the highest quality healthcare to our local communities and putting Quality, Safety and Learning at the heart of everything we do. We have fantastic teams delivering safe, timely, effective, efficient and person-centred care. Every day we hear positive stories about how they go above and beyond.

Our commitment to Care Aims Principles (integrated decision making) underpins our ambition to embed a person-centred approach to service provision. The Health Board will adopt, at scale, the 'Care Aims' model across multi-disciplinary teams by truly embedding 'what matters' principles, improving patient experience, voice, value and choice. This will provide us with improved metrics for patient experience and evidence of feedback influencing service plans, delivery and improvement.

Our Strategy was developed in collaboration with a diverse group of people, ranging from healthcare partners to patients and colleagues, and we are grateful for the feedback and insights provided by everyone involved. This collaborative approach is critical to our journey of improvement. We are committed to delivering an open, learning organisation with a 'Just Culture'. We all have the same common goal of improving quality, and by working together, we can enable the organisation to accomplish much more.

Our new Quality Strategy is exciting, and we are in an excellent position to implement it. The realism in this strategy stems from its development by our teams. Ultimately, it is about people, and the measure of its success will be determined by the experiences of our patients and staff.



Jennifer Winslade
Executive Director of Nursing



Dr James Calvert
Executive Medical Director



Peter Carr
Executive Director of Therapies
and Health Science

Ambition

Putting quality and safety above all else is the first NHS Wales core value. This focus has been strengthened through the Health and Social Care (Quality and Engagement) (Wales) Act (2020). Our Quality Strategy will be developed from the experiences of our patients, relatives, carers, staff and communities to focus on improvement, planning and assurance in the right areas, aligned with the objectives and aims of the Duty of Quality and in the context of meeting our obligations under the Duty of Candour.

This Strategy serves as a blueprint for patient safety and quality for the next three years placing quality and safety at the forefront of all we do, while at the same time recognising that challenges to patient safety and quality change and emerge over time. We will remain agile in responding flexibly to emerging safety and quality issues as they arise.

It outlines our improvement objectives for the next three years as well as the frameworks that will support that activity. Our culture values quality, and we are committed to continuous improvement.

Our Commitment

- Aneurin Bevan University Health Board will be a learning organisation where staff members work towards delivering high quality clinical care every day.
- We will strive to better understand our systems of care, build capability through an all teach/all learn philosophy, encourage innovation and engage patients, relatives, carers, staff and communities in improvement endeavours, whilst learning from mistakes.
- We will ensure that quality is embedded throughout the organisation creating a culture of openness and transparency where people are supported to raise concerns
- Our patients, relatives, carers, staff and communities will partner with us to achieve this vision.

Quality Standards

As an NHS Wales organisation, there are clear expectations set out for the quality standards we must maintain. These are set out through the:

- Health and Social Care (Quality and Engagement) (Wales) Act 2020;
- A Healthier Wales;
- Core Commissioning Requirements.

With our aims to continuously improve and learn, new legislative requirements support the development of our strategy. The Health and Social Care (Quality and Engagement) (Wales) Act 2020, places more responsibility on health and care organisations in Wales. Enhancing quality, honesty and transparency, the legislation provides the Health Board with a Duty of Quality, Duty of Candour, and establishes a Citizen Voice, enriching engagement with our patients, relatives, carers, staff and communities.

Developing our organisational culture and embedding the **Duty of Candour** are critical in being open and honest with our patients and service users where our services have not met expectations or caused harm. We will utilise our candour to drive improvement. Where failures or mistakes have occurred, we will embrace improvement and innovation opportunities.

We pledge to deliver the Duty of Quality by ensuring our services provide the highest quality of care for our patients, relatives, carers, staff and communities. We are committed to improve the experience of care and seek opportunities to provide positive patient experiences through the patient journey across our services. Our vision is quality-driven, and we will ensure data will drive improvement and learning through experience.

Duty of Quality

The duty requires the Health Board to develop leadership and management systems with a view to securing improvement in the quality of services. Through continuous improvement of our services over time, ensuring that quality challenges are improved upon, we will report our learning through our annual quality report.

Duty of Candour

This duty will support the Health Board when things go wrong in providing care or our services fail to meet expectations or the standards that they should. Through this Duty, the Health Board must be honest in informing patients and their families when things do not go right. We will be obligated to find out what went wrong; and, to make sure the same mistake does not happen again. A culture of openness, transparency and candour is widely associated with good quality care. This must encourage learning and be achieved without apportionment of blame.

Llais

The Health Board will continue to work with patients, relatives, carers, and members of the community in developing our services. Through the Act, we will be obligated to engage with Wales Citizen Voice Body, to understand service user experience and expectations of our services

Health and Care Quality Standards

The Health and Care Quality Standards provide a clear framework to help us plan, deliver and monitor healthcare services in Aneurin Bevan University Health Board.

Together, the domains of quality and quality enablers create our new Health and Care Quality Standards. We will develop and deliver our services around the six domains of quality and the six quality enablers:

SIX DOMAINS OF QUALITY

- 1) Person-centred care
- 2) Safe care
- 3) Timely care
- 4) Efficient care
- 5) Effective care
- 6) Equitable care



SIX QUALITY ENABLERS

- 1) Leadership
- 2) Workforce
- 3) Culture
- 4) Information
- 5) Learning, Improvement and research
- 6) Whole systems approach

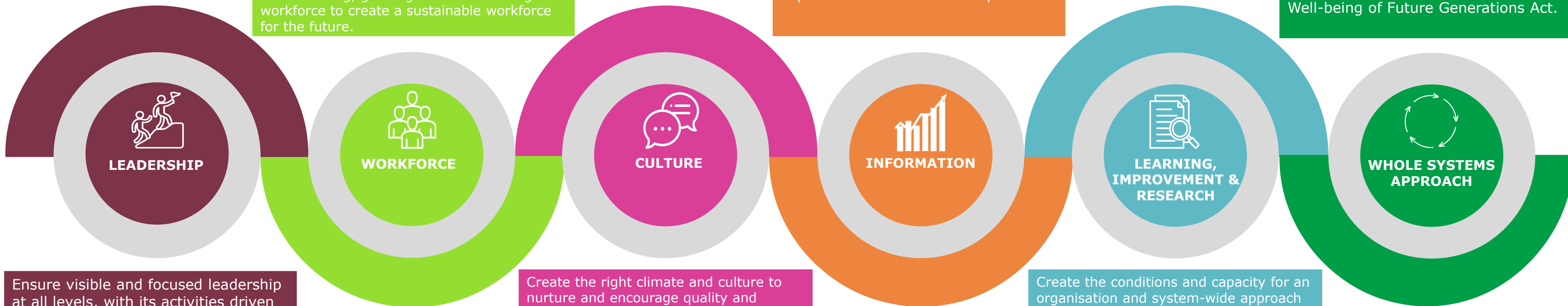
Six Quality Enablers

A system-wide approach to quality requires a culture that embeds continuous learning and improvement at its heart. This should be underpinned by a clear definition and understanding of what good quality looks like utilising national and benchmarked standards, peer review and audit.

Recruit, retain, develop and extend roles to ensure we have enough, confident people with the right knowledge and skills available at the right time to deliver safe care. We value our people and the commitment and resilience they demonstrate in the care they provide. We care about their wellbeing, protect their rights and support them to feel well and happy at work; and provide them with the tools, systems and environment to work safely and effectively. Our workforce planning focuses on investing in our people and nurturing, growing and transforming our workforce to create a sustainable workforce for the future.

Ensure information is available and shared appropriately for all who need it. We turn data to knowledge by triangulating quantitative and qualitative performance, experience and outcome measures to understand the quality of services, efficacy of improvement work and impact of decisions made. We monitor, report and escalate indicators through our governance structures to ensure that appropriate action is taken at every level in terms of learning, improvement and accountability.

Ensure safety in healthcare goes beyond individual patient safety. We will look within and beyond our organisational boundaries to learn how we can continually, reliably and sustainably meet the evolving needs of people. We will strengthen relationships and work with all of our partners to achieve good outcomes. Our policies incorporate the broader ambitions within the seven well-being goals and five ways of working in the Well-being of Future Generations Act.



LEADERSHIP

WORKFORCE

CULTURE

INFORMATION

**LEARNING,
IMPROVEMENT &
RESEARCH**

**WHOLE SYSTEMS
APPROACH**

Ensure visible and focused leadership at all levels, with its activities driven by the organisations' vision and values for quality. Our leaders and managers take a long-term, stakeholder-centric view to develop a clear organisational vision. They have the appropriate skills and capacity to create the conditions for a functioning quality management system. We ensure our governance, leadership and accountability is effective in sustainably delivering care.

Create the right climate and culture to nurture and encourage quality and system safety, valuing people in a supportive, collaborative and inclusive workplace so that our people feel psychologically safe to raise concerns and try out new ideas and approaches. Relationships within teams and with the people we serve are effective and based on transparency, accountability, ethical behaviour, trust and just culture, where people can thrive.

Create the conditions and capacity for an organisation and system-wide approach to continuous learning, quality improvement and innovation, which it actively promotes. We use new knowledge to influence improvements in practice and to inform our decision-making. We ensure our learning and improvement activity is linked to our strategic vision to deliver transformational, organisation-wide change. We commit to participating in research because research-active organisations provide improved quality of care and outcomes for people.

Six Domains of Quality

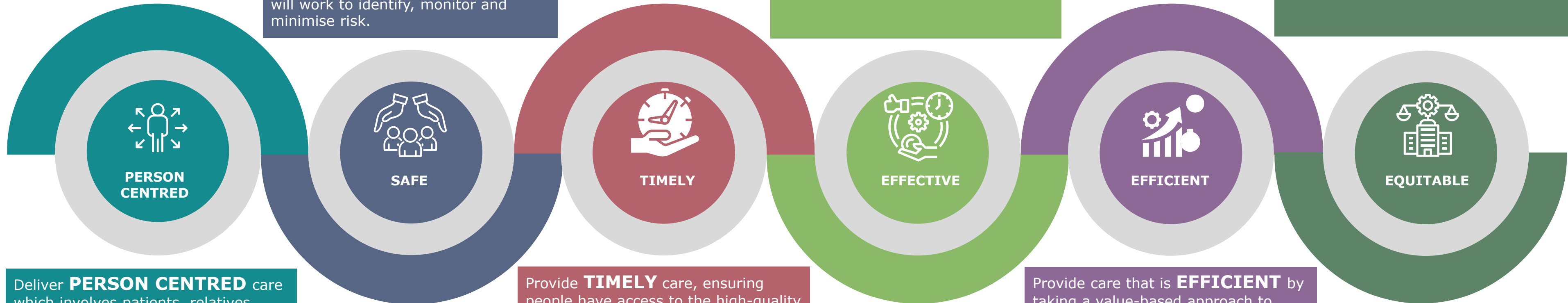
The Quality vision of Aneurin Bevan University Hospital Board (ABUHB) is to be "widely recognised for delivering safe, timely, effective, efficient, equitable and person-centred care." Our first and most important commitment to our patients is to keep them safe. Over the next three years, this Quality Strategy will improve the delivery within these six domains of quality, while continuing to improve patient and staff experience and outcomes.

The experiences of our patients, relatives, carers, staff and communities will continue to be the most important measure of our progress. It is the delivery of this Strategy, together with the supporting strategies of patient experience, risk management, clinical effectiveness and employee wellbeing to deliver high quality care, person centred and effective health and care services for our local population.

Provide **SAFE** care – we aim to reduce harm, prevent errors, and deliver consistently safe care through increased visibility and insight from multiple sources of patient safety information. Care will be delivered by capable and competent staff. Maximising the things that go right and learning from when things that go wrong to prevent reoccurrence. We will work to identify, monitor and minimise risk.

Provide **EFFECTIVE** care – Deliver consistently effective and reliable care, based on evidence-based best practice which is delivered in a culture that encourages and enables innovation to **Improve** outcomes.

Provide **EQUITABLE** care, ensuring equal opportunities for individuals to attain their full potential for a healthy life which does not vary in quality and is non-discriminatory. We will embed equality and human rights and promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time.



Deliver **PERSON CENTRED** care which involves patients, relatives, families, carers, and system partners in the planning delivery of care and opportunities to improve patient safety. We care about the wellbeing of individuals, families, carers and staff, ensuring everyone is treated with compassion, kindness, dignity and respect.

Provide **TIMELY** care, ensuring people have access to the high-quality advice, guidance and care they need quickly and easily, in the right place, first time. We will care for those with the greatest health need first, and where treatment is identified as necessary, we treat people based on their identified and agreed clinical priority.

Provide care that is **EFFICIENT** by taking a value-based approach to improve outcomes that matter most to people in a way that is as sustainable as possible and avoids waste. We will make the most effective use of resources to achieve best value, doing only what is needed, ensuring any interventions represent the best value that will improve outcomes for people.

Strategic Framework - Values and Behaviours

People First

- ❖ Deliver person-centred care and help our patients, relatives, carers, staff and communities to stay healthy and well
- ❖ Listen and take action on patient's and staff's concerns
- ❖ Prioritise actions that promote improvement in patient safety
- ❖ Develop a 'Just Culture' when reporting incidents or near misses
- ❖ Helping our patients to more easily use our services at the right time
- ❖ Provide the right care in the right place, wherever and whenever it is needed

Pride in What We Do

- ❖ Take pride in our own work and that of the team
- ❖ Celebrate success and share good practice
- ❖ Recognise and reward achievement
- ❖ Be a positive role model, leading by example
- ❖ Learn from experience & triangulate learning
- ❖ Promote confidence in colleagues, our teams and the organisation
- ❖ Share learning and improvement to help others
- ❖ Value our workplace

Personal Responsibility

- ❖ Speak up for Patient Safety
- ❖ Use initiative to solve problems and inform others when aware of potential issues
- ❖ Appropriately challenge unhelpful behaviour
- ❖ Be willing to go the extra mile for patients, relatives, carers, staff and communities and act on their feedback
- ❖ Lead by example; influencing and inspiring confidence in others
- ❖ Take personal accountability for safety and experience

Passion for Improvement

- ❖ Deliver excellence through a persistent focus on putting experience, effectiveness and quality of care for our patients at the forefront
- ❖ Actively look for ways of improving the patient and user experience
- ❖ Strive to innovate and improve, being brave and bold to develop and drive continuous improvement by asking 'how could we do this better?'
- ❖ Review what the 'Best in Class' would be for our area of responsibility and seek to achieve this



Vision

- To deliver excellence across our services for our patients, relatives, carers, staff and communities
- To provide high quality care that meets the needs and expectations of the people of Gwent



Leadership

- Develop compassionate leadership model
- Develop and embed a culture of Candour across our workforce
- Create an environment that is transparent, honest and open to learning



Supporting Strategies

- Embed Health Board's Clinical Audit Strategy
- People Plan
- Patient Experience and Engagement Strategy
- IMTP
- Six goals for Urgent Care & Planned Care
- Enabling strategies (Estates / Digital/ Finance/ Education, Workforce, Research and Innovation)



Learning

- Support a learning environment
- Encourage psychological safety – build on a 'no blame' nonpunitive culture that promotes 'speaking up'
- Embrace honest mistakes as learning opportunities;
- Support reflection and learning

Delivery

The following sets out the structure for the development of the strategy:



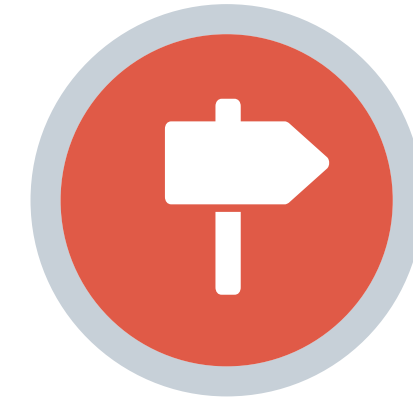
PURPOSE

- Agree and set direction – effectiveness, improvement and safety
- Understanding where we are
- Aspire to what good looks like
- Reflection POST Covid
- Development – shared purpose, approach and strategy



AMBITION

- Person centred values
- Patients, relatives, carers, staff and communities' involvement
- Engagement from Ward to Board
- Utilisation of a 'Quality Management System' to strive for 'Totally Quality Management'
- Robust data and experience measurement
- Triangulate data
- Sharing of experiences and learning outcomes



DELIVERY

- Safe Care Partnership and Collaborative
 - Leadership
 - Patient deterioration
- Quality Improvement capability building
- System safety assurance review
- Platforms (e.g. Audit tracking)
- Quality governance

Data and Analytics

Leadership and Culture

Transparency and Engagement

Learning and Improvement

The delivery of this Strategy will be organisational wide led by the Clinical Executive Directors and the core delivery teams: Quality and Patient Safety, Aneurin Bevan Continuous Improvement (ABCi) and Patient Experience, with delivery focused through our Divisional Clinical teams, Clinical Futures Transformation and Decision Support and Information.

Framework for Safe and Reliable Care

The ABUHB Quality vision aligns directly with the principles of the Institute for Healthcare Improvement (IHI) and the Framework for Safe, Reliable, and Effective Care. Made up of two foundational domains — culture and the learning system — along with nine interrelated components, with patients and families at the core, the framework brings together succinctly and in one place all the strategic, clinical, and operational concepts that are critical to achieving safe, reliable, and effective care.

Leadership

Facilitating and mentoring teamwork, improvement, respect and psychological safety.

Learning System

Continuous Learning

Regularly collecting and learning from defects and successes.

Improvement & Measurement

Improving work processes and patient outcomes using standard improvement tools, including measurements over time.

Reliability

Applying best evidence and minimising non-patient specific variation, with a goal of failure-free operation over time.

Transparency

Openly sharing data and other information concerning safe, respectful and reliable care with staff and partners and families.



Culture

Psychological Safety

Creating an environment where people feel comfortable and have opportunities to raise concerns or ask questions.

Accountability

Being held to act in a safe and respectful manner, given the training and support to do so.

Teamwork & Communication

Developing a shared understanding, anticipation of needs and problems and agreed upon methods to manage these as well as conflict situations.

Negotiation

Gaining genuine agreement on matters of importance to learn members, patients and families.

Culture

To achieve Our Quality Strategy will require a strong commitment to undertake a Health Board wide culture change, where patients are informed and educated about our services to meet their needs, guaranteeing equitable access to services.

Our organisation has a solid foundation on which to build, and we will improve by **listening, learning and working together** on a continuous improvement journey.

We aim to create a strategy that can be used as a charter to **empower people** to live good lives and prevent harm. We will create a culture **where staff feel listened to**, based on **transparency, accountability, ethical behaviour, trust** and a 'Just Culture'. We will continue to **actively listen** to our service users and respond to make it a good experience for all.

By developing this Quality Strategy, we are making clear our commitment and approach to **empower the people** at the heart of our services. Staff will have the **freedom, skills, tools and resources** to work in partnership with the people we serve to **improve and innovate safely** towards defined quality goals.

We will drive a 'Just Culture' which promotes safety through people being supported to speak up and promote psychological safety. We will create the right climate to nurture and encourage quality and system safety, valuing people in a supportive, collaborative and inclusive workplace so that our people feel psychologically safe to raise concerns and try out new ideas and approaches. We will foster an ethos where staff and patients can 'Speak up for Patient Safety' and raise awareness of escalation processes, receive feedback and develop a mechanism for early learning.

Learning

We remain committed as an organisation to become a true learning organisation. We will focus on delivering the highest possible quality care, meeting the health and care needs of people using our services, and improving the health outcomes of the population we serve.

This strategy highlights our creativity, passion, expertise and our commitment to learn from experiences. Our quality pledge and ambitions aim to put **quality, equality and learning** at the heart of our service.

We will become **a learning organisation by:**

- **Ensuring** we are doing everything we can to make **everyone's** health and care experience the best it can be, delivering safe and effective services.
- Ensuring **our colleagues**, are valued, work in safe and secure environments, are supported and empowered to act when things can be improved.
- The **people we serve** are heard, included, involved and empowered;
- We embrace **transparency, accountability and knowledge**, celebrate success, share learning and actively seek to improve.

The Health Board's commitment to learning and improvement will be demonstrated in our Learning Framework, ensuring effective listening, learning and improving. The Framework will bring structure to the way learning from incidents and person centred feedback is captured. Ensuring learning follows a consistent process across the Health Board. This strengthens our commitment to promoting a culture which values and facilitates learning and in which the lessons learned are used to improve the quality of patient care, safety and experience, as well as the experience of our workforce. We are developing a repository for learning which will allow to review how learning will be identified, stored, triangulated, shared, disseminated and implemented in practice to facilitate and embed a culture of appreciative enquiry and continually improving health care services and the experience of our workforce.

We aim to become a **true learning organisation** to improve patient safety, experience and clinical effectiveness. We will respond to learning and guidance from our Quality Management System, local and national groups, adapting our plans and priorities to ensure we are doing the right things.

Leadership that reinforces learning

Learning is strongly influenced by the behaviour of leaders. In developing a culture of candour, we will equip managers and leaders with time and resources to understand organisational challenges and investigate when things go wrong. This will be done through working together, attentive listening, in a non-judgemental and non-punitive manner to promote effective learning amongst our staff. In turn, this will increase transparency and honesty across our people.

Quality Management System

The key to delivery of our plans is to develop a **'Quality Management System'** approach to embed a culture of learning: a culture where people **listen, think, feel and act 'quality'** - promoting openness and learning, continuous improvement and service transformation. This includes work to embed positive cultures of continuous improvement and working together.

We will further develop our Quality Management System to routinely set meaningful targets, monitor, measure and report performance to ensure we provide excellent standards of care and set quality goals to continuously improve the services we provide.

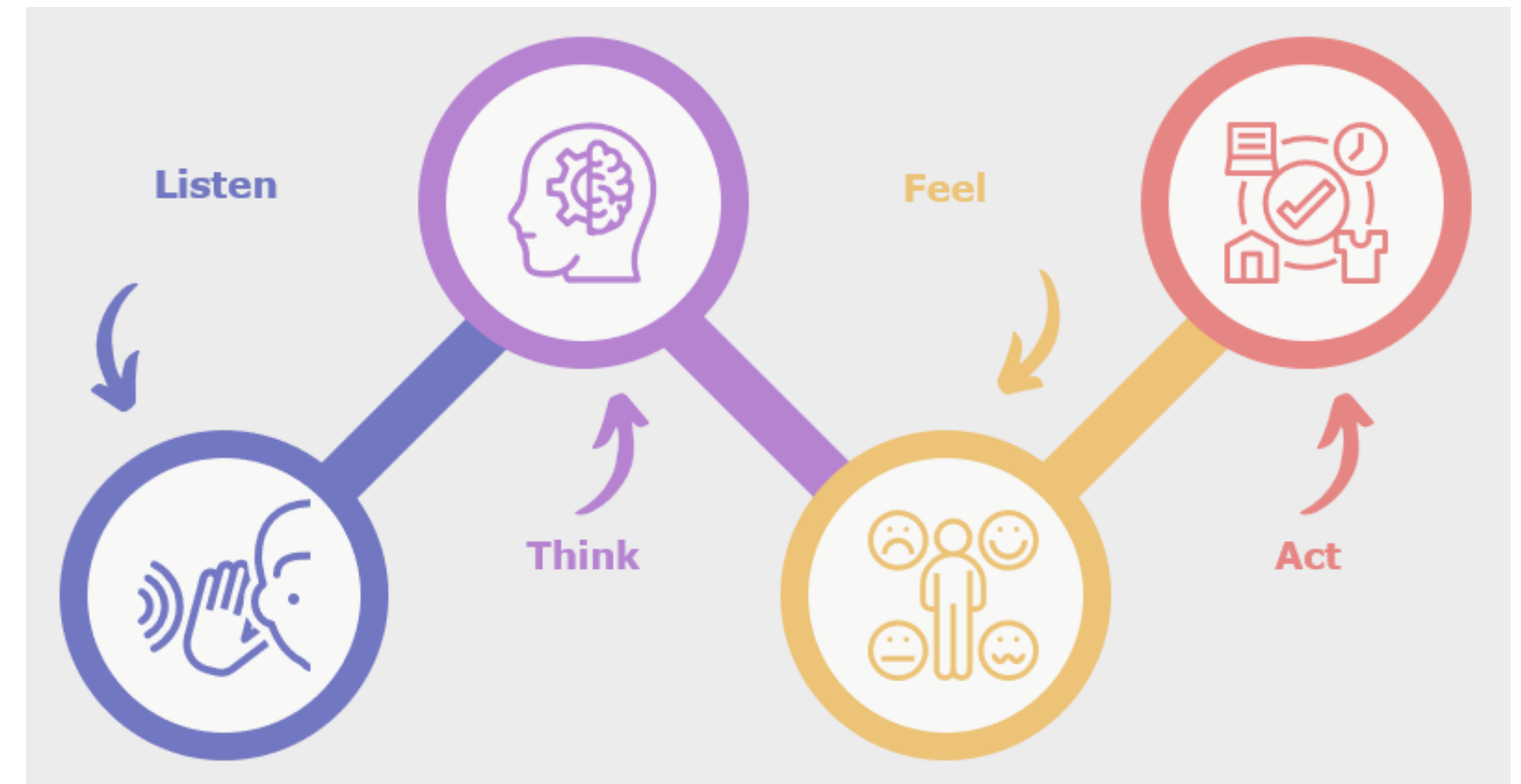
Effective investment in quality management systems will prevent poor experience of care, promote accelerated learning and improvement. We aim to further develop quality and performance management systems, that are responsive, reliable, and adopt a proactive approach to addressing issues and concerns. We will empower operational teams by embedding quality and standardising quality reporting through our quality pillars.

We will ensure quality is measured through the experiences of our patients and service users. We will continue to develop systems that integrate assurance data, improvement efforts, and patient stories to provide a full picture of the quality of our services.

We will use a person-centred approach to work collaboratively with patients to design and develop the services the people and local communities expect and require.

This strategy has set quality ambitions and strategic goals based on the six domains of quality and establishing 'pillars of quality' to ensure that there is a clear quality focus.

Each year we publish quality reports, providing an overview of our quality achievements, reporting on issues identified through our quality management system, and setting specific annual quality improvement goals. Our quality reporting structure will provide a way for us to set progressive implementation plans, adapt plans based on experiences and learning, and monitor progress against our strategic goals.

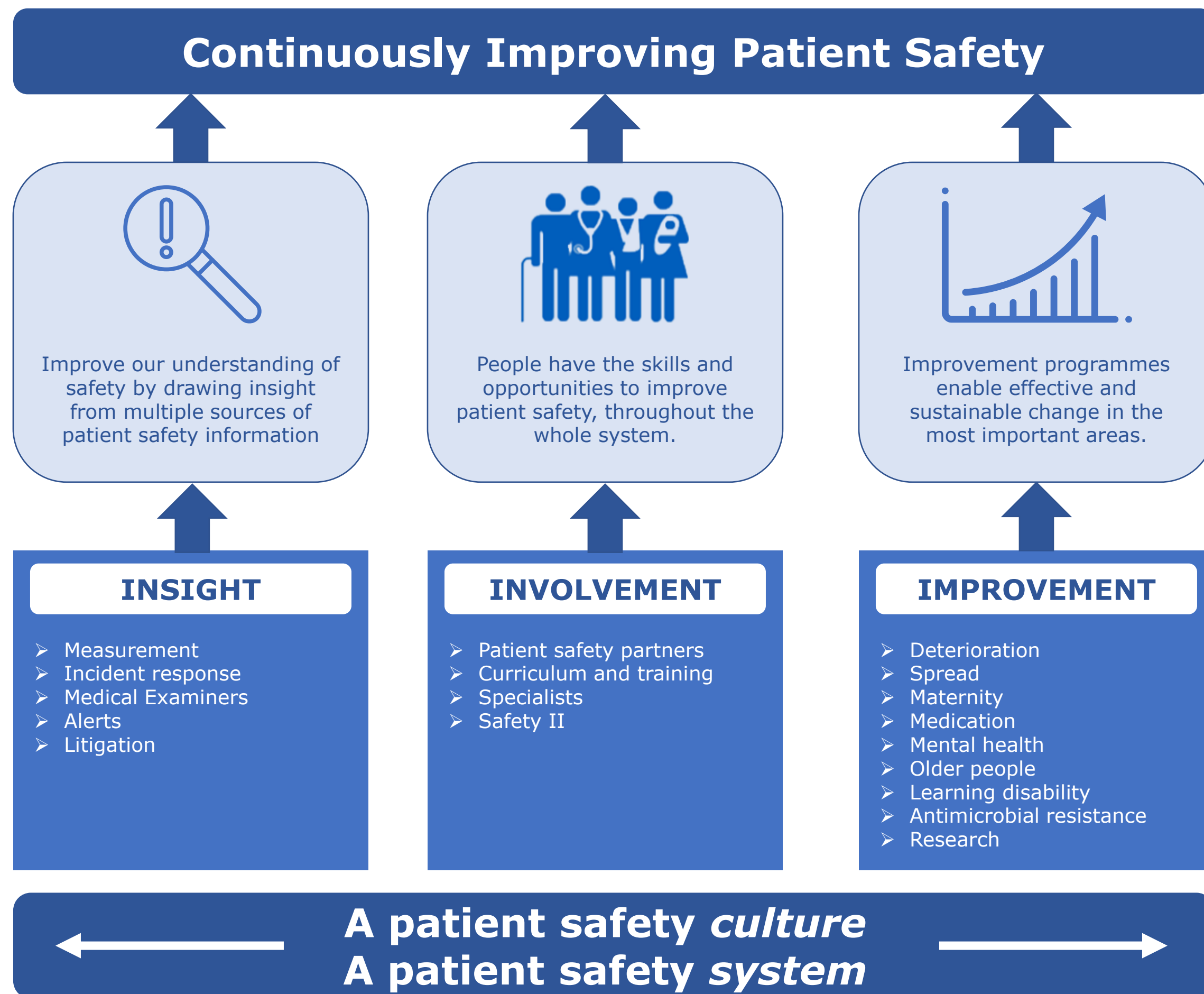


Patient Safety

Our Quality Strategy will draw on the principles of ['The National Patient Safety Strategy' \(NHS England 2019\)](#):

- **Insight** – improve our understanding of safety by drawing insight from multiple sources of patient information.
- **Involvement** – person centred, ensuring people have the skills and opportunities to improve patient safety, throughout out entire system.
- **Improvement** - programmes enable effective and sustainable change in the most important areas.

Putting quality and safety above all else is a core value described in “A Healthier Wales” and part of our long-term Quality Strategy. This strategy is grounded in a commitment to develop the underpinning foundations of quality through our ‘pillars of quality program.



Workforce

Our strategic goals are to develop and empower our workforce to deliver outstanding care. As a **listening and learning** organisation, we will actively listen to our workforce. Our staff and services are eager to learn, working together with families and experts by experience to improve services. We aim to enable our workforce to be happy, confident and competent - introducing civility saves lives.

We will **empower our workforce** to deliver outstanding care by supporting the professional development of colleagues, giving them the mandate, tools and resources to innovate and improve.

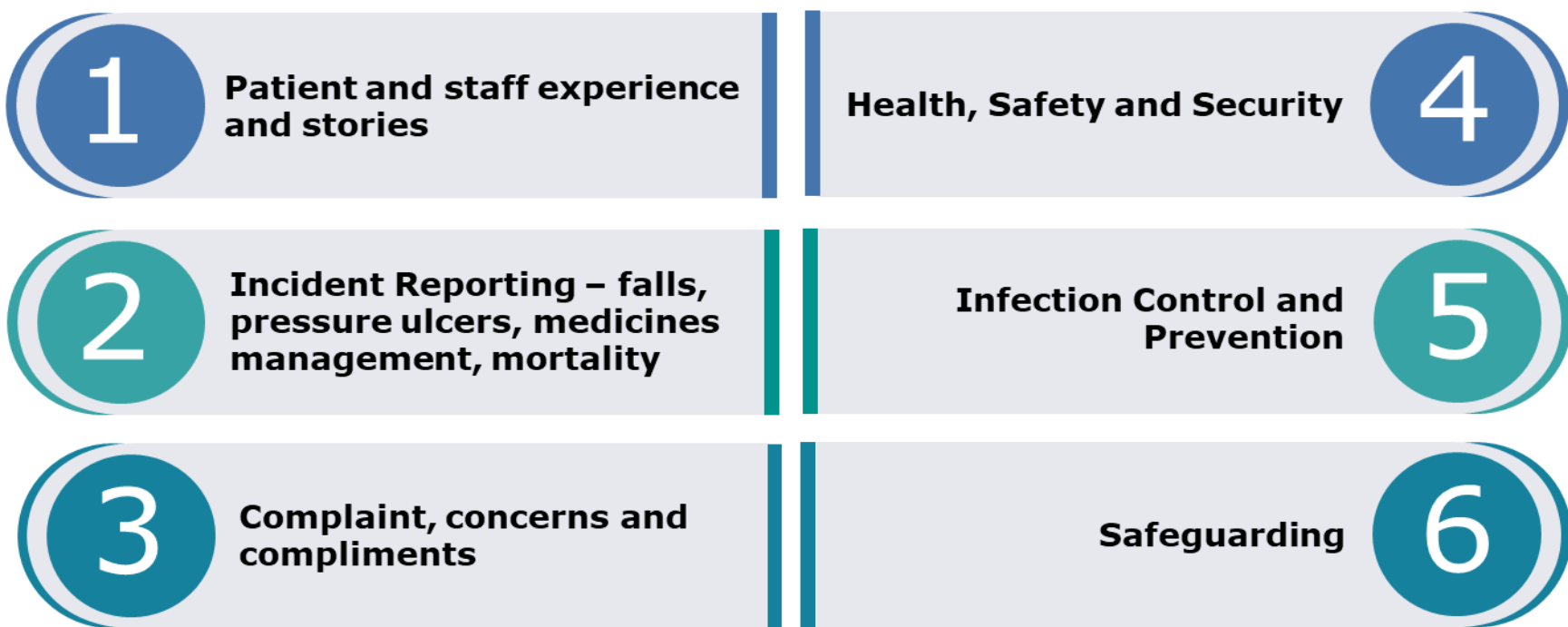
We will develop a **'Just culture'** which promotes safety through supporting people to speak up. We will encourage staff to be more open and transparent about incidents, errors or complaints and the actions we take to make changes.

Our workforce is **inclusive, engaged, sustainable, flexible and responsive**. This strategy will reflect the link between quality, staff experience and organisational culture; learning, and the link between learning and improvement being driven through patient involvement and feedback from the wider population and our system partners.

It is well documented that a safe organisation must first focus on the individuals within the system and their skills, knowledge and behaviours. Our workforce needs to understand the psychology of safety (including speaking up), the implementation of reliable systems design, their role in the team, the importance of teamwork in safety, the use of structured language and checklists. It is well known that working patterns and practice impact significantly on individuals and their ability to deliver safe care. It is particularly important that our people have the right equipment; we minimise the risk of fatigue and have robust systems for recognising and supporting individuals with high levels of stress.

Safety walkarounds provide an opportunity for senior leaders to demonstrate a top-down commitment to building a culture of safety. We will ensure safety walkarounds occur regularly across inpatient, outpatient and community patient care areas and support services such as facilities, pathology, pharmacy etc. They are a method for leaders to talk with front-line staff informally about culture, patient safety issues, and demonstrate their support for incident reporting, innovation and quality improvement. Walkarounds serve a dual purpose – they educate senior leaders about safety issues, whilst demonstrating to frontline workers their commitment to creating a culture of safety.

Pillars of Quality



These 'pillars of quality' run through our organisation, ensuring that we deliver the highest standards of care under these domains. Providing data in these Pillars of Quality will review our performance.

We must put the quality and safety of our health services above everything else. This strategy signals our intention to progress these six pillars of quality to establish our level of performance. The pillars will be our Quality Markers in our Quality management system. Strengthening our quality management system helps us make sure our decision-making focuses on improving the quality of health services.

These measures of quality will allow standardised agendas for Divisions to report on quality measures.

PATIENT AND STAFF EXPERIENCE AND STORIES

Through the introduction of CIVICA – an electronic Citizen Feedback platform that will help people who are using our services to tell us what they think about their care. Providing feedback on our services will help us learn, make changes where we need to and celebrate what we do well. Staff will also be able to feedback on a regular basis, helping them to make improvements in their areas.

Analysis of patient experience data including complaints and compliments will provide a comprehensive picture of areas of positive performance and areas for improvement.

COMPLAINTS, CONCERNS AND COMPLIMENTS

Our commitment to patients is, wherever possible, to respond to their complaints timely and provide the information requested in an open and transparent way. Where it is not possible to provide immediate resolution, we commit to agree an appropriate investigation and to carry out that investigation to a high standard and on time. To ensure that all complainants have access to an investigating officer and are contact regularly.

INFECTION PREVENTION AND CONTROL

The Health Board is committed to zero tolerance of preventable Healthcare Associated Infections (HCAIs). Welsh Government sets reduction expectations for healthcare acquired infections which are achieved via collaboration from experts across healthcare. The Health Board are committed to providing clear programmes of work and evidence-based Policies which sets the expectation on the organisation. Our workforce will be skilled and trained to deliver against national, local and organisational objectives. We will monitor outcomes and reporting compliance/ learning through the Reducing Nosocomial Transmission Group (RNTG), Patient Safety Operational Group and Committee.

INCIDENT REPORTING

Through our 'Pillars of Quality' Programme, we will continue to focus on incident reporting as a key enabler of organisational learning and improvement. We will co-ordinate a comprehensive rolling Programme of quality improvement initiatives which strive to reduce avoidable harm with a focus on falls, pressure ulcers, deteriorating patients, mortality, end of life care, medicines management, discharge and safe transfers of care.

Our commitment to staff is to have a **just** culture, where staff feel safe to report concerns, incidents and near misses, knowing this will result in a timely, fair, comprehensive investigation. Our incident reporting system 'Datix' is a key component in providing insights to data gathering and learning actions.

HEALTH, SAFETY AND SECURITY

We are committed to ensuring that the fundamental standards of health, safety and security are continuously improved. We have a committed workforce of operational leaders who we will educate to ensure they have the advanced skills to deliver safe services. We will support the development of local policies and practices through our Health, Safety and Security Practitioners. We will conduct reviews of all sites and an annual snapshot of health and safety. Our focus for the duration of this strategy will be to reduce staff harm from lifting and handling, violence and aggression and slips, trips and falls.

SAFEGUARDING

Safeguarding is everybody's responsibility. We will demonstrate reasonable steps to ensure the safety of children and adults at risk. The Health Board's Strategy and Policy sets the expectation of accessing services. The workforce will be skilled and trained to deliver national, local and organisational objectives. The Health Board will support and enable operationalisation through provision of tools and direct support from the corporate safeguarding team, as the workforce undertakes its duties in relation to safeguarding. We will monitor outcomes and report effectiveness through effective audit and clear governance processes.

Quality Improvement

We will measure our progress and guide our actions towards becoming a learning organisation. We will grow and mature our Quality Improvement (QI) approach as our methodology for solving complex problems, and to provide a consistent approach to testing change ideas and informing our decisions.

ABUHB will establish an improvement programme which aims to develop a culture of continuous improvement and achieve the following:

- Accelerate the development of learning and improvement skills for staff, service users and carers.
- Embed Improvement into daily work throughout the organisation.
- Align improvement work across the organisation.
- Create a “golden-thread” from the ward to Board aligning organisational priorities with local and system-wide improvement work.



Enabling the conditions for QI to deliver the strategy and our Quality Management System will be a key focus for 2023-2026. This will be achieved through developing our clinical leadership and teams for QI at senior level and integrated within clinical directorates and effective use of data and measurement. This will be in partnership with the information analytical and mathematical resources organisational wide continuing to build understanding of time series and variation at all levels to inform decision making and learning as part of QI.



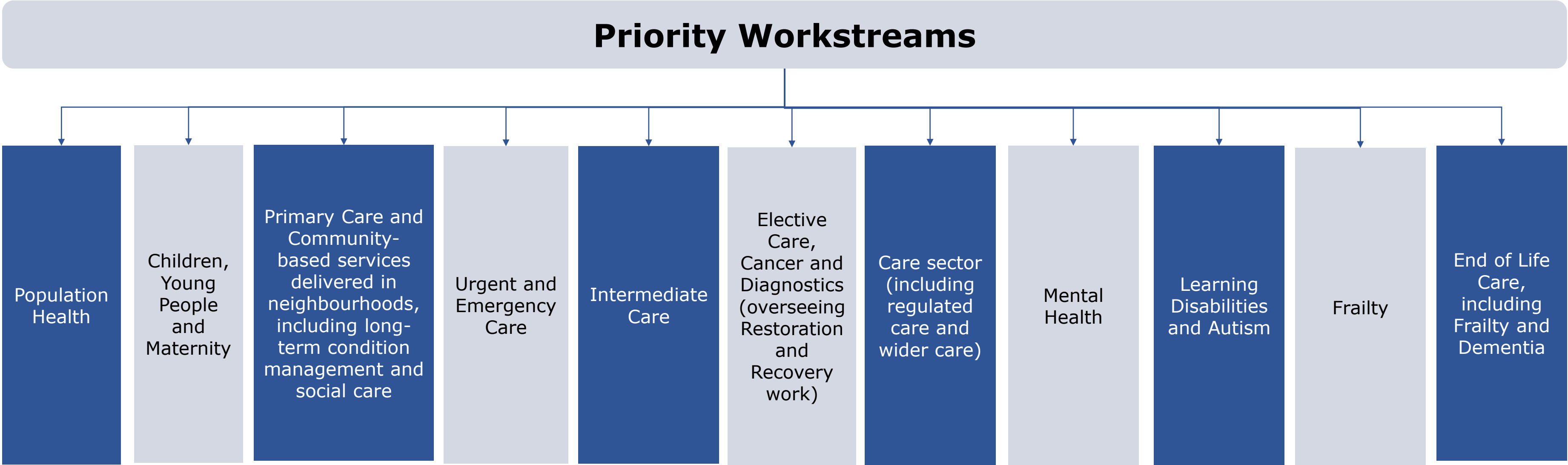
Core workstreams will be delivered through existing Clinical, Education, and Quality and Patient Safety Teams with expert coaching, learning and strategic development supported by ABCi through:

- Leadership of the Safe Care Collaborative.
- Development of core information and resources.
- Facilitating and developing skills-based training to improve organisational wide learning and understanding.
- Direct coaching and support for our prioritised improvement programmes.
- Facilitating and developing structure, design and processes to improve organisational wide learning and understanding e.g. SCIL, Human Factors, Psychological Safety, networks.

Strengthening Our Partnership Working

Our drive to improve the quality of care delivered across our communities will see the Health Board work increasingly through partnerships across our localities. We will further develop our role as part of an integrated Health Board, working more closely with our commissioners and with other local providers, including GPs, Community and Mental Health Trusts, and colleagues in Social Care.

We aim to look at improving system working. We will work as part of a joined-up system across Primary and Secondary Care services contributing to and learning from best practice across all Boroughs and working to ensure equity of care for our communities.



Organisational Priorities



- Care Aims Principles (integrated decision making) underpins our ambition to improve population health and reduce inequalities.
- Building resilience in and working with our communities, embedding a person-centred approach to service provision and supporting citizens and their families to take responsibility in order to deliver the change communities need.

Clinical Audit

Aneurin Bevan University Health Board is committed to delivering safe and effective care to the population of Gwent. Clinical audit is an essential tool in ensuring that services continually evolve and develop and are responsive to quality and safety risks. The results of clinical audit are one input into a wider Quality Management System designed to achieve continuous organisational learning and improvement in delivery of safe and effective care.

When conducted in accordance with best practice standards, clinical audit: provides assurance of compliance with clinical standards, identifies and minimises risk, waste, and variation in clinical practice from guideline defined standards of care. It also improves the quality of care and patient outcomes.

Delivery of Whole System Transformation

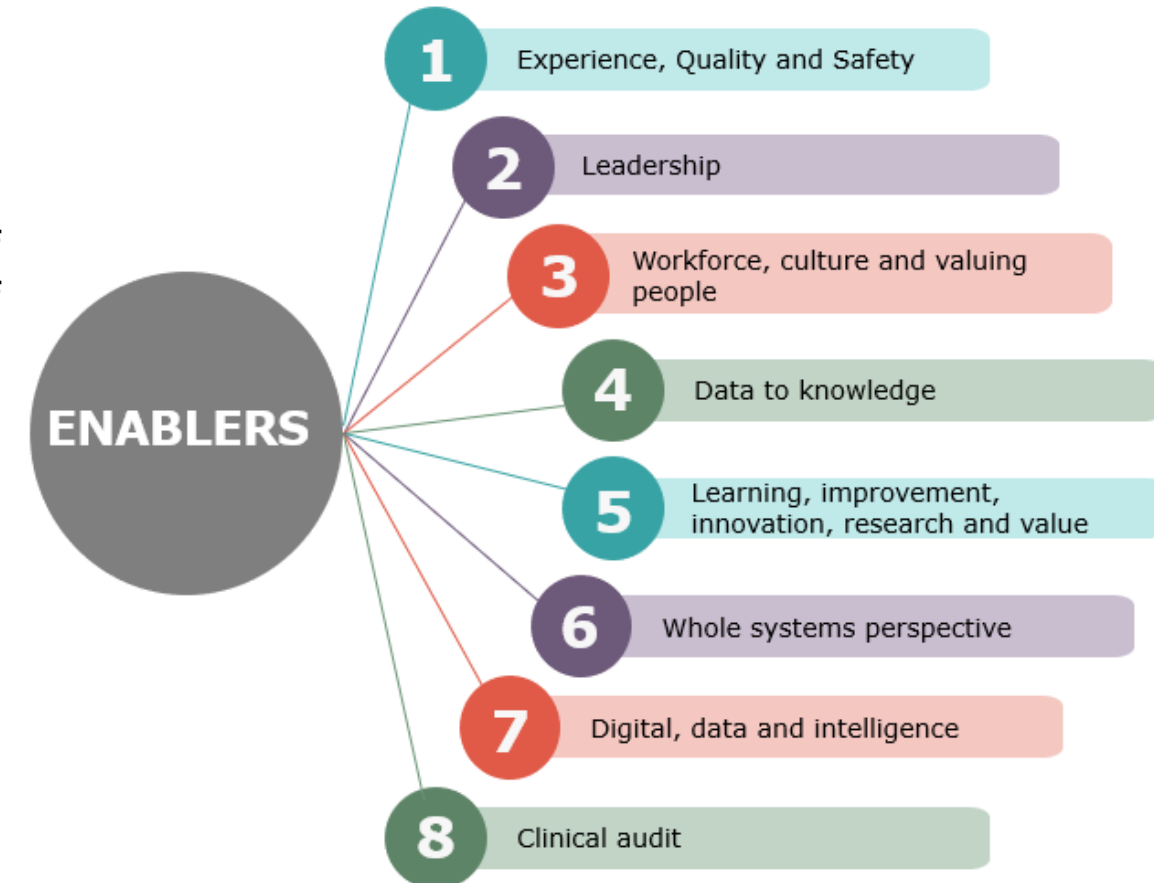
The Health Board has refocused our Clinical Futures Team, to support the delivery of a finite number of organisational priorities in response to the challenges identified through the dynamic planning model.



Key Quality Enablers

Quality enablers are needed to deliver the six domains. Enablers are the factors which increase the probability of successful implementation of key priorities.

Our goal is to deliver sustainable changes to our system, this means that 'not only have the process and outcome changed, but the thinking and attitudes behind them are fundamentally altered and the systems surrounding them are transformed as well'.



Risk and Governance

Developing strong governance and quality management structures

We will develop our organisational structure to ensure everything we do is quality-driven. We will empower local leaders and managers to ensure patient experiences of our service is delivered locally with excellence. This will position them to continuously monitor, act and deliver quality improvements. Positioning quality throughout our organisational structure is important in integrating communication and consecutiveness of our functional teams delivering our services to our committees and Executive Board.

We will strengthen our governance structures through Board-to-Floor connections that promote cross directorate and multi-professional working.

Quality Governance is the combination of structures and processes both at and below Health Board level to ensure and assure the quality of our services, together with systems to monitor and assure the Health Board's Directors.

We will ensure that the implementation, measurement and monitoring of our strategy is hardwired through our governance and integrated performance reporting. Our assurance and management committees have been aligned to our strategy to offer seamless implementation and oversight.

Progress will be reported via the Executive Committee's reporting structure which will include a summary of progress in our Quality Account. Working together is key – engaging, consulting, co-designing and co-producing with our colleagues, our partners, and population we serve. We will work with our Partnership and Inclusion teams to develop experts by experience roles within our QMS processes, governance structures and improvement projects.

Risk Management

Divisions will review the attributable elements of the Health Board Risk Register and will ensure that risks are appropriately scored and, where necessary closed off or escalated as appropriate.

We will work with specialties to oversee resolution or mitigation of risks and to escalate to Divisional Board Risks that score highly after mitigation. It is anticipated that the clinical governance work programme is being reviewed and will align with this strategy, reviewing operating Groups and Committees.

Monitoring and Evaluation

Learning and Improvement will be driven via the Patient Quality and Safety Operational Group.

Monitoring of performance and compliance will be undertaken via quarterly reporting to the Patient Quality, Safety & Outcomes Committee.

Reporting to Board will be through the Integrated Performance Report on a bi-monthly basis. Reporting via our Quality Management System will deliver quality data and include patient stories and experience reporting. Annual reporting will be within the Quality Annual Report.

Embedding the Strategy



The strategy will evolve as engagement is carried out with Executive Board, Trade Unions, Divisions, Directorates, Clinicians, staff and patients. Preliminary work will socialise the strategy ensuring we are building psychological safety within the organisation and knowing everyone can contribute to improve patient safety and quality within our organisation.

We accept that the improvement of quality is a complex phenomenon which requires focus throughout the organisation. It is particularly reliant upon surfacing ideas from the frontline, a so called 'bottom up' approach, however, similarly resources are required from senior leaders to ensure that key strategic programmes of work are mobilised 'top down'.

Engagement will be from ward to board and look at flattening hierarchies. This strategy can be likened as a staff and patient charter as it applies to all teams, all levels, all disciplines. This includes engaging with departments and services who influence and support the quality of clinical decision making.

The intention is to ensure all staff feel seen and heard, a sense of belonging and worth. Whilst staff contribute and engage, we will ensure this strategy can be operationalised.

In our strategy we are seeking to work on our culture to become a learning organisation.

Conclusion

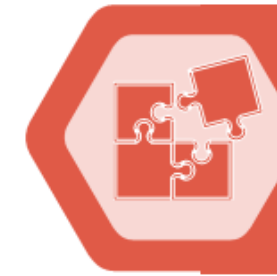
Experience, quality, and safety is at the centre of our work to secure improvements in the quality of care and services we deliver and to improve outcomes for the population we serve. We aim to organise care around the individual, so that every person using our services, whether at home, in their community, or in a hospital has a positive experience.

Experience, quality, and safety is a core component of all our plans, both for the service we provide now, and for the changes we are proposing to our future models of care from small changes in one service to substantial redesign necessary to deliver a sustainable and resilient health and care system in the wake of the Covid-19 pandemic.



The links between patient experience, clinical safety, and clinical effectiveness are supported by a substantial body of evidence. Our Quality Strategy sets out Aneurin Bevan's ambitions and goals for the next three years.

We have pledged to place quality at the heart of everything we do for the population that we serve and for our workforce that strives to always deliver the best possible care.



We want to be a learning organisation that delivers outstanding care by working better together. This strategy describes how we will meet that challenge.

Our approach is about empowering people and includes working together and continuous improvement to embed quality initiatives, consistently deliver high quality care and make the changes that matter to people. This will be underpinned by developing our Quality Management System that aims to build a culture where everyone listens, thinks, feels and acts 'quality'.



Key objectives for the next year

- Delivery of an approved strategy for Quality, Framework and Delivery Plan with a clear understanding of priorities.

- Through the launch of the new system for patient experience and the Health and Well-being survey, put in place mechanisms to learn from the insight gained.

- Establish a framework for learning and skills at all levels and the capacity and capability to grow and develop our skills and learning networks.

- Deliver the Safe Care Partnership, Faculty workstreams and the outcomes as set by each team.

- Agree and implement the measures and reporting structures.

- Review the capability of our data capture systems for resilience and suitability.

- Implement new systems to provide insight and support for delivery.

- Review our quality and safety structures and teams along with the reporting structures to ensure learning at every level and appropriate assurance and governance.

Our PERSON-CENTRED Commitments 2023-2026

To ensure that our patients, their families, and carers receive an experience that not only meets but exceeds their expectations. To improve patient experience in our hospitals and wherever they access healthcare. To increase patient, public and staff involvement.

Aim	Objective
<p>See people using health services as equal partners in planning, developing and monitoring care to make sure it meets their needs.</p>	<ul style="list-style-type: none"> ▪ Putting people and their families at the centre of decisions and seeing them as experts, working alongside professionals to get the best outcome, ensuring there is continuity between and within services. ▪ Considering people’s desires, values, family situations, social circumstances, and lifestyles, seeing the person as an individual, and working together to develop appropriate solutions, respecting what matters to them.
<p>Embed the core dimensions of person-centred care and strive to improve people’s healthcare experiences.</p>	<ul style="list-style-type: none"> ▪ Respecting people’s values, preferences and expressed need. ▪ Improving information and education. ▪ Improving access to care. ▪ Improved provision of emotional support to relieve fear and anxiety. ▪ Involving family, friends and people who matter to the individual. ▪ Providing continuity and secure transition between healthcare settings. ▪ Providing physical comfort. ▪ Delivering co-ordinated care. ▪ Empowering people to have their voice heard and listening and learning from feedback.
<p>Improving patient experience through Person-Centred Care</p>	<ul style="list-style-type: none"> ▪ Implementation of the CIVICA Citizen Feedback System to capture patient and staff feedback. ▪ Listening and learning from people’s lived experience of their healthcare journey through the use of ‘patient narratives/stories’ to enrich data and provide qualitative data as part of our Quality Management System.

Our SAFE Commitments 2023-2026

Provide Safe care - Reduce harm, prevent errors, and deliver consistently safe care through increased visibility and insight from multiple sources of patient safety information.

Aim	Objective
Reduce harm, prevent errors, and deliver consistently safe care.	<ul style="list-style-type: none"> ▪ Focus investigation resource on National and Local priorities for organisational learning. ▪ Strengthen the link between learning from investigations and improvement work. ▪ We will improve our understanding of safety by drawing insight from multiple sources of patient safety information.
Develop an excellent safety culture.	<ul style="list-style-type: none"> ▪ Strengthen the Patient Safety culture through linking incident reporting and investigation to the Just Culture approach. ▪ Ensuring the right skills are available to keep patients safe. ▪ Keep staff safe, ensuring employee wellbeing is of paramount importance and review and response to results from staff experience questionnaires. ▪ Strengthen and Embed 'Human Factors' to examine why incidents occur.
Strengthen our incident reporting and investigation process to reduce risks through early identification	<ul style="list-style-type: none"> ▪ Improve the quality of incident reporting. ▪ Improve data analysis, triangulation, visibility, and reporting through the standardisation of Quality dashboards. ▪ Review the outcomes from all incidents resulting in significant or moderate harm and trend analysis for minor/ no harm incidents. ▪ Encourage staff to report incidents, take responsibility for actions to minimise risks and fully apply their Duty of Candour. ▪ We will implement organisational learning and undertake thematic review of leaning from incidents.
We will ensure there is a focus on learning from incident reporting (including end of life, mortality, coroner's reports and national reported incidents)	<ul style="list-style-type: none"> ▪ Developing our methodology to learn from incidents. ▪ Thematic reviews and triangulate the learning from ALL incidents. ▪ We will commit to review mortality data, through morbidity and mortality reviews and findings from the Medical Examiner Mortality Reviews and improve clinical outcomes. ▪ Review mortality data, Medical Examiners referrals and actions from Coroner's reports.

Our **TIMELY** Commitments 2023-2026

People have timely access to care when they need it. Reducing waits and sometimes harmful delays for both those who receive and those who give care.

Aim

Objective

Allow access to care in a timely manner when it is needed. Reduce waits and harmful delays for those who receive and give care.

- Successfully deliver the six goals for Urgent and Emergency Care.
- Successful delivery of planned care recovery and transformation programmes.
 - Improve time from admission to surgery
 - Improve time from surgery to discharge
 - Time spent on a waiting list
 - Improve Cancer pathway performance

Our acute hospitals experience no ambulance handover delays, no delays for assessment and admission and no delayed discharges.

- Decreased ED
 - ↓ handover delays; ↓ ED waits >12hrs
 - ↑ discharges before midday; ↓ LoS
 - ↑ numbers on D2RA pathways within 48hrs
 - Partnership working with Social Care and Welsh Ambulance Service Trust
 - Time from Flow Centre call to discharge/ admission from assessment?
 - Number of emergency admissions in hospital over 7 days

Prevent time in hospital for patients.

- Discharge time of day
- Overnight bed moves and patient transfers

Our EFFECTIVE Commitments 2023-2026

To deliver care that is effective, reliable, and based upon the best evidence available. To increase the proportion of patients who receive evidence-based care. To reduce variations in the quality of care. To identify and implement evidence-based best practice guidance. Deliver consistently effective and reliable care.

Aim	Objective
Provide effective care.	<ul style="list-style-type: none"> ▪ Deliver consistently effective and reliable care, based on best practice which is delivered in a culture that encourages and enables innovation to Improve outcomes. ▪ To ensure that the care delivered to patients is both effective and based upon the best evidence available. ▪ Support Divisions to drive improvement priorities from learning.
Implement the mandatory National Audit Programme.	<ul style="list-style-type: none"> ▪ Participate in the relevant national audits to provide assurance of effective care delivery. Use the findings from the relevant national audits to support the continued improvement of quality outcomes by sharing learning and good practice across the organisation. ▪ Produce action plans to monitor the actions needed from audits, ensuring the are measurable and achievable.
Building audit capability across the organisation through skills development.	<ul style="list-style-type: none"> ▪ Developing an organisational training offer covering all staff groups. ▪ Build audit capability across the organisation through the implementation of the web-based Audit Management and Tracking System (AMaT). ▪ Utilise Clinical Audit expertise to provide the evidence-base and measurement function which drives quality improvement initiatives.
To increase engagement with audit and effectiveness work.	<ul style="list-style-type: none"> ▪ To improve the visibility of Clinical Audit Results by implementing the Clinical Audit Strategy. developing an internal registry ▪ Develop and embed GIRFT processes within the central team, supporting the Divisions to drive improvement priorities from learning.
Implement NICE Guidance and adoption of Health Technology Wales guidance.	<ul style="list-style-type: none"> ▪ Ensure the relevant NICE (National Institute for Health and Care Excellence), and specialist national guidance are regularly assessed and implemented to deliver interventions based upon the best possible evidence. ▪ Utilise best practice evidence and benchmark data to improve outcomes.

Our EFFICIENT Commitments 2023-2026

Obtaining the greatest health benefit for our population from the right interventions using the available resources.

Aim	Objective
Whole system efficiency, having the right processes and pathways in place to enable patients have the right treatment, in the right place, first time.	<ul style="list-style-type: none"> ▪ Allow the efficient use of resources at all levels in the organisation provides a means to improve the quantity or quality of health outcomes whilst providing fair and equitable access to all, according to need, and promoting an open and fair culture with a shared purpose. ▪ Mapping services back to care aims.
An efficient system through all our hospital sites.	<ul style="list-style-type: none"> ▪ Ensuring improving value and efficiency is achievable through system wide multi-disciplinary collaboration in which the person is at the centre of care and the healthcare environment is one in which our staff resources thrive. ▪ Provide a systems approach of innovation, integration and collaboration which would allow for quality improvements and the delivery of optimised, sustainable services.
Avoid harm, waste and variation.	<ul style="list-style-type: none"> ▪ In alignment with the characteristics of quality efficiency represents the need to avoid waste, harm and variation.

Our **EQUITABLE** Commitments 2023-2026

Providing care that does not vary in quality because of personal characteristics, such as gender, ethnicity, geographic location and socio-economic status.

Aim	Objective
Become a listening organisation.	<ul style="list-style-type: none">▪ Good engagement of what the public and staff tell us.▪ Increase feedback from seldom heard voices.
Learn from user experience (staff, patients, families and carers).	<ul style="list-style-type: none">▪ Understand how peers feel.▪ Good evaluation and benchmarking service.▪ Gain patients' views.▪ Measuring individual needs and allowing patients to decide those for themselves.

Quality Improvement Work Plan

The Quality Improvement programme of work seeks to build on the well established and excellent foundations developed by ABCi, and Clinical Teams over the past 8 years. ABUHB will establish a programme of work which aims to develop a culture of continuous improvement and achieve the following:

Workstream	What we will do
Leadership of the Safe Care Collaborative	<ul style="list-style-type: none"> ▪ Administration, facilitation and leadership of the Collaborative ▪ Co-ordination of the Faculty ▪ Coaching and support for the Teams ▪ Providing coaching and support for measurement and establishment of outcomes ▪ Co-ordination of the Leadership workstream ▪ Reporting and communication of progress and outcomes
Development of core information and resources	<ul style="list-style-type: none"> ▪ Development of the SharePoint QI Portal with resources and learning materials to support QI delivery and learning ▪ Development of a blended learning programme (POCED QI) ▪ A regular communication programme through Education, QPS, and networks to support learning ▪ Launch and use of live QI
Facilitating and developing skills based training to increase the number of staff with QI learning and understanding	<ul style="list-style-type: none"> ▪ Revisit and update the skills matrix and training needs analysis ▪ Develop the annual learning calendar and QI Curriculum with events, information and a programme of learning from Board to Ward this includes: <ul style="list-style-type: none"> - Poced QI - CDX - Process mapping - SCIL – moving to internal Improvement Advisor Training - Medical Education - Network - Human Factors
Direct coaching and support for our prioritised improvement programmes	<ul style="list-style-type: none"> ▪ Direct coaching support for the Safe Care Collaborative Teams ▪ Following the identification of key safety priorities for each Divisions, support for the improvement programmes of work ▪ Map the scope for coaching supervision support required and establish a programme. ▪ Develop a learning support network linked to Leading People, CDX Junior DR's QI Forum and Human Factors programmes
Facilitating and developing structure, design and processes to improve organisational wide learning and understanding	<ul style="list-style-type: none"> ▪ Scoping the ABUHB Human Factors programme and working with OD and Education to establish. ▪ Working with OD, use the Leading people programme to embed psychology for improvement ▪ Identification of learning needs for psychology for Improvement incorporating into the QI learning programme ▪ In partnership with Planning (Decision Support), Information, Value and Modelling establish a programme for learning and increase the use of the principles of using data for improvement and knowledge
Workforce	<ul style="list-style-type: none"> ▪ Commencement of the Assistant Medical Director post and Programme of work ▪ Review of core team delivery structure to support the programme of work.

Capacity and Capability Building

	Everyone	Improvement Teams and Individuals	Clinical Leadership	Board and Execs
Learning programmes and support	<ul style="list-style-type: none"> SharePoint QI Portal Core resources 	<ul style="list-style-type: none"> Improvement Advisor training Improvement Coaches Networks QI Leads Coaching support Leading People 	<ul style="list-style-type: none"> Medical Education Programs QI leads Divisional and Professional Safe Care leadership workstream CDX Leading People Safe Care Faculty AMD for QI 	<ul style="list-style-type: none"> Board Development Sessions Executive Masterclasses Safe Care leadership workstream Safe Care Faculty

Outcome Measures

- Safe Care Partnership Outcomes
 - Tests of Change
- Number of staff trained at levels identified
- Number of projects using QI methodology supported by the team demonstrating improvement or learning. This will be captured through the IHI Project Scoring system.
- Active use of data for improvement principles: for planning and improvement with demonstrable insights produced.

Process Measures

- Frequency and attendance at Safe Care Collaborative events
- Resource usage rates
- Attendance at events
- Attendance at Network forums
- Quality Improvement efforts recognised regularly in reports and communications throughout the year
- Implementation and use of live QI