The quality strategy for Cwm Taf

2014-17

Safe care
Effective care
Excellent patient experience
Excellent staff experience

Cwm Taf Cares
We would like to thank our patients, public, staff and partners for their contribution in developing the Cwm Taf quality strategy and quality delivery plan. A number of groups have contributed to this strategy, including:

- Members of our community through the public forum events in the Rhondda, Cynon, Taf Ely and Merthyr Tydfil;
- Cwm Taf Community Health Council;
- Cwm Taf University Health Board’s stakeholder reference group;
- Cwm Taf University Health Board staff through engagement in staff forums, educational events, meetings and via staff feedback;
- Directorate, locality and primary care teams across the health board;
- Education partners across all disciplines.

Ongoing feedback will continue to be sought from local authority and voluntary sector partners and key stakeholders to inform the annual quality delivery plan and to prioritise quality improvements.

Our quality strategy provides the framework for quality assurance and improvement across all our services in primary, community, hospital and mental health.

Wherever the strategy refers to patients this means patients, service users and carers.

“We would like to thank our patients, staff, public and partners for their help.”
Introduction

A quality strategy for Cwm Taf University Health Board

Cwm Taf University Health Board’s quality strategy defines our vision, aims and strategic objective to provide high-quality services for the populations we serve across primary, community, hospital and mental health over the next three years. This will support, and is integral to, the implementation of our three-year integrated delivery plan 2014-17.

The quality strategy embraces our philosophy of Cwm Taf Cares and is supported by Cwm Taf University Health Board’s annual quality delivery plan, which is developed by bringing together local and national data and patient feedback and aligns with the requirements set out in Achieving Excellence (the quality delivery plan for the NHS in Wales 2012-16) and Safe Care, Compassionate Care, the national governance framework to enable high quality care in NHS Wales (2013).

We are committed to putting patients, service users and carers at the heart of everything we do; engaging and listening to those who use our services to monitor quality assurance and to inform quality improvement. Our aim is to deliver safe and effective care for all patients, regardless of where they are treated or cared for and we want to achieve both excellent patient and staff experience.

National context

This quality strategy and our annual quality delivery plan incorporates the learning from national reports published during 2012-13, including:

The Francis review (February 2013) of care delivered at Mid Staffordshire NHS Foundation Trust, which identified five key themes, underpinned by the requirement of a fundamental quality improvement culture and the adoption of common values across organisations focusing on:
- Fundamental standards
- Openness, transparency and candour
- Compassionate, caring and committed staff
- Strong, patient-centred healthcare leadership
- Accurate, useful and relevant information.

The Welsh Government’s Framework for Assuring Service User Experience (April 2013); The Listening Organisation (June 2013); Co-producing Services – Co-creating Health (2013); A Promise to Learn, A Commitment to Act (August 2013) and A Review of the NHS Hospitals Complaints System: Putting Patients Back in the Picture (October 2013) have all informed our patient experience plan, which supports engagement and feedback to underpin our quality strategy and annual quality delivery plan.
Local context

We officially achieved university health board status in December 2013 and we will continue to build on the capability and capacity within our workforce to lead and be part of research, development and innovation to drive improvement for our population in line with our research and development strategy and our new status.

Our three-year integrated plan identifies the learning and achievements of 2012-13 and this feeds into the priorities to deliver operational improvement across the health board for 2014 and beyond.

The health board has the energy to accelerate quality improvement innovation to serve our population with new models of care. By developing new roles, including advanced practice, we are moving towards a delivery framework of integration across services to deliver patient-centred care.

Our vision

Our vision is to prevent ill health; protect good health and promote better health by providing safe services as locally as possible and reducing the need for hospital inpatient care wherever possible.

Our vision:

- We will prevent ill health, protect good health and promote better health
- We will provide care as locally as possible wherever it is safe and sustainable
- Our services will be of the best quality and delivered within efficient, affordable and effective models of care
- More care will be delivered in primary and community-based settings, reducing the need for hospital inpatient care wherever possible
- We will develop joined-up health and social care services by working with the local authorities and the voluntary sector
- We will work with our staff, partners and communities, to build on strong local relationships and the solid foundations of the past
- Paying due regard to equality will underpin everything we do.

Our strategic objectives:

These reflect the vision set out in Safe Care, Compassionate Care (2013), which are derived from the Institute for Healthcare Improvements’ triple aim and provide a framework for measuring the success of our quality strategy (see diagram above).

Our aim is to systematically measure, analyse and improve quality, focusing on patient outcomes.
What do we want?

We want to get care right every time for everyone

We use the following national quality indicators and apply evidence-based interventions developed by the 1,000 Lives Improvement Service NHS Wales to reduce harm by adding value through promoting an improvement culture, with safe and effective care in practice by measuring:

Delivery of safe care – reducing harm
This means ensuring the environment is safe and clean and that avoidable errors are minimised by measuring and monitoring:

- Timely nutritional assessment (national indicator)
- Healthcare acquired pressure ulcers (national indicator)
- Healthcare acquired infections (national indicator)
- Incident and near miss reporting clusters
- Incidence of falls and falls associated with harm
- Violence and aggression incidents
- Medication errors and omissions in administration
- Mortality review – trends and themes.

Delivery of effective care – improving outcomes
This means understanding the outcomes of different interventions which provide effective care to patients:

- Incidence of sepsis
- Incidence of venous thromboembolism (VTE) (compliance with risk assessment)
- NEWS (national early warning score) compliance, escalation and response – failures to act on deteriorating patients
- Incidence of lack of timely key specialist medical input to individual patients
- Incidence of undertaking unauthorised clinical procedures
- Compliance with national clinical audits and outcomes program to inform improvements
- Compliance with mental health measures
- Compliance with learning disability care bundles.

We will continue to focus on primary and secondary prevention of health problems with public health colleagues, for example, smoking, obesity and alcohol-associated problems.

Achieving excellent patient experience
The quality of care is the quality of caring, focusing on personal care, treating patients with compassion, dignity and respect.

Our patient experience plan provides the framework to measure patient feedback to inform improvement and involve patients/carers in quality improvement work. The plan applies the three domains of the all-Wales user framework (2013):

- First and lasting impressions, including dignity and respect;
- Receiving care in a safe, supportive, healing environment;
- Understanding of and involvement in care.

As a listening organisation, we are committed to involving the public, patients and their carers to ensure that we:

- Know who we listen to and what we listen for
- Identify what matters most to patients and report to board
- Act on what we hear and give feedback.

Listening and learning from patient/user/carer experiences informs our quality assurance and improvement.

Achieving excellent staff experience
NHS organisations need to listen to and value the views of their staff (the Listening Organisation 2013).

Staff stories and the experiences of staff working in healthcare provide rich and valuable views to inform the delivery of patient-centred care. Staff providing care to patients hear patients every day and managers must give close attention to staff feedback and listen to, nurture and value their staff.

Leaders should facilitate a “thinking environment” to ensure all staff have the opportunity to contribute and to encourage a culture of respect (Kline 1999), this involves equality, listening with respect and demonstrating appreciation of individuals. The role of leaders is to create a climate which nurtures and values the contributions of staff in quality improvement.

Research confirms that positive staff satisfaction leads to better outcomes for patients, including increased patient satisfaction, reduced patient mortality and infection rates.

The 2013 NHS staff survey results and the...
Fundamentals of Care audit results have informed an improvement plan being led by our director of workforce and organisational development to strengthen the listening organisation to actively seek the views of staff.

We currently seek the views of and feedback from staff in a variety of ways, including:
- The weekly chief executive’s blog and fortnightly quality in care blog;
- Fundamentals of Care staff surveys;
- Weekly WalkRounds by executive directors and independent board members;
- Staff forums;
- Schwartz rounding is being developed to listen to the experiences of staff caring for patients.

Everyone working for Cwm Taf University Health Board collectively serves the public and plays their part in continually improving the standards of safe and effective care to ensure excellent patient experience by providing care with dignity and compassion.

Adaptive leadership and change is required to build on the lessons of the past, recognising what no longer serves our purpose and identifying new configurations of opportunity (Ruth Hussey 2013).

Leadership for improvement
Delivering Safe Care, Compassionate Care (2013) requires leaders to put patients and patient safety at the heart of everything they do; promoting values and behaviours which develop a compassionate culture and staff who care.

Leadership for improvement involves listening to patients and staff; acting on what is heard and seen and making sense of the information – including complaints, incidents, inquests, claims, audit, mortality reviews, community health council visits and executive WalkRounds - to inform our quality improvement priorities.

We are committed to driving forward all six dimensions of healthcare quality, which is set out in Together for Health (2012) and was developed from the Institute of Medicine. It describes an inspiring vision to continually improve person-centred care which is:

1. Safety
2. Effective Care
3. Person Centred
4. Environment
5. Leadership
6. Systemic

To achieve a person-centred approach our leaders and staff must consider the following:
- What does the service look like from the person’s perspective?
- What does the person need/want?
- What is important for the person following their last contact with the service?

And they must promote the use of Stories for Improvement to support this.
Culture of Care

Cwm Taf Cares is our organisational philosophy and commitment to providing care with compassion and dignity.

It confirms our values about treating patients as equal partners at the centre of all that we do and being open and transparent about quality and performance with all staff demonstrating the 10 Cs (see opposite).

To achieve this, staff must receive the training and development they need to fulfill their roles.

We are committed to releasing the time our staff need to care for our patients, building on the Transforming Care programme and driving improvements by learning from the Fundamentals of Care audits (Safe Care, Compassionate Care, 2013).

Competence Choice Courage Comportment Confidentiality Care Compassion Confidence Commitment Communication

We are committed to building accountability for quality assurance and quality improvement - treating everyone in our organisation with trust, dignity and respect by applying the NHS Wales core values:

- Putting quality and safety above all else
- Integrating improvement into everyday working
- Focusing on prevention, health improvement and inequality
- Working in true partnership
- Investing in our staff.

Defining quality

Quality is everyone’s business and requires collaboration at every level across the health board and with partners. Quality has been defined by Lord Darzi (2008) as comprising of three elements:

1. The safety of treatment and care provided to patients.
2. The effectiveness of the treatment and care provided to patients.
3. The experience patients have of the treatment and care they receive.

Quality governance comprises of quality assurance and quality improvement, ensuring that all staff are equipped, motivated and committed to deliver safe, effective and person-centred care.

Quality improvement

The quality strategy and quality delivery plan reflect our drive to further improve quality, efficiency, effectiveness and patient experience over the next three years.

The 1,000 Lives Improvement Service, health boards and NHS trusts in Wales have agreed a set of national priorities for improvement in their three-year integrated plans:

- Improving patient flow
- Reducing inequalities (long-term condition management and end-of-life care)
- Improving Quality Together – model for improvement.

The Cwm Taf quality delivery plan is a dynamic improvement plan with priorities for improvement determined from making sense of the information, feedback from patients, carers and staff (see appendix one).

Improving Quality Together, sharing and learning

We are committed to training more than 25% of our staff and applying Improving Quality Together skills - the model for improvement by:

- Identifying the problem
- Making sure the changes made are
improvements
• Measuring the difference
• Introducing change
• Focusing on teamwork and leadership
• Communicating with and involving staff

Spreading change.

We are committed to increasing the spread of:

**Bronze IQT** staff skills: Staff awareness of quality improvement approach for all staff groups, including students.

**Silver IQT**: Staff will apply a quality improvement approach with support to key projects using PDSA cycles and accredited improvement projects.

**Gold IQT**: Staff will apply quality improvement approach independently and support others as being either: quality coaches, deliver silver IQT training or deliver the role of silver IQT project assessors.

**Board IQT**: Board staff lead system-wide quality improvement and assurance and create a culture where everyone feels engaged and accountable.

By understanding the information about patient safety and feedback and applying the model for improvement we can achieve improvement by asking ourselves:

• What we are trying to accomplish?
• How will we know that a change is an improvement?
• What change can we make that will result in improvement?

Continuous professional development and education

Quality assurance and improvement are at the centre of learning, education and development to ensure patient outcomes are the focus of all staff through induction, appraisal and training.

We will continue to work with our higher education providers, local community colleges and the Wales Deanery to ensure quality and patients remain the focus of education and development and staff are equipped with knowledge and skills, are highly competent to care for our patients to deliver safe and effective care and provide excellent patient experience.
Improving quality

Doing the right thing well and providing care, which is dignified, safe and effective to meet the needs of individuals is core to our quality strategy, applying the triple aim to measure our success.

Measuring our performance against quality indicators with openness and transparency to confirm what we are achieving well, and what we need to improve informs our quality delivery plan.

National and local quality indicators are measured and presented over time via our quality and performance dashboard and national and local audits inform the focus for improvement and sharing best practice via our newsletter (Concerns Leading to Improvements in Care and Services).

Quality triggers and questions are applied when bringing the information together from a variety of sources to consider the dimensions of quality to demonstrate that we are actively listening and learning:

- Are we providing safe care?
- Are we meeting required standards of effective care?
- Are we improving user experience?
- Do patients value our services?
- Are we providing efficient services within our resources?
- Do our services deliver value in terms of greatest benefit for resources used?
- Are we engaging with the workforce?
- Are we providing accessible and equitable services?
- Are we improving population health?

A number of key measures are regularly reviewed by the quality steering group to determine and support actions for improvement within the quality delivery plan:

- RAMI – mortality review
- Healthcare associated infections
- 1,000 Lives Plus work streams
- Patient/user feedback
- Staff feedback
- Executive WalkRounds actions for improvement
- Clinical audits – national/local
- Concerns (incidents, complaints, claims, inquests)
- Trends/lessons learned from safeguarding (children and adults)
- National Institute for Health and Care Excellence (Nice)/alerts compliance
- Research and development findings

Emerging trends to inform the 2014-15 quality delivery plan year one improvement projects include:

- Improving patient flow and care of patients with frailty
- Improving the pathway for fractured neck of femur
- Reduction of risk of in hospital and community falls
- Improving communication: consent, documentation, communication, handover and culture of care
- Improving the experience of patients with cognitive impairment/dementia.
Delivering the strategy

Structure
Cwm Taf University Health Board discharges its clinical governance responsibilities via the quality and safety committee. The quality strategy and quality delivery plan are designed, implemented and monitored by the quality steering group, which reports to the quality and safety committee.

Quality assurance and quality improvement is the responsibility of every member of staff in Cwm Taf:

Individual staff and teams – every member of staff contributes to patient care either directly or indirectly and their motivation is central to delivering safe, effective and excellent patient experience, striving for high value healthcare at all times, improving patient outcomes. Staff appraisal and training will align with quality improvement focus and their views will be listened to, to inform improvements.

Board members – Quality drives the organisational objectives and is at the centre of planning and performance. Board members put patients at the centre of everything we do, demonstrating high value healthcare for patients through scrutinising the quality of all our services, promoting an open, learning culture and by raising any concerns with the wider system

Process
Engagement to inform the development of the annual quality delivery plan will continue to involve the public through the regular public forums held in the Rhondda, Cynon, Taff Ely and Merthyr Tydfil areas; patients, users and carers, key stakeholders and staff groups via forums, surveys and training events.

The Cwm Taf quality steering group monitors and reviews information from concerns (claims, incidents, inquests, complaints, compliments), mortality reviews, CHKS reports and benchmarking information, executive WalkRounds, patient and carer feedback, external and internal audits/inspections to inform quality improvement priorities, integrating Improving Quality Together (IQT) with the quality delivery plan improvement projects.

Outcomes
The outcome measures from the improvement projects will be monitored and shared across the health board and externally with partners with evidence of improvement in the delivery of safe and effective care, with excellent patient and staff experience.

A fundamental part of this strategy includes providing the public and the health board with assurance about the quality and safety of the care we provide to our service users, patients and carers across primary, community, hospital and mental health services.

Quality assurance is provided through our improving compliance with the standards for health services in Wales (Doing Well, Doing Better, 2010) which help, along with other professional and clinical standards, to inform and direct our annual improvement priorities.

Key quality indicators are monitored across our services with the quality and performance dashboard, which continues to be developed, providing a framework for continuous monitoring and measurement and to ensure that we are adding value.

To provide quality assurance we must consider:
1. Safe care: are patients and patient safety central to our decision making?
2. Effective care: ensuring we are concerned about the quality of the care and improved patient outcomes and not just the quality of the treatment.
3. Excellent patient/user/staff experience: are we asking what matters to you, rather than what is the matter with you?

Our quality strategy is supported by an assurance framework developed through our review and learning from national reports and reviews of the NHS in England and Wales during 2012-13 and also takes into account the themes identified in the Keogh review (July 2013).

This assurance framework will be used by teams to measure and provide assurance and take action for improvement in relation to the quality, safety and effectiveness of care provided to service users. Learning from national audits (NHS Wales National Clinical Audit and Outcome Review Plan 2013/14); confidential enquiries; feedback from Welsh Government and regulators (HIW); stakeholders and partners (including Cwm Taf Community Health Council and other public service partners) also inform this dynamic assurance framework.

Reports on complaints, incidents, claims and inquests and any related
Annual quality delivery plan

Corrective action and learning are scrutinised in detail by two scrutiny panels, both of which are chaired by independent board members and report to the quality and safety committee - a sub-committee of the board - and all serious incidents are reported to the full board for discussion and consideration to provide assurance.

The Cwm Taf annual quality delivery plan is a dynamic document responsive to patient, public and staff feedback and reflects how data and emerging trends are brought together to continually inform priorities for improvement and deliver sustainable change.

The 2014-15 annual quality delivery plan is presented in appendix one.

It is made up of:
Part A 2014-15 quality improvement priorities supported by IQT silver level project teams;
Part B identifies the ongoing continuous improvement projects to deliver safe and effective care;
Part C confirms the continuous learning to inform improvement;
Part D focuses on interventions and minimising factors relating to public health;

Openness and transparency

We are committed to being open and transparent with the public, patients and service users with the quality of the services we provide, sharing good practice, achievements and identifying areas for improvement.

We provide this information via:
- Cwm Taf University Health Board’s internet site: quality and performance reports, board and committee papers, public-focused briefings
- Cwm Taf University Health Board’s Annual Quality Statement
- My Local Health Service website
- Public forum events across Cwm Taf.
### PART A: Cwm Taf University Health Board quality improvement top five priorities for 2014-15

<table>
<thead>
<tr>
<th>Project start date/comments</th>
<th>Project clinical lead</th>
<th>Gold IQT coach steering group</th>
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<tbody>
<tr>
<td><strong>1. Focus on improving patient flow and frailty care (unscheduled and scheduled care)</strong></td>
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<td>1.1 Reducing length of stay</td>
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<td>Reducing delays from ICU to acute beds</td>
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<td>Senior nurse “deep dives”</td>
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<td>Compliance with daily clinical board rounds</td>
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<td>Compliance with anticipated day of discharge (ADD)</td>
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<td>Compliance with pre-noon discharge (TTH/MTED)</td>
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<td>Criteria-led discharge</td>
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<td>Compliance with live bed management system</td>
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<td>Flow of patients from acute to mental health</td>
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<td>Flow of patients from acute to community hospitals</td>
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<tr>
<td><strong>1.2 Implementing unscheduled care frailty bundles</strong></td>
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<td>Patient presentation</td>
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<td>Assessment of needs (comprehensive frailty assessment)</td>
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<td>Coordination of care (including goal-setting)</td>
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<td>Discharge/transfer bundle</td>
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PART A: Cwm Taf University Health Board quality improvement top five priorities for 2014-15

- What are we trying to accomplish?
- How will we know change is an improvement?
- What change can we make that will result in an improvement?

### Project start date/ comments

**RAG**

1. Focus on improving patient flow and frailty care (unscheduled and scheduled care continued)

- 1.3 Maximising capacity and pathways for scheduled care
- New patients
- Follow-up patients
- Cancer pathways

2. Improving the pathway for fractured neck of femur patients

- 2.1 Focus on measurable outcomes for improvements to fractured neck of femur pathway
- Unscheduled care, pain management, time to acute bed
- Time to mobilise
- Rehabilitation/community pathway

3. Reducing the risk of hospital and community falls

- 3.1 Reduction in hospital falls causing harm
- Patient care rounding
- 3.2 Reducing community falls
- Unscheduled care - primary care/community collaborative prevention

4. Improving care and experience of patients with cognitive impairment

- 4.1 Delivering patient-centred care
- Expanding volunteers and involvement
- Implementation of “This is Me” across Cwm Taf
- Implementation of the 1,000 Lives I guidance for improving general hospital care for patients who have a learning disability

5. Improving communication

- 5.1 Improving compliance with consent and patient information
- Implementation of the revised all-Wales consent forms and policy and strengthen staff training
- Improve patient information - availability and access to EIDO leaflets
- Health board-wide audit, embed lessons from consent audit and concerns to improve practice

- 5.2 Improving standards of documentation and handover (primary and secondary care interface)
- Discharge advice letters process and compliance (MTED)
- Establish improved systems for incident reporting of interface issues - secondary and primary care

- 5.3 Improving standards and compliance with documentation and clinical coding
- Improve standards of documentation to improve clinical coding outcomes

- 5.4 Improving integrated assessment and discharge planning
- Implementation of the all Wales integrated assessment document
- Early engagement with patients and family members/carers with discharge planning
- Design Hospital to Home booklet

- 5.5 Creating a culture of care
- Design and implementation of Cwm Taf Schwartz rounds
PART B: Continuous improvement - safe and effective care

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<tr>
<td>RAG</td>
<td>Reduction in healthcare associated pressure ulcers and compliance with indicator reporting</td>
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<td>RAG</td>
<td>A&amp;E compliance with skin bundle (assessment and documentation)</td>
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<td>RAG</td>
<td>Skin bundle compliance across clinical areas</td>
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<td>RAG</td>
<td>Continence bundle across clinical areas</td>
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<td>RAG</td>
<td>Reduction in hospital acquired thrombosis and safe anticoagulation management</td>
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<td>RAG</td>
<td>VTE (venous thromboembolism) risk-assessment compliance</td>
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<td>RAG</td>
<td>Safe and effective care - warfarin management</td>
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<td>RAG</td>
<td>Improving rapid response to deteriorating patients</td>
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<td>RAG</td>
<td>Sepsis six</td>
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<td>RAG</td>
<td>CAUTI bundle (urinary catheter)</td>
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<td>Peripheral venous cannula bundle</td>
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<td>RAG</td>
<td>Central venous cannula bundle</td>
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<td>Acute kidney injury management</td>
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<td>RAG</td>
<td>Reduction in healthcare associated infections (Clostridium difficile, MRSA, MSSA)</td>
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<td>RAG</td>
<td>Hand hygiene and bare below the elbow compliance</td>
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<td>RAG</td>
<td>Surgical site infection prevention</td>
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<td>RAG</td>
<td>Antimicrobial stewardship</td>
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<td>RAG</td>
<td>Demonstrate continuous improvement in compliance with stroke bundles</td>
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<td>RAG</td>
<td>Bundle one - first hours (access to CT scan; thrombolysis; acute bed)</td>
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<td>RAG</td>
<td>Bundle two - first day</td>
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<td>Bundle three - first three days</td>
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<td>RAG</td>
<td>Bundle four - first seven days</td>
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PART B: Continuous improvement - safe and effective care (continued)

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<td>RAG</td>
<td>Staffing - ensuring appropriate nursing establishments to deliver safe, effective care</td>
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<td>RAG</td>
<td>Implement all-Wales nursing ward acuity tool</td>
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<td>RAG</td>
<td>Nursing establishment review implementation (Francis principles)</td>
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PART C: Continuous learning to inform improvement

| | Aligning staff development and quality improvement: training, education, appraisal and revalidation | Improving Quality Together - model for improvement skills (train 25% of staff) | |
| | Compliance with personal development plans and outcomes | Engagement and learning from user, patient and carer (citizens') feedback and engagement | |
| | Implement Cwm Taf patient experience plan; all-Wales user survey; Fundamentals of Care and Have Your Say | Develop digital patient stories to inform learning | |
| | User/carer involvement with improvement projects | Develop patient/user panels | |
| | Learning from staff feedback to inform quality improvement | Executive WalkRounds - celebrating success and identifying actions for improvement | |
| | All-Wales NHS staff survey actions for improvement | Develop staff quality forums, including students | |
| | Capture bright ideas, reward incentives; celebrate successes - quality summit | Learning from concerns to improve quality | |
| | Concerns - focus on improved access (reducing delays, cancellations) | | |
## PART C: Continuous learning to inform improvement

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<td><strong>RAG</strong></td>
<td><strong>Clinical negligence claims</strong> - focus on clinical practice and diagnosis to improve recognition of complications (reduce delays in treatment)</td>
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<td></td>
<td><strong>Personal injury claims</strong> - reduce risks from slips, trips and falls; reduce needle stick injuries; manual handling</td>
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<td><strong>Patient safety incidents</strong> - reduce falls; delays; pressure damage; medication errors; improve admission; transfer and discharge of patients</td>
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<td><strong>Inquests</strong> - prevention and management of falls; improve standards of documentation and statements provided for inquests</td>
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<td><strong>Learning from clinical audit outcomes to inform quality improvement</strong></td>
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<td><strong>Learning from Fundamentals of Care audits to inform quality improvement</strong></td>
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<td></td>
<td><strong>Standard six</strong> - rest and sleep</td>
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<td><strong>Standard seven</strong> - ensuring comfort and alleviating pain</td>
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<td><strong>Standard eight</strong> - personal hygiene, appearance and foot care</td>
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<td><strong>Mortality reviews</strong> - learning from avoidable deaths to inform quality improvement</td>
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<td><strong>Review of anticoagulation - warfarin management</strong></td>
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<td><strong>Learning from CHKS data - trends to inform improvement</strong></td>
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## PART D: Public health interventions and minimising risk factors

- **Reducing inequalities: cardiovascular disease**
- **Alcohol: reducing the burden of alcohol-associated attendances in healthcare**
- **Obesity: promotion of weight reduction schemes and improving the care of bariatric patients**
- **Smoking: reduction and sustained improvement**

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Bwrdd Iechyd Prifysgol Cymru
Cwm Taf University Health Board