

FOREWORD

I am pleased to bring you the Cardiff and Vale University Health Board (UHB) Quality, Safety and Improvement Framework 2017/2018 - 2019/2020 which sets out our priorities for the next three years. It builds on the excellent work that is already taking place. We have made great progress in reducing blood stream infections and Clostridium difficile, and improving outcomes for people with heart disease, stroke and diabetes and those who suffer hip fractures. We have made good progress in reducing waiting times, especially for diagnostic tests. Our governance arrangements in relation to Quality and Safety have been strengthened and we have developed a performance dashboard to monitor quality and safety across the University Health Board (UHB). 60% of concerns raised with us are now managed informally within 3 days and our service users, in feedback surveys continue to report an excellent experience of their care. We are proud of our openness and transparency, knowing that we are a Board who makes sure that quality and safety is central to all of our discussions and decision making. We work hard to ensure that the patient's voice is heard at every level of the service and recognise that leadership, commitment and visibility must be evident throughout the organisation. We also know there is more we need to do.

As an integrated healthcare provider, our focus on quality, safety and the patient experience must extend across all settings where healthcare is provided. We understand that this cannot be a Framework that focuses on secondary care, but one that recognises that the majority of care received by patients is provided in a primary or community care setting and that the primary and community care element of the patients pathway, is as key to delivering safe, high quality care as that part of the pathway which is provided in more acute settings. What really matters for our patients carers and citizens must be central to our decision making, so that we can use our time, skills and other resources more wisely. There is no simple solution to improve safety and no single intervention, implemented in isolation that can fully address the issue (Patient Safety 2030). The challenge to commission services

that improve the health of our residents in Cardiff & Vale and provide prudent, integrated health and social care for a growing local population whilst providing increasingly complex emergency, elective and tertiary care to meet local and regional demand within the resources available, has never been greater.

We are always mindful that we are a Statutory organisation and are also bound by primary legislation, statutory instruments and standing orders which are the rules by which the organisation works and makes decisions.

This framework will provide a vehicle for quality assurance and improvement across all our services in primary, community, hospital and mental health services. It will support and be integral to delivery of our Integrated Medium Term Plan (IMTP) and embraces the philosophy of Caring for people, Keeping People Well; supporting the broad organisational objectives of our overall UHB strategy – Shaping our future Wellbeing Strategy – that is, to deliver outcomes that matter to people and avoid waste, variation and harm.

In developing this framework, we have looked at our local and national data and focused on themes and trends in patient safety incidents, concerns raised by patients through complaints and claims as well as evaluating feedback from local and national surveys, and triangulation of the findings from key national reports and national audit reports. Our Internal Audit programme has provided a useful source of assurance and helped us focus on areas for improvement. We have listened to patients, to staff and to the system and continue to act on what we hear and what we see. What has come through strongly in talking to our service users and stakeholders to date is the need for good communication and information. Hygiene standards are important, as is the need to be treated with dignity and respect and for everyone to have a shared understanding of what this means to individuals. One of our stakeholders told us that accessing care in the NHS should be 'effortless' –

people should not struggle to navigate a complex organisation. We have looked at what our Health and Care Standards monitoring and self assessments have told us and the issues that staff have raised with us on Safety WalkRounds™, in surveys and through our Safety Valve and Freedom to Speak up processes. In addition, we have taken on board the very valuable feedback received from our external and internal inspection processes; in particular that from Healthcare Inspectorate Wales and the Community Health Council as well as peer review of services particularly those that focus on cancer. Some of the key issues and emerging patient safety concerns, brought to the attention of our proactive Quality, Safety and Experience (QSE) Committee, are also reflected. The work of the Older Peoples' Commissioner (OPC) has provided a valuable insight in to the concerns of the older person and we look forward to working in partnership with her and her office to ensure that the views of older people inform the development of our plans now and in the future.

Our priorities are aligned with some of the key domains within the Health and Care Standards framework 2015, recognising that our colleagues in Public Health and in Workforce and Organisational development will be taking forward their own work to support the embedding of Standards within other domains. Delivery of our Strategic Equality Plan – Fair Care - is also key to delivering a safe, high quality service and ensures that we meet the needs of our ethnically and culturally diverse communities. We are also mindful of work streams and priorities emerging from the 1000 lives programme and will work closely with the 1000 lives team to ensure that the UHB is supporting with and driving the national priorities for improvement. The Framework is also aligned with the UHB Patient Experience Framework for 2017-2020. We recognise that we must consistently search for new ideas and better ways of working to improve the quality and safety of the care and services we provide and to deliver outcomes that really matter to people.

WHAT ARE WE TRYING TO ACCOMPLISH?

Our aim is to be one of the safest organisations in the NHS – delivering high quality, seamless care where people have a great experience every time they use our services. It is inevitable that there will be emerging risks to both patient safety and quality across the whole system of healthcare provision, and the UHB will need to anticipate and respond to these. This will form an important focus for quality and safety initiatives over the next three years. **We have 6 broad aims:**

Aim 1	<ul style="list-style-type: none">To develop structure in which accountabilities, roles and responsibility for the delivery of high quality, safer care is clear.
Aim 2	<ul style="list-style-type: none">To protect people from avoidable harm and support them to protect themselves from known harm
Aim 3	<ul style="list-style-type: none">To give people the right care or support, based on best practice, to meet their individual needs.
Aim 4	<ul style="list-style-type: none">To ensure that people are always treated with compassion, dignity and respect.
Aim 5	<ul style="list-style-type: none">To ensure that people have timely access to services based on clinical need and are cared for in the right way, at the right time in the right place by the right staff.
Aim 6	<ul style="list-style-type: none">To ensure that people as respected as unique individuals and that this is an integral part of all care delivered.

We continue to work hard to ensure that the principles which underpin the National Quality Delivery Plan are fully embedded within the UHB, i.e:

- Quality is key to the operating framework for the UHB, underpinned and aligned with financial, workforce and information plans and goals;
- Quality drives service and system improvement;
- Service delivery is focussed around the needs of the person - patient/service user and not those within the organisation;
- Robust processes will be in place to provide assurance;
- Streamlined data collection – provided once, and put to multiple use;
- Alignment with social care and other partners to ensure that the care and treatment takes a whole person perspective; and

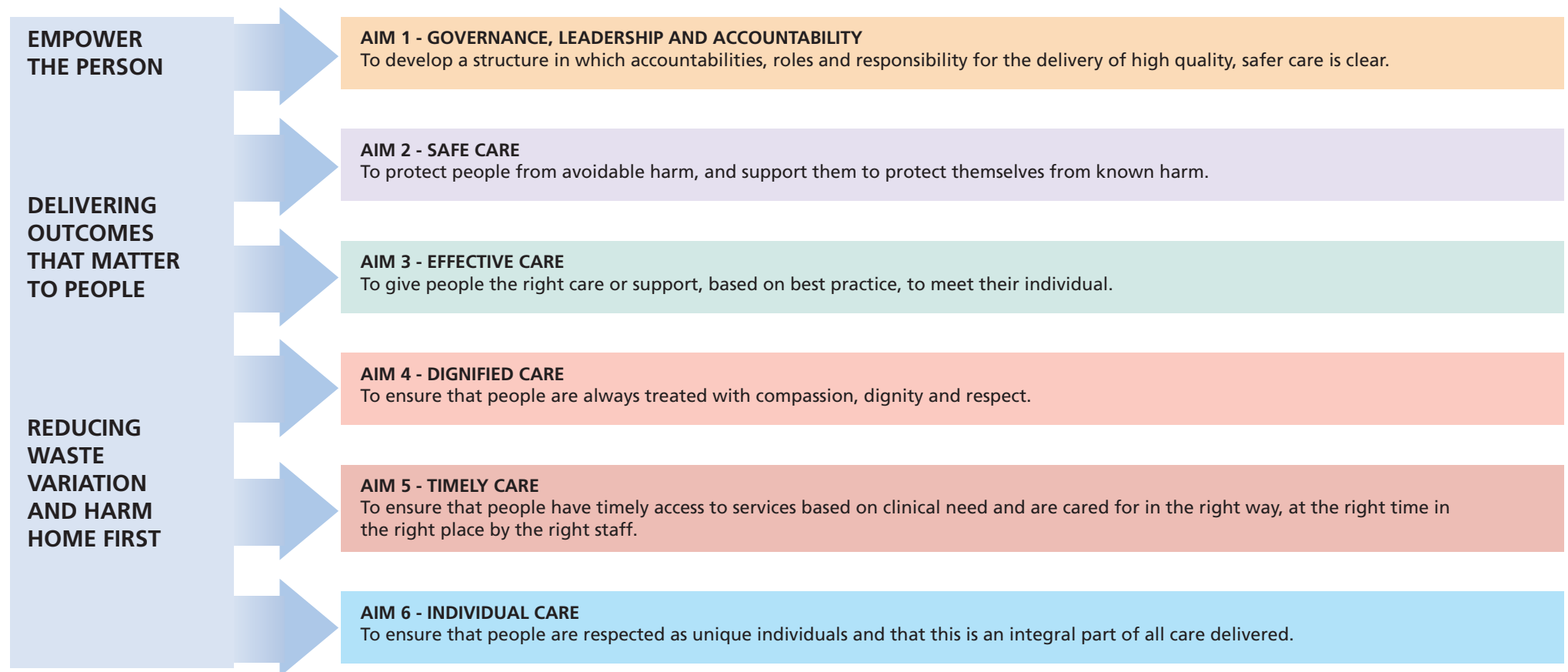
- Absolute transparency and information sharing with the public.

The UHB continues to support the work of the National Quality and Safety Forum and to contribute to the development of the National Quality Delivery plan for the next four years. Cardiff and Vale will also be leading a piece of work to develop a set of Quality Triggers for the NHS in Wales.

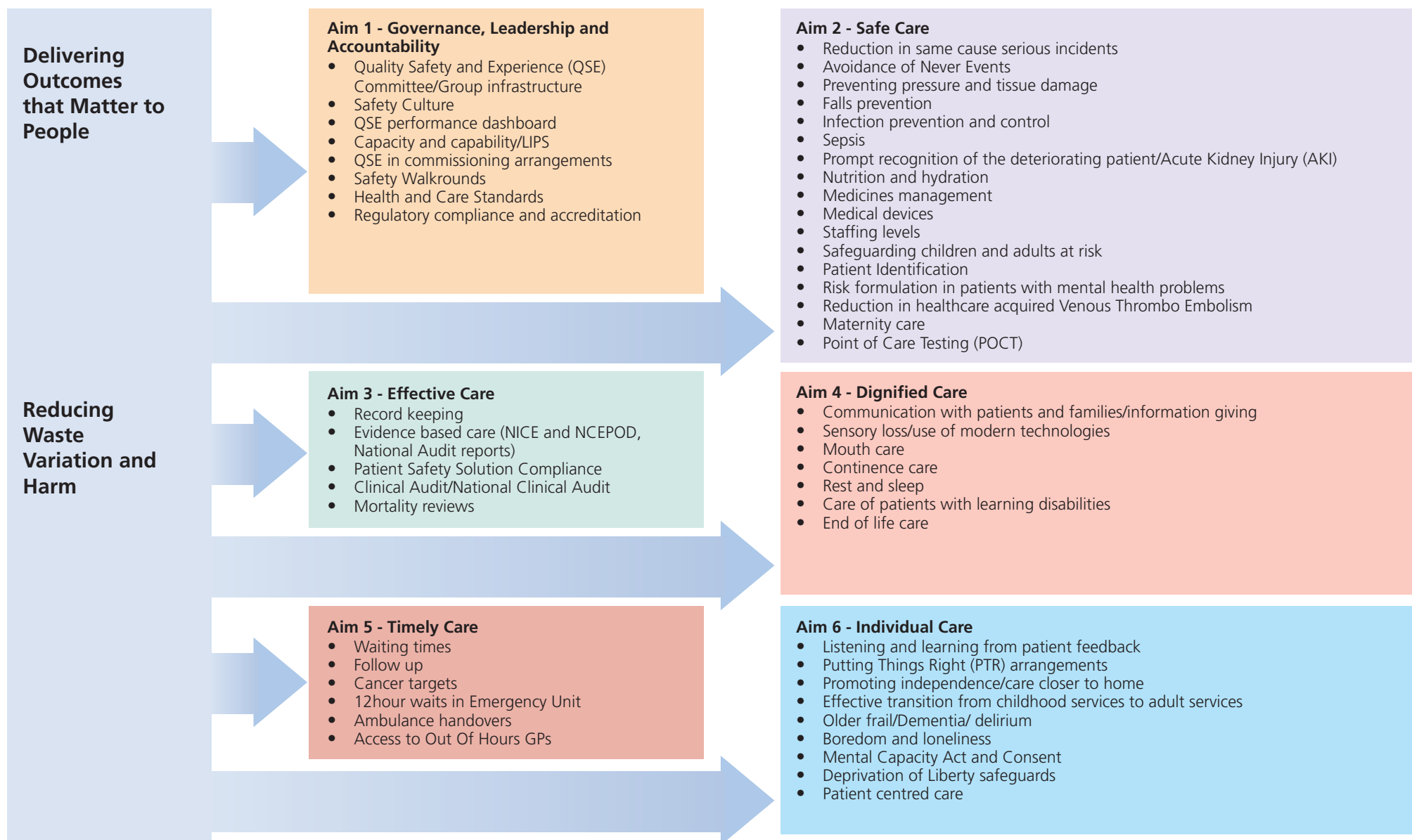
We look forward to working with our staff, patients, families and carers as well as our inspectors and other stakeholders, to implement our framework and will report progress in our Annual Quality Statements over the next three years.

Ruth Walker - Executive Nurse Director

QUALITY, SAFETY AND IMPROVEMENT FRAMEWORK 2017-2020



QUALITY, SAFETY AND IMPROVEMENT FRAMEWORK 2017 - 2020



AIM 1 - GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY

OUTCOME	2017/2018	2018/2019	2019/2020
A well embedded QSE committee/group infrastructure	<ul style="list-style-type: none"> • Embed the standardised QSE agenda at Directorate level across the UHB • Standardise assurance reporting to UHB QSE Committee • Develop the integrated QSE Board report to demonstrate robust reporting arrangements across the integrated healthcare system and cross organisational learning • Implement Governance, Leadership and Accountability Standard 	<ul style="list-style-type: none"> • Support Clinical Boards to strengthen assurance reporting from Directorate to Clinical Board • Internal re-audit of QSE arrangements in Clinical Boards with specific focus on Directorate arrangements • Further development of integrated QSE Board report • Implement Governance, Leadership and Accountability Standard 	<ul style="list-style-type: none"> • Implement findings of Internal Audit assessment • Further development of integrated QSE Board report • Implement Governance, Leadership and Accountability Standard
A strong safety culture is embedded at every level of the organisation	<ul style="list-style-type: none"> • Development of a Quality Governance training programme for senior leaders • Publish Annual Quality Statement 2016-17 • Carry out Safety Culture Survey and develop improvement plan to address findings • Develop a QSI quarterly newsletter reporting progress with the framework • Develop a Communications plan to support implementation of the framework/explore use of social media to promote safety messages • Explore the establishment of a Human Factors training programme 	<ul style="list-style-type: none"> • Implement a Quality Governance training programme for senior leaders • Publish Annual Quality Statement for 2017-18 • Safety Culture Survey - implement improvement plan • Continue QSI quarterly newsletter and evaluate • Continue QSI Communications plan/evaluate • Implement Human factors training 	<ul style="list-style-type: none"> • Evaluate/Continue Quality Governance training • Publish Annual Quality Statement for 2018-19 • Carry out Safety Culture Survey to establish whether there has been improvement • Continue QSI quarterly newsletter building on output of the evaluation • Continue QSI Communications plan building on evaluation • Continue Human Factors training

<p>Robust ways to monitor Quality Improvement and measurement are in place</p>	<ul style="list-style-type: none"> • Develop an approach based on ‘A framework for the monitoring and measurement of Safety’ (Health foundation, 2013) • Lead National Quality Triggers Group 	<ul style="list-style-type: none"> • Fully implement a framework for the monitoring and measurement of Safety’ • Implement National Quality Triggers 	<ul style="list-style-type: none"> • Fully implement a framework for the monitoring and measurement of Safety • Implement National Quality Triggers
<p>Local quality improvement capacity and capability building is developed to support and enable teams to identify and address local QSE improvement priorities</p>	<ul style="list-style-type: none"> • Deliver LIPS x 2 cohorts – build on number of joint projects with other UHBs • Deliver RCA training x 3 cohorts • Develop a UHB QSE leads network to share ideas and support implementation of the framework • Strengthen links with 1000 lives programme • Deliver Clinical Audit skills training • Progress the establishment of CAV academy • Implement Health and Care Standard 3.3 (self assessment and improvement plan) 	<ul style="list-style-type: none"> • Deliver LIPS x2 cohorts - build on number of joint projects with other UHBs • Deliver RCA training x 3 cohorts • Further develop a UHB QSE leads network to share ideas and support implementation of the framework • Further develop links with 1000 lives programme • Deliver Clinical Audit skills training • CAV academy • Further Implementation Health and Care Standard 3.3 (self assessment and improvement plan) 	<ul style="list-style-type: none"> • Deliver LIPS x 2 cohorts - build on number of joint projects with other UHBs • Deliver RCA training x 3 cohorts • Further develop a UHB QSE leads network to share ideas and support implementation of the framework • Further develop links with 1000 lives programme • Deliver Clinical Audit skills training • CAV academy • Further Implementation Health and Care Standard 3.3 (self assessment and improvement plan)
<p>QSE is embedded in all commissioning arrangements</p>	<ul style="list-style-type: none"> • Develop a generic framework to strengthen QSE arrangements in commissioning • Develop an improved process for the provision of QSE information to commissioners e.g. Welsh Health Specialised Services committee (WHSSC) and Powys 	<ul style="list-style-type: none"> • Implement a generic framework for QSE arrangements in commissioning 	<ul style="list-style-type: none"> • Further development of QSE commissioning arrangements

<p>Safety WalkRounds take place as scheduled and provide a useful opportunity for Board members to understand safety issues across the UHB</p>	<ul style="list-style-type: none"> • Review current approach and implement revised approach 	<ul style="list-style-type: none"> • Continue schedule of Safety WalkRounds™ 	<ul style="list-style-type: none"> • Continue schedule of Safety WalkRounds™
<p>The Health and Care Standards are embedded and aligned to work programmes of established groups/committees to move away from annual self assessment</p>	<ul style="list-style-type: none"> • Align 6 standards with well established committees/groups: <ul style="list-style-type: none"> • Falls • Nutrition • Medication • Medical Devices • IP&C • Safeguarding • Reduce self assessment requirements for Clinical Boards 	<ul style="list-style-type: none"> • Align the following standards with established groups/committees: <ul style="list-style-type: none"> • Health Promotion, Protection and Improvement • Managing Risk and Promoting Health and Safety • Preventing Pressure and Tissue Damage • Blood Management • Safe and Clinically Effective Care • Information Governance and Communications Technology • Workforce 	<ul style="list-style-type: none"> • Align the remaining standards with established groups/committees <ul style="list-style-type: none"> • Communicating effectively • Record Keeping • Patient Information • Timely Access • Listening and Learning from Feedback • Dignified Care • Planning Care to Promote Independence • People’s Rights
<p>Regulatory compliance and accreditation</p>	<ul style="list-style-type: none"> • Implement Health and Care Standard 2.1 • Strengthen reporting of regulatory inspections to the QSE Committee and include in future work plan for QSE Committee 	<ul style="list-style-type: none"> • Implement Health and Care Standard • Continue reporting of all regulatory inspections to QSE as appropriate 	<ul style="list-style-type: none"> • Implement Health and Care Standard 2.1 • Continue reporting of all regulatory inspections to QSE as appropriate

AIM 2 - SAFE CARE

OUTCOME	2017/2018	2018/2019	2019/2020
Year on year reduction in same cause serious incidents that cause severe harm or death	<ul style="list-style-type: none"> • Continue monitoring of Endoscopy Improvement Plan • Detailed review of themes and trends in SIs • Near miss analysis exercise in each Clinical Board • Review the integration of human factor considerations in all action planning • Strengthen links to Clinical Board clinical audit plans to ensure that lessons learned are embedded and sustained • Implement Health and care Standard 2.1; 3.1 • Special QSE meeting in October 2017 • Agree and set priorities for 2018/19 depending on emerging trends 	<ul style="list-style-type: none"> • Implement improvement plan for agreed priorities for 2018/19 • Implement Health and Care Standard 2.1; 3.1 • Special QSE meeting in October 2018 • Clinical Board local clinical audit plans to reflect trends in SIs 	<ul style="list-style-type: none"> • Implement improvement plan for agreed priorities for 2019/20 • Implement Health and care Standard 2.1; 3.1 • Special QSE meeting in October 2018 • Clinical Board local clinical audit plans to reflect trends in SIs
Year on year reduction in the number of same cause Never Events	<ul style="list-style-type: none"> • Undertake full risk assessment in relation to all known Never Events to ensure appropriate controls are in place • Audit of Swab, Instruments and Sharps count • Audit of NG insertion procedure in child and adult setting • Audit of WHO checklist compliance in Theatres and in Dental School • Establish infrastructure to implement NatSSiPS • Link to clinical audit plan • Special QSE meeting in October 2017 	<ul style="list-style-type: none"> • Continue work to embed NatSSiPS • Re-audit of Swab, Instruments and Sharps count • Re-audit of NG insertion procedure in child and adult setting • Re-audit of WHO checklist compliance in Theatres and in Dental School • Special QSE meeting in October 2017 • Set priorities for focus in 2019/20 	<ul style="list-style-type: none"> • Implement improvements based on priorities for 2019/20

<p>Year on year reduction in avoidable healthcare acquired pressure and tissue damage</p>	<ul style="list-style-type: none"> • Improve validation and reporting of pressure damage on Datix/increase Serious Incident reporting • Implement the use of incident reporting data for KPI measurement • Develop the Pressure Ulcer Group and agree a UHB plan for improvement • Review Education programme • Total bed management contract • Revision of RCA pressure ulcer tool • Implement Health and Care Standard 2.2 • Monitor and report incidence of pressure damage • Agree priorities for 2018/19 	<ul style="list-style-type: none"> • Pressure Ulcer Group to focus on priorities for 2018/19 • Implement education Programme • RCA pressure ulcer tool • Implement Health and Care Standard 2.2 • Continue to monitor and report incidence of pressure damage • Agree priorities for 2019/20 	<ul style="list-style-type: none"> • Pressure Ulcer Group to focus on priorities for 2019/20 • Implement education Programme • RCA pressure ulcer tool • Implement Health and Care Standard 2.2 • Continue to monitor and report incidence of pressure damage • Agree priorities for 2020/21
<p>Year on year reduction in the number of falls and in the number of serious falls that cause severe harm or death</p>	<ul style="list-style-type: none"> • Re-launch Falls Steering Group/develop overarching plan • Baseline assessment against the Principles, Framework and national Indicators: Adult in-patient falls and develop improvement plan • Appoint a Falls Strategy Implementation lead post • Implement Health and Care Standard 2.3 	<ul style="list-style-type: none"> • Falls Steering Group to oversee focus on improvements for 2018/19 • Implement Health and Care Standard 2.3 	<ul style="list-style-type: none"> • Falls Steering Group to oversee focus on improvements for 2018/19 • Implement Health and Care Standard 2.3
<p>A year on year reduction in the number of Healthcare Acquired Infections in line with or exceeding WG targets</p>	<ul style="list-style-type: none"> • Antimicrobial delivery plan 2017-18 (year 2) • Multi-drug resistant organism procedure roll out/ managing anti-microbial resistance • Primary care based RCA tool for staph aureus 	<ul style="list-style-type: none"> • Antimicrobial delivery plan (year 3) • Implement priorities for 2018/19 • Audit of ANTT • Prevention of winter season outbreaks 	<ul style="list-style-type: none"> • Anti-microbial delivery plan 2019-20 • Implement priorities for 2019/20 • Prevention of winter season outbreaks

	<ul style="list-style-type: none"> • Aseptic Not Touch Technique (ANTT) roll out • Fidaxomyxin – monitoring • Consideration more interventions for IV drug abusers and wound management in the community (community acquired MSSA). • Prevention of winter season outbreaks • Delivery of WG targets for CDiff; MRSA, MSSA • 10% reduction in EColi • UTI management and catheter care • IP+C training - 85% staff trained • Revision of face to face training for Legionella • Implement Health and Care Standard 2.4 • Agree priorities for 2018/19 	<ul style="list-style-type: none"> • Delivery of WG targets for CDiff, MRSA, MSSA, Ecoli • IP+C training - 85% staff trained • Implement Health and Care Standard 2.4 • Agree priorities for 2019/20 	<ul style="list-style-type: none"> • Delivery of WG targets for CDiff, MRSA, MSSA, Ecoli • IP+C training - 85% staff trained • Implement Health and Care Standard 2.4
<p>A year on year reduction in the number of deaths from Sepsis</p>	<ul style="list-style-type: none"> • Re-design and launch of the sepsis pathway (NCEPOD; NICE) • Evaluation of pilot wards • Introduction of 'Making Sepsis personal' model (based on Nottingham feedback tool) • Strengthen data collection methods in relation to Sepsis management compliance • Education programme/training strategy • Review and respond to the outcome of the Acute Care review across Wales • Roll out NEWS in Community hospitals to achieve compliance with PSA002. • Agree priorities for 2018/19 	<ul style="list-style-type: none"> • Audit of the Sepsis pathway • Continue data collection • Education programme/training strategy • Sepsis group to oversee priorities for 2018/19 and agree priorities for 2019/20 	<ul style="list-style-type: none"> • Audit of the Sepsis pathway • Continue data collection • Education programme/training strategy • Sepsis group to oversee priorities for 2019/20

<p>All patients whose condition is deteriorating are recognised at the earliest possible opportunity</p> <p>Acute Kidney Injury (AKI) is prevented, detected and managed in line with NICE Guidance</p>	<ul style="list-style-type: none"> • RRAILS • Full NEWS implementation • Align with 1000 lives programme (wee wheel; kidney safe wristbands) • Assess current compliance with NICE guidance CG169 – AKI Prevention, detection and management • Audit of NEWS compliance • Audit of RRAILS • Agree priorities for 2018/19 	<ul style="list-style-type: none"> • Implement priorities for 2018/19 • Align with current 1000 lives priorities/initiatives • Re-audit of NEWS Compliance • Re-audit of RRAILS • Agree priorities for 2019/20 	<ul style="list-style-type: none"> • Implement priorities for 2020/21 • Align with current 1000 lives priorities/initiatives
<p>People are supported to meet their Nutritional and Hydration needs</p>	<ul style="list-style-type: none"> • Introduction of new menus from April 2017 • Nurse champion training (2 day programme) • Multi-disciplinary nutrition and hydration audits • Assurance reporting to Nutrition and catering steering group • Model ward project – A4 (UHW); E2 (UHL) • Introduction of person centred crockery • Phase 1 – UHL, Barry, MHSOP • Phase 2 – Children’s Hospital • Phase 3 – Rookwood, Iorwerth Jones • Audit of ‘Insertion of NG tube procedure’ • Implement Health and Care Standard 2.5 • Identify priorities for 2018/19 	<ul style="list-style-type: none"> • Evaluation of new menu Scheme • Implement priorities for 2018/19 • Multi-disciplinary nutrition and hydration audits • Assurance reporting to Nutrition and catering steering group • Implement Health and Care Standard 2.5 • Identify priorities for 2019/20 	<ul style="list-style-type: none"> • Implement priorities for 2019/20 • Multi-disciplinary nutrition and hydration audits • Assurance reporting to Nutrition and catering steering group • Implement Health and Care Standard 2.5 • Identify priorities for 2019/20

<p>People receive medication for the right reason, at the right dose and at the right time</p> <p>A year on year decrease in the number of serious medication errors</p>	<ul style="list-style-type: none"> • Use of e-prescribing – OPD Chemotherapy, electronic discharge (MTED) • Prudent prescribing and de-prescribing • Implement the CODE • Embed MARRS across the Multi-disciplinary team • PSN 030 – annual re-audit • E-learning programme • Improve error data analysis • Medical gases • Agree audit programme for 2018/19 • Work towards full implementation of Health and care Standard 2.6 • Agree priorities for 2018/19 	<ul style="list-style-type: none"> • Implement E-prescribing for in-patients • Implement priorities for 2018/19 • Continue Prudent prescribing and de-prescribing • Continue implementation of the CODE • Embed MARRS across the Multi-disciplinary team • Implement audit programme for 2018/19 • PSN 030 – annual re-audit • E-learning programme • Improve error data analysis • Medical gases • Work towards full implementation of Health and care Standard 2.6 • Agree priorities for 2019/20 	<ul style="list-style-type: none"> • Implement priorities for 2019/20 • Work towards full implementation of Health and Care Standard 2.6
<p>Medical Devices</p> <p>The UHB has in place safe and effective procurement, use and disposal of medical equipment, devices and diagnostic systems</p>	<ul style="list-style-type: none"> • Medical equipment 5 year delivery plan – ‘Well equipped to care’ (year 1) • Implement Health and Care Standard 2.9 • Develop Datix reporting fields in relation to medical equipment related incidents • Agree priorities for 2018/19 	<ul style="list-style-type: none"> • Medical equipment 5 year delivery plan – ‘Well equipped to care’ (year 2) • Implement priorities for 2018/19 • Implement Health and Care Standard 2.9 • Agree priorities for 2019/20 	<ul style="list-style-type: none"> • Medical equipment 5 year delivery plan – ‘Well equipped to care’ (year 2) • Implement priorities for 2019/20 • Implement Health and Care Standard 2.9

<p>There are suitable and sufficient numbers of staff working at all levels across the organisation to deliver safe, high quality care</p>	<ul style="list-style-type: none"> • Implementation of the requirements of the Nurse Staffing levels (Wales) Act 2016 • Implement Health and Care Standard 7.1 • Weekly monitoring of reported staff shortages • Delivery of Workforce and Organisational Development Framework priorities 	<ul style="list-style-type: none"> • Monitor compliance with Nurse Staffing levels (Wales) Act 2016 • Implement Health and Care Standard 7.1 • Weekly monitoring of reported staff shortages • Delivery of Workforce and Organisational Development Framework priorities 	<ul style="list-style-type: none"> • Monitor compliance with Nurse Staffing levels (Wales) Act 2016 • Implement Health and Care Standard 7.1 • Weekly monitoring of reported staff shortages • Delivery of Workforce and Organisational Development Framework priorities
<p>The welfare of children and adults who become vulnerable or at risk is promoted and protected at all times</p>	<ul style="list-style-type: none"> • Review of current resource • Information sharing mechanisms • Social Services Wellbeing (Wales) Act • Deliver Female Genital Mutilation (FGM) agenda • Deliver Domestic Abuse agenda • Multi – Agency Safeguarding Hub • Safeguarding training uptake >85% • Implement Health and Care Standard 2.7 • Agree priorities for 2018/19 	<ul style="list-style-type: none"> • Implement priorities for 2018/19 • Social Services Wellbeing (Wales) Act • Deliver Female Genital Mutilation (FGM) agenda • Deliver Domestic Abuse agenda • Multi – Agency Safeguarding Hub • Safeguarding training uptake >85% • Implement Health and Care Standard 2.7 • Agree priorities for 2019/20 	<ul style="list-style-type: none"> • Implement priorities for 2019/20 • Social Services Wellbeing (Wales) Act • Deliver Female Genital Mutilation (FGM) agenda • Deliver Domestic Abuse agenda • Multi – Agency Safeguarding Hub • Safeguarding training uptake >85% • Implement Health and Care Standard 2.7
<p>All patients are positively identified to ensure that the right person receives the right treatment</p>	<ul style="list-style-type: none"> • LIPS project implementation • Secure compliance with Patient Safety Notice (PSN) 026 – Positive Patient identification; NPSA PSN 024 Standardising wristbands improves patient safety • Review of positive Patient ID Policy and associated launch 	<ul style="list-style-type: none"> • Implement priorities for 2018/19 • Wristband audit • Audit of Patient identification Policy • Agree priorities for 2019/20 	<ul style="list-style-type: none"> • Implement priorities for 2019/20 • Wristband audit • Audit of Patient Identification Policy

<p>Reduction in the number of patient mis-identification incidents</p> <p>Reduction in the number of Ionising Radiation (Medical Exposure) regulations (IRMER) breaches due to mis-identification</p>	<ul style="list-style-type: none"> • Launch Patient ID logo • Patient ID task and finish group • Focus on addressograph label campaign • Wristband audit • Agree priorities for 2018/19 		
<p>Risk formulation in patients with mental health problems</p>	<ul style="list-style-type: none"> • To produce a Suicide and Self harm reduction action plan as a mental health collaborative in Cardiff and Vale • Identify priorities for 2018/19 	<ul style="list-style-type: none"> • Implement priorities for 2018/19 • Identify priorities for 2019/20 	<ul style="list-style-type: none"> • Identify priorities for 2019/20
<p>Year on year reduction in the incidence of proven hospital acquired thrombosis (HAT)</p>	<ul style="list-style-type: none"> • Mandated risk assessment/associated prescribing of thromboprophylaxis in each Clinical Board • Audit of thromboprophylaxis practice • Embed systems to demonstrate good practice and outcomes • Identify active Clinical Board leads in anticoagulation and thromboprophylaxis who proactively review Clinical Board practice/procedures • Fully funded thrombosis prevention nurse • HAT reporting strengthened in Datix • Identify priorities for 2018/19 	<ul style="list-style-type: none"> • Implement priorities for 2018/19 • Audit of thromboprophylaxis practice • Identify priorities for 2019/20 	<ul style="list-style-type: none"> • Implement priorities for 2019/20

<p>Year on year reduction in peri-natal mortality Year on year reduction in maternal deaths and morbidity</p>	<ul style="list-style-type: none"> • Diabetes in pregnancy • Peri-natal mental health • Sepsis • Implementing recommendations from MBRRACE – UK report • Prudent maternity care – continuity of care; home births/Midwifery led unit/45% of women eligible to start labour outside of obstetric unit • Implement new model of Statutory Supervision of midwives in Wales • Agree priorities for 2018/19 	<ul style="list-style-type: none"> • Implement priorities for 2018/19 • Diabetes in pregnancy • Peri-natal mental health • Sepsis • Implementing recommendations from MBRRACE – UK report • Prudent maternity care – continuity of care; home births/Midwifery led unit/45% of women eligible to start labour outside of obstetric unit • Statutory Supervision of midwives in Wales • Agree priorities for 2019/20 	<ul style="list-style-type: none"> • Implement priorities for 2019/20 • Diabetes in pregnancy • Peri-natal mental health • Sepsis • Implementing recommendations from MBRRACE – UK report • Prudent maternity care – continuity of care; home births/Midwifery led unit/45% of women eligible to start labour outside of obstetric unit • Statutory Supervision of Midwives in Wales
<p>Safe and effective delivery of point of care testing (POCT)</p>	<ul style="list-style-type: none"> • Implement WPOCT to link up all POCT connectivity devices • Training and competency • Assessor training • Work with GPs in primary care on POCT to support the anti-microbial strategy/review primary care Blood Glucose formulary • Agree priorities for 2018/19 	<ul style="list-style-type: none"> • Implement priorities for 2018/19 • Continue to implement WPOCT to link up all POCT connectivity devices • Training and competency • Assessor training • Work with GPs in primary care on POCT to support the anti-microbial strategy/review primary care Blood Glucose formulary • Agree priorities for 2019/20 	<ul style="list-style-type: none"> • Implement priorities for 2019/20

AIM 3 - EFFECTIVE CARE

OUTCOME	2017/2018	2018/2019	2019/2020
<p>A year on year increase in positive findings in record keeping audits</p>	<ul style="list-style-type: none"> • Introduce new Integrated Assessment Document • Begin preparatory work for the standardisation of core documents across the UHB • Education programme • Embedded Audit programme and feedback • Agree a communication plan to promote good record keeping • Record keeping audit • Data quality group • Implement Health and Care Standard 3.5 • Agree priorities for 2018/19 	<ul style="list-style-type: none"> • Implement priorities for 2018/19 • Record keeping audit • Communication plan • Implement Health and Care Standard 3.5 • Agree priorities for 2019/20 	<ul style="list-style-type: none"> • Implement priorities for 2018/19 • Record keeping audit • Communication plan • Implement Health and Care Standard 3.5
<p>Demonstrable improvement in governance associated with the implementation of NICE Guidance</p>	<ul style="list-style-type: none"> • Establish NICE implementation Group • Revise current UHB Policy • Support the work of the All Wales NICE liaison group • Implement Health and Care Standard 3.1 • Align Local Clinical Audit plan for 2018/19 with key NICE guidance • Agree priorities for 2018/19 	<ul style="list-style-type: none"> • Implement priorities for 2018/19 • Implement Health and Care Standard 3.1 • Support the work of the All Wales NICE Liaison Group • Align Local Clinical Audit plan for 2019/20 with key NICE guidance • Agree priorities for 2019/20 	<ul style="list-style-type: none"> • Implement priorities for 2019/20 • Support the work of the All Wales NICE Liaison Group • Implement Health and Care Standard 3.1

The UHB demonstrates increasing compliance with all Patient Safety Solutions/notices/alerts (aiming for 100% compliance)

- Revise and refresh processes
- Establish Patient Safety Solutions Group
- Secure ring-fenced time for dedicated Patient Safety facilitator
- Implement solutions to address areas of outstanding non-compliance with priority given to implementation of electronic wristbands to reduce Patient Misidentification and to full compliance with the Sepsis Alert.
- Work towards full implementation of NatSSIPS
- Develop UHB intranet site
- Implement audit programme to confirm compliance with key historical notices/alerts
- Agree priorities for 2018/19

- Implement priorities for 2018/19
- Work towards full implementation of NATSIPPS
- Continue audit of compliance with historical alerts
- maintain intranet site
- Agree priorities for 2019/20

- Implement priorities for 2019/20
- Continue audit of compliance with historical alerts

<p>There are systems in place to ensure that variation from best practice is properly recorded and audited and risk are identified and managed appropriately</p> <p>Increased compliance with agreed Local Clinical Audit Plans (CAPs) across Clinical Boards</p> <p>Year on year improvements in UHB performance in National Audit reports</p>	<ul style="list-style-type: none"> • Introduction of electronic clinical audit system AMAT • Implement Local Clinical Audit plan for 2017-18 • Improve reporting of compliance with Local CAPs • Implement Health and Care Standard 3.1 • Comply with requirement of the National Clinical Audit and outcomes Review programme • Refine processes related to the reporting and monitoring of National Audit reports • Agree local CAPs for 2018/19 	<ul style="list-style-type: none"> • Evaluate the introduction of AMAT • Implement Local CAP for 2018-19 • Reporting of compliance with Local CAPs • Implement Health and Care Standard 3.1 • Comply with requirement of the National Clinical Audit and outcomes Review programme • Agree Local CAPs for 2019/20 	<ul style="list-style-type: none"> • Implement Local Clinical Audit plan for 2019-20 • Report compliance with Local CAPs • Implement Health and Care Standard 3.1 • Comply with requirement of the National Clinical Audit and outcomes Review programme
<p>The death of every patient is reviewed to identify whether there are lessons to be learned</p>	<ul style="list-style-type: none"> • Implement a structured review method in line with Royal College Physicians guidance on mortality case records review and record on Electronic Mortality Audit tool • Preparation for Medical Examiner Role • Establish interface between Datix and Business Intelligence Service • Ensure that learning Disability Icon features on EMAT • Identify priorities for 2018/19 	<ul style="list-style-type: none"> • Implement priorities for 2018/19 • Identify priorities for 2019/20 	<ul style="list-style-type: none"> • Implement priorities for 2019/20

AIM 4 - DIGNIFIED CARE (see detailed delivery plan)

OUTCOME	2017/2018	2018/2019	2019/2020
<p>The individual language and communication needs of services users are met and specifically those with sensory loss.</p>	<ul style="list-style-type: none"> • Implement improved QA of public facing literature and leaflets • Translation/interpretation services • Deliver Being Open training • Deliver Breaking bad news training • Deliver Sensory loss plan • Implement Health and Care Standard 3.2; 4.1; 4.2 • Delivering 'More than just Words' to promote the Welsh Language • Agree priorities for 2018/19 	<ul style="list-style-type: none"> • Implement priorities for 2018/19 • Implement Health and Care Standard 3.2; 4.1; 4.2 • Delivering 'More than just Words' to promote the Welsh Language • Agree priorities for 2019/20 	<ul style="list-style-type: none"> • Implement priorities for 2019/20 • Implement Health and Care Standard 3.2; 4.1; 4.2 • Delivering 'More than just Words' to promote the Welsh Language
<p>People are supported to keep a clean healthy mouth and pain free teeth and gums</p> <p>Year on year improvement in the outcomes of mouth care audits</p>	<ul style="list-style-type: none"> • Procurement of mouth care equipment • Increase uptake of mouth care programme • Develop and implement mouth care audit • Committed to Care • Build mouth care in to Preceptor ship programme • Develop priorities for 2018/19 	<ul style="list-style-type: none"> • Implement priorities for 2018/19 • Continue moth care audit • Develop priorities for 2019/20 	<ul style="list-style-type: none"> • Implement priorities for 2019/20

<p>Continence care is appropriate and discreet.</p> <p>Prompt assistance is provided taking into account peoples specific needs and privacy.</p> <p>Year on year reduction in the number of complaints which feature continence</p> <p>Year on year improvement in the quality of continence assessments</p>	<ul style="list-style-type: none"> • Focus on the procurement of continence products • Strengthen current education programme • Focus on meeting OPC requirements to measure loss of continence and impact • Develop a system of reporting on OPC requirements • Develop a programme of audit in relation to continence assessment and care • Agree priorities for 2018/19 	<ul style="list-style-type: none"> • Implement priorities for 2018/19 • Improve reporting of OPC requirements in Board reports • Deliver audit programme • Agree priorities for 2019/20 	<ul style="list-style-type: none"> • Implement priorities for 2018/19
<p>People report that they are able to get enough rest and sleep when in hospital</p> <p>Year on year increase in expressed satisfaction with ability to sleep and rest</p>	<ul style="list-style-type: none"> • Specialling project – trial in UHL • Continue 2 minutes of your time • Introduce Hot drinks at night – UHW focus • Agree priorities for 2018/19 	<ul style="list-style-type: none"> • Implement priorities for 2018/19 • Agree priorities for 2019/20 	<ul style="list-style-type: none"> • Implement priorities for 2019/20

<p>Implementation of Learning disabilities (LD) bundle</p>	<ul style="list-style-type: none"> • Full roll out of the LD bundle • Bring together commissioning functions • Develop a more Integrated approach to services • Strengthen processes for the review of the deaths of patients with LD in primary, community and acute settings • Improve Access and support for patients with Learning disabilities • Ensure Annual Health Checks are in place in primary care • Implement Health and Care Standard 6.2 • Agree priorities for 2018/19 	<ul style="list-style-type: none"> • Implement priorities for 2018/19 • Review commissioning functions in relation to LD services • Implement Health and Care Standard 6 • Agree priorities for 2019/20 	<ul style="list-style-type: none"> • Implement priorities for 2019/20
<p>End of life care</p> <p>A year on year increase in the number of people who die in the preferred place of care</p> <p>A year on year increase in the number of patients who receive specialist palliative care before they die</p> <p>A year on year increase in expressed patient family satisfaction with care</p> <p>A year on year reduction in the number of people who require emergency admission to hospital in the year before they die</p>	<ul style="list-style-type: none"> • Implementation of the End of Life Delivery plan • Implementation of the paediatric palliative medicine delivery plan • Agree priorities for 2018/19 	<ul style="list-style-type: none"> • Implementation of the End of Life Delivery plan • Implementation of the paediatric palliative medicine delivery plan • Implement priorities for 2018/19 • Agree priorities for 2019/20 	<ul style="list-style-type: none"> • Implementation of the End of Life Delivery plan • Implementation of the paediatric palliative medicine delivery plan • Implement priorities for 2018/19

AIM 5 - TIMELY CARE

OUTCOME	2017/2018	2018/2019	2019/2020
<p>Referrals for treatment are met in line with national guidance, timescales and pathways. Areas for specific attention: Endoscopy Ophthalmology</p>	<p>Continue to:</p> <ul style="list-style-type: none"> • Deliver priorities for Planned care as set out in the IMTP • Improve performance for our elective patients waiting more than 36 weeks for certain procedures • Reduce waiting times for cancer • Improve waiting times for patients waiting for certain diagnostic procedures • Explore the introduction harm reviews for patients who breach targets in selected high priority specialities • Implement Health and Care Standard 5.1 • Agree priorities for 2018/19 • Support targeted use of PROMS and PREMS 	<ul style="list-style-type: none"> • Deliver priorities for Planned care as set out in the IMTP 2018/19 • Implement Health and Care Standard 5.1 • Agree priorities for 2019/20 	<ul style="list-style-type: none"> • Deliver priorities for Planned care as set out in the IMTP 2019/20 • Implement Health and Care Standard 5.1

<p>Patients are followed up in line with national guidance, timescales and pathways. Areas for specific attention: Endoscopy Ophthalmology</p>	<ul style="list-style-type: none"> • Deliver priorities for Planned care as set out in the IMTP 2017/18 • Reduce the number of patients overdue their follow up appointment • Continue to reduce the number of follow up patients recorded on PMS without a follow up date • Through implementation of the UHB's Endoscopy Plan, reduce the number of endoscopy surveillance patients waiting >8 weeks past their planned appointment date • Explore the introduction harm reviews for patients who breach targets in selected high priority specialities • Implement Health and Care Standard 5.1 • Support targeted use of PROMS and PREMS 	<ul style="list-style-type: none"> • Deliver priorities for Planned care as set out in the IMTP 2018/19 • Implement Health and Care Standard 5.1 • Agree priorities for 2019/20 	<ul style="list-style-type: none"> • Deliver priorities for Planned care as set out in the IMTP 2019/20 • Implement Health and Care Standard 5.1
<p>Cancer targets</p> <p>Year on year improvement against Tier 1 targets</p> <p>Year on year reduction in cancer related serious incidents and concerns</p>	<ul style="list-style-type: none"> • Delivery of the UHB Cancer Plan • Implement Health and Care Standard 5.1 • Agree priorities for 2018/19 	<ul style="list-style-type: none"> • Delivery of the UHB Cancer Plan • Implement priorities for 2018/19 (IMTP) • Implement Health and Care Standard 5.1 • Agree priorities for 2019/20 (IMTP) 	<ul style="list-style-type: none"> • Delivery of the UHB Cancer Plan • Implement Health and Care Standard 5.1

<p>Year on year reduction in the number of 12 hour waits in EU</p>	<ul style="list-style-type: none"> • Develop and implement additional 'direct-access' care pathways via WAST in line with IMTP 2017/18: <ul style="list-style-type: none"> • Fractured NoF • Ambulatory Emergency Care • Emergency Gynaecology (PV bleed) • Cardiology care (for certain conditions) • Establish new trauma and emergency surgery pathways (IMTP) • Establish new emergency care pathways (IMTP) • Implement Health and Care Standard 5.1 • Agree priorities for 2018/19 	<ul style="list-style-type: none"> • Implement priorities for 2018/19 • Agree priorities for 2019/20 	<ul style="list-style-type: none"> • Implement priorities for 2019/20
<p>A year on year improvement in ambulance handover times</p> <p>Improve access to primary care services - for specific attention: Access to Out Of Hours General Practitioners</p>	<ul style="list-style-type: none"> • See above work streams to reduce 12 hour waits in EU • Increase level of out of hours GP cover at peak times and weekends • Carry out governance review of the Out of Hours service • Introduce new rota system for health care practitioners • Secure sustainable funding stream to support the OOH service • Implement Health and Care Standard 5.1 • Agree priorities for 2018/19 	<ul style="list-style-type: none"> • See above work streams to reduce 12 hour waits in EU • implement priorities for 2018/19 • Implement Health and Care Standard 5.1 • agree priorities for 2019/20 	<ul style="list-style-type: none"> • See above work streams to reduce 12 hour waits in EU • implement priorities for 2019/20

Safe discharge;

A year on year reduction in the number of delayed transfers of care

- Deliver Sustainable Unscheduled Care Priorities as set out in IMTP for 2017/18
- Focus on pre-hospital support to people
- Single point of entry for children
- Widen the availability of alternatives to admission
- Re-launch central discharge support service
- Re-model selected medical wards at UHW and UHL
- Further develop community pathways
- Collaborative working between UHB, Local Authorities, independent and third sectors (Phase 2)

- Deliver Sustainable Unscheduled Care Priorities as set out in IMTP for 2018/19

- Deliver Sustainable Unscheduled Care Priorities as set out in IMTP for 2019/20

AIM 6 - INDIVIDUAL CARE

OUTCOME	2017/2018	2018/2019	2019/2020
<p>The UHB responds to a range of feedback methods from patients to ensure that services are shaped by and meet the needs of people it serves (this aligns with and will be delivered through implementation of the Patient Experience Framework)</p> <p>A year on year increase in expressed satisfaction with the quality of services and the patient experience</p>	<p>Implement the Patient Experience Framework</p> <ul style="list-style-type: none"> • Refine and develop how we gather service user feedback • Develop systems to ensure effective triangulation of service user experience data • Develop procedures to ensure service user feedback is shared as contemporaneously as possible • Develop opportunities for service user involvement in service improvement/development • Equip staff with the knowledge and skills to engage with service users in a proactive, customer focused way • Implement Health and Care Standard 6.3 • Agree priorities for 2018/19 	<ul style="list-style-type: none"> • Implement the Patient Experience Framework • Implement priorities for 2018/19 • Implement Health and Care Standard 6.3 • Agree priorities for 2019/20 	<ul style="list-style-type: none"> • Full Implementation of the Patient Experience Framework • Implement Health and Care Standard 6.3 • Implement priorities for 2019/20

<p>The UHB complies with the legislation and guidance to deal with concerns, near misses, incidents and claims as set out in the Putting Things Right arrangements A year on year increase in compliance with PTR targets</p>	<ul style="list-style-type: none"> • Implementation of the revised PTR guidance when issued by WG • Implement Welsh Risk Pool action plan • Identify priorities for 2018/19 • Implement Health and Care Standard 6.3 	<ul style="list-style-type: none"> • Implement priorities for 2018/19 • Implement Health and Care Standard 6.3 • Identify priorities for 2019/20 	<ul style="list-style-type: none"> • Implement priorities for 2019/20 • Implement Health and Care Standard 6.3
<p>Promotion of independence and care closer to home</p>	<ul style="list-style-type: none"> • Implement Health and Care Standard 6.1 	<ul style="list-style-type: none"> • Implement Health and Care Standard 6.1 	<ul style="list-style-type: none"> • Implement Health and Care Standard 6.1
<p>Achieve effective and efficient transition from childhood services to adult services for those with life limiting and chronic conditions</p>	<ul style="list-style-type: none"> • An application has been submitted for a Transition Fellowship post for 2017 • audit of current practice for transition services within acute child health • development of service improvement plan • Agree priorities for 2018/19 	<ul style="list-style-type: none"> • Implement priorities for 2018/19 • Agree priorities for 2019/20 	<ul style="list-style-type: none"> • Implement priorities for 2019/20

<p>The needs of people with Dementia and their carers are being met</p> <p>(link to Cardiff and Vale dementia 3 year plan)</p>	<ul style="list-style-type: none"> • Delivery of Year 1 of the 2017-2020 Dementia 3 year plan • Roll out of the 'Read about me' – patient passport • Implement the recommendations of the Royal College of Psychiatrists review when published • Ensure Clinical Boards are meeting the now mandatory Dementia training targets (>85% trained) • Implement Health and Care Standard 4.1; 6.2 	<ul style="list-style-type: none"> • Delivery of Year 2 of the 2017-2020 Dementia 3 year plan • Continue to roll out of the 'Read about me' - patient passport • Ensure Clinical Boards are meeting the now mandatory Dementia training targets (>85% trained) • Implement Health and Care Standard 4.1; 6.2 	<ul style="list-style-type: none"> • Delivery of Year 3 of the 2017-2020 Dementia 3 year plan • Continue to roll out of the 'Read about me' - patient passport • Ensure Clinical Boards are meeting the now mandatory Dementia training targets (>85% trained) • Implement Health and Care Standard 4.1; 6.2
<p>Boredom and loneliness</p>	<ul style="list-style-type: none"> • Implement Health and Care Standard 4.1 • Continue: <ul style="list-style-type: none"> • Provision of activity kits, knitting needles and wool, puzzle books • Provision of newspapers and magazines from the shops when they attend • Lending library • Provision of TVs, Radio, DVDs in dayrooms • Activity Volunteers and befriending Volunteers • Roll out of Digital Reminiscence therapy equipment introduced to UHW ward A7 • Audio books, DVDs, DVD players purchased from Charitable funds • Music therapy and creative art funded by Charitable funds • "My Dementia" - two large touch screens and eight tablets enabling patients to access a variety of content such as a jukebox, films and old radio broadcasts • Fiddle muffs/cuffs procured from local charities by Sister/Charge Nurses 	<ul style="list-style-type: none"> • Implement Health and Care Standard 4.1 	<ul style="list-style-type: none"> • Implement Health and Care Standard 4.1

<p>Valid consent is obtained in line with best practice and people are assessed and cared for in line with the Mental Capacity Act and where appropriate Deprivation of Liberty safeguards 2009</p>	<ul style="list-style-type: none"> • Review current education programme • Undertake annual UHB wide audit • Implement Health and Care Standard 4.2 	<ul style="list-style-type: none"> • Implement revised education programme • Undertake annual UHB wide audit • Implement Health and Care Standard 4.2 	<ul style="list-style-type: none"> • Undertake annual UHB wide audit • Implement Health and Care Standard 4.2
<p>Psychological care model</p>	<ul style="list-style-type: none"> • Reduce psychology/counselling waiting times from 6 months to 1 year • Ensure WG funding from Psychological therapies supports direction of MATRICS Cymru • Identify priorities for 2018/19 	<ul style="list-style-type: none"> • Implement priorities for 2018/19 • Identify priorities for 2019/20 	<ul style="list-style-type: none"> • Implement priorities for 2019/20

WHAT ARE WE TRYING TO ACCOMPLISH?

The UHB will continue to develop a reliable and effective Quality, Safety and Experience dashboard as part of a range of evolving measures, designed to monitor implementation of the framework. We will base this work on the model for Safety measurement and monitoring (The Health Foundations, 2013 – Appendix 2) and will expect to be able to measure and monitor a range of indicators which will include:

- Evidence of a stronger Safety culture embedded at all levels and across the whole organisation
 - Improvement in compliance with the Health and care Standards year on year
 - A reduction in repeat cause serious incidents and Never Events
 - A reduction in the incidence of hospital acquired infections in line with or exceeding WG targets
 - Significant reductions in medication errors, blood transfusion incidents and IRMER breaches caused as a result of patient misidentification
 - Reduced waiting times in line with WG targets
 - Significant reduction in serious incidents related to out-patient follow up
 - Significant reduction in the number of concerns which relate to a failure to recognise a deteriorating patient
 - Harm reviews for patients who breach waiting time targets
 - Improved compliance with our Sepsis 6 bundle and a reduction in mortality from Sepsis
 - A reduction in the number of missed opportunities to appropriately engage patients in Mental health services in their care
 - A year on year improvement in Mortality rates in key patient conditions e.g. stroke, heart attack and fractured neck of femur
 - Reliable adherence with NICE guidance which the UHB has agreed to implement
 - Positive feedback from unannounced visits by Healthcare Inspectorate Wales and the Community Health Council
 - A reduction in formal concerns raised with the UHB
 - Year on year increasing satisfaction with services expressed by our service users across the integrated healthcare system
 - Full compliance with all NHS Wales Patient Safety Solutions and historical alerts and notices.
 - Full implementation of the Learning Disabilities bundle
- Implementation of our Quality, Safety and Improvement Framework will be **monitored by our QSE Committee**, a sub-committee of the Board.
 - **A detailed delivery plan to achieve each 'Aim'** will be developed and approved by the QSE Committee.
 - The Board will be regularly appraised of key issues in an **Integrated Quality, Safety and Experience Board report**.
 - Our **Annual Quality Statement** will provide an open and honest account of how we are progressing over the next three years.

Implementing the Quality, Safety and Improvement Framework 2017/2018 – 2019/2020

Aim	Action	2017-2018				2018 -2019				2019-2020			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
AIM 1 - GOVERNANCE, LEADERSHIP AND ACCOUNTABILITY To develop a structure in which accountabilities, roles and responsibility for the delivery of high quality, safer care is clear.	A well embedded QSE committee/group infrastructure.												
	A strong safety culture is embedded at every level of the organisation.												
	Robust ways to monitor Quality Improvement and measurement are in place.												
	Local quality improvement capacity and capability building is developed to support and enable teams to identify and address local QSE improvement priorities.												
	QSE is embedded in all commissioning arrangements.												
	Safety WalkRounds™.												
	The Health and Care Standards are embedded and aligned to work programmes of established groups/ committees to move away from annual self assessment.												

Aim	Action	2017-2018				2018 -2019				2019-2020			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
AIM 2 – SAFE CARE To protect people from avoidable harm and support them to protect themselves from known harm.	Reduction in same cause serious incidents that cause severe harm or death.												
	A reduction in the number of same cause Never Events.												
	Reduction in avoidable healthcare acquired pressure and tissue damage.												
	Reduction in the number of falls and in the number of serious falls that cause severe harm or death.												
	A reduction in the number of Healthcare Acquired Infections in line with or exceeding WG targets.												
	A reduction in the number of deaths from Sepsis.												
	All patients whose condition is deteriorating are recognised at the earliest possible opportunity.												

		2017-2018				2018 -2019				2019-2020			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	People are supported to meet their Nutritional and Hydration needs.												
	People receive medication for the right reason, at the right dose and at the right time.												
	There are suitable and sufficient numbers of staff working at all levels across the organisation to deliver safe, high quality care The welfare of children and adults who become vulnerable or at risk is promoted and protected at all times.												
	All patients are positively identified to ensure that the right person receives the right treatment.												
	Risk formulation in patients with mental health problems.												
	Reduction in the incidence of hospital acquired thrombosis.												
	Safe and effective delivery of point of care testing (POCT).												

Aim	Action	2017-2018				2018 -2019				2019-2020			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
AIM 3 - EFFECTIVE CARE To give people the right care or support, based on best practice, to meet their individual needs.	Excellent record keeping underpins effective and safer care and records are maintained in line with legislation and clinical guidance standards.												
	People receive high quality, safe care based on best available evidence.												
	The UHB demonstrates compliance with all Patient Safety Solutions/notices/alerts.												
	There are systems in place to ensure that variation from best practice is properly recorded and audited and risks are identified and managed appropriately.												
	The death of every patient is reviewed to identify whether there are lessons to be learned.												

Aim	Action	2017-2018				2018 -2019				2019-2020			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
AIM 4 – DIGNIFIED CARE To ensure that people are always treated with compassion, dignity and respect.	The individual language and communication needs of service users are met and specifically those with sensory loss.												
	People are supported to keep a clean healthy mouth and pain free teeth and gums.												
	Continence care is appropriate and discreet.												
	Prompt assistance is provided taking into account peoples specific needs and privacy.												
	People report that they are able to get enough rest and sleep when in hospital.												
	Implementation of Learning disabilities (LD bundle).												
	End of life care.												

Aim	Action	2017-2018				2018 -2019				2019-2020			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
AIM 5 - TIMELY CARE To ensure that people have timely access to services based on clinical need and are cared for in the right way, at the right time in the right place by the right staff.	Referrals for treatment are met in line with national guidance, timescales and pathways. Areas for specific attention: Endoscopy Ophthalmology												
	Patients are followed up in line with national guidance, timescales and pathways. Areas for specific attention: Endoscopy Ophthalmology												
	Cancer targets.												
	Reduce the number of 12 hour waits in EU.												
	Ambulance handovers.												
	Improve access to primary care services. For specific attention: Access to OOH GPs.												
	Safe discharge; reduction in the number of delayed transfers of care.												

Aim	Action	2017-2018				2018 -2019				2019-2020			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
AIM 6 - INDIVIDUAL CARE To ensure that people are respected as unique individuals and that this is an integral part of all care delivered.	The UHB responds to a range of feedback methods from patients to ensure that services are shaped by and meet the needs of people it serves. (This aligns with and will be delivered through implementation of the Patient Experience Framework).												
	The UHB complies with the legislation and guidance to deal with concerns, near misses, incidents and claims as set out in the Putting Things Right arrangements.												
	Achieve effective and efficient transition from childhood services to adult services for those with life limiting and chronic conditions.												
	The needs of people with Dementia and their carers are being met. (link to Cardiff and Vale dementia 3 year plan).												

		2017-2018				2018 -2019				2019-2020			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	The needs of people with Dementia and their carers are being met. (link to Cardiff and Vale dementia 3 year plan).												
	Boredom and loneliness.												
	Valid consent is obtained in line with best practice and people are assessed and cared for in line with the Mental Capacity Act and where appropriate Deprivation of Liberty Safeguards 2009.												

A FRAMEWORK FOR THE MEASUREMENT AND MONITORING OF SAFETY

Are we responding and improving?

Sources of information to learn from include:

- Automated information management systems highlighting key data at a clinical unit level (e.g. medication errors and hand hygiene compliance rates)
- At a Board level, using dashboards and reports with indicators, set alongside financial and access targets.

Has patient care been safe in the past?

Ways to monitor harm include:

- Mortality statistics
- Record review (including case note review harm review)
- Staff reporting (including incident report and 'Never Events')
- Routine databases

Are our clinical system and processes reliable?

Ways to monitor reliability include:

- Percentage of all inpatient admissions screened for MRSA
- Percentage compliance with all elements of the pressure ulcer care bundle

Will care be safe in the future?

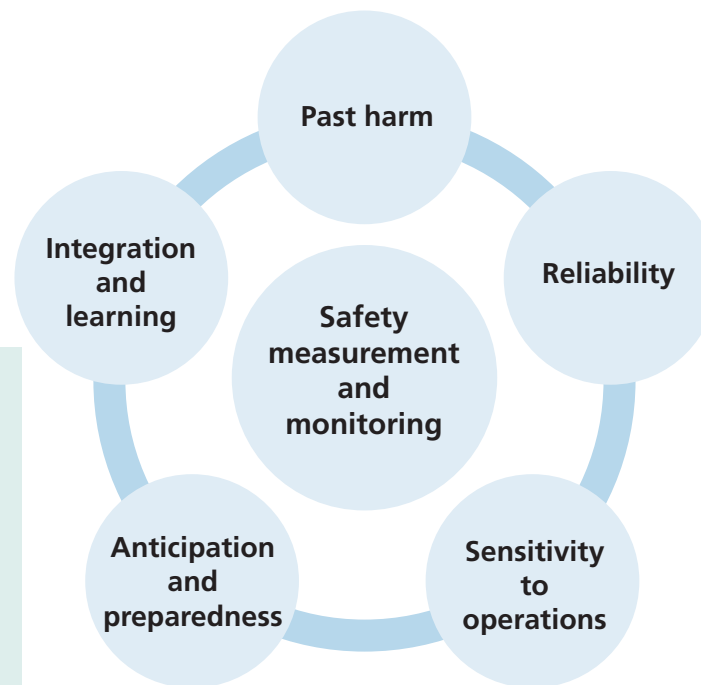
Possible approaches for achieving anticipation and preparedness include:

- Risk registers
- Safety culture analysis and safety climate analysis
- Safety training rates
- Sickness absence rates
- Frequency of sharps injuries per month
- Human reliability analysis (e.g. FMEA) safety cases

Is care safe today?

Ways to monitor sensitivity to operations include:

- Safety WalkRounds™
- Using designated patient safety officers
- Meetings, handovers and ward rounds
- Day-to-day conversations
- Staffing levels
- Patient interviews to identify threats to safety



Based on the work of Vincent C, Burnett S, Carthey J.
The measurement of monitoring of safety. The Health Foundations, 2013

