



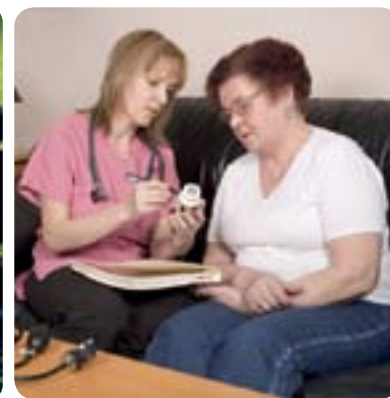
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# Achieving Excellence

## The Quality Delivery Plan for the NHS in Wales

2012 - 2016





## Ministerial Foreword

We all want and expect excellent health services – services that meet our needs, treat us with respect and provide the highest quality standards. This Quality Delivery Plan sets out the actions we will take to ensure this happens by 2016.

We have much to be proud of. The 1000 Lives initiatives have shown us what is possible when we have a relentless focus on improvement. Healthcare does not stand still. We need to continuously find new and better ways of doing things to enable a better patient experience and improved outcomes. Never has there been a greater need to ensure we get the best value from all that we do.

In *Together for Health*, I set out the demands and challenges we face over the coming years. I also said the status quo was not an option if we are serious about reducing inequalities and ensuring that our health outcomes are amongst the best. It is through the efforts and commitment of everyone who works for the NHS, we will have a modern, sustainable service in the years ahead. This needs teamwork like never before. Everyone has a part to play in delivering the highest quality, best value health services.

The boards of NHS organisations have a critical role in leading a culture which promotes delivery of a high quality, high value service. This needs both vision and action to ensure all efforts are focussed on continuous improvement. Boards also need to regularly provide assurance to their citizens in an open and transparent way on how well they are doing.

This plan, therefore, sets a double goal - for both quality improvement and quality assurance. These two goals require a strong desire to do the right thing, to do it well and to be able to continuously demonstrate positive progress.

The NHS cannot do this on its own. Strong partnership working across all sectors will be critical to its success. For partners in social care, the forthcoming Social Services Improvement Framework will help facilitate this, ensuring actions are aligned and integrated where they can be.

Together, we must all play our part in achieving excellence. The citizens of Wales deserve no less.

A handwritten signature in black ink that reads "Lesley Griffiths". The signature is written in a cursive style with a large, sweeping flourish at the end.

**Lesley Griffiths AM**  
**Minister for Health and Social Services**  
**May 2012**

## Executive Summary

**Why this, why now** – this plan sets out our ambitions for achieving excellence in Welsh healthcare by 2016. **Our vision** is for a quality driven NHS, focused on providing high quality care and excellent patient experience.

We expect this to be harnessed through four key **drivers**:

- the ambitions and commitment of our staff
- the views of the public
- transparent reporting on performance
- a system that demonstrates the behaviours of high performing, quality focused organisations.

**Our journey so far to world class** is built on strong foundations. Through strong leadership effort we are already making quality management and improvement part of the everyday fabric of the NHS. The building blocks include:

- *Doing Well, Doing Better - Standards for Health Services in Wales*
- making patient safety a priority as evidenced through the *1000 Lives Campaign* and *1000 Lives Plus programme*
- *Putting Things Right* – our new integrated, user-focused arrangements for dealing with concerns about NHS care
- the shift away from a focus on efficiency and access to one which looks at all six domains of quality.

This plan sets us a **double goal** for ensuring both **quality improvement and quality assurance**.

Actions to drive **quality improvement** include:

- inspiring all staff and managers to take responsibility for improving the quality of care they provide. They will be supported by the *1000 Lives Plus programme*.
- giving the public a bigger voice in driving up care quality by developing a national approach to measuring healthcare user experience.
- using clinical audits and outcome reviews to test the quality of care and drive improvement.
- using research and innovation to improve care and accelerating the uptake of beneficial new technology.

A system to give us **quality assurance** requires a reliable system of care including

- a national quality assurance framework which drives improvement with standards and metrics at its core.
- local action based on constant self assessment and improvement
- openness and peer review.
- transparent reporting across the system.
- swift action where needed when quality or delivery give cause for concern.

**Measuring success** is vital both for improvement and assurance. This plan will be underpinned by a series of service specific delivery plans which will set out the outcomes that we expect to see by 2016. From these service specific requirements we will develop a comprehensive framework of population outcome indicators and performance measures to track progress and monitor delivery.

## 1. Why this, why now?

The Government's NHS plan, *Together for Health* sets out a bold programme for improving health and healthcare for the NHS in Wales through to 2016 and beyond, so that:

- health will be better for everyone
- access and patient experience will be better
- better service safety and quality will improve health outcomes

It aims to make health care in Wales among the best in the world. To this end, it says that '*Over the next five years systems for assuring high quality care will match the best in the world*'. This Quality Delivery Plan sets out how the new quality improvement and assurance arrangements will operate on our journey to consistent excellence.

## 2. Our Vision

Our vision for a quality-driven NHS Wales is clear – it is achieving the triple aim of:

- providing the highest possible quality and excellent experience
- improving health outcomes and helping reduce inequalities
- getting high value from all our services.<sup>1</sup>

This means providing services that are safe, effective, accessible, affordable and sustainable - reducing harm, variation and waste.

## 3. The drivers

We expect change to result from harnessing four forces for change.

First, the **enthusiasm and ambition of our staff**. *1000 Lives Plus* is showing how much can be achieved through engaging staff. It will continue to have a core role in supporting transformational change across the Welsh NHS.

The Workforce and Organisation Development Framework describes how staff will be helped to maximise their individual and team contribution to continuous improvement and make improvement an essential part of their jobs. For doctors this will also support the evidence needed to achieve revalidation.

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<sup>1</sup> Based on the work of the Institute of Healthcare Improvement, USA

Second, **the views of the public**. The best judge of quality of service given is the recipient. It is important that the users of the NHS are empowered to describe their experiences to those who provided their care so that there is a clear understanding of what is working well and what is not.

Third, we want to use **transparent reporting of performance** as a support to help both clinicians and the public understand how good services really are. We expect the NHS to be honest and open about its plans, progress and performance.

Fourth, **the system** must support progress. Quality-driven healthcare organisations have distinct and consistent characteristics;

- clear organisational values and goals
- visible leadership at all levels
- strong employee engagement and satisfaction
- a relentless focus on improvement
- robust systems for reporting and learning
- openness in all that they do

This plan is based on a strong conviction that '*Quality grows from inside organisations - it cannot be imposed.*'<sup>2</sup>

The Government will help ensure that quality, performance and financial goals are aligned. The pressure on resources has never been greater which means that it has never been more important for the NHS to work together as a team across all disciplines and sectors – clinical, managerial and financial to achieve high value, high quality services. The Government will issue a new financial regime for the NHS which will explain how these will be better linked.

The challenge can only be met by fundamental and sustained change – working with our partners, we must ensure that we opt for changes that result in improvement.

#### **4. The journey so far to world class**

We are not starting with a blank sheet of paper:

##### ***Standards for Health Services in Wales***

Updated in 2010, *Doing Well, Doing Better – Standards for Health Services in Wales*, support the vision, values, governance and accountability framework for the NHS in Wales. Tough but achievable standards are at the centre of our drive to improve quality and the experience of care.

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<sup>2</sup> Welsh Assembly Government, Healthcare Quality Improvement Plan, 2006

The *Fundamentals of Care* indicators and the all-Wales audit are in use in all wards in hospitals in Wales. Their use has prompted focused efforts to improve standards and the overall patient experience. The next step, developing a new 'care metrics' module and a 'nursing dashboard' will give staff and Boards information to create a 'real time' picture of how well their services are doing.

The work of Healthcare Inspectorate Wales (HIW) in inspecting and reviewing services and organisations is based on the Standards. This, including their 'spot check' visits to assess cleanliness and dignity of care, help to give us all an objective assessment of how well organisations are doing in delivering high quality care

### ***Making Patient Safety a Priority***

The *1000 Lives Campaign* and subsequent *1000 Lives Plus* programme showed the deep commitment by the NHS to tackle barriers to delivering reliable safe care. It prompted unprecedented staff engagement in the work throughout every NHS organisation from team to ward to the Board.

Problems once thought inevitable are now disappearing. Ventilator associated pneumonia is no longer seen as an expected – or acceptable – complication in our intensive care units. Some wards now go hundreds of days without seeing a hospital acquired pressure ulcer. This should be the norm for all sorts of avoidable harm.

Visible Board leadership through the introduction of Safety WalkRounds, the systematic analysis of case notes when patients die unexpectedly and careful monitoring of adverse event rates, along with feedback of patients' own care stories to Board meetings demonstrate how patient safety is now firmly on our agenda.

### ***Putting Things Right***

Openness and learning are at the heart of the new arrangements introduced in April 2011 for dealing with concerns about NHS services. The principles of *Putting Things Right* are there to deliver:

- an approach centred on personal experiences rather than processes
- an emphasis on resolving concerns in a timely fashion, openly and honestly – a philosophy of “investigate once, investigate well”
- staff confident that investigations will be fair and impartial and that they will be supported throughout the process
- a focus on learning which drives quality improvement and reduces adverse events, and avoidable harm to those using services.



## Monitoring Delivery

Each year the Welsh Government sets out what it expects from the NHS. The Annual Quality Framework in 2011 signalled a shift to monitoring performance against all six dimensions of quality – safety, effectiveness, patient centeredness, timeliness, equity and efficiency<sup>3</sup> and a move to measuring outcomes rather than outputs.

This Quality Delivery Plan builds on this and sets out the next stage in our journey and transition in changing culture, behaviour and practice – bringing the values of NHS Wales to life. It also emphasises the local accountability for delivery – Health Boards and Trusts are responsible to Welsh Government and above all, local communities for the services they deliver.

## 5. A double goal – quality improvement and assurance

We need to ensure that every patient every day gets excellent quality care wherever and whenever they receive it. We must be able to show clearly that we are *doing the right thing, in the right way, in the right place, at the right time and with the right staff*.

Healthcare must constantly adapt to meet changing circumstances - new techniques, emerging evidence of better practice, shifts in demand. This needs an approach which facilitates constant improvement.

These two goals – improvement and assurance - have much in common. Each requires a strong commitment to do the right thing and to do it well, and to evidence it through measurement.

In describing our framework we are building on the concept of *Clinical Governance*. That is defined as: *the system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care, by creating an environment in which clinical excellence will flourish*.

However, it is clear that effective governance needs to address the culture, values and behaviours as well as the structures and processes needed by organisations. All individuals within them should be supported to discharge their responsibility for quality. This is essential to ensure high standards of care are maintained to continuously improve services, patient experience and outcomes.

The newly established National Quality and Safety Forum will have a pivotal role in providing strategic oversight and direction to ensure that the actions we are taking at all levels are on track to achieve our vision of excellence.

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<sup>3</sup> Institute of Medicine

***ACTION 1: The National Quality and Safety Forum will provide oversight and strategic direction in determining areas needing a national focus and attention.***

## **6. Improving the quality of care**

To have a quality improvement approach that can match any in the world, we need a transparent system that includes:

### ***Helping the NHS achieve and spread sustainable improvements***

We need to see acceleration in the spread of improvement and service re-design. The *enhanced recovery after surgery* programme is one example of how care can be dramatically improved through better user involvement in their own care, resulting in less time spent in hospital and faster recovery. This should become the norm in our efforts to improve surgical care.

We need to understand and determine the impact that different ways of working, such as seven day working, better care and discharge planning can have in improving patient flows and outcomes.

***ACTION 2: 1000 Lives Plus will continue to be the core NHS improvement programme, ensuring a common and consistent language and approach to improvement.***

The quality improvement methodology used by *1000 Lives Plus* will form the basic model taught and used in all improvement work throughout NHS Wales. The programme will support NHS Wales, including primary care to achieve the highest quality of health and healthcare outcomes. The next phase of its work will be designed around the recommendations set out in: *Quality, Development and Leadership – Lessons to learn from Jönköping*.

There should be an increased focus on research and evaluation to support the effectiveness of improvement work in Wales, strengthening links with academic departments across Wales and building on recent successful experience in jointly designed bids for research funding.

In addition, the whole improvement programme will ensure a person-centred focus which champions preservation of dignity and respect. Individuals will be encouraged to take responsibility for their own health and management of conditions, supported with clear and consistent information on how to achieve this.

Alongside this, Welsh Government is committed to developing mechanisms to capture and share best practice and innovation both within the NHS and with its partners.

***ACTION 3: Welsh Government will establish a Good Practice and Innovation Panel in summer 2012.***

***Building an improvement driven NHS requires a skilled workforce***

1000 Lives Plus will continue to support the Student Chapter and work with universities and colleges to support the design and delivery of improvement training for undergraduate and postgraduate students. It will actively support national and local innovation and identification of best practice through its collaborative programmes, learning events, methodology, publications, 'how to' guides and other web-based resources.

***ACTION 4: Health Boards and Trusts will agree a plan to train 25 per cent of their directly employed and contractor workforce in quality improvement methodology (at basic, expert or leadership level) by the end of March 2014, supported by 1000 Lives Plus.***

***Improving the patient and user experience of care is at the heart of this plan***

Those who receive care deserve decent care that offers respect as well as a solution to their problems. *Together for Health* said *it is simply unacceptable however rarely it occurs that people are not treated with dignity whilst in the care of the NHS. Every single person who works in or for the NHS must have an unflinching commitment to prevent this happening.* Caring for our patients and users in the most respectful way must be intrinsic in all that we do – whatever the service and wherever it is provided.

A national approach to measuring user experience will enable Welsh Government to know what the public think of NHS Wales in a way not currently available. Results will be published, offering the public more information about the services in their area and how this compares to services elsewhere. This approach will complement the Government's National Survey as well as local approaches to measuring satisfaction and experience as part of an overall framework.

***ACTION 5: During 2012 Welsh Government will develop a national approach to measuring health service user experience.***

***Meeting care needs through good communication***

The Welsh Government is committed to delivery of services that are centred on users needs as set out in its new draft strategic framework to strengthen Welsh language provision 'More than just words...'. This includes satisfying the needs of Welsh speakers and their families or carers, by ensuring they are able to receive services in their own language

through the care process if they wish. For many, language is a matter of need – and in this context a care need. For example, people with dementia or a stroke can lose their second language; some children under the age of five only speak Welsh.

There can be many other communication challenges and barriers facing people face when accessing health services. Ineffective communication with patients with sensory loss can be a patient safety issue that can have serious implications for both patients and health organisations. Attention to addressing the communication needs all of health service users needs to be an integral element of service planning and delivery.

### ***Using National Clinical Audit and Clinical Outcome Reviews to drive up quality***

National clinical audits and outcome reviews measure how well an organisation complies with best practice and its achievement in terms of identified clinical outcomes against evidence-based standards. The results should be used as part of a wider cycle of action and review to improve the quality of services and achieve better patient outcomes. They will also provide a further accessible source of information to the public on the quality of healthcare in Wales.

***ACTION 6: In 2012/13 Welsh Government will publish an annual rolling programme of clinical audit and outcome reviews.***

### ***Research and Innovation***

The Welsh Government via its National Institute for Social Care and Health Research (NISCHR) is committed to supporting high quality health and social care research to improve the health, well-being and wealth of the people in Wales. If the NHS is to improve its efficiency and create an attractive environment for clinicians to deliver its services then evidence based innovation is a clear requirement. Research is not only necessary to create better therapies in the future but also brings immediate benefits to patients who participate in studies.

The integrated Welsh NHS provides an excellent basis for research and innovation. Strong leadership, a strong collaborative approach with university and industry partners and an expanded NHS capacity to support cutting edge clinical research is at the heart of the strategy.

Fostering a strong culture of research and innovation which feeds into policy and practice is vital to speed up the process of translating high quality research outcomes into patient benefit. NISCHR will continue to invest in an infrastructure to provide the platform for undertaking research & innovation (R&I) and to strengthen collaboration between the NHS, higher education institutions, social care and industry. From 2012/13, research & development (R&D) funding provided to NHS organisations by NISCHR has been realigned to support high quality research. Maximising

the use of this NHS funding budget to support research excellence to increase patient participation in non-commercial and commercial trials and other well designed studies is key to future progress. Using this funding, the NHS should support and encourage protected research time for staff to lead and engage in clinical research which will attract, build and retain a critical mass of researchers in Wales.

NISCHR expects NHS organisations to place a greater emphasis on innovation, knowledge transfer, commercial trials, new technologies and the use of patient data for research. In doing so, NISCHR will actively work with the NHS to develop a culture where research and innovation is a core organisational activity.

***ACTION 7: NISCHR will publish a delivery framework by 1 September 2012 to monitor Health Boards and Trusts progress against its national objectives. NISCHR will also support a number of schemes to promote and facilitate opportunities for innovative ideas to be utilised in the NHS for patient benefit.***

### ***Using new technologies to improve access and quality of care***

The implementation of new and emerging technologies, including information and communication technologies, are a crucial element in delivering safe, sustainable services and in enabling patients/users to be treated as close to home as possible.

The NHS will collectively review how well they take up new technology. One source of advice will be the new Medical Technologies Evaluation Programme (MTEP) introduced by the National Institute for Health and Clinical Excellence (NICE) which focuses specifically on the selection and evaluation of new or innovative medical technologies (including devices and diagnostics).

***ACTION 8: During 2012 Health Boards and Trusts will work together to put effective processes in place to ensure the prompt uptake of evidence-based new technologies that maximise benefit and value.***

## **7. Assuring the quality of care**

Health care quality must be good every day. If we are to achieve this, we need a strong, reliable, transparent system that includes:

### ***Setting and meeting tough standards***

Clear, stretching targets always met are at the core of our approach. Organisations will continue to use the Standards for Health Services in Wales to test their practice and show where they need to improve. This

process will be supported by other professional and national standards, such as those issued by NICE and Welsh Government Delivery Plans

The principle mechanism for ensuring that GP services meet required standards is the Quality and Outcomes Framework (QOF). Measuring performance against a wide range of clinical and organisational indicators, QOF results will continue to be published annually by Welsh Government. In addition, GP practices are able to assess the extent to which they meet agreed standards of care through CGSAT, an on-line Clinical Governance Self Assessment Tool and national clinical audit, whilst drawing on support by *1000 Lives Plus* to prioritise areas for improvement.

Health Boards must have quality assurance processes in place in relation to QOF and the delivery of the GP Contract. They must also prepare and publish a primary care report which can bring this information together for all independent contractor services.

### ***Self assessment and external review***

With support from HIW, NHS bodies will use the Standards for Health Services self-assessment framework to judge their performance against the Standards and create a single view of their performance. HIW will also continue to use the Standards to help provide an independent view on both achievement and areas needing attention.

HIW's review of self-assessments will influence the level of work it needs to undertake within organisations to fulfil its public assurance role – the more effectively organisations use self-assessment to drive improvement, the less external assessment will be needed. HIW will also develop with Welsh clinicians a robust peer review process for NHS Wales and oversee its delivery.

Community Health Councils help represent the voice of the public through their advocacy role in providing help and advice to those who wish to raise a concern about NHS services. They also play an important part in monitoring health services and ensuring that people's views and needs influence the policies and plans of health care providers in Wales.

This overall process will be the key source of assurance in completing the annual governance statement (formerly the statement on internal control) as part of NHS organisations' annual accounting process.

***ACTION 9: During 2012, HIW will support and facilitate the introduction of peer review against the standards in specific services, beginning with cancer care and end of life care.***

## ***Transparent reporting***

*Together for Health* requires absolute transparency on performance and commits the Government to issue a new information strategy and the NHS to issue an annual report on each major service area.

In providing assurance on quality, Boards and staff need to be able to answer the following questions:

- Are we meeting standards and delivery requirements and are we improving outcomes?
- Are we improving the patient/user experience?
- Are we meeting or exceeding our quality improvement goals?
- Are we being open and learning from error and concerns?

Boards must recognise and mitigate any risk to achieving high quality care, and be honest about the performance. Board level Quality and Safety Committees have a major role to play ensuring delivery and tracking progress.

The basis for assuring everyone - the public, the Government, the clinicians and Boards – that everyday quality is good will be through three routinely available sets of data:

- ***Quality Triggers*** – these will be a set of key metrics to be used by NHS organisations themselves, the Welsh Government and HIW as part of routine monitoring of care quality and to act as an early warning system to identify services that might give cause for concern.
- ***Board reports*** – each NHS organisation will publish Board reports at least quarterly, setting out clearly and fully how well it is performing and improving.
- ***Annual Quality Statement*** – every NHS organisation will be required to publish a Statement as part of the overall organisation's annual report which succinctly presents progress in the previous year and responses to any areas of concern, signposting the reader to more detailed information as appropriate. The will provide a comprehensive source of information and assurance to the public on the quality of their local services; it will contain centrally specified required elements to ensure national consistency as well as locally determined content.

***ACTION 10: The Welsh Government will work with the NHS to develop Quality Triggers and a standard template for the Annual Quality Statement by October 2012 in readiness for organisations to report for the first time at the end of 2012/13.***



### ***Taking swift action when performance gives cause for concern***

There will be times when performance, quality and delivery give cause for concern. The Welsh Government's response and that of its Delivery Unit will need to be proportionate and will be assessed by using a risk-based approach; intervening only when there is a level of continued or significant risk of non-delivery or concerns about quality.

Where things falls short of expectation, the escalation process will be initiated as outlined in the Delivery Framework. The Delivery Unit will act as agents for change and will work with organisations to achieve improved levels of quality, performance and better patient experience on a sustainable basis.

HIW will also respond to concerns about the quality and safety of health services in one of a number of ways depending on their pattern and nature. These could include for example an unannounced inspection, a special review of a particular service (which could extend across all NHS organisations) or an investigation. Should the circumstance warrant it, HIW can place an organisation in 'special measures', which would require it to take immediate corrective action. It also has additional, specific enforcement powers in relation to some aspects of its overall role and responsibilities. HIW will seek evidence that organisations have responded in a timely and effective manner and have improved their services as a result. HIW's findings are made public through its reports.

## **8. Measuring success**

Measurement is vital for both assurance and improvement. It must become second nature to all staff at all levels. Staff in the frontline will use it to ensure care processes are reliable and will result in the right outcomes for individual patients. The wider organisation and national level will look for assurance that outcomes are improving overall.

Organisations should ensure they have the capability and resources to secure good quality data to support decisions and continuous improvement.

*Together for Health* stated that clinically effective targets would be set for major services. A number of service specific delivery plans will therefore be published alongside this document setting out clear expectations for improvement. Key to all these plans is ensuring that people receive good quality care in the most appropriate setting to meet their needs, improve health and well being and prevent unnecessary admission to hospital. This needs to be underpinned with good assessment and care planning, with patients /users fully engaged in the decision making process and one which ensures that we realise the vision in '*Setting the Direction.*'



Each of the Government's service specific delivery plans will therefore focus more on measured outcomes, building on the indicators already set out in the *Programme for Government*.

During 2012/13 it is proposed that delivery plans will be published in the following areas

- Cancer care
- Cardiac care
- Diabetes care
- Stroke care
- Mental health care
- Primary and community care
- Unscheduled care
- End of life care

In addition, we have already published our strategic vision for improving Maternity Services and updated our plan for eliminating health care associated infections. So more people can benefit from organ transplantation, new legislation will come into effect by 2015 introducing an opt-out system for consent to organ donation, expected to result in an increase in the number of donors by up to 25 per cent. We believe the benefits of increased organ transplantation, both in terms of the quality of life of patients and the economic gains to the NHS are a goal worth pursuing.

Three sets of indicators will be used by the Government to monitor performance and progress:

- the service specific plans will include population outcome indicators to be used to track improvements in health, as well as performance measures setting out what the NHS will be expected to deliver by 2016; Local Health Boards will publish their performance against these measures on their website each year, starting in 2013, for the period 2012-13.
- a set of population outcome indicators linked to health determinants will be agreed, based on the priorities set out in *Our Healthy Future* and *Fairer Health Outcomes for All*
- there will be a number of cross cutting core quality performance measures which straddle all the dimensions of quality and cross services, such as infection rates, care planning and palliative and end of life care. This is described diagrammatically in appendix 1.

The year 2012/13 year will be one of transition as this new approach is introduced. Sustained success will be expected in relation to areas of delivery set out in the current Delivery Framework published in August 2011.

***ACTION 11: Welsh Government will work with the NHS to develop an initial Outcome Indicator Framework, supported by service specific performance measures by summer 2012.***

This work will be developed in tandem with work to develop the improvement framework for social services in Wales.

## **9. Local Action – Local Plans**

*Together for Health* asked each NHS organisation to prepare an initial response to that paper. This Quality Delivery Plan sets out expectations and specifies a national framework within which a local response needs to be developed.

In preparing that NHS organisations need to set out their vision for quality in a way that engages staff, patients and their local communities. Priorities and objectives for service improvement need to be clearly identified at organisational and locality level with clear measurable goals and timeframes to achieve spread and sustainable improvement.

# Proposed Outcome Framework

