Creating your Annual Quality Statement

A ‘how to’ guide for creating Annual Quality Statements which showcase good practice, excellent care and improvement
Creating your Annual Quality Statement has been developed from presentations and input to the Annual Quality Statement Learning Session, which took place in January 2014.

The guide has been produced by Andrew Cooper, Jan Davies, Jon Matthias, Karen Newman and Fran O’Hara from Scarlet Design and the ‘Working With Not To’ Co-Production project. We would particularly like to thank the Older People’s Commissioner for Wales, Wales Audit Office and colleagues from NHS Wales organisations for their involvement.

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The Annual Quality Statements will:

• Inform and reassure the people of Wales about the healthcare they receive.
• Stimulate conversations about what they would like us to do.
• Inform ongoing continuous improvement in NHS Wales organisations by helping us see what is working and areas where we could do even better.
• Help NHS Wales embed quality as part of our everyday work.
1.0 Introduction

The quality agenda matters to all of us who work in NHS Wales. It is an important part of our process of making sure the healthcare we provide is safe and compassionate.

The purpose of the Annual Quality Statement
Taking the time to produce an Annual Quality Statement provides an opportunity to reflect and create some strategic ‘headspace’.

The Annual Quality Statement has a clear purpose: to identify where we are going, our pathway to the future. It is a tool to step back from the journey to review and mark our progress.

It’s also an opportunity to ask ourselves “Are we meeting the people’s needs?” and enter into a dialogue with the people who rely on our services.

Achieving quality
There are two main drivers towards improved quality. The first is effective management and leadership and the second is transparency.

A culture of improvement and change comes from within as we strive to make our services even better. It also comes from outside - we can use co-production, working in partnership with the people we care for, to transform our services.

We also want to deliver the most safe and compassionate care, remembering that it is about the needs of the person receiving care, and they need to be at the centre of everything we do.

We now need to build consistency across Wales, and continue to improve.

We can use the results of Annual Quality Statements to develop improvements to meet quality standards. The statements describe outcomes to show the best possible attempt has been made to reach the highest standards we can.

The Annual Quality Statement is also an opportunity to celebrate and share success stories.

The ‘How to’ Guide
To continue to improve and share best practice we have created this ‘How to’ guide. It has been primarily created for communications teams and assistant directors for quality and patient safety, but the steps information in this guide should be helpful to all staff involved in producing the Annual Quality Statement.

Chris Jones
Deputy Chief Medical Officer,
NHS Wales, April, 2014
1.1 Older People’s Commissioner for Wales

I represent nearly 800,000 people in Wales aged 60 and over. Older people are one of the main users of the NHS in Wales with the average age of a hospital patient being 80 years old.

The Annual Quality Statements need to demonstrate how the needs of older people have been fully considered when designing and delivering services.

Older people have a wealth of knowledge and experience about using the NHS that must be used to inform delivery. Their voices must be heard and acted upon.

I reviewed the 2013 Annual Quality Statements and recommend the following:

Assurance and action
The Annual Quality Statement should inform and assure people that the Health Board is taking steps to fully meet users needs and address any concerns raised with clear actions.

Use appropriate language
Use language and content that is appropriate and at the correct level for your audience. Do not use jargon and complex words.

Keep it simple
Be as concise as possible and lay out the Annual Quality Statement in a logical and simple format. Simplify complex data and include photos and diagrams to demonstrate the content.

What I want to see in the Annual Quality Statement
- A clear understanding of the needs of the people who use the NHS.
- A clear understanding of the patient experience.
- A description of what ‘quality care’ looks like.
- Clear evidence of good practice and recognition of where things went wrong.
- The actions that will be taken to put things right.
- A stronger focus on joint working.

Governance and accountability
Health Boards must explain how they are accountable to the public and clearly demonstrate how they monitor delivery within their organisation e.g do they have a dashboard of quality measurement?

Everyone using the NHS in Wales should receive safe and effective care, which is delivered with kindness and compassion. The needs of patients should be at the heart of the way that health services across Wales are delivered and that decisions made at board level must reflect what is happening on the ward.

Sarah Rochira
Older People’s Commissioner for Wales
As part of our annual work on governance arrangements, the Wales Audit Office reviewed the first Annual Quality Statements produced by each Health Boards and NHS Trust in Wales. Our reviews led us to offer the following suggestions for improvement:

**Process and content**
- Develop the Annual Quality Statement as part of the organisation’s on-going quality assurance framework. Make it ‘live’ - and not a year-end exercise.
- NHS Wales organisations should embed the quality assurance / statement process in their organisation’s directorates and localities. For example, the North Locality in Powys has produced locality Annual Quality Statements, which sets local context, quality arrangements and expectations for achievement of quality services for the locality. This type of approach would make drafting the corporate Annual Quality Statement easier and help embed quality processes.
- All NHS Wales organisations should make sure the lay-reader can understand the document and ask the question “does it pass the plain language test”?
- Include consideration of the quality assurance approaches for externally commissioned services - we found that this was typically an area that received limited attention.
- Ensure there is balanced coverage across different services within the organisation.

**Candour and openness**
- We saw differences in the degree of candour from NHS Wales organisations, in describing the quality of services, the risks, and actions being taken to secure improvement.
- Every organisation has difficulty at some point. The Annual Quality Statement should provide an honest and fair view of the quality of services, the risks and actions being taken to improve.
  - NHS Wales organisations need to set quality objectives and targets which are ambitious and realistic, and use the Annual Quality Statement to help drive quality improvements.
  - Consider creating an accompanying Summary document that highlights the key points for the public, and which can sit alongside a more detailed Annual Quality Statement. The Summary can include highlights and key messages from external regulators.

**Critical point**
NHS Wales organisations should remain sighted of who these documents are aimed at and what their main purpose is. We hope our observations will be helpful to those staff involved in producing future Annual Quality Statements.

**Carol Moseley**
Performance Audit Manager
Wales Audit Office
2 About the Annual Quality Statement

KEY POINTS

• National guidance has been produced, which can be used as a starting point for your Annual Quality Statement.

• Planning the contents for your Annual Quality Statement is essential – the earlier you can start the better.

• Include case studies and real stories to illustrate the data you are including.
2.0 Constructing your Annual Quality Statement

What should be in your Annual Quality Statement?

Your Annual Quality Statement should follow the national guidance, and use it as a starting point.

Your organisation’s Annual Quality Statement is primarily for the public.

It is important that it is presented in a way that can immediately be understood by those who use the services, staff and contractors, and any other relevant parties.

According to the national guidance, the Annual Quality Statement should include an open and honest account of progress and priorities for improvement and provide assurance that the organisation is meeting standards, and improving user experience and outcomes. It needs to show how your organisation is making the best use of its resources to provide and deliver safe, effective, person-centred services, dignified and compassionate care.

It should signpost the reader to more detailed reports on service specific areas, including progress against individual service specific delivery plans as well as areas involving partnership work with other organisations.

The guidance also says you should provide a summary of the Annual Quality Statement highlighting how your organisation is striving to continuously improve the quality of all the services it provides and commissions, in order to drive both improvements in population health and the quality and safety of healthcare services.

The guidance also says the Annual Quality Statement should be available as a standalone document and be signposted to from your organisations’ overall Annual Report.

This will prevent the need for duplication within the Annual Report, which should be viewed as the overall umbrella document summarising and signposting to the various components that organisations are required to report on each year.
Your aim for your Annual Quality Statement should be that “service users, patients and citizens, other stakeholders and Government should be assured that the organisation is committed to continuously improving what it does.”

(National Guidance for completing Annual Quality Statements)

First, plan WHAT you are going to include, then plan HOW you will communicate it:

1. Do a ‘stock take’. Involve your communications team from the start.
2. What are your achievements, successes and opportunities?
3. What are your challenges, and how have you overcome them?
4. What improvement and progress have you made?
5. What has the organisation said about itself over the last 12 months? What are you proud of? Which stories could you tell to personalise your Annual Quality Statement and make it more engaging and readable?
6. Which areas of your work should you prioritise?
7. The guidance specifies some content but what else would your audience like to see in the Annual Quality Statement? Visualise the general public, old... young... people with disabilities... what would they like to see in it?
8. Once you have confirmed your contents, take a step back and check how it aligns with the purpose of the Annual Quality Statement, and how it works with your organisation’s other publications. Will you be able to fit this information into a document of approximately 30 pages?
9. Once you have your contents plan, review how you have balanced diversity and included a broad range of patients and staff.
10. Remember to create a summary document of all the key points. A summary should be a maximum of four pages long, and preferably shorter.

“AGM - Tell us what you do, not just the finances!”

Feedback from members of the general public on Annual Quality Statements.
Your Annual Quality Statement should be a personalised reflection of your organisation’s work for the last 12 months.

Include an introduction highlighting how you are striving to continuously improve the quality of all the services you provide and commission, in order to drive both improvements in population health and the quality and safety of healthcare services.

Identify the most appropriate physical size. Landscape or horizontal format document? How should it be bound, stapled or ring-binding?

Retain the ‘-ilities’;
- Readability;
- Legibility; and
- Accessibility.

For example, don’t reduce the font size and lose images to try and squeeze all the words onto one page. Edit what you have written.

Prioritise - some information will appear elsewhere. Ask yourself: “What does the general public need to know and what do they want to know?”

- Consider how you will share the information further. For example, if you are creating posters, what size do you need images so they are useable? If you are producing PDFs, will you produce a large print version?

**TIPS**
- Plan your Annual Quality Statement content strategically at the start. Use a mindmap to define main headings, and then collate information under these.
- Talk to your communications team as they will have existing data.
- Build in time to get permission to use the images you want to include.
Include case studies written as stories. Present the human side of your organisation as people relate well to stories.

To provide a model we have supplied a word document template, using the Who/What/When/Why/Where model.

Try to illustrate your case studies, stories and quotes with photos. Use ‘candid’ photos of people doing their jobs, rather than line-ups of people. For example, a nursing team could be photographed taking part in a handover briefing.

The Annual Quality Statement is an opportunity to gather information about your organisation’s work, which can then be used across all your communications.

You could expand on stories in the Annual Quality Statement by creating videos of the people whose stories are being told in the statement.

Story Case Study:

1. Choose a range of case studies, reflecting different areas of your work, your challenges and successes.
2. Tell the story. Explain what happened – don’t just list events. Make the reader feel safe.
3. If possible, include data to illustrate your case study. Remember, data should only be there for a reason, such as giving context, illustrating outcomes, showing improvement. For example, in a story about protecting patients from infections, charts illustrating a drop in the number of people developing an infection would provide useful context and positive outcomes alongside improvements in care.
4. Identify the purpose – why are you telling this story?
5. Keep it succinct, the case studies illustrate aspects of your work.
6. Include quotes from staff and patients.
7. Photos and video can extend the story when you present it in other places such as your organisation’s website.
8. Make sure you obtain permission from the people you quote or whose story you tell. Develop a consent form that people can sign to say they are happy with you using their photo, quote or video footage.
9. At the start of the project really think about which stories you want to include – it takes time to organise.
### 2.2 Publicising the Annual Quality Statement

Create a timeline for collating the content, and producing the Annual Quality Statement. The national guidance says “It should not be seen as a year-end activity.” Instead, it should be built up during the year, with directorates and localities within organisations producing their own quality statements that feed into the organisation-wide Annual Quality Statement.

Start early, make sure you build in time and actions to include key stakeholders and processes, such as:

- Board members.
- Quality and patient safety committee.
- Stakeholder reference group.
- Health professionals forum and other professional groups.
- Members of your organisation’s communications team.
- Audience consultation to review your Annual Quality Statement.

#### Timeline

- Request data, information and stories from departments and individuals. The national guidance includes the categories of information that ought to be included.
- Collate data, information and stories, along with photos, video and quotes.
- Edit material to match the aims of the Annual Quality Statement.
- Ask the key stakeholders to comment on the edited draft. Some groups will take longer than others. This can be a very time-consuming step. It can be helpful to get details of group meetings at the outset of the process so you can make sure the draft can be discussed by the whole group together.
- Make amendments based on the feedback and send the ‘final’ version to original contributors to confirm they are happy with how their story is being told.
- Arrange translation of the material into Welsh or English, depending on which language you are writing in.
- Work with the communications team to engage a graphic designer to design the Annual Quality Statement, arrange printing, and a strategy for promoting and sharing the statement.
- Give board members, directors and the executive team access to the report before it is released officially.

#### TIP

Work out a timeline by working backward from the date you are due to publish your Annual Quality Statement, factoring in how long each stage will take.
3 Creating the Annual Quality Statement

KEY POINTS

• You need to identify the audiences you are writing for.
• Your visual communications should be helpful, clear and effective.
• The way you write and use numbers and data will determine how accessible your Annual Quality Statement is.
• Consider your layout, and work out which one is the best layout for your document.
3.0 Your audiences

Who are your audiences?
Your Annual Quality Statement will be read by a wide range of audiences, with the primary audience being the general public. It will also be read by stakeholders and other public bodies, but these are not your target audience.

We have included sections on content, design and writing style. It is important to create communications that your target audience will be able to, and want to, read.

With an average reading age of 8-10 years, the language and style of your Annual Quality Statement needs to be appropriate for people with low levels of literacy and knowledge of the topic. They will also be unfamiliar with some technical terms and jargon. (See the Glossary on page 26 for useful terms to use.)

Review similar communications created for this audience and reflect their style back in your Annual Quality Statement (apply with judgement). Then test your Annual Quality Statement with the general public and incorporate their feedback.

Primary Audience: “The Annual Quality Statements are designed to provide the public with an open and honest account of the quality of services, together with clearly set out improvement priorities.”
Communicating clearly and effectively - visuals

Once you have collated your data, review the best way to communicate it.

Identify what is important: ‘less is more!’ Use a range of methods, selecting the best format for the type of information, including:

- Infographics
- Pie-charts and graphs
- Diagrams
- Mindmaps
- Illustrations
- Photographs

**TIP**

Over 85% of people are visual learners, providing your information in text and picture format will increase people’s ability to access and process the information. It will also make it easier for people with lower levels of literacy or confidence in reading.

Infographics convey information in a visual style to make it easier to understand.
3.2 Presenting your information - writing

Communicating clearly and effectively - writing
For your Annual Quality Statement to be accessible, several factors should be considered: the tone, pitch, use of language, content, style of writing, imagery, colour palette and layout should all be appropriate for the reader.

Writing the report: keep the language plain and easy to understand.
When writing a document in Word you can check its 'readability'. A test, such as the Flesch Reading Ease Score, looks at average sentence length and syllables per word to give an idea of how easy a document is to read.

Tools to score your writing are available online. The scores are interpreted as:

<table>
<thead>
<tr>
<th>Flesch Reading Ease Score</th>
<th>Readability Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 29</td>
<td>Very difficult</td>
</tr>
<tr>
<td>30 - 49</td>
<td>Difficult</td>
</tr>
<tr>
<td>50 - 59</td>
<td>Fairly difficult</td>
</tr>
<tr>
<td>60 - 69</td>
<td>Standard</td>
</tr>
<tr>
<td>70 - 79</td>
<td>Fairly easy</td>
</tr>
<tr>
<td>80 - 89</td>
<td>Easy</td>
</tr>
<tr>
<td>90 - 100</td>
<td>Very easy</td>
</tr>
</tbody>
</table>

Source: Professional RFP letters

For public audiences, for instance, media comments and leaflets, aim for a score of 69 or above. For specialist audiences, you may need to write in a more complex way, but we would not recommend a score which is below 30, except for very specialist writing.

TIP
Review publications from other organisations for text and design ideas. Organisations such as the RNIB, Age Cymru and Older People’s Commissioner for Wales communicate with the same audiences.
3.3 Presenting your information - numbers and data

Presenting large amounts of data in ways that are easy to understand can be a challenge. Most people are able to understand simple bar or line graphs and pie charts instead of lists of numbers - aim for the most simple way of presenting it.

All data needs to be explained, this is very important as many people will have little or no medical knowledge. This includes labelling charts, and using captions to say what the chart is recording. Use the captions to explain the meaning behind the figures, for example, a chart may show a reduction in average waiting times for a particular procedure, the caption might read ‘Waiting times have reduced in the past six months, which means people are receiving treatment more quickly than they would have done in the past.’

There will probably be a large amount of data you could include, so you need to consider the question, ‘What really needs to be in our Annual Quality Statement?’ Identify which data would matter most to people – data showing improvements in patient safety or treatment outcomes, for example.

TIPS

- Use colour coding to visually help ‘sort’ the data.
- Your annual report will contain a lot of data you can use for the Annual Quality Statement – consider what is relevant and avoid having to collect data twice.
- There are several different ways of presenting data – get feedback from the public about which ones are easiest to understand.
- Always explain what the data is and what it means for people using your services.
Presenting your information

Presenting your data in accessible language, supported by visuals will improve the ‘readability’ of your Annual Quality Statement. ‘Chunk’ the content, presenting the content into manageable amounts.

1000 Lives Improvement ‘Ask About Clots’ case study

(1) Press release (4 pages): Includes all the key elements for sharing a story.

A new national campaign to help prevent patients dying from blood clots while in hospital is being launched today (Thursday 3 April, 2014).

Ask about Clots is encouraging patients to ask healthcare professionals about their risk of developing a blood clot - known as a deep vein thrombosis (DVT) - so that they can be assessed and given appropriate treatment to prevent one developing.

The campaign has been developed by the 1000 Lives Improvement Service in Public Health Wales and is supported by Lifeblood, the thrombosis charity.

Research has estimated that 1,250 people are at risk of death every year in Wales from blood clots that they may develop while they are in hospital.

The campaign is launched as new research* reveals that 62 per cent of people in Wales believe that they are more likely to develop a thrombosis on an aeroplane than in hospital.

In reality, the risk of developing a clot during time spent in hospital can be 1,000 times higher than from time spent on an aeroplane.

*The results of the survey highlight how important the Ask about Clots campaign is to raise awareness of the danger of developing a thrombosis in hospital. It’s an important message for both patients and NHS Wales staff,” says Dr Simon Noble, Medical Director for Lifeblood in Wales and a consultant in Aneurin Bevan University Health Board, who has been working with the 1000 Lives Improvement Service to develop the campaign.

Most people associate developing a thrombosis with flying. However, two thirds of blood clots occur in hospital or in the 90 days following discharge.

A lot of the information will be unfamiliar or might make the reader feel anxious. You can use headings to break up long sections of information. Also include bullet points, quotes and colour-coding.

Making it easier to read and digest will ensure they are able to understand your Annual Quality Statement.

(2) Infographic: Take a piece of data, idea or quote and illustrate through a graphic.

(3) Tweet: Write tweets summarising the key messages, include a link to the website.
3.2 Writing and language

A good way to approach writing your Annual Quality Statement is to imagine you are writing for your mum and dad, or a person who is vulnerable or who might be scared.

Your aim is to communicate the information clearly, so the reader feels informed and reassured, building trust in your organisation.

Consider what you need to communicate, combined with what the public would like to know and present it in appropriate language.

Identify medical terms which may be considered jargon or unclear by the public, and rephrase these. For example:

‘The number of patients acquiring a healthcare associated infection was reduced by 10 per cent.’

could be reworded as:

‘The number of patients getting an illness or infection as a result of medical care or treatment has fallen by 10 per cent.’

Supporting this fact with a visual will enable people to literally see your improvement.

Another example would be to use the term ‘mini stroke’ as that is more easily understood than ‘transient ischaemic attack’.

We have included a glossary for a range of medical terms in Appendix B.

Once you have defined what you do in more accessible ways, you will have the benefit of being able to also use these in your website, and other external communications.
3.3 Improving Accessibility

Accessibility
In this guide we identify some ways to improve accessibility. Public documents cannot be accessible to all, your aim is to make the Annual Quality Statement as accessible as possible.

Only if you conduct a one-to-one assessment with an individual will you be able to guarantee your document is fully accessible to that one person. Being inclusive is about creating a document with the content pitched at the correct level, and appropriate design.

Following the RNIB ‘See it Right’ Guidelines (see references section) and providing the document in a range of formats will improve your chances of a larger percentage of your audience being able to access the information.

The Annual Quality Statement is designed to be a public document. By making your communications more accessible to the most vulnerable people and those with disabilities, you will make it more accessible to everyone. Everyone has a right to be able to access the information, and you have a legal duty to provide it in a format they are most able to do so.

Best practice is to test the Annual Quality Statement with your audiences before it is printed, to allow feedback to be incorporated. There are also companies who offer this service to support you to test how inclusive your communications are.

Test the online and printed versions of your Annual Quality Statement, with groups who are not familiar with terminology - reaching beyond your stakeholder reference groups if possible.

If you can, invest in the services of a graphic designer to help produce your Annual Quality Statement. After all, your organisation has invested time and budget sourcing the information. Good design will ensure the maximum number of people can access it.

“No matter how well designed and produced your document is, any printed material will never meet the needs of all people.”

RNIB
KEY POINTS

- Create a timeline for producing your Annual Quality Statement.
- Include key stakeholders in the process, but be aware this will mean the process takes longer.
- You need to plan how you are going to share and promote your Annual Quality Statement to get as many people reading it as you can.
4.0 Promoting and sharing your Annual Quality Statement

Make it a living document
Create usable content to increase engagement, using a range of communication methods.

You have collated valuable information, which should be shared as strategically and widely as possible. It can be used to educate members of the public, and also your own staff about the extent and nature of your work.

Externally
- Publish it on your website.
- Generate press around the statement. Link it to a patient story and a third party endorsement to create more interest.
- Work with stakeholder groups to increase engagement.
- Ask for feedback and reflect this back in your Annual Quality Statement.

Internally
- Discuss the Annual Quality Statement at executive meetings.
- Share as part of staff induction.
- Include regular links of ‘chunked’ content in internal communications.
- Link with major reports your organisation is required to publish, avoid duplication.
  - Use as a basis for your AGM, sharing stories as well as facts and figures.

Digital channels reach a large number of people quickly and cost-effectively. Also make sure those that aren’t digitally connected aren’t excluded, by sharing via appropriate non-digital channels.

ATTEND AN NHS WALES COMMUNICATIONS STUDY DAY

The NHS Wales Communications Study Days support organisations in their use of communications.

Topics covered in previous events have included:
- Writing blogs that engage.
- Strategically planning social media conversations.
- Communicating in a ‘crisis’ situation.
- Using infographics to increase engagement.
- Writing compelling content for websites.
- Using photography to enhance stories.
- Creating videos using technology people have to hand, such as smartphones and tablets’.
- Evaluating whether your messages have been heard.

For further details, please email 1000LivesImprovement@wales.nhs.uk
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Appendix A - What should be included?

What should be included?
The national guidance includes the categories of information that ought to be included in your Annual Quality Statement.

Staying Healthy
- Examples of actions to promote and protect health – obesity, smoking, alcohol, exercise, immunisation rates etc.
- Examples of innovative services in primary and community care to help people maintain good health and live independently.

Safe Care
- Examples of actions to improve safety such as implementation of care bundles, learning from serious incidents and reviews.
- Description of any never events and learning.
- Compliance with patient safety alerts.
- Progress and learning from case note mortality review and mortality data
- Progress in reducing healthcare associated infections.

Effective Care
- Examples of achievements and challenges across individual service delivery plans in providing evidence based effective pathways of care. This section may need to signpost to more detailed reports for some areas e.g. cancer, stroke, mental health, primary care, children etc.
- Summary of participation and learning from national clinical audit, clinical outcome reviews and peer review.
- Participation in, and learning from research, development and innovation.

Dignified Care
- Summary of progress against actions agreed in ‘Dignified Care’.
- Examples of improvements and services to meet the needs of patients with dementia.
- Outcomes and improvements in delivering the ‘Fundamentals of Care’.

Timely Care
- Summary of progress and actions taken to improve timely access to services including GP access, unscheduled care, including participation in the 1000 Lives Improvement Patient Flow programme.
- Examples of particular challenges and actions taken to reduce risk of delay in treatment.

- Improvements made following dignity and essential care inspections (DECI) undertaken by Healthcare Inspectorate Wales.
Appendix A - What should be included?

Individual Care
- Examples of care designed to meet individual need e.g. communication needs, sensory loss and disability, supporting carers etc.
- Listening and learning from individual feedback, including Putting Things Right and progress and examples in implementing the National User Experience Framework.

Our staff
- A description of the workforce profile and challenges e.g. actions taken to ensure safe staffing levels, tackle recruitment difficulties, etc.
- Actions taken following staff feedback/surveys etc.
- Actions to develop and support staff make improvements including progress in embedding the Improving Quality Together programme (IQT).
- Individual and team awards.
- Numbers and supporting volunteers.
Appendix B - Glossary

GLOSSARY
This glossary has been created to give easily understandable definitions of common terms in use in NHS Wales. These definitions are not exhaustive and may not be suitable as technical definitions for research and study purposes.

1000 Lives Improvement – a national service, supporting organisations and individuals in NHS Wales to deliver improved health, healthcare outcomes and user experience. More information is available at www.1000livesi.wales.nhs.uk

Annual Quality Statement – a report that every NHS Wales health board and trust is required to produce in order to provide assurances regarding the quality of care being provided.

Care pathway – the care and treatment that would be expected to happen within a certain timeframe. Care pathways are used to make sure all patients receive the same standard of care and access to the same treatments. An example of a care pathway would be that anyone admitted to hospital is assessed for their risk of developing a Pressure ulcer (bedsore).

Carer - anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. (Definition from Carers Trust)

Choose Well – an information campaign designed to help people know which healthcare service to contact if they are unwell.

Continuing healthcare - a package of care for individuals who are not in hospital but have complex ongoing healthcare needs.

Co-production - working with the people using healthcare services and the general public to plan and deliver healthcare services which meet their needs.

Dashboard – this is a set of measurements used to give a quick picture of how well an organisation is improving, like the set of instruments on a car dashboard will alert you of issues to do with the overall performance of the car.

DVT - see Thrombosis.

Elective surgery - surgery that is planned in advance because it does not involve a medical emergency.

Health board – a regional organisation in NHS Wales providing both Primary care and Secondary care. There are seven health boards in Wales.

Healthcare associated infections (HCAI) - infections that are the result of receiving treatment, for example, a urinary tract infection as a result of a catheter being inserted without proper hygiene procedures being followed.

Health inequalities - differences in the quality of health and healthcare across different populations. For example, on average, people living in communities with higher levels of poverty and deprivation tend to die younger than people living in communities that are less deprived.

Improving Quality Together - the national learning programme for all NHS Wales staff and contractors. It provides a common and consistent approach to improving the quality of services in NHS organisations across Wales.
Appendix B - Glossary

**Incidence** - the occurrence, rate, or frequency of a disease.

**Infection control** – staff who concentrate on making sure procedures are followed correctly to protect people from possible infection caused by the healthcare they receive.

**Inverse care law** – the observation that medical care is often of a lower quality or is less accessible in more deprived communities. This affects **Health inequalities**.

**Length of stay** – the time a person spends in hospital. This can be an indicator of quality. If people are staying in hospital for longer than expected then there may be problems with their care, or with the process for discharging them.

**MAU** - Medical Assessment Unit; this is usually a department connected to the Accident & Emergency Department where people are kept for a short period of time to fully assess whether they need hospital treatment or can return home safely.

**Medicines management** – ensuring medicines are used correctly and safely.

**Medicines review** – a quick check with your GP or pharmacist that you still need all the medicines you have been prescribed. This is important for people who collect a regular (repeat) prescription.

**Morbidity rate** - the number of individuals in poor health in the population.

**Mortality rates** – a way of measuring whether people are more at risk of dying than they should be. These are usually ‘risk-adjusted’, meaning that if the average death rate for a particular condition is very low and someone dies from it, that death scores more highly than if someone dies from an illness that is usually fatal. Risk-adjusted mortality rates are complex, but give a general indicator of how safe healthcare is. The most popular types of mortality measurement are called HMSR and RAMI.

**Mortality reviews** – analysing the patient care records of patients who have died to make sure that they received the best care possible.

**NICE** - The National Institute for Health and Care Excellence (NICE) provides guidance and advice to improve health and social care. NICE examines the evidence for medicines, treatments and procedures and advises on whether they are effective.

**Out of hours** – care provided when GP surgeries are not open. Most out of hours services are organised by health boards and are located in a clinic or near a hospital.

**Palliative care** - care for people who are terminally ill and are unlikely to live for much longer. Sometimes palliative care covers services for the families of people, for example, bereavement counselling and advice.

**Patient flow** - the movement of patients through a healthcare system, from admission to wards and then discharged home. Delays in one part of the system (often discharge) result in pressure building up in other parts of the system. **1000 Lives Improvement** is supporting a national Patient Flow Programme to help organisations reduce delays.

**Pressure ulcer** – often called bedsores, these are damage to the skin and underlying tissue of pressure applied to soft tissue that completely or partially obstructs blood flow to the soft
tissue. Pressure ulcers most commonly happen to people who are not moving about or are confined to wheelchairs.

**Prevalence** - how common something is or how often it occurs.

**Primary care** - healthcare provided in the community, where people make contact with clinicians for advice or treatment. For example, visiting a GP surgery if you are ill.

**Public health** – work to prevent disease, disability and illness, and to promote healthy lifestyles. Public health work includes monitoring environmental danger to health such as pollution, the spread of diseases like measles, and encouraging people to live more healthily, for example by not smoking cigarettes.

**Pulmonary embolism** – when a blood clot (thrombosis) travels inside the blood system to the lung. This can be fatal. See also **Thrombosis**.

**Putting Things Right** – the Welsh Government’s guidance for members of the public who are raising a concern or making a complaint about the healthcare they receive from NHS Wales.

**QOF** – the ‘Quality and Outcomes Framework’ is a way of measuring the care offered by GPs. It is a point-scoring system. GP practices receive financial incentives for scoring more highly on the framework.

**Quality improvement** - a systematic approach that uses specific techniques to improve quality. More information is available in the Quality Improvement Guide published by **1000 Lives Improvement**.

**Secondary care** – specialist medical care, often provided after referral from a primary care clinician because treatment requires more knowledge, skill, or equipment than is available in community. For example, a GP may refer a person with chest pains to a cardiologist in a hospital.

**Sepsis** - a potentially life-threatening effect of an infection. Chemicals released into the bloodstream to fight the infection trigger inflammation throughout the body, which can damage organs, causing them to fail.

**SKIN bundle** – a combination of checks and treatments to prevent **Pressure ulcers**.

**STOP Campaign** – a national campaign to reduce **Healthcare Associated Infections** through improving use of medical devices like peripheral venous cannulas and urinary catheters.

**Surgical complications** – unintended consequences arising as a result of surgery. For example, a blood clot (Thrombosis) forming after surgery that then needs treatment.

**Tertiary care** - treatment requiring very specialised expertise and advanced equipment and usually delivered within a medical facility. For example, some cancer treatments are delivered at a specialist cancer hospital.

**Thrombosis** – a blood clot that develops inside a vein and can travel through the bloodstream to the heart or lung causing serious illness. A thrombosis often forms in the ‘deep veins’ in legs, and is referred to as a deep vein thrombosis or **DVT**. If a blood clot travels to a lung it can cause a **Pulmonary embolism**.
**Triggers / trigger tool** – a warning system to flag up events that may have caused harm. A ‘trigger tool’ monitors several different types of event to gauge the overall level of harm occurring in a healthcare system.

**Trust** – in Wales an NHS Trust is an NHS organisation providing a national service alongside services provided by [Health boards](#). There are three NHS Trusts in Wales – Public Health Wales providing public health advice and expertise, Velindre NHS Trust including a specialist cancer treatment centre, and the Welsh Ambulance Services Trust co-ordinating ambulance services.

**Unscheduled care** - any urgent, unplanned health or social care in hospital or at home. For example, an urgent GP appointment or visit, a 999 call for an ambulance, using the Accident & Emergency Department (Casualty).