South West HHS Safety and Quality Implementation Plan 2024-2027

At South West HHS, delivering excellent patient care is at the heart of everything we do. In partnership with our patients and their families, we are committed to taking actions that improve the safety and quality of our services. We see it as our duty to ensure everyone receives safe personalised care every time they come to us.

This implementation plan builds on the South West HHS Safety and Quality Strategy 2024–2027 in delivering 15 actions across four priorities over three years.

It provides the framework for an integrated and comprehensive program to monitor, assess and improve the quality and safety of patient care. It also supports the health service's goal of providing clinical excellence and continuously improving patient outcomes across the South West.

Our Safety and Quality strategy priorities

1. Clinical outcomes
Striving for the best possible clinical outcomes for our consumers – ensuring inclusion, diversity, and equity for all.

2. Consumer experience
Aiming for the best possible consumer experience by embracing and cultivating an environment that learns and grows.

3. Staff wellbeing and cultural Safety
Embracing and promoting a just culture based on a learning environment that ensures safety and quality is embedded into everyday practice.

4. Effective use of resources
Striving for sustainable excellence and effective use of resources that maximises patient safety and staff wellbeing.

South West
Hospital and Health Service

Priority 1 – Clinical outcomes

Focus – Striving for the best possible clinical outcomes for our consumers - ensuring inclusion, diversity, and equity for all. Delivering safe, individualised, highly reliable and evidence based person–centred care.

Enablers

- HAC and VLAD data.
- Incident reporting / analysis.
- Morbidity and Mortality meetings, death audits and Performance Measurement Management reviews.
- Clinical audit.
- Research clinical trials.
- Readmission and return to theatre rates.
- Queensland Health advisories, communiques, and notifications.
- Integrated Recommendations Register insights.

Objectives

- Exceed external and internal Safety and Quality Key Performance Indicators.
- Develop and adopt a risk-based approach to clinical audit that ensures reporting intervals are aligned to performance and feedback.
- Increase and promote a learning environment by dissemination of learning points from incident analyses.
- Review and consider impacts for our consumers regarding their specific care needs on transfer to and discharge from other Hospital and Health Services and how this might be improved.

What will we do?	2024/2025 FY Deliverables	2025/2026 FY Deliverables	2026/2027 FY Deliverables
1.1 Explore incident analysis/ data collection. Identify use that would enable meaningful clinical change that maximises patient safety both from an acute and non-acute focus.	• Review data collection and use. • Research options for review of positive trends/ processes, identify what is working well, shift review away from only retrospective incident analysis. • Work with non-acute services to identify use of data collection/ trends /or identification of areas of concern that could be reviewed that might possibly identify areas for improvement.	• Develop/ consult and gain approval for a concept plan regarding proposed changes to data collection/incident analysis and review. • Implement changes to data collection/ review/ analysis.	• Measure effectiveness of changes made.
1.2 Review and revise clinical audit requirements moving towards a risk-based approach that aligns to performance and feedback.	• Review current/ previous clinical audit schedules to look for opportunities to reduce unnecessary auditing based on a risk approach.	• Review and revise clinical audit requirements based on effectiveness of changes made. • Build a framework for an annual review of clinical audit based on risk principles that ensures audit is meaningful/ measured meeting all accreditation requirements.	• Measure effectiveness of changes in process associated with a risk-based approach to audit that includes assurance that accreditation demands have been met.
1.3 Explore a learning environment by increasing dissemination of learnings from incident analysis.	• Research and look for opportunities to increase dissemination of learnings from incident analysis. • Develop a framework for dissemination of learnings for South West that maximises a positive learning environment.	• Implement changes to dissemination of learnings.	• Measure effectiveness of changes made.
1.4 Explore opportunities for identifying vulnerable South West consumers and their specific care requirements when transferred to or discharged from other Hospital and Health Services.	• Explore opportunities such as Central West Armband pilot and Qld Health Julians Key project developed by West Moreton Hospital and Health Service. • Develop a concept plan / project design for implementation requirements and resources needed to implement.	• Implement agreed concept/ project deliverables.	• Measure effectiveness of implementation.
Measures of success	• Increase in South West HHS employee satisfaction in annual patient safety survey. • Increase in consumer engagement satisfaction.		

Priority 2 – Consumer experience

Focus – Aiming for the best possible consumer experience by embracing and cultivating an environment that learns and grows.

Enablers

- Patient experience / feedback.
- Discharge against medical advice data (DAMA).
- Discharge summary rates.
- PREMs data.
- OHO and other external requests for information.
- Coronial information.
- Open and clinical disclosure information.
- Community forums and partner insights.

Objectives

- Exceed external and internal Safety and Quality Key Performance Indicators.
- Increase consumer engagement in clinical governance.
- Support the First Nations Health Equity Strategy implementation.
- Increase community awareness of and participation in clinical governance, including through HHS media/ communication plan.

What will we do?	2024/2025 FY Deliverables	2025/2026 FY Deliverables	2026/2027 FY Deliverables
2.1 Explore and develop meaningful South West HHS consumer feedback KPIs (additional to the statewide KPIs).	• Engage with community and staff on possible South West consumer KPIs. • Gain Executive and board approval for new KPIs. • Implement approved revised consumer experience KPIs. • Review and revise reports on consumer experience that improves communication of consumer experience to all areas of the business and community forums.	• Measure and evaluate effectiveness of new KPIs and reporting structures. • Gain community/ consumer and staff feedback on changes made.	• Use information to drive the development of a new Safety and Quality strategy.
2.2 Explore and analyse current consumer feedback platforms / IT solutions and processes used within South West HHS to capture consumer feedback. **Look for opportunities/ approaches that aim to strengthen and promote engagement/ capture of positive and negative feedback.**	• Review current platforms/ processes used to capture and measure feedback look at opportunities for improvement and associated risks verses benefits for change. • Engage with community/ South West HHS employees on possible platforms/ IT solutions that might be used to improve measure and capture feedback. • Gain Executive and board approval for changes in approach and communicate with South West HHS and community forums on changes to be implemented.	• Develop how changes will be measured and evaluated. • Develop an implementation plan which needs to be approved and supported by ELT. • Implement approved changes through a project management approach that ensure effective communication of changes that are being made.	• Measure and analyses how effective the changes have been and promote a possible way forward for future directions.
2.3 Explore current workforce and strategic options associated with building consumer engagement at floor level.	• Review South West HHS and other HHS's how they provide / manage and promote consumer engagement. • Look at developing a business case for change regarding consumer experience roles both at a central and devolved floor level.	• Implement changes and assess if changes have made any difference to consumer feedback.	• Measure effectiveness and develop a paper on how this might be carried forward for future strategy plans.
2.4 Explore mediums used to promote and improve consumer feedback/ engagement.	• Explore how to effectively use mediums to promote consumer engagement. Review other HHS's and opportunities within South West HHS to improve consumer experience feedback. • Develop a Consumer feedback communication strategy.	• Consumer feedback communication strategy to be endorsed for implementation and supported by Executive and Board sponsorship.	• Review effectiveness of Consumer Feedback Communication Strategy.
Measures of success	• South West HHS meets set consumer feedback KPIs. • The overall percentage of South West HHS consumer experience feedback has increased.		

Priority 3 – Staff wellbeing and cultural safety

Focus – Embrace and promote a just culture based on a learning environment that ensures safety and quality is embedded into everyday practice.

Enablers

- Annual Safety and Quality staff survey.
- Bi-annual Staff Cultural Compass surveys.
- Incident analysis and governance process.
- Facility wellness checks.
- Fatigue management.
- Annual Safety and Quality Challenges.
- Staff Forums.
- Daily Safety Briefing.
- 24/7 Ask Executive portal.

Objectives

- Positive outcomes are identified, learned from, and disseminated. According to the 'pre-mortem' approach, improvements are made proactively.
- Improve the annual Safety and Quality challenge through increased clinician and consumer participation.
- Implement the High Value Conversations Training Program.
- Integrate current, disparate clinical governance processes in aged and primary care with secondary care.

What will we do?	2024/2025 FY Deliverables	2025/2026 FY Deliverables	2026/2027 FY Deliverables
3.1 Implement the *High Value Conversations* Training Program.	• Delivery of High Value Conversations training program		
3.2 Further improve the annual Safety and Quality challenge through increased clinician and consumer participation.	• Research and develop a concept of an annual safety and quality award day where papers / concepts can be presented to an agreed panel of peers.	• Implement/ launch the annual safety and quality award day.	• Review effectiveness of changes made in relation to promoting safety and quality care concepts.
3.3 Look to identify, learn from, and disseminate information to improve patient care/ outcomes.	• Review current available data sources and how these might be used in a positive safety II principal manner of review. • Present a concept paper for change.	• Implement agreed changes.	• Review effectiveness of changes made in relation to learning from data in a pre-mortem approach of review.
3.4 Integrate current, disparate clinical governance processes in aged and primary care with secondary care.	• Review current clinical governance approaches within South West and develop a possible concept for an integrated approach, benefits verses risks.	• Consult and develop an agreed approach for a more integrated clinical governance process for South West HHS.	• Review effectiveness of any changes made.
Measures of success	• Increase in South West HHS employee satisfaction in annual patient safety survey.		

Our goal is to strengthen SWHHS's capacity and capability to deliver safe, quality rural and remote healthcare, while building a reputation as an organisation in which our people can flourish and grow.

Priority 4 – Effective use of resources

Focus – Striving for sustainable excellence and effective use of resources that maximises patient safety and staff wellbeing.

Enablers

- Performance and accountability data.
- Benchmarking data- readmission rates, DAMA, PPH, HAC, theatre utilisation etc.
- Facility Wellness Checks
- Where clinically sustainable, delivering care closer-to-home, including via Telehealth.
- Through South West Committee structure - establishing governance for new technologies, equipment, services, new infrastructure, and models-of-care.

Objectives

- Reduce low-value activities.
- Empower staff to enact innovation.
- Create efficient, useful Clinical Business Intelligence solutions for clinical governance and SWHHS.

What will we do?	2024/2025 FY Deliverables	2025/2026 FY Deliverables	2026/2027 FY Deliverables
4.1 Work with key stakeholders to reduce low-value activities.	• Review and revise current clinical governance requirements that are not adding any value to South West HHS governance structures/ processes or patient care/ outcomes.	• Gain board and ELT approval for changes to be adopted. • Adopt changes and measure effectiveness.	• Deliver a paper on outcomes that have resulted from the changes made.
4.2 Explore and enact changes that assist staff in putting forward innovations that promote safe quality care or optimise the use of resources.	• Review/ consult / revise the current GROSS concept and produce a paper that outlines possible changes that might support innovations.	• Implement changes / recommendations regarding a new approach to innovation.	• Measure effectiveness of changes made and assess.
4.3 Continue work to create efficient, useful Clinical Business Intelligence solutions for clinical governance and SWHHS.	• Deliver on agreed Clinical Business Intelligence (CBI) solutions/ real time data availability with eHealth. • Develop a South West HHS real time dashboard that enables clearer reporting and reduces the need for manual collation/analysis about performance management.	• Implement CBI dashboards for South West HHS. • Implement a local SWHHS real time dashboard.	• Measure effectiveness of implemented dashboards. • Measure effectiveness of implemented dashboards.
Measures of success	• Increase in South West HHS employee satisfaction in annual patient safety survey. • Availability of CBI and South West HHS dashboards		

Queensland Government