



Quality Strategy	
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Summary of Trust-wide CBR:	The Quality Strategy sets out the key quality priorities that will continually drive improvements to ensure UHCW achieves its strategic objectives and become a national and international leader in healthcare.
Purpose of Trust-wide CBR:	To inform staff, patients and stakeholders how improvements to Quality will be realised at UHCW.
Trust-wide CBR to be read in conjunction with:	UHCW Clinical Strategy UHCW Risk Management Strategy UHCW Library and Knowledge Services Strategy Patient Information Procedure
Relevance:	Governance
Superseded Trust-wide CBRs (if applicable):	Quality Strategy V3.0

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Department/Specialty:	Quality

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V3	Strategy Group	9 th March 2016
V3	Chief Officers Group	5 th July 2016
V3	Quality Governance Committee	18 th July 2016
V3	Trust Board	28 th July 2016
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FOREWORD BY PROFESSOR ANDREW HARDY, CEO

We are committed to working with patients, their families and carers to improve the care we deliver to our patients.

As Chief Executive Officer at University Hospitals Coventry and Warwickshire NHS Trust (UHCW), I feel privileged to lead an organisation with a skilled, passionate and dedicated workforce. These important contributions are greatly valued; our staff work tirelessly to improve patient care year-on-year, often in difficult circumstances.

In 2012, the Trust's first three year Quality Strategy was launched to provide a framework for quality within the Trust. As we review our progress over the last three years it provides us with the opportunity to reflect on our current position and future direction.

There have been many changes at local and national level that impact on our practice. Despite this, our staff continue to adapt by introducing innovations and new ways of working demonstrating commitment to health service provision whilst being aware of changing needs and expectations of our patients, their families and carers.

This new Quality Strategy (2016-2021) builds on our existing foundations, and sets out our vision to become a national and international leader in healthcare and deliver the highest quality of care to our patients, relatives and carers. The Strategy defines the Quality objectives that will be implemented and achieved by us over the next five years. It describes the expectations I hold as the Trust Accountable Officer and I fully endorse its core principles; care that is safe, clinically effective, that provides the best possible experience for patients. These three dimensions are the foundation for our Trust Quality Strategy and provide a framework in which we will drive and achieve quality improvement at UHCW.

We will utilise three interrelated and interconnecting quality improvement methodologies to focus our energy and attention on over the next five years:

- **UHCW Improvement System (UHCWi)**

UHCWi is a system of tools based on lean principles, designed to help to deliver improvements around three simple aims; putting patients first; empowering our staff; and delivering safer care. It uses a process of continuous improvement that seeks to identify and eliminate waste and inefficiencies in healthcare processes. Our improvement journey to introduce and embed lean methodology across UHCW commenced in October 2015.

- **Sign up to Safety Programme**

The Trust is signed up to the national 'Sign up to Safety' programme aimed at reducing avoidable harm to patients by half. As part of the Trust's Sign up to Safety campaign, we were successful in obtaining funding from NHSLA to implement a Human Factors programme for three of our high volume / high risk specialties (Theatres, Orthopaedics & Emergency Department). We are in the process of training staff in Human Factors methodology to cascade this throughout the Trust to encourage a safety culture.

- **Together Towards World Class**

Together Towards World Class (TTWC) was launched on NHS Change Day, 3rd March 2014 as an organisational development blueprint to achieve UHCW's aspiration to become a national and international leader in healthcare. The TTWC programme is underpinned by the Trust's values and behavioural framework which are at the very heart of how we do things at UHCW. It identifies five key areas of focus: World Class Experience, Services, Conversations, Leadership and People.

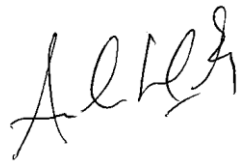
Our Quality Strategy aligns to the Trust's strategic and corporate objectives. It is underpinned by the Fundamental Standards of Care (2014), and has been shaped by the recommendations of the 'Francis Report – the final report of the Mid Staffordshire NHS Foundation Trust Public Inquiry' (February 2013).

The implementation of our Quality Strategy will help us achieve our aim to consistently get things right for our patients, their families and carers across every ward and service, every day. The progress we make will be aligned to work plans with key milestones and deliverables, and will be reported through assurances to

Trust Committees that will track progress. We will identify opportunities for improvement, but also highlight where we have achieved excellence, by celebrating success and good practice across the organisation and within our Quality Account and Annual Reports.

This will not happen without the continued efforts of our staff, who we know from experience, have ensured that we embark on the next stage of our journey from solid foundations. The Quality Strategy recognises the essential contribution and commitment of all multi-professional staff groups in our journey and their feedback has been taken into consideration in the development of this strategy.

Over the next five years we will continue to focus on the essential elements of care ensuring no effort is spared to improve standards and outcomes, whilst remaining committed to providing a positive patient experience for all, in everything that we do.



Professor Andrew Hardy
Chief Executive Officer

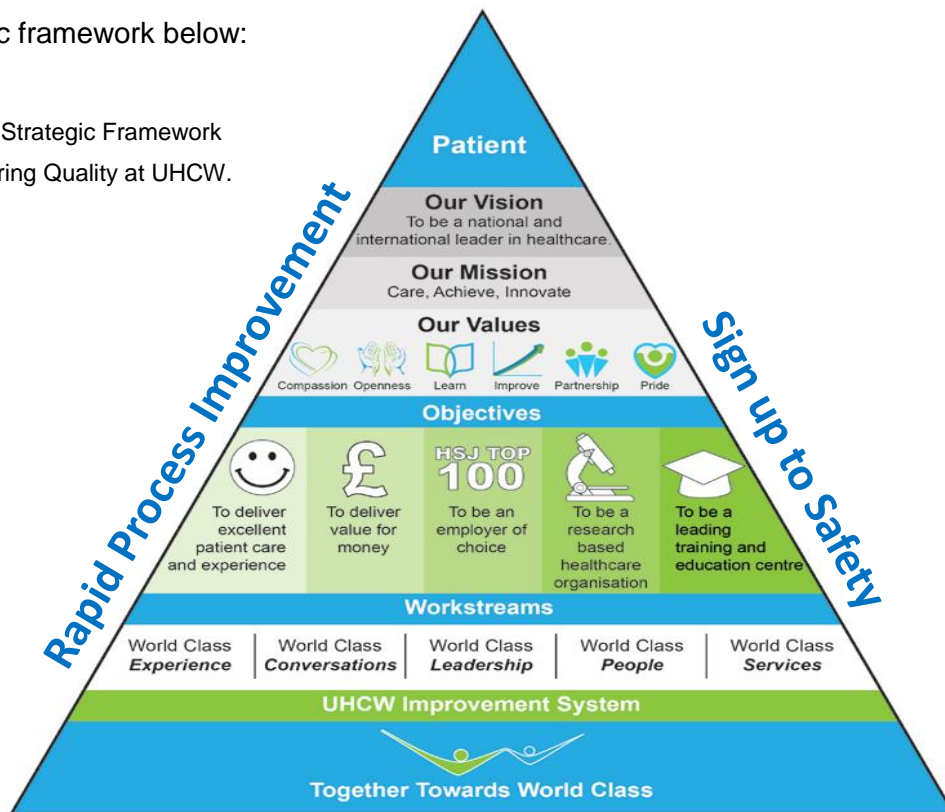


1.0 SCOPE

The Quality Strategy articulates the path for University Hospitals Coventry and Warwickshire NHS Trust (UHCW) to attain 'world class' status in provision of the highest quality of care to its patients. It is informed by the Trust Clinical Strategy and may be read by; our patients, the public and all staff and stakeholders employed by or working closely with UHCW.

UHCW is on a journey to become a national and international leader in healthcare. There are a number of building blocks that support this ambition; these are articulated within the Trust vision, mission, values and objectives which are illustrated within the strategic framework below:

Figure 1: Strategic Framework for delivering Quality at UHCW.



Patient Safety

- To reduce avoidable infections
- To improve performance in pressure ulcer management & falls prevention
- To increase learning to prevent future harm and avoidable deaths
- To improve the management of the deteriorating patient
- To improve the management of Medicines

Clinical Effectiveness

- To provide care in line with national and local evidence based guidance
- To identify areas for improvement through a continuous programme of clinical audit
- To reduce HSMR to below 100
- To interpret and deliver national regulations and standards of care

Patient Experience

- To improve the way we listen, respond and use patient and carer feedback to support improvements
- To improve the management and provision of patient health information
- To ensure that staff place trust values at the centre of care improvement
- To ensure that patient voice is at the centre of care improvements
- To improve the patient environment

These building blocks which underpin achievement of our vision are directly relevant to the things that matter the most to our patients namely; safety, outcomes and experience. These three dimensions provide a framework in which we will drive and achieve quality improvement at UHCW.

The Quality Strategy cannot be delivered in isolation of other Trust strategies (such as Finance, Information and Technology, Workforce, Risk Management, Library and Knowledge Services), and quality improvement methodologies; UHCW Improvement System; Together Towards World Class, and Sign Up to Safety Programmes. All are interconnected and interdependent in realising our vision of being World Class. It is in the context of this strategic framework that the Quality Strategy has been developed.

2.0 INTRODUCTION

2.1 Context

The overall aim of the Quality Strategy is to set out the key objectives that will drive the delivery of Quality at UHCW over the next five years – 2016 to 2021.

There are a number of national, regional and local drivers that continue to inform this Strategy. *Equity and Excellence: Liberating the NHS* (DH 2010) (1) set out a vision for an NHS focussed on improving quality and achieving world class outcomes. The NHS Constitution (2) sets out patients' rights to high quality services based on good access, information, cleanliness, safety and national best practice and makes pledges to patients that quality standards will be upheld throughout the NHS. NHS Improvement and the Care Quality Commission (CQC) place quality at the heart of their regulatory regimes; CQUIN schemes and NICE Guidance are now well established and annual Quality Accounts provide an overview of the quality of the services we provide to our patients and clearly outline our quality priorities for the forthcoming year.

A single definition of quality was first set out in *High Quality Care for all* (DH 2008) (3); care that is effective, safe and provides as positive an experience as possible. This definition still holds in 2018. The three dimensions provide the basis for quality; all three must be present in order to provide a high quality service.

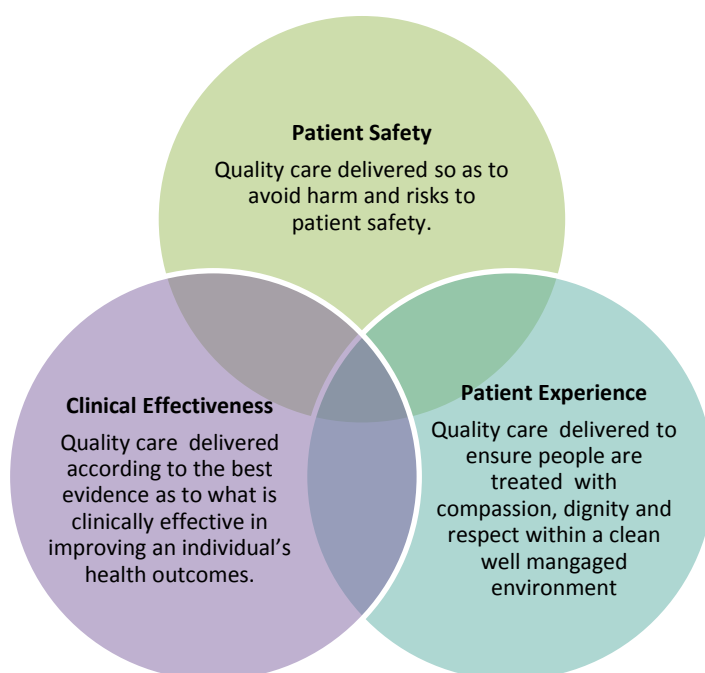


Figure 2: Dimensions of Quality

These dimensions of quality have subsequently become an organising principle, enshrined in legislation through the Health and Social Care Act 2012 (4) and the Health and Social Care (Safety and Quality) Act 2015 (5), and remain at the heart of the NHS Outcomes Framework 2016 to 2017 (6).

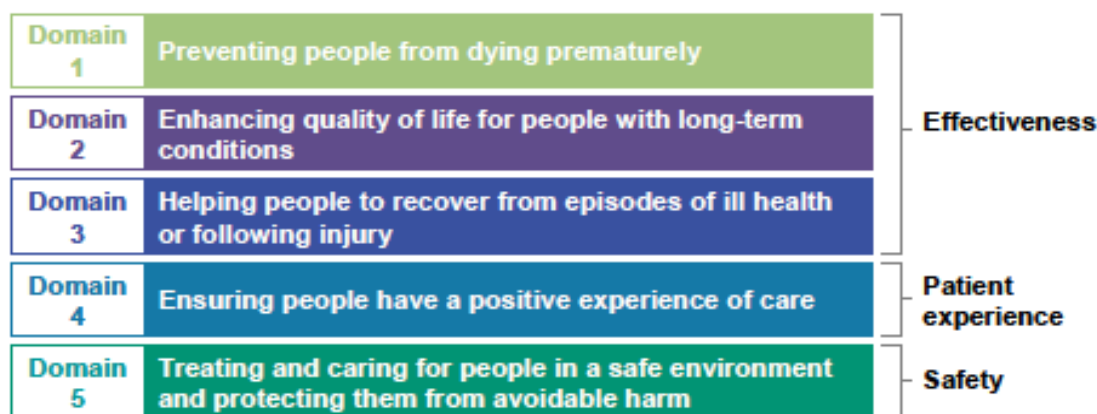


Figure 3. Domains of the NHS Outcomes Framework

The importance and relevance of effectiveness, patient experience and safety have further been reinforced through such national reports as the Francis Inquiry Report (2013) (7), Berwick (2013) (8) and Keogh (2013) (9).

Quality is central to achieving the NHS England Five Year Forward View – a vision for the future of the health system (2015) (10), which describes a “Triple Aim” of improving population health; providing the highest possible quality and excellent experience; and getting value from all our services (efficiency), based on the Institute for Healthcare Improvement (IHI) methodology. This means providing services that are safe, effective, accessible, affordable and sustainable - reducing harm, variation and waste.

Recent NHS reforms have a central tenet based on putting patients first, and improving quality through a focus on outcomes rather than being process driven. Our second iteration of the Quality Strategy encapsulates this ambition and seeks to provide a Trust-wide framework for quality improvement through improved patient outcomes.

2.2 Why do we need a strategy?

Whilst it is accepted that 'quality' is everyone's responsibility, providing a clear and measurable approach to maintaining and achieving *world class quality* ensures that everyone understands their own contribution to delivering excellent patient care and experience – a determined focus sustained.

It is important that we understand the drivers for having a strategy that seeks to improve the quality of the healthcare that we provide to both the individual patient and to groups of individual patients within pathways of care. Understanding the drivers helps us to ensure our strategy is targeted to those aspects of providing quality services that make the biggest positive impact to the individual patient experience and outcome, and thus for groups of patients. The drivers for our Quality Strategy are detailed below:

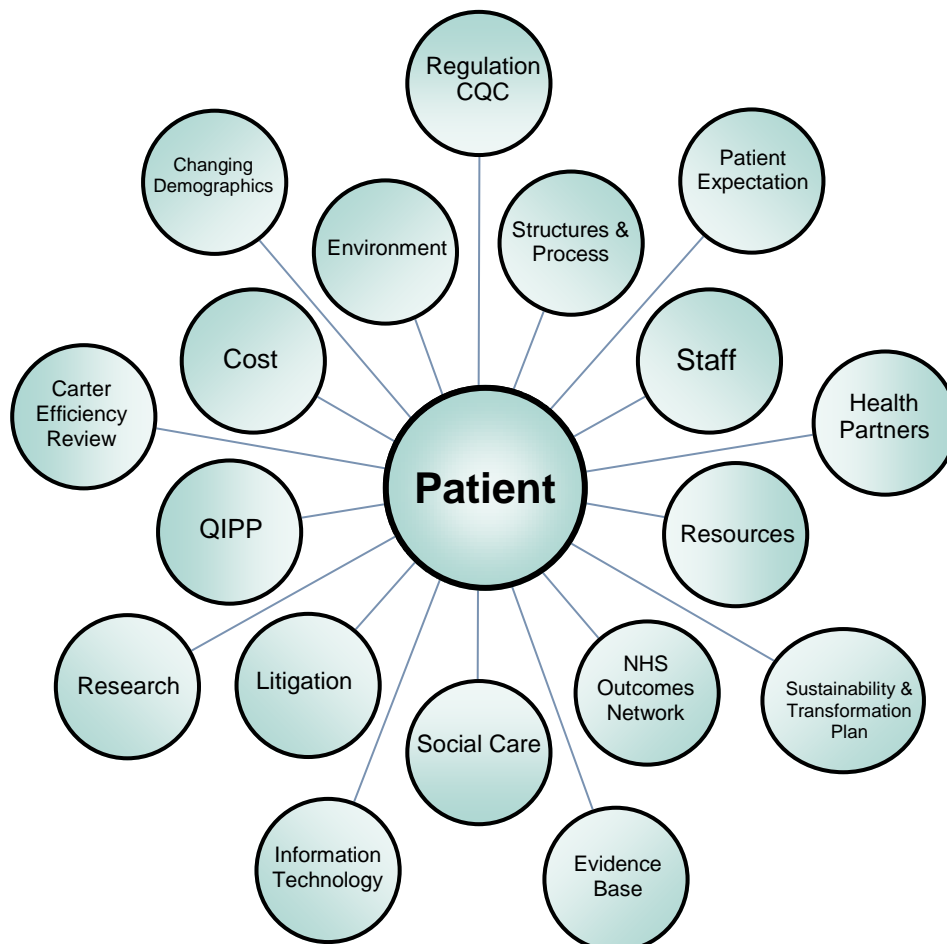


Figure 4: Drivers for Quality at UHCW

All the above drivers influence the quality of care we provide to our patients.

2.3 Our Stakeholders

Understanding the drivers for this Strategy enables us to identify the many stakeholders who are affected by our ambition to deliver world class services and have the power to influence the success of this Strategy.

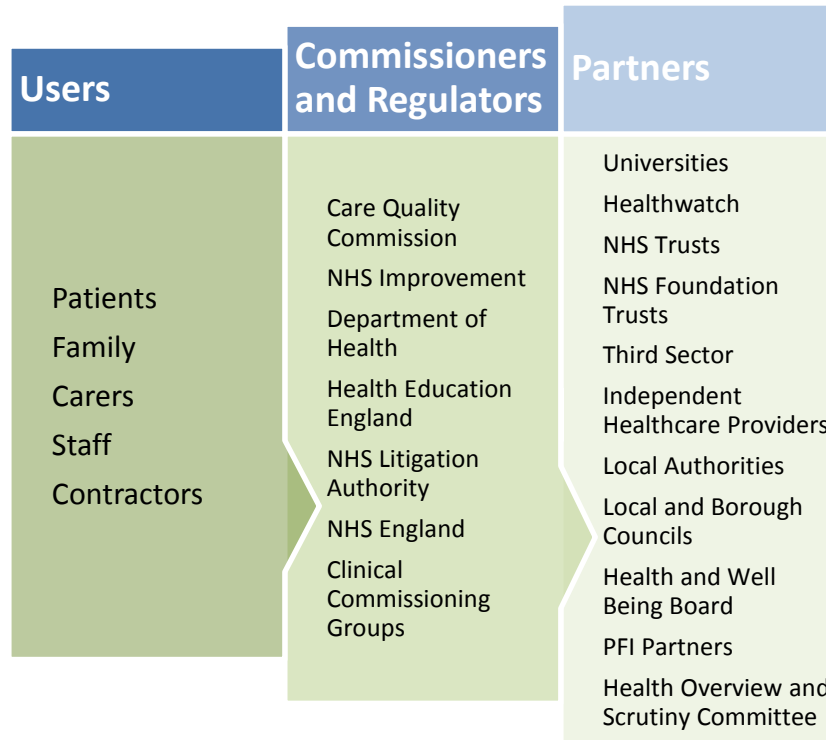


Figure 5: Stakeholders for delivering Quality at UHCW

3.0 STATEMENT OF INTENT

The Quality Strategy outlines the priorities for UHCW in addressing all three dimensions of quality to enable it to achieve its overall vision, mission and objectives.

The Strategy describes;

- The context of delivering quality at UHCW
- The aims and objectives that will deliver world class quality at UHCW.
- What will be measured to demonstrate achievement
- The challenges to delivery and how we will work to overcome them
- How we will monitor achievement and sustain this
- Our road map to achievement

The Quality Strategy applies to all staff at UHCW. All staff have a professional duty

for the quality of care being delivered by our organisation, and for encouraging openness and transparency in their interactions with patients and the public and with all stakeholders and regulatory bodies.

4.0 DEFINITIONS

4.1 Quality

As defined by NHS England (2016) (11), **quality** encompasses three equally important parts:

- Care that is **clinically effective** – not just in the eyes of the clinicians but in the eyes of the patients themselves,
- Care that is **safe** and,
- Care that provides as positive an **experience** for patients as possible.

4.2 Patient Safety

As defined by the World Health Organisation (2016) (12), **patient safety** is the prevention of errors and adverse effects to **patients** associated with health care.

4.3 Effectiveness

As defined by Promoting Clinical Effectiveness: a framework for action in and through the NHS (1996) (13) effectiveness is the extent to which specific clinical interventions do what they are intended to do.

4.4 Patient Experience

The sum of all interactions, shaped by an organisation's culture, that influence patient perceptions across the continuum of care. The Beryl Institute (2016) (14).

5.0 DUTIES / RESPONSIBILITIES

Ensuring that patients receive high quality care relies on a complex set of interconnected roles, responsibilities and relationships between professionals. Delivering a quality service is the responsibility of all professional groups at UHCW.

The Quality Department working in collaboration with the Chief Officers and healthcare professionals from all disciplines is committed to supporting the Trust in this.

The Trust Board is responsible for overseeing the implementation of the Quality Strategy. It agrees and communicates what quality means to UHCW and drives a culture of quality improvement throughout UHCW. In turn, it holds all in the organisation to account for ensuring that the patient is at the centre of care that we deliver.

Trust Board encourages and promotes innovation in quality, recognising the importance of quality and continuous improvement to achieving our strategic objectives and realising our vision. As an effective high performing organisation we uphold the following principles:

- All Board members, clinical leaders and senior managers have the responsibility for leading, promoting and understanding the objectives of the Quality Strategy and the wider quality agenda. They ensure that any service changes are assessed for the impact on quality and that change is managed appropriately to safeguard the continued delivery of safe and effective care to patients.
- The Trust Board sets UHCW's quality priorities through the approval of this Quality Strategy, as per the diagram below. It monitors delivery of quality at every meeting, having oversight of the quality of care in specialities.

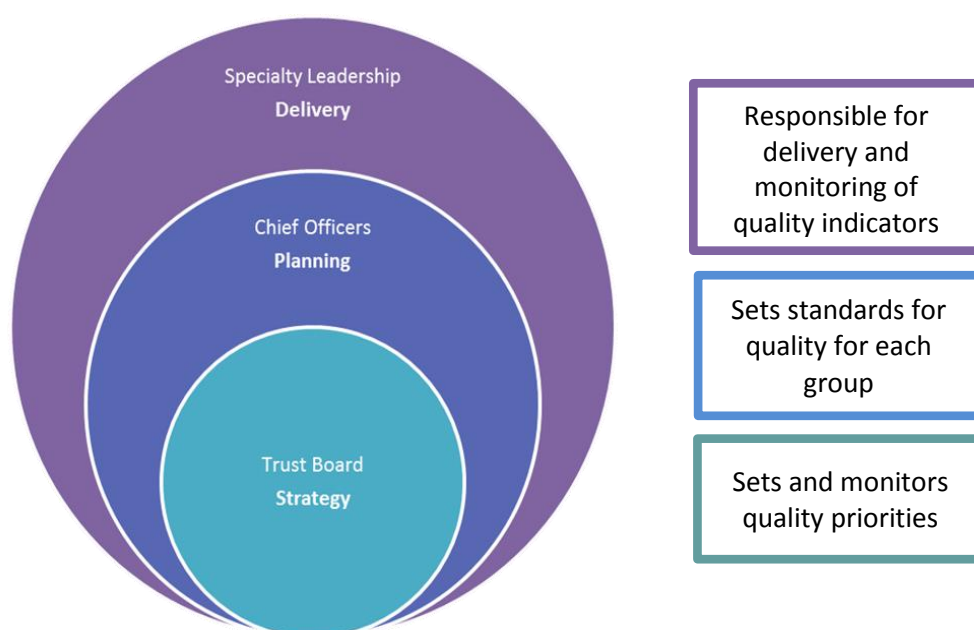


Figure 6: Strategy, planning and delivery at UHCW

- The Trust Board is supported by a number of sub-committees that monitor the progress of delivering and improving quality, and escalate appropriately.
- The Quality Governance Committee, reporting to the Trust Board, seeks assurance that specialties and services have appropriate systems in place to develop and monitor the implementation of the Quality Strategy.
- The Chief Medical & Quality Officer (CMQO) and Chief Nursing Officer (CNO) are jointly accountable to Trust Board for delivery of the quality agenda and the overall quality of care being delivered by the organisation, across all service lines.
- The CMQO is the Responsible Officer (RO) for all aspects of Medical Revalidation and the professional lead for doctors. The CMQO holds the Executive portfolio for the Quality Department, Research & Medical Education, and Medicines Management, and is responsible for development and delivery of the Clinical Strategy and the underpinning Quality Strategy.
- The Chief Nursing Officer (CNO) is the professional lead for nurses, midwives, scientists and allied health professionals; responsible for overseeing care standards and quality improvements in relation to safeguarding, infection control and nursing revalidation. The CNO is the nominated individual (NI) with accountability at Trust Board for maintaining Trust registration with the Care Quality Commission (CQC). The CQC is responsible for ensuring all NHS providers demonstrate that they meet the Fundamental Standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (15).
- The Quality Department, led by the Director of Quality, supports the implementation of this Strategy and achievement of its objectives, by working with all stakeholders to ensure there are robust systems and processes in place to develop, implement and monitor quality.
- Clinical leaders have a key responsibility for ensuring effective clinical and quality governance and that the culture in the organisation supports the Trust

values and behaviours amongst their staff. They also need to be aware of and promote awareness of the 'Fundamental Standards of Care'.

- Healthcare professionals working in multidisciplinary teams play a critical role in securing high quality care and excellent outcomes for patients by regularly participating in clinical and quality governance activities; continuously measuring and monitoring indicators on the quality of care they are providing; identifying areas for improvement using data from a range of quality metrics and other sources of intelligence. At a minimum, they must ensure that the services they provide meet the CQC's 'Fundamental Standards of Care'.
- Front-line professionals, both clinical and managerial, who deal directly with patients, carers and the public are responsible for their own professional conduct and competence and for the quality of the care that they provide.
- All UHCW staff are responsible for ensuring that the quality of care and safety of patients is paramount in their interactions with patients and that they carry out their duties of care in accordance with this Strategy, the policies and procedures of the organisation and their professional obligations.

6.0 DELIVERING QUALITY

6.1 Achieving Quality

The system architecture to deliver high quality care at UHCW needs to be focused on ensuring that the three dimensions of quality are integrated with performance management across the whole Trust and across a range of indicators.

Three aims have been identified that will be delivered by a series of objectives. Our aims are to:

- Avoid preventable harm by improving Patient Safety
- Improve Patient Outcomes through Clinical Effectiveness
- Improve Patient Experience by responding to patient feedback and involving patients in quality improvements

Through consultation we have identified our key objectives for achieving and delivering these aims relating to excellent patient care and experience over the next three years. The objectives are summarised below:

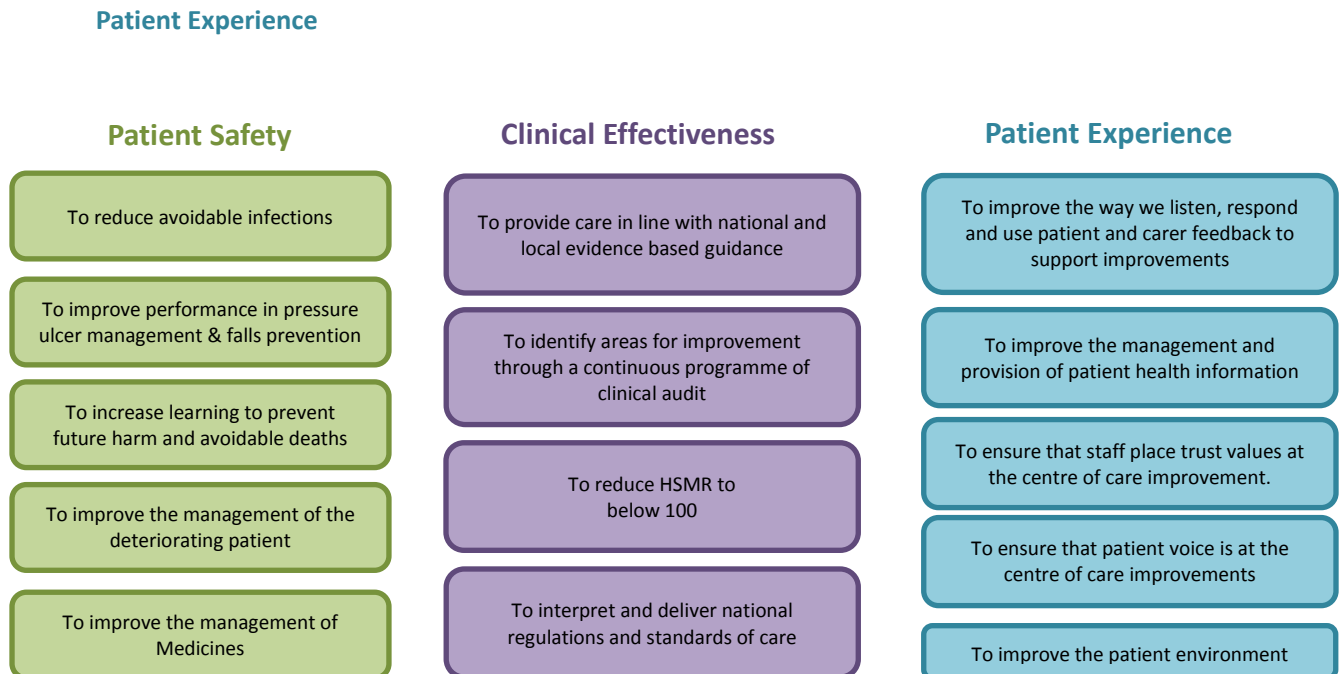


Figure 7: Objectives to deliver Quality at UHCW

To be able to demonstrate achievement of the objectives measures of success have been identified.

6.2 Achieving Patient Safety

Aim: To avoid preventable harm by improving Patient Safety

We aspire to provide world-class healthcare for the local populations of Coventry and Warwickshire in an environment where safety is at the heart of everything we do.

We will achieve this objective through delivery of our Clinical Strategy and Sign up to Safety Campaign, combined with targeted aspects of safety and mistake-proofing, based on a variety of data sources such as patient and staff feedback, incident reporting and investigation, complaints investigation and legal claims.

To achieve our aim we have identified five objectives. We will measure our progress against each of these objectives to demonstrate our achievements.

Objective 1: To reduce avoidable infections

We aim to utilise the most effective evidence-based infection prevention and control measures, working with our partners to deliver the highest standards of cleaning and decontamination.

We will continue to analyse all incidences of infection through a robust root cause analysis process so that we can learn from these cases but we will also proactively seek to learn from high-performing Trusts, wards and departments, both internally and externally.

As measured by:



- Maintain 0 hospital-acquired MRSA bacteraemia year on year (currently 0)
- < National C Difficile ceiling (maintain or improve position against other Trusts) to be in top 3 large acute teaching Trusts by 2018 (baseline in top 5)
- Year on year improvement against baseline for WHO 5 moments for hand hygiene aiming for 60% in 2018 (baseline 55%)
- Year on year improvement against compliance with day to day

central line management aiming for 50% in 2018 (baseline 23%)

- Maintain 100% compliance with insertion of lines practice to 2018 (baseline 100%).

Objective 2: To improve performance in pressure ulcer management and falls prevention

We aim to deliver a reduction in the number and the severity of harm of avoidable hospital-acquired pressure ulcers and falls. We will continually seek out the best available strategies to reduce the risk of patients coming to avoidable harm whilst in our care and we will work collaboratively with our stakeholders and partners to drive best practice across the local health region.

As measured by:



- >98% harm free care for hospital-acquired (known as “new harms”) on the Safety Thermometer by 2017 (currently 98%)
- 15% reduction in avoidable hospital-acquired grade 2 and above pressure ulcers by 2018, with the further ambition of achieving zero avoidable hospital-acquired grade 2 and above pressure ulcers by 2020 (baseline 123)
- Reduction in the total number of falls in hospital by 20% by 2018/19 (baseline 6.12 falls/1000 bed days)
- Reduction in the number of falls in hospital with moderate harm or above) by 50% by 2018/19 (baseline 0.12 falls/1000 bed days)
- 50% reduction in repeat fallers per 1,000 bed days over a 2 year period (2017-18 and 2018-19).(Baseline 1.10)

Objective 3: To increase learning to prevent future harm and avoidable deaths

We aim to learn from local and national sources of patient safety information and disseminate and embed this widely through:

- Safety alerts
- Safety newsletters
- Individual feedback
- Human Factors training
- Mortality review
- Improved safety data and information

We will continue to review all serious incidents at our weekly Significant Incident Group to ensure that rigorous investigations and action plans are implemented and shared.

As measured by:



- 10% reduction in number of serious incidents (excluding pressure ulcers and falls) by 2018 (baseline 52)
- Maintain NCEPOD E deaths below 10 by 2017 (currently 6)
- By 2019, 90% of actions arising from RCAs are completed by the due date (currently 49%)
- 5% increase in patient safety incident reporting by 2017/18 (baseline 13,787 incidents)

Objective 4: To improve the management of the deteriorating patient

We will raise awareness of sepsis by a continuous programme of training and awareness for our clinical staff so that they are equipped to identify susceptible patients. We will maintain our VitalPac clinical observations / monitoring system with the most up to date developments to facilitate improved detection of deteriorating patients so that they can receive prompt intervention by specialist staff. We will develop our electronic handover tool to improve consistency and accuracy of communication and information between all multidisciplinary team members.

As measured by:



- Reduction in the number of serious incidents each year relating to suboptimal care of the deteriorating patient to <3 by 2018 (baseline 9)
- >90% of patients who meet the criteria of the local protocol for sepsis screening should be screened for sepsis by 2018 (baseline 55%)
- 95% of observations completed within 30 minutes of when due by 2017 (baseline 85%)
- Maintain 99% completeness of recorded observations by the end of 2016 (baseline 99%)
- Observations to be undertaken by qualified practitioners only in 90% of wards by the end of 2016 (currently <10%, 3 wards)

Objective 5: To improve the management of Medicines

We will provide training and skills for clinical staff to drive up standards and create a culture of safety first around medicines management at all levels. We will maintain a programme of medication safety walkarounds across the Trust to identify both good and poor practices from which we can learn.

We will encourage further reporting and learning from medication incidents through the work of the Medication Safety Officer.

As measured by:



- 20% increase in medication incident reporting (using incident data) by 2021 (baseline 1626 (2015/16))
- Reduction to zero omissions of critical medicines (Anticoagulants, Opiates, Insulin, Anti-infectives and Parkinsons treatments) by 2018 (baseline 11%)

6.3 Achieving Effectiveness

Aim: To improve Patient Outcomes through Clinical Effectiveness

We want to provide effective evidence based care across all our services that ranks us as world class in the delivery of healthcare that achieves the best outcomes for patients. The care that we provide will reflect clinically effective practice that complies with regulatory and statutory frameworks. We recognise that this is an ambitious journey but we believe it is achievable with the right clinical engagement and standardisation of Trust processes within an environment of learning.

To achieve our aim we have identified four objectives. We will measure our progress against each of these objectives to demonstrate our achievements.

Objective 1: To provide care in line with national and local evidence based guidance

We believe that strong systems and processes are important to support our clinical staff in delivering effective evidence based care. Evidence based clinical guidelines that are relevant to the care of patients will be current and available to all staff. They will provide the guidance for staff to ensure that patients receive care

that promotes the best possible individual outcome through informed decisions.

As measured by:



- <4% yearly average expired guidelines by 2017 (baseline 4.75%) or 96% of local clinical guidelines within review period
- 90% compliance with NICE Guidance by 2018 (baseline 61.8%)
- 5 additional care bundles implemented to support improvements and consistencies in care by 2018 (baseline 0 newly implemented)

Objective 2: To identify areas for improvement through a continuous programme of clinical audit

It is important to us that patients know whether their service is doing well. To help us in this we have a well embedded clinical audit programme that enables us to find out if the care that we provide is in line with national and local standards. Where there is evidence to suggest that improvements are required we take action to address any shortfall. Clinical audit activity helps us to not only improve patient outcomes but also make our services more effective. In the future we want to be better able to demonstrate the benefits that these service changes bring to individual patient care and the efficiency of our Trust.

As measured by:



- 90% completion of annual clinical audit programme by 2019 (baseline 45%)
- 100% of action plans agreed within the first 12 months of audit registration by 2018
- 100% of action plans implemented in following audit year 2018 (baseline 15%)
- 25% of local clinical audits demonstrate measurable benefits by 2019 (baseline 0% as 'benefits' is to be defined)
- Self-assessment against HQIP clinical audit matrix scores 100% 'firm progress in development' as a minimum by 2018 (baseline 50%)

Objective 3: To reduce HSMR to below 100

Understanding the care processes that have led to a patient death is complex. We have a well-established and robust process that considers the care of each patient

over the age of 18 that dies in our hospitals. These reviews are complex when considering patients with complex conditions and co-morbidities. However, the reviews are important as they help us understand where less than satisfactory care may have been provided and not achieving the best outcome for the patient. With this understanding we can put in place changes to improve the care that we provide.

Monitoring our risk adjusted mortality rate is another way of understanding whether our care is impacting on the number of deaths in our hospitals. Patients with different profiles and illness have a different risk of mortality. To help understand these differences, we use a risk adjusted ratio that incorporates the characteristics of each patient and their illness. A risk adjusted mortality above 100 means more patients have died than expected; one below 100 means fewer than expected have died.

We believe our mortality rate is an important indicator of the quality of care that we provide and that it can be improved to be consistently under 100.

As measured by:



- HSMR continually less than 100 by 2017 (baseline 103.26)
- SHMI to be below the national average of 1 during 2018 and continually less than the national average of 1 by 2019 Ranking in the 25% of acute Trusts with the lowest HSMR by 2020 (baseline in the 25% of worst performing trusts)

Objective 4: To interpret and deliver national regulations and standards of care

We are measured against national regulations and standards of care that are considered to be best practice. It is important to us that we are able to demonstrate that the care we provide meets those standards so that:

- patients and their families are confident in the care that we give
- staff are confident in the care that they give
- future staff are confident that we are an employer of choice

We will work with external assessment organisations, such as the CQC, to demonstrate that the care and experience that patients receive, meet and exceed expectations.

As measured by:



- Achieving a minimum 'Good' CQC inspection rating by 2019 (baseline 'requires improvement')
- 100% eligible doctor revalidation by 2018 (baseline 80%)
- Junior doctors experience and training meets Health Education West Midlands (HEWM) standards by 2017 (baseline 0 specialties assessed as level 3 and 4 status by HEWM)
- Achieve 60% response rate on student nurse feedback captured (baseline 49%)
- 100% nurse revalidation by 2019 (currently 0%).

6.4 Achieving Patient Experience

Aim: To improve the Patient Experience

We want to ensure that our patients, their families and carers have a positive experience of care. To do this we will listen to patients, their families and carers and use their experiences to improve the way we provide and deliver care. We will have clear ways in which patients and their carers can be involved in their care and quality improvements across the Trust. We will provide high quality patient information to ensure patients are able to make informed decisions' about their care.

Objective 1: To improve the way we listen respond and use patient and carer feedback to support improvements

We believe that effective communication with our patients and their carers is fundamental to high quality healthcare. The Trust will provide opportunities for patients to be involved in their care decisions, and ensure there are robust systems in place to listen and respond to patient and carer feedback.

As measured by:



- ≥90% of PALS contacts have their enquiry locally resolved or referred in 5 working days by 2018 (baseline April – December 16 86%)
- To be in the top 20% of Trusts for patients feeling involved in

decisions about their care in the national inpatient survey
(baseline 2016 inpatient survey – rated average)

- To have 95% of patients recommend us in the Friends and Family Test by 2021 (baseline 2015/16 - 89%)
- 100% of inpatient wards have outcome data published on UHCW website by 2018 (baseline 2017 - 0% as new project)
- To have ≥90% of NHS Choices feedback have their enquiries answered in 5 working days by the end of 2018 (baseline 2017 – based on 201 reviews (69%))
- Have a robust system in place to monitor and act on patient experience received through the 'Trust Impressions system' by August 2018 (baseline 2017 - no process in place)
- To have 100% of adult inpatient wards displaying and implementing actions undertaken as a result of 'We care You said we did' by the end 2019 (baseline 2016 - 50%)
- To hold at least 3 'we care' events a year that feed back to patients and the local community the improvements made as a result of patient and carer feedback including learning from complaints (baseline - no process in place 2017)
- 90% of upheld or partially upheld complaints will document actions on Datix by 2018 (baseline 0% - 2017 new indicator)
- 100% of National survey actions will be recorded and tracked on the impressions action log by the end of 2018 (0% 2017 new indicator)
- <10% of complaints are returned for further local resolution by 2019 (baseline 2015/16 – 15.8%)
- 75% of staff providing direct adult care will have attended PALS and complaints training by 2021 (baseline 2017 – 18 staff trained 98% patient facing staff)
- ≥90% of upheld or partially upheld complaints have documented actions on Datix by 2018 (baseline 2017 - 0% new indicator)
- UHCW Action log in use across 100% of applicable user surveys by 2018 (baseline 2017- 30% on previous tracker document)

Objective 2: To improve the way we will manage the provision of patient

health information.

We believe patients should have access to high quality patient information available in a range of formats that helps them to make informed decisions about their care.

We will have robust systems in place to develop patient information that is evidence based and reviewed regularly by staff and patients.

As measured by:



- All core Trust patient information leaflets to be available in easy read and large print formats by the end of 2017. (baseline – 50% easy read 2017, large print - 2017 available on request only)
- A patient led information review group to be established and undertaking patient information leaflet reviews by August 2018 (baseline 2017- no group in operation)
- 90% of all patient facing information leaflets to be within its review date by December 2018 (2017 baseline – 81.9%)
- 100% of adult inpatient ward patient information carousels to be audited annually by Dec 2019 (0% 2017 new indicator)
- 'Looking After You' Boards and 'Welcome' posters in use across 100% of all applicable clinical areas by 2017 (currently in all adult and paediatric inpatient areas)

Objective 3: To ensure that staff place Trust values at the centre of delivering patient care

We will continue to promote and share the Trust values through a variety of work streams. We will work with patients to understand trust values from their perspective and measure the patients' experience of care using values based questions co-developed with patients.

As measured by:



- Using patient co -developed values based questions across all adult inpatient and outpatient services by the end of 2018 (baseline 2017 influencing factor questions used across 50% of FFT cards)
- To be in the top 20% of Trust for patients having confidence

and trust in their doctors in the national in patient survey by 2021 (baseline 2016 inpatient survey – rated average)

- To be in the top 20% of Trust for patients having confidence and trust in nurses in the national inpatient survey by 2021 (baseline 2016 inpatient survey – rated average)
- To be in the top 20% of Trusts for patients feeling emotionally supported by staff in the national inpatient survey by 2020 (baseline 2016 inpatient survey – rated average)
- To be in the top 20% of Trust for patients feeling they were treated with dignity in the A&E national survey by 2016(baseline 2016 A &E survey – rated worse)
- To be in the top 20% of Trusts for patients feeling they were treated with dignity and respect in the national inpatient survey by 2021 (baseline 2016 inpatient survey – rated average)
- To be in the top 20% of Trusts for patients speaking about their worries and fears in the national in patient survey by 2021 (baseline 2016 inpatient survey – rated average)
- 100% of adult inpatient wards to display the results of their values based surveys and actions taken to improve care by the end of 2018 (baseline 2017 -0% new indicator)
- To have customer care training linked the Trust values available by 2018 to all staff (baseline 287 staff trained in 2016)
- All nominated leaders have undertaken the Leading Together programme by 2019 (baseline Top 100 hospital leaders have undertaken the course)
- All staff appraisals to be values based by April 2017 (0% starting April 2016)

Objective 4: To ensure that patient voice is at the centre of care improvements

We will work in partnership with patients to ensure we have clear and transparent processors in place for patients to play an active role in quality service improvements across the Trust

As measured by:



- The Trust has a co-developed patient partners programme , which supports people to be involved in a range of service improvement activities across the Trust by the end of 2018
- A patient mystery shopper programme is in place by February 2019 (baseline 2017 no programme in place)
- The Trust has a patient involvement hub that provides patients with an interactive involvement experience to improve Trust services by the end of 2018 (baseline 2017 no hub in place)
- The Trust has Patient Partners Forum and representation on the Trust PEEC. (baseline 2017 – no patient led forum in place.)

Objective 5: To improve the patient environment

We will ensure that patient care is delivered in high quality premises which are clean and meet the needs of those using them.

As measured by:

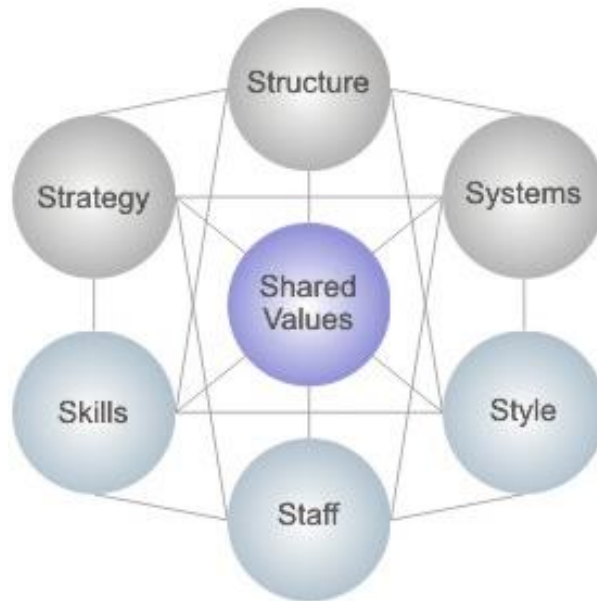


- A 10% reduction in negative comments received from impressions comments on the environment (2017 baseline)
- To achieve at least 90% across all 6 PLACE domains from 2017 (baseline 2016 above national average, achieving 6/6)
- To ensure that at least 50% of PLACE assessors are patients by the end of 2018 (2017 Baseline Healthwatch supplied representatives)
- Achieve $\geq 90\%$ on the Matron's ICNA audits by 2021 (baseline 2017 85%)

6.5 Challenges To Delivery

We recognise that this strategy is ambitious and is to be accomplished against the backdrop of a large acute teaching organisation across two sites, serving the expanding and diverse population of Coventry and Warwickshire as well as patients that access our tertiary services. The pressures to deliver safe care and meet

national and local targets threatens the achievement of all of our Quality objectives but cannot be allowed to divert us from striving to be the best.



We will work in the following ways to overcome the challenges to deliver this Strategy. They have been structured based on the McKinsey 7 S model from '*In Search Of Excellence: Lessons from America's Best-Run Companies(2004)*' which identifies seven interrelated elements that are mutually reinforcing and need to be aligned to enable a complex organisation such as UHCW to deliver its strategic vision for quality.

SHARED VALUES

Challenge: The Trust has commenced its journey through the Together Towards World Class Programme that has six values at its heart. We recognise that this is a long term Strategy and that our values still have some way to go before they are embedded in all that we do.

In response we will:

- work in an open and transparent way with our stakeholders to ensure services delivered by UHCW strive to demonstrate world class care
- commit to greater levels of engagement and involvement with our stakeholders
- work closely with our partners to align quality of care delivered to

- meet the needs of our local population
- actively seek to learn from other organisations' best practice models for spreading organisational learning
- report incidents and near misses so that we can learn from them

STRATEGY

Challenge: As the Trust continues on its journey towards world class, it has many competing priorities for delivery. Driving towards excellence in quality will require alignment of strategies and focus on achieving demonstrable improvement comparable with the best.

In response we will:

- manage the risks associated with meeting any requirements in our ambition to deliver excellent patient care and experience, and ensure corrective actions are identified and prioritised
- actively seek to benchmark ourselves and work with partners providing world class services to drive clinical standards of care (through participation in the Association of UK University Hospitals network)
- implement the UHCW Improvement System as a management method which seeks to continually improve through the identification and elimination of waste and inefficiency in the many processes that are part of the healthcare experience, making it possible for Trust staff to deliver the highest quality and safest patient care with zero defects
- monitor mortality and surgical morbidity to reduce future harm
- use CEBIS (Clinical Evidence Based Information Specialists) and our Library and Knowledge services to help promote and facilitate access to and use of information and information resources with a clear focus on evidence based patient care, and improving the patient experience

STRUCTURE

Challenge: With so many competing priorities there is a requirement to keep focused and understand the steps and timelines to achieve our aspirations.

In response we will:

- underpin this strategy with a delivery plan, with progress reported annually (Appendix 1)
- support the Trust's organisational structure by working together to deliver joined up care across groups and corporate departments within the framework of performance, quality and formal committee meetings
- publish an annual Quality Account, which will identify annual priorities across the three dimensions of quality, to illustrate our commitment to providing high quality services and being an open and transparent organisation
- ensure that there is a comprehensive process for the management of Trust-wide policies, procedures and strategies which is easily accessible to our staff

SYSTEMS

Challenge: The Quality agenda is broad and complex. It poses challenges regarding efficient and accurate collection and analysis of relevant performance monitoring and benchmarking data.

In response we will:

- adopt a range of quality improvement techniques and approaches to promote effective use of clinicians' time and for the use of data
- ensure that due consideration is given to quality implications of future plans and programmes by monitoring their impact on quality and taking subsequent action as necessary to ensure quality is maintained through quality impact assessments (QIA)
- develop, monitor, evaluate and triangulate key performance indicators and stretch targets to raise the quality bar through the Trust via the performance assurance framework
- ensure the Board Assurance Framework and the Risk Register are monitored closely to provide assurance and guarantee controls are in place

STAFF

Challenge: There are challenges around creating the right culture to encourage, engage and empower staff to continuously strive to achieve their aspirations.

In response we will:

- ensure that effective leadership arrangements and behaviours are in place to support staff in their day to day delivery of quality care
- ensure that staff feel engaged and empowered to continuously drive and achieve quality in their specialties, services, departments and teams
- develop compacts which will outline the mutual responsibilities of UHCW, its clinicians and leadership
- undertake a programme of getting the basics right enquiry visits and quality workarounds in patient facing areas
- ensure our staff have regular appraisals and that our clinical staff are revalidated. We will review consultant job plans to enable us to move towards greater seven day working models.

SKILLS

Challenge: There are competing priorities between delivering excellent day to day high quality care and providing our staff with the skills to deliver the best models of care.

In response we will:

- ensure staff have the competencies to provide evidence based treatment and care
- in partnership with other institutions (notably the University of Warwick and Coventry University), seek to further strengthen education, research, and innovation programmes which are already active at a nationally-competitive level
- drive to achieve quality through setting clear objectives in appraisals and personal development plans

STYLE

Challenge: We acknowledge that communication of this Strategy and engagement with its ambition will be a challenge, but this is critical if we are to realise and deliver our objectives.

In response we will:

- communicate our achievements in an open and engaging way

that reaches all our stakeholders

- measure and report performance in an open and engaging way to hold staff to account for the care delivered
- actively promote this strategy with staff and stakeholders.

7.0 DISSEMINATION AND IMPLEMENTATION

7.1 This strategy will be available on e-Library after consultation at Chief Officers Group (COG) and Quality Governance Committee (QGC), and formal approval by Trust Board and Corporate Business Records Committee. It will be widely disseminated to all staff via local / departmental and corporate meetings. It will be also be available via the UHCW website www.uhcw.nhs.uk. Implementation will be led by the Quality Department and monitored by the Quality Governance Committee.

8.0 TRAINING

8.1 We recognise the importance of providing our staff with the continuing education, training and professional development to deliver our ambitions. The framework for education, training and professional development provision in the Trust will be driven and shaped by local and national initiatives, embracing innovative new ways of working wherever possible to ensure our staff can deliver world class care.

9.0 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

9.1 Monitoring Table

Aspect of compliance or effectiveness being monitored	Monitoring method	Individual department responsible for the monitoring	Frequency of the monitoring activity	Group / committee which will receive the findings / monitoring report	Group / committee / individual responsible for ensuring that the actions are completed
Implementation of the Quality Strategy	Review	Quality	Annual	Quality Governance Committee	Quality Governance Committee
	Quality Department Annual Report	Quality	Annual	Quality Governance Committee	Director of Quality
	Quality Account	Quality	Annual	Quality Governance Committee	Chief Executive Officer

10.0 STAFF COMPLIANCE STATEMENT

All staff must comply with this Trust-wide Corporate Business Record and failure to do so may be considered a disciplinary matter leading to action being taken under the Trust's Disciplinary Procedure. Actions which constitute breach of confidence, fraud, misuse of NHS resources or illegal activity will be treated as serious misconduct and may result in dismissal from employment and may in addition lead to other legal action against the individual/s concerned.

A copy of the Trust's Disciplinary Procedure is available from e-Library.

11.0 EQUALITY & DIVERSITY STATEMENT

Throughout its activities, the Trust will seek to treat all people equally and fairly. This includes those seeking and using the services, employees and potential employees. No-one will receive less favourable treatment on the grounds of sex/gender (including Trans People), disability, marital status, race/colour/ethnicity/nationality, sexual orientation, age, social status, their trade union activities, religion/beliefs or caring responsibilities nor will they be disadvantaged by conditions or requirements which cannot be shown to be justifiable. All staff, whether part time, full-time, temporary, job share or volunteer; service users and partners will be treated fairly and with dignity and respect.

12.0 REFERENCES AND BIBLIOGRAPHY

- 12.1 Equity and Excellence in the NHS, Department of Health, 2010
- 12.2 NHS Constitution, Department of Health, 2012
- 12.3 High Quality Care for All, Department of Health, 2008
- 12.4 Health and Social Care Act, 2012
- 12.5 Health and Social Care (Safety and Quality) Act, 2015
- 12.6 NHS Outcomes Framework 2015 to 2016, (2014)
- 12.7 The Francis Inquiry, 2013: Report of the Mid Staffordshire NHS Foundation Trust Public Enquiry
- 12.8 Review into the quality of care and treatment provided by 14 hospital Trusts. Prof. Bruce Keogh, 2013
- 12.9 Berwick Review into Patient Safety, 2013, Department of Health
- 12.10 NHS England Five Year Forward View – a vision for the future of the health System, 2014
- 12.11 NHS England, 2016, <https://www.england.nhs.uk/about/>
- 12.12 World Health Organisation-Patient Safety, <http://www.who.int/patientsafety/>
- 12.13 Promoting Clinical Effectiveness: a framework for action in and through the NHS, 1996
- 12.14 The Beryl Institute, <http://www.theberylinstitute.org/>
- 12.15 Health and Social Care Act 2008 (Regulated Activities) Regulations, 2014
- 12.16 In Search Of Excellence: Lessons from America's Best-Run Companies, 2004

13.0 UHCW ASSOCIATED RECORDS

13.1 UHCW Clinical Strategy

Our Delivery Plan

First 3 year Indicative timeline

