



UHNMM Quality Strategy

2022-2025

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Foreword



It is a such pleasure to welcome you to our Quality Strategy and share our key priorities to further support delivery of safe, high quality care over the next three years.

Each and every member of UHNM has a part to play in helping us realise the benefits of this strategy and deliver a positive impact on patient outcomes, and patient and staff experience.

The pandemic in particular has highlighted how brilliantly our teams work together to respond to challenges, lead innovation and develop patient centred, outcome focused pathways and services.

You will see that our Quality Strategy has a golden thread of collaboration and partnership, where our teams, healthcare partners and our population work together to make a positive difference for the people who use our services.

Ann-Marie Riley
Chief Nurse

Matthew Lewis
Medical Director

Paul Bytheway
Chief Operating Officer

1. Introduction

Our collective intent is to be a world-class centre of clinical and academic excellence, where staff work collaboratively to ensure patients receive the highest standards of care and the best people want to come to UHNM to learn, work and research delivering exceptional care with exceptional people.

We are proud of the achievements we have made on our journey to being a world-class centre of clinical and academic excellence having achieved 'Outstanding' for Caring in our most recent Care Quality Commission (CQC) inspection during 2021. However, our journey is far from over. Our new Quality Strategy sets out four key priorities that have been co-created with our staff, patients and their carers and we have utilised the latest evidence and research available to underpin our four key priorities.



1. To develop consistently positive practice environments recognising our staff are safety critical.



2. To deliver consistently safe and reliable care.



3. To prevent avoidable delay in patient assessment, treatment and discharge.

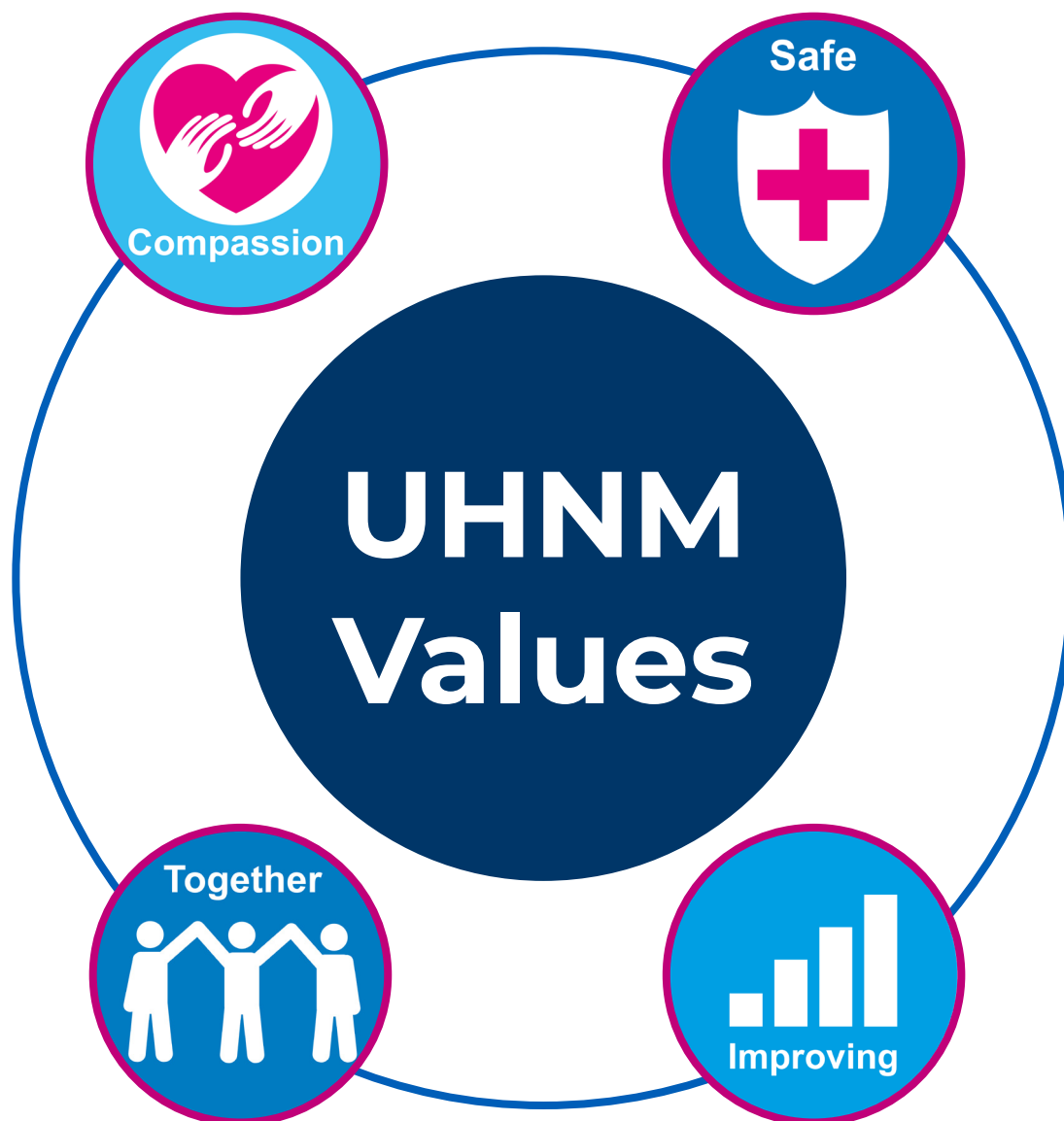


4. To ensure that our patients have access to services that meets their needs and delivers positive outcomes and experiences.

To support us in the delivery of our four key priorities we will continue to deliver our service improvement programme 'Improving Together' which builds on our organisation wide ambition of continuous improvement. Our Trust Values of 'Together', 'Compassion', 'Safe' and 'Improving' will remain at the core of all we do.

This three year Quality Strategy puts patients and the communities we serve at the centre of our journey to world-class excellence ensuring that the care we provide is person centred and meets the needs of our population.

Our Values



Together

We are a Team – I will be considerate, help others to achieve our goals and support others to make positive changes

We are Appreciative – I will acknowledge and thank people for their efforts and contributions

We are Inclusive – I will be open and honest, welcome people's views and opinions and involve people in the decisions that affect them

Compassion

We are Supportive – I will be empathetic and reassuring. I will support and encourage people when they need it

We are Respectful – I will treat people fairly, with respect and dignity, protect their privacy and help them to feel comfortable

We are Friendly – I will be welcoming and approachable. I will make eye contact, say hello and introduce myself

Safe

We Communicate Well – I will explain clearly, share relevant and timely information and keep people updated

We are Organised – I will plan ahead, manage my time well and be prompt in what I do

We Speak Up – I will contribute to ensuring health and constructive feedback for all so we can feel safe to challenge inappropriate care and behaviour and promote our values

Improving

We Listen – I will welcome people's views and ideas, invite people to ask questions and share their opinions and respond to what I hear

We Learn – I will share best practice, celebrate good performance and support others to use their skills, learn and grow

We Take Responsibility – I will have a positive attitude, act and encourage people to take the initiative and make improvements

2. Background

University Hospitals of North Midlands NHS Trust which spans over two sites, known as Royal Stoke University Hospital (RSUH) and County Hospital, works to deliver our '2025 Vision'. The Vision set a clear direction for the organisation to become a world-class centre of clinical care and academic achievement. The Vision outlined our strategic intentions for our clinical services and set the framework within which our staff would all work together with a common purpose to ensure patients receive the highest standard of care and to be the place in which the best people would want to work.

The Trust is implementing a continuous quality improvement methodology as the new way of working at UHNM – this is known as Improving Together. This is a LEAN based approach to cultural change, recognising that staff who deliver care know what needs to be done to make it better each day.

The Improving Together programme has supported the refresh of the Trust Strategy, creating six Strategic Priority Domains which help align the improvement energy of the organisation by focussing on what matters most and cascading these priorities in a meaningful way across the organisation. The Quality Improvement Academy, as the delivery team for Improving Together, will continue to train colleagues on the new Operational Improvement System, which is the new tools and routines that will enable our staff to do a little every day to improve the care we give to our patients and the environment within which we work. The fundamentals of this approach are to encourage structured, collaborative problem solving (known as A3 thinking) and supporting standardisation of processes to encourage predictability of delivery and outcomes and as a baseline from which we can improve.

The Trust has established its new strategic planning framework, with six Strategic priority domains

This Quality Strategy is directly linked to the Trust's Strategic Priority objective of High Quality and will enable the achievement of this strategic priority through continuous improvement and our Improving Together programme.

High Quality

Providing safe, effective and caring services

1

Response

Providing efficient and responsive services

2

People

Creating a great place to work

3

Improving and Innovating

Achieving excellence in development and research

4

Systems and Partners

Leading strategic change within Staffordshire and beyond

5

Resources

Ensuring we get the most from the resources we have, including staff, assets and money

6

3. Context - where are we now?

National context

The NHS Long Term Plan (2019) sets out a clear ambition for quality in the NHS by encouraging high quality of care for all across all of health, public health and social care.

A single definition of quality for the NHS was first set out in High Quality Care for All in (2008) and has since been embraced by staff throughout the NHS and enshrined in legislation through the Health and Social Care Act (2012). This definition sets out three dimensions to quality, all three of which must be present in order to provide a high quality service.

- Clinical effectiveness-quality care is care which is delivered according to the best available evidence
- Safety-quality care is care which is delivered so as to avoid all avoidable harm and risk to patient safety
- Patient experience-quality care is care which looks to give the individual as positive an experience as possible

The Health and Social Care Act (2012) also defines success in terms of the outcomes which are achieved for patients and service users. The NHS Outcomes Framework (2022) sets out the national outcomes that all providers of NHS-funded care should contribute towards. These outcomes span five domains:

- Preventing people from dying prematurely
- Enhancing quality of life for people with long term conditions
- Helping people to recover from episodes of ill health or following injury
- Ensuring people have a positive experience of care
- Treating and caring for people in a safe environment and protecting them from avoidable harm

The quality of care we provide to our patients is regulated by the Care Quality Commission (CQC) who can take enforcement action if our standards fall below those set out by the Commission in their Guidance about compliance: Essential standards of quality and safety (2018).

Our Quality Strategy 2022-2025 sets out to build on the Trust's previous quality strategies and brings into focus four key priorities so that we achieve local, regional and national standards regarding quality of care to ensure regulatory compliance and patient satisfaction.

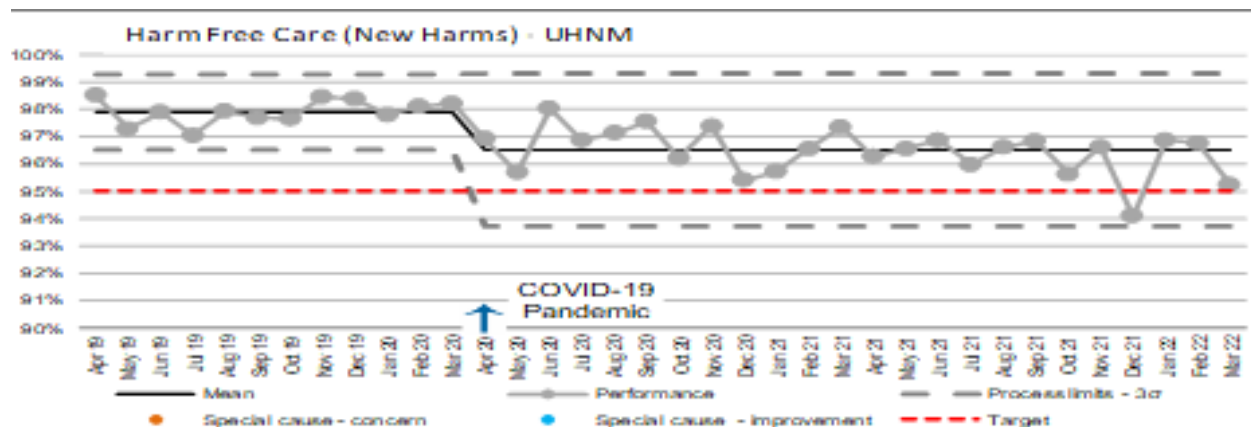
The Quality Strategy 2022-2025 four key priorities are aligned to the national quality agenda, the Health and Social Act (2012), the National Outcomes Framework (2022), the CQC key Lines of Enquiry (KLOEs) and UHNMs Strategic Priority Objectives (see figure 1).

Figure 1: Quality priorities aligned to national, regulatory and UHNM strategic objectives

Quality Strategy Priorities 2022-2025	The CQC - Key Lines of Enquiry (2018)	The Health and Social Care Act (2012)	The National Outcomes Framework (2022)	UHNM Strategic Objective Priorities
To develop consistent positive practice environments recognising out staff are safety critical	<ul style="list-style-type: none"> • Safe • Effective 	<ul style="list-style-type: none"> • Clinical effectiveness • Safety 	<ul style="list-style-type: none"> • Prevent people from dying prematurely 	<ul style="list-style-type: none"> • High quality • People • Improving and innovating
To deliver consistently safe and reliable care	<ul style="list-style-type: none"> • Safe • Effective • Caring • Responsive 	<ul style="list-style-type: none"> • Safety • Clinical effectiveness 	<ul style="list-style-type: none"> • Treat and caring for people in a safe environment and protect from avoidable harm 	<ul style="list-style-type: none"> • High quality • Systems and partners
To prevent avoidable delay in patient assessment, treatment and discharge	<ul style="list-style-type: none"> • Safe • Effective • Responsive 	<ul style="list-style-type: none"> • Safety • Patient experience 	<ul style="list-style-type: none"> • Enhance quality of life for people with long term conditions 	<ul style="list-style-type: none"> • Responsive • High quality • Systems and partners
To ensure that our patients have access to services and/or treatments that meets their needs and delivers positive outcomes and experiences	<ul style="list-style-type: none"> • Safe • Effective • Caring • Responsive 	<ul style="list-style-type: none"> • Patient experience • Safety 	<ul style="list-style-type: none"> • Ensuring people have a positive experience of care 	<ul style="list-style-type: none"> • High quality • Improving and innovating

We have made good progress at UHNM in delivering high quality, safe services. We continually exceed the target in the national Harm Free Care survey. The national target for this survey is 95% and we consistently are above that threshold (see figure 2).

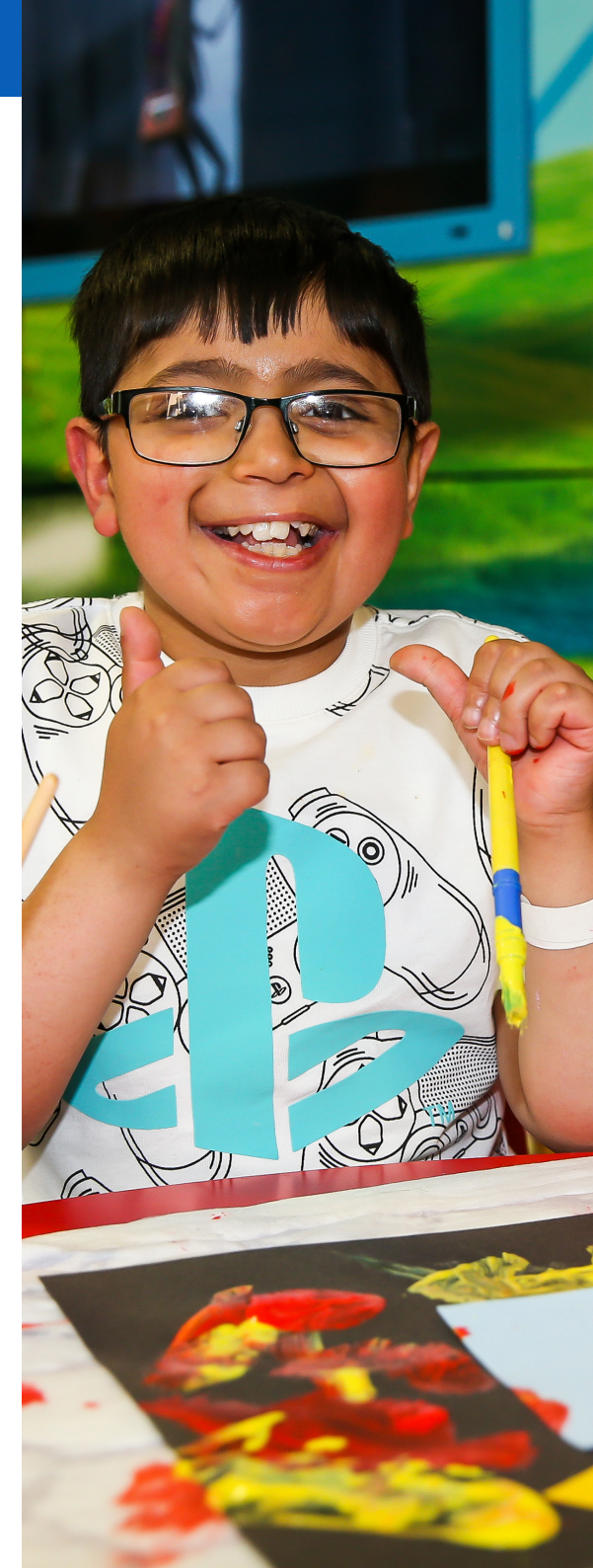
Figure 2: Harm free care score (2019-2022)



However, we recognise that we have more work to do. This is evident by our current CQC inspection results which demonstrate our progress but also highlights areas that require improvement (see figure 3).

Figure 3: UHNM CQC rating following inspection August 2021

Domain	June 2019 Ratings	August 2021 Ratings
Are services safe?	Requires Improvement	Requires Improvement ●
Are services effective?	Requires Improvement	Requires Improvement ●
Are services caring?	Good	Outstanding ★
Are services responsive?	Requires Improvement	Requires Improvement ●
Are services well led?	Requires Improvement	Good ●
Overall	Requires Improvement	Requires Improvement ●



The Quality Strategy 2022-2025 is being launched at a challenging time for the NHS given the national context of the COVID-19 pandemic which severely restricted access to services for many of our patients. As we move into the recovery phase, learn to live with COVID-19, and restore all our services to optimal levels, it has never been more important that quality and safety are at the forefront of all we do. As an organisation, supported by our continual improvement programme and our dedicated teams, we have never been more ready to face this challenge.

4. How we have developed this strategy

The Quality Strategy 2022-2025 has been developed with involvement from staff, service users and carers/relatives. A literature review was undertaken to ascertain current best practice in terms of quality in an acute setting. A thematic review of the Trust's harm data and incidents was undertaken in order for us to be confident that our priorities capture the true essence of the challenges identified and that our key initiatives have identified metrics that make it clear what we are aiming for and when we have achieved our goals. Using the tools and principles available to us from Improving Together we have undertaken the 'A3' process on each of the four priorities.

Four clear priorities emerged from the literature and these were reflected during consultation with our staff, patients and relatives/carers.

Priority one: To develop consistently positive practice environments recognising our staff are safety critical

There is a plethora of national and international evidence describing the complex interdependent relationship between staffing and its effect on various factors including timeliness and completeness of care delivery, patient safety, and patient and staff experience. Nationally, however, it is evident that recruiting, supporting continued professional development and retaining staff is a key challenge across all healthcare providers. We aim to be the regional employer of choice and will continue to introduce innovative ways to recruit, develop and retain our workforce.

Our colleagues are valuable assets and we will strive to ensure everyone is able to have a positive experience at work as we recognise how key this is to supporting individual and team well-being, and how interlinked staff experience is to our ability to consistently deliver safe, high quality care.



Evidence shows that patient satisfaction is highest in NHS organisations that have high employee engagement and more engaged employees have been linked to better outcomes for patients and service users.

An empowered work environment enhances positive outcomes for both our colleagues and those who use our services. We will support our teams to have the time, skills and resources they need to make the improvements they feel are necessary to improve patient outcomes and patient and staff experience.

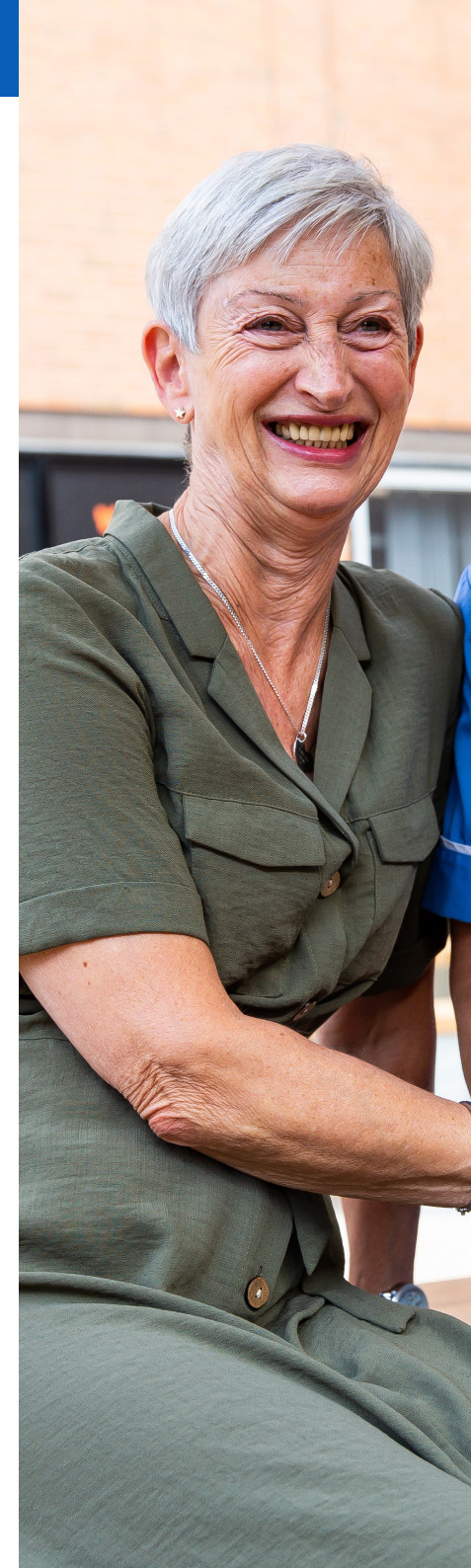
Priority two: To deliver consistently safe and reliable care

‘Patient safety is about maximising the things that go right and minimising the things that go wrong. It is integral to the NHS’ definition of quality in healthcare, alongside effectiveness and patient experience’ (The NHS Patient Safety Strategy 2019).

In line with national ambitions we will work to continually improve the reliability and effectiveness of our clinical systems and processes to positively impact our overall patient safety culture and system. Evidence shows that clinically research-active hospitals have better patient care outcomes. We will deliver a programme of work to further develop a research culture across UHNM, offering increasing numbers of colleagues the opportunity to be involved in research activity and publication.

Clinical effectiveness is defined as ‘the application of the best knowledge, derived from research, clinical experience, and patient preferences to achieve optimum processes and outcomes of care for patients. The process involves a framework of informing, changing, and monitoring practice.’ (Promoting Clinical Effectiveness, NHS Executive 1996). Our Clinical Effectiveness Group was started in 2022 to develop divisional strategies that reflect issues raised through complaints, audits, incidents, risks, national best practice, research, innovation and quality improvement programmes.

We will continue to make effective use of data to reduce unwarranted variation and support continual improvement. We will learn when things go wrong and, where appropriate, will ensure that learning is shared across our system partners to maximise opportunities to improve safety for our populations. We will develop a range of harm free care related ambitions to define and standardise care against best practice and improve reliability in these areas.



Priority three: To prevent avoidable delay in patient assessment, treatment and discharge

Our population is facing the on-going impact of the COVID-19 pandemic via delays in access to care both from an elective and non-elective perspective, delays which could lead to avoidable stresses and harm. We will continue to work tirelessly to review our systems, processes and pathways so we can ensure patients receive the care they need with the least delay possible.

For any patients subject to delays we will continue to proactively assess their care needs to minimise the potential for harm to occur.

We aim to maximise technological and digital solutions to support improved clinical pathways, improved outcomes and deliver opportunities to release clinical time to care.

Priority four: To ensure that our patients have access to services and/or treatments that meet their needs and delivers positive outcomes and experiences

The overall experience and safety of our patients is just as important out of hospital as it is when they are an inpatient with us. We will work collaboratively across the system to understand improvement opportunities for those across our population who are at the highest risk of adverse outcomes.

We recognise the importance of developing an equal partnership between our staff, patients and the wider population we serve and will strive to understand what matters most to those who use our services. We will increasingly work in partnership with our patients and public, co-producing solutions to improve their outcomes and experience. We will develop annual patient priorities, based on patient and carer feedback so we can continually learn from and improve the patient experience.



SWOT (strengths, weaknesses, opportunities and threats) Analysis

In order to support the implementation of the Quality Strategy, a SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis has been undertaken to ensure that all aspects of strategy delivery are taken into consideration.

Strengths

- Outstanding for Caring (CQC)
- CeNREE to support staff development and research vision
- Improving Together QI programme
- Quality Team
- Safe Medications Officer
- Safe Devices Officer
- Care Excellence Framework
- External Accreditations

Weaknesses

- Limited staff with project management experience
- Large focus politically on operational delivery which may overshadow other projects
- Tired workforce following working through the pandemic
- ICS board new with governance arrangements still being decided

Opportunities

- Staff development
- New roles and secondment opportunities
- Improving the quality of services
- Engaging patients, relatives, and carers
- Digital innovation
- Divisional realignment to the strategy will support future developments

Threats

- Divisional realignment and Management of Change
- ICB maturity to support collaboration and innovation across pathways
- New wave of COVID-19 may set back our plans and milestones
- Staff availability across patient pathways

5. How we will get there

The Quality Strategy 2022-2025 will focus on four key priorities. Each of these priorities has a number of initiatives that are set against milestones so the progress against each of the priorities can clearly be measured.

Priority one: To develop consistently positive practice environments recognising our staff are safety critical.

Key Initiatives	Year 1: 2022 (Milestones)	Year 2: 2023 (Milestones)	Year 3: 2024-25 (Milestones)	Key Metrics
<p>To develop our establishment review process to include all nursing, midwifery, allied healthcare professionals and registered pharmacy professionals across ward and non-ward based areas</p>	<p>All electronic roster ward based areas to have an establishment review factoring in acuity, environment and finance</p> <p>All budgets aligned to the electronic roster</p> <p>All theatres across the Trust to be included in the establishment review</p> <p>Birthrate Plus assessment</p>	<p>All outpatient areas to be included in the establishment review</p>	<p>All allied healthcare professionals services to have undertaken their first establishment review</p>	<p>100% compliance with the business cycle of the establishment review process</p> <p>100% of all budgets aligned with the electronic rosters</p>

Minimise the number of vacancies across all staff groups

To establish a robust process to monitor nurse, midwife, allied healthcare professionals and registered pharmacy professional vacancies across UHNM

Corporate nursing team to manage the recruitment of Band 2 and 3 healthcare assistants

Corporate nursing team to manage the recruitment of newly qualified registered nurses

To complete retention self assessment tool and develop appropriate action plan

To continue with overseas recruitment plan

Zero healthcare support workers vacancies

2% reduction in registered nurse turnover

Model hospital upper quartile performance for registered nurse turnover

2% reduction in registered nurse turnover

Nursing vacancy factor to be within agreed tolerance of 7-9% by year three

Midwifery vacancy factor to be within agreed tolerance of 7-9% by year three

Allied health professional vacancy factor to be within agreed tolerance of 7-9% by year three

Medic and non-clinical staff vacancy factor to be within agreed tolerance

To roll out Improving Together as our organisational continuous improvement approach

To have trained the first 20 wards in the Operational Improvement System (OIS)

To have all divisions and directorate leadership teams trained and delivering the Improving Together programme as business as usual – sustaining the improvement work through the organisation

To have introduced the OIS across the full value stream of Elective Surgery at County Hospital

To have 80% of County Hospital working within the Improving Together team, making Improving Together business as usual on that site

To have 28 ward areas working to Improving Together

To complete the delivery of Improving Together to County Hospital

To have trained 40 (63%) of ward teams with Improving Together

NB Trajectory of completion Improving Together training to all ward areas is April 2026

Metrics used locally in divisions and agreed as part of the 'A3' process

Delivery of the Trust's strategic objectives

To improve our staff survey results

Support year one actions aligned to Positive and Inclusive Culture A3

Support year two actions aligned to Positive and Inclusive Culture A3

Support year three actions aligned to Positive and Inclusive Culture A3

To be in the top 20% of Trust's by 2024

Local staff surveys

National staff survey - to be in the top 20% of Trust's by 2024

Develop a culture of inclusion and belonging

National tool kit on civility and implemented

Chief Nurse to have completed the Getting to Equity programme and be an active sponsor

Overseas nurses, midwives, allied healthcare professionals and registered pharmacy professionals forum established to celebrate the diversity of our workforce

Civility and Respect training programme implemented

Chief Nurse fellow programme established

Just Culture principles embedded at all levels of the organisation

Workforce race equality standard data improvements seen in senior (band 8a upward) posts

Improved staff survey results

Reduction in formal grievances

Priority Two: To deliver consistently safe and reliable care

Key Initiatives	Year 1: 2022 (Milestones)	Year 2: 2023 (Milestones)	Year 3: 2024-25 (Milestones)	Key Metrics
<p>Develop a suite of harm free care ambitions that will set out clear improvement priorities</p>	<p>Develop suite of harm free care ambitions and deliver year one milestones for:</p> <ul style="list-style-type: none"> Optimal nutrition and hydration Optimal skin integrity Optimal continence function Safe and timely medication administration Plan for electronic prescribing and medicines administration launch Assessment and treatment of to prevent venous thromboembolism Prevention of nosocomial infection Safe mobility 	<p>Develop suite of harm free care ambitions and deliver year 2 milestones for:</p> <ul style="list-style-type: none"> Optimal nutrition and hydration Optimal skin integrity Optimal continence function Safe and timely medication administration Assessment and treatment of to prevent venous thromboembolism Prevention of nosocomial infection Safe mobility Continue to grow our electronic prescribing and medicines administration technology 	<p>Develop suite of harm free care ambitions and deliver year three milestones for:</p> <ul style="list-style-type: none"> Optimal nutrition and hydration Optimal skin integrity Optimal continence function Safe and timely medication administration Assessment and treatment of to prevent venous thromboembolism Prevention of nosocomial infection Safe mobility Continue to grow our electronic prescribing and medicines administration technology 	<p>On-going improvement in Clinical Excellence Audit (CEA) programme quality indicators</p>

Implement a Trust Wide digital audit programme to measure the quality of care delivered to our patients

Implement digital Clinical Excellence Audit (CEA) programme

Annual review of audit questions aligned to current best practice

Annual review of audit questions aligned to current best practice

On-going improvement in Clinical Excellence Audit (CEA) programme quality indicators

Review the Clinical Excellence Accreditation Framework (CEF) to reflect the priorities within this strategy

Develop ward to Board quality and safety dashboard

Develop Clinical Excellence Support framework

Refresh criteria for each level of accreditation

All wards to have commenced the new accreditation framework

Collaborate with other organisations to create a regional/national data set of nursing, midwifery and allied health profession sensitive indicators that could be subject to peer benchmarking

Establish a research base for future research linked with Centre for NMAHP Research and Education Excellence and the Chief Nursing Officer research strategy

Continual assessment and improvements linked to Improving Together

Clinical Excellence Audit (CEA) data within agreed range for accreditation

Ensure that safeguarding of our most vulnerable patients is central to all we do.

Staff should be knowledgeable in safe guarding processes to ensure that patients are protected when abuse is suspected/disclosed

Chaperone policy to be updated and disseminated across the Trust

Meet S29a requirements in relation to care of patients requiring mental health support

Recruit to safeguarding lead post

Review of safeguarding training to ensure best practice

Collaborate with system partners to scope options for implementation of Liberty Protection Safeguards requirements

Full review of our safeguarding, mental health, learning disability and autism services across UHNM

Increase safeguarding training compliance for all our staff by 20%

Maintain safeguarding training compliance at 85% or above

Statutory and mandatory safeguarding training compliance figures 85% in each division

To ensure the timely undertaking of patient observations (BP, Resp, Pulse, O2 and Temp) and appropriate escalations and actions

Develop ward to board quality and safety dashboard

Set clear performance metrics in relation to timely observations

Performance data to be reported to the Quality and Safety oversight Group and Quality Governance Committee

In year increase in wards/department meeting required performance in relation to timely observations

All wards and departments meet required performance in relation to timely observations

90% of clinical observations consistently completed on time

Patient Safety Incident Response Framework (PSIRF)

All internal processes to have been reviewed with regards to governance and the PSIRF agenda

In-patient falls PSIRF process established with the Integrated Care System

Business case for PSIRF lead agreed

Agreed responses for all incident responses across the integrated care system

Thematic reviews system in place and established.

PSIRF completely rolled out across the organisation

Work in collaboration with Patient Safety Learning to complete Safety Assessment at UHNM

Complete assessment tool and develop year one action plan

Deliver in year actions

Deliver in year actions

Completion of all actions and positive assessment by patient safety lead

Develop a Centre of Research and Innovation Excellence (CeNREE) which includes a human factors faculty

Complete job plans for all staff with research in their job description, to provide protected time for nursing, midwifery and allied health professions led research

Provide opportunities to all nursing, midwifery and allied health professional staff to engage in research

Establish rapid review team to answer urgent clinical care questions

Competitive continuing professional development funding application process to ensure best applicants and topics aligned with Trust priorities

Robust research process and research and innovation structure, which includes clear governance and safety standard operating procedures

Develop clinical academic job descriptions for agenda for change Bands 5-8

Clinical Academic Career pathway in place agenda for change Band 5-8 to develop excellence in NMAHP research in multiple professional disciplines

All staff to have opportunities to engage with research at some level

Increase dissemination of research to local, national and international audiences

Increase collaborations for multi-centre research

Increase successful NMAHP academic grant and fellowship applications

Increase publications as lead author to disseminate research to local, national and international audiences including high impact factor journals

Lead collaborations for multi-centre research

Year on year increase in number of staff leading or participating in research activity/ publications

<p>Deliver Clinical Effectiveness Group objectives</p>	<p>Develop and deliver annual Divisional Clinical Effectiveness Work Plan</p>	<p>Develop and deliver annual Divisional Clinical Effectiveness Work Plan</p>	<p>Develop and deliver annual Divisional Clinical Effectiveness Work Plan</p>	<p>Clinical audit data get it right first time performance Adherence to national institute of clinical excellence guidance Model Hospital benchmarking data</p>
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Priority Three: To prevent avoidable delay in patient assessment, treatment and discharge

Key Initiatives	Year 1: 2022 (Milestones)	Year 2: 2023 (Milestones)	Year 3: 2024-25 (Milestones)	Key Metrics
<p>We will better understand the potential/actual harm caused through not achieving the constitutional standards across non elective and elective pathways</p>	<p>Deep dive review considering impact of ambulance holding and long waits in ED on skin integrity</p> <p>Reassess our harm review process for our long wait patients to ensure all aspects of harm are considered as part of the review process</p>	<p>Deliver in year harm review deep dive schedule</p>	<p>Deliver in year harm review deep dive schedule</p>	<p>Harm incidence</p>

To reduce steps and procedures that do not add value to patients and service users outcomes or experience

Red to Green dashboard to be developed

Red to Green process being utilised across all adult in patient areas at UHNM

In collaboration with system partners to develop Excellence in Discharge programme

Regular forum established for our Discharge facilitators across all our in-patient wards to ensure learning is far reaching

Establish a patient forum on the discharge process working closely with Healthwatch to refine our discharge processes

Create and deliver a formal patient discharge training programme that upskills our staff to ensure timely and accurate discharge plans

Improvement in patient survey results relating to the discharge process

Healthwatch assessment of our discharge processes

Red to Green key performance indicators within agreed limits for all in-patient wards

All ward based staff who are part of the discharge process to have access to the training programme

Focus on improvement initiatives on the transition between services to reduce the amount of time patients and service users are waiting to access the next steps of their pathway

Criteria led discharge across all specialties at UHNM

Reassess our admission process for mental health patients who require admitting to the acute provider with a physical condition.

When patients are medically fit for discharge there are no delays by UHNM in referring the patient on to community services

Strong partnership with our in-patient mental health assessment team with clear defined key performance indicators and robust monitoring of the service to ensure it continues to meet the needs of our patients in a timely way

All patients who are discharged from hospital will receive a timely and accurate discharge letter

Staffing model which allows nurses, midwives and to work across traditionally set organisational boundaries

Transitional services that are nurse, midwife and allied healthcare professional led.

The delivery of the Integrated Care System five year plan objectives

Fewer long term health condition patients being admitted to acute hospital beds

Wherever possible we will avoid in-patient care so that patients are can be assessed, investigated and treated in (or from) their own homes

Increase capacity of virtual wards

Collaborate with partners to support delivery of the Integrated Care System five year plan

UHNM to take over the front door assessment of patients from Vocare

Collaborate with partners to support delivery of the Integrated Care System five year plan

Develop nurse, midwifery and allied healthcare professional led pathways for patients to support care closer to home

Reassess ability to deliver continuity of carer service for maternity

Staffing model which allows nurses, midwives and allied healthcare professionals to work across traditionally set organisational boundaries.

Transitional services that are nurse, midwife and allied healthcare professional led

The delivery of the Integrated Care System five year plan objectives

Fewer long term health condition patients being admitted to acute hospital beds

Priority Three: To prevent avoidable delay in patient assessment, treatment and discharge

Key Initiatives	Year 1: 2022 (Milestones)	Year 2: 2023 (Milestones)	Year 3: 2024-25 (Milestones)	Key Metrics
<p>Strengthen our patient/public voice and ensure we maximise opportunities for co-production across our improvement portfolio</p>	<p>Co-produce and publish our carers strategy</p> <p>Recommence Friends and Family Test audits across the organisation</p> <p>Convene an active patient and public involvement group for research</p> <p>Develop co-produced annual patient priorities based on patient/carer feedback</p>	<p>Develop patient partnership chair role</p> <p>Develop patient partnership group with representation across each Division</p> <p>In year increase in co-production initiatives</p>	<p>In year increase in co-production initiatives</p>	<p>Patients participating in patient safety investigations</p> <p>Meeting all eight of the dementia care standards</p> <p>All patient safety quality improvement projects to have patient representation on the project groups</p> <p>All research projects to have patient and public involvement from design to dissemination</p> <p>Number of co-production initiatives</p>

To ensure if someone has cause to raise a complaint that the process is simple, timely and effective answering the concern raised in a format that all our service users can understand

Best practice timings for complaint turnaround

Scope potential for increased patient involvement in the investigation process of complaints and incidents

Appoint to the head of complaints role substantively

Develop electronic complaints system

New innovative ways explored to ensure our patients voices are heard using different technologies

Substantive Head of Complaints role appointed

All written complaints response within nationally recommended times scales

6. Alignment to our Trust Strategy

The Quality Strategy is aligned to our Trust Strategy. The Trust has six priority objectives (High Quality, Responsive, People, Improving and Innovating, Systems and Partners and Resource). The Quality Strategy is aligned to the Trust Priority Objective of High Quality. The Quality Strategy is an enabling strategy and will ensure the delivery of the priority objective of High Quality.

In the section 3-Context, where are we now, the table in figure one clearly highlights which elements of the Quality Strategy align with the Trust's Strategy.



7. Alignment to system plans

This strategy compliments the wider system commitment to improving health outcomes for its residents including focus on collaboration to develop of seamless pathways, the principles of care closer to home and empowering patients to support their own health and wellbeing.

Next steps ICS development

System performance and finance

1. Improve outcomes in population health and healthcare
2. Tackling inequalities in outcomes, experience and access
3. Enhancing productivity and value for money
4. Helping the NHS support broader social and economic development



1. Recovery



2. System savings

Additional priorities



3. Frailty



4. Health inequalities

8. Resources required

As detailed in section 5 – ‘How will we get there’, several key initiatives have been identified which are required in order for the Quality Strategy to progress and be delivered. A number of these initiatives will be delivered using existing structures within the corporate and bed based divisions and will not require additional funding in order for us to realise the quality gains. Some aspects of the funding required has already been secured and the work has commenced. However, it is recognised that business cases will be required for two of the initiatives. The table below outlines the resources required and identifies the funding stream.

Resource Required	Cost 2022	Cost 2023	Cost 2024-25	Funding stream
Perfect Ward- digital auditing system	£ 74,790	£ 74,790	£ 74,790	Funding secured
Patient safety learning programme (in association with Helen Hughes –CEO Patient Safety Learning)	£6750	£5000	£5000	Funding Secured
Patient Safety Incident Response Framework (PSIRF) lead Band 8a	£ 55,000 including on costs (recurrently)	£ 55,000 including on costs (recurrently)	£ 55,000 including on costs (recurrently)	Business Case Required
Timely care project lead Band 8a secondment (1 year)	£27,500 (part year effect including on costs)	£27,500 (part year effect including on costs)	N/A	Business case required
Excellence in discharge matron (6 month secondment) Band 8a	£27,500 (including on costs)	N/A	N/A	Include in winter planning assumption
Chief Nurse Fellowships	20 per year (max 2 days per month back-fill costs)	20 per year (max 2 days per month backfill costs)	20 per year (max 2 days per month backfill costs)	Continuing professional development allocation

Business cases resulting from establishment reviews will be submitted for consideration as required.

9. How we will measure our success

The metrics on how we will measure our success are clearly laid out in the tables in section 5- how will we get there. Each table has a section that is labelled key metrics. The items listed in this column are the mechanisms in which we will measure our success.

Where possible we have aligned these methods of measuring with national standards. In some cases, we are designing and implementing new systems and processes which means that the data capturing method does not yet exist. Perfect ward is a good example of this. Once this electronic auditing system has been rolled out it will give us a unique opportunity to measure aspects of care and quality that we have not had the ability to do, in real time, before. This ability to have oversight of all our clinical areas electronically will enhance the quality of our services and the timeliness of our responses.



10. How we will monitor our progress

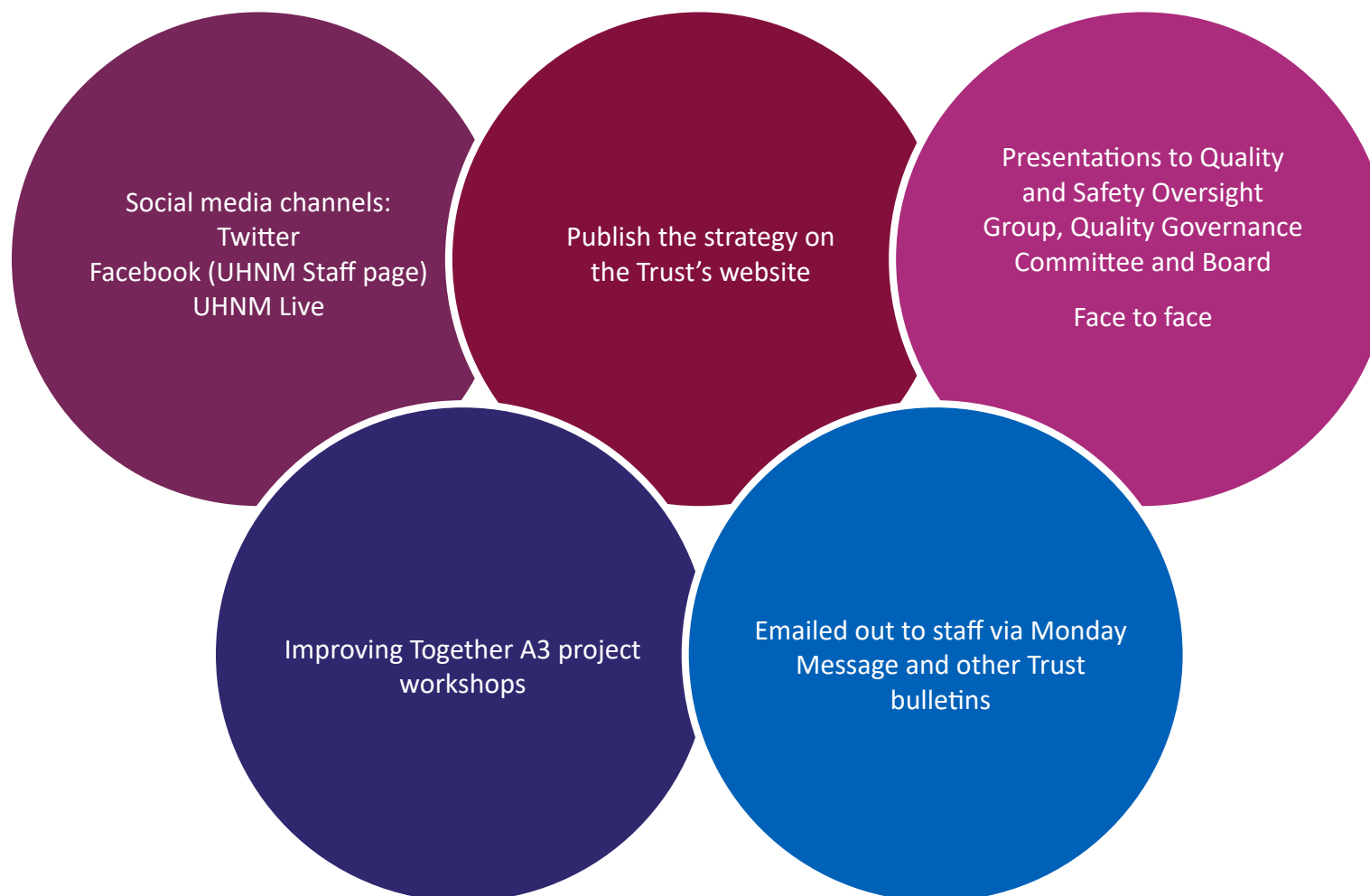
The Quality Strategy will report progress against the milestones through already existing governance structures and meetings that are held at the Trust. Once a quarter each division will be expected to produce a highlight report stating the progress made against each of the four key priorities.

The Quality Strategy Reporting Structure



11. How we will communicate this strategy

A board communications strategy will be deployed to ensure that all our staff, patients and relatives/careers have access to the strategy. A series of posters for each of the key priority will be developed so they can easily be displayed across the organisation. The strategy will be communicated using a number of communication mediums including but not limited to:



12. How we will ensure equality, diversity and inclusion

It is essential that equality, diversity, and inclusion is considered at every level when implementing the Quality Strategy. The four key priorities and the initiatives that enable the achievement of the key priorities are based on the principles of equality and inclusion.

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/nationally, 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.

Quality Impact Assessments will be carried out to ensure that the initiatives deployed in the Quality Strategy are inclusive and that staff, patients and relatives/carers are not disadvantaged by the new ways of working.



Plan on a page

Enablers

Trust

- Trust Strategy
- Clinical Strategy
- People Plan
- Improving Together
- Estates Strategy
- Medicines Optimisation Strategy
- Digital Strategy
- Finance Strategy
- Research and Innovation Strategy
- CeNREE

Integrated Care System/ Regional

- Together We're Better
- ICS 5yr strategy
- ICS leadership strategy
- ICS Governance meeting

National

- The Health and Social Care Act (2012)
- The National Outcomes Framework (2022)
- The CQC- Key lines of Enquiry (2018)
- The National Quality Board
- HEE Quality and Improvement Outcomes framework

Resource

- To reduce waste by delivering exceptional high quality care
- To seek opportunities to release time to care

System and Partners

- Patient Safety Incident Response Framework (PSIRF)
- System wide approach to shared learning

Improvement and Innovation

- Improving Together to drive Quality Improvement
- Develop and establish CeNREE
- Connect and collaborate with international colleagues on Research projects

High Quality

- To develop consistently positive practice environments recognising our staff are safety critical
- To deliver consistently safe and reliable care
- To prevent avoidable delay in patient assessment, treatment and discharge
- To ensure that our patients have access to services that meets their needs and delivers positive outcomes and experiences

Responsive

- Reduce steps and procedures that do not add value
- Reduce delays using Red to Green process for in-patients
- Wherever possible avoid In-patient care so patients can be assessed, investigated and treated in (or from) their own home

People

- Establishment reviews for Nurse, Midwife, AHPs and registered pharmacy professional
- Minimise the number of vacancies across all staff group
- To provide training and development opportunities for staff across the Trust
- Diversity and Inclusion at the heart of all we do

