

EMBRACING CHANGE, PROUD TO CARE – OUR 2025 STRATEGY

# UHBW QUALITY STRATEGY 2021-2025

## INTRODUCTION

### Foreword From Medical Director & Chief Nurse

Our Trust strategy 'Embracing Change, Proud to Care' aims to deliver exceptional care, teaching and research every day; it expresses the Trust's long-term commitment to delivering outstanding care, placing patient and public engagement at the heart of everything we do, making access to services as simple as possible and making better use of digital technology to improve quality. These are core commitments which we have carried through to, and embedded in, our Quality Strategy for 2021-25.

This Quality Strategy is a central component of the Trust's overall five year strategy. It represents a key step on our ongoing journey to becoming one of the outstanding centres for care delivery, healthcare teaching, research and innovation. Our ambition is to deliver the safest care with the best patient experience in the NHS.

The strategy sets out four strategic priorities for quality: to make quality the first priority for every member of staff, the "why" behind everything we do; to reduce unwanted variation in the quality and safety of services through an unswerving focus on continuous evidence-informed improvement; to be recognised by our patients, staff and regulators for delivering consistently outstanding patient care; and to work closely with patients, families and other healthcare partners to improve healthcare experience and co-design better joined up care. The strategic priorities are supported by quality goals which when joined up describe a culture of continuous and consistent improvement across our whole organisation. This strategy shows our commitment to a continued focus on quality.

We want our patients to be confident that the Trust is always safe, effective, caring, well led, and responsive to their needs. We want people working within and alongside the Trust to know that they are providing the best service they can, and that what they do is important and valued. The challenge we put to every team, and every member of staff, is to hear that message and to commit to consistently delivering these goals. We have an exceptional workforce, and every single one of us has a role to play: firstly, by understanding how our job contributes to quality; secondly, by identifying and highlighting opportunities to improve services and work smarter; thirdly, by participating in quality improvement activities; and fourthly, by 'calling out' any concerns about quality so that we keep patients and staff safe.

This strategy builds on robust foundations of quality laid over the past decade, but there is so much more for us to do together.

Carolyn Mills, Chief Nurse  
William Oldfield, Medical Director

# 1. TRUST MISSION AND VISION

## Our Mission and Vision

### Trust Mission

Our mission as a Trust is to improve the health of the people we serve by delivering exceptional care, teaching and research, every day

### Trust Vision for 2025

- Anchor our future as a major specialist service centre and a beacon of excellence for education
- Work in partnership within an integrated care system locally, regionally and beyond
- Excel in world-class clinical research and our culture of innovation

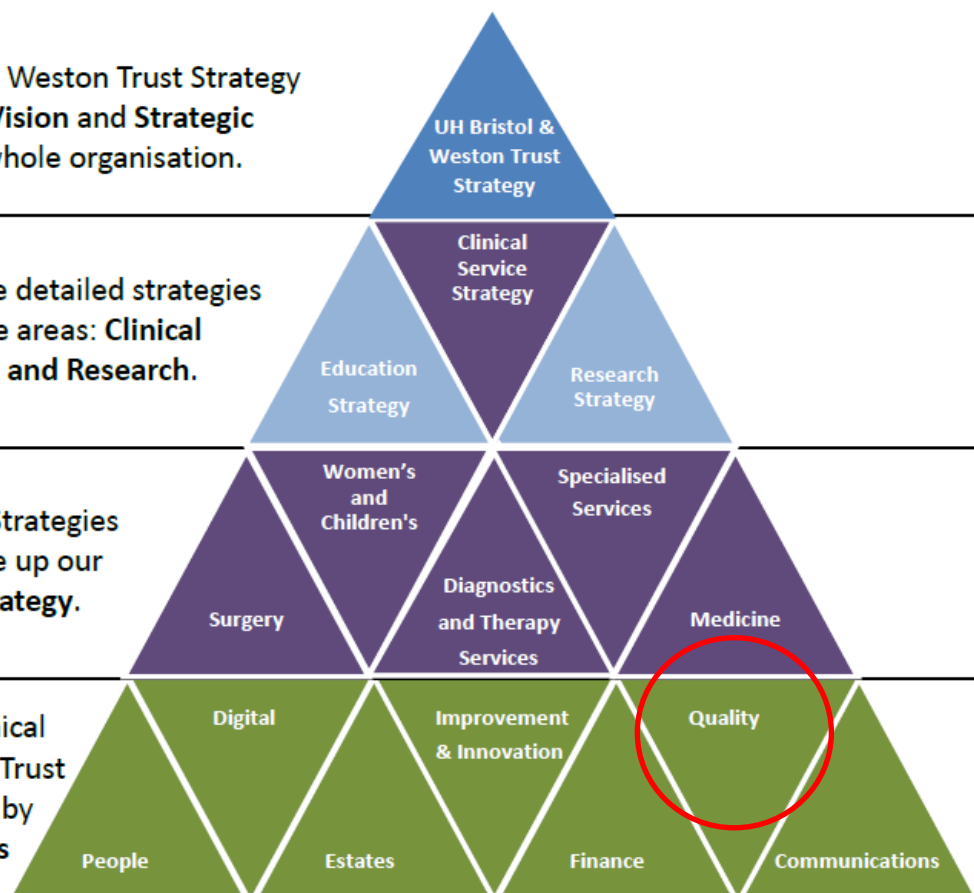
The Quality Strategy is one of seven enabling strategies underpinning the Trust's 2020-2025 strategy:

The UH Bristol and Weston Trust Strategy sets the **Mission, Vision and Strategic Priorities** for the whole organisation.

Supported by more detailed strategies for our core service areas: **Clinical Service, Education and Research.**

And by **Divisional Strategies** that together make up our **Clinical Service Strategy.**

Delivery of our clinical Divisions and core Trust plans is supported by **Enabling Strategies**



The Quality Strategy defines what we mean by 'exceptional care' in the Trust's mission statement and outlines our strategic approach to delivering it. Our five year vision for quality is: **To deliver the safest care with the best patient experience in the NHS.**

The Quality Strategy necessarily has strong links with other Trust strategies in the model above. The following inter-dependencies are particularly significant:

- Clinical Services Strategy – which describes the Trust's clinical service priorities for the period covered by the Quality Strategy, including developing integrated clinical pathways across BNSSG and South West England, focusing in particular on the Trust's portfolio of specialist services including cancer treatment and surgery, cardiac services, children's services, and dermatology
- Improvement and Innovation (Transformation) Strategy – which will develop and embed clinically led care pathway re-design and processes that are efficient and deliver improved patient outcomes.
- Research Strategy – which delivers an expanding, active research programme in collaboration with academic and commercial partners and supporting the contribution of research to delivering new approaches to medicine and the delivery of new treatments to our patients.
- Digital Strategy – which provides the technological platform to support the delivery of consistently excellent care, which is data driven, efficient and reduces unwarranted variation.
- People Strategy – which focuses on investing in our staff; securing and retaining outstanding staff, supporting their education, development and wellbeing and improving diversity at all levels in the organisation.
- Estates Strategy – which sets out our plans for the ongoing renewal of our hospital estates and facilities, reflecting a key element of how patients experience the treatment and care we provide.

#### **Trust strategic priorities relating to quality (as expressed in the Trust's 2025 strategy 'Embracing Change, Proud to Care')**

- 1. Deliver outstanding care evidenced through our CQC rating**
- 2. Place patient and public engagement at the heart of everything we do / co-design more joined up care**
- 3. Make access to services as simple as possible**
- 4. Keep an unswerving focus on quality of communications**
- 5. Make better use of digital technology to improve quality**

#### **Givens**

- **Retaining CQC Outstanding rating as UHBW**
- **Achieving and sustaining upper quartile performance across a range of key quality metrics, including national patient surveys**
- **Improving the experience of the "2%", with a specific focus on inclusion and diversity**
- **Delivering quality-related commitments made in Trust 2025 strategy (e.g. commitment to service co-design)**
- **Delivering the new NHS Patient Safety Strategy locally**

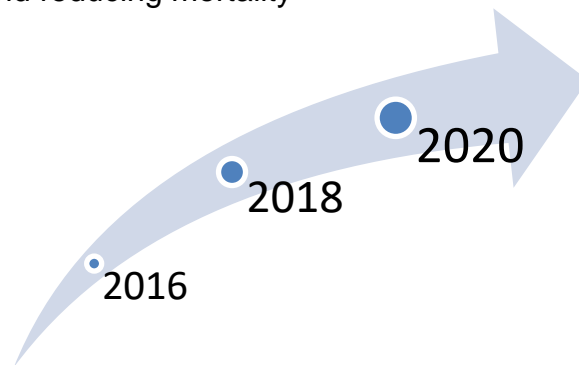
## 2. BACKGROUND and CHANGING ENVIRONMENT

### Background and what we have already achieved: our journey of quality

#### Previous achievements

University Hospitals Bristol NHS Foundation Trust (UH Bristol) and Weston Area Health NHS Trust (WAHT) merged on 1<sup>st</sup> April 2020 to become University Hospitals Bristol & Weston NHS Foundation Trust (UHBW). WAHT did not have a written strategy for quality, so this is the first such document covering services at Weston General Hospital. UH Bristol's previous Quality Strategy covered the period 2016-2020; that strategy had four overarching themes, which together expressed the Trust's view of quality at the time:

- Ensuring timely access to services
- Delivering safe and reliable care
- Improving patient and staff experience, and
- Improving outcomes and reducing mortality



Amongst our achievements during this period, the UH Bristol first achieved and then retained an Outstanding rating from the Care Quality Commission (CQC); prior to this, UH Bristol had been rated as Requires Improvement (which was also WAHT's CQC rating at the point when UH Bristol and WAHT merged). For each year covered by the 2016-2020 Strategy, UH Bristol also achieved a Top 10 rating for acute non-specialist NHS acute trusts in the CQC's national survey of inpatient experience (UH Bristol was the top-rated Trust in 2016 and 2018).

The strategy set out a total of 39 separate improvement goals, ranging from learning from deaths, to developing the maturity of our patient safety culture, to creating a customer service mind set amongst our staff (including in how we respond to complaints). The vast majority of these goals were achieved, and the progress made at UH Bristol since 2016 has created a strong platform for UHBW to build on for the benefit of the people of Bristol and Weston-super-Mare.

#### Drivers and motivators for continuous improvement

##### *Nationally:*

- The requirements of the CQC's regulatory framework mean that we must be able to demonstrate that our services are safe, effective, caring, responsive and well-led.
- The NHS Patient Safety Strategy, published in 2019, which describes how the NHS will continuously improve patient safety, building on the foundations of a safer culture and safer systems.

- The NHS Outcomes Framework, which sets out national outcomes that all providers of NHS-funded care should be contributing towards:
  - 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
- Commitments and priorities outlined in previous significant national guidance, including the NHS Five Year Forward View, placing an emphasis on improving cancer and mental health care.
- The ongoing need to improve the access, experiences and health outcomes for all patients and communities, set out in Section 149 of the Equality Act 2010 Equalities Act.

### **Our definition of Quality**

A single definition of quality in the NHS was first set out in “High Quality Care for All” (2008), following the NHS Next Stage Review led by Lord Darzi. This definition has since been embraced by staff throughout the NHS. This definition sets out three dimensions to quality, all three of which must be present in order to provide a high quality service:

- **Patient safety** – quality care is care which is delivered so as to reduce the risk of avoidable harm to patients and a culture of support, openness and honesty when something has gone wrong.
- **Patient experience** – quality care is care which looks to give the individual as positive an experience of receiving and recovering from the care as possible, including being treated according to what that individual wants or needs, and with compassion, dignity and respect. The patient experience domain of quality also embraces accessibility, understood in the sense that we must provide services in an inclusive way that recognises the diversity of our population.
- **Clinical effectiveness** – quality care is care which is delivered according to the best evidence as to what is clinically effective in improving an individual’s health outcomes;

At UHBW, we believe that this continues to be the most intuitive and easily-understood way to explain quality to staff and patients alike. UH Bristol’s previous Quality Strategy 2016-2020 recognised that positive staff and patient experience are inseparable and set goals relating to staff experience; research repeatedly shows us that happy, engaged and motivated staff deliver better services. Since 2016, the Trust has developed a new People Strategy as the vehicle through which its commitment to staff engagement is now expressed, so our Quality Strategy no longer includes specific goals relating to staff experience.

### **Staff and teams affected by this strategy**

#### *Clinical Divisions:*

Each year, our divisional triumvirates (Clinical Chair, Divisional Director and Head of Nursing) identify and agree specific areas of service quality they want to improve. These ambitions, expressed through annual operating plans (OPPs), need to be anchored in a shared understanding of the Trust’s quality journey as set out in this strategy.

### *Corporate teams:*

This strategy will inform and direct the work of a number of corporate teams who support our Divisions in achieving their annual quality ambitions and contributing to the achievement of Trust-wide annual quality objectives. This includes, but is not limited to, the following teams:

- Patient Safety Team
- Patient Experience Team
- Clinical Audit and Effectiveness Team
- Patient Support and Complaints Team
- Transformation Team

### *All our staff:*

All our staff are fundamental to the delivery of a quality service to our patients; it is important that they understand their unique contribution to providing a high quality service and the personal impact/difference that they can make to patients.

## **Where are we now? (SWOT analysis)**

<b>Strengths</b>	<b>Weaknesses</b>
<ul style="list-style-type: none"><li>• Strong organisational platform of quality performance and improvement to build from</li><li>• An established system-wide collaborative approach for patient safety innovation and improvement within the West of England Patient Safety Collaborative</li><li>• Capable and committed clinical and non-clinical teams with effective links into national/peer groups and networks</li><li>• Organisational commitment to quality improvement opportunities, with a growing spread of QI skills amongst staff</li><li>• Strong Governor commitment and engagement around quality themes</li><li>• Availability of high quality data</li><li>• Cultural focus on, and moral commitment to quality and safety</li><li>• Patient Inclusion and Diversity Group provides an effective engagement forum to develop our thinking around equality related to patient service delivery</li></ul>	<ul style="list-style-type: none"><li>• Lack of designated expert resource to deliver objective systems-based patient safety incident investigations and support patients and families to become involved in reducing patient safety risks</li><li>• Overly bureaucratic approach can lessen organisational agility to progress quality projects quickly</li><li>• Initiatives frequently rely on individuals and are not sustained when they leave</li><li>• Lack of a mechanism to address challenges assigned to the “too difficult” box</li><li>• Limited capacity to drive significant new projects whilst doing the ‘day job’</li><li>• Divisional quality assurance groups may focus on patient safety to exclusion of other dimensions of quality</li></ul>
<b>Opportunities</b>	<b>Threats</b>
<ul style="list-style-type: none"><li>• NHS Improvement’s Patient Safety Strategy 2019 provides a step change of national commitment and drive requiring NHS trusts to deliver differently and at pace on patient safety insights, involvement and improvement</li><li>• Greater use of Transformation Team expertise to support delivery of Quality Strategy goals</li></ul>	<ul style="list-style-type: none"><li>• Organisational tendency to risk aversion</li><li>• Ability of clinical staff to release time to engage and participate in quality improvement activities</li><li>• Potential for further waves of COVID-19 pandemic to impact upon our plans</li><li>• Risk of reversion to insularity and</li></ul>

<ul style="list-style-type: none"> <li>• Learning from the best of both UHBW predecessor organisations, including strength of links with local community at Weston General Hospital</li> <li>• Learning from UH Bristol’s previous response to national cancer survey findings, i.e. longer term investment in wider change, instead of incremental yearly adjustments to services in response to feedback</li> <li>• Potential for further integration of corporate approach to co-ordination, governance and support of QI activities – develop a QI Board?</li> <li>• Expand partnership working with peers and networks</li> <li>• Continue to develop intelligent use of data to direct/underpin decision-making</li> </ul>	<p>protection of what’s ‘ours’ as a Trust</p> <ul style="list-style-type: none"> <li>• Impact of cost savings targets on corporate and divisional resources to deliver quality ambitions</li> </ul>	
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### 3. Process for the development of the strategy

## Outline of process to develop strategy and engagement undertaken

<b>How we consulted</b>	<b>What we heard and how this has influenced our strategy</b>
<p>We asked our patients, Trust members, governors, staff and members of the public, and the groups and individual who together make up our Involvement Network two questions via an on-line survey:</p> <p>“Thinking about healthcare services, what does ‘quality’ mean to you?”</p> <p>And</p> <p>“If you need hospital care, what matters most to you?”</p> <p>More than 300 people replied.</p>	<p>Feedback from the survey (summarised in the next section below) affirmed the core tenets of our understanding of quality: keeping people safe, delivering world-class clinical outcomes, making the experience of being in hospitals as good as it can possibly be.</p> <p>In response to the survey, we have committed to making “What matters to you?” a core strand of our plans for improving patient experience.</p>
<p>We held a membership engagement event in January 2020 to hear in person about “what matters to me”. Quality Counts was attended by approximately 40 people.</p>	<p>Patients rightly assume that we will keep them safe and that we have the expertise to deliver effective treatments; feedback tends to focus instead on experience of care. Attendees at the event told us that their experiences were increasingly influenced by four things:</p>



		<ul style="list-style-type: none"> <li>- Our ability to embrace the digital age</li> <li>- The quality of the hospital environment</li> <li>- The quality of face-to-face communication – empathy, honesty active listening skills, personalisation. In short, staff need to “Ask, Listen and Act”</li> <li>- Identifying and acting upon ‘friction points’ in care pathways, working in partnership at system-level if solutions lie at that level.</li> </ul> <p>Our strategy commits to embedding our previously-developed customer service principles across the organisation, and to further developing our early exploration of measuring patient experience across a range of customer touch-points in the same healthcare journey.</p>	
	<p>We reviewed feedback received by the Trust when it consulted on its organisational strategy in 2019, and also the key quality-related commitments subsequently made by the Trust</p>	<p>The feedback the Trust received from the public and its governors in 2019 highlighted very similar themes to our ‘Quality Counts’ event, namely:</p> <ul style="list-style-type: none"> <li>- Keep modernising buildings and facilities</li> <li>- Understand that communication is the key determinant of overall patient experience – and make more use of digital technology to improve how we communicate</li> <li>- Work in partnership with other NHS partners and other agencies, keeping the focus on the patient</li> <li>- Provide <i>consistent</i> high quality care</li> </ul> <p>Our Quality Strategy recognises: the centrality of communication not just to patient experience but also to patient safety; the importance of partnership working; and focuses on reducing unwanted variation in quality.</p> <p>The key quality-related commitments made by the Trust in its 2025 organisational strategy are reflected in our Quality Strategy.</p>	
	<p>We met with the senior leadership teams at UH Bristol and WAHT to understand their priorities for quality.</p>	<p>WAHT’s senior management committee highlighted three priorities for quality:</p> <ul style="list-style-type: none"> <li>- We need to keep patients at the heart of our plans, setting targets that reflect what matters to patients (otherwise we risk “hitting the target whilst missing the point”)</li> <li>- We need the fundamentals of quality – i.e. keeping people safe, delivering world-class clinical outcomes, and providing the best possible patient experience – to be the most important thing for all our staff, i.e. quality is everyone’s business.</li> <li>- We need to empower all our staff to act on quality challenges.</li> </ul>	

		<p>UH Bristol's senior leadership team agreed, adding that:</p> <ul style="list-style-type: none"> <li>- Our goal must be to retain our CQC Outstanding rating, but also to ensure that all domains or all core services at all locations are rated as at least Good.</li> <li>- We want staff to feel proud of the care they deliver.</li> <li>- We need to ensure that care is delivered in the safest and most clinically appropriate settings.</li> <li>- There needs to be a mechanism to enable Divisions to come together to address quality challenges are otherwise in the "too difficult" box.</li> <li>- Quality improvement must become part of our cultural 'DNA'.</li> <li>- Lastly, SLT agreed with feedback from the Quality Counts event about the need to effective communication and personalisation of care – specifically, "Ask, Listen and Act".</li> </ul> <p>These priorities are reflected in our strategy.</p>	
	<p>We reviewed best practice nationally across the NHS, including NHS peer trusts. We also reviewed our own existing quality strategy.</p>	<p>We gained insights and ideas from reading other trusts' quality strategies and by reflecting on UH Bristol and WAHT's respective quality journey's thus far.</p>	
	<p>We gathered together leaders within the Trust who are responsible for different aspects of patient and carer experience to talk about their ambitions for quality.</p>	<p>Feedback from this group has informed our choice of patient experience ambitions expressed in this strategy.</p>	
	<p>We shared an early draft of this strategy with our Governors, and with stakeholders including our local CCG, local Healthwatch and the Trust's Involvement Network.</p>	<p>Feedback from this group was that Governors supported the identified quality improvement priorities</p>	
	<p>We completed an Equality Impact Assessment as part of the process of developing this strategy.</p>	<p>The EIA confirmed that this strategy will support the Trust's ambitions to deliver the highest quality care to everyone, whatever their protected characteristics.</p>	
	<p>We reviewed our draft Quality Strategy in the autumn of 2020, specifically to consider our emerging understanding of 'new normal' in light of the COVID-19 pandemic.</p>	<p>Our review affirmed the continuing relevance and appropriateness of the ambitions for quality set out in this strategy.</p>	
	<p>We formally reviewed our draft strategy at the following Trust groups and committees prior to approval by the Board: Clinical Quality Group,</p>	<p>The draft strategy was agreed without amendment.</p>	

## What people told us in our on-line survey

Although quality means different things to different people, our survey revealed a consistent shared understanding of the core elements of quality which are reflected in the definition of quality we have chosen for this strategy. The wordcloud below contains some of the key words that people associate with high quality patient care:



The following quotes perhaps best summarise the key messages we heard in the survey:

“It means providing the best care possible. That is when the patient needs it, in the right place, with the right person. It is safe and effective, it involves the patient in the decision-making process and engages them to take an interest in self-care.”

“Safe environment, cutting-edge treatments, being seen on time, patient choice, low mortality rates, good communication...”

“Professionalism combined with humanity and kindness”

“Knowing that you are being cared for by staff who are at the top of their profession and who have access to the most appropriate investigations and treatments in the country, if not the world.”

“Well trained and informed staff, patient-focused with patient engagement embedded into service development, sufficient staff, resources and equipment to deliver safe care, good leadership, fair treatment of staff...”

“When I trained, I was taught to ask myself the question, “if the next patient through the door is your mother, your sister, your child – will you still be happy with the job you’re done?”

## 4. Strategic priorities

### Our key strategic priorities for Quality

Taking account of our quality journey to this point, national and local drivers, and the feedback we have received during the consultation phase of the development of this strategy, we have identified four key strategic priorities for quality which have been tested with our Senior Leadership Team:

#### Strategic priorities for Quality

- 1. To make quality the first priority for every member of staff – the ‘why’ that’s behind everything we do**
- 2. To reduce unwanted variation in the quality and safety of services through an unswerving focus on continuous evidence-informed improvement**
- 3. To work closely with patients, families and other healthcare partners to improve healthcare experience and co-design better joined up care**
- 4. To be recognised by our patients, staff and regulators for delivering consistently outstanding patient care**

This section of our Quality Strategy explains what each of our four strategic priorities means in practice. It also describes the outcomes we want to achieve.

The use of quality goals will help us do a number of things:

- Work towards existing objectives in a more systematic and productive way
- Spread aspects of quality improvement over more realistic time periods, rather than just one year
- Inform the most appropriate allocation of resources and avoid wasteful duplication
- Support the Trust’s strategic objectives
- Support better co-ordination of aims and objectives across many different portfolios (e.g. patient safety, patient experience, clinical audit, workforce and finance) allowing these aims to be aggregated towards a common quality goal
- Support each division to include the quality goals most relevant to their service in their annual business plans.

	<b>Strategic priority</b>	<b>What this means</b>	<b>Quality goals (what Quality at UHBW will look like by 2025)</b>
1.	To make quality the first priority for every member of staff – the ‘why’ that’s behind everything we do	<p>Making quality the number one priority involves:</p> <ul style="list-style-type: none"> <li>- Embedding clear and consistent messages about quality at key touch points for staff throughout their UHBW employment.</li> <li>- Creating a culture that empowers people to identify and act upon opportunities to innovate and improve the ways in which care is delivered.</li> </ul>	<ul style="list-style-type: none"> <li>- All UHBW staff and managers will be required to reflect on quality as part of annual appraisals, identifying and recognising their personal contribution to quality</li> <li>- All staff will have easy access to information about quality of care to know how they are doing</li> <li>- Our Trust’s quality improvement training capacity will have been significantly expanded (delivered via the Transformation, Improvement and Innovation Strategy, which is a key enabler to the Quality Strategy)</li> <li>- There will be a more streamlined, co-ordinated and collaborative approach to quality improvement in place throughout our hospitals, creating better support, governance and learning around QI</li> <li>- There will be widespread evidence that staff are comfortable with the concept of ‘speaking up for quality’, i.e. highlighting quality concerns</li> </ul>
2.	To reduce unwanted variation in the quality and safety of services through an unswerving focus on continuous evidence-informed improvement	<p>This strategic priority involves:</p> <ul style="list-style-type: none"> <li>- Developing a consistently open and just culture across UHBW where people feel able to raise concerns without fear of reprisals and feel psychologically safe to fully share information to maximise learning and appropriately targeted action in response to incidents.</li> <li>- Striving to make UHBW the safest place to receive treatment in the NHS</li> <li>- Promoting and enabling evidence-based treatment and care</li> <li>- Continuing to develop intelligent use of quality data (including clinical audit) throughout the organisation to</li> </ul>	<p>By implementing the 2019 NHS Patient Safety Strategy, we will:</p> <ul style="list-style-type: none"> <li>- Have improved systems for insight and learning from incidents through implementation of the new national patient safety incident response framework and patient safety incident management system and the medical examiner system.</li> <li>- Have developed role of patient safety specialists within the Trust who are active in leading safety improvements across the system</li> <li>- Have reconfigured our patient safety training plans to ensure our staff have access to, and are supported to, undertake patient safety training and education in line with the national patient safety syllabus commensurate with their role</li> <li>- Have ensured systems are in place to equip staff to learn from what goes well, as well as to respond appropriately to things going wrong</li> <li>- Have embedded a just culture and a restorative culture of learning and support, where staff feel able to speak up and report incidents without fear of reprisals and patients, families and staff are supported to overcome the impact of incidents</li> <li>- Be working closer with patients and their families when things have gone wrong and impacted them specifically and in improving patient safety more generally (see below).</li> <li>- Be delivering locally on the national patient safety improvement priorities working with partners in the West of England Patient Safety Collaborative.</li> <li>- Be delivering our refreshed patient safety improvement programme across UHBW in line with priorities identified from further thematic analysis post-COVID</li> </ul>

		<p>measure what matters and to better understand what data is really telling us.</p>	<p>We will also:</p> <ul style="list-style-type: none"> <li>- Have implemented a new central registration, monitoring and reporting system for clinical audit and wider governance/quality projects; improving the visibility and connectivity of quality activity and results to help drive quality improvement</li> <li>- Through continued systematic assessment against clinical recommendations from national/professional bodies (not just NICE), improve our understanding of the quality of services we provide, and reduce variation</li> <li>- Work with colleagues at the Bristol Biomedical Research Centre to enable our staff to safely introduce new and innovative interventional procedures into clinical practice</li> </ul>
3.	<p>To work closely with patients, families and other healthcare partners to improve healthcare experience and co-design better joined up care</p>	<p>This kind of relationship with service users involves:</p> <ul style="list-style-type: none"> <li>- Making UHBW a provider of choice for all people.</li> <li>- Placing patients at the heart of our plans for service improvement – “nothing about me without me”.</li> <li>- Fundamentally, focusing on getting our communications with patients and their carers right (this is what feedback from service users consistently tells us).</li> <li>- Designing services in partnership with the people who use them.</li> <li>- A willingness to work in partnership with other local NHS and social care providers, for the good of the people we serve.</li> </ul>	<ul style="list-style-type: none"> <li>- The question “What matters to you?” will be part of our organisational ‘DNA’ and in widespread use across our clinical services</li> <li>- Our “Here to help” customer service brand will be visible throughout the Trust, and our customer service principles will be widely understood; we will also be using patient feedback data intelligently to identify and act upon key customer ‘touch points’ in their experience of care (one of the attendees at our Quality Counts event also used the term ‘friction points’)</li> <li>- We will experience increasingly positive and transformed relationships with groups in Bristol and Weston who represent the views and needs of our diverse communities</li> <li>- We will have developed the role of ‘patient safety partner’ and put in place a system to provide training, support , reimbursement and opportunities to enable patients, carers, families and lay people to play an active role in patient safety as equal partners e.g. safety governance, service and pathway design, strategy and policy</li> <li>- Patients’ experience of care will be consistently positive, regardless of disability or any protected characteristics under the Equality Act; every patient will rate their overall experience of care at UHBW as at least Good (currently, in 2020, 1-2% do not – hence the reference to “the 2%” earlier in this strategy document)</li> <li>- Our approach to patient and public involvement and service co-design will have evolved, adapting where necessary to embrace new technologies in a post-COVID world</li> <li>- Co-design skills and practices will have become a routine part of how the Trust’s Transformation Team operates, ensuring a strong patient voice in any major service redesign activity; every clinical Division will also be able to demonstrate evidence of co-design in their annual Operating Plans</li> <li>- We will be able to point to a small number of key areas where we are working with NHS partners to improve patient experience, providing system leadership where appropriate</li> </ul>

			<ul style="list-style-type: none"> <li>- Always Events® will be in evidence in our organisation (deliberately named in contrast to patient safety Never Events, Always Events are aspects of the patient experience that are so important to patients and family members that health care providers must aim to perform them consistently for every individual, every time)</li> <li>- Volunteering activities at both Bristol and Weston will be consistently focussed on enhancing patient experience (delivered through the Trust's Volunteering Strategy)</li> </ul>
4.	To be recognised by our patients, staff and regulators for delivering consistently outstanding patient care	<p>This recognition includes:</p> <ul style="list-style-type: none"> <li>- Care Quality Commission ratings</li> <li>- Performance in national and local patient (and parent) surveys over a number of years.</li> <li>- Scores achieved in the staff Friends and Family Test (the staff FFT asks staff whether they would recommend the Trust).</li> <li>- Benchmarking a range of standardised quality and safety measures with peers and other NHS trusts.</li> </ul>	<ul style="list-style-type: none"> <li>- The Trust will have retained its overall CQC rating of Outstanding, and will be rated as at least Good for every dimension of every core service at every registered location</li> <li>- We will have demonstrated to NHSE/I, commissioners and other stakeholders how the National Patient Safety Strategy is being delivered locally.</li> <li>- We will also have retained our status as a Top 10 non-specialist acute hospital in the CQC annual national inpatient survey</li> <li>- We will have achieved year-on-year improvements in staff FFT scores</li> <li>- We will be consistently achieving and sustaining upper quartile performance across a broad range of standardised quality performance measures monitored by the Board</li> </ul>

## 5. Delivery Model

### How will the strategy be delivered?

#### How we will achieve and deliver against our strategic priorities and initiatives

Each year we are asked by our commissioners to identify key quality priorities for the Trust's Annual Plan. In future, these priorities will align with quality goals set out in this strategy. Each year, we will select a number of annual corporate quality objectives which support our four strategic priorities for quality, relate to our quality goals, and contribute to achieving the vision for quality we have described in our strategy. These annual quality objectives will be agreed in consultation with our Senior Leadership Team and our Governors, and will be published in our annual Quality Report/Account.

We will expect our Divisions to do similar, selecting locally-appropriate quality goals which contribute to our strategy and/or directly support the achievement of annual corporate quality objectives.

To make this work, we will need to change the way currently plan for quality, bringing our corporate planning cycle forward from the spring to autumn/winter\*.

In recent years, UH Bristol has held an annual January membership engagement event called 'Quality Counts' which has informed our thinking about quality priorities (as indeed it has informed our thinking in this strategy). We are absolutely committed to retaining the voice of our members in our annual quality planning cycle, but we will need to re-think the means by which we do this (from 2021 onwards) in light of the COVID-19 pandemic.

The five key tests we will apply to our annual plans for quality, both at divisional and organisational level, are:

- Are they patient-centred?
- Are they inclusive?
- Are they evidence-based?
- Are they ambitious?
- Are they affordable?

It is also vital that resources follow the annual corporate quality objectives that we agree. This means:

- Creating capacity in the corporate Quality Team to oversee and steer our journey
- Allocating Transformation Team support to provide some of the project management and QI 'rocket fuel' we may need to help reach our destination
- Where necessary, prioritisation of quality objectives in annual financial planning rounds

\*we propose to commence quality planning for 2021/22 when this strategy receives Board approval at the end of 2020.



## 6. Governance, Assurance and Accountability

### How we will assure ourselves of the effectiveness and success of the enabling strategy

**The governance process to monitor delivery and provide assurance and oversight including management of any risks to the delivery of the new strategic priorities**

The Quality Strategy will be monitored against a range of improvement measures outlined in this document and assured through our organisational governance structures:

Divisional level - Divisions will have a clear set of quality objectives and metrics that will be agreed and introduced through the annual planning cycle prior to the start of every financial year. These objectives will be aligned with the Quality Strategy and delivery monitored through quarterly divisional reviews.

Corporate committee level – Our Executive-led committees will review implementation of the Quality Strategy in the areas of patient safety, patient experience and clinical effectiveness. Every year, a summary of progress will be presented to the Trust’s Clinical Quality Group and Quality and Outcomes Committee. Ultimately, the Quality Strategy will be sponsored, and overseen, by the Trust Board. The Board will need to be assured that the improvement objectives described in the strategy are being consistently achieved.

## 7. Communications plan

### How we will raise awareness of this strategy

Our Quality Strategy will be promoted both internally and externally using a variety of channels which will include:

Our staff	<ul style="list-style-type: none"><li>- Dissemination through Divisional Management Boards</li><li>- Newsbeat</li><li>- Dedicated page on our intranet site</li><li>- Core induction for new staff</li></ul>
Our members	<ul style="list-style-type: none"><li>- Article in Voices magazine</li></ul>
Our Governors	<ul style="list-style-type: none"><li>- Presentations to Governors’ Quality Focus Group and Council of Governors</li></ul>
Our patients and the public	<ul style="list-style-type: none"><li>- Dedicated page on our public website</li><li>- Annual updates through our Quality Report/Account</li></ul>
Our stakeholders	<ul style="list-style-type: none"><li>- Strategy issued formally to our stakeholders</li><li>- Annual updates through our Quality Report/Account on delivery</li></ul>