

Quality Strategy 2011-16

“Our pathway to excellence”

A five year plan for quality
improvement to deliver
excellence in mental health

***We care
to make the
difference***

1. INTRODUCTION

1.1. West London Mental Health NHS Trust is one of the largest providers of specialist mental health services in the United Kingdom. We provide a wide variety of services, some of which have a national, and indeed international, reputation. Our aim is to provide excellent mental healthcare throughout the organisation. This document outlines our plans over the next 4 years to continuously improve the quality of all our clinical services.

1.2. Whilst the Trust is determined to respond to the significant economic challenges facing the local and national health economies, the three key issues of patient safety, patient experience and patient safety lie at the heart of the Trust's strategic vision, which is:

We will become a leading provider of excellent mental health services, which promote recovery.

1.3. To achieve this, quality must drive all that we do. Quality is not an abstract concept but instead is concrete and like the vital signs of a patient is measurable. The quality of a clinical service is the extent to which that service increases the likelihood of a desired health outcome and is consistent with current professional knowledge.

1.4. Our strategy reflects the principles advocated in "No Health Without Mental Health" in which the government sets out its mental health outcomes strategy for people of all ages. As an organisation we will promote good mental health across the population we serve and aim to intervene proactively when mental health problems arise to help prevent mental illness from developing. Our approach to improving the quality of the care we provide is based on the following three principles:

- We will put those who use our services at the heart of all we do and we will personalise the care we provide to best meet our patients' needs: a recovery oriented mental health service.
- We will focus on clinical outcomes which are measurable and that meet the NICE Quality Standards
- We will actively engage with and help to empower our clinical staff and give them the freedom to innovate, deliver and promote recovery focused care, and drive forward service improvements that deliver care of the highest quality

To achieve this, our Quality Strategy sets out what we are striving to achieve for the people who use our services, their carers, the people who commission our services, and our staff. Our clinical services span three clinical service units (CSUs):

- Local Services CSU covering community and in-patient services in the London Boroughs of Ealing, Hammersmith and Fulham, and Hounslow. These services are for children, young people and families, adults, older adults, and for people with cognitive impairment and dementia.
- Specialist and Forensic Services CSU incorporating Forensic Services, The Cassel Emerging Severe Personality Disorder Service, and the Gender Identity Clinic.
- High secure services at Broadmoor Hospital CSU.

The Quality Strategy links to the Trust's Integrated Business Plan and the Long Term Financial Model, both of which state our financial and business planning targets over the next five years, and support our application to become a Foundation Trust.

The corporate objectives for the organisation are:

- To provide a safe and effective service
- To deliver excellent personalised care, treatment and support
- To become a provider of choice
- To continually improve the quality and productivity of our services

- To build an engaged workforce which is focussed on recovery and the needs of our service users and carers

2. TRUST VALUES

- 2.1. The values of West London Mental Health NHS Trust are essential to our Quality Strategy and reflect our desire to deliver excellent mental healthcare. Our values are as follows:-

Togetherness - This means that we will all pursue the common goal of delivering positive outcomes for our patients, and that we will work in partnership with our colleagues, our key stakeholders and most importantly with the people who use our services and their carers.

Responsibility - This means that everyone in the organisation is accountable for their own actions, knows what their role entails and has a duty to report concerns when practice is poor.

Excellence - This means that we continuously strive to improve the quality of care we provide, the safety of our patients is our number one priority and we aspire to deliver mental healthcare of the highest quality.

Caring - This means that we will treat both our patients and colleagues with care and respect at all times, that we have a positive and aspirational attitude and that we treat others as we would like to be treated ourselves.

- 2.2. These values were agreed following extensive consultation with our patients, their carers and our staff. Effectively embedding the values and making them meaningful to all is an essential step in changing the culture of the Trust and ensuring that we achieve our goal of consistently delivering excellent services. A staff and management charter has been developed and distributed to all our staff which articulates our expectations and responsibilities based on our values. In order, however, for the values to have a positive impact on our culture they must be displayed and modelled at all times by our senior clinicians and managers, and for this reason a number of leadership development initiatives are now planned including the extension of the QUASIC leadership development programme.

3. OUR VISION

- 3.1. Our vision is to become a leading provider of mental health services, which promotes recovery, and to be recognised for this both locally and nationally. In order to achieve this we plan to become a Foundation Trust in 2013. We aim to continue to provide a wide range of mental health services and to develop further specialist mental health services which meet the needs of our local community and our commissioners.
- 3.2. The Trust cannot operate in isolation and we will continue to develop the relationships which we have already established with our key stakeholders. We will continue to work collaboratively with our partners in the wider NHS, Social Services and the Voluntary Sector. We recognise the central importance of partnership working in order to deliver high quality clinical services.
- 3.3. We will ensure that our patients and their carers are closely involved in all aspects of the Trust, and that they are able to influence strategic decision-making regarding the care we provide. We recognise that it is essential that our patients are empowered and able to influence the care they receive as it is clear that such patients ultimately achieve better clinical outcomes. We have a Recovery Implementation Plan which highlights all the work we are doing, and will continue to, to ensure that Recovery is central to care and embedded in the culture of the organisation.
- 3.4. Excellent mental healthcare can only be provided by a workforce of the highest quality. We will ensure that our workforce is well trained and well supported through

comprehensive and coordinated training and education programmes. Robust performance management, which is linked to personal development, will be a continuing focus and this will be strengthened by the introduction of 360 degree feedback for appraisals. In addition we will enhance appraisals for the medical workforce and develop a comprehensive mentoring programme.

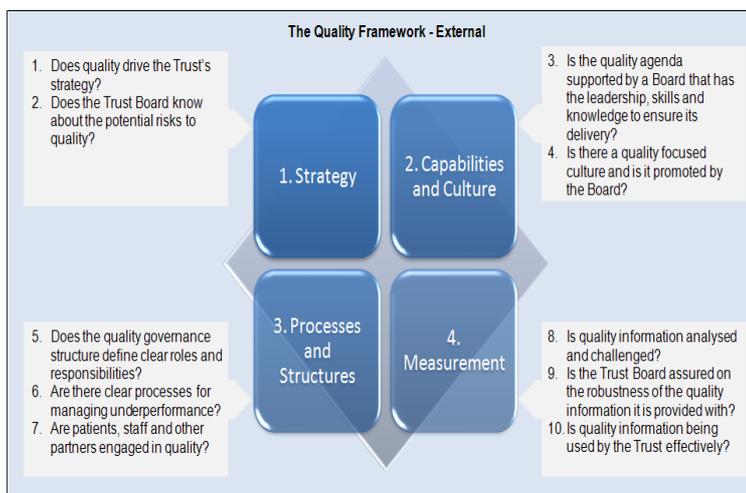
4. QUALITY IS ESSENTIAL TO ALL WE DO

- 4.1. Quality drives the Trust's strategic thinking and is the primary focus of the Trust board. In order to achieve our goal of excellence, our governance systems must ensure the delivery of high quality clinical services and reflect the essential importance of quality. In line with this a new integrated governance framework was introduced in July 2011 which, in addition to streamlining governance arrangements, provides a coherent approach to quality improvement.
- 4.2. The framework has quality improvement at its heart and will be replicated in the clinical governance structures within the Trust's three Clinical Service Units which include ward and team based Clinical Improvement Groups.
- 4.3. This governance framework will provide effective assurance to the Trust Board regarding the quality of clinical services and in addition will satisfy the statutory requirements for quality governance as set out by Monitor and other statutory bodies.

5. MONITOR QUALITY GOVERNANCE FRAMEWORK (MQGF)

- 5.1 The Quality Strategy has incorporated the Monitor Quality Governance Framework (figure 1) which places a statutory responsibility on the Trust to report to the Board its self rating of Quality using the MQGF scoring criteria. Quality Governance is the combination of structures and processes at and below board level which enable the Trust to establish the culture of continuous quality improvement and excellence in care provision. Robust evidence of the domains means the trust will be able to:
 - Ensure required standards are achieved
 - Investigate and take action on substandard performance
 - Plan and driving continuous improvement
 - Identify, share and ensure delivery of best practice
 - Identify and manage risks to quality of care

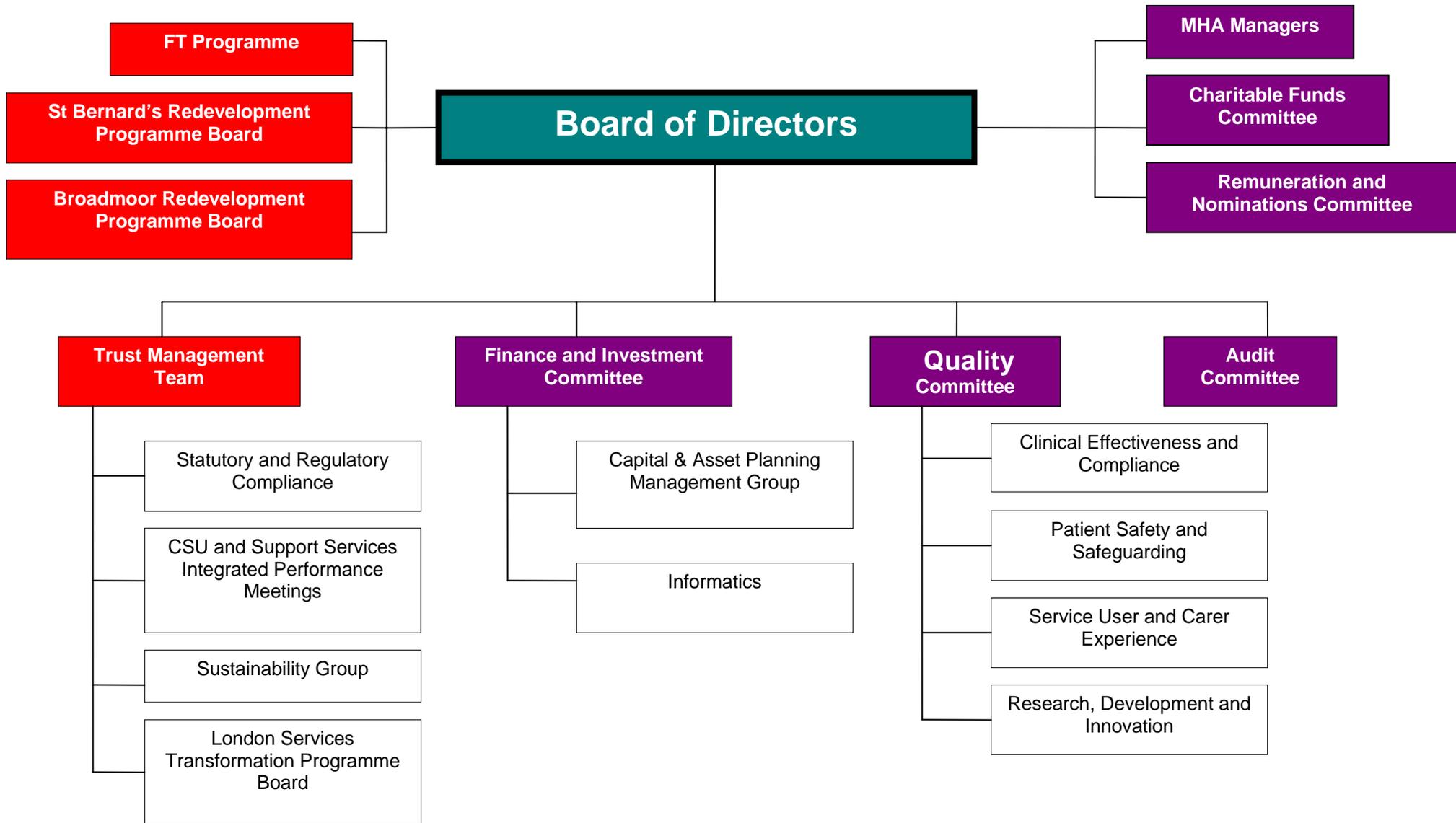
Figure1: Monitor Quality Governance Framework



- 5.2 Monitor has described four domains and ten questions underpinning the QGF. The four domains are:

Quality Domain	How we meet it
<p>Strategy:</p> <p>Is the board sufficiently aware of potential risks to quality?</p> <p>Does quality drive the trust's strategy?</p>	<ul style="list-style-type: none"> • Board Assurance Framework • Quality Strategy • R&D
<p>Capabilities and Culture:</p> <p>Does the board have the necessary leadership, skills and knowledge to ensure delivery of the quality agenda?</p> <p>Does the board promote a quality focused culture throughout the trust?</p>	<ul style="list-style-type: none"> • Recovery • Workforce development • Leadership & Engagement at all levels
<p>Processes and Structures:</p> <p>Are there clear roles and accountabilities in relation to quality governance?</p> <p>Are there clearly defined, well understood processes for escalating and resolving issues, and managing quality performance?</p> <p>Does the Board actively engage patients, staff and other key stakeholders on quality?</p>	<ul style="list-style-type: none"> • Clear Roles & Governance Framework • CSUs Management of Performance • Involvement and engagement of staff, service users, carers, key stakeholders
<p>Measurement:</p> <p>Is appropriate quality information being analysed and challenged?</p> <p>Is the board assured of the robustness of the quality information?</p> <p>Is quality information used effectively?</p>	<ul style="list-style-type: none"> • Integrated Performance Report - analysis of quality inform and challenge • Audit, benchmarking, clinical dashboards, patient reported experience measures • Qualitative as well as quantitative information

5.3 The Trust Quality Committee of the Trust Board will complete a self assessment of its Quality Governance and make a recommendation to the Board of the present rating using the MQGF scoring criteria. This score will be published in the Trust Integrated Performance Report.



Key:

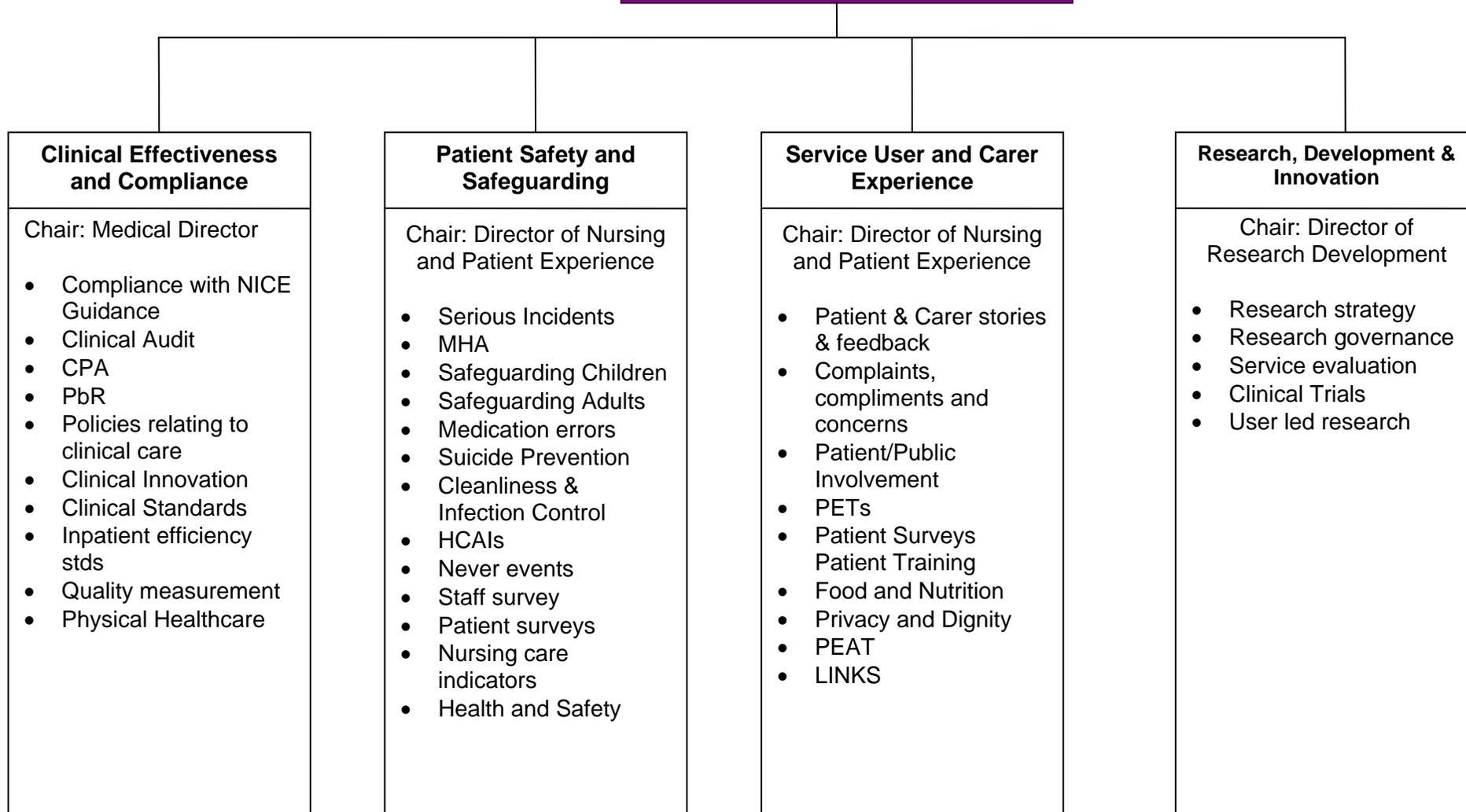


Chaired by
Non Executive Director



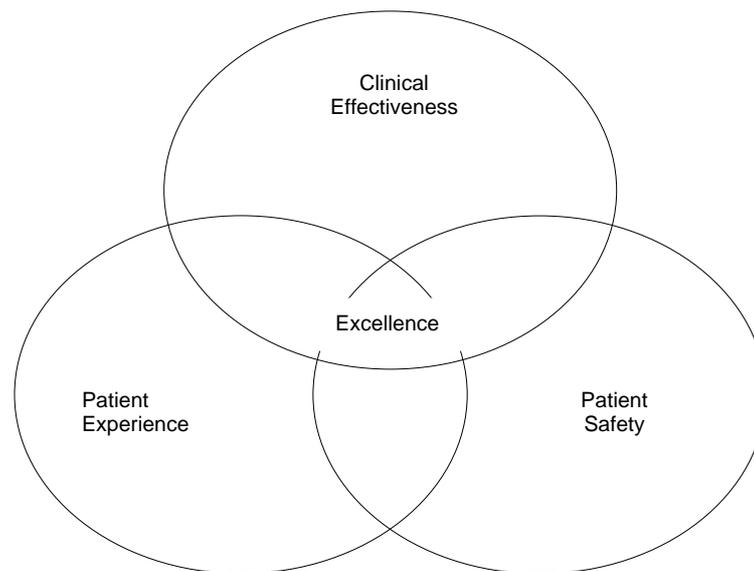
Chaired by
CEO / Executive Director

Quality Committee



6. WHAT IS QUALITY

- 6.1 If quality is to be central to what we do as an organisation we must understand what quality means to our patients. Patients judge the care they receive both in terms of their own clinical outcomes and their personal experience of clinical services. They understandably expect not to experience harm as a consequence of our care. In keeping with this “High Quality Care for All” published in 2008 outlined that quality should include three dimensions; namely patient safety, patient experience and the effectiveness of care. We consider that these three dimensions encompass the key aspects of clinical quality and they therefore will underpin our quality strategy and be reflected in our governance framework.



- 6.2 **Patient safety:** This is the first dimension of quality and refers to whether we do harm to our patients during the course of the treatment they receive either as a consequence of the environment they are treated in, or as a result of the treatment they receive. In order to ensure patient safety, we will treat patients in environments which are safe, clean and equipped to maintain the dignity of our patients and offer a full evidence based range of treatments.
- 6.3 Over the next five years we aim to redevelop Broadmoor Hospital and replace the existing Victorian buildings with modern state-of-the-art accommodation for our patients. We are also planning to build a new medium secure building on the St. Bernard's site to accommodate patients requiring medium security who are currently placed in the Tony Hillis Wing. Our ongoing capital development programme will ensure that the design of all our inpatient units and their physical fabric reduces avoidable harm to our patients. As an organisation we appreciate the beneficial effects that modern accommodation can have on the outcomes for our patients and the positive impact this also has on the working lives of our staff. We will whenever possible ensure that the accommodation we provide enhances the therapeutic milieu created by our staff and supports staff and patients alike in making the best decisions regarding patient care.

- 6.4 Patient Experience:** This reflects the quality of care we provide and whether our patients are treated with dignity, respect and compassion. We aim to improve access to our services and to be truly responsive to the needs of our patients. We therefore will develop individualised care plans which highlight our patients' strengths and aspirations. This reflects our commitment to establish the Recovery Approach as a central component to how we deliver care. Across the trust all care teams will be supported to demonstrate how recovery underpins their model of care delivery. We will endeavour to provide as much care and treatment in our patients' homes to maximise their employment opportunities and help facilitate their social recovery.
- 6.5 We will develop clear and personalised care pathways for our patients which will effectively address their needs and help empower our patients on their journey towards recovery.
- 6.6 Effectiveness of care:** We must understand the outcomes of the treatments we provide to our patients and whether they enable both clinical and social recovery. We must ensure that outcomes have a positive impact on our patients and enable them to live independent, fulfilling and meaningful lives. It is essential that we are able to identify which interventions are effective and which are not. To do this we will continue to improve our monitoring of clinical effectiveness through the use of better targeted outcome measures and improvements in the quality of our data.
- 6.7 The three dimensions of quality will be reflected in clinical governance throughout the organisation to ensure that all clinicians and managers are aware of what is meant by quality.
- 6.8 In addition high quality services should be timely, efficient and equitable. We will therefore reduce waiting times for our patients and harmful delays in care including transfers of care. We will ensure that our resources are used as efficiently as possible and avoid wasting time, equipment and the ideas and energy of our staff. We will provide uniform standards of care regardless of individual characteristics, gender, ethnicity, geographic location and socio-economic status.

7. HOW WILL WE IMPROVE QUALITY

7.1 West London Mental Health NHS Trust has a statutory responsibility to continuously improve the quality of services it provides. Quality improvement, however, is dependent on our ability to define, measure and analyse the quality of care. We will adopt a robust and systematic approach to this reflecting the seven steps to improving the quality of services defined in High Quality Care for All.

7.2 The steps are as follows:-



- **Bring clarity to quality:** This means being clear about what high quality care looks like and reflecting this in a coherent approach to the setting of standards.
- **Measure quality:** In order to work out how to improve we need to measure and understand exactly what we do.
- **Publish quality performance:** Making data on how well we are doing widely available to staff, patients and the public will help us understand both variation and best practice, and focus on improvement.

- **Recognise and reward quality:** Our systems should recognise and reward improvement in the quality of care and services. This means ensuring that the right incentives are in place to support quality improvement.
- **Raise standards:** Quality is improved by empowered patients and empowered professionals. There must be a stronger role for clinical leadership and management throughout the Trust.
- **Safeguard quality:** Patients and the public need to be reassured that the Trust is providing high quality care. Regulation, of professions and of services, has a key role to play in ensuring that this is the case.
- **Staying ahead:** New treatments are constantly redefining what high quality care looks like. We must support innovation and become a pioneering organisation.

In certain areas it will be necessary to follow this stepwise model to improve quality, in other areas the focus maybe on specific steps that need to be taken. The seven step model will therefore provide us with a flexible framework for quality improvement and help ensure that all the potential components of an effective quality improvement programme are considered as a matter of routine. We see the steps as being the seven components that will support quality improvement and therefore our approach to clinical governance.

8. STEP ONE - BRINGING CLARITY TO QUALITY

- 8.1. We must understand what we mean by high quality care and what outcome measures reflect the quality of services we provide. Our understanding will be influenced by our patients and we will continue to work closely with them in order to ascertain what they consider to be the most important outcomes for them individually. We will continue to involve our patients both individually, as reflected by our commitment to deliver personalised care, and as groups through the further development of our service user forums. The views of our patients will have a major influence on the standards and quality goals we will set for our services. These standards will also reflect national guidelines and agreed best practice. Our goals whenever possible will be specific, measurable and time-limited. They will be agreed by the board and communicated throughout the organisation in an annual Quality Action Plan. They will reflect local and national priorities and be relevant to our patients and our staff. All our clinical staff have a key role to play in helping us to achieve our quality goals and this therefore will be the focus of individual personal development reviews and appraisals.

9. STEP TWO - MEASURE QUALITY

- 9.1. In order to improve our services we first need to establish how good these services are and whether they are improving clinical and social outcomes for our patients. To do this we will continue to identify meaningful outcome measures and include these in our quality measurement framework. A wider variety of outcome measures will be collected throughout the Trust. Clinical dashboards are being introduced throughout the Trust and will be used from “ward to board” in order to make meaningful data available to clinicians in real time.
- 9.2. We will continue to improve data quality, ensuring that it is accurate and timely. In order to do this we will equip our staff with the necessary technology to record information, including when they are working in the community. This approach will facilitate more effective benchmarking of services both across the Trust and with the wider NHS.
- 9.3. The Trust’s Integrated Performance Report has been refined to provide the board with more meaningful data regarding clinical outcomes and quality. The report will continue to be developed reflecting improvements in our data collection systems in order to provide the board with robust quality assurance.
- 9.4. Through the integrated performance report the board will be able to track our performance in relation to our identified quality goals.

- 9.5. The Trust's Quality Committee will be accountable for providing assurance to the Board regarding all aspects of clinical quality through the metrics and various work programmes on its Sub-Committees namely:-
- Clinical Effectiveness & Compliance
 - Patient Safety & Safeguarding
 - Service User & Carer Experience
 - Research, Development & Innovation

10. STEP THREE - PUBLISH QUALITY ASSURANCE

- 10.1. In order to drive forward quality improvement it is essential that our staff, patients and the wider public are informed about the quality of our services. We will make such information readily available to help us better understand variation in clinical outcomes where they may exist, and to identify examples of best practice and clinical excellence. We will continue to produce an annual Quality Account and will further refine the integrated performance report submitted to the Trust Board to ensure that this provides meaningful information about clinical outcomes.

11. STEP FOUR - RECOGNISE AND REWARD QUALITY

- 11.1 It is essential that we recognise quality and those members of staff who are delivering excellent clinical services. We will introduce a clinical leaders' programme which will support innovation. The development of clinical dashboards throughout the organisation will allow more effective monitoring of clinical effectiveness, patient safety and patient experience. Such information will play a central part in appraisals and personal development reviews. We will reinforce the importance of staff being provided with positive and constructive feedback as a matter of routine during the course of regular supervision.
- 11.2 Through improved monitoring of clinical outcomes we will be better able to identify clinical excellence and areas where quality has improved. These will be recognised as examples of best practice and beacons of excellence. We will continue to recognise staff who provide excellence through the Annual Quality Awards and staff member of the month awards.
- 11.3 For our senior doctors the current Clinical Excellence Awards Scheme will be strengthened in keeping with the recommendations of Lord Darzi to reinforce quality improvement. We will reward those doctors who are able to demonstrate that they are delivering clinical excellence and helping to continuously improve the quality of clinical care. The scheme will also encourage clinical leadership and innovation.

12. STEP FIVE - RAISING STANDARDS

- 12.1 Good is no longer good enough and the Trust will constantly seek to improve clinical standards in order to achieve its goal of excellence in mental health. To do this we will ensure that our standards represent best practice and are constantly reviewed. Changes to standards will be reflected in a robust and comprehensive clinical audit programme. Clinical audit will continue to play a central role in our approach to quality improvement and as such a Trustwide Clinical Audit Group has been established to oversee and coordinate audit across the organisation. Our research programme will also support new methods of service evaluation for our teams.
- 12.2 In order to raise clinical standards it is essential that we have a workforce that is well trained. To help achieve this a medical education strategy will be developed in 2011 and implemented over the next 5 years. The strategy will ensure that there is a coordinated, consistent and robust approach to the education of all doctors working across the organisation which reflects the requirements of the General Medical Council, The Royal College of Psychiatrists and the London Deanery. A nursing strategy has been developed and highlights the importance of the nursing workforce in delivering high quality services.
- 12.3 A nursing strategy has been developed which highlights the importance of the nursing workforce in delivering high quality services. The Nursing Strategy has four strategic aims, namely:-

- Leadership for Safe Care
- Service User Experience and Recovery
- Recruit, Retain and Value high quality nurses
- Quality and Innovation in Nursing Practice

The action plan for this strategy is overseen by the newly established Nurse Executive Council. The Nursing Strategy will be further developed to encompass Allied Health Professionals to form a multi-professional workforce strategy.

13. STEP SIX - SAFEGUARDING QUALITY

- 13.1 We will ensure that quality is always maintained throughout the Trust by complying fully with all our regulatory requirements. This will include our registration with the Care Quality Commission and the regular visits undertaken by the Care Quality Commission to our inpatient units. We will continue to participate in a wide variety of national audit and peer accreditation networks including those organised by the Prescribing Observatory for Mental Health (POMH-UK), the Community of Communities and the Quality Network for Secure Services. We will ensure that our staff continue to fulfil the registration requirements of their various professional bodies and we will put comprehensive systems in place to meet the requirements of medical revalidation, including enhanced medical appraisal.
- 13.2 In order to deliver high quality clinical care it is essential that as an organisation we learn promptly following incidents when our care falls below the high standards we set for ourselves and that such learning is then effectively disseminated and embedded throughout the organisation. The prompt, detailed and comprehensive investigation of serious untoward incidents will be a priority for the organisation, as such all consultant Job Plans will include the expectation that Consultants will take part in incident reviews and undertake Root Cause Analysis training. The Trust's new integrated governance framework will ensure that untoward incidents are closely scrutinised with any developing themes and trends identified in order that appropriate action plans can be promptly put in place. The key themes emerging from regular reviews of all our serious untoward incidents will be a focus of clinical audit programmes.

14. STEP SEVEN - STAYING AHEAD

- 14.1. New mental health treatments continue to be developed and the evidence base for existing treatments continues to evolve. In addition the expectations of our patients understandably continue to rise. We therefore must ensure that our practice reflects such developments and that we provide state of the art mental healthcare which is in keeping with the latest research evidence. In order to achieve this we have developed a 5 year Research & Development Strategy which was launched in 2010. This strategy will continue to be implemented and will include the development of Clinical Research Domains across the Trust and the appointment of senior clinicians to lead research and service evaluation in our three clinical service units. The strategy will ensure that the Trust develops a strong research ethos and that our research will have a direct impact on the clinical care we provide.
- 14.2. In order to stay ahead we will continue to encourage and support innovation throughout the organisation. A programme management office has been established and this will continue to provide practical support and guidance to clinicians who seek to develop new services and introduce innovative models of care.
- 14.3. We will work closely with the London Deanery in order to encourage and support our psychiatric trainees in the development of quality improvement plans.
- 14.4. We recognise the importance of developing partnerships with academic institutions in order to enable the development of pioneering new treatments and models of care. We therefore will continue to work closely with our partners at Imperial College and will strengthen our links with other universities.

- 14.5. Central to our drive to improve quality are our plans to develop more specialised care pathways for our patients which better address their needs. The work that has begun to develop the pathways for the treatment of patients with dementia and cognitive disorders, psychotic disorders, personality disorders and affective disorders will continue. We will introduce pathway specific clinical teams across our Local Service Clinical Service Unit from 2012 onwards.
- 14.6. In order to develop more specialised services, such as the recently established Affective Disorders Service, which better meet the needs of our patients we will continue to recruit clinicians who are experts in their fields. We will work closely with our academic partners in order to develop joint posts which will be attractive to academics with suitable expertise. Such clinicians will be expected to make a major contribution to both our Research & Development programme and the further development of specialist mental health services.
- 15. OUR QUALITY ACTION PLAN FOR 2012/13**
- 15.1 Each year we will agree a quality action plan which will outline our key priorities for quality improvement. The implementation of this plan will be closely monitored by the Quality Committee and the Trust Board and will be a key component of our annual quality account.
- 15.2 In addition to each of the CSUs identifying their own Quality Priorities on an annual basis the trust will also produce an annual Quality Account Plan to ensure the effective implementation at the Quality Strategy. The action plan will be monitored

Table 1: Trustwide Quality Action Plan 2012/13

PRIORITY	IMPLEMENTATION PLAN	TARGET DATE	EXECUTIVE RESPONSIBLE	RESPONSIBLE COMMITTEE	STEPS TO QUALITY
Promote Recovery in all Areas	Implement year one of Recovery Strategy	March 2013	Director of Nursing & Patient Experience	Service User and Carer Experience	1-7
Increase research activity & link to service delivery	Implement year 2 of R&D Strategy	March 2013	Medical Director	Clinical Effectiveness & Compliance	7
Improve monitoring of clinical performance	Introduce clinical dashboards Review and revise quality indicators in IPR	March 2013	Medical Director & Director of Nursing & Patient Experience	Clinical Effectiveness & Compliance	2,4
Introduce medical revalidation	Implement plans for Medical revalidation for all consultants.	March 2013	Medical Director	Clinical Effectiveness & Compliance	5,6
Medicines Management	Implement year one of medicines management strategy 2012-2016	March 2013	Medical Director	Clinical Effectiveness & Compliance	6
Consolidate Clinical Effectiveness Framework	Continue to standardise governance processes across the Trust.	Dec 2012	Medical Director	Clinical Effectiveness & Compliance	1,4, 6
Introduce Benchmarking	Implement agreed benchmarking plan	March 2013	Medical Director	Clinical Effectiveness & Compliance	3
Continue to strengthen Clinical Audit	Implement forward plan	March 2013	Medical Director	Clinical Effectiveness & Compliance	1,2,3
Continue to strengthen Nursing Practice	Implement CSU action plans	March 2013	Director of Nursing & Patient Experience	Trust Management Team	1-7
Improve Involvement	Implement Year 2 of Involvement Strategy	March 2013	Director of Nursing & Patient Experience	Service User and Carer Experience	6,7
Infection Control	Implement Year 2 of Infection Control Strategy	March 2013	Director of Nursing & Patient Experience	Patient Safety and Safeguarding	3,6
Suicide Prevention	Implement Strategy Each CSU have localised action plans	March 2013	Director of Nursing & Patient Experience	Patient Safety and Safeguarding	5,
Partnership and Stakeholder Working	Implement Clinical Commissioning Engagement Strategy	March 2013	Executive Team	Trust Management Team	5,7
Physical Healthcare	Implement Physical Health Strategy	March 2013	Director of Primary Care	Clinical Effectiveness & Compliance	6

16. CONCLUSION

- 16.1. Ensuring the delivery of high quality clinical services and delivering excellence in mental health is the Trust's overriding priority. Over the next 5 years and beyond we will ensure that this underpins all activities across the organisation. Our quality strategy will enable us to transform services in order that they deliver high quality care efficiently. Our strategy will ensure that our patients are empowered to play an integral role in the development and delivery of the care we provide and that care is personalised, reflecting the individual needs of our patients.
- 16.2. The strategy will also ensure that all our workforce is well trained and supported, and that staff are encouraged and valued in their drive to provide high quality care. It will help us develop a culture which encourages clinical innovation and supports high quality research. The strategy will ensure that we are able to effectively monitor the quality of services we deliver and that accurate, and up to date data is available to provide robust assurance regarding quality. The implementation of this strategy will be closely monitored by the Trust Board to ensure that we achieve our goals.
- 16.3. In order to respond to the ever changing healthcare environment the Strategy will be regularly reviewed and both patients and their carers will be actively involved in this process. The strategy reflects our aspiration to become the leading provider of mental health services locally and nationally. It outlines the steps that we will take on our journey towards excellence.

Dr Nick Broughton
Medical Director

Mr Steve Trenchard
Director of Nursing & Patient Experience