

Accountability	
Senior Responsible Officer	Peter Herring, Chief Executive Officer
Quality Improvement Programme Director	Elaine Jeffers

Governance Committees		Governance Arrangements	
Board of Directors	Monthly		Monthly
Quality Committee	Monthly	The Quality Committee oversees the QIP on behalf of the Board. Evidence in relation to embedment of specific actions can be reviewed by the most appropriate board subcommittee by the most appropriate board subcommittee, with recommendations then made to board (for example, actions with a specific workforce focus can be taken to the OD&W committee for review).	Monthly
Quality Improvement Board	Monthly		Monthly

Programme	
Legacy 16-17 Actions	Remaining actions from 16-17 QIP
CQC Must & Should do's	Actions taken from CQC July 16 inspection
Initiatives & Projects	New initiatives, Projects and actions identified and presented to QIB for inclusion
Learning Themes	Top themes taken from Serious Incidents, Complaints etc to be presented to QIB for inclusion

Programme Headings		Definition
Quality Workstream	Quality Dimensions have been referenced to the five CQC domains - denoting each Workstream Safe - Patients are protected from abuse* and avoidable harm. *Abuse can be physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse. Effective - Our patients care, treatment and support achieves good outcomes, helps them to maintain quality of life and is based on the best available evidence. Caring - Staff involve and treat patients with compassion, kindness, dignity and respect. Responsive - Services are organised so that they meet the needs of patients Well-led - The leadership, management and governance of the organisation make sure it's providing high-quality care that's based around patient need, that it encourages learning and innovation, and that it promotes an open and fair culture.	
Reference	Each action has a unique reference which denotes the workstream, the objective, and the action number. For example, a reference of 1.2.3 would denote the third action of the second objective in workstream one.	
Department/Service	Where actions relate to a specific area of the trust, this has been identified to allow the QIP to be filtered for those areas.	
Objective	As referred to above, each workstream establishes a set of objectives in its development. Actions are grouped against these objectives. Achievement of these objectives is what will be used to assess the success of workstreams.	
Action	Explanation of the specific action to be taken.	
Exec Lead	A named Executive is identified for each Workstream and action and is accountable for the delivery, embedding and assurance of the action to the Quality Improvement Board (QIB) and Quality Committee (QC)	
Action Owner / Clinical Lead	The action owner / Clinical Lead is responsible for: - Delivery of specified allocated actions in the Continuous Quality Improvement and Assurance Programme - Providing regular updates on progress to Executive Leads; and - Attendance at regular workstream meetings.	
Target Date Action to be completed by	Every action has an agreed target completion date that has been approved by the QIB. These dates are immovable and will be used to measure timeliness of completion of actions within the CQIAP.	
Date Action Completed	The actual date of completion of an action. This must be agreed by the Action Owner / Clinical Lead and Executive Lead.	
Date Action Embedded	The expected/actual date that the outcomes of an action have been "embedded". An action should be determined embedded once the Executive Lead is satisfied that the outcomes have become part of the "business as usual" operations of the Trust. This must be evidenced and approved by the Quality Committee before the action can be marked as blue (see BRAG rating below).	
Progress (including identified resource gaps)	Monthly updates on progress in relation to each action should be noted, together with any resource issues that have been escalated. Details of progress made, if escalation is needed and has been implemented, whether actions are on track to deliver within timescale. Resources - Financial Impact and resources required	
BRAG Rating	All actions are provided a BRAG rating. These are defined as follows: BLUE - Delivered and embedded so that it is now day to day business and the expected outcome is being routinely achieved. This has to be backed up by appropriate evidence. RED - Has failed to deliver by target date/Off track and now unlikely to deliver by target date AMBER - Off track but recovery action planned to bring back on line to deliver by target date GREEN - On track to deliver by target date	
Outcome	The desired or actual outcome that will result from the action being taken. This should be used to assess the completeness and embeddedness of the action.	
Success Measure	What the measure of success will be. Metrics that will be used to measure success of delivery of the action, where applicable.	
Evidence	The evidence that has been/is expected to be presented to demonstrate that the outcomes of the action have been embedded.	
Safe Effective Caring Responsive Well led.	Action to be referenced to the CQC five domains assessed by the Action Owner/ Clinical Lead.	
Assurance	Denotes the systematic processes used to check to see if the action / service being developed is meeting specified requirements eg, Benchmarking against best practice, measuring outcomes, evaluating current practice, continually reviewing to improve	
Assurance / CQC Rating and definitions	All actions are provided a CQC Four Point Scale rating. These are defined as follows: O= Outstanding - Innovative, Creative, constantly trying to improve, open and transparent G= Good - Consistent level of service people have a right to expect, robust arrangements in place for when things do go wrong RI= Requires Improvement - May have elements of good practice but inconsistent, potential or actual risk, inconsistent responses when things go wrong I= Inadequate - Significant harm has or is likely to occur, shortfalls in practice, ineffective or no action taken to put things right or improve	
Governance and Reporting	Denotes the Committee which will oversee the action, review evidence of embeddedness, and make recommendations to board when the action should be marked BLUE . Committee to receive the reporting of updates and provide assurance.	