

BOARD OF DIRECTORS MEETING
9^h MARCH 2016

Item 6

TITLE OF PAPER	Quality Improvement and Assurance Strategy and Implementation Plan
TO BE PRESENTED BY	Rachel Warner – Deputy Medical Director Jason Rowlands – Director of Planning, Performance and Governance
ACTION REQUIRED	For Board of Directors to review and approve the Quality Improvement and Assurance Strategy and the supporting implementation plan.

OUTCOME	For the Board of Directors to be assured that the appropriate strategy frameworks are in place to support delivery of the Trust's aim of delivery high quality and effective care.
TIMETABLE FOR DECISION	For review and approval at the March meeting
LINKS TO OTHER KEY REPORTS/DECISIONS	Nil
BAF OBJECTIVE No and TITLE	1 (all) Quality & Safety of services provided
LINKS TO THE NHS CONSTITUTION & OTHER RELEVANT FRAMEWORKS BAF, RISK, OUTCOMES ETC	CQC's Essential Standards of Quality and Safety Monitor's Compliance Framework HSE <input type="checkbox"/> MH Act <input type="checkbox"/> Equality <input type="checkbox"/> BME <input type="checkbox"/> Disability Legislation <input type="checkbox"/> NHS Constitution: Staff Rights <input type="checkbox"/> Patients' Rights <input type="checkbox"/> Public's Rights <input type="checkbox"/> Principles <input type="checkbox"/> Values <input type="checkbox"/>
IMPLICATIONS FOR SERVICE DELIVERY & FINANCIAL IMPACT	Nil at this stage
CONSIDERATION OF LEGAL ISSUES	Nil

Author of Report	Jason Rowlands & Rachel Warner
Designation	Director of Planning, Performance & Governance
Date of Report	2 nd March 2016

SUMMARY REPORT

Item: 6

Report to: Board of Directors

Date of meeting: 9th March 2016

Date of report: 2nd March 2016

Subject: Quality Improvement and Assurance Strategy and Implementation Plan

From: Rachel Warner, Deputy Medical Director
Jason Rowlands, Director of Planning, Performance and Governance

Approved by Tim Kendal, Medical Director

1 Purpose

<i>For Approval</i>	<i>For a collective decision</i>	<i>To report progress</i>	<i>To seek input from</i>	<i>For information</i>	<i>Other (please state below)</i>
X					
<p>For Board of Directors to review and approve the Quality Improvement and Assurance Strategy and the supporting Implementation Plan.</p> <p>The Implementation Plan has been reviewed and approved by the Executive Directors Group.</p>					

2 Summary

Background and how the Strategy was developed

As part of the Trust's review following the CQC Inspection a review of the Trust's Quality strategy was undertaken at the request of Executive Directors Group and the Quality Assurance Committee. The review was sponsored by Tim Kendal, and undertaken by the authors of the report.

A Draft strategy was developed, reviewed and approved in principle by the Board in August 2015. The next steps in developing a final Strategy at that stage was to

- engage with key forums within the Trust to ensure the focus of the strategy was informed by broader views and opinions,
- develop a high level plan for the required actions over the first year and
- to ensure the strategy document provided a compelling direction and narrative.

Engagement with the Trust's Leadership Development Forum and the Strategic Development Forum was undertaken during September and October 2015, and the final strategy has been developed for review and approval.

Reference to guidance and best practice

To support the review, we looked at our current arrangements and approach to quality improvement against the following principles: (from The Health Foundation learning report 2015):

- financial and organizational stability
- Board and Executive support
- Robust governance and performance structures
- Capacity and Capability in QI and coaching

We were informed by the conclusions and recommendations from Berwick review into patient safety, and other DH documents such as '*Quality in the new health system*'.

We were informed by the views and opinions of our professional and managerial leadership teams, through the engagement undertaken during the autumn. We have considered the emerging views and likely conclusions to be derived from the Trust's review of its governance arrangements.

Final Draft Strategy for review and approval

The Draft Quality Improvement and Assurance Strategy, developed following the engagement summarised above, was reviewed by the Board's Quality and Assurance Committee in January and the Board of Directors in February 2016. It was supported in principle with a range of feedback provided in respect of key messages. A range of editing changes have been made to reflect the feedback provided.

The final draft of the strategy is attached for approval.

Implementation Plan

An outline of the implementation plan to support the Strategy was provided to the Board in February. A final Implementation Plan is attached. The implementation plan is structured around the 5 main aims of the strategy.

- Delivering quality by creating the conditions for all our staff and every team to engage successfully in quality improvement underpinned by effective team governance
- Ensuring measurable quality objectives are agreed across the organisation
- Ensuring effective, supportive and responsive trust governance and assurance systems
- Having clear arrangements to support delivery and accountability
- Ensuring we have accurate and appropriate information available about the quality of care provided at all levels

To support the implementation of the Strategy in the medium to longer term the Implementation Plan will be reviewed and updated each year as part of the Trust's development of its annual operational plan.

Progress against the delivery of the Implementation Plan will be formally reviewed and report each quarter to ensure the expected and plans development work is being progressed and

outcomes can be assessed.

3 Next Steps

- Communications plan implemented to share the strategy and the key expectations and requirements. Finalise design of the Strategy document.
- Implementation Plan to commence to support the delivery of the strategy

4 Required Actions

For the Board of Directors to

- review and approve the Quality Improvement and Assurance Strategy
- Review and approve the Implementation Plan

5 Monitoring Arrangement

- Quarterly progress reports against the development plan to the Executive Directors Group to oversee delivery and accountability.
- Assurance reports of delivery of development plan to Quality Assurance Committee.

6 Contact Details

Rachel Warner, Deputy Medical Director

Jason Rowlands, Director of Planning, Performance and Governance

QUALITY IMPROVEMENT & ASSURANCE STRATEGY

REFRESH: 2016-2021

**Draft for approval
Version 6.1
March 2016**

Board Lead

Professor Tim Kendal, Medical Director

Developed by

Rachel Warner, Deputy Medical Director

Jason Rowlands, Director of Planning, Performance & Governance

Jonathan Mitchell, Associate Medical Director for Quality

Gaby Dale, Change Consultant

Tania Baxter, Head of Integrated Governance

Final authors

Rachel Warner, Deputy Medical Director

Jason Rowlands, Director of Planning, Performance & Governance

Final Version for distribution

Following approval the Strategy Document will be finalised in respect of design and graphics prior to distribution.

Introduction

A message from our Chief Executive Kevan Taylor



Everyone's contribution counts

Each and every one of us has a role in ensuring the quality of our services. All of our work has an impact at some level. In delivering quality services we want to ensure that what we provide is effective, safe and delivers a positive experience.

For years now I have been saying to new staff at induction that all I ask is that they look at what we are doing from time to time, ask themselves if it is what they would want for their family and loved ones, and if they think we can do better, say so.

We have made very significant improvements in recent years to services where there were big challenges. We have also made some significant service transformation. However we also know that we can always improve and there are areas that we clearly need to focus on.

To support that improvement, this Quality Improvement and Assurance Strategy refreshes our overall approach and framework.

The Strategy focusses on delivering continuous quality improvements. It recognises that each team will develop plans to improve quality, that we will have a number of Trust-wide improvement priorities and a smaller number of Transformation Programmes. The Trust Board will ensure that all staff understand what Quality Standards are expected and the part they play in delivering these standards.

To assure us of our performance, there is a refresh of our governance from team governance to Board. In addition, we are developing a peer review process that will have a strong focus on expertise by experience being at its heart.

You have made some fantastic improvements for people using our services and you will, I am sure, make many more. All improvements are welcome, whether big or small; they all make a difference and everyone's contribution counts.

Thanks for reading this and I look forward to hearing more about what you are doing.

Kevan.

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Aims and objectives of the strategy

Our aim is to create a culture of continuous quality improvement, where safeguarding and improving care is everyone's responsibility. Building on our current position this strategy sets out what the Trust will do to create the conditions for quality improvement to thrive and to create excellence at the front line of care delivery. This strategy also describes the controls and systems that we have in place to ensure that all services are of a high standard and safe and that our service users and staff are able to raise any concerns about quality or safety and these will be heard and acted upon.

The quality of care service users receive is a direct result of the quality of all our teams plus the way our teams work together. For these reasons this strategy has a strong focus on empowering and supporting staff to undertake quality improvement. We will provide teams with the skills, leadership and infrastructure to make bottom up quality improvement the norm.

Our governance framework supports the delivery of the strategy by ensuring we set clear Quality Standards, are able to understand and assess the quality of care provided, and ensure the right actions are taken to deliver improvements.

What will we want to achieve?

- To provide excellent services that deliver a positive experience and promote recovery.
- To put the needs of the people who use our services, their families and carers, first.
- To be a centre of excellence and best practice within five years.
- To embed the principles of a learning organisation at all levels.
- To define how we understand quality of care through the use of clear outcome measures.

How will we achieve our aim?

We can only achieve this by continuing to work in genuine partnership with service users and carers. We will ensure our approach is person-centred and respectful of everyone we work with. We will deliver services that actively support service user aims and goals rather than the needs of services or organisations. We believe in a recovery model of hope, optimism and co-production and will deliver services that actively promote this.

The Trust Board will lead the delivery of this strategy. It will provide the strategic direction for quality improvement and provide support to the development programmes and initiatives underway across the Trust. There will be clear assurance and performance management frameworks in place that link clinical teams to the Board.

This strategy builds on our strengths and the progress we have made during 2015-16. Over the first year we will focus on ensuring the right building blocks are in place, consolidate the improvement work already underway and move forward. Getting this right will ensure we continue to embed a culture of continuous quality improvement across the organisation.

The strategy has 5 key components

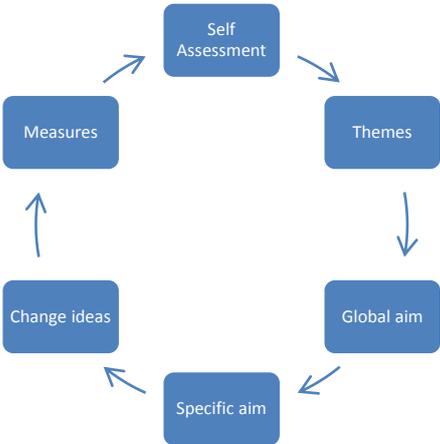
- Delivering quality by creating the conditions for all our staff and every team to engage successfully in quality improvement underpinned by effective team governance
- Ensuring measurable quality objectives are agreed across the organisation
- Ensuring effective, supportive and responsive trust governance and assurance systems
- Having clear arrangements to support delivery and accountability
- Ensuring we have accurate and appropriate information available about the quality of care provided at all levels

Quality improvement - delivering quality through our staff and teams

Every member of staff delivering improvements in quality

If we want to make sustainable quality improvements it has to be owned and led by staff within the team concerned. Every member of staff is responsible for maintaining and delivering high standards of care and is expected to strive to improve the quality of care we provide. Our approach will ensure staff experience quality improvement positively. We will create and develop the conditions across all our services to make this a reality all of the time.

The ability for the Trust to deliver on this strategy depends on staff having the ability to engage with improvement techniques. To support this strategy we have a programme to equip staff and teams with the information, time and the skills to deliver continuous quality improvement. While we will use a range of quality improvement techniques as appropriate, the core Trust wide approach that we will use will be Microsystems improvement methodology. All teams will be trained in this methodology and have access to on-going coaching and supervision.

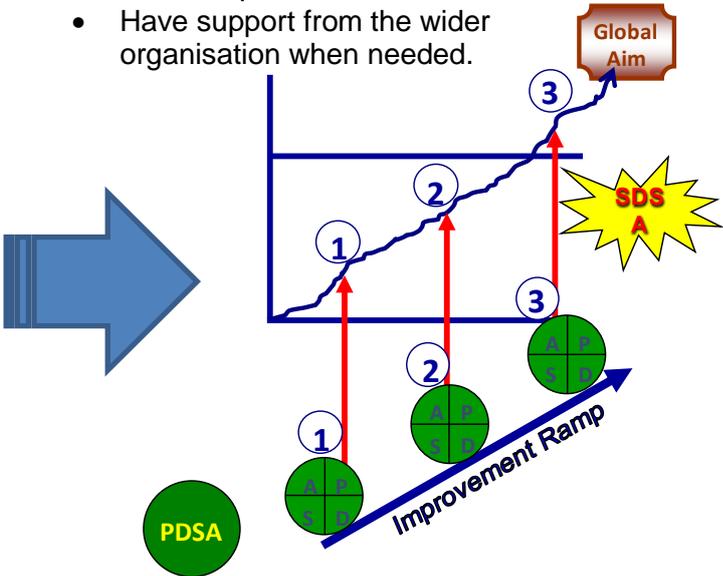


Working in teams that deliver quality care

The building blocks of care are our teams. It is at the interface between the team and service user that value, safety and experience are created. It is also the place where staff satisfaction is enhanced or undermined, where professionals learn to practice and where changes to delivery of care can be tested.

We will ensure that our clinical teams:

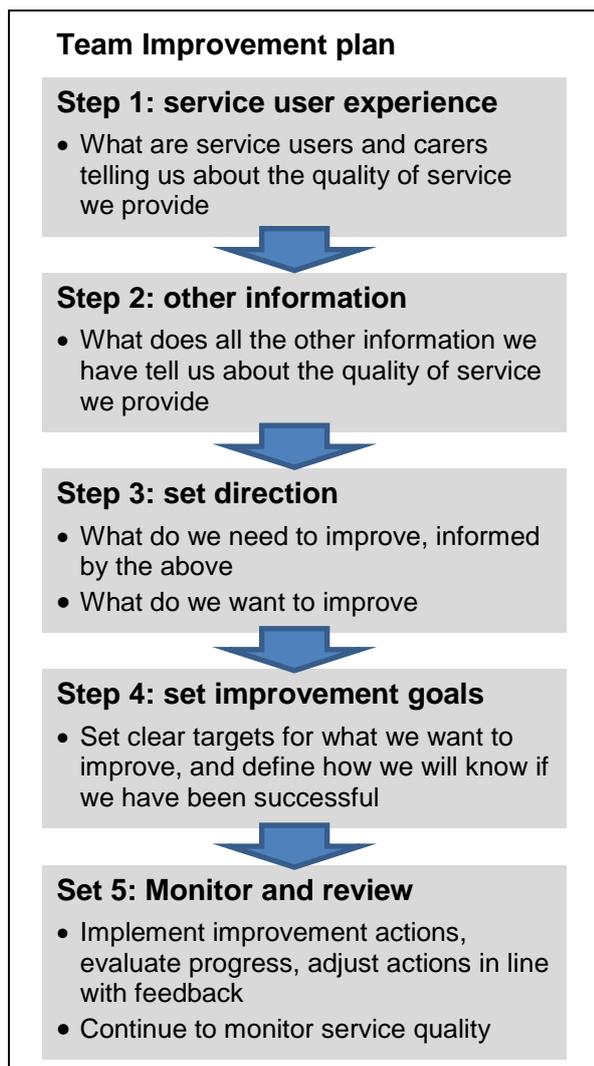
- Are Service User focussed and working collaboratively with service users to deliver personalised care
- Collect and use appropriate outcome measures to understand effectiveness, safety, experience, and efficiency
- Have fully trained staff who are supported through supervision and appraisal, understand the quality standards to be delivered and their responsibilities in this
- Have access to and use high quality information and IT
- Have training and coaching in process improvement skills
- Have committed and shared leadership
- Have support from the wider organisation when needed.



The Microsystems improvement methodology will be the main approach teams will use to deliver quality improvements.

Team Improvement plans

On an annual basis we expect all teams to report on the quality of the services they have provided over the previous year and the improvement objectives they have set themselves for the next year. As an integral part of this Teams will routinely collect and review information that shows what the quality of care provided is like. The process to support this will be



Team level governance – ensuring each team knows how it is doing

Continuous quality improvement is about how everyone is engaged in and taking actions every day to deliver quality care. Alongside this it is important that teams have space and time to stand back and look at how they are doing, ensuring development plans remain on track and

actions required to maintain quality are identified and taken.

We expect teams to review frequently how they are performing. The arrangements in place to support this are summarised below.

Team level governance

Focus of team quality meetings

- To know how the team is performing
- Review, reflect on issues informed by appropriate sources of information
- Agreeing and taking action where highlighted and monitoring the impact
- Reviewing progress of quality improvement projects
- Escalating and reporting concerns to the Directorate Management team
- Considering issues cascaded from the Directorate/ Trust relating to quality and sharing good practice from other teams

Measuring quality of care

- Each Team will have an agreed set of metrics it will use to monitor how it is performing in respect of quality of care.
- A trust wide framework for defining quality will support consistency of approach

A range of information sources

- The Team will draw upon a range of information sources to understand its performance, for example
 - *Management information/ data*
 - *Survey/ service user experience feedback, themes and learning from complaints and incidents*
 - *Audits and self-assessments*
 - *Feedback from external stakeholders (eg inspections, peer inspections, 15 step challenge)*
- Where there are gaps in the available information then plans to obtain the information should be made.

Setting our priorities - being clear about our improvement goals

Each year our priorities will define the improvement we want to make

We continually review the quality of the care we deliver. On an annual basis we stand back, take stock and agree the improvement priorities for the following year. We will ensure that the views, and experiences of the people who use our services will shape and inform the goals we set. We will set clear quality objectives with Care Directorates and Commissioners by reviewing the current quality of care and considering how we need to improve services in the future. We will do this through the governance frameworks described in the next two sections (pages 6 and 7). The agreed quality objectives will provide a framework within which clinical teams deliver their annual quality improvement plans.

Through this way of engaging and working with our Directorates and clinical teams we will agree what the improvement goals and objectives of the Trust are. We confirm these each year in our operational plan and our quality account. We will have a range of improvement plans.

Transformation programmes for services

These programmes reflect improvements that we believe will be delivered through a significant re-design of our current services and models of care. In all of these programmes we are clear about the benefits we expect to realise as a result of the change and we monitor how these are being achieved. These programmes will receive significant levels of support to ensure they are delivered effectively and in line with the Trust's values.

Trust wide improvement priorities

These reflect areas for improvement that apply to several or many of our teams. These will often be focussed on improving practice or the consistency of the service user experience. These programmes will have been agreed by the Board of Directors and will be directly sponsored by an executive director to ensure delivery.

Team led improvements

These will be the priorities local teams agree and set for themselves based on their assessment of the quality of care they are providing. These initiatives will be supported by training and development in quality improvement and sharing of learning across all services.



Quality governance assurance framework - how we monitor the quality of care we provide

A clear quality governance framework

An essential component of our Quality strategy is to ensure we maintain effective governance systems. These are designed to assess, monitor and improve the quality and safety of the services provided. Careful monitoring of the outcomes from our governance processes enables the Trust to take action where there is room for improvement or a need to take corrective action.

Across the Trust a range of permanent processes and systems are in place designed to monitor quality. These are monitored and reviewed through following framework.



The Trust has in place a range of committees and groups that are established under this framework. The overall purpose of each of the committees and groups is to

- Monitor the on-going effectiveness of the systems and processes and initiate action when required.
- Evaluate relevant data and information from across the Trusts services, ensuring necessary information is available for teams
- Identify and recommend areas for improvement for inclusion in the Trust’s quality improvement programme (see page 4)

Safety
<ul style="list-style-type: none"> • Safety incidents surveillance • Medicines Management Committee • Falls Prevention Group • Infection Prevention & Control Committee • Psychological therapies Committee • Adult Safeguarding Committee • Children’s Safeguarding Committee • Restrictive Practices Group • Physical Health Group
Experience
<ul style="list-style-type: none"> • Service User Engagement Strategy Group • Collaborative Care Planning
Effectiveness
<ul style="list-style-type: none"> • NICE Guidelines • Outcome measures • Clinical Audit programme • Mental Health Act – Code of Practice & Policy • Mental Capacity Act

Performance framework – ensuring there is clear accountability for the quality we deliver

The previous section summarises how we monitor and understand the quality of care provided across the Trust. The Trusts performance framework complements this by providing a clear focus on how each service is performing.

Monitoring performance

Routine monitoring: of services each month through the Trust's standard performance monitoring of key performance indicators and escalation of additional issues of concern through the Executive Directors Group and the Board of Directors.

Team reporting: to their Directorates periodically through the year on overall team performance

Directorate reporting: Directorate level performance reviews through the Service Reviews each quarter with the Executive Team (see below)

Board reporting: the Board review of routine performance reports and progress reports of development programmes on a planned cycle. Additional assurance and monitoring is undertaken by the Boards Quality Assurance Committee in respect of

- Service user engagement and experience
- Service user safety
- Effectiveness
- Improvement priorities

Service Reviews

On an established quarterly cycle through the year the performance of all services are reviewed through Directorate level Service Reviews. The Executive Team reviews with each operational directorate how they are performing in relation to delivering their

- Standards for quality care and services
- Service improvement plans
- Workforce plans
- Financial plans

Trust indicator framework

The Trust has a standard indicator framework in place. This provides for a common understanding of how services are performing against Trust wide quality standards, and allows local teams to tailor their own measures as they relate to the services provided. Through this framework we will ensure the agreed Quality Standards are defined and delivered.

Strategic Goal: Quality (*focus of this strategy*)

- Safety
- Caring
- Responsive
- Effective
- Quality improvement priorities

Strategic Goal: Workforce

- Staffing availability and capacity
- Staff motivation and engagement
- Workforce relations

Strategic Goal: Viable, effective and well governed

- Financial balance
- Productivity
- Commissioned activity
- Well governed/ led (Governance and regulation, national standards)

How we understand quality – ensuring we have the information we need

Knowing and understanding what people are experiencing

The final essential part of our strategy is to ensure we understand the reality of the experience of those who receive care from us. We have in place a range of approaches to ensure we can draw on different and complementary sources of feedback to draw an informed view.

Peer Review

Central to quality assurance will be the developed Peer Review process. This will build on our experience of being reviewed by the CQC and as CQC reviewers. The review process will incorporate the CQC methodology and framework domains of:

- Safe
- Effective
- Caring
- Responsive
- Well-led

There will be a significant emphasis on the role of expertise by experience which will be supported by the Service User Experience Monitoring Unit.

There will be a greater emphasis on the voice of service users, and carers. The review team will feedback to staff teams and service users in significant detail service by service in order to ensure that there is ownership and consensus on issues that require attention and examples of best practice to be shared with other similar services in the Trust.

Service leaders will agree actions with the review teams. Actions will be focussed on key issues, specific and measurable. The review teams will assist with networking across the Trust where they are aware similar issues have been addressed and resolved.

Review teams will agree with service leaders timescales for re-reviewing, which will vary according to the nature of any issues and the scale.

As team governance is key to the maintenance and improvement of quality, metrics will be developed to specifically review the effectiveness of team governance at team level and escalation.

Reviews will be presented by the Chief Operating Officer to the Executive Team for scrutiny and management and to the Quality Assurance Committee for assurance.

Service user led monitoring

Understanding the experiences of the people who use our services is essential if we are to be successful in achieving quality improvement. The Trust uses a range of information to monitor service quality and performance. Our approach is to work with service users so they gather feedback from service users about their experiences of services on our behalf. This provides a richer and more informed view about the experience people have of receiving care from us.

Team level information needs

Alongside Trust wide information about quality each Team will have additional information needs that reflects the care they provide and deliver.

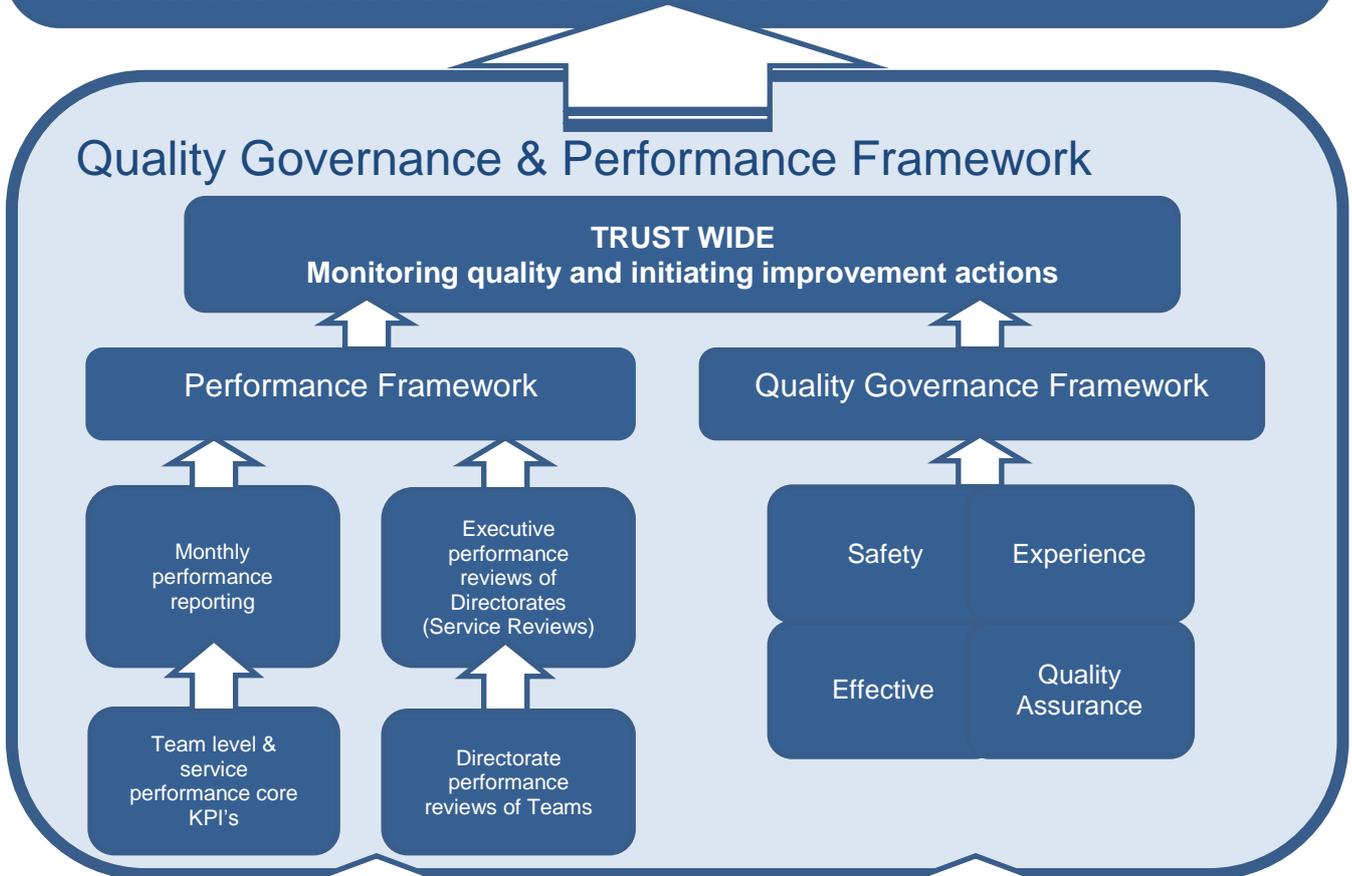
Teams will be supported to establish their own information requirements so they have a balanced and informed understanding of the quality of care they are providing. As teams progress their quality improvement plans being able to measure if improvements are being achieved will be key to the success of their quality improvement work.

Bringing it all together

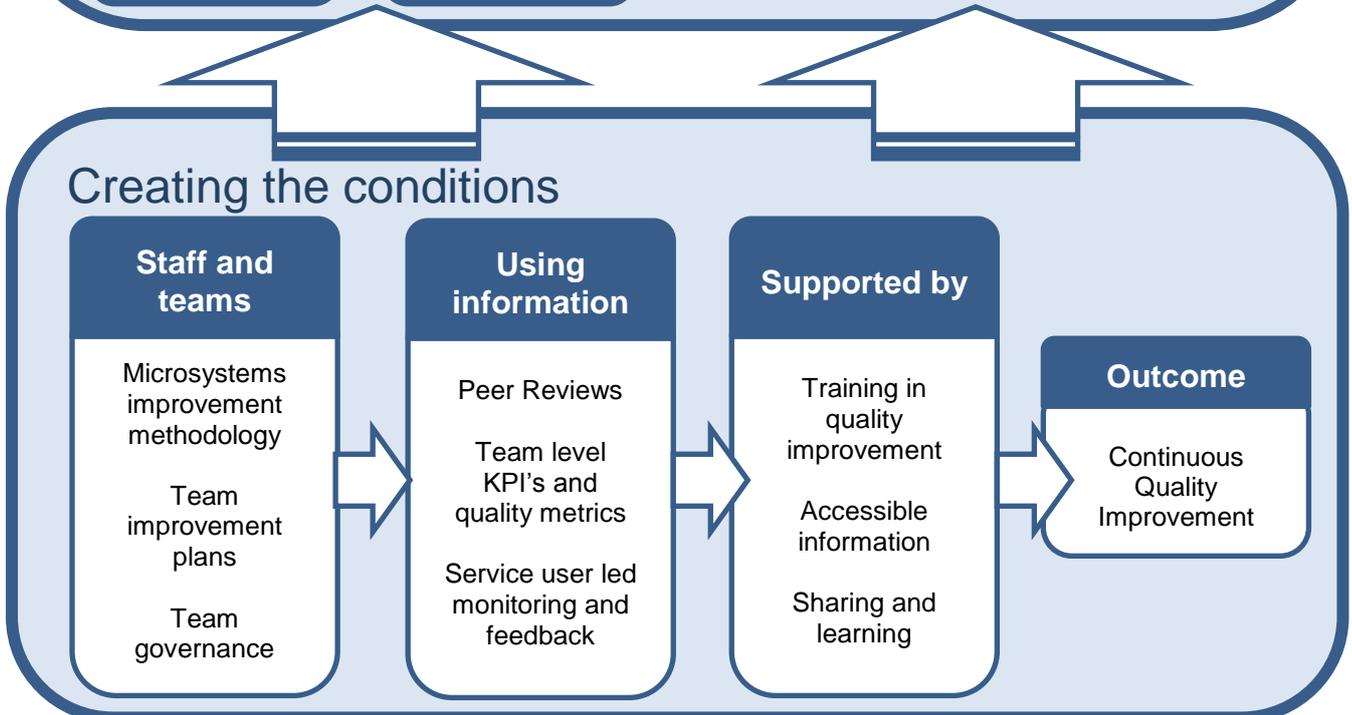
Achieving our aims

- To provide excellent services that deliver a positive experience and promote recovery.
- To put the needs of the people who use our services, their families and carers, first.
- To be a centre of excellence and best practice within five years.
- To embed the principles of a learning organisation at all levels.

Quality Governance & Performance Framework



Creating the conditions



Quality improvement and assurance strategy implementation plan

March 2016

The Trust's quality improvement and assurance strategy was reviewed and approved by the Board of Directors in March 2016. This implementation plan describes the actions to be taken to ensure the strategy is implemented over the next year. The implementation plan will be reviewed annually and a revised plan for each year will be confirmed.

The strategy has 5 key components

- Delivering quality by creating the conditions for all our staff and every team to engage successfully in quality improvement underpinned by effective team governance
- Ensuring measurable quality objectives are agreed across the organisation
- Ensuring effective, supportive and responsive trust governance and assurance systems
- Having clear arrangements to support delivery and accountability
- Ensuring we have accurate and appropriate information available about the quality of care provided at all levels

Delivering quality by creating the conditions for all our staff and every team to engage successfully in quality improvement underpinned by effective team governance			
Supporting aim	Action	Outcome	By when
That the Trust's principal approach to quality improvement, Microsystems, is embedded within clinical and corporate teams;	Embedding of microsystems as the leading QI tool through the Trust	2 improvement facilitators in place to provide capacity and capability to support development of microsystems across Trust	April 2016
	Appoint 2 improvement facilitators	100% of teams engaged in the process having weekly improvement meetings with a microsystems coach.	May 2016
	Train 16 coaches through 2 cohorts of the microsystems coaching academy	50% increase in the number of teams continuing to regularly meet and use the methodology once the coach has transitioned out (this would show true embedding).	August 2016
	Senior leaders to attend a 2 day course	50% increase in the number teams requesting a microsystems coach (shows they are aware, engaged and enthusiastic to get involved)	March 2017
	Attending / presenting at microsystems 2016 expo	50% increase in the number of quantified and evidenced improvements/success stories (related to care quality, safety and /or finance)	March 2017

Ensure Trust wide team level clinical governance structure is in place in line with principles defined in the Trust Strategy	Review arrangements with Clinical Directors	Confirmation and assurance that appropriate arrangements for team governance meetings and the development of team annual quality improvement plans are in place within each team ensuring staff are aware of the required standards of care and their responsibilities.	April 2016
		Annual team quality improvement plans produced defining team self-assessment of quality and planned improvement priorities.	February 2017
Ensure our workforce programme focusses on looking after our staff, supported by effective supervision orientated towards delivering quality care.	Review the arrangements in place with Care Directorates	Confirmation and assurance that effective staff supervision arrangements are in place that support a focus on delivering quality care and quality improvement	April 2016
	Develop mechanisms for obtaining feedback from staff and evaluate staff experience of supervision	Feedback arrangements and focus agreed and methods in place	July 2016
		Feedback from staff regarding their experience of supervision and engagement with quality improvement	December 2016
Ensure our leadership development plan actively supports the delivery of this strategy	Review and revise the current leadership strategy to ensure it supports the delivery of the quality strategy with a proposed investment plan to support the necessary developments	Leadership strategy approved with supporting development programme and outcomes.	June 2016
Ensure we have the places, forums and opportunities to promote and support a focus on delivering quality services, quality improvement, shared learning, understanding outcomes and learning from best practice.	Review our cross trust forums for sharing good practice and confirm an annual programme of work that utilise the forums in place supported by an annual Quality Improvement conference.	Agreed framework in place that pro-actively supports staff and teams in engaging and collaborating in initiatives to deliver quality improvement	May 2016
		We will support all teams to visit best practice sites every 2 years to inform local understanding regarding the services they provide.	March 2017
		We will be active members of the developing national service accreditation and quality improvement network.	March 2017
	Develop communication plan to promote the strategy and aims	Communication plan in place that <ul style="list-style-type: none"> ▪ Promotes opportunities for engagement ▪ Shares information on progress 	May 2016

Ensuring measurable quality objectives are agreed across the organisation			
Supporting aim	Action	Outcome	By when
Ensure that measurable quality performance objectives are in place across Directorates	Agree quality objectives for clinical directorates linked to trust quality objectives, national priorities and CQUINs	Performance against agreed quality objectives is reviewed and monitored through the Directorate Service Reviews and necessary actions agreed to deliver improvements where required.	May 2016
	Annual programme in place that reviews quality performance informed by the work of the Trust's governance structures to inform and shape priorities for the following year	Programme for annual review revised and confirmed	May 2016
		Trust quality priorities informed by effective assessments of current performance as determined by the Trust's governance committees and clinical directorates	October 2016
Ensuring effective, supportive and responsive trust governance and assurance systems			
Supporting aim	Action	Outcome	By when
Ensure that the Trusts committee structures are fit for purpose and support the Boards oversight and monitoring of the quality of care provided.	Review and confirm the necessary committee structures in respect of operational oversight and Board assurance	The necessary committee structures are in place to oversee and direct the work across the Trust in respect of quality monitoring, assurance and improvement.	April 2016
	Review existing terms of reference of each committee ensuring the following are defined <ul style="list-style-type: none"> ▪ Remit ▪ The relevant systems of policy and control in place ▪ The information to be reviewed to support understanding ▪ The arrangements for reporting, review and escalation of issues of concern ▪ The production of an annual improvement plan relevant to the business of the committee 	The necessary committee structures are in place to oversee and direct the work across the Trust in respect of quality monitoring, assurance and improvement. The range of controls at primary, secondary and tertiary levels of the Trust will be defined.	June 2016

Having clear arrangements to support delivery and accountability			
Supporting aim	Action	Outcome	By when
Agree the infrastructure arrangements to support the Medical Director, as Trust lead for quality, in delivering the strategy	Review the roles and contributions across departments and ensure an integrated approach is taken to support the delivery of this strategy	Structures agreed and defined in respect of the role and contributions of different departments to support the delivery of this strategy	May 2016
Ensure the Trust's performance review processes function effectively	Establish a reporting cycle that requires and expects all teams to report on the quality of the service they provide, along with the priorities they have identified for further improvement.	Service Reviews will provide a formal review each quarter of performance at Directorate level during the year	March 2016
		All teams report on the quality of the service they have provided on an annual basis.	April 2016
		All teams are able to define and confirm their annual improvement goals.	February 2017
Ensuring we have accurate and appropriate information available about the quality of care provided at all levels			
Supporting aim	Action	Outcome	By when
Ensuring the information we use supports our understanding of the quality of care we provide	We will review our Trust wide data sets and ensure they are organised and aligned to support this strategy	Standard data set of Trust wide core information will be agreed and routinely available to the Board, Directorates and to clinical teams	June 2016
	Directorates will ensure each clinical team has defined the additional information needs they have that reflects the uniqueness of each service	Each team will have agreed success measures and outcomes in place to define how they are doing in providing quality care.	June 2016
		Teams will commence reporting on their performance using their team level performance measures	September 2016
	Review the Trust's information strategy in respect of the provision of management information to ensure the needs of teams and the Trust will be provided for	Strategy for the provision of management and business information agreed with a supporting implementation programme	

Extend and roll-out our programme of peer review and self- inspection to provide additional feedback and assurance about the quality of service provided to each team.	Extend and roll-out the programme of peer review and self-inspection.	Peer review and inspection programme in place with a schedule of activity that provides feedback to teams and assurance to the Board.	March 2016
		2 teams being reviewed each month and benefiting from feedback about the standards of service provided.	June 2016
We will re-fresh the service user engagement and experience strategy for 2016-18, building on the progress made during 2015.	Re-fresh and update the service user engagement and experience strategy (already underway)	<p>Revised strategy agreed and in place with a supporting development programme. Strategy will determine how the Trust and services will continue to develop to ensure</p> <ul style="list-style-type: none"> ▪ All services will have regular information about the experience of service users and families accessing their services which will be used to inform local annual quality improvement plans. The information will be presented in a way that is appropriate for each team. ▪ Service users will be recognised as experts by experience and involved in training, recruitment, service delivery (peer support), planning of services and performance monitoring. 	May 2016

Plan Drafting

Version 2: 23 February 2016

Implementation Plan

- Reviewed / approved by the Executive Directors Group: 25th February 2016
- Reviewed by Board of Directors: 9th March 2016.
- Confirmed and approved: TBC

Monitoring of progress against plan

- Progress reports to Executive Directors Group, Quality Assurance Committee and Board of Directors each Quarter
- First report due April 2016, and then July, October, January, April
- Exceptions reports for any developments that risk overall delivery of plan