

Quality Improvement Project Charter



Your name	
Your contact details (tel & email)	
QI project team members (please provide full names)	
Project Title	
Clinical team(s) involved	
Number of teams involved	
How are you getting your Service User/Carers involved?	
Directorate (please delete as appropriate)	Addictions, Children's Services, City and Hackney Mental Health, Community Health Newham (CHN), Corporate, Forensics, Mental Health Care for Older People (MHCOP), Newham Mental Health, Psychological Services, Tower Hamlets Mental Health

How does your project align with our strategic improvement aims? (please tick which aim your project aligns with)

AIM	Reducing harm by 30% each year	Right care, right place, right time

Does your project fit in with any of our four key priority areas? (please tick which priority area your project aligns with)

PRIORITY	Violence Reduction	Physical Health
AREA	Pressure Ulcers	Access to Services

What are you trying to accomplish?

Topic or issue you would like to improve (1-2 sentences):

Aim statement (How good do you want to be by when?) (1 sentence):

Why is this an important issue to tackle? Why does it matter to your service users/staff/directorate? (4-5 sentences)

Could this have an impact on cost and what could be measured to help us understand that?

How will you know that a change is an improvement? (Identify outcome, process and balancing measures – between 4 and 8 is optimum)

What changes can you make that will lead to improvement? (What change ideas would you like to test, the more the better)

Any barriers that you can identify to getting this project going?

What ring-fenced time have you agreed for your team to meet? (should be weekly or fortnightly, for 30-60 minutes, with all improvement team members present)