

Quality Improvement Plan – Subcommittee report to Board of Directors

Committee	Date
Organisational Development & Workforce (Bi-monthly)	No Committee in June (Bi monthly) 2016. Reviewed by Chair – Claire Ward

Actions considered for marking “blue” as embedded

Workstream	Action	Evidence reviewed and recommended to Board to mark “blue” (Y/N)	Comments
Leadership	1.2.3 Align corporate functions to support new divisional structures	Y	
Leadership	1.4.2 Develop and deliver leadership development opportunities against the identified Gap Analysis findings, utilising our "core values and behaviours"	Y	
Leadership	1.4.3 Develop and deliver a leadership development programme to divisional management triumvirates	Y	
Leadership	1.4.5 Undertake capability review of middle managers	Y	
Leadership	1.4.6 Implement required improvement actions to enhance competence and confidence of middle managers in response to outputs from the capability review	Y	
Leadership	1.4.8 Develop programme of skills workshops to develop effective teams, able to manage continuous change	Y	
Leadership	1.4.9 Strengthen appraisal and supervision process for medical staff	Y	
Recruitment & Retention	3.1.4 Medical vacancies report to be reviewed weekly with CEO and Medical Director	Y	
Recruitment & Retention	3.2.1 Medical and Nursing taskforce along with HR, clinical and operational staff to undertake a detailed review of the recruitment process and associated policies.	Y	
Recruitment & Retention	3.3.1 Establish and enact a programme of targeted recruitment campaigns	Y	
Mandatory Training	7.1.1 Every manager produces a core and role specific mandatory training compliance plan for all accountable staff and is held accountable for doing so. (4500 staff in four months). Managers oversee the implementation of the plan to ensure 100% of eligible staff are MAST compliant.	Y	
Mandatory Training	7.2.1 Review, amend and consult as necessary the incremental pay progression policy so that it is aligned	Y	

	to mandatory training and appraisals compliance and make explicit range and implementation of sanctions for non-compliance. Align to Appraisal and revalidation policies as necessary.		
Staff Engagement	8.1.1 Establish a Staff Engagement working group	Y	
Staff Engagement	8.1.2 Undertake a baseline survey across staff groups and across the sites via focus groups, surveys, drop in sessions, briefings, staff suggestion schemes and trade union engagement	Y	
Staff Engagement	8.4.1 Identify high impact staff engagement interventions	Y	Further evidence required on Board Leadership Walk Rounds

Comments on review of Red/Amber actions

Has the committee reviewed relevant workstream summaries?	Yes / <input type="checkbox"/> (Please delete)
Does the committee agree with the assessment of Red and Amber actions identified on those reports?	Yes / <input type="checkbox"/> (Please delete)
Is the committee satisfied with the executive lead's actions with regards these actions and have additional actions been required by the committee (please note)?	No further actions identified

Additional comments from committee chair

Evidence was reviewed by the committee. All evidence challenged and agreed.