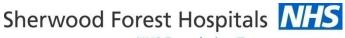


# **Quality Improvement Plan – Subcommittee report to Board of Directors**

Committee	Date
Organisational Development &	No Committee in June (Bi monthly)
Workforce (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	Υ	
Leadership	1.4.5 Undertake capability review of middle managers	Υ	
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	Υ	
Recruitment & Retention	3.1.4 Medical vacancies report to be reviewed weekly with CEO and Medical Director	Υ	
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	Υ	
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.	Υ	
Mandatory Training	7.2.1 Review, amend and consult as necessary the incremental pay progression policy so that it is aligned	Y	



# **NHS Foundation Trust**

	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	8.1.1 Establish a Staff Engagement	v	
Engagement	working group	1	
Staff	8.1.2 Undertake a baseline survey		
Engagement	across staff groups and across the sites		
	via focus groups, surveys, drop in	Υ	
	sessions, briefings, staff suggestion		
	schemes and trade union engagement		
Staff	8.4.1 Identify high impact staff		Further evidence required on
Engagement	engagement interventions	Υ	Board Leadership Walk
			Rounds

## **Comments on review of Red/Amber actions**

Has the committee reviewed relevant workstream summaries?	Yes / (Please delete)
Does the committee agree with the assessment of Red and Amber actions identified on those reports?	Yes / (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.				