

Quality Improvement Plan – Subcommittee report to Board of Directors

Committee	Date
Quality Committee	22 June 2016

Actions considered for marking “blue” as embedded

Workstream	Action	Evidence reviewed and recommended to Board to mark “blue” (Y/N)	Comments
Governance	2.2.1 Governance framework in the Emergency Department clearly identifies risks, responsibilities and actions	Y	
Governance	2.3.4 Enhance and review DATIX system and improve processes implemented	Y	Add PSQB to ongoing monitoring arrangements
Personalised Care	4.1.3 Develop and deliver a rolling programme of "Proud To Care for You" to nursing and midwifery workforce	Y	
Personalised Care	4.2.6 Review of risk assessments and escalation processes within the health and safety audit programme will undertake be for clinical environments	Y	
Personalised Care	4.3.3 Review the Safeguarding establishment against National Guidance and best practice to establish a safe guarding team	Y	
Safety Culture	5.1.4 Link into leadership development programme to ensure all senior leaders have necessary knowledge and tools to support the programme	Y	
Safety Culture	5.2.2 Key risks and performance reporting will be used in standardised monthly performance meetings between divisions and executives, where reporting on assessment of unexpected and avoidable deaths is reviewed	Y	Add Deteriorating Patient Group and PSQB to ongoing monitoring arrangements
Safety Culture	5.2.11 Establish a Task & Finish group to address immediate concerns regarding diagnosis of fractures and processes moving forward	Y	
Safety Culture	5.4.1 To develop outcome measures based on the 8 domains of the Infection Prevention & Control plan	Y	
Safety Culture	5.4.4 Recruit additional Infection Control Nurses for effective infection control nurse: bed ratio to 1:156 to support delivery	Y	

	infection prevention & control programme.		
Timely Access	6.6.11 Endoscopy capacity and demand modelled. Review diagnostic pathways and resources to support achievement and sustainability of RTT. Implement improvements	Y	
Maternity	9.1.2 Review the handover process to ensure a clear understanding and agreement on respective roles and responsibilities	Y	
Maternity	9.2.4 Escalation processes (operation) in place and used as required	Y	
Maternity	9.2.7 See actions 5.5.1, 5.5.4 & 5.5.9. This action relates to controlled drug checks	Y	
Maternity	9.3.3 All serious incidents are appropriately reviewed and acted upon	Y	
Maternity	9.3.5 – as per 2.2.2 2.2.2 – Review and improve risk management processes including risk escalation and information flow	Y	

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)?	Yes - further clarification provided at Quality Committee regarding red actions and mitigation plans.

Additional comments from committee chair

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