

Quality Improvement Plan – Subcommittee report to Board of Directors

Committee	Date
Organisational Development &	No Committee in August (Bi
Workforce (Bi-monthly)	monthly) 2016. Reviewed by Vice
	Chair – Ruby Beech, 17 Aug 16

Actions considered for marking "blue" as embedded

Workstream	Action	Evidence reviewed and recommended to Board to mark "blue" (Y/N)	Comments
Leadership	1.4.10 Ensure robust appraisal data and effective performance management arrangements to ensure all staff receive an appraisal in a timely manner	Y	
Recruitment & Retention	3.1.5 Develop Medical Consultant job plans to reflect revised on-call arrangements and operational expectations.	Y	
Recruitment & Retention	3.2.2 Agree and assign staff retention targets for Divisions, with particular emphasis on newly recruited nursing staff, monitored by ET Performance Review meetings	Y	
Recruitment & Retention	3.5.2 Conduct assessment of safe medical staffing requirements against national and specified standards. Develop and implement recruitment drive to permanently fill gaps and continually fill gaps ad hoc as necessary.	Υ	
Mandatory Training	7.3.1 Develop proposals and consult with Divisions to enhance compliance	Υ	
Staff Engagement	8.2.1 Analyse the utilisation of current communication channels, staff bulletin and intranet hits, and participation within staff groups	Υ	
Staff Engagement	8.4.2 Implement high impact staff engagement interventions	Y	
Staff Engagement	8.4.5 Procure and implement for Staff Family & Friends test and quarterly pulse survey to enable the monitoring of improvements in staff engagement	Y	

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	Yes / (Please delete)
on those reports?	
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. All evidence challenged and agreed.