

Quality Improvement Plan – Subcommittee report to Board

| Committee | Date |
|-------------------|-----------------|
| Quality Committee | 21 January 2016 |

Actions considered for marking “blue” as embedded

| Workstream | Action | Evidence reviewed and recommended to Board to mark “blue” (Y/N) | Comments |
|----------------|--|---|--|
| Governance | 2.5.4 The Trust must investigate the concerns raised relating to lack of consent forms and site markings. To provide assurance through audits that appropriate site marking and consent processes are being carried out. | Yes | The Committee were satisfied that there was sufficient evidence relating to consent processes being completed. Assurance regarding appropriate site marking which had been audited and would be picked up during leadership ward rounds. |
| Safety Culture | 5.4.9 – Identify where new hand gel dispensers are needed in Emergency Department and arrange fitting | Yes | |
| Timely Access | 6.4.1. Establish daily monitoring of all outpatient waits across all pathways including un-reconciled, missing outcome, appointment slot issues, inter-consultant referrals, clinic admin rebook and capacity on hold. | Yes | |
| Timely Access | 6.4.2 Improvement in the information used to plan outpatient clinics | Yes | |
| Timely Access | 6.5.1 Daily review of un-reconciled missing outcomes, review list, appointment slot issues, inter consultant referrals, filling the capacity on hold | Yes | |
| Timely Access | 6.5.10. Teaching and development of an induction programme for all new administrative staff | Yes | |
| Timely Access | 6.5.13. Ensure senior CIO is in place to develop a suite of information to support delivery and sustainability of RTT | Yes | |
| Timely Access | 6.6.3. Using best practice from external expertise to up-skill the Trust teams on how to plan the | Yes | |

| | | | |
|---------------|---|-----|--|
| | capacity and demand planning on a continuous basis. The trust teams will take the capacity and demand modelling forward | | |
| Timely Access | 6.6.4. Establish a bi-monthly outpatient improvement board with review of summary level outpatient information (dashboard) | No | The committee were satisfied there was sufficient evidence regarding the establishment of the outpatient improvement board but felt further consideration needed to be given to ongoing monitoring particularly around the role of the Clinical Governance & Quality Committee |
| Timely Access | 6.6.7. Establish daily capacity and flow meeting. Develop dashboard of all OPD KPI's | Yes | |
| Maternity | 9.1.1 (9.1.1 - Part only) – Review model of care to ensure optimum multi-disciplinary working within the divisions, across divisions and externally – Consider the development of a maternity services liaison committee Overall, action 9.1.1 remains green | Yes | |

Comments on review of Red/Amber actions

| | |
|---|--|
| Has the committee reviewed relevant workstream summaries? | Yes |
| Does the committee agree with the assessment of Red and Amber actions identified on those reports? | Yes |
| 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)? | All actions were considered and discussed. |

Additional comments from committee chair

There is a robust process in place for review of the Quality Improvement Plan which is working effectively. Good evidence was presented to support the workstream executive lead view of actions being completed and embedded.
There is a need for continued focus on ensuring the evidence presented is current and meets all elements of the specified action.