Sherwood Forest Hospitals NHS
NHS Foundation Trust

Quality Improvement Plan – Subcommittee report to Board of Directors

Committee	Date
Quality Committee	20 April 2016

Actions considered for marking "blue" as embedded

Workstream	Action	Evidence reviewed and recommended to Board to mark "blue" (Y/N)	Comments
Governance	2.3.5 Implementation of the Patient Experience module (Datix) to improve recording of complaints and learning opportunities	Y	
Governance	2.5.1 Support the junior doctors in Trauma & Orthopaedic and implement action plan to respond to concerns raised by HEEM in October 2014.	Y	
Governance	2.5.3 Poor communication within and between the Emergency Department and Trauma & Orthopaedics department resulting in unclear decision making. The Head of Service for Emergency Care to attend PC&S divisional team meetings.	Y	
Personalised Care	4.1.4 Review the content of all existing training programmes to ensure all have taken patient – centred care into consideration (fit for purpose)	Y	
Personalised Care	4.2.4 Develop and deliver dementia training programmes to ensure appropriate staff have appropriate knowledge about dementia and care requirements	Y	
Personalised Care	4.2.5 Review policies, procedures and practices with regards to care for patients with dementia against best practice guidelines	Y	First piece of evidence re: Review practice commended as good practice and should be used for learning. Suggest key parts are in bold. SB to pass on positive comments to LB.
Personalised Care	4.2.7 Detailed risk assessment of ligature points in the Minor Injuries Unit at Newark Hospital	Y	Accepted decisions based on risk and not based solely on resources. Requested minutes of the exec meeting or follow up to show agreement of works to miu and other areas following risk assessments and also minutes from today's meeting.
Personalised Care	4.2.11 Secure support from Mental Health colleagues on multi-disciplinary working group	N	Not accepting this as blue as need more evidence of the mental health trust

			engagement within minutes etc
Personalised Care	4.4.3 Review the current Trust policies regarding end of life care to ensure that they are in line with national guidance and best practice	Y	
Safety Culture	5.3.18 Sepsis and Fluid Management included in Student Nurse Orientation Day	Y	
Safety Culture	5.4.8 Achieve 90% compliance with hand hygiene throughout organisation through use of audits and responsive education	N	Not accepting this as blue as need more evidence of results of previous and next audits including Newark's figures.
Safety Culture	5.5.7 Complete monthly audit of missed/delayed doses	Y	
Timely Access	6.5.7 Implement new Saviance self-check-in system including electronic reconciliation	Y	
Timely Access	6.5.12 Implementation of revised Access, Choice and Booking Policy	Y	
Maternity	9.1.1 Review model of care to ensure optimum multidisciplinary working within the division, across divisions and externally	Y	Clarified by Medical Director
Maternity	9.3.7 Review current information and guidance regarding patient complaint	Y	

Comments on review of Red/Amber actions

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

The process of reviewing the evidence to demonstrate actions are embedded continues to work effectively.