

Quality Improvement Plan – Subcommittee report to Board of Directors

Committee	Date
Organisational Development & Workforce	12 May 2016

Actions considered for marking “blue” as embedded

Workstream	Action	Evidence reviewed and recommended to Board to mark “blue” (Y/N)	Comments
Leadership	1.4.4 Develop an ongoing programme of Medical Leadership	Y	None
Governance	2.5.12 To address concerns relating to lack of trainees supervision, over booking of clinics and absence of local protocols. Ensure that the trust develops and implement details action plan for concerns raised in Ophthalmology	Y	L Radford to provide HEEM update and embed prior to Board of Directors.
Recruitment & Retention	3.5.3 Scope the functionality of the current ESR workforce information management system. Ensure alignment with capacity, demand and financial planning.	Y	None
Safety Culture	5.3.17 Sepsis and Fluid Management included in induction for all nurses	Y	None
Mandatory Training	7.2.2 Agree the revised incremental pay progression policy changes with Trade Unions	Y	None
Staff Engagement	8.3.1 Revise, consult and agree a Staff Engagement Strategy	Y	Remove revised second draft of Staff Engagement Strategy
Staff Engagement	8.5.1 Develop a toolkit to support managers in communicating and engaging staff	Y	Workstream Group to consider employees engagement expectations

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)?	No further actions identified

Additional comments from committee chair

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