Sherwood Forest Hospitals NHS
NHS Foundation Trust

**Quality Improvement Plan – Subcommittee report to Board of Directors**

| Committee | Date |
|---|---|
| Quality Committee | 18 May 2016 |

**Actions considered for marking "blue" as embedded**

| Workstream | Action | Evidence reviewed and recommended to Board to mark "blue" (Y/N) | Comments |
|---|---|---|---|
| Governance | 2.4.1 Develop an open and transparent culture that supports good governance to enable the trust. | Y | |
| Governance | 2.5.2 Develop a new set of pathways to support the improved interaction and decision making processes between these departments and publish on the intranet. | Y | |
| Governance | 2.5.11 Inappropriate patient care in the Emergency Department, such as where patients had had an interventional procedure in the department for fractures but had not had an x-ray. Trainees felt that the patients were not always properly assessed and were being sent to T&O to 'rule out' a fracture. Ensure that correct x-ray protocols are in place and are being followed. | Y | |
| Governance | 2.5.13 Create a new and standardised approach to Junior Doctors Forums. Ensure trainees are able to raise concerns quickly and safely and feedback to trainees' actions taken on any issues raised. | Y | |
| Personalised Care | 4.2.3 Review and develop assessment process and documentation to include cognitive assessment for all over 75 ED attenders | Y | |
| Personalised Care | 4.2.11 Secure support from Mental Health colleagues on multi-disciplinary working group | Y | |
| Personalised Care | 4.2.12 Develop and implement delirium pathway | Y | Recognition of good work to be shared with BoD |
| Safety Culture | 5.3.3 Establish monthly audit for Sepsis Screening in all ward areas on all three hospital sites. | Y | |
| Safety Culture | 5.3.4 Establish monthly audit for Sepsis 6 Bundle compliance in all ward areas on all three sites | Y | |
| Safety Culture | 5.3.5 Retrospective audit of Sepsis Screening in all admission areas for national CQUIN. | Y | |
| Safety Culture | 5.3.6 Retrospective audit of antibiotic administration in severe sepsis in all | Y | |

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| | admission areas for national CQUIN. | | |
| Safety Culture | 5.3.9 Monthly review of RCA review of cardiac arrest in septic patients | Y | |
| Safety Culture | 5.6.5 Process for regular checking of resuscitation equipment and trollies in MIU to be reviewed to ensure it corresponds with trust standards | Y | |
| Safety Culture | 5.6.12 Needs assessment of IT requirements in ED to be undertaken – where further computers needed work to be undertaken with IT to source and provide computers | Y | |
| Timely Access | 6.5.11 Teaching session to all clinical staff on RTT and reconciliation | Y | |
| Maternity | 9.1.1 Review model of care to ensure optimum multi-disciplinary working within the division, across divisions and externally<br>Consider appointing a designated bereavement midwife and a diabetic specialist midwife. | Y | |
| Maternity | 9.2.8 Information regarding pregnant women using steroid medication has been accurately recorded and reported as part of the CQUIN | Y | |
| Maternity | 9.3.2 Incidents are shared in the Labour Ward forum to learn from the mistakes and used to better the procedures and processes | Y | Maternity Unit Memos (MUM's Newsletter) received positive comments and suggested these are shared with BoD |

**Comments on review of Red/Amber actions**

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| 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**

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

Acknowledge the excellent work being done and thanks to all staff involved in the Quality Improvement Plan.