Quality Improvement Plan – Subcommittee report to Board of Directors

Committee	Date
Quality Committee	No Committee in August. Reviewed by Chair – Peter Marks

Actions considered for marking "blue" as embedded

Workstream	Action	Evidence reviewed and recommended to Board to mark "blue" (Y/N)	Comments
Governance	2.2.2 - Review and improve risk management processes including risk escalation and information flows	Y	Amend Responsible Assurance Committee from Quality Committee to Risk Committee
Governance	2.2.3 – Enhanced risk escalation process implemented	Y	Amend Responsible Assurance Committee from Quality Committee to Risk Committee
Governance	2.2.4 – Develop an appropriate suite of report formats for reporting on risk management	Y	Amend Responsible Assurance Committee from Quality Committee to Risk Committee
Governance	2.5.16 – Ensure that learning and lessons learnt from the external visits are disseminated across all services. To hold combined junior doctor forums 3 times a year from all divisions to share learning and best practice.	Y	Amend Responsible Assurance Committee from Quality Committee to Organisational Development & Workforce Committee
Personalised Care	4.1.5 - Review communication: Threading through the "hello my name is…." Concept in to all aspects of acre Patient personal care. Preference is clearly articulated and visible to the multi-disciplinary teams.	Y	Amend wording from 'Concept in to all aspects of acre Patient personal care' to 'Concept in all aspects of Patient Personal Care'
Safety Culture	5.1.3 – Link with Patient Safety Collaborative (PSC) established with Board development day and intervention in ED and Maternity services.	Y	Amend date from December 2016 to December 2015
Safety Culture	5.4.11 – Establishing and implementing clear escalation procedures to the Medical Director and Nurse Director when a breach to Infection Prevention & Control policy is repeatedly observed.	Y	Evidence of examples removed as hold confidential information
Safety Culture	5.6.7 – Anywhere not utilising resuscitation trollies to have quality assurance solution similar to that implemented with the trollies	Y	
Maternity	9.1.1 – Review the protocols of how long women remain in hospital after giving birth and consider changes to improve access to the maternity services. This is one of part of the review of the model of care for the maternity services.	Y	

Maternity	9.2.5 – Work with Trust Communication team to provide maternity information leaflets in languages other than English.	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 on those reports?	Yes / ▉ (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. All evidence challenged and agreed.