Quality Improvement Plan – Subcommittee report to Board of Directors

Committee	Date
Quality Committee	September 16

Actions considered for marking "blue" as embedded

Workstream	Action	Evidence reviewed and recommended to Board to mark "blue" (Y/N)	Comments
Governance	2.1.9 Review guideline update process and develop plan for updating all past review date guidelines in to updated format.	Y	
Governance	2.3.1 Engage with divisional managers and trust staff through the governance review to mitigate and clarify their confusion regarding escalation and clarify flowchart for escalation going forward.	Y	
Governance	2.4.2 Develop and implement the mechanism for learning from incidents, complaints and claims at the Trust.	Y	Ongoing monitoring – amend PSQB to Quality Committee
Personalised Care	4.2.1 Complete staff awareness training on mental capacity act and re launch one to one guidance.	Y	
Personalised Care	4.2.2 Complete staff awareness training on self-harm and re-launch one to one guidance.	N	Withdrawn as further clarification requested re: Ligature Training and compliance of 60% as appears low. Should this be the same compliance as MAST? How many staff should be trained?
Personalised Care	4.2.10 Develop policy for assessment and management of patient at risk of self-harm.	N	Withdrawn – resubmit when updated policy complete
Personalised Care	4.3.1 The training programmes for safeguarding children are in accordance with 2014 Inter-Collegiate Guidance.	Y	
Personalised Care	4.4.2 Complete establishment review to identify the End of Life Care Team resource requirement and training needs	Y	
Personalised Care	4.4.4 All frontline clinical staff complete Basic Level 1 training on End of Life care	Y	
Personalised Care	4.4.6 Based on the establishment review, identify and fill in the resource gaps to ensure the end of life care is effectively delivered	N	Withdraw – requires more work. May remain an outstanding action against CCG as SFHFT may not be able to progress further. Reported to PSQB and on Risk Register. QC to report to BoD and EJ to raise with Oversight Group.

Safety Culture	5.6.2 Review operations of the equipment library, what it is possible to deliver in current configuration and what the service requirements for the organisation are (across all sites). Business case for change to be developed.	N	Withdrawn – Evidence review and audit of compliance requested. AH, EJ and VC to discuss further out of QC.
Safety Culture	5.6.3 Include Paediatrics and Neonatal services in monthly nursing metrics which includes monthly audit of resuscitation equipment checks.	Y	
Safety Culture	5.6.6 Roll-out equipped resuscitation trolleys to ward areas checked daily by the nurse-in-charge	Y	
Safety Culture	5.6.8 Refreshed trust policy on medical device management and training programme in place.	N	Withdrawn – Audit of compliance requested. AH, EJ and VC to discuss further out of QC.
Maternity	9.1.1 (Part 9.1.1) Review model of care to ensure optimum multi-disciplinary working within the division, across division and externally (part of the overall action). 'Ensure women attending the termination of pregnancy clinic are seen by a diploma level qualified counsellor'	Y	
Maternity	9.1.1 Review model of care to ensure optimum multidisciplinary working within the division, across divisions and externally. 'Provide a home from home environment for giving birth for women at low risk complications'	Y	
Maternity	9.2.2 A development programme for the divisional leadership team will include coaching and mentoring. Buddying support has already been received from Bath and Nottingham are offering further support to establish the governance process (November 2015).	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

All evidence reviewed and, where action approved, accepted.