

Quality Improvement Plan – Subcommittee report to Board

Committee	Date
Quality Committee	17 December 2015

Actions considered for marking “blue” as embedded

Workstream	Action	Evidence reviewed and recommended to Board to mark “blue” (Y/N)	Comments
Governance	2.5.4 - Trust must investigate the concerns raised relating to lack of consent forms and site markings. To provide assurance through audits that appropriate site marking and consent processes are being carried out	N	Consent audits sent to clinical audit group to be attached as evidence. Blue form to be updated to be clear that the action relates specifically to T&O. To be deferred to January 2016 meeting.
Governance	2.5.5 - Lack of senior clinical support for junior doctors in T&O and poor staffing levels at night. Each junior doctors will be paired with two supervisors to provide appropriate clinical support	Y	Verbal assurance given that middle grade doctors are on site and working overnight.
Governance	2.5.6 - Lack of senior clinical support for junior doctors in T&O and poor staffing levels at night. The Hospital @ Night to be re-designed to include an onsite surgical registrar on-call to provide additional cover at night	Y	N/A
Governance	2.5.7 - Lack of opportunities for T&O trainees to get experience. The rotas to be redesigned to ensure trainees are given greater exposure to lists to increase their experience	Y	N/A
Governance	2.5.8 - Difficulty with blood test reporting IT system, ensure that the ICE blood results IT system is modified to make the screens more user friendly	Y	Reference to networked label printers on blue form not relevant and can be removed.
Governance	2.5.9 - Poor management of out of hours rota and access to mandatory training, ensure that rotas are revised and to ensure that mandatory training clearly identified	Y	N/A
Governance	2.5.10 - Undermining and inappropriate behaviours towards junior doctors in T&O. Ensure an investigation into the behaviours	Y	

	reported and take appropriate action to ensure values and behaviours are conducive with the NHS Code of Conduct and Trust values are being applied		N/A
Personalised care	4.2.8 - Distribute Ligature Cutting equipment across the Trust	Y	N/A
Safety Culture	5.3.21 - Appoint Project Manager for Sepsis Task Group	Y	N/A
Safety Culture	5.3.23 - Refresh Sepsis portal on Trust intranet	Y	N/A
Safety Culture	5.3.24 - Create full time post for Sepsis Nurse Lead	Y	N/A
Safety Culture	5.3.25 - Free Sepsis Lead Clinician for an extra 1 day a week	Y	Verbal assurance given by the Medical Director that the move from one day per week down to 0.5 PAs is appropriate now that the sepsis working group is established.
Safety Culture	5.6.13 - Ensure wards have appropriate access to working kitchen facilities	Y	N/A
Timely Access	6.5.14 - Establish effective governance and performance management arrangements for RTT targets	Y	N/A
Timely Access	6.6.8 - Notes availability tracked 24 hours in advance of clinic	Y	N/A

Comments on review of Red/Amber actions

Has the committee reviewed relevant workstream summaries?	Yes/ No (please delete)
Does the committee agree with the assessment of Red and Amber actions identified on those reports?	Yes/ No (please delete)
Is the committee satisfied with the executive lead's actions with regards to these actions and have additional actions been required by the committee (please note)?	There was a detailed conversation in relation to each of the red and amber actions and relevant executive leads provided verbal updates and assurance of delivery by the revised expected completion date. The need to provide robust evidence that specifically supports the required actions was noted.

Additional comments from committee chair

The quality improvement plan review process is seen as a robust process.

As referenced above there is a need to ensure that the evidence specifically responds to the action described.

The need to ensure policies and processes are not only updated but embedded with evidence that they are operating effectively was also highlighted.

Concern was raised that 11 of the 90 section 29a and section 31 actions have been rated as red in the QIP. A separate analysis of these specific areas should be considered by the trust board.