

ITEM: 11/134

Doc: 04

Meeting: Trust Board
Date: 26 October 2011

Title: Quality and Patient Safety Committee Progress Report

Executive Summary: **Background**

The Quality and Patient Safety Committee held its inaugural meeting on 26th September 2011. It has superseded the Whittington Hospital's Clinical Quality Assurance and Governance Board, and the Quality and Workforce Committee from the former Provider Services Alliance and reports directly to Trust Board. This report provides a summary of key items discussed and decisions made. It also provides a summary of key indicators and narrative on development of the Quality Dashboard.

Quality and Patient Safety Committee Work areas

The Quality and Patient Safety Committee covers 3 main domains: Safety, Clinical Effectiveness, and Patient Experience, within these domains they are broken down into discreet areas of activity which are detailed below (note some of the themes are cross cutting and therefore cover all or more than one domain) this list is not exhaustive but is included to give an illustration as to the breadth of review by this committee.

Key Items discussed:

- Handover items were agreed from the former committees, whilst an action tracker has been developed from the former committee's for inclusion in this successor committee work plan.
- Terms of reference were approved
- Discussions were held concerning the development of the Quality Account for 2011/12 and further metrics were to be included within the Quality Dashboard concerning 7 day consultant ward rounds
- It was agreed the work around the quality strategy and quality account requires dovetailing to ensure that the quality account gives progress against the delivery of the quality strategy
- The Urgent Care Centre is to provide a progress update on governance issues in next 2 months as part of the Integrated Care and Acute Medicine Divisional Report
- Discussion was held around the annual work programme and additions were identified as part of the discussion, this will be reviewed throughout the year and will form part of future progress updates.

The following key reports were considered by the Committee:



1. The first aggregated **Patient Safety Report** for Quarter 1 was presented and highlighted some areas for focus in relation to quality, themes identified were
 - clinical care
 - staff attitude and communication
 - pressure ulcer management in the community and
 - quality of Root Cause Analysis and Serious Incident Investigations.

Additional work for quarter 2 is to include development and use of benchmark data where this is available for the aggregated report.

The committee reflected on areas that emerged from this report and others in terms of warranting further scrutiny, following discussions it was identified the following areas would be further reviewed:

- Maternity Services,
- District Nursing,
- HMP Pentonville Healthcare,
- Emergency Department,
- Children's Services to include, Health Visiting, School Nursing and Child Protection

For future reporting it was agreed that the focus should be on why issues are occurring as opposed to a description of what has occurred.

2. The development and progress of the **Quality Strategy** was discussed and further involvement was identified for the development of the strategy to include,

- LINKs perspectives,
- Public Health representation to focus on health improvement
- , consideration of the interface with Social Care,
- focus on national and local audits

It was identified at the meeting that there was a need to identify some internal resource in support of the development of this quality strategy

3. The **Patient Experience**, report was presented highlighting a summary of key initiatives including
 - two rapid reviews of services during the first quarter – Maternity Services and Quality of Care in Mercers Ward
 - the plans to gather patient experience information from across the ICO - work has already commenced to map this across the organisation
 - The committee discussed the need to re invigorate response rates for local surveys and it was agreed this needs to be considered as an ICO wide action a further progress update will be provided at the next meeting

Key themes coming from the patient experience feedback confirmed that issues identified relate to

- respect,
- dignity and
- compassion,

The Committee directed that there should be a focus on these areas and actions identified and implemented to promote good practice in this respect.

4. The **Workforce and Development** report was presented by the Assistant Director of People. The committee highlighted continued concerns in relation to

- Mandatory Training compliance,
- The requirement for a more strategic focus in relation to workforce transformation
- The need for a workforce and Organisational Development strategy to guide the Trust through the major transformation programme to be undertaken in the next 2-3 years.

Action: The Trust Board is asked to note the content of this executive summary and a more detailed supporting report and to provide feedback on content and future requirements as the development of the quality agenda is an iterative process.

Report from: David Williams, Assistant Director of Governance

Sponsor: Bronagh Scott, Director of Nursing and Patient Experience

Financial Validation Lead: Director of Finance	Name of finance officer
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Compliance with statute, directions, policy, guidance Lead: All directors	Reference:
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Compliance with Care Quality Commission Standards Lead: Director of Nursing & Clinical Development	Reference: Outcome 16 Quality of Services
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<p>Compliance with Auditors' Local Evaluation standards (ALE)</p> <p>Lead: Director of Finance</p>	<p>Reference:</p>
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<p>Evidence for self-certification under the Monitor compliance regime</p> <p>Lead: All directors</p>	<p>Compliance framework reference: Quality Governance Framework References: Processes and Structure 3A, 3B & 3C Measurement 4A</p>
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