

**ITEM: 12/007**  
**Doc: 04**

**Meeting:** Trust Board  
**Date:** 25 January 2012

**Title:** **Quality and Patient Safety Committee 16 December 2011 Report**

**Executive Summary:** This report gives an account of the issues discussed at the Quality and Patient Safety Committee held on Friday 16<sup>th</sup> December 2011.

The December 2011 committee received the following reports

- Division of Surgery, Cancer and Diagnostics which focussed on a number of key Quality and Patient Safety Indicators, Initiatives and concerns across the Division. A further number of Metrics and Key Performance Indicators were highlighted for inclusion in future reports
- Safeguarding Adults Report comprising an update on actions within in the Trust to protect and safeguard vulnerable adults and an update on actions taken in response to the Six Lives Report which outlined the needs of people with Learning Disability who require acute hospital care.
- Quality and Patient Safety Dashboard
- NHSLA Progress Report
- Effective Care Report Quarter 2 (July – September 2011)
- Quality Strategy Update Report
- Workforce development Report Quarter 2 (July-September 2011)
- Patient Experience Report Quarter 2 (July – September 2011) comprising, Complaints and PALs, Litigation and Claims, Serious Incidents, report from Patient Experience Steering Group and Verbal update on the draft CQC visit report from October 2011.
- Care Quality Commission – Quality and Risk profile update.

**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.



<b>Report from:</b> Bronagh Scott Director of Nursing and Patient Experience
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<b>Sponsor:</b> Bronagh Scott, Director of Nursing and Patient Experience
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<b>Financial Validation</b> Lead: Director of Finance	Richard Martin
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<b>Compliance with statute, directions, policy, guidance</b> Lead: All directors	<b>Reference:</b>
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<b>Compliance with Care Quality Commission Standards</b> Lead: Director of Nursing & Clinical Development	<b>Reference: Outcome 16 Quality of Services</b>
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<b>Evidence for self-certification under the Monitor compliance regime</b> Lead: All directors	<b>Compliance framework reference:</b> Quality Governance Framework References: Processes and Structure 3A, 3B & 3C Measurement 4A
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