

Governance and Healthcare Assurance Committee Paper GHAC09/014

NHS South Central Patient Safety Strategy

Executive Summary:

The PCT was requested to comment on the Patient Safety Strategy – please see attached.

The consultation period runs until the SHA Board meeting in February. Once the consultation period is over, the updated strategy will be returned to the Governance & Healthcare Assurance Committee for adoption by the PCT.

Actions Requested:

The Governance & Healthcare Assurance Committee is asked to note the response.

Aims Supported by this Paper:

Healthy Horizons, Standards for Better Health, Strategy Goal 6.

Corporate Citizenship, Equality and Diversity

This paper does not request decisions that impact on corporate citizenship, equality and diversity.

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Date:

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NHS South Central Patient Safety Strategy

Thank you for the opportunity to comment on this important piece of work. The PCT is fully supportive of the direction of travel and has engaged in the work of the Patient Safety Federation to date. The strategy is a vital next step to align activities across the Authority area and to ensure there is congruence between provider and commissioner aspirations for developments in patient safety.

General comments

The brevity of the strategy document is welcomed although it might benefit from an acknowledgement of the different perspectives of commissioning and providing organisations. This would enable greater clarity and provide the opportunity to specifically target elements of the strategy appropriately to make them deliverable. The document would also benefit from inclusion of the stated ambitions at an earlier point and more of an introduction to the framework.

The potential impact for Foundation Trusts (FT) is not mentioned at all and with most Providers heading towards FT status, if not already achieved, there will be fewer organisations for South Central to directly influence and receive funding from. It might be worth further developing the element of the strategy related to the Federation such that its membership is viewed as material to the delivery of these aspirations.

The strategy would benefit from inclusion of the engagement of other stakeholders and reference to other bodies such as the NHS Litigation Authority Standards potentially, for example, making reference to achievement of NHSLA target levels.

Specific questions/comments

Are there plans to engage with other SHAs around patient safety agenda?

How will the strategy be implemented? Plan / Time frame? What short and long term goals should organisations plan for? Is there a priority order?

What are 'appropriate resources' and where are they coming from?

There are a few grammatical errors and inconsistent use of capitalisation. Abbreviations are used without any explanation.

Will signing up' to this strategy see a reduction in avoidable harm or should it say implementation of this strategy will?

Appendix 1 Commissioners – reference needs to be made to contracts and the use of incentives e.g. CQUIN.