

**NHS County Durham and Darlington
Patient Safety Assurance Framework
Version 1.0 December 2009**

Key to assurance	
High -	Key policies, systems and procedures in place, audit and feedback mechanisms and improvement plans, and clear evidence of implementation and effectiveness in all relevant parts/levels of the organisation.
Medium -	Key policies, systems and procedures in place, with audit and feedback mechanisms and some evidence of implementation and effectiveness.
Low -	Key policies, systems and procedures not in place, and/or no effective audit and feedback mechanisms or evidence of implementation and effectiveness.

Safety Issue	Evidence to support assurance (This may include evidence in reports relating to the annual healthcheck, NHSLA standards and other external reviews)	Relevant current commissioner surveillance data
The Board sets out a clear, ambitious vision and strategy for patient safety which is well embedded throughout the organisation.	<ul style="list-style-type: none"> • NHS CDD has a Patient safety strategy, aligned to broader strategies. • Communication and engagement with PCT staff, providers and independent contractors • Progress in implementation of patient safety strategy. • Assessment of/action related to safety climate • NHS CDD seeks assurance from providers of their vision and strategy for patient safety 	SUI and overall incident reporting rates, complaints data, patient surveys, staff survey, workforce plans, workforce reports, mortality/morbidity data
Patient safety is highest priority at Board level and is afforded an equal focus of attention with finance and performance issues.	<ul style="list-style-type: none"> • PCT Governance and assurance processes. • Quantity/quality of Board discussion and action on safety issues and risks in provider services. • Seek assurance of engagement of provider organisations with regional and national safety developments. • Understand provider staff perceptions 	SUI and overall incident reporting rates, staff survey, patient survey
The Board and sub committees provide a real opportunity for challenge and discussion involving Non Executive Directors	<ul style="list-style-type: none"> • Seek assurance of provider non-executive director roles and input within board and sub-committees. • Quality Review Groups with providers • Inclusion of patient safety indicators within CQUINs • Benchmarking of safety indicators where possible. • Scrutiny of patient safety issues via audit committee 	Mortality rates, SUI and overall incident reporting, Never Events, HCAI rates, implementation of safety alerts, staff/patient surveys

<p>The Board, supported by its sub committees, has a clear analysis of and response to key risks for patient safety.</p>	<ul style="list-style-type: none"> • Risk management policy and procedures. • NHS CDD has agreed processes for escalating and responding to issues from commissioned services clinical staff or service users. • Collect and monitor appropriate information from providers to allow Identification of/action on key patient safety risks. 	<p>Mortality rates, incident reporting, Never Events, HCAI rates, implementation of safety alerts, staff survey, patient survey</p>
<p>The Board, supported by its sub committees, has a systematic process for monitoring mortality and other safety indicators to inform action.</p>	<ul style="list-style-type: none"> • Defined process via CQRG for reviewing mortality rates and other safety indicators. • Regular review of mortality and dashboard of other indicators. • Identification, further analysis and action in relation to identified issues. • Ensure providers including independent contractors use recognised tools for analysis – e.g. global triggers tool 	<p>Dr Foster HSMR, CHKS RAMI, unadjusted mortality rate. SUI and incident reporting, Never Events, HCAI rates, implementation of safety alerts, staff survey, patient survey</p>
<p>Rigorous systems are in place in management units and clinical teams for monitoring quality and safety of care, with reference to a range of indicators.</p>	<ul style="list-style-type: none"> • Monitor clinical governance and performance management processes of providers. • Ensure providers review indicators and actions at Directorate and clinical team level in relation to safety risks and issues. • Assessment of/action related to safety climate 	<p>Mortality rates, SUI and incident reporting, Never Events, HCAI rates, implementation of safety alerts</p>
<p>There is a system in place to ensure adequate staffing and skill mix.</p>	<ul style="list-style-type: none"> • Seek assurance from providers of their systematic process for assessing adequacy of staffing and skill-mix. • Ensure providers benchmark Trust/Directorate position. • Ensure providers have a process for review and escalation of issues or concerns. • Seek assurance of Board, Directorate and team monitoring and action. 	<p>Staff survey, workforce plans, workforce reports</p>
<p>Real time feedback from clinical audit, service user and staff experiences are used to complement 'hard' indicators.</p>	<p>Clinical audit policy and support mechanisms. Seek assurance of:</p> <ul style="list-style-type: none"> • action on national clinical audit priorities. • clinical audit within Directorates and teams and safety improvement arising from this. • policies/procedures relating to staff and service user feedback. • escalation of feedback on safety issues to appropriate management levels. • triangulation of clinical audit data, staff and patient feedback to inform monitoring and action. 	<p>National clinical audit reports, complaints, PALS reports, staff survey, patient survey</p>

<p>The organisation has rigorous systems in place at all levels to manage safeguarding issues</p>	<ul style="list-style-type: none"> • NHS CDD clinical governance and audit arrangements cover safeguarding children and vulnerable adults. • Seek assurance from providers that there is a clear chain of responsibilities for child protection from the front line through to the most senior level. • Named doctor and nurse/midwife in post with establishment levels proportionate to the local resident population. • Resources to fulfil the role of designated doctor and nurse. • Completion of regular audits to a schedule agreed with LSCB. 	<p>Maternity monitoring table, NE maternity matters scorecard.</p>
<p>There is a clear process for early warning, communication and response when quality of care falls below acceptable standards.</p>	<ul style="list-style-type: none"> • Monitoring of providers clinical governance systems, policies and procedures. • Encourage use of clinical dashboards and risk registers at all levels. • Issues highlighted at contract performance review meetings and subsequent action specified. • Perceptions of staff and service users within the organisation. 	<p>Mortality rates, SUI and other incident reporting, Never Events, HCAI rates, implementation of safety alerts, staff/patient surveys</p>
<p>Safety and quality information is published and discussed openly in the public domain via Board meetings and in other forums.</p>	<ul style="list-style-type: none"> • NHS CDD has a vision and strategy for openness. • Patient and public perceptions. • Providers are expected to have: <ul style="list-style-type: none"> ➢ publications of safety information via Board meetings, websites, forums and use of private forums for discussion of safety issues. ➢ engagement of patients, carers and public in safety and quality discussions. 	
<p>The organisation has clear, regularly audited protocols and pathways for patient management – e.g. for emergency patients</p>	<ul style="list-style-type: none"> • NHS CDD promotes multi-disciplinary and cross-organisational working relevant to the pathway. • Providers are expected to have: <ul style="list-style-type: none"> ➢ defined pathways and clinical protocols for priority patient groups. ➢ regular audit by clinical teams, review and action as required at team, Directorate and organisation level. 	<p>National clinical audit reports.</p>
<p>Bed management arrangements are in place to ensure that patients are cared for within the appropriate speciality</p>	<ul style="list-style-type: none"> • Providers must have a bed management policy including operational arrangements for bed management. • Assurance is required on: 	

	<ul style="list-style-type: none"> ➤ monitoring processes and response to pressures. ➤ level of boarding and clinical management arrangements for boarded patients. ➤ any breach of DSSA is reported as a SUI 	
There is a systematic process to ensure that all staff are trained in key clinical procedures relevant to their patient caseload.	<p>Providers must provide assurance of :</p> <ul style="list-style-type: none"> ➤ policy for mandatory and essential clinical training. ➤ indicators and monitoring processes for training provision and attendance. ➤ numbers/proportion of relevant staff trained. ➤ staff and service user perceptions. 	Staff survey, patient survey

Reporting and review process

1. NHS County Durham and Darlington will collate a quarterly RAG report for the IBB on assurance issues and exception report on significant variance in relevant surveillance measures for all providers, together with a summary of any actions on areas of concern.
2. NHS County Durham and Darlington will send a monthly exception report on emerging issues in relation to assurance issues and significant variance in surveillance measures to the Quality Committee
3. A Safety Assurance Group is to be established with SHA and Commissioner lead Directors and Senior Managers, reporting to the NHS NE Management Board. The group will meet following receipt of the quarterly assurance report and will review the North East picture and agree actions in relation to any issues arising.
4. The initial responses will be based on information currently available to NHS County Durham and Darlington and part of the remit of the Safety Assurance Group will be to develop the assurance framework and agree future requirements for surveillance information to be negotiated with provider organisations.

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