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Professor R Dixon

21 February 1995

- (2) To establish by Directorate a datum where the Trust currently stands against the agreed standards and the best practice being achieved in other parts of the NHS. To discuss and agree the appropriate and necessary actions to improve performance including raising the major issues of the Trust Board.

To monitor the complaints/compliments situation and to present a 3-monthly review to the Board.

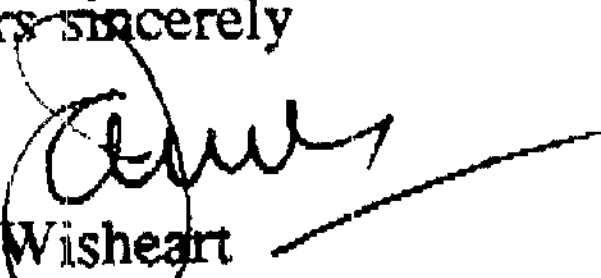
The standing members of the Committee would be a Non-Executive Director in the Chair, the Medical Director, the Director of Operations who is also the Trust's Chief Nursing Adviser, and the Chairman of the Clinical Audit Committee.

ADDITIONAL NOTE

The extension of the remit of this committee into clinical aspects of patient care is a departure and one which needs to be carefully explored on a fairly broad basis across the Trust. In particular, the role of the Clinical Audit Committee is, of course, crucial. I believe that the proposed development would assist in achieving further progress towards cultural openness about outcomes throughout the Trust and would involve change and development over a number of years. In conducting this exploration the Committee might well decide that outcome information should be internal to the Trust and Committee in the first instance. A later step might well be to consider whether the major Purchasing Health Authority had any role in the development of this process about outcome measurement. The Committee might well enter into constructive dialogue with the Clinical Audit Committee concerning outcome measurement and could act as a positive staging post for the transmission of such information to the Trust Board.

With kind regards.

Yours sincerely


J D Wisheart
Medical Director

cc Mr R McKinlay
Dr J Roylance
Dr J Bullimore
Dr G Laszlo