

Department of Health, Social Services & Public Safety
An Roinn Sláinte, Seirbhísí Sóisialta agus Sábháilteacht Phoiblí

Planning & Performance Management Directorate

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Chief Executives, HSS Boards

Chief Executives, HSS Trusts and Special Agencies

Chief Executive CSA

Chairs, Local Health and Social Care Groups

Chief Officers, HSS Councils

April 2003

Dear Colleague

GOVERNANCE IN THE HPSS

Clinical and Social Care Governance – Follow up to circular PPMD (10/2002)

I refer to circular PPMD (10/200) issued on 13th January from John McGrath. The circular set out guidelines for the implementation of Clinical and Social Care Governance arrangements in HPSS organisations.

The circular required that a number of actions should be taken by HPSS organisations within a specific timeframe. These were to:-

- identify a senior professional at board level to provide leadership in relation to clinical and social care governance by 28 February 2003;

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- designate a committee with responsibility for clinical and social care governance (or in the case of LHSCGs, a sub-group or team) and supporting structures by 31 March 2003;
- complete a review/baseline assessment of arrangements within the organisation that identifies clinical and social care governance support systems and systems that require further development by 31 March 2003; and
- formulate and agree the organisation's plan for developing and maintaining effective clinical and social care governance arrangements by 1 May 2003.

A number of these dates have now passed and I am writing to you now to ask you to respond to the Department by Monday 19th May providing the following information (if you have not already done so):

- a) name and contact details (job title, address, telephone number, email) of the lead professional; and
- b) name of the committee designated to be responsible for clinical and social care governance and contact details for the Chair of this Group if different from the lead professional identified above;

HSS Boards, HSS Trusts, Local Health and Social Care Groups, the CSA and Special Agencies are all asked to provide this information. Local Health and Social Care Groups should provide the information through their HSS Board.

I am also asking that by 30th May the same organisations write to the Department providing a copy of your initial baseline assessment and your organisation's plan for further developing and maintaining clinical and social care governance arrangements.

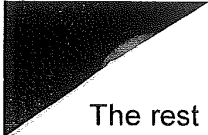
DUTY OF QUALITY

The Statutory Duty of Quality, set out at Article 34 of the HPSS (Quality, Improvement and Regulation) (NI) Order 2003, has been commenced with effect from 25th April 2003. The Duty of Quality initially applies to HSS Boards and HSS Trusts.

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2



The rest of this circular is designed to give further guidance on the completion of baseline assessments. This is in response to requests from various HPSS bodies for additional guidance.

FURTHER ADVICE

Completion of the baseline self assessment is a process aimed at helping organisations to focus on the extent and effectiveness of their clinical and social care governance arrangements at both strategic and operational levels. It is essential that the baseline assessment represents an honest appraisal of the actual starting point. Organisations should therefore not waste time and effort trying to put in place new arrangements in order to make the assessment look more substantial. If your organisation has done little or nothing with regard to a particular aspect of clinical and social care governance, you should say so. Similarly, if the awareness level within your organisation is less than it needs to be you should say so. If more detailed guidance, training etc. are required to aid the development of clinical and social care governance arrangements within your organisation you should highlight what is required.

While a number of HPSS bodies have been developing these arrangements for some time, it is accepted that others e.g. Local Health and Social Care Groups have only just begun to do so. Not all parts of the pro forma apply to all organisations. At this point in time in particular some of the areas covered in the pro forma may not be within the domain of Local Health and Social Care Groups. All organisations should however, do their best to complete as much of the pro forma as possible. The Department expects that the completed self assessments will reflect the fact that arrangements are at very different stages of development within different organisations.

SELF ASSESSMENT

The self assessment for your organisation should include a general statement covering the state of play within your organisation. It should then provide more detail particularly focusing on those areas identified within circular PPMD (10/2002).

To assist organisations with completing this first self assessment I have enclosed a pro forma which your organisation can use as a template for reporting its current position. If you have already completed a self-assessment using your own pro forma I ask that you examine the attached pro forma to ensure that you have covered all of the areas shown within it. You can return the self assessment form using your own pro forma without the need to redo the work in

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3




order to fit your baseline assessment into the format of this pro forma.


NEXT STEPS

The Department will use the information contained within these completed self assessments to build up a picture of the position across the HPSS. This will enable us to identify areas where a Regional approach is required and to look at resource issues which arise from the completed self-assessments.

DEPARTMENTAL CONTACT

Your responses should be sent to:

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 Yours sincerely


BRYAN DAVIS

PLANNING AND PERFORMANCE MANAGEMENT DIRECTORATE

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4