



Implementing Clinical and Social Care Governance

Corporate Report and Proposed Action Plan

August 2001

CONTENTS

<u>Subject</u>	<u>Page</u>
❖ 1.0 Introduction	4
❖ 2.0 Process adopted since September 2000	6
❖ 3.0 Identified Areas for Action:	
▪ 3.1 Workshops	8
▪ 3.2 Corporate Priorities	8
	12
❖ 4.0 Evaluation and Assessment of areas for action	15
❖ 5.0 Recommendations for Action	24
❖ 6.0 Appendices	
▪ 6.1 Appendix 1	27
▪ 6.2 Appendix 2	28
▪ 6.3 Appendix 3	29
▪ 6.4 Appendix 4	30
▪ 6.5 Appendix 5	32
▪ 6.6 Appendix 6	33
▪ 6.7 Appendix 7	36
	48

ACKNOWLEDGEMENTS

The Report Working Group consisted of:

[REDACTED] - GAP Student, Corporate Affairs Team
 Ms Bridget O'Rawe - Director of Corporate Affairs
 Dr Jim Kelly - Medical Director

We are grateful to [REDACTED] who compiled the report under the direction of the Director of Corporate Affairs.

We would wish to express our appreciation to Mrs. [REDACTED] - Acting Central Services Administrator who helped facilitate 16 workshops across the Trust, and to all the participants and contributors to this important exercise.

"The new NHS will have quality at its heart. Without it there is unfairness. Every patient who is treated in the NHS wants to know that they can rely on receiving high quality care when they need it. Every part of the NHS, and everyone who works in it, should take responsibility for working to improve quality."

"The New NHS: Modern - Dependable"
December 1997

"Clinical and Social Care Governance provides an excellent opportunity to reflect on why quality processes within our Trust may not work well and provides us with a mechanism to build on current experience and develop robust and effective methods of reviewing our work and improving clinical care."

Sperrin Lakeland Trust, "A Strategy for Ensuring Quality" P.4
September 2000

"My aim is to provide a high quality system of health and social care which is easy and convenient to use, which is responsive to people's needs and which provides a service that instils confidence in those who use it."

Minister de Brun, "Best Practice - Best Care" P.3
April 2001

1.0 INTRODUCTION

What is it?

Clinical and Social Care Governance is an internal framework for the continuous improvement in the quality of clinical and social services and the safeguarding of high standards of care within the health and social care system.

Government Commitment:

In 1997, the Government White Paper "New NHS - Modern Dependable" and the consultation document "A First Class Service - Quality in the new NHS" outlined the concept and the necessary components of Clinical Governance.

"Building a Safer NHS" (April 2001) sets out the governments plans for promoting patient safety following the publication of the report "An Organisation with a Memory" and the commitment to implement it in the NHS plan. It places patient safety in the context of the Government's NHS Quality programme and highlights key linkages to other government initiatives.

Getting Prepared:

In the absence of a Northern Ireland paper, the Trust proceeded to establish a small steering group to to consider future implications. A first major initiative was to host a Regional "Clinical Governance Seminar" on 17th September 1999. Speakers from Great Britain and Northern Ireland set out what CSCG would mean for health and social care. This was followed by a workshop within the Trust in November 1999, facilitated by a former nurse advisor from the DHSS&PS and the Trust's Director of Corporate Affairs. Participants helped to map existing committees in terms of accountability and links. These are set out in Appendix 1. A strategy was developed and approved by the Trust Board in September. The first meeting of the new CSCG Committee took place in October 2000.

N.I. Developments:

On 11th April 2001, Minister De Brun launched her consultation document, entitled "Best Practice - Best Care", which seeks to describe proposals to take forward the quality agenda within Northern Ireland Health and Personal Social Services.

Three workshops were arranged within the Trust in order to provide staff with an opportunity to comment upon the proposals, and to inform the Trust's response to the Minister. The Trust submitted its response to the Department emphasising the need to:

- (i) avoid creating an environment of over regulation and defensive practice
- (ii) ensure we enable innovation
- (iii) value all staff and invest in their practice

And importantly:

- (iv) provide proper resources across the system to deliver on the quality agenda

We currently await the Minister's views on the way ahead.

The Trust welcomes the commitment of the Minister to this agenda and we hope that our initial work will enable us to respond effectively to the challenge.

2.0 PROCESS ADOPTED SINCE SEPTEMBER 2000

"Clinical and Social Care Governance provides an excellent opportunity to reflect on why quality processes within our Trust may not work well and provides us with a mechanism to build on current experience and develop robust and effective methods of reviewing our work and improving clinical care."

*Sperrin Lakeland Trust, "A Strategy for Ensuring Quality"
September 2000*

In September 2000 the Trust adopted its "Strategy for Ensuring Quality". A key component of this approach, agreed by the Clinical and Social Care Governance Steering Group, was to carry out a baseline assessment of the Trust's position. This required a searching and honest analysis of the Trust's strengths and weaknesses in relation to current performance. A team assessment template (see Appendix 3) was developed to form the basis of a series of sixteen workshops. This tool adopted the following 4 categories under which participants were encouraged to identify existing good practice and to highlight any gaps or objectives in their areas of work:

- *Accountability & Leadership*
- *Achieving Quality*
- *Education, Training & Development*
- *Managing Risk*

The workshops were lead by Dr Jim Kelly, Medical Director and Bridget O'Rawe, Director of Corporate Affairs. These were facilitated by [REDACTED], Acting Central Services Administrator.

The team assessment exercise was designed to raise awareness and offer staff the opportunity to set out their aspirations for their own particular teams, and to voice any concerns and highlight gaps in systems and services.

Issues considered were the aims and key elements of Clinical and Social Care Governance and how these aims would be best achieved, identifying and maximising the use of existing resources, and the implications for education and training.

The workshops sought to:

- Engage all staff through small group discussions
- Help promote an open dialogue on issues of concern and encourage a no-blame culture
- Identify future training needs
- Help identify: variations in performance; diagnose causes of problems; and plan appropriate action

Clinical and Social Care Governance is not just an issue for a few individuals but is relevant to all staff, and must involve all staff in its delivery.

This report seeks to describe the main areas for action identified by key managers and professional staff across our organisation. It is recognised that additional investment is needed. It is acknowledged that availability, or otherwise, of new investment may require further prioritisation of the actions detailed in this report.

It will be necessary to ensure that the recommendations are appropriately integrated into the Trust's business planning cycle. Early engagement with the Commissioner will be essential.

3.0 IDENTIFIED AREAS FOR ACTION

3.1 CSCG WORKSHOPS - PRIORITIES IDENTIFIED

The following section sets out the key priorities for action identified by workshop participants. They are set out under the 4 categories in the Team Assessment tool (Appendix 3). In addition, this section records other issues identified by specific groups. Each workshop group have received a record of issues raised during their session and encouraged to develop local action plans. This report draws on common issues applicable to the whole organisation. It will be important in taking forward this agenda to re-visit with groups action taken / progressed regarding local issues.

3.12 Accountability & Leadership

- 3.12.1 Establishing a system of Link People across the organisation to champion CSCG was prioritised by five of the groups. It was felt that this would add a key element of ownership and local focus. Importantly this would create more capacity through releasing the time of key staff to address the agenda. In addition, it would help keep CSCG at the top of the agenda, make it more explicit and ensure quality improvement is kept "alive".
- 3.12.2 The need for improved communication was identified as highest priority for five groups. This would include enhancing existing mechanisms as well as adopting new means of communication at local and corporate level. A review of current communication systems is recommended.
- 3.12.3 Four groups highlighted the need for greater involvement of staff at all levels and better feedback from committees and groups. Better use of Trustnet and a more systematic approach to staff meetings are recommended. Improvements in reporting mechanisms are required.

Other priorities identified by less than 3 groups were:

- ◆ An agency to improve Home Help standards
- ◆ The establishment of a ward-based clinical pharmacy
- ◆ Better community team management

3.13 Achieving Quality

3.13.1 Five groups identified the need for more involvement of staff, better feedback and improved reporting mechanisms as having highest priority. This action is linked to the previous point at 3.12.3.

3.13.2 Five groups identified a need for a reduction in caseloads and paperwork in order to give professional staff more time to address interaction with patients/clients and to develop good practice. A comprehensive Review of workload/caseload is recommended. This may involve commissioning a Consultancy group to undertake.

3.13.3 Three groups highlighted the need for greater resources to address unmet need. It is recognised that limited resources often prevent services being provided in a manner consistent with professional standards and the desire to deliver quality services.

3.13.4 Three groups highlighted the need for greater resources to enable professional staff to be involved in standard setting. This issue is linked to point 3.12.1.

Other priorities identified by less than 3 groups were:

- ◆ Train staff about the process of audit
- ◆ Better use of technology to spread information

3.14 Education, Training & Development

3.14.1 Nine groups highlighted the need for the development of a formal structured system for Training Needs Analysis (TNA). This should incorporate a training plan/record. It is considered important to invest in training to ensure staff skills are up to date. This will require a review of existing TNA arrangements, enhancement of systems and appropriate training for staff using the system. This is consistent with new requirements for CPD / CME etc and is emphasised in "Best Practice - Best Care".

3.14.2 Eight groups identified the need for greater investment in training. The establishment of a formal training budget is recommended.

Other priorities identified by less than 3 groups were:

- ◆ Improved pay for operative staff
- ◆ Need to change existing culture to enable staff to progress

3.15 Managing Risk

3.15.1 Six groups identified the need for greater resources/funding to support a system for identification of risks and education/training of staff. Specifically it is recommended that a post to co-ordinate the Risk Management and Risk Assessment process be created.

3.15.2 Four groups identified the need for the Trust to develop and endorse a risk assessment model. The Risk Assessment "officer" proposed above would undertake this.

Other priorities identified by less than 3 groups were:

- ◆ More uniformity in practice between Omagh and Fermanagh elderly teams
- ◆ Develop IT systems

- ◆ Eradicate uncertainty about Acute Services Review / strategic direction. It was felt that this was having an adverse effect on capacity to introduce improved services

- ◆ Enhance the Trust's commitment in relation to violence to staff e.g. a wall charter to help increase respect for staff
- ◆ Stricter financial controls to protect the Trust in relation to Fraud, misappropriation and poor use of public funds

3.2 CORPORATE PRIORITIES IDENTIFIED

In addition to the priorities identified under the 4 categories at the workshops, the following organisation-wide issues have been highlighted as recommendations for action.

To include:

3.21 Project Implementation Co-ordinator - 1-year secondment

To date, the work of the Medical Director and Director of Corporate Affairs on this agenda has been supported by a GAP student on placement within the Corporate Affairs directorate. In addition, some initial input was provided by the Central Services Administrator.

The action plan outlined in this report will require considerable time and effort to co-ordinate. It is proposed that a Project Implementation Co-ordinator be appointed on a secondment basis to undertake this role. A role/job description will be developed and evaluated.

3.22 IM&T Investment

One of the key elements of the CSCG and the ICT agenda will be communication. To aid on the delivery of this the Trust will use the local TrustNet, which is a corporate network that allows controlled access to information. This will provide a vehicle for assisting in the delivery of an online performance monitoring system and bring together all the disperse information relating to CSCG into one format. The Trust will target in the first instances the Clinical Incident Reporting system and the Complaints Databases as building blocks to the performance management system. This development will include costs of a part-time programmer and information analyst.

3.23 Develop benchmarking capacity

Central to Clinical and Social Care Governance is the ongoing drive to continuously enhance the quality of services. This will require more than accurate performance monitoring. The Trust must establish both internal and external benchmarking capacity. This should include

enhancement of the information department, involvement in N.I. initiatives such as HRG costing and access to N.I./ U.K. comparative data.

3.24 Patient / Client Involvement

Support further patient / client involvement strategies e.g. resource activities of Trust Users Association; attitude / opinion surveys. Costs are unable to be quantified. However, minimal budget of [REDACTED] - [REDACTED] would enable immediate need to be addressed.

3.25 Complaints Management infrastructure

During 2000, an Internal Review group was established in the Trust to examine arrangements for complaints handling. The recommendations of the Review group were presented to, and endorsed by, the SMT in November 2000. (Report of the Complaints Procedure Review Group - October 2000).

The proposed investment involves [REDACTED], covering the cost of releasing Complaints Assistant from DCA secretarial functions. This will assist in addressing issues of current capacity and requirements of the new medical revalidation system.

3.26 Appraisal and re-validation for medical staff

Plans for appraisal and re-validation for medical staff within the NHS are well advanced. Documentation and processes have been agreed and training needs assessment is currently ongoing. The Trust will be required in year 1 to resource the training costs and agree the opportunity costs with the WHSSB. It is anticipated that in year 2 the outcomes of appraisal will result in additional pressures on CME / CPD funding.

3.27 TOPSS training agenda

This agenda has had to be progressed in addressing the First Class Service (TOPSS) Training Strategy. Workshops have been held and action plans have been drawn up. In order to begin to meet the NVQ targets outlined in the strategy, a Peripatetic Assessor has been appointed and will take up duty in the near future. This appointment will support a significant increase in the

numbers of unqualified staff who can avail of the opportunity to obtain an NVQ qualification and will make a significant contribution to the Education, Training and Development component of CSCG.

3.28 Workforce Planning (provisional text - to be confirmed)

A number of initiatives are progressing in relation to this important issue namely:-

- 1) A workforce survey in to the future demands for Health Care Professionals staff was conducted across the HPSS in July 2000. Twenty-four distinct staff groups were identified and information gathered in respect of numbers in post, numbers of vacancies, projected need over the next four years, age profiles and areas of recruitment difficulty. This Trust submitted the required information at the end of July to DHSS&PS.
- 2) At Departmental Level, new arrangements will include the establishment of a multi professional HPSS Workforce Planning and Development Group. The terms of reference for this Group will include overseeing the design and implementation of a multi-professional workforce planning framework and plan. The membership of the Group, chaired by Mr David Bingham, Director of Human Resources, DHSS&PS will include representation from each of the main professional groups, DHSS&PS, employers and commissioners, primary care, private and voluntary sector and Staff Side. It is aimed to have workforce plans for 16 professional groups by Autumn 2002.
- 3) Within the Western Area an update of the Nursing Workforce Plan is progressing and this work will contribute positively to (2) above.
- 4) Within Social Care significant amounts of work is ongoing as part of the First Class Service Training Strategy. The results of this work will help determine the numbers and skill levels required in the years ahead.

4.0 EVALUATION AND ASSESSMENT OF AREAS FOR ACTION

4.10 Methodology

In the absence of any specific existing criteria, the Report working group identified the 5 factors listed below to measure and weight the priorities for action. Each proposed action was considered individually and given a score out of 10 in each of the 5 categories. This was then multiplied by the relevant weighting figure to give a total out of 1000.

Criteria and weighting adopted to identify priorities:

- Maximum benefit/impact on quality	30
- Address areas of concern	30
- Requires investment	20
- Within resources / Cost implications	10
- Speed of solution	10

4.20 Weighting Evaluation

The full results of the weighting evaluation are represented in tabular form (Appendix 7). This section describes how the scores for each priority were arrived at.

Accountability and Leadership

Action 3.12.1 Link People

This action would address the issue that was of significant concern in considering this agenda i.e. capacity. By freeing up key officers to take a lead locally, significant benefits would be achieved. It does, however, require investment and cannot be achieved within current resources. It is anticipated that this will take place in Year 1.

SCORE: 610

ESTIMATED COST: [REDACTED] per annum

(Costed at 16 people at Grade D
Nurse level or equivalent)

Action 3.12.2 Improved communication systems

Better mechanisms of communication would significantly benefit staff. Some investment may be necessary to implement a review of existing systems but this could largely be achieved within current resources using the Public Relations / Communications officer. This process could happen in Year 1 - 2.

SCORE: 710

ESTIMATED COST: Opportunity costs

Action 3.12.3 Involvement of staff and better feedback

Linked to previous point. Significant benefit would be achieved through more staff participation in quality initiatives. Most of this action could be realised within resources during Year 1 - 2.

SCORE: 710

ESTIMATED COST: Minimal additional cost

Achieving Quality

Action 3.13.1 Involvement of staff and better feedback

See previous comments at action: 3.12.3

SCORE: 710

ESTIMATED COST: Minimal additional cost

Action 3.13.2 Consultancy to review workload/caseload

This action would address a significant area of concern for managers/staff. Relieving workload pressures would have wider benefits. However, this could not be achieved within current resources and would have cost or service implications. It is anticipated that this could not begin before Year 2 and would run into Year 3.

SCORE: 570

ESTIMATED COST: [REDACTED] per day for professional
Consultancy

Action 3.13.3 Need for greater resources to address unmet need

This action would address a major area of concern and create significant benefits. However, in the present financial situation this cannot be achieved. If investment was in place, it could happen in Year 1 - 2.

SCORE: 620

ESTIMATED COST: Significant

Action 3.13.4 Need for greater resources to address standard setting

This action should be linked to action 3.12.1. With the establishment of link people this would not have major additional cost implications and it was felt could be achieved mostly within current budgets. It would address an area of some concern. This could be possible in Year 1 - 2.

SCORE: 640

ESTIMATED COST: See 3.12.1

Education, Training and Development

Action 3.14.1 Develop a formal, structured system for Training Needs Analysis (TNA)

This action would have major benefits for the Trust in staff development and would address an area of significant concern. It is anticipated that this would require some investment in Human Resource capacity and could be achieved in Year 1 - 2.

SCORE: 720

ESTIMATED COST: Staffing costs - [REDACTED] plus [REDACTED] for goods and services. (Assumed at Grade 6 for 1 year with clerical support on a part-time basis).

Action 3.14.2 Greater investment in training

The timing of additional investment must follow the completion of action 3.14.1. Therefore, this would be proposed for Year 2 - 3. This would coincide with the increased emphasis placed on staff development/training outlined in the Minister's "Best Practice - Best Care" document.

SCORE: 620

ESTIMATED COST: [REDACTED] per annum (cost of increasing training budget by 50%)

Managing Risk

Action 3.15.1 Post to co-ordinate Risk Assessment process

This action would address a major area of concern and would have significant benefits if it were in place. It cannot be achieved within current resources. With investment this could happen in Year 1 - 2.

SCORE: 680

ESTIMATED COST: [REDACTED] per annum (Costs based on assumed Grade 5 A & C - goods and services included)

Action 3.15.2 Develop Risk Assessment model

The above post-holder would undertake this action and should therefore be achievable with the new resource. The opportunity for a more consistent, co-ordinated approach to Risk Assessment would benefit services locally and would address an issue of concern raised by workshops participants. The model could be in place by Year 3.

SCORE: 640

ESTIMATED COST: See previous point 3.15.1

Corporate Priorities

Action 3.21 Project Implementation Co-ordinator (P.I.C.)

The appointment of a P.I.C would address concerns about capacity. Further resources would be necessary to create this post. The secondment could begin in Year 1.

SCORE: 640

ESTIMATED COST: [REDACTED] (of Grade 6 A & C post - including goods and services)

Cost incurred to date: [REDACTED] (Grade 2 x 3 months)

Action 3.22 IM&T Investment

The importance of sound information to support this agenda has been stressed. This will address an area of concern. Further investment is anticipated to improve systems and data. This could happen in Year 1 - 2.

SCORE: 580

ESTIMATED COST: To be confirmed

Action 3.23 Bench-marking

Significant resources will need to be identified to support this action. It is anticipated that this will not happen until Year 2.

SCORE: 580

ESTIMATED COST: [REDACTED] - [REDACTED] per annum
based on Consultancy costs for acute services costs only.
(CHKS quotation)

Action 3.24 Patient/Client Involvement

Supporting this action means further investment is needed. Some areas of concern would be addressed and would benefit patients / clients. User involvement is stressed in "Best Practice - Best Care". This could take place in Year 1 - 2.

SCORE: 590

ESTIMATED COST: [REDACTED] - [REDACTED] (based on minimal budget)

Action 3.25 Complaints Management Infrastructure

This issue was subject to an internal review, which highlighted concerns. Implementation of the recommendations would address an area of concern for relevant staff. It is anticipated that this could happen in Year 1 - 2.

SCORE: 660

ESTIMATED COST: [REDACTED] (0.5 of Grade 3 Personal Secretary including 10% for goods and services)

Action 3.26 Appraisal and Re-validation of Medical Staff

This action would require some investment but would address areas of concern and would produce benefits. This is required under the new arrangements for medical staff set out in "Confidence in the Future". This could happen in Year 1 - 2.

SCORE: 700

ESTIMATED COST:

Year 1:

[REDACTED] training Appraisees

[REDACTED] training Appraisers

[REDACTED] Consumables

0.5 WTE Programmer - Grade 5

[REDACTED]

Yr 2 - 4:

[REDACTED] training budget

0.5 WTE Information Assistant -

Grade 5 [REDACTED]

Action 3.27 TOPSS

This action would be of significant benefit in the training of social services staff. It does require further resources and would not be achieved until Year 2 - 3.

SCORE: 580

ESTIMATED COST: To be confirmed

Action 3.28 Workforce Planning

SCORE: To be confirmed

ESTIMATED COST: To be confirmed

4.3 RANK ORDER

Category	Action	Weighting	Rank
<i>Education, Training & Development</i>	3.14.1 Formal, structured system for TNA	720	1
<i>Accountability & Leadership</i>	3.12.2 Improved communication systems	710	2
<i>Accountability & Leadership</i>	3.12.3 Involvement of staff and better feedback	710	2
<i>Achieving Quality</i>	3.13.1 Involvement of staff and better feedback	710	2
<i>Corporate</i>	3.26 Appraisal and Re-validation of Medical Staff	700	5
<i>Managing Risk</i>	3.15.1 Post to co-ordinate risk assessment process	680	6
<i>Corporate</i>	3.25 Complaints Management Infrastructure	660	7
<i>Corporate</i>	3.21 Project Implementation Co-ordinator	640	8
<i>Achieving Quality</i>	3.13.4 Need for greater resources to address standard setting	640	8
<i>Managing Risk</i>	3.15.2 Develop risk assessment model	640	8
<i>Achieving Quality</i>	3.13.3 Need for greater resources to address unmet need	620	11

<i>Education, Training & Development</i>	3.14.2 Greater investment in training	620	11
<i>Accountability & Leadership</i>	3.12.1 Link People	610	13
<i>Corporate</i>	3.24 Patient/Client Involvement	590	14
<i>Corporate</i>	3.22 IM&T Investment	580	15
<i>Corporate</i>	3.23 Bench-marking	580	15
<i>Corporate</i>	3.27 TOPSS	580	15
<i>Achieving Quality</i>	3.13.2 Consultancy to review workload / caseload	570	18

5.0 RECOMMENDATIONS FOR ACTION

It is recognised that this is an evolving agenda. Many actions presented in this report require sequencing in the form of a long-term plan. The changes can't all happen in Year 1. This section seeks to describe an action plan over a 3-year period. However, the plan must be reviewed and amended accordingly and will serve as an important tool for the Project Implementation Co-ordinator and the CSCG Steering Group in progressing the agenda. In addition, the Report working group has sought to identify lead people against each area of action.

It must be stressed that the time frame and capacity to move forward this agenda is significantly dependent upon securing the necessary funding and resources.

Year 1 - Implementation - establish infrastructure / review systems

Year 2 - "Roll Out" - e.g. add investment to training / implement system changes

Year 3 - Consolidation - bed down new arrangements

Category	Action	Lead / Responsible Officer	Year
<i>Accountability & Leadership</i>	3.12.1 - Link People	Service Directors	1
	3.12.2 - Improved communication systems	Director of Corporate Affairs	1/2
	3.12.3 - Staff involvement, feedback & reporting mechanisms	Director of Corporate Affairs and Director of Human Resources & Operational Services	1/2

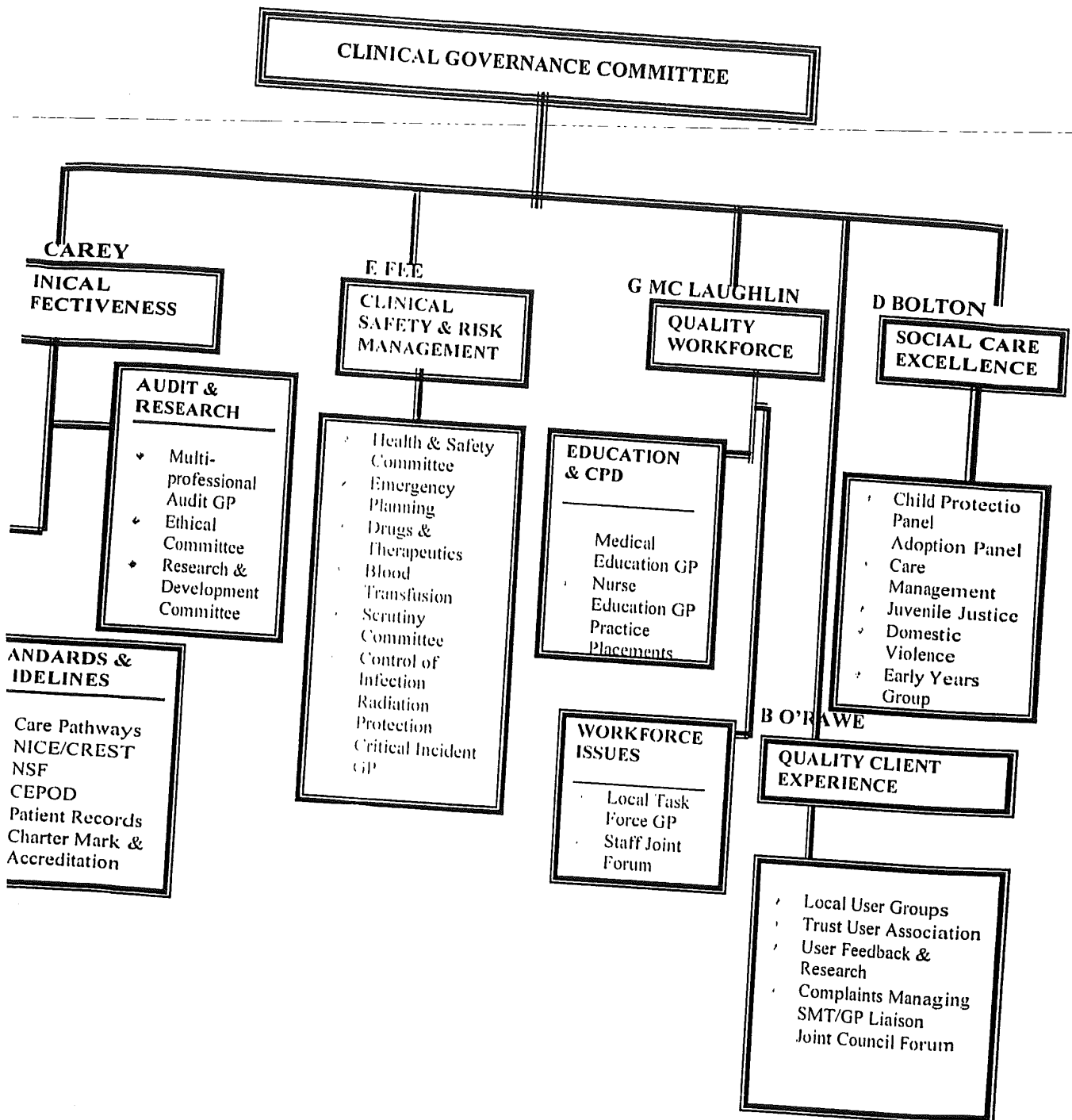
<i>Achieving Quality</i>	3.13.1 - Staff involvement, feedback & reporting mechanisms	Service Directors	1/2
	3.13.2 - Review caseloads	Chief Executive / Service Directors	2/3
	3.13.3 - Address unmet need	Chief Executive / Service Directors	2/3
	3.13.4 - Address standard-setting	Medical Director / Service Directors / Link People	1/2
<i>Education, Training & Development</i>	3.14.1 - Formal structured system for TNA	Director of Human Resources & Operational Services	1/2
	3.14.2 - Greater investment in training	Chief Executive / Service Directors	2/3
<i>Managing Risk</i>	3.15.1 - Funding for risk assessment post	Director of Corporate Affairs	1/2
	3.15.2 Risk Assessment model	Director of Corporate Affairs / Risk Management officer	2/3
<i>Corporate Priorities</i>	3.21 Appointment of Project Implementation Co-ordinator	Director of Corporate Affairs / Medical Director	1
	3.22 IM&T Investment	Director of Planning, Contracting & Information	1/2

	3.23 Benchmarking development	Medical Director / Director of Planning, Contracting & Information	2
	3.24 Patient/Client involvement	Director of Corporate Affairs	1/2
	3.25 Complaints Management Infrastructure	Director of Corporate Affairs	1/2
	3.26 Appraisal & Re-validation for medical staff	Medical Director	1/2
	3.27 FOPSS Training agenda	Director of Human Resources & Operational Services / Director of Community Care / Director of Mental Health & Elderly Services	2/3

6.0 APPENDICES

<i>Appendix 1</i>	<i>- Clinical Governance Committee Structure</i>
<i>Appendix 2</i>	<i>- Programme of Workshops</i>
<i>Appendix 3</i>	<i>- Team Assessment Tool</i>
<i>Appendix 4</i>	<i>- Workshop Format</i>
<i>Appendix 5</i>	<i>- Grid Showing Priorities Identified</i>
<i>Appendix 6</i>	<i>- Other Issues Identified at the Workshops</i>
<i>Appendix 7</i>	<i>- Full Weighting Exercise</i>

Appendix 1



Appendix 2

Clinical and Social Care Governance Workshops

DATE	TIME	VENUE	GROUP	LEAD
Tue 13 Mar	1.30-3.30	Tyrone County Hospital, Postgrad Centre - Lec Room	Hotel & Support Services	B O'Rawe
Thur 15 Mar	10.00-12.00	Erne Hospital, Nurses' Sitting Room	Surgical Services	Dr Kelly
Thur 15 Mar	2.30-4.30	Erne Hospital, Nurses' Sitting Room	Medical Directorate	Dr Kelly
Tue 20 Mar	10.00-12.00	Tyrone County Hospital, Postgrad Centre - Lec Room	Omagh Elderly Care	B O'Rawe
Thur 22 Mar	10.00-12.00	Erne Hospital, Nurses' Sitting Room	Fermanagh Elderly Care	B O'Rawe
Tue 27 Mar	2.30-4.30	Erne Hospital, Nurses' Sitting Room	Women's & Children's Services	Dr Kelly
Wed 28 Mar	2.30-4.30	Erne Hospital, Nurses' Sitting Room	Healthcare Programme	B O'Rawe
Fri 30 Mar	2.00-4.00	Tyrone County Hospital, Postgrad Centre - Lec Room	Mental Health (S McGarvey)	B O'Rawe
Mon 2 Apr	10.00-12.00	T & F Hospital, Doctors' Library	Health & Disability	B O'Rawe
Mon 2 Apr	2.30-4.30	T & F Hospital, Doctors' Library	Mental Health (F Taylor)	B O'Rawe
Tue 3 Apr	2.30-4.30	Erne Hospital Nurses' Sitting Room	Labs & Pharmacy	Dr Kelly
Thur 5 Apr	10.00-12.00	Erne Hospital Nurses' Sitting Room	Finance	Dr Kelly
Thur 19 Apr	2.00-4.00	Tyrone County Hospital, Postgrad Centre - Lec Room	Human Resources, Operational Services & Corporate Affairs	B O'Rawe
Thur 26 Apr	2.30-4.30	T & F Hospital, Green Room	Information, IT & Contracts/Planning	B O'Rawe
Fri 27 Apr	2.00-4.00	T & F Hospital, Boardroom	Radiology & Outpatients	Dr Kelly
Wed 9 May	2.45-4.45	T & F Hospital, Doctors' Library	Family & Child Care	B O'Rawe

Appendix 3

Clinical and Social Care Governance Team Assessment

This template for Team assessment is designed to assist local service, specialism, or professional, teams in assessing their collective understanding of and readiness for Clinical Governance.

It is hoped that this process will lead to the development of local and directorate action plans.

Where the response is no, or in the negative, consideration should be given to how this area/issue can be actioned with the team. The areas listed are not exhaustive.

THE CONCEPT AND ITS IMPACT		
1	Is everyone in the team aware of the concept of Clinical and Social Care Governance?	YES/NO
2	Have opportunities been taken to discuss what Clinical and Social Care Governance may mean for the team and services provided?	YES/NO
3	Is the team aware of the Trust's proposals?	YES/NO
4	Did the team have an opportunity to contribute to the original proposal?	YES/NO
5	Is Clinical and Social Care Governance seen as a positive development in the pursuit of quality in service provision?	YES/NO
ACCOUNTABILITY		
6	Is everyone in the team aware of the Trust committees/groups that are relevant to your area of work?	YES/NO
7	a) Are there formal arrangements for raising or reporting issues to these committees/groups? b) Are Team members aware of these?	YES/NO
8	Do you receive feedback/information from these committees/groups that help inform local practice?	YES/NO
ACHIEVING QUALITY		
9	Are there key standards which govern/shape service in your team?	YES/NO
10	Are these standards monitored/evaluated?	YES/NO
11	How are team members involved in (i) developing standards (ii) monitoring outcomes e.g. clinical incident reporting?	

12	How is/can information be used to inform practice within the team and beyond?	
13	Are there any barriers and how might these be overcome? e.g. information/data, resources such as time	
	LEADERSHIP	
14	Would it be appropriate for a team member to 'champion' this work?	YES/NO
15	Can that individual be released from some duties to undertake this role?	YES/NO
	EDUCATION, TRAINING & DEVELOPMENT	
16	Is a Training Needs Analysis (TNA) regularly undertaken?	YES/NO
17	Does the TNA reflect on skills, needs and competency related to the teams work.	YES/NO
18	Are Academic research opportunities used to benefit service standards and provision?	YES/NO
	MANAGING RISK (linked to Achieving Quality Section)	
19	Have you considered the risks associated with the delivery of services to: (a) staff (b) patient/client	YES/NO
20	Are there systems/procedures in place to minimise/remove risk	YES/NO
21	Are you aware of legal obligations that govern your work e.g. statutory duties, code of ethics, legislation e.g. Human Rights and Equality	YES/NO

JULY 2000

Appendix 4

**CLINICAL AND SOCIAL CARE GOVERNANCE:
TEAM ASSESSMENT WORKSHOP**

Objective: To assist in providing a focus on how this agenda is already being addressed within teams and to enable teams and the Trust develop key objectives for the next 12-14 months.

Workshop Leader(s): Bridget O'Rawe / Dr Jim Kelly (as per timetable)

Facilitator: [REDACTED] Acting Central Services Administrator

Scribe: [REDACTED] GAP Student

Programme will last 2 hours as follows:

Introduction

.00 - .10 minutes Brief Overview of progress on
Implementing Clinical and Social Care
Governance and Purpose of Workshop Lead

Group Work

.10 - .15 minutes Format of Workshop and Group
briefings Facilitator

.15 - .30 minutes "How do we Measure Up" -
GROUP ACTIVITY Groups x4

PLENARY SESSION

.30 - 1.30
(15 minutes each) Feedback from Group discussion

1.30 - 1.50 (1) ACCOUNTABILITY AND LEADERSHIP
(2) ACHIEVING QUALITY
(3) EDUCATION, TRAINING AND DEVELOPMENT
(4) MANAGING RISK

1.50 - 2.00 Agreeing Key Objectives/Actions and
Good Practice

 "How might all this come together" Lead

Incidents where identified as a priority

Incidents where identified as a priority																	
GROUP																	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
Accountability & Leadership																	
Involvement of groups/staff - reporting mechanism/feedback	✓			✓													
Link Person		✓	✓										✓	✓			4
More effective communication								✓	✓	✓							5
Agency to improve Home Help standards					✓	✓					✓				✓		5
Establish Clinical Directorate Pharmacy				✓													1
Better community team management										✓							1
Achieving Quality									✓								
Reduction of caseloads/paperwork																	1
Train staff about process of audit			✓	✓													
More involvement of staff - reporting mechanism/feedback	✓	✓				✓									✓		3
Resources to address unmet need and standard setting					✓	✓											1
Better use of technology to spread information								✓	✓								5
Better management structure e.g. Labs within SLT, not Altnagelvin											✓						3
											✓		✓				2
										✓				✓			2

Incidents where identified as a priority

Incidents where identified as a priority																	
	GROUP																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
Education, Training & Development																	
Funding/Resources for training	✓	✓		✓	✓	✓											
Formal training record and plan with feedback	✓		✓						✓				✓				8
Improved pay for operative staff	✓								✓	✓	✓	✓		✓	✓		9
Change existing culture to enable staff to progress								✓									1
Managing Risk																	1
Resources/funding to address risks and educate/train staff	✓	✓															
The Trust to endorse a risk assessment model										✓				✓			
More uniformity between Omagh and Fermanagh				✓			✓	✓	✓						✓		6
Develop IT systems to become more efficient						✓											4
Eradicate uncertainty about Acute Services																	1
Review/strategic direction												✓					1
Charter to increase respect for staff			✓		✓						✓			✓			2
Stricter financial controls																	2
											✓						1

Key

- 1 - Hotel and Support Services
- 2 - Surgical Services
- 3 - Medical Directorate
- 4 - Omagh Elderly Care
- 5 - Fermanagh Elderly Care
- 6 - Women's and Children's Services
- 7 - Healthcare Programme
- 8 - Mental Health (Rehab, Acute & Continuing Care)
- 9 - Mental Health
- 10 - Health and Disability Programme
- 11 - Labs and Pharmacy
- 12 - Finance
- 13 - Human Resources, Operational Services and Corporate Affairs
- 14 - Directorate of Planning, Contracts and Information
- 15 - Radiology and Outpatients
- 16 - Family and Child Care

Appendix 6

Issues Identified and Passed on for Action Locally

Accountability & Leadership

- ◆ 13 groups highlighted the need to increase awareness of CSCG committees, groups, policies and representatives
- ◆ 10 groups identified the need for more time to be allocated to free up a Link person to champion CSCG
- ◆ 9 groups feel that a clear system of 2-way formal reporting is necessary
- ◆ 4 groups identified the need for a clear flow of relevant information and communication
- ◆ 3 groups want a reduction in workload and in the amount of paperwork
- ◆ 3 groups want greater resources to improve and balance team management and structure
- ◆ 3 groups identified the need for greater resources - time, money, people

Other gaps / objectives identified by less than 3 groups were:

- ◆ More involvement of local staff
- ◆ Parameters to measure staff performance
- ◆ Critical Incident training
- ◆ Awareness of and feedback from individual risk assessment
- ◆ Better mechanism for finding important information
- ◆ Improved planning of audits
- ◆ Professional focus for Social Care Forum

- ◆ Greater links within teams
- ◆ Greater links with other teams
- ◆ Regulation for Community Care
- ◆ R & IU equivalent needed
- ◆ Promote idea of team responsibility
- ◆ Eradicate difficulty in obtaining equipment
- ◆ Better representation of PAMS
- ◆ Allow teams more flexibility to adapt standards appropriately
- ◆ More involvement of User groups
- ◆ Clarify leadership roles within teams
- ◆ Synchronisation of group meetings with ongoing cycles e.g. Business plans
- ◆ Expand access to IT
- ◆ Remove obsolete committees / groups

Achieving Quality

- ◆ 10 groups highlighted the lack of resources as a big gap
- ◆ 10 groups identified the need for more effective dissemination of information and feedback e.g. IT
- ◆ 5 groups want more common protocols / standards across the organisation
- ◆ 5 groups want a reduction in the amount of paperwork and a more reader-friendly approach when compiling documents
- ◆ 5 groups identified more widespread external audits as an objective. This requires further resources and greater feedback
- ◆ 4 groups want better co-ordination with other bodies and organisations
- ◆ 4 groups feel there is too much emphasis on quantity of work rather than quality
- ◆ 4 groups want greater access to the Internet and Intranet and more training for staff on using IT
- ◆ 4 groups want to see more comprehensive monitoring - with resources and action
- ◆ 3 groups want to see more effective sharing of information between sites and between other Trusts
- ◆ 3 groups feel that a high staff turnover is a barrier to achieving quality

Other gaps / objectives identified by less than 3 groups were:

- ◆ More specific input from Health and Safety
- ◆ More local standards for Transport services
- ◆ Lack of Action plan
- ◆ Lack of supervision of standards
- ◆ Local standards based on policies drawn up by departments

- ◆ Future awareness seminars and training
 - ◆ Training is limited
 - ◆ Need for a structured link with Mental Health
-
- ◆ Equality agenda should apply to over-65's
 - ◆ Evaluation of independent sector
 - ◆ Better co-ordination of Committee activities e.g. Retirement clubs
 - ◆ Education and Infotainment
 - ◆ More involvement of Home Helps
 - ◆ Increase rate of pay for domiciliary care staff
 - ◆ Ensure development of systems keeps up to date with volume of information
 - ◆ More effective control of resources
 - ◆ Evidence-based practice
 - ◆ Guide-lines to be updated regularly
 - ◆ Clarification on legal issues in data protection
 - ◆ Improve system of data capture - staff involvement
 - ◆ Reduce apathy towards meetings, documents etc
 - ◆ Address issue of violence to staff e.g. records of violent patients to be tagged
 - ◆ Formal protocols for staff visiting violent patients
 - ◆ Extend Nursing Auxiliary service to Fermanagh
 - ◆ Greater emphasis on a client's evidence during cases
 - ◆ Further develop benchmarking
 - ◆ Need for a designated Quality unit
 - ◆ More standard-setting from the bottom-up
-
- ◆ Outside controls and resource gaps cause delays

- ◆ Shared access to computers / files
- ◆ Clarity about what certain departments require to ensure information is relevant
- ◆ Gaps in some exception reporting
- ◆ Operational procedures currently being developed in the Contracts Dept
- ◆ Uncertainty about responsibility e.g. Discharge letters not being sent out
- ◆ Strategic uncertainty i.e. funding
- ◆ Two Endoscopy units are under different directorates
- ◆ System to evaluate positive outcomes based on interaction with clients

Education, Training and Development

- ◆ 8 groups highlighted the lack of resources and funding
- ◆ 6 groups identified the need to ensure research carried out is relevant and beneficial
- ◆ 5 groups highlighted the problems with access to courses in Belfast
- ◆ 4 groups want to see measures introduced to reduce workload for covering staff
- ◆ 3 groups want an improved process of staff recruitment (Job clinic is not working) and increase pay
- ◆ 3 groups want to make the TNA more formal and adopt a Trust-wide model
- ◆ 3 groups felt the timing of the TNA is out of line with colleges
- ◆ 3 groups want to see an increase in the budget for research within PAMS
- ◆ 3 groups want to see the establishment of a research core - internal and external
- ◆ 3 groups identified the need to differentiate between professional & skills training
- ◆ 3 groups want more feedback as a result of TNA
- ◆ 3 want to see an increase in awareness of training requirements

Other gaps / objectives identified by less than 3 groups were:

- ◆ Better co-ordination with other services / groups
- ◆ Need to offer greater personal rewards
- ◆ Admin and clerical staff no longer receive typing allowance
- ◆ Better training provision for specialist staff and junior staff
- ◆ Training requirements not fulfilled - de-motivating

- ◆ Need evidence-based practice
- ◆ Better access to info through IT training, Trustnet etc
- ◆ Training budget seen by some senior staff as a target for savings
- ◆ Training for Home Helps
- ◆ Train with other areas to same standard e.g. Mental Health
- ◆ Share experiences between Omagh and Fermanagh
- ◆ Link with Omagh and Fermanagh colleges for training
- ◆ Identify core skills for staff - help case for funding - individual training portfolios
- ◆ Need for more audits
- ◆ Training opportunities for Nursing auxiliaries
- ◆ Admission criteria for Nursing courses in Queen's is a barrier
- ◆ Winter pressures training
- ◆ Improve team-building and morale
- ◆ Practical room available for training should be used
- ◆ Apparent lack of commitment by the Trust to PREPP compulsory 5 days training
- ◆ UKCC does not require the organisation to further commitment
- ◆ Clinical supervision needs further resources
- ◆ Keep all staff aware of changes in academic research opportunities
- ◆ Clarification of systems to measure outcomes of TNA
- ◆ Greater dissemination of info from individuals attending courses
- ◆ Induction training specific to Mental Health for "unqualified" and admin staff
- ◆ More training through mentoring / shadowing other staff
- ◆ Ensure temporary staff have proper training
- ◆ In Pharmacy TNA is poor

- ◆ Difficult to balance sending the right staff to courses
 - ◆ Pharmacy Journals have been withheld - difficult for staff to keep up to date
 - ◆ Hold a Development / Training day for staff
-
- ◆ Increase awareness of other departments / groups across the Trust
 - ◆ Managers do not have the time to think strategically due to workload
 - ◆ Introduction of a modern apprenticeship scheme in Estates - ease demand in NHS
 - ◆ Scope for moving to short-term, specialist posts and maintain own job security
 - ◆ TNA should be competency-based rather than agency-led
 - ◆ Availability of courses is limited
 - ◆ TNA is open to individual interpretation / prejudice
 - ◆ Increase in number of training requests from IT
 - ◆ Inappropriate job specifications can limit promotion chances
 - ◆ Stress on staff
 - ◆ Conflict between regional and national training
 - ◆ Problem in communication with Personnel and with Westcare
 - ◆ TNA should include foster carers and childminders
 - ◆ Some new staff often miss out because TNA is only done annually
 - ◆ Staff put off doing further training when it has to be done in their own time
 - ◆ Imposing standard social work courses doesn't allow for staff to specialise

Managing Risk

- ◆ 9 groups identified a gap in resources and a need to formally record and review Risk Assessment - make it service orientated

-
- ◆ 6 groups highlighted a lack of awareness of legal obligations / rights and legislation for all staff
 - ◆ 6 groups want to increase awareness of abuse of staff, especially verbal, and clarify reporting arrangements
 - ◆ 4 groups want regular in-service training
 - ◆ 3 groups found difficulties in enforcing risk management procedures
 - ◆ 3 groups identified the need for more effective sharing of up to date information across the Trust
 - ◆ 3 groups feel there should be increased awareness of the Trust's policy on violence to staff
 - ◆ 3 groups want more support from the Trust for staff taking legal action against a client
 - ◆ 3 groups highlighted the need for specialist training for staff dealing with difficult people

Other gaps / objectives identified by less than 3 groups were:

- ◆ Staff cannot always meet client's demands
 - ◆ Overload of paperwork for catering and laundry staff
 - ◆ More training for all staff e.g. lifting and handling, Health and Safety
 - ◆ Need for stricter adherence to guide-lines
 - ◆ Better communication with other services
 - ◆ Maintain stricter confidentiality
 - ◆ Better equipment training
-
- ◆ Better communication between disciplines

- ◆ Uncertainty about Critical Incident reporting
- ◆ High staff turnover causes problems
- ◆ Difficult to cover admin and clerical staff on leave
- ◆ Need more input from medics and front-line staff
- ◆ Improve Hazard Warning system
- ◆ Near-miss reporting should be seen as vigilance
- ◆ Reduce case-loads
- ◆ Increase competency of staff to carry out risk assessment
- ◆ Ongoing monitoring of equipment in clients' homes
- ◆ Team leaders to allocate more time to support staff
- ◆ More face-to-face contact with clients
- ◆ Conflict between budget restrictions and legal risks
- ◆ Increase capacity to use Community Care Risk Assessment tool
- ◆ Conflict between patients rights and professional judgement
- ◆ Need for more equipment
- ◆ Learn lessons from closure of Gynaec ward
- ◆ Verbal abuse among staff - need to increase respect
- ◆ Wall charter highlighting need to respect staff
- ◆ Physical abuse of staff sometimes occurs
- ◆ Unmet needs of staff and patients
- ◆ More safety measures in Health Centres
- ◆ More education for patients about risks
- ◆ Ensure suitable environment i.e. access
- ◆ Reduce number of Trust policies

- ◆ Better use of technology to support risk assessment
- ◆ Risk of staff being isolated during outside visits
- ◆ More support for staff regarding health and well-being
- ◆ More clearly defined local standards
- ◆ Further development of client risk assessment
- ◆ Need a protocol for protecting staff
- ◆ Better advertising of back-up services for staff i.e. Occupational Health
- ◆ Need for trained risk assessors
- ◆ Review/update skills for training staff
- ◆ Working Time Directive to highlight risks to staff
- ◆ VDU training and remuneration of cost of glasses needed due to VDU
- ◆ Awareness of procedures for Fire, Theft, Fraud but complacency towards this often exists
- ◆ Customer practices - sampling
- ◆ Internal controls only as good as the people who operate them
- ◆ Register of interests can be a risk - voluntary and not followed up
- ◆ Induction programme should be more comprehensive and include all staff
- ◆ Human Resource Management System
- ◆ Need a consultation paper in Contracts dept
- ◆ D.D.A. capital requirements
- ◆ Decontamination procedures
- ◆ Single-use devices
- ◆ More commitment from the Trust towards funding risk assessment
- ◆ Business Plans - strategy for Outpatients dept
- ◆ Management structure in Outpatients dept
- ◆ Funding and Training for development e.g. MCN, Ambulatory care

- ◆ Limited residential places restricts options
 - ◆ Poor recognition of stress factors
 - ◆ Putting children in care does not always remove the risk
 - ◆ Office staff feel in a vulnerable position
-

Appendix 7

Accountability and Leadership

Criteria	Weight	Action 3.12.1		Action 3.12.2		Action 3.12.3	
		Score (out of 10)	Weight Score	Score (out of 10)	Weight Score	Score (out of 10)	Weight Score
Maximum benefit	30	8	240	8	240	8	240
Address areas of concern	30	8	240	6	180	6	180
Requires investment / cost implications	20	5	100	7	140	7	140
Within resources	10	6	60	8	80	8	80
Speed of solution	10	7	70	7	70	7	70
Totals			610		710		710

Achieving Quality

Criteria	Weight	Action 3.13.1		Action 3.13.2		Action 3.13.3		Action 3.13.4	
		Score (out of 10)	Weight Score	Score (out of 10)	Weight Score	Score (out of 10)	Weight Score	Score (out of 10)	Weight Score
Maximum benefit	30	8	240	7	210	9	270	6	180
Address areas of concern	30	6	180	8	240	9	270	6	180
Requires investment / cost implications	20	7	140	4	80	2	40	7	140
Within resources	10	8	80	1	10	1	10	7	70
Speed of solution	10	7	70	3	30	3	30	7	70
Totals			710		570		620		640

Education, Training and Development

Criteria	Weight	Action 3.14.1		Action 3.14.2	
		Score (out of 10)	Weight Score	Score (out of 10)	Weight Score
Maximum benefit	30	9	270	9	270
Address areas of concern	30	7	210	8	240
Requires investment / cost implications	20	6	120	3	60
Within resources	10	6	60	1	10
Speed of solution	10	6	60	4	40
Totals			720		620

Corporate Priorities

Criteria	Weight	Action 3.21		Action 3.22		Action 3.23		Action 3.24		Action 3.25	
		Score (out of 10)	Weight Score	Score (out of 10)	Weight Score	Score (out of 10)	Weight Score	Score (out of 10)	Weight Score	Score (out of 10)	Weight Score
Maximum benefit	30	8	240	-	210	7	210	6	180	7	210
Address areas of concern	30	7	210	7	210	7	210	6	180	7	210
Requires investment / cost implication	20	5	100	4	80	4	80	6	120	7	140
Within resources	10	3	30	3	30	2	20	4	40	5	50
Speed of solution	10	6	60	5	50	6	60	7	70	5	50
Totals			640		580		580		590		660

Corporate Priorities contd.

Criteria	Weight	Action 3.26		Action 3.27	
		Score (out of 10)	Weight Score	Score (out of 10)	Weight Score
Maximum benefit	30	7	210	8	240
Address areas of concern	30	7	210	6	180
Requires investment / cost implication	20	7	140	4	80
Within resources	10	7	70	3	30
Speed of solution	10	7	70	5	50
Totals			700		580