



Northern Ireland Clinical and Social Care Governance Support Team

Units 2 & 3, St Johns Court
Upper Newtownards Road
Dundonald BT16 1RJ

Tel: 02890 480066
Fax: 02890 480050

For further information

email: anne.obrien@ncgst.nhs.uk
email: john.bullivant@ncgst.nhs.uk
email: michael.deighan@ncgst.nhs.uk
email: brenda.devine@dhsspsni.gov.uk



Northern Ireland Clinical and Social Care Governance Support Team

Challenges to Board Level Objectives

Board Assurance Challenges for Good Clinical and Social Care Governance

2007



Clinical & Social Care Governance

A framework within HPSS organisations which is accountable for continuously improving the quality of their services and safeguarding high standards of care and treatment. Clinical and social care governance is about organisations taking corporate responsibility for performance and providing the highest possible standard of clinical and social care.

Good clinical and social care governance requires the Board of all Health and Social Care (HSC) organisations to determine at a strategic level the principal objectives of the organisation to assure itself through challenge that these:

- guide and direct the activities of the organisation;
- deliver safety, quality, effectiveness and efficiency of the services provided;
- reflect patient and public views.

The Quality Standards for Health and Social Care have been developed around five quality themes, which were identified during a period of consultation with patients, clients and their representatives, carers and people working in health and social care.

These are:

- corporate leadership and accountability of organisations;
- safe and effective care;
- accessible, flexible and responsive services;

- promoting, protecting and improving health and social well-being;
- effective communication and information.

All HSC Organisations are expected to comply with these Quality Standards.

The Regulation Quality and Improvement Authority (RQIA) will be using these standards in its assessments of HSC organisations and the care of those who use the service.

The challenges and prompts in this booklet cover the full range of the Quality Standards but are not meant to be exclusive, rather they are indicative of the kinds of questions Boards would want to ask of themselves.

Contents

Theme 1

Corporate leadership and accountability of organisations - do we:

1. Ensure purpose is focused and regularly reviewed so our services meet regional objectives and match the health and social care needs of the local population
2. Ensure our financial and business planning follows our strategic priorities and the organisation is financially viable
3. Act as a good corporate neighbour

4. Consult with key stakeholders and develop enduring and effective partnerships
5. Make aligned and coherent decisions
6. Establish robust risk management and continuity plans
7. Manage change effectively

Theme 2

Safe and effective care - do we:

8. Follow recognised guidelines and alerts
9. Reduce serious adverse incidents
10. Control healthcare acquired infections
11. Play our part in corporate parenting

Theme 3

Accessible, flexible and responsive services - do we:

12. Manage staff vacancies within the organisation
13. Recruit and retain the right staff in the right roles
14. Reduce waiting times in accordance with regional policy
15. Reduce costs by working differently
16. Give patients/clients and service users the right range of choices
17. Ensure our care environments are appropriate

Theme 4

Promoting, protecting and improving health and social well-being - do we:

18. Play our part in protecting health and social care locally
19. Commission for sustainable quality

Theme 5

Effective communication and information - do we:

20. Ensure individuals are fully involved in their progress along care pathways
21. Ensure we have access to a wide range of views
22. Make information available on what we provide and to what standard
23. Develop our information systems to make informed decisions, ensuring professionals see the relevance of the information we ask them to collect



How you can use these challenges and prompts

CHALLENGES

On each left hand page you will find:

An example of a **KEY OBJECTIVE** which may be appropriate for your board; alternatively you can insert your own objectives.

A set of **CHALLENGES** on which you could or should seek to assure yourself.

PROMPTS

On each right hand page you will find:

- An explanation of what the challenge is probing (including references in some cases);
- An account of the balances you as a board, need to strike in leading the organisation towards a better answer to the question;
- Some additional **PROMPTS** of key points relevant to the challenge – to ensure you are getting appropriate answers.

Neither the challenges nor the prompts are intended to be exclusive, but they are the kind of questions you will need to ask of your organisation.

CHALLENGE 1

Ensure purpose is focused and regularly reviewed so our services meet local objectives and match the health and social care needs of the local population.

Key challenges

- Do we have a comprehensive appreciation of our local health and social services needs?
- How do we know this information is comprehensive and up to date?
- Are we working effectively in partnership with all those we should be working with?
- Does our recruitment and development of service professionals match the local health and social service needs?
- Does our planning involve and represent local community aspirations and plans?
- Do our services match our defined purpose?
- Have we communicated our stakeholder strategy and planning intentions?

PROMPT 1

Providers should offer care that matches the needs of the local community (together with services they want to market to others). There may be tension between what the local population needs, and the care that professionals are able to provide taking account of available resources.

This involves balancing:

Doing what we know and do well	vs.	Responding to local needs
Over treating	vs.	Under treating
Researching and experimenting	vs.	Sticking to what we know
Doing the right things	vs.	Being perceived correctly

- Do our services match the local health and social service needs?
- Have we helped others such as schools to promote health and social care as a vocation?

CHALLENGE 2

Ensure our financial and business planning follows our strategic priorities and the organisation is financially viable.

Key challenges

- Have we linked budgeting and spending decisions to plans and priorities?
- Do we manage cash balance?
- Have we balanced local and regional priorities?
- Do we know how much is being spent on achieving key objectives and following priorities, and how much on other things?
- Do our business cases have the support of our commissioners?
- Have we aligned our capital investment plans with our organisation delivery/strategic plans and national and local directives?
- Have we ensured there is no affordability gap in both capital charge and direct revenue of PFI schemes?
- Do we know and understand the current financial position?
- Do we use internal and external audits, and other external indicators and reports, to challenge and validate our understanding?
- Are we assured of the accuracy and relevance of financial reports and projections we receive?
- Do we know how much governance and regulation costs this organisation?

PROMPT 2

Health and Social Care organisations have a prime duty to break even financially.

The short and long term viability of the organisation may not be evident from just the annual accounts.

In spending, we risk wasting.

This involves balancing:

Centralised control vs. Devolving responsibility
Being cautious vs. Taking risks
Controlling costs vs. Providing quality
Being economical vs. Being effective
Being efficient vs. Listening to patient's wishes
Urgent needs vs. Long term needs

- Are we financially viable?
- Are we confident that we know the financial position of the organisation now, including how much will have been spent by the year end?
- Are we clear where the organisation stands in benchmarks against cost indicators?
- In the event of undershooting spending, have we reassured ourselves that failure to spend has not compromised quality of services?
- Does our financial planning follow our strategic priorities?
- Have our plans been costed, with analysis of the impact of not proceeding, or of delaying?

CHALLENGE 3

Act as a good corporate neighbour.

Key challenges

- Are we using our employment and purchasing power to promote the local underlying causes of good health?
- Are we contributing to local sustainability?
- Are we seeking to minimise harm to the local environment?
- Are we contributing to local priorities like regeneration, growth or dispersal?
- Are we working in partnership with all those we should be working with and are our partnerships focused and effective?
- What is our impact on local traffic, people movement, and the cleanliness of the local environment?
- Are we managing our relationships with higher education institutions to encourage synergy?

PROMPT 3

Health and Social Care organisations are usually large local employers with considerable purchasing power and significant impact on the local environment.

Being a good corporate neighbour involves respecting the needs and wishes of the local community, business and suppliers of goods and staff.

This involves balancing:

Doing what we know and do well	vs.	Responding to local needs
Being efficient	vs.	Looking after the environment
Employing local people	vs.	Seeking the best people
Doing the right things	vs.	Being perceived correctly

- Have we agreed what being a good corporate neighbour looks like?
- Are our partnerships effective in planning and delivering joint services?

CHALLENGE 4

Consult with key stakeholders and develop enduring and effective partnerships.

Key challenges

- Have we identified our key stakeholder groups?
- Do we just tell them what we are doing or genuinely consult and involve?
- Do we actively contribute to others plans e.g. for transport, employment, education, leisure?
- Are our plans affordable and deliverable?
- Are we contributing to local sustainability?

PROMPT 4

Health and Social Care organisations have considerable impacts on communities and individuals.

Consulting means being open minded to others views and interests but forceful and proactive in securing change where necessary.

This involves balancing:

Communicating	vs.	Listening
Planning ahead	vs.	Raising expectations
Improving quality	vs.	Meeting local expectations for easy access
Doing the right things	vs.	Being perceived correctly
Tertiary excellence	vs.	Routine services

- Have we agreed a vision for the future?
- Can we communicate the vision?
- Can we amend our vision in light of persuasive argument?
- Do we review what our key stakeholders views are?
- Can we hear and represent the views of others?

CHALLENGE 5

Make aligned and coherent decisions.

Key challenges

- Are business cases for decisions up to date, risk-sensitive and explicitly aligned to any associated plans, developments or other decisions (past, current or in the pipeline)?
- Are stakeholders, such as other Trusts, Special Agencies, Boards and local and regional bodies, making decisions which interlink with ours?
- Are we using our unique position as Board members to oversee and align the whole spectrum of plans and decisions?
- Do we consider our decisions and their consequences from the point of view of patients, carers and users to gain a consistent perspective?
- Do we *take* decisions promptly considering all the relevant factors through a formal decision *making* process?

PROMPT 5

HSC organisations take a myriad of decisions. Ideally these would all fit into a coherent whole, with each decision aligned. In practice, it is hard to consider each decision in the context of all the others so some kind of alignment and conflict resolution approach is required to balance:

Being cautious	vs.	Taking risk
Checking up	vs.	Trusting people
Cost of data gathering	vs.	Cost of delivering care
Getting details right	vs.	Getting strategy right
Delaying	vs.	Getting on with it

- Are our decisions aligned and coherent?
- Are we confident that decisions taken lead to prompt action?
- Do we use discussions with stakeholders and feedback from patients, clients, service users and carers to check the coherence of decisions?
- Do we routinely review our decisions against each other, and against the plans of local stakeholders?
- Have we considered all key strategic and operational decisions in the context of our main organisational and partnership objectives – where there are conflicts or difficult decisions between them to be made, have we satisfied ourselves that all relevant factors have been taken into account?
- Is our information and communication strategy aligned to our improvement/modernisation programme?

CHALLENGE 6

Establish robust risk management and continuity plans.

Key challenges

- Do we have an integrated approach to managing risk?
- Do we regularly review our continuity plans?
- Do we regularly review our risk management strategy?
- Have we effective systems and data sources in place that can assist in the review of complaints, claims, audits and incident reporting within our organisation and beyond to ensure the sharing with and learning from others?
- Do we act on results of all audit reports and their recommendations?
- Are we fully compliant with the HPSS Controls Assurance Standards?
- Have we mechanisms in place to take corrective action where there are gaps in our control or assurance of risk?

PROMPT 6

Boards can properly fulfil their responsibilities only if they have a proper grasp of the principal risks facing their organisations. It is important to establish the principle of reasonable rather than absolute assurance.

This involves balancing:

Doing the right things	vs.	Being perceived correctly
Taking risks	vs.	Being cautious
Controlling costs	vs.	Providing quality
Getting the job done	vs.	Exhausting ourselves
Being efficient	vs.	Listening to patient wishes
Being open for business	vs.	Being fit for purpose

- Do we have an Assurance Framework for the organisation?
- Do we actively manage potential risks, rather than reacting to the consequences of risk exposure?
- Do we learn from others?
- Have we got an appropriate infrastructure of committee and individual responsibility to carry forward our Assurance Framework?
- Is there an effective reporting system on the framework to this Board?
- If gaps in control or assurance are identified, have action plans been defined and allocated to appropriate lead directors?
- Have we a consistent approach to escalation of risk or adverse events to ensure the Board is appropriately informed?

CHALLENGE 7

Manage change effectively.

Key challenges

Past experience from major re-organisations has shown the significant risks arising from the process of change.

- ▶ Do we have an overall plan that balances the three challenges of:
 - continuing to provide safe and effective services;
 - maturing the new organisation to be fit for purpose;
 - embracing innovation and change?
- ▶ Have we taken into account the additional pressures caused by:
 - volume of work;
 - uncertainty in forward planning;
 - loss of key staff;
 - loss of staff focus/application and;
 - loss of continuity?
- ▶ Are we planning to achieve target savings in management costs?
- ▶ Do we have a system for communicating the need for change to our staff?

PROMPT 7

The need to take on extra duties involves balancing:

Doing the right things	vs.	Being perceived correctly
Taking risks	vs.	Being cautious
Controlling costs	vs.	Providing quality
Getting the job done	vs.	Exhausting ourselves
Being efficient	vs.	Listening to patient wishes
Embracing innovation	vs.	Being fit for purpose

- ▶ How do we ensure we build on the best and lose outdated practices?
- ▶ How do we preserve the richness of experience invested in staff whilst building in innovation and flexibility for the future?

CHALLENGE 8

Follow recognised guidance, guidelines and alerts.

Key challenges

- How do we monitor adherence to Northern Ireland and/or UK guidance (e.g. Crest, NICE, NIAIC, NPSA, SCIE, National Confidential Inquiries, Social Care Inquiries)?
- How are we assured that our professionals are committed to following guidance and guidelines?
- What information and levers are available to us to ensure that best practice is being followed consistently?
- Are we aware of risks that are still outstanding (especially for areas where available guidance is limited)?
- When guidance is published, are we confident:
 - it is drawn to the attention of the relevant multi-professional teams?
 - that the local implementation of the guidance is facilitated and monitored?
 - resources are rebalanced and risks reassessed?
 - that risk registers are adjusted and that exposed gaps in controls or assurance are actioned?
 - that we disseminate information to patients, clients, service users, carers, staff and the wider community?

PROMPT 8

The main national clinical and social care guidance is in the form of national service frameworks, NICE and SCIE guidance. There is also an extensive body of DHSSPS guidance.

This involves balancing:

Respecting clinical and social care priorities **vs.** Responding to expectations
Controlling costs **vs.** Providing quality
Being efficient **vs.** Respecting people's rights
Doing the right things **vs.** Being perceived correctly

- Are we following all recognised guidance and guidelines?
- Do we have a risk register in place that is up to date and scored consistently?
- Can the risk register take account of conflicting policies eg sharing information and protecting patients rights?
- Do we hear and respond to the views and concerns of our primary/secondary care colleagues re new guidance?
- Do we benchmark our outcomes against those of other organisations?
- Have we explored the use of standards and guidance from other administrators e.g. SIGN/QIS in Scotland?
- Are we developing our own (higher) levels of quality levels?
- Do we have an overall quality framework in place to accommodate innovation and changes in needs, policy, standards and regulation?

CHALLENGE 9

Reduce serious adverse incidents.

Key challenges

- Can we assure ourselves that by examining clinical and social care research and practices we do not have an unidentified problem of potential adverse incidents within the organisation?
- Have we got effective appraisal systems in place for all staff in relation to the performance of staff in the delivery of care?
- Have we involved patients, clients and service users within the organisation in the examination of our root cause of adverse incidents and near misses?
- Can we assure ourselves that incident reporting systems, policies and procedures are subjected to regular audit and action?
- Do we have reliable up to date clinical and social care information that is analysed, applied and lessons learnt which is comprehensive in accounting for all aspects of the quality of our services?
- Do we have policies and procedures in place to identify and protect children, young people and vulnerable adults from harm and to safeguard their rights?

PROMPT 9

HSC organisations have a statutory duty of quality: "It is the duty of each HPSS Board and Trust to put and keep in place arrangements for the purpose of monitoring and improving the quality of health and social care provided". (DHSSPS 2003).

In doing good, we can risk doing harm.

This involves balancing:

Taking risks	vs. Being cautious
Over treating	vs. Under treating
Researching and experimenting	vs. Sticking to what we know
Being efficient	vs. Achieving perfection
Doing the right things	vs. Being perceived correctly

- Are we managing adverse incidents and learning from errors?
- How is this learning shared throughout the organisation and more widely?
- Has our policy on adverse incident reporting led to increased reporting of all adverse incidents, but over time to decreasing numbers of serious incidents?
- Has each serious incident been analysed for root cause and for the cost of quality?
- Have we ensured risk registers are up to date with action plans implemented, followed up and monitored?



PROMPT 9

- Have we recognised all risks associated with health and social care?
- Have we managed the potential impact of adverse incidents on the organisation's reputation?
- Have we implemented recommendations contained in local or national enquiries e.g. National Confidential Inquiries, DHSSPS Inquiries?
- Do we have a supportive whistle blowing policy in place, and awareness raised among staff together with effective procedures to manage alleged or identified underperformance?



CHALLENGE 10

Control healthcare associated infections.

Key challenges

- Do we know how much harm hospital acquired infection is doing to patients?
- Do we know what is the consequent cost of extended stays, readmissions and staff illness caused by hospital acquired infection?
- Are we maintaining surveillance of harmful infections?
- Have we monitored and optimised antibiotic prescribing (which if uncontrolled may increase resistance to antibiotics)?
- Have we, as a Board, formally reviewed and challenged arrangements for infection control at least annually, and in response to any relevant external review?

PROMPT 10

Are we controlling infection?

In doing good, we can risk doing harm.

This involves balancing:

Taking risks	vs. Being cautious
Over treating	vs. Under treating
Researching and experimenting	vs. Sticking to what we know
Being efficient	vs. Achieving perfection
Doing the right things	vs. Being perceived correctly

- Do we have and monitor policies on straightforward measures, such as hand hygiene, even in the face of some professionals' lack of enthusiasm?
- Do we have and implement plans for outbreaks of antibiotic resistant infections, acknowledging that these plans may disrupt normal activities?
- Are our patients with resistant infections treated with respect for their dignity and confidentiality?
- Do we empower patients and service users to ask for higher standards?
- Are we developing policies such as single rooms and equipment decontamination to minimise spread of infection?

CHALLENGE 11

Play our part in corporate parenting.

Key challenges

- Are we monitoring the discharge of our statutory functions?
- Do we focus resources on families with higher levels of need?
- Are we aware of the range of services that we provide in terms of intervention and prevention?
- Are we clear on the thresholds for children in need?
- Do we know how many looked after children there are under our responsibility?
- Do we know if there is a mismatch between the places at residential homes in our catchment area and the demand for places?
- Do we know how many children are placed in an inappropriate setting?
- Is unmet need identified and addressed in future service planning?

PROMPT 11

HSC organisations need to ensure that they have policies and procedures in place to identify and protect children, young people and vulnerable adults when taking on the role of the 'corporate parent'.

This is all about balancing:

Doing what we know and do well **vs.** Responding to local needs
Meeting population needs **vs.** Meeting individual needs
Urgent needs **vs.** Long term needs
Doing the right things **vs.** Being perceived correctly

Do we play our part in protecting those most vulnerable in our society by:

- Ensuring that we have accurate, timely and consistent recording of care given or services provided with associated outcomes?
- Ensuring that all service users, carers and relatives are treated with dignity and respect and that their privacy is promoted?
- Ensuring that individual service user information is used for the purpose for which it was collected, and that such information is treated confidentially?
- Having systems in place to promote active participation in audits and independent reviews by staff, service users, and families?
- Ensuring complaints are handled in a timely manner and outcomes fed back to staff and service users in order to improve services?

CHALLENGE 12

Manage staff vacancies within the organisation.

Key challenges

- Can we be assured that by recruiting an increase in staffing within a given speciality under the priority of service pressures that we will not incur a deficit for the current financial year?
- Do we have growing areas of demand and if so do we have the resources to recruit key specialists and know what their availability would be?
- If we prioritise growth within a given area what will be the implication for other services?
- Do we have the required back up contingency plans to ensure patients, service users and clients are adequately cared for during periods of high demand or staff shortage eg holiday season/winter/flu epidemics?
- Do we have a defensible balance of permanent/agency/locum staff?

PROMPT 12

Acquiring suitable staff in adequate numbers may require balancing:

- | | | |
|-------------------------------|-----|---------------------------|
| Taking risks | vs. | Being cautious |
| Over treating | vs. | Under treating |
| Researching and experimenting | vs. | Sticking to what we know |
| Being efficient | vs. | Achieving perfection |
| Doing the right thing | vs. | Being perceived correctly |
- Are we managing staff resources effectively?
 - For each area of staff shortage, can we be sure of the underlying cause?
 - Are we sure when we identify a shortage of suitable recruits that filling the vacancies would not cause us to overspend our budget?

CHALLENGE 13

Recruit and retain the right staff in the right roles.

Key challenges

Are we confident that:

- We have systems in place to check regularly the registration of professional staff through their professional bodies?
- Health and pre employment checks are carried out on all newly appointed, locum and agency staff and for permanent staff on a regular basis?

- All staff in our organisation have an appropriate induction/orientation programme?
- We have implemented and monitored policies on training and continuing professional development?
- We have got the right mix and balance of skills in working teams?
- There are no bogus clinical or social care staff dealing with our patients, service users and clients?
- We are protecting our staff (and those receiving our services) from stress and burnout?
- Professional resistance to change is being spotted and managed?
- We have assessed the impact of consultant contracts on emergency and scheduled care?
- We have implemented the working practices needed for the European Working Time Directive?

PROMPT 13

Professional staff should have the necessary qualifications and experience, and be given opportunities for flexible working, expanded roles and continuing professional development. All staff should have appropriate training and opportunities for development. This involves balancing:

- | | |
|-------------------------------|-------------------------------|
| Taking risks | vs. Being cautious |
| Over treating | vs. Under treating |
| Researching and experimenting | vs. Sticking to what we know |
| Being efficient | vs. Achieving perfection |
| Doing the right things | vs. Being perceived correctly |
- Do we have the right staff in the right roles?
 - Are all staff appraised regularly and have personal development plans been pursued and monitored?
 - Is workload monitored to ensure we have enough trained and qualified staff to cope with their duties?
 - Is the skill mix examined in a systematic way, including ensuring that trained staff do not have to carry out tasks they consider unproductive?
 - Has action been taken to ensure that we can implement the consultant/GMS contracts without adverse effect on patient services?

CHALLENGE 14

Reduce waiting times in accordance with local policy.

Key challenges

Are we confident that:

- Patients/clients/ service users have timely access to quality emergency and elective hospital services?
- The financial, clinical and social care risks have been assessed for each speciality to enable ongoing access to these services?
- We have identified the obstacles to achieving this objective?
- Alternative providers of care have been considered?
- We have recognised the knock on effect to service delivery by concentrating on this specific objective?
- We meet this challenge, given our other priorities?
- We have published our performance in meeting these targets?

PROMPT 14

Reasonable patient expectations are expressed in terms of local and possible national targets, which HSC organisations are expected to achieve.

This involves balancing:

Respecting clinical and social care priorities	vs.	Responding to expectations
Providing choices	vs.	Abdicating responsibility
Controlling costs	vs.	Providing quality
Being efficient	vs.	Listening to patient wishes
Urgent needs	vs.	Long term needs
Doing the right thing	vs.	Being perceived correctly

- Do our patients/clients/service users wait too long for the services that we provide?
- Do we know and monitor the organisation's position with respect to local and possible national targets?
- Have we intervened if there is persistent failure to meet reasonable expectations?
- Do we understand and balance the consequences (of meeting targets) for other parts of the organisation?
- Have we presented our performance to local scrutiny?

CHALLENGE 15

Reducing costs by working differently.

Key challenges

- Do we use local, national and international benchmarking of costs and ways of working?
- Do we regularly review and focus on our mission critical processes?
- Do we use internal and external audit as a source of ideas about efficiency improvements?
- Are we aware of the changing patterns of professional and other work?
- Have we considered how the organisation could be continuously reviewed and services modernised and transformed by working differently?
- Do we have a scanning system in place to identify opportunities for improved working?
- Do we focus our audit activity beyond what we already do to what we don't yet do?
- Are we making best and innovative use of our facilities eg theatres?

PROMPT 15

Controlling costs is not just about being economical. Fundamental changes in ways of working (including in clinical and social services) can transform the cost position.

In spending, we can risk wasting.

This involves balancing:

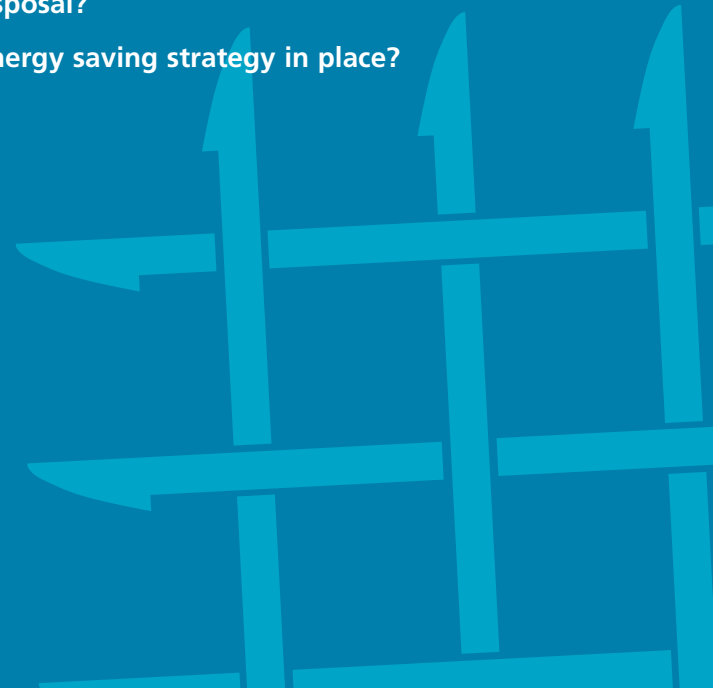
Centralised control	vs.	Devolving responsibility
Being cautious	vs.	Taking risks
Controlling costs	vs.	Providing quality
Being economical	vs.	Being effective
Being efficient	vs.	Listening to patient/client wishes
Urgent needs	vs.	Long term needs

- Could we reduce costs by working differently?
- Approaches to transformation are broad and include: benchmarking; collaboratives; continuous quality improvement; organisational development and learning; process re-engineering. Are we making full use of these?
- Have we recognised that our engagement of senior social work and clinical staff is vital for transformation towards new ways of working?
- Does our system of incentives and accountabilities encourage or stifle innovation and fundamental challenge to ways of working?



PROMPT 15

- ▶ Do we demonstrate our fundamental responsibility to show leadership in this strategic area of reducing costs and waste to provide resources for investment?
- ▶ Do we actively mothball redundant/unnecessary buildings with a view to disposal?
- ▶ Do we have an energy saving strategy in place?



CHALLENGE 16

Give patients/clients and service users the right range of choices.

Key challenges

- What progress have we made on giving patients who are waiting for surgery the choice to move to another provider, and what is planned?
- Have we trigger mechanisms in place that tell us when patients/clients have been let down?
- How will we ensure that future patients/clients choose us as a provider of care?
- How do we support patients/clients and carers formally if they seek choice away from their local provider?

PROMPT 16

The Quality Standards involve giving patients/clients/ service users wider choice.

This involves balancing:

Being efficient	vs.	Listening to patient wishes
Controlling costs	vs.	Providing quality
Providing choices	vs.	Abdicating responsibility
Doing the right things	vs.	Being perceived correctly
Meeting population needs	vs.	Meeting individual needs

- Do patients, clients and service users have the right range of choices?
- What have we done about providing those choices?
- Have we enabled all inpatients and outpatients to choose a date and time for their appointment that is convenient for them and is within target/assessment times?
- Are patients waiting over the target time for assessment/surgery given the choice of another hospital and/or provider?
- Do we encourage and actively promote personal and public involvement activities within the organisation?

CHALLENGE 17

Ensure our care environments are appropriate.

Key challenges

- Do we obtain systematic feedback from patients, clients and services users about their experience of the care environment, and act on it?
- Do we respect patient, client and service user dignity, privacy and confidentiality, both at and between care locations?
- Are patient/client/service user groups such as children, older people and vulnerable people seen and/or treated in suitable environments?
- To what extent do we treat people with learning disabilities and mental health problems in everyday, non-institutional environments?
- Do we ensure the care environment is clean and hygienic?
- Do we ensure the safety and security of patients, clients, service users, carers, visitors and staff?
- Do we monitor cleanliness, hygiene and safety?
- What are the risks to patients, clients, service users, staff and business of failure to comply with health and safety requirements?

PROMPT 17

Patients, clients and service users have a right to a care environment that respects their dignity, is clean, hygienic and safe. The care environment includes how care is organised, as well as the physical infrastructure.

Patients, clients and service users are individuals, and must be treated individually but within a group.

This involves balancing:

Controlling costs	vs.	Providing quality
Being efficient	vs.	Respecting people's rights
Listening to patient wishes	vs.	Working safely
Doing the right things	vs.	Being perceived correctly

- Are our care environments safe and fit for purpose?
- What changes have we made as a result of patient, client, service user or carer feedback?
- What changes have we made as a result of our cleanliness survey?
- Have we completed and acted on our space utilisation review?
- Have we visited all wards, departments, care and residential settings to understand staff, patient/client and the service user perspective?

CHALLENGE 18

Play our part in protecting health and social care locally.

Key challenges

- Are we providing positive health promotion and preventing services, at least in line with DHSSPS 2005 'a healthier future – 20 year vision'?
- Are we working in partnership with those who can help make the changes we are looking for?
- Do we have a process to maintain practice and update emergency plans, for emergencies within the organisation, emergencies in the local community and regional or national emergencies?
- When did we last carry out an exercise to test our emergency and business continuity plans and what did we change as a result of it?
- What and when is the next joint exercise with relevant partners?

PROMPT 18

Every HSC organisation should protect health and social care needs through promoting positive health, providing services that prevent as well as treat disease, and responding to threats to health and social care, such as chemical incidents, outbreaks of infectious disease or child protection issues.

Being part of the service involves more than simply providing emergency and elective treatment. It involves being part of a system to protect and improve people's health and social care needs.

This involves balancing:

Doing what we know and do well	vs.	Responding to local needs
Meeting population needs	vs.	Meeting individual needs
Urgent needs	vs.	Long term needs
Doing the right things	vs.	Being perceived correctly

- Do we play our part in protecting health and social needs locally?
- What do other organisations think of our contribution to local response to hazards to health and social care, including child protection, vulnerable adults, poisons, radiation, chemical hazards and infectious disease?
- Are we clear in our role in the implementation of an emergency plan?
- Have we modified our plans by reviewing incidents and exercises in other locations/settings?

CHALLENGE 19

Commission for sustainable quality.

Key challenges

(To all parties in the commissioning process)

- Can we be assured that the proposed clinical and social care service is needed in the volume suggested and that it is affordable?
- How can we be assured that the proposed service represents best value in terms of quality and cost?
- Are we satisfied that the views of the local community, appropriate patient, client and service user representatives, as well as the professional views have informed our plans for the services we provide/commission?
- Are we satisfied that the pattern of care can be sustained over time within the local health and social services economy and if not have we a process to identify the alternatives?
- Are we satisfied that the commissioning agreement pays due regards to the management of patient, client and service user transitions along the 'pathway of care'?
- Have we been explicit with the providers of care about the quality and outcomes expected of them and does this match what we expect of ourselves?

PROMPT 19

Choice for service users will place great demands on commissioning.

This involves balancing:

Time spent data gathering vs. Time spent delivering care
Valuing administrative work vs. Valuing direct care delivery
Ensuring consistent data flows vs. Collecting data when needed

- Have we explained what 'choice' means and can we demonstrate how this will work in practice?
- What measures have we developed to ensure we are commissioning for sustainable quality?
- Are we satisfied that the commissioning agreement incorporates explicit safety and quality standards and provides for periodic monitoring and timely reporting of issues of progress-against-contract as well as issues of concern?
- Do we provide active support to providers to improve quality and reduce costs?

CHALLENGE 20

Ensure individuals are fully involved in their progress along care pathways.

Key challenges

- Do we have documented care pathways for common conditions, developed with the involvement of patients /clients and service user groups?
- Have we ensured that consent to treatment is fully informed?
- Have we shared the pathways with individuals, to give them responsibility for appropriate parts of their care (especially for chronic conditions)?
- Are we satisfied with the level of choice patients/clients/ service users have of when, where and how their treatments are delivered?
- Are we confident that variations in care are due to clinical need or patient/client/service user choice, not service convenience?
- Does our complaint monitoring tell us about how much control patient/clients/service users have over their own care and whether this is sufficient?

PROMPT 20

Individuals with similar needs tend to follow similar pathways through their care. Formalising these care pathways allows better discussion with individuals about their progress and choices. Well informed individuals, in control of their own care, are more likely to be satisfied, and to ask for interventions more appropriately.

There is tension between organising care around the needs of professionals, and of the organisation; and organising care around patients/clients needs and wishes.

This involves balancing:

Being efficient	vs.	Listening to patients/clients wishes
Controlling costs	vs.	Providing quality
Providing choices	vs.	Abdicating responsibility
Doing the right things	vs.	Being perceived correctly

- Is our range of care environments appropriate?
- Are variations in care audited?
- Are pathways based on the latest available evidence?

CHALLENGE 21

Ensure we have access to a wide range of views.

Key challenges

- Do we review regularly whether the appropriate range of perspectives is available to us?
- Do we individually make and take opportunities to test the views of local communities, and bring them to the attention of the Board as a whole?
- Do we involve patients/clients/service users, carers and the public in setting our objectives?
- Do we keep our patients/clients/service users, carers and the public up to date on progress we have made?

PROMPT 21

Board members cannot be representative of the whole range of patient/client and public perspectives. They are expected to use their expertise and life skills to govern wisely but will need to hear and balance a range of viewpoints to assist them. Issues may require the benefit of input from focus groups, support groups or organisation reflecting a minority viewpoint.

Boards need access to the appropriate range of perspectives.

This involves balancing:

Delegating	vs.	Controlling
Checking up	vs.	Trusting people
Finding the truth	vs.	Being misled
Getting details right	vs.	Getting strategy right
Being inclusive	vs.	Having the right skills

- Are there viewpoints not being heard by board members?
- Are we exposing the Board's deliberations to genuine scrutiny?
- Do we make a point of inviting young people, professional groups, minority groups etc to attend our meetings?
- Do we make it easy for all groups to attend by attention to location, access and timing?

CHALLENGE 22

Make information available on what we provide and to what standard.

Key challenges

- Do we publish an account of the organisation's performance against local and national targets and performance indicators?
- Do we publish a response to any formal inspection or review report, in the form of a commentary and action plan?
- Do we keep the local population and patients/clients/service users informed about what services the organisation provides, and how it is performing by publishing trends?
- Do we have a Clinical and Social Care Governance (CSCG) strategy relevant to the work of the organisation, which is kept under regular review and that it is widely available and disseminated throughout the organisation?
- Can we show evidence of compliance with the HPSS Quality Standards as well as care and controls assurance standards?

PROMPT 22

Health and Social Care organisations should know and publish the extent to which they meet local and possibly national targets and other reasonable expectations.

Publishing data on performance might lead to complacency internally, or could damage external confidence in the organisation.

This involves balancing:

Doing the right things	vs.	Being perceived correctly
Taking risks	vs.	Being cautious
Controlling costs	vs.	Providing quality
Being efficient	vs.	Achieving perfection
Being efficient	vs.	Listening to service user wishes

- Do we make available sufficient information on the services we provide and to what standard?
- Do we understand and respond to the perceptions of the local population about the organisation?
- Do we put into practice our understanding that honesty and striving are usually appreciated much more than bluster and confusing people?
- What recognition do we make of outstanding improvements and are these displayed throughout the organisation?
- Do we comply with Data Protection and Freedom of Information Acts, as well as Disability Discrimination, Equality Legislation and Human Rights Acts?

CHALLENGE 23

Develop our information systems to make informed decisions, ensuring professionals see the relevance of the information we ask them to collect.

Key challenges

- Have we developed systems which produce information as a by-product of essential activities (such as the actual delivery of care)?
- Do we have an effective records management retrieval system?

- Have we aimed for adequacy rather than perfection in information?
- Have we tailored information systems to their purpose (which involves being very clear about the purpose)?
- Are we committed to investing in systems that are simple to understand and use well, rather than waiting for the more sophisticated system to be provided?
- Are we managing inherited hardware/software to best effect and use of resources?
- Does procurement made through non-exchequer funds conform to standard?
- Have we developed our information collection systems to mirror patient /client pathways?
- Do we test out the views of senior professionals on the information that is collected?
- Do we demonstrate to professional staff how their information has affected key decisions?
- Do we feed back regularly to contributors and collectors of information the uses to which it has been put, and its importance?

PROMPT 23

All HSC organisations rely on information, both for day to day operation and for managing, planning and governance. Information systems can be costly and difficult to develop and implement. Experience shows that if people do not see the relevance and importance of information they contribute or collect, then they do not treat it seriously and ensure its quality.

Much information is collected routinely in ways that rely on professionals.

This involves balancing:

Checking up	vs.	Trusting people
Cost of data gathering	vs.	Cost of delivering care
Getting details right	vs.	Getting strategy right
Delaying	vs.	Getting on with it
Time spent data gathering	vs.	Time spent delivering care
Ensuring consistent data flows	vs.	Collecting data when needed

- Do we have enough of the right information to make our decisions?
- Have we understood the organisation's information management and technology strategy, and challenged how it will improve both the care of patients/clients and service users and the ability to manage the organisation both now and for the future?
- Have we sought just the information we need, being clear about the consequences of asking for more?
- Do we ensure our professionals see the relevance of the information we ask them to collect?
- Do we have plans to develop the capacity of staff to analyse, understand and present information?

Acknowledgements

These challenges and prompts have been adapted from previous work carried out by:

Dr John Bullivant and Professor Michael Deighan from the NHS Clinical Governance Support Team (NCGST) in conjunction with Anne O'Brien (Director) and Brenda Devine (Programme Manager) from the Northern Ireland Clinical and Social Care Governance Support Team

The Team wish to acknowledge the comments from the Northern Ireland Confederation for Health and Social Services and to thank the Chairs and Non-Executive members from the various former HPSS organisations for their input during workshops to develop this product.