

Clinical and Social Care Governance Arrangements Review/Initial baseline assessment

Organisation:

Signed:

Date:

Clinical and Social Care Governance – Review/Initial baseline assessment				
Performance criteria	Y/N/ P*/ U*	Evidenced by	Action planned	If help were required what would help? & From whom?
1. Effective leadership and management				
a) Is there consultation with staff and relevant others in relation to the vision, objectives and working arrangements for clinical and social care governance?				
b) Is there an open and safe environment throughout the organisation in which good practice can be developed and maintained and where poor practice can be challenged?				
c) Are all staff in the organisation: <ul style="list-style-type: none"> – informed about the purpose of clinical and social care governance? – informed about the internal arrangements for clinical and social care governance? – involved in the process? – kept fully informed about plans? – advised about progress made? 				

* Y – Yes, N – No, P- Partially in place,U - Unsure

Performance criteria	Y/N/ P/U	Evidenced by	Action planned	If help were required what would help? & From whom?
1. Effective leadership and management – continued				
d) Is there commitment from the top of the organisation – <ul style="list-style-type: none"> – Do staff members have ready access to the Chief Executive? – Do staff members have ready access to the organisation’s board? – Are reporting arrangements in place at each level in the organisation? – Are all staff members aware of these processes and arrangements? 				
e) Good external relationships – Are there strong open working partnerships with: <ul style="list-style-type: none"> – patients/clients/carers? – local communities? – other health and social care organisations? – other agencies in the locality? 				

Performance criteria	Y/N/ P/U	Evidenced by	Action planned	If help were required what would help? & From whom?
1. Effective leadership and management – continued				
f) Good internal relationships – is there ownership of clinical and social care governance by – <ul style="list-style-type: none"> – The organisation’s board? – Professional staff (e.g. doctors, nurses, social workers, AHPs, dentists, pharmacists etc.)? – Support staff (e.g. administrative and clerical staff, transport, auxiliary and ancillary staff who deliver care or who come into contact with the public as part of the process of service delivery)? 				

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Performance criteria	Y/N/ P/U	Evidenced by	Action planned	If help were required what would help? & From whom?
Effective leadership and management – continued				
g) Continuing focus – are systems in place to: <ul style="list-style-type: none"> – Support and maintain clinical and social care governance arrangements? – identify work needed? – monitor and review progress? 				
h) Accounting for progress – are systems in place to: <ul style="list-style-type: none"> – provide reports on a regular basis to the organisation’s board? – provide reports on a regular basis to staff throughout the organisation? – provide reports on a regular basis to patients/ clients and local communities? – Do the reports provide a comprehensive overview of progress within the organisation? 				

Performance criteria	Y/N/ P/U	Evidenced by	Action planned	If help were required what would help? & From whom?
1. Effective leadership and management - continued				
i) Communication – are systems in place for effective communication: <ul style="list-style-type: none"> – with staff? – with patients/clients and carers? – with local communities? – with external partners? 				

Clinical and Social Care Governance – Review/Initial baseline assessment				
Performance criteria	Y/N/ P/U	Evidenced by	Action planned	If help were required what would help? & From whom?
2. Identifying, promoting and sharing good practice, learning lessons from best practice as well as poor performance				
a) Are there mechanisms to identify, promote and share best practice across the organisation?				
b) Are there mechanisms across the organisation to identify and deal with poor performance?				
c) Are staff members across the organisation aware of these mechanisms?				
d) Are patients/clients/local communities involved in these processes?				
e) Are there mechanisms to share best practice with other organisations?				

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Performance criteria	Y/N/ P/U	Evidenced by	Action planned	If help were required what would help? & From whom?
3. Audit				
a) Has your organisation undertaken any audit activity in the last year (2002-2003)?				
b) In what work areas?				
c) Uni-disciplinary or multi-disciplinary in nature?				
d) What changes, if any, have occurred in your organisation or in the way you deliver services arising out of the audit(s)?				

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Performance criteria	Y/N/ P/U	Evidenced by	Action planned	If help were required what would help? & From whom?
3. Audit – continued				
e) Has your organisation undertaken any user-satisfaction surveys?				
f) Do you have a system for receiving: <ul style="list-style-type: none"> – patient/client/carer suggestions and/or comments? – staff suggestions? – patient/client/carer complaints? 				
g) Do you have a system for acting on: <ul style="list-style-type: none"> – patient/client/carer suggestions and /or comments? – staff suggestions? – patient/client/carer complaints? 				
h) Do you have a system for reporting on the outcomes of: <ul style="list-style-type: none"> – patient/client/carer suggestions and/or comments? – staff suggestions? – patient/client/carer complaints? 				

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4. Clinical and social care risk assessment and risk management				
a) Does the organisation have a clinical and social care risk assessment and management policy across the organisation?				
b) Have staff members across the organisation received training in risk assessment and risk management in the appropriate clinical and social care context?				
c) Are staff members across the organisation supported in the appropriate management of clinical and social care risk?				
d) Has a risk audit of clinical and social care processes e.g. decisions to admit, transfer or discharge from services, within the organisation been undertaken?				

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4. Clinical and social care risk assessment and risk management – continued				
e) Are clinical and social care risk assessment and risk management processes kept under regular review?				
f) Are outcomes of clinical and social care risk assessments shared across the organisation and outside the organisation, as appropriate?				
g) Are service users involved in management of risk and review of clinical and social care risk assessment and risk management processes?				

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5. Adverse incident management				
a) Is there a system for adverse incident management?				
b) Does it encourage/facilitate reporting of “near misses”?				
c) Is it compliant with relevant legal and statutory requirements e.g. reporting to relevant bodies?				
d) Are adverse incident management systems kept under regular review?				
e) Are lessons learned from adverse incident management shared across the organisation and outside the organisation, as appropriate?				
f) Are service users involved in reporting of adverse incidents and review of adverse incident management systems?				

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6. Quality standards				
a) Are there service standards across the organisation for each aspect of service delivery?				
b) Does the relevant staff group(s) consistently apply the standards?				
c) Are standards kept under review?				
d) Have service users been involved in the development and/or review of standards?				
e) Do information systems support standards setting, monitoring and review?				

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7. Complaints management				
a) Do you have a system for receiving: – patient/client/carer complaints?				
b) Do you have a system for acting on: – patient/client/carer complaints?				
c) Do you have a system for reporting on the outcomes of: – patient/client/carer complaints?				
d) Do you have a mechanism for the independent review of complaints and outcomes?				

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7. Complaints management – continued				
e) Do you publish the nature of complaints and the outcome of investigations?				
f) Do you publish information about how to complain?				
g) Have staff across the organisation received training in: <ul style="list-style-type: none"> – ‘customer’ care? – complaints management? – complaints investigation? – communicating outcomes? 				

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Performance criteria	Y/N/ P/U	Evidenced by	Action planned	If help were required what would help? & From whom?
8. Clinical and social care effectiveness				
a) Are there service standards in place for each aspect of service provision?				
b) Is service provision routinely measured against these standards?				
c) What 'benchmarking of services' activity has the organisation undertaken in the past two years?				

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8. Clinical and social care effectiveness - continued				
d) What changes, if any, have taken place as a consequence of this activity?				
e) Have service users participated in measuring clinical or social care effectiveness?				
f) Do you have information systems to support this activity?				
g) Do you have administrative support to provide for this activity?				

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Performance criteria	Y/N/ P/U	Evidenced by	Action planned	If help were required what would help? & From whom?
9. Evidence-based practice				
a) Are there mechanisms to promote evidence-based practice across the organisation?				
b) Have service users participated in measuring evidence-based practice?				
c) Do you have information systems to support this activity?				
d) Do you have administrative support to provide for this activity?				

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10. Research and education				
a) What opportunities are there for staff across the organisation to undertake further education and training?				
b) What opportunities are there for staff across the organisation to undertake research?				
c) Are staff members facilitated in developing research skills?				
d) Are research protocols compliant with relevant ethical criteria?				
e) Are research outcomes shared within your organisation and with others?				

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11. Communication				
a) Is there a clear policy aimed at improving communication with and between: <ul style="list-style-type: none"> – management? – patients/clients and carers? – staff ? – local communities? 				
b) Are systems in place to support each element of the communication policy?				
c) Are there effective systems across the organisation to promote work between: <ul style="list-style-type: none"> – professionals; – departments; and – agencies to achieve optimal outcomes for patients/clients and carers?				

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12. Effective user and community involvement				
a) Are there policies aimed at securing effective user involvement in all aspects of clinical and social care governance?				
b) Are there policies promoting the active involvement of local communities in all aspects of clinical and social care governance?				
c) Are systems in place to support effective user involvement in all aspects of clinical and social care governance?				
d) Are systems in place to support effective local community involvement in all aspects of clinical and social care governance?				

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13. Effective procedures for the recruitment, selection and retention of staff				
a) Is there an organisational workforce plan?				
b) Are there effective procedures across the organisation to ensure the: <ul style="list-style-type: none"> – recruitment; – selection; and – retention of staff to provide a quality service?				
c) Are procedures across the organisation fully compliant with: <ul style="list-style-type: none"> – legal; – regulatory; and – service guidance? 				
d) Are candidates assessed against specific selection criteria?				

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13. Effective procedures for the recruitment, selection and retention of staff - continued				
e) Is feedback about outcomes offered to candidates?				
f) Are service users involved in the selection process?				
g) Are accurate records of recruitment and selection process kept?				
h) Is the recruitment, selection and retention process kept under review?				

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14. Professional regulation				
a) Are checks with the appropriate professional regulatory bodies undertaken?				
b) Is your organisation compliant with the codes of practice of professional regulatory bodies?				
c) Does your organisation facilitate staff compliance with the codes of practice of professional regulatory bodies?				
d) Are appropriate criminal checks undertaken?				

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15. Continuing professional and personal development				
a) Does your organisation have an appropriate appraisal system for all staff?				
b) Does your organisation provide access to appropriate training in appraisal for all staff?				
c) Are there staff supervision and/or mentoring policies in place?				
d) Does your organisation provide access to appropriate training in supervision/mentoring for all staff?				
e) Is there a staff training plan for: – individuals? – teams?				

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Performance criteria	Y/N/ P/U	Evidenced by	Action planned	If help were required what would help? & From whom?
15. Continuing professional and personal development - continued				
f) What training/development opportunities do staff across the organisation have e.g. courses, conferences, seminars, professional journals, internet, libraries, multi-disciplinary and inter-agency working?				
g) Are there mechanisms to support all staff in continuous professional development?				
h) Are appropriate records of staff participation/attendance at training events maintained?				
i) Are there mechanisms to keep the effectiveness of the training plan under review?				
j) Are service users/carers involved in the delivery of training?				