

## SHSC Learning Disability Directorate Governance Framework

A NHS Framework Ensuring High Quality Outcomes for Adults with Learning Disabilities.

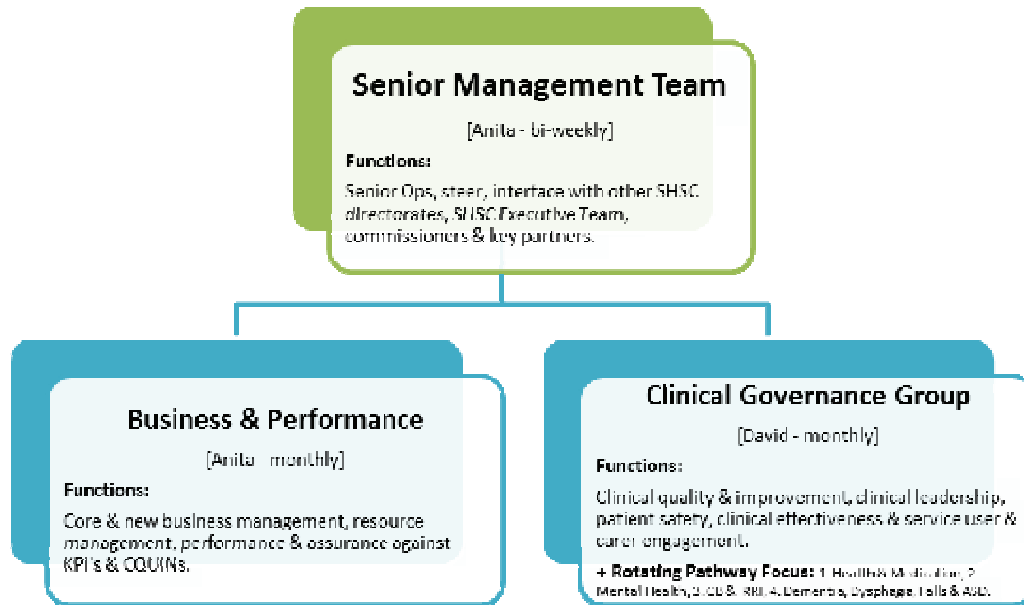
*Well-led, safe, responsive, caring & effective.*

Dr David Newman: Clinical Director - LD  
Anita Winter: Service Director - LD  
Andy Bragg: Assistant Service Director – LD  
Tania Tailor: Business Planning Partner

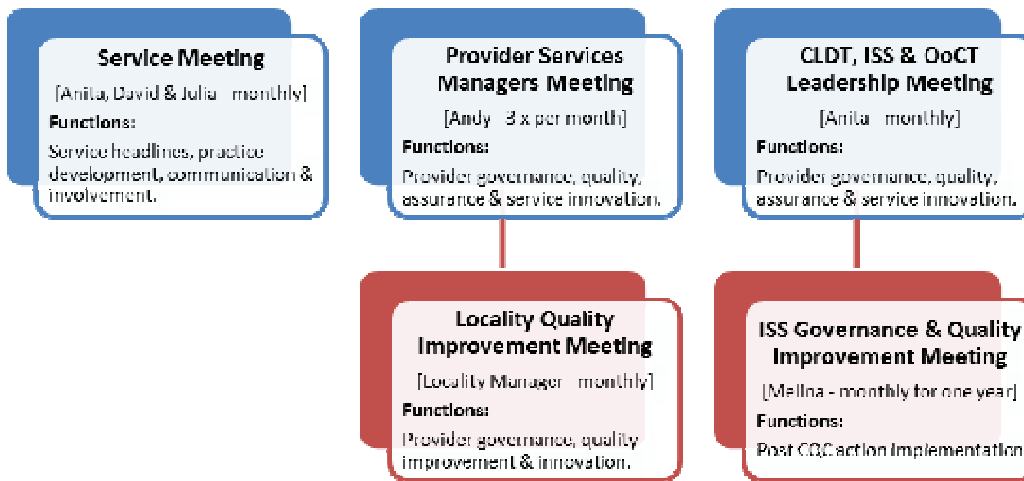
Date: 28<sup>th</sup> September 2015

# Learning Disability Directorate – Governance Framework

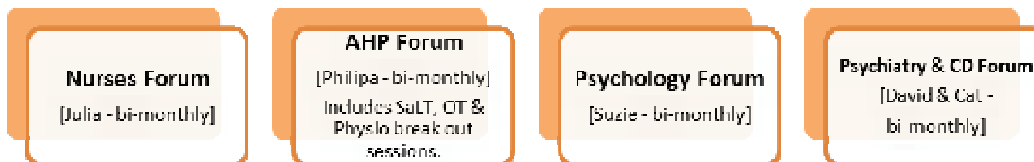
## Directorate Level (Receives & Reports to Trust level)



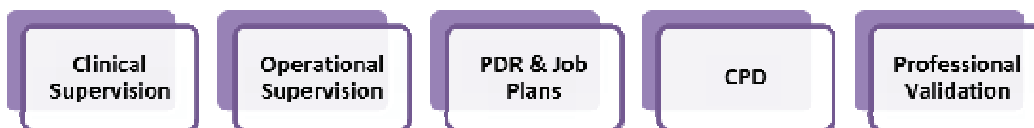
## Service & Team Level



## Professional Level



## Individual Level



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## 1. Introduction

This framework is designed to support a culture of outstanding quality. It will help us to deliver well-led, safe, responsive, effective and caring services to the people we support. It will help us to know if there are any early signs of problems, as well as identifying examples of excellent practice that others can learn from.

The evidence log of agendas, papers, presentations and minutes is stored on datastore in the following location: [..\LD Governance](#). It is available for appropriate scrutiny and assurance by the SHSC Executive team.

## 2. What Is Governance?

Governance is a term that brings together many familiar concepts such as 'quality assurance', 'service performance', 'service improvements', 'continuous quality improvement', 'quality and service monitoring' etc.

It is sometimes defined as:

***“making sure that we are doing the right things, in the right way, to the right quality at the right times”***

Good governance brings together information about what we are doing with the resources we have got. It ensures that we are making the best use of our resources for the benefit of the service users we serve.

## 3. Quality Is Everyone's Business

We believe it is essential that the responsibility for governance is seen as everyone's business. Opportunities for quality, care and innovation can come from all places within an organisation. Sometimes top down leadership is necessary in order to steer a service in the right direction. However, the experience of service users and front line staff is an equally if not more powerful means through which to learn about quality and drive change.

With this in mind we have set out a governance framework for the Learning Disabilities Directorate that is implemented across number of levels. These include:

- Directorate level
- Service & Team level
- Professional groupings level
- Individual practitioner level

This governance framework means that the directorate can supply quality assurance to higher levels within the trust such as the board as well as outside stakeholders (commissioners, CQC & the general public).

This framework will apply across the whole of the Learning Disabilities Directorate. It will cover diverse teams including residential care homes, supported living schemes, inpatient areas, respite care services, community teams, out of city teams etc.

Intelligence supplied by central corporate departments such as Finance, Human Resources, Incidents, Safeguarding, Complaints, Compliments and CQC inspection reports are all made available to help us monitor our quality performance.

## 4. Responsibility & Accountability

### Directorate Level

The Service Director (Anita Winter) and Clinical Director (Dr David Newman) are ultimately accountable for the quality of service provision within the LD Directorate. The Assistant Service Director (Andy Bragg) provides focused operational management to our provider service. Together these three individuals form the Senior Management Team, responsible for ensuring that resources and capacity are coupled with the knowledge and capability to deliver high quality services.

The Service Director role has a strong emphasis on 'operational quality' and the Clinical Director role has a strong emphasis on 'clinical quality'. The distinction between these two realms of focus is illustrated in the different agendas of the three directorate level meetings:

- Senior Management Team: Chair – Anita Winter
- Business & Performance: Chair – Anita Winter
- Clinical Governance: Chair – Dr David Newman

### Service & Team Level

The responsibility for ensuring quality standards are being met within each service rests with the team service manager/team leader for that area. Within the LD Directorate the following service managers are accountable for their areas:

### Clinical Services

- ISS (Inpatient) Melina Simmonite (Nurse Manager)
- ISS (Community) Julia Shepherd (Nurse Consultant)
- Out of City Team Lucy Harrison
- CLDT Anita Winter
- Older Carers Team Anita Winter
- LD Case Register Anita Winter

### Provider Services

- Beighton Rd Karen Johnson
- Wensley St Mandy Mason
- Buckwood View Diane Staniforth
- Burngreave Dev Patricia Wright
- Mansfield View Mandy Johnson
- Steven Close Karen Johnson
- Respite services Wendy Hastings Quainoo

### Support Services

- Business Support Louise Barber

### Professional Level

The responsibility for ensuring quality standards are met within each professional group lies with the most senior professional within that group. Within the LD Directorate the following clinicians are accountable for the quality of our health care professionals:

AHP: Philipa Allen (SaLT), Lucy Harrison (OT) & Kate Scott (Physio)  
Medical: Dr Catriona Murray – Lead Consultant Psychiatrist  
Nursing: Julia Shepherd – Nurse Consultant  
Psychology: Dr David Newman – Consultant Clinical Psychologist

Dev Workers: Supported via relevant service level management structure.

### Individual Level

Finally there is a responsibility for ensuring quality standards are being met by each individual employee. Attending to continuing professional development, seeking support and taking ownership and responsibility for raising concerns about practice are integral to all our roles. Every member of staff should have a job plan that details when and where they are delivering their input to ensure effective use of their expertise and resource.

## **5. How Are Quality Goals & Standards Set And Agreed?**

Our quality framework is driven by a range of national and local sources. These include Department of Health strategy and guidance, NICE guidance, professional bodies, regulator frameworks set by CQC & Monitor. Ultimately we are accountable to our local customers in the form of service users, carers, commissioners and partner organisations.



## Quality Goal Setting

For the remainder of 2015 our quality focus will be driven by the learning and recommendations from the 'Culture & Practice Review' and the CQC action plan.

In 2016 we will proactively set our Quality Improvement Goals and these will be refreshed at the start of every financial year. They will be focused, 'must do' priorities based upon our awareness of quality issues and opportunities. As well as external influences, our goals will be influenced by the experience of our service users and staff. This includes:

- Learning from serious incidents, compliments and complaints
- Service user and carer feedback
- Innovation and 'bottom up' ideas from staff within our services

Each goal will be SMART<sup>1</sup>, an acronym that stands for:

- *Specific* – target a specific area for improvement.
- *Measurable* – quantify or at least suggest an indicator of progress.
- *Assignable* – specify who will do it.
- *Realistic* – state what results can realistically be achieved, given available resources.
- *Time-related* – specify when the result(s) can be achieved.

## **6. How Will Managers and Clinical Leaders Improve Quality?**

Staff in management and leadership positions have an exciting opportunity to take responsibility for and make a difference to quality. It is a great privilege to be entrusted to a position where you can develop the workforce and make a real difference in the lives of service users. Initiatives that support quality also support workplace well-being and job satisfaction for all concerned.

There are a number of key responsibilities that will help ensure continuous quality improvement. The most important of these is to 'lead by example'. Positive modeling and nurturing a proactive culture within the service can achieve this. Positive modeling includes:

- Setting direction by being clear about what, why and how we deliver high quality care.
- Being clear about the fundamental standards of care and what quality 'looks like and feels like' in practice.
- Supporting and developing your staff by encouraging positive change and celebrating success.
- Supporting processes to ensure these standards are achieved by measuring and evaluating progress and looking for improved delivery based on findings.
- Working in partnership across the 'triangle of care' – bringing together service user, carer & service provider ideas.
- Developing a learning culture (rather than a blame culture) so that incidents and near misses are used to improve care and safety going forwards.
- Holding people to account when their performance or conduct falls below agreed acceptable standards.

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<sup>1</sup> Doran, G. T. (1981). "There's a S.M.A.R.T. way to write management goals and objectives". *Management Review* (AMA FORUM) **70** (11): 35–36.

## Microsystems – Your Toolkit for Quality

SHSC is committed to continuous quality improvement and has invested in supporting its leaders and managers to successfully engage in positive change. Part of this investment includes being an active member of the Microsystems Coaching Academy at Sheffield Teaching Hospitals. This approach states that the quality of care in a big organisation such as SHSC can be no better than the services generated by the small systems it is composed of. A wide range of people influence quality. It is not just about the work of the multidisciplinary team. It is also about the crucial input of Development Workers and supporting staff (e.g., clerical, ancillary & domestics). We are 'all in this together' alongside our service users, their advocates and families/carers.

You can read more about the microsystem approach here: <http://www.sheffieldmca.org.uk/>

## **7. How Do We Monitor Our Progress?**

Quality is a moveable feast. What was considered good or acceptable in the past or even one year ago may no longer reach the bar. With this in mind we will be monitoring and supporting team managers and professional leads across the year to focus on quality improvement. Each manager/lead will be responsible for reporting once a quarter on their team's performance against the key Quality Improvement Goals. This reporting will take place during the LD Clinical Governance Meeting.

### Reporting

The Quality Improvement Goals will be measured using a reporting framework. It is important that all SHSC staff are where practicable involved and engaged in this process. The team alongside their Team Manager/Lead will rate the outcome of their performance against the agreed measure with a colour coding. This highlights how the team/service is performing against their Quality Improvement Goals:

<b>Blue</b>	<i>there is evidence that the standard is fully embedded in practice</i>
<b>Green</b>	<i>standard is complete and in place</i>
<b>Amber</b>	<i>standard is partially met and progress is ongoing</i>
<b>Red</b>	<i>standard is not met or there are barriers to progress</i>

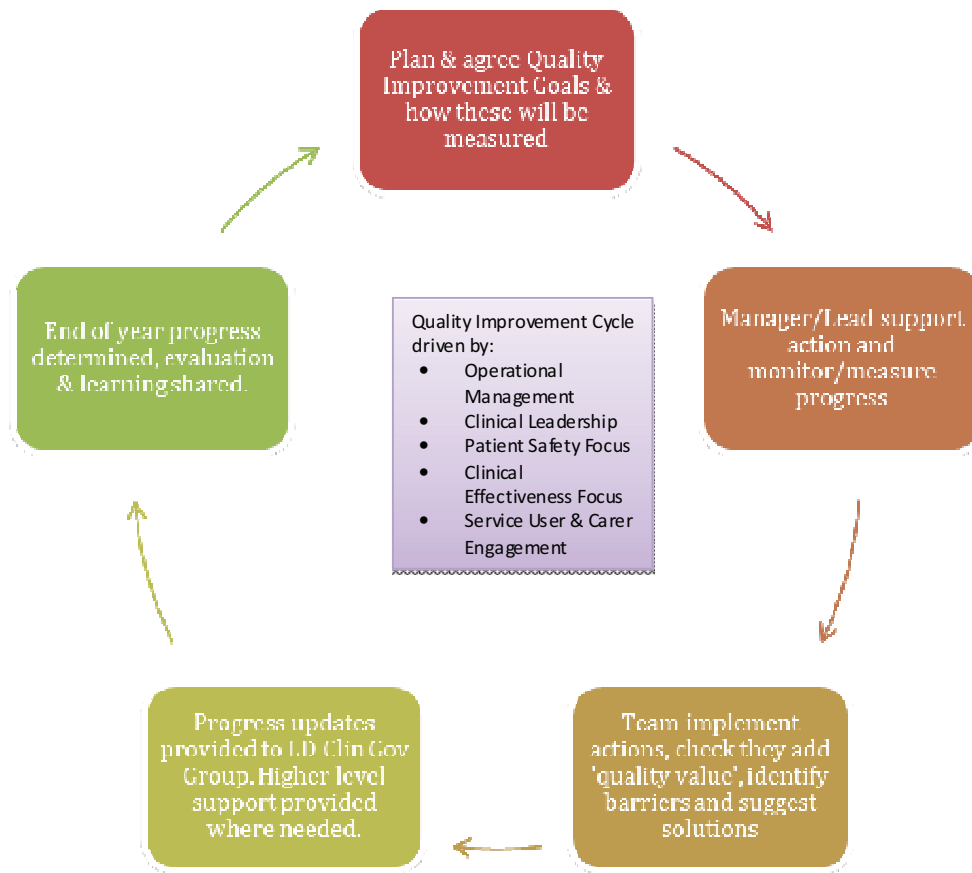
Evidence for the achievement of the quality goals and standards may come from a variety of sources (eg, CQC reports, service user feedback and forums, local audits, care plan reviews, service evaluations etc). Teams will identify and provide the evidence they consider relevant.

Action plans will be agreed for any Amber and Red standards and the relevant Service Manager/Lead will decide if the progress against quality goals needs to be escalated to the Senior Management Team or reported to the Risk Register.

At the end of the year our progress against Quality Improvement Goals will be reported to the LD Clinical Governance Meeting. It is good practice to ensure that the outcomes of performance reviews are reported to service users. Service Managers should ensure that teams have a process by which this will be done.



This process will support a proactive cycle of continuous quality improvement:



## 8. Conclusion & Forward Vision

Quality governance is a robust system that defines, checks and learns about quality. It supports a well-led and resilient culture that is open to positive improvements. It provides assurance at all levels from the 'ward to the board'. This governance framework is driven by a desire to offer the best provision to our service users. The microsystems approach means the ideas and contributions of all staff and service users are integral to what we do and how we do it. By placing the person at the centre of everything we do, we all have a real opportunity to develop high quality services that deliver safe & effective care and use our resources in an optimal manner.

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