Trafford CYPS

Trafford NHS
Primary Care Trust

Review of Integrated Governance Arrangements for Trafford CYPS

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Foreword

It is intended that Trafford Children and Young People's Service (CYPS) will fully integrate in order to become a multi agency organisation (including education, social services, and health) providing services for all children in Trafford by the end of 2009. Phasing in of the new arrangements commences September 2008, which will be jointly governed by the three partner agencies (Trafford Council, PCT and Healthcare Trust).

The Governance Framework which is still being developed will be vital to the effective delivery of professional care to Children and Young People in Trafford. This report comments on the planned arrangements, as understood by myself (the Reviewer), utilising data and information from documents and interviews.

The PCT is eager to ensure a robust Governance Framework is in place which reflects both future commissioning and provider functions. In addition, the PCT wishes to ensure concerns raised by some health care staff about the proposals are appropriately addressed.

All staff gave generously of their time to the review; they were open and helpful in their responses. All were enthusiastic about the vision for the new arrangements for Children and Young Peoples Service, and believe it to be the best way forward for delivering services for Children and Young People in Trafford. I would like to thank them all for their enthusiasm and help.

I recommend that consideration be given to sharing this report in due course with partner organisations.

Liz Fradd

1. Executive Summary

This report is based on the findings of 23 face to face interviews with senior managers and staff working within Trafford PCT, Trafford CYPS and Trafford Healthcare Trust. In addition, three interviews took place via telephone. In total the review lasted for three days during early August 2008 and was followed by two days of report drafting.

The review was initiated by Trafford PCT in discussion, liaison and agreement with the senior management team of Trafford CYPS. It was commissioned specifically to enable Trafford PCT and the CYPS Senior Management Team to quality assure the progress to date to develop robust clinical governance arrangements for the newly created partnership.

In summary the report identified that the creation of Trafford CYPS is a bold attempt to bring together professionals who already work together into teams, in order to establish new ways of working for the benefit of those in their care. Although CYPS is only relatively new, it is clear that there is a great deal of goodwill that exists between the partner organisations but this must now be built on.

In terms of the key findings, the report recommends the following:

Roles and Responsibilities

- There is a need for clarity about the role of Joint Director of Commissioning, Performance and Strategy because of potential areas of overlap with other Directors in the PCT.

- The PCT Directors of Clinical Leadership and Corporate Affairs must continue to work closely to develop a vision for Governance which is robust for the PCT and resonates with the new CYPS Governance arrangements.

- The PCT must identify who is best placed to take the lead at Board level for the full Children's agenda, and consideration should be given to ensuring this is clear and the person has the appropriate status.

- CYPS should be a specific agenda item on the PCT Board and in the longer term a decision needs to be made about how the Board readily obtains clinical advice from the full range of clinical practitioners.

- Committee meetings must ensure the separation of commissioning and provider elements.

CYPS Governance

- The CYPS Integrated Governance Board must be fully established as soon as possible in order to demonstrate all the component parts of governance are joined together, and specifically the JCB should be strengthened and its reporting arrangements clarified for all partners.

- Consideration should be given to adding some Non Executives and an Elected Member to the Management Board, in order to provide independent scrutiny to meetings, reporting of key decisions about CYPS directly to the PCT Board must also be ensured.

- The Management Board must lead the development of a robust Scheme of Delegation, to bring clarity on lines of decision making, lines of accountability, reporting and ratification of policies, procedures and guidance.

- Further consideration should be given as to how the two Provider Boards (Health and CYPS) could coordinate their work, in order to; reduce duplication, ensure efficient use of resources, and promote the provision of good governance.

- Consideration should however be given to the necessity of continuing the PCT safeguarding governance group and its work subsumed within the PCT Integrated Governance Committee.

Quality and Safety of Care

- The PCT needs to specify the professional and clinical arrangements it requires as part of joint commissioning the multi-agency services.

- It will help the connectivity between the PCT governance arrangements and CYPS if the CYPS risk register is also received by the Integrated Governance Committee of the PCT so that appropriate risks can be highlighted and added to the PCT risk register as a shared risk if appropriate.

- The sharing of the Quality Assurance Framework needs to happen as quickly as possible as it has the potential to reassure clinical staff the necessary attention is being paid to the Quality of services to be provided.

- Both the PCT and CYPS (as its committee structure develops) should carefully examine lines of communication in order to ensure front line staff have ready access to learning that emanates from incidents, complaints and audit

- It will be for the PCT to ensure that any conditions agreed do protect the budget so that it is used in the manner intended. However, staff holding budgets in the CYPS need to be informed as soon as possible about how this will work in the new organisation, and should be meeting with finance personnel in order to understand their budget lines.

Staffing and Management

- CYPS should establish an HR Advisory Group to provide support and ensure that training for managers takes place as soon as possible on the different protocols they may have to use.

Support and Supervision

- An agreement between the PCT and the CYPS for regular structured supervision of specialist groups of staff, such as therapists, not line managed by someone from their own profession. This should include an annual professional review of their work as well

as discussion about their personal / professional development needs, in line with national developments within their profession.

- Professional groups must be enabled to hold regular meetings to share new developments, to discuss issues of common concern / interest and to act as group supervision when needed.

- A mechanism must be found for specialist staff to be able to discuss urgent professional issues with a senior experienced clinical individual who is able to offer clinical advice.

- The rationale for co-locating staff away from the natural communities they serve needs to be carefully explained to staff, especially as for many it will mean additional travelling time, and complex record keeping arrangements.

- Given the extent of concern about supervision a review of the arrangements in a year's time should be planned.

- It is essential attention is paid to where records will be safely kept and how they will be responsibly managed in the future.

Education and Training

- Importantly staff need to be able to readily access training pertinent to their profession, as well as the particular role they have, and a Multi Agency Training Panel may be one way of helping to determine joint training needs in the future.

- Staff appointed into new CYPS management roles urgently need training in the policies and procedures relevant to staff in their teams they are not familiar with

- Serious consideration should be given to the creation of an organisational development strategy to bring together the various embedded cultures of each participating organisation and help build a new culture for CYPS with its own set of values and working principles

Communications

- There is an urgent need now for staff to understand how the service will work in practice and the Information Sharing Protocol needs to be widely shared.

- The PCT must continue to take responsibility for all staff still working, until their formal transfer.

Evaluating Success

- A mechanism needs to be found to evaluate progress and the eventual success of the new CYPS. As a starting point, existing indicators for children and young people currently the responsibility of the PCT, should be owned by the CYPS as the organisation with the responsibly to deliver.

2. Methodology

Phase 1 Data / Information collection and analysis

This phase took a total of one day prior to the Trust visit. During this period, documents provided by the Trust (listed at Appendix 1) were read in order to understand the complexity of the CYPS service. All the information was analysed in order to ensure familiarity, to assist the shape of the interviews.

Phase 2 Interviews

This phase took place over three days at the Trust, week commencing August 4, 2008. A total of 26 interviews took place (three by phone), involving all partner organisations and individuals from Board to field level. All interviews followed a semi-structured format and were transcribed. All evidence submitted to the Reviewer will remain confidential to the Reviewer, except that which is in this report.

Phase 3 Reporting

This phase took place over two days – August 7 / 8, 2008. On completion of the interviews the interview notes and additional documentation were explored for emerging themes, these were matched with the emerging findings from documents supplied prior to the Trust visit. This report reflects these findings.

3. Findings

3.1 Leadership

It is clear there is strong and widely respected leadership of the PCT. Staff recognise there have been a number of changes "for the better" recently. Staff are confident about most of the existing governance arrangements. They accept there are likely to be further changes as the PCT commissioning and provider functions develop and as the CYPS begin to function in full.

The Medical Director is recognised as the Clinical lead for the Trust. There is a Deputy Director of Clinical Leadership in the PCT and a recently appointed Medical Director for the Provider Services will soon come into post. There is a strong Allied Health professional leader but currently little nursing leadership. This however is likely to change when the newly appointed Chief Nurse comes into post (8 September 2008). There will be much for her to do to promote best practice during complex changing working arrangements.

It is accepted middle managers also have a role in providing leadership, together with some clinical specialists. *However, it would be beneficial for these managers to refresh their skills with some form of additional leadership training especially, in the light of recent local developments and other national initiatives such as the Darzi Review.* This will help them manage the challenge of complex of service delivery.

There is a crucial role for the leadership of CYPS to play in developing and implementing robust governance arrangements and communicating and reassuring staff about these. *A decision should be made as early as possible about joint Director posts, which if possible should permanently transfer into CYPS.*

In particular *clarity is required about the role of Joint Director of Commissioning because of potential areas of overlap with other Directors in the PCT. Likewise there needs to be clarity regarding the distinction between the commissioning and provider elements in both organisations.*

3.2 PCT Governance Framework

3.2.1 Roles and Responsibilities

The Medical Director for the PCT has the lead for Clinical Integrated Governance. He will need to work closely with the Director of Corporate Affairs and Partnerships, *to develop a vision for Governance which is robust for the PCT and resonates with the new CYPS Governance arrangements.*

It is not clear however which Director holds the lead for Children. Five Directors to date have been closely involved in discussions about CYPS, this is inevitable given their remits, but there is a need for one Director to take the lead. The Medical Director is currently the Director responsible for Safeguarding. *The PCT needs to make a decision regarding who should take the lead at Board level for the full Children's agenda.*

This will streamline communications with partner organisations.

The Corporate Director Trafford CYPS has an advisory role on the PCT Board. He is also a member of the Integrated Governance Committee. *Consideration should be given to ensuring the remit for this post holder attending Board meetings is clearer and has appropriate status.*

3.2.2 PCT Governance - Structure

A strong theme emerging from the interviews is the need for a simple governance framework which has clear, equitable lines of decision making and accountability. (This is also necessary for the CYPS governance arrangements, which are still being developed.) The structure must also support coordinated multidisciplinary care.

Crucial to the success of the new arrangements will be the connectivity between the PCT (made more complex by the two elements of responsibility both the PCT and the CYPS carries - commissioning and provider functions) and the CYPS governance arrangements. This could be achieved through continuity of personnel attending relevant committees, but this may prove burdensome, and / or through robust monitoring arrangements. Terms of Reference which have clear reporting lines to relevant committees in the PCT and beyond as necessary would ensure issues of common concern are addressed and monitored.

The PEC and PBC group are an example of duplication of effort. They have very similar membership, and frequently have a similar agenda. *Consideration should be given to reviewing the PCT internal/corporate governance arrangements to ensure that the PCT Board is able to* readily obtain clinical advice from the full range of clinical practitioners.

CYPS should be a specific agenda item on the PCT Board until the CYPS is fully implemented. This would ensure complex governance issues are regularly reported and discussed and the Board therefore assured CYPS is progressing to plan.

3.2.3 PCT Committee Governance

There is a need to smarten up the format of some committee meetings agenda to ensure the separation of commissioning and provider elements, and in some instances to prevent duplication of effort. This is the case in the PCT and CYPS. Committees that do not already do so should group agenda items for decision, discussion and information. This approach ensures clarity around vested interest (and aids the timing of when individuals attend for specific items) and promotes good committee management. Some committees are already using a front sheet for papers; this should be encouraged to become more widespread.

The management of committee papers for example, providing explicit deadlines for the receipt of papers for the agenda and the circulation of action plans for up dating in advance of meetings with clear time lines for actions, is good practice and should be replicated by all the committees. The integrated governance committee is recognised as an exemplar in this respect and should act as a good role model for other committees.

4. CYPS Governance Arrangements

Governance arrangements for CYPS whilst still developing are already considered to be complicated, and “slowing things down”. Interviewees report arrangements as a “bit of a mystery” but generally going in the right direction, although likely to take time to settle down. Currently clinical issues are being dealt with through informal routes using existing good relationships, rather than through structured governance arrangements. *The CYPS Integrated Governance Board must be fully established as soon as possible in order to demonstrate all the component parts of governance are joined together. Consideration should be given to the*

potential to co-opt as necessary onto the Integrated Governance Board because, membership is currently suggested to be; the CYPS Corporate Director and the 4 CYPS Directors, Non Executive Directors of the PCT and Trafford Healthcare Trust and Elected Members of Council. This needs to be clarified.

The Corporate Director Trafford CYPS is responsible for commissioning all providers, including CYPS, to provide effective professional and clinical governance as an integral part of their planning and delivery of services. The Corporate Director recognises his accountability to all three partner organisations, although the mechanism by which this is achieved is “under review”, *this review should consider the very large number of committees the Corporate Director is expected to attend* (page 15 Bright Futures - Making it Happen, draft 4).

The Corporate Director has three strands of accountability:

1) Commissioning of multi agency services from the PCT and Council

2) Management of staff from the three partner organisations

3) Governance, both professional and clinical. There is recognition in CYPS not all the comments on the consultation documents have yet been addressed.

The Corporate Director has four Directors who form the Executive Team for CYPS. They are accountable to the Management Board.

Heads of service have been appointed although they are in the main still working in their “old” roles and have not fully transferred. A Leadership Group has been established which meets on a monthly basis. One Head of Service has not yet been able to attend any meetings; this may be because of the lack of an Email account. In addition there has been no Induction into new roles or 1:1 meetings with Directors.

It is intended each Head of Service will develop a portfolio of professional and clinical governance and provide written reports to the CYPS Integrated Governance Committee. The CYPS Corporate Director will provide governance reports to the Joint Commissioning Board and CYPS Management Board as well as partner organisations. It is intended these reports will provide a corporate view of the status of professional and clinical governance.

Operational managers will also have regular meetings every two months. They are in the process of being appointed. It is important that *when all the Heads of Service and Operations Managers are in post, Managers meet their staff to begin the process of team building and sharing the vision for the future.*

4.1 The Joint Commissioning Board (JCB)

The JCB receives advice from the Children’s and Young People’s Strategic Partnership Board. It has a reporting line to the PCT Board but needs to be seen to be more closely tied in. It is accepted the JCB is not yet functioning at an appropriate level, but it is “about to be reviewed”. *The review must determine the best way to ensure the Board is strengthened for example; Membership must be at the right level, and individuals must have a real commitment to assuring the future direction of CYPS services, as well as have a desire to ensure value for money and the delivery of quality services in line with the strategic plan.*

A formal re-launch of the Board would assist its profile. Communications from the Board need to be explicit, especially during the set up phase of CYPS. Reporting arrangements also need to be determined, and should be made clear to all partners.

4.2 The Management Board

Currently the CYPS executive team, through the Corporate Director, are responsible to the management “Board” / “Group”. Currently this group is made up of the Chief Executives of all the partner organisations. Whilst the reviewer recognises the desire to have a lean and non bureaucratic organisation, *consideration should be given to adding some non executives and a council member to the Management Board, in order to provide independent scrutiny to meetings.* This group are currently making all the key decisions about CYPS. There is a lack of clarity about the purpose of the “Board” by/with all stakeholders, which perhaps reflects the need to ensure staff are clear about its current remit now and its function in the future.

It is not clear yet what formal responsibility the CYPS Management Board has to report to the PCT Board on matters such as progress against implementation plan, matters of concern, or matters of interest, although it is acknowledged much of this will ultimately come through the CYPS Integrated Governance Board. It is anticipated the PCT will continue to have membership of the CYPS Board sub committees, but *reporting of key decisions about CYPS should be direct to the PCT Board, particularly in the early days.*

The Management Board needs to be reviewed in the light of other CYPS committees being put in place and the scheme of delegation yet to be agreed. *A key task for the Management Board should be to take the lead for the development of a robust Scheme of Delegation, which must be clear about lines of decision making, lines of accountability, reporting and ratification of policies, procedures and guidance.* Care needs to be taken not to unnecessarily replicate committees or processes.

The Management Board has an important role in helping to put together all the pieces of the jigsaw through a clear Scheme of Delegation. This needs to be clearly communicated to staff at all levels.

Once the Scheme of Delegation has been agreed, there must be a real commitment from partner organisations to the agreed structures, in particular through Committee attendance.

There is considerable potential for duplication of effort especially when a Health Provider Board is established. *Further consideration should be given as to how the two Provider Boards (Health and CYPS) could coordinate their work, in order to; reduce duplication, ensure efficient use of resources, and promote the provision of good governance.*

Consideration should be given to the possibility of service level agreements enabling CYPS to access groups that already exist in the PCT such as the Health and Safety Group, to reduce duplication.

4.3 Safeguarding Board

The constitution of the Trafford Safeguarding Board states that it will operate as part of the overall governance arrangements for Integrated Multi-Agency working in the Borough.

Governance arrangements for Safeguarding are generally considered to be good. The Board has been evolving to become more business focused and strategic. *Membership needs to reflect this change.*

Five sub committees which have an operational focus report to the Safeguarding Board. The five committees are; Training and Development, Policies and Procedure, Monitoring and Auditing, Serious Case Review Panel, Child Death Overview Panel. Committees are timed to ensure the flow of information progresses without duplication. This was not tested.

Rigour exists around the formulation of safeguarding policy for example each has a specific audit mechanism designed to monitor policy implementation and where appropriate this is complemented by case note review.

It is less clear to the reviewer how Safeguarding policies are finally ratified, or indeed other policies. A recent example is the Domestic Abuse policy, which went to the three health partner Chief Executives for sign off at the Management Board. It is unclear if it also went to the police and Social Services. Policies “tend to be” ratified by partner organisations, after the Safeguarding Board has signed them off. This opens up the question, who is ultimately responsible? The reviewer was variously informed who interviewees thought is responsible. Most consider the CEOs of each partner organisation are responsible. *Responsibility needs to be teased out as soon as possible* because the PCT although employing the member of staff, will no longer be managing or controlling their work.

In addition each Health Trust has a Safeguarding Clinical Governance Group. It is not clear to whom this group reports in the PCT. Three possibilities were suggested – the PCT Board, The Safeguarding Board, the Provider Unit Sub group. It is unclear to the reviewer why this committee was established, given the number of committees the CYPS have for Safeguarding of which the PCT has membership. The PCT also has an Integrated Governance Committee which could agenda safeguarding issues. *Consideration should however be given to the necessity of continuing the PCT safeguarding governance group and its work subsumed within the PCT Integrated Governance Committee.*

4.4 CYPS Committee Structure

The reviewer had great difficulty in determining what committee structure exists currently in CYPS, and what is proposed for the future. “It is an emerging understanding”. In part this is because of the stage of development CYPS has reached. “CYPS is not yet ready to determine which sub committees will be required”. A number of sub- committees do however exist for example, the workforce committee which is expected to continue*. It is recognised the existing structure and many processes need to be strengthened and mapped. This needs to be considered a priority and the outcome communicated as soon as possible.*

The focus of work in CYPS to date has been on service specifications and the staffing structure. A considerable amount of mapping work has also been done around supervision and a comprehensive matrix has been developed demonstrating lines of accountability for individual staff and how they can access supervision.

5. Quality and Safety of Care

Effective integrated Pathway commissioning will be one way of ensuring governance arrangements are robust in the future. The new Service Specifications will assist this. *The PCT need to specify the professional and clinical arrangements they require as part of joint commissioning the multi agency services.*

Clinical pathway development will assist commissioning arrangements but could also be used to track governance issues. Some pathway development has already taken place; it may be possible to use these to map governance issues over them to act as a starting point. This approach would provide an opportunity to raise the status of governance issues with clinicians, as well as map possible risks that should be added to the risk register.

5.1 Risk

Managing risk is key to the maintenance of best practice. CYPS intend to put in place a comprehensive Risk Management policy based on existing partner organisations. The PCT Clinical Governance Annual Report 2007 / 2008 – incorporating Risk Management contains little about children's services except to highlight the awareness of significant clinical governance and risk concerns about the changes for service delivery for children.

CYPS is considering the possibility of establishing a Risk Management Group, but it is not yet clear where this will report. They also have a risk register for the implementation plan and its delivery. Ultimately there will be risk register for service delivery which is anticipated to be monitored by the CYPS risk committee, when established. *It will help the connectivity between the PCT governance arrangements and CYPS if the CYPS risk register is also received by the Integrated Governance Committee of the PCT so that appropriate risks can be highlighted and added to the PCT risk register as a shared risk if appropriate.*

Amongst the small number of staff interviewed it was apparent some training has taken place to support the assessment of risk .In the main this has been focused around risk to staff, for example lone working. Mangers have undertaken most of the risk assessments to date. *Risk training which is broader than has been offered to date will need to be more widely available in future.* It is noted that CYPS intends to include Root Cause Analysis as part of staff development which is to be commended.

The adequate demonstration of quality on the provider side of CYPS is a cause for concern, because it is not yet explicitly identified. However a Quality Assurance Framework was drafted as long ago as a year ago by CYPS but has not yet been shared or approved. It will go to the CYPS Integrated Governance Committee and then to the two Trusts. *The sharing of the Quality Assurance Framework needs to happen as quickly as possible as it has the potential to reassure clinical staff the necessary attention is being paid to the Quality of services to be provided.*

5.2 Incidents, Complaint, and Audit

It is intended audit programmes will examine the overall service and care provided to clients, and results used to inform professional and clinical services. There is much that professionals can gain from each other as a result of working more closely together. For example currently Independent Reviewing Officers regularly undertake a case file audit of Social Workers files. This would be an excellent framework for developing Multi – Professional Record Audit.

The PCT has a well established mechanism for collating incidents and complaints using DATIX. CYPS intend to establish an Integrated Database that will record all adverse incidents and complaints (clinical and non clinical) to identify trends. *Great care must be taken not to replicate or replace existing databases such as DATIX.*

Staff report they don't always receive collated feedback about complaints, incidents and audit. They are aware how to report issues, but say they only receive verbal feedback if they have reported something. Staff also described slow feedback on draft new policies as well. The process was likened it to the "Bermuda Triangle", "Things go up but they don't come back down". It is unclear where the block lies particularly because the Integrated Governance Committee regularly disseminates information via its membership.

Both the PCT and CYPS (as its committee structure develops) should carefully examine lines of communication in order to ensure front line staff have ready access to learning that emanates from incidents, complaints and audit. Some professional groups have a standard item on their agenda about serious issues which is to be commended.

One element of concern about quality is the nature of information sharing. An example sited was the policy on adoption which requires a high level of sharing information between Health Visitors and Social Workers. This is an example of practical issues staff need to be reassured about as soon as possible.

The effective use of the health budget is a matter under consideration. It is clear the CYPS will require some funding to be capable of being used flexibly, given it is an integrated service which is being developed. *It will be for the PCT to ensure that any conditions agreed do protect the budget so that it is used in the manner intended.*

Staff holding budgets in the CYPS need to be informed as soon as possible about how this will work in the new organisation, and should be meeting with finance personnel in order to understand their budget lines.

6. Staffing and Staff Management

Heads of Service have been appointed through a joint appointment process. Each will be managerially responsible for a team of staff, but the employee will still be in the employment of their existing employer. Therefore different terms and condition of service will exist, which the Unions appear comfortable with. It is possible the Heads of Service will be responsible for professional staff from different professional backgrounds to their own. This has caused some concern amongst not just health staff particularly therapists. *Training for managers is essential and should take place as soon as possible about the different protocols they may have to use.*

It is likely many of the HR issues that emanate from the new arrangements will not become evident until the service has been running for a while. *It will therefore be important the CYPS continues to have an HR Advisory Group to provide support.*

A strong view was expressed for an integrated workforce committee with representatives from all the partner organisations, to help address the future development of the workforce in line with Darzi, Modernising Nursing Careers, and Modernising Allied Health Professional Careers.

7. Support and Supervision

Concerns have been expressed about support and supervision arrangements which are perceived may not be sufficient for a range of professionals, not just health. The issue is of greatest concern to those health professionals managed by individuals who do not have a like qualification.

There is an agreement for a "no less than" what currently exists level of supervision for staff. It is clear however there is considerable concern amongst all groups of staff, especially the Allied Health Professionals, that their support and supervision will be compromised by the new arrangements. This is because staff will be working in multi professional teams and not necessarily grouped in buildings where they can readily seek clinical / professional advice. A complex matrix of supervision arrangements have been drawn up, which in the most part clarifies how staff can access managerial support as well as professional support. Staff have not yet seen these documents, although some are aware they exist. Nor have they yet seen draft 4 Bright Futures – Making it Happen – A Framework for Professional and Clinical Governance in Trafford Children and Young People's Services. Draft 4 dated 3rd August 08, which also provides greater detail about how supervision can be accessed. *These documents should be widely shared as soon as possible.*

In order to fully address this problem confirmation of the following would be helpful when meeting staff:

1) *An agreement between the PCT and the CYPS for regular structured supervision of specialist groups of staff, such as therapists, not line managed by someone from their own profession. This should include an annual professional review of their work as well as discussion about their personal / professional development needs, in line with national developments within their profession.*

2) *Professional groups must be enabled to hold regular meetings to share new developments, to discuss issues of common concern / interest and to act as group supervision when needed.*

3) *A mechanism must be found for specialist staff to be able to discuss urgent professional issues with a senior experienced clinical individual who is able to offer clinical advice.*

4) *The rationale for co- locating staff away from the natural communities they serve needs to be carefully explained to staff, especially as for many it will mean additional travelling time, and complex record keeping arrangements.*

Concern has been expressed about diluting the intimacy of existing relationship between different groups of staff, which is not about resistance to change, but a legitimate concern.

Most of the above features in Draft 4 "Bright Futures – Making it Happen" dated 3rd August, which has not yet been seen by staff. Paragraph 27 Page 9 states – "staff will receive professional and clinical supervision from a manager or senior / experienced practitioner of their own profession. The details of how this professional and clinical supervision will operate will be based on current arrangements, where these exist and are judged robust". *Given the extent of concern about supervision a review of the arrangements in a year's time should be planned.*

A significant risk is the safe management of records. Information about children and young people is already held in a number of different places. *It is essential attention is paid to where records will be safely kept and how they will be responsibly managed in the future.* This will not only reduce risk but could also assist in removing some of the barriers between different professional groups and ensure packages of care support children and young people appropriately.

A balance needs to be found between providing multi professional care which supports the child and family, and ensuring staff are confident their professional integrity will remain intact. It is noteworthy that staff who have previously experienced being managed by someone from a different professional background are less concerned about the changes, but suggest "you have to go through it" in order to be reassured.

8. Education and Training

A very small resource exists in the PCT for training. However staff report some excellent "in service" training, for example record keeping, which they would be reluctant to lose. *Importantly staff need to be able to readily access training pertinent to their profession, as well as the particular role they undertake.* Another example of training which is well received is the safeguarding training provided by the Safeguarding team. An impressive range of HR projects are being led by a seconded HR officer to CYPS which include Education and Training.

Training supplied by CYPS must be relevant to staff if they are to be required to attend. Some staff have already experienced "wasted" days attending training which had no relevance for them. Releasing staff for training is not easy, and funding is limited. Effective use of time and funds is therefore essential. *A Multi Agency Training Panel may be one way of helping to determine joint training needs in the future.* Future work must include recommendations in the Darzi review as well as the modernising Nursing careers and Modernising Allied Health Professions national work.

Staff appointed into new CYPS management roles urgently need training in the policies and procedures relevant to staff in their teams they are not familiar with. They need to understand what the mechanism will be for the development, sign off and monitoring of new policies in the future.

Given the size of the new service and the large number of staff involved approximately
6000 *there is a serious need for organisational development which would bring together the various embedded cultures of each participating organisation and help build a new culture for CYPS with its own set of values and working principles.* Unless this is undertaken the "settling in period" will take a lot longer and an identifiable new culture may never emerge.

9. Communication

"Bright Futures – Making it Happen" (draft 4) page 10 states – "through a multidisciplinary group the CYPS has agreed and is implementing a Communication and Engagement Strategy. Note needs to be taken of the fact that staff report CYPS consultation fatigue. There is danger that at the point the CYPS requires the cooperation staff they will have lost interest. Whilst the consultation for the CYPS is accepted to have been comprehensive*, there is an urgent need now for staff to understand how the service will work in practice.*

CYPS Governance consultation documents are considered to be too long, hard to follow and lacking in detail about the day to day operation of the service. Staff report that in the main communication to date has been at a strategic level about issues such as buildings, not about quality care delivery or how people will be expected to work. Recently the monthly CYPS newsletter has had little health matter in it. It is mostly about schools for example healthy living in schools or social work. There is a CYPS website but staff rarely access it. IT access for some staff is extremely difficult.

The intention to integrate information so that it is accessible to a wider range of professionals is excellent, however existing IT systems are going to have to considerable improve for this to become a reality. Some concerns were expressed during interviews about the sharing of information between different professional groups. *An Information Sharing protocol has apparently been agreed by the CYPS and all partner agencies. This now needs to be widely shared.*

CYPS need to urgently review their communication messages. Some newly appointed management staff are not yet invited to “leadership group” meetings and feel out of the loop, “abandoned” by the PCT links they had, and not yet “picked up” by the CYPS. Decisions are seen to be made through very bureaucratic routes, which they are not used to. Indeed some Directors in the PCT think staff have already transferred to the new service. In fact there is a phased process which is going to take up to September 2009 to complete. The CYPS need to identify exactly what will happen when, and who is responsible for particular elements. *The PCT must continue to take responsibility for all staff still working, until their formal transfer.*

The proposed launch of CYPS planned for January2009 should be more that a “re-branding” and launch of the new CYPS logo. It is an opportunity to inform the public and staff from all partner organisations about the organisation and progress achieved during the transition period.

10. Evaluation of CYPS

A mechanism needs to be found to evaluate progress and the eventual success of the new CYPS. Key Performance Indicators may be one way to do this, agreed between all the relevant parties and designed to provide a clear indication of progress against plan for the implementation of the CPYS. They could also act as a tool to measure the level of compliance within agreed governance arrangements.

Existing indicators for children and young people currently the responsibility of the PCT, should be owned by the CYPS as the organisation with the responsibly to deliver.

Assessments of children’s services in Trafford for example; Joint Reviews, Annual Performance Assessments, and the Annual Declaration against Standards for Better Health have historically scored well .New Service Specifications that have been developed with the help of a PCT seconded officer will provide an additional vehicle for the commissioning and assessment of services in the future.

Evaluation of the service through the staff may also be a powerful way of determining success on the ground. Suggestions for possible indicators were; Establishing from families if care is better coordinated, or care has been proactive rather than reactive. It is accepted it will not be easy to capture the essence of change / improvement for children and their families. It may therefore be necessary to take a qualitative approach, such as longitudinal case studies.

Whatever approach is taken it should, as far as possible be a formative process and not add to the existing complex burden of review and inspection.

Staff may be able to report back through staff surveys, if it is easier to access the people they need to speak to, if as a consequence of new ways of working there is a reduction in paperwork, and how they are learning from each other.

Some thought has already been given to learning that emerges from the development of the service. This is important to be able to pass on, given the potential for replication in other services. It would be good to be able to pass on what works well and what has been more difficult to achieve. If the intention to " promote organisational learning through constantly reviewing policy and practice" (page 10 draft 4 Bright Futures – Making it Happen) becomes a reality the CYPS should become an exemplar for other Children and Young People's Services.

11. Summary

Trafford has signed into an ambitious and exciting vision for services for Children and Young People. If plans are taken forward robustly they will undoubtedly reap benefits for children, young people and their families. It is a bold attempt to bring together professionals who already work together into teams, in order to establish new ways of working for the benefit of those in their care. Partner Organisations are to be congratulated on being forward thinking.

There are however significant risks as well as benefits. Unless CYPS begins to support the vision with robust governance arrangements, there is a danger staff will become disillusioned and risks will not be well managed. A considerable number of issues are "under review" or "under development", this needs to be turned around as soon as possible in order to provide the necessary reassurance people seek.

Documents seen by the Reviewer dated recently resolve a number of issues that have been concerning staff, but they have not yet seen them. Clear communication is vital in order to gain the trust and respect of staff moving into CYPS.

Finally the good will that exists between the partner organisations should be built on in order to utilise the best of pre existing arrangements and the best of the vision for the future.

Appendix 1

Reference Documents

Pre – review documentation prepared for Liz Fradd by the head of Allied Health professions dated 24.7.08

Professional support links between the CYPS and the Allied Health Professions and Intermediate Care Service – Trafford PCT Provider Service. Prepared by Head of Allied Health Professions and Intermediate Care July 2008

Letter to Chris Pratt and Mil Vasic

Bercow Report for Provider Unit

Roles and Responsibilities in relation to 4 key aspects of service delivery outcome of AHP Workshop 3.6.08

Governance Workshop 05.06.08

Supervision Clinical Governance Flow charts

Trafford North and South Primary Care Trust Board Meeting 25.10.05 Proposal Arrangements for Integrated Governance

Clinical Governance Annual Report 2007/ 2008 incorporating Risk Management

Draft Clinical Governance Strategy 2008-2009

Standing Financial Instructions

Scheme of Reservation and Delegation

HR Protocol – Trafford Children and Young People's Service

HR, H&S and Training Agenda – Project areas

AHP clinicians' requirements to fulfil Clinical Governance responsibilities in the CPYS
Dated 30.07.08

Bright Futures – Making it Happen. Improving Quality of life outcomes for Children and Young People. 3rd draft – 11th March 2008
And Draft 4 dated 3rd August 08

Professional Governance Arrangements – TCYPS – reporting lines undated? Document

Annexe 1 – Trafford CYPS Governance and Management Structure – undated

PCT Governance Framework – reporting committees.

NHS North West – Clinical Pathways Group Reports 2008

CYPS Assurance Framework May 22nd? Year

CYPS Integrated HR Practices – undated

CYPS Parenting Handbook 2008.

Appendix 2

Biographical Details: Elizabeth Fradd

Elizabeth is an independent health service adviser. The focus of her work and abiding passion is the continuous improvement of healthcare. She was until April 2004 the Nurse Director and lead Director for the Review and Inspection programme in the Commission for Health Improvement (CHI). Prior to this appointment she was Assistant Chief Nurse in the Department of Health (DH). Her current portfolio of work includes commissioned independent Inquiries / Investigations, the delivery of innovative professional development programmes and the mentoring of senior personnel.

She is a registered sick children's nurse, a registered general nurse, and midwife and health visitor. She has published widely and spoken on many occasions at both national and international conferences.

Elizabeth managed the Children's Units in Nottingham for 12 years; the last 3 included Children's Services in Grantham. She was seconded to the DH twice as the nursing lead for Child Health / Child Care. She chaired the ENB Children's Nursing Committee , was the vice chair of the RCN Children's Forum, for 10 years chair of the Joint British Advisory Committee for Children's Nursing, and finally for a short period a trustee of Contact a Family.

Her interest in Children continues. She is Vice President of Rainbows Children's hospice, and an adviser to Action for Sick Children.

Elizabeth has honorary doctorates from Wolverhampton, Nottingham and the University of Central England, and holds honorary Professorships at two Universities. In 2004 she was made a Fellow of the RCN , which complements he honorary fellowships of the Royal College of paediatrics and Child Health, the Queens Nursing Institute and honorary membership of the Faculty of Public Health.

She was a member of the Independent panel scrutinising the implementation of Commissioning a patient led NHS, and is also a member of the following: DH external reference group for Quality; the DH Advisory Group for the Summary Care record; and the National Information Governance Board for Health and Social Care.