



CONSULTATION FEEDBACK AND RESPONSES

FOLLOWING CONSULTATION ON THE PROPOSED RING FENCING OF THE HEAD OF SPEECH AND LANGUAGE THERAPY POSTHOLDER TO THE VACANT HEAD OF SERVICE (COMPLEX AND ADDITIONAL NEEDS) POST AND THE ASSOCIATED PROPOSED RECRUITMENT ARRANGEMENTS

9 February 2009



Trafford Healthcare **NHS**
NHS Trust

Trafford **NHS**
Primary Care Trust

Issue	Response
GOVERNANCE	
<p>There is no post holder identified to take the role of providing clinical and professional leadership, and clinical governance to the Speech and Language Therapists</p> <p>How will leadership for the adult services be maintained?</p>	<p>The TCYPS is committed to ensuring that all staff deployed into the multi-agency service have governance arrangements, including clinical and professional leadership that are equivalent to those that existed within each of the partner agencies. This is currently being addressed through work that is being undertaken to address the feedback received from the recent governance consultation. The joint commissioning unit (PCT/Council) will examine the final governance arrangements so that they can provide assurance to both organisations that the TCYPS has appropriate arrangements in place</p> <p>The Trafford Provider Services is addressing the governance arrangements for adult services (which will include those for adult SALT services) through a new Adult Allied Health Professionals strategy. This will include professional leadership and management arrangements, and an ongoing examination of the nature of and staffing implications for the associated possible establishment of an integrated care organisation.</p> <p>Both the Trafford CYPS and Trafford Provider Services will work together to ensure that any strategic, professional or clinical governance issues relating directly to the provider split between adults and children's services are duly considered and addressed.</p>
<p>There is no mention in the Job Description that the HoS will provide clinical governance support to the SALTs</p>	<p>The Head of Service CAN will have a Registered Health Professional Qualification - but this doesn't necessary have to be a qualification in S&LT; therefore, it would not be appropriate to include this professional responsibility in the JD if the</p>

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	<p>postholder is not a registered S&LT. The route by which Speech and Language Therapists receive their clinical governance support will be made explicit through the TCYPS governance exercise detailed above.</p>
<p>The recent Bercow Action Plan – ‘Better Communication’, states that as part of the <i>Leading and Managing Children’s Services in England</i>, it will suggest that local authorities should consider giving a member of their Children’s Trust board responsibility for SLCN in the local area?</p>	<p>The Bercow Report identifies many recommendations for best Practice and valuable suggestions for service design and development. It also offers rich information for commissioners to consider with respect to specifying future service provision. The suggestion to have a Childrens Trust Board member to have lead responsibility for SLCN will certainly be considered once the formalisation of the corporate governance arrangements have been approved by the three partner agencies.</p>
<p>The current Head of SALT role includes Clinical Effectiveness across the Allied Health Professions. How will this be maintained?</p>	<p>Within the Trafford CYPS this will be maintained by identifying lead officers to address clinical effectiveness issues both within and across clinical groups. The TCYPS has previously confirmed that professional group meetings/forums will remain in place as part of the governance arrangements.</p> <p>The Trafford Provider Services, through work on the Adult AHP Strategy, will clarify the arrangements for clinical effectiveness..</p>
<p>Will the HoS be able to continue their involvement with the PCT and commissioners regarding the Bercow Action Plan?</p>	<p>Yes, this will be a component of their strategic healthcare lead role for all professions within CANS.</p>
<p>Is there capacity to do both the professional leadership and Head of Service role?</p>	<p>Professional leadership for SALT’s has been covered above. The Head of CAN will be a strategic role with professional healthcare leadership responsibilities ensuring that health services within CAN are safe and of a high quality that reflect the service specifications.</p>

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Have all the Heads of Service got a professional lead role as an addition to the HoS responsibilities?	Yes, all appointed Heads of Service have a professional lead role for Healthcare, Social Care or Learning and Development
If the professional lead role for SALT is lost (including through a future change of postholder) this will be very detrimental to the services that people with communication difficulties receive in the long term.	If the arrangements regarding professional leadership for SALT's within the TCYPS change, appropriate alternative arrangements will be put in place. The TCYPS has previously identified that these could be either as a result of being able to facilitate those through existing internal resources or through alternative external arrangements. Where external arrangements are being considered, the TCYPS will work closely with the Trafford Provider Services and the joint commissioners to explore the available options for maintaining professional leadership for SALT's.
Responsibilities for managing safeguarding need clarification. Who will be accountable?	Every professional is accountable for safeguarding children, the head of Service will be responsible for ensuring that structures, systems and processes are in place to ensure that children are safeguarded; and that staff are competent to deliver safe services; there are Local safeguarding policies and procedures and a health safeguarding Service as part of MARAS that is also available to provide advice and training to staff.
How will the HoS be able to maintain their professional registration if they are no longer undertaking clinical work?	Professional Registration requires the professional to undertake continuous professional development - the methods selected must contribute to their knowledge and practice; this can be reading journals, attending conferences, participating in audit etc. Other heads of service remain registered although they do not carry out direct Clinical activity they are responsible for ensuring that their CPD is updated according to their professional governing body.

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CLINICAL WORK	
How will the clinical element of the current role be managed?	The clinical work currently undertaken by the Head of SALT is part of the service specification and service delivery plan which are a component of the commissioning arrangements. This clinical work is not included in the Head of CANS duties. The clinical service provision will continue but will need to be delivered in a different way. The delivery model is yet to be determined.
Who will manage/reiterate the message given by the therapist regarding the expectations of others in terms of clinical intervention/service provision? This role (including court appearances) is not one that the current Clinical Leads within Speech and Language Therapy could fulfil with their current clinical demands.	<p>If there is a capacity issue then this will be fed into the joint commissioning unit. No changes in any individual's duties will be implemented without prior discussion and consideration of any implications.</p> <p>Should there be any change then this will be supported by a Personal Development Plan to ensure that any professional/clinician being expected to deliver a service/role is trained to a competent level.</p>