



AN BORD SLÁINTE LÁR TÍRE
MIDLAND HEALTH BOARD

Corporate Fitness Committee Structure

**Approved By Chief Executive Officer
& Senior Management Team
May 2003**

Currently in Implementation Phase

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Draft and for discussion.

Executive Summary.

The following document outlines the proposed structures that need to be in place for goal of Corporate Fitness to be achieved throughout the Midland Health Board.

The role of Corporate Fitness is to assure the quality, safety and fairness of health service systems. It is accountable for internal and external communications and the implementation of a service user focus within the Health Board.

Quality guru Stephen Shortell states that one of the critical success factors for a system of quality to be implemented and sustained in a healthcare setting is that suitable structures are in place. Presently there are many committees and working groups within the Midland Health Board, that in addition to their existing terms of reference, have a remit around the Corporate Fitness goals. It is proposed that these will continue to function within their present terms of reference but that under the new Corporate Fitness Committee structure their Corporate Fitness function will be more strategically aligned.

The organogram outlines the present committees and proposed committees namely the Acute Hospital Site Corporate Fitness Committee the Primary Care Group, the Central Service Corporate Fitness Committee and the Regional Corporate Fitness Committee and the linkages between them. Membership and terms of reference are contained in later chapters.

The overriding aim of these proposed changes is to ensure integration of the elements of Corporate Fitness across all levels of the organisation and to ensure that the quality improvement objectives of staff and clients are strategically and operationally aligned with the goals of Corporate Fitness.

Preparation for Corporate Fitness Committee Structure for the Midland Health Board.

Several recent reports in the Midland Health Board have recommended quality structures be in place to ensure continuous quality improvement within the board. Specifically, the Health Care Risk Resources International report (2000), the MHB Quality Strategy (2001), the Health Promoting Hospitals Framework document, the Clinical Audit Discussion Document recommend the development of an overall Corporate Fitness Steering Committee. Rather than set up new committees alongside existing committees that have a remit for corporate fitness and quality, a working group was established to examine present structures, identify gaps and devise a cohesive method of examining all corporate fitness issues:

Present Committees that have a Corporate Fitness Function:

Currently there are a number of committee structures within the Midland Health Board with a functional remit for Corporate Fitness, for example:

- Regional Clinical Audit Committee (mainly membership from acute hospitals though representatives for the other care groups are invited to attend). This will be dissolved under the proposed new structure.
- Regional Health Promoting Hospitals Committee (membership from Acute Hospitals and the Long Stay units in the HPH network and recently Mental Health)
- The Partnership Committees – one in each of the Acute hospitals (others planned in the community) and the Regional Partnership Committee
- Health and Safety Committees (12 existing and 11 recommended) as per discussion document for the development of site specific safety statements (April 2002)
- CECA (Comments, Enquiries, Complaints and Appeals)
- Regional Internal Audit Committee.
- Regional Policy Committee

This list is not by any means exhaustive.

As demonstrated on the organogram on Pg. 5 it is proposed these committees will link with the Regional Corporate Fitness Committee (probably through representatives that are common to one or more committees).

Present Management Structures:

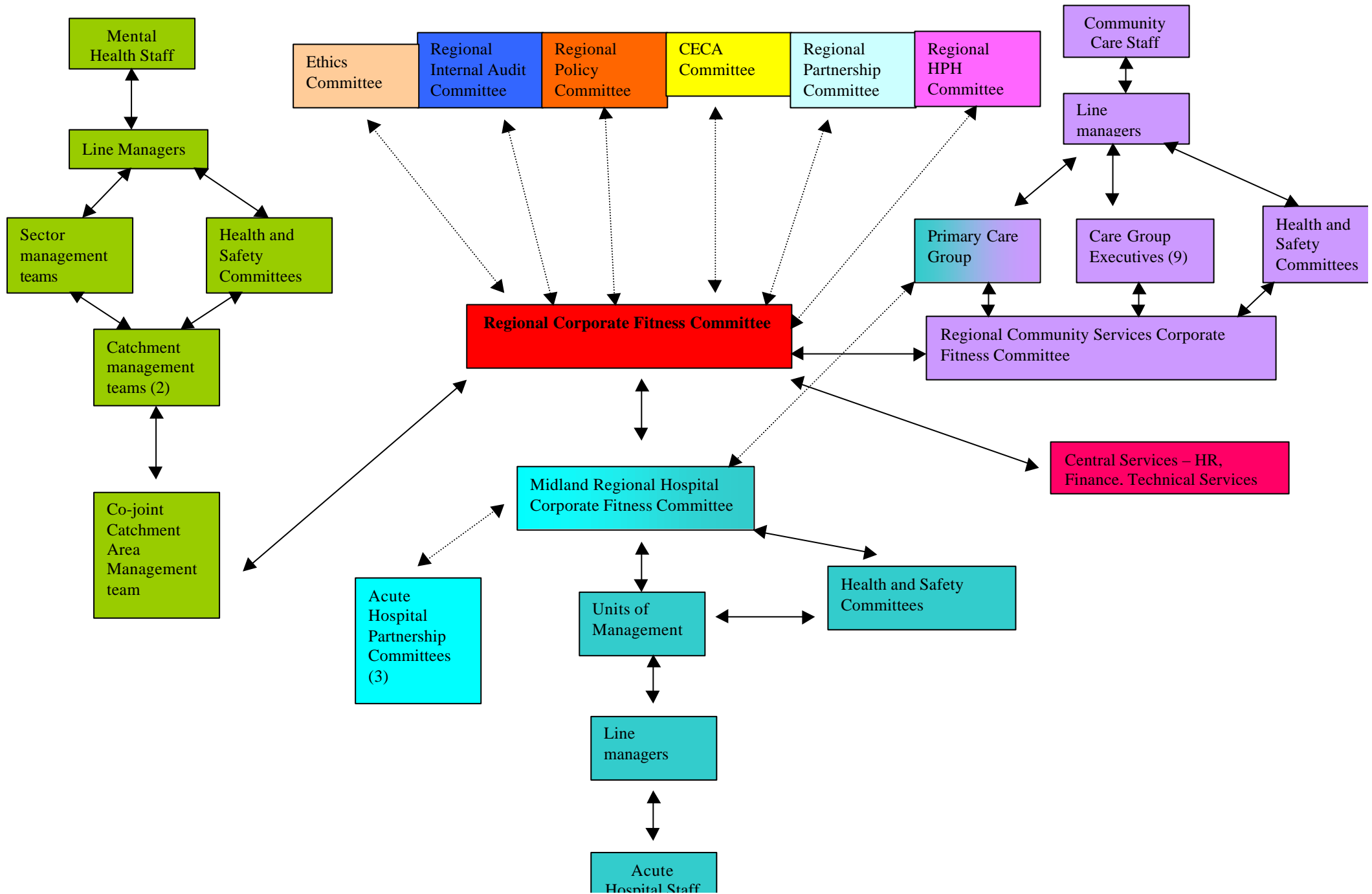
The following management structures, in support of the Senior Management Team, Corporate Team and Care Group Directorates, are currently in place:

- The Mental Health Sector Management teams (x 6).
- The Mental Health Catchment management teams (x 2)
- The Mental Health Cojoint catchment management team
- The Care Group Executives – one each for Disabilities, Older Persons, Children and Families and Child Protection.
- Units of Management (UOM) under the Clinicians in Management Initiative in the Midland Regional Hospital.

While the present committees and management structures continue to maintain their current terms of reference, it is proposed that the **Corporate Fitness function** of these groups will be incorporated into the Corporate Fitness structures proposed in this document. It is proposed that where current committees exist e.g. the Sector Management Teams in Mental Health and the Care Group Executives, Units of Management, that Corporate Fitness issues will become an item on their agenda. These are already multidisciplinary teams with management representation. (For membership of the Sector Management Teams, Catchment Management Teams and Care Group Executives see Appendix 1 and 2).

It is envisaged that this will be an evolving structure as over the coming months and years further committees with a Corporate fitness agenda are established / removed e.g. Consumer panels, Accreditation Steering Group (ASG). Therefore continuous monitoring, review and quality improvement of the structure will be maintained.

Draft and for discussion.
Proposed Structures for Discussion



Note, for areas where health and safety committees do not exist line managers will report health and safety risk issues which can not be managed locally to the relevant Corporate Fitness management structure as follows:

- ☞ For Acute Hospital Services, Health and Safety risk issues will be referred to the Midland Regional Hospital Corporate Fitness Committee
- ☞ For Mental Health Services, Health and Safety risk issues will be referred to the relevant Sector Management Team
- ☞ For Community Services, the Health and Safety risk issues will be referred to the relevant Care Group Executive

Draft and for discussion.

Roles and responsibilities within this structure

1. The Chief Executive officer.

The overall responsibility for effective Corporate Fitness within the Midland health board lies with the Chief Executive Officer. At an operational level, the senior management team are responsible for Corporate fitness within their sectors of management.

2. The General Managers.

Responsibilities:

- For the effective management of the quality and safety of healthcare within their areas.
- Promote the development of a positive and supportive culture within the Midland Health Board for the management of all aspects of healthcare risks
- Ensure that employees are adequately trained to participate in the implementation of the Healthcare Risk Management Policy, Continuous Quality Improvement and Clinical Audit. Such training will be co-ordinated by the Corporate Fitness support team in liaison with the Human Resource Department and Line Managers.
- Ensure that necessary resources are available to meet Corporate Fitness objectives within overall resource limitations.
- Promote and ensure that Corporate Fitness issues are included at line management, Units of Management, Sector management team, Care Group Executive meetings.
- When required, initiate appropriate measures to deal with serious breaches of, or a persistent disregard for, the Healthcare Risk Management Policy, and associated protocols.
- Set a good personal example by actively promoting Continuous Quality Improvement, Audit and review, good Healthcare Risk Management practices.

Accountable:

General manager is accountable for all of the above to the Senior Management team.

3. Units of Management (Midland Regional Hospital only). Comprises of a Clinical Director ✱, Divisional Nurse Manager and Business Manager.

- To receive and act upon Corporate Fitness issues identified by their line managers.
- Prioritise areas within their control for Quality improvement, Clinical Audit and Risk Management and act on these.
- Allocate resources including financial resources from discretionary funds available, for the implementation of control measures, the recommendations of incident/claim reviews and audit reports and Quality action plans.
- If -
 - The hazard can not be suitably controlled or the incident/claim review recommendation satisfactorily implemented, or
 - The recommended changes for quality improvement cannot be implemented by the unit of management ,
either because it requires funding greater than is available in local discretionary funds, or because it requires greater representation in the decision making process than is afforded by the Unit of Management, it will be referred to the next appropriate forum (Midland Regional Hospital Corporate Fitness committee)
- Identification of training needs for staff and implement training plan based on training needs identified.

Accountability.

The unit managers are accountable to their Clinical Director ✱, Director of Nursing, General Manager on all of the above areas.

4. Line Managers

Responsibilities:

‘Of overwhelming importance is the need to acknowledge at all times that CQI and risk management are direct line management responsibilities. Unless all the managers and clinicians within the care groups genuinely believe this, understand what this means and take appropriate action to achieve such effective operational practices every day, the effectiveness of any central initiatives will be diminished’ (HRRRI Report, 2000)

- To receive and act upon Corporate Fitness issues identified by their staff
- Prioritise areas within their control for Quality improvement, Clinical Audit and Risk Management and act on these.

- Allocate resources including financial resources from discretionary funds available, for the implementation of control measures, the recommendations of incident/claim reviews and audit reports and Quality action plans.
- If -
 - The hazard can not be suitably controlled or the incident/claim review recommendation satisfactorily implemented, or
 - The recommended changes for quality improvement cannot be implemented by the line manager ,

either because it requires funding greater than is available in local discretionary funds, or because it requires greater representation in the decision making process than is afforded by the Line Managers, it will be referred to the next appropriate forum (Sector Management teams, Units of Management, Midland Regional Hospital Corporate Fitness committee or Care Group Executive.
- Identification of training needs for staff and implement training plan based on training needs identified.

Accountability.

The line manager is accountable to their General Manager (or Unit of Management) on all of the above areas.

5. Staff

Responsibilities:

- Quality assurance of work practices.
- Identification of areas for Quality improvement, Clinical Audit and Risk Management and reporting of these to their line manager.
- Adherence to the 1989 Health and Safety at work legislation.
- Implementation of corrective measures/improvements where possible.
- Collaboration with Line Managers on those areas that cannot be dealt with by the individual staff member.
- Identification of individual training needs as part of their personal development planning.

Accountable:

The individual staff member is accountable to their line manager on all of the areas outlined above.