



TRENT ACCREDITATION SCHEME

NEWSLETTER

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Farewell to Martin

After 4 years as Chairman of the TAS Board, and many more years as a very strong advocate of what the accreditation scheme operated by Trent has to offer, **Martin Taylor** steps down from his position on 30th September 2001.

Both past and present Board members wish to pass on their thanks to Martin for his work on behalf of the scheme which he has presided over so well. His Chairmanship of the Board has been particularly appreciated, not least for his ability to resolve sensitive issues! Many participants in the scheme have benefited from Martin's advice and we wish him well in the future.

Welcome to our new Chairman

We are pleased to welcome **Kevin Holder** as the new Board Chairman. He has been a supporter of TAS for some time in his previous posts.

Kevin writes "I am delighted to have taken up the Chairmanship of TAS from Martin Taylor who, sadly, will soon leave the NHS. I assume the responsibility knowing that the scheme must become financially self-sufficient from April next year and that to achieve this, I must convince Primary Care Trusts of its merits and the service benefits that accrue to patients, staff and host organisations. I am not over-awed by this task as I am totally convinced that the accreditation scheme provides organisations with an established and highly credible audit tool that measures compliance in areas of controls assurance and clinical governance and that is an excellent means of preparing for the mandatory accreditation processes of CNST and CHI inspections. Importantly, TAS is credible



because it is conducted by surveyors who are from participating organisations and, as such, know the type of service first-hand.

As an ex Director of Operations of a community trust that had 6 small hospitals within the scheme and now Chief Executive of a PCT with 2 hospitals signed-up, I feel appropriately qualified to sell the virtues of TAS and to support its growth beyond the boundaries of Trent. We will soon welcome Northamptonshire PCT's into the new regional boundary and it is already clear that they are keen to be part of the process. Equally, I have approached many Trent PCT Chief Executives to canvass ongoing support for TAS on a fee paying basis and have been very encouraged by the positive response. In short therefore, I am confident that with your on-going enthusiasm and commitment, TAS can continue for many years and flourish through new membership."

SCHARR report gives support for TAS

A report commissioned by SCHARR, and carried out by Professor **Brian Edwards**, has given support for TAS scheme of accreditation based upon peer review and sharing of best practice in and across hospitals.

Whilst recommending that the current documentation used by the scheme, together with the structure might benefit from a more robust approach, the report nevertheless spoke highly of the success of the scheme which has now operated in Trent since 1993.

Recommendations also included links being sought with CHI, and in particular the Trent model of accreditation being used as a bench mark upon which to base future review systems. Although we have been in contact with CHI, it appears that at this stage they wish to develop their own systems. It is interesting to note that various articles written about CHI suggest that they are meeting some of the same issues TAS surveyors met in the early stages of the scheme.

Whilst this response might have been seen as predictable, accreditation schemes such as TAS which have operated for some years have worked hard at developing ways,

and training surveyors in techniques to ensure that reports are objective in their findings. With so much knowledge gained from existing accreditation schemes it is perhaps unfortunate that this was not used as a 'sounding board' for the development of a system such as that which CHI has now begun to implement.



Many Congratulations to Hong Kong Hospitals, and thanks to all involved

The meeting of the Trent Accreditation Board held at the Hong Kong Medical Academy on 12th March this year marked the conclusion of an intensive programme of training and surveying in the SAR by Trent personnel over the previous 18 months. The outcome being that each of the 12 private hospitals participating in the scheme were awarded 2 years accreditation. TAS made the front page of the editions of the South China Morning Post! The picture shows the press conference.

To all the Trent personnel involved in this fascinating; mind developing; greatly satisfying and rewarding exercise; congratulations and well done. The biggest congratulations however, must be to the managers and staff of the Hong Kong hospitals who, faced with the challenge to comply with a set of clinical and service standards; and ensure their application; did so in record time to enable the achievement of full accreditation. To set this into context, from the germ of an idea of accreditation in 1991 to implementation for Trent hospitals took nearly 3 years. In Hong Kong it took 6 months for the hospitals who offered themselves as the first to 'take the plunge'.

Where now for the Hong Kong connection?

Well, much depends upon the outcome of deliberations now taking place currently in Hong Kong. Australian, US, and other standards systems are currently being investigated and reviewed alongside that which TAS has introduced.

It seems likely that for the time being links will be maintained with Hong Kong which can only be of the benefit to everyone. The work has provided superb development opportunities for all staff and additional networking for the staff in Hong Kong.

Changes to TAS from April 2002

New strategic enlarged health authorities, new health and social care orientated smaller and fewer regional offices, all on the top of the creation of Primary Care Trusts. So where you might ask does Accreditation and a Trent wide scheme fit in the future?

Certainly the current changes taking place will inevitably affect TAS. What is known that over recent years the funding of TAS has been reviewed and subject to reductions, and at the end of the current financial year the Regional Discretionary Levy from this measure of financial support will cease. There has therefore been a certain inevitability and acceptance for some time that for TAS to continue it must become self funding. It is likely that scale of charges for membership of the scheme will come into existence. There would be an annual fee and then all other services of this scheme, surveyors, training etc would be free.

The budget will be held by North Eastern Derbyshire PCT from 1st April 2002. As many of the services to be surveyed will be managed by PCTs, it seemed logical to move the budget to a PCT.

New surveyors required!!

Following numerous changes in personnel and roles performed over recent months, the scheme is in urgent need of recruiting new surveyors. A basic training day for surveyors took place at Center Parcs at Sherwood Forest on Tuesday 24th July, and further training days will be organised as interest demands.

Interested personnel should be experienced operational managers working in hospital services participating in the scheme. Experience from having been surveyed had their own hospital surveyed is an advantage, but not essential. Once trained in the TAS process new surveyors can expect to be called upon to assist with an average two or three surveys each year, as well as be required to have a commitment to attend updating days as convenient in order to maintain competency in the role.

Any persons interested in becoming TAS surveyors are asked to send their details to Miss **Liz Brownhill**, Assistant Director of Workforce Planning at Trent NHS Executive Office. (Tel 0114 282 0350)

Training days - open to all

TAS continues to provide a regular programme of updating and developmental training sessions on various specialist subjects, other issues of topical concern, and in sharing details of good practice. The sessions are primarily aimed at ensuring that personnel involved as surveyors in the scheme are kept abreast and up to date on matters they are likely to be concerned during their surveying work. However, in the past these sessions have proved popular amongst other staff to whom invitations to attend are extended depending upon places being available.

A programme of training sessions in this series is to be organised over the next 6 months and will include the following subjects:

- Clinical Governance: co-ordinating the quality process in community hospitals
- The Modernisation agenda: what does it mean to community hospitals?
- Health and safety: How much does it impact upon 'Improving Working Lives'?
- The role of community hospitals within PCT's.

Dates for each of these sessions will be circulated shortly.

Attendance at any of the sessions is free of charge, but non notification of non attendance following booking may incur a charge.

Good Practice Day 20th November 2001, Hassop Hall - to book a place contact Liz Brownhill.

Update of current small hospitals standards document

Last revised in 1999 the basic standards document is now under detailed review.

The NHS Plan; NSF's; Consent to treatment; and 'Improving Working Lives', amongst other recent major strategic developments have made it essential that the standards document reflects and strengthens the quality agenda that community hospitals, together with all parts of the NHS, are now faced. With all small and community hospitals now having, or in the process of moving to PCT's, it is essential that the standards document also reflects the agenda for these new management groups and meets their needs for a robust and verifiable quality monitoring system for the hospitals they manage.

Endorsed by the TAS Board, the Project Group has recommended that an urgent review of the standards document is carried out, and this is currently being undertaken with the assistance of those personnel who are regarded as 'experts' in their particular area of work within the Trent Region.

A tight time scale has been set for this work to be concluded, following on from which a group of Senior Surveyors, Hospital Managers and Clinicians are to meet to consider the amendments produced. Decisions will then be made upon the most appropriate manner in which the new standards document should be presented. Included in this work will be new sections to cover specifically OPD's, and measure the stages reached by each participating hospital in the process of adopting valid Clinical Governance.

It is proposed that unlike previous extended review periods for the standards, that the above exercise and publication of the revised self assessment document will be completed by no later than early September, with publication by the end of that month.

Programme of surveys to 31st March 2002

Whitworth & Newholme Hospitals

26 - 28 September

Ashby de la Zouche

7th - 8th November

Ilkeston Community Hospital

13th - 15th November

Guisborough General Hospital

4th - 5th December

Coalville Community Hospital

6th - 7th December

Feilding Palmer Hospital

12th - 13th February 2002

Hinckley & District Hospital

5th - 6th March 2002

Ashfield Community

12th - 13th March 2002

Walton Hosital

18th - 20th March 2002