4 Quality Standards - Human Resources

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4 Human Resources

4.0 Introduction

This section sets out quality standards for NBHSW’s human resources, including job descriptions, recruitment, selection and training.
4.1 Management Structure and Staffing levels

NBHSW posts

**Associate Director**
The Associate Director NBHSW is at a Consultant or equivalent grade. The post has currently been appointed on a half time basis with clinical sessions undertaken in the remaining sessions. The Associate Director is the programme’s professional lead and manages the programme on a day to day basis on behalf of the Director of Screening Services, overseeing the development and maintenance of policies and standards. The Associate Director reports to the Director of Screening Services.

**Divisional Coordinator**
The Divisional Coordinators posts are at a Consultant Equivalent or Senior Management grade related to experience and current pay scale at time of appointment. The posts have currently been appointed on a part time basis with clinical sessions undertaken in the remaining sessions. The Divisional Coordinators are responsible for the day to day management of screening, ensuring the provision of a high quality screening programme through to the completion of the assessment procedure. The Divisional Coordinators report to the Associate Director.

**Programme Manager**
Programme Managers will be employed by Velindre Trust working full-time for the NBHSW programme. The Programme Managers are responsible for the day to day management of the provision of screening in their geographical area on behalf of the Divisional Coordinator. The Programme Managers line manage the screeners and report to the Divisional Coordinator professionally and Head of Administration managerially. They also line manage the Assistant Programme Managers and administrative staff within their division

**Assistant Programme Manager**
Assistant Programme Managers will be employed by Velindre Trust working full-time for the NBHSW programme. The Assistant Programme Managers are responsible for the day to day management of the provision of screening in their geographical area and report to the Divisional Programme Manager. They supervise other administrative staff.
Screeners
Dedicated screeners are employed full-time and part-time by Velindre Trust for the NBHSW programme. The screeners are responsible for screening babies in hospital and in the community and accurately recording clinical test data. They are also responsible for completing administrative tasks.

Administrative and Clerical
NBHSW clerks are employed on a part time or full time basis by Velindre Trust to provide administrative and secretarial support to the screeners, programme managers and divisional coordinators.

Funded by NBHSW

Audiologist
Audiology support is provided at the level of approximately 0.2 WTE per 1000 births and is managed by the Trust, but reports to the Divisional Co-ordinator on all matters relating to the NBHSW programme. The audiologist is responsible for the assessment of the baby including diagnostic test, liaison with the Professional Lead, supporting the Technical Supervisor and assisting in training of screeners.

Professional Lead
Professional Lead is provided at the level of approximately 0.1 WTE per site/department or 0.05 WTE per 1000 births and is managed by the Trust, but reports to the Divisional Co-ordinator on all matters relating to the NBHSW programme. The Professional Lead is responsible for clinical decision making in the care pathway, liaison with other professionals and co-ordinating the service after the assessment procedure, ensuring information flow regarding individual babies and assisting in training of screeners.

Technical Support
Technical Support is provided at the level of approximately 0.1 WTE per site/department and is managed by the Trust, but reports to the Programme Manager and Audiologist on all matters relating to the NBHSW programme. The Technical Support is responsible for trouble-shooting equipment and IT, providing information, support and training for the screeners, ensuring the screening equipment is properly maintained, ensuring data collection.

Senior Technical Support
The senior technical support is appointed at 0.1 WTE. The senior technical support is responsible for monitoring equipment performance and supporting Technical Supports by telephone/email advice. The Senior Technical Support is also responsible for updating written protocols and guidelines for the ensuring equipment performance, liaising with equipment manufacturers and providing advice to the Associate Director and Divisional Coordinators.

Within each Trust there is need for support and guidance from the local audiology service through primarily the Professional Lead and Technical Supervisor, but also informally through all members of the audiology department. In some Trusts the role of the Technical Support and Audiologist are undertaken by the same individual.
4.2 Contracts, Job Descriptions & Person Specifications

4.2.1 Key staff

Managerial Responsibility

All line managers

QA Adviser

If the line manager is not the (only) QA Adviser for that group of staff, then the appropriate QA Adviser should be consulted.

4.2.2 Quality Standard

NBHSW post

All posts are covered by an up to date written job description. All job descriptions include statements about:
- the title of the person to whom the post holder is responsible;
- the NBHSW quality system;
- the NBHSW health and safety policy;
- competency;
- supervision (where appropriate);
- confidentiality and security.

All members of staff are issued with terms and conditions of service within two months of taking up post.
A person specification is produced for each post prior to recruitment. Where the appropriate professional organisation details a requirement in relation to supervision, the post holder ensures compliance with this requirement.

Clinical staff

All clinical staff working for NBHSW hold an honorary contract with Velindre NHS Trust and have a written job description.

QA Advisers

QA advisers have specific sections within their job description outlining their responsibilities as QA advisers or have separate job descriptions.

4.2.3 Method

The Velindre NHS Trust ‘Recruitment and Selection Procedure’ is followed.

A written job description and person specification for each post prior to recruitment. Existing job descriptions are updated to reflect significant changes in the job.

The relevant QA adviser (if not the line manager) provides advice on the content of job descriptions and person specifications.

Where the appropriate professional organisation details a requirement in relation to supervision, the line manager ensures the postholder is aware of their responsibility to comply with this requirement.

4.2.4 Quality Control and Audit

- Audit of administration
- Audit of screening programme
4.3 Recruitment, Selection and Leaving the Service

4.3.1 Key staff

Managerial Responsibility

All line managers

QA Adviser

If the line manager is not the (only) QA Adviser for that group of staff, then the appropriate QA Adviser should be consulted.

4.3.2 Quality Standards

All staff recruited are capable of working to a high standard after appropriate training
All staff recruited comply with the person specification for the post -see attached.
All elements of the recruitment and selection process are fair and comply with relevant legislation.
On leaving the service, all staff return NBHSW property and security measures are taken as appropriate.

4.3.3 Method

The personnel department is involved in all recruitment. The Velindre NHS Trust Recruitment and Selection Procedure is followed. Selection procedures include at least the following elements:
consideration of application forms;
interviews;
the taking up of references.

All staff involved in the recruitment and selection process have received the appropriate training and are aware of relevant legislation.

Prior to the member of staff leaving the service, the programme manager completes a 'leavers checklist' to ensure all NBHSW property is returned and appropriate security measures are taken if appropriate. Actions may include changing door codes and computer system passwords.

4.3.4 Quality Control and Audit

- Audit of administration
- Audit of screening programme

4.3.5 Further Guidance

Velindre NHS Trust Recruitment and Selection Procedure
4.4 Induction

4.4.1 Key staff

Managerial Responsibility
All line managers

QA Adviser
If the line manager is not the (only) QA Adviser for that group of staff, then the appropriate QA Adviser should be consulted.

4.4.2 Quality Standards

All new directly employed staff receive comprehensive induction training as specified in Velindre and NBHSW Induction Policy.

Clinical staff receive appropriate induction training according to their post and experience.

Screeners receive a comprehensive training programme as detailed in the Screeners Training Manual

4.4.3 Method

The NBHSW Induction Policy is followed.

An Induction Checklist is completed and signed by the member of staff and their line manager.

4.4.4 Quality Control and Audit

- Audit of administration
- Audit of screening programme
4.5 Training

4.5.1 Key staff

Managerial Responsibility

All line managers

QA Adviser

If the line manager is not the (only) QA Adviser for that group of staff, then the appropriate QA Adviser should be consulted.

4.5.2 Quality Standards

All staff receive sufficient initial and subsequent training to enable them to provide a high quality service.

4.5.3 Method

The Velindre NHS Trust Training and Development Strategy is followed.

Training needs are considered as part of the Individual Performance Review system and are incorporated into a personal development plan for each member of staff.

Training needs are considered in relation to the needs of the individual and the objectives of NBHSW.

The Velindre NHS Trust Study Leave Policy and Guidelines are adhered to.

All training is evaluated to determine the benefits to the individual and to NBHSW.

Records of all training are maintained. These records may be kept in the personnel file of each member of staff.

Associate Director and Divisional Coordinators

Clinical staff will regularly participate in Continuing Medical Development or Continuing Professional Development relevant to NBHSW and continue to audit their own performance.

Programme Manager

The training that an individual appointee will require will depend on his/her qualifications and experience. Training will be provided by the Head of Administration and Divisional Co-ordinator. External providers of training are also used, as appropriate.

Screeners

All NBHSW screeners undergo a training programme as specified in the Screener Training Manual. The training is delivered by NBHSW staff, other members of staff involved in the screening programme, trust staff such as midwives and Health Visitors as well as contributions from Teachers and Parents and the Voluntary Sector. This is followed by a 3 month probationary period before signing off of skills. All screeners will regularly participate in ‘In Service Development’ dealing specifically with newborn hearing screening and in continuing audit of their own performance. A Screener Training Strategy has been developed.

Administrative and Clerical

The Programme Manager and relevant members of staff provide training on the administration procedures. Training on computer systems (e.g. word processors) is offered as necessary.
Professional Leads
The training that a designated individual will require will depend on his/her qualifications and experience. A programme of training will be agreed between the individual, their management and the Associate Director/Divisional Co-ordinator. Long-term training needs will be identified. Professional Leads will be encouraged to work towards post graduate MSc Audiological Medicine qualifications where necessary. All professional leads will regularly participate in Continuing Professional Education events relevant to NBHSW and in continuing audit of their own performance.

Audiologists
The training that an individual audiologist will require will depend on his/her qualifications and experience. A programme of training will be agreed between the audiologist, their management and the Associate Director/Divisional Co-ordinator. Long-term training needs will be identified. Audiologists will be encouraged to work towards higher professional training where necessary. All audiologists will regularly participate in Continuing Professional Education events relevant to NBHSW and in continuing audit of their own performance.

Technical Support
The training needs of the technical support will be agreed with the technical support, their management and the audiologist,

4.5.4. Quality Control and Audit

• Comments and suggestions from staff
• Complaints
• Audit of administration
• Audit of screening programme

4.5.5. Further Guidance

Velindre NHS Trust Training and Development Strategy.
Velindre NHS Trust Study Leave Policy and Guidelines.
4.6 Infection Control

4.6.1 Key Staff

Managerial Responsibility
Programme Manager

Operational Staff
Screeners
Programme managers
Divisional co-ordinators

QA Adviser
Senior Nurse Manager, Screening Services

4.6.2 Quality Standard
Adherence to good practice is observed at all times to minimise the risk of cross infection for babies, parents and staff.

An Infection Control Manual comprising of relevant policies is kept at each screening site

A NBHSW Infection Control Booklet has been produced

4.6.3 Method
Each area has access to locally developed policies for the NBHS programme, Velindre NHS Trust and local Trust policies.

The senior nurse manager has the responsibility to ensure that local NBHSW and Velindre Trust policies are maintained and audited as appropriate.

To maintain good practice in the control of infection, the following procedures are followed:

1. Cleaning, disinfecting and sterilising of equipment and medical devices is carried out within the manufacturers guidelines and according to Trust Guidelines for Decontamination (yellow policy 4 + 5) and NBHSW Operational Procedures (6.23.0). Protocol for cleaning of NBHSW screening equipment and trolleys.

2. Cleaning, disinfecting and sterilising hard surfaces and surrounding environment is carried out according to NBHSW Operational Procedures (6.23.0). Records of cleaning procedures to be updated by the screeners at the time of cleaning. Once completed they are held for reference and audit purposes by the programme managers.

3. Hand washing is identified as an important method of reducing the spread of infection. All staff are to follow the Trust Guidelines for hand hygiene (Yellow Policy 10).

4. Cleaning of spillages of body fluids is undertaken with care. Local Trust policies will need to be followed when dealing with such events. When working within the community Velindre Trust Policy on sharps/body fluid exposure (Yellow 6) should be followed.

5. Staff are made aware of the dangers of latex allergy. Latex free surgical gloves are made available for use by requesting them through the programme manager and are stored within the screening office for screener use.
6. All equipment marked single use only (see symbol below) is only used once and disposed of after use (Velindre Trust yellow Policy 12) and NBHSW Operational Procedures (6.23.0).

7. All medical devices carry the CE Mark (see symbol below)

8. All clinical waste is disposed of on Trust premises within the local Trust policy and in the community setting within Velindre Trust Waste Policy (Black 67)

9. All staff who become ill, or are exposed to viral gastroenteritis, food poisoning or communicable disease, Clostridium difficile or MRSA should follow Velindre Trust Policies.
   
   i. Viral Gastroenteritis (yellow 1)
   ii. Food poisoning or communicable disease (yellow 8)
   iii. Clostridium difficile (yellow 3)
   iv. MRSA (yellow 7)

10. All staff employed by NBHSW receive the immunisations recommended by Occupational Health.

11. All staff employed by NBHSW follow the guidelines for infection control provided by Occupational Health and NBHSW infection control booklet

4.6.4 Quality Control and Audit

Comments and suggestions from parents and/or local Trust staff.
Complaints/incidents
Audit of infection control procedures
Audit of screener's compliance

4.6.5 Further Guidance

Other Velindre Trust NHS Yellow policies relating to the control of infection.
NBHSW Health & Safety policies.
4.7 Individual Performance Review

4.7.1 Key staff

All line managers.

4.7.2 Quality Standards

All standards.

4.7.3 Method

All directly employed staff participate in individual performance review on a regular basis with the appropriate line manager. This should be at least annually, with frequent interim reviews.

Each review considers as one of its elements the individual’s compliance with the requirements of this Quality Manual.

Each member of staff has an annual objective setting meeting with their line manager at which an individual personal training and development plan is drawn up. Amongst the objectives set for each individual will be those related to quality.

Individual performance against these objectives and general compliance with the requirements of this Quality Manual are reviewed at further meetings during the year.

Each member of staff is encouraged to feed back to the line manager comments on any issues relating to the quality and/or operation of the service.

Job descriptions are updated to reflect any significant agreed changes to the role.

4.7.4 Records

Records of each individual’s objectives and training plans and of the review and revised job descriptions are made by the line manager and copied to the individual. All records are retained in the member of staff’s personal file according to the Velindre Trust Procedure for the Retention of Records.

4.7.5 Action

If the line manager detects any deficiencies or deterioration in performance, or is informed of any failures to meet quality standards, he/she initiates corrective action.

4.7.6 Quality Control and Audit

- Audit of administration
- Audit of screening
4.8 Capability and Competence

4.8.1 Key staff

Managerial responsibility

All line managers

4.8.2 Quality Standards

All staff are capable of carrying out their duties competently.

All staff limit their actions to those which they feel competent to undertake.

Capability/poor performance issues are dealt with in a fair and consistent manner according to Trust policy.

4.8.3 Method

Line managers ensure that all staff are made aware of their duty to limit their actions to those which they feel competent to undertake.

Where working patterns, work rotas, minimum workloads and/or update training are relevant to the maintenance of competence, the line manager ensures that these are complied with.

If staff have any doubts about their competence in the course of their duties they immediately speak to their line manager. The manager addresses any training needs or other measures that will support the member of staff in attaining and maintaining their competence.

The principles and actions relating to issues of poor performance or capability (other than those relating to ill health, misconduct, misrepresentation, legal restriction and probationary periods) are set out in full in the Velindre Trust Capability Policy and Procedure.

Initially, poor performance will be approached by the manager with a view to improving the individual’s performance. The dismissal of an employee would only be considered after all other avenues had been explored.

4.8.4 Quality Control and Audit

- Audit of administration
- Audit of screening programme
4.9 Induction and Competence

4.9.1 Key Staff

Managerial Responsibility
Line managers

Operational Staff
All Staff

QA Adviser
Director

4.9.2 Quality Standards

100% of staff receive induction training by their line manager in accordance with the NBHSW Induction policy and procedure.

100% of newly appointed staff and line managers follow the induction check list and sign off actions at appropriate time intervals.

100% of staff job descriptions include a statement on competence.

100% of staff are aware that if they are concerned about their performance they should inform their line manager immediately.

Managers take appropriate action with regard to competence issues.

4.9.3 Method

Newborn Hearing Screening Wales (NBHSW) is founded on a recognition that a screening programme needs clear management, monitoring and quality assurance.

Managers must ensure that staff are fully competent to perform the tasks that they are undertaking. Additionally, it is the responsibility of each staff member to declare any concerns and seek assistance if the task that they are engaged in exceeds their level of competence.

All newly directly employed staff receive comprehensive induction training as specified in the NBHSW Induction policy and procedure. An induction checklist is completed on induction and signed by the member of staff and their line manager to demonstrate that training has been undertaken.

Induction
Clinical staff receive appropriate induction training according to their post and experience.

Managers ensure that all temporary staff receive induction training in line with the NBHSW Induction policy and procedures. It is recognised that with temporary staff time scales may be limiting but as an absolute minimum ‘day one’ items from the induction checklist are covered with all temporary staff.

Competence
Screening staff must be able to demonstrate and maintain their basic and continuing competence. Minimum performance criteria are established in the NBHSW quality manual. This is supported by the Individual Performance Review (IPR) process.

A statement on risk management, supervision and competence is included in all job descriptions.

1. Risk Management
“You have a responsibility for reducing and controlling non-clinical and clinical risks for those areas under your responsibility.”

2. Supervision
“Where the appropriate professional organisation details a requirement in relation to supervision, it is the responsibility of the post holder to ensure compliance with this requirement. If you are in any doubt about the existence of such a requirement speak to your Departmental Manager.”

3. Competence
“You are responsible for limiting your actions to those which you feel competent to undertake. If you have any doubts about your competence during the course of your duties you should immediately speak to your line manager/supervisor.”

As part of the quality assurance of the programmes, NBHSW/BTW/CSW staff are subject to a wide range of hard measures of individual performance against specific (and in many cases, national) process objectives and standards on a continual basis. These measures form the basis for rigorous clinical audit and programme evaluation.

Training and Appraisal
The recognition of the importance of continuing development and lifelong learning as part of quality assurance are fundamental aspects of the culture of both organisations. Continuing development needs for all directly employed staff are identified largely through the individual performance review process. The line managers maintain records of training events and all professional staff are encouraged to maintain their own continuing development portfolios.

Training is supported through realistic budget allocations for all groups of staff, appropriate to their training needs. As far as possible, time for study leave and in house training is built into screening schedules.

Performance
Individuals who are concerned about their performance standards should self refer to their line manager. Line managers should treat such requests sympathetically and confidentially.

Capability
Capability/poor performance issues are dealt with in a fair and consistent manner according to Velindre Trust Capability Policy and Procedure.

4.9.4. Quality Control and Audit
Induction check list to be completed by all new members of staff to confirm training has been received
Review of job descriptions
Audit of induction (to be developed)
Induction policy and check list reviewed annually

4.9.5. Further Guidance

NBHSW Induction policy and procedure
NBHSW Induction check list
Velindre NHS Trust’s policy on Individual Performance