



Structure and Summary of the Quality System

Section QM6

Issue 3

Structure of the Quality System

The quality system has been structured with the intention of providing the basis for a clear, effective and relevant method of management for the provision of holistic care to our clients.

The quality system is structured as follows:

Part A – The Quality Manual

This contains the Centres quality policies, a description of the Centres services and organisation, the responsibilities of key members of Staff and a summary of the complete quality system.

Part A is not considered to be confidential and as such may be issued in accordance with the Document Control Operating Procedure OP1.

Part B– The Operating Procedures

Firstly, they describe in detail the Centres activities providing for clients needs and they define the particular responsibilities of staff, the total requirements and the records to be made and kept for each individual procedure.

Over and above this they contain the three quality supervisory procedures of:

- Monitoring and performance measurement
- Management review of the whole quality system.
- Internal auditing

The Operating Procedures are considered to be confidential and as such may not be issued to outside agencies unless specifically authorised by the Trustees.



Operational Procedure Summary of the Quality System

OP1 Document Control

All quality documentation is controlled through a formal and defined system that indicates the format of the documentation, how and by whom it is reviewed and approved prior to issue and the method of its review and updating.

All documentation, whether in the form of procedures, standard forms or work instructions have their own unique number and date issue status.

Changes and updates to the documentation within the quality system are controlled and changes are only implemented on the authority of the Board of Trustees. **Changes are notified to relevant people according to OP1 Addendum – Document Control Distribution.**

OP2 Engagement of Personnel

The Centre undertakes a thorough interview and assessment process, by appointed personnel within the centre management team, of all personnel engaged to undertake activities in the course of providing services to our clients. **This includes paid staff, therapists, client advocates, and volunteers,(including Trustees).**

OP3 Management of Assessments and Reviews

All new clients coming to the centre shall undertake an initial assessment with an appointed **Client Advocate**. The Assessment shall aim to develop a detailed treatment plan to meet the client's needs. Identified within the plan shall be the requirement for a further reviews of the client's progress, which shall be undertaken by **the** appointed **Client Advocate**,

OP4 Management of Therapists

The Centre undertakes to provide complementary therapies to meet our client's needs, using only Therapists who are fully qualified and insured **and are active in keeping their CPD up to date.**



OP4a Management of Group Leaders

The Centre provides group opportunities where clients can meet with others and experience an activity which enhances their experience of support

OP5 Management of Volunteers

All Volunteers are assign roles within the centre operation that they feel best suited and happy to do. All volunteers are encouraged to take an active role in all aspect of the Centre's activities. Control of the Volunteers is through the Volunteer Coordinator, with the day to day control done by the **CSC Centre Manager**.

There is a Volunteer Support group where discussion topics help in the development of our volunteers' skills.

OP6 Monitoring and Measurement of Performance

The Centre monitors and measures the performance of all planned activities and treatments relating to client perception as to whether the Centre has met their requirements.

The measurement of performance and delivery is achieved using the **following:**

- **Outputs: The Quality System**

Overall measurement of the Centres performance is demonstrated through internal system audits, in line with an agreed audit plan.

- **Centre Attendance;**
Monitoring of daily attendance figures for therapies and group therapies, which are then electronically recorded to produce monthly statistics and analysis reports for the Trustees.
- **Service Stakeholder Group:**
Feedback from regular bimonthly meetings are taken into account and reported back to the Trustees.
- **Outcomes: The MYCAW system.**

The Centre uses the widely recognised MYCAW system of measurement, for the measurement of Clients wellbeing.



OP7 Management Reviews

The Board of Trustees ensure that the Cancer Support Centre is governed effectively and responsibly. By ensuring it has the skills and information it needs to achieve the organisation's mission and uphold its values, it is able to demonstrate accountability to all stakeholders.

Regular management reviews of all our activities are carried out by the board of Trustees with recorded minutes of each aspect of the review indicating were all actions have been completed and signed off, are maintained within the quality system.

The following meeting minutes are maintained:

- Trustee Meetings
- **Building** Management Meetings
- **Strategy Meetings**
- Fund Raising Meetings
- Therapist / **Client Advocate Meetings**
- Volunteers Meetings
- **Service Stakeholder Group Meetings, chaired by CSC Centre Manager, is made up of representatives from:**
 - **Clients**
 - **Client Advocates**
 - **Therapists**
 - **Group Therapy Leaders**
 - **Volunteers**

OP7Addendum - List of Responsible personnel is maintained

OP8 Office / Finance Procedures

All aspects of the Centres office Administration **and Finance procedures** have been assessed, documented and kept under regular review, through the quality system, to ensure **a consistent, quality and** cost effective and efficient way of working is being maintained in the delivery of services to our clients.

OP9 Internal Audit Control

All aspects of delivery related functions within the Cancer Support Centre are subject to independent audit by a volunteer qualified quality auditor.



The Cancer Support Centre Sutton Coldfield

Whilst the correction of staff non-adherence to procedures is an aim, the management stresses the importance of using the audit facility to investigate whether things are being done in the most efficient and client conscious way.

Non-compliances and recommendations emanating from audits are investigated and followed up to ensure a satisfactory outcome has been achieved.

Records of all signed off audit reports are maintained within the quality system.

All changes to the quality system authorised by the trustees will be recorded *on* "SF1 Record of Amendments" and maintained within the quality system.

OP10 Education and Training

On being engaged to work with the Cancer Support Centre all personnel will undergo an evaluation of their education & training needs to enable them to carry out their required duties, effectively and efficiently.

All Education or Training provided by the Centre will be influenced by the following aims :

- a) To promote a better understanding of how our staff and clients can help themselves in maintaining their future wellbeing***
- b) To teach how our staff and clients can help themselves in maintaining their future wellbeing through learning self-help techniques.***
- c) To promote and teach a better understanding of the importance of maintaining a healthy lifestyle.***

Part C – Governing & Policy Documents

This contains the Centres' mission, vision, and values statements, plus the organisations legal defining governing documents. This includes the Cancer Support Centre Memorandum and Articles of Association and all operational policies, with associated procedures.