



# Healthcare Governance Arrangements Policy

Reference Number	Version	Status	Executive Lead(s) Name and Job Title	Author(s) Name and Job Title
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## Associated Documentation:

[STHFT Quality Strategy 2012](#)  
[Introduction to Equality and Human Rights Paper](#)

### Trust Policies:

[22 Management of Health and Safety at Work Policy](#)  
[26 Information Governance Policy](#)  
[43 Central and Local Induction Policy](#)  
[52 Risk Management Policy](#)  
[53 Incident Management Policy](#)  
[54 Mandatory and Job Specific Training Policy](#)  
[98 Concerns and Complaints Policy](#)  
[151 Major Incident Plan](#)  
[158 Code of Practice for Producing, Publishing and Managing Patient Information Materials](#)  
[160 Patient Record Keeping Policy](#)  
[171 Safeguarding Vulnerable Adults Policy](#)  
[172 Safeguarding Children Policy](#)  
[256 Policy for Authorising Staff to Use Medical Equipment and Medical Devices](#)  
[269 Infection Prevention and Control Programme](#)  
[273 Healthcare Records Policy](#)  
[275 Clinical Audit Policy](#)  
[276 Management of Reuseable Medical Equipment Policy](#)

### External Documentation:

Quality in the new health system – maintaining and improving quality from April 2013, National Quality Board 2012

### Legal Framework:

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### Version History

Version	Date Issued	Brief Summary of amendments	Owner's Name:
1		New Trust Controlled Document which replaces the Statement on Healthcare Governance Arrangement for Directorates and Corporate Departments October 2009	Pauline Watson

### Document Imprint

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# Executive Summary

## Healthcare governance arrangements policy

**Document Objectives:** This document describes the local healthcare governance structures, systems and processes that clinical directorates and corporate departments need to have in place. This will ensure consistency and enable local governance arrangements to meet Trust requirements.

**Group/Persons Consulted:** Specialist corporate governance leads e.g. Patient Safety Manager  
Clinical Directors  
Nurse Directors and Deputy Nurse Directors  
General Managers  
Corporate Departmental Heads  
Directorate Healthcare Governance Groups  
Safety and Risk Management Board

**Monitoring Arrangements and Indicators:** Self-assessment by Directorate/Department review as part of the annual business planning process  
Healthcare Governance Risk Management Audit Programme

**Training Implications:** Training is specified for each specialist role. Detail is provided in the training needs analyses that can be accessed through the Mandatory and Job Specific Policy.

**Equality Impact Assessment:** An Equality Impact Assessment has been completed (see appendix 8). This policy has the potential to improve equality by strengthening governance arrangements

**Resource implications:** This document formalises the resource requirements specified in the Statement on Healthcare Governance Arrangements for Directorates and Corporate Departments October 2009.

### Intended Recipients:

Who should:-

- be **aware** of the document and where to access it  
Executive Directors, Clinical Directors, Nurse Directors, General Managers
- **understand** the document  
Medical Healthcare Governance Leads and Heads of Corporate Departments
- have a **good working knowledge** of the document  
Patient and Healthcare Governance Department, Corporate Specialist Governance Leads, Directorate/Department Non-medical Governance Leads, Directorate/Department Governance Specialist Leads

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## 1. INTRODUCTION AND SCOPE

- 1.1 The Trust's primary aim is to ensure that patients receive the highest possible quality of care. Robust governance systems enable the Trust to examine the services provided in clinical directorates and corporate departments to ensure that services are capable of meeting the Trust's primary aim consistently and where necessary identify and implement changes to bring about improvement.
- 1.2 Governance is about having structures and processes to lead, direct and control the quality of service. This includes identifying and minimising risk, ensuring that the required standards are achieved, investigating and responding to sub-standard performance, driving quality improvement and sharing best practice.
- 1.3 Healthcare governance is concerned with matters that impact upon the quality of service provided to patients and their carers. This is a wide ranging theme including subjects as diverse as recruitment of suitable staff, patient experience, provision of an appropriate environment, safety of clinical practice, and confidentiality of records. Key functions are:-

- Occupational Safety
- Patient Safety
- Risk
- Business Continuity and Emergency Planning
- Infection Prevention and Control
- Medical Equipment
- Safeguarding
- Equality and Human Rights
- Complaints
- Patient Experience
- Clinical Effectiveness/Audit
- Research
- Information for Patients
- Clinical Records
- Clinical Informatics
- Mandatory Training

## 2. PURPOSE

- 2.1 This document describes the local healthcare governance structures, systems and processes that clinical directorates and corporate departments need to have in place. This will ensure consistency across the organisation and enable local governance arrangements to meet statutory, regulatory, and Trust requirements.
- 2.2 Governance requirements vary from one directorate/department to another depending on the nature of their work and the type of risk involved. Therefore this document provides a framework for directorates and departments to refer to when making appropriate local governance arrangements.
- 2.3 This framework describes the roles and responsibilities to be included within directorate and department structures. Also described are the communication mechanisms for connecting directorate/department governance staff with corporate specialists, central governance departments and Trust-wide groups. Directorates/departments are required to have formal arrangements in place for completing and recording their own governance activity, this is usually delivered through the work of local governance groups. This framework includes model terms of reference and agendas for local governance groups.

### 3. CENTRAL ACCOUNTABILITIES AND RESPONSIBILITIES

#### 3.1 Board of Directors

The Board of Directors has overall accountability for ensuring satisfactory healthcare governance across the Trust. These duties are normally conducted through the work of the Healthcare Governance Committee (HCGC).

#### 3.2 Healthcare Governance Committee

The Healthcare Governance Committee sets the strategic direction for healthcare governance and risk management on behalf of the Board. The committee has an [annual work plan](#) for receiving reports, minutes and briefings from sub-committees, groups and specialist leads who have a healthcare governance remit. The work plan includes a quarterly report on Directorate Healthcare Governance Performance.

#### 3.3 Trust Executive Group

Members of the Trust Executive Group (TEG) are accountable to the Chief Executive Officer for ensuring safe and appropriate healthcare governance arrangements are in place within their own directorate. The Executive Director with lead responsibility for Healthcare Governance is the Medical Director. An assessment of local governance arrangements and compliance with CQC standards is included in the annual business planning process.

#### 3.4 Medical Director

The Medical Director is responsible for ensuring healthcare governance arrangements are operating satisfactorily across the Trust. These arrangements are monitored by the Patient and Healthcare Governance Department through the Healthcare Governance Risk Management Audit Programme.

#### 3.5 Patient & Healthcare Governance Department

The Patient & Healthcare Governance Department is a central department responsible for the ongoing development of Trust governance arrangements to raise the quality of service and keep pace with changing healthcare legislation and other national requirements. This role includes monitoring the quality of local directorate and department governance arrangements.

#### 3.6 Trust-wide Healthcare Governance Groups

Specialist Trust-wide boards, committees and groups provide leadership, guidance and co-ordination for their area of expertise. Examples include the Safety and Risk Management Board, the Infection Prevention and Control Committee, the Patient Experience Committee and the Healthcare Governance Operational Group. Further information about the roles and responsibilities of each group can be accessed through **Appendix 1**.

### 4. CLINICAL DIRECTORATE RESPONSIBILITIES AND ACCOUNTABILITES

#### 4.1 The Directorate Executive Team

The Clinical Director, Nurse Director and General Manager need to work closely together as an effective team to ensure good governance is an integral part of directorate business and serious matters are escalated appropriately.

#### 4.2 Clinical Directors

Clinical Directors provide leadership to improve the quality of their services. Their role includes accountability for their directorate healthcare governance arrangements. The Clinical Director needs to be satisfied that their local arrangements meet the requirements laid out within this framework and their directorate executive team is kept informed of governance developments and concerns. The Clinical Director

should be assured that local governance processes are appropriately managed, contribute to quality improvement and are reviewed as part of the business planning process.

#### 4.3 Medical Governance Leads

The clinical directorates that employ medical staff need to have arrangements for medical governance leadership. The Clinical Director may fulfil this role personally or they may formally delegate responsibility to one or more Medical Governance Leads. The role of Medical Governance Lead involves proactive leadership of the directorate governance group, engaging with fellow consultants to raise standards, and use of key governance data to underpin safety and quality improvement.

#### 4.4 Nurse Directors and Deputy Nurse Directors

Clinical care groups that employ nursing staff have Nurse Directors who provide local nursing leadership for healthcare governance, reporting to the Clinical Directors. Their role includes active engagement with other Nurse Directors and General Managers. Much of the operational management of healthcare governance is delegated to Deputy Nurse Directors where these roles are included in the Care Group's structure. Deputy Nurse Directors report to the Nurse Directors and ensure the co-ordination and delivery of local healthcare governance activity e.g. risk management, audits and training.

#### 4.5 General Managers

General Managers need to ensure they are up to date with healthcare governance goals and concerns and take these into account when working with the Clinical Directors and Nurse Directors to ensure high standards of clinical care within available resources. General Managers lead on the development of contractual quality measures ensuring accuracy of data, staff engagement, monitoring by directorate governance groups and that action is taken to maintain and improve quality. General Managers also provide local healthcare governance leadership for administration and clerical staff.

#### 4.6 Clinical Directorate Healthcare Governance Leads and Specialist Lead Roles

Each clinical directorate has an identified lead for co-ordinating and completing local healthcare governance activity. This role ensures comprehensive cover and integration of the various governance functions e.g. incidents, complaints and risks. The most common arrangement is for clinical directorates within a care group to share the same governance lead as part of a small team which covers the relevant specialist lead roles. These roles and functions are summarised in Section 6 and described in **Appendix 1**.

## **5. CORPORATE DEPARTMENT RESPONSIBILITIES AND ACCOUNTABILITIES**

### 5.1 The Corporate Executive Directorates

Trust Executive Directors each manage a number of corporate departments that support the Trust's primary aim of ensuring that patients receive the highest possible quality of care. Each Trust Executive Director needs to be satisfied that their departments have arrangements in place which meet the requirements laid out within this framework relevant to the nature of their work and the type of risk involved. The most common arrangement is for corporate departments within an executive directorate to have separate governance arrangements.

### 5.2 Heads of Corporate Departments

The amount of direct contact with patients varies from one corporate department to another and this will influence the governance arrangements needed to meet the requirements within this framework. Some requirements e.g. Health and Safety will be common to all departments whereas others e.g. medical equipment management will

only be relevant to a few. Heads of corporate departments are accountable for ensuring that their department has suitable arrangements in place including the relevant specialist governance roles described in **Appendix 1**. The Head of Department needs to be kept informed of governance developments and concerns and should be assured that local governance processes are appropriately managed, contribute to quality improvement, are reviewed at least once a year, and that any serious matters are escalated appropriately.

### 5.3 Corporate Department Healthcare Governance Leads and Specialist Lead Roles

At least one person needs to fulfil the role of healthcare governance lead for corporate departments within each executive directorate. Heads of Department may fulfil this role personally or may delegate the responsibilities to one or more members of staff. The role involves being the first point of contact for governance matters; co-ordinating, completing and reporting on local healthcare governance activity; and ensuring the relevant specialist lead roles are fulfilled e.g. incident reporting, risk assessment and mandatory training. These roles and functions are summarised in Section 6 and described in **Appendix 1**.

## 6. SPECIALIST LEAD ROLES

6.1 Clinical Directors and Corporate Heads of Department must put in place robust governance arrangements. This includes allocating and managing relevant specialist lead roles. The amount of time required to fulfil these specialist roles varies considerably, in some areas the duties can all be performed by one person whereas other areas require a small team.

6.2 An outline of each specialist role is provided in **Appendix 1**. The roles are:

- Occupational Safety
- Patient Safety
- Risk
- Business Continuity and Emergency Planning
- Infection Prevention and Control
- Medical Equipment
- Safeguarding
- Equality and Human Rights
- Complaints
- Patient Experience
- Clinical Effectiveness/Audit Lead
- Research
- Information for Patients
- Clinical Records
- Clinical Informatics
- Mandatory Training

6.3 Clinical Directors and Corporate Heads of Department need to be assured that specialist roles are reflected in job descriptions, job plans, appraisals and personal development plans.

6.4 People with specialist lead responsibilities need to develop two-way communication links with corporate departments. They are expected to participate in the relevant Trust-wide governance groups, see **Appendix 2** for guidance. Some posts involve direct contact with external agencies e.g. involvement in external agency visits, inspections and audits and reporting of incidents.

## 7. DIRECTORATE/DEPARTMENT GOVERNANCE GROUPS AND MEETINGS

- 7.1 Each clinical directorate has a healthcare governance group that meets at least four times a year for a structured discussion of local healthcare governance matters. Most clinical directorates address this through monthly stand-alone healthcare governance meetings which report to their directorate executive team meetings. **Appendix 3** provides model terms of reference for a healthcare governance group; **Appendix 4** provides a model agenda for a healthcare governance meeting. These documents provide guidance for clinical directorates to adapt to suit their own circumstances. The healthcare governance groups keep appropriate records of their governance activity including formal reports and minutes.
- 7.2 Some clinical directorates also have additional dedicated meetings for topics such as research, morbidity and mortality and clinical audit. Key points from these meetings need to be fed back at directorate healthcare governance group meetings to ensure that the Medical Governance Lead has oversight of the full governance agenda.
- 7.3 It may also be relevant for a small number of corporate departments to have monthly stand-alone healthcare governance group meetings. However, the most common arrangement is for corporate departments to discuss governance performance either during general departmental meetings, or to have focused meetings between the Head of Department and their governance lead/specialist(s). Corporate departments need to discuss local healthcare governance matters at least four times a year and to formally minute their discussions. **Appendix 5** provides a model agenda for a corporate department healthcare governance meeting. This document provides guidance for Corporate Heads of Department to adapt to suit their own circumstances.
- 7.4 Healthcare governance meetings in both clinical directorates and corporate departments regularly monitor their own governance performance e.g. incident rate and risk register. Directorate/department governance meetings review information at least four times a year on incidents, complaints, claims and inquests which discuss the trends and action required.
- 7.5 Directorate/department staff with specialist governance roles provide the link between their local governance meetings and the relevant corporate specialist lead, central department and Trust-wide specialist group. The directorate/department specialist leads provide their local governance meetings with a verbal or written update on performance at least four times a year and keep them informed about any significant issues and developments.
- 7.6 The directorate/department governance groups/meetings investigate sub-standard governance performance. The groups need to escalate the issues and/or take direct action. This is documented and reported using the relevant procedures e.g. incident management, risk management, or line-management.

## 8. LEADERSHIP, COMMUNICATION AND STAFF INVOLVEMENT

- 8.1 **Appendix 6** provides a broad outline of the lines of governance accountability. Clinical Directorates and Corporate Departments are expected to communicate their local governance arrangements and lines of responsibility to their own staff, corporate specialist leads, central governance departments and Trust-wide specialist governance committees.
- 8.2 Local two-way communication arrangements need to be in place to engage staff with the healthcare governance agenda and enable them to understand how their efforts can improve patient safety, patient experience and quality of service. Staff need to be

aware of the local healthcare governance goals, achievements and issues and be able to see the relevance of the governance tasks they are asked to complete.

- 8.3 Clinical directorates and corporate departments need to ensure that their staff understand their personal responsibilities for healthcare governance including the procedures they need to follow and how to obtain further information and assistance. Induction, mandatory training, appraisal, supervision and education are critical aspects of an effective governance structure. Each clinical directorate and corporate department has a mandatory training plan and the directorate or department can use local information from a range of sources e.g. patient feedback to determine key messages to incorporate into locally-delivered induction and training.

## 9. AUDIT OF COMPLIANCE WITH THIS DOCUMENT

- 9.1 Clinical directorate and corporate department governance arrangements are monitored through the Healthcare Governance Risk Management Audit Programme which will be launched and co-ordinated by the Patient and Healthcare Governance Department each year. The audit schedule, guidance and documentation are posted on the [Patient and Healthcare Governance intranet site](#). The Healthcare Governance Committee will review the audit results.
- 9.2 Clinical Directors and Corporate Heads of Department review their local governance arrangements and plan quality improvements at least once a year as part of the business planning process. This includes auditing their local governance group meetings against the Terms of Reference. **Appendix 7** provides the template for reporting this process.