

**Healthcare Governance Arrangements - Self-Assessment Process**

The Trust has governance structures and processes in place. These support each Director to deliver high quality services which meet statutory and regulatory requirements.

Clinical Directorates and Corporate Departments are expected to review their local governance arrangements at least once a year, make quality improvement plans and provide a brief report using the template on the next page. Sufficient information should be provided in this report to explain why the Clinical Director or Corporate Head of Department is satisfied or dissatisfied with their current arrangements and what they intend to do to address any issues that have been identified. It is not necessary to submit evidence of compliance with the standards or provide detailed action plans.

*EXAMPLE*

Healthcare Governance Arrangements		Comments on arrangements during the past 12 months	Quality improvement plans for the next 12 months	Resource Implications
1	The Clinical Executive Team/Corporate Head of Department are kept informed about their directorate/department healthcare governance processes, statistics, trends and issues.	<p>Governance Group minutes and quarterly reports are standard agenda items at Directorate Executive meetings.</p> <p>The Governance Lead discusses issues and progress during regular 1:1 sessions. Significant issues are rapidly escalated.</p>	Include more information about the findings from morbidity and mortality meetings in the governance papers coming to Executive Meetings.	Minimal

**Please submit the completed proforma to Pauline Watson in Patient and Healthcare Governance.**

**Email: [pauline.watson@sth.nhs.uk](mailto:pauline.watson@sth.nhs.uk) Thank you.**

### Healthcare Governance Arrangements - Self-Assessment Report

<b>Name of Clinical Directorate/Corporate Department</b>		<b>Date of self-assessment</b>	
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	Healthcare Governance Arrangements	Comments on arrangements during the past 12 months	Quality improvement plans for the next 12 months	Resource Implications
1	The Clinical Executive Team/Corporate Head of Department are kept informed about their directorate/department healthcare governance processes, statistics, trends and issues.			
2	A designated clinical directorate/corporate department healthcare governance lead co-ordinates governance activity and integrates the specialist lead roles.			
3	Clinical directorate/corporate department staff are kept informed about healthcare governance matters and encouraged to improve standards.			
4	Clinical directorate/corporate department staff are up to date with their local induction, mandatory training and appraisal requirements.			
5	A meeting is held at least once a quarter that fulfils the requirements for a clinical directorate/corporate department governance group meeting. There are current Terms of Reference. The minutes have been audited and the Terms of Reference have been met.			
6	Individuals within the clinical directorate/corporate department are fulfilling all the relevant specialist lead roles and participating in the relevant Trust-wide groups.			

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### CQC Compliance - Self-Assessment Process

The Trust has declared full compliance with CQC Essential Standards of Quality and Safety and is registered to provide hospital and community services. Clinical Directorates are expected to produce Provider Compliance Assessments during 2012. These provide a comprehensive register of evidence of compliance.

Clinical Directorates are expected to review their compliance with CQC standards at least once a year, make quality improvement plans and provide a brief report using the template on the next page.

Corporate Heads of Department are expected to identify if any of the CQC Outcomes are applicable to their type of work. They are expected to review their compliance with applicable standards at least once a year, make quality improvement plans and provide a brief report using the template on the next page.

Sufficient information should be provided in this report to explain why the Clinical Director or Corporate Head of Department is satisfied or dissatisfied with the quality of compliance and what they intend to do to address any issues that have been identified. It is not necessary to submit evidence of compliance with the standards or provide detailed action plans.

#### EXAMPLE

CQC Outcome Standards	Comments on compliance during the past 12 months	Quality improvement plans for the next 12 months	Resource Implications
<p>1 <a href="#"><u>Respecting and involving people who use services</u></a> People understand the care and treatment choices available to them. They can express their views and are involved in making decisions about their care. They have their privacy, dignity and independence respected, and have their views and experiences taken into account in the way in which the service is delivered.</p>	<p>Comprehensive Provider Compliance Assessment completed in May 2012. Evidence of compliance for the relevant CQC prompts was available. Patient notes provide a good source of evidence.</p>	<p>Increase the amount of up-to-date information available as posters displayed in wards and outpatient areas.</p>	<p>Utilise resource that becomes available in the form of return-to-work staff requiring light duties and/or staff requiring project work as part of their learning and development.</p>

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**CQC Compliance - Self-Assessment Report**

<b>Name of Clinical Directorate/Corporate Department</b>		<b>Date of self-assessment</b>	
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<b>CQC Outcome Standards</b>	<b>Comments on compliance during the past 12 months</b>	<b>Quality improvement plans for the next 12 months</b>	<b>Resource Implications</b>
1 <a href="#"><u>Respecting and involving people who use services</u></a> People understand the care and treatment choices available to them. They can express their views and are involved in making decisions about their care. They have their privacy, dignity and independence respected, and have their views and experiences taken into account in the way in which the service is delivered.			
2 <a href="#"><u>Consent to care and treatment</u></a> People give consent to their care and treatment, and understand and know how to change decisions about things that have been agreed previously.			
4 <a href="#"><u>Care and welfare of people who use services</u></a> People experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.			
5 <a href="#"><u>Meeting nutritional needs</u></a> People are encouraged and supported to have sufficient food and drink that is nutritional and balanced, and a choice of food and drink to meet their different needs.			
6 <a href="#"><u>Cooperating with other providers</u></a> People receive safe and coordinated care when they move between providers or receive care from more than one provider.			

7	<b><u>Safeguarding people who use services from abuse</u></b> People are safeguarded from abuse, or the risk of abuse, and their human rights are respected and upheld.			
8	<b><u>Cleanliness and infection control</u></b> People experience care in a clean environment, and are protected from acquiring infections.			
9	<b><u>Management of medicines</u></b> People have their medicines when they need them, and in a safe way. People are given information about their medicines.			
10	<b><u>Safety and suitability of premises</u></b> People receive care in, work in or visit safe surroundings that promote their wellbeing.			
11	<b><u>Safety, availability and suitability of equipment</u></b> Where equipment is used, it is safe, available, comfortable and suitable for people's needs.			
12	<b><u>Requirements relating to workers</u></b> People are kept safe, and their health and welfare needs are met, by staff who are fit for the job and have the right qualifications, skills and experience.			
13	<b><u>Staffing</u></b> People are kept safe, and their health and welfare needs are met, because there are sufficient numbers of the right staff.			
14	<b><u>Supporting workers</u></b> People are kept safe, and their health and welfare needs are met, because staff are competent to carry out their work and are properly trained, supervised and appraised.			
16	<b><u>Assessing and monitoring the quality of service provision</u></b> People benefit from safe, quality care because effective decisions are made and because of the management of risks to people's health, welfare and safety.			

17	<b><u>Complaints</u></b> People and those acting on their behalf have their comments and complaints listened to and acted on effectively, and know that they will not be discriminated against for making a complaint.			
21	<b><u>Records</u></b> People's personal records are accurate, fit for purpose, held securely and remain confidential. The same applies to other records that are needed to protect their safety and wellbeing.			

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