Healthcare Governance Arrangements Policy
And Framework for Delivery

<table>
<thead>
<tr>
<th>Reference Number</th>
<th>Version</th>
<th>Status</th>
<th>Executive Lead(s) Name and Job Title</th>
<th>Author(s) Name and Job Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>296</td>
<td>2</td>
<td>Current</td>
<td>David Throssell Medical Director</td>
<td>Head of Patient &amp; Healthcare Governance</td>
</tr>
</tbody>
</table>

Approval Body: Healthcare Governance Committee

Date Approved: 28/11/2016

Ratified by: Board of Directors

Date Ratified: Review Date: 01/11/2019

Contact for Review Name and Job Title: Head of Patient & Healthcare Governance
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 Re-useable Medical Equipment Policy

External Documentation:
MONITOR : Well led framework for governance reviews: Guidance from NHS foundation trusts – updates April 2015

Legal Framework:
None noted

Version History

<table>
<thead>
<tr>
<th>Version</th>
<th>Date Issued</th>
<th>Brief Summary of amendments</th>
<th>Owner’s Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>04/04/2013</td>
<td>New Trust Controlled Document which replaces the Statement on Healthcare Governance Arrangement for Directorates and Corporate Departments October 2009</td>
<td>Pauline Watson</td>
</tr>
<tr>
<td>1.1</td>
<td>06/06/2013</td>
<td>Clarification of section 3.3</td>
<td>Pauline Watson</td>
</tr>
<tr>
<td>2</td>
<td>TBC</td>
<td>Updated to reflect current Trust healthcare governance arrangements</td>
<td>Head of Patient and Healthcare Governance</td>
</tr>
</tbody>
</table>

Document Imprint
Copyright ©Sheffield Teaching Hospitals NHS Foundation Trust 2017: All Rights Reserved
Re-use of all or any part of this document is governed by copyright and the *Re-use of Public Sector Information Regulations 2005. SI 2005 No 1515.
Information on re-use can be obtained from: The Department for Information Governance & Caldicott Support, Sheffield Teaching Hospitals.
Tel: 0114 226 5151. E-mail: infogov@sth.nhs.uk
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; Operations Director; Corporate Departmental Heads; Directorate Healthcare Governance Groups; and 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

➢ understand the document

➢ have a good working knowledge of the document

Executive Directors, Clinical Directors, Nurse Directors, Operations Director.

Medical Healthcare Governance Leads and Heads of Corporate Departments.

Patient and Healthcare Governance Department, Corporate Specialist Governance Leads, Directorate/Department Non-medical Governance Leads, Directorate/Department Governance Specialist Leads.
## Contents

1. Introduction and Scope  
2. Purpose  
3. Central Accountabilities and Responsibilities  
4. Clinical Directorate Accountabilities and Responsibilities  
5. Corporate Department Accountabilities and Responsibilities  
6. Specialist Lead Roles  
7. Directorate/Department Governance Groups and Meetings  
8. Leadership, Communication and Staff Involvement  
9. Audit of Compliance with this Document  

Appendix 1. Healthcare Governance Specialist Lead Roles  
Appendix 2. Clinical Directorate Governance Group Model Terms of Reference  
Appendix 3. Clinical Directorate Governance Meetings Model Agenda  
Appendix 4. Corporate Department Governance Meetings Model Agenda  
Appendix 5. Lines of Governance Accountability  
Appendix 6. Healthcare Governance Arrangements – Self-Assessment Process (Business Plan Template)  
Appendix 7. Equality Impact Assessment
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 Good governance is 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; and
- Mandatory Training.

2. PURPOSE

2.1 This document describes the local healthcare governance structures, systems and processes that clinical directorates and corporate departments require. 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) have collective responsibility for ensuring the delivery of effective quality and governance processes across the Trust. TEG members are also individually 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.

3.5 Patient & Healthcare Governance Department
The Patient and 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 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 ACCOUNTABILITIES

4.1 The Directorate Executive Team
The Clinical Director, Nurse Director and Operations Director are required 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 requires assurance that local arrangements meet the requirements laid out within this framework and that the 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 Operations Directors. 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.

Operations Directors are required 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. Operation Directors 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. Operations Directors also provide local healthcare governance leadership for administration and clerical staff.

4.5 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 requires assurance 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 required 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 should be kept informed of governance developments and concerns and 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

A designated lead is required to act as the 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 will require a number of designated persons.

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 Diversity;
- Complaints;
- Patient Experience;
- Clinical Effectiveness/Audit Lead;
- Research;
- Information for Patients;
- Clinical Records;
- Clinical Informatics; and
- Mandatory Training.

6.3 Clinical Directors and Corporate Heads of Department require assurance that specialist roles are reflected in job descriptions, job plans, appraisals and personal development plans.
6.4 Individuals with specialist lead responsibilities are required to develop two-way communication links with corporate departments and be members of relevant Trust-wide governance groups. 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 Healthcare governance meetings are scheduled within each area and scheduled monthly. These report into the directorate executive team meetings. Appendix 2 provides model terms of reference for a healthcare governance group; Appendix 3 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 Clinical directorates may also dedicate meetings for topics such as research, morbidity and mortality and clinical audit. Key points from these meetings should be included in the 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 are required to discuss local healthcare governance matters at least four times a year and to formally minite their discussions. Appendix 4 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 determined by the directorate / department, but no less than four times a year and kept 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 5 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 should 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 are required 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 are required 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 Safety and Risk Management Board co-ordinated by the Patient and Healthcare Governance Department each year. This includes:

- Terms of reference are submitted to the Safety and Risk Management Board annually for formal ratification from each care group/ division / specialty as appropriate.
- A formal update provided by each governance lead will be submitted on a rolling programme in accordance with the Safety and Risk Management Board work place.
APPENDIX 1

HEALTHCARE GOVERNANCE SPECIALIST LEAD ROLES

1. Healthcare Governance Lead Role

   Key Duties

   • First point of contact for directorate/department staff, corporate specialists, central governance departments, and Trust-wide specialist committees for governance communications covering multiple specialist roles or when the designated lead is absent.

   • Ensure that healthcare governance communication is locally disseminated to relevant staff, and that they are consulted about changes to governance systems and documents.

   • Ensure that serious directorate or department issues are rapidly brought to the attention of the relevant directorate/department lead, corporate lead/central department, and to any relevant colleagues in other directorates, departments or committees.

   • Receive guidance from corporate specialists and central governance departments about legislation and national standards, consider how processes could be changed to improve compliance and quality, and recommend changes to systems, policies and protocols.

   • Ensure that agreed changes to governance systems, policies and protocols are implemented across the directorate/department and any issues are fed back. Participate in surveys, audits and inspections to test local governance processes and provide evidence of compliance with standards when required.

   • Ensure that local systems are in place to review and update clinical guidelines and governance protocols produced by the directorate/department.

   • Support and advise the directorate/department governance specialist leads; co-ordinate and integrate their work e.g. where there connections between an incident and a complaint/claim/inquest/safeguarding case; and ensure that any associated risk assessment is up-to-date.

   • Support and advise the Medical Governance Lead/Corporate Heads of Department, ensure relevant information and data is reported to the directorate/department governance group and complete agreed actions.

   • Support local service improvement and quality improvement projects and apply appropriate governance processes e.g. risk assessment when required.

Expectations for Participation in Trust-wide Governance Meetings

See Terms of Reference for Healthcare Governance Operational Group and Terms of Reference for Safety and Risk Management Board

Expectations for Communication with External Agencies

None

Person Specification – Essential Criteria – Knowledge, Skills and Experience

Post holders will need prior experience of healthcare governance activity and good understanding of the range of work carried out in their directorate.

Mandatory Training

See Training Needs Analysis for Risk Management/Health and Safety including Incident, Complaints, Claims Reporting and Investigation, Inoculation Incident and Falls Reduction.

Additional Training

Understanding of the Healthcare Governance Arrangements Policy, Management of Health and Safety at Work Policy; Risk Management Policy; and Incident Management Policy.
2. **Occupational Safety Lead**

**Key Duties**

- Receive and respond to safety alerts within the specified timescales. N.B. this role may be allocated to the Patient Safety Lead instead.
- Ensure risk assessments are completed in each area of the directorate/department, action plans are completed, and risks are reviewed at least once a year. N.B. this role may be allocated to the Risk Lead.
- Report, record and manage all incidents, including those incidents that require reporting under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations.
- Inspect areas within jurisdiction regularly and undertake any environmental monitoring and health surveillance that is relevant to the local area and type of work.
- Ensure appropriate assessments relating to the Control of Substances Hazardous to Health (CoSHH) are completed, identify, introduce and monitor control measures. N.B. this role may be allocated to the Risk Lead.
- Develop and implement local processes for specific issues relevant to the directorate/department e.g. Lone Working.
- Provide directorate/department staff with information, instruction and training on matters related to health and safety, including on induction and through mandatory training updates, record training provided.
- Produce and implement action plans where these are necessary to improve health and safety performance.
- Report information relating to the numbers, types and severity of incidents involving staff, students and visitors to the directorate/department governance group.

**Expectations for Participation in Trust-wide Governance Meetings**

See [Terms of Reference](#) for Safety and Risk Management Board

**Expectations for Communication with External Agencies**

RIDDOR reports to HSE

**Person Specification – Essential Criteria – Knowledge, Skills and Experience**

The appropriate qualification for each post should be agreed between the directorate/department, the Occupational Safety Manager and the Core Learning Lead. The minimum Health and Safety qualification required to fulfil this role will be at certificate level but for some areas diploma level may be required dependent on the nature of the directorate/department.

Post holders will need prior experience in the same type of workplace and good understanding of work activity in their directorate.

**Mandatory Training**

See [Training Needs Analysis](#) for Risk Management/Health and Safety including Incident, Complaints, Claims Reporting and Investigation, Inoculation Incident and Falls Reduction.

**Additional Training**

3. **Patient Safety Lead**

**Key Duties**
- Drive forward patient safety initiatives
- Receive and respond to safety alerts within the specified timescales. N.B. this role may be allocated to the Occupational Safety Lead instead.
- Investigate incidents involving patient safety issues using Root Causes Analysis techniques.
- Ensure the directorate/department considers the risks to patient safety during service planning.
- Ensure that any risks identified through patient safety work are assessed and, where appropriate, entered onto the Trust’s Risk Register. These risks should be reviewed and managed in accordance with the MSK Policy.
- Produce and implement action plans to address risks and following any significant patient safety incidents.
- Ensure that morbidity and mortality statistics and individual cases are discussed in directorate meetings and that key findings and actions are brought to the attention of the directorate healthcare governance group.
- Report information relating to the numbers, types and severity of incidents involving patients to the directorate/department governance group.
- Ensure that the directorate/department manage incidents within the Trust specified timeframes and comply with the Duty of Candour requirements.

**Expectations for Participation in Trust-wide Governance Meetings**
See [Terms of Reference](#) for Safety and Risk Management Board

**Expectations for Communication with External Agencies**
None

**Person Specification – Essential Criteria – Knowledge, Skills and Experience**
Post holders will need prior experience in the same type of workplace and good understanding of patient care in their directorate.

**Mandatory Training**
See [Training Needs Analysis](#) for Risk Management/Health and Safety including Incident, Complaints, Claims Reporting and Investigation, Inoculation Incident and Falls Reduction.

**Additional Training**
4. **Risk Lead**

**Key Duties**

- Ensure risk assessments are completed and reviewed in each area of the directorate/department and entered onto the Trust’s Risk Register where appropriate.
- Ensure that local managers implement their risk assessment action plans to reduce risk, monitor and review their risks at least once a year.
- Ensure that directorate staff receive information, instruction and training in their duties relating to risk management, record training provided.
- Report information relating to risk to the directorate/department governance group including whether or not risks have been escalated and managed appropriately, agreed actions are taking place, and the level of risk is reducing.

**Expectations for Participation in Trust-wide Governance Meetings**

See [Terms of Reference](#) for Safety and Risk Management Board

**Expectations for Communication with External Agencies**

None

**Person Specification – Essential Criteria – Knowledge, Skills and Experience**

Post holders will need prior experience in the same type of workplace and good understanding of work activity in their directorate.

**Mandatory Training**

See [Training Needs Analysis](#) for Risk Management/Health and Safety including Incident, Complaints, Claims Reporting and Investigation, Inoculation Incident and Falls Reduction.

**Additional Training**

Understanding of the Risk Management [Policy](#).

5. **Business Continuity and Emergency Planning Lead**

**Key Duties**

- Ensure the directorate/department has business continuity and emergency plans, business impact analysis and the resulting action cards in place.
- Review the business continuity and emergency planning arrangements at least once a year and following any relevant incidents.
- Ensure the directorate/department has staffing structures in place to implement the business continuity and emergency plans.
- Ensure that directorate/department staff receive information, instruction and training in their duties relating to business continuity and emergency planning, including on induction and through training updates, record training provided.
- Ensure that any risks identified through business continuity or emergency planning work are assessed and, where appropriate, entered onto the Trust’s Risk Register.
- Produce and implement action plans to address risks and following any significant incidents.
- Report information relating to business planning and emergency plans to the directorate/department governance group including whether or not plans are up to date and agreed actions are taking place.
Expectations for Participation in Trust-wide Governance Meetings

See Terms of Reference for Emergency Preparedness Operational Group (EPOG)

Expectations for Communication with External Agencies

None

Person Specification – Essential Criteria – Knowledge, Skills and Experience

Post holders will need prior experience in the same type of workplace and good understanding of work activity in their directorate.

Mandatory Training

See Training Needs Analysis for Emergency Planning and Business Continuity.

Additional Training

Understanding of the Major Incident Plan.

6. Infection Prevention and Control Lead

Key Duties

- Ensure the directorate/department has a process in place to ensure that all infection prevention and control related policies, procedures and guidance listed in the Trust Infection Prevention and Control Programme are implemented in all wards and departments.

- Develop, communicate and implement an annual Directorate Infection Prevention and Control Programme (Action Plan) for all areas within the directorate/department based on the requirements of the Trust-wide programme.

- Identify people with lead responsibility for infection prevention and control at all levels throughout the directorate/department.

- Implement a process to ensure that all wards and clinical departments achieve and maintain Infection Prevention and Control Accreditation.

- Review progress and complete the Infection Prevention and Control Programme Performance Assessment Form quarterly, gaining the agreement of the Clinical Director and capturing any significant concerns that need to come to the attention of the Trust Executive Group (TEG) and the Board of Directors before submitting the report to the Director of Infection Prevention and Control.

- Ensure that directorate staff receive information, instruction and training in their duties relating to infection prevention and control, including on induction and through training updates, record training provided.

- Ensure that any risks identified through infection prevention and control work are assessed and, where appropriate, entered onto the Trust’s Risk Register.

- Produce and implement action plans to address risks and following any significant incidents.

- Report information relating to infection prevention and control to the directorate/ department governance group.

Expectations for Participation in Trust-wide Governance Meetings

None

Expectations for Communication with External Agencies

None
Person Specification – Essential Criteria – Knowledge, Skills and Experience
Post holders will need prior experience in the same type of workplace and good understanding of work-activity relating to infection prevention and control in their directorate.

Mandatory Training
See Training Needs Analysis for Infection Prevention and Control including Hand Hygiene.

Additional Training
Understanding of the Infection Prevention and Control Accreditation Programme.

7. Medical Equipment Lead

Key Duties

- Ensure that directorate/department procedures are in line with the Trust’s Management of Reusable Medical Equipment Policy in all stages of the procurement, requisition, use and decontamination of medical equipment
- Identify equipment within the directorate/department for which specialist training is required; develop and implement an appropriate training plan or lead a group of medical equipment trainers to fulfil this role
- Co-ordinate and/or deliver any specialist training that is required to use a specific piece of medical equipment to relevant staff as part of their induction, with updates at appropriate intervals. Record training provided.
- Ensure that any risks identified through medical equipment management work are assessed and, where appropriate, entered onto the Trust’s Risk Register.
- Produce and implement action plans to address risks and following any significant incidents.
- Report information relating to medical equipment management to the directorate/department governance group.

Expectations for Participation in Trust-wide Governance Meetings
Point of Care Testing group

Expectations for Communication with External Agencies
None

Person Specification – Essential Criteria – Knowledge, Skills and Experience
Post holders will need prior experience in the same type of workplace and good understanding of medical equipment used in their directorate.

Mandatory Training
See Training Needs Analysis for Medical Equipment/Medical Devices.

Additional Training
Understanding of the Management of Reusable Equipment Policy and the Policy for Authorising Staff to Use Medical Equipment and Medical Devices.

8. Safeguarding Lead

Key Duties
• Ensure that directorate/department procedures for safeguarding adults and children are in line with the Trust’s safeguarding policies and are concordant with the South Yorkshire Adult Protection Procedures.

• Ensure arrangements for cover in the event of the designated Safeguarding Lead’s absence, and that the person providing cover is aware of the contact details for the Trust’s Safeguarding Team, the out of hours arrangements for safeguarding and where to find further information on the Safeguarding intranet site.

• Ensure staff are supported to be proactive in dealing with concerns regarding safeguarding vulnerable adults.

• Ensure safeguarding concerns are managed in line with Trust policy and the Adult and Child Protection Procedures, and that issues are flagged via the Trust’s Incident Management Database (DATIX)

• Ensure basic awareness training required for safeguarding adults and children is delivered to all relevant staff as part of their induction, with specialist training and updates provided as indicated by the training needs analysis. Record training provided.

• Ensure that any risks identified through safeguarding work are assessed, discussed with the Lead Nurse for Older People and Vulnerable Adults and /Safeguarding Children and Young People, and entered onto the Trust’s Risk Register.

• Review practice, produce and implement action plans to address risks and any significant safeguarding issues that arise.

• Report information relating to safeguarding adults and children to the directorate/department governance group and the Safeguarding Leads Group.

• Participate and engage with any commissioned external reviews as required (Serious Case Reviews, Domestic Homicide Reviews) including the completion of action plans and related audits.

Expectations for Participation in Trust-wide Governance Meetings
See Terms of Reference for Children and Young People’s Services Group and Terms of Reference for the Safeguarding Leads Group.

Expectations for Communication with External Agencies
None

Person Specification – Essential Criteria – Knowledge, Skills and Experience
Post holders will need prior experience of safeguarding vulnerable adults in the same type of workplace and good understanding of work activity relating to safeguarding in their directorate.

Mandatory Training

Additional Training
Understanding of the Safeguarding Vulnerable Adults Policy, the Policy for Safeguarding Children, and the South Yorkshire Adult Protection Procedures.

Safeguarding Referrer Training will be provided for people appointed to this role.

9. Equality and Inclusion Lead
Key Duties
• Ensure that equality impact assessments are completed for all services and remedial action is taken as necessary.
• Ensure staff are appropriately trained regarding equality and diversity in line with the local mandatory training plan. Record training provided.
• Ensure that any risks identified through equality and human rights work are assessed and, where appropriate, entered onto the Trust’s Risk Register.
• Review practice, produce and implement action plans to address risks and any significant equality and human rights issues that arise.
• Report information relating to equality and human rights to the directorate/department governance group.

Expectations for Participation in Trust-wide Governance Meetings
See Terms of Reference for Equality and Human Rights Operational Group

Expectations for Communication with External Agencies
None

Person Specification – Essential Criteria – Knowledge, Skills and Experience
Post holders will need prior experience in the same type of workplace and good understanding of work activity in their directorate.

Mandatory Training

Additional Training
Understanding of the Equality Impact Analysis Policy.

10. Complaints Lead

Key Duties

• Ensure rigorous and prompt investigation and response to complaints within the complaint response target in accordance with the Trust’s Complaints Policy.
• Ensure a safeguarding referral is completed in line with the South Yorkshire Adult Protection Procedures if a safeguarding concern is identified during investigations.
• Escalate complaints to the Clinical Director and Nurse Director/Executive Director if the complaint is considered serious or if the complaint is re-opened because the complainant is dissatisfied with the initial response.
• Offer to meet with complainants where it will aid the resolution of the complaint, arrange and support meetings between complainants and other members of staff as appropriate.
• Ensure that written responses to complaints are of high quality and produced in accordance with the Trust’s Final Response Letter Writing Guidance.
• Ensure that action plans are produced and implemented where the investigation has found a deficit in the service provided. Ensure that actions agreed are monitored and that progress is reviewed by the directorate/department governance group.
• Liaise with the Patient Partnership Department to identify how any training needs can best be met. Ensure staff are appropriately trained regarding complaints investigation in line with the local mandatory training plan. Record training provided.
- Ensure that any risks identified through complaints work are assessed and, where appropriate, entered onto the Trust’s Risk Register.

- Ensure the directorate/department maintains comprehensive complaint files and records in accordance with the Complaint File Code of Practice and the Datix Handbook.

- Report information relating to complaints including number, type and severity, to the directorate/department governance group.

**Expectations for Participation in Trust-wide Governance Meetings**
Patient Experience Leads group
Expectations for Communication with External Agencies

None

Person Specification – Essential Criteria – Knowledge, Skills and Experience

Post holders will need prior experience in or detailed knowledge of complaints handling and good understanding of work activity related to patient care in their directorate or department.

Mandatory Training

See Training Needs Analysis for Risk Management/Health and Safety including Incident, Complaints, Claims Reporting and Investigation, Inoculation Incident and Falls Reduction.

Additional Training

Understanding of the Concerns and Complaints Policy.

11. Patient Experience Lead

Key Duties

- Ensure that feedback from patients is appropriately reviewed by the relevant staff and is acted upon.
- Seek the views of patients and the public when planning new facilities or services or making changes to existing facilities or services.
- Include the views of patients and the public in directorate or department discussions when services are reviewed.
- Seek the views of patients including a close working relationship with the corporate leads for Patient Partnership and Clinical Effectiveness when designing local patient experience surveys.
- Ensure staff training needs regarding patient experience, responding to patient feedback and customer care are appropriately identified and met. Record training provided.
- Ensure that any risks identified through patient experience work are assessed and, where appropriate, entered onto the Trust’s Risk Register.
- Work with colleagues to produce, implement and follow up action plans in response to patient survey results and any risks identified, including feedback from patient surveys undertaken as part of the Clinical Assurance Toolkit (e-CAT).
- Report information from patient experience surveys to the directorate/department governance group.

Expectations for Participation in Trust-wide Governance Meetings

See Terms of Reference for Patient Experience Leads Group.

Expectations for Communication with External Agencies

None

Person Specification – Essential Criteria – Knowledge, Skills and Experience

Post holders will need prior experience in the same type of workplace and good understanding of patient care in their directorate.

Mandatory Training

No additional requirements specific to this role.
12. Clinical Effectiveness/Audit Lead

Key Duties

- Produce an annual Clinical Effectiveness Programme by negotiation with the corporate Clinical Effectiveness Unit for inclusion in the Trust Clinical Audit Programme (TCAP). The programme will include projects identified as national priority, regional priority, Trust priority or directorate priority and should ensure that the quality of service that people receive are monitored.

- Co-ordinate, monitor and manage directorate clinical effectiveness activity on TCAP projects in collaboration with the Trust Clinical Effectiveness Unit and audits that are locally managed.

- Advise on education and training for staff involved in clinical effectiveness work to enable them to complete audit projects.

- Ensure that any risks identified through clinical effectiveness work are assessed and, where appropriate, entered onto the Trust's Risk Register.

- Ensure that action is planned following clinical effectiveness projects (both TCAP and locally managed projects), action plans are tracked to ensure that each recommendation is completed and re-audit takes place.

- Submit audit reports to the Clinical Effectiveness Unit for TCAP and locally managed projects.

- Disseminate the results of clinical effectiveness projects appropriately within the directorate and in the wider Trust where appropriate.

- Review and report progress with TCAP and locally managed projects to the directorate/department governance group.

- Attend four times a year Audit Leads Network meetings.

Person Specification – Essential Criteria – Knowledge, Skills and Experience
Post holders will need prior experience in the same clinical specialty and sufficient understanding of clinical audit and effectiveness activities to be able to act as a clinical champion. This involves being a role model and promoting audits within their directorate that lead to quality improvement.

Mandatory Training
Annual half-day Audit Leads Workshop endorsed by Medical Director.

Additional Training
Understanding of the Clinical Audit Policy and associated procedures. The Clinical Effectiveness Unit provides a bespoke induction for newly-appointed Clinical Effectiveness/Audit Leads.

13. Research Lead

Key Duties

Directorate Research Executive
- Member/chair of the directorate Research Executive
• Lead on the development, implementation and review of the directorate’s research strategy to promote portfolio, commercial and non-portfolio/commercial research
• Chair / participate in the directorate system of internal review for study set up and delivery of non-portfolio and portfolio studies including commercial studies
• Participate in financial planning to agree the use of directorate NIHR LCRN and RCF funding
• Promote training, supervision and support for all staff involved in research, record any training provided.
• Ensure that all research nurses within the directorate are registered with the Clinical Research Office, maintain their NMC registration and meet the requirements for GCP, mandatory and research-related training.
• Report any serious breaches of GCP or trial protocol, or any research fraud and misconduct to the Director of Research.
• Ensure the results of research projects are disseminated appropriately within the directorate, with the Clinical Research Office and in the wider Trust where appropriate.
• Receive audit reports on routine or for cause audits from the Clinical Research Office, taking forward findings as appropriate together with the directorate executive
• Disseminate information circulated by the Clinical Research Office, within the directorate.
• Develop and maintain directorate research website to meet directorate needs

Performance Operating Framework
• Lead on the delivery of the directorate’s research strategy in line with the Trust and national research strategies
• Setting and monitoring targets for Key Performance Indicators
• Oversee collection and confirmation of data for Key Performance Indicators
• Setting and delivery of an Annual Research Plan
• Annual submission of Performance Operating Framework Review paperwork

STH Research Leads Committee
• Member of the STH Research Leads Committee representing directorate interests
• Member of ad hoc Research Committee working parties
• Undertake independent scientific review on an ad hoc basis as requested by the Clinical Research Office

Expectations for Participation in Trust-wide Governance Meetings
None

Expectations for Communication with External Agencies
None

Person Specification – Essential Criteria – Knowledge, Skills and Experience
Post holders will need prior experience in the same type of workplace and good understanding of work activity relating to research in their directorate.

Mandatory Training
No additional requirements specific to this role

Additional Training
Understanding of the legislation relating to research conduct e.g. Clinical Trial Regulations, GCP, Human Tissue Act, Data Protection Act, Mental Capacity Act. Understanding of Research Office systems to comply with research governance requirements.
14. **Information for Patients Lead**

**Key Duties**

- Ensure information for patients is reviewed and developed in line with the Trust’s Code of Practice.
- Provide training about the process for managing and developing information for patients to all relevant staff. Record the training provided.
- Ensure that any risks identified through patient information work are assessed and, where appropriate, entered onto the Trust’s Risk Register.
- Review practice, produce and implement action plans to address risks and any significant patient information issues that arise.
- Report progress with patient information to the directorate/department governance group.

**Expectations for Participation in Trust-wide Governance Meetings**

None

**Expectations for Communication with External Agencies**

None

**Person Specification – Essential Criteria – Knowledge, Skills and Experience**

Post holders will need prior experience in the same type of workplace and good understanding of patient care in their directorate.

**Mandatory Training**

No additional requirements specific to this role

**Additional Training**

Understanding of the [Code of Practice](#) for Producing, Publishing and Managing Patient Information Materials.

15. **Clinical Records Lead**

**Key Duties**

- Ensure secure management of clinical records, including out-of-hours access and systems for the sharing of information when more than one provider is involved.
- Ensure audit takes place against the Trust’s approved standards for patient record keeping.
- Ensure that the patient records are managed as Interprofessional Patient Records (IPPR) and pages are securely filed in line with Trust guidance.
- Provide training about the standards for clinical record keeping to all relevant staff. Record the training provided.
- Ensure that any clinical forms being developed locally meet the Trust's patient record keeping standards, are piloted, and are submitted to the New Documents Group for approval prior to issue.
- Ensure that any risks identified through clinical records work are assessed and, where appropriate, entered onto the Trust’s Risk Register.
• Review practice, produce and implement action plans to address risks and any significant clinical records issues that arise.

• Report information about clinical records to the directorate/department governance group.

**Expectations for Participation in Trust-wide Governance Meetings**
None

**Expectations for Communication with External Agencies**
None

**Person Specification – Essential Criteria – Knowledge, Skills and Experience**
Post holders will need prior experience in the same type of workplace and good understanding of work activity relating to patient care in their directorate.

**Mandatory Training**
See [Training Needs Analysis](#) for Healthcare Record Keeping

**Additional Training**
Understanding of the Healthcare Records [Policy](#) and the Patient Record Keeping [Policy](#).

16. **Clinical informatics Lead**

**Key Duties**

• Participate in regular data quality audits in conjunction with the Information Services department and implement any action plans arising from these audits.

• Advise on training available for clinical informatics and analytical skills to relevant staff.

• Ensure that any risks identified through clinical informatics work are assessed and, where appropriate, entered onto the Trust’s Risk Register.

• Review practice, produce and implement action plans to address risks and any significant clinical informatics issues that arise.

• Report quality-related information collected for submission to commissioners e.g. CQUIN data to the directorate/department governance group.

**Expectations for Participation in Trust-wide Governance Meetings**
None

**Expectations for Communication with External Agencies**
None

**Person Specification – Essential Criteria – Knowledge, Skills and Experience**
Post holders will need prior experience in the same type of workplace and good understanding of work activity and clinical informatics requirements in their directorate.

**Mandatory Training**
No additional requirements specific to this role

**Additional Training**
None
17. **Information Governance Lead**

**Key Duties**

- Advise on training available on information governance to relevant staff.
- Ensure that any risks identified through information governance work are assessed and, where appropriate, entered onto the Trust's Risk Register and addressed through the Procedure for the Management of Information Governance and Cyber Security Serious Incidents Requiring Investigation (SIRI)
- Review practice, produce and implement action plans to address risks and any significant information governance issues that arise. In conjunction with the requirements of the Information Governance Toolkit and ISO27001
- Report information on information governance to the directorate/department governance group
- Review practice, produce and implement action plans to address risks and any significant information governance issues that arise. In conjunction with the requirements of the Information Governance Toolkit and ISO27001
- Complete and submit the Information Governance Toolkit

**Expectations for Participation in Trust-wide Governance Meetings**

None

**Expectations for Communication with External Agencies**

Non Information commissioner’s Office, NHS Digital, Information Governance Alliance and the Caldicott Guardian Council

**Person Specification – Essential Criteria – Knowledge, Skills and Experience**

Post holders will need prior experience in the same type of workplace and good understanding of work activity relating To Information Governance, the Caldicott Function and the role of the Senior Information Risk Owner (SIRO) across the Trust

**Mandatory Training**

See [Training Needs Analysis](#) for Information Governance

**Additional Training**

Understanding of the Information Governance [Policy](#) and the Information Governance Management Framework and all related IG Controlled Documents

18. **Mandatory Training Lead**

**Key Duties**

- Provide information and training to relevant directorate/department staff about the requirements and processes for induction, mandatory & job specific essential training and appraisal.
- Use the Trust Learning Management System PALMS to plan mandatory training to meet requirements set out in the Training Needs Analyses and to support local service managers to identify which staff will require training and by when.
- Liaise with training providers to ensure there are sufficient training opportunities for directorate / department staff.
- Ensure that the training provided locally meets mandatory requirements.
- Ensure that local service managers have a robust mechanism that enables the management of locally delivered mandatory training on PALMS i.e. adding new sessions, allowing for bookings, recording completed training and using PALMS to produce reports.
- Ensure that any risks identified through mandatory training work are assessed and, where appropriate, entered onto the Trust’s Risk Register.
- Review practice, produce and implement action plans to address risks and any significant mandatory training issues that arise.
- Review the monthly Mandatory Training Newsletter that is stored on SharePoint acting on and driving forward any new initiatives in the local area.
- Liaise with and give feedback to the Mandatory Training Coordinator (Learning and Development Department) on the provision of Mandatory Training in their area.
- Review directorate/department appraisal and mandatory & job specific essential training compliance and report this and any other relevant information to the directorate/department governance group.

**Expectations for Participation in Trust-wide Governance Meetings**
None

**Expectations for Communication with External Agencies**
None

**Person Specification – Essential Criteria – Knowledge, Skills and Experience**
Good understanding of work activity in their directorate; good working knowledge of PALMS; ability to interpret Training Needs Analyses (TNAs), analyse directorate requirements, and coordinate locally adequate resource-efficient training opportunities for staff to access; experience of identifying effective modes of delivery to meet local training needs.

**Mandatory Training**
No additional requirements specific to this role

**Additional Training**
Understanding of the Induction and Mandatory Training Policy. Awareness of the policies referenced in the training needs analyses e.g. moving and handling policy.
MODEL TERMS OF REFERENCE

Name of Clinical Directorate Healthcare Governance Group

PURPOSE

To ensure that the Directorate meets the requirements of the Healthcare Governance Arrangements Policy through a systematic and structured approach covering all operational aspects of Healthcare Governance.

DUTIES/RESPONSIBILITIES

To review high risk cases (e.g. Serious Untoward Incident or high risk complaint) and any other serious issues, provide scrutiny and oversee responses and action plans.

To advise the Directorate Executive Group of significant risk or governance issues and action that needs to be taken to improve performance results.

To receive updates from Directorate specialist governance leads (e.g. patient experience lead) about key messages cascaded from corporate governance leads and Trust-wide specialist governance groups.

To receive and review written quarterly monitoring reports from Directorate specialist governance leads (e.g. patient experience lead) about directorate performance and any issues that need to be addressed. This includes:

- Reports of incidents, complaints, claims, coroner's inquests, Duty of Candour compliance or other adverse events to ensure that trends are identified and appropriate action is being taken to manage the event and to prevent recurrence.

- Infection prevention and control performance i.e. MRSA data, Clostridium difficile data, Root Cause Analysis reports, progress with the Infection Control Programme and Accreditation Status.

- Results that can be accessed via corporate healthcare governance reporting systems (e.g. Performance Management Framework, Nurse Sensitive Indicators, e-Clinical Assurance Toolkit) including contractual quality measures reported to commissioners e.g. CQUIN data.

To consider significant Directorate service development and business cases with regard to the governance risks and issues.

To consider and approve proposed introductions of new techniques and treatments into the Directorate to ensure that all risk and governance issues are adequately addressed.

To receive and review reports of external visits, accreditations and inspections on Directorate services and ensure that recommended actions are implemented.

To review the Clinical Audit Programme and Quality Improvement Plans.
To receive and review the findings from Internal and External Accreditations and Inspections.

To consider in detail and approve Directorate quality assurance declarations and quality improvement plans e.g. the healthcare governance section of the annual Business Plan

**ACCOUNTABLE TO**

The Directorate Healthcare Governance Group is accountable to the Directorate Executive Group.

**REPORTS TO AND METHOD (INCLUDING MINUTES CIRCULATION)**

Minutes are circulated to the Directorate Executive Group on a monthly/quarterly basis, and significant issues are raised as an agenda item for the Executive Group if appropriate. Brief annual report to Directorate Executive Group.

**Circulation**

Members, Executive Group & Trust Patient and Healthcare Governance Department

**MEMBERSHIP - NAME/DESIGNATION/CHAIR OR DEPUTY**

Members (N.B. The list provided within this template is indicative, membership will vary according to the professions employed within the clinical directorate and there is no restriction on the number of members.)

<table>
<thead>
<tr>
<th>NAME</th>
<th>DESIGNATION</th>
<th>CHAIR/DEPUTY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Medical Governance Lead/Clinical Director</td>
<td>Chair</td>
</tr>
<tr>
<td></td>
<td>Deputy Nurse Director</td>
<td>Deputy Chair</td>
</tr>
<tr>
<td></td>
<td>Healthcare Governance Lead</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Matron</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Service Manager</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Professional Manager</td>
<td></td>
</tr>
</tbody>
</table>

Serviced by

<table>
<thead>
<tr>
<th>NAME</th>
<th>DESIGNATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Secretary to Governance Team</td>
</tr>
</tbody>
</table>

**QUORUM**

A quorum shall be four members one of which should be the Medical Governance Lead/Clinical Director/Deputy Nurse Director/Professional Manager.

**MEETING FREQUENCY AND PROCEDURES**

Meetings will be held quarterly as a minimum. Meetings will ideally be scheduled to follow on from the Executive Group meeting. Agendas and papers will be circulated one week in advance of the meeting.

**DATE TERMS OF REFERENCE WERE APPROVED**

Month and Year (ideally Terms of Reference should be reviewed annually)
REVIEW DATE

Month and Year

PROCESS FOR REVIEWING EFFECTIVENESS

The minutes of the group will be audited against the Terms of Reference and the findings will be provided as an annual report to the Directorate Executive Group. The audit should measure performance against the following standards:

- Meetings were quorate;
- Members attended the majority of the meetings;
- The duties within the Terms of Reference were carried out; and
- The actions within the minutes were carried out;

The Terms of Reference will be reviewed annually approved at the Safety and Risk Management Board.
Name of Clinical Directorate Governance Meeting
Date, Time, Venue
MODEL AGENDA

Apologies
Minutes of previous meeting (approval/corrections)
Matters Arising

Health and Safety, Incident and Risk Management
Incidents, Serious Untoward Incidents;
Business Continuity/EPPP;
Datix update/back log;
Trends and themes;
Inquests;
Claims;
Feedback from Morbidity and Mortality meetings;
Risk assessments/Risk Register;
Duty of Candour compliance; and
CQC action plans/service concerns raised patient safety alerts e.g. CAS

Complaints and Patient Experience
Complaints, Patient Comments and Thanks;
Patient Experience Surveys;
Action Plans;

Clinical Informatics, Clinical Effectiveness, Audit, Inspections and Research
Contractual information provided to commissioners e.g. CQUINS Targets;
Patient Safety Thermometer;
e-CAT;
Clinical Audit Programme and Research Governance;
Healthcare Governance Audits and Quality Inspections (NHSLA and CQC);
Recommendations from external visits, inspections and accreditation;

Infection Prevention & Control
MRSA and Clostridium Difficile;
Quarterly antimicrobial audits, Root Causes Analyses;
Progress with Infection Control Programme and Accreditation;

Mandatory Training
Local induction, Mandatory and Job-specific Training;
Appraisal;

Safety, Equality and Human Rights
Patient Safety Service Improvements;
New Technique or Treatment proposals;
Safeguarding Adults, Safeguarding Children;
Business Continuity and Emergency Planning;
Medical Equipment Management;
Equality and Human Rights;
Informatics
Patient Information Leaflets;
Clinical records;
Information Governance;

Any Other Business
Date & Time of Next meeting
**Model Agenda**

**Name of Corporate Department Governance Meeting**

**Date, Time, Venue**

**MODEL AGENDA**

**Apologies**

**Minutes of previous meeting** (approval/corrections)

**Matters Arising**

**Health and Safety, Incident and Risk Management, Patient Complaints**

Incidents, Serious Incidents, Personal Injury Claims;
Risk Assessments;
Any involvement in Patient Complaints/Claims, Thanks, Patient Experience Surveys;
Duty of Candour;
Sickness (staff); and
CAS/regulatory ALERT Notices;
Business Continuity/EPPP.

**Mandatory Training**

Local induction, Mandatory and Job-specific Training;
Appraisal.

**Safety, Infection Prevention & Control, Equality and Human Rights and Informatics**

Safeguarding Adults, Safeguarding Children;
Business Continuity and Emergency Planning;
Infection Prevention and Control;
Equality and Human Rights;
Clinical Records;
Information Governance.

**Audit and Inspections**

Recommendations from Internal Audit, external visits, inspections and accreditation;
Clinical Audit Programme;
CQC Action Plan.

**Any Other Business**

Date & time of Next meeting
Lines of Accountability for Healthcare Governance

Clinical Directorates

- Clinical Director
  - General Manager
    - Service Managers
      - Admin and Clerical Staff
    - Nurse Director/Directorate Manager
      - Matrons/Professional Leads
        - Nursing Staff/Non-medical Clinical Staff
    - Medical Governance Lead
      - Governance Lead/Specialist(s)
    - Consultants
      - Trainee Doctors
Central Governance Groups

- Board of Directors
- Healthcare Governance Committee
  - Trust Healthcare Governance Groups e.g. Patient Experience Group
  - Specialist Corporate Leads e.g. Complaints Lead
  - The Medical Director
  - Patient and Healthcare Governance Department
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**

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

Please submit the completed proforma to Head of Patient and Healthcare Governance. Thank you.

Healthcare Governance Arrangements Policy (V2)
# Healthcare Governance Arrangements - Self-Assessment Report

<table>
<thead>
<tr>
<th>Name of Clinical Directorate/Corporate Department</th>
<th>Date of self-assessment</th>
<th>Healthcare Governance Arrangements</th>
<th>Comments on arrangements during the past 12 months</th>
<th>Quality improvement plans for the next 12 months</th>
<th>Resource Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 The Clinical Executive Team/Corporate Head of Department are kept informed about their directorate/department healthcare governance processes, statistics, trends and issues.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 A designated clinical directorate/corporate department healthcare governance lead co-ordinates governance activity and integrates the specialist lead roles.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Clinical directorate/corporate department staff are kept informed about healthcare governance matters and encouraged to improve standards.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Clinical directorate/corporate department staff are up to date with their local induction, mandatory training and appraisal requirements.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Individuals within the clinical directorate/corporate department are fulfilling all the relevant specialist lead roles and participating in the relevant Trust-wide groups.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please submit the completed Proforma to Head of Patient and Healthcare Governance.  
Thank you.
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**

<table>
<thead>
<tr>
<th>CQC Outcome Standards</th>
<th>Comments on compliance during the past 12 months</th>
<th>Quality improvement plans for the next 12 months</th>
<th>Resource Implications</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 <em>Respecting and involving people who use services</em>&lt;br&gt;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.</td>
<td>Comprehensive Provider Compliance Assessment document completed in May 2012. Evidence of compliance for the relevant CQC prompts was available. Patient notes provide a good source of evidence.</td>
<td>Increase the amount of up-to-date information available as posters displayed in wards and outpatient areas.</td>
<td>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.</td>
</tr>
</tbody>
</table>

Please submit the completed Proforma to Head of Patient and Healthcare Governance.

Thank you.
# CQC Compliance - Self-Assessment Report

<table>
<thead>
<tr>
<th>Name of Clinical Directorate/Corporate Department</th>
<th>Date of self-assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CQC Outcome Standards</th>
<th>Comments on compliance during the past 12 months</th>
<th>Quality improvement plans for the next 12 months</th>
<th>Resource Implications</th>
</tr>
</thead>
</table>
| 1 **Respecting and involving people who use services**  
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 **Consent to care and treatment**  
People give consent to their care and treatment, and understand and know how to change decisions about things that have been agreed previously. | | | |
| 4 **Care and welfare of people who use services**  
People experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights. | | | |
| 5 **Meeting nutritional needs**  
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. | | | |
<table>
<thead>
<tr>
<th>No.</th>
<th>Heading</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Cooperating with other providers</td>
<td>People receive safe and coordinated care when they move between providers or receive care from more than one provider.</td>
</tr>
<tr>
<td>7</td>
<td>Safeguarding people who use services from abuse</td>
<td>People are safeguarded from abuse, or the risk of abuse, and their human rights are respected and upheld.</td>
</tr>
<tr>
<td>8</td>
<td>Cleanliness and infection control</td>
<td>People experience care in a clean environment, and are protected from acquiring infections.</td>
</tr>
<tr>
<td>9</td>
<td>Management of medicines</td>
<td>People have their medicines when they need them, and in a safe way. People are given information about their medicines.</td>
</tr>
<tr>
<td>10</td>
<td>Safety and suitability of premises</td>
<td>People receive care in, work in or visit safe surroundings that promote their wellbeing.</td>
</tr>
<tr>
<td>11</td>
<td>Safety, availability and suitability of equipment</td>
<td>Where equipment is used, it is safe, available, comfortable and suitable for people’s needs.</td>
</tr>
<tr>
<td>12</td>
<td>Requirements relating to workers</td>
<td>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.</td>
</tr>
<tr>
<td>13</td>
<td>Staffing</td>
<td>People are kept safe, and their health and welfare needs are met, because there are sufficient numbers of the right staff.</td>
</tr>
<tr>
<td>14</td>
<td>Supporting workers</td>
<td>People are kept safe, and their health and welfare needs are met, because staff are</td>
</tr>
</tbody>
</table>

Healthcare Governance Arrangements Policy (V2)
<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Healthcare Governance Arrangements Policy (V2)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>competent to carry out their work and are properly trained, supervised and appraised.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Assessing and monitoring the quality of service provision</strong></td>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Complaints</strong></td>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Records</strong></td>
<td>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.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please submit the completed Proforma to Head of Patient and Healthcare Governance.
Thank you.
### Equality Impact Analysis Screening Tool – Written Policy or Guidance

<table>
<thead>
<tr>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you identified any action that is required in addition to any changes made to the policy during policy development?</td>
</tr>
<tr>
<td>Please note in brief below for reference</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you identified any action that is required in addition to any changes made to the policy during policy development?</td>
</tr>
<tr>
<td>Please note in brief below for reference</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you identified any action that is required in addition to any changes made to the policy during policy development?</td>
</tr>
<tr>
<td>Please note in brief below for reference</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you identified any action that is required in addition to any changes made to the policy during policy development?</td>
</tr>
<tr>
<td>Please note in brief below for reference</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you identified any action that is required in addition to any changes made to the policy during policy development?</td>
</tr>
<tr>
<td>Please note in brief below for reference</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you identified any action that is required in addition to any changes made to the policy during policy development?</td>
</tr>
<tr>
<td>Please note in brief below for reference</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you identified any action that is required in addition to any changes made to the policy during policy development?</td>
</tr>
<tr>
<td>Please note in brief below for reference</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you identified any action that is required in addition to any changes made to the policy during policy development?</td>
</tr>
<tr>
<td>Please note in brief below for reference</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you identified any action that is required in addition to any changes made to the policy during policy development?</td>
</tr>
<tr>
<td>Please note in brief below for reference</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you identified any action that is required in addition to any changes made to the policy during policy development?</td>
</tr>
<tr>
<td>Please note in brief below for reference</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you identified any action that is required in addition to any changes made to the policy during policy development?</td>
</tr>
<tr>
<td>Please note in brief below for reference</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you identified any action that is required in addition to any changes made to the policy during policy development?</td>
</tr>
<tr>
<td>Please note in brief below for reference</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you identified any action that is required in addition to any changes made to the policy during policy development?</td>
</tr>
<tr>
<td>Please note in brief below for reference</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you identified any action that is required in addition to any changes made to the policy during policy development?</td>
</tr>
<tr>
<td>Please note in brief below for reference</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you identified any action that is required in addition to any changes made to the policy during policy development?</td>
</tr>
<tr>
<td>Please note in brief below for reference</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you identified any action that is required in addition to any changes made to the policy during policy development?</td>
</tr>
<tr>
<td>Please note in brief below for reference</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you identified any action that is required in addition to any changes made to the policy during policy development?</td>
</tr>
<tr>
<td>Please note in brief below for reference</td>
</tr>
</tbody>
</table>