##### JOB DESCRIPTION

##### JOB TITLE: Governance Manager

**RESPONSIBLE TO:** Head of Clinical Services

**ACCOUNTABLE TO:** Hospital Director

## **JOB SUMMARY:**

Practice Plus Group is committed to being a provider of high quality healthcare services. To ensure that we meet this objective our quality improvement strategy and clinical governance processes are key to the provision of high quality care to NHS patients within this locale.

Practice Plus Group Hospital, Ilford works with its local NHS partners and offers rapid access to elective surgical care across a range of specialities. Practice Plus Group sets ambitious targets in order to measure the standard of care we provide, demonstrating excellent clinical outcomes, innovation and efficiency within pathways of care. The Governance Manager role is central to the Ilford team achieving our goals.

The post holder will also play a key role in the continued development of our Quality Improvement Strategy ensuring that as an organisation we are a leading quality healthcare organisation. Our strategy is based on the four key elements of high quality healthcare – clinical governance, clinical effectiveness, patient safety and patient experience.

### Key Responsibilities

To support the Head of Nursing and the Senior Management Team (SMT) in delivering the organisations quality governance and regulatory compliance agendas.

Take the lead in implementing, monitoring and ensuring compliance with regulatory standards in respect of Care Quality Commission (CQC), National Health Service Litigation Authority Standards (NHSLA); Department of Health initiatives, Infection Prevention and Control, NICE guidance, NHS Outcomes and other regulatory agencies as appropriate.

Provide direction to all Head’s of Departments to deliver accurate reports and/or audits which demonstrate the levels of compliance achieved, which in turn will provide assurance to all necessary internal and external bodies or indicate to the organisation that pro-active action needs to be taken to rectify gaps.

To lead the implementation of the quality improvement programmes alongside our staff, ensuring that there is knowledge and skills transfer.

To hold overall responsibility for applying the clinical governance principles as outlined in the Clinical Governance Policy to the delivery of services, including recording, reporting and learning from adverse incidents, delivering safe, evidence based practice and meeting the required professional, legislative and quality standards.

To take the responsibility for ensuring clinical effectiveness and quality is achieved through collaborative work with the Senior Management Teams and clinical leads across the site(s).

To ensure that best practice initiatives and processes are embedded within departments in line with performance expectations and corporate efficiencies.

To drive the implementation of professional guidelines, quality improvements and relevant published documents, assessing their applicability to Hospital clinical activity and benchmarking internal analysis against recognized best practice.

To work with the informatics team to provide data related to the mandatory key performance indicators, the key indicators of clinical quality, serious incidents, patient complaints and to maintain compliance with national and local mandatory standards. To identify trends and implement corrective action if required.

To provide education, guidance and support to clinical teams in Ilford, ensuring that clinical audit becomes a standard governance activity across all sites, working with clinicians and other healthcare staff in the promotion and implementation of effective audit, together with development and on-going review of action plans.

**Scope of the role**

* To develop robust local systems and structure that help identify and implement quality improvements
* To take a lead for priority areas as identified by the Strategic Governance Group in line with business objectives, national standards and local priorities
* To oversee the production of the monthly clinical governance report, validating outcomes and interrogating data for accuracy and identifying action points
* To assist with the production of the quarterly quality review data for the Clinical Commissioning Groups
* To attend relevant meetings including Governance, Infection Prevention and Control, CCG Operational Meetings and Heads of Departments as directed by Head of Nursing or Hospital Director
* To undertake internal analysis against recognized best practice and identify any relevant actions to ensure continuous quality improvement
* Undertake Root Cause Analysis in conjunction with clinical colleagues as directed by Head of Nursing or Hospital Director – to drive compliance to any resulting action plans, and to ensure that any learning outcomes are absorbed into practice.
* Participate in the Practice Plus Group clinical audit programme, and undertake and/or facilitate the completion of Clinical Audits to agreed time scales – ensure the preparation and submission of appropriate audit results for inclusion in the corporate governance reports.
* Ensure that the Head of Nursing is informed of trends or gaps in service provisions which may have been highlighted during governance or audit activities together with ideas for possible solutions to identified problems.
* Oversee PROMS data collection processes, and reports to external bodies eg. CQUINS, UNIFY 4, NHS thermometer
* Undertake regular horizon scanning of current and approaching national policy issues and ensure that relevant committees, groups and individuals are kept informed
* To lead on the implantation of NICE guidelines, clinical and technology appraisals through the Hospital governance processes
* Ensure that governance and effectiveness initiatives support local and national standards, reflect nationally produced guidance and respond to circulated alerts – from bodies such as NHSLA, CQC, Department of Health, PCT Commissioning Board, Essence of Care Standards, Essential Standards etc
* To support the development and utilization of the quality dashboard across the Hospitals.
* To participate in staff training and induction programmes as required and as requested
* Review and investigate incidents submitted via the Datix system, ensuring lessons learnt are shared across the unit. Undertake Root Cause Analysis for all serious incidents.
* Comply with the Company Appraisal system and attend an appraisal every year.

This list of key responsibilities is not exhaustive and the post holder may be required to undertake other relevant and appropriate duties as reasonably required.

**Additional Information:**

**Clinical Governance**

To have responsibility for a commitment to maintaining a high quality service to patients by continual development of practice in the light of research evidence and by audit, based against clinical relevant standards.

**Code of Conduct for Professional Group**

All members of staff are required to work in accordance with their professional group’s code of conduct (e.g. NMC, GMC, HPC).

This job description is intended as a basic guide to the scope and responsibilities of the post and is not exhaustive. It will be subject to regular review and amendment as necessary in consultation with the post holder.

**Conflict of Interests**

You may not without the consent of Practice Plus Group engage in any outside employment and in accordance with Practice Plus Group Conflict of Interest Policy you must declare to your manager all private interests, which could potentially result in personal gain as a consequence of your employment position in Practice Plus Group. Interests that might appear to be in conflict should also be declared.

**Criminal Records Bureau**

It is a requirement of this position that a Criminal Records Bureau disclosure at the enhanced level is undertaken.

**Confidentiality**

The post holder is required not to disclose such information, particularly that relating to patients and staff.  All employees are subject to the Data Protection Act 1998 and must not only maintain strict confidentiality in respect of patient and staff records, but the accuracy and integrity of the information contained within.  The post holder must not at any time use personal data held by Practice Plus Group for any unauthorised purpose or disclosure such as data to a third party.  You must not make any disclosure to any unauthorised person or use any confidential information relating to the business affairs of Practice Plus Group, unless expressly authorised to do so by Practice Plus Group.  Further guidance on confidentiality is contained within Practice Plus Group Information Security Management System (ISMS).

**Data Protection**

The post holder must at all times respect the confidentiality of information in line with the requirements of the Data Protection Act and the company’s ISO27001 accreditation.  This includes, if required to do so, obtain, process and/or use information held on a computer in a fair and lawful way, to hold data only for the specified registered purposes and to use or disclose data only to authorized persons or organizations as instructed.

**Education and Training**

Personal continuing professional development is encouraged and an annual appraisal system is in place to discuss CPD and ongoing objectives.

**Equal Opportunities**

The post holder is required at all times to carry out responsibilities with due regard to Practice Plus Group Equal Opportunities Policy and to ensure that staff receive equal treatment throughout their employment with Practice Plus Group

**Infection Prevention and Control**

It is the responsibility of all individuals to comply with Practice Plus Group infection prevention and control policies and procedures, and to attend any appropriate training requirements in order to comply with government directives and associated codes of practice, taking appropriate action when non-compliances are evident.

**Health and Safety**

As an employee of Practice Plus Group, the post holder has a duty under the Health and Safety at Work Act 1974, to:-

Take reasonable care of the health and safety of themselves and all other persons who may be affected by their acts or omissions at work.

Co-operate with their employer to ensure compliance with Health and Safety legislation and the Health and Safety policies and procedures of the Hospital, not intentionally or recklessly interfere with, or misuse, anything provided in the interests of health, safety, or welfare, in pursuance of any of the relevant statutory provisions.

**Risk Management**

All members of staff have a responsibility to report all clinical and non-clinical accidents or incidents promptly and when requested to, co-operate with any investigation undertaken.

This list of duties and responsibilities is by not exhaustive and the post holder may be required to undertake other relevant and appropriate duties as reasonably required.

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| **Person Specification – Governance Manager** |

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| **CRITERIA** | **ESSENTIAL** | **DESIRABLE** |
| Qualifications | Registered Nurse, current NMC registration.Good level of educational attainment.Qualification/training in Quality Improvement  | Relevant degreeInfection Prevention and Control qualification |
| Experience | Leading and developing clinical governance and quality improvement projects within a healthcare service or facility.Influencing the development of a quality improvement culture within a health care organisation.Proven management skills which allows for influence and engagement of both clinical and non-clinical staff.Familiar with CQC, JAG, ISO, NICE and CQUIN, Quality Accounts | Influencing at all levels throughout an organisation. |
| **Skills and Knowledge** | Knowledge of a range of quality improvement tools with expert knowledge in at least one particular approach e.g. rapid cycle improvement / LEAN/ etc Knowledge of the application of Statistical Process Control and when and how to use it. Experience in completion of root cause analysis.Team building and team facilitation skillsIT literate including Word, EXCEL and Power PointPresentation and report writing skills | Application of the skills and knowledge listed on the right applied at service delivery level. |