Achieving excellence in clinical governance

Towards a culture of accountability

“The implementation of accountability practices is a permanent process. The accountability journey will never end. It will take time for people to really understand the benefits of better accountability; it will also require a sustained effort by management and staff to embed a culture of accountability in the Health Services Executive”

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FOREWORD

Healthcare organisations are responsible and accountable for delivering safe, high quality, cost-effective care that achieves the best possible health outcomes for people in Ireland. To this end, the Health Service Executive (HSE) has embraced the concept of ‘clinical governance’, which is operationalised through its Framework for Integrated Quality, Safety and Risk Management (‘the Framework’). The Framework represents a significant reorientation of priorities for the healthcare service and requires healthcare organisations, amongst other things, to have in place clear and documented accountability arrangements for healthcare services. Such arrangements are usually of a managerial nature, but the appointment of clinical directors has reinforced the concept of professional (clinical) accountability, with requisite authority vested in the managerial accountability hierarchy.

Clear accountability arrangements are a fundamental building block of good clinical governance, bringing clarity to the authorities and responsibilities of individuals, teams and committees (or groups), for the delivery of safe, high quality, cost-effective care. Without such arrangements the risks to service user access to services, safety, quality of services and public budgets can increase with potentially significant and, in the case of service user safety, catastrophic consequences.

This document supports the Framework by providing healthcare organisations with further guidance on what is meant by ‘clear accountability arrangements.’ Different organisations have different structures and thus the commentary, while setting the critical specifications, has been kept as universally applicable as possible. In acute and continuing care services and primary care, community care and specialist services, ultimate responsibility, authority and accountability rests with the manager. In voluntary providers it is with the CEO and the governing Board. Each healthcare organisation will need to review the document and consider how the core value of clear accountability applies in their own context.

It has been a privilege to take part in this work and my personal thanks go to the members of the reference group who led the development of the guidance document and those who provided administrative support.

Dr Joe Devlin, July 2010
PURPOSE OF THE GUIDANCE DOCUMENT

The ‘Framework for Integrated Quality, Safety and Risk Management’ (HSE 2009a) (hereafter referred to in this document as the Framework) comprises thirteen core elements, each with its own supporting principles or requirements, which healthcare organisations must have in place in order to achieve excellence in clinical governance. This document is one of a series of guidance documents for HSE funded service providers which will cover the various elements of the Framework.

This particular document has been drafted as a guide to help those concerned with the element of accountability to:

- Understand and apply the core value for accountability
- Assess the strengths of current accountability and authority arrangements in their own organisation
- Improve current arrangements where necessary.

1.1 Scope of the document

The document is intended for use by all organisations that provide healthcare services using public funds. This includes acute and continuing care services, primary care, community care and specialist services and voluntary providers. Non-public sector organisations also use public funds to provide healthcare services and this document is designed to help them too.

1.2 Relationship with other Codes and guidance

This document was produced by the Quality and Clinical Care Directorate. It provides advice, information and practical examples to help healthcare organisations to understand and apply the core value of clear accountability in their organisation. It aims to complement, rather than duplicate, the extensive Codes, guidance and documents that already exist in the HSE and in other organisations in relation to accountability arrangements. The document therefore includes links to other documents and websites where readers can find more information. Where Codes and guidance do not exist, we hope that this document will provide a shared understanding of clear accountability arrangements for healthcare services.
PURPOSE OF THE GUIDANCE DOCUMENT

1.3 Frequency of Revision

This guidance document will be reviewed in 2012.

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PURPOSE OF THE GUIDANCE DOCUMENT

1.5 Key Definitions

Responsibility (for) can be defined as a set of tasks or functions performed to a required Standard that your employer can legitimately demand from you and which you are qualified and competent to exercise. Your responsibilities are defined by a contract of employment, which usually includes a job description describing responsibilities in detail.

Authority: Is associated with your role, which is linked to the responsibilities you were given. Authority is the power given to you to carry out your responsibilities.

Accountability: you have a certain responsibility within an organisation and are accountable for that. Accountability describes the mechanism by which progress and success are recognised, remedial action is initiated or whereby sanctions (warnings, suspension, deregistration, etc) are imposed. It can also be called ‘answerability’.

If you look around your organisation, you should be able to map responsibilities in a way that is clear (everybody can understand them), transparent (everybody is informed) and appropriate (everybody has the necessary authority to carry out their responsibilities).
INTRODUCTION

Clear accountability arrangements flow from a shared culture, as well as from structures, systems and processes. They cannot be achieved fully by mere compliance with a set of requirements. This culture of clear accountability arrangements can be expressed as values and beliefs and demonstrated in the consistent behaviour of management and of staff.

2.1 What is culture?

Culture is based on the organisational values that provide direction to what people do each day. Culture underpins structures, systems, processes and behaviour throughout the organisation, from the governing body and management team to all staff. Culture is manifested all around the organisation in performance measures, the language people adopt, and the behaviours that people demonstrate.

2.2 What are values?

Values are the deeply seated principles that influence individual and organisational behaviour every day. They influence who is employed/promoted, how budgets are allocated and all other organizational decisions, structures, systems and processes.

2.3 Why think about culture?

Culture can either enable and reinforce clear accountability or undermine its integrity. The desired outcome of culture change is to improve accountability practices. Accountability practices are influenced by our decisions and behaviours which are influenced by our culture. By influencing those things that shape culture we will influence performance. A deep cultural commitment to personal accountability is the key to ensuring that the system of accountability is robust and will continue to operate under stressful conditions.

2.4 How to change the things that shape culture?

To change culture you need to plan how you will redesign the things that shape culture so that they are aligned to deliver the desired culture.
INTRODUCTION

2.4.1 Create – and communicate - the right vision

Staff must share a common understanding of the vision for healthcare services in Ireland. The Commission on Patient Safety and Quality Assurance agreed that the vision around which a healthcare system-wide governance framework for patient safety should be based is as follows: “Knowledgeable patients receiving safe and effective care from skilled professionals in appropriate environments with assessed outcomes”.

2.4.2 Articulate the core value

To influence culture, the meaning of the core value of accountability must be clear, concise and well articulated in order that it can become deeply seated in the psyche of all who work in the organisation. The core value for clear accountability in HSE funded or provided services is outlined in this supporting guidance document.

2.4.3 Leadership – live the values

Management must be visible and must demonstrate by their actions that accountability is a priority and that they are committed to improve accountability arrangements within the organisation. No single individual can do more to reshape culture than the manager/CEO but culture cannot be changed by decree.

2.4.5 Reshape (and clarify) your performance measures

Performance measures drive behaviour. They have direct impact on ensuring fair access, safety of services and quality of care. Healthcare organisations, managers and staff must be measured on their compliance with the core value for accountability as outlined in this document.

2.4.6 Create structures, systems and processes to support the culture

The match between the culture you desire and the organisational instruments you have, should be as close as possible. This document outlines recommendations for organisational structures, systems and processes that support clear accountability.
INTRODUCTION

2.4.7 Create supportive people practices

People practices must support and reinforce the desired culture. People practices include:

- Design of the recruitment and promotion processes
- Socialisation of staff during induction
- How job termination or retirement is managed and even post retirement relationships
- Performance target setting, measurement and appraisal and reward processes
- The skill and authenticity of managers in managing their staff
- Communication and engagement systems.

2.4.8 Drive culture from the top down and the bottom up.

Organisational change will not happen without personal change. Therefore change must be managed from both directions. This can be done using tools like 360 degree feedback programmes. Regular, local engagement with staff reflecting on how they and the organisation live, and do not live up to, the value of clear accountability and translation of this into quality improvement plans and actions is especially important.
**Core value for clear accountability**

**Core value for clear accountability**


“We are responsible and accountable for delivering safe, high quality, cost-effective care that achieves the best possible health and social care outcomes for people in Ireland”

This value applies at two levels – the individual staff level and the healthcare organisation level.

3.1 **Individual staff level**

I have personal responsibility for the following

- Being competent in all aspects of my work
- Recognising and working within the limits of my competence
- Reviewing and auditing the standards of the care/service I provide
- Cooperating fully with external reviews, audits and enquires
- Where I am not satisfied with the standards of care/service, nor have the capacity, I am responsible for taking steps to resolve problems and having explored all other options, I shall draw the matter to the attention of my line manager.
- I have responsibility to provide guidance and support to those whom I hold to account to enable them to exercise their responsibility and authority effectively. This shall include the following:

  1. Regular, timely and relevant management information
  2. Training and development in the required skills and competencies
  3. Confronting any failures in a constructive way
**Core value for clear accountability**

I have personal responsibility to clearly establish the following:

- What I am accountable for (adhering to the standards of care/service expected of me, the results I must deliver, and the resources – financial and human — that are allocated to me)
- The lines of accountability for my responsibilities (who is my line manager?)
- Any line management responsibilities that I hold for colleagues or staff
- My personal responsibilities for the quality and standards of care/service provided by teams of which I am a member (Note: This is particularly important in circumstances in which responsibility for providing care/service is spread between a number of practitioners, departments and/or different agencies)
- The responsibilities of others (staff/teams/agencies, etc) with whom I work and the associated interdependencies. Clarity on this issue is vital to achieving seamless delivery of care for the service user
- The scope and limits of my authority (the types of decision I may make without reference to my line manager or higher authority)
- The overall parameters within which my decisions must be made (the organisational values, policies, rules and regulations I must abide by, and the behavioural standards to which I will be expected to conform)
- How my results and the exercise of my responsibility and authority will be monitored and assessed.
Core value for clear accountability

3.2 Healthcare organisation level

- We are open, transparent and honest about our mission, organisational structure, decision-making processes and actions
- We are clear about the respective functions of Boards and their executives
- We operate a clear hierarchy of authority and single-point accountability at each level of the organisational structure
- We are clear about the responsibilities and liabilities of individuals/committees/groups within the organisation. We pay particular attention to the interdependencies between units where care and responsibilities are co-ordinated across various personnel, functions, activities, and operating units within and outside the organisation. We ensure that responsible individuals are vested with the requisite authority. We hold individuals/committees/groups accountable for their responsibilities
- We are clear at all times during an episode of care who is the responsible clinician accountable for the service user
- We communicate actively with service users about our organisation (including information on access, treatment options, performance information on quality of care and service user safety, etc), and make information about our organisation publicly available

1. We listen to service users’ suggestions on how we can improve our work, encourage inputs by service users whose interests may be directly affected by our work and ensure that service users’ know what changes and improvements have been made to services as a result of their feedback
2. We make it easy for service users to comment on our decision making processes and actions
3. We inform service users at first point of contact that it is the policy of our organisation that raising concerns about their care will not negatively affect their care or their experience while under care and we reassure them as necessary throughout their treatment that this is the case
Core Value for Clear Accountability

- We communicate actively with staff about our organisation, and make information about the organisation available.
  1. We listen to staff suggestions on how we can improve our work, encourage inputs by staff whose interests may be directly affected by our work and ensure that staff know what changes and improvements have been made to services as a result of their feedback.
  2. We make it easy for staff to comment on our decision making processes and actions.
  3. We make provision for staff to make protected disclosures (whistle-blowing) in good faith and on reasonable grounds about issues of service user safety and quality of care. We ensure that staff who make the disclosures are protected from penalisation in the workplace and from civil liability.

- We communicate actively with other key stakeholders about our organisation, and make information about our organisation publicly available.
  1. We listen to other key stakeholders’ suggestions on how we can improve our work, encourage inputs by stakeholders’ whose interests may be directly affected by our work and ensure that other key stakeholders know what changes and improvements have been made to services as a result of their feedback.
  2. We make it easy for other key stakeholders to comment on our decision making processes and actions.

- We ensure adequate internal monitoring and review of our structures, systems and processes for accountability and use this information to support continuous quality improvement. This monitoring and review will result in information that permits objective comparison of results against targets and standards covering, among other things, the following:
  1. Delivery of care/service, in terms of access, safety, effectiveness, focus on the service user, time and cost.
  2. Management of human and financial resources.
  3. Evidence that authority has been fully exercised but not exceeded.
  4. Compliance with policies, values, regulations, rules and behavioural standards.
  5. Evidence that the outcomes/recommendations of previous reviews have been followed up and implemented.
Core value for clear accountability

- We obtain periodic, external, independent assurance on the effectiveness of the structures, systems and processes for accountability and use this information to support continuous quality improvement. This assurance will result in information that permits objective comparison of results against targets and standards covering, among other things, the following:

1. Delivery of care/service, in terms of access, safety, effectiveness, focus on the service user, time and cost
2. Management of human and financial resources
3. Evidence that authority has been fully exercised but not exceeded
4. Compliance with policies, values, regulations, rules and behavioural standards
5. Evidence that the outcomes/recommendations of previous reviews have been followed up and implemented.

- We take appropriate action in cases where there have been failings in the delivery of safe, high quality, cost-effective care, we cooperate fully with external reviews, audits and enquiries and we acknowledge the need for sanctions that are both effective and fair. Follow-up which is both effective and fair must be capable of distinguishing between and dealing appropriately with the following:

1. Excellent or satisfactory execution of responsibility and authority
2. ‘Bona fide’ errors or failures
3. Unsatisfactory execution of responsibility and authority as a result of carelessness or ignorance
4. Unacceptable exercise of responsibility and authority due to deliberate flouting of policies, rules and regulations, or exceeding the limits of authority
5. Misconduct or fraud
Core value for clear accountability

3.2.1 We are open, transparent and honest about our mission, organisational structure, decision-making processes and actions

Having a clear mission and organisational structure is a hallmark of good accountability. If this mission and organisational structure are communicated effectively, it can guide people’s decisions and actions at all levels in an organisation.

Healthcare organisations should be open, transparent and honest about their decision making processes and actions. Transparent decisions that are clearly explained are more likely to be understood by staff, service users and other key stakeholders and more likely to be implemented effectively. It is also easier to evaluate the impact of decisions that are transparent, and therefore to have evidence on which to draw in making future decisions.

i. Application

The healthcare organisation should ensure that there is a clear statement of the organisation’s mission, strategies and objectives and that this is used as a basis for planning. It should provide full and accurate information about how services are run, what they cost, how well they perform and who is in charge. The management team and staff should regularly review its decision-making processes and actions making sure that they further the organisation’s purpose and contribute to the intended outcomes for service users.
Core value for clear accountability

3.2.2 We are clear about the respective functions of Boards and their executives

Corporate governance is concerned with the role of the Board of directors, or other governing body, in setting strategic direction for an organisation, establishing organisational values and holding management to account for achieving the organisation’s purpose. For acute and continuing care services and primary care, community care and specialist services, the governing body (through local, regional and national management and the CEO) is the Board of the HSE. Voluntary providers have different owners and their own corporate governance arrangements operate through their Boards.

The role of the Board is to supervise and evaluate the performance of the chief executive officer, and to oversee programme and budgetary matters. It will define overall strategy, consistent with the organisational mission, ensure that resources are used efficiently and appropriately, that performance is measured, that financial integrity is assured and that public trust is maintained. The role of the manager/CEO is to implement and provide assurance to the Board. Board members are elected or appointed to direct and control the healthcare organisation ultimately in the interests of the service user. The primary functions of the Board are to:

- Ensure that high standards of corporate governance and personal behaviour are maintained in the conduct of the business of the whole organisation
- Appoint, appraise and remunerate senior executives
- On the recommendation of the manager/CEO and management team, to set the strategic direction of the organisation within the overall policies and priorities of its owners, to define its annual and longer term objectives and agree plans to achieve them
- Oversee the delivery of planned results by monitoring performance against objectives and ensuring corrective action is taken when necessary
- Ensure effective dialogue between the organisation and service users on its’ plans and performance and that these are responsive to the service users’ needs.
**Core value for clear accountability**

In fulfilling these functions the Board should:

- Act within statutory, financial and other constraints
- Be clear what decisions and information are appropriate to the Board and draw up standing orders, a schedule of decisions reserved to the Board and standing financial instructions to reflect these
- Ensure that management arrangements are in place to enable responsibility to be clearly delegated to senior executives for the main programmes of action and for performance against objectives and targets to be monitored and senior executives held to account
- Establish performance and quality targets that maintain the effective use of resources and provide value for money
- Specify requirements for organising and presenting financial and other information succinctly, efficiently and in good time to ensure the Board can fulfil its responsibilities
- Establish audit, risk and remuneration committees on the basis of formally agreed terms of reference which set out the membership of each sub-committee, the limits to their powers, and the arrangements for reporting back to the main board.
- To be unimpeachable examples of the organisation’s values in their own behaviours and decisions.

The Board notes high, national level policy and direction set out by the shareholders, along with other relevant legislation. The Board members collectively determine related organisational policy and strategic direction. The Board then instructs their manager/CEO to implement as they see fit, within those policy and strategy constraints. There is progressive delegation and empowerment throughout the organisation, with clear boundaries at every level. The Board also defines, at a high level, the expectations or desired results for the organisation and identifies key indicators to be measured, in assessing progress toward these expectations.

A complementary relationship between the Chairman and manager/CEO is important. The CEO is accountable to the Chairman and the members of the Board for ensuring that the decisions of the Board are implemented, that the organisation works effectively, in accordance with Government policy and public service values and for the maintenance of proper financial stewardship. The CEO should be allowed full scope, within clearly defined delegated powers, for action in executing the decisions of the Board.
**Core value for clear accountability**

**i. Application**

The Board should set out clearly, in a public document, the role and function of the Board, the duties and responsibilities of its members, the conduct and frequency of meetings and the process of Board performance assessment. This refers to a process, agreed with the manager/CEO, for holding the manager/CEO to account for achieving agreed objectives and implementing strategy.

**ii. Good practice example**

The Framework for Corporate and Financial Governance of the HSE sets out the guiding principles by which the HSE is governed.

**Part 1 - Board related governance documents which set out the:**

- Board Terms of Reference (Document 1.2)
- Audit Committee Terms of Reference (Document 1.3)
- Internal Audit Function (Document 1.4)
- Remuneration Committee Terms of Reference (Document 1.5)
- Risk Committee Terms of Reference (Document 1.6)

**Part 2 - Governance documents of more general relevance:**

- Code of Standards and Behaviour (Document 2.1)
- Good Faith Reporting Policy (Document 2.2)
- Policy Statement on Fraud (Document 2.3)
- Integrated Risk Management Policy (Document 2.4)
- Procurement Policy (Document 2.5)
- Customer Service Charter and Customer Complaints Procedure (Document 2.6)
Core value for clear accountability

3.3.3 We operate a clear hierarchy of authority and single-point accountability at each level of the organisational structure

Personal accountability is recognised as the ultimate assurance of safety and quality of care. One of the key principles of good governance is that there are clear lines of authority and accountability at individual, team and whole system levels with a clear hierarchy of single point accountability within a managerial accountability hierarchy (MAH). This accountability is to employers, professional bodies, service users and the public. The ultimate single-point locus of accountability and authority within the HSE organisational hierarchy is the manager/CEO. The manager/CEO is responsible and accountable for clinical and financial outcomes and for the safety and quality of care delivered in that organisation at each management level of the organisation from acute and continuing care/primary care, community care and specialist services up to and including the CEO of the HSE.

Managers of acute and continuing care services and primary care, community care and specialist services are accountable to the Integrated Services Area (ISA) manager who, in turn, is accountable to their regional director of operations (RDO). The RDO is accountable to the national director for performance and financial management who, in turn, is accountable to the CEO. The CEO is accountable to the HSE Board, which is accountable to the Department of Health and Children.

Figure 1 describes the overall HSE MAH, which includes the acute and continuing care services and primary care, community care and specialist services. Since voluntary providers and GPs have different owners and their own governance arrangements, they are not part of the HSE MAH. Instead they are held accountable through carefully constructed, formal service level agreements (SLAs) which require compliance with this document.
Core value for clear accountability

Figure 1: HSE Managerial Accountability Hierarchy

OWNERS (CITIZENS)

National Director for Performance & Financial Management

Regional Director of Operations

Integrated Service Area Manager

Acute and Continuing Care Services

Primary Care, Community Care & Specialist Services

Voluntary Providers

DoHC

CEO

Line Management Accountability

Service Level Agreement (SLA) Accountability
Core value for clear accountability

i. Application

There should be an ‘organisation chart’ or ‘organogram’ together with an ‘accountability framework’ document that describes the authority and accountability arrangements in the organisation. In most instances the arrangements will be a hierarchical schema with structures in place that culminate with the manager/CEO.

The manager/CEO is ultimately responsible for the delivery of all services within their organisation including service user safety and quality of care (and clinical quality and integrity), budget and employment allocations. The manager/CEO reports regularly on specific healthcare related outcomes to the Board or to the appropriate management level continuing through to the area, regional and national levels and to the main Board.

ii. Good practice example

Healthcare organisations have developed policies for the prevention and control of healthcare associated infection (HCAI). These policies outline responsibilities for prevention and control of HCAI which includes the following statement...the manager/CEO is responsible on behalf of the <healthcare organisation> for ensuring that there are effective infection prevention and control arrangements in place. The final accountability for infection prevention and control activities within the <healthcare organisation> lies with the manager/CEO.
**CORE VALUE FOR CLEAR ACCOUNTABILITY**

3.3.4 We are clear about the responsibilities and liabilities of individuals/committees/groups within the organisation. We pay particular attention to the interdependencies between units where care and responsibilities are co-ordinated across various personnel, functions, activities, and operating units within and outside the organisation. We ensure that responsibility is vested with the requisite authority. We hold individuals/committees/groups accountable for their responsibilities.

**Board**

The Board is the governing body of an organisation, charged with establishing policy and with taking steps to see that the policies are implemented. Except in small organisations or associations, the Board typically does not involve itself in day-to-day business activities. For acute and continuing care services, primary care, community care and specialist services, the governing body (through local, regional and national management and the CEO) is the Board of the HSE. Voluntary providers have different owners and their own corporate governance arrangements through their Boards.

**Chair of the Board**

The chair’s role is to lead the Board, ensuring it makes an effective contribution to the governance of the organisation. A good working relationship between the chair of the Board and the manager/CEO is essential for effective governance.

**Management team**

The management team is responsible for managing the day-to-day operations of the organisation and for achieving the organisation’s purpose in line with the values set by the Board. The management team is chaired by the manager/CEO. The following functions and disciplines (executive or advisory) will also be represented on the management team as appropriate to the size and complexity of services delivered by the healthcare organisation:

- Clinical Director
- Director of Nursing/Midwifery (Note: where the title Director of Nursing/Midwifery is used it incorporates all of the various sub divisions of the nursing register i.e. general, paediatric, midwifery, learning disability, mental health and public health).
- Clinical (e.g. health and social care professional)
- Other functions e.g. HR, Finance, ICT.
CORE VALUE FOR CLEAR ACCOUNTABILITY

Manager/CEO
The manager/CEO is responsible for the entire operations of the organisation and reports directly to the Board (voluntary providers) or senior manager (statutory providers). It is the manager’s/CEO’s responsibility to implement Board decisions and initiatives and to maintain the smooth operation of the organisation, with the assistance of the management team.

Clinical Director
The Clinical Director has delegated responsibility, accountability and requisite authority (from the manager/CEO/ISA Manager) for deployment, management and performance of clinical resource and service user safety and quality of care. S/he is held accountable by the manager/CEO and must report to the management team on all aspects of service user safety and quality of care including the healthcare organisation’s compliance with mandatory standards on clinical services, infection prevention and control, medication safety management of adverse events, implementation of audit (including clinical and surgical audit) and the systematic use of guidelines in clinical care.

The Clinical Director is a member of the management team and supports the management team in their decision making by providing senior clinical input himself/herself, or by directing colleagues to provide specialist input as necessary. He/She will ensure, in conjunction with the manager / CEO the strategic direction taken by the healthcare organisation is applicable to, and takes into account, all of the organisations corporate and clinical risks.

All members of the management team (including the Clinical Director) report to the manager/CEO and it is expected that the Clinical Director will be supported by other members of the management team to achieve the required outcomes in relation to clinical performance, access, service user safety and quality of care in the healthcare organisation. This will include defining service delivery processes, pathways, settings of service delivery and deployment of resources based on care pathways defined by the Quality and Clinical Care Directorate. It is the responsibility of the manager/CEO to effect the necessary delegation of authority to the Clinical director to fulfil this role.
**Core value for clear accountability**

**Director of Nursing/Midwifery**

The Director of Nursing/Midwifery is a member of the management team and has delegated authority from the manager/CEO for planning, deployment and performance of the nursing, midwifery and support staff resource. The Director of Nursing/Midwifery therefore has financial responsibility and is financially accountable to the manager/CEO for the management of the nursing/midwifery and support staff resource (depending on the care setting). The Director of Nursing/Midwifery is responsible and accountable for the nursing/midwifery and support staff human resource function including the recruitment and deployment of appropriate skill mix to provide the agreed level of service.

The Director of Nursing/Midwifery also has responsibility for developing, implementing and monitoring systems to support the delivery of a quality nursing/midwifery and support staff service. This includes contributing to the development and implementation of multidisciplinary systems of audit and risk management.

The Director of Nursing/Midwifery, in conjunction with the manager / CEO, the Clinical Director and other members of the management team will ensure the strategic direction taken by the healthcare organisation is applicable to, and takes into account, all of the organisation’s corporate and clinical risks. The Director of Nursing/Midwifery as a member of the management team supports the other members of the management team in their decision making by providing senior clinical input himself/herself, or by directing colleagues to provide specialist input as necessary.

**Directors of function and heads of department**

The directors of the relevant functions and heads of department represented on the management team will, in conjunction with the manager/CEO, ensure the strategic direction taken by the healthcare organisation is applicable to, and takes into account, all of the organisation’s corporate and clinical risks.
Core value for clear accountability

Individuals

Individuals are accountable for operating within the limits of their knowledge, experience and competence. Those appointing individuals to roles have a particular responsibility for understanding the requirements of the role, the experience and competence required and appointing individuals who meet those requirements.

All employees and service providers should have written job descriptions that clearly state:

- Their role
- Their specific responsibilities and accountabilities, including any responsibilities for staff who report to them and responsibilities in relation to quality, safety or risk management matters
- Their requisite decision-making authority in relation to their responsibilities
- Who they are accountable to (i.e. reporting arrangements)
- Any limitations or other requirements placed on the employee, such as, for example, requirement to comply with a code of conduct, national Standards, guidelines etc.

Note: The Commission on Patient Safety and Quality Assurance has recommended the implementation of a credentialing system by healthcare providers. This is currently being developed by the Commission Implementation Group. Credentialing refers to the systematic collection, review and verification of a practitioner’s professional qualifications. It is usually carried out by institutional providers or purchasers of healthcare to select and retain medical professionals of assured quality. Privileging is a system that is often used in conjunction with credentialing. It allows medical professionals to undertake certain clinical activities, usually invasive procedures with higher risk. The professional’s competence and qualifications to undertake certain procedures is assessed by an expert committee using the data contained in a credentialing system. (Sutherland and Leatherman 2006b). The Commission on Patient Safety and Quality Assurance has also recommended that all consultants should undergo rigorous independent clinical competence appraisal and evaluation every five years, and arrangements should be put in place for training and development on a needs basis in specialist centres of learning.
Core value for clear accountability

Teams

The fundamental unit of service delivery in healthcare is the team. Within the team, responsibility is distributed. This does not mean that responsibility is diffused or evaded. Healthcare workers take responsibility for the care/service they provide, and the advice they provide. Those in receipt of advice are responsible for what they do with it. Decisions regarding healthcare will be made by healthcare professionals in discussion with the service user but more significant decisions may also require team discussion, where more views on the issue will contribute to the safety and effectiveness of the ensuing treatment plan. If one member of the team needs to take responsibility for the final decision, then who that is should be explicit within the team. The team has collective responsibility to come to a consensus on important decisions, but in the rare cases where this is not possible, someone will need to be designated as the final arbiter of the decision. Senior healthcare workers are likely to be the people taking this role.

Committees

Committees or working groups may have already been established (or may be established in the future) as part of the accountability structure of the organisation. Committees shall support the accountable executives in fulfilling their roles. They may be standing committees that report to the management team, or may be set up to address specific issues arising from new legislation or regulations. Examples of some of these committees are listed below.

1. Clinical Governance Committee (see appendix two for sample terms of reference) and relevant sub-committees:
   i. Infection prevention and control
   ii. Decontamination
   iii. Hygiene
   iv. Medical Devices Management
   v. Blood and Tissue Safety
   vi. Radiation Safety
   vii. Drugs and Therapeutics
   viii. Health and Safety
   ix. Healthcare Records Management
   x. Integrated Discharge Planning
2. Research Committee
3. Ethics Committee
**Core value for clear accountability**

Healthcare organisations must demonstrate that they have established optimal accountability arrangements that meet the requirements of the Framework. For some this will mean streamlining the number and composition of committees and committee reporting relationships within their organisations (see Appendix One: Principles of an Effective Committee).

**Note:** Where not currently in existence, a clinical governance committee **must** be established and must sit monthly (at a minimum) and address its standing items. The functions i to x listed overleaf (page 26) must be addressed either as part of the agenda of the clinical governance committee or as sub-committees reporting into the clinical governance committee.

**i. Application**

The Board/management team should clarify that all its members have **collective responsibility** for its decisions and have equal status in discussions. The chair and manager/CEO should challenge individual Board members/members of the management team if they do not respect constructive challenge by others or if they do not support this collective responsibility for fulfilling the organisation’s purpose and for working towards clear and measurable outcomes.

The healthcare organisation should set out a clear **statement of the respective roles, responsibilities, authorities and accountabilities** of the Board members (where appropriate) and the management team and its approach to putting this into practice. The roles of the manager/CEO and Clinical Director should be separate. The respective roles, responsibilities, authorities and accountabilities of the manager/CEO and the Clinical Director should be clearly defined within national guidance and these should be clearly explained to the governing body and the organisation as a whole.

The healthcare organisation should **review job descriptions of staff** to ensure that they clearly show to whom they are accountable, their role in relation to access, service user safety and quality of care, specific responsibilities, decisions they can make and any special obligations placed on them.
**Core value for clear accountability**

On an annual basis the manager/CEO in conjunction with each director/head of department will agree **clear and measurable clinical outcomes**. These outcomes are recorded in written form (in the annual business or operational plan). This process enables clarity as to the work programme in the specified period and ensures that each director understands what they are required to deliver. The process of agreeing and monitoring outcomes is cascaded down throughout the healthcare organisation as each head of department agrees clear and measurable outcomes with the staff that report to them.

In relation to **committees** healthcare organisations should carry out the following:

- List the organisation’s committees and other formally established groups
- Review their roles and responsibilities
- Ensure each committee/working group has:
  - a clear and appropriate membership
  - a clear remit or terms of reference (ToR)
  - defined accountability arrangements
  - a quorum for decision making
  - a defined process for reviewing and measuring the functioning of each committee
- Consider if any of them have a longer lifespan than they need; and assess whether they conform to the generic principles for committees as set out in appendix one of this document.
**Core value for clear accountability**

*ii. Good practice example*

Some healthcare organisations use the recruitment process as an opportunity to review existing job descriptions. If appropriate, this revision is developed with the person currently in the same job. The review also consists of a job analysis during which the following key questions are asked:

- What is the overall purpose of the job?
- What are the main duties (e.g. the main things the job holder does)?
- What are the typical working conditions (location, client interaction)?
- What are the supervision and reporting responsibilities?
Core value for clear accountability

3.3.5  We are clear at all times during an episode of care who is the responsible clinician accountable for the service user

Service users can encounter healthcare professionals in a wide variety of settings, with potentially many transition points for communication of service user information. A handover, or service user transition in care from one provider to another either within the same or different settings, involves the transfer of information, professional responsibility and accountability for some or all aspects of care for a service user, or group of service users, to another person or professional group on a temporary or permanent basis. Handovers take place in multiple activities and locations, in hospital and community, such as on admission, during shift and unit changes, before and after procedures and at discharge home, to primary care and specialist services or to another institution. Types of handover include nursing shift change, physician transferring complete or on-call responsibility, anaesthesia to ICU nurse, emergency/ICU to inpatient units, hospital discharge to primary care and specialist services, home or other institution.

i. Application

At all times during an episode of care, it should be clearly identified and documented who is the responsible clinician accountable for the service user. The service user, and the service user’s relatives or carers, should be informed and be able to discuss his/her care with that clinician. Where a service user moves into a different clinical environment and the responsible clinician changes for a period of his/her care, there should be a formal handover of information and accountability for the overall care of that service user. This change should be made explicit and be documented, and the service user, along with his/her relatives or carer, should be informed. The responsibility for the service user’s safety remains with the member of staff performing the handover until the staff member is assured that the handover to a safe environment is complete.

It is particularly important to be clear about responsibilities during referral processes; service users and carers will be particularly vulnerable at this time if they do not know who is supposed to be providing what, and who to contact if there is a problem.
Core value for clear accountability

Organisations and their teams therefore need to have clear access and transfer protocols agreed with all partners, but as well as those, flexibility is key to ensuring there are not any gaps, as service user’s individual circumstances will differ.

A particular type of transfer occurs at the transition points between services, for example between acute and continuing care services or child and adolescent and adult services. The same general principles apply, and often the need for the service user to move to the other service can be predicted some time in advance, which provides the opportunity for a period of joint working to optimise the success of the transition. This should be possible whether or not the two services are within the same organisation. It is important to be clear which service is responsible for what at all points during the process. Every healthcare organisation should develop and document its own handover policy. This will require a coordinated approach from managers, all grades of clinicians and the rest of the multidisciplinary team. Significant organisational change may be needed to enable effective handover to occur.

ii. Good practice examples

Examples of positive and successful handover examples include:

• The involvement of the service user and family in decision making and planning

• Comprehensive and concise service user information

• Opportunity for questions and follow-up by service user and family and healthcare providers

• Time for planning and availability of staff to execute the transfer

• Interprofessional and interorganisational collaboration.
Core value for clear accountability

3.3.6 We communicate actively with service users about our organisation (including information on access, treatment options, performance information on quality of care and service user safety, etc), and make information about our organisation publicly available

i. We listen to service users’ suggestions on how we can improve our work, encourage inputs by service users whose interests may be directly affected by our work and ensure that service users’ know what changes and improvements have been made to services as a result of their feedback

ii. We make it easy for service users to comment on our decision making processes and actions

iii. We inform service users at first point of contact that it is the policy of our organisation that raising concerns about their care will not negatively affect their care or their experience while under care and we reassure them as necessary throughout their treatment that this is the case

Healthcare providers are accountable to the service user for the delivery of healthcare that is timely, equitable, and safe and of the highest quality. Healthcare providers need to encourage and maintain the support and confidence of service users.

Service user involvement refers to the ways in which lay individuals can participate in decisions about the development, planning and provision of healthcare services. It is very important that a wide range of experiences and perspectives inform these decisions. This is enhanced by the participation of a cross-section of the public in the accountability structures.

Service user confidence and support can both be damaged easily, especially when things go wrong. The organisation’s ability to respond to such circumstances is also an important demonstration of its accountability.

Service users need to have a meaningful input in planning, provision and delivery of healthcare services. In particular service users need to have a meaningful oversight role in the correction of service deficits.
Core value for clear accountability

i. Application

The Board/management team should make it clear that the organisation as a whole seeks and welcomes feedback, and ensure that it responds quickly and responsibly to comments and complaints. (Note: complaints are a vital and necessary part of feedback, and there should be clear leadership within the healthcare organisation on handling and resolving them, and ensuring the lessons learnt are used to improve the service).

The healthcare organisation should ensure that it has a clear policy on the types of issues on which it will consult or engage the public and service users (see Framework guidance document regarding service user involvement). This policy should clearly explain that when service users raise concerns about their care, this will not negatively affect their care or their experience while under care and that service users will be reassured as necessary throughout their treatment that this is the case. The policy should also explain how the organisation will use service user input in decision making and how services users should be informed about the changes and improvements that have been made as a result of their feedback. The policy should make sure that the organisation hears the views and experiences of people of all backgrounds. Each year, the healthcare organisation should publish information about the organisation’s purpose, strategy, as well as information about the organisation’s outcomes, achievements and the satisfaction of service users in the previous period.

ii. Good practice examples

- It is good practice to assess the effectiveness of policy and arrangements for dialogue with service users and accountability to the public, to evaluate their impact on decisions and to decide what improvements may be needed

- Organisations can use a range of models, from focus groups to community advisory committees, to promote public and user involvement in public service design, delivery and evaluation

- It is good practice to publish information on research into the public’s views of the organisation and information on service users’ views of the suitability and quality of the services they receive. It is important to include the diversity of the public and of service users in this information, to give a complete and accurate picture.
Core value for clear accountability

3.3.7  We communicate actively with staff about our organisation, and make information about the organisation available.

i.  We listen to staff suggestions on how we can improve our work, encourage inputs by staff whose interests may be directly affected by our work and ensure that staff know what changes and improvements have been made to services as a result of their feedback.

ii. We make it easy for staff to comment on our decision making processes and actions

iii. We make provision for staff to make protected disclosures (whistle-blowing) in good faith and on reasonable grounds about issues of service user safety and quality of care. We ensure that staff who make the disclosures are protected from penalisation in the workplace and from civil liability

Staff are accountable through the managerial accountability hierarchy to the most senior manager of the healthcare organisation, but the manager/CEO also has responsibilities, as an employer, to the staff. Recruiting, motivating and retaining staff are vital issues if healthcare services are to be effective. The manager/CEO needs to provide an environment in which staff can perform well and deliver effective services, by creating a culture that welcomes ideas and suggestions, consults with staff, responds to staff views and explains decisions. Management have a responsibility to staff in the area of staff training and development, to ensure that staff are and remain competent in performing their work. Primary responsibility for staff motivation, morale and performance rests with each person’s direct line manager.

i. Application

The healthcare organisation should have a clear policy on when and how it consults and involves staff in decision making. It should ensure that continuing professional development and appraisal are constructed with a view to improving staff performance and staff satisfaction.

Staff have a responsibility to raise concerns, which may be about the conduct, performance or health of a colleague, or about policies, systems or procedures they think may put service users or carers at risk. The healthcare organisation should make sure that effective systems are in place to protect the rights of staff. It should make sure that policies for good faith reporting and support for those who report, are in place.
Core value for clear accountability

ii. Good practice examples

It is good practice to foster a culture of information sharing, joint problem solving and consultation in the organisation. This has been facilitated in some organisations by identifying champions who will advocate this approach and ensuring that all managers have the necessary skills to inform and consult with employees and their representatives.
Core value for clear accountability

3.3.8 We communicate actively with other key stakeholders about our organisation, and make information about our organisation publicly available.

i. We listen to other key stakeholders’ suggestions on how we can improve our work, encourage inputs by stakeholders whose interests may be directly affected by our work and ensure that other key stakeholders know what changes and improvements have been made to services as a result of their feedback.

ii. We make it easy for other key stakeholders’ to comment on our decision making processes and actions

Key stakeholders are other organisations with which the healthcare organisation needs to work with to deliver or improve services and outcomes, e.g. voluntary providers, general practitioners (GPs) or local authorities. Healthcare services have a complex network of accountability relationships involving lateral relationships between partners and local organisations and hierarchical relationships between the organisation and management or the Board. Some of these are accountability relationships, while others are to do with working together to achieve better outcomes. No healthcare organisation can achieve their intended outcomes through their own efforts alone. Relationships with other organisations are important, especially if they provide similar or related services or serve the same users or communities. Developing formal and informal partnerships may mean that organisations can use their resources more effectively or offer their services in a different and, for service users, more beneficial way.

i. Application

The Board/management team should take the lead in forming and maintaining relationships with the leaders of other organisations, as a foundation for effective working relationships at operational levels.

The Board/management team should make clear, to itself and to staff, the respective responsibilities and accountabilities among these diverse entities. It should assess the extent to which each relationship serves its purpose, including whether relationships need to be strengthened or modified to improve the overall objectives of the organisation. If so, the Board/management team should discuss those tensions and work to fill any gaps in the specification of respective accountabilities. It should also raise any concerns with those organisations to which it is formally accountable and, where possible, try to negotiate a more balanced position.
Core value for clear accountability

ii. Good practice examples

• By organising systematic ‘360-degree’ feedback from a representative sample of stakeholders, healthcare organisations can gain valuable insights about the organisation’s relationships.

• By having a nominated general practitioner as a member of the governing Board or as a link to the management team, healthcare organisations can improve their working relationships with primary care services
core value for clear accountability

3.3.9 We ensure adequate internal monitoring and review of our structures, systems and processes for accountability and use this information to support continuous quality improvement.

Internal monitoring is a system set up by the healthcare organisation itself to review the quality of the healthcare services provided. In relation to structures, systems and processes for accountability, the monitoring and review should result in information that permits objective comparison of results against targets and standards covering, among other things, the following:

i. Delivery of care/service, in terms of safety, effectiveness, focus on the service user, time and cost

ii. Management of human and financial resources

iii. Evidence that authority has been fully exercised but not exceeded

iv. Compliance with policies, values, regulations, rules and behavioural standards

v. Evidence that the outcomes/recommendations of previous reviews have been followed up and implemented.

i. Application

Healthcare organisations should establish an internal monitoring programme in relation to structures, systems and processes for accountability. To be effective, the monitoring system must be structured. It should include a schedule for monitoring, provisions for written reports, quality improvement plans, a mechanism for making decisions and resolving disputes and sanctions for non-compliance.

A schedule should be adopted to monitor and review all relevant sections (wards/departments/care groups/primary care teams/service areas/clinical directorates) of the healthcare organisation on a periodic basis. The frequency for monitoring each area will vary depending on its importance and vulnerability to risk.
**Core value for clear accountability**

3.3.10 We obtain external, independent assurance on the effectiveness of the structures, systems and processes for accountability and use this information to support continuous quality improvement.

External monitoring involves scrutiny by someone from outside the hospital or local health office. The monitor may be a representative of the national healthcare audit team or an agency contracted to give independent assurance on the effectiveness of the structures, systems and processes for accountability. This assurance will result in information that permits objective comparison of results against targets and standards covering, among other things, the following:

i. Delivery of care/service, in terms of safety, effectiveness, service-user focused, time and cost

ii. Management of human and financial resources

iii. Evidence that authority has been fully exercised but not exceeded, that is, that managers have not sought to avoid decisions they are not empowered to make them

iv. Compliance with policies, values, regulations, rules and behavioural standards

v. Evidence that the outcomes/recommendations of previous reviews have been followed up and implemented.

**i. Application**

The Board and management team should unequivocally endorse the need for, and value of external, independent monitoring. This commitment will be reflected in the structures and processes that are established for this purpose, the arrangements for ease of access for the external monitoring team to essential documents and most importantly the technical competence and independence of the team. The terms of reference, including the scope of the monitoring should also be clarified.
Core value for clear accountability

3.3.11 We take appropriate action in cases where there have been failings in the delivery of accessible, safe, high quality, cost-effective care and we acknowledge the need for sanctions that are both effective and fair. Follow-up which is both effective and fair must be capable of distinguishing between and dealing appropriately with the following:

i. Excellent or satisfactory execution of responsibility and authority

ii. ‘Bona fide’ errors or failures

iii. Unsatisfactory execution of responsibility and authority as a result of carelessness or ignorance

iv. Unacceptable exercise of responsibility and authority due to deliberate flouting of policies, rules and regulations, or exceeding the limits of authority

v. Misconduct or fraud

i. Application

An indicator of the effectiveness of an organisation’s culture of accountability is early identification of service failures and clarity about who is the responsible person. The system will also reveal the level of good performance in accountability. Excellent or satisfactory fulfilment of responsibilities and accountabilities merit appreciation, recognition and reward—social, symbolic and material, as appropriate.

Bona fide errors or failures should be treated as such with a focus on capturing the learning from such instances and taking steps to avoid a repetition.

Unsatisfactory fulfilment of responsibilities as a result of carelessness or ignorance, deliberate flouting of policies, rules or regulations, exceeding limits of authority or as a result of misconduct or fraud should be confronted as soon as possible, according to a comprehensive set of procedures that are documented and fully communicated to all staff.

The principles that underlie the handling of a person’s less than satisfactory performance of their responsibilities include due process and proportionate, appropriate consequences.
Core value for clear accountability

Consequences can include provision of additional supports or other remedial or developmental provisions through a sequence of escalating warnings attached to meeting specified conditions to sanctions that could include denial of promotion, withholding of entitlements, suspension, de-registration or termination of employment.

A well constructed system for dealing with failure is the key to avoiding what is the default position in the absence of such a system, namely a blame culture and a culture of studied avoidance and abdication of personal responsibility.
APPENDIX ONE—PRINCIPLES OF AN EFFECTIVE COMMITTEE

The following twelve generic principles, underpin a well-led, effective committee (or other formally established group, e.g. Board):

1. The committee should be established to support the work of the Board and not the work of management. Note: this principle applies to committees established by governing Boards.

2. The committee should be effectively chaired by an individual who is accountable for all aspects of the committee’s work.

3. The committee should be results-focused and have a clear and documented purpose and terms of reference (ToR).

4. Committee meetings should commence with sign-off of minutes of previous meeting and any associated action lists.

5. Committee members, [between 6 (minimum) and 10 (maximum)], should be chosen for their knowledge, skills and abilities, including, where necessary, an ability to represent relevant interests (e.g. professional groups, departments, service users, etc.). Where necessary, suitable induction and other necessary training should be provided for committee members to support them in helping the committee discharge its duties effectively.

6. The committee’s agenda should be well organised and issued ahead of any meeting, allowing suitable time for committee members to apprise themselves of the agenda and any associated papers, etc.

7. Reports or other submissions made to the committee should be of a suitable standard.

8. Minutes, reports and other outputs from the committee should be of a suitable standard.

9. Committee members should demonstrate good attendance. Where a member cannot attend, she/he should submit apologies for non-attendance in advance of any meeting or, if appropriate, send a suitable individual to deputise for the member.

10. Committee members should actively participate in the work of the committee, including decision-making.

11. The committee should be able to cite examples of how things have improved as a result of committee efforts and, overall, be able to demonstrate its effectiveness in relation to achieving its purpose and working within its terms of reference.

12. The committee should have a formal, periodic (say annual) thorough review of its functioning and a process for improvement/renewal. A periodic external involvement in the review process is essential.
APPENDIX TWO—CLINICAL GOVERNANCE COMMITTEE

a) Introduction

Note: Where not currently in existence at the appropriate level, a clinical governance committee must be established, must sit monthly (at a minimum) and address its standing items. The clinical governance committee is responsible for agreeing and recommending a strategic approach to clinical governance whilst ensuring that high quality systems and safe services are in place for the benefit of service users, staff and visitors.

b) Reporting relationships

The chair of the clinical governance committee reports to the manager/CEO. The committee is authorised to make recommendations to the management team on the strategic direction for clinical governance and to seek assurances that adequate and appropriate controls are in place.

The minutes of the clinical governance committee will be sent to:

- Manager/CEO
- Director of Nursing
- Clinical Director(s)
- Other members of the management team
- Other directors/heads of department as appropriate

The clinical governance committee will receive reports from relevant sub-committees, e.g. infection prevention and control committee, drugs and therapeutics committee and other relevant committees.

c) Process for escalation of risks and incidents regarding service user safety and quality of care

The following considerations influence the assessment that a risk or incident regarding service user safety and quality of care may require escalation (refer to HSE incident management toolkit):

- Where risks have been rated as severe or extreme using the Impact and Likelihood matrix outlined in the HSE’s Risk Assessment Tool.
- Where the incident has resulted in death and/or serious harm
- Where an incident results or may result in public safety concerns for staff, service users or others
- Where incident investigation indicates that a look back review is required
Appendix Two—Clinical Governance Committee

- Where incident investigation indicates that clinical/service performance review is required.

In accordance with the procedure for escalation of risks and incidents in HSE operated or funded services, the local manager/service provider is responsible for the management of risks and incidents in his/her area of responsibility. This includes identification/categorisation of risk and incidents requiring escalation. The chair of the clinical governance committee supports the manager/CEO in management of risks and incidents in this regard.

If the chair of the clinical governance committee has concerns about the local management response to the management of risks or incidents in their area, the chair has the responsibility and authority to progressively escalate these concerns in a timely manner, to the integrated service area manager, regional director, national director of quality and clinical care or the risk committee of the HSE Board (see Figure 2). It should be noted that local management accountability in relation to a risk or incident prevails even in situations where a risk or incident has been escalated.

Figure 2: Clinical governance committee – escalation of risks or incidents
c) Chair and membership

The Clinical Director chairs the clinical governance committee and is a member of the management team. The suggested membership of the clinical governance committee is as follows:

- Clinical Director (chair)
- Director of Nursing/Midwifery
- Consultant/medical representative
- Representative from Health and Social Care Professionals
- Service user representatives (2)
- Quality Manager/Risk Manager
- Chairs of relevant clinical governance sub-committees

d) Key responsibilities

The regular rhythm of clinical governance committee meetings must address the following items at a minimum quarterly. Risk management and patient safety items must be addressed at every meeting.

i. Communication and Consultation

- Receive assurance from service providers that the organisation’s approach to communication and consultation with its stakeholders is congruent with the goals and principles as outlined in the Framework guidance document regarding communication and consultation/service user involvement
- Ensure involvement of service users in decision making about their health and social care and treatment, and in service planning, development and delivery
- Develop a multi-disciplinary team approach to the management of all health and social care issues
APPENDIX TWO—CLINICAL GOVERNANCE COMMITTEE

ii. Accountability

- Receive assurance from service providers that the accountability and authority for key health and social care end-to-end processes are clear and the owners are clear on the measures and targets against which process performance will be tracked
- Advise manager/CEO on effectiveness and cost effectiveness of current/emerging treatment strategies

iii. Capacity and Capability planning

- Define and make recommendations to the manager/CEO on organisational health and social care priorities
- Receive assurance from services providers and make recommendations to the management team to ensure services are optimally configured within the healthcare organisation
- Receive assurance and make recommendations regarding the management of appraisal and continuing professional development processes as they are developed (including privileging)

iv. Policies, Procedures, Protocols and Guidelines

- Ensure a consistency of approach in relation to implementation and application of corporate and ethical standards/clinical protocols and guidelines as defined by the Quality and Clinical Care Directorate

v. Monitoring and Review

- Ensure that the annual self-assessments and peer reviews against the Framework and National Standards have been completed and that areas for improvement have been identified
- Where improvements are required, receive assurance that quality improvement plans assign responsibility, establish time frames for implementing improvements, and identify a reporting mechanism on progress toward these improvements. This process will facilitate the manager/CEO in providing the necessary controls assurance statement for his/her responsibilities in relation to implementation of the Framework (with particular reference to the element on clear accountability arrangements)
APPENDIX TWO—CLINICAL GOVERNANCE COMMITTEE

- Receive assurance that appropriate measures are implemented to monitor access, cost and quality performance
- Receive assurance that clinical underperformance issues are identified, actions agreed and allocated and progress of actions tracked

vi. Assurance
- Provide assurance through the external monitoring structure, to the manager/CEO that robust clinical quality, safety and risk mechanisms are in place and working effectively

vii. Clinical Effectiveness and Audit
- Develop and/or implement an Annual Clinical Audit Forward Plan as part of the annual planning and delivery cycle for clinical audit activities

ix. Risk Management and Patient Safety (standing item, every meeting)
- Receive assurance that effective incident reporting (including issues, adverse events and near misses) is occurring in line with national policy
- Review and receive assurance that management of incidents, the analysis of the root cause of incidents and the implementation of learning from incidents
- Receive assurance that the risk register is managed effectively and that risks are managed in order of priority
- Receive assurance that service user safety initiatives, policies and procedures are implemented and managed effectively
- Receive assurance that complaints and claims are managed as per national policy
APPENDIX TWO—CLINICAL GOVERNANCE COMMITTEE

xi. Service Improvement

- Receive assurance that national service improvement initiatives are implemented
- Receive assurance that accountability for the implementation of agreed actions is clear and track the implementation of those actions
- Foster a culture of teaching, research and innovation
- Receive assurance regarding clinical training and continuing professional development

e) Frequency of meeting

The committee will meet once monthly or more often as required.

f) Quorum

The quorum will be the chair (or deputy chair), minimum of at least one lead clinician and at least four other members. It is highly important that members attend the clinical governance committee on a regular basis. No more than three meetings should be missed in any one year unless due to extenuating circumstances. Where possible a delegated deputy should attend the meeting in the absence of a clinical governance committee member.

g) Monitoring effectiveness

The process for monitoring the effectiveness of all of the above will be as follows:
- Receipt of reports from relevant sub-committees in a timely fashion
- Quarterly monitoring report in relation to implementation of quality improvement plans
- Annual clinical governance report
- Internal audit review
- Compliance with the Framework, National Standards and performance targets
- Healthcare organisations risk register.

h) Terms of reference

The terms of reference must be reviewed every year or sooner if necessary by the management team.
APPENDIX THREE—REFERENCES

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London Stock Exchange Combined Code on Corporate Governance and best practice guidelines

OPM and CIPFA, 2004. The good governance standard for public services. The independent commission on good governance in public services.

The Institute of Chartered Secretaries and Administrators and the Office of the Director of Corporate Enforcement (ODCE) - Best Practice Standards for the Company Secretary
APPENDIX FOUR—WEBLINKS AND RESOURCES

Weblinks


http://www.asq.org/learn-about-quality/project-planning-tools/overview/pdca-cycle.html


http://hsenet.hse.ie/Hospital_Staff_Hub/mullingar/Policies_-_Procedures_and_Guidelines.html

Website of the Institute for Healthcare Improvement (IHI) at:

www.ihi.org/IHI/Topics/Improvement/ImprovementMethods/HowToImprove/

Resources

HSE (2009). The Framework for Corporate and Financial Governance of the HSE sets out the guiding principles by which the HSE is governed. www.hse.ie

The HSE has recently produced a very useful publication titled Improving Our Services - A User’s Guide to Managing Change in the Health Service Executive.

The full guide can be downloaded at:

www.hse.ie/eng/Publications/Human_Resources/Improving_Our_Services.pdf

Safe handover: safe patients. Guidance on clinical handover for clinicians and managers provides guidance to doctors on best practice in handover and provides examples of good models of handover that doctors and hospital managers can learn from www.bma.org.uk
APPENDIX FIVE—DEFINITIONS OF KEY TERMS AND ABBREVIATIONS

**Accountability** – A situation where an individual can be called to account for his/her decisions and actions by another individual or body authorised both to do so and to give recognition to the individual for those actions. In the case of a committee or other formally constituted group, the individual called to account would be the chair.

**Authority** – The formal right to act as a manager, that is to plan, decide, give instructions, allocate resources, and control, to achieve the aims of the organisation. A manager cannot be held accountable unless he or she has the necessary and appropriate authority.

**Board** - a group of people comprising the governing body of an organisation (see definition for corporate governance below).

**Chair** – the person who is held accountable for the output of a committee or group and who gives effective leadership to that committee or group.

**Clinical accountability**– refers to the accountability of clinicians to a clinical director for meeting agreed standards of service user safety and quality. Not to be confused with ‘managerial accountability.’ The terms ‘clinician’ and ‘clinical director’ can refer to individuals from any clinical profession, including medicine, nursing and health and social care professionals.

**Clinical governance** – a management framework that ensures the achievement of high quality, safe care for service users. Note: In some healthcare organisations the term ‘governance’ is used. In most cases this is simply shorthand for clinical governance.

**Corporate governance** – is concerned with the role of the governing body (Board), in setting strategic direction for an organisation, establishing organisational values and holding management to account for achieving the organisation’s purpose. In a HSE context, corporate governance relates to the role of the HSE Board and to the roles of Boards of voluntary providers.
APPENDIX FIVE—DEFINITIONS OF KEY TERMS AND ABBREVIATIONS

Committee – a formally constituted group established by a higher authority, such as a Board of directors or a manager/CEO, with a clear purpose and terms of reference and an accountable chair.

Delegation – the transfer of authority from a higher level to a lower level in the managerial accountability hierarchy.

Group – a collection of individuals brought together, either formally or informally, for a clear purpose and usually led by an accountable chair. Groups tend to be time-limited and have less authority than a committee.

Hierarchy – provides the structure for accountability within an organisation to complete the tasks required to achieve organisational goals.

Management team – the management team is a group of senior staff working as an integral unit (rather than an aggregate of individuals), governing itself within the area of freedom allowed by its position in the organisational hierarchy.

Manager – the person who is held accountable for the outputs of others, for sustaining a team capable of producing those outputs, and for giving effective leadership to that team.

Managerial accountability – refers to a person’s position in a hierarchy and responsibility towards superiors concerning tasks that are delegated.

Managerial accountability hierarchy (MAH) – A system of roles in which an individual in a higher role (manager) is held accountable for the outputs of persons in immediately lower roles (subordinated) and can be called to account for their actions.
APPENDIX FIVE—DEFINITIONS OF KEY TERMS AND ABBREVIATIONS

Professional accountability – where a person’s continuing membership of a community of professionals confers on them a duty to adhere to the standards of the profession.

Responsibility – the duty to act according to the authority that has been delegated.

Reporting arrangements – reporting arrangements follow lines of accountability. Thus, for example, a frontline member of staff will report to their immediate supervisor or a clinical director will report to the manager or CEO.

Single point accountability - A system whereby individuals, functions, committees or formally established groups are accountable to a single individual, function, committee or formally established group at a higher level in the managerial accountability hierarchy e.g. CEO accountable to the Board; director of nursing and midwifery accountable to the manager/CEO; middle manager accountable to senior manager; etc.

Abbreviations

DoHC—Department of Health and Children
GP – General Practitioner
HR—Human Resources
HSE—Health Service Executive
ICT—Information and Communications technology
QCCD – Quality & Clinical Care Directorate
QIPs – Quality Improvement Plans