

Governance and Leadership Checklist using 6 key drivers of quality improvement

	Structure/Process evaluation		ACTION PLANS for 'No' answers in Structure/Process				
	Structure/ Process in place & working effectively	How do you know that your structure/processes are in place and effective	Process under development	No process in place	Action	Responsible person	Due Date
Each statement should be discussed and answered at the Allocated Service Management group Meeting	Enter Yes or No		Enter Yes or No or N/A	Enter Yes or No or N/A			
Driver 1- Leadership for Quality							
1 There a clearly defined management structure which identifies the lines of authority, responsibility and accountability for the overall service							
2 The provider (or the provider nominee) completes an unannounced visits to each of the designated centres at least once every six months and completes a Governance and Management Report							
3 Formal structured management walkrounds take place with a defined process for frequency and for considering the feedback gained.							
Driver 2-Person and Family Engagement							
4 Has established a Family Forum with agreed membership and TOR for each designated centre							
5 Feedback from House meetings are a set agenda item for staff meetings in designated centres							
6 Has established a Residents Forum							
Driver 3- Staff Engagement							
7 Has established staff meetings with approved TOR for each designated centre							
8 Facilitated staff engagement sessions scheduled for each designated centre							
Driver4-Use of Improvement Methods							
9 A process is in place to increase staff knowledge and skills and provide support to sustain and spread quality improvements methods							
10 A process is in place to standardise support processes where appropriate to reduce variation							
Driver 5-Measuring for Quality							
11 A service users experience survey is conducted with all residents annually and results are shared							
12 Has an effective flow of information to and from the Allocated Service Management Group to all the relevant groups within the allocated service area							
Driver 6-Governing for Quality							
13 Has established Designated Centre Management Group with approved TOR							
14 Has established Allocated Service Rights and Restrictive Practice Oversight Group with approved TOR							
15 Has established Allocated Service Quality and Safety Group with approved TOR							
16 Has established Designated Centre MDT/Clinical Group with approved TOR							
17 The Designated Centre Management Group monthly meeting has a set agenda with standing items from 13 to 16 where groups at the Allocated service area are not established							
18 The 21 Policies and Procedures required in the Regulations Schedule 5 are current, approved and implemented							
19 There is an annual review of the quality and safety of care in the designated centre which is made available to residents							
20 Effective measures are in place to safeguard and keep people safe							
21 There are arrangements in place for responding to emergencies							
22 Arrangements are in place for learning from serious incidents/adverse events involving residents							
Document completed by (include group & all names)	Signature of Chair:		Note: Adapted from Health Service Executive (2012) Quality and Patient Safety Clinical Governance Development an assurance check for health service providers. Other reference: Monitor (2015) Well-led framework for governance reviews: guidance for NHS foundation trusts				
	Date:						