

Divisional Governance – Self Assessment Matrix

July 2022

Introduction and background

360 Assurance regularly review governance at the divisional or business unit level within our NHS Trust and healthcare provider clients. The matrix which follows enables organisations to self-assess their own divisional governance arrangements, but also enables benchmarking within and between organisations.

In preparing this document we used the following documents as a starting point:

- NHSE/CQC Well-led Framework and KLOEs
- GGI matrices
- CQG matrix
- Internal governance frameworks/handbooks kindly shared by: Nottingham University Hospitals NHS Trust, Rotherham, Doncaster and South Humber NHS Foundation Trust, Sheffield Teaching Hospitals NHS Foundation Trust and Yorkshire Ambulance Service NHS Trust.

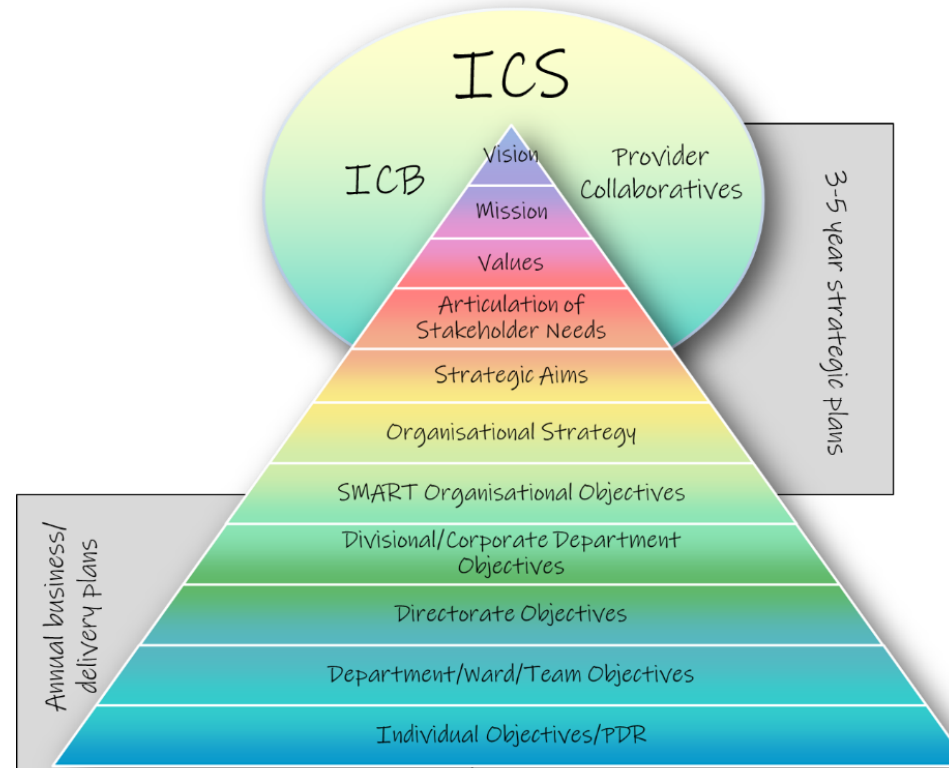
An initial draft was shared with representatives from the following organisations at a workshop on the 14 June 2022 for their input and suggestions: Barnsley Hospital NHS Foundation Trust, Chesterfield Royal Hospital NHS Foundation Trust, Derbyshire Healthcare NHS Foundation Trust, Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, East Midlands Ambulance Service NHS Trust, Leicestershire Partnership NHS Trust, Nottingham CityCare Partnership, Nottingham University Hospitals NHS Trust, Rotherham, Doncaster and South Humber NHS Foundation Trust, Sheffield Children's NHS Foundation Trust, Sheffield Teaching Hospitals NHS Foundation Trust, Sherwood Forest Hospitals NHS Foundation Trust and South West Yorkshire Partnership NHS Foundation Trust.

General principles

'Governance' refers to the way in which an organisation is managed and the systems for doing this, including the framework of authority and accountability that defines and controls the outcomes and achievement of objectives.

The concept, meaning and principles of governance apply equally whether you are examining its operation at an organisational, divisional or team level.

The objectives of an organisation can be considered at multiple levels but there should be a golden thread through the objectives so that even at the level of individual or small team objectives it is clear how achievement contributes to the organisation-wide objectives and strategic aims. This is often referred to as the hierarchy of objectives and can be represented by the diagram below.



With objectives at multiple levels, the systems and processes of governance should operate at different levels.

A lot of 'corporate' governance is done at a Trust-wide/organisational level but that doesn't mean divisional governance is just about clinical quality and safety, as the divisional expectations which relate to the other organisational objectives (finance, workforce etc) are just as fundamental.

The matrix on the following pages is applicable to organisations of any size and at any level within the organisation (division, directorate, team) but terminology would need adjusting accordingly and consideration should be given to proportionality, depending on the size of the organisational unit being reviewed.

Although what needs to be covered by the different meetings and individuals within a governance structure will be dependent on the specific objectives, most structures within healthcare organisations will need to ensure that they cover the following as a minimum (based on common objectives and national requirements):

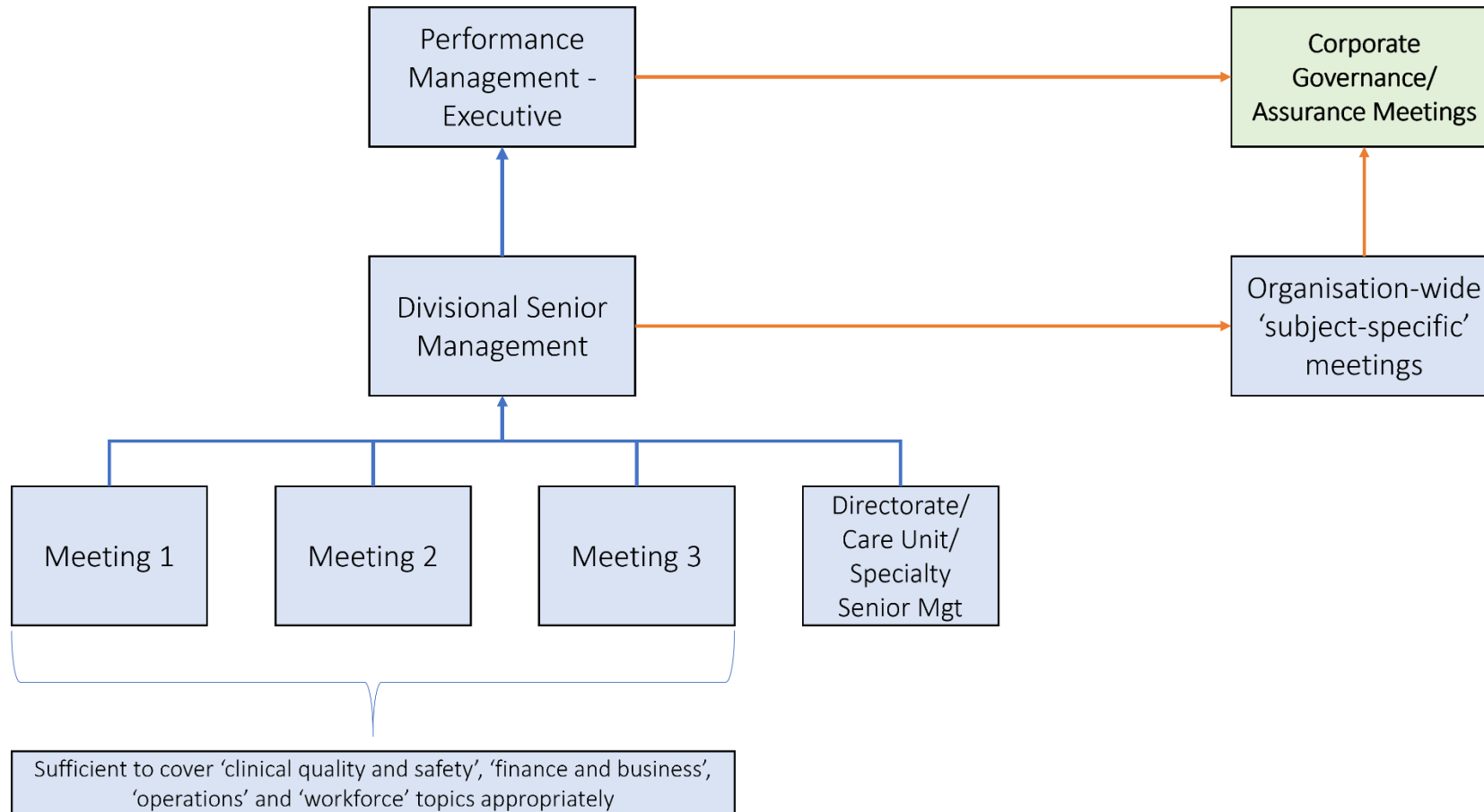
- clinical quality and safety (including performance against requirements), for example: patient safety, patient experience, clinical effectiveness/patient outcomes, quality improvement
- finance and business (including performance against requirements), for example: productivity, efficiency, affordability, sustainability, compliance
- operations (including performance against requirements), for example: business continuity, information governance
- workforce (including performance against requirements), for example: capacity, capability, health and well-being

We have used these overarching terms throughout the document and they can be adjusted as appropriate. Some examples of ‘topics’ that might be covered under each of the overarching headings used are:

Clinical Quality and Safety	Finance and Business	Operations	Workforce
NICE	Sustainability	Business Continuity	Health and Safety
Clinical Audit	Waste reduction	EPRR/ resilience	EDI
Safeguarding	Financial position/specialty financial position	IG/DSPT	Mandatory training
CQC (H&SC Act Regs)	CIPs	Business planning	FTSU
Incidents (inc patient harm)	Agency spend	Activity – throughput/productivity	Sickness
Pt Exp (Complaints, PALS, FFT, Surveys)	Current Business Cases/ Capital Requests		Turnover
Quality Improvement			Appraisals
Duty of Candour			Live vacancies and recruitment update
Mortality			Staff wellbeing
Inquests, claims, legal			Consultant job planning
IPC			Staff engagement
Medical Devices, CAS alerts			Workforce planning
Meds Management			
Quality Impact Assessments			
Research			
Peer reviews/external accreditations			

This list is not exhaustive and many 'topics' could legitimately be placed under all of the headings depending on the perspective and the alignment of responsibilities.

We have assumed that in many cases there will be a reporting structure which means divisions report into a formal performance management meeting but also that they are represented at organisation-wide subject-specific meetings, as below:



For each row of the matrix, the level is determined on a cumulative basis (ie you need to be confident you are achieving all of the statements at level 3 to move on to assessing whether you are achieving level 4).

There are several elements where some requirements are not necessarily in the division’s control. For divisions to self-assess at the higher levels the following organisation-wide requirements need to be in place:

- Clear organisational objectives with associated metrics
- Clear delegation of authority to make decisions/ clarity on what needs to be escalated by the division for decision
- Performance management meetings between each division and senior executive regularly scheduled and template report format provided/agreed
- Expectations set and clear for who should attend performance management meetings with the executive and the information required
- Expectations set and clear for divisional representation at organisation-wide meetings (both who and with what purpose)
- Risk Management Strategy/Policy is clear on risk review requirements
- Risk register available to capture identified risks
- There is a clear process for investigating individual incidents, complaints, claims, surveys, concerns through FTSU etc
- Robust systems have been established for collecting data

With the development of Provider Collaboratives and Place-based Partnerships, as well as system-wide collaborations and partnerships covering different pathways or services, it should be clear whether the division has a specific role/function in any of these arrangements and, if so, how this impacts on the divisional objectives and whether there are any additional reporting and accountability requirements.

Element	Level 1	Level 2	Level 3	Level 4	Level 5
1. Clarity of divisional objectives	There is an agreed set of divisional objectives	Divisional objectives are well defined Divisional objectives can be categorised (but this is not done explicitly) under similar headings to the organisational objectives/ strategic aims	Senior leaders in the division understand the divisional objectives Divisional objectives are grouped under headings that can be implicitly linked to the organisational objectives/strategic aims	Frontline staff understand the divisional objectives There is a clear and explicit link from the divisional objectives to the organisational objectives/strategic aims	Front line staff understand how they contribute to achievement of the divisional objectives It is explicit the impact that achievement (or not) of the divisional objectives will have on the overall achievement

Element	Level 1	Level 2	Level 3	Level 4	Level 5
					of the organisational objectives/strategic aims
2. Business/Delivery plan	A business/delivery plan has been produced which includes the divisional objectives	The business/delivery plan has been formally approved by the divisional management	The business/delivery plan contains actions to achieve the divisional objectives The business/delivery plan has been formally approved by the organisational executive	The business/delivery plan contains actions to achieve the divisional objectives that are SMART	The business/delivery plan contains milestones to monitor progress
3. KPIs/ Performance metrics	Metrics to determine whether each objective has been met or not are set	The metrics set are predominantly activity/incidence or process compliance metrics	The metrics set contain a few outcomes or impact-based KPIs (in healthcare predominantly patient health related), where possible or it is clearly identified that this is not possible/ appropriate for the objective The KPIs include all those measured at an organisation-wide level where these are applicable to the division (as well as division specific ones if appropriate)	The metrics include a significant number of outcomes or impact-based KPIs, where possible or it is clearly identified that this is not possible/ appropriate for the objective	Each divisional objective has a number of metrics which include a mix of activity, compliance and outcomes or impact-based performance, where possible or it is clearly identified that this is not possible/ appropriate for the objective
4. Clarity on divisional reporting	There is a performance management structure in place whereby senior leaders from the division regularly and routinely	Senior managers have familiarised themselves with the arrangements and processes for	The divisional management regularly attend and engage with the regular formal performance	The standard report used for feeding into the performance management meeting, also includes additional	A monthly exception or alert/advise/assure report is provided to the executive which covers organisation wide and

Element	Level 1	Level 2	Level 3	Level 4	Level 5
	<p>report to the executive or the division has specifically requested this</p> <p>There is clarity regarding the level of decisions that can be made at divisional level and what needs escalating for decision or the division has explicitly sought clarity from the executive</p>	<p>monitoring divisional achievement</p> <p>The division formally report to the executive against each of the organisational objectives/strategic aims at least quarterly</p>	<p>management meeting with the executive</p> <p>There is a standard report the division use to feed into the performance management meeting, which includes of all the relevant KPIs/ performance metrics relating to the organisational objectives/ strategic aims</p> <p>The division report to the executive on progress against each of their business/ delivery plan metrics at least quarterly</p>	<p>metrics specific to the division/ relating to divisional objectives and overall progress with the business/delivery plan at least quarterly</p>	<p>division specific KPIs/ performance metrics and progress with the business/ delivery plan and milestones</p>
5. Approval of directorate/specialty objectives/business units	<p>The divisional sub-units (eg directorates/specialties/c are units) have each been asked to develop objectives and a business/delivery plan</p>	<p>Some divisional sub-unit objectives and delivery plans have been approved by the divisional senior management</p>	<p>Divisional sub-unit objectives and business/ delivery plans have all been approved by the divisional senior management</p>	<p>There is a clear and explicit link from the divisional sub-unit objectives to the divisional objectives</p> <p>The division reviews the performance of each divisional sub-unit against their business/ delivery plan metrics at least quarterly</p>	<p>It is explicit the impact that achievement (or not) of the divisional sub-unit objectives will have on the overall achievement of the divisional objectives</p>
6. Key staff roles and responsibilities	<p>There is a diagrammatic staffing structure (up to date) showing line management of senior staff</p>	<p>There are distinct job descriptions (up to date) for each of the roles in the diagrammatic structure</p>	<p>An accountable senior divisional manager (often part of the 'triumvirate') has overall responsibility for 'clinical quality and</p>	<p>There is clarity regarding where responsibility for governance within the division lies</p>	<p>Responsibilities for governance, performance and risk management are integrated within roles with overall responsibility</p>

Element	Level 1	Level 2	Level 3	Level 4	Level 5
		Where core responsibilities have been agreed for divisional posts at an organisation level these are included in the job descriptions	safety' (including performance), 'finance and business' (including performance), 'operations' (including performance) and 'workforce' (including performance) (may be split between different individuals)	There is clarity regarding where responsibility for risk management within the division lies	for 'clinical quality and safety', 'finance and business', 'operations' and 'workforce'.
7. Meeting structure with clear route to divisional management agreed and communicated	Divisional meetings have been established	Meeting structure diagram developed Includes all divisional sub-units (directorates/ specialties/ care units)	Meeting structure diagram included within relevant ToR and governance documents	ToR (or equivalent) for the senior management of all divisional sub-units are explicit about route of reporting to divisional management Frontline staff understand how information, concerns and risks from their area reach the divisional management	Taken as a whole, it is clear how all clinical quality and safety topics, all finance and business topics, all operational topics and all workforce topics are appropriately examined and escalated through the structure to divisional management
8. Clear expectations for reporting route from division to organisational senior management (eg Performance Management Meeting (PMM)) and feedback	The organisation has been clear on the information required from each division (and this has core elements consistent across all divisions) and who should attend PMM or equivalent	Structure enables divisional oversight of data and information before escalation to PMM or equivalent	Additional narrative is added to the data between divisional oversight and presentation as part of PMM or equivalent	Individual who presented information to organisational senior management feeds back to divisional management	Part of standard agenda at divisional senior management for feedback to be provided
9. Clear expectations for reporting route from division to organisation-	The organisation has been clear on the organisation-wide	Structure enables divisional oversight of data and information	Additional narrative is added to the data between divisional	Individual who presented information to organisation-wide subject	Part of standard agenda at divisional senior

Element	Level 1	Level 2	Level 3	Level 4	Level 5
wide 'subject' meetings and feedback	meetings that divisional representatives are expected to attend, the information required from each division and who should attend	before submission to organisation-wide subject meetings	oversight and presentation to subject meeting	meeting feeds back to divisional management	management for feedback to be provided
10. Timings of meetings	Divisional management meetings are scheduled at regular intervals	Divisional management meetings are scheduled on recurrent dates/ relative days in month/quarter	Timing of divisional management meetings enables oversight of data and information before escalation to PMM or equivalent (ie relative to information being available eg month end)	Timing of meetings which feed the divisional management meetings enables information to be provided which has been scrutinised, reviewed and interpreted	Timings of meetings regularly reviewed to strike the ultimate balance between having the most up to date data available for reporting and allowing time to scrutinise and interpret the data
11. Group/Committee Admin (see detail in separate checklist)	Some aspects of the checklist positively completed for principal meetings	Most aspects of the checklist positively completed for principal meetings	Full checklist positively completed for principal meetings Aspects of the checklist positively completed for other meetings in the divisional structure	Full checklist positively completed for all meetings in the divisional structure	Full checklist positively completed for all meetings in the divisional structure for >12 months
12. Data and information	Data to inform KPIs/performance metrics is routinely captured and reports generated	Arrangements for how data is captured, prepared and reported are reviewed regularly	Reports present both information for improvement and for assurance* Performance is reported with an indication of expected trajectories	The majority of data used for KPIs/performance metrics is live/real time A data quality kitemark is in use that guides users of the data on its reliability and validity.	Form a pyramid of reports, with increasing granularity that can be used to understand individual, business unit, service line, divisional and organisational performance as required Through effective use of data analytics enhanced narrative and explanation

Element	Level 1	Level 2	Level 3	Level 4	Level 5
					is possible to support the data
	<p>*Measurement for improvement means that data is presented using appropriate statistical methods to enable tracking of processes, balancing measures and outcomes over time, paying attention to variation rather than simply comparing against targets and thresholds at particular times. Measurement for assurance means information is compared with target levels of performance (along with a red-amber-green rating), historic own performance and external benchmarks (where available and helpful) (from NHSE/I Well-led Framework)</p>				
13. Audits (policy monitoring, clinical audit inc NICE compliance, operational audit)	Audits are being undertaken within the division	There is evidence that results from audits are reported to divisional management	All forms of audit being undertaken are recorded in a central divisional log and considered in light of the divisional objectives they provide assurance in relation to	Results from <i>all</i> audits are reported to divisional management/ assurance provided that results have been reviewed and summary of response taken provided	Gaps in the assurance provided by audits are identified and action taken to fill the gap
14. Third party assurances/visits/ inspections	Third party assurances/visits /inspections are being undertaken within the division	There is evidence that the output from third party assurances/visits/inspections is reported to divisional management	All third party assurances, visits and/or inspections are recorded in a central divisional log and considered in light of the divisional objectives they provide assurance in relation to	Results from <i>all</i> third party assurances, visits and/or inspections are reported to divisional management/ assurance provided that results have been reviewed and summary of response taken provided	Gaps in the assurance provided by third parties/ visits/ inspections are identified and action taken to fill the gap
15. Response to issues raised	An explanation is expected to understand current or projected non-achievement of KPIs/performance metrics	An explanation is expected to understand non-compliance/ issues from audit and third party assurances, as well as current or projected non-achievement of KPIs/performance metrics	Actions are agreed to address the causes of non-compliance/issues/non-achievement	Actions are SMART and are generally completed within timeframes set	The impact of actions taken on compliance/performance is monitored to understand any improvements

Element	Level 1	Level 2	Level 3	Level 4	Level 5
		Causes of non-compliance/ performance issues are explored			
16. Identification of risks	There is a register where risks to achievement of divisional objectives are captured	Risks are identified against the divisional objectives	New risks and/or impacts on existing risks are routinely identified as part of discussions on compliance monitoring/ audit/ third party assurances	Risks added to risk register or existing risks adjusted in light of the discussion Risks are identified against each of the divisional objectives	Risks are both current and future
17. Risk response and review	A risk response is agreed for each identified risk (essentially tolerate or treat)	Actions are agreed to mitigate those risks which it has been agreed will be treated	Actions are SMART Risks are reviewed regularly in line with the requirements in the risk management strategy/policy	Significant risks to the divisional objectives are reported to and reviewed by the senior management team	Risk mitigation actions are generally completed within the timeframes originally set and the risk is reduced as a result Risks are generally reviewed within the required timeframes and those that aren't are escalated to divisional management
18. Pulling out the improvement/changes	There is a clear process for investigating individual incidents, complaints, claims, surveys, concerns through FTSU etc	Sufficient analysis is undertaken to identify if there are trends emerging from incidents, complaints, claims, surveys, concerns through FTSU etc	SMART actions are derived from individual incidents, complaints, claims, surveys, concerns through FTSU etc Where themes are identified, patient stories are used to bring a particular issue/ concern to life	There are clear mechanisms for bringing together themes arising from individual incidents, complaints, claims, surveys, concerns through FTSU etc along with themes identified through examination of trends to identify further potential improvements	Actions are consistently implemented within original timeframes and the impact of actions assessed

Element	Level 1	Level 2	Level 3	Level 4	Level 5
19. Sharing best practice/learning	A specific 'lessons learnt' meeting or agenda item on divisional meetings	Regular newsletters/ standard communications have a specific 'lessons learnt' section	Established routes into all divisional sub-units for sharing learning verbally through huddles, board rounds etc	Seeking out and learning from sector, national and international best practice	Peer learning networks established with other organisations

Ensuring that groups and committees within the meeting structure are functioning effectively and have the necessary administration is vital to achieving objectives.

The group/committee administration checklist below can be considered for each group/committee, to assess their effectiveness.

There are a number of templates that could be produced to support standardisation and consistency across divisions/sub-divisional units. These include:

- Terms of Reference
- Forward agendas/planners/work programmes
- Agendas
- Report front sheet
- Minutes/Notes/Highlight report
- Action log

Where robust templates are provided and these are being used appropriately there is no need to complete the corresponding sections of the checklist and these 'exemptions' are explained at the start of each section.

	Yes	No
Section 1		
Does not need to be completed when:		
<ul style="list-style-type: none"> • There is a standard ToR the meeting is expected to use and this is being used • The standard ToR covers: purpose, duties, membership, quorum, expected attendance, information required and reporting 		
The purpose of the meeting is defined and documented (in ToR or alternative where appropriate)		
The duties of the meeting are defined and documented (in ToR or alternative where appropriate)		
The membership of the meeting is defined and documented (in ToR or alternative where appropriate)		
The quorum for the meeting is defined and documented (in ToR or alternative where appropriate)		
The expected attendance requirement of each member of the meeting (eg 75%) is defined and documented (in ToR or alternative where appropriate)		

	Yes	No
The information the group requires to fulfil its duties and achieve its purpose, where this information will come from (inc which committees/groups are accountable/formally report to it) and how often is defined and documented (in ToR or alternative where appropriate)		
Where the group is to report to, how often and to what end (eg alert/advise/assure) is defined and documented (in ToR or alternative where appropriate)		
Section 2 Does not need to be completed when: <ul style="list-style-type: none"> • There is a standard forward agenda format the meeting is expected to use and this is being used • This covers all of the duties of the meeting and/or all of the relevant objectives (and associated 'topics') 		
A forward agenda is in place which covers at least a 12 month period		
Forward agenda aligns to the meeting's duties and covers all the topics related to the relevant objectives (which the meeting has any responsibility for)		
The forward agenda is clear where each report/piece of information listed is coming from/who is responsible for presenting		
The forward agenda is clear how often the report/piece of information is expected to be presented		
Section 3 Does not need to be completed when: <ul style="list-style-type: none"> • There is a standard agenda template the meeting is expected to use and this is being used • This aligns to the forward agenda and/or covers all of the duties of the meeting and/or all of the relevant objectives (and associated 'topics') and includes review of action log and planned time allocation for each item/section 		
An agenda is in place for each meeting		
The agenda includes review of the action log		
The agenda for each meeting matches the expectations from the forward agenda		
The agenda includes standard elements (welcome, introductions, apologies, matters arising, previous minutes/notes)		
Section 4 Does not need to be completed when: <ul style="list-style-type: none"> • There is a standard report front sheet template the meeting is expected to use and this is being used 		

	Yes	No
<ul style="list-style-type: none"> This includes the request of the group/committee (eg to approve) and identification of issues/concerns and risks 		
It is clear for each report submitted what the group/committee is being asked to do (decide, approve, take assurance)		
A summary of the report is provided which pulls out the main pieces of information the meeting members need to be able to do what is asked of them		
The summary identifies whether there are any issues (eg non-achievement or non-compliance) and/or any risks to the divisional objectives		
Section 5 Does not need to be completed when: <ul style="list-style-type: none"> There is a standard minutes/notes/highlight report template the meeting is expected to use and this is being used This ensures capture of: rolling attendance table, explicit identification of whether quorate 		
A format has been agreed for capturing minutes/ notes/ highlight reports		
This format includes recording attendance		
Minutes/notes/attendance logs identify the role an individual fulfils from the membership and/or quoracy requirements		
Minutes/notes explicitly state whether the meeting was quorate and, if not, which required roles/members were missing		
Minutes/notes follow the same structure and order as the agenda (or deviation explained)		
Minutes capture items discussed, main points of discussion and decision/action to be taken		
Section 6 Does not need to be completed when: <ul style="list-style-type: none"> There is a standard action log template the meeting is expected to use and this is being used This ensures capture of responsible officer/action owner, expected completion date (not deleted if amended) and current position/progress 		
Actions agreed during the meeting are recorded on a separate action log		
The action log in use captures the responsible officer/action owner as well as the action itself		
The action log in use captures the expected completion date		
The action log in use captures the current status/progress update against each action		

	Yes	No
When an action is still in progress beyond its (original) expected completion date the original date is not deleted but struck through and a new date added.		
Section 7		
This should be completed in all cases		
ToR have been approved by the 'parent' committee (or an equivalent explicit understanding of purpose, duties etc has been approved)		
Duties for the group/committee include the identification, management and escalation of risks		
Membership includes the appropriate individuals to cover off each of the duties		
Quorum is defined in terms of numbers of members but also specific roles required (and whether deputies sent are included)		
At least 75% of meetings go ahead as scheduled with a quorate attendance		
All members meet stipulated attendance requirement over a 12 month rolling period		
Minutes/notes and actions are circulated within a week (monthly meetings)/ two weeks (quarterly meetings) of the meeting		
Action owners are asked for an update two weeks prior to the meeting		
>75% of actions on the action log are completed within the original timeframe		
The group routinely receives the information/reports outlined in the ToR/forward agenda		
The group produces the routine and escalation/exception reports outlined in the ToR		
All expected reports are circulated to group members and attendees at least 5 days in advance		
The group undertakes an annual review of its effectiveness against its purpose and duties/ToR		