# JOB DESCRIPTION

<table>
<thead>
<tr>
<th>Job Title:</th>
<th>Quality and Governance Lead</th>
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<tbody>
<tr>
<td>Department:</td>
<td>Quality and Governance</td>
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<tr>
<td>Base:</td>
<td>Wigan and Leigh Hospice</td>
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<td>Reports to:</td>
<td>The Director of Clinical Services</td>
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<td>Accountable to:</td>
<td>The Chief Executive through the Director of Clinical Services</td>
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<tr>
<td>Accountable for:</td>
<td>Overseeing Quality and Governance across all Hospice services.</td>
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### Job Summary:
- To lead and deliver an effective governance and risk management programme to enhance the quality of services provided through evidence-based practice.
- To ensure that services adhere to statutory regulations incorporating best practice and national service guidelines.
- To produce regular reports including an annual Quality Account which demonstrate service quality, clinical outcome measures and statutory compliance.
- To actively lead and engage with service users to monitor outcomes and service satisfaction.

### Terms and Conditions of Service:
The post holder will be subject to the Hospice’s Terms and Conditions of Service as set out in its Employee’s Handbook. These include standardised leave entitlement.

### Confidentiality:
The post holder will be subject to the Hospice’s Confidentiality Policy and to the requirements of the Data Protection Act (1998), thus maintaining the confidentiality of all information obtained during the course of employment. Unauthorised disclosure of such information may result in action under the Hospice’s Disciplinary Procedure.

The following defines the key functions of the post holder, together with significant examples of the activities he/she will need to perform to achieve the job purpose.

## 1. STATUTORY COMPLIANCE

### 1.1
In conjunction with the Director of Clinical Services, prepare for statutory inspection visits through the provision and update of key documentation and the regular assessment of performance in relation to statutory requirements.

### 1.2
To support the Director of Clinical Services and the Clinical Teams in the implementation of Quality Markers and Quality Standards.

### 1.3
To develop and lead a rolling programme of service outcomes measures which captures the effectiveness of Hospice services and which supports the requirements of the Care Quality Commission and other statutory bodies.
1.4 To develop reports that will feed into the process of the production and publication of Quality Accounts. To prepare and write the annual Quality Account which will detail the quality of the services provided and the views of service recipients.

2. SERVICE RECIPIENT VIEWS

2.1 Lead and manage all currently established methods of gathering service recipient views.

2.2 To monitor comments, suggestions, complaints and compliments made by service users and others, identifying trends where appropriate and report findings to the quarterly Clinical Governance Committee.

2.3 Make available these views in a reader friendly format for all future and current service recipients, including pamphlets and website reports.

2.4 To monitor the results of the Trustees’ bi-annual inspection visit and report findings to the Clinical Governance Committee.

2.5 Develop a regular Focus Group of current service recipients to engage and gather ‘live’ views. This should not be a static group but constantly changing and evolving as people move through the service.

2.6 Engage with hard to reach groups within the Wigan Borough and gather their views of Hospice services and its accessibility for them. Feedback from this work will inform Hospice strategy around tackling any unmet specialist palliative care need.

3. GOVERNANCE, QUALITY AND AUDIT

3.1 To work closely with the Director of Clinical Services and all Team Managers on all matters pertaining to governance, quality and audit and to lead on developing and implementing changes where necessary.

3.2 To chair the Clinical Governance Committee overseeing the production of the meeting agendas, minutes and disseminating all necessary reports and action plans in a timely manner to committee members prior to the meeting.

3.3 To chair the Clinical Audit Group, providing leadership to it and reporting its findings to the Clinical Governance Committee.

3.4 To work closely with the Director of Clinical Services and Medical Director on identifying and actioning specific audit projects to be delivered within agreed timescales.

3.5 To set hospice specific standards and lead teams in the auditing of said standards
3.6 To carry out regular reviews of policies and procedures to ensure they remain relevant and are being correctly implemented.

3.7 To provide project management and audit support to all audit leads.

3.8 To oversee and review trends in line with audit outcomes, risk assessments, user involvement and adverse incidents.

3.9 To prepare quarterly audit reports on incidents, accidents, significant events and complaints and infection control.

3.10 To act as a resource to all staff on Quality and Audit issues.

3.11 To produce reports and information in a variety of formats for both internal committees, service users, the Care Quality Commission and the general public on issues relating to quality and audit.

3.12 To produce and update quality and governance information boards within the Hospice. These boards should detail in a user friendly format the latest audit reports and quality data, including user views surveys etc.

4. RISK MANAGEMENT

4.1 To be responsible for actioning all Medical Device Alerts, Health and Safety Alerts and Hazard notices.

4.2 In conjunction with the Director of Corporate Services, oversee a rolling programme of Health and Safety monitoring, evaluation, control, recording and action which ensures the Hospice is able to demonstrate compliance with all relevant Health and Safety requirements.

4.3 To review, monitor and collate departmental reports on all incidents, both clinical and non clinical including drug errors.

4.4 To develop and implement risk assessment tools that will support service and practice monitoring whilst encouraging the delivery of a high quality, safe service.

4.5 Monitor the Hospice’s data protection systems and lead on the implementation of the Information Governance agenda as required by the NHS and any Collaborative Partners with whom we share sensitive information.

5. NATIONAL AND REGIONAL COLLABORATION

5.1 To become an active member and participant of the Help the Hospices Governance Group.

5.2 To liaise closely with all similar post holders both regionally and nationally in order to support benchmarking of Wigan and Leigh Hospice services.
6. **STAFF TRAINING AND PERSONAL DEVELOPMENT**

6.1 To offer relevant training and support in clinical and general audit techniques to all staff focussing on a team approach and encouraging ownership of compliance issues.

6.2 To offer relevant training and support to staff in writing quality and governance reports.

6.3 To present audit and health and safety findings through the Hospice education forum.

6.4 To develop and maintain own knowledge and skills in quality, governance, audit and risk management and share this knowledge with Hospice personnel including volunteers.

The above list is not intended to be exhaustive and the post-holder will be expected to be flexible in carrying out the duties performed. The post-holder will be expected to carry out similar duties (not specifically listed) as and when required.