

West Midlands Imaging Network Governance Strategy

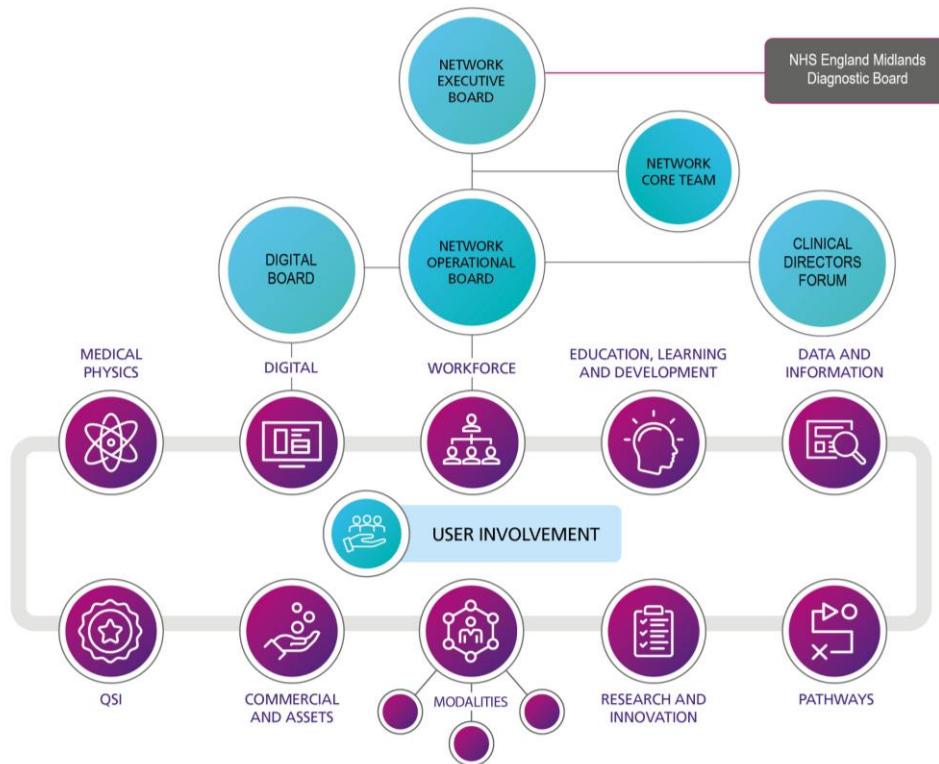


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Executive Summary

Purpose of this policy is to provide information to the member organisations of the network’s governance arrangements. A robust structure, as demonstrated below, ensures there is a framework for monitoring risk, implementing changes and driving work programmes.



Representation will be sought from each of the 15 NHS Trusts and 6 Integrated Care Boards to be members of senior Boards. This will allow high level oversight and provide direction on work plans and priorities. The Special Interest Groups will also include membership from all relevant member organisations and will be responsible for generating work plans and producing Network-wide guidance, processes, and procedures.

The Core Network Team will monitor the effectiveness and implementation of the work programmes and will ensure risks are monitored and mitigated where possible.

Introduction

The West Midlands region comprises 15 NHS Trusts across 6 Integrated Care Boards (ICBs), serving a population of 6.3 million. Imaging plays a crucial role in the diagnosis and management of a variety of conditions and investigations touch every part of the patient pathway, being a key enabler for effective care.

The West Midlands Imaging Network (WMIN) is part of the national programme for improvement and development of clinical imaging services. Its intention is to improve access to imaging services, reduce turnaround time and make better use of staff skills and time.

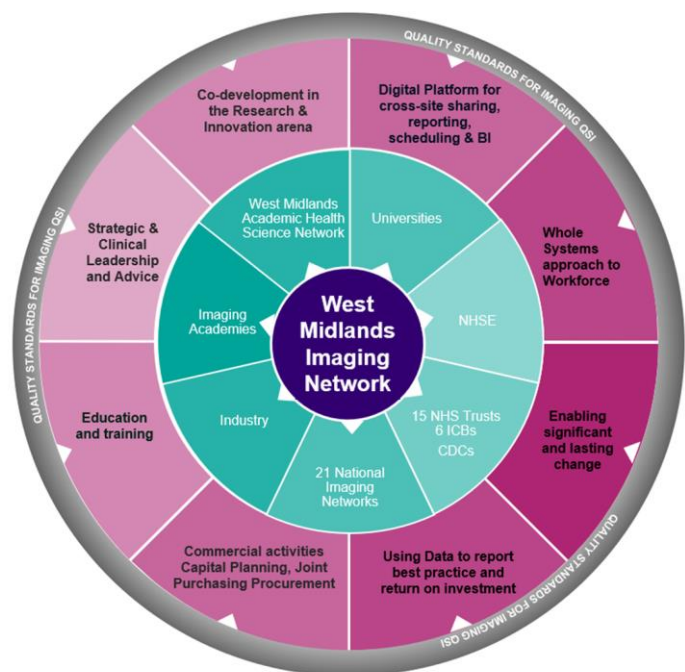
The key aims of the Network are to improve service resilience, reduce duplication and use economies of scale to enable the latest technologies to be purchased which will develop imaging service provision. The Network will work to reduce variation in practice and enhance workforce opportunities in order to bring equity to patient access.

The Network's governance structure will:

- Follow the principles set out in the Quality Standard for Imaging Networks
- Provide clear lines of governance and accountability
- Ensure roles and responsibilities are clearly set out
- Guarantee suitable expertise at every level of the Network so that it continues to provide strong strategic and operational leadership as well as advice to NHS Trusts and ICBs
- Ensure channels of communication are appropriate, demonstrating that all Trusts are equally served
- Create a strong brand and identity for the Network, which NHS staff, stakeholders and others can identify with, further cementing strong relationships
- Better represent the current healthcare needs of those within imaging services so that appropriate, proactive, and robust responses are created
- Follow principles set out in the Diagnostic Imaging Network commercial structure and operational governance guide produced by NHS England (April 2021)

This policy sets out the governance infrastructure that WMIN will follow to ensure there is a clear accountability to the stakeholders both across the region and nationwide. This will also demonstrate, as part of the NHSE maturity matrix and Quality Standard for Imaging Network accreditation, clear collaborations and risk management between multiple relevant stakeholders.

Out of the scope of this policy is digital image sharing and data collection, including patient information. This will form a separate but interconnected policy which will be developed alongside the programme developments.

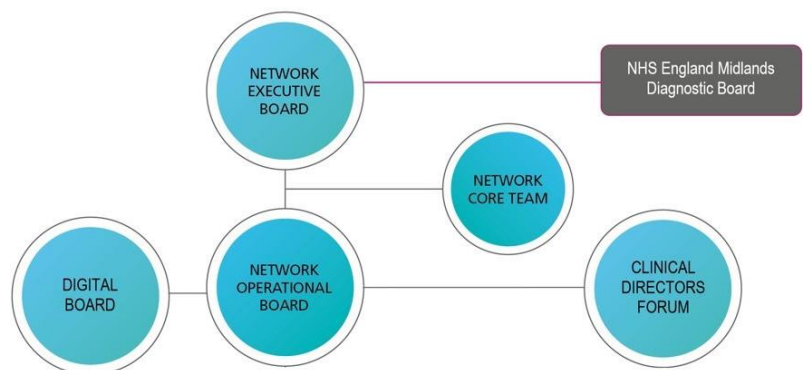


Boards

A clear, effective framework must put in place and maintain good corporate governance arrangements, integrated across the Network and all aspects of governance. This will encompass corporate, financial, clinical, information and research governance. Integrated governance will better enable the Board to take a holistic view of the organisation and its capacity to meet its legal and statutory requirements and clinical, quality and financial objectives.¹

Terms of reference are available separately for each board and will be reviewed on an annual basis. Each meeting will have associated secretariat support with meeting papers circulated in advance and minutes distributed upon completion.

A record of any declarations of interest will be held for all relevant board members and reviewed on an annual basis or where changes/new members are appointed.



The purpose of this exercise is to ensure transparency about any interests or activities, that could be seen as relevant or have the potential to create a conflict to the work or decision making of the West Midlands Imaging Network. It is implied that each member will of the board will have particular interest in their own employment with a view to protect their individual trust or ICB.

Attendance at the boards will be monitored to ensure quorate is reached. Where presence is low, the Chair will write to members to offer support in identifying barriers and deputies.

Network Executive Board



The **Network Executive Board** is comprised of senior executive leaders from all 15 NHS Trusts and 6 Integrated Care Boards. The chair will be independently appointed and be accountable to a range of stakeholders.

The Network Executive Board will²:

- To set the strategic plan for the West Midlands Imaging Network
- To agree a programme of work related to priority work areas from the National Imaging Strategy
- To delegate monitoring and delivery of work programmes to the West Midlands Imaging Network Operational Board
- To monitor progress against delivery for the Network work programme and its agreed metrics, escalating as required
- To hold the Operational Board to account for delivery of the agreed outcomes.
- To ensure that progress, risks, and issues are captured and reported formally, with communication and escalation as required to agreed stakeholders

¹ In line with QSIN IN-201 Network Leadership and IN-601 Network Organisation

² Executive Board Terms of Reference – QMS number [ToR-02]

- To provide assurance to the commissioners with regards to implementation of the National Imaging Strategy

Membership is monitored and updated frequently. The Terms of Reference indicate which individuals are deemed as voting or non-voting members. Where individuals are invited as observers, agendas only will be shared on the day of the meeting.

Operational Board



The **Network Operational Board** reports directly to the Network Executive Board and is accountable for the delivery of the agreed outcomes. This board consists of senior imaging managers/leads from within the acute trusts, ICS imaging leads, regional NHSE staff and radiography representatives, Clinical Directors. Each SIG chair will also be invited.

The role of the Network Operational Board is³:

- To monitor and manage a programme of work related to priority work areas from the National Imaging Strategy
- Monitoring and delivery of the work programme, and management of the risk register
- To ensure workstreams, subgroups or task and finish groups are working to an agreed programme; to have oversight of the output and ensure it is consistent with the aims and work plan of the network.
- To operationalise the strategic plan for the West Midlands Imaging Network.
- To monitor and progress the NHSE Maturity Matrix assessment of the network programme and to ensure the network is adequately maturing.
- To achieve progress against delivery for the Network work programme and its agreed metrics, escalating as required
- To ensure that progress, risks and issues are captured and reported formally, with communication and escalation as required to agreed stakeholders
- To provide assurance to the Executive Board with regards to implementation of the National Imaging Strategy
- Approve position statements and clinical procedures
- Make recommendations of high-level policies, strategies, procurement, etc to the executive board

Membership is monitored and updated frequently. The Terms of Reference indicate which individuals are deemed as voting or non-voting members. Where individuals are invited as observers, agendas only will be shared on the day of the meeting.

Digital Board



The Digital Board's purpose is to provide the senior Digital governance, to ensure strategic alignment at a Trust and ICB level with solutions and business cases that the WMIN might recommend to the Operational and Executive Boards.

The aims of the Digital Board are⁴:

- To monitor and manage a programme of work related to priority work areas from the national Imaging Strategy

³ Operational Board Terms of Reference – QMS number [ToR-03]

⁴ Digital Board Terms of Reference – QMS number [ToR-08]

- Monitoring and delivery of the work programme, management of in year finances and management of the risk register
- To ensure workstreams, subgroups or task and finish groups are working to an agreed programme; to have oversight of the output and ensure it is consistent with the aims and work plan of the network.
- To report to the Network Executive Board to account for delivery of the agreed outcomes.
- To deliver the strategic plan for the West Midlands Imaging Network.
- To monitor progress and take action to progress the NHSEI Maturity Matrix assessment of the network programme and to ensure the network is adequately progressing.
- To develop workforce plans and requirements.
- To achieve progress against delivery for the Network work programme and its agreed metrics, escalating as required
- To ensure that progress, risks and issues are captured and reported formally, with communication and escalation as required to agreed stakeholders
- To provide assurance to the Executive Board with regards to implementation of the national Imaging Strategy

Membership is monitored and updated frequently. The Terms of Reference indicate which individuals are deemed as voting or non-voting members. Where individuals are invited as observers, agendas only will be shared on the day of the meeting.

Clinical Director's Forum



The **Network Clinical Director's Forum** will work with linked groups of professionals to ensure equitable provision of high quality, clinically effective services across our region. It will promote the development and delivery of best practice, evidenced based care, with an emphasis on ensuring equitable, consistent high quality service provision.

It will focus not only on operational improvements and equity of patient care but also the provision and sharing advice and support. It will provide mutual support to its members and encourage and share training opportunities to enhance the leadership capabilities of its members and their leadership teams. Where a Clinical Director is not a Consultant Radiologist, a nomination will be requested to support the relevant clinical expertise in the area.

The role of the Clinical Director's Forum is to⁵:

- Endorse clinical guidelines, policies and procedures for recommended use across the West Midlands region.
- Provide expert clinical advice to the operational board in specific work streams.
- Facilitate shared learning and development across the network for all professionals.
- Continuously develop the Imaging Network within the context of the National Clinical Strategy for Imaging Networks, ensuring that it is resourced appropriately, fit for purpose and which will ensure people receive excellent care quickly and in the most appropriate setting.
- Provide leadership and promote the work of the West Midlands Imaging Network within the wider community.

⁵ Clinical Director's Forum Terms of Reference – QMS number [ToR-09]

- Develop a coherent and consistent Network ensuring voices, insight and influence of patients and clinicians sit at the heart of all decision making.

Network Core Team Meetings

The Network Core Team (NCT) will be responsible for the management of projects, governance and workstreams lead by the network. The NCT are accountable to the Executive Board. Meetings will be held weekly to share and discuss progress of these workstreams. These include:

- Weekly Operational Meetings
- Weekly Senior Management Meetings
- Monthly face to face meetings

The purpose of these meetings are:

- To delegate and monitor delivery of the work programmes
- To ensure that progress, risks and issues are captured, monitored and reported formally, with communication and escalation as required to agreed stakeholders

These meetings are not minuted, however actions are logged⁶ and monitored regularly.

⁶ WMIN Action Log – QMS number [Op-03]

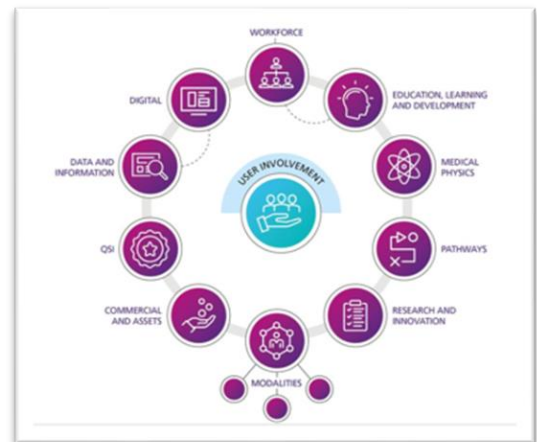
Workstreams

Special Interest Groups

Governance of each arm of WMIN ensures there is a framework for responsibilities and decision-making capabilities, but also ensures that projects are smoothly implemented and executed between all stakeholders.

A range of Special Interest Groups (SIGs) are in place representing the priority work areas from the WMIN strategy. These groups are made up of specialist and experts in their relevant fields. It is important there is appropriate membership at the SIGs to ensure stakeholders are given responsibility for managing their interest in the project. Special Interest Groups consist of:

- Workforce
- Digital
- Education, learning and development
- Medical physics
- Pathways (specialty based e.g. paediatric, breast or network based e.g. trauma or stroke)
- Research and innovation
- Modalities
- Commercial and assets
- QSI (including a Quality Forum)
- Data and Information



Each SIG will have their own programme of work⁷ and will be accountable to the Operational Board with a representative from each active group producing highlight reports on a regular basis. Meeting chairs, memberships and frequencies of the SIGs will be determined individually and may remain dormant when work is complete, until further programmes of work may arise. Members of the network core team will facilitate these groups and their work.

The need to set up a new pathway or modality Special Interest Group may be identified via several methods, including priorities raised at a Board or Forum or where service developments are required following the issue of new guidance or national reports. Following agreement by the Network Director and Clinical Director, a recommendation will be made to the Operational Board for approval. Further information can be found in the Procedure for the initiation of a Clinical Special Interest Group⁸.

Information Flow

Whilst information is made available to all Network members via the [FutureNHS](#) page, member organisations are responsible for ensuring there are appropriate internal forums in place to discuss the outcomes from Boards and SIG meetings internally. The Network

⁷ Network Work Programme – QMS number [Op-01]

⁸ Procedure for the initiation of a Clinical Special Interest Group – QMS number [Gov-12]

encourages the establishment of WMIN meetings within each Trust/ICB to share actions, agendas and work streams where several members of staff attend meetings to ensure consistent messages are provided from the organisation.

Operational Governance

Risk Register

A risk register⁹ is used to record a risk to the WMIN both for operational and core business use. The register only includes risks which relate directly to core network business and issues affecting delivery of Network programmes and where collaborations have direct influence on, such as funding and network standards.

Any risk held by a particular provider will be monitored by the Trust alone. However, details may be discussed by exception reporting at the Operational and/or Executive board, where deemed appropriate.

The risk register will be managed by the Network Director and Senior Quality Improvement Manager, and reviewed frequently by the Network Operational Board and oversight by the Network Executive Boards for all 'red' risks.

All risks are calculated using a likelihood and impact matrix to produce a score. Details on mitigations and controls are also recorded. Instructions on how to calculate risk scores can be found directly within the register⁹.

Legal Entity and Hosting Arrangements - TBC

The WMIN is hosted by The Dudley Group NHS Foundation Trust (DGFT) but serving all trusts as a joint venture. As part of the agreement, a clear contractual relationship is formed ensuring there is autonomous operation. However, the use of DGFT policies and procedures should be considered in the first instance when producing documents or undertaking work. This may include liaising with the media team, adopting information governance processes or requesting IT support.

Document Control and Management

As part of the West Midlands Imaging Network's (WMIN) governance framework, it is important to ensure information is stored and presented in an appropriate way. A Document Management Strategy¹⁰ is in place which outlines how the following principles will be upheld:

- Documents are available to all when required
- The current version is available and clearly identifiable using the agreed document naming format
- The information can be trusted through appropriate and timely review and ratification process
- Documents are consistently managed throughout their life cycle, from creation to active use, storage and reference to a final disposal
- The content of the document to be accessed, used and reused in a controlled and efficient manner by any member organisation
- The implementation and effectiveness of a document will be regularly monitored.

⁹ Risk Register – QMS number [Gov-09]

¹⁰ Document Control Strategy [Gov-11]

A register of documents¹¹ will be held on the core team SharePoint, and is managed by the Senior Quality Improvement Manager with support from the Programme Management Officer.

The level of approval of a document will depend on its type. The ratification process will be commensurate with the significance of the document as follows:

- High level documents that have a significant impact on the workings of the Network, such as policies and strategies, will be approved by the Executive Board following the recommendation from the Operational Board.
- The approval for procedures and clinical guidelines will be delegated to the Operational Board which will be sent to the Executive Board for information only. Where consensus cannot be agreed or the Operational Board by request, the approval will be by the Executive Board

Equality Impact Assessments

The WMIN aims to design and implement services, policies and measures that meet the diverse needs of the region ensuring that none are disadvantaged over others. In order to ensure this commitment all policies, procedures, services, projects or functions will undergo an Equality Impact Assessment (EIA). The purpose of the EIA is to minimise and if possible, remove any disproportionate impact on the grounds of protected characteristics such as race, sex, disability, age, sexual orientation or religious belief. The WMIN will adopt the Equality and Diversity policies and principles from the host organisation, but the EIA will be rebranded to support all WMIN policies.

Information Governance

The correct management of records and documents demonstrates network accountability and is a legal compliance matter under but not limited to the following legislation:

- Public Records Act 1958
- Data Protection Act 2018
- General Data Protection Regulation 2016 (GDPR UK)
- Freedom of Information Act 2000 (FOIA)

Commercially sensitive documentation will, by exception be stored on a secure area with restricted access by the relevant members.

There may be times where member organisations may wish to share sensitive information for discussion including incident investigations. In these situations, it is imperative all patient identifiers are redacted, as well as any personal information about staff members. It may be appropriate to redact information about the organisation origin. Where the organisation wishes to remain anonymous, a request can be made to either the chair or the core team facilitators to raise as an agenda item.

All information shared must comply with GDPR principles for storage, confidentiality and limitation. Members have a responsibility to abide by their own organisation's information governance policies when sharing any information. The WMIN core business will adopt its host organisations policies and procedures (DGFT: [Information Governance - Caldicott Guardian](#)).

¹¹ [WMIN document registry](#)

Information governance requirement for patient records as part of the digital transformation programme is outside of the scope of this document. Arrangements will however be cross referenced as the programme develops.

Freedom of Information Requests

The Freedom of Information (FOI) Act was passed in 2000 giving the public a general right of access to almost all types of recorded information held by public authorities. All requesters should be treated equally, whether they are journalists, local residents, public authority employees, or researchers.

The WMIN will adopt the relevant FOI policies and principles from the host organisation. Where necessary, the host organisation will be able to provide support in assessing whether any exemptions apply.

Clinical Governance

Clinical governance is the system through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which clinical excellence will flourish¹².

Whilst clinical governance is the responsibility and accountability of the individual NHS trusts and ICBs, the WMIN has a role in facilitating Network-wide quality improvement¹³. These can be supported by any established modality or pathways SIGs. These may include:

- facilitating network shared learning on clinical outcomes and best practice
- reviewing serious incident investigation reports
- review of audit and quality improvement plans and outcome

Where an issue is identified, the Network has a legitimate role in escalating the issue into the appropriate forums and will support agreed considerations of appropriate courses of actions/recommendations to resolve the issue. Any issues of performance at an individual level are a matter for the employing NHS Board and the relevant ICB who will look for resolution in accordance with policy and procedures.

¹² [NHS England » Governance, patient safety and quality](#)

¹³ In line with QSIN IN-701 Network review and learning and IN-702 Network Audit

Appendix 1: Equality Impact Assessment

Name of Policy Being Assessed	Assessor (s)	New or Existing Policy?	Date of Assessment
Governance Strategy		New / Existing	
Who is responsible for this policy?		Network Director	
What are the arrangements for monitoring and reviewing the actual impact of the policy/activity/event?		A bi/tri annual review of this policy is to be carried out. The EIA will be reassessed at this time.	
Are any of the following groups adversely affected by the policy?			
Protected Characteristic Group	Yes/No	Describe the nature of any disproportionate impact/s. Indicate what actions will be taken to address these	
<i>Age</i>	No		
<i>Disability</i>	No		
<i>Gender</i>	No		
<i>Gender reassignment</i>	No		
<i>Marriage/civil partnership</i>	No		
<i>Maternity/Pregnancy</i>	No		
<i>Race</i>	No		
<i>Religious belief</i>	No		
<i>Sexual orientation</i>	No		
What future actions needed to be undertaken to meet the needs and overcome barriers of the groups identified or to create confidence that the policy and its implementation is not discriminating against any groups			
What	By Whom	By When	Resources required
Ensure all core network staff are aware of this policy and their responsibilities	Line Managers	Induction	

Appendix 2: Document management

Name	WMIN Governance Strategy
Version Number	V1
Date Adopted	06/11/2023
Review Date	06/11/2024
Document Number	Gov-04
Approved By	Core Team Face to Face meeting 31/10/23
Target Audience	Members of core team, operational and executive boards, SIGs and NCAs

Version History

Version	Date Adopted	Summary of Amendments	Name	Title
V0.1	31/01/2023	Collection of all existing governance details into single policy	HW	Senior QI Manager
V0.2	11/04/2023	Review 2 – include EIA and Fol information Meeting attendance and membership management. Information dissemination expectations	HW	Senior QI Manager
V0.3	26/04/2023	Review 3 – Inclusion of Digital Board and Clinical Directors Forum. Update on document management information	HW	Senior QI Manager
V1	06/11/2023	Publication following approval	HW	Senior QI Manager

Document Control

The controlled copy of this document is kept within the West Midlands Imaging Network files. Copies of this document held outside of that area, will be viewed as removed from formal change control.