Humber Teaching NHS Foundation Trust

COMMUNITY SERVICES AND PRIMARY CARE CLINICAL GOVERNANCE STANDARD OPERATING PROCEDURE

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VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
1.0	*10/12/19*	*New SOP.*
1.1	*03/09/20*	*Formatting*
2.0	*08/09/20*	*Approved by Community and Primary Care Clinical Governance group*
2.1	*25/06/21*	*Changes to services*
2.2	*31/03/23*	*Changes made to Scope, Duties and Responsibilities and Procedures. Appendix 1 Sharing the Learning removed. Appendix 2 replaced with division ODG and Clinical Governance reporting structure. Approved by Community and Primary Care Clinical Governance group.*
2.3	*June 2024*	*Reviewed. PSIRF terminology and Closing the Loop added. Table 1: Seven Pillars of Governance sub-groups updated in section 5. Approved at Quality and Patient Safety Group (27 June 2024).*

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1. INTRODUCTION

The Community Services & Primary Care Division (CSPCD) Clinical Governance Standard Operational Policy aims to establish a consistent approach to delivering a clinical governance structure in the services that is underpinned by high-quality person-centred care/recovery within all services, promoting and ensuring safe, evidence-based interventions.

Clinical Governance: The integrated systems, processes, leadership and culture that are at the core of providing safe, effective, accountable and person-centred healthcare underpinned by continuous improvement.

The document is an overview document to work alongside the individual division's Standard Operating Procedures (SOPs) for:

1. Community Services in Scarborough, Ryedale including Malton Inpatient Unit, Whitby including Whitby Inpatient Unit and Urgent Treatment Centre and Pocklington
2. Hull & East Riding Primary Care Services
3. Hull & East Riding Addictions Services

The individual SOPs capture the live governance whilst delivering operational services, supporting the team to deliver high quality care and high standards of service delivery across the services. The purpose of the Governance SOP is to promote a transparent culture of patient safety, quality care, reduce avoidable harm and provide assurance that systems are in place to identify the good practice within the division's services and highlight any care concerns or service shortfalls.

The governance structure developed within the division will use real time information to inform, improve and strengthen involvement and ownership of all the services in their contribution to the delivery of safe, responsive, effective and person-centred care. It seeks to increase patient and carer involvement in the design and delivery of services to ensure outcomes meet their needs. It also addresses gaps in current forms of governance, particularly around everyday systems and to ensure the use of real time clinical and operational information triangulated with incident reporting, patient experience, risk management, managerial information and the overall clinical audit plan to provide service level accessible intelligence.

The framework will take account and be underpinned by national and local drivers including NICE guidance; individual professional guidelines and codes of professional conduct to ensure our patients are provided with current and up to date best practice care delivery.

2. SCOPE

This document provides governance structures and guidance for staff working across services within the division, which sits within the Humber Teaching NHS Foundation Trust.

The 7 pillars of Clinical Governance are the structures that underpin the document and include:

1. Patient and public involvement
2. Staffing and staff management
3. Clinical effectiveness and research
4. Using informatics and IT
5. Education and Training
6. Risk Management
7. Audit

The 5 CQC key questions and quality statements will help to plan, deliver and measure high quality care:

1. Safe
2. Effective
3. Caring
4. Responsive
5. Well Led

3. DUTIES AND RESPONSIBILITIES

The Humber Teaching NHS Foundation Trust is committed to creating a culture of caring. This extends beyond caring for our patients and service users and carers to caring for each other. With this in mind, the Trust has established a staff charter that sets out the Trust's mission and vision along with three new values, **Caring, Learning and Growing**.

Caring: Our shared commitment to patient-centred care, providing dignity and respect through our high quality and patient safety culture.

Learning: Our shared commitment to actively engage, listen and learn from our people and empower them to use evidence-based teaching approaches.

Growing: Our shared commitment to be an organisation that is accountable and which seeks collaborative work with others to support and grow health and social care systems.

The workforce
A clear staffing structure and lines of accountability within the division is critical in assuring safe and effective delivery of service. Staff at all disciplines and grades within the services have responsibilities and duties as part of the Clinical Governance framework.

Divisional Leadership - General Manager and the divisional Clinical Lead

Responsible for ensuring that the groups aligned to the governance framework are well managed; give assurances and escalate items as necessary to QPaS and Operational Delivery Group (ODG) in line with their respective Terms of Reference (ToR).

Direct Division Operational/Clinical Leadership – Service Managers/Matrons, Clinical Leads, Lead GP, Practice GP leads, Practice Managers, Practice Development Manager, Consultant Psychiatrist, Ward Managers, Team Leaders and Clinical Specialists in therapy and nursing services

Accountable for ensuring team/service/practice level governance meetings in place and are well managed. Ensure compliance with the 5 CQC quality statements across their respective areas. In doing so they will ensure that there are systems and processes in place to audit, monitor standards and compliance and share learning.

All clinical and non-clinical staff
All staff both clinical and non-clinical of all grades are responsible for ensuring that they attend governance meetings as per required meeting ToR. They are responsible for ensuring that they deliver agreed actions from CQC inspections, incident and complaint investigations (IIRs/PSIAs/PSIIs) and report safety and performance issues through agreed mechanisms such as Datix.

Each profession is accountable for ensuring that they maintain high quality standards of care, leading and participating in governance.

The wider team consists of:
Qualified Nurses
Support workers
Nursing associate
GP
Pharmacist
Pharmacy Technician
Dietitian
Physiotherapist
Speech & Language Therapist
Occupational Therapist
Advanced Clinical Practitioners
Complex Care Practitioners
Paramedic
Allied Health Professionals
Social Workers
Health Care Assistants
Administrative Support
Receptionist

Services

Primary care – GP Practices
Humber Primary Care
King Street Medical Practice
Market Weighton Group Practice
Wider Harthill and Bridlington PCNs shared services i.e. ARRS roles

Hull & East Riding Addictions Services
Three hub services (East, West & Central) provide a base from which assessment, titration, psycho-social interventions, prescribing reviews, aftercare, can be delivered in the community for service users aged 19 years and over. Hull primary care services offer GP support and review.

Other service functions include:

- Drop-in services for service users who use Image and Performance and Enhancing Drugs
- Young people service - clearly defined established pathways from YFS, Youth Offending Service (YOS) and CAMHS. The service provides the support work on harm reduction, behavioural change, and structured counselling around abstinence-based goals.
- The Community Rehabilitation Programme: an intensive recovery programme to support ongoing recovery.
- 12-week Community Rehabilitation Programme, rolling programme to support recovery, number of courses embedded in the programme which can lead to accredited learning.
- Making a Change (MACC) co- production with Local authority, working with Young People at risk of sexual exploitation and organised crime.

Community Services
16-bed inpatient unit in Whitby Hospital and 20 bed inpatient unit, Fitzwilliam Ward, Malton Hospital providing short term intermediate care; short stay assessment and rehabilitation, step up / step down from secondary care management and palliative care and end of life care.

Integrated multidisciplinary community-based hub teams provide an integrated prevention, community care and specialist support service for adults in Scarborough, Ryedale, Whitby and Pocklington.

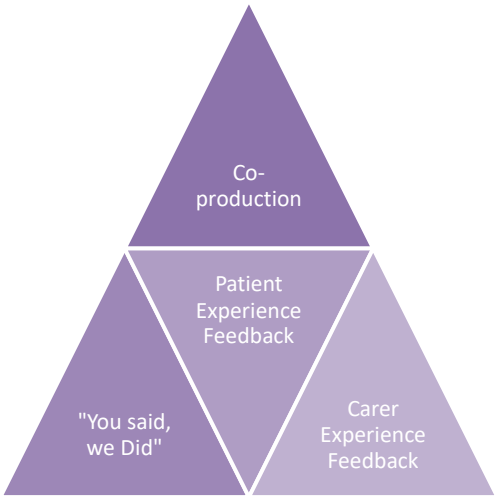
Other services include: Whitby Urgent Treatment Centre (UTC) and Outpatient services;

Urgent Crisis Response (UCR), Overnight Nursing, Virtual Ward and Single Point of Contact (SPoC).

4. PROCEDURES

The Governance reporting will use real time information to inform, improve and strengthen involvement and ownership of all the services in their contribution to the delivery of safe, effective and person-centred care. It seeks to increase patient and carer involvement in the design and delivery of services to ensure outcomes meet their needs. The procedures and everyday operating systems will ensure the use of real time governance information is triangulated with incident reporting, patient experience, risk management, managerial information and the overall on-going clinical audit plan to provide service level intelligence.

4.1. Patient and Family Involvement



Where possible, engagement will be with all people who use the division's individual services, e.g. the "Changes project" within the East Riding Partnership. This will include children, families, carers and significant friends. To support the collection of feedback the division, services will provide formats for capturing comments which will include accessible easy read, pictorial, symbols, auditory and the use of IT options, e.g. Accurx. All information required to be in an alternative language to English will be subject to support by the translation services and available through individual clinics and via technology and the Trust's website.

Engagement commences on referral to each individual patient referred into the division's services. Families and carers will be engaged in the planning and delivery of care where appropriate, with the consent of the service user. Where a patient lacks capacity a best interest meeting will be recorded to ensure the patient's wishes and requests are considered at all times. Maintaining contact will be facilitated by the team and will include adjustments including teleconferencing, video consultation and supported telephone conversations with the family and other division patients as most appropriate to meet the needs of the patient. The services delivered by the division will include links to advocacy support for the patient or the families/carers where needed to facilitate communication between the patient and the individual services accessed. Feedback on the care delivered will be encouraged at all times by all teams in the division. Information will be shared with all patients who actively partake in sharing a 'Patient Voice' and nominated patient champions will form a role within the community service directorate as a core voice to make decisions.

The division will ensure that families will form a co-produced approach to patient care and care planning in the future.

The Senior Patient and Carer Experience and Engagement (PACE) Coordinator will coordinate and support the division's Patient Participation Groups, The Trust's Patient and Carer Experience Forums and Staff Champion of Patient Experience forums as well as assisting with the Friends and Family Test (FFT) processes ensuring that patient and carer feedback is reported . They will be instrumental in the implementation of the Trust's 5 year Forward PACE Plan within the portfolio of teams/services in the division.

The division is working towards all services applying the principles of value-based recruitment when recruiting staff. Staff recruited to work in the division's services will be interviewed by service users and or family carers. The principles of including service users in recruitment will continue to be developed and be a standard embedded within the division's services.

Where appropriate we will develop Peer Mentors who are former service users themselves (along with volunteers who support with connecting service users and family members back into the community). We provide accredited training in order to support current service users and their families. They will also be given regular supervision and have regular service user involvement meetings.

4.2. Staffing and Staff Management

All the services adhere to the principles of NHS safer staffing ensuring that the service has sufficient skill mix and numbers of qualified staff to provide the on-going clinical and operational leadership for each span of duty. Training is being provided to staff on the use of the Community Nursing Safer Staffing Tool (CNSST). The staff team rostering is managed and monitored electronically through e-Roster where appropriate and will be the responsibility of dedicated leads to coordinate. The rota will be reviewed and confirmed by the Service/Practice Manager/ Team Leader. (NB some community services are moving towards e-Rostering as per organisational roll out). Staff are aware of minimum safe staffing levels and how to escalate concerns if these are not met. These are reviewed and monitored on a regular basis. There are also regular booked meetings held to review the delivery of safer staffing levels in the services with any gaps in the rota being addressed and registered on the divisional risk register if required. The wider division's services are community focussed. Staffing rotas will ensure sufficient skilled staff are in place to

support the delivery of care pathways across all services and meet the needs of the partnership/system working across a large geographical footprint. All staff will be supported to adhere to their professional standards.

A supervision structure and time for reflective practice will be embedded into the division services, along with an appraisal structure. Sickness and absence are monitored through the Trust's 'Managing Attendance Policy' with regular reviews with HR established to support direct management. Following any long-term periods of sickness, staff are supported through return to work reviews and support provided by the Occupational Health Department. Any long-term cover arrangements are the responsibility of the Ward Manager/Team Leaders/Practice manager, with Service Manager support where required. The Humber Teaching NHS Foundation Trust asserts the importance of maintaining and supporting the safety of all staff as a key priority. The NHS has a policy for zero tolerance of discrimination, physical or verbal abuse. Where a staff member has been subjected to harm immediate and follow up support will be made available to support wellbeing and recovery of the individual. An incident form Datix will be completed to help review the incident monitor for any trends and achieve any learning needs for the service.

A staff Health and Wellbeing action plan, in response to staff survey results, will be implemented and reviewed to enable effective and safe staff management. Safer staffing will be a standard agenda item on the Clinical Governance agenda and will be discussed at the division's Safer Services meeting where any escalations will be made to The Trust Quality and Patient Safety meeting (QPaS) and or The Trust Quality Forum, and exception reporting to the Trust Board.

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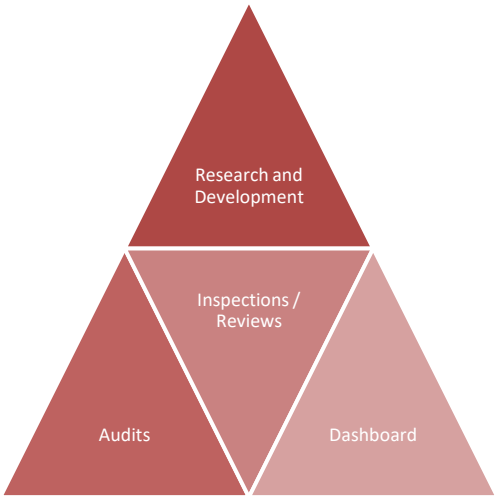
4.3. Clinical Effectiveness, Research and Audit



The Trust is committed to ensuring all services are provided to a high quality and makes performance management a core function within all services. The division's services will have established metrics for measuring clinical and non-clinical performance. This will be captured within the division's accountability reviews and highlighted within the division's service plans. The service plans will take account of:

- Quality Planning
- Activity Planning includes capacity and demand
- Workforce planning
- Financial planning

Accountability reviews will be conducted by the Executive Management Team on a three-monthly basis and will review the clinical effectiveness and operational performance of the services. The service will establish a cycle of clinical audit utilising InPhase as a tool to capture real time reporting within the service. Other audits identified relevant to the service delivery will be actively encouraged. The clinical team will also be supported to undertake local and national research appropriate to the service linked to the division's Quality Improvement Plans.

All audit proposals and research topics will be discussed at the division's clinical networks for review and approval before being reviewed in the Trust's Audit and Effectiveness Group (AEG). The division will develop and implement a clinical audit plan and progress will be monitored via the Clinical Governance Group. Clinical care delivered in the service will be aligned to national best practice and follow established NICE guidance. Staff competences will be reviewed through supervision and individual appraisal to ensure appropriate skill levels are maintained linked to clinical care delivery. The regulatory standards for the delivery of CQC quality domains will be embedded within the service delivery, any breaches in meeting regulatory standards will be notified to CQC as per notification and criteria procedures.

Clinical SOPs will be discussed and agreed at the relevant clinical network. A register of all SOPs will be maintained and the review of SOPs will be monitored at the Clinical Network Group. The register of SOPs will be discussed at the meeting to ensure that the reviews are completed when due and to ensure the information is regularly reviewed and updated on the Trust intranet. Any action plans arising from regulatory breaches, incident investigations (IIRs, PSIAs and PSIIs,) and complaints will be agreed and monitored for delivery through the division's Clinical Network groups and escalation to the division's Clinical Governance group.

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All staff will adhere to The Trust policy on incident reporting. All recommendations and actions emerging from incident reporting will formulate actions plans within the service for learning lessons and making changes in the delivery of care where needed to improve clinical effectiveness. Duty of Candour is adopted at all times. Action plans from incident investigations (PSIAs, PSIIs and IIRs,) will be reviewed at the division's monthly Closing The Loop forum and evidence captured for the Trust's Closing The Loop Group. All incidences and service concerns will be discussed at the division's Safer Services meeting and escalated through the Trust reporting systems as appropriate. A service dashboard will be in place within all the division services capturing the performance of the service in relation to compliance with the delivery of clinical effective and quality services to all patients and their families/carers.

4.4. Using informatics and IT

All records regarding the care delivered will be electronically maintained on SystmOne=. All patient information will be used in accordance with the Accessing and Sharing Information with Service Users and Carers Policy, the Operational Procedure for Sharing Information to provide integrated Mental Health Services and the Caldicott and Data Protection Policy All records are managed under The Records Management Code of Practice for Health and Social Care (2016).

Health Informatics will support the management of electronic records. The service will use the electronic record to collect and record the service users' health information adhering to electronic information standards. Record-keeping will be subject to regular record keeping audit and review to ensure that the information recorded is entered in a timely manner and captures an accurate record/care plan that identifies the consultation/treatment and any referrals delivered by all staff and also captures any contemporary risks including safeguarding emerging.

Informatics will be used across the services to improve the coordination of patient care information and management of treatment plans enabling live recording and coordination of care delivered across the services. The Electronic Palliative Care Coordination System (EPaCCS) is used to share data and enable access for coordinated end of life care, All patients will be supported to be involved in their care planning. Copies will, where appropriate, be shared with the service users and families /carers. With exceptions considered risks are identified, e.g. safeguarding concerns.

Consent will be considered throughout information sharing with an acknowledgment of the implementation of the Mental Capacity Act.

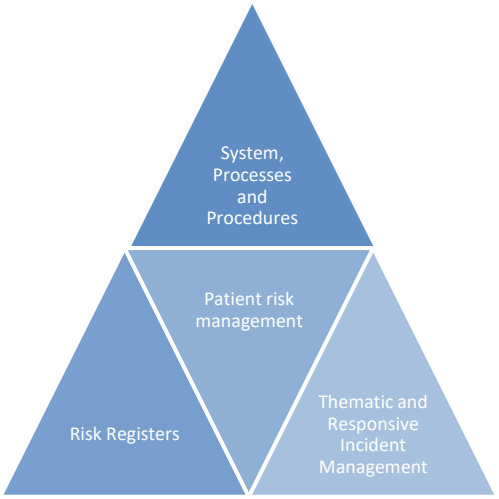
4.5. Education, Training and Staff Wellbeing

All staff working in the service will be supported to maintain the values of caring, learning and growing. Education, training and personal development will be individually and collectively identified through the appraisal process. Continuing professional development is critical in ensuring that the staff team have the necessary skills and knowledge to support them to deliver the highest quality of care to patients and their families.

All staff will be appraised annually via the personal development process. The records of appraisals will be recorded on ESR. Regular clinical and managerial supervision structures will be in place to provide on-going developmental review and identify any emerging training or wellbeing support for individuals. All new staff will attend an induction programme. All staff will attend mandatory training sessions appropriate to their individual professional status. This will include the necessary level of training required to manage all areas of care delivery as identified in the individual services' operational SOPs.

Service-specific based training will be facilitated and include practice-based learning opportunities for all staff. Training will be determined by the analysis of skills needed linked to the patients identified support needs .The service will maintain links with the local universities and support student placements across all disciplines. This will include ongoing participation in local medical and Allied Health Professional training programmes and integration with place-based partnerships.

Staff wellbeing will be supported from the Trust induction through to divisional leads proactively promoting a positive health and wellbeing balance, ensuring the Trust's Health and Wellbeing Board actions are addressed and shared to evidence positive health and wellbeing approaches within the individualised community services team. The MECC approach to identification of 'making every contact count' is embedded as part of our divisional position and we work closely with Occupational Health and the health prevention, recovery and wellbeing service to offer direct opportunistic community support for all staff to proactively respond and support a positive approach to wellness for all. It is the Divisional lead's responsibility to embed health and wellbeing throughout the division, encouraging positive mental and physical health for all staff.



4.6. Risk Management Systems

The triangulation of all governance information is essential to risk management. The services will have robust Risk Registers in place to ensure that risks are identified, managed and reported through organisational governance arrangements. The division senior management team holds a monthly risk register review forum to review risks. The information from these risk registers is essential due to the confounding impact risks have on other elements of the real time governance framework and to ensure that that risk ratings are reflective of real time service activity. The risk register will be reviewed at team meeting level, the service clinical network, the division's services meeting and escalation to QPaS and the Quality Committee as appropriate.

All incidents are reported via the Trust Datix electronic reporting and investigation system. All Datix are first discussed at a divisional daily safety huddle attended by clinicians across all the services. Any areas of concerns are escalated immediately and decisions are made about whether safeguarding referrals are required at this point. The Datix are then reviewed at the Trust corporate safety huddle each morning by senior clinicians within the Nursing Directorate. All clinical staff across the Trust can join the huddle to participate in the review of Datix submissions. All submissions are reviewed and actions for further review include the following:

- Patient Safety Incident Investigation (PSII)
- Initial Incident Review (IIR)

This enables real time reporting and alerting of incidents with set parameters on timescales for investigation. The huddle provides the opportunity to dial into discuss Datix submissions made in the previous 24 hours. When services have made Datix submissions, the senior clinician on duty will ring into the Corporate Safety Huddle to talk through the incident providing context and offering assurance that any immediate action has commenced. The management of the incident includes full duty of candour provided to the individual and their family and learning the lessons approach to improvement. Quality Dashboards utilising Datix will be used by teams to identify risk themes and inform decision making.

Where there has been distress to the patient, staff or others a debriefing opportunity will be facilitated immediately following the incident and repeated if necessary, at an appropriate time. These will be undertaken by most appropriate operational/clinical lead.

The services have in place routine meetings that facilitate regular review and discussion on the care, treatment and pathway of a patient presenting with a significant risk to themselves or others. Care plans will be reviewed and adjusted to ensure that the risks are effectively managed and the risk of harm reduced.

The learning from initial incident reviews will be discussed in team meetings/debriefs/huddles via operational/clinical leads. The learning from patient safety incident investigations and complaints will be disseminated via clinical networks. The learning will be shared with the wider staff team through ward and team level meetings. Assurance that the learning has been shared will be provided through team/service meeting minutes.

All incidents will require a Datix to be submitted detailing the actions taken. Further investigation of such incidents will be undertaken as advised by the corporate risk team and/or senior clinicians and operational management. A reflective review including learning the lessons will be part of each episode of restrictive practice.

A record of the patient's physical health will require ongoing recorded monitoring. This will include baseline observations recorded on NEWS2 (over 16 years) PAWS (children under 16 years). All occurrences will require medical reviews to be undertaken along with MDT reviews as per policies.

On admission to an inpatient ward the patient's physical health is assessed and observed using a number of different tools such as Trusted Assessor, MUST, Falls Risk, Bed rails, Moving and Handling, Infection, MRSA Screening, NEWS2 , Alcohol & tobacco, L&S BP, Frailty etc. and within

holistic assessment for community services patients. Patients will require ongoing monitoring, along with MDT reviews as per policies.

All incidents will require a Datix to be submitted detailing the actions taken. Further investigation of such incidents will be undertaken as advised by the corporate risk team and/or senior clinicians and operational management. A reflective review including learning the lessons will be part of each episode of restrictive practice.

Environmental Risks
The services will have in place regular environmental checks in line with Trust Policy to ensure that patient clinic areas and clinical areas including bedroom spaces in the inpatient services are routinely checked for all potential hazards.

Within the inpatient units, particular emphasis will be placed on the security of bedroom spaces and the type and amount of property that patients have in their rooms. Staff are asked to refer to the Patient Property SOP in order to manage property risks.

Safeguarding
Safeguarding risks that are identified as a result of disclosure from all patients including children or observed during interaction with the patient or family will be immediately referred to safeguarding team in Humber Teaching NHS Foundation Trust and the appropriate local authority safeguarding team. The patient will be immediately protected from any further safeguarding concerns. All appropriate agencies will be involved in developing a safe plan for the patient.

5. GOVERNANCE STRUCTURE

Table 1 below shows how the main Governance groups (divisional Operational Delivery Group, Clinical Governance and Clinical Networks) ensure that the 7 pillars of clinical Governance are addressed.

Table 1: Seven Pillars of Governance aligned to Governance Groups

Pillar	Governance Group Responsible for assurance	Chair	Frequency	Sub - groups reporting to the Governance Group	Frequency
Clinical Effectiveness and Research	Clinical Governance	Clinical Lead	Monthly	Community Services Clinical Network Primary Care Clinical Network Addictions Clinical Network	Monthly Monthly Bi-monthly
				Professional therapies/nursing forums	Quarterly
				Closing the Loop forum	Monthly
Audit	Clinical Network	Matron	Monthly	Clinical Audit Champions	Quarterly
Education and Training	Clinical Governance	Clinical Lead	Monthly	Community Services Clinical Network Primary Care Clinical Network Addictions Clinical Network	Monthly Monthly Bi-Monthly

Pillar	Governance Group Responsible for assurance	Chair	Frequency	Sub - groups reporting to the Governance Group	Frequency
	Divisional Operational Delivery Group	General Manager	Monthly	Team/Service meetings	Variable
Risk Management	Clinical Governance	Clinical Lead	Monthly	Safety Huddles	Daily/weekly
				Risk Register forum	Monthly
	Divisional Operational Delivery Group	General Manager	Monthly	Team/Service meetings	Variable
Patient and Public Involvement	Clinical Network	Matron/ Therapy Lead	Monthly	Team/Service meetings	Variable
				Locality Patient and Carer Experience Forums	Variable
				Patient Participation Groups	Variable
Information and IT	Divisional Operational Delivery Group	General Manager	Monthly	Digital Delivery Group	Monthly
Staffing and Staff Management	Divisional Operational Delivery Group	General Manager	Monthly	Safety huddles	Daily/weekly
	Clinical Governance	Clinical Lead	Monthly	Team/Service meetings	Variable

Appendix 1 demonstrates the division's reporting structure

6. REFERENCES

Division's Service Plan
Accountability Review
All service Standard Operating Policies

Service Specifications

Operational Procedure for Sharing Information
Caldicott and Data Protection Policy
The Records Management Code of Practice for Health and Social Care (2016)
Safeguarding Policies
Safer Staffing Escalation Policy
Supervision Policy
Medicines Management
Controlled drugs policy

Appendix 1: Community & Primary Care Operational Delivery Group and Clinical Governance Reporting Structure