# Porter Brook Medical Centre

# Porter Brook & Student Health Medical Centre Governance Framework 2018 - 2020

## A NHS Framework Ensuring High Quality Outcomes within Primary Care and General Practice

Rachel Pickering, Business Manager

Date: October 2018

**1.1 Mission Statement -** Our governance framework underpins our mission statement to:

**1.1 Mission Statement -** Our governance framework underpins our mission statement to:

| Draft 2019* | Patients and Service Users |
|---|---|
|  | We will endeavour at all times to provide the best possible accessible services to all of our patients.<br><br>We will regularly review the quality of our service we provide to our patients ensuring we are safe and effective.<br><br>We will work with and consult with our patients as partners in the services we provide, embracing feedback.<br><br>We will serve the different needs of our diverse communities, proving the best possible care for all.<br><br>We will respect and value our patients and treat every person as equal. |
| | Our Staff and Workforce |
|  | We will seek to provide an environment where our staff feel respected, valued and listened to.<br><br>We aim to provide all of our staff the opportunity to thrive, learn and train in our environment.<br><br>We will continue to train and support the workforce of the future, providing training opportunities for doctors, nurses, and other new clinical roles. |
| | Our Environment and Workplace |
|  | We will seek to provide a welcoming environment in which patients feel respected and valued.<br><br>We will provide a high quality and safe environment where everyone is welcome.<br><br>We will engage with and seek the views of our patients and their representatives.<br><br>We will continue to work with our partners in the wider community for the mutual benefit of our patients.<br><br>We will ensure that we will effectively manage our business to ensure the best use of our resources. |

*The vision and mission of our organisation was reviewed with the practice support staff during 2019 and a new draft was produced. This is currently in draft until it is shared with the patient group for feedback.

## 1.1 Porter Brook Governance Framework

**Partner/Exec Meeting**
**Meet Weekly**
**Partners/Senior Managers**

**Operational Management Team Meetings**
**Meet Weekly**
**Operational Managers**

### Operational Function
Operational Management Team will meet weekly to discuss Operational Issues
**Functions:** Finance, contracts and resource management and operational issues arising across the staff groups.  Staff and Workforce planning.  General update from sites H&S, Complaints, patient satisfaction, policies/procedures, safety alerts

### Business & Finance Function
Partner/Exec Meeting meet weekly to discuss Performance, governance and finance
**Functions:** Performance, contracts, all financial matters. Health and Safety monitoring.  Risk review., serious incidents. Escalated issues from Operational Team.

**SERVICE LEVEL:**

| SEA/Complaints /Audit/ Access | Medicines Management | Clinical Team Meetings | Palliative Care Team Meetings/MDT | Safeguarding Meetings |
|---|---|---|---|---|
| Clinical Staff/Admin Management 3/12 **Functions:** Significant Events and Complaints review, actions, planning, audit planning, implementation and review. Patient access review, appointment system review and rota management. Patient feedback. | MM Lead/ Pharmacist/ Manager/Reception Team Leader/ CCG 6/52 **Functions:** Policy review, commissioning changes Drugs changes/switches Safe medicines, audit | Clinical staff meet weekly **Functions:** Discussion and agreement of clinical protocols, patient care, sharing good practice, teaching and education and NICE guidance | The core clinical team meet with District Nurses and other professionals involved in palliative care. Weekly **Functions:** Review of the palliative care register, review of patient care plans, discussion of individual patient care | The safeguarding lead & admin meets to discuss vulnerable children with the health visiting teams. **Functions:** Review of the children on the safeguarding register and those with known risk |

**STAFF GROUP/PROFESSIONAL LEVEL:**

| Whole Team Meetings | Staff Consultative Meeting | Nurses & Allied Health Professionals Meetings | Reception/Admin Team Meetings inc Team Leader Meetings | Patient Group |
|---|---|---|---|---|
| All staff from across service annually. **Functions:** Business planning, review of objectives. Staff engagement, feedback. Management report. | Reps from all staff groups **Functions:** Staff engagement, policy review or implementation. Feedback from staff, staff ideas, incentives | All members of the Nursing Teams meet monthly **Functions:** Agreement of clinical protocols, Peer review, sharing good practice | Members of the reception team meet monthly at each site **Functions:** Operational Issues on site, rota management, Staffing levels. Agreement of administrative protocols | **Functions:** Patient representatives supporting practice developments, patient issues, access, patient suggestions and feedback |

**INDIVIDUAL LELVEL:**

| Clinical Supervision | Operational Supervision | Staff 121s | PDR & Appraisal | CPD, Training and Education | Professional Revalidation |
|---|---|---|---|---|---|

**1.2 Good Governance**

This framework is designed to support a culture that supports learning and innovation with an aim to deliver outstanding quality.

Our processes ensure the service delivers well-led, safe, responsive, effective and caring services to the people we support. It will help us to identify any issues early, as they arise, as well as to identify examples of excellent practice that others can learn from.

Governance encompasses service monitoring in quality assurance, performance including finance, service improvement and evidence of continuous quality improvement.

Good governance brings together information about what we are doing with the resources we have to give us the assurance that we are making the best use of our resources for the benefit of the patients we serve.

Continual feedback and effective communication is one of the practices key priorities. Staff meetings and a staff forum for feedback (staff consultative) a staff survey (developed 2020), open door policy and weekly round-up is the main method for staff feedback.

The evidence of agendas, papers, presentations and minutes is stored on the central library. It is available for appropriate scrutiny and assurance by the partnership and available for regulation inspections. . The meetings structure, format, agendas and terms of reference for the practice can be seen at appendix 1.

**1.2.1 Meetings structure**

The practice meetings structure was reviewed in 2018/19 with the introduction of a new meetings structure as seen in 1.1.

The practice is governed by an executive group consisting of the partners and the senior managers, oversight and procedural scrutiny sits at this level.

**1.3. Quality at every level**

We believe it is essential that the responsibility for governance is seen as everyone's business.

Opportunities for quality, care and innovation can come from all places within an organisation. Sometimes top down leadership is necessary in order to steer a service in the right direction. However, the experience, involvement and feedback of service users and front line staff is an equally, if not more, powerful means through which to learn about quality and drive change.

This governance framework therefore sets a governance framework for the practice that is implemented across every level of the organisation and allows quality assurance to stakeholders such as patients, commissioners and CQC:
- Exec/Management level
- Professional / staff group level
- Individual level

**2. Responsibility and Accountability**

**2.1 The Role of the Team in Quality Improvement**

Staff in management and leadership positions take responsibility for and make a difference to quality. Development of the workforce can make a real difference in the lives of service users. Initiatives that support quality also support workplace well-being and job satisfaction for all concerned.

There are a number of key responsibilities that will help ensure continuous quality improvement. The most important of these is to 'lead by example'.

A wide range of people influence quality. It is not just about the work of the multidisciplinary team it is also about the crucial input of supporting staff (e.g. front-line clerical and support staff). The staff consultative meeting represents and includes the views of all staff across the organisation.

Positive modelling and nurturing a proactive culture within the service can achieve this.

Positive modelling includes:
- Setting direction by being clear about what, why and how we deliver high quality care.
- Being clear about the fundamental standards of care and what quality 'looks like and feels like' in general practice.
- Supporting and developing staff by encouraging positive change and celebrating success.
- Supporting processes to ensure these standards are achieved by measuring and evaluating progress and looking for improved delivery based on findings.
- Working in partnership across bringing together service user, carer & service provider ideas.

- Developing a learning culture (rather than a blame culture) so that significant events, incidents and near misses are used to improve care and safety going forwards.
- Holding people to account when their performance or conduct falls below agreed acceptable standards.

**2.2 Management Level**

The Executive Partners are ultimately accountable for the governance and quality of the service provision within the practice.

The operational management including the team leader roles provide focused operational management to sites. The tasks of the management of the practice can be seen at appendix 2.

The Clinical Nurse Lead provides clinical management to the primary care nursing team and other allied health professionals.

All of the individuals with management and leadership roles are responsible for:

- Ensuring resources are deployed appropriately (staff and financial)
- Ensuring that resources and capacity are coupled with the knowledge and capability to deliver high quality services
- Ensuring quality standards are being met within each professional group

**2.2.1 Individual Level**

The service recognises that whilst management roles and leadership is essential, leadership and innovation needs to be grown, encouraged and harnessed at every level of the organisation.

Each member of staff has a responsibility for ensuring quality standards are being met and they recognise the valuable role that they play in the delivery of high quality services.

Attending to continuing professional development, appraisal, seeking support/supervision and taking ownership and responsibility for raising concerns are integral to the roles of all staff.

Individuals within the service have lead areas and take responsibility for clinical and serviced strategy and governance areas as below:

| Clinical | Nurse/AHP Lead | Doctor |
|---|---|---|
| COPD | Sally Nowacki | |
| Asthma | Amanda Russell | Dr Kirsty Goddard |
| Cardiovascular Disease | Anne Baird | Dr Jon Keel |
| CHD secondary prevention | | |
| Heart failure | | Dr Julie Endacott |
| Respiratory | Sally Nowacki | |
| Diabetes | Rachel Mattock | Dr Adrian Mackie |
| Hypertension | Anne Baird | |
| Eating disorders | Amanda Russell | |
| Severe mental illness | Amanda Russell | Dr Gurjit Barn |
| Learning disabilities | Ibrahim Adeyemi | Dr Sara Russell |
| Depression | | Dr Matthew Lambert |
| Cervical Cytology | Anne Baird | Dr Nikki Bates |
| Women's' Health | Amanda Russell | Dr Nikki Bates/Dr Barn |
| Stroke and TIA | Anne Baird | Dr Julie Endacott |
| DMARD | Sally Nowacki | Dr Sara Russell |
| Anti-coagulation monitoring | Anne Baird | Dr Sara Russell |
| End of Life Care/Palliative/Care | | Dr Adrian Mackie |
| Homes/Cancer | | Dr Kirsty Goddard |
| Dementia | | Dr Sara Russell |
| CKD | | Dr Matthew Lambert |
| Obesity | | Dr Kirsty Goddard |
| Smoking | Rachel Mattock | Dr Jon Keel |
| Osteoporosis | | Dr Sara Russell |
| Rheumatoid Arthritis | | Dr Sara Russell |
| Peripheral Arterial Disease | Anne Baird | Dr Jon Keel |
| Medicines Management | Belinda Pickett | Dr Sara Russell |
| Extended minor operations | | Dr Jon Keel |
| Drugs and Alcohol Lead (City) | | Dr Gurjit Barn |
| Epilepsy | | Dr Matthew Lambert |
| Sexual Health | Amanda Russell | Dr Nikki Bates |
| Rheumatoid Arthritis | | Dr Matthew Lambert |
| Transgender | | Dr Julie Endacott |
| **OTHER ROLES** | | |
| Network Lead | | Dr Kirsty Goddard |
| Clinical Director | | Dr Julie Endacott |
| Commissioning | | Dr Nikki Bates |
| Clinical Rota Management inc | Anne Baird | Dr Adrian Mackie |
| Extended Hours/Access | | |
| Training lead | Amanda Russell | Dr Adrian Mackie |
| | | Dr Kirsty Goddard |
| Finance Lead | | Dr Jon Keel |
| Safeguarding Children and Adult | Paul Mcgrath | Dr Julie Endacott |
| Audit Lead | | Dr Kirsty Goddard |
| Caldecott Guardian | | Dr Jon Keel |
| Sepsis Lead | | Dr Kirsty Goddard |

**3. Setting Quality Goals and Standards**

Our quality framework is driven by a range of national and local sources including NICE guidance, regulatory frameworks set by CQC, patient feedback and internal audit.

Our quality improvement activities include:

- Review of outcomes data
- Patient data searches
- QI tools for service improvement e.g. microsystems
- Locally commissioned and directed enhanced service audit
- Learning from significant event audit, serious incidents, compliments and complaints
- Patient and carer feedback
- Staff feedback
- Innovation and 'bottom up' ideas from staff within our services
- Audit



As well as external influences, our goals will be influenced by the experience of our patients and staff.

**4. Monitoring**

Quality is a moveable feast. What was considered good or acceptable in the past or even one year ago may no longer reach the bar. With this in mind we will be monitoring and supporting our leads across the year to focus on quality improvement.

**5.1 Reporting**

1. Patient feedback. National Survey (annual), local surveys (annual), F&F (quarterly), complaints and compliments including NHS Choices (monthly)
2. Enhanced services performance (monthly)
3. National screening & immunisation update (quarterly)
4. QOF (quarterly)
5. Audit (quarterly)
6. Risk (weekly)
7. Clinical data performance e.g. secondary care/referrals, PC indicators, CASES (quarterly)
8. Financial performance (monthly)
9. Significant Event and Incident reporting (quarterly)
10. Information Governance (as needed)
11. Medicines management (quarterly)

This Quality Improvement Cycle is driven by:
- Operational Management
- Clinical Leadership
- Patient Safety Focus
- Clinical Effectiveness Focus
- Patient & Carer Engagement

This process will support a proactive cycle of continuous quality improvement:
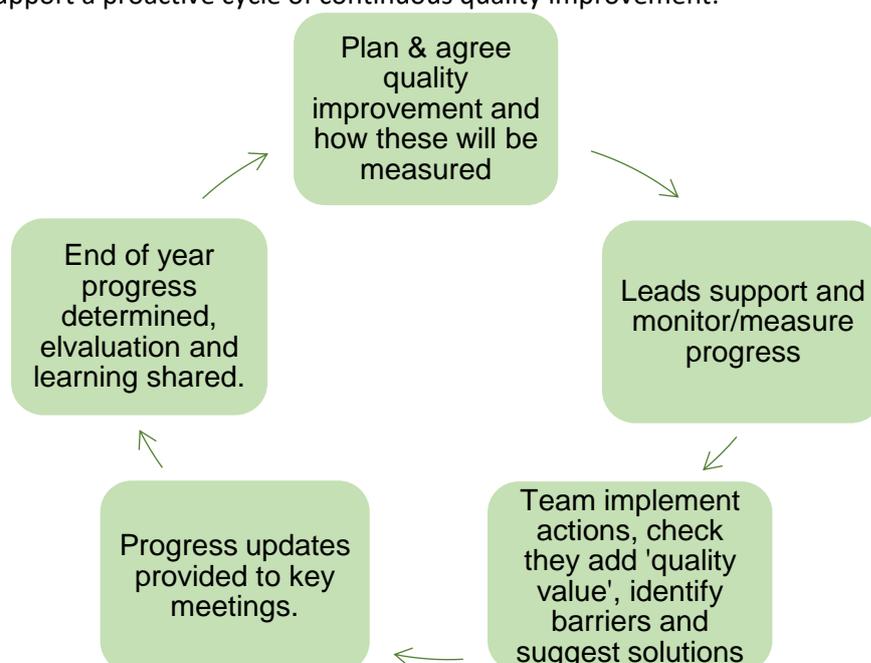
**6. Conclusion & Forward Vision**

Quality governance is a robust system that defines, checks and learns about quality. It supports a well-led and resilient culture that is open to positive improvements. It provides assurance at all levels.

This governance framework is driven by a desire to offer the best provision to our patients.

The process of continual learning means the ideas and contributions of all staff and service users are integral to what we do and how we do it.

By placing the patients/carers and staff at the centre of everything we do, there is a real opportunity to develop high quality services that deliver safe & effective care and use our resources in an optimal manner.

**Appendix 1. Terms of Reference and Standing Agenda Items**

**Terms of Reference**

| Name of Committee/Group | Partnership Meeting |
|---|---|
| Type of Committee/Group i.e. | The Board Meeting of the Practice. |

| 1. | Purpose of Committee/Group |
|---|---|
| | To be accountable for the overall governance and operation of the partnership and practice. |
| | To oversee the provision of services within the remit of the partnership, receiving regular reports in relation to performance, governance and activity from any sub groups established and to provide direction on any remedial actions required |
| | To consider and set the strategic direction for the partnership, and to approve any business cases in relation to service development or expansion |
| | To ensure that appropriate processes , procedures, and resources are in place to meet the requirements of any contracts held by the partnership |
| | To ensure that an effective system of clinical governance and risk management is embedded across the service and report any issues for onward referral to the partnership.  Plan, prepare and implement good governance systems in respect of regulation. |
| | To define financial  arrangements /  budget levels available in respect of the provision of services  and to receive regular reports on financial performance |
| | To ensure that an effective system of clinical governance and risk management is embedded across the service. |
| | To oversee information governance arrangements in accordance with all data governance requirements and data law. |
| | To ensure that the premises in which the business functions are safe, operational and to agreed standards and approve any future business cases for development. |

| 2. | Authority/Accountability |
|---|---|
| | Make strategic decisions in relation to the use of the resources allocated to it for the provision of services |
| | Agree and implement any actions necessary to achieve the matters outlined in the above purpose |
| | To act as the Board that is accountable for the delivery of services within the business responsibility, ensuring that the operational and clinical governance arrangements are complied |

| | |
|---|---|
| | with |

| | |
|---|---|
| **3.** | **Membership** |
| | All Partners |
| | |

| | |
|---|---|
| **4.** | **Attendees** |
| | The Business and Practice Manager, shall be attendees of the partner meeting. |

| | |
|---|---|
| **5.** | **Quorum** |
| | Meetings shall be quorate provided that either ; <br><br> Four of the members are present, with 1 attendee; <br><br> Each member has one vote; majority vote is required for agreement/sign off; <br><br> Where consensus cannot be agreed, split vote, the partnership acknowledges that wherever there needs to be unanimity of the partnership all votes are required <br><br> Refer to partnership agreement. |

| | |
|---|---|
| **6.** | **Frequency and Notice of Meetings** |
| | Meetings shall be held weekly for 2 hours,  but will be at least fortnightly. <br><br> Where facilities allow, meetings may be attended by telephone. <br><br> The BM/PM shall set the agenda and ensure papers are circulated as required |

| | |
|---|---|
| **7.** | **Minutes and Reporting Arrangements** |
| | The chair shall ensure administrative support and advice are provided to meetings including; <br><br> • Agreement of agendas with the partners and collation and distribution of papers <br> • Taking the minutes <br> • Keeping a record of matters arising and issues to be carried forward within an action log <br> • Ensuring that sufficient advice is available to the partnership to inform discussion on |

| | |
|---|---|
| | pertinent issues/areas<br>• Provision of a highlight report of the key business undertaken to the partnership following each meeting, and actions required<br><br>The minutes shall be approved at the following meeting and matters arising and action log shall be discussed at each meeting. |

| 8. | Meeting effectiveness review |
|---|---|
| | The Chair will ensure that an annual self-assessment on the performance of the partnerships purpose and duties is conducted as reflected within these terms of reference and report any conclusions and recommendations for change made to the future structure. |

| 9. | Review to be conducted by Chair | |
|---|---|---|
| | Date Committee/Group established | July 2018 |
| | Terms of Reference to be reviewed e.g. Annually | Annually |
| | Date of last review | September 2019 |
| | Date of next review | September 2020 |

**Terms of Reference**

| Name of Committee/Group | Operational Management Meeting |
|---|---|
| **Type of Committee/Group** i.e. | Business, financial and operational management of the practice business. |

| 1. | **Purpose of Committee/Group** |
|---|---|
| | To report in issues in relation to the overall operation of the practice and make recommendations for service change. |
| | Report in issues of performance, governance and operational activity and to make recommendations to the relevant meeting of the practice. |
| | To manage the appropriate business functions of the practice in relation to site management, H&S, access, staffing/workforce |
| | To develop and ratify policy amendments, changes and implementation.  Onward referral in relation to the ratification of clinical policy (new or changes) to the relevant clinical meeting. |
| | To ensure that appropriate processes , procedures, and resources  are in place to meet the requirements of the operational delivery of the service. |
| | Review the administrative and support functions of the practice. |
| | Oversee the health and safety functions of the practice. |
| | Oversee and ensure that the training compliance of the staff group including all other aspects of HR is met. |
| | To ensure that an effective system of financial management is in place, looking at efficient use of practice resources and deployment of staff. |
| | Prepare action plans in relation to the governance and regulation of the practice, co-ordinating appropriately the functions required under CQC. |
| | To discuss and make recommendations in relation to financial arrangements /  budget levels available in respect of the provision of services  and to receive regular reports on financial performance in preparation for partnership meetings |
| | To oversee matters in relation to the information governance arrangements in accordance with all data governance requirements and data law and refer to the partnership/Caldecott guardian where necessary. |
| | Discuss and produce reports and updates in relation to access, enhanced services, patient feedback, staffing/workforce and make recommendations for onward referral to the partnership. |

| 2. | **Authority/Accountability** |
|---|---|
| | To manage the operational and resource functions in relation to the use of the resources allocated to it for the provision of services |
| | Agree and implement any actions necessary to achieve the matters outlined in the above purpose. |

| 3. | **Membership** |
|---|---|
| | Business Manager |
| | Practice Manager |
| | Branch Manager |
| | IT/Information Manager |
| | |

| 4. | **Attendees** |
|---|---|
| | As and when required, other members may be co-opted onto the group to give feedback. |
| | Team Leaders are in attendance every 4 weeks. |

| 5. | **Quorum** |
|---|---|
| | Meetings shall be quorate provided that either ; |
| | 3 members are present |
| | Each member has one vote |

| 6. | **Frequency and Notice of Meetings** |
|---|---|
| | Meetings shall be held weekly for 2 hours |

| 7. | **Minutes and Reporting Arrangements** |
|---|---|
| | |

| | The chair shall ensure administrative support and advice are provided to meetings including; |
|---|---|
| | <ul><li>Agreement of items for discussion and onward referral to another meeting/group</li><li>Keeping a record of matters arising and issues to be carried forward within an action log</li><li>Ensuring that sufficient advice is available to the operational meeting to inform discussion on pertinent issues/areas</li></ul> |

| 8. | **Meeting effectiveness review** |
|---|---|
| | The Chair will ensure that an annual self-assessment on the performance of the partnerships purpose and duties is conducted as reflected within these terms of reference and report any conclusions and recommendations for change made to the future structure. |

| 8. | **Review to be conducted by Chair** | |
|---|---|---|
| | **Date Committee/Group established** | September 2018 |
| | **Terms of Reference to be reviewed** e.g. Annually | Annually |
| | **Date of last review** | September 2019 |
| | **Date of next review** | September 2020 |

Standing Agenda Items per Meeting:

Partnership Meetings:

- Update from BM/PM
- Finance matters
- Staffing/operational issues
- Business opportunities
- Workforce
- Network

Operational Management Meeting:

- Finance and payroll
- Training, HR, Intradoc
- Buildings issues/H&S
- Operational safety alerts
- IT/Data and Governance
- Student Health
- Access
- Workforce issues/front-line issues
- Operational issues
- Complaints/incidents
- Business matters/business cases
- Delivery of services/ES
- Workforce
- Teaching/training developments
- Network developments
- Staff incentive awards

Nurse & AHP Meetings:

- Training Compliance
- Rota management
- General nursing issues
- Audit
- CQC
- Infection control
- Screening and immunisation
- Development of the team

Clinical Meetings:
- Complaints/SEA/incidents
- Audit
- QOF/enhanced services
- Network update
- Patient management/clinical protocols
- Teaching and training themes
- Palliative care
- MDT

- Safeguarding
- Good practice
- Standards/guidance e.g. NICE
- Medicines management
- Access

Appendix 2

Management Tasks -
Clean.ppt