

Nottingham City Clinical Governance Framework for Drug Treatment

Clinical governance is a systematic approach for monitoring and improving the quality, safety and effectiveness of clinical interventions. As it is a system for improving quality, **clinical governance is relevant to all individuals and organisations providing and commissioning treatment for substance misusers, even where their interventions might not be considered as 'clinical'**. This reflects the broader definition of 'clinical' adopted by the 2007 Clinical Guidelines (DH and devolved administrations, 2007), in which 'clinicians' also covers the wide range of individuals providing treatment for substance misusers.

This framework sets out our **minimum** clinical governance standards and priorities against a range of domains that impact on the quality and safety of care. By having a set of minimum standards the framework acknowledges that implementation of clinical governance varies depending on the size and nature of the service and that many providers already have their own organisational measures in place.

The framework sets out provider's roles and responsibilities in relation to clinical governance.

ALL providers must comply with this Clinical Governance Framework as a minimum and this requirement is set out in contracts/contract variations from 2011/12.

Compliance with this framework will be monitored through normal contract management mechanisms and providers may be audited.

This framework does not replace provider's organisational clinical governance systems and providers must also continue to comply with their own organisational clinical governance standards and requirements, which are likely to exceed the minimum standards set out in this framework.

Further useful information regarding clinical governance generally and more specifically within drug treatment can be found in:

- Clinical Governance in Drug Treatment; A good practice guide for providers and commissioners, NTA, July 2009
<http://www.nta.nhs.uk/uploads/clinicalgovernance0709.pdf>
- Auditing Drug Misuse Treatment, NTA, December 2008
http://www.nta.nhs.uk/uploads/auditing_drug_misuse_treatment_1208.pdf
- Essential Standards of Quality & Safety, Care Quality Commission, 2009
http://www.cqc.org.uk/db/documents/Essential_standards_of_quality_and_safety_March_2010_FINAL.pdf
- Standards for Better Health, Department of Health, 2004
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4086665
- Drug Misuse & Dependence; UK guidelines on clinical management, DoH 2007
http://www.nta.nhs.uk/uploads/clinical_guidelines_2007.pdf

Essential Standards of Quality & Safety replace the old Department of Health framework for clinical governance 'Standards for Better Health'. This clinical governance framework for drug treatment has been mapped against the domains and outcomes contained within the Essential Standards of Quality & Safety.

Clinical Governance Domain	Substance Misuse Indicators	Providers Responsibilities	Example of evidence	R/A/G
Safeguarding & Safety	<p>The safeguarding and safety domain covers issues such as:</p> <ul style="list-style-type: none"> • Child protection / safeguarding children • Safeguarding adults • Management of medicines and medicines safety • Cleanliness and infection control – including hazardous waste disposal • Safety & suitability of premises and equipment <p>Proper risk management is essential to drug treatment and managing safety for clients and staff.</p> <p>The purpose of clinical governance in relation to safety and safeguarding is to:</p> <ul style="list-style-type: none"> • Increase safety for clients, staff and public • Reduce possibility of untoward incidents • Engage staff in identifying areas for improvement without a fear of a culture of blame • Care being provided in environments that promote client and staff well-being • Supporting the effective and safe delivery of treatment • Providing as much privacy as possible • Well maintained and clean premises • Optimised outcomes for clients • Protection of clients children while on the premises 			

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	<p>1a) <u>Child protection / safeguarding children:</u></p> <p>Providers should have a nominated child protection lead who has undertaken relevant training.</p> <p>Providers should have processes in place to identify children of clients and identify children at risk.</p> <p>Staff should attend relevant child protection / safeguarding training / CPD.</p> <p>Providers should have in place mechanisms for internal review / supervision of safeguarding cases.</p> <p>Providers should have appropriate referral processes in place for safeguarding children.</p> <p>Providers should have appropriate information sharing agreements in place to ensure safeguarding of children.</p> <p>When should commissioners be made aware of safeguarding children issues?</p> <p>Partnerships should have processes in place to feed into local safeguarding children board.</p> <p>Mechanisms for the safe storage of medicines for prescribed controlled drugs should be in place.</p>	<p>Providers should have a nominated child protection/safeguarding children lead. This should be documented. Leads should have undergone appropriate safeguarding children training.</p> <p>ALL workers must attend locally commissioned hidden harm training. Workers must attend a refresher course every three years. Providers must keep up-to-date training records.</p> <p>Providers should have protocols and policies in place in relation to safeguarding children. These should be reviewed regularly. Providers should have 'whistle blowing' policies in place that include safeguarding children.</p> <p>Providers should identify children of clients and children at risk at point of first contact with the client or as soon as possible following first contact.</p> <p>Providers must complete a Children & Family Support Form for each client which will identify children of clients, children at risk and identify actions to reduce risks to children and support the family. These should be reviewed every 12 weeks as a minimum (where there are no significant concerns) and more frequently as required to respond to level of identified risk. Providers should audit and review practice regularly.</p> <p>Providers must be aware of how to make appropriate referrals regarding safeguarding children and ensure all staff are aware of how to do this.</p> <p>Providers must ensure that IT systems/case management systems and paper files make it easy to identify children and the level of intervention /risk (e.g. children in need, child protection cases, CAF etc).</p> <p>Providers policies and practices for internal review and supervision must include safeguarding children. Staff should be supported in working with safeguarding cases.</p> <p>Providers should offer clients written and verbal advice and information on 'safe storage' of prescribed drugs, injecting equipment and illicit substances. Providers should offer clients safe storage boxes. Prescribing services should consider the use of supervised consumption to minimise risk to children where there is an identified need.</p> <p>Providers should make commissioners aware of significant safeguarding children cases, safeguarding cases which resulted from poor practice, and safeguarding cases which were part of a wider treatment system issue.</p> <p>Providers should have information sharing agreements in place that include specific reference to information sharing in relation to safeguarding children. Information sharing agreements should be reviewed regularly. Clients should be made aware of providers policy re sharing information and safeguarding.</p>	<p>Documents identifying lead names. Training undertaken by leads.</p> <p>Protocols and policies.</p> <p>File audits, paperwork</p> <p>File audits, paperwork</p> <p>Copies of referral pathways/protocols, referral data, file audits. Copies of information sharing agreements.</p> <p>File audits</p> <p>Any copies of protocols, any notes from internal review or supervision.</p> <p>File audits</p> <p>Copies of any protocols, anonymised reports submitted to commissioners.</p> <p>Copies of information sharing agreements, file audits.</p>	

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	<p>1b) <u>Safeguarding vulnerable adults:</u></p> <p>Providers should have a nominated safeguarding vulnerable adult lead who has undertaken relevant training.</p> <p>Providers should have in place to identify vulnerable adults.</p> <p>Staff should attend relevant safeguarding vulnerable adults training / CPD.</p> <p>Providers should have mechanisms in place mechanisms for internal review / supervision of safeguarding vulnerable adults cases.</p> <p>Providers should have appropriate referral processes in place for safeguarding vulnerable adults.</p> <p>Providers should have appropriate information sharing agreements in place to ensure safeguarding of vulnerable adults.</p> <p>Commissioners / partnerships should have processes and protocols in place to feed into local safeguarding adults board.</p>	<p>Providers should have a named safeguarding vulnerable adult lead and this should be documented. They should have received appropriate training.</p> <p>Providers should be trained in safeguarding vulnerable adults and this training should be kept up-to-date.</p> <p>Providers should have protocols and policies in place in relation to safeguarding vulnerable adults. These should be reviewed regularly. These should include mechanisms for identifying vulnerable adults and responding to identified risks, including referral pathways.</p> <p>Providers should support workers dealing with a vulnerable adult through supervision and internal review mechanisms.</p> <p>Providers should make commissioners aware of significant safeguarding vulnerable adult cases, safeguarding cases which resulted from poor practice, and safeguarding cases which were part of a wider treatment system issue.</p> <p>Providers should have information sharing agreements in place that include specific reference to information sharing in relation to safeguarding vulnerable adults. Information sharing agreements should be reviewed regularly. Clients should be made aware of providers policy re sharing information and safeguarding vulnerable adults.</p>	<p>Documents identifying lead names. Training undertaken by leads. Training log, workforce development plans.</p> <p>Protocols & policies, file audits, paperwork, referral pathways.</p> <p>Any copies of protocols, anonymised notes from internal review or supervision.</p> <p>Protocols, anonymised records</p> <p>Copies of information sharing agreements, file audits.</p>	

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	<p>1c) Medicines safety:</p> <p>Medicines safety includes safe prescribing and handling of medicines: appropriate prescribing, dispensing accuracy, on-site storage, home storage, prescription security, communication between prescribers and dispensers.</p> <p>NHS and independent organisations providing services that may involve the management or use of controlled drugs are required by law to appoint an accountable officer.</p> <p>Accountable officers are responsible for ensuring compliance with misuse of drugs legislation and the safe, effective management of controlled drugs within their organisations and within those organisations with whom they contract relevant work.</p> <p>Relevant providers should have in place controlled drugs standard operating procedures in order to maximise medicines safety.</p> <p>Providers should report controlled drugs incidents into the accountable officer and local Controlled Drugs Intelligence Network.</p> <p>Providers should have mechanisms in place to review any controlled drugs incidents.</p> <p>Providers should ensure clients are aware of their responsibilities relating to medicines safety and provide appropriate level of response to support this including supervised consumption, safe storage boxes, protecting children etc.</p>	<p>Prescribing/dispensing services: Providers should have an accountable officer for controlled drugs.</p> <p>Providers should have relevant standard operating procedures in place. These should be reviewed regularly.</p> <p>Providers should have protocols in place for reporting incidents into accountable officers and the Nottinghamshire Controlled Drugs Intelligence Group.</p> <p>Providers should have appropriate internal review processes and protocols in place for reviewing controlled drug incidents. The process/protocol should be reviewed regularly.</p> <p>Providers should offer clients written and verbal advice and information on medicine safety and 'safe storage' of prescribed drugs, injecting equipment and illicit substances. Providers should offer clients safe storage boxes. Prescribing services should consider the use of supervised consumption to minimise risk to the client and/or others where there is an identified need.</p>	<p>Name of accountable officer for controlled drugs</p> <p>Copies of SOPs</p> <p>Protocols</p> <p>Copies of any protocols, findings from any reviews.</p> <p>Patient information on medicines safety, supervised consumption arrangements, case file audits.</p>	

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	<p>1d) <u>Hazardous waste disposal:</u></p> <p>Providers should have appropriate processes in place for hazardous waste disposal to minimise health risks to staff, clients and the wider community.</p>	<p>Where applicable to their service, providers should have policies and procedures in place for hazardous waste disposal. These should be reviewed regularly.</p>	<p>Copies of procedures</p>	
	<p>1e) <u>Risk management:</u></p> <p>Providers have risk assessment processes in place for all clients.</p> <p>Providers have risk management protocols and processes in place to investigate and review untoward incidents.</p> <p>Staff are aware how and when to report untoward incidents.</p>	<p>All providers must have a risk assessment process in place and complete risk assessments for each client.</p> <p>All staff should be trained in risk assessments. This should be part of staff induction and ongoing training.</p> <p>All clients must receive a full risk assessment at the stage of assessment and regularly throughout their contact with the service. The risk assessment paperwork in the Nottingham Standard Assessment Framework should be used.</p> <p>Interventions to reduce identified risks should be set out in a risk management plan and the care plan.</p> <p>Practice should be audited by providers.</p> <p><i>Alerts and risk assessment cross ref 1a and untoward incidents cross ref 1b.</i></p>	<p>Training log/records. Workforce development plans.</p> <p>Risk assessment paperwork, file audits.</p>	
	<p>1f) <u>Safety:</u></p> <p>Services should ensure staff are protected including lone working policies, safety away from the base etc.</p> <p>Premises should be safe for all clients and staff.</p> <p>Services should ensure adequate protection for clients' children while on the premises.</p> <p>Clients and staff should be protected from violence and harassment.</p>	<p>Providers should have a named health & safety lead who has been appropriately trained.</p> <p>Providers should have health and safety policies in place which cover all relevant elements of client and staff safety. These may include:</p> <ul style="list-style-type: none"> • Lone working • Health & safety • Bullying and harassment • Whistle blowing • Violence • Safety away from the base • Needle stick injury • Children on premises <p>Providers premises and any venues used away from the base should be assessed for health & safety</p> <p>Some providers have systems in place for protecting staff (e.g. CCTV, mobile phones, panic buttons, secure entry systems).</p>	<p>Named lead, training log</p> <p>Policies</p> <p>Copies of any assessments</p> <p>Log of incidents</p> <p>Health & Safety risk assessments</p>	

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	<p>1g) <u>Security:</u></p> <p>Providers will ensure services are delivered within appropriately secure premises.</p>	<p>Services should be provided from secure premises/venues and providers should assess this.</p> <p>Security of premises should consider:</p> <ul style="list-style-type: none"> • Locks on doors • Alarms • Out of hours provision and safety of workers 	Copy of any assessment	
	<p>1h) <u>Design:</u></p> <p>Services should be provided in an environment where clients' privacy is protected/maintained.</p>	<p>Providers should ensure services are delivered in an environment where clients privacy is protected and maintained, including when using outreach venues.</p> <p>Providers should request service user and carer feedback on the environment.</p>	<p>Copy of any assessment</p> <p>SU & Carer Feedback</p>	
	<p>1i) <u>Maintenance:</u></p> <p>Premises should be well-maintained.</p>	<p>Providers should ensure that premises are well-maintained and should review this regularly.</p>	Copy of any assessment	
	<p>1j) <u>Cleanliness:</u></p> <p>Service premises should be clean and sanitary.</p> <p>Clinical procedure rooms should be kept to appropriate levels of cleanliness.</p>	<p>Providers should ensure that premises are clean and should review this regularly.</p> <p><u>Good practice:</u> Infection control policy Environmental audits Staff training NVQ trained cleaners</p>	Copy of any assessment	
	<p>1k) <u>Disease prevention:</u></p> <p>Staff and clients should be vaccinated against blood-borne viruses (hepatitis A & B).</p> <p>Services should have infection control procedures in place, including hazardous waste management and decontamination of medical devices.</p> <p>Comprehensive needle exchange services should be in place.</p>	<p>Providers should have policies on infection control and the vaccination of staff which include hand washing. Providers should recommend staff are vaccinated against hepatitis A and B.</p> <p>Where applicable providers should have systems in place for the disposal of hazardous waste.</p>	<p>Policies</p> <p>Policies</p>	

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Quality & Management	<p>The quality & management domain ensures that essential standards of quality and safety are maintained.</p> <p>This includes:</p> <ul style="list-style-type: none"> • Assessing and monitoring the quality of service provision • Complaints • Notification of deaths • Notification of other incidents • Records and record keeping <p>It embeds clinical audit and review within service delivery.</p> <p>The purpose of clinical governance in relation to quality & management is to:</p> <ul style="list-style-type: none"> • 			

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	<p>2a) <u>Treatment is evidence based</u> (including conformance to NICE and relevant national guidance):</p> <p>Providers deliver treatment aligned with drug treatment evidence base and recognised national guidelines, in particular Clinical Guidelines for Treatment of Drug Misuse.</p> <p>Providers undertake ongoing evaluation of any non-evidence based treatment interventions provided.</p> <p>Providers and commissioners undertake local research and analysis on impact of clinical interventions.</p> <p>It is usually good practice to ensure that practice is standardised through local area or agency policies and protocols.</p> <p>Commissioners commission treatment systems that are evidence based.</p> <p>Commissioners work with providers to identify areas for improvement and appropriate development plans.</p>	<p><u>National evidence:</u> Providers must deliver treatment that is aligned with the relevant up-to-date national evidence, in particular the Clinical Guidelines for Treatment of Drug Misuse, and guidance, including the Drug Strategy and Building Recovery in Communities. Practice should be audited against the national evidence base. Development plans should be in place for areas where further alignment is required. All workers must be aware of the national evidence and this should be easily accessible.</p> <p><u>Local policies and protocols:</u> Providers should deliver treatment that is aligned with locally agreed policies and protocols, in particular:</p> <ul style="list-style-type: none"> • Nottingham Standard Assessment Framework • Needle Exchange Policy • Shared Care Clinical Guidelines • Hidden Harm (included within the Standard Assessment Framework) • Domestic violence (included within the Standard Assessment Framework) • Nottingham Drug Treatment System Charter <p>All workers must be aware of the local policies and protocols and these should be easily accessible.</p> <p><u>Agency policies and protocols:</u> All providers should have a set of service specific policies and protocols. All workers must be aware of the local policies and protocols and these should be easily accessible.</p> <p><u>Reviews and audit:</u> Practice should audited and reviewed against evidence base. Audits and reviews should demonstrate clinical effectiveness. Practice that is non-evidence based should be subject to ongoing evaluation.</p>	<p>Clinical Guidelines Self Audit</p> <p>Any action / development plans</p> <p>Copies of any protocols</p> <p>Findings of any reviews undertaken.</p>	

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	<p>2b) <u>Clinical audit and review:</u></p> <p>Providers undertake regular clinical audit and review delivery against evidence base and recognised national guidelines.</p> <p>Providers utilise the audit cycle to action plan improvement.</p> <p>Providers and commissioners undertake local research and analysis on impact of clinical interventions.</p> <p>Commissioner undertake audit cycles as part of contract review mechanisms.</p>	<p>All providers should undertake regular audit cycles. Audits should review practice against the evidence base and national and local guidelines. The findings of audit should be used to action plan for improvement.</p> <p>Providers should share the main findings and/or action plans with commissioners.</p> <p>Providers should comply with any reasonable commissioner requests to audit practice.</p> <p>Providers should obtain client consent for their information to be audited by the service and commissioners.</p> <p><u>Good practice:</u> Peer audit across services.</p>	<p>Tools and templates, audit findings and action plans, protocols and policies.</p>	
	<p>2c) <u>Cost effectiveness:</u></p> <p>Providers are required to deliver 'best value' and have a duty to ensure continuous improvements in the ways its functions are managed, taking into account a combination of effectiveness (successful outcomes), efficiency (high productivity) and economy (relatively low costs).</p>	<p>Providers should deliver efficient services that identify the best and most cost effective way to deliver positive outcomes of treatment.</p> <p>Providers should review their cost effectiveness and unit cost.</p> <p>Providers must submit up-to-date finance returns to commissioners. This should include financial ledgers or transaction records.</p> <p>Providers should complete an annual financial audit.</p> <p>Providers should set realistic budgets and deliver services within budget.</p>	<p>Unit cost exercise</p> <p>Financial monitoring returns</p> <p>Financial audit</p> <p>Budgets</p>	

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	<p>2d) <u>Information management:</u></p> <p>Information management is important to protect and share information in clients' best interests.</p> <p>Information governance policies and practice are critical, including confidentiality and information sharing.</p> <p>Information governance polices should specifically include guidance for clinicians working with drug-misusing parents.</p> <p>Providers have appropriate systems in place for secure note keeping and patient record management.</p> <p>Providers ensure appropriate information sharing, confidentiality and data protection.</p> <p>Providers have appropriate systems for information technology quality, connectivity, networking and security.</p> <p>Providers request/obtain clients informed consent to share information where appropriate and information is only shared on a 'need to know' basis.</p> <p>Where disclosure without consent is required this must be justified (for example in the public interest).</p> <p>Providers collect and analyse data to inform service planning and delivery and individual clients' treatment.</p> <p>Providers make effective use of information and data.</p> <p>Information sharing protocols should be consistent with guidance from the local Caldicott Guardian and any national</p>	<p>Providers must ensure all patient records (paper and computerised) are kept in line with Data Protection requirements. Compliance should be audited.</p> <p>Providers must have information management/sharing policies in place. Clients should be made aware of these. These policies should specifically reference the arrangements for sharing information where working with drug misusing parents.</p> <p>All staff should have had training in DPA and Caldicott and this should be updated regularly.</p> <p>Clients must be properly informed in what happens to their data and what providing consent means. Clients consent re information sharing should be clearly recorded. Clients should be able to provide different levels of consent.</p> <p>Providers should have information sharing protocols between services in place and they should be approved by governance leads. They should be reviewed regularly.</p> <p>Providers should comply with system wide information sharing protocols that have been approved through Caldicott.</p> <p>IT systems should be audited for security and back up procedures.</p> <p>Providers must comply with reasonable data requests from commissioners and the NTA.</p> <p>Information on children of clients should be recorded in an easily accessible place.</p>	<p>Patient record policy, case file audits</p> <p>Policy</p> <p>Training log</p> <p>File audits, patient information leaflets</p> <p>Copies of information sharing agreements</p> <p>Detailed programme of audit and back up facilities</p>	

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	<p>2e) <u>Performance management:</u></p> <p>Providers effectively performance manage their own services.</p> <p>Commissioners effectively performance manage providers.</p> <p>Providers comply with reasonable information requests from commissioners and national bodies (e.g. NTA) and report information to NDTMS where applicable.</p>	<p>Providers should have an electronic case management system in place and utilise this for performance management purposes and reviewing trends and areas for improvement. Information should be recorded accurately.</p> <p>Information should be used in supervision sessions.</p> <p>Providers should comply with reasonable requests for performance management information from commissioners and the NTA.</p> <p>Providers should attend contract review meetings and performance meetings.</p> <p>Providers should action plan against identified areas of underperformance.</p> <p><u>Good practice:</u> Other mechanisms for performance management include:</p> <ul style="list-style-type: none"> • Audit • Patient satisfaction surveys • Monitoring against targets 	<p>Case management system audit/review</p> <p>Supervision records</p> <p>Information returns</p> <p>Attendance at meetings</p> <p>Examples of reports and any resulting action plans.</p>	
	<p>2f) <u>Financial management:</u></p> <p>Providers manage delivery of services within agreed budget.</p> <p>Providers maintain robust financial records.</p> <p>Providers complete financial returns for commissioners.</p>	<p>Providers should deliver efficient services that identify the best and most cost effective way to deliver positive outcomes of treatment.</p> <p>Providers should review their cost effectiveness and unit cost.</p> <p>Providers must submit up-to-date finance returns to commissioners. This should include financial ledgers or transaction records.</p> <p>Providers should complete an annual financial audit.</p> <p>Providers should set realistic budgets and deliver services within budget.</p>	<p>Unit cost exercise</p> <p>Financial monitoring returns</p> <p>Financial audit</p> <p>Budgets</p>	

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	<p>2g) <u>Complaints:</u></p> <p>Clients have the right to complain about any aspect of drug treatment.</p> <p>Providers ensure all clients know how to make a complaint.</p> <p>All complaints are responded to.</p> <p>Clients drug treatment and relationships with providers should not be adversely affected as a result of making a complaint.</p> <p>Access to advocacy support should be available.</p>	<p>Providers should have a clear complaints policy in place.</p> <p>Clients should be made aware of the policy in written and verbal format and it should be displayed in the service.</p> <p>The policy should make it easy for clients to make a complaint and ensure complaints are responded to in a timely manner.</p> <p>Serious complaints and those complaints that are a system wide issue should be shared with commissioners.</p> <p>Clients should be made aware of how to access advocacy provision. This is likely to be generic (non-drug treatment specific) advocacy provision.</p>	<p>Copies of complaints policy, any responses to complaints (anonymised)</p>	

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	<p>2h) Deaths:</p> <p>Commissioners / partnerships have mechanisms in place for providers to notify them of deaths of clients.</p> <p>Commissioners / partnerships have mechanisms in place to undertake confidential inquiries into drug related deaths in order to make recommendations.</p> <p>Providers have mechanisms in place to conduct internal review of deaths in order to learn lessons and make recommendations to reduce risks in future.</p> <p>Providers should have a 'no blame' culture underpinning their approach to dealing with deaths and untoward incidents.</p> <p>Providers should have mechanisms for alerting clients to potential safety risks.</p> <p>Commissioners / partnerships should have protocols and mechanisms for sharing information on safety risks across the system.</p> <p>Staff should be appropriately trained in risk assessments.</p> <p>Providers should carry out thorough risk assessments for all clients and address risks appropriately through interventions.</p> <p>Providers should have protocols and processes in place for preventing and responding to needle stick and other injuries, and vaccination of staff.</p>	<p><u>Notification of deaths to commissioners:</u> Providers should be aware of and comply with the local drug related death information sharing protocol (save copy on website). Do they have to sign up to it? Providers must notify commissioners of all deaths of clients (as set out in the protocol) immediately. Providers must complete the drug related death questionnaire when requested by commissioners. Providers should implement any recommendations from the Nottinghamshire Confidential Inquiry Review Group.</p> <p><u>Internal reviews:</u> Providers should have a system in place for internal reviews of deaths of clients. It is good practice to have this set out in a protocol. Providers should have a 'no blame' culture in relation to dealing with deaths and untoward incidents. This should be included in the protocol. Protocols should be reviewed regularly.</p> <p><u>Alerts:</u> All providers must be aware of the local protocol for cascading alerts. Do they need to sign up to it? Providers should have their own protocol for issuing alerts which takes into account the partnership wide protocol? Providers should notify commissioners of potential alerts so that they can be verified through the verification group. Providers must respond to alerts issued by commissioners through the local cascading alerts protocol. This includes issuing alerts to all clients and removing out of date alerts. Alerts should be displayed clearly in services and clients notified verbally.</p> <p><u>Risk Assessments:</u> All staff should be trained in risk assessments. This should be part of staff induction and ongoing training. All clients must receive a full risk assessment at the stage of assessment and regularly throughout their contact with the service (how regularly?). The risk assessment paperwork in the Nottingham Standard Assessment Framework should be used. Interventions to reduce identified risks should be set out in a risk management plan and the care plan. Practice should be audited by providers.</p> <p><u>Needle stick injury:</u> Providers should have policies in place to reduce risk of and respond to needle stick injuries. It is best practice to have these in place even where the provider is not offering needle exchange. Providers should recommend staff are vaccinated against hepatitis A and B. Providers should have accident and incident reporting policies in place. Providers should have trained first aiders at their service bases.</p>	<p>Copy of the protocol. Any completed questionnaires.</p> <p>Internal review protocols. Findings of any internal reviews completed.</p> <p>Copies of protocols. Copies of alerts issued.</p> <p>Training log/records. Workforce development plans.</p> <p>Risk assessment paperwork, file audits.</p> <p>Copies of protocols. Staff records.</p>	

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	<p>2i) <u>Untoward incidents:</u></p> <p>Providers should have clear protocols for internal reporting and review of Untoward incidents.</p> <p>Commissioners / partnerships should have clear protocols for providers to notify them of significant untoward incidents.</p> <p>Providers should have mechanisms for alerting clients to potential safety risks.</p> <p>Commissioners / partnerships should have protocols and mechanisms for sharing information on safety risks across the system.</p> <p>Staff should be appropriately trained in risk assessments.</p> <p>Providers should carry out thorough risk assessments for all clients and address risks appropriately through interventions.</p> <p>Providers should report serious untoward incidents through the relevant structures within their agency.</p> <p>When should commissioners be made aware of untoward incidents?</p>	<p><u>Reporting untoward incidents:</u> Providers should have protocols in place for reporting untoward incidents and they should be reviewed regularly. The protocol should include how staff are to report untoward incidents and how they are to be reviewed. All staff should be made aware of the protocol and it should be accessible to them.</p> <p>Providers should notify commissioners of untoward incidents where a death occurred, where there was a significant safeguarding concern, or where the incident impacts on another part of the wider treatment system.</p> <p><i>Alerts and risk assessment cross ref 1a and 1g.</i></p>	<p>Copies of protocols, log of untoward incidents, copies of reviews and any resulting actions.</p>	

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	<p>2) <u>Team working / partnership working to meet client needs:</u></p> <p>Multidisciplinary team working in drug treatment is important in order to meet clients multiple needs.</p> <p>Team working applies both internally and externally (e.g. across organisational boundaries and sectors). This will include cooperation across health and social care.</p> <p>Partnership working is particularly important for young people, pregnant women, clients with mental health needs, prison and criminal justice clients, and clients with physical health problems requiring specialist treatment.</p>	<p><u>Team working:</u> Providers should have regular team meetings. Providers should have joint case working arrangements across the team.</p> <p><u>Partnership working:</u> Providers should work in an integrated way with other services (treatment and non-treatment sectors) to deliver a comprehensive package of care for clients. Joint working should be detailed in clients care plans. Providers should have joint working protocols in place with other providers/agencies. These should be reviewed regularly. Providers should attend relevant partnership/system wide meetings and events such as the Service Managers Meeting, Performance Meetings, Practitioner's Events.</p>	<p>Policies</p> <p>Joint working protocols in place.</p>	
<p>Suitability of Staffing</p>	<p>The suitability of staffing domain includes:</p> <ul style="list-style-type: none"> • Requirements relating to workers • Staffing, including recruitment and training • Process and culture to support staff <p>The benefits of suitability of staffing domain include:</p> <ul style="list-style-type: none"> • Enhanced managerial and clinical leadership and accountability • Enhanced organisational culture, systems and working practices • Ensure probity, quality assurance, quality improvement and client safety • Staff maintain relevant knowledge and skills • Increase assurance clients achieve treatment benefits that meet individual needs 			

Clinical Governance Domain	Substance Misuse Indicators	Providers Responsibilities	Example of evidence	R/A/G
	<p><u>3a) Clinical supervision and leadership:</u></p> <p>All staff must be appropriately supported and supervised. This can include individual or peer supervision, mentoring or other forms of professional support.</p> <p>Underpinning principles for supervision include the need for a supportive, open and non-threatening style that recognises the need for lifelong learning for all clinicians.</p> <p>There must be designated clinical leadership and accountability.</p> <p>Appraisal is mandatory for all clinicians working in the NHS and is good practice in other settings, and needs to be carried out according to current regulations.</p>	<p><u>Clinical supervision:</u> Providers should have a full range of supervision mechanisms in place for all staff, including:</p> <ul style="list-style-type: none"> • PDR's • One-to-one supervision • Team/peer supervision • Appraisal <p>These should be set out in staff policies. Records on supervision should be kept. Managers should have an 'open door' approach for staff to raise concerns/issues.</p> <p><u>Good practice:</u> Some providers offer staff mentoring within the service. Some providers offer staff mentoring with external mentors. Some providers have agreed a system where project/service managers are mentored by managers from other services.</p>	<p>Any templates used, any staff policies</p>	
	<p><u>3b) Continuous Professional Development:</u></p> <p>Clinicians need to have appropriate competencies for their clinical roles and receive training to achieve those competencies.</p> <p>All staff should participate in continuing professional and occupational development appropriate to their role.</p> <p>All staff should complete mandatory training programmes set by providers, statutory agencies and commissioners.</p>	<p>Providers should ensure all staff participate in continuous professional development appropriate to their role and competencies.</p> <p>Providers should have a training log detailing all training undertaken by staff. Training log should be reviewed regularly to ensure workforce development across the service.</p> <p>Providers should complete PDRs with staff.</p> <p>Providers should ensure staff attend mandatory training set by commissioners.</p> <p><u>Good practice:</u> Some providers utilise online training Some providers have a workforce development strategy</p>	<p>Workforce training log, PDR templates</p>	

Clinical Governance Domain	Substance Misuse Indicators	Providers Responsibilities	Example of evidence	R/A/G
	<p>3c) <u>Recruitment & training:</u></p> <p>Providers and commissioners must ensure that staff have the appropriate competencies to fulfil their individual roles.</p> <p>Job descriptions and competencies should be matched to the appropriate professional framework (e.g. NHS Knowledge and Skills Framework, DANOS, RCGP, Skills for Justice).</p> <p>Staff (providers and commissioners) must receive appropriate training in relation to their individual roles and competencies.</p>	<p>Providers should keep an up-to-date training log. Training log should be reviewed annually to ensure workforce development.</p> <p>All staff should receive annual appraisals / PDR's.</p> <p>Job descriptions should be competency based and matched to the appropriate professional framework (e.g. DANOS).</p> <p>Does the service have an up to date workforce development action plan and a CDP log?</p> <p>Providers should have a recruitment policy and process in place.</p> <p><u>Good practice:</u> Some providers have a workforce development plan in place. Service User involvement in recruitment. Employee handbook Staff induction process</p>	<p>Action plans</p> <p>Adverts for new posts. Identified list of competencies for all posts.</p> <p>Workforce training log.</p>	
<p>Personalised Care, Treatment & Support</p>	<p>The personalised care, treatment & support domain of clinical governance covers:</p> <ul style="list-style-type: none"> • Care and welfare of people who use services • Consent for treatment and information sharing • Working in partnership to meet clients needs • Nutritional needs <p>The benefit of this domain is ensuring that people who use services get effective, safe and appropriate care, treatment and support that meet their individual needs. It ensures delivery of personalised client focused holistic treatment.</p> <p>Promoting, protecting and improving the health of clients and the broader population</p>			

Clinical Governance Domain	Substance Misuse Indicators	Providers Responsibilities	Example of evidence	R/A/G
	<p>4a) <u>Treatment is individualised:</u></p> <p>Providers deliver treatment that is tailored to individual clients.</p> <p>Providers undertake relevant level of assessment to identify individual need, in which the client is fully involved.</p> <p>Providers complete individualised care plans for each client, in which the client is fully involved.</p> <p>Treatment interventions are tailored to the needs of individual clients.</p> <p>Where appropriate, providers respect the wishes of individual clients in relation to preferred treatment options, information sharing, family involvement in treatment etc.</p> <p>Providers deliver person centred services and ensure that the client is at the centre of the treatment journey.</p> <p>Commissioners commission treatment systems that place the client at the centre of the treatment journey.</p>	<p>All providers must deliver individualised client centred treatment. Some mechanisms which help ensure this are included below:</p> <p><u>Nottingham Drug Treatment System Charter:</u> The Nottingham Drug Treatment System Charter sets out our commitment to deliver services that are individualised and focused on the client. All services must adopt the charter and ensure clients are aware of it. The charter should be displayed in the service. Clients should be offered a copy at first contact with the service and this should be offered and discussed again later in the clients journey.</p> <p><u>Assessments and Care Planning:</u> Each client must have an appropriate level of assessment and care plan in place. Clients must be fully involved in the assessment process and the development and ongoing review of the care plan. Assessments and care plans should be signed by workers and clients. Assessments and care plans should be reviewed regularly with the client. Providers should utilise the Nottingham Standard Assessment Framework. Assessment and care planning practice should be audited.</p> <p><u>Treatment options:</u> Clients should be made aware of all appropriate treatment options to meet their identified need, including those that are delivered by other treatment providers and self help and mutual aid.</p> <p><u>Family involvement:</u> Clients should be offered family involvement in treatment where appropriate. Their preferences should be recorded in notes. Providers should make referrals into carers support services.</p>	<p>Drug Treatment System Charter.</p> <p>Case file audits, use of the Standard Assessment Framework, SU feedback</p> <p>Case file audits, SU feedback, referral data</p> <p>Case file audits, SU feedback, policies or protocols, implementation of family & carer pathway.</p>	

Clinical Governance Domain	Substance Misuse Indicators	Providers Responsibilities	Example of evidence	R/A/G
	<p><u>4b) Team working / partnership working to meet client needs:</u></p> <p>Multidisciplinary team working in drug treatment is important in order to meet clients multiple needs.</p> <p>Team working applies both internally and externally (e.g. across organisational boundaries and sectors). This will include cooperation across health and social care.</p> <p>Partnership working is particularly important for young people, pregnant women, clients with mental health needs, prison and criminal justice clients, and clients with physical health problems requiring specialist treatment.</p>	<p><u>Team working:</u> Providers should have regular team meetings. Providers should have joint case working arrangements across the team.</p> <p><u>Partnership working:</u> Providers should work in an integrated way with other services (treatment and non-treatment sectors) to deliver a comprehensive package of care for clients. Joint working should be detailed in clients care plans. Providers should have joint working protocols in place with other providers/agencies. These should be reviewed regularly. Providers should attend relevant partnership/system wide meetings and events such as the Service Managers Meeting, Performance Meetings, Practitioner's Events.</p>	<p>Policies</p> <p>Joint working protocols in place.</p>	
	<p><u>4c) Health improvement:</u></p> <p>Services should provide all clients with harm reduction information.</p> <p>Services should assess clients' general health and provide advice, information and referral as appropriate.</p> <p>Services should provide advice, information and interventions to reduce overdose and drug-related deaths.</p> <p>Services should provide support / referral for smoking cessation.</p> <p>Services should work to tackle health inequalities across disadvantaged groups.</p>	<p>Harm reduction and overdose prevention should be embedded in all aspects of assessment and care planning.</p> <p>A wide range of harm reduction literature and information should be available to meet identified client need. This should be accessible in different formats (including verbal) as required.</p> <p>All clients should receive a general health assessment as part of the assessment process. This is included within the Nottingham Standard Assessment Framework.</p> <p>All staff should receive harm reduction training at induction and this should be refreshed regularly.</p> <p>Clients should be referred into a comprehensive range of health and harm reduction interventions in response to identified need.</p> <p>All clients should be encouraged to register with their local GP.</p> <p>Clients should be offered referral to smoking cessation services at the appropriate time in their treatment journey.</p>	<p>Case file audits</p> <p>Literature</p> <p>Case file audits</p> <p>Training records</p> <p>Referrals</p> <p>Case file audits</p> <p>Referrals</p>	

Clinical Governance Domain	Substance Misuse Indicators	Providers Responsibilities	Example of evidence	R/A/G
	<p>4d) <u>Challenging discrimination and promoting equality:</u></p> <p>All clients to be treated without discrimination and comprehensive services will be available to all irrespective of gender, race, disability, age, sexual orientation, religion or belief or any other aspect of a clients personal identify or background.</p> <p>Providers recognise and respect diversity and provide services that are culturally competent and culturally sensitive.</p> <p>Providers and commissioners review drug treatment continually to ensure promotion of equality and commitment to reducing health inequalities.</p> <p>Providers and commissioners have a duty to ensure that services are accessible to their communities.</p> <p>Providers and commissioners take account of race, disability, gender, sexual orientation, misuse of different substance etc in the planning, commissioning and delivery of their services.</p> <p>Public authorities have statutory requirements under the Race relations Amendment Act and Human Rights Act,</p>	<p><u>Equality Impact Assessments:</u> Providers should complete an equality impact assessment and review and update this on a regular basis. Providers should put action plans in place to address any areas of concern identified through Equality Impact Assessments.</p> <p><u>Policies:</u> Providers should have equality and diversity policies in place that reflect statutory requirements and promote equality of access and service delivery.</p> <p><u>Training:</u> Staff should be appropriately trained in relation to equality and diversity and cultural competence.</p> <p><u>Assessments:</u> Providers should monitor against a range of equality and diversity categories.</p>	<p>Copies of the equality impact assessments (for race, gender and disability as a minimum)</p> <p>Copies of policies</p> <p>Training log</p> <p>File audits, monitoring information</p>	
	<p>4e) <u>Incident & emergency management:</u></p>	<p><u>Good Practice:</u> Business continuity plans Pandemic flu plans Staff training Trained first aiders.</p>	<p>Plans and policies, training log</p>	

Clinical Governance Domain	Substance Misuse Indicators	Providers Responsibilities	Example of evidence	R/A/G
	<p>4f) <u>Prompt & equitable access to services:</u></p> <p><i>Cross reference section 3a</i></p> <p>Clients with health needs should be able to access care promptly and within agreed timescales. In drug treatment these timescales are represented by waiting times and the requirements to improve them to within specified limits.</p> <p>Services should be flexible, provided in appropriate locations and open at appropriate times.</p> <p>Where service users are unable to access services, providers will endeavour to bring services out to them.</p>	<p><u>Waiting Times:</u> Providers should meet waiting time targets. Providers should monitor waiting times and investigate unacceptable waits.</p> <p><u>Opening Times:</u> Service user need should dictate service opening times as far as possible. Opening times of other services should also be considered when setting opening times. Service users should be consulted on opening times. Opening times should be reviewed regularly. Opening times should be clearly communicated.</p> <p><u>Accessibility:</u> Services should be provided from accessible venues and at accessible times. Where accessibility is difficult for a client/client group then home visits or appointments at alternative premises should be facilitated. Where are services provided from? Are venues accessible? How is access to the service supported for particular groups – parents, physical disability etc.</p>	<p>NDTMS waiting times, returns to commissioners, exception reports for long waits</p> <p>Opening times information</p>	
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Involvement & Information</p>	<p>The involvement & information domain of clinical governance covers:</p> <ul style="list-style-type: none"> • Client and carer involvement in the design, planning, delivery and improvement of services • Client choice • Consent to care and treatment <p>The benefits of involvement & information include:</p> <ul style="list-style-type: none"> • Client choice • Informed choice 			

Clinical Governance Domain	Substance Misuse Indicators	Providers Responsibilities	Example of evidence	R/A/G
	<p>5a) <u>Service User & Carer Involvement:</u></p> <p>Service user & carer involvement is embedded within services.</p> <p>Services ensure clients are listened to, involved and consulted in decisions about their treatment.</p> <p>Clients are involved in decisions regarding their own treatment journey including assessment and care planning.</p> <p>Service users and carers are involved in the planning, development and delivery of services.</p> <p>Clients may support others through peer support and advocacy.</p> <p>Clients might also be involved in, for example, interviewing for some staff or in their training.</p> <p>Services should adopt a family friendly approach.</p> <p>Carers should be involved in clients' treatment where the client agrees and their own needs should also be supported.</p>	<p>Providers should have a service user and carer involvement policy, This should be regularly reviewed and accessible to clients.</p> <p>Providers should have effective involvement mechanisms in place. These might include:</p> <ul style="list-style-type: none"> • Exit interviews • Questionnaires • Comments box • Forums/meetings • Complaints policy <p>Policies should include how providers will respond to and implement service user and carer feedback.</p> <p>Clients should be offered family involvement in treatment where appropriate. Their preferences should be recorded in notes.</p> <p>Providers should make referrals into carers support services.</p> <p><u>Good practice:</u> Providers could consider how they might be able to offer service user peer support, mentoring or mutual aid. Service user or carer involvement in recruitment Service users and carers involvement in developing policies</p>	<p>Policies, SU feedback</p> <p>Case file audits, SU feedback, policies or protocols, implementation of family & carer pathway.</p>	

Clinical Governance Domain	Substance Misuse Indicators	Providers Responsibilities	Example of evidence	R/A/G
	<p>5b) <u>Client dignity:</u></p> <p>Clients should be treated with dignity, respect, courtesy and compassion.</p> <p>Services should work with clients in a constructive, supportive and positive manner through empathic relationships between workers and clients.</p>	<p><u>Nottingham Drug Treatment System Charter:</u> The Nottingham Drug Treatment System Charter sets out our commitment to deliver services that are individualised and focused on the client. All services must adopt the charter and ensure clients are aware of it. The charter should be displayed in the service. Clients should be offered a copy at first contact with the service and this should be offered and discussed again later in the clients journey.</p> <p><u>Reviewing practice:</u> Providers should review practice to ensure client dignity is delivered. This could include audits, patient satisfaction surveys, reviewing complaints.</p> <p><u>Care Planning:</u> All clients should have a care plan in place and should be fully involved in its development and review. The Standard Assessment Framework should be used.</p>	<p>Client charter / client leaflets/information</p> <p>Are clients provided with a copy of the charter? Is it displayed within services?</p> <p>File audits</p> <p>File audits</p>	
	<p>5c) <u>Consent for treatment & information sharing:</u></p> <p>Clients should provide informed consent for treatment.</p> <p>Clients should provide informed consent for information sharing (<i>cross reference section 3d</i>).</p> <p>Clients should be informed about the benefits and risks of different treatment options so that they can be actively involved in choosing treatment appropriate to their needs.</p>	<p>Clients must be properly informed in what happens to their data and what providing consent means. Clients consent re information sharing should be clearly recorded. Clients should be able to provide different levels of consent.</p> <p>Providers must have information management/sharing policies in place. Clients should be made aware of these. These policies should specifically reference the arrangements for sharing information where working with drug misusing parents.</p> <p><u>Treatment options:</u> Clients should be made aware of all appropriate treatment options to meet their identified need, including those that are delivered by other treatment providers and self help and mutual aid.</p>	<p>Paperwork, file audits</p> <p>Policies</p> <p>File audits, SU feedback, referral data</p>	

Clinical Governance Domain	Substance Misuse Indicators	Providers Responsibilities	Example of evidence	R/A/G
	<p>5d) <u>Service information:</u></p> <p>Services should make clear information about their service readily available to clients and potential clients.</p> <p>Information should be available in a range of formats to ensure accessibility to diverse client groups.</p>	<p>Providers should consider and respond to accessibility needs of their client group in relation to service information.</p> <p>Service information should be available in a range of formats (e.g. website, posters, leaflets, verbal).</p> <p><u>Good practice:</u> Providers should consider whether service information is required in a different language. Providers should consider the use of interpreters where required. Providers should consider having information in disability accessible formats (e.g. audio, large print)</p>	<p>Copies of information available</p>	
	<p>5e) <u>Client choice:</u></p> <p>Providers will ensure clients are fully informed about all appropriate treatment options and have informed involvement in making decisions regarding treatment.</p> <p>Clients will receive information about self-help groups and user advocacy groups.</p>	<p><u>Treatment options:</u> Clients should be made aware of all appropriate treatment options to meet their identified need, including those that are delivered by other treatment providers and self help and mutual aid. Referrals should be made into other services to meet clients identified need.</p> <p><u>Assessment & Care Planning:</u> Each client must have an appropriate level of assessment and care plan in place. Clients must be fully involved in the assessment process and the development and ongoing review of the care plan. Assessments and care plans should be signed by workers and clients. Assessments and care plans should be reviewed regularly with the client. Providers should utilise the Nottingham Standard Assessment Framework. Assessment and care planning practice should be audited.</p>	<p>File audits, referrals, SU feedback, range of literature displayed within service/available to clients</p> <p>File audits, SU feedback</p>	