



**EASTERN GASTROENTEROLOGY  
GROUP**

### **Governance Policy**

For Use in:	All hospitals Eastern Gastroenterology Group Ltd (EGG) operates in and all activities related to EGG's work
By:	All EGG Staff and Subcontractors
For:	Stating the organisation governance approach and processes
Division responsible for document:	EGG Directors over seen by the EGG chair
Key words:	Governance, Safety, Effectiveness, Caring, Responsive, Personnel, Quality
Name of document author:	Dr Bernard Brett
Named Governance Lead	Dr Marianna Mela
Director of Nursing	Tracy McDonnell
Name of document author's Line Manager	EGG board of directors
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## **Eastern Gastroenterology Group (EGG) Governance Arrangements**

A key principle of our governance arrangements is that we aim to interlink with the processes of all Trusts that commission our services. We will only work for NHS Trusts that are registered with the CQC and have undertaken all appropriate health and safety assessments and building regulations and assessments, and equipment assessments. We will only agree SLA where we can assure a seamless linkage to each Trusts incident and complaints systems. We also will ensure that we have access to information that will enable us to carry out audit of our services ensuring compliance with information governance, data protection and Caldicott laws and principles. The specific EGG governance arrangements are as below.

All our personnel need to hold a substantive NHS appointment and in addition they need to provide evidence of up-to-date mandatory training, appraisal and revalidation as appropriate. All employees need to have an up-to-date CRB check. We will audit our recruitment processes on an annual basis. In addition, they will have to undergo an induction process before they work for EGG (see recruitment below).

### **Vision for EGG**

Our aim is to deliver high quality, safe, efficient patient focussed, endoscopy and outpatient services for patients with Gastrointestinal and Hepatological healthcare conditions at a cost-effective rate for NHS organisations.

### **Goals**

- **High Quality Care – we will meet all KPIs for our service**
- **Patient Focussed Care – we will provide patient focussed care with continuous improvements based on feedback**
- **Local Care – we will ensure that majority of our staff are local from the host Hospital**
- **High Value Care – cost effective prices, with high quality**

### **Values**

#### **E is for Excellence and Experience**

- Excellence: Aim for Excellence in all we do
  - Excellent quality services
  - Excellent Care
  - An Excellent Employer – valuing all and valuing diversity
- Experience:
  - Aim for the best possible patient Experience
  - Aim for the best possible staff Experience

#### **G is for Great Value for patients**

- getting the most out of every appointment and every visit

#### **G is for Great Value for the NHS**

- We don't just deliver a procedure or an appointment we take a holistic view, and will ensure appropriate action is taken to optimise high quality efficient care.

### **Key Personnel**

**Dr Bernard Brett** - Chairman and Medical Director. Caldicott Guardian and Responsible Officer Liaison role.

- Bernard has been a previous Medical Director and Deputy Medical Director at Acute Trusts
- Bernard has completed both Responsible Officer Training and has previously held this role
- Bernard has previously held the post of Caldicott Guardian in an Acute Trust

**Dr Marianna Mela** – Governance Lead

- Director
- Governance Lead – Marianna has experience as a governance lead of a large department in an Acute Trust
- Complaints lead (Medical)
- Incidents (Joint lead)

**Tracey McDonnell** - Director of Nursing

- Director of Nursing – experience Senior Sister in a large department
- Nurse Lead for complaints and incidents – many years experience in responding to complaints and incidents
- Safeguarding lead
- Named nurse for safeguarding
- Lead for patient experience and involvement

**Charlotte Pither**

- Director
- Lead Clinician for Safeguarding
- Mental Capacity Act Lead
- PREVENT Lead
- Luminal Gastroenterology Lead
- Nutrition Lead
- Lead for Dietetics
- Director of Web presence and communications

**Simon Rushbrook**

- Director
- Head of Negotiations and contracts
- Senior Information Risk Officer
- Hepatology Lead
- Speak up Guardian

**Sally Mackinnon**

- Director of Operations
- Speak up Guardian

## **Governance meetings**

We aim to refine our governance process to optimise the care and service we offer for patients and the NHS. The oversight of our governance processes will be our monthly governance meetings.

*Monthly meetings* – all directors must attend 75% of the governance meetings per year

These regular monthly governance meetings will explore patient outcomes and experience including feedback responses/experience and complaints. Our approach always be to take a professional and transparent approach which will include compliance with the duty of candour process including communication verbally and through written correspondence. The rest of the clinical governance structure will include a regular business meeting for day to day running of the service, audit and education and key performance indicators such as endoscopy performance and clinic numbers and relevant follow ups (see below).

## **Governance Standing Agenda Items**

- Patient feedback
  - We will actively encourage patient feedback from every patient who attends for our services
- Complaints
  - We aim to respond to all complaints within one working week – this will be linked to each employing Trust’s complaints system
- Incidents including serious incidents (if any)
  - We will link in with each employing Trust’s incident reporting systems and responding process
- Litigation cases (if any)
  - We will aim to derive learning from any litigation cases
  - All individual clinicians need to have their own indemnity cover -we will also have organisational indemnity cover
- Audit including KPIs
  - We will be auditing all key KPIs on an organisational and an individual basis
  - KPIs will include caecal intubation rates, adenoma detection rates, sedation and analgesia rates etc.
- IG Governance
- HR report – staff survey, recruitment, recruitment checks etc, training
- Business matters – recruitment, SLAs, demand and capacity, Finances etc.

## **Where we work – the environment**

Our initial endoscopy work will be largely or exclusively conducted within the Quadrum Institute at the Norfolk and Norwich University Hospital NHS Foundation Trust. This main environment we will practice in is a JAG accredited state of the art building which was recently appraised to be working in the highest performance standards: [New endoscopy unit praised for “exceptional patient experience”](#). We will over the course of the business but not necessarily in year one work at other locations. We will however only work from fully JAG accredited facilities.

### **Recruitment and staffing**

All the nursing, medical and admin staff for EGG will be closely vetted in order to work for this company (DBS assessed within the last 6 months of applying, up to date on appraisal and revalidation, at least 85% of mandatory training, annual completion of a clinically relevant audit). For all the endoscopists, all their key performance indicators and assurance standards will be regularly assessed to ensure excellent procedural and clinical care is offered.

### **Linkage with NHS Trusts commissioning our services**

The service delivery for EGG will be in line with each Trust day to day running of gastroenterology services, we will comply with all relevant guidance and standard operating procedures that relate to each unit; regular risk assessments will take place for all aspects of service delivery, patient care and the care of the environment. We will report and investigate all incidents including clinical, non-clinical, accidents, and untoward events. For patients investigated or treated on the NNUH site this will be on the well established DATIX system and through their PALS service. We will use other Trusts established processes if and when we work from their sites. We will give an initial response to all reported incidents within ten working days and a full response within twenty working days for 95% of cases.

### **Information Governance and Endoscopy Systems**

All documentation for the patients treated by EGG will be captured in a confidential manner and in line with all the information governance that surrounds patient data - endoscopy reports will be captured at the NNUH site using DIMENSIONS which is an endoscopy reporting tool and there will be a dedicated IT coordinator for secure block chain data storage for clinical letters, procedure data and relevant results from the above to patients and primary practice. We will ensure that all other commissioning Trusts have reliable endoscopy reporting systems that will enable appropriate audit and compliance with the National Endoscopy Database (NED). Please also refer to our data protection policy.

### **Manager of the Day**

We will have an appointed manager of the day for each day that we offer services. We only offer outpatient endoscopy and outpatient clinical appointments along with outpatient virtual appointments. We will not have any inpatient or inpatient services. The manager of the day will usually be a board director or someone the board has appointed to the role in view of their experience and skills. They will be responsible for the operational oversight of all activities conducted by EGG on that day.

### **Safe Care**

We will ensure our services are safe - these are best described within our Governance document (We have included a Governance overview below).

We will only work for NHS Trusts who are CQC registered and we will only work in CQC registered premises (see below). Our own governance processes will ensure our services are safe and they will include robust employment processes, regular review of incidents, complaints, feedback, litigation and audit. We will conduct appropriate risk assessments that

have not been covered by employing organisations. We will comply with all relevant COVID-19 related measures including SOP and appropriate PPE.

### **Efficient care**

The effectiveness of our services is best described within our Governance document (please see a brief overview below).

We will regularly audit all our endoscopy work ensuring we meet and exceed all the key performance indicators both as an organisation and for individual employees or sub-contractors. We will only work for organisations that submit data to the National Endoscopy Database (NED).

We will audit outcomes to ensure that wherever possible appropriate actions are taken to progress patient pathways - for example if a CT scan is indicated we will ensure that this is booked on the day of a patients endoscopy and not sent back to the referring clinician to organise - therefore avoid patient pathways delays.

We will only allow clinicians to work within their sub-specialist areas of expertise.

We will also regularly audit outpatient letters generated by our clinicians ensuring that they are clear and give appropriate advice to GPs and other clinicians. We will also audit timeliness to ensure that all our letter are completed and sent to relevant clinicians within 72 hours with >75% being sent within 24 hours.

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### **Caring**

We will ensure that we deliver services that are caring - this is covered in our Governance document (see extract below). We will take care with our approach to recruitment and only employ those with a substantive NHS contract. We will encourage all patients to provide feedback so we can assess all aspects of our service especially patient experience which is included in our vision, values and goals. Our patient experience and involvement lead will overview this aspect of our performance.

### **Responsive**

We will ensure that our services are responsive - this will be assessed through encouraging feedback and regularly reviewing feedback, and complaints. We have a patient experience and involvement lead and we are seeking an expert by experience to join our governance

meetings. This is covered in more details in our governance document (see small extract below).

## **Leadership**

We will ensure we are well led. We have built a strong senior leadership team with many years of experience at managerial level in the NHS. This team will have oversight of all governance and business matters through a monthly governance meeting. We will also ensure that we have a senior manager of the day, usually a Director to ensure that our day to day leadership is of the highest standard. More detail is laid out within our governance document (see short extract below).

We will ensure that our services are responsive - this will be assessed through encouraging feedback and regularly reviewing feedback, and complaints. We have a patient experience and involvement lead and we are seeking an expert by experience to join our governance meetings. This is covered in more details in our governance document (see small extract below).

**Review Date** – 12 August 2021