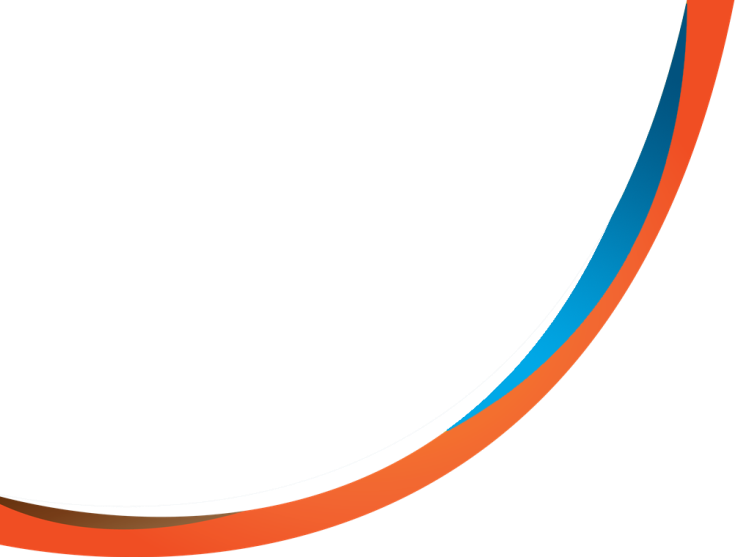


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| **DOCUMENT TITLE:** | **Clinical Governance Framework for HMP Services** |
| **CATEGORY:** | Clinical Governance |
| **TYPE:** | Framework |
| **VERSION NUMBER:** | 4.1 |
| **LAST REVISED:** | February 2023 |
| **DUE FOR REVISION:** | February 2024 |
| **RELATED DOCUMENTS:** | Quality Assurance Policy |

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| **DOCUMENT DESCRIPTION:** | This Framework outlines the approach taken by Delphi Medical in regulating, inspecting, and rating service delivery.  The framework adopts the CQC key lines of enquiry outlined in the CQC Provider handbook.  How CQC regulates: Specialist substance misuse services. |



Delphi Medical

*from dependence to freedom*

**Delphi Core Values** *People Centred Accessible*

*Sustainable Accountable*

The latest version of this document is held on SharePoint Please check that this is the latest version before us

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Clinical Governance Framework – CQC HMP Garth

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| **Outstanding**  **(Compliant)** | **Good (Compliant)** | **Requires improvement**  **(Working towards compliance)** | **Inadequate**  **(Not compliant - Action plan in place)** |

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| **Safe** |
| People are protected from abuse and avoidable harm. |

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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
| **S1: How do systems, processes and practices keep people safe and safeguarded from abuse?** | Q1.1 - How do you ensure staff recognise safeguarding issues for adults, children, and other vulnerable people, and that they take appropriate action | All staff complete full prison induction upon commencing role, where all aspects of prison safeguarding are covered by Safer Custody. All staff aware of prison processes for opening ACCT and referrals into MHIT and Safer Custody.  This is also covered in Delphi induction where Delphi/Calico policies and practices are discussed. All policies and pathways are available on Delphi SharePoint which all staff have access to.  Pathways in place with HMP. If staff have concerns about safeguarding, they can take | Safeguarding Child Safeguarding  Policy.docx protocol HMP Garth a    New - Delphi Safeguarding Protoco |

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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
|  |  | this to the Safer Custody team and contact the relevant agencies as and where needed.  Safeguarding is discussed in staff’s  supervision/team meetings and raised  appropriately including IR’s, observation books  and taking to safer custody.  Safeguarding Level 2 training is mandatory and completed annually on blue stream. Prevent training completed by all staff.  Attendance at multidisciplinary meetings within the prison including Complex case, SIM meeting, Recovery Unit and SPOA meetings where safeguarding risks are discussed and can be escalated.  Staff also have access to prison emails where risks can also be communicated. Managers attend daily morning meeting where concerns can be communicated, these minutes can be accessed by all staff on pdrive.  MDT email DARS mailbox to notify of illicit use and this is cross referenced with our caseload  and actioned. |  |
| Q1.2 How do you ensure that the management of any safeguarding concerns does not discriminate people, and that their human rights are protected? | Prevent training mandatory and completed by all staff in service.  Blue stream mandatory training. Covered on induction to Delphi.  Mental capacity policy available to staff and mandatory training completed annually  Mental Capacity assessment to be completed via policy as required. | 210514-Understandin g-and-using-the-Men |

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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
|  |  | Clients seen face-to-face and referrals made as appropriate.  Clients involved in decision-making around their treatment. Joint 3-way meetings where appropriate.  Access to care record on system one ensures information sharing with wider healthcare.  Information sharing discussed with all clients on initial assessment and reviewed as appropriate throughout treatment.  Staff will seek assistance if required. Safeguarding policies followed. | SYS1 image of MCA.pdf    Delphi Consent Form - GARTH.docx |
| Q1.3 What are your arrangements to respond to medical emergencies? | \*\*Not a clinical service\*\*  Staff follow HMP and GMMH procedures for medical emergencies, for example use of alarm bells and Hotel 1. Training on this formulates part of the Delphi and HMP induction. All staff aware of roles and responsibilities.  Under the influence pathway in place in partnership with HMP.  Direct access to alarm bells in office spaces. Business Continuity plan and folder in place and team aware of location.  First aid kit located in office. BLS training annually for all staff | New Starter Checklist.docx    Delphi new starter pack 2020.docx    SIN-21.62 - New  substance misuse pro |

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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
| S1.1 Infection  control | Q1.1.1 What changes have you made to infection control arrangements to protect staff and patients using the service? | High standards are maintained through our governance checklist which ensure audits of all areas are completed regularly. These include CQC checks monthly and GDPR audits.  Following Covid-19 the service introduced further infection control measures including use of PPE, hand hygiene guidance and social distancing, staff testing. Individual staff risk assessments. Staff responsible for cleaning work areas after each use. Plans that were put in place at the time would be reimplemented if the outbreak returned to the levels it did. | 08. GDPR Audit.docx 4.1b - Proposed  Delphi Governance Sc    Governors letter GDPR Process.docx  Covid19 PPE (002).do |
| Q1.1.2 How do you ensure staff have the appropriate time for donning/doffing and cleaning between seeing patients? | All staff provided with guidance on the recommended use of PPE and how to dispose of correctly.  Good supply of PPE provided via GMMH on request when needed.  Clinical waste bins readily available for use and disposed of safely by healthcare and HMPS. Staff responsible for cleaning down workspaces when required.  When COVID restrictions were in place - Staff maintained 1m distance from clients. Where this is not possible, appropriate PPE used and disposed of as per guidelines.  Access to hand washing facilities to ensure good hand hygiene between clients. | PrisonPPD PPE table.docx |

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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
|  |  | During high-risk periods in the establishment, staff were placed on a split shift working pattern to reduce possibility of transmission and allowed for a deep clean of the office in between shifts.  Staff wore FSM during all times in prison unless sat at desk where distancing can be maintained. |  |
| Q1.1.3 When was your last audit of IPC/PPE/ the environment and facilities? What did it tell you and what actions you have taken? | Environmental audits take place as per Delphi governance schedule.  Infection control module mandatory on blue stream for all staff.  Staff updated on new guidance in response to risks. Example - use of PPE following Covid-19 Address issues with staff as required. Examples  – bare below elbow requirements, face mask requirements.  Regular updates cascaded to all staff via email and team meetings.  Wellbeing checks carried out when staff were working from home.  Adapted delivery of services to what can be delivered at the time. | Prisons PSI Covid Clinical RA 08 -  approach April 2020.dCOVID-19 - Garth W    PrisonPPD PPE Delphi Risk  table.docx Assessment Covid-19 |
| Q1.1.4 Who is providing social care in-house? Does the local authority continue to provide essential equipment  when/as required? | N/A - Delivered by healthcare – GMMH responsibility |  |
| Q1.1.5 How are safeguarding concerns | All staff complete prison and Delphi inductions where all safeguarding processes are covered. |  |

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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
|  | being identified, escalated, and managed? (In collaboration with other providers?) | Staff aware of prison processes for opening ACCTs and referrals into MHIT and Safer Custody.  Staff have access to quantum system where risks can be highlighted and escalated. Staff aware of prison Mercury Intelligence reporting process and can access on quantum system. All staff have access to pdrive where they can check the minutes from the prison daily briefing for any risks. Staff also have access to prison global emails where risks are communicated.  Pathway for clients found to be under the influence in place and essential in periods of restrictions.  All staff use System One where safeguarding concerns can be identified and referrals to providers as required.  Attendance at multidisciplinary meetings within the prison including Complex Case, SIM Meeting, Recovery unit and SPOA meetings where concerns can be communicated and escalated.  3-way meetings take place where required,  e.g. with MHIT and clinical team.  Risk assessments are completed on specific cases where appropriate. Example – client not to be seen alone. This is mirrored onto his care record so all services within healthcare can see. | open Alert CNOMIS ACCTS.docx    SIN-21.089 - New  ACCT V6.doc.docx    Near Miss, Incident & Accident Form (Al |

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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
|  |  | Where incidents occur Delphi incident report and datix submitted dependent on the case. These are collated in monthly incident log.  Robust investigations are completed, and feedback/lessons learnt shared at Delphi Operational managers meetings and cascaded to staff and team meetings. Discussions with individual staff take place as required.  Attendance at GMMH Quality, Governance and HR meetings.  All systems, policies and pathways are accessible to staff on Delphi SharePoint. | 0. Governance Quality - Minutes 09.1 |
| Q1.1.6 How has the  prevalence of self-harm been affected? | N/A – managed by GMMH and Safer custody. |  |
| Q1.1.7 How are healthcare staff contributing to ACCT/ ACDT? Are ACCT  documents audited by healthcare? Are there any current action plans? | ACCT process managed through GMMH/HMP. All staff complete full prison induction upon commencing role where all aspects of prison safeguarding are covered. All staff aware of prison processes for opening of ACCT documents and referrals into MHIT and Safer Custody.  DARS staff monitor clients on caseload who are on an ACCT and attend multidisciplinary reviews as appropriate. Clients on ACCTs have additional wellbeing checks from the service if required and be identified via risk icon on  systm1. |  |



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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
|  |  | Staff complete entry in ACCT document after  seeing client and escalate concerns to HMP staff is required. |  |
| Q1.1.8 What action have you taken to ensure that restrictive regimes are not detrimental to individual patients? | Partnership working with HMP to ensure essential services continue even in the strictest lockdown periods, including harm reduction, release planning, parole reports, initial assessments.  Regular communications occur with all clients when required and with any updates.  Audits completed monthly as per Delphi governance schedule to ensure client care not impacted.  Pathway for clients under the influence in place with the prison as essential service and contact made with those in need.  Overdose information leaflets provided to all clients identified as under the influence, regular put on the prison laptop systems to support all prisoners within HMP Garth.  Person-led care plans remain in place. Adaptations that were made to psychosocial interventions during COVID periods have remained in place as feedback was positive. For example:  Bi Monthly Newsletters are advertised on the laptops and also some on the wings.  Distraction packs and in-cell work readily available to all clients. | Fentanyl and PS COVID harm  Awareness.docx reduction.docx |

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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
|  |  | Use of technology: Use of the prison DVD channel.  In-cell telephones available in each resident’s cell which allow DARS staff to contact clients in cell if required.  Feedback from clients collated at regular intervals. |  |
| Q1.1.9 What additional measures are you taking around patients in segregation/isolation with reduced access? | Segregation pathway written and awaiting implementation from the prison. Written by Delphi service to support those in segregation. Regular wellbeing checks completed.  High risk clients identified with more regular monitoring by the team.  Harm reduction information provided Distraction packs and in-cell work readily available and shared nationally.  Use of technology: In-cell telephony to provide 1:1 support, wellbeing checks and assessments with clients with reduced access.  DARS information on notice boards/leaflets. Exercise/relaxation workbooks produced with in-cell workouts adapted to encourage physical and mental wellbeing.  Where COVID positive cases arise with clients will be contacted via in-cell phone for DARS support. Clients visited face-to-face for  emergency appointments following liaising with HMP with PPE in use as required. | COVID harm reduction.docx    Delphi- Healthy lifestyle work book.do    Delphi - High Risk Situations Workbook. |



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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
|  | Q1.1.10 How is deep cleaning arranged and managed? | N/A Not clinical areas.  Staff offices workspaces are cleaned by staff members when required.  Wipes in all offices to clean allocated workspace. Prison clean communal areas by external service  AMEY. |  |
| Q1.1.11 What are the processes to ensure safe communicable disease management? | Systems are in place to protect people from healthcare related infections and communicable diseases.  Risk assessment in place across service following Covid-19 pandemic.  Staff provided with relevant and up-to-date information and guidance.  Individual staff risk assessments were put in place for vulnerable staff members.  PPE guidance in place following Covid-19. Hand washing procedure and dress code followed for all staff, covered in induction training.  Delphi governance schedule. | Staying COVID Workplace SECURE in the workpl Management Covid-1  Potential or hand wash  confirmed coronaviru procedure.pdf  PrisonPPD PPE table.docx |
| **S2: How are risks to people assessed, and their safety monitored**  **and** | Q2.1 What actions have you taken in the last six months as a result of learning from serious incidents to ensure people are kept safe? | Where incidents occur, robust reporting process in place. Delphi, prison and datix reports submitted dependent on case.  Incidents investigated by allocated manager. Incidents are collated monthly and some are reviewed and shared at Delphi operational  managers meeting and action plans in place as appropriate. Lessons learned cascaded to staff |  |

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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
| **managed, so they are supported to stay safe?**  **Safety systems and risks to people** |  | through team meetings. Individual staff spoken to if required.  All staff aware of process and training forms part of Delphi induction.  SUI meetings attended by service leads.  Risk register and reviewed through governance meeting. |  |
| Q2.2 How are patients who need urgent care and treatment identified, prioritised, and protected from discrimination? | HMP and GMMH Reception staff complete screening at induction. Those that are identified as requiring DARS interventions are tasked to the DARS team.  DARS care plans identify and manage risks identified in assessments. Staff flag and report any concerns.  Mid day ‘handovers’ takes place where priority clients are discussed, any important information shared and work allocated to be completed that day. Record of meeting kept. Mandatory Safeguarding training for all staff and all staff have access to Safeguarding policies/protocol.  Person-centred approach prevents discrimination and ensures accessibility for all. Adaptions made for clients where required (L&D etc).  Delphi pathway allows clients to be prioritised for care dependent on need (e.g., high/low intensity).  Pathways in place with HMP and healthcare to escalate if concerns raised (e.g., Hotel 1). |  |

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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
|  |  | Where required, prison IR/DIRF submitted to escalate risk.  Pathway for clients under the influence.  All staff trained in Delphi and HMP procedures for escalation upon induction.  Multidisciplinary work within the establishment, attendance at requested Complex Case, CSIP and ACCT reviews where risk can be identified and prioritised.  Alerts sent to community substance misuse teams to inform of engagement and communicate any risks identified where  necessary (upcoming release identified). |  |
| Q2.3 How do you recognise and manage the deteriorating patient? | Staff complete assessments which include looking at a clients physical and mental wellbeing. Any concerns identified would be tasked/flagged to other agencies. Discussed in daily handover and support accessed from wider team.  All staff have access to System One and individual client care records which allows integrated working with healthcare partners. All staff have access to prison morning meeting minutes and prison emails where risks are communicated, such as illicit use.  All staff receive safeguarding training upon induction and aware of HMP and Delphi processes for escalating concerns with clients. | WEMWBS (7  question version).pdf |

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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
|  |  | Staff aware of process for opening ACCTs and making referrals to healthcare and safer custody as appropriate.  Staff attendance at multidisciplinary meetings including ACCT reviews, IRMT and bi-weekly Complex case meetings.  Mental Capacity training mandatory for all staff. Assessment to be used if required. | SYS1 image of MCA.pdf |
| Q2.4 What are your arrangements to respond to medical emergencies? | \*\*Not clinical service \*\* |  |
| Q2.5 How do you ensure appropriate staffing levels and skill mix to cope with demand? (For example, weekends, bank holidays, seasonal pressures, epidemics) | The Delphi team is the psychosocial aspect of the service, and the staff team is an appropriate mix of staff skills. The team link with GMMH clinical team where necessary.  The staff are involved and supported the change to Connect, Dependence, and Freedom. Staffing levels are reviewed in line with environmental and organisational changes and reviewed as part of the yearly service review.  Staffing levels are safe. Where possible staffing shortfalls are covered internally, and vacancies advertised as soon as applicable.  As the team is psychosocial service, no weekend working or bank holidays. Staff work 8.30-4pm Monday to Friday.  Recovery peers work within the team in both paid and voluntary roles. Recovery peers are | New - Delphi Recovery Peer Protoc |

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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
|  |  | on each residential unit for additional support and added value to service.  Training policy which is led according to staff individual need. Staff can submit requests to line manager and reviewed with service manager.  Training matrix is maintained by managers and HR to monitor training needs. |  |
| Q2.6 What agreements are in place with staff in the establishment to ensure patient safety? | Integrated working approach with healthcare and HMP  Pathway for those under the influence in place with HMP to ensure client safety in the event of illicit use incidents.  All staff access systm1 healthcare records and use task system to flag and refer concerns.  Staff trained in all aspects of prison safeguarding including security and safeguarding protocols which formulates part of the Delphi and prison induction, including referrals to MHIT, ACCT process.  Incident reporting processes in place including prison IR, Delphi IRs and datix.  3-way meetings take place where possible with OMU, MHIT, safer custody.  Regular team attendance at multidisciplinary meetings including ACCT, Complex Case, SIM, MHIT and IRRM.  Regular Recovery Wing meetings with HMP are diared.  Monthly HMP Drug strategy meeting attended. | intelligence reporting datix form.docx process.docx    Integrated Substance Welcome to Delphi Misuse Strategy JAN Booklet HMP Garth an |



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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
|  |  | All staff have access to prison emails where risks and alerts are communicated.  Following Covid-19, always adhere to PPE and social distancing requirements to ensure client  safety. |  |
| Q2.7 What areas for improvement have been identified? | Areas for improvement identified through service needs analysis and added to service action plan.  Prison regime making it very difficult for delivery so improvements identified for consistency from clients.  Reimplement programme on DRU – when regime allows.  Monthly report collates information and shares ongoing plans and good news stories.  ISFL supports recovery wing approach and is currently being looked into at HMP Garth.  Monthly report and governance allow service  review to be discussed and supported by colleagues. | HMP Garth Action ISFL Guidance.pdf  Plan 2022.xlsx |
| Q2.8 What escalation plans are in place to manage emerging risks within the establishment? | Risk assessments in place reviewed regularly and in response to changes in guidance.  Partnership working with HMP and GMMH to respond to risk.  Example of escalation plans was during the COVID 19 outbreak and service plans.  In-cell telephones used to access clients and provide structured support when required, along with the new prisoner laptop system. | HMP Garth Recovery Wing Final June 21.do |

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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
|  |  | Information and alerts sent to all residents where risks are identified within the prison. Example – full leaflet drop took place to all residents when fentanyl and PS use were identified, by putting on the prisoner laptop system.  Illicit use pathway in place in partnership with HMP.  Business continuity plan. | Fentanyl and PS Awareness.docx |
| **S3: Do staff have all the information they need to deliver safe care and treatment to people?** | Q3.1 How do you manage clinical records to ensure safe care and treatment? | All staff have access to System One and medical records are stored electronically.  Care record audits completed monthly by managers as per audit schedule.  Record keeping audits completed monthly as per Delphi governance schedule.  Staff receive record keeping training upon induction  System One training.  Business Contingency plan in place to ensure the safe dispensing of medication can continue in the event of an IT failure.  GDPR compliance plan. | Record Keeping.pptx Client audit.docx |
| Q3.2 How do you manage referrals to and from other providers? | Integration with healthcare and HMP.  All staff have access to system one where individual care records are available. Referrals to healthcare partners e.g., MHIT managed through task system. New referrals into service identified by healthcare are sent via task to DARS and seen within 5 working days. | DARS referral form.doc |

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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
|  |  | Referral processes in place within HMP via |  |
| paper or electronic referral to the DARS prison mailbox.  Self-referrals by prisoner laptops/kiosks. Paper referrals still available if required and from | Initial DIP Alert Form.docx |
| Recovery Peers, available on all wings. |  |
| Referrals managed by team through System |  |
| One waiting list. |  |
| Referral process in place with HMP for |  |
| movement onto Recovery wing. |  |
| Communication with community drug teams |  |
| managed via alert form when required as a long- |  |
| term prison not a regular task. |  |
| Consent to share information with other |  |
| providers discussed at initial assessment and |  |
| reviewed with clients |  |
| Referrals to other organisations made as per |  |
| client need and in accordance with information |  |
| sharing processes (e.g., recovery housing) |  |
| Transfer pathway in place, admin notifies |  |
| receiving establishment of client engagement |  |
| for continuity of care. |  |
| Q3.3 How do you monitor | Delphi service pathway in place with clear |  |
| and prioritise referrals and | timeframes for seeing clients. |
| delays? | Referrals managed via System One waiting list. Prioritised according to individual need with |
|  | high/low intensity options. |
|  | If appointments are delayed for any reason, |
|  | clients notified verbally/laptop system/phone |
|  | call, reason also stated on System one. |

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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
|  |  | Duty of Candour policy. |  |
| Referrals onto Recovery Wing managed though |
| Recovery Wing pathway in partnership with |
| HMP. |
| Q3.4 How do you manage access to long-term | N/A – managed by healthcare |  |
| condition clinics and |  |
| routine care to minimise |  |
| avoidable deaths in |  |
| custody? |  |
|  | Q4.1 Have you made any | N/A – GMMH. |  |
|  | changes to your approach |  |
|  | to medicines |  |
|  | management? (For |  |
|  | example, in relation to |  |
| **S4: How does the provider ensure the proper and safe use of medicines, where the service is responsible?** | repeat prescribing, ongoing monitoring requirements for high risk  medicines) |  |
| Q4.2 If so, what were they  and how has this affected care? | N/A – GMMH |  |
| Q4.3 How are people’s  medicines reconciled, in line with current national | N/A - GMMH |  |
|  | guidance, when |  |
|  | transferring between |  |
|  | locations or changing |  |
|  | levels of care? |  |

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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
|  | Q4.4 How are you | N/A - GMMH |  |
| ensuring sufficient stock |  |
| and future supply? Is out- |  |
| of-hours medication stock |  |
| used? |  |
| Q4.5 What medicines are | N/A - GMMH |  |
| being issued for released |  |
| prisoners to take? |  |
| Q4.6 Are you managing any system blocks to | N/A – GMMH |  |
| ensuring medicines? |  |
| Q4.7 What audit cycles are in place for medicines | N/A – GMMH |  |
| management? |  |
| Q4.8 Are there any | N/A – GMMH |  |
| significant incidents |  |
| relating to medicines, and |  |
| action plans? |  |

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| **Effective** |
| People’s care, treatment and support achieves good outcomes, promotes a good quality of life, and is based on the best available evidence. |

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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** | |
| **E1: Are people's needs assessed and care and treatment delivered in line with current legislation, standards, and**  **evidence- based guidance to achieve** | Q1.1 How are you identifying, cascading, and keeping up to date with changes in clinical guidance? | Not a clinical service, however strive to follow all up to date guidance.  Service delivery adapted in line with government, GMMH and HMP guideline, when COVID impacted services. Clinical guidance monitored at company level by H&S and cascaded down to managers and staff as appropriate.  All staff can access minutes from the governor’s morning meeting where updates are communicated.  Service manager reviews staffing and service requirements in response to clinical guidance. Example – reduced staffing rota implemented following lockdown March 20. | Governors letter Covid19 PPE (002).do | |
| Q1.2 What are your oversight arrangements for clinical care provided  by clinical and non- clinical staff? | N/A - GMMH |  | |
| Q1.3 How are you maintaining reception screening arrangements? (In particular, mental health/suicide and self- harm risks) | As the team is psychosocial, they will see client when on wing via induction process. Reception orderly holds Delphi information to share with new receptions.  Clients referred as appropriate to DARS via System One task.  Mental health, safeguarding risks included in DARS assessments. | Asset based assessment.docx    DARS referral form.doc |  |

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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
| **effective outcomes?** |  | Staff all aware of processes in place for  safeguarding of clients and how to act where required. |  |
| Q1.4 How is secondary screening taking place? | Completed by healthcare – GMMH responsibility |  |
| Q1.5 How are patients  being offered healthcare appointments? | Managed via GMMH |  |
| Q1.6 What healthcare activity is taking place within accommodation  units? | Managed by GMMH and HMP |  |
| Q1.7 How are you managing arrangements to bring patients to  healthcare? | Managed by GMMH and HMP |  |
| Q1.8 What level of mental health service is being provided to patients, including:   * primary mental health * group work or psychological interventions * secondary mental health | Managed by GMMH |  |
| Q1.9 How are you, or will you be, notified of sudden or early releases and | Good relationships with OMU who alert if any early/last minute releases. Therefore, drug teams informed in the community. |  |

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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
|  | what are the processes to ensure the smooth  transition of patients’ healthcare needs into the community? | Individual staff manage own caseload of client release dates. Managers attend IRMM meeting with probation to discuss releases and risk.  Sudden releases communicated by phone call with community team, arrangements made, and medication charts sent if clinical by GMMH.  Release planning person-centred to client need. |  |
| Q1.10 How are you registering prisoners with  a GP practice before release? | N/A - Managed by GMMH |  |
| Q1.11 What liaison with community Substance Misuse Services and mental health teams is taking place? | Release planning completed as per pathway, commenced minimum of 6 weeks prior to release. Client led release plans continue as essential services.  Appointments made and provided to clients ahead of release.  Risks communicated via referral form. Assessments for rehab, supported housing take place via teleconference.  Integrated though the gate working with local providers to clients need. | Release Referral Prison to Community |
| Q1.12 Where you have introduced any additional reporting and monitoring arrangements due to COVID-19, which do you plan to continue? | Numerous reporting and monitoring arrangements put in place during period including: Service log, impact of lockdown added to monthly report, Staff vaccination log.  Report completed ‘impact of Covid-19’ on service end of 2020. None have continued. | Covid-19 Outcomes Report - Delphi Priso |

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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
|  | Q1.13 Who is available to certify death? | N/A – managed by GMMH/HMP |  |
| **E3: How does the service make sure that staff have the skills, knowledge, and experience to deliver effective care, support, and treatment?** | Q3.1 How do you ensure that all staff (clinical and non-clinical), including those being flexibly re- deployed, have the skills and knowledge to carry out their roles and responsibilities effectively? | Delphi team mix with GMMH team and attend regular meetings, 13 week reviews. All staff complete a prison induction which covers responsibilities within the prison.  Staff required to undertake a full Delphi induction which covers Delphi expectations. All staff complete relevant psychosocial training. Cross-site approach with staff utilised from other Delphi HMP teams if service need requires, ensures appropriate knowledge and skill base to complete role effectively upon cross- deployment.  Staff shortages covered internally wherever possible.  All staff receive regular supervision and training. GMMH invited to monthly team meetings. |  |
| Q3.2 How do you ensure that the staff who deal with patients are operating within the appropriate scope of practice at the point of recruitment, and ongoing? For example, audit of consultations? (Including within primary | Staff recruitment takes place in line with role profiles and company values.  All staff receive a Delphi induction including prison induction, linked person-centred to individual role and staff need training.  Shadowing and competency assessments form part of induction process.  Some training includes: System One training, Care plan training, Boundaries training. Audits take place monthly in accordance with Delphi | PSI Policy.docx |

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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
|  | care networks where relevant). | Governance schedule and issues addressed with individual staff if required.  Training needs identified and delivered as appropriate (e.g., case management meetings). All staff receive regular supervision from line manager.  PSI policy  All required policies available to staff on SharePoint and GMMH intranet.  Referral to NICE guidelines if unsure.  BLS training and RCGP Level available for all. | Audit form.docx Training Policy.docx |
| Q3.3 What additional staff training has been provided to improve/increase staff skills, for example triage and minor illness/long- term condition management? | Where gaps identified training sourced for staff. Example – Acupuncture training – so new intervention could be delivered.  Dual diagnosis training sourced to support staff with the more complex prisoners in establishment.  Mandatory training list, most currently delivered via bluestream.  Internal training sessions created for staff to improve knowledge. Example case management, IMAP, Addiction Awareness.  Training is led by staff need as per training policy and staff requested are reviewed by line manager.  Calico development calendar is shared with staff and staff responsibility to request via manager.  All managers complete leadership training: Whistle stop tour for managers. | Delphi -Case Notes Guidance Training.pp    People Strategy 2020-23 V4.pdf |

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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
|  |  | Apprenticeship levy available to staff through Calico, currently 1 staff accessing this. |  |
| Q3.4 How are regular training needs analyses conducted? What arrangements are there for mandatory face-to- face training that is overdue? | Service review and needs analysis reviewed annually and incorporates review of training needs.  Example – review of individual job profile took place to analyse training needs required. Skills matrix implemented following this which identified further training needs within team. Overdue mandatory face-to-face training booked in advance to ensure none go out of date (e.g., BLS).  Staff complete mandatory eLearning module whilst awaiting training date. |  |
| **E5: How are people supported to live healthier lives and, where the service is responsible, how does it improve the health of its population?** | Q5.1 How do you ensure that people who are affected by health inequalities are receiving the care they need? | All clients treated fairly with additional support given if needed (e.g., around reading/writing). Where there are accessibility issues, service may be adapted for individual clients.  Increased 1:1 provision has opened interventions to those who did not previously engage in groups for individual reasons.  Alternative provisions are put in place for those with literacy skills such as increased 1:1 support/peer support on the wing.  In-cell telephones/laptops improve accessibility of the service and open to all clients.  Big word used for assessments if required. Needs analysis reviewed annually to assess  needs of the client group. | Big Word screen shot.docx |

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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
|  |  | Focus groups completed to engage clients in service and adapt service as needed.  Wellbeing calendar with promotional events throughout the year.  Recovery peers on each wing to support clients who prefer peer support than staff.  Staff are offered support in supervision as required. |  |
| Q5.1 How are you promoting good health/targeted approaches in response to coronavirus (COVID- 19) and people at risk? | Regular communication notices distributed to all residents to advise of risks associated with substance use. Health promotions lead within our team that links with GMMH to provide regular sessions on the DRU and other areas of the prison if available.  Harm reduction communicated to all residents through range of channels: 1:1s, newsletters, prisoner notices, Laptop notices, in-cell phone call wellbeing checks.  In-cell workbooks were adapted for clients to use throughout isolation/lockdown periods with health themes such as exercise and relaxation workbooks, these are still used when required.  Wellbeing calendar of events. Delivery of  promotional events for example Stoptober, recovery month. | Harm Reduction Delphi- Healthy Leaflet.docx lifestyle work book.do |
| Q5.3 What arrangements are there to ensure patients maintain their physical and mental | 5 ways to well being is a theme though DARS assessment. WEMWB assessments completed to monitor client mental wellbeing and referred to | Wellbeing Assessment.docx |

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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
|  | wellbeing during instances of prolonged isolation or lockdown? | MHIT if required. The team attend SPOA meeting to discuss any at risk clients with the MH team.  Regular wellbeing checks in place who are deemed high risk.  Where periods of lockdowns, additional support offered via phone/laptops.  Exercise/relaxation in-cell workbooks available. Peer support, clients in need can be buddied up with a peer on their wing for additional support. Competitions to increase morale within the establishment. Example – Recovery wing art  competition. | Delphi- Relaxation Techniques work boo |
| Q5.4 How are you promoting and facilitating healthy lifestyles for patients or people who use services? | Holistic therapies available, such as acupuncture, creative therapy.  Recovery Unit has a full timetable which includes interventions to meet individual need and promote healthy living.  Health promotions lead role within the team works closely with GMMH to offer health social prescribing sessions.  Relaxation/exercise/healthy eating in-cell workbooks available.  Information available to clients through a range of channels: TV channel presentation, regular newsletters, laptops.  Wellbeing calendar of events with national health campaigns promoted e.g., Stoptober. | Delphi App Survey - Questionnaire.pdf    Every-Day-Yoga.pdf |

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| **Caring** |
| Staff involve and treat people with compassion, kindness, dignity, and respect. |

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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
| **C1: How does the service ensure that people are treated with kindness, respect, and compassion, and that they are given emotional support when needed?** | Q1.1 How have you adapted how you support and engage with patients and their families/loved ones (for example, in the context of more remote working)? | Family and relationships built into Delphi assessments.  Interventions provided around building relationships. Client/staff designed booklets in place to support keeping family ties in place (About Me).  Family days, Family forums are in place within the service. All clients offered family involvement when signing up to service.  Information around DARS service and harm reduction advice provided to visits centre.  Link with POPS where required and HMPS family link worker.  Family pathway and group package developed during COVID lockdown. | Asset based Building assessment.docx Relationships.docx    From me to you Older Children Postcard.pdf Booklet.pdf    Younger Children Substances Booklet.pdf information - family d |
| Q1.2 How do you gain an understanding of the impact of the COVID-19 pandemic on patients’ physical and mental health? | Regular feedback has been sourced from client group in response to Covid-19 feedback and this drives how service is adapted/restored. This has continued now the restrictions of COVID 19 have ended.  Wellbeing check ins, referrals made if required WEMWBS assessments.  Compliments/complaints recorded and learning is shared from these. | Delphi Survey Results (3).xlsx |

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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
|  |  | Monthly case studies completed by staff team –  on a rota basis.  Collection of social profit information provides oversight of how client wellbeing is impacted. |  |
| Q1.3 How has the service adapted to consider patients who might be nervous about leaving their cell or being in close proximity to other patients or  staff? | Person-centred service maintained. Regular wellbeing check ins completed with clients. High risk caseload identified and monitored.  Support offered to those struggling and will work at their pace. | BT Pin phone guidance (2).zip |
| **C2: How does the service support people to express their views and be actively involved in making decisions about their care, support, and treatment**  **as far as possible?** | Q2.1 How do you support people to express their views and actively involve them to make decisions as far as possible? | Feedback policy.  Client feedback forms or speech bubbles. Client views are readily sought out and form part of monthly reporting.  Focus groups are offered to gain clients views on service.  Clients engaged in own care, e.g., 13 week reviews.  Complaint’s policy shared with clients who wish to raise concerns with regards to their care.  Compliments/complaints recorded.  Clients and peers actively involved in the development of the unit (e.g., Competition to  name the wing/create artwork). | New - Delphi Feedback Feedback Policy.docx Protocol.docx    Focus Group template.doc |
| Q2.2 Where COVID-19  has changed the way a service is provided, how | Letter sent to clients in the event of service  changes. Communicate to clients in 1:1s/phone calls. |  |

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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
|  | has this been explained to patients to inform decision-making? | Any adaptions are explained to new referrals upon induction.  Regular updates provided to clients via newsletter, leaflet drops, laptop notices and in | Duty Of Candour Procedure.docx |
|  | 1:1 with workers. |  |
|  | Client feedback sourced throughout and |  |
|  | contributes to service restoration plan. |  |
|  | Duty of Candour policy. |  |
| Q2.3 How do you encourage your patients to speak up and have a voice? | Consent to share completed at induction and reviewed with clients.  Clients actively involved in their own care. Care plans are person-centred.  Complaint’s policy in place. | Complaints Policy (Group) 2020.docx |
|  | Where possible, try to resolve informally. |  |
|  | If complaint cannot be resolved informally, client |  |
|  | informed of complaint policy and next step. |  |
|  | Visited face-to-face by manager. |  |
|  | Clients kept informed throughout the process |  |
|  | and advised of resolution. |  |
|  | Logged and reported monthly to Delphi and |  |
|  | GMMH. |  |
|  | Focus Groups. |  |
|  | Feedback surveys completed regularly where |  |
|  | clients are encouraged to express their views. |  |
|  | Client involvement in the development of the |  |
|  | Recovery Wing. |  |



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| **Responsive** |
| Services are organised so that they meet people’s needs. |

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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
| **R1: How do people receive personalised care that is responsive to their needs?** | Q1.1 How do you take into account patient choice about how, when, where they want to be seen? | Person-centred service and client led treatment plans.  Confidentiality discussed at initial assessments and reviewed with clients.  Delphi pathway offers variety of interventions and intensity levels (e.g., high/low intensity) in which clients can input in to how often they engage.  13-week reviews ensure minimum engagement. Clients seen in own location wherever possible. Adaptations made for clients who cannot attend where required, for example if in isolation.  Variety of treatment interventions available, see psi menu  Adapted 1:1 delivery has opened interventions to those who previously did not engage in groups.  In-cell telephone support available, alongside laptop instant messenger checks.  Recovery Peer support offer added value. | HMP Delphi HMP Garth menu of  Pathway.pdf interventions.docx  HMP Garth CDF PSI Menu of  interventions.docx interventions.doc  Delphi 1.pdf |
| Q1.2 How do you ensure that people with information and  communication needs are able to access | Person centred service, interventions flexible to client needs.  Adaptions made as required and multidisciplinary work if required (e.g., MHIT)  Use of Big Word if translation required. | Big Word screen shot.docx |

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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
|  | appointments and services in ways that meet their needs? | Recovery Peer support on each wing. Example – peer support with in-cell workbooks where literacy issues.  Different approaches available dependent on  client need (e.g., 1:1, face-to-face, in-cell telephone service). |  |
| Q1.3 How does care provision take account of the needs of individual people? (For example, Trans people, people who have a disability, people with long term conditions or mental health needs) | Health needs analysis linked to service specification.  DARS needs analysis monitors need for service adaptions to encourage engagement.  Focus groups completed.  Wellbeing annual calendar with promotional events throughout the year.  Person-centred service and adaptations made for clients where required.  Technology has opened up service accessibility (e.g., in cell phones, laptops).  Use of Big Word if translation required.  Dual working if beneficial (e.g., with MHIT). Attendance at multidisciplinary meetings. |  |
| Q1.4 Have you identified any barriers to care provision, particularly for patients with protected characteristics? For example, disabled people, older people,  people in Black, Asian | DARS needs analysis identifies any gaps in service provision. None identified as of yet. Service action plan monitors progress and led by company values.  Focus groups with clients to identify and address any barriers to treatments.  Recovery Peer input into service review and Drug Strategy. |  |

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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
|  | and minority ethnic groups. If yes, what  actions have been taken to combat them? | Wellbeing calendar of events promoted throughout the year  Calico group values ‘This is me’  Diversity and Inclusion policy. |  |
| Q1.5 How are DNACPRs/advanced decisions being managed and reviewed? Are GPs available to discuss this with  patients? | N/A – GMMH |  |
| Q1.6 How many vulnerable patients are there within the secure facility who have additional needs and vulnerabilities, or specific health care pathways i.e., palliative patients present in the  prison/hospice/hospital? | N/A – GMMH |  |
| Q1.7 How do you carry out reviews of asthma/diabetes/atrial fibrillation/chronic heart disease/chronic obstructive pulmonary  disease or epilepsy, and other reviews? | N/A – GMMH |  |

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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
|  | Q1.8 Are GPs or nurses seeing patients for review, or are these  completed without the patient present? | N/A - GMMH |  |
| Q1.9 Are external specialist staff coming in  and providing a full range of care? | N/A – GMMH |  |
| Q1.10 Where services are now provided in the living accommodation, are appropriate rooms  used? | N/A - GMMH |  |
| Q1.11 What communication aids are available where you are speaking to patients through the cell door? | In-cell telephones and laptop access available to communicate with clients remotely where face- to-face access is not possible.  Measures in place to ensure client confidentiality where telephone appointments take place.  Recovery peer support for clients on each wing. In-cell workbooks  Distraction packs/mindful colouring. |  |
|  | Q3.1 How are you managing access to services?   * Do you have backlogs of activity   and long waiting times as a result of | Prison regime still affecting delivery of sessions, therefore some waiting lists remain high.  However all clients seen and can be offered 1:1. Staff encouraged to complete 1:1 for those who have been waiting a long time, but some clients opt to wait for group delivery. |  |

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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
| **R3: Can people access care and treatment in a timely way?** | coronavirus? How are you managing this?  What are your recovery plans?   * How are you ensuring that high- risk/vulnerable patients and pathways are being identified and prioritised appropriately? * What are your arrangements to follow-up and support patients whose care and treatment was delayed due to coronavirus? For example, patients with non-COVID related issues. * How are you ensuring equitable access to appointments when they are needed, especially for people   with protected | In strictest lockdown, continue to prioritise and see clients who require harm reduction support. High risk caseload identified and monitored by full team via System One. Receive regular wellbeing check ins from a member of the team in periods of lockdown/restrictions. Regularity is client led dependent on need. Daily if needed.  ACCT attendance priority and part of essential service. Thankfully not at this point for sometime.  Waiting lists maintained and managed via System One.  Referrals made if safeguarding risks identified. Services restored as efficiently as possible once restrictions were stopped.  Where clients cant be seen for whatever reason  – desktop reviews can be completed to ensure regular updates on the care plan.  Recovery peers available on each wing |  |

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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
|  | characteristics and vulnerable groups? For example, people  who are at the end of their life. |  |  |
| Q3.2 What information has been provided to patients about changes to service delivery and availability? | Clients were fully informed of any changes made to service. This continues regularly if required.  This is primarily done via the laptop system these days.  Where required, e.g., in case of literacy issues, information communicated verbally with clients.  Recovery peer support available on each wing. |  |
| Q3.3 How are patients accessing remote consultations and what  technology is in place to support this? | Where possible all interventions happen face to face. Where this cant happen the team have access to in-cell phones and laptops which can support continued support. |  |
| Q3.4 How do you access support for any out-of- hours concerns? | GMMH on-call rota  For Delphi Incident reporting process. HMP via IR. |  |
| Q3.5 Do patients have access to social care? | N/A - GMMH |  |

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| **Well-led** |
| The leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture |

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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
| **W3: Is there a culture of high-quality, sustainable care?** | Q3.1 What actions are you taking to protect and support the health, safety, and wellbeing of staff, particularly those who are high-risk or in Black, Asian and minority ethnic groups? For example, COVID-19 testing. | Robust risk assessment in place across the service which is reviewed regularly and following changes in guidance during the COVID outbreak. Individual risk assessments in place for all staff identified as high-risk or BAME, reviewed monthly and following any relevant changes in guidance. All staff followed guidance around face masks and PPE.  All staff still encouraged to test regularly, especially if have symptoms.  Vaccinations available to all staff through GMMH. Log maintained to monitor vaccination take up.  Regular welfare checks and my times offered to staff team. Wellbeing continues to be a priority so a wellbeing activity added to each team meeting and where possible the team has regular sessions to have ‘fun’ support each other and development  – for example Pause and reflect.  Staff able to access company support including Employee Engagement, Mental Health First aiders, Employee assistance programme and Westfield health.  Regular supervision from line manager. | Delphi Staff covid-19 accessing Employee Risk Assessment.doc assistance programm    PrisonPPD PPE table.docx |

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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
|  | Q3.2 How do you promote equality and diversity, and check that staff feel supported, respected, and valued? | Delphi and Calico values, all staff attend Delphi and Calico inductions upon commencing role.  Power of values training attended by all staff upon Calico induction.  Values based interviews.  Group Equality, Diversity, and Inclusion Strategy. All policies available to staff on Quip. Staff receive regular supervision and Mytime from line manager.  Employee engagement meetings monthly with rep within the team.  Monthly full team meetings. Mental Health first aiders.  Employee of the month, Calico star awards, linked to company values.  Team Building events during the year. Example  – Christmas. Annual MAD awards Delphi day  Service action plans linked to Delphi values. Staff feedback during service review. | Welcome to Delphi Calico Induction Booklet.docx Programme Booklet.p    Wheel of Growth Final.pdf |
| Q3.3 What training and support is available for staff using new technology to deliver care? | Where new systems are put in place, pathways created, and training put in place for staff.  Example – new in-cell telephone system pathway implemented and shared with staff, with booking system and process in place.  Measures in place to ensure client confidentiality takes place within use of technology.  Microsoft teams training via GMMH. |  |

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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
|  |  | Training requests led by staff need and looked at by the manager and reviewed with service manager for approval.  Lead roles link to staff knowledge and interests.  Example – social media/technology lead within the team. |  |
| Q3.4 What consultation is there with staff around ongoing safety of staff and patients? | Daily handovers where updates communicated and concerns by staff raised.  Managers attend HMP/GMMH meetings and cascade information as appropriate.  Where changes are made, staff given opportunity to raise concerns with managers through appropriate channels.  Managers onsite and accessible daily to coordinate management of client care and staffing levels.  Regular staff supervision.  Staff feedback - HIVE feedback survey Full staff team meetings monthly.  Employee engagement meeting with on site rep. |  |
| Q3.5 What arrangements are there for senior staff to visit or support staff in custodial environments? | Regular onsite attendance from service manager. Some members of the SLT attend at Delphi HMP sites, some are vetted and keyholders.  Delphi Organisation chart shared with staff and discussed upon induction.  Regular communications sent to all staff from  Calico CEO and area lead, with feedback from staff sought. |  |

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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
|  |  | Staff invited to Delphi Growth group led by Company Lead.  Employee Q&A sessions led by Calico Executive team. |  |
| **W5: Are there clear and effective processes for managing risks, issues, and performance?** | Q5.1 Has your business model/operating model changed since the pandemic? If so, how, and what has been the impact on staff and people who use your services? | Delphi pathway remains in place with timeframes for client contact.  Priority given to essential services.  Service risk assessment in place and regularly reviewed for staff, clients and services delivered. Reduced staffing rotas in times of increased risk to ensure safety and wellbeing.  Covid log held by service to monitor impact of the pandemic on services.  Service action plan updated monthly and has moved along with the reimplementation of the service delivery.  Groupwork was adapted into 1:1 to reduce impact for clients, but groupwork recommenced where possible.  Report completed Dec 20 to review impact of pandemic on staff, clients, and service.  Feedback mixed – although some staff report impact on wellbeing others have enjoyed new ways of working. As a client facing role not always option to work from home but where staff have training etc they are encouraged to work from home to get as much out of the training.  Clients have provided generally positive feedback around the service they receive despite | Covid-19 Outcomes Report - Delphi Priso |

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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
|  |  | restrictions. Positive feedback continues to be received. You said we did section being added to the newsletter.  Staff and client feedback has been added into service action plan where possible.  Impact and feedback collated monthly in report. |  |
| Q5.2 How do you assure yourself that you are providing a safe service? For example, regular audits and increased supervision etc | Regular audits completed as per Delphi Governance schedule.  Monthly caseload audit completed and actions good practise feedback to the team/individuals. Issues identified are actioned with individual staff members if required.  Risk assessments reviewed monthly and following any changes in guidance risk. Staff receive regular supervision from line manager.  Monthly reporting: NDTMS, Company report, social profit. | Work Priorities CI new supervision temp |
| Q5.3 How are you monitoring business risks and issues, and what actions are you taking to respond to them?   * What are the arrangements for business continuity?   For example, arrangements for | Covid log monitors business impact including staff, clients, risks, and actions taken. In place for if another pandemic was ever to raise.  Business risks are escalated to SLT, and risk register reviewed and shared at operational managers meeting – updated using risk4 system.  Business continuity plan followed. On-call rota in place for out of hours emergencies. |  |

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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
|  | diverting calls, contingency planning for staff shortages/outbreak onsite, changes made in light of COVID-19   * How are you flexing the service/models of care to adapt to changing circumstances, including second   wave of COVID-19? | Staff shortages covered internally wherever possible, vetted and keyholders to ensure continuity of essential services.  Lessons learnt utilised through second wave on Covid-19 to allow efficient implementation of service adaptions in response to increasing risks. (e.g., following Jan21 lockdown announcements). |  |
| Q5.4 How are you working with partners to review and update local pathways? | Partnership working with HMP to allow service to continue, regular.  Any service issues are escalated via Drug Strategy.  Regular meetings with GMMH and support in any areas needed.  Attend local delivery board meetings, governance meetings.  Monthly attendance at Drug Strategy meetings. |  |
| Q5.5 What escalation plans are there to manage emerging risks within the  establishment? | Prison updates and risks communicated via Governor’s morning meeting. Action taken if required in partnership with HMP. Example – Increased measures put in place following  outbreak identified on specific wing. |  |

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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
|  |  | Reduced staffing rotas in place where necessary to limit cross contamination.  Any risks would be recorded on prison IR, Datix and Delphi incident form.  Any prison or community notices sent out in response to emerging risks in the establishment (e.g., harm reduction notice) shared around service and to relevant people. If required PIN  shared also. |  |
| Q5.6 What areas of improvement have been identified, and are being implemented? For example, safety or patient care and treatment. | Where safety risks are identified escalated to HMP and resolution made, risk assessment updated.  Delphi, prison IR and datix reporting if situation requires.  Client concerns are followed up via complaints policy. Visited by manager face-to-face where required and informed of action taken.  Feedback encouraged and reviewed monthly in report.  DARS needs analysis highlights service recommendations which are added into the service action plan.  CQC action plan evidence. |  |
| **W8: Are there robust systems and**  **processes for learning,** | Q8.1 What systems are in place to support people (staff/people who use your services and their families/carers) to | Feedback policy.  Team development day. Delphi day.  Client feedback forms used regularly with clients encouraged to express their views.  Focus groups. | Feedback form.pdf |

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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
| **continuous**  **improvement, and** | speak up and raise concerns? | Complaint’s policy. Duty of Candour policy  Recovery Peers available for client support. | behaviours.pdf |
| **innovation?** |  | Delphi Employee Engagement group, rep within |  |
|  |  | team, confidential feedback. |  |
|  |  | Annual staff feedback survey - HIVE |  |
|  |  | Grievance policy |  |
|  |  | Whistleblowing policy available to staff on Quip |  |
|  |  | HR. |  |
|  | Q8.2 How do you | Clients encouraged to provide feedback as per |  |
|  | support people to provide feedback? | feedback policy.  Forms completed by worker/peer if literacy issues.  Complaint’s process. Clients provided with policy | Step Further Framework.pdf |
|  |  | and visited face-to-face by manager to |  |
|  |  | investigate and keep informed. |  |
|  |  | Informed of action taken/resolution. |  |
|  |  | Open door policy for staff with managers onsite |  |
|  |  | and accessible daily. |  |
|  |  | Where changes to service are made, staff |  |
|  |  | notified and given opportunity to raise concerns |  |
|  |  | to management. |  |
|  |  | Power of Values training forms part of staff |  |
|  |  | Calico induction. |  |
|  |  | Calico values. |  |
|  |  | Feedback pledge forms part of Leader journey. |  |
|  |  | One step further framework. |  |
|  |  | Employee Engagement group with onsite rep. |  |
|  |  | Hive feedback survey is anonymous. |  |
|  |  | Regular supervision with line manager |  |

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| **Key Line of Enquiry** | **Prompts** | **Evidence** | **Status** |
|  |  | Mytime available on staff request. |  |
| 360 feedback exercise. |
| Our Voice staff initiative |
| Q8.3 How do you | Covid-19 Outcome’s report. |  |
| demonstrate that you have a learning culture and routinely embed  learning from significant | Annual DARS needs analysis.  Annual service review with staff input. People Strategy led by HR.  Annual Development calendar. | develop myself leader.pdf |
| events and complaints? | Calico feedback approach, Mytime, wheel of |  |
|  | growth. |  |
|  | Calico Leadership training for all managers. |  |
|  | Delphi and Calico Growth groups. |  |
|  | Manager’s forum. |  |
|  | Skills matrix to develop staff. |  |
|  | Teambuilding training sourced e.g., MBTI |  |
|  | Delphi Growth group |  |
|  | Incidents/complaints lessons learnt shared |  |
|  | company wide via operational managers |  |
|  | meetings and cascaded to staff at team |  |
|  | meetings. |  |