

Oversight Professional Standards Group (OPSG)

Standard Operating Procedure

The operating procedure set out below must comply with the Data Quality Standards set out within Trust Data Quality Policy

1. Overview

This Standard Operating Procedure (SOP) has been developed to describe the role, functions and responsibilities of the Oversight Professional Standards Group (OPSG).

OPSG provides an overview of the management Professional Regulatory Statutory Body (PRSB) concerns and or referrals related to non- medical practitioners, including Health Care Support Workers.

OPSG for non- medical practitioners is considered as best practice.

This SOP will help us work towards incrementally shifting the infrastructure, policies, and practices to enhance our approach to equity, diversity and inclusion.

Core membership of OPSG is: Director of Nursing (Chair), Lead Nurse for Professional Standards (Deputy Chair), Head of Employee relations or Senior HR Representative, Head of Safeguarding and Vulnerable People or Senior Safeguarding Representative, Divisional / Trust wide Representation for the cases being presented. Counter fraud representative will be co-opted if appropriate.

2. SOP Governance

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Author: Karen Hill, Lead Nurse Professional Standards	Authorised by: Donna Bird, Director of Nursing	Review date: September 2025

OPSG meets weekly (Tuesday). If there are no cases escalated or to be updated on, the meeting will be stepped down. The regularity of the meetings ensure that cases are escalated timely for senior decision making.

3. Key indicators, output or purpose from this procedure

UHDB executive board have a duty to protect the public. OPSG provides oversight through robust and consistent processes to manage concerns raised regarding colleagues' fitness to practice. This includes all colleagues who are registered with the appropriate PRSB and Health Care Support Workers (HCSW). Also any lapses in registration or concerns raised via any source including regulators, police, counter fraud or safeguarding issues are addressed fairly and thoroughly investigated to protect the public and colleagues.

4. Data Source(s)

The Director of Nursing(s) and Chair of OPSG own a bespoke excel database tracker (via teams) to record new cases / update cases. This provides oversight. Along with the Deputy OPSG Chair, Corporate Administrator and People Services representative, who all have full access to the tracker, split into divisions and Trust wide sections.

Divisional Nurse Directors/ Deputies, DAHP/HCS Director, Director of Midwifery / Deputies / Trust wide representatives have access to only their specific division. The Deputy Chair of OPSG manages Trust wide tracker, with support from the Corporate Administrator.

Divisional Nurse Directors/ Deputies, DAHP/HCS Director, Director of Midwifery / Deputies / Trust wide representatives are required to maintain accurate records of each case, compliant with information governance.

The Director of Nursing / AHP Director will liaise and maintain effective communication with the relevant PRSB local representative and written communication between then Trust and PRSB is password protected.

5. Process

1. Trust Policy for Professional Registration, April 2024. Pol-HR/1689/07
https://derby.koha-ptfs.co.uk/cgi-bin/koha/opac-search.pl?idx=&q=POL-HR%2F1689%2F07&weight_search=1
In addition, the Recruitment **Policy**, Disciplinary **Policy**, **Policy** for managing performance and supporting staff (capability), **Policy** for concerns resolution, Managing Allegations Policy and **Policy** for inclusion and belonging may be considered.
2. DNDs/ Deputies/ DAHP/HCS /Director of Midwifery/ Deputies/ Trust wide representatives must escalate concerns of individuals practice and conduct to OPSG, which meets weekly.
3. OPSG members will make a considered decision of the actions to a manage cases, this could include management remaining at the divisional level or remain at OPSG. Any Police, counter fraud, PRSB referral or safeguarding case should remain at OPSG.
4. DNDs/ Deputies/ DAHP/HCS / Director of Midwifery/ Deputies / Trust wide representatives should provide timely updates on ongoing cases at OPSG by requesting an agenda slot to Deputy Chair for OPSG / Corporate Administrator.
5. OPSG will provide ongoing decision making of open cases or close cases down.
6. Core membership of OPSG is: Director of Nursing (Chair), Lead Nurse for Professional Standards (Deputy Chair), Head of Employee relations or Senior HR Representative, Head of Safeguarding and Vulnerable People or Senior Safeguarding Representative, Divisional / Trust wide Representation for the cases being presented. Counter fraud representative will be co-opted if appropriate.
7. Director of Nursing / DAHP/HCS /will liaise and maintain effective communications with local PRSB representatives / PRSB, if applicable.
8. Deputy Chair of OPSG will provide assurance reports (to Confidential Trust Board and People and Culture Group of the robust processes for managing OPSG cases on regular basis. Themes and learning from OPSG will be explored through the Empathy and Excellence sub group. Equality, Diversity, Inclusion and disability will be monitored through each case to understand any themes

9. Internal and external learning related to OPSG cases is considered and applied if applicable.

6. Validation Checks

DNDs/ Deputies/ / DAHP/HCS /Director of Midwifery/ Deputies / Trust wide representative are responsible for commencing the OPSG tracker and are required to ensure accuracy of data. This must be completed prior to the case being heard at OPSG.

Deputy OPSG chair / Corporate administrator is responsible for ongoing updates to the tracker and are required to ensure accuracy of data.

Director of Nursing / DAHP/HCS / are required to ensure accuracy of data shared with PRSB.

7. Sign off (separation, supervision, authorisation)

Stage/ purpose	Name and role	Date (how/ where evidenced)
Peer review:	Mark Hill, Director of Nursing	May 2024, discussion
Supervisor/ Lead review:	Donna Bird, Director of Nursing	June 2024, discussion
Information Asset Owner/ Trust Lead:	Karen Hill, Lead Nurse Professional Standards	June 2024, discussion August 2024 People and Culture Group

8. Information Governance

An Information Governance (IG) representative was involved in the development of the OPSG tracker. See above re access.

Information from the OPSG tracker or divisionally held may have to be shared with PRSBs, safeguarding, counter fraud or the police. There is a clear and robust process to ensure IG is maintained, as described.

9. Export/ use of data

Anonymised oversight data from OPSG is shared monthly with Confidential Trust Board (CTB) and bimonthly with People and Culture Group (PCG). This includes number of new cases escalated per month, identification of profession / role and the theme of concern, for example, conduct, safeguarding, revalidation. In addition, ethnicity and disability data is included. There is no identifiable information shared.

OPSG agenda is password protected and uses initials. OPSG minutes identifies who attended the weekly meeting, quoracy, profession/ role, concern theme, ethnicity, and disability. This is password protected.

The OPSG tracker, which provides detail of each case is managed in corporate services and only the Directors of Nursing can request for colleagues to be given access / or access removed to the tracker when people in post change.

10. Detailed Instructions

- DNDs/ Deputies / DAHP/HCS // Director of Midwifery/ Deputies / Trust wide representative are made aware of a concern regarding a member of their staff. This could be the individual advising them, the police, counter fraud, safeguarding, PRSB, colleague, manager or a member of the public.
- DNDs/ Deputies/ / DAHP/HCS / Director of Midwifery/ Deputies / Trust wide representative should establish the facts and request the case is added to the next available OPSG (weekly meeting).
- The Deputy Chair for OPSG / Corporate Administrator will add the case onto the OPSG agenda.
- DNDs/ Deputies/ DAHP/HCS / Director of Midwifery/ Deputies Trust wide representative may wish to discuss the case with the Directors of Nursing if they feel that they need a specific steer.
- DNDs/ Deputies / DAHP/HCS / Director of Midwifery/ Deputies Trust wide representative are responsible for updating their case on the OPSG tracker, using the SBAR model. Only they have access to the tracker for their division. This must not be delegated to others. They may request narrative from others to update the tracker.
- The Deputy Chair for OPSG / Corporate Administrator will send the OPSG agenda out on Monday (Friday if there is a bank holiday) or step down the meeting if no cases are escalated or no updates are requested.
- DNDs/ Deputies/ / DAHP/HCS / Director of Midwifery/ Deputies / Trust wide representative are responsible for attending the teams meeting at the designated agenda timeslot to present their case(S) and agree a proportionate plan of action.
- Public safety is the overarching principle of OPSG, nonetheless, the health and wellbeing of colleagues who are referred to OPSG should be addressed.
- Core membership of OPSG is: Director of Nursing (Chair), Lead Nurse for Professional Standards (Deputy Chair), Head of Employee relations or Senior HR Representative, Head of Safeguarding and Vulnerable People or Senior Safeguarding Representative, Divisional / Trust wide Representation for the cases being presented.
- Any case presented at OPSG which requires a PRSB referral, or involves police, counter fraud or safeguarding, will remain at OPSG.
- The Deputy Chair for OPSG / Corporate Administrator is responsible for updating the tracker after each meeting.
- DNDs/ Deputies/ / DAHP/HCS/ Director of Midwifery/ Deputies / Trust wide representative are responsible for actions / delegating actions and for bringing the case back to OPSG for an update.
- The chair at OPSG may advise that some cases presented at OPSG can be managed at divisional / Trust level. Robust records must be maintained, which adhered to Information Governance.
- DNDs/ Deputies/ DAHP/HCS / Director of Midwifery/ Deputies / Trust wide representative are responsible for the management of these cases and there should be clear documentary evidence of those actions and updates.
- The Deputy Chair for OPSG / Corporate Administrator is responsible for updating the tracker to confirm that cases will be managed locally.
- If circumstances change with any locally managed case, DNDs/ Deputies / DAHP/HCS / Director of Midwifery/ Deputies Trust wide representative are responsible for re-escalating back to the appropriate OPSG meeting.
- DNDs/ Deputies/ / DAHP/HCS / Director of Midwifery/ Deputies / Trust wide representative may wish to discuss cases with the Directors of Nursing if they feel that they need a specific steer with a locally managed case. Clear documentary evidence should be completed.
- The Lead Nurse, Professional Standards and People Services representative will audit an agreed percentage of divisionally locally managed cases to ensure consistency.
- The Deputy Chair for OPSG / Corporate Administrator is responsible for providing agreed reports and data in the time-frame specified to identified groups.
- DNDs/ Deputies / DAHP/HCS /Director of Midwifery/ Deputies Trust wide representative are responsible for ensuring they have clear oversight of all OPSG cases, including any themes and timelines. This includes having robust processes in place and that OPSG case are Information Governance compliant.