Professional Standards & Clinical Governance

How HH keeps nursing services safe, accountable and continually improving

SAFE PRACTICE REQUIRES MORE THAN GOOD INTENTIONS

HH Training Network uses professional standards, clear policies, clinical supervision, risk management, audit and learning systems to support safe, effective and compassionate nursing practice.

1. Purpose and scope

This statement explains the professional and governance arrangements that support Mental Health Nursing Services delivered by HH Training Network Ltd ("HH", "we", "us" or "our"). It is a public summary of the systems used to maintain quality, safety, accountability and continuous improvement.

It applies to nurse-led assessments, consultations, support, reports, training and related clinical activity. Detailed policies, procedures, audit tools and clinical records are maintained internally as controlled documents.

2. Professional accountability

HH nursing services are clinically led by Graham Mutch, a Registered Mental Health Nurse. Registered nurses are personally accountable for their professional practice, decisions and conduct, and must work within their competence and the standards set by the Nursing and Midwifery Council (NMC).

The NMC Code is organised around four themes: prioritise people, practise effectively, preserve safety, and promote professionalism and trust. HH uses these themes as a foundation for clinical decision-making, documentation, communication, safeguarding and service development.

3. An important distinction

THE PROFESSIONAL IS NMC-REGULATED

The NMC regulates individual nurses, midwives and nursing associates. HH Training Network Ltd is not itself "NMC regulated". Any separate service-provider registration or regulatory status is explained within HH Company and Regulatory Information.

4. What families can expect

- Respectful, person-centred and evidence-informed nursing practice.
- Clear explanations of the service, its limits and available choices.
- Work undertaken only within professional competence and the agreed HH scope.
- Appropriate consent, confidentiality, safeguarding and information-sharing arrangements.
- Accurate clinical records, reasoned recommendations and transparent communication.
- A clear route for feedback, concerns and complaints.

The HH Clinical Governance Framework

The systems used to support quality, safety and accountability

5. Governance leadership and responsibility

The Clinical Lead is responsible for maintaining HH clinical governance arrangements, reviewing risks, ensuring that policies remain current, monitoring quality and taking action where improvement is required. Everyone delivering work on behalf of HH remains responsible for following relevant policies, escalating concerns and working within their role and competence.

6. Core governance arrangements

Governance area	How HH manages it
Competence and scope	Professional registration, qualifications, experience and role expectations are checked. Work is accepted only where appropriate competence, supervision and indemnity are in place.
Consent and information	Consent, confidentiality, information sharing, privacy and record keeping are managed through clear public information and controlled internal procedures.
Risk and safeguarding	Clinical risk, self-harm, suicide risk, vulnerability and safeguarding concerns are identified, recorded, escalated and reviewed using proportionate professional judgement.
Quality and audit	Clinical records, consent, risk, safeguarding, information governance, complaints, supervision and other key areas are audited through an annual programme.
Learning and improvement	Feedback, incidents, near misses, complaints, supervision and audit findings are converted into actions, training, policy updates and service improvements.

7. Evidence-informed and person-centred practice

HH combines professional judgement with relevant evidence, recognised assessment approaches, information from the child or teenager, and the views of parents, carers, schools and other professionals where appropriate and consented. Recommendations are tailored to the person and clearly distinguish evidence, observation, professional opinion and areas of uncertainty.

HH assessments gather evidence and support understanding and planning. They do not provide a formal medical diagnosis, guarantee an NHS pathway outcome or replace urgent, specialist or multidisciplinary care where this is required.

GOVERNANCE SUPPORTS JUDGEMENT - IT DOES NOT REPLACE IT

Policies and checklists provide structure, but safe nursing care also requires professional curiosity, individual assessment, clear reasoning and appropriate escalation when circumstances change.

Maintaining Safe and Effective Practice

Supervision, learning, records, risk management and professional protection

8. Clinical supervision and reflective practice

Clinical supervision provides protected time to reflect on practice, review complex situations, consider risk and safeguarding, examine professional boundaries and identify learning needs. Additional advice or supervision will be sought when a matter exceeds routine experience or presents significant uncertainty.

9. Continuing professional development and revalidation

Registered nurses must maintain their knowledge and skills and complete NMC revalidation to remain on the register. HH supports continuing professional development through training, reflective learning, feedback, supervision, review of evidence and maintenance of a professional portfolio.

HH monitors changes to professional standards and will update practice and public documents where necessary. At the date of publication, the current NMC Code remains the applicable professional standard while the NMC undertakes its wider review programme.

10. Clinical records and reports

Clinical records must be accurate, clear, timely, objective, secure and sufficient to explain assessment findings, risk considerations, professional reasoning, advice, agreed actions and follow-up. Reports are written for authorised recipients and distinguish factual information from professional interpretation.

- Records are protected through access controls, secure systems and confidentiality requirements.
- Corrections remain dated and attributable rather than removing the original clinical entry.
- Information is shared only with consent, a safeguarding necessity, a legal requirement or another lawful and proportionate basis.
- Retention and disposal are managed through the HH Record Retention and Disposal Schedule.

11. Risk, safeguarding and escalation

HH considers clinical risk and safeguarding throughout the service, not as a single form completed once. Where risk increases or a concern falls outside HH capacity, the priority is immediate safety, clear documentation, appropriate information sharing and signposting or referral to the relevant service.

12. Professional indemnity and insurance

Appropriate professional indemnity arrangements are maintained for the nursing work undertaken through HH. The Registered Mental Health Nurse remains responsible for ensuring that cover is suitable for each area of practice and for understanding any limits or conditions of that cover.

WORKING WITHIN COMPETENCE

HH will not accept or continue work that requires expertise, facilities, staffing or emergency provision that the service cannot safely provide. Where another service is more appropriate, this will be explained and relevant next steps considered.

Quality, Openness & Accountability

How HH reviews performance, responds when something goes wrong and remains answerable to families

13. Audit and quality improvement

HH uses a planned annual audit cycle covering clinical records, consent, risk assessment, safeguarding, information governance, incidents, supervision, complaints, competence, continuing professional development and policy compliance. Findings are recorded, action plans are monitored and re-audit is completed where necessary.

14. Incidents, near misses and Duty of Candour

Incidents and near misses are documented, reviewed and used to reduce future risk. HH is committed to being open and honest with people affected when something goes wrong. Where the statutory organisational Duty of Candour applies, HH will follow the required procedure. Further information is provided in the separate HH Duty of Candour document.

15. Complaints, feedback and speaking up

Families, young people, staff and professionals are encouraged to raise questions, feedback or concerns. Complaints are managed respectfully, confidentially and without unfairly affecting access to an appropriate service. Themes and learning are reviewed through governance arrangements.

- Email: G@hhtrainingnetwork.com
- Website: www.hhtrainingnetwork.com
- Post: HH Training Network Ltd, 5 South Charlotte Street, Edinburgh, EH2 4AN.

16. Checking professional registration

Members of the public can check whether a nurse is currently registered through the NMC online register at www.nmc.org.uk/registration/search-the-register/. HH will not publish an individual NMC PIN as a substitute for using the official register.

17. Review and document control

This statement will be reviewed at least annually and earlier following a significant change to legislation, professional standards, regulation, services, insurance, staffing or governance learning. The controlled internal policies and procedures supporting this statement are reviewed through the HH policy and audit programme.

OUR COMMITMENT

Clinical governance is an ongoing process. HH will continue to review evidence, listen to families, reflect on practice and improve systems so that services remain safe, transparent, compassionate and professionally accountable.