


MEETING DATE:	13 September 2012	 North Lincolnshire Clinical Commissioning Group REPORT TO THE CLINICAL COMMISSIONING GROUP COMMITTEE
AGENDA ITEM NUMBER:	Item 7.10	
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JOB TITLE: DEPARTMENT:	Assistant Senior Officer Quality & Assurance Quality & Assurance	

NORTH LINCOLNSHIRE ANNUAL GOVERNANCE REPORT

PURPOSE/ACTION REQUIRED:	To Receive & Note
CONSULTATION AND/OR INVOLVEMENT PROCESS:	NL CCG Quality Group, NL CCG Audit Group
FREEDOM OF INFORMATION:	Public

1. PURPOSE OF THE REPORT:				
<p>The attached paper highlights that appropriate governance arrangements were in place and risks were managed effectively in NHS North Lincolnshire for the period April 2011 to March 2012.</p> <p>Requested by and submitted to the Humber Cluster on the 28th of August this report along with similar reports from other PCT's are intended to provide appropriate assurances to the Humber Cluster Board.</p>				
2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT: <i>(will be populated following agreement with Council of Members)</i>				
3. IMPACT ON RISK ASSURANCE FRAMEWORK:				
<table border="1" style="display: inline-table;"> <tr> <td style="width: 20%;">Yes</td> <td style="width: 20%; text-align: center;">x</td> <td style="width: 20%;">No</td> <td style="width: 40%;"></td> </tr> </table>	Yes	x	No	
Yes	x	No		
The Annual Governance report forms a key part of NHS North Lincolnshire's overall governance framework.				

4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td>x</td> </tr> </table>	Yes		No	x
Yes		No	x		
5. LEGAL IMPLICATIONS:	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td>x</td> </tr> </table>	Yes		No	x
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6. RESOURCE IMPLICATIONS:	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td>x</td> </tr> </table>	Yes		No	x
Yes		No	x		
7. EQUALITY IMPACT ASSESSMENT:	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td>x</td> </tr> </table>	Yes		No	x
Yes		No	x		
8. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:	<table border="1"> <tr> <td>Yes</td> <td></td> <td>No</td> <td>x</td> </tr> </table>	Yes		No	x
Yes		No	x		
9. RECOMMENDATIONS:					
<p>The CCG is asked to: -</p> <ul style="list-style-type: none"> • Receive and note the attached report 					

Annual Governance Report

2011 – 2012

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1. INTRODUCTION

The following report covers the systems and processes which demonstrate good governance and probity within the PCT. The report also looks at developments in the risk register and Board Assurance Framework (BAF), PALS, Complaints and Claims information. The report includes summary information around GP performance and appraisal information and external assurances attained.

2. GOVERNANCE ARRANGEMENTS AND ACCOUNTABILITY

The stand-alone North Lincolnshire PCT Board was in place from 1 April 2011, until 30 September 2011, when it agreed to a joint approach to form the Humber Cluster Board from 1st October 2011. This is an administrative arrangement covering four statutory organisations with a common board membership.

The North Lincolnshire PCT Board Committee structure included an Audit Committee, Quality and Governance Committee, Remuneration and Terms of Service Committee, and the Clinical Executive Committee. The Quality and Governance Committee had delegated responsibility from the Board for risk management and assurance and met bi-monthly. Its overall purpose was to ensure that robust systems and processes were in place to mitigate and manage risk across the organisation. Membership included CEC members and non-executives. The committee was disestablished in September 2011

The CCG Committee has established Audit and Quality sub-committees which meet monthly and incorporate all aspects of governance to ensure compliance with the organisations statutory duties.

With effect from 1 October 2011 each of the four constituent PCT Boards agreed a new working arrangement with the establishment of the Humber Cluster Board and approved the future governance arrangements of the new Board and its sub committees. The Humber cluster acts as a common membership framework covering the formal statutory Boards for the organisations listed below with each constituent body working under a common board arrangement known as the NHS Humber Cluster Board.

- North East Lincolnshire Care Trust Plus
- North Lincolnshire PCT
- East Riding of Yorkshire PCT
- Hull Teaching PCT

From 1st October 2011, North Lincolnshire PCT through the Humber Cluster Board arrangement is responsible for:

- Endorsing corporate objectives relating to risk management
- Reviewing the effectiveness of systems of internal control, and through these controls, managing affairs efficiently and effectively.

The NHS Humber Cluster Chief Executive is the designated Accountable Officer for all PCTs/CTP within the Humber Cluster. The Accountable Officer leads the executive team and has overall responsibility for statutory functions, quality and performance for all four constituent PCTs. The Humber Cluster Board supports the developing Clinical Commissioning Groups (CCG's) through a national authorisation process.

For the whole of 2011/12 the Chief Operating Officer has had responsibility for maintaining all internal controls in North Lincolnshire PCT on behalf of the Chief Executive.

The Humber Cluster Board receives and discusses regular performance reports with regard to the agreed risk management systems and processes including those that support the developing Clinical Commissioning Groups through a national authorisation process.

As of 1st October 2011 CCG's were established as formal sub committees of the Board and granted delegated powers including budgetary responsibility. In delegating the range of duties and budgets to the CCG Committees, assurance was provided that appropriate supporting arrangements were in place to secure good governance.

North Lincolnshire CCG developed its terms of reference for the CCG Committee in line with the requirements of good governance and practice.

The PCT had, during 2011/12, a Transition Programme Board in place whose responsibility it was to ensure the transition to the new NHS architecture was undertaken effectively. This was disbanded in June 2012 and the Humber Cluster Board set up a Transition programme Board to continue to manage the transition at cluster level in May 2012.

3. RISK MANAGEMENT

3.1 NHS North Lincolnshire Risk Management Strategy

The PCT's Risk Management Strategy has been reviewed as a Commissioning PCT. It provides a framework for the on-going development of a robust approach to the identification, analysis and management of risk across the PCT. NHS North Lincolnshire is committed to the commissioning of high quality services for patients together with maintaining a safe environment for staff and visitors and all other stakeholders who may be affected by PCT activities in the course of undertaking its business.

The Strategy ensures that a structural framework for the management of risk with clear definition of roles and responsibilities for all staff employed by the Trust, independent contractors, and commissioned services delivering NHS funded healthcare and contractors. The Strategy links structural, organisational, cultural, clinical/non-clinical and environmental components of risk with specific processes for the management and assessment of risk, the management of claims and patient complaints. It defines the PCT's commitment to developing an open, honest, inclusive and educative culture which can maximise the learning from reported risks and thus promote the safest possible environment for patients, visitors and staff.

The PCT's approach to the management of risk is one of an interactive approach, constantly reviewing processes and service delivery in light of system feedback. The Strategy outlines the PCT's approach to Risk Management and the 'fair blame' culture which the PCT has adopted to promote the reporting of risk and an organisational learning approach.

3.2 Board Assurance Framework (BAF)

NHS North Lincolnshire has an established Assurance Framework that enables the Board to assure itself of progress towards identifying risks related to the key delivery of its operational objectives.

The Assurance Framework is reported regularly at each formal meeting of the CCG Committee and to the Audit Group and Humber Cluster Audit Committee. At the end of Q4 11/12 there were a total of 10 risks on the Assurance Framework, with a score of 15 or above. As part of the transition process the Council of Member representatives and CCG Committee have subsequently been involved in an exercise to review risks and identify emerging risks against newly identified strategic objectives.

3.3 Risk Register

The NHS North Lincolnshire risk register is a log of all risks facing the organisation which could threaten an organisation's success in achieving its declared aims and objectives. It is an essential part of any risk management system and should be seen as a living document. New risks are identified by a number of means including; staff undertaking work based risk assessments, reviewing complaints adverse incident reports, claims management external assessment reports, audits (internal and external), staff questionnaires and national priority risk areas.

Once a risk is identified it is submitted for review by the lead director/Quality Director and then subject to challenge by the senior team. Risks are incorporated into the risk register based on Directorate's and this is reviewed regularly by the senior team at each meeting of the audit committee and each formal meeting of the CCGC.

At the end of 2011/12 there were total of 62 risks on the risk register of which 10 were rated 15 or above.

Work has been undertaken to assign the risks on the risk register to either CCG or Humber Cluster. The transition and authorisation processes also create risks and these are being included as part of this work. During 2011/12 the Transition Programme Board specifically reviewed risks relating to transition. Non CCG risks are reported monthly to the Humber Cluster.

3.4 Risk Management Training

A comprehensive risk management training programme is integral to good risk management. All newly appointed staff are required to undertake risk management training.

The CCGC has had a session to promote risk awareness and governance for members of the CCG to enable them to better understand and manage the risk assessment process and monitoring systems.

4. PATIENT SAFETY

4.1 National Reporting Learning System

NHS North Lincolnshire reported 11 incidents to the National Reporting Learning System during the year, of these 10 were no harm and one identified low harm

4.2 Serious Untoward Incidents

As an associate commissioner NHS North Lincolnshire supports lead commissioners in safeguarding and improving the health of its population through reviewing details of all SUIs pertaining to local residents. NHS North Lincolnshire requires organisations to report details of all SUIs. North Lincolnshire supports lead commissioners to ensure the SUIs they report are investigated appropriately and that learning from the investigation is shared across the health economy. Any SUIs reported by NHS North Lincolnshire are performance managed by the SHA. Incident's reported by NHS North Lincolnshire's health provider (RDASH) are reviewed in liaison with NHS Doncaster.

NHS North Lincolnshire manages a robust process for the reporting and management of all Serious Untoward Incidents. The process applies a consistent approach to the review of all investigation reports and action plans by ensuring they are individually reviewed by a SUI Monitoring Group. During this review the SUI Monitoring Group considers the information provided in the report and action plan and identifies any additional information and/or actions required. This information is then fed back to the provider organisation either via the lead commissioner or in the case of North Lincolnshire mental health provider to NHS Doncaster. The SUI Monitoring Group will then continue to monitor the actions as appropriate to ensure they have been implemented within the specified timescales.

Where NHS North Lincolnshire performance manages a SUI following review and confirmation that all actions are complete, the SUI Monitoring Group will carry out a final review of the incident. If satisfied with the outcome it will be closed both at the PCT and on the Strategic Executive Information System (STEIS), a national database hosted by the Strategic Health Authority for the reporting and monitoring of SUI's across NHS organisations.

NHS North Lincolnshire reported 3 SUI's within 2011/12.

4.3 Incidents

As part of the risk management culture, all Trust staff and independent contractors are encouraged to report untoward incidents.

Each individual incident is reviewed by the risk lead or specialist clinician depending upon the category type of the incident. Once reviewed, feedback is provided to the reporter which may contain recommendations / suggestions and any necessary further investigation.

During the period April 2011 to March 2012 18 incidents were recorded. 4 GP, 1 Pharmacy, 2 out of Hours, 1 IT, 8 staff safety, 2 care homes

As a result of the incident reporting process, learning has been identified that has ranged from changes in processes, reporting and clinical practice. Examples of changes included:

- Changes to Boots National Incident Reporting System
- Improved GP practice labelling of test results
- Changes to reporting systems for Care Homes

4.4 Legal Claims

NHS North Lincolnshire undertakes a robust claims process whereby claims are registered with the National Health Service Litigation Authority (NHSLA) of which the clinical negligence claims are covered under the Clinical Negligence Scheme for Trusts (CNST).

The claims handling process includes obtaining required information for both the claimant's and the defending solicitors. This can include the taking of statements, requesting of medical records, valuing the claim upon receipt, authorising claim offers agreeing final settlements, authorizing the commissioning of expert reports and ensuring all financial data is correct and accurate.

The life of a claim from receipt is dictated by its nature and complexity which in certain cases can result in a claims life spanning over several years. Prior to a claim becoming live it is not unusual to receive letters before action from the claimant's solicitor. This usually involves specific information being requested for assessment prior to a decision being made as to whether the claim is to be pursued.

Claim letters are acknowledged promptly ensuring strict deadlines for response are met prior to being registered with the NHSLA via a secure document transfer system.

NHS North Lincolnshire remains responsible for the management of claims whereby the incident date predates the separation of provider and commissioned services.

Claims are categorised based on their nature which includes clinical negligence, employee liability, third party and public liability. Other types of cases are dealt with via the claims handlers which include court of protection matters albeit on rare occasions.

Of the 3 claims opened during 2011/12, one involved an accident to member of staff and the other two relating to staff employment issues.

There are a total of 3 live and pending claims registered with the Trust as at year end 2011/12.

Throughout the life of a claim and prior to closure there can be a variance of financial offers made to the claimant which is dependent on existing or newly presented evidence. Prior to a claim being closed all parties involved must have agreed to the offer and arrangements made for the financial transaction to be undertaken. Where the claim has been successfully defended then no financial implications are realised by the Trust.

A claim is closed once a settlement has been agreed and the transaction has taken place or if a claim is successfully defended. Claims that have been dormant for a period of three

years from initial receipt are also closed. In certain cases the settlement and liability may be shared with other provider organisations.

4.5 Performers List Functions

GP Appraisal

An appraisal system for General Practitioners (GPs) was introduced in 2002. It is primarily a formative and developmental process. All GPs must undergo an annual appraisal in order to remain on the NHS North Lincolnshire Performers List.

In April and June 2011, and again in May 2012, all Designated Bodies, which included NHS North Lincolnshire, completed the Organisational Readiness Self-Assessment (ORSA) tool in order to gauge the readiness of their appraisal systems for Revalidation. NHS North Lincolnshire was able to report favourably in terms of the processes in place and in of performance. Many of the quality assurance systems suggested in the ORSA have already been in place for several years.

Revalidation for medical practitioners is likely to commence in December 2012, although discussions between the General Medical Council (GMC, the professional regulator) and the British Medical Association (BMA, the profession's representative) continue.

Revalidation is the process by which doctors will have to demonstrate to the GMC every five years that they are up to date, fit to practice and comply with the relevant professional standards. This process is a significant change to medical regulation.

The central pillar of Revalidation will be the GP's annual appraisal. This 'revalidation ready appraisal' will be a more rigorous process than that performed in previous years, and will include more reflection, proof of learning, multi-source feedback from colleagues and patient.

PCTs (and in future CCGs) will have responsibility for overseeing the organisation and quality assurance of the appraisal process for GPs on their Performers List.

Over the past year NHS North Lincolnshire has been working collaboratively across the NHS Humber Cluster with the three other PCTs to ensure that our systems are fit to facilitate the revalidation of all our GPs. A significant area of progress has been the production of a cluster-wide Appraisal Policy. Work also continues on the production of a 'dashboard' of clinical governance data that we can supply to each GP to include in their appraisal.

The Secretary of State is expected to make use of the information from the May 2012 ORSA submissions to make the final decision as to whether Revalidation should commence in December 2012. Assuming this happens, the Associate Medical Director will be the first to undergo Revalidation, followed by CCG Board members and GP educators (GP trainers, Clinical Leads etc.). For NHS North Lincolnshire, this represents 22 doctors in total. Revalidation for other GPs will commence in April 2013 with the expectation that 33% of our GPs are completed by April 2014.

For 2011/12 114 GP's were on our performers list and eligible for appraisal. Of these, 107 were completed (94%). Of the other 7 performers, 1 has now taken early retirement on the

grounds of ill-health, 2 have retired from the Performers List, and the remaining 3 are being dealt with through the Performance Advisory Group.

NHS North Lincolnshire currently has 10 trained appraisers, all of whom underwent extra-training during the early part of 2012 to enable them to conduct 'revalidation- ready appraisals'.

Performance Concerns

As holders of the performers list NHS North Lincolnshire have the responsibility for monitoring the professional conduct of those included. In order to fulfil this function NHS North Lincolnshire abides by the Humber Cluster Performers List policy and procedures. Performance concerns are managed through the Performance Advisory Group (PAG) and any formal action is undertaken after the case has been heard at the Decision Making Group (DMG). The current open cases are listed in the table below;

Service area	Number of open performance files
General practice	3
Dental Practice	0
Optometry	1

General Practice

Of the three General Practice performance files:

Category	Number
Referral from/to General Medical Council (GMC)	1
Referral from/to Health Service Ombudsman	1
Internal investigation	1
Total	3

Table to show breakdown of performance files in General Practice by category

Optometry

Of the one Optometry file:

Category	Number
Referral from GOC	1
Total	1

Table to show breakdown of performance files in Optometry by category

5. Patient Experience

5.1 Contacts

The Customer Care Team co-ordinates all the public facing support functions on behalf of NHS North Lincolnshire including PALS and receiving and managing complaints. The team receive approximately 200 contacts per quarter, with the vast amount coming into the team via telephone.

The highest number of contacts relate to NHS Dentists making up 60%. This is followed by GP Practices which equates to 13%.

The top three subjects of enquiry over the year were:

1. Availability of NHs
2. Access to Emergency Dental Services
3. GP Appointment Systems

5.2 Complaints

A total of 6 complaints about the PCT were received in 2011/12. These were about PCT commissioning decisions.

A total of 29 complaints about GPs, Dentists, Pharmacists and Opticians were received in 2011/12, the majority of which were in relation to General Practice.

5.3 Compliments

The Customer Care Team also record any compliments received by the organisation and 46 were received in 2011/12.

6. INFORMATION GOVERNANCE

6.1 Access to Records

The disclosure function of the Data Protection Act 1998, Access to Health Records 1990 and other associated legislations (Access to Records) are statutory functions which all organisations are obliged to fulfil by law.

These laws allow all people the opportunity to apply to access their own, and in some circumstances another persons', information or health record. The processes adhered to are informed strictly by legislation, with associated timescales.

Subject Access Requests (requests under the Data Protection Act) and Access to Health Records (the two main Acts that requests are processed under) have a forty calendar day timescale for completion of the process. The Information Commissioner's Office (ICO) governs the adherence to the information laws named within this report; any breaches the ICO became aware of would be monitored by them and any recurring and significant breaches would result in possible fines and further Information Tribunal actions.

6.2 Freedom of information Act Requests (FOIA)

The Freedom of Information Act came into force at the beginning of 2005. It deals with access to official information. The Act provides individuals or organisations with the right to request information held by a public authority. However, the Trust does not have to confirm or deny the existence of the information or provide it if an exemption applies, the request is vexatious or similar to a previous request and if the cost of compliance exceeds an appropriate limit. If an exemption applies, but is qualified, this means that the public authority must decide whether the public interest in using the exemption outweighs the public interest in releasing the information.

If an applicant is unhappy with the Trust's refusal to disclose information requested, they can complain to the Information Commissioner's Office (ICO), after first exhausting any internal review procedure within the Trust. The Act is fully retrospective and applies to all information, not just information filed since the Act came into force.

The FOIA allows twenty working days; excluding bank holidays to inform the applicant whether the information is held and either provide the information or refuse the request. Extensions are allowed for decisions to be made to this effect or where additional time to produce the information is required. All requests received during the year have been responded to within legal timescales. A breakdown of the number of requests received during the year along with trends of types of information requested is shown below.

2011	Number received
Total for year	267

The most frequent FOIA requests for the year centred around;

- Clinical Commissioning Group queries
- Staff contact details
- Costing / budgets (Health centres, staff spends, taxis etc)
- Formularies / treatment options and / or statistics

Trends tend to fluctuate in line with changes within the NHS, such as the current commencement of CCG and CSS organisations. These are predominantly received from journalists.

The Trust's Publication Scheme is part of the compliance required with the FOIA. The scheme is set up to link with individual department's web pages in an effort to ensure the most up to date information is available to the public and to avoid duplication of uploading to both individual pages and the Publication Scheme.

7. Health and Safety

Health and Safety within NHS North Lincolnshire is actively promoted and was secured through RDaSH health, safety and fire advisors. The role of the advisor is to represent the interests of the workforce in relation to health and safety at work and to promote greater consultation on health and safety through monitoring health and safety in their department / location. The advisors are tasked with attending Health and Safety meetings, carrying out

risk assessments and ensuring that the outcomes are correctly communicated to all employees and anyone else who could be exposed to risk.

The Risk Lead currently manages and monitors this process and records the outcomes and findings of all risk assessments undertaken and all other relevant information reported by the Health and Safety Advisors. The Risk Lead also ensure that site assessments are planned and carried out on a timely basis by the advisors and will also offer help, support and advice with external support to all staff within the organisation.

7.1 Health and Safety Training

All Health & Safety training has been supplied via an SLA with RDaSH, and all training was booked via the Community Services Training Coordinator.

However, following Transformation of Community Services (TCS) in April 2011, there has been no single individual responsible for the overseeing of training for the trust. Therefore, this has meant that training figures have not been as good as in previous years.

In addition, the Electronic Staff Record (ESR) demerger process for the trust, (split of Provider & Commissioning) also threw up problems for staff in accessing the online training via the Oracle Learning Management (OLM)/ National Learning Management System (NLMS). Staff were able to enrol and complete the course, however on completion the NLMS system failed to register anything and staff were also unable to print off evidence of completion. Therefore the figures are more than likely to be far higher than shown below, but unfortunately are unable to be evidenced.

Contact was made with the Learning & Development Specialist for Humber Cluster, to inform of our problems.

Further information on training is awaited.

Period April – December 2011

Fire & Safety	18.2%
Health & Safety	15.2%

8. Research Management and Governance

There have been significant changes to the way in which MHS Research and Development is funded and managed. This is in light of the publication and implementation of Best Research for Best Health (DoH 2006). The NHS Constitution and the current outcomes framework both make explicit that research is core NHS business and every patient should be offered the opportunity to engage with research activities. The Health and Social Care Act (2012) creates a clear duty for Clinical Commissioning Groups (CCGs) to 'promote research and innovation and the use of research evidence (DoH, 2012). Research governance is one of the core standards for health care organisation. The Research governance framework sets out the principles of good governance within the NHS North Lincolnshire.

The key duties that the trust has to fulfil are:

Support research being undertaken

- a. Maintain the register and statutory requirements within the Research Governance Framework by ensuring correct R M and G processes and systems are in place. There needs to be an assurance that NHS permissions have been attained before a study is initiated and the correct Human Resources procedures have been adhered to.
- b. Regulatory requirement to maintain and have an up-to-date record/system of all the projects running in NHS North Lincolnshire. Research Governance monitoring tool in situ. The current number of studies active on the trust database for NHS North Lincolnshire is 66.
- c. Participation in research studies and patient recruitment in NHS North Lincolnshire.
- d. Development of a 'local' primary care research and development collaborative

Since April 2012 there has been a move to establish the development of a Humber and North Yorkshire Primary Care Research Collaborative. The proposal is for the collaborative to 'sit' in the Commissioning Support Unit (CSU) and perform research functions. NHS North Lincolnshire will act as a 'hub'.

NHS North Lincolnshire is a member organisation of the North East Yorkshire and Lincolnshire Comprehensive Local Research Network (NEYNLCLRN) and works with partner organisations. For example the primary care research network (PCRN). These form part of the research community and assist in research support costs for nationally accredited studies. NHS North Lincolnshire also has links with academic institutions for example, the University of Hull. During 2011 – 2012 there has been a development in the area of medicines management and research. This development has been led by our pharmacy research champion who has been instrumental in bringing studies into NHS North Lincolnshire. Currently there is a community based pharmacy nationally accredited study being initiated into NHS North Lincolnshire.

9. Conclusion

Throughout the body of this report it has been demonstrated that NHS North Lincolnshire are compliant with our statutory duties and have the appropriate systems and processes in place to provide significant assurance to the organisation in relation to governance.

Action is on-going to strengthen North Lincolnshire Clinical Commissioning Group (CCG) governance arrangements which will be a key component of authorisation.

10. Recommendations

It is recommended that the organisation take positive assurance from this annual report and continue to support the development of governance systems and processes to ensure compliance with its statutory duties.