CCG: Framework for integrated governance

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Foreword

CCGs are inheriting a complex set of arrangements for governance and in particular need to ensure that they take account of systems and processes for:

- managing clinical and non-clinical risk
- ensuring they are commissioning for quality
- managing financial risk
- managing information risk
- ensuring they are operating within the law and adhering to appropriate legislation
- building robust corporate governance within their own structures

In essence there should be an integrated approach to governance and risk management across the organisation which embraces financial, organisational, clinical and non-clinical risks and in which all parts of the organisation should be involved.

In terms of risk management one aim of the organisation is to take all reasonable steps in the management of risk with the overall objective of protecting patients, staff, the public and assets. A primary concern is the provision of safe, risk free environments together with working policies and practices that take into account assessed commissioning risks.

This Framework describes the overall arrangements by which the CCG will achieve:

- The integration of risk management with the organisation’s Principal Objectives and Strategic Goals
- The convergence of organisational controls and assurance, financial controls and assurance and clinical governance systems, and
- Compliance with Department of Health and legislative requirements.

In order to achieve these objectives the organisation will adopt a pro-active approach that aims to meet its strategic objectives, preserve its assets and reputation and to provide protection against preventable injury and loss to employees, patients and the general public.

CCGs have a clear list of functions:

1. Commissioning healthcare
2. Planning, agreeing and monitoring services
3. Finance
4. Governance
5. Specific duties of cooperation
6. General duties including safeguarding, employment and human rights

This document outlines key components of an integrated governance framework that
will allow the CCG to evidence that it is delivering its key functions in a robust manner.

**Governance Infrastructure**
The CCG has set up the following structures to ensure the governance of its activities. These include an audit committee and a Quality and Clinical Governance Committee. The CCG Governing Body will delegate day to day governance activities to its Executive Group, management team and where appropriate its commissioning support provider.

However the Governing Body will expect to receive at least quarterly governance reports that highlight any areas of deviance from anticipated quality, targets, financial performance, clinical effectiveness and good governance.

In exercising its statutory role, adhering to the principles of good governance and exercising its functions the CCG will need to consider how to allocate key tasks.

**General Accountabilities, Duties, Responsibilities**

**CCG governing body** has the authority for the systems of internal control – financial, organisational, clinical and non-clinical. It seeks regular assurance on whether its Governance and Risk Management system is in place and functioning properly and therefore makes a fully informed Annual Governance Statement.

It receives reports and information from relevant sources from both within and outside of the organisation. It reviews key controls and assurances in place for those risks and monitors action plans for any identified gaps in controls or assurances.

The CCG Governing Body has established appropriate committees (as above) through which it will exercise its governance. All committees will have clearly agreed membership, terms of reference and reporting structures. It is anticipated that committees will include lay/public representation.
The Accountable Officer has overall responsibility for ensuring that an effective governance and risk management system is in place. S/he is also responsible for ensuring there is an adequate control system in place.

The Chief Finance Officer is accountable to the Governing Body and is responsible for ensuring (and reporting to the CCG Governing Body and the Audit Committee function) that systems and structures are in place for the effective management of financial risk and organisational controls.

The Nurse Governing Body Member takes the Governing Body assurance lead for Quality issues, working with the Head of Quality and is Governing Body champion for Safeguarding issues.

The Commissioning Patient Reference Group (CPRG) has responsibility for assisting the CCG in discharging its duty of patient and public engagement.

The Head of Quality works with the Governing Body Nurse member and GP Clinical Directors with lead for quality and has overall management responsibility for delivering the statutory function for Quality. This role also takes the operational lead on Safeguarding issues.

The Governance Lead has delegated responsibility for managing the development and implementation of governance and risk management systems. They are responsible for ensuring that there are effective systems for overall governance and risk management.

The Caldicott Guardian ensures that the Caldicott principles, for managing information and ensuring its security and integrity, are adhered to by staff within the organisation and acts as an advisor for Member Practices.

Senior Information Risk Owner (SIRO) has responsibility for managing Information risks across the organisation.

Member Practices
It is recognised that member practices will have their own governance and risk management processes in place. However, when individuals are undertaking the business of the CCG this Governance Framework and the associated Risk Management Policy and Procedure will apply.

Managers are responsible for implementing governance as well as the Risk Management Policy and procedure within their span of control and for ensuring that staff undertake all relevant mandatory training. Managers must ensure that relevant risks are identified and appropriately managed by entering them on risk registers and discussing risks with relevant Senior Managers.

CCG Staff
Risk Management is the responsibility of all organisation employees. They have a responsibility to co-operate with managers and they are encouraged to identify risks and advise their line managers.

Key responsibilities of all staff include:
• Being familiar with and complying with the Risk Management Strategy, Policy and Procedures and with all other relevant policies and procedures.

• Being aware of and complying with the CCG Safeguarding Policy

• Reporting incidents, accidents and near misses by following procedures set out in the Incident Reporting and Investigation Policy and Procedures.

• Being aware of their duty under legislation to take reasonable care for personal safety and the safety of all others who may be affected by the organisation’s business.

• Complying with organisational rules, regulations and instructions to protect the health, safety and welfare of anyone affected by the organisation’s business.

• Neither intentionally nor recklessly interfering with nor misusing any equipment provided for the protection of safety and health.

• Being aware of emergency procedures, e.g. First Aid, evacuation and fire precaution procedures relevant to their own individual department locations.

In relation to governance the key aspects that merit attention are:

A. Risk Management & Corporate Governance (Governing Body)

To deliver this the CCG will in addition to its committee structure have the following in place:

• Risk Management policy (including use of risk register and information risks)
• Health and Safety policy
• CCG Code of Conduct which refers to the Nolan principles (see also Section 4.3 of constitution which outlines codes of behaviour)
• Conflict of interest policy (Section 8 in the Constitution)
• CCG Standing Orders (Annex C of the Constitution)
• CCG Standing Financial Instructions/ Prime Financial Policies (Annexes D & E of the Constitution)

All risks are recorded on the CCG risk register but responsibility for managing the different areas of risk are dealt with as follows:

Clinical Risk – Quality and Clinical Governance Committee (section B)
Operational Risk (including information risks) – Executive Group (Section A)
Financial Risk – Audit Committee and Governing Body (Section F)
Strategic Risk – Governing Body (Section A)

1 A model Incident Reporting and Investigation Policy and Procedure for CCGs will be available from NHS Sussex for adoption/adaption.
B Quality (Joint Quality and Clinical Governance Committee)
B1 Patient Safety
The CCG will ensure it commissions for safe and high quality patient care through:

- Provider performance reports
- Assessing hard and soft data about the quality of care
- Commissioning from appropriately accredited and regulated/approved providers
- Receiving and acting on untoward, serious incidents and ‘never’ events and reviewing safeguarding reports in order to gain assurance in the processes, outcomes and learning
- Receiving and reviewing complaints reports, learning and actions.
- To gain assurance that liaison arrangements are in place with other appropriate services, groups and bodies to ensure that clinical governance and quality issues affecting patient care are raised and acted upon
- To gain assurance that the process for compliance with Care Quality Commission standards is deployed effectively in order to ensure that providers within the constituent areas are meeting the standards.

This data will be handled through the Quality and Clinical Governance Committee with key information reported to the Governing Body and the Executive Group.

B 2 Clinical Effectiveness
The CCG will ensure that it commissions clinically effective care by assurance systems with providers:

- that all poor professional and organisational clinical performance is effectively reported and performance managed
- that infection control processes are properly reported and managed
- that clinical governance within providers is continually developing to ensure that commissioned services are responding to national requirements, NICE guidelines and other published standards
- that services commissioned meet required NICE quality standards

Such information will be handled through the Quality and Clinical Governance Committee with key information reported to the Governing Body and the Executive/Delivery Group.

B 3 Patient Experience
The CCG will ensure that it improves patient experience by monitoring hard and soft data on patient experience and reviewing CQC annual surveys, CQUIN data and triangulation of data, working with membership, providers and patients.

C Safeguarding

To deliver this the CCG will have a named Governing Body lead for Safeguarding and will be part of the West Sussex LSCB. The named lead will be the Nurse lay member and will be supported by the Head of Quality management post. The arrangements for ensuring the CCG meets its safeguarding duties will be incorporated in a Safeguarding policy which will outline our arrangements for
securing the services of a safeguarding professional team, which will work with the other CCGs in West Sussex.

**D Equality and Diversity and Patient Engagement (Governing Bodys and Commissioning Patient Reference Groups)**

The CCG must monitor compliance with the Equality Act of 2010 and be assured on all matters concerning duties, obligations and responsibilities relating to stakeholder engagement. Equalities and Diversity duties will be achieved through the development of an equalities and diversity strategy and through performance monitoring and reporting of provider services and reported through the Quality Committee to the Governing Body.

Duties in relation to patient and public engagement are embedded in all the commissioning arrangements of the CCG and are brought together in the Commissioning Patient Reference Group.

**E. Information Governance (Governing Body)**

The CCG is accountable for robust information governance including compliance with the submission of the IGC Toolkit, the development of policy and future management arrangements; appointing a Caldicott Guardian and an Information Risk owner. Such arrangements must particular take account of patient confidentiality and data protection legislation. The CCG will develop a culture whereby information governance is embedded in all the activities of the CCG and is not seen as something separate and for other people to undertake.

The CCG will have a contract in place for the provision of an information governance expert advice service, including FOI service and advice and guidance. Compliance will be reported through the Executive Group with oversight by the Audit Committee. The CCG will support its information Governance with the following policies:

- A confidentiality and Data Protection Policy
- A Freedom of Information Policy
- An information Lifecycle management policy
- An information Security policy
- Information Governance Management Framework
- Compiling and keeping up to date an information asset register
- Compiling and keeping up to date a data flows analysis

**F Financial Governance (including adherence to Standing Financial Instructions and Financial governance) (Audit Committee)**

To deliver this the CCG will in addition to its corporate governance structures the CCG will have the following in place:

- CCG Standing Orders (Annex C of the Constitution)
- CCG Standing Financial Instructions/ Prime Financial Policies (Annexes D & E of the Constitution)
Overall responsibility for agreement budgets and financial control rests with the Governing Body. The Audit Committee will provide oversight and assurance to the Governing Body. Operational management is undertaken by the Executive Group.

**G Research Governance (Joint Quality and Clinical Commissioning Group)**

The clinical commissioning group must, in the exercise of its functions, promote:

- research on matters relevant to the health service
- the use in the health service of evidence obtained from research

The CCG has delegated overall responsibility to the Governing Body. It will adopt existing research protocols as part of the Sussex Research Consortium. We will promote research through our contracting.