Morecambe Bay

Primary Care Collaborative

Integrated Governance Policy

Document Reference	POL010
Purpose	The purpose of this document is to set out our approach to governance in an integrated system to ensure the delivery of our strategic objectives and local and national standards.
Author	Federation Support
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CONTENTS

1. INTRODUCTION 3
1.1 Summary 3
1.2 Purpose 3
1.3 Scope 3
2. PROCEDURE 3
2.1 The Integrated Governance Framework 3
Domains of the Integrated Governance Framework 4
2.2 How the Integrated Governance Framework is used in practice 6
2.3 How does integrated governance information flow within the organisation 6
2.4 Policies and Procedures 6
2.5 Organisational Structure 8
2.6 Leads 8
3. DEFINITIONS/GLOSSARY OF TERMS 8
4. CONSULTATION WITH STAFF, PRACTICES AND PATIENTS 9
5. DISSEMINATION/TRAINING PLAN 9
6. AMENDMENT HISTORY 9
7. APPENDICES 10
Appendix 1: Service Checklist 10

1. INTRODUCTION

1.1 Summary

Integrated governance combines the principles of corporate, financial and clinical accountability and enables equality of input from clinical and non-clinical sources for the purpose of delivering recognisably high standards of care.

Each domain within the integrated governance framework may consist of activities which are clinical or non-clinical. Integrated governance means whatever the nature of the activity; it is looked at simultaneously from both a clinical and managerial perspective.

One key aim of the organisation is to deliver high quality clinical services and the whole organisation is required to function well to deliver that level of quality. The entire organisation must be looked at from both perspectives to achieve this aim.

The domains of the integrated governance framework apply differently across the range of services delivered by the organisation but they all apply nonetheless.

1.2 Purpose

The purpose of this document is to set out our approach to governance in an integrated system to ensure the delivery of our strategic objectives and local and national standards.

The organisation is fully committed to delivering high quality clinical services and recognises that in order to achieve this aim the whole organisation must operate with good governance.

1.3 Scope

This policy applies to all MBPCC employees and directors.

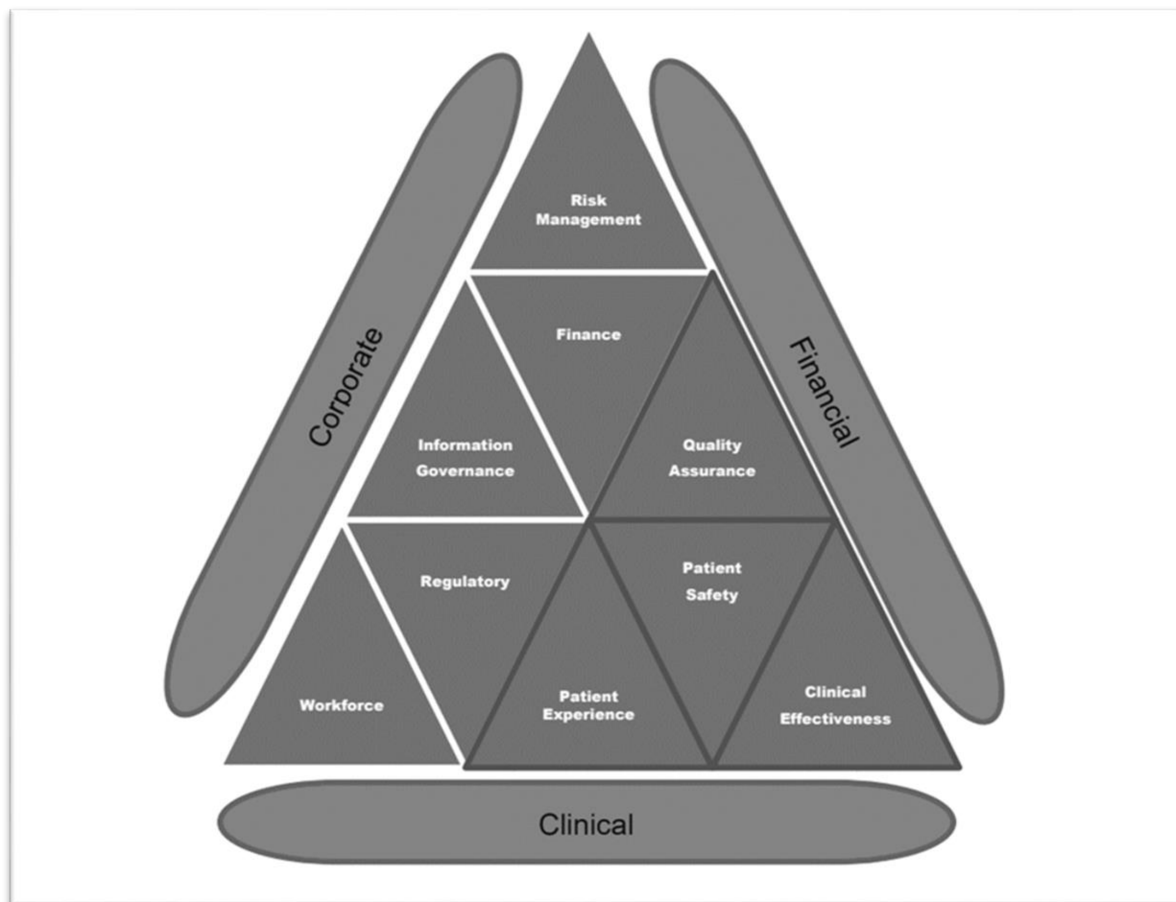
From time-to-time MBPCC may utilise the resources of sub-contractors to deliver contractual obligations. For avoidance of doubt, where a sub-contractor is providing care to patients, as laid out in the contracts between MBPCC and subcontractors, they are solely responsible for delivery of the regulated activity they are providing and must ensure all their employees operate under their own policies which must meet the relevant CQC standards. MBPCC will seek assurance from all sub-contractors that suitable policies are in place and may at their discretion request copies of any relevant policies for review and for verification. In such cases this policy document does not apply.

2. PROCEDURE

2.1 The Integrated Governance Framework

The below diagram illustrates how each part of the integrated governance framework allows the organisation to:

- Continuously monitor and improve the quality of services
- Review practice and where necessary initiate improvements and minimise risk
- Facilitate change as required
- Ensure that Clinical Governance objectives are met
- Analyse services, standards and training needs
- Communicate good practice



Domains of the Integrated Governance Framework

Regulatory Compliance • CQC • CIC Regulator • Contractual requirements of our Commissioners	To ensure that we meet the requirements of regulators by way of self-assessments and inspections and that we meet the contractual requirements across the services that we deliver.
Finance • Budgets • Cash Flow • Expenses • Remuneration	To ensure public money is used effectively and responsibly; including day-to-day financial control to enable the organisation to achieve the desired outcomes on behalf of the patients and public we serve.
Information Governance • Confidentiality • Data Protection • Information Security • Freedom of Information • Quality of clinical record keeping	To monitor all information handling activities across the organisation to ensure compliance with the Law, NHS guidance via the IG Toolkit and local CCGs.
Risk Management	To ensure compliance with all the statutory and

• Health & Safety • Office Security • Risk Assessment (including clinical risk and mitigation) • Business Continuity Planning • Disaster Recovery Planning	non-statutory standards relating to the assessment and control of risk. To develop a risk aware culture throughout the organisation to help embed the consideration and assessment of risk in all work activities through a top down and bottom up approach.
Workforce • Recruitment • Induction • Professional Registration • Mandatory Training • Continuing Professional Development • Appraisals & 1:1s • Performance Management • Management of conflicts/grievance • Staff Surveys	To maintaining a safe system of recruitment, assuring appropriate staff are and continue to be professionally registered and competent. Ensuring there are regular check-points with staff to identify training needs and ensure that development opportunities are offered and that they have had the opportunity to input into the development of the organisation.
Patient Safety • Safeguarding Children & Young People • Safeguarding Adults • Chaperoning & Advocacy • HCAI Reduction Plan/Infection Control • Whistleblowing • Domestic Abuse • Mental Capacity	To promote a patient safety culture and focus on continuous quality improvement and patient safety. To ensure a safe environment is provided for the welfare of our patients, the public and staff.
Patient Experience • Patient Access • Being Open • Patient Involvement & Surveys	To ensure there is clarity around what patients can expect, how services are accessed and that wait times are constantly monitored and improved upon. To ensure that patients have the opportunity to be involved and provide regular feedback so that we can develop and improve our services.
Quality Assurance • Performance Monitoring • Complaints Handling • Incident Reporting	To understand, identify and manage poor performance and significant events or issues arising that we can learn from and implement plans to drive continuous improvement.
Clinical Effectiveness • NICE Guidance • Research • Clinical Audit • Clinical Policies • Referral Procedures & Pathways • Medicines Management – non-medical prescribing	To improve patient outcomes by auditing and continuously evaluating what and how we provide patient care. To ensure that our practices are in line with NICE guidance and relevant research.

• Clinical Supervision • Peer Support & Review	

2.2 How the Integrated Governance Framework is used in practice

The domains of the Framework are used consistently in all relevant meetings such as:

- Board meetings
- Board Committees
- Partnership meetings
- Service meetings
- Team meetings

The organisation's policies and procedures underpin one or more of the domains of the Framework.

The organisation will ensure that learning from across all the domains is fed back into the relevant meetings for action planning to enable continuous development and improvement of services.

On a rotational basis the Board undertakes deep dives into the organisations finances, quality and performance and strategy.

There is a service checklist which is completed upon the establishment of each service and is reviewed regularly thereafter (see Appendix 1).

2.3 How does integrated governance information flow within the organisation

- The Board retains overall accountability for the governance of the organisation and has oversight of risks and issues via the Chief Executive and Lead Director for Quality and Governance.
- The Board has appointed a Lead Director for Quality and Governance to provide further oversight of the framework and a further mechanism for escalating matters to the Board through this framework.
- The Director for Quality and Governance Chairs the Quality and Safety Committee, which provides assurance to the Board via a quarterly report and discussion at Board.
- Service meetings (where in place) have responsibility for the governance of a specific service and oversight of risks and issues within the services.
- Minutes of service meetings included within the Board papers for information.
- All significant events including complaints and concerns from clinicians or incidents requires escalation are reviewed by the quality and safety committee and also included in the Board papers.

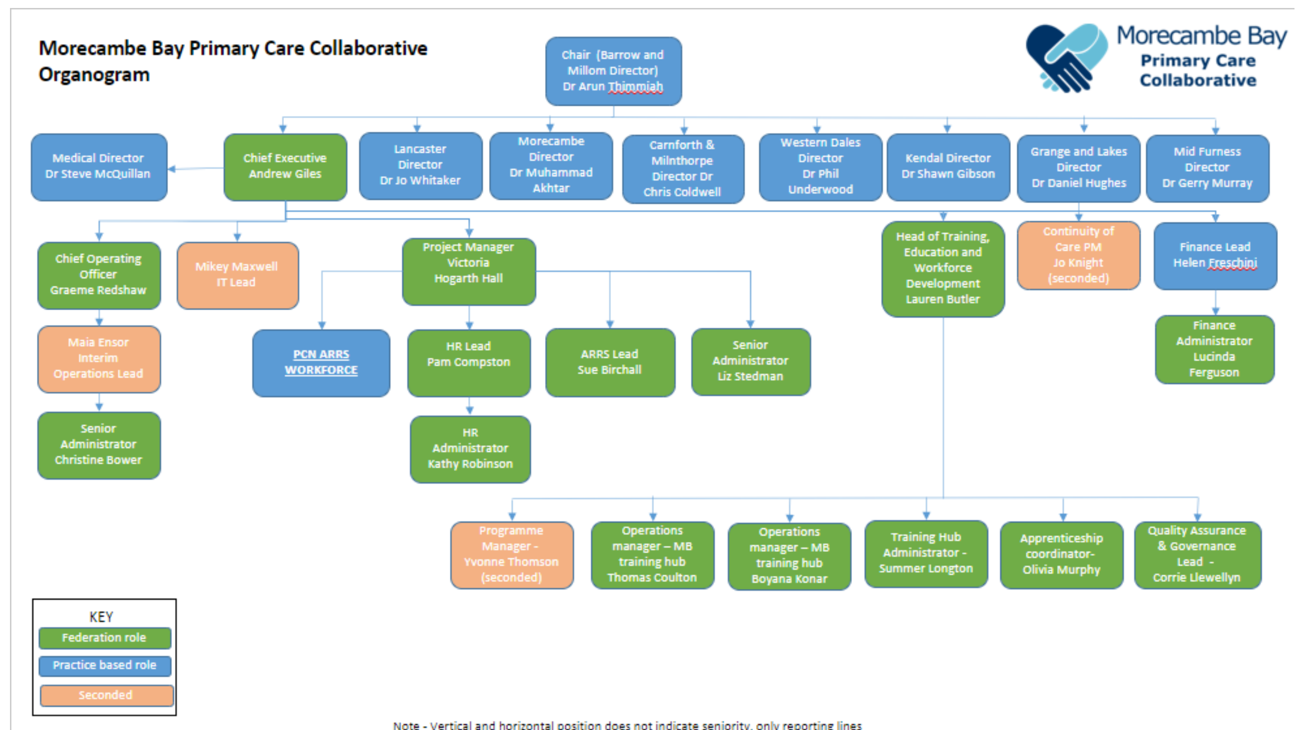
2.4 Policies and Procedures

The Integrated Governance Framework brings together the organisation's library of policies and procedures under one umbrella. All policies have a clear review date and are stored on a shared drive which is accessible to all staff.

Revisions and any new policies and procedures are communicated to staff by email to ensure that they are following the most up to date guidelines and working practices and using the most up to date forms and templates.

2.5 Organisational Structure

The organisational management structure is shown below:



2.6 Leads

There are a range of duties performed by members of the board, however some have legal or regulatory standing and shared below:

Caldecott Guardian	Medical Director
Safeguarding Lead	Medical Director
Sexual Abuse and Exploitation Lead	Medical Director
Mental Capacity/Deprivation of Liberty Lead	Medical Director
Information Governance Lead	Chief Executive
Senior Information Risk Owner (SIRO)	Chief Executive
Accountable Emergency Officer	Chief Executive
Registered Manager	Chair
Freedom to Speak up Guardian	Faye Tomlinson, Director at the Local Medical Committee

Board members have training in their lead area with further training planned to support the role they hold on behalf of MBPCC. MBPCC also seek mentorship from subject matter leads within the wider health economy.

3. DEFINITIONS/GLOSSARY OF TERMS

Abbreviation or Term	Definition
MBPCC	Morecambe Bay Primary Care Collaborative
CQC	Care Quality Commission
CIC	Community Interest Company
IG	Information Governance
CCG	Clinical Commissioning Group
HCAI	Health Care Associated Infection
NICE	National Institute for Health and Care Excellence
SIRO	Senior Information Risk Owner

4. CONSULTATION WITH STAFF, PRACTICES AND PATIENTS

Name	Job Title	Date Consulted
Jane Jones	CCG Head of Safeguarding	27/08/2020
Sue Bishop	CCG Quality and Performance Manager	14/09/2020
Louise Wilkinson	CCG Safeguarding and Quality Practitioner	15/09/2020

5. DISSEMINATION/TRAINING PLAN

Action by	Action Required	Implementation Date
Jo Knight/Boyana Konar	Upload policy to MBPCC website	30/09/2020
Jo Knight	Delete out of date copies and host current copy on Federation G Drive (supporting induction process), updating Policy tracker	30/09/2020
Liz Stedman	Upload to TeamNet	Jan 2021

6. AMENDMENT HISTORY

Version No.	Date of Issue	Section/Page changed	Description of change	Review Date
V1.0	21/05/2020	All	New policy	21/05/2023
V1.1	20/09/2020	All	New format	21/05/2023
		2.5 Page 7	Changes to roles as discussed at Board 22/09/2020	
		2.1 Page 4-5 & Appendix 1	Domains to reflect new MBPCC polices	
V1.2	19/01/2021	Page 7	Additional Definitions/Glossary of Terms added	
V1.3	03/07/23	2.2 2.3 2.5	Updated for new roles and committees	
V2.0	31/07/2023		Approved by the Board	31/07/2026

7. APPENDICES

Appendix 1: Service Checklist

Name of Service:

Date:

Undertaken by:

Domain	Summary/Comments	Actions Arising	Who	When
Information Governance • Quality of clinical record keeping				
Risk Management • Health & Safety • Risk assessment (including clinical risk and mitigation)				
Workforce • Professional Registration • Mandatory Training • Clinical Supervision • Peer support and review				
Patient Safety • Safeguarding Children & Young People • Safeguarding Adults • Chaperoning & Advocacy • HCAI Reduction Plan/Infection Control • Whistleblowing • Domestic Abuse • Mental Capacity				
Patient Experience • Patient Access • Being Open • Patient Involvement & Surveys				
Quality Assurance • Performance Monitoring • Complaints Handling				

• Incident Reporting				
Clinical Effectiveness • NICE Guidance • Research • Clinical Audit • Clinical Policies • Referral procedures and pathways • Medicines Management – non-medical prescribing				