

# **CLINICAL GOVERNANCE ANNUAL REPORT 2007 / 2008**

**INCORPORATING  
RISK MANAGEMENT**

**June 2008**

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## **1.0 INTRODUCTION**

### **1.1 Setting the Scene**

The Financial Year 2007 /2008 saw many changes in both the functioning and the personnel of Trafford Primary Care Trust (PCT). At the start of the year, Trafford PCT had been in existence for six months, following the coming together of the former Trafford North PCT and Trafford South PCT. Although the two PCTs had benefited from joint management arrangements, with the creation of the new organisation, including a new Chief Executive, the Board initiated a new suite of reporting arrangements and delegated powers.

This year has been marked by the gradual implementation of changes to the PCT's organisational structure, which were agreed by the Board following the Fitness for Purpose exercise. The primary purpose of the reorganisation was to strengthen the focus of the PCT as a commissioning organisation in readiness for assessment against the World Class Commissioning criteria to be adopted by the NHS.

At the same time, the Department of Health determined that a clearer distinction was to be created between the PCT's dual roles as a commissioner and as a provider of services. Steps were taken during the year to agree to formal arrangements whereby the Provider Unit made progress towards becoming an 'arms-length organisation' as a sub-section of the PCT. This included: the clarification of areas of work which were part of the Provider function; the creation of a Provider Unit sub-Committee reporting to the Board; and the appointment of a Director of Provider Services with a clear remit to expedite the necessary changes.

A further development affecting the unity of the PCT was the progress in the creation of the Children's and Young People's Service (C.Y.P.S.) in Trafford with the intention that services provided by the PCT for children and young people will, in the future, be managed with services for this age group provided by the borough council and by Trafford Healthcare NHS Trust by C.Y.P.S.).

Significant changes in staffing took place during 2007 / 2008, both with the appointment of three Directors for the PCT and with changes to staffing following departmental analyses of competencies needed for the changing nature of the PCT's objectives.

These various changes had implications for the governance of the PCT. The changes to reporting arrangements to the Board led to a re-examination of how the Board was to be made aware of significant clinical governance and risk concerns. The developments with the arms-length Provider Unit and with C.Y.P.S. led to the start of changes to governance arrangements to reflect their change in status. These changes are not yet complete and further work will be needed in 2008 / 2009 to ensure all governance arrangements are fit for purpose. The changes to personnel meant that there were additional challenges in ensuring new staff were familiar with the PCT's current policies and practices.

## **1.2 The Role of Governance in the PCT, including Clinical Governance and Risk Management**

Governance, including Clinical Governance and Risk Management throughout 2007 / 2008, has been a major priority for the Trafford PCT. During this period substantial progress has been made. This report highlights many of the achievements the organisation has made in ensuring patients receive the highest possible quality of care, in a safe and improving environment and in risk reduction affecting patients, staff and the general public.

Although the previous section had emphasised changes that had occurred during 2007 / 2008, it should be stressed that there had been much continuity within the work of the PCT for both clinical governance and risk management. There had been, in recent years, close working relations between Trafford North PCT and Trafford South PCT, initially with joint management arrangements and in later times (since November 2005) reinforced with joint Board Meetings. A joint Clinical Governance Annual Report for Trafford North PCT and Trafford South PCT was agreed by the two PCTs for the Financial Years 2005 / 2006 and 2006 / 2007 and a joint Clinical Governance Development Plan for 2006 / 2007 and to support the Annual Health Check was also agreed.

There was, likewise, continuity in the major sub-Committee of the Board responsible for governance issues, the Integrated Governance Committee. Although the non-executive members changed with the creation of the new Board in 2006, the purpose of the Committee remained largely unchanged and the sub-groups reporting to the Integrated Governance Committee remained largely the same.

## **1.3 The Organisation and Contents of the Report**

The report has four main additional sections: **Section 2** considers arrangements for Governance within the PCT; **Section 3** provides details of feedback and assurances for the PCT; **Section 4** sets out the meetings and other processes supporting clinical governance; and **Section 5** various programmes of work.

Clinical Governance throughout 2007 / 2008 has been a major priority for the Trafford Primary Care Trust. During this period substantial progress has been made. This report highlights many of the achievements the organisation has made in ensuring patients receive the highest possible quality of care, in a safe and improving environment.

The PCT's achievements outlined in this report support both the Draft Declaration and Final Declaration on the Core Standards for Better Health, which were submitted to the Healthcare Commission in April 2008.

## **2.0 ARRANGEMENTS FOR GOVERNANCE**

### **2.1 Background: Arrangements within the PCTs' Organisational Structure, Scheme of Delegation**

The PCT's strategic approach to Governance is through the Integrated Governance approach, whereby all aspects of Governance, including that significant sub-set of Clinical Governance to maximise patient safety, are considered as a whole. This means that: the chief focus of all Governance work in the PCT is centred on staff under the leadership of the Director of Clinical Leadership; and that the Board has delegated the prime responsibility for governance and assurance to the Integrated Governance Committee, a sub-Committee of the Board.

During the year 2007 / 2008, the Board of Trafford PCT in September 2007 approved a Scheme of Delegation which set out detailed approval arrangements for the PCT. The section for the Integrated Governance Committee is included below:

#### **3.1.4 Integrated Governance Committee**

- *Development and review of the Assurance Framework and Risk Register*
- *Approval of all policies relating to governance, including Human Resources, Risk, Clinical Governance, Health and Safety, Information and Corporate Affairs*
- *Review the findings of significant assurance functions, both internal and external to the PCT, including Healthcare Commission, NHSLA etc, and oversee the PCT's participation in and satisfactory response.*
- *Approve proposals for ensuring quality and developing clinical governance in services provided by the PCT or its constituent practices, having regard to any guidance issued by the Secretary of State.*
- *To fully review the PCTs performance in the Annual Health Check prior to submission to the Board.*
- *Responsible for monitoring the assurance of delivery of the business plan via the assurance framework*

### **2.2 Integrated Governance**

The Integrated Governance Committee functioned throughout the year, based on the recommended Integrated Governance Framework. The committee meets every two months, shortly before the PCT's Board meeting so that decisions of the Committee can be reported expeditiously to the Board. The Committee is chaired by a non-Executive Board member, with two other non-Executive members, one of whom is also a member of the Audit Committee. In addition, during 2007 / 2008 a representative of the PCT's Patient and Public Involvement Forum had been a full and integral member of the Committee.

The Director of Clinical Leadership was identified as the Lead Accountable Director, supported by the Director of Finance. All other Directors of the PCT are members of the Committee.

A variety of subgroups report to the Integrated Governance Committee, including Clinical Governance, Clinical Standards and Audit, Incidents and Complaints and Health and Safety. The Board has delegated powers to the Committee to approve PCT strategies, policies and procedures on behalf of the Board (see Section 2.1).

## **2.3 The Provider Services Committee, including Estates Aspects**

### **Trafford PCT Provider Committee**

Commissioning a Patient Led NHS (CPLNHS) imposes new disciplines on PCT organisations and in particular that of ensuring that the provider functions do not exert any undue influence on the commissioner in its decision making. A clear governance and accountability framework is required to ensure this and help the PCT, over time, to develop its distinct and separate areas of responsibility.

The challenges presented from this change affect both the provider and commissioner. An increasing contractual rigor is beneficial for the co-existing provider and commissioner functions in the PCT.

The Trafford PCT Board agreed the establishment of the Trafford PCT Provider Committee which had its inaugural meeting in June 2007. The Committee is chaired by a Non-Executive Director and Membership includes the Director of Provider Services and Heads of Service from the Provider Unit together with representation from Finance, Human Resources and Clinical Leadership.

The Trafford PCT Provider Committee ensures board scrutiny of all aspects of provider services so that the PCT Board can assure itself that financial and clinical governance is appropriate. The Provider Committee operates increasingly within its own set budget and be required to operate independently of the PCT commissioning functions through service specification and contractual management. The Committee ensures that officers with delegated authority for the provider operate within their powers.

### **Estate Aspects**

The Draft Strategic Service Delivery Plan provides the agreed direction for Estates development in the short term. The long term position is currently being considered with our partner organisations in the Trafford Health and Social Care Economy.

The agreed programme of Estates improvement is as follows:

- Health and Safety – All emergency lighting now meets the mandatory standards following upgrade at all PCT owned/leased premises:

- Fixed electrical testing phase 1 of rewiring and upgrading electrical circuitry is completed phase 2 will be completed in 2008/09
- All alarm systems have been upgraded in 2007/08 to EEC regulations and standards.
- Decontamination – Contracts are in place for 2008/09 for central decontamination of instruments for community Dental and Podiatry Services.
- Infection Control – A programme of upgrading/replacement of soft furnishings and furniture started in 2007/08 to meet the new infection control standards in line with DoH “Safe Clean Care”.
- Waste – The PCT has in place segregation of its waste to meet the Environment Agency requirements. There is in place a regular audit of waste disposal to check compliance with local policy.
- Estates Maintenance/PPM – Following the termination of the SLA by Trafford Healthcare Trust the PCT has in place a number of contracts to meets its obligations both legislative/mandatory to ensure its premises are safe environments to work and deliver patient care.
- Estates Rationalisation/Utilisation – Work is continuing to maximise the usage of its estates to meet existing and additional demands of both in house and contracted out services.

#### **2.4 Clinical Governance (possibly to include Clinical Audit and Clinical Standards in general as well as an organisational chart (Appendix 1) for the reporting arrangements for the Clinical Effectiveness and Audit Group and the Clinical Standards Group)**

The PCT has a number of groups supporting Clinical Governance activity which report to the Integrated Governance Committee. These groups include:-

- Clinical Governance Group – The membership includes representation from Public Health, Commissioning, Professional Executive Committee and Clinical Leadership. The main objectives of the group are:-

To identify the standards of the provided healthcare services to Trafford patients.

Provide evidence to assure the PCT’s Integrated Governance Committee of the quality and safety of Healthcare Commissioned and provided including Healthcare Commission and NHS Litigation Authority Standards

To provide the Integrated Governance Committee with regular clinical governance monitoring reports:

- Produce Clinical Governance Annual Report
- Produce the Clinical Governance Action Plan

Clinical Effectiveness & Audit Group - The membership includes representation from Public Health, Commissioning, Professional Executive Committee and Clinical Leadership. The main objectives of the group are:-

To monitor conformity to NICE guidance, Confidential Enquiries and local standards, when appropriate report rationale for non-compliance to the Clinical Governance Committee

To ensure that best practice is taken into account when planning and delivering care

To ensure that mechanisms exist that monitor whether all staff involved in clinical care and treatment receive appropriate clinical supervision / reflective practice

To agree criteria and thresholds for Evaluation & Use of Resources policy

To receive reports of progress and compliance with the within Research Governance arrangements

To agree reports of progress against PCT's annual audit programme and implementation of best practice

To review audits of quality for provider assessment

To oversee dissemination of audit findings / lessons learnt

To work collaboratively with partner organisations, where appropriate to improve the quality of healthcare services

- Clinical Quality Group – The membership includes representation from the Professional Executive Committee, Practice Based Commissioning and Clinical Leadership. The main objectives of the group are

To monitor conformity to NICE guidance, Confidential Enquiries and local standards, when appropriate report rationale for non-compliance to the Clinical Governance Committee

To ensure that best practice is taken into account when planning and delivering care

To ensure that mechanisms exist that monitor whether all staff involved in clinical care and treatment receive appropriate clinical supervision / reflective practice

To agree criteria and thresholds for Evaluation & Use of Resources policy

To receive reports of progress and compliance with the within Research Governance arrangements

To agree reports of progress against PCT's annual audit programme and implementation of best practice

To review audits of quality for provider assessment

To oversee dissemination of audit findings / lessons learnt

To work collaboratively with partner organisations, where appropriate to improve the quality of healthcare services

- PCT Provider Unit, Clinical Governance Group – The membership includes representation from Heads of Service of both Clinical and Non-Clinical staff. The group's work has concentrated on compliance with the Healthcare Commission's Standards for Better Health and the NHS Litigation Authority Risk Management Standards.

The above groups supporting Clinical Governance membership included representation from the Patient Public Involvement Forum.

## **2.5 Delivering the Clinical Governance Development Plan 2007/2008**

### **Winsome Hermitt, Interim Clinical Governance Manager and Dorian Williams, Assistant Director of Clinical Quality**

In accordance with NHS requirements, the Primary Care Trust has had in place a Clinical Governance Development Plan covering the period 1 April 2007 to 31 March 2008. This Plan contained 48 specific objectives to improve Clinical Governance arrangements within the organisation.

The Primary Care Trust Integrated Governance Committee is a sub Committee of the Board dealing with all Governance arrangements. The membership includes All Executive Directors, three Non Executive Directors and Patient and Public Involvement (PPI) representation.

The Clinical Governance Development Plan has been monitored on a monthly basis by the Primary Care Trust's Clinical Governance Group. The group membership includes a wide range of Healthcare Professionals, including Clinicians and Patient and Public Involvement Representatives.

The Clinical Governance Group's monitoring of the Clinical Governance Development Plan, highlights "exceptions" (this is when there is a deviation from intended objective) to the Primary Care Trust's Integrated Governance Committee.

Those objectives that are not progressing well have been incorporated into the Clinical Governance development Plan for 2008/2009, and will be monitored by the Clinical Governance Group.

Sixty seven audits were registered within the clinical audit programme for 2007 / 2008.

The two Primary Care Trusts' PMS practices completed their audits for 2007 / 2008 concerning Record Keeping and Essence of Care, and Privacy and Dignity.

A further 12 audits within the PCT concerning Privacy & Dignity have been completed.

The Clinical audit facilitator / data validation team has facilitated a wide variety of healthcare professionals including District Nurses, Health Visitors and Primary Care Graduate Mental Health Workers by creating databases and providing training for staff on database usage and other methods of data analysis.

A programme of Clinical audit work for 2008 / 2009 will incorporate further work concerning Essence of Care, Privacy & Dignity and Professional Record Keeping and support to compliance with the NHS Litigation Authority Risk Management Standards and the Healthcare Commission's Standards for Better Health.

## **2.6 Maintaining Standards for Clinical Staff and Independent Contractors**

The former Trafford North and Trafford South Primary Care Trusts each established Local Performance Panels to enable the early identification and management of concerns in relation to the performance of health professional staff, including family health services practitioners employed by, or in contract with the PCT's. Following the disestablishment of the Trafford North and Trafford South Primary Care Trust's and the establishment of the Trafford Primary Care Trust, a single Local Performance Panel for the whole of Trafford was established.

The following new cases were considered by the Local Performance Panels during 2007/2008.

General Medical Practitioners	16
General Dental Practitioners	2

Arising from the consideration of one case relating to a general dental practitioner, a practice inspection by the Dental Reference Service (Dental Practice Division, Business Services Authority) was arranged.

## **2.7 Research Governance**

### **Research Governance Arrangements for Trafford PCT in the Context of Greater Manchester - An Overview**

All research projects, including clinical trials, within Trafford PCT must have ethical approval from a NHS Research Ethics Committee and PCT research governance approval. This is required by the Department of Health Research Governance Framework (2<sup>nd</sup> edition 2004). ReGrouP continues to provide the research governance function to Trafford PCT.

## ReGrouP

The Greater Manchester Primary Care Research Governance Partnership (ReGrouP) runs a central office aiming to provide an efficient research governance approval system via a single portal for all queries and submissions. This "one stop shop" for primary care research approval has successfully minimised unnecessary delays to research by minimising bureaucracy. This centralised coordination has streamlined the approval process with projects now being approved within an average of 25 days. The mean approval day score for Trafford PCT is 19 days.

This function is now hosted by Salford Royal Foundation NHS Trust. By having a single office where one application can be made instead of 10 individual ones, the result has been a 75% reduction in the number of submissions made by researchers in the last 9 months.

The major work over the last 12 months has been the development of the ReGrouP partnership. This has included:

- The Development of Major Policies adopted across GM PCTs (Greater Manchester PCTs) concerning: Research Governance; Intellectual Property; & Research Misconduct & Fraud;
- Building on previous partnership workings a Signed "Memorandum of Understanding" with the University of Salford;
- Standard Operating Procedures for Honorary Research Contracts and SSI;
- An interactive Web Site with a portal for project searching;
- Assurance of compliance with the Standards for Better Health (C12)
- A formal evaluation of the partnership which highlights key achievements and recommendations for improvements;
- The development of consistent approaches across Greater Manchester through:
- Collaborative working with Mental Health Partnership Streamlining governance approval processes using the ReGrouP model as a foundation;
- Collaborative working with the 10 Greater Manchester Local Authority Councils, who have received funding to develop a shared research governance framework for social care (Making Research Count Greater Manchester).

The research governance arrangements for Trafford PCT should be viewed against a background of collaborative working between NHS organisations across Greater Manchester in the form of i) the Greater Manchester Local Comprehensive Research Network, ii) the North West The Topic Specific Networks which cover Cancer, Diabetes, Medicines for Children, Mental

Health, Primary Care, Dementia and Neurodegenerative Conditions and Stroke and iii) Greater Manchester Research Alliance.

## Research Projects

For 2007/8 there were 55 projects registered with ReGrouP from Trafford PCT.

## 2.8 Information Governance

The Information Governance Tool Kit (Version 5) must be completed as part of the PCT's compliance with the Standards for Better Health element of the Annual Health Check

Version 5 of the Information Governance Toolkit contains fifty two standards and covers the following areas:

- Information Governance Management
- Confidentiality and Data Protection Assurance
- Information Security Assurance
- Clinical Information Assurance
- Secondary Use Assurance
- Corporate Information Assurance

The PCT is required to complete a self-assessment in each of the areas, for all services, which is a record of their compliance against each of the standards contained in the Toolkit, where 0 is no compliance, through to 3, which is full compliance. Evidence of achievement in each of the areas is required.

The PCT's accountable Director for Information Governance is the Executive Director of Clinical Leadership, who is also the Caldicott Guardian.

The completed assessments are used to compile the final report for the PCT before submission to NHS Connecting for Health by the 31<sup>st</sup> March 2008.

### Scores 2007/08:

<b>Secondary Use Assurance</b>	<b>66%</b>
<b>Corporate Information Assurance</b>	<b>75%</b>
<b>Clinical Information Assurance</b>	<b>75%</b>
<b>Information Security Assurance</b>	<b>73%</b>
<b>Confidentiality and Data Protection Assurance</b>	<b>85%</b>
<b>Information Governance Management</b>	<b>89%</b>
<b>Overall Result</b>	<b>79%</b>

Key to colour coding:

Amber = Medium level of compliance (40 - 70% compliance)

Green = High level of compliance (>70% compliance)

The overall score for the PCT has improved from 73% in 2006/07 to 79% in 2007/08. An action plan has been developed to ensure that the PCT complies with all aspects of Information Governance.

### **Information Security**

All personal/patient identifiable information flowing in and out of the PCT has been mapped and potential risks identified. Where it was considered that the information flow was a high risk, remedial action has been taken.

PCT policies relating to information security have been reviewed and updated to ensure all transfers of patient/personal/sensitive information are secure.

All NHS Organisations must now include details of Serious Untoward Incidents involving data loss or confidentiality breach in their Annual Reports from 2007/08 onwards. The PCT reports that there have been no Serious Untoward Incidents involving data loss or confidentiality breach during 2007/08

### **Information Governance Training**

All staff attend annual Key Issues training which includes Information Governance awareness.

Additional training is provided which is tailored to meet the needs of individual services.

### **Freedom of Information**

Trafford Primary Care Trust received 105 requests for information from 1st April 2007 until 31<sup>st</sup> March 2008.

The majority of information was either released within the 20 working day deadline specified in the Freedom of Information Act 2000, or a letter sent to the requestor, detailing the appropriate exemption.

## **2.9 Risk Management (incl. Safety Alert Report Broadcast System)**

Risk Management in Trafford PCT follows the guidelines contained in the *Risk Management Strategy incorporating the Risk Identification and Assessment Procedure* originally agreed by the Boards of Trafford North PCT and Trafford South PCT in July 2006 and later adopted by the Board of Trafford PCT as the successor body to the former PCTs<sup>1</sup>. The PCT's Directors are intimately involved in the identification and monitoring of risks as all entries on the PCT's Risk Registers are signed off by the lead Director.

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<sup>1</sup> It adopted all the Clinical and Risk Policies, Strategies and Procedures.

From the 1<sup>st</sup> April 2007 to 31st March 2008 133 Safety Alerts were received by the PCT from the Department of Health Safety Alerts Broadcast System. The table below illustrates the categories of alerts received.

No Action Required by PCT	104
Action not Commenced	0
Actions Fully Completed	24
Actions Ongoing	5
<b>Total Alerts Received</b>	<b>133</b>

There were 5 alerts where the action is noted “ongoing” with a National Timeline for completion, 4 of these alerts are for completion by the end of July 2008 and 1 by the end of December 2008.

## **2.10 The Assurance Framework**

The PCT’s Assurance Framework 2007 / 2008 was based on the PCT’s Business Plan for the same time period. The Framework identified assurances for the Board on the ability of the PCT to make progress with the Business Plan.

There are close links between the Assurance Framework and the Statement of Internal Control (SIC), which forms a key component in the PCT’s Annual Accounts. Reference is made to the Assurance Framework in the SIC and the Framework provides evidence supporting claims made in the SIC.

An in year review of the Framework was undertaken in December 2007. This was scrutinised by the PCT’s Internal Auditors. The end of year review of the Framework was presented to the Integrated Governance Committee in May 2008. The Committee agreed that the review be forwarded to the Board for its May meeting with the recommendation of Board approval. The Head of Internal Audit’s Final Report on the Assurance Framework 2007 / 2008 was also submitted to the Integrated Governance Committee in May 2008. The overall opinion of the Head of Internal Audit provided the PCT with significant assurance that an Assurance Framework had been established which is designed and operating to meet the requirements of the Statement of Internal Control. A series of enhancements, as adopted by other organisations, to further enhance the Assurance Framework processes was also suggested by the auditor.

## **2.10 The Corporate Risk Register**

A Corporate Risk Register (listing Clinical and Non-Clinical risks to the organisation) has been maintained throughout the year. The level of risk is assessed according to the Australian and New Zealand Standard with a matrix measuring the combination of likelihood and consequence of an occurrence.

The Risks have been identified from a number of sources including:-

The Primary Care Trust's Business Plan and associated Assurance Framework. Hazard spotting and Risk Assessments by frontline staff. National requirements specified during the year. Internal and external reviews (e.g., Auditors Reports, and NHS Litigation Authority Requirements).

Risks identified by the work of the Primary Care Trusts' Committees and Groups (e.g., Complaints and Incidents and Clinical Governance).

For each Risk on the Corporate Risk Register there is an identified accountable Lead Director, who periodically undertakes a review of all open risks. After the review, some risk scores may be adjusted, some risks may be closed or some action plans may be amended.

In line with the Risk Management Strategy, the Risk Register has been regularly reviewed by the Integrated Governance Committee and following the Committee's recommendations reports have than been submitted to the Board.

A common feature of Board Reports has been a report detailing significant risks faced by the organisation, defined as all high level corporate risks.

Standards for which insufficient assurance had been declared in the Final Declaration for the core Standards For Better Health (part of the Annual Health Check) for 2006 /2007 featured as part of the Corporate Risk Register, namely:-

- C4b - Decontamination of Medical Devices
- C9 - Records Management (both Clinical Records and Corporate Records)

## **2.12 Key Performance Indicators for Risk**

The Integrated Governance Committee monitors key performance indicators for Risk on a quarterly basis. **Appendix 2** shows the indicators considered by the Committee from April 2007 to March 2008.

## **3.0 FEEDBACK AND ASSURANCE FOR THE PCT**

### **3.1 Background**

The PCT pays particular attention to opinions which it receives from sources external to the organisation on its services, for which Patient Safety is a key component. It takes into account many types of opinion, many of which are reported to the Integrated Governance Committee to enable the Committee to be in a position to assess, as a whole, outside views on the PCT's strengths and weaknesses. For many of these opinions, the Department of Health has established processes for the PCT to follow and has determined that the PCT is to seek and take note of such opinions.

The first set of assurances is received locally from patients and the public, to include: the Borough Council's Overview and Scrutiny Committee; the PCT's Patient and Public Involvement Forum<sup>2</sup>; feedback from patients on our services; complaints and compliments; and feedback from the Patient Advice and Liaison Service.

The second set of assurances concerns assurances obtained by the PCT in support of clinical services it commissions on behalf of the people of Trafford. These include the overview the PCT has of its local acute Trust, Trafford Healthcare Trust (THT), for certain submissions, such as THT's Annual Health Check submission, including the Hygiene Code and of the local independent contractors (GPs, dentists, pharmacists and opticians).

The third set of assurances is those received from outside bodies charged with reviewing standards achieved against pre-set criteria. These include the regular work of the Healthcare Commission, the NHS Litigation Authority, and the Audit Commission. In addition, the PCT also receives reports on an ad hoc basis from external bodies following assessments / inspections, such as applied to the Risk Assessment and Quality Assurance Support visit examining the Newborn Hearing Screening Programme in Trafford. A further set of reports provide recommendations for areas other than Trafford but the general principles are then used as a framework for assessing the local Trafford service to identify possible deficiencies.

Aspects of Clinical Governance and Risk Management are subject to analysis by both the PCT's External and Internal Auditors. For example, the External Auditors assess the overall package of the work on the Assurance Framework / Statement of Internal Control as part of the opinion giving on the PCT's Final Accounts. In addition, the External Auditors undertake the Auditors Local Evaluation (ALE) assessment. The role of the Internal Auditors includes attendance at the Integrated Governance Committee, oversight of the Assurance Framework / Statement of Internal Control process and undertaking specific audits during the year on topics agreed by the PCT and the Auditors. In 2007 / 2008 these topics included:

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<sup>2</sup> The Patient and Public Involvement Forum ceased to exist after 31<sup>st</sup> March 2008. It is to be replaced by LINKs.

- Audit on the systems and processes in respect of the PCT's self-assessment for the Core Standards for Better Health Declaration to the Healthcare Commission
- Auditors Review of the PCT's Assurance Framework

The PCT changed its Internal Auditors during 2007 / 2008 with the service now provided by the Mersey Internal Audit Agency (MIAA).

Finally, the PCT is also held to account by its Strategic Health Authority (SHA), NHS North West. The SHA scrutinises both the regular submissions made by the PCT, including those that contain references to Clinical Governance (such as the Annual Health Check, the Hygiene Code and the Statement of Internal Control) and the ad hoc reports following serious incidents affecting patient safety. In addition, this Clinical Governance Annual Report itself is to be submitted to the SHA for review.

### **3.2 The Trafford Overview and Scrutiny Committee**

The Executive Director Team of the Trafford Primary Care Trust arranged meetings with the Trafford Metropolitan Borough Council Overview and Scrutiny Committee and the Patient and Public Involvement Forum on 17 January and 5 March 2008 concerning the PCT's progress with the Healthcare Commissions Core Standards for Better Health and its intended declaration.

The meetings included a presentation on how the Trafford Primary Care Trust was meeting the requirements of the Hygiene Code of Practice for healthcare associated infections. The presentation included at the request of Patient Public Involvement Forum Chair an explanation on how the Trafford Primary Care Trust was meeting Core Standard C7e (Healthcare organisations challenge discrimination, promote equality and respect human rights).

In addition, the Chair of the Trafford Metropolitan Borough Council Overview and Scrutiny Committee requested that the Trafford Primary Care Trust undertook a presentation on Core Standard C6 (Healthcare organisations cooperate with each other and social care organisations to ensure that patients' individual needs are properly managed and met)

The Trafford Primary Care Trust invited the Chair of both the Trafford Metropolitan Borough Council Overview and Scrutiny Committee and Patient Public Involvement Forum to the March Board where the declaration for 2007/2008 was made. The comments from the Trafford Metropolitan Borough Council Overview & Scrutiny Committee were received by the Trafford Primary Care Trust Board and have been incorporated verbatim into the Declaration.

Further information on the PCT's involvement with the Overview & Scrutiny Committee and Public can be found in the next section of this report.

### **3.3. Patient and Public Involvement Forum**

Work has continued through the year with the PPI Forum. The Forum continued to participate in formal PCT governance structures providing real opportunities for the PCT to gain service user and resident insight. Overall the work ranged from involvement through the Health Care Commission Annual Health Check, through to engagement on service change projects, such as Older People's health visiting, to championing local concerns on issues such as continence services and chiropody services.

The PPI Forum was represented on a number of groups and committees within the PCT including the Integrated Governance Committee, Clinical Governance Group, Clinical Effectiveness & Audit Group, Clinical Quality Group and the Patient & Public Involvement Group. A representative was also a member of the PCT Editorial Board.

Members from the PPI Forum were involved in the planning for the consultation to improve breast care services.

On 31<sup>st</sup> March 2008 PPI Forums were disbanded. In their place, Local Involvement Networks (LINKs) will be established from 1<sup>st</sup> April 2008. Trafford Council has responsibility to procure a host for the LINK. To ensure that a smooth transition takes place, Trafford Council has set up three working groups. A Task and Finish Group has been established to oversee the work necessary to ensure continuity of public engagement in health and social care services. Membership of the Task and Finish Group includes the PCT and the PPI Forum. A Procurement Sub Group has been established to be involved in the tender process for the Host. The PCT has membership on this group. Finally there is a Transitional Sub Group. This group will look at what engagement work will continue to be undertaken after the PPI Forum is disbanded. This group has PCT and PPI forum representatives. The Transitional Sub Group undertook a mapping exercise to highlight areas where future engagement and involvement will be required in health and social care in Trafford. The information gleaned will inform the new LINK of planned developments in Trafford. This group also collated contact details of groups within the Trafford – this will form part of a database of contacts for Trafford Council.

The PCT has worked in partnership with organisations from Trafford Partnership to plan and draft the Trafford Partnership Community Engagement Plan.

The PCT undertook a formal consultation on improving breast care services in Trafford between 19<sup>th</sup> October 2007 and 4<sup>th</sup> March 2008. The PCT produced a consultation document with a questionnaire was distributed throughout the Borough. The document was reviewed and amended following comment from the public and PPI Forum. In response to views expressed, a summary leaflet (which should be read in conjunction with the consultation document) was produced to ensure that awareness of the consultation was raised further and that key messages were highlighted and made clear. Three public meetings were held across the north of Trafford. Six focus groups were held to capture views of seldom heard groups. A presentation was given to the Partington

Neighbourhood Forum, with issues discussed. Further engagement sessions were undertaken with several established groups in Trafford.

The PCT collated and considered all comments received from the consultation and a documented summary of the comments made was reported to the PCT Board for their consideration. The Board's decision was publicised on the PCT website and in press and media. Also all those who responded to the consultation and provided their contact details were informed of the final outcome via a personal letter from the Chief Executive.

The PCT undertook a formal consultation to improve access to sexual health services in Trafford between 18<sup>th</sup> June 2007 and 30<sup>th</sup> September 2007. A consultation document was distributed to key stakeholders and organisation, including relevant service leads. The consultation document was available on the websites of the PCT, Trafford Healthcare NHS Trust and Trafford Council. An alternative copy of the consultation was developed specifically for young people and was available on the Connexions website and disseminated to youth centres in Trafford whereby groups of young people discussed the proposal and completed the questionnaire. Facilitated sessions were also undertaken whereby young people created posters titled "the perfect clinic". Flyers were also circulated at neighbourhood forums.

The PCT has been involved in a major review of the way the NHS delivers patient care. "Our NHS Our Future" is a national consultation led by Lord Ara Darzi, to suggest a vision for the next 10 years for the NHS. Each Strategic Health Authority has organised its own regional staff, patient and public engagement activity to build on this vision for NHS services for the next decade. The SHA invited public, patients, stakeholders and staff throughout North West (including Trafford) to their events. This included a Stakeholder Event for voluntary, charitable sector and local authorities on 12<sup>th</sup> December at the Reebok Stadium, Bolton and a Deliberative Event on 24<sup>th</sup> January 2008.

The PCT has undertaken several engagement activities relating to this including:

- Our NHS Our Future information leaflets circulated and displayed in all Trafford GP surgeries, health centres, opticians, dentists, libraries, community centres and Trafford Direct offices.
- Directors took questionnaires to PCT locations to raise awareness of the consultation,
- Managers discussed questionnaires with their teams and collated comments
- Leaflets available at Neighbourhood Forums
- Discussion and circulation of leaflet at Engage (Partington Healthy Living Centre)
- Leaflet available on the website and intranet

All comments received were forwarded to the SHA to help create a local North West vision.

Relationships with Overview and Scrutiny Committee have been further strengthened. A number of reports and information was taken to the

Committee. Similarly, the PCT commenced a programme of work to engage with local residents through Trafford Council's formal neighbourhood forums. Senior managers from the PCT attended these forums and provided local people with a variety of information about the PCT and health services in general.

The PCT has undertaken an engagement project with residents, carers, working parents, learning disabled, chronically ill people, young people and elderly people. The aim was to determine thoughts and preferences on primary care access and in particular GP extended hours. More than 1,000 telephone-based questionnaires have been completed and a range of focus groups organised to elicit views about the future from local people.

The PCT undertook many general engagement activities. Highlights include:

- Community Health Event at Firwood Community Centre, Stretford. Stalls and information available to highlight and provide information re healthy lifestyles (STRIDE, local gyms, free lifestyle assessment, eating healthily on a budget, infection control, community dietitians, free smoothies). Flu jab available. Free bag of healthy goodies when leaving.
- The PCT and Partner agencies (including police, fire, YOT, street wardens, housing) delivered a joint event called BEATSWEEP with information stalls for public to gather intelligence, enforcement action, community awareness and reassurance).
- PCT representatives attended Neighbourhood Forums across Trafford. This involved stalls with partner agencies for members of the public to raise awareness of health problems caused by alcohol. BMI testing, blood pressure tests.
- PCT representatives undertook 4 bogus caller events to make older people aware of the risks and precautions to take against bogus personnel.
- Awareness events at sheltered housing (eg Vince Court, Salford)
- Stay Sharp sessions to keep the brain active and alert
- 12 health improvement events were held in the Partington including: Fruity Friday, Breast Cancer Awareness, Mental Health, Look after your heart week, healthy eating, alcohol and drug awareness.
- A 6 week cook and eat course was launched to improve skills of parents/carers of those with young children to cook a variety of healthy, simple, low cost family meals.
- Specialist nurses gave advice on managing heart failure, medication and diet.
- Healthier Partington Network brought together a network of professionals and community members leading on health issues to

help improve local health and all share aspirations and the vision for current and future services.

- The Medicines Management Team undertook a number of awareness raising sessions focusing on Medicines Week. They also undertook talks with patient groups and were involved in domiciliary medicine reviews.
- PCT representatives assisted in the facilitation of the LINKs stakeholder event at Sale Waterside to raise awareness of LINKs.
- Public meetings were held at Trafford Macmillan Centre to understand what local people need now and in the future in terms of developing services for cancer and life limiting illness.
- Participation in the launch event of the Improving Supportive and Palliative Care Service for Adults Strategy at Lancashire County Cricket Club.
- Maternity Services Liaison Committee meetings were held at Partington Healthy Living Centre which offers crèche facilities for babies to assist service users who wish to attend.
- The 50+ Involvement Officer undertook varied engagement. This included:
  - Research was undertaken into how to engage with people living in nursing and residential care.
  - A pilot for an over 50s youth club was launched
  - Local people were placed onto courses for:
    - Lay assessors for home care services
    - Lay assessors for residential care
  - Local people were encouraged to participate in:
    - Trafford Community Leisure Trust
    - Trafford Housing Trust Working Group
  - 50+ Information and Communications Group was established

The PCT commissioned Picker Institute to undertake the PCT Local Health Services survey for PCTs to gain local community insight on key issues.

### 3.3 Overview of Complaints

#### Patient Feedback 2007/2008

Trafford Care Trust welcomes comments, suggestions, constructive criticism and complaints relating to the services it provides, or commissions, on behalf of the residents of Trafford. These are seen as important elements in enhancing the quality of the services it provides.

During 2007/2008 the PCT received 110 written complaints relating to its areas of responsibility.

- 19 of these related to concerns about services provided by NHS Trusts
- 38 of these were in respect of services provided by the PCT
- 27 related to commissioning issues.
- 4 related to services provided by medical or dental “out-of-hours” services commissioned by the PCT
- 4 related to administrative matters
- 18 related to the responsibilities of the PCT for Family Health Services

5 verbal complaints were recorded which commented on the lack of capacity in Community Rehabilitation Services and delays in referrals to other specialties.

All complaints were fully investigated and action taken to resolve the issues raised.

The PCT endeavours to learn from complaints. Examples of actions taken as a result of lessons learnt from complaints in 2007/2008 include:-

Initiatives are being undertaken in the Physiotherapy Department to reduce waiting times for service provision.

Clinical psychiatric services have been commissioned and these commenced in March 2008

Review of administrative procedures relating to Health Visiting Services.

Review of Trafford Primary Care’s vexatious patient policy.

Staff reminded that treatment beds must be lowered when patients change position whilst on the treatment bed.

Monitoring of attendance of women attending Breast Screening Service who reside in the western part of Sale.

Review of procedures to ensure adequate stock levels at Health Centres are maintained.

During 2007/2008 the PCT was encouraged by several expressions of appreciation of services provided. Examples relating to clinical services provided by the PCT included:

“With your dedication and fantastic support our Mum was able to stay at home in her bed until the end”.

“I would like to commend the dedication, strength and tenacity of the district nurses providing care to my mother”.

“I would like to pay a simple tribute to the quality of care and attention I received from ALL the nurses on their consistent visits”.

“The service we received from the district nursing service was excellent in all aspects on the work my husband received from the service”.

“Special thanks to nurses. The care given to my husband and on their quick response if ever there was a problem”.

“We wanted to write to express our thanks to the district nurses and health care assistants who worked for the evening service, and helped us care for our Dad during his final months at home”.

### **3.6 Overview of Patient Advice and Liaison Service**

Trafford Patient, Advice and Liaison Service (PALS) is a health economy wide service and provides confidential on the spot advice, support and information to patients and their relatives and carers when accessing services provided by:

- Trafford Healthcare NHS Trust
- Trafford Primary Care Trust

The service focuses on improving services to patients and aims to:

- Provide confidential advice and information about services provided by local hospitals and community clinics, by GPs, dentists, pharmacists and optometrists, and by social care and community services.
- Help to resolve users’ problems and concerns as they arise by liaising with staff.
- Help people to access the complaints system if this is what they want.
- Work with staff to encourage a culture of listening to patients, being sensitive to their feelings, and actively seeking their views on services.
- Obtain feedback from patients and staff to be used by the Trust to improve the way services are delivered.

The Trafford PALS service continues to thrive.

- |   |     |
|---|-----|
| ▪ Total number of Primary Care Sector contacts            | 240 |
| ▪ Total number of Volunteer visits in Primary Care sector | 520 |

Reasons for contact:

- Requests for information
- Access to services
- Communication
- General advice and support

### **Working Methods**

Most people contact PALS by telephone, but clients are welcome to visit the PALS office at Trafford General Hospital, or if required a member of the PALS team can meet a client elsewhere.

Many requests for information and advice can be dealt with on the spot or after a few phone calls, but some problems can take up to a week or more to resolve. PALS can investigate and resolve some problems directly with the service staff or manager, but others require liaison with the PCT clinical advisors or service planning and development teams.

### **Publicity**

PALS leaflets/posters are distributed into community services regularly along with any other information we wish to promote, such as “support with health care costs”. The PALS team attend local community events to talk to people about the PALS service, and information about PALS is included on the PCT website, and in community publications as opportunities arise. Information about PALS is available in other languages on request.

### **Volunteers**

PALS continues to recruit and train PALS volunteers. These Volunteers visit clinics and health centres within the community. They inform patients of the service and identify patients who would benefit from the service.

### **Reporting Mechanisms**

The PALS service continues to produce quarterly reports which are widely circulated throughout the Trust and help to identify trends and areas for improvement based on patients experience and feedback. These reports are discussed at the PCT Clinical Governance Group and the Complaints and Incidents Group. The PALS team continues to work closely with managers and staff to ensure that lessons learned and the patients experience is being used to influence service development and improvements.

### **Lessons Learned 2007/08**

- Patient dental letters reviewed and email address added for deaf patients to be able to correspond to letters.
- Staff awareness raising session to ensure correct information is given and avoid poor communication
- New poster developed to inform patients of how to be removed from the PCT postal database.

## Future Work

PALS will continue to work with PCT staff to develop patient centred services, and to encourage patients to access PALS for support if they are not satisfied with the service they are receiving.

PALS are aiming to increase the number of clinics that Volunteers attend and to become involved with training sessions for staff within the community on the importance of the PALS service, and to promote the valuable work that the team are involved in and how this makes a difference to the patients experience.

### 3.7 Overview of Incident Reporting and Learning 2007/2008

The effective reporting and management of incidents is a key component of Risk Management and Clinical Governance. It is essential in the delivery of high quality and safe patient care. Effective reporting and management of incidents also helps to ensure the health, safety and well being of staff, contractors and visitors to the Primary Care Trust, including its health centres and clinics. Reporting of an incident helps to promote improvements that may reduce the possibility of a similar incident occurring.

This report provides an overview of the number and type of reported incidents occurring within the Trafford Primary Care Trust for the period 1 April 2007 to 31 March 2008.

#### Reported Incidents - Overall Summary

Type	Quarter				Total
	1	2	3	4	
<b>Incidents Principally involving PCT property</b>	<b>21</b>	<b>20</b>	<b>15</b>	<b>16</b>	<b>72</b>
<b>Patient clinical or other NRLS* Reportable incidents</b>	<b>93</b>	<b>103</b>	<b>56</b>	<b>73</b>	<b>325</b>
<b>Incidents involving a person other than a patient</b>	<b>9</b>	<b>12</b>	<b>8</b>	<b>14</b>	<b>43</b>
<b>Staff of PCT</b>	<b>34</b>	<b>20</b>	<b>34</b>	<b>37</b>	<b>125</b>
<b>Total</b>	<b>157</b>	<b>155</b>	<b>113</b>	<b>140</b>	<b>565</b>

\*National Reporting and Learning System

The total number of incidents reported in 2006/2007 and 2007/2008:

2006/2007	<b>591</b>
2007/2008	<b>565</b>

The number of incidents reported in 2007/2008 remained at a similar level to 2006/2007.

### **Severity Grading**

Details of the severity grading allocated to incidents are in accordance with the severity grading matrix recommended by the National Patient Safety Agency and following review by Trafford Primary Care Trust Incidents and Complaints Group.

These are given below along with figures (in bold type) which give the number of incidents for the period in question for each grade

1	Insignificant	<b>164</b>
2	Minor	<b>257</b>
3	Moderate	<b>41</b>
4	Major	<b>3</b>
5	Catastrophic	<b>0</b>

### **Examples of incidents reported**

#### **Patient clinical or other NRLS\* reportable incidents:**

- Patient attended hospital and found to have been prescribed wrong dosage of Methotrexate tablets. Root Cause Analysis has been completed and reported to Integrated Governance Committee in May 2008.
- No out-of-hours cover for physiotherapy service due to staff absence. An external review of the service has been commissioned and the report is awaited
- Plaster cast for patient was unlined with rough edges causing abrasions to patient's skin. Organisational learning point identified.
- Request made to District Nurses to administer a patient's eye drops. The request was not noted. Patient saw consultant who confirmed there was no ill-effect to patient because of the delay.
- Transport requested for patient who was not collected on time. Patient visited and new transport arrangements implemented.
- Sacral skin deterioration in a patient who had been discharged from hospital one month earlier whilst resident in a nursing home. A faulty dynamic mattress identified and wound management plans implemented.
- Samples left in van overnight/over the weekend

#### **PCT Staff**

- Patient asked personal questions/status of dietician.

- Incident relating to Dietetics. Health and safety advice given.
- Incident relating to concerns about hospital cleanliness.

### **Incidents principally involving PCT property**

- Loss of electricity of clinic where out-of-hours service is provided. Temporary power restored and service relocated.
- No electricity in clinic reception. Out-of-hours provider informed (Mastercall).

### **Overview of Organisational Learning Points for 2007/2008**

#### **Information:**

Error on patient administration system - System is under review to identify how to resolve the matter.

Appointment Invites - Patient invited to attend for an appointment inappropriately. Clinic staff reminded to confirm a patient's condition before sending out appointment invites. A reminder has also been issued highlighting the need to ensure patient's details are verified before appointments are sent out.

#### **Facilities:**

Accident at work - Bins have been provided for broken glass at Primary Care Trust headquarters to ensure a reoccurrence of a member of staff cutting their hand is prevented. Guidelines to be authorised by the Clinical Standards Group and validated by Infection Control Committee.

Alarm activated by staff leaving a clinic - Member of staff counselled.

#### **Provider Unit :**

Faulty plaster cast - Podiatrist and plaster nurse outlined rationale for different procedures for focus rigidity casts. Procedure agreed and implemented.

Sharps incident and needle stick injury - New Sharps Policy agreed by Clinical Standards Group. Posters advertising the new Policy have been produced and emails have sent to appropriate staff.

District Nurse – medication and patient discharge - Lack of discharge communication from hospital resulted in administration of insulin by patients. A Communication Policy for the management of insulin has been developed between Trafford Primary Care Trust and Trafford General Hospital and will be implemented by the Liaison Service.

Community Pharmacies – End of life Care - Community Pharmacies reminded to ensure adequate stocks of drugs for patients at the end of their lives are available.

Equipment - Risk assessment to be carried out by district nursing staff to ensure correct equipment provided and patients/carers know how to use it properly.

Wheelchairs - Additional wheelchairs to be purchased for children to use following hip surgery

Treatment areas - Staff reminded not to take hot drinks into patient treatment areas

### **Primary Care Commissioning:**

GP asked to visit patient but failed to visit. Complaints, Incidents and Performance Manager to be informed of any future incidents where a GP fails to visit a patient at the request of a clinical professional.

Samples General Practitioners in the Trafford area reminded to ensure that samples containers are securely fastened before being sent to the laboratory.

### **Staff Training:**

Staff training exercises have shown to increase staff awareness to the need to report incidents.

The number of reported incidents for 2007/2008 has decreased slightly compared to the previous year and so consideration will be given to providing further training sessions in addition to key skills training.

## **3.8 Processes for receiving Assurance on Governance and Clinical Standards from Provider of Clinical Services whereby Trafford PCT is the Lead Commissioner**

During 2007 / 2008, the Trafford Primary Care Trust, as Lead Commissioner for Trafford Healthcare NHS Trust, met with the Trust to discuss progress with key areas of Governance including compliance with the NHS Litigation Authority Risk Management Standards, the Healthcare Commissions' Standards for Better Health and the Hygiene Code of Practice.

### **3.9 Quality and Outcomes Framework Achievement**

The purpose of this paper is to summarise the overall PCT-level achievement against the QOF indicators within the new GMS contract 2006/7. This report provides an insight into areas in need of future development and support as part of the PCT Local Delivery Plan and business planning process.

The Quality & Outcomes Framework (QOF) provides a financial incentive for practices to improve service quality for patients. All practices within Trafford PCT voluntarily participated in the QOF during 2007/08. This was the fourth year of the QOF implementation.

Data for this report is taken directly from a national database known as the Quality Management Analysis System (QMAS).

#### **How the QOF works**

The QOF is an element of the new GMS contract. Advance payments were made based on last year's practice achievement against a wide range of clinical and non-clinical indicators. During the year, one third of all practices participated in a review of progress carried out by the PCT. These QOF reviews served as an element of pre-payment verification as well as a forward-looking and supportive quality improvement initiative. The remainder of the practices would normally engage with the PCT within clinical Governance Visits. However due to time constraints this did not take place this year.

At present the QOF contains 135 specific indicators grouped in 5 domains: clinical, organisational, additional services, patient experience and the pseudo domain covering holistic care. Points for holistic care are calculated automatically in relation to the clinical achievement. Data is submitted by the practice onto QMAS. Maximum and minimum thresholds are set within QMAS for some indicators and for others absolute thresholds exist. Compliance with the threshold determines the number of points awarded and thus the amount of money the practice is entitled to receive. QMAS, rather than the PCT, performs calculations based on actual achievement, practice list size and disease prevalence in order to determine the points achieved and monetary value.

QOF value per point has remained at £124.6 this year (same as last year) for an average practice size (5,891 patients) with a weighting for disease prevalence when benchmarked against National levels.

## Headline Success

- All 47 practices participated in the QOF during 2007/08.
- 4 practices (8.5%) achieved the maximum of 1000 points, with 21 practices (44.7%) achieving 950 points or more. The average number of points achieved by Trafford practices was 964.12
- 46 of the 47 practices achievement reports were verified and where necessary achievement negotiated/adjusted and payment to practices requested on schedule. One practice achievement report was delayed pending the submission of outstanding evidence in the patient experience Domain.

## Achievement PCT- Level

Table 1: QOF Domains PCT-level achievement

Domain	Maximum Points	Current Achievement	% Achievement	% Improvement	Ave Points 06.07	Ave Points 07.08
<b>Clinical</b>	30,785	29,898.70	97.12%	0.46%	646.60	636.14
<b>Organisational</b>	8,507	8,046.86	94.59%	6.66%	166.04	171.21
<b>Additional Services</b>	1,692	1,642.18	97.10%	3.01%	35.35	34.94
<b>Patient Experience</b>	5,076	4,860.00	95.74%	5.51%	101.69	103.40
<b>Holistic Care</b>	940	866.01	92.12%	0.71%	19.07	18.43
<b>Total</b>	<b>47000</b>	<b>45,313.75</b>	<b>96.41%</b>	<b>2.23%</b>	<b>968.75</b>	<b>964.12</b>

**NB Average points for 07/08 are based on 1000 points maximum over 5 Domains, and the total calculated is prior to PMS adjustments.**

**\*Column 5 shows percentage improvement above 06/07 achievements – there is a discrepancy in the points achieved as there is 47 practices this year compared to last years 48**

Table 1 summarises achievement for the domains of the QOF overall. The PCT reached 96.41% of maximum achievement in total. The total monetary value of this achievement for 2007/08 was £4,566,874.31 (following PMS deductions). There was strong performance overall in all indicators with clinical achievements 2.23% above last years. Furthermore, Organisational Domain improved by 6.66%, Additional Services by 3.01%, Holistic Care by 0.71 and

Patient Experience by 5.51. Nevertheless, patient experience being a good indicator for quality could benefit from additional momentum for improvement.

## Clinical Domain

Clinical indicators account for the largest component of the QOF. The maximum achievement threshold set by the contract for clinical indicators is 655 points. Within Trafford PCT, the average clinical achievement is 636.14, 97.12% which represents an improvement of 0.46% above last year.

The PCT performed well on delivering against the majority of clinical indicators with achievement of greater than 95% in 16 of the 19 disease areas. Depression and Mental Health represent areas of lowest achievement with achievements being 92.16% and 85.95% respectively. Last years achievements for mental health and depression were 90.50% and 80.04% respectively. Irrespective of the improvement on last year these indicators remain in the areas where greatest improvements could be made.

**Table 2: Clinical Domain Subset**

Clinical Domain	Maximum Points Available	Current Achievement	% Achievements
Coronary heart disease	4,183	4,154.22	99.31%
Heart Failure	940	918.10	97.67%
Stroke and transient ischaemic attacks	1,128	1,110.73	98.46%
Hypertension	3,901	3,848.26	98.64%
Diabetes mellitus	4,371	4,325.67	98.96%
Chronic obstructive pulmonary disease	1,551	1,525.31	98.34%
Epilepsy	705	670.02	95.03%
Hypothyroidism	329	329.00	100%
Cancer	517	493.95	95.54%
Palliative Care	282	270.00	95.74%
Mental Health	1,833	1,689.47	92.16%
Asthma	2,115	2,028.00	95.88%
Dementia	940	890.71	94.75%
Depression	1,551	1,333.06	85.94%
Chronic Kidney Disease	1,269	1,230.77	96.98%
Arterial Fibrillation	1,410	1,371.98	97.30%
Obesity	376	376	100%
Learning Disabilities	188	188	100%
Smoking	3,196	3,145.45	98.41%
<b>Total</b>	<b>30,785</b>	<b>29,898.70</b>	<b>97.12%</b>

QMAS provides benchmarked prevalence of each disease within the QOF. This represents the number of patients coded with a specific disease that the practice has entered onto a disease register. The variance in prevalence is influenced by a number of factors – these include demographics such as age range, male/female ratio, ethnic mix and the socio-economic status of the area served by the practice. Factors relating to data quality and/or screening for diseases can also have an impact.

**Table 3: Average Percentage Prevalence**

	<b>North PBC Cluster</b>	<b>South PBC Cluster</b>	<b>National</b>
<b>CHD</b>	4.0%	3.9%	3.5%
<b>Heart Failure</b>	0.8%	0.8%	0.8%
<b>Stroke/TIA</b>	1.8%	1.9%	1.6%
<b>Hypertension</b>	12.5%	12.9%	12.8%
<b>Diabetes</b>	4.4%	3.5%	3.9%
<b>COPD</b>	1.7%	1.2%	1.5%
<b>Epilepsy</b>	0.6%	0.6%	0.6%
<b>Hypothyroid</b>	2.7%	2.9%	2.7%
<b>Cancer</b>	1.0%	1.2%	1.1%
<b>Palliative Care</b>	0.1%	0.1%	0.1%
<b>Mental Health</b>	0.8%	0.7%	0.7%
<b>Asthma</b>	6.5%	5.8%	5.8%
<b>Dementia</b>	0.3%	0.4%	0.4%
<b>Depression</b>	7.5%	6.6%	7.6%
<b>CKD</b>	2.4%	3.1%	2.9%
<b>Arterial Fibrillation</b>	1.2%	1.5%	1.3%
<b>Obesity</b>	7.8%	5.5%	7.5%
<b>Learning Disabilities</b>	0.2%	0.2%	0.3%
<b>Smoking</b>	21.6%	21.2%	21.2%

### **Organisational Domain**

The maximum achievement threshold set within the contract for organisational indicators is 181 points. The average achievement within Trafford PCT is 170.99. This compares well with last year's average of 159.13.

The PCT continues to perform well in delivering the Practice Management and Medicine Management indicators and has improved its performance in

Education and Training and in Patient Communication indicators. Nevertheless, in spite of overall improved performance, specific areas for improvement remain in:

- **Practice Management** (Practice management 7 (Re: Maintenance and Calibration of equipment))
- **Medicine Management** (Medicine management 7 (Re: responsibility for administering regular injectable neuroleptic medication and patient follow up))
- **Records** (Records 15, 18, 20 and 21 (Re: up to date clinical summaries in 60, 80 and 70 percent of patient records))

In Table 4 the achievement in 07/08 appear to be more on par with 05/06 achievements. This blip in the 06/07 achievement could be due to the introduction of new indicators in the 06/07 QOF period and practices needed some time to become familiar with them and how they worked.

**Table 4: Organisational Domain Subset**

<b>Organisational Domain</b>	<b>Max.</b>	<b>Current Achievement</b>	<b>% Achievement 07/08</b>	<b>% Achievement 06/07</b>	<b>% Achievement 05/06</b>
<b>Records</b>	4089	3741.36	91.49%	82.86%	90.76%
<b>Patient Communication</b>	258	254.00	98.44%	92.61%	93.35%
<b>Education and Training</b>	1457	1412.00	96.91%	93.21%	95.81%
<b>Practice Management</b>	822	798.50	97.14%	92.67%	98.40%
<b>Medicines Management</b>	1880	1841.00	97.92%	92.08%	97.82%
<b>Total</b>	<b>8506</b>	<b>8,046.86</b>	<b>94.60%</b>	<b>87.91%</b>	<b>97.82%</b>

### **Additional Services**

The maximum achievement threshold within the contract for additional services indicators is 36 points. The average achievement within Trafford general practices was 34.94

Generally the PCT performed well delivering indicators within the Additional Services Domain with an overall percentage achievement of 97.05%. Two of the 47 practices performed poorly on the Child Health Surveillance Protocol

indicator. One of these did not appear to offer Contraceptive advice and the other did not offer Maternity Services. A third practice appeared to be non compliant with the cervical screening indicator.

**Table 5: Additional Services Domain Subset**

<b>Additional Services Domain</b>	<b>Maximum</b>	<b>Current Achievement</b>	<b>% Achievement</b>
<b>Cervical Screening</b>	1,034	1004.18	97.11%
<b>Child Health Surveillance</b>	282	270	95.74%
<b>Maternity Services</b>	282	276	97.87%
<b>Contraceptive Services</b>	94	92	97.87%
<b>Total</b>	<b>1692</b>	<b>1642.18</b>	<b>97.05%</b>

### **Patient Experience**

The maximum achievement threshold set by the contract for patient experience indicators is 108 points. Within general practice the average percentage achievement was 95.74% (103.4 points). This has improved 5.51% above last year's average percentage achievement per practice which was 90.23% (101.6 points).

Two practices did not declare compliance with the 10 minute consultation time frame. Nevertheless, forty-five practices did indicate compliance and this should hopefully be reflected in improved patient experience.

In relation to the Patient Survey, forty-five practices declared that they undertook an approved patient survey. All of these declared that they have reviewed the results, drawn up an action plan and have discussed it with either a Non Executive Director or Patient Representative Group.

### **3.10 NHS Litigation Authority Level 1 Assessment**

The NHS Litigation Authority (NHSLA) undertakes regular assessments of the standards being met by the PCT against pre-set criteria. The outcome of these assessments have resonance beyond the Litigation Authority's remit as the scores are also employed by other quality assurance mechanisms, such as ALE. Trafford North PCT and Trafford South PCT had previously met Level 1B of the NHSLA's standards. However, The NHSLA is in the process of introducing a new suite of standards specifically for PCTs and all PCTs are to start again and first achieve Level 1. The NHSLA has set up three levels, 1, 2 and 3. The overall objective of Level 1 is Documenting (Policy), Level 2 is Implementing (Practice) and Level 3 is Monitoring (Performance). The PCT had been working towards an assessment date in September 2008 for Level 1

but has recently learnt that the assessment has now been postponed until early 2009.

The PCT's Directors have set out an Action Plan, which was agreed by the Integrated Governance Committee in May 2008. The Chief Executive has also stressed the intention of aiming to hit the targets for Levels 2 and 3 as quickly as possible to ensure the PCT becomes as safe as possible as quickly as possible.

### **3.11 The Annual Health Check – Core Standards for Better Health Declaration to the Healthcare Commission**

This section of the report incorporates the Chief Executive's comments for general statement of compliance to the Healthcare Commission for Trafford Primary Care Trust Declaration to the Healthcare Commission 2008.

The Trafford Primary Care Trust identified a lead accountable director together with an identified Trafford Primary Care Trust Committee for implementation and monitoring for each of the Core Standards. A compliance monitoring mechanism has been established for all elements of the Annual Health Check to the Executive Team and Trafford Primary Care Trust Board.

The Trafford Primary Care Trust previously declared insufficient assurance for Core Standard C9. Considerable progress with Core Standard C4c has been made during the year and the Trafford Primary Care Trust will be able to fully comply with this Standard as from the 1 April 2008.

Each Head of Service within the Trafford Primary Care Trust Provider Services has been responsible for assessing their departments level of compliance with each of the Core Standards and a departmental action plan has been agreed. Each lead Director has undertaken an organisational self-assessment for each of the Standards. The findings of the self-assessment process have been reported in compliance reports to the Trafford Primary Care Trusts Integrated Governance Committee. Progress reports have been presented to the Overview and Scrutiny Committee of the Trafford Metropolitan Borough Council, Patient Public Involvement Forum and Trafford Primary Care Trust Board.

The Trafford Primary Care Trusts Clinical Governance Development Plan has been developed in support to the Trafford Primary Care Trusts Assurance Framework. The Trafford Primary Care Trust has commenced clinical governance monitoring meetings with its main NHS providers of commissioned services. The agendas have included elements of the Standards for Better Health and the Hygiene Code.

The Executive Director Team of the Trafford Primary Care Trust arranged meetings with the Trafford Metropolitan Borough Council Overview and Scrutiny Committee and the Patient and Public Involvement Forum on 17 January and 5 March 2008. Both organisations attended the January meeting but the Patient Public Involvement Forum indicated that they did not wish to attend in March. The meeting included a presentation on how the Trafford Primary Care Trust was meeting the requirements of the Hygiene Code of Practice for healthcare associated infections. The presentation included at the request of Patient Public Involvement Forum Chair an explanation on how the Trafford Primary Care Trust was meeting Core Standard C7. In addition, the Chair of the Trafford Metropolitan Borough Council Overview and Scrutiny Committee requested that the Trafford Primary Care Trust undertook a presentation on Core Standard C6.

The Trafford Primary Care Trust invited the Chair of both the Trafford Metropolitan Borough Council Overview and Scrutiny Committee and Patient Public Involvement Forum to the March Board where the declaration for 2007/2008 was made. The comments from the Trafford Metropolitan Borough Council Overview & Scrutiny Committee were received by the Trafford Primary Care Trust Board and have been incorporated verbatim into the Declaration. The Trafford Patient Public Involvement Forum decided to submit their comments directly to the Chief Executive of the Healthcare Commission and were not provided by the Forum to the Trafford Primary Care Trust Board. A copy of the comments that were directly submitted to the Healthcare Commission was received by the Trafford Primary Care Trust on 31 March 2008. These comments have been incorporated verbatim into the Declaration.

Trafford Primary Care Trust disagrees with the comments made by Trafford Patient Public Involvement Forum on the Annual Health Check because its comments are not supported by real evidence. As in previous years, Trafford Patient Public Involvement Forum has commented on the Trafford Primary Care Trust's submission, which is published as part of the overall declaration. The following provides a summary of the key points where the Trafford Primary Care Trust disagrees:

Engagement:

The Trafford Primary Care Trust has engaged extensively with the Patient and Public Involvement Forum throughout 2007/2008. The Patient Public Involvement has sat on a range of the Trafford Primary Care Trust's formal decision-making meetings and actively contributed to debate.

Commissioning of Rehabilitation and Respite Beds; Older People's Strategy: The new national approach to commissioning does not require an Older People's Service Modernisation Manager so the Trafford Primary Care Trust is

working very closely with social services and voluntary organisations to help further develop services for older people.

#### Community Services:

The Trafford Primary Care Trust has reviewed district nursing to see whether services are effective. An improvement plan has led to there being a smaller number of teams with more team members led by a dedicated team leader.

The criteria for referral to the District Nursing Service and the service provided by them were not altered in any way.

#### Commissioning Team:

The Patient Public Involvement has always had a designated point of contact within the Trafford Primary Care Trust to liaise with the Commission Team. The Trafford Primary Care Trust has also recently appointed a new Director to improve this further.

#### Board Meetings:

The Trafford Primary Care Trust has always publicised its Board meetings to the public and the Patient Public Involvement Forum have attended Trafford Primary Care Trust's Board only discusses business in a closed part of its meeting where there is a clear justification e.g. when there is commercially sensitive information, and always adhered to the explicit criteria for doing so.

#### Breast Services Consultation:

University Hospital of South Manchester NHS Foundation Trust will provide an expanded range of clinical services including post-operative rehabilitation and psychological support through the Nightingale and Genesis Prevention Centre.

University Hospital of South Manchester NHS Foundation Trust will continue the local specialist Breast Car Nursing Service at Trafford General Hospital, with additional services also based on the Wythenshawe site.

#### Partnership Arrangements:

The Trafford Primary Care Trust believes its relationship with its partners are good and is working hard to improve them further – a designated Director is taking this work forward.

#### LINKs:

Arrangements have been put in place in Trafford by the Metropolitan Borough Council, which has actively worked with the Patient Public Involvement Forum to do so. Matters can be referred to the Trafford Metropolitan Borough Council Overview and Scrutiny Committee until the new LINK is established or transitional arrangements are in place. The Trafford Primary Care Trust will be continuing with a wide range of engagement activities with the public.

#### Anti-Coagulation Equipment:

The Trafford Primary Care Trust has welcomed the involvement of the Patient Public Involvement Forum in the redesign of anti-coagulation services.

The Trafford Primary Care Trust has invested in near patient testing and the community clinics that were agreed have started – more are also planned/

#### Urology Services:

The Trafford Primary Care Trust is committed to the provision of services that are safe and effective. There have been a number of changes to improve prostatic cancer services and current work is focused on ensuring the earliest possible handover of cases following diagnosis.

The Trafford Primary Care Trusts internal auditors have conducted a review of the progress for the monitoring of the Core Standards. The report indicated that the Trafford Primary Care Trust's systems were:

1. The Trafford Primary Care Trust has utilised existing assurance mechanisms well by linking the core standards to the Assurance Framework.
2. The process undertaken to review and challenge evidence underpinning the declaration is robust. The Corporate Assurance Framework is utilised to provide an overview of the assurances in respect of the Healthcare Standards.

### **3.13 Auditors Local Evaluation (ALE)**

The Audit Commission is an independent body responsible for ensuring that public money is spent economically, efficiently and effectively to achieve high quality local health for the public.

Each year, the Audit Commission conducts an assessment framework of the PCT involving the auditors making scored judgements on five key areas of:

- Finance Reporting

- Finance Management
- Finance Standing
- Internal Control

#### Value for Money

This framework is called the Health Auditor's Local Evaluation.

These judgements are combined to give an overall use of resources assessment for the PCT's Healthcare Commission's Annual Health Check.

In 2006/2007, Trafford PCT were awarded the overall score of 2 (on a scale of 1 – 4, with 4 being the highest score),

Following receipt of the Audit Commission's report an action plan was formulated to improve performance for 2007/2008. The PCT's progress with this action plan was reported to the Audit Committee (sub-committee of the PCT's Board).

The PCT was assessed during February/March 2008 for this years framework performance. The result of this assessment is expected later in the year.

#### **4.0 GROUPS AND OTHER PROCESSES IN ADDITION TO THOSE IN SECTION 3 SUPPORTING CLINICAL GOVERNANCE, RISK MANAGEMENT AND ASSURANCE FOR THE PCT**

##### **4.1 Background, including the Reporting Structure for Clinical Governance and for Risk (reference to section 2.3 and organisation chart, Appendix 1).**

The PCT has set up a wide range of sub-groups (**Appendix 1**) reporting to the Integrated Governance Committee to ensure that a mechanism exists for examination of progress being made by these groups on behalf of the Board. The reporting is, initially, through the regular submission, of the minutes from the relevant sub group. The purpose of many of the groups is to provide an opportunity for cross-Directorate working at an operational level.

The first set of sub-groups concerns Clinical Governance. As has already been discussed in Section 2.3, changes have taken place during the year in organisational arrangements to reflect changes to the PCT's structure. A second group concern certain meetings which involve other organisations in addition to the PCT (such as Emergency Planning for Greater Manchester, the monitoring of performance of the Out-of-Hours Consortium and the Infection Control Committee). Finally, there are the remaining sub groups, covering a diverse range of topics all of which have implications for providing assurance for Clinical Governance and the wider area of Risk Management.

Most of these groups were in existence for the whole year, with the Patient and Public Involvement Forum disbanded after 31<sup>st</sup> March 2008.

For certain areas of the PCT's work supporting Governance, the Integrated Governance Committee receives progress reports other than by receiving the minutes from a sub-group. As an example, reports on progress with claims against the PCT are submitted directly to the Integrated Governance Committee.

Towards the end of the year, it was felt that the prime responsibility for some of this Governance monitoring was more appropriately placed with the recently created Provider Unit Sub-Committee. It is expected that for 2008 / 2009 much of the examination of incidents and complaints will be undertaken by the Provider Unit Sub-Committee, as the incidents and complaints involve their staff or premises with the Provider Unit Sub-Committee then providing the Integrated Governance Committee with its assurances.

## 4.2 Business Continuity

The PCT have agreed a Business Continuity Plan (BCP). The plan has been designed and prepared with immediate instructions to be followed in the event of a threat to the normal business functioning of the organisation. The plan contains a framework for dealing with the impact on resources (people, premises, equipment & systems) that affect the delivery of services (patient care, support & advice) and support functions such as IT, Corporate Services, Finance, Human Resources and Executive Management. The plan includes:-

- The decision making process;
- Consideration of organisation-wide impacts;
- Consideration of head office impacts;
- Consideration of team and other location impacts.

The previously associated document entitled 'Management Process for the Business Continuity Plan' which details how the plan is maintained and tested and the function of the BC Planning Team has been incorporated into the core Business Continuity Plan (BCP).

The approach to the production of the BCP and the management process is based on the following:-

- The establishment of the Business Continuity Planning Team and meeting calendar;
- NHS Information Authority Toolkit Guidelines;
- The review of the organisation, teams, services and risks;
- A business Impact Analysis;
- The production of 'Team' plans from each operational area within the PCT, to capture current resources, categorise services and produce plans to deal with impacts to resources;
- The production of master Business Continuity Plan;
- The definition of a management process for how the plan is maintained and tested

Each major service area in the PCT has a Team Continuity Plan and respective Recovery Team for that function.

The PCT has recruited a dedicated Emergency Planning and Business Continuity Co-ordinator to drive forward with the co-ordination and implementation of the key action areas in emergency preparedness, pandemic flu and business continuity.

### 4.3 Claims

Claims against the PCT are reported directly to the Integrated Governance Committee who monitor progress.

The tables below identify the position in regard to 2007/2008.

	<b>Clinical Claims</b>	<b>Employer Liability Claims</b>
New 2007/2008	0	0
Carried forward for 2007/2008	2	6
Concluded 2007/2008	0	1
Ongoing as of 31 <sup>st</sup> March 2008	2	5

### 4.4 Health & Safety

The work to continually improve Health and Safety within the Trust has progressed steadily throughout the Trust. General awareness of Health & Safety has been raised either through training, safety meetings and various information sent out to PCT Staff and other stakeholders.

#### **Guidance on Procedures**

The following guidance on procedures was implemented during 2007/2008:

- Reporting Incidents directly to the HSE
- Telephone Abuse Procedure
- Bomb Threats (search and evacuation procedures)
- Letter Bombs (security information and advice)

#### **Security**

Three Security Surveys were conducted during 2007/2008 on the following health centres:

- Meadway Health Centre
- Lostock Clinic
- NTCCC

Action plans were discussed and agreed with the service providers on each site and these have been implemented.

### **Training and Education**

The PCT is undertaking the following training to remain compliant with Health and Safety legislation and to empower all levels of staff to take ownership for Health and Safety whilst at work.

1. Induction Training: Health and Safety/Security training is an integral part, this ensures there is widespread awareness of Health and Safety/Security for all staff.
2. Conflict Resolution Training: In accordance with the Secretary of state directions towards managing security within the NHS, Conflict Resolution training has to be provided for frontline NHS Staff by March 31<sup>st</sup> 2008. To the end of January 2008 the PCT had trained 99% of staff.

### **Fire Safety**

During 07/08 the PCT had employed the services of a private consultant for the provision of competent advice around fire safety. This includes the provision of mandatory fire training. Two private companies were employed for completing fire risk assessments on all PCT Managed premises.

Other fire safety measures completed during 07/08 were:

- a. Issuing 26 hot work permits to contractors;
- b. Training 62% PCT staff in the mandatory fire safety training;
- c. Ensuring that all fire alarm systems at PCT Managed Premises are tested on a weekly basis by the PCT Handymen and Quarterly by the Nominated Fire alarm company;
- d. Ensuring that all fire safety documentation is kept within a fire safety folder that is located within the reception areas of clinics;
- e. Completing 12 fire safety drills at PCT Managed premises; and
- f. Ensuring that all contractors submitted Health and Safety documentation that covers all fire safety considerations.

Eight Unwanted Fire Signals (UWFS) were reported to NHS Estates via the estates reporting website. There were no reported fires during this period. A mandatory Fire Safety Management Annual Certificate, which is signed by the

Chief Executive, of each NHS Trust with details of the fire safety status of each NHS trust was sent to the NHS Estates in January 08.

### **Violence and Abuse/Security**

To raise the profile of Security Within the whole of the NHS, the Counter Fraud Security Management Service (CFSMS) designated November 07 as Security Awareness Month (SAM). The PCT participated in the national NHS Security Awareness Month in by:

- Offering 3 Personal Safety training sessions, 24 staff who attended the training:

During the period of 07/08 there were three physical assaults that were reported to the Counter Fraud Security Management Service via the Physical Assault Reporting System.

### **Health and Safety Group**

The Health and Safety Group is the main forum for ensuring consultation with employees. Currently, there are four Trade Union Safety Representatives that are members of the Health and Safety Group.

### **Risk Assessments**

Risk assessments are an integral point of risk management. The PCT has a Risk Assessment Policy that stipulates responsibility completing risk assessments, the process of completing risk assessments and consulting staff throughout the process. A risk assessment procedure has been drafted in order to assist staff within the risk assessment process.

The PCT Health and Safety Advisor assisted line managers by having direct input in completing eight return to work risk assessments and four pregnant worker risk assessments. The PCT Health and Safety Advisor was also asked to comment on existing risk assessments and offering advice by phone and via e-mail on a range of risk assessments.

Enforcement action:

During this period there was no visits to the PCT by any Health and Safety Executive inspectors. Subsequently, there was no enforcement action taken against the PCT.

## **4.5 Infection Control**

Trafford Primary Care Trust is committed to good infection control practices as set out in Department of Health documents: Saving Lives (June 2005), Getting Ahead of the Curve (2002), NICE prevention of healthcare associated infection in the Primary and community setting (2003), Winning Ways (2003) and Health Act (2006), which all feature as an integral part of the organisational strategy, risk management programme and our philosophy to provide quality care to Trafford patients and a safe working environment for our staff.

The past year has seen an increase in the awareness and interest from the public, media and government in relation to the apparent increase in the risk of contracting a Healthcare Associated Infections (HCAI) and for many patients and carers which may have altered their confidence in NHS healthcare organisations ability to deliver safe care. This has resulted in closer scrutiny and a higher priority afforded to infection prevention and control, which is reflected in the performance indicator for provider and commissioning services. The cost of HCAI's to patients and the organisation is high and the drive within the service is to identify problem areas, through incident reporting and root cause analysis and develop strategies to improve care, and minimise risk.

Whilst HCAI's has formally been seen as a hospital care issue, the focus of attention has shifted onto the community setting as an increasing amount of care is delivered through primary care. This has occurred for a variety of reasons including the reduction in the time in-patient remains in hospital, the increasing use of day care surgery and a projected growth in minor surgery provided in the primary care setting. Trafford PCT believes that Infection Prevention & Control is everybody's concern and responsibility and this principle applies to all staff working for the PCT.

The PCT continues to work towards standards set by the NHS Litigation Authority and Standards for Better Health and compliance with the practice codes set out with the Health Act (2006).

A copy of the PCT's Infection Control Annual Report can be obtained from the Director of Public Health who is the PCT's Lead Director of Infection, Prevention and Control. The report describes infection control arrangements and activities in the year April 2007 - March 2008 and the work plan for April 2008 – March 2009.

## **4.7 Medicines Management**

Expenditure on medicines constitutes around 12% of the PCT Budget and amounted to around £40million in 2007-08. This comprises GP and non-medical prescribing, direct charges for PbR excluded high-cost, high-tech therapies, Medicines Management staffing costs and other medicines related initiatives. The GP indicative prescribing budget constitutes the greatest

proportion and was set at £37.8million across the PCT; outturn at year-end was £36.7million.

In addition to medically qualified prescribers, in 2007-08 there were 142 Nurses, Pharmacists and other Health Professionals able to prescribe medicines depending upon the level of their qualification; the associated clinical and financial risks are managed through the provision of support and advice by the PCT Lead for non-medical prescribing and regular monitoring by the PCT Medicines Management Team.

All Patient Group Directions for the supply and administration of Vaccines were reviewed and updated during 2007-08

The PCT has appointed and registered, in accordance with Healthcare Commission guidance, an Accountable Officer for Controlled Drugs (CDs). Regular monitoring of handling and prescribing of CDs is undertaken, reported and investigated when anomalies are identified.

The Trafford Local Intelligent Network, incorporating representatives from local Trusts, Independent providers, Contractors and the Greater Manchester Police held its inaugural meeting in March 2008.

Clinical risk and medication safety are addressed by:

- Providing information and advice about medicines and medicines use to PCT Clinical staff. During 2007-08, over 600 formal and informal enquiries were handled.
- Producing best-practice prescribing guidelines including updated Antimicrobial Prescribing Guidelines reflecting strategies to minimise the incidence of *C.difficile* and MRSA.
- Monitoring against NICE guidance and the Greater Manchester Red-Amber-Green recommendations.
- Implementation all relevant NPSA recommendations received
- Dissemination of local and national medicines alerts including MHRA Drug Safety Updates.
- Regular monthly Medication Safety training sessions for PCT Clinical staff.
- Ensuring that safe and effective medicines use is incorporated into commissioned contracts.
- Working in collaboration with the local acute Trusts on medicines safety issues
- Formalised consultation, analysis and recommendations for any medication-related clinical incidents.
- Planned audits of medicines use in GP practices undertaken by the Medicines Management Team

## 4.8 Patient Editorial Board

All information written within the Primary Care Trust for external audiences, including written patient information, must be seen and approved by the Primary Care Trust's Communications Editorial Board before it can be printed and distributed.

The Communications Editorial Board has been effective over the past year. It has continued to meet once a month, with a membership of 9 staff representatives from across the Primary Care Trust (until recently also including a member of the PPI forum, a new member will be sourced from the Link once this is in place. (In line with the Terms of Reference and Membership of the Editorial Board).

Patient Information leaflets have continued to be screened by the Editorial Board to ensure that they conform to the Primary Care Trust's 'corporate style'. The Head of the Service relevant to each piece of patient information, has continued to be required to attend the Board to provide assurance that the information is clinically accurate, and sufficiently robust to be subject to external professional scrutiny.

Feedback has continued to be provided to the Head of Service with any comments that have been made. Where necessary, the information is amended, approved and subject to document control, a future 24 month review mechanism timetabled.

The key focus areas for the Editorial Board last year were:

- **Speech and Language Therapy (Adult and Child)**
- **Physiotherapy**

In total 66 pieces of patient information have been screened this year by the Editorial Board, of which 31 were approved for production and use within the PCT.

The remaining 35 are approved subject to changes being submitted.

A review mechanism has been introduced to the management of the Editorial Board this year to ensure that all information is re-screened (and amended as necessary) annually. An alert system has been installed in the Communications Department calendar to highlight when previously screened patient information is due for review.

The Editorial Board screening figures are now reported on the PCT's KPI reports, to reflect that the PCT has a mechanism in place to alleviate potential risk from the PCT.

## **4.9 Performance Monitoring**

Trafford PCT's performance monitoring and management was developed and enhanced throughout 2007/08.

The key aspects of performance monitoring were as follows:

- Regular monitoring and analysis of all annual health check targets (monthly, quarterly or annually as required)
- Monthly monitoring and analysis of commissioned healthcare activity and associated costs
- Regular review of trends in the health profile of the local population to support the data to support the PCT and its partners improve the health of the local population

Performance management was centred on:

- Regular reporting to Executive Directors and public Board meetings
- The development and monitoring of remedial action plans (and reporting these to the Board)
- Scrutiny of organisational performance by the Governance Committee

The presentation of performance information was improved during 2007/08 to support scrutiny and forecasting. This will be further developed in 2008/09.

Towards the end of 2007/08 weekly leading performance indicators were being developed. This is being significantly extended in 2008/09 and current performance against all key targets will be updated weekly and published on the PCT's intranet.

## **4.10 Records Management**

The Records Management: NHS Code of Practice was published by the Department of Health as a guide to the required standards of practice in the management of records for those who work within or under contract to NHS organisations in England. It is based on current legal requirements and professional best practice.

During the financial year we have analysed internal departments and existing processes. We undertook an internal audit of all Corporate Records and a Corporate Records Management Policy and a Corporate Records Management Strategy were produced and agreed.

We carried out a gap analysis which identified the following requirements:

- an electronic centralised storage area
- detailed indexing of the storage area
- archiving index
- streamlined processes for electronic and manual storage
- standardised templates
- standardised headers and footers
- levels of security permissions for electronic storage
- deletion of duplications

A RAG Project Task Management Document was drawn up to record the progress of the project. This provided a description, the progress and conclusion of all required tasks.

To ensure the smooth running of the processes and procedures and to provide data for all existing and new members of staff, we have written standard operating procedures for electronic and manual records and a comprehensive training document.

This is an ongoing piece of work and will be widely monitored and spot checked to ensure compliance of the process and procedures.

#### **4.11 Urgent and Out-of-Hours Care**

The out of hours General Services Contract (OOH nGMS) incorporated the following risk management programme.

- Analysis of monthly performance monitoring data in line with contractual requirements;
- Quarterly performance management meetings with the provider;
- An annual visit to the service provider on 9 November 2006 to address corporate and clinical governance;
- An action plan to be produced in respect of the Visit's outcomes and reviewed via the quarterly performance meetings.

The Out of Hours General Dental Contract (OOH nGDS) necessitated the following risk management programme.

- Analysis of monthly performance monitoring in line with contractual requirements;

- Risk assessment process to be instigated where required in line with the escalation plan for contract breaches;
- Regular meetings with the provider (on a six weekly basis) to agree the management of performance and risks;
- Twice yearly meetings with GDS clinical provider and THT to identify on-site operational risks.

Other Urgent Care risk assessment activity necessitated the following action:

- Routine KPI monitoring of emergency ambulance response rates;
- Meeting organised with Bury PCT to discuss risks associated with decline in performance of emergency ambulance response and to formulate an action plan;
- Analysis of acute sector emergency care performance and discussion within Performance meetings with the Trust;
- Trafford's newly formed Urgent Care Network Board are to identify the potential risks to the delivery of the Urgent care agenda and to formulate action plans to mitigate risk

#### **4.12 Workforce Issues – Training and Development**

Trafford PCT incorporate a risk management training into many sections of its training programme. Attendance reporting and Induction and Mandatory Training is incorporated into the Key Performance Indicators for Risk Management and reported to the Integrated Governance Committee.

All staff attend a mandatory induction which is followed by the completion of the Local Workplace Induction Checklist. Both cover risk management in terms of fire, safety, risk reporting as well as the clinical aspects of the control infection and patient manual handling.

All new Directors, Board and PEC members including Non Executive Directors complete an Induction Checklist which incorporates policy and document guidance on risk management.

The core management skills programme allows line managers to gain confidence in stress risk assessments as well as other areas of governance such as financial planning.

Annually staff attend a one day update which covers appropriate statutory and mandatory training. Staff are directed accordingly to clinical and non clinical training to reduce and manage the risk agenda.

On a general governance issue around providing excellent evident based practise for patient care many initiatives are taken. Specifically around infection control the following events have been undertaken:

Immunisation updates / conferences, reducing clostridiumdifficile as well as new standards in infection control training.

Pure clinical updates include a diverse range of training e.g. airways clearance workshops, musculoskeletal ultrasound and autism lectures.

One day training events include compressions therapy, record keeping and basic drug and alcohol awareness training.

The traditional risk management core suite of training includes anaphylaxis, AED training and basic life support linked into the Appointed Person first aid training.

A management training programme incorporates support for new managers dealing with risk assessments and stress awareness raising along with absence management.

A small number of staff attend very specific training designed to address the training needs of their specific clinical duties. E.g. Basic food hygiene, chemotherapy in the community and ECG monitoring / rhythm recognition.

These and many other training interventions aim to reduce risk across our workforce and contribute to the governance agenda.

## **5.0 PROGRAMME OF WORK**

### **5.1 Summary of Clinical Governance Programme of Work 2007/2008 the Clinical Governance Development Plan**

At the year-end the Primary Care Trust had: -

- 44/48 (91%) of objectives were achieved
- 4/48 (9%) of objectives with good progress made
- 0/48 where no progress had been made

Details were discussed in Section 2.5 of this report.

### **5.2 Clinical Governance proposed Programme of Work 2008/2009, the Clinical Governance Development Plan**

A Clinical Governance Development Plan for 2008 / 2009 is in the process of being developed. This plan will incorporate the Assurance Plan for the PCT compliance with the Healthcare Commissions' Standards for Better Health Declaration. It will incorporate information in the Healthcare Commissions' Inspectorate Guides which will be published shortly.

### **5.3 Summary of Risk Management Programme of Work 2007/2008**

<b><u>Area</u></b>	<b><u>Proposed Action</u></b>	<b><u>Progress</u></b>
Assurance Framework	Continue to maintain close links between the Assurance Framework and Business Planning Process	The close links were maintained during the year. The in-year review of progress with the Business Plan was reported to the Board in November 2007 and the parallel review of the Assurance Framework was considered by the Integrated Governance Committee in January 2008.
	Accountable Directors Update the Assurance Framework	The information included for the initial assessment of the Framework, for the in-year review and for the final end-of-year review was all supplied by the relevant accountable Director.

	Self Assessment of Assurance Framework in line with DH guidance	This was not undertaken in 2007 / 2008 as DH guidance did not ask PCTs to perform this task. However, it was arranged for the PCT's new Internal Auditors to undertake an Interim and Final Assessment of the PCT's Assurance Framework for 2007 / 2008.
	Internal Auditors review of PCT's Self Assessment Process	<p>The Internal Auditor's Interim report formed part of a presentation by the Internal Auditors to the PCT's Audit Committee in April 2008. The Internal Auditor's Final Report was presented to the May 2008 meeting of the Integrated Governance Committee.</p> <p>The Auditor was of the opinion that the PCT had met all the requirements listed for the Assurance Framework. In addition, a series of suggestions, were made for ways of improving the Assurance Framework process. These suggestions will form part of the Work Plan for 2008 / 2009.</p>
Corporate Risk Register	Lead Director identified for the Risk Register for all high level Risks with the accountable Director's Action's plan	The system of obtaining information on the Risk Register from the relevant Director was continued during 2007 / 2008. In addition the Director of Clinical Quality continued his system of meeting Directors responsible for high level risks to pursue additional possible mitigating actions.
Organisational Reporting Mechanism for Risk	Review of PCT Groups reporting to the PCT's Integrated Governance Committee in view of PCT's new scheme of Delegation.	The PCT's detailed Scheme of Delegation was agreed by the Board in September 2007. A comprehensive review of the Groups reporting to the IGC was not carried out in 2008 / 2009 as work was concentrated on groups implicated in the changing structural arrangements in the PCT, especially the development of the 'arms length' Provider Services Unit and the joint organisation for Children

		and Young People's Services (C.Y.P.S.) During the year, developments took place around reporting arrangements, especially for Clinical Governance and for Incident Reporting (see Section 2.2, above).
Implementation of New NHSLA Risk Standards for PCT's	Identified Lead Directors for each of the standards together with Action plans.	Lead Executive Directors were identified and the request made to develop action plans. The PCT's Directors have set out an Action Plan, which was agreed by the Integrated Governance Committee in May 2008. The Chief Executive has also stressed the intention of aiming to hit the targets for Levels 2 and 3 as quickly as possible to ensure the PCT becomes as safe as possible as quickly as possible. The time of the assessment has been delayed until at least January 2009. (See Section 3.10, above)
Annual Health Check Care Standards for which insufficient assurance was declared	Lead Directors Action plans and reports	Close attention was paid during the year at the integrated Governance Committee and the Board for the two standards for which insufficient assurance had been declared in 2006 / 2007. For records management (C9) PCT was able to report compliance for 2007 / 2008 in April 2008. However, the PCT reported that it had not met the criterion for the Decontamination of Medical Devices (C4c) in April 2008 but was able to report on the arrangements in place from April 1st 2008 designed to ensure compliance for the whole of 2008 / 2009.

#### 5.4 Risk Management Proposed Programme of Work 2008/2009

<b>Area</b>	<b>Proposed Action</b>
Assurance Framework	<ul style="list-style-type: none"> <li>▪ Take into account recommendations of new internal auditors to strengthen in the style format of the new Assurance Framework.</li> </ul>
Corporate Risk Register	<ul style="list-style-type: none"> <li>▪ Continue progress made with Lead Directors concerning action plans for high risks, including interview with Lead Director for Risk.</li> </ul>
Provider Unit Risk Management Issues	<ul style="list-style-type: none"> <li>▪ Supply the Provider Unit Sub-Committee with periodic reports on incidents, complaints, claims and risk register updates.</li> </ul>
NHS Litigation Authority Risk Management Standards	<ul style="list-style-type: none"> <li>▪ Ensure compliance at Level 1 for the new risk management standards for PCT's.</li> </ul>

#### 5.5 Calendar Summary of Risk Management Activity 2007/2008 and Proposed Activity 2008/2009

<b>Month</b>	<b>Proposed Actions 2008/2009</b>
April	<ul style="list-style-type: none"> <li>▪ Assurance of Framework Self-Assessment</li> </ul>
July	<ul style="list-style-type: none"> <li>▪ Annual Clinical Governance Report</li> <li>▪ Assurance Framework review of previous financial year to the Board</li> <li>▪ Assurance Framework – initial assessment 2008/2009 to the Board</li> </ul>
September	<ul style="list-style-type: none"> <li>▪ Auditor Local Evaluation (ALE) assessment report to the Board</li> <li>▪ Review of the Risk Register to the Board</li> </ul>

<b>Month</b>	<b>Proposed Actions 2008/2009</b>
November	<ul style="list-style-type: none"> <li>▪ Approval of policies and support to the PCT achieving the NHS Litigation Authority Risk Management Standards:</li> <li>▪ Mid Year Annual Health Check Interim Assessment</li> <li>▪ Mid Year review of Clinical Governance Development Plan</li> <li>▪ Mid Year review of Assurance Framework</li> <li>▪ Annual Audit Letter to Board</li> </ul>
January	<ul style="list-style-type: none"> <li>▪ Review of the Risk Register to the Board</li> <li>▪ Assessment of the PCT by the NHS Litigation Authority for Level 1 Compliance.</li> </ul>
March	<ul style="list-style-type: none"> <li>▪ Business Plan and Financial Plan to the Board</li> <li>▪ Final review Clinical Governance Development Plan</li> <li>▪ Final review of the Annual Health Check and submission of the declaration to Healthcare Commission.</li> </ul>

**6.0 APPENDICES**

**6.1** Appendix 1 – Sub-Groups reporting to the Integrated Governance Committee

**6.2** Appendix 2 – Trafford PCT, KPI's for risk