

GOVERNANCE AND ASSURANCE COMMITTEE

held on
14 February 2008
 Dr Piper House

CONFIRMED MINUTES

PRESENT

Ken Greenfield	Chairman
John Flook	Non-Executive Director
Linda Marks	Non-Executive Director
Melanie Pears	Non-Executive Director
Sandra Pollard	Non-Executive Director
Dr Tricia Cresswell	Director of Public Health
Carole Harder	Director of Provider Services
Amanda Hume	Director of Workforce and Corporate Development
Pat Keane	Director of Nursing & Allied Health Professionals
Brian Key	Director of Performance Management and Prison Health
Pat Taylor	Director of Finance
Tom Hunt	Deputy Director of Finance
Terry Holloran	Associate Director of Integrated Governance
Viv Nelson	Corporate Services Manager

IN ATTENDANCE

Gillian Jones (Minutes), Executive Assistant

		Action
G&A 08/02/01	Apologies for Absence Colin Morris, Dr Hilton Dixon, Brian Everett, Fiona McAllister, Graham Thompson.	
02	Minutes of the Meeting held on 18 December 2008 The minutes were agreed as a true and accurate record with the following amendment. <i>Page 1 –to Include Tom Hunt's name in the attendance list.</i>	GJ
03	Matters Arising <i>Item 07/12/05 Health Care Associated Infection (HCAI) – Update</i> Ken Greenfield suggested inviting representatives from all of the major acute trusts in the area that the PCT commissioned services from to provide the Board with assurance on the actions being taken to address HCAs. After	TC

some discussion, it was agreed to invite representatives from County Durham and Darlington (CD&D) Foundation Trust, and the North East SHA to a future seminar.

Tricia Cresswell presented the County Durham and Darlington Health Economy Healthcare Associated Infections Assurance and Action Plan, which contained two sections:

- a detailed Clostridium difficile (C diff) assurance and action plan in response to the Health Care Commission report on the outbreaks of Clostridium difficile at Maidstone and Tunbridge Wells NHS Trust, and
- an assurance and action plan in response to the recommendations arising from the visit of the Recovery Support Unit/ Cleaner Hospitals Team in October 2007.

Tricia took the Committee through the document in detail and felt that it demonstrated a high level of assurance within the system. Tricia drew the Board's attention to the risks identified on page 6 in relation to management of C diff in care homes. The Committee was advised that although the PCT did not have a duty to do so, training had been provided in infection control to the nursing homes across County Durham and Darlington. Although it was possible to build such requirements into contracts and Service Level Agreements (SLAs), the PCT was providing a supportive and proactive role in ensuring standards were also met in nursing homes.

A question was raised about addressing infection control in the independent sector and the Committee was advised that the PCT had no jurisdiction in that area other than the inclusion of quality standards within contracts/SLAs. This was a national issue.

In relation to mandatory training, this had continued to be delivered. A system was in place to record and monitor training but this was complicated by the introduction of the new Electronic Staff Record (ESR). As the ESR had only recently been introduced, a manual system was also being used. The full electronic system would not be fully implemented until April. A more detailed report on mandatory training would be submitted to the next meeting of the Joint HR Committee.

With reference to the action plan in response to the recommendations arising from the visit of the Recovery Support Unit in October 2007/Cleaner Hospitals Team, Tricia reported that:

- i. the issue of contaminated blood cultures was being addressed,
- ii. the practical assessment of aseptic technique with appropriate medical staff would be completed by the end of the month,
- iii. increased signage was in place to encourage the use of hand gel, and
- iv. the Trust was now complying with certain audit requirements of the SHA.

Tricia advised that the PCT was introducing a programme of audit of provider staff around catheter procedures and compliance with all infection control requirements was mandatory.

	<p>As well as the introduction of the 'Deep Clean' initiative, the DH was looking at increasing the numbers of modern matrons.</p> <p>The report was noted.</p>	
<p>04</p>	<p>Corporate Risk Register – Exception Report on High Risks</p> <p>Terry Holloran presented the exception report on high risks and highlighted the following areas.</p> <p><i>C4 (MRSA) Revised score 'Medium' but coloured Red</i></p> <p>There had been some discussion about whether this should be rated as a medium or a high risk. Tricia explained that there were two separate issues related to the target, one was about whether the PCT policies, processes and procedures met the criteria and the other related to the number of cases. Clearly the number of cases (now 18) had exceeded the target but had significantly improved on the previous year and the PCT had declared assurance to the Healthcare Commission that policies and procedures were in place.</p> <p><i>C4e</i></p> <p>It was hoped that the Waste Manager would be in post by the end of March however, Amanda Hume assured the Committee that in the meantime, support had been provided in this area on a consultancy basis.</p> <p><i>C6 CHC Criteria</i></p> <p>It was noted that there was an error in the figures under this target which should have read £18m.</p> <p><i>C7a PCT Fails to meet declaration requirements for Information Governance</i></p> <p>Pat Keane advised that significant improvements had been made and this target would be moved to a medium risk quite rapidly.</p> <p><i>C7a Loss of Business Continuity when splitting Provider/Commissioning roles</i></p> <p>Carole Harder explained that this had been assessed as 'high' risk because of the potential risk around any organisational change. It was noted that the PCT could be being overly cautious as clearly there were processes and mechanisms in place to address this. It was therefore recommended to amend this risk to a medium.</p> <p><i>C19 Out of Hours Arrangements</i></p> <p>Carole Harder advised that the new arrangements had been in place for two weeks and this risk would be reduced to a 'low'. The Committee congratulated all staff who had been involved in setting up the new service</p>	

	<p>for their work.</p> <p>The report was noted.</p>	
05	<p>Policy for Policy Approval</p> <p>Vivienne Nelson presented the Policy for Policy Approval and advised that this was an updated Policy which had been originally approved in June/July 2007. The main changes related to final organisational structures and responsibilities and the policy template had been reviewed and fully revised. The following amendments were suggested.</p> <ol style="list-style-type: none"> i. The template should include reference to the need for an executive summary for lengthier policies. ii. Point 2.15 on page 6 to be checked for grammatical accuracy. iii. Page 7 of the policy template would include a requirement that clinical policies have competencies included in the framework. <p>The Committee approved the Policy for Policy Approval subject to the above amendments.</p>	
06	<p>Information Governance</p> <p>Pat Keane provided a verbal update on progress with implementing the Information Governance requirements, and covered the following areas.</p> <ol style="list-style-type: none"> <i>i. Information Governance (IG) Toolkit Audit</i> <p>The audit covered clinical information, confidentiality/data protection, corporate information, information governance management, information security and secondary users. The overall result for both CD&D was 57% which was an 'amber' rating (an improvement on the previous year's 'red' rating). Pat anticipated that continued efforts would result in an improvement to 'green' within 2008/09.</p> <ol style="list-style-type: none"> <i>ii. Healthcare Commission Standards/Records Management</i> <p>Pat was confident that the PCT would be in a position to declare full compliance on records management.</p> <ol style="list-style-type: none"> <i>iii. Data Transfers</i> <p>The PCT had met the requirements in relation to data transfer and declared assurance to the SHA by 31 January 2008. The data mapping exercise had been undertaken and information staff were currently examining over 800 rows of spreadsheet information that had been received. The deadline of 29 February for this exercise would be met.</p> <p>A key area of concern remained the issue of unencrypted e-mails, and work continued with staff to ensure that any sensitive information transferred electronically was encrypted. All staff lap tops were in the process of being</p>	

	<p>encrypted. In relation to the use of memory sticks, advice from the DH was that every member of staff was to be contacted to provide assurance that memory sticks did not contain sensitive data. Staff were aware that non-compliance with any of the above was a disciplinary offence. Pat advised that the advice from the DH not to send information by post was under review.</p> <p><i>iv. Statement of Compliance</i></p> <p>It was expected that the PCT would hit 70% in terms of information governance which meant that the PCT would confirm compliance.</p> <p>In summary, Pat stated that both internal and external assurance was quite strong and although there was still work to be done, significant progress had been made.</p>	
07	<p>Integrated Governance Group (IGG) Structures and PDA Arrangements</p> <p>Terry Holloran presented a proposal for the establishment of an Integrated Governance Group (IGG) which would be a middle tier structure that addressed both local and corporate governance issues. This approach would allow effective information and communication, a more robust and informed approach and improved ownership. It was intended that a PDA focus would enable local governance issues to be identified and resolved locally, allowing those issues deemed 'significant' to be directed to a more senior level for consultation and action if required</p> <p>Sandra Pollard raised concern that the size of the agenda and membership of the proposed IGG could become unworkable. Terry acknowledged this but advised that the size of the agenda could not be changed as it needed to ensure risks were identified in all areas and at all levels.</p> <p>Brian Key said that there was a need for further discussion about performance in relation to the national standards and whether that sat on the governance or performance arm of the organization. Brian asked whether the IGG would also be responsible for ensuring recovery plans were in place with specific responsibilities identified. Brian was advised that it would be the duty of each of the Chairs of each of the PDA Governance Groups to ensure that action plans were in place.</p> <p>John Flook asked what the Clinical Governance Committee would do differently to these new groups. Pat Keane reported that the role of the Clinical Governance Committee had been discussed at a recent meeting and it was felt that, over time, a lot of its functions would be dealt with by the IGG.</p> <p>Melanie Pears pointed out conflicting statements within the Terms of Reference: section 6 stated that attendance was mandatory whilst section 7 listed the quorum as a minimum of five people including the Chair or nominated representative. It was agreed that the reference to mandatory attendance should be removed.</p>	

	<p>The Integrated Governance structure and PDA arrangements were supported.</p>	
<p>08</p>	<p>Risk Management Strategy</p> <p>Terry Holloran presented a brief on the review and further development of the Risk Management Strategy. It was a requirement of the National Health Service Litigation Authority and a standard required as part of the Clinical Negligence Scheme for Trusts (CNSST) audit process that the PCT had a Risk Management Strategy in place.</p> <p>Sandra Pollard asked whether there was a separate mechanism for dealing with transitional risk i.e. the handing over of patient information from one organisation to another. Amanda Hume said that this would be explored as part of the work across the whole system. The full policy would be discussed in more detail at the Seminar scheduled for 21 February 2008.</p> <p>Melanie Pears raised a question about where the responsibility for the Strategy was within the governance structures and was advised that it was with the IGG. Melanie suggested that this needed to be reflected within the Terms of Reference of the IGG.</p> <p>Brian Key pointed out an error in the bottom left hand corner of the Flowchart on page 3 which referred to 'Provider National Targets'. The word 'Provider' would be removed. Sandra Pollard pointed out an error on page 3 where it referred to the 'LDP' should now read 'AOP'</p> <p>Tricia Cresswell reminded the Committee that significant work had already been undertaken on the policy and that this document was the overarching strategy and not a new document. She suggested it might have been more appropriate to have been titled 'Annual Review of the Risk Management Strategy'.</p> <p>The Committee approved the reviewed Risk Management Strategy with the aforementioned amendments.</p>	
<p>09</p>	<p>Progress on achieving Standards:</p> <p><i>i. Standards For Better Health Assurance Process</i></p> <p>Amanda Hume advised the Committee that a robust process was underway to ensure that the Healthcare Commission Standards were being monitored and audited. Amanda also advised that the draft Declaration would be available to the Committee at its meeting in March. Weekly meetings of key members of staff were taking place to assess the PCT against the standards and ensure the appropriate evidence was in place.</p> <p>It was noted that due to an administrative error, part of the document circulated to the NEDs had been omitted and would be re-circulated.</p> <p>The Committee noted the ongoing work to ensure that the PCT met the Core</p>	

	<p>Standards required by the Healthcare Commission.</p> <p><i>ii. Auditors Local Evaluation (ALE)</i></p> <p>Brian Key advised that there had been a significant amount of work undertaken on the Auditors Local Evaluation (ALE). The paper set out the process for the 2007/8 ALE self assessment and submission to the PCT's auditors, Pricewaterhouse & Coopers due on 29 February 2008.</p> <p>In 2006/7 Darlington PCT overall score was Level 1. It was judged to have significantly under performed on financial management having a significant non-recurring deficit of £ 3.2m. The process of self assessment indicated that the PCT's overall score for 2007/08 was likely to be at Level 2, but significantly, its main area of under performance, financial management, should move to level 2.</p> <p>The Committee noted progress to date and noted the early indications from on-going work on the PCT's 2007/08 ALE self Assessment.</p>									
10	<p>Sub-Committee Minutes</p> <p>The minutes of the following sub-committees were received.</p> <table border="0" data-bbox="279 1019 1316 1176"> <tr> <td>i. Clinical Governance Committee Meeting</td> <td>7 November 2007</td> </tr> <tr> <td>ii. Health & Safety Committee Meeting</td> <td>11 November 2007</td> </tr> <tr> <td>iii. Infection Control Committee Meeting</td> <td>30 October 2007</td> </tr> <tr> <td>iv. Information Governance Steering Group</td> <td>30 October 2007</td> </tr> </table> <p>Melanie Pears suggested that more detail was provided, particularly in the Health & Safety minutes, so that those who were not present at the meeting were able to understand the issues discussed.</p>	i. Clinical Governance Committee Meeting	7 November 2007	ii. Health & Safety Committee Meeting	11 November 2007	iii. Infection Control Committee Meeting	30 October 2007	iv. Information Governance Steering Group	30 October 2007	
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11	<p>Other Business</p> <p><i>Corporate Manslaughter Bill</i></p> <p>Ken Greenfield and Sandra Pollard raised the issue about the implications for the PCT of the Corporate Manslaughter Bill. Amanda Hume agreed to look into how this could be reflected in future reports.</p>	AH								
12	<p>Date and time of next meeting</p> <p>A further meeting would take place on 20 March 2008, 2.30pm, Blakett's Medical Practice, Darlington.</p> <p>The following scheduled meeting would take place on: 10 April 2008, 2.30pm, Blakett's Medical Practice, Darlington.</p>									

Signed

Dated