

## GOVERNANCE AND ASSURANCE COMMITTEE

Held on Thursday 20 November 2008  
Boardroom, Dr Piper House

### MINUTES

#### Present

Ken Greenfield	Chairman
Brian Everett	Non-Executive Director
John Flook	Non-Executive Director
Bunny Forsyth	Non-Executive Director
Linda Marks	Non-Executive Director
Dr Tricia Cresswell	Executive Director of Public Health
Carole Harder	Director of Provider Services
Tom Hunt	Director of Finance & Corporate Services
Linda Templey	Director of Nursing & Patient Safety

#### In attendance

Fiona Charlton	H&S Manager
Richard Errington	Research Governance Lead
Nicola Hepple	Administrative Services Manager
Terry Holloran	Associate Director of Integrated Governance
Gillian Jones	(minutes) Executive Assistant

Ken Greenfield introduced Dr Bunny Forsyth, newly appointed non-executive director to the meeting and a round of introductions was held.

		Action
1.	<p><b>Apologies for Absence</b></p> <p>Colin Morris, Miriam Davidson, Dr Hilton Dixon, Sandra Pollard, Graham Thompson, Anne Yuill</p>	
2.	<p><b>Minutes from the meeting held on 25 September 2008 &amp; Action Log</b></p> <p>The minutes were agreed as a true and accurate record with the following amendments.</p> <p><i>Page 2, Item 4, second bullet point</i> – to read ‘All H&amp;S policies were in the process of being reviewed.’</p> <p><i>Page 4, Item 9</i> – should read ‘An Audit Plan was currently being drafted and would be presented to the December meeting of the Audit Committee.’</p>	GJ

	All actions on the log had been completed with the aforementioned amendment.	
<b>3.</b>	<b>Matters Arising</b>  There were no matters arising raised.	
<b>4.</b>	<p><b>Health &amp; Safety Report</b></p> <p>Fiona Charlton, Health &amp; Safety Manager presented the update and the following items for approval.</p> <ul style="list-style-type: none"> <li>• Revised Health &amp; Safety Committee Terms of Reference</li> <li>• Lone Worker Policy</li> <li>• Violence, Aggression and Abuse Policy</li> <li>• Moving and Handling Policy</li> </ul> <p>Fiona confirmed that as a general rule, all H&amp;S policies were reviewed bi-annually unless there were legislative updates.</p> <p>There was a question raised about recording training and Linda Templey advised that a data cleanse exercise was currently underway and a central database recording all staff training would be available from 24 November. It was noted that there was discussion about centralising all personal records and guidance about what should be in a standardised personal record to streamline the information.</p> <p>Fiona confirmed that all policies were available on the website and agreed to look into having them summarised for ease of reading. A system was being introduced called <i>Net Consent</i> which could record when staff had accessed the policies as well as version control etc.</p> <p>The Committee;</p> <ol style="list-style-type: none"> <li>i. noted the report;</li> <li>ii. agreed the revised Terms of Reference for the Health &amp; Safety Committee, and</li> <li>iii. agreed the following policies: <ul style="list-style-type: none"> <li>• Lone Worker</li> <li>• Management of Violence, Aggression and Abuse, and</li> <li>• Moving and Handling.</li> </ul> </li> </ol>	
<b>5.</b>	<b>Assurance Framework</b>  Tom Hunt, Director of Finance and Corporate Services presented the updated, high level Assurance Framework. The report linked to the high level corporate objectives and the corporate objectives of County Durham and Darlington Community Health Services (CD&DCHS). The format was based on the NHS template and covered risks, controls, and external validation.	

	<p>Following comments, Tom agreed to make the following amendments;</p> <ul style="list-style-type: none"> <li>i. Page 5, second last column, '<i>culture of annual appraisals to be encouraged</i>' – to be strengthened,</li> <li>ii. Page 5, third column – '<i>Deliver safe and sound services for patients</i>' – also to be strengthened.</li> </ul> <p>The Committee approved the assurance framework and agreed the controls measures in place.</p>	<b>TJH</b>
<p><b>6.</b></p>	<p><b>Commissioning Risk Register</b></p> <p>Tom Hunt, Director of Finance and Corporate Services presented the report which detailed the risks by exception related to commissioning and the process used by NHS County Durham on behalf of NHS Darlington. The risks would be managed by NHS County Durham through the monitoring of the SLA.</p> <p>Tricia Cresswell raised the issue of the red rating on the flu pandemic risk and advised that this was unlikely to be reduced as everything that could be done to minimise the risk was being done but nationally this was still viewed as a high risk.</p> <p>Carole Harder referred to the risk around loss of business continuity which might have arisen during the recent changes to management arrangements, and advised that this could now be changed to green.</p> <p>The Committee noted the report and agreed to receive future reports at each meeting.</p>	
<p><b>7.</b></p>	<p><b>Corporate Risk Register</b></p> <p>Terry Holloran, Associate Director of Integrated Governance presented the report on the high (red) risks on the PCT's Corporate Risk Register. Some risks applied to both NHS Darlington and NHS County Durham e.g. prison "watches" funding was a risk for both commissioners and providers.</p> <p>Tricia Cresswell commented that risk S20 around safeguarding children was accurate at 'red' and it was likely that there would be further amendments to legislation following the recent events surrounding the death of 'Baby P'.</p> <p>Ken Greenfield reported that the issue of child protection training had been raised at a recent practice visit. Tricia confirmed that the PCT did provide child protection training to GPs but there was currently a debate with the LMC about the frequency – the PCT recommended a half day session per year, the LMC felt this was too much. The PCT had no power to enforce this and GPs were currently under no obligation to be trained.</p>	

	<p>There was a discussion about CRB incidents and it was noted that currently new GPs were CRB checked, but the PCT had no authority to check existing GPs. New changes coming into effect from 1 April 2009 within the independent safety legislation would require all staff to be CRB checked including GPs, but they would start with new staff first. It could take a number of years to cover all GPs.</p> <p>There was a discussion and concerns raised about the complex risks around prison health and the problems with, for example, infection control of premises as prison premises did not belong to the PCT.</p> <p>The current position was noted.</p>	
<p><b>8.</b></p>	<p><b>Current Urgent Issues</b></p> <p>Tom Hunt advised the Committee on a recent incident involving the theft of a health visitor's car, which contained her work diary and a prescription pad in the locked boot, and the actions taken following the event.</p> <p>An investigating officer had been appointed, a root cause analysis had been undertaken and all members of staff had been reminded of their duties in terms of the protection of patient data.</p> <p>The incident had raised a number of queries with regard to the methods used by nurses when transporting patient details to and from home visits. Information could not be left in the car therefore staff were expected to secure the records on their person, which meant sometimes carrying up to six sets of notes with them. There was a discussion about which method carried the greatest risk. Patient safety managers were awaiting guidance from the SHA and Colin Morris was presenting the details of the case to the SHA's NHS Supply Chain Leader's meeting on 28 November 2008.</p>	
<p><b>9.</b></p>	<p><b>Progress on Achieving Standards: ALE; NHSLA; SfbH</b></p> <p>Terry Holloran advised that currently three groups of staff were looking at the work around ALE, NHSLA and SfbH.</p> <p>As previously mentioned the ALE Audit Plan would be presented to the Audit Committee in December.</p> <p>Although national discussions were still taking place around the proposal by the NHSLA to cease the compulsory Clinical Negligence Scheme for Trusts (CNST) bi-annual audit for PCTs, it had been agreed that the PCT would continue to work to achieving the present level 1 assessment audit that was currently planned for February 2009. Progress was continuing towards this.</p> <p>Work continued through the process of SfbH standards particularly around the outstanding action from the 2007-08 return. Standard C4b (risks associated with the acquisition and use of medical devices are</p>	

	<p>minimised) had not yet been resolved. The PCT had undertaken a full review of its medical devices and had produced an up to date asset register. This asset register was now with the Clinical Engineering Department of the UHD who would use this document to produce costs for a new Service Level Agreement. The PCT was still waiting for these costs but had been assured the report would be available by the end of the following week.</p> <p>The report was noted.</p>	
<p><b>10.</b></p>	<p><b>Governance Handbook</b></p> <p>Terry Holloran reported that a Governance Handbook had been prepared to provide staff with a simple guide to the PCT committee structure, identifying the role of each committee and to demonstrate how each committee's specific role contributed to the overall assurance process required of an NHS Board. The handbook would be available on the website as well as hard copies in each of the PCT's locations. An amended structure was circulated which corrected a drafting error and now showed the Infection Control Committee as a sub-committee of the Board.</p> <p>The handbook was welcomed as an excellent idea and the following amendments were suggested.</p> <ul style="list-style-type: none"> <li>• Page 12, Audit Committee, second paragraph – the Audit Committee shall consist of all of the NEDs of the PCT except the Chairman and the Appointment's Commission appointed one of the members as Chair of the Committee.</li> <li>• The diagram showed the JCNC as a sub-committee of a committee. For consistency purposes, the clinical policy group should be shown as a sub-committee of the patient safety committee and the reporting line of the complaints and incidents panel should also be included.</li> <li>• Text needed including for the Remuneration and Terms of Service Committee and the Interim Estates and Capital Committee. Needs to come back infection control including</li> </ul> <p>Ken Greenfield referred to the '<i>Health Act of 2006</i>' which stated that the Director of Infection Prevention and Control should be an integral member of clinical and patient safety committees. Tricia advised that the requirement was satisfied as Jean Armstrong, Infection Prevention and Control Lead Nurse was a member of that committee and Tricia was a member of both the Governance and Assurance Committee and the Board.</p> <p>Terry agreed to amend the document and present to the following meeting for final approval.</p>	<p><b>TH</b></p>
<p><b>11.</b></p>	<p><b>Adoption of Standards of Business Conduct</b></p> <p>Tom Hunt presented the document which set out the PCTs approach to</p>	

	<p>good standards of business conduct. It was the responsibility of all staff to ensure that they are not placed in a position, which risks, or appears to risk, conflict between their private interests and their NHS duties.</p> <p>In response to a query raised by John Flook, Tom confirmed that 4.3 was consistent with standing orders.</p> <p>The Committee approved the Standards of Business Conduct policy.</p>	
<b>12.</b>	<p><b>Darlington Risk Management Systems (Safeguard) Update</b></p> <p>Terry Holloran presented the progress update on the implementation of the new risk management system (Ulysees). Legal Services department was due to go live the following week and training would be rolled out in January 2009.</p> <p>Carole Harder was concerned that the programme for training in January was overly ambitious and needed a robust, scheduled approach to ensure all key staff were captured by the training. Terry agreed to forward the schedule to Carole.</p> <p>The report was noted.</p>	<b>TH</b>
<b>13.</b>	<p><b>Current Serious Untoward Incidents</b></p> <p>Given the confidential nature of the information contained in the report, the item was to be dealt with under the private section of the meeting.</p>	
<b>14.</b>	<p><b>Patient Safety Committee Terms of Reference</b></p> <p>Linda Templey, Director of Nursing and Patient Safety presented the Patient Safety Committee (PSC) Terms of Reference. The PSC would be a sub-committee of the Governance and Assurance Committee. The PSC would deal with clinical governance and the minutes would be received by the Governance and Assurance Committee. Its membership would include Jean Armstrong, Infection Prevention Control Lead Nurse.</p> <p>Prison healthcare had its own clinical governance group which would continue but there would be a representative from prison healthcare on the PSC.</p> <p>Carole Harder suggested she join the PSC and this was agreed.</p> <p>The Terms of Reference were approved.</p>	
<b>15.</b>	<p><b>Complaints, Incidents, PALS Review Panel Terms of Reference</b></p> <p>Linda Templey, presented the Complaints, Incidents, PALS Review Panel Terms of Reference which again would be a sub-committee of the Governance and Assurance Committee. The Panel would meet on</p>	

	<p>a quarterly basis and look at the PALS issues, provider services and also receive information from NHS County Durham about the primary care contractors.</p> <p>The Terms of Reference were approved.</p>	
<b>16.</b>	<p><b>Policy Management</b></p> <p><i>i. Policy approval process</i></p> <p>Terry Holloran presented the report which was intended to simplify the current PCT policy approval process and provide staff with a simplified course of action to follow.</p> <p>The Committee approved the policy approval process.</p> <p><i>ii. Clinical Policy Group Terms of Reference</i></p> <p>Linda Templey presented the Clinical Policy Steering Group Terms of Reference which was a sub-group of the Patient Safety Committee. It would be chaired by the Head of Professional Development. The role of the Clinical Policy Steering Group was to provide assurance that effective policy, protocol and guideline development and dissemination mechanisms were in place within the organisation.</p> <p>The Committee approved the Clinical Policy Group Terms of Reference.</p>	
<b>17.</b>	<p><b>Complaints Management Policy</b></p> <p>Linda Templey presented the Complaints Management Policy the purpose of which was to outline the process for handling complaints generated by patients, service users or their representatives and aimed to set out clear guidelines for staff, managers and complainants around how complaints would be managed.</p> <p>The policy had previously been approved by the Committee but a number of minor changes had been made which included in section 6.27 that NHS County Durham would handle complaints about primary care contractors on behalf of NHS Darlington.</p> <p>It was suggested that in future when changes were made to existing policies that these should be highlighted by showing the “tracking” changes in the documents. This would be built in as a further step in the policy approval process.</p> <p>The Committee approved the revised Complaints Management Policy.</p>	
<b>18.</b>	<p><b>Update on Research Governance</b></p> <p>Richard Errington, Research Governance Lead presented an update</p>	

	<p>on research activity which specifically involved NHS Darlington and the impact of national Research &amp; Development (R&amp;D) policy developments upon the organisation.</p> <p>Research activity was currently at a slightly lower level than previous years due to the reduction in students applying for approval to undertake research in the NHS. £3,000 had been committed in the Annual Operating Plan (AOP) for NHS Darlington to support the Research Management &amp; Governance Unit during the current financial year. This amount would need to be reviewed for 2009/10 in light of the withdrawal of central DH R&amp;D funding.</p> <p>To improve the primary care research infrastructure, a core set of six GP practices in County Durham and the Tees Valley had been identified with the capacity to regularly participate in high quality research and develop a track record of meeting patient recruitment targets. In addition, six ‘aspiring’ research practices will be given the support to develop research expertise and the necessary facilities to undertake clinical studies. Two Darlington practices would be involved in the initiative: Felix House Surgery and Moorlands Surgery. Both practices already had a track record of participating in research studies and therefore were classed as ‘research’ rather than ‘aspiring’ practices.</p> <p>A new system of approving UKCRN studies was introduced in November 2008. The Co-ordinated System for Gaining NHS Permissions (CSP) meant that some governance checks for multi-centre studies would only be undertaken once (by the lead R&amp;D office) and other NHS organisations where the research would take place agreed to accept these ‘global’ checks.</p> <p>Richard advised that Section 3 regarding the Research Evaluation Steering Group had been included in error and should be removed as this did not include NHS Darlington.</p> <p>The report was noted.</p>	
<p><b>19.</b></p>	<p><b>Sub-Committee Minutes</b></p> <p><i>i. Patient Safety Committee 15 September 2008 (confirmed)</i></p> <p>A question was raised about item 7, and the reference that H&amp;S audits had not been seen by managers, the Committee was advised that this issue had been addressed and action was being undertaken.</p> <p>Carole Harder advised that a corporate project was being undertaken on Estates to address some of the issues around suitable accommodation for staff. Short-term leases were being investigated as well as work on a longer term provider premises strategy. There was a brief discussion about the complexities of the Estate and ownership and work was being undertaken to address</p>	

	<p>the issues around estate management.</p> <p><i>ii. Integrated Governance Committee 13 October 2008 (draft)</i></p> <p>The minutes were received.</p> <p><i>iii. Infection Control Committee 30 July 2008 (confirmed)</i></p> <p>Although it had been recently agreed that the Infection Control Committee should be a sub-committee of the Board, the above minutes had not been received by the Board therefore were circulated to the Committee. The Committee was given time to read through the minutes.</p> <p>The minutes were received.</p>	
<b>20.</b>	<p><b>Item for information</b></p> <p>i. Governance and Assurance Business Cycle</p> <p>ii. Meeting Schedule 2009</p> <p>Both documents were noted.</p>	
<b>21.</b>	<p><b>Other Business</b></p> <p>There was no other business.</p>	
<b>22.</b>	<p><b>Date &amp; Time of next meeting</b></p> <p>2.00pm, 5 February 2009, Boardroom, Dr Piper House</p>	

Signed .....

Date .....