Central Manchester and Manchester Children’s University Hospitals NHS Trust

Clinical Governance Board

Notes of Meeting - Thursday 1st December 2005 - 1.00 pm
Main Boardroom - Manchester Royal Infirmary

Present: Mr Tony Armstrong - Patient Partnership Manager
Mr Elliot Brown - Divisional General Manager
Professor Malcolm Chiswick - Medical Director
Mrs Sarah Corcoran - Associate Director of Clinical Governance
Dr Ben Glaizner - Chairman Central Manchester CHC
Mr Martin Hodgson - Director of Children Services
Dr Bonwyn Kerr - Chair of Clinical Practice Committee
Mr John Marquess - Head of Risk Management
Mrs Yvonne Murray - Head of Clinical Audit
Dr Liz Pease - Deputy Clinical Head of Division, St Mary’s
Professor Bill Shaw (Chair)
Mr Ken Wood - Health & Safety Officer

1. Apologies were received from: Mrs Alison Brennan, Mr Mike Deegan, Mrs Gill Heaton, Mrs Gill Hemus, Mr Alwyn Hughes, Mrs Irene Humphris, Mr Luke Readman, Mrs Cheryl Shuttleworth, Mrs Beth Weston.

2. Previous Minutes 6th October 2005
One amendment. Yvonne Murray submitted apologies.

3. Matters Arising

3.1 Revised Strategy
Mrs Corcoran circulated this document stating that it was an early draft strategy for future Governance arrangements and asking if committee members could comment by mid January.

3.2 Terms of Reference
Draft. There was lengthy discussion on the draft Terms of Reference for the Governance Board. In particular Dr Pease raised concerns about the proposed membership list. Mrs Corcoran explained that the membership list had been taken directly from the old Clinical Governance Board Terms of Reference and was included here for discussion. Dr Pease expressed concern, supported by a number of other committee members, that the Divisions would need to be represented on this board.
It was agreed all members would take away the Terms of Reference and feedback comments to Sarah Corcoran following discussion at local Divisional Governance Boards. Mrs Corcoran is also to attend all Divisional Governance Boards over the next few months to discuss new structures and mechanisms for reporting. It was agreed that the function of the Governance board should be clear and clarity sort around the role of the Trustwide Risk Management Committee and the rest of the Governance structure. Once the role of the board had been agreed then membership can be reconsidered. What is clear is that currently gaps appear in the current structure which lead to duplication and omission. In order to support the annual health check the committee structure will need to be reviewed and the role of the Clinical Governance Board amended accordingly.

Mr Hodgson requested that Child Protection be considered as part of the Terms of Reference for this committee.

**Action:** All board members to feed back to Sarah Corcoran.

3.3 **Clinical Governance Annual Report**
Sarah Corcoran reported that the Annual report has now been circulated to key stakeholders and issued on the intranet.

3.4 **Standards for Better Health Presentations**
Mrs Corcoran reported back that she had now arranged to attend most Divisional Governance Boards to disseminate information on the Standards for Better Health submission in March.

3.5 **HR Representation**
Mrs Corcoran reported that she had spoken to Gill Hemus who unfortunately had to give her apologies for today but was happy to be a member of this board in the future.

4. **Standards for Better Health**

4.1 **Draft Submission**
Sent to the Healthcare commission in March. Mrs Corcoran outlined the areas of non-compliance and lack of assurance.
- C3 healthcare organisations protect patients by following National Institute for Clinical Excellence interventional procedures guidance.
- C4a healthcare organisations keep staff and visitors safe by having systems to ensure list of healthcare acquired infection to patients which was used with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in Methicillin-Resistant Staphylococcus Aureus (MRSA).
- C4b Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all risks associated with the acquisition and use of medical devices are minimised.
- C5a Healthcare organisations ensure that they conform to National Institute for Clinical Excellence (NICE) technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care.
• C5b Healthcare organisations ensure that clinical care and treatment are carried out under supervision and leadership. (Insufficient assurance).
• C5c Healthcare organisations ensure that clinicians continuously update skills and techniques relevant to their clinical work. (Insufficient assurance).
• C7e Healthcare organisations challenge discrimination, promote equality and respect human rights. (Insufficient assurance).
• C9 Healthcare organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required.
• C11a Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare are appropriately recruited, trained and qualified for the work they undertake. (Insufficient assurance).
• C11b Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in mandatory training programmes. (Insufficient assurance).
• C11c Healthcare organisations ensure that staff concerned with all aspects of the provision of healthcare participate in further professional and occupational development commensurate with their work throughout their working lives. (Insufficient assurance).
• C24 Healthcare organisations protect the public by having a planned, prepared and, where possible, practised response to incidents and emergency situations, which could affect the provision of normal services.

Mrs Corcoran reported that action plans were in place to address the standards where non-compliance or lack of assurance had been reported and that these action plans had been updated and submitted to the strategic health authorities this week.

Dr Glaizner asked how the Trust could be assured that compliance reported for C15a and C15b, both relating to food provision, was correct and that the organisation was compliant. Mrs Corcoran explained that the self assessment had been undertaken by the organisation using evidence from areas such as essence of care and patient surveys. This assessment had then gone to key stakeholders such as the SHA, the overview and scrutiny group and the patient partnership forum for their comments. The final check was that the internal audit department had examined the organisation’s state of readiness to undertake the SfBH declaration and declared it ready.

4.2 Future Reporting Arrangements
This document was circulated to comment. Mrs Corcoran outlined the proposal for amending the current Divisional Review reporting process in order that the information can be utilised more in planning and evidence provision. The document circulated outlined the Clinical Governance reports for the Divisions which would now be structured around the Standards for Better Health. Mrs Corcoran stated that the corporate information would still go to Divisions, probably on a quarterly basis to enable them to provide these reports. However, the corporate information would no longer go to Divisional Reviews. It would be expected that it be analysed and included in the overall Clinical Governance
report. Comments requested for mid January.

5. **Clinical Governance MSTEC Action Plan**

5.1 Mrs Corcoran reported that she would meet in next week with Internal Audit to discuss progress in this area. The action plan was somewhat behind but the Draft Governance Strategy and the proposal for the revision of committee structures was beginning to address the issues raised.

6. **Draft Governance Strategy**
   This was covered in detail at 3.2.

7. **Risk Register**
   Mr Marquess outlined the key strategic risks faced by the Trust at the moment. The themes emerging were:
   - 1) Financial risk
   - 2) HR issues
   - 3) Equipment issues
   Mr Brown asked when feedback would be expected from the Trust Board on the Risk Register submission, Professor Chiswick stated that feedback would come to the Divisions via the Trust Board minutes.

8. **CNST**

8.1 Mr Marquess outlined the progression against the CNST action plan however, expressed some concern that the training issues had still not been addressed. Mrs Corcoran stated that if the problem of training and specifically the recording of that training could not be addressed within the next two to three months the organisation would not be successful in obtaining level 2 CNST in the autumn of 2006. She also stated that the organisation would be at risk of not obtaining level 1.

9. **Divisional Feedback**

9.1 Sarah Corcoran presented a number of Governance reports and one Governance Information Technology report to the group for information. These were presented for information to put into context the terms of reference for this group.

10. **NICE Policy Final Draft**
    This policy was approved and will now be circulated.
    **Action: Yvonne Murray**
    Professor Chiswick congratulated Yvonne Murray on the policy document and the hard work that had gone into it.

11. **Minutes of the Trustwide Risk Management Committee**
    These were not available and will be presented at the next meeting.

12. **Any Other Business**
    It was agreed that in the future the Medical Director will Chair at the Clinical Governance Board, Professor Chiswick expressed his thanks to Professor Shaw
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for his excellent Chairmanship and leadership of this Board over the last few years. Professor Shaw thanked the Board for all their work and noted the progress that had been made.

Date and time of next meeting:
Thursday 9th March 2006 at 1.00 pm - Main Boardroom MRI

Distribution:

Prof Bill Shaw Non-Exec Chairman (Chair)
Mrs Jill Alexander Divisional Gen Manager (Medicine)
Mrs Sue Allison Associate Director of Modernisation
Mr Tony Armstrong Patient Partnership Manager
Dr Francis Ballardie Medicines Management Committee
Mr Rob Bowman Head of Workforce Planning
Ms Alison Brennan Assistant Chief Nurse (Children’s)
Ms Mary Brookes Clinical Governance Co-ordinator
Mr Elliot Browne Divisional General Manager (C&SS)
Mr Keith Chantler Associate Medical Director (non-clinical)
Prof Malcolm Chiswick Medical Director
Mrs Sarah Corcoran Associate Director of Clinical Governance
Mr Mike Deegan Chief Executive
Dr Leroy Edozien Director of Audit & Risk Management
Mrs Karen England Divisional General Manager (Surgery)
Dr Ben Glaizner Chairman CM CHC
Mrs Gill Heaton Director of Patient Services
Ms Gill Hemus Director of Human & Corporate Resources
Mr Martin Hodgson Director of Children’s Service
Mr Alwyn Hughes Divisional General Manager [SMH]
Mrs Irene Humphris Deputy Director of Nursing (Children’s)
Mrs Geraldine Johnston Divisional General Manager (Children’s)
Dr Anna Kelsey Associate Medical Director (Children’s)
Dr Bronwyn Kerr Chair - Clinical Practice Committee
Ms Jane Law Medicines Management Committee
Mrs Yvonne Murray Senior Nurse R&D and Clinical Audit
Dr Liz Pease Deputy Clinical Head of Divn SMH
Mr Luke Readman Director of IM&T
Ms Sarah Rickard Academic Services Manager
Mr John Scampion Director of Finance
Mrs Dawn Sowards Clinical Governance Development Programme Facilitator
Mrs Cheryl Shuttleworth Deputy Director of Nursing
Prof Phil Sloan Director of Research & Development
Mr Derek Welsh Associate Director of Performance Management
Mrs Bethan Weston Divisional General Manager (Dental)
Mr Ken Wood Health & Safety Officer