

## **SOMERSET PRIMARY CARE TRUST**

Minutes of the meeting of the **Integrated Governance Committee** held on **12 November 2009** in **Meeting Room 1, Wynford House, Lufton Way, Lufton, Yeovil, Somerset.**

Present: Jane Barrie OBE, Chairman  
Phil Brice, Director of Corporate Services and Communications  
Andrew Govier, Non-Executive Director  
Alison Henly, Deputy Director of Finance (deputising for the Director of Finance and Performance)  
Paul Jackson, Non-Executive Director  
Alison Kyle, Professional Executive Committee Representative (deputising for the Chair, Professional Executive Committee)  
Ian Tipney, Chief Executive  
Lucy Watson, Deputy Director of Nursing and Patient Safety (deputising for the Director of Nursing and Patient Safety)

In Attendance: Brenda Maddy, Associate Director of Corporate Services and Governance  
Deborah Grey, Associate Director of Nursing and Patient Safety

Apologies: David Slack, Director of Primary Care Development  
Caroline Gamlin, Joint Director of Public Health  
Paul Goodwin, Director of Finance and Performance  
Jan Hull, Deputy Chief Executive/Director of Strategic Development  
Donal Hynes, Chair, Professional Executive Committee  
Mary Monnington, Director of Nursing and Patient Safety

### **IGC32/2009 DECLARATION OF INTERESTS**

The Chairman asked for declarations of any interests regarding items on the agenda.

No declarations of interest were received.

### **IGC33/2009 MINUTES OF THE INTEGRATED GOVERNANCE COMMITTEE HELD ON 17 SEPTEMBER 2009**

The Committee **approved** the minutes of the meeting held on 17 September 2009 as a correct record.

### **IGC34/2009 MATTERS ARISING**

There were no matters arising to be addressed other than to confirm that the Health and Safety and Environment Terms of Reference had been agreed on 2 October 2009 – IGC27/2009`.

## **IGC35/2009      REPORT ON THE RISK REGISTER QUARTER 3 2009/2010**

The Committee **noted** that the Corporate and Directorate Risk Registers are discussed in detail at the Board and at other committees and forums.

The Committee **received** the Corporate Risk Register and the Directorate Risk Registers for the period to 30 September 2009 which included closure of Quarter 2 and early review and presentation of Quarter 3.

### **Corporate Risk Register**

The Committee **noted** that the Report highlighted key risks and sources of assurance in particular noting red risks.

The Committee reviewed the risks identified and the action plans in place to mitigate the risks from which it was **noted** that:

As a result of the reviews for the period from 31 August to 31 October 2009, no new risks had been added. The principal risks remain those associated with the impact of managing a Pandemic Influenza and the financial implications of continuing healthcare.

The Committee **noted** the risks rated above 15 on the NHS Somerset Corporate Risk Register:

**Reference N1/FP32** - Financial implications due to the number and type of referrals for continuing health care and funded nursing care

**Reference FP33/PC25** – Financial implications of managing Pandemic Influenza

**Reference PH5/PC24** – Planning and preparation for Pandemic Influenza, Winter Planning and Mass Vaccination

**Reference PC23/PC27** – Business Continuity in relation to Pandemic Influenza

**Reference PC11** – Quality and timeliness of patient discharge information

**Reference PC12** – Process for medicine reconciliation and management post discharge for high risk patients

**Reference PC19** – Implementation of NICE guidance for new drugs and treatments

The Committee **noted** that performance and actions plans in respect of each risk identified are reported regularly to the Executive Management Team, Integrated Governance Committee and the Board.

The Committee **noted** that shortcomings had been identified in relation to discharge planning and although assurance had been received that these were being addressed this risk should be reviewed and remain on the corporate risk register.

Reference was made to prescribing management, identified as a red risk. The Committee was **informed** that there was an action plan which is reviewed by the Executive Management Team regularly.

### **Directorate Risk Register**

The Committee **received** assurance that the Directorate Risk Registers were managed operationally and as reflected in the audit of risk management demonstrated an organisation moving towards an embedding and enabling culture.

The Committee reviewed in detail the levels of risk identified and the action plans in place to mitigate the identified risks.

The Committee **noted** that there would be an opportunity for reassessment of the actions planned to introduce controls before the Committee received the Quarter 4 2009/2010 Directorate Risk Registers.

All Directorates on review of Directorate Risk Registers ensure that there is consistency of application and a realistic level of risk assessment. In addition to there being evidence to support the monitoring of action plans and controls. The 'action planned to introduce controls' written as SMART objectives assists in developing the detail of controls within the assurance framework in order that they are explicit. This ensures that only controls relevant to the risk are documented, and provides clear linkage as to how the control acts to mitigate the perceived risk.

The Committee **noted** the importance of reflecting risks from across the health community and the reliance placed on Directorates to assess the risks across NHS Somerset and provider organisations to ensure that external reviews and locally identified risks were identified on the Directorate Risk Registers.

The Committee **agreed** that when appropriate an invitation would be extended to individual Directors to attend to report on their Directorate Risk Register.

A question was raised with regard to Business Continuity and the Committee was informed that the revised Business Continuity Plan was to be received by the Executive Management Team on Monday, 16 November 2009.

## **IGC36/2009 PATIENT SAFETY AND EXPERIENCE REPORT**

The Committee **noted** that the Patient Safety and Experience Report had been received by the Board at its meeting on 16 September 2009.

The Report provides an update on the development of the report and gives baseline data for a range of Patient Safety and Patient Experience topics.

The Committee **noted** that formal meetings with the key NHS providers for which NHS Somerset is the lead commissioner were being arranged.

For the purpose of clarification the Committee was requested to **note** that data from Shepton Mallet Treatment Centre had not been included in the Report but discussions were underway to enable information to be included in future Reports.

The Committee **noted** that there would be additional narrative and in particular around patient feedback to support the scorecard. It was agreed in discussion that the information needed to be meaningful with evidence of a consistent and standardised approach.

The Committee recognised that work was still in progress but sought reassurance that there were no missed opportunities to report with reference made to the Mid Staffs Report. It was **noted** that all Boards should respond by benchmarking data and that there is an expectation that Provider Services would undertake to do this thus avoiding the risk of failing to share information with NHS Somerset as the Commissioner.

Reference was made again to discharge planning particularly in relation to administration and the Committee was **reassured** that the risk register identifies this as an issue within the contract.

The Committee **noted** that PALS and Complaint Services have formed a Patient Experience Implementation Group which will contribute by providing information, including narrative, to the Patient Safety and Experience Report. The Committee **agreed** that one of the key challenges will be the timing and submission of reports and the ability to 'drill down' and address the quality issues within the reporting timeframes.

The Committee **received** assurance that as the Reports developed this would provide NHS Somerset Board with positive assurance of the quality and safety of the clinical services it commissions.

**IGC37/2009 WORLD CLASS COMMISSIONING GOVERNANCE SELF ASSESSMENT - BOARD**

The Committee **received** the Report on World Class Commissioning Board Governance Self Assessment.

The Committee was **informed** that the Board Governance Seminar to held on 18 November 2009 will as part of the Year 2 World Class Commissioning Process undertake a detailed self assessment against three areas of governance – strategy, finance and Board. The intention is that the Audit Committee will look at the Finance Section.

**IGC38/2009 TAKING IT ON TRUST**

The Committee **noted** the report on ‘Taking It On Trust’ as a Guide for NHS Trusts and Foundation Trusts to support governance and audit processes.

The Report contained some general recommendations which apply to all NHS Boards and includes a Checklist for Boards and Governance Committees to self assess their performance in respect of governance and internal control.

The Committee **noted** that the Executives were preparing a response on this document which would go the Audit Committee. The Trust was in the process of preparing a self assessment against the checklist. Any actions identified for the Integrated Governance Committee to undertake would be received by the Committee.

**ACTION:** Agenda item – 11 February 2010

**IGC39/2009 QUARTER 3 EXCEPTION REPORTS 2009/10**

The Committee **received** Full Reports from two of its principal sub committees, from which it was **noted**:

**(A) Quality Improvement and Patient Safety Committee**

- during the reporting period key priority areas addressed included:

- \* statement of compliance with the recommendations for safeguarding children from the Care Quality Commission Report published on the Trust website on 30 October 2009

- \* removal of the restrictions imposed following registration for healthcare associate infection with the Care Quality Commission
- \* the Pilot of the Patient Safety Programme in four community hospitals has been completed and development of a global trigger tool for use in community hospitals is generating a considerable amount of national interest
- \* accreditation of General Practitioners with a special interest in dermatology has been noted as best practice by Avon, Wiltshire and Somerset Cancer Network
- \* tasks completed during this reporting period included completion of the review of Care Quality Commission review of safeguarding children arrangements and updating of the safeguarding action plan
- \* a new GP Appraisal Framework has been developed with the LMC
- \* launch of the NHS Somerset Patient Safety Programme and the first meeting of the Patient Safety Board
- \* GP Practices in Taunton and Somerset Coast are now using the Datix system for SABS alerts
- \* patient safety initiatives proposed for primary care are being well received and further consultation is taking place
- \* systems are in place to ensure action is taken in response to safeguarding adults alerts in care homes

#### NICE Guidance:

- new compliance assessment procedures have seen an increased improvement

#### Child Protection:

- in response to lessons learnt following Serious Case Reviews within NHS Somerset, protocols and guidelines have been amended and produced to supporting agencies working with parents and children

The Committee **noted** the increased levels of reporting of incidents relating to child protection however assurance was sought that this was not a disproportionate figure. The Committee was **assured** that this would be addressed in the forthcoming presentation next week to the Board on safeguarding children.

Vulnerable Adults:

- arrangements for safeguarding adults are co-ordinated across all commissioned services through the Somerset Safeguarding Adults Forum. NHS Trusts and specific General Practices have recently participated in two serious case reviews. Action plans have been developed in response to the recommendations of both reviews which include improved training about mental capacity assessment and the Mental Capacity Act and the development of criteria to identify frequent attendees at Accident and Emergency Departments.

Continuing Health Care:

- the number of applications for NHS Funded Continuing Health Care received by the Primary Care Trust was outlined in the Report. There is a delay in reviewing applications resulting in an identified backlog of cases received.

The Committee **noted** that there was to be a presentation at the Board which will identify and resolve some of the issues that have arisen. It was acknowledged that there is a significant amount of work involved and therefore the Board will continue to receive regular presentations and reports.

There followed a discussion on the importance of considering whether on a case by case basis that the client is receiving appropriate care and if other ways of delivering and providing care should be considered. It was **agreed** that there should be more joined up working between agencies.

**(B) Information Governance, Records Management and Caldicott Committee**

- during the reporting period key priority area addressed was:
  - \* progress on the Information Governance Toolkit

The Committee **noted** that the annual assessment on information governance compliance is to be submitted by 31 March 2010.

From 2009/2010 onwards NHS organisations must baseline their

performance within the Toolkit by 31 July each year, and update the assessment with improvements at 31 October. The NHS Operating Framework 2009/10 requires organisations to achieve attainment at Level 2 or Level 3 against 25 key requirements identified within the Information Governance Toolkit.

The Committee **noted** that NHS Somerset submitted their baseline assessment at the end of July. The October submission will include an update on improvements made since the July submission.

The Committee requested an update on the progress of the Summary Care Records Project. The Committee was **informed** that a Report would be going to the Board on 16 December 2009. The purpose of the Report would be to set out the recommendations of the provision and implementation of the Somerset Summary Care Record with the aim of achieving the connection of all compatible GP computer systems in Somerset to the national NHS Care Record Service database.

A number of sessions have been organised for patients and doctors to assist in an understanding of the project and to allow patients to have their documents checked as part of their 'Health Space' registration. Members of the patient advisory and liaison service (PALS) have assisted at these sessions and it is envisaged that this arrangement will continue to receive the support of the PALS team.

Committee members commented on how encouraging it was to hear about the progress and acknowledged the number of general practices involved with the project. The support of the Local Medical Committee (LMC) was also acknowledged.

## **IGC40/2009 ANNUAL REPORTS 2008/09**

The Committee **received** each of the Annual Reports from which it was **noted**:

### **Accountable Officers Report**

The Report focused on on Safe Management and Use of Controlled Drugs reporting and the Inspections visits to GP Practices and Community Hospitals.

The Report outlined the strengthened measures and the governance arrangements implemented to support professionals and encouraging good practice. These arrangements are underpinned by the Health Act 2006 and the Controlled Drugs (Supervision of Management and Use) Regulations 2006 made under provisions of the Act.

The Report identified the work programme for 2008/09 which involved site inspections and the development of standing operating

procedures for all activities relating to the management and use of controlled drugs.

This work programme has led to standardisation of community pharmacy inspections and will facilitate better practice. Not all inspections identified exemplary practice. The Committee was **assured** that omissions would be rectified.

The Report highlighted no particular issues with Community Hospitals and recommendations with regard to security and records management were being addressed.

The Committee was informed the Report had highlighted that there was evidence of custom and practice with best intention but this is not necessarily considered to be best practice. Action points arising from the inspections at general practices were in the process of being addressed.

Whilst Committee members acknowledged that the Report had set out the legal position referring to point 3.5 page 5 of the Report this raised a question on how assurance would be gained when practice did not conform within the legislative requirements or did not conform with good practice.

Committee members were referred to the Conclusion of the Report page 16 where 6.1 concludes that the management and use of controlled drugs in NHS Somerset is observed to be of 'reasonable standard overall'. However, the Committee sought further reassurance as they considered that it was not possible to draw this conclusion from the data presented in the Report.

**ACTION:** Revise and update the Report and present to Executive Management Team (EMT)

The Committee was **assured** that regular reports are received by the Patient Safety and Quality Assurance Committee.

### **Maternity Services Annual Report**

The Report highlights the commitment of NHS Somerset to the delivery of Maternity Matters. A service specification has been developed and a number of projects taken forward.

A webpage for Maternity Services Liaison Committee is now available on the NHS Somerset website with links to the Annual Report.

The Annual Report provides an overview of the work of the Somerset Maternity Services Liaison Committee (MSLC) summarising the national and local context which has informed the work of the MSLC and sets out the work programme for 2009/2010.

One of the key aims is to strengthen user involvement and clinical engagement and to ensure that there is a broad representation of users of maternity services on the MSLC. The MSLC plans to engage with users of Children Centres to discuss the work programme and the improvements to maternity services and to gain user comments.

The Committee received assurance that there are quarterly monitoring meetings and that all maternity services had developed Maternity Dashboards for the monitoring of maternity services. Implementation of NICE Guidance had involved review of the Somerset care pathway for antenatal and postnatal health which had been approved by the NHS Somerset Professional Executive Committee and through individual Trust governance arrangements.

### **Safeguarding Adults Report**

The Report provides an overview of arrangements and the strategic framework for safeguarding adults for health services in Somerset and demonstrates how NHS Somerset has discharged its responsibilities to safeguard vulnerable adults at risk of abuse, and to promote prevention of abuse.

In 2001, the Department of Health issued 'No Secrets' guidance on developing and implementing multi—agency policies and procedures to protect vulnerable adults from abuse. During 2008 all NHS Trusts in Somerset participated in the consultation to review 'No Secrets' and identified a number of key issues to support implementation for safeguarding adults policy practice in NHS Trusts.

The Somerset Safeguarding Adults Board has representation from all NHS Trusts in Somerset. The Director of Nursing and Patient Safety is the executive lead with responsibility for safeguarding adults. Forums have been developed to address key areas of work. NHS Somerset has included quality standards for safeguarding adults in all Foundation Trust contracts.

Guidance will strengthen arrangements and there will be a key focus on arrangements for Nursing Homes.

The Committee **received** assurance that arrangements are in place to safeguard adults and of the improvements made in policy and practice. The Report identifies the priorities for 2009/10:

- training for general practice staff
- monitoring of attendance at awareness training
- development of a policy for responding to safeguarding adults alerts in care homes

- participation in serious case reviews
- participation in multi-agency audit of vulnerable adult cases
- development of data collection arrangements by all commissioned services

The Committee **noted** the content of the Annual Reports and members commented on how comprehensive they were.

**IGC41/2009 ANY OTHER BUSINESS**

The Committee **noted** that NHS Somerset Primary Care was one of only two Primary Care Trusts to be awarded a Patient Safety Certificate in recognition of their implementation of patient safety initiatives.

**IGC42/2009 DATE OF FUTURE MEETINGS**

Dates for future meetings during 2010/11 were agreed.

The next meeting will be held at Wynford House, Yeovil on Thursday, 11 February 2010.