

**Governance Committee Annual Report
April 2008 – March 2009**

1. Introduction

The purpose of the report is to review the work of the committee undertaken in the period 1st April 2008 – 31st March 2009 and to set out how it has performed against its responsibilities as defined in its terms of reference.

2. Committee membership

The committee was chaired throughout the year by Bill Farndon, non-executive director of the Trust.

Membership of the committee comprised all the non-executive directors including the Chairman. The Director of Nursing and Governance and her deputy (Deputy Director of Nursing and Governance) were in attendance and meetings were organised by the Executive Secretary to the Board.

3. Meetings

Six meetings were held over the course of the year on 30th May, 25th July, 31st October 2008, 30th January and 27th March 2009.

4. Assurance arrangements

The Committee has a shared responsibility with the audit committee to provide assurances to the board of directors that The Christie and Christie Hospital Charitable Fund are properly governed and well managed across the full range of their activities.

The governance committee is responsible for clinical and research governance and risk management, and informs the audit committee of any significant clinical or research risks. The audit committee is responsible for all matters relating to corporate or financial governance and risk management. This sharing of responsibility reflects the separation referred to in the Monitor Code of Governance, code provision F.3.2.

One of the ways that this assurance is provided is through the use of the assurance framework which was presented to the committee in April 2008. At the start of the year the chairs of the audit and governance committees allocated responsibility for monitoring each element of the assurance framework between the two committees. These responsibilities were reviewed and amended in June 2008 so that the governance committee is responsible for all objectives other than objective 7. They also allocated responsibility for each internal audit report received to one of the committees and this is shown in appendix 1.

5. Terms of reference

The board reviewed the structure and terms reference of all the board committees on 29th February 2008 as part of a review of all board committees. The terms of reference of the Committee were amended to extend the role and responsibility to provide assurance for the Christie Hospital Charitable Fund to the same extent as for the Christie Hospital.

The responsibilities of all the board committees were reviewed in February 2009. The main arrangements for the governance committee were not altered substantially but there were some additions to bring the governance terms of reference more in line with the audit terms of reference. There were other minor amendments to the terms of reference. The Medical Director has attended since March 2009 to advise on clinical and research governance issues.

6. Achievement of the identified priorities

The priorities for 2008/9 were identified as:

1. Oversee an overall reduction in the number of non- financial risks represented on the register particularly those identified as significant.
2. To monitor and support the development of clinical outcomes to ensure the Christie is delivering the best possible cancer care to its patients
3. To continue to provide high standards of cleanliness and effective HCAI management and compliance with the Hygiene Code
4. To monitor achievement of access targets
5. To review existing HR processes and employment checks, including CRB checks
6. To maintain NHSLA Level 3 standard and full compliance with SfBH core standards
7. To ensure that the revised management structure for research results in an improvement in standard of research governance
8. To ensure that in the Trust's activities are compliant with equality and diversity legislation.

The following progress has been made against each priority:

1. Since July 2008 the committee has received a summary of the number of risks on the risk register including comparative data for the previous 3 quarters and for the number of high, significant and moderate risks. The absolute number of risks has not reduced and this is thought to result from improved risk reporting process.
2. The committee has received a report of the clinical audit on systemic anti cancer therapies and has received clinical outcome data in the board performance report.
3. The committee received a presentation on anti-biotic prescribing and has been informed about the high level of attention given to infection control through the infection control report and the monthly performance report to the

board. The result of the Healthcare Commission inspection in February 2009 confirmed the high standard of cleanliness achieved

4. The achievement of access targets has been reported to the committee in the monthly performance report to the board.
5. The committee received an internal audit report on pre-employment checks including CRB checks with a significant audit opinion.
6. There has not been an assessment by the NHSLA. Full compliance has been declared with all core standards under Standards for better health and published on the CQC website.
7. A presentation was received from the research division general manager provided assurance that the research activity is being properly governed
8. A presentation was received from the Equality & Diversity Manager and the committee was assured that good progress was being made in ensuring compliance with the legislation.

7. Governance, risk management and internal control

The committee maintains an annual reporting cycle. Actions arising from meetings are recorded on an action plan rolling programme. These two documents are used to plan, record and monitor the work of the committee.

The annual reporting cycle was revised on 25th July 2008 in line with the revised board reporting cycle to consist of four main meetings and one additional meeting in April to consider the draft annual report.

Throughout the year the committee has received a range of information in accordance with the annual reporting cycle.

Reports are received at every meeting on high risks, significant incidents and serious untoward incidents (SUI), clinical audit, internal audit and patient experience. Reports are received twice per year on the assurance framework, infection control, NICE and other guidance, clinical outcomes, external reviews, FOI requests and education. During the year reports were also received on information governance, externally reportable incidents, the inpatient survey, FOI requests and the NHSLA action plan. The committee also receives reports on peer reviews when these are issued and received a follow up in May 2009 on two reviews carried out during 2007/08.

A number of specialist practitioners employed by the Trust have attended meetings to give presentations and answer questions from members of the committee on specific subjects such as equality & diversity, antibiotic prescribing policy clinical outcomes – SACT outcomes, research governance and standards for better health.

The HCC carried out an unannounced inspection of compliance with the hygiene code on 11 & 12 February, 2009. Their findings were that there were no breaches of the four duties of the hygiene code which were inspected. The chair of the committee was interviewed as part of the process.

During the year 21 SUI panels were chaired by a non-executive director. The process of deciding which SUIs should be the subject of a panel was amended and is now the subject of an executive review by the Medical Director and Director of Nursing & Governance. From March 2009 full notes of these reviews are being provided to the committee.

The summary of the risk register was received at every meeting and during the year several high impact risks were reviewed by the committee to provide assurance that the assessment of the risk likelihood or level of mitigation was correct.

The six internal audit reports allocated to the governance committee were received during the year as shown in Appendix 1. Two reports received a full audit opinion and four received a significant opinion. The internal audit of the assurance framework received a [significant] opinion. There were no reports with a limited opinion and therefore MSTEC did not attend any of the meetings during the year.

The final version of the Assurance Framework was reviewed by the board of directors at a board meeting on 27th March 2009. The committee takes additional comfort from the review by Concordat and that the SHA found no areas of concern pertaining to the Trust.

At the 27th March 2009 meeting, the governance committee reviewed the self-assessment process used by the organisation against the standards for better health standards. It was informed that MSTEC internal audit services had been involved in the mock assessment process on 5th February and had issued a letter on 11th February providing the committee with assurance that evidence of compliance with the standards was effective.

The committee received the clinical governance annual report at the meeting on 24th April 2009. This is a wide-ranging report setting out the framework for clinical governance at The Christie and reporting on clinical governance activity and progress during the year. As well as describing activity during the year it includes a selection of good practice and quality improvements. The Christie is committed to continuously improving patient care and continuing to develop a rigorous and effective approach to clinical governance.

Summary annual reports were also received and, subject to minor alterations, accepted at the 24th April meeting on clinical audit, equality & diversity, fire safety, health and safety, infection control, information governance, radiation protection, research governance and water systems (legionella) control.

These reports provide evidence of the information on which the committee bases its assurance to the board.

The committee believes that the system of risk management in the organisation is adequate in identifying risks and allows the board to understand the appropriate management of those risks. It has reviewed and used the Assurance Framework and believes that it is fit for purpose. The committee believes that there are no areas of significant duplication or omission in the systems of governance in the organisation that have come to the committee's attention and have not been adequately resolved.

The consideration of the information provided has enabled the committee to provide assurance to the board of directors that there are effective systems of internal control in place with regard to clinical and research governance and risk management.

For the first time a letter was received from Concordat reporting the outcome of two risk summits held by the North West Strategic Health Authority on January 20th and 23rd 2009. The letter of 23rd March 2009 confirmed that there was collective agreement from the organisations participating in the risk summits that there were currently no areas of concern pertaining to The Christie. The organisations participating included the following;

The Audit Commission
The Healthcare Commission
The Health & Safety Executive
The Information Centre
The Mental Health Act Commission
Monitor
NHS Counter Fraud & Security Management Service
NHS Litigation Authority
PMETB, and
SHA's

8. Statement on Internal Control

The statement on internal control (SIC) for 2008/09 has been prepared on behalf of the chief executive as accounting officer for the Trust and the board of directors. It has been considered by the audit and governance committees on 24th April, 2009. It will be approved by the audit and governance committees at the meeting to be held on 29th May 2009 before being submitted to the board of directors for approval on the same day.

9. Reviewing legality of actions

The committee has not received any reports of any enforcement activity by any of the relevant authorities in relation to the Trust's activities.

10. Priorities for 2009/10

The priorities for 2009/10 have been identified as:

1. Oversee an overall reduction in the number of non- financial risks represented on the register particularly those identified as significant.
2. To monitor and support the ongoing development and presentation of clinical outcomes data to ensure the Christie is delivering the best possible cancer care to its patients
3. To continue to provide high standards of cleanliness and effective HCAI management and compliance with the Hygiene Code
4. To oversee further strengthening of HR processes and employment checks, including CRB checks
5. To maintain NHSLA Level 3 standard and full compliance with SFBH core standards
6. To ensure continuing high standards of governance within research
7. To oversee achievement of education targets

- 8 To ensure that in the Trust's activities are compliant with equality and diversity legislation.
- 9 Monitor patient safety information and reduction in patient harm
- 10 To oversee the introduction and publication of the quality report

William Farndon
Chair of the governance committee
29th May, 2009