CHC Members – Indemnity

copy Maggie return to me

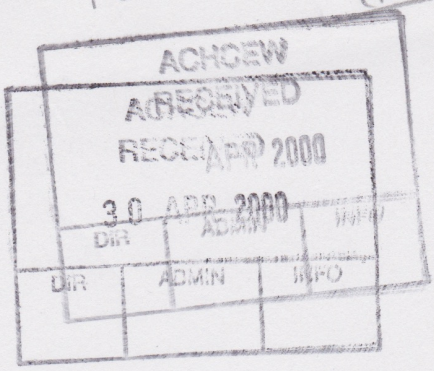
NHS
Executive

Headquarters

Department of
Health
Quarry House
Quarry Hill
Leeds LS2 7UE

Tel 0113 254 5000

Ms Donna Covey
Director
ACHCEW
Earlsmead House
30 Drayton Park
LONDON
N5 1PB



29 March 2000

Dear Donna

MEETING BETWEEN ACHCEW AND GISELA STUART ON 22 FEBRUARY 2000

Thank you for copying Steve Mackenney into your note of the above meeting. Both the Minister and Steve are happy with its content.

A few action points emerged from the meeting:

Budgets

At our recent 3-way meeting we announced that the 2000-01 CHC budget would be £23.324m, an increase of 3.38% over 1999-00. £126,000 of this is for increased employers' superannuation costs.

Member liability

You expressed concern about the possibility of volunteer members facing "personal liability when acting in the public interest, and on behalf of local communities". I believe this is covered by the wider indemnity, agreed by Treasury Ministers following a review in 1998, which is set out as follows:

> "An individual CHC member who has acted honestly and in good faith will not have to meet out of his or her own personal resources any personal civil liability which is incurred in execution or purported execution of his or her CHC functions, save where the person has acted recklessly".

This is broadly comparable with the cover that would be available in a commercial insurance policy and is identical to the indemnity for PCT and NHS Trust members. This does not, however, change the position where CHCs might be considering taking legal action i.e seeking counsels' opinion or judicial review. Where CHCs are seeking costs to support such action Ministerial approval has to be sought.

I believe Steve Jolliffe wrote to ACHCEW about this just after the indemnity had been agreed. Doesn't this cover your concern?

Corporate status

You say that lack of corporate status can make it difficult for CHCs to carry out their functions effectively on occasion. I recall this being raised at your Standing Committee meeting in December where it was mentioned that not all CHCs would want corporate status as there are some disadvantages. I believe ACHCEW were going to consider all the implications of incorporation for CHCs. I also recall you saying that corporate status for ACHCEW was a separate and less problematic issue. I am happy to help you take your thinking on this forward, and indeed it could be part of our CHC reform work, but it would be helpful to have a clearer idea of whether this is indeed what CHCs and ACHCEW want and what are the pros and cons of going down this road.

Confidentiality

We have passed on to relevant policy colleagues the Minister's undertaking that ACHCEW would be consulted about future guidance on confidentiality. They have confirmed that this will happen.

As for training for Caldicott guardians, further to last year's training another round of introductory training seminars has been organised. The seminars began in mid January and will run through until the end of March 2000. The seminars have been designed to provide Guardians with an opportunity to discuss the roles and responsibilities of the Guardian and to clarify issues arising from the Manual of guidance sent to them. The training also includes discussion of the NHSE Regional Office role and responsibilities for managing the performance of Caldicott implementation. A copy of the handouts provided to delegates which outlines the content of the training seminars is attached for your information.

The specific objectives of the training are to enable Guardians, and those staff who may be supporting them in their work, to:

- Understand the strategic nature of the Guardian's role, the scope and extent of the Guardian's responsibilities and where to seek advice

- Understand what is required of Guardians and their organisations in terms of :

  - conducting a management audit of current practice and procedures vis a vis the confidentiality and security of patient information, for example existing codes of conduct, induction procedures, training needs, IM&T risk management, operational and environmental security, quality of information supplied to be public etc
  - producing an improvement plan and outturn report
  - mapping and reviewing flows of patient-identifiable information
  - developing clear protocols to govern the disclosure of patient information to other organisations
  - introducing registered access on a need to know basis

I hope this is helpful.

Yours sincerely

E. Scott

Liz Scott
Patient and Public Involvement Team