West Hertfordshire Hospitals NHS
NHS Trust

Agenda 48/10

Minutes of the Integrated Risk & Governance Committee (IRaGC)
Thursday 21st January 2010
9:00 – 10:00 am, Executive Meeting Room (Spice of Life)

Present:

Mahdi Hasan	Non-Executive Director (Chair)	MH
Jan Filochowski	Chief Executive	JF
Colin Johnston	Medical Director	CJ
Sarah Childerstone	Director of Workforce	SC
David Griffin	Clinical Director – Gynaecology	DG
Anna Anderson	Director of Finance	AA
Robin Wiggins	Clinical Director of Pathology	RW
Tracy Moran	Interim Director of Nursing	TM
David McNeil	Director of Corporate Affairs	DM
Rodney Hallan	Associate Medical Director	RH
Sarah Wiles	Director - Strategy and Infrastructure	SW
Patricia Duncan	Ass Director of Governance and Risk	PD
Mark Jarvis	Assoc. Director of Integrated Governance	MJ
Anne Reilly	Ass Director - Clinical Informatics	AR
Mike Clements……	Consultant – Medicine	MC

In Attendance

Pamela Mudie	PA Clinical Governance & Risk	PM

Item		*Action*
10.1.	**Apologies for Absence**	
	David Evans Respiratory Consultant / Audit Lead Nick Evans Director for Partnerships (Anne Reilly deputising)	
10.2.	**Minutes of the last meeting on 26th November 2009**	
	The Minutes of the GGC meeting on 26th November 2009 were approved subject to noting that Jan Filochowski and Russell Harrison had sent apologies. Membership amendments were noted (see). MH requested that future minutes be circulated within a week after the meeting in order for members to take the necessary actions.	
10.3.	**Matters Arising & Tracker**	
	09/2 Chair Sarah Connor. NED will be joining IRaGC as deputy chair from April 2010. 09/2.1&2 ToR & Membership: MH said that membership should achieve the right balance between inclusiveness, efficiency and effectiveness noting the auditors had expressed concern about the size of the membership. JF noted the need to ensure, as for CQuaC, good representation from clinical as well as managerial staff and suggested keeping membership under review. The issue of patient representation was discussed as was the need to map	*Action: DM. to take to DSG for a proposed approach – including CPOP in discussions.*

	patient involvement in committees. MH suggested that the Patient's Forum could report to the meeting and issues or questions be referred back to the Forum. It was agreed that DM take this to DSG for a decision, noting outcome also to CPOP. 09.2.3 SC said the final report had been received from the HSE that outlined the recommendations in priority order. SC reported that the H&S Committee had produced a detailed action plan which would be overseen by the H&S Delivery Group which would be attended by the assigned HSE inspector. In addition an Executive level group involving Russell Harrison, Sarah Wiles and SC was overseeing the progress on the action plan. An updated report would be submitted to the next IRaGC. A document setting out the governance arrangements for the HSE action plan is attached for information. 09/2.3 Tracker – On behalf of Nick Evans, AR produced a document (attached) outlining some of the issues raised from the last meeting. Over the last 3-4 months AR and a cross-divisional group have put continuity plans in place to manage interruption to IT services. The Group is confident that these written procedures are in all areas using the system. 24/7 cover cannot be provided for all systems in the Trust. AR noted that the PAS system has had no unexpected down time in the last 12 months and the risks have to be balanced against the resources available. RH noted the critical systems (eg PAS, PACS) have instant 24 hr call out. In answer to concerns rasied by CJ, AR agreed there are risks around the infrastructure. The heating and air control issues have been resolved but there are still issues relating to storage space in PACS and the need to rebuild the server on the Watford site because the Trust has not progressed virtualization as other organisations have resulting in on ongoing dependency on the servers. Funding has not been available, but is the risk is being managed and the Board has been fully appraised of the issues, and had significant discussion, with input from finance and audit committee members. TOR A revised version was presented and additional changes to the membership noted including the addition of Sarah Connor, the recently appointed Non Executive Director who will, from April, Chair the Trust's Audit Committee and will become Deputy Chair of IRaGC. The ToR will be going to the Board next week for formal ratification. Revised ToR attached.	*Action: SC* HS Committee and Governance St... IT Issues Jan 2010.doc (67 KB)... Integrated Risk and Gov Cmtee ...
10.4.	**Board's expectation of quality and role of Risk Management in WHHT**	
	MH wished to continue the discussion on the function of this Committee, noting in particular the Trust has yet to describe its risk profile, within which it needs to determine its risk appetite. MH believed the committee should provide the direction, integration and information sharing whilst not taking away the specialisations of the Divisions' forward directions and priorities. JF noted that if divisional risks are to be discussed, membership needs to reflect that. MH noted the committee, should be pro-active of the understanding of governance and not just as a checking system. With such a large membership issues once raised, should be delegated and discussed outside the IRaGC particularly as it is only	*Action: MH and PD to discuss the Risk Profile and how we are using our senior resources to mitigate the risks*

	a one hour meeting. PD felt the Risk Registers should be discussed and risk scores reviewed to ensure a consistency that isn't evident currently. The Committee's role is to ensure that the organisation's risks are being managed and that Risk Registers are used to support the process. This requires Risk Registers to properly articulate the risks, identify the controls and chart the effectiveness, or not, of controls in place. MH summarised that this committee should be ensuring an holistic view of how the risks derived from the Divisions impact on the Trust as a whole. JF said that there should be more representation from each Division, not just at CQuaC but also IRaGC in order to discuss the risk register etc. CJ said that Clinicians are extremely busy but if the dates are circulated early they should strive to attend or at least send a representative. The agenda should also ensure their motivation to attend. SC suggested that if there are clear contributions from the Divisions as well as Corporate functions. The agenda could then cover risk and quality structures within the Divisions and how they work. MH suggested that to achieve this, each Division could do a 10-15 minute presentation about a current topic. CJ also highlighted that this meeting must not clash with other meetings.	
10.5.	**Divisional Boards – How do they monitor risk**	
	PD wished to raise this, and its linkage to the previous discussion. RH said that in order to make the meeting a priority, clinicians must feel that it is a unique meeting and not overlapping with the other Forums. ISE is monitoring the Risk Register but it should be extrapolating issues for escalation to IRGC.. AR would expect issues to be discussed at ISE but that the action plan would come to IRaGC to give assurance. In other words where risks are high scoring and demonstrate robust management plans but need further input or resource, the issues are escalated to IRGC.	*<u>Action</u>: Schedule to be prepared of which meetings each Division will present risk reports (inc registers) to.*
10.6.	**High level Risk Register (Risks > 20)**	
	PD presented this report, which was circulated noting a lot more work is needed on it. PD noted the high level risk register contains risks scoring 20 or more, whereas there are risks currently on the Board Assurance Framework scoring 6 and this seemed anomalous and needed further consideration. CJ asked about the PACS 2 problems and asked what the potential implications are. Also ID 15.09 and the delay of the PAC system upgrade. AR responded that there has been a national delay in the delivery of PAC v2, and the risk to the Trust is that it should have happened last year and our storage capacities within PACs are diminishing. Once we have PAC v2 there is the opportunity to link into a national data store. To resolve this the Radiology Dept has enquired about additional storage space, but there is no room in the server room and the other issue is the cost which is about £80,000 plus space costs. Other Trusts have started putting their x-rays onto disc which creates a staffing problem. Current storage is OK to the end of May, and the PAC manager is monitoring it and trying	.

	to achieve interim solutions. Project may come forward to July, but WHHT hardware will not support SmartCard software. Up to date desk tops are needed for this. Sue Daniels has put this on the Risk Register. MH suggested discussing the Risk Register with PD outside the meeting.	
10.7.	**Women's and Children's Risk Register**	
	a. NHSLA Level II Assessment – Status Report This report was circulated. DG asked that if reviews are to be on a rolling programme, as for CPOP, that there be an advance programme in order for the Divisions to know when they are presenting. DG reported that they are currently recruiting and that their midwife to patient staffing levels are not as recommended. ▪ 17 new midwives will be inducted by the end of the financial year, which will hopefully reduce agency costs. ▪ They have requested funding for midwives from the SHA ▪ DG noted it is not just WHHT. The whole of London has a shortage and WHHT has the added disadvantage of no London Weighting. ▪ Heating & Ventilation problems on the East side of the building. SW confirmed that Estates have budgeted to replace the windows	*PD noted this is a new committee, currently being supported within existing resources and that the administration processes are being finalised.*
10.8.	**AOB**	
	▪ <u>Draft Audit Report – Risk Maturity Review</u> This had been circulated for information with the agenda. MH noted the report and action plan is scheduled to go to the next Audit Committee on 8th February. PD asked for feedback by first week of February on the proposed action plan to address recommendations. ▪ <u>WACS CNST</u> CJ reported that they are on schedule and there will be a dry run in February. RH pointed out that WACS must not lose CNST 2 because of the financial implications. They can then take CNST 3 at the end of the year.	*<u>Action</u> : All to review and email comments to PD by first week in February*

2010 meeting dates for CQuaC and IRaGC		
Time	**Date**	Venue
8:00 – 10:00	**18th March 2010**	Executive Meeting Room WGH
8:00 – 10:00	**13th May 2010**	Executive Meeting Room WGH
8:00 – 10:00	**22nd July 2010**	Executive Meeting Room WGH
8:00 – 10:00	**16th September 2010**	Executive Meeting Room WGH
8:00 – 10:00	**18th November 2010**	Executive Meeting Room WGH