

# West Hertfordshire Hospitals

NHS Trust

## Minutes of the Integrated Risk & Governance Committee (IRaGC)

Thursday 15<sup>th</sup> September 2011

9:00 – 10:00 am, Executive Meeting Room (Spice of Life)

**Present:**

Mahdi Hasan	Non-Executive Director (Chair)	MH
Chris Green	Non-Executive Director	CG
Anna Anderson	Director of Finance	AA
Natalie Forrest	Director of Nursing	NF
Chris Pocklington	Director of Delivery	CP
Mark Vaughan	Director of Workforce	MV
Patricia Duncan	Ass Director of Clinical Governance & Risk	PD
Eric Fehily	Associate Director - Estates	EF
Howard Borkett-Jones		
	Assoc Med Div, Education & Training	HB
Martin Keble	Chief Pharmacist	MK
Tracy Moran	Deputy Director of Nursing	TM
Anna Anderson	Finance Director	AA
Jane Barrett	Workforce Development Manager	JB
Sarah Wiles	Director of Strategy & Infrastructure	SW
Rodney Hallan	Ass Medical Director of Medical Workforce	RH

**In Attendance**

Pamela Mudie	PA Clinical Governance & Risk	PM
Nick Egginton	Governance and Clinical Audit Manager	NE
Pooja Sharma	Assurance co-ordinator	PS
Shakeel Oozeerally	AMCD Risk Manager	SO

Item		Action
<b>11.20</b>	<b>Apologies for Absence</b>	
	Michael Clements, David Evans, Nick Evans, Jan Filochowski, Mark Jarvis, Colin Johnston, Margaret Southgate, Tony Divers, Simon Green	
<b>11.21</b>	<b>Minutes of the last meeting on 14th July 2011</b>	
	The Minutes of the IRaGC meeting on 14th July 2011 were approved subject to 2 typographical errors.	
<b>11.22</b>	<b>Matters Arising &amp; Tracker</b>	
	<ul style="list-style-type: none"> <li>Progress Report on AAU Risks</li> <li>Feedback from CPOP re Medical Device Training (Outcome 11)</li> <li>Briefing on DATIX issues and business case</li> </ul>	
	<b>Tracker</b> <b>10.18 NHSLA</b> - agenda item 11.25 <b>10.31 The Big ASK</b> agenda item 11.27 <b>10.31.3 AAU Risks</b> CP updated verbally that progress is being made and is focused on three areas, capacity, changes to working practices and engagement with continuing care. The surge facility is expected to be up and running in December. <b>10.33 CQC Compliance (Medical Device Training Management)</b> EF advised that attempts had been made to recruit to a training post but with no success. An agreement has been reached with EBME, the original contractor, to deliver the training – new personnel are involved and a set of KPIs agreed for the contract which will require delivery to Level 2 NHSLA compliance as a minimum standard. An e-learning package will be developed to address medical	

	<p>and nurse training needs. EBME will begin this work on the 26<sup>th</sup> September 2011.</p> <p><b>10.49 BAF (Risk Management module of DATIX)</b></p> <p>PD noted she is awaiting further information from Jo Brown to progress the business case to upgrade the DATIX server, associated software and purchase the web-based risk management module.</p> <p><b>11.14 Carbon Management and Sustainability Targets – Status Report</b> SW taking an update to the Board including the Development Management Plan. SW will report back to November IRaGC. <i>Post meeting note: deferred to January</i></p>	<p><b>SW update on CMS to November IRaGC</b></p>
<b>11.23</b>	<p><b>Board Assurance Framework (BAF) –</b></p> <ul style="list-style-type: none"> <li>• <b>Risk 2743 Inability to identify savings</b></li> <li>• <b>Risk 864 Health Records Library</b></li> </ul>	
	<p>PD noted these risks were presented using a risk assessment template designed to support owners to complete the assessment as fully as possible. MH noted his approval of this approach as it encourages more transparency in getting to the root causes of some of the issues. PD advised that the above risks were discussed at a recent Medicine Divisional ISE, where they were referred to IRGC as risks relating to health records are not specific to the AMCD and similarly the savings risks are considered not to be within the power of the division to influence. The General Manager, Simon Green was unable to attend as he was called to a regional emergency planning training exercise.</p> <p><b>Risk 2743 Inability to identify savings</b></p> <p>MV noted this had been discussed by the Executive Team and issues relating to a strategy for reducing headcount are being consulted upon. SW believed this was a risk for all divisions and not specific to Medicine. MH, as Chair will bring this issue to the Board for direction. SW and AA noted that all divisions had a responsibility to reduce costs and to work to achieving this based on efficiency improvements rather advising the IR&amp;GC and thereby expecting action by others (eg the Board). It was acknowledged that this is challenging but its implementation is a line responsibility within the Division directed by the appropriate Executive Team member thereby suggesting that the IR&amp;GC was not the appropriate forum to bring it to.. However, MH was of the opinion that it was appropriate for IR&amp;GC to honour its commitment to transparency and to encourage proficiency in risk management and therefore should be a forum for anyone to raise any issue within the Trust that related to risks and governance. The appropriate action by the IRGC would then be to advise the Board of significant items and the Board would then provide direction to the Executive of the Trust to any necessary measures or performance steps to be taken. AA agreed the Board should provide further guidance on matters that influence the longer term savings strategy, such as changes in the wider NHS set up, impact and options for multi site working. It was agreed that it is appropriate for the Board to be addressing this operational issue within the wider context of future strategic direction.</p> <p>MH felt there were two issues – the failure to make the necessary (operational) efficiency gains is a risk to the strategic objectives and therefore of concern to the Board and the integration of operational issues and impact on strategic intentions reflects an integrated approach to the governance of the organisation. Attending Board members agreed.</p> <p><b>Risk 864 Health Records Library</b></p> <p>It was accepted that this was of concern and presented risks to health and safety of staff using the library. However the committee felt this risk is an operational risk and the service manager has a responsibility to ensure appropriate controls are in place to manage the risks that remain despite investment already made. It was noted that there is a programme of further activity planned to further improve the library.</p>	<p><i>MH, as IRaGC Chair, will take to the Board</i></p>

	<p>PD noted it was important that divisions had an opportunity to escalate concerns beyond Divisional Integrated Standards Executive meetings but should not assume such escalation results in automatic endorsement or transfer of responsibility for the necessary action. The issues would be subject to robust debate and conclusions drawn in accordance with the terms of reference of the committee. PD clarified that work is underway to develop a Corporate Services Risk register that reflects risks related to enabling functions such as HR, IT and functions such as Health Records management. PD noted this issue related to the need to improve physical assets and is an operational, not a strategic risk, and should not be seen as an estates risk, rather a risk to be managed under the current management arrangements for the Health Records Library. PD suggested the management of this risk should be overseen by the Health and Safety Committee.</p> <p>SW clarified that there is a prioritised backlog maintenance programme in the order of £60m. AA noted any further works required to address the risks should form the basis of a business case for funds, in accordance with Trust financial planning arrangements. NF agreed that it is not for the BAF and feedback should be provided to the division as appropriate with a suggestion it is referred for discussion to the Delivery Support Group. MH agreed and pointed to the recent example of how the risk identification and corrective and improvement items were handled in respect of the Women's and Children Unit including its interaction with the IR&amp;GC and the Trust Board. MH encouraged cross-learning within the Trust Divisions where a good practice in risk management had operated well.</p>	
<b>11.24</b>	<b>Proposed changes to Mandatory Training</b>	
	<p>MV introduced his report on decisions reached following a meeting of the Mandatory Training Scrutiny Group in which a risk assessment was undertaken against each element of mandatory training to determine the most appropriate frequency and target group for this training. MV noted that rates are being monitored by IRaGC and are currently low at 50% but it is anticipated that this new approach will generate an increase in participation to 80%. This will enhance the safety of staff to practice and meet NHSLA requirements.</p> <p>The group agreed a standard process which sets out a risk based frequency and target group and a delivery approach of blended learning comprising classroom sessions of 30 minutes and e-learning modules of 15 minutes. MV is asking for endorsement of this approach by IRaGC. He noted that trainers had been fully involved in the consultation and risk assessment and CJ has sent an email endorsing the approach. PD noted there were issues relating to nursing competencies which will be brought back to a future meeting. NF added that the Nursing &amp; Midwifery Strategy Group (NMSG) felt that all clinical staff should do annual manual moving and handling but it could be a lot more bespoke relevant to the work they do. MV will investigate this further with CR. JB noted that professional specific competencies should be owned by the appropriate clinical forum (ie for nursing, the NMSG) but the framework supporting competency based training should be robust and the data captured accurately. It was noted that the intention is to record competency based training through the e-rostering software and JB expressed concern that training should be captured on one system, which is currently OLM. NF noted that in order to mitigate any risks, competency based training will continue to be recorded through OLM until this committee and everyone is happy that using the e-rostering system provides a reliable data capture mechanism. The Committee approved these changes.</p>	
<b>11.25</b>	<b>NHSLA 2.1.10 Report – Employment Checks</b>	

	<p>MV presented Clare Mooney's paper which sets out the position following the failure of this standard at NHSLA Level 2 assessment. There has been a review of the system against the policies. Scrutiny checks are now undertaken on interview paperwork and include checks to ensure that qualifications are being seen by the interview panel and followed up. CRB checks are being reviewed and the following is in place:</p> <ul style="list-style-type: none"> <li>• New staff have CRB</li> <li>• Long term staff have got CRB and if not will be processed</li> <li>• Relevant staff get enhanced CRB</li> <li>• Best practice = 3 yearly CRB checks</li> </ul> <p>Feedback on scrutiny checks and compliance will be brought back to the January IRaGC</p>	<b>Feedback on checks to come to January IRaGC</b>
<b>11.26</b>	<b>WHHT Outcome 16 CQC Assurance Report</b>	
	<p>PD circulated a completed Provider Compliance Assessment, the format required by the CQC to record the organisation's self assessment of its compliance with CQC outcomes for quality and safety. Outcome 16 related to the requirement to have robust systems in place for the monitoring of quality and safety of service provision. The PCA circulated sets out the rationale and supporting evidence to conclude the Trust is meeting this standard - as it relates also to risk it is presented for information, review and comment to the committee. PD asked for feedback by members about the contents of the self assessment.</p>	<b>Members to feedback issues to PD.</b>
<b>11.27</b>	<b>BIG ASK 2</b>	
	SW said there is nothing further to note, given the preceding discussions.	
<b>11.28</b>	<b>Reporting Committee Minutes</b>	
	<ul style="list-style-type: none"> <li>• Health &amp; Safety Committee – 5<sup>th</sup> July 2011</li> <li>• Information Implementation Governance Group – 7<sup>th</sup> September 2011</li> <li>• Emergency Preparedness Group – 15<sup>th</sup> September 2011 meeting cancelled in order to hold Silver Command (Emergency Preparedness) 2 day training. Next meeting 13.10.11. Winter Plan feedback to be brought to the next November IRaGC by CP.</li> </ul> <p>The reporting committee minutes were noted and there were no issues that required escalation.</p>	
<b>11.29</b>	<b>AOB</b>	
	<p>PD</p> <ul style="list-style-type: none"> <li>• PD reviewed the activity that had taken place during National Patient Safety Week. There had been themed emails to all communications each day on issues such as pressure ulcers, falls, observations and staff had participated in a Patient Safety Quiz. Paul Gough, communications assistant had provided significant input and support to ensuring a daily programme of content which had been well received by staff.</li> <li>• PD noted the Trust has had some Never Events which have been robustly investigated and actions put in place where deficiencies in required processes have been identified. One outcome in relation to the recent maternity incidents is a thoroughgoing review of maternity theatres which has been commissioned by CJ and NF and will be undertaken by Nichola Sharpe of the Surgical division. The first draft of her findings will be presented to the CJ and NF on 13<sup>th</sup> October. NS has also been involved in the panel reviews of both the maternity incidents as part of her work and this has proved invaluable in informing the immediate steps necessary to ensure such events are not repeated.</li> </ul>	<b>Key findings and response to be reported to January IRGC</b>

	<ul style="list-style-type: none"> <li>• PD noted her concerns about a discussion recorded in the minutes of a recent Health and Safety meeting about the weakness of the floor on the 3<sup>rd</sup> floor of AAU in which it was implied that caring for bariatric patients on level 3 may present a risk to the stability of the flooring. EF agreed to take this up outside the meeting.</li> <li>• EF noted there are a significant number of estates risks recorded on DATIX. Of particular ongoing concern are the risks to electrical safety and two recent audits have revealed significant risks around management of the risks of legionella in the water system and risks relating to the management of asbestos in the estate. An action plan has been developed but will take time and resource to fully implement. EF noted the BAF had been updated to incorporate the risks relating to legionella and asbestos and noted that a Compliance Manager has been appointed to implement the action plan and will take up post on 26<sup>th</sup> September.</li> <li>• MH wished to record his view that IRaGC is driving forward improvements in risk management but acknowledges that the better we get at it, the higher the expectations are. He wished to record his appreciation for the engagement demonstrated by all divisions in the risk management process but also reiterated the importance of continuous and improved engagement by them in this process.</li> </ul>	<b><i>EF to follow this up with Angela White.</i></b>
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#### 2011/2 meetings in Executive Meeting Room (Spice of Life) WGH

Date	08:00	09:00
10th November 2011	CQuaC	IRaGC
Thursday 12th January	CQuaC	IRaGC
Thursday 8th March	CQuaC	IRaGC
Thursday 10th May	CQuaC	IRaGC
Thursday 12th July	CQuaC	IRaGC
Thursday 13th September	CQuaC	IRaGC
Thursday 8th November	CQuaC	IRaGC