

**Minutes of the Integrated Risk & Governance Committee (IRaGC)**  
**Thursday 12<sup>th</sup> January 2012**  
**9:00 – 10:30 am, Executive Meeting Room (Spice of Life)**

**Present:**

Mahdi Hasan	Non-Executive Director (Chair)	MH	
Jan Filochowski	Chief Executive	JF	
Chris Green	Non-Executive Director	CG	
Sarah Connor	Non Executive Director	SC	
Anna Anderson	Director of Finance	AA	
Colin Johnston	Medical Director	CJ	
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	
Margaret Southgate	Head of Midwifery & Gynaecology	MS	
Tahir Bhatti	Divisional Director - Surgery & Anaesthetics	TB	
Emmanuel Quisttherson	Divisional Director – WACS		EQ
Anthony Divers	Divisional Director – Clinical Support		AD
Howard Borkett Jones	Assoc Med Div, Education & Training		HBJ
Martin Keble	Chief Pharmacist	MK	
Louise Gaffney	Interim Director of Estates & Facilities		LG
Kyle McClelland	Head of Capital Planning	KM	

**In Attendance**

Pamela Mudie	PA Clinical Governance & Risk	PM
Nick Egginton	Governance and Clinical Audit Manager	NE
Pooja Sharma	Risk and Patient Safety Manager	PS

Item		Action
<b>12.01</b>	<b>Apologies for Absence &amp; Opening remarks</b>	
	<p>Apologies were received from Mark Jarvis</p> <p>The Chair welcomed members and summarised recent discussions about the relationship between the Clinical Quality Advisory Committee (CQuAC) and the IRGC. Whilst the CQuAC is an executive led group it has access to IRGC for matters relevant to clinical quality assurance and risk and it has been agreed that the Chair of CQuAC will provide an oral report to each meeting of the IRGC.</p> <p>The Chair also noted that the IRGC is a sub committee of the Board and would not therefore report to the Audit Committee however as Chair and a member of the Audit Committee he would, as Chair, provide an oral update to the Committee (which follows IRGC) on matters for the attention of the committee.</p>	
<b>12.02</b>	<b>Minutes of the last meeting on 10<sup>th</sup> November 2011</b>	
	The Minutes of the IRaGC meeting on 10 <sup>th</sup> November 2011 were approved.	

12.03	<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>	
	<p><b>Tracker</b></p> <p>PD agreed with MH that there are no actions outstanding and that all the AMBER deadlines could be GREEN with the exception of PD's business case to upgrade DATIX.</p> <p><b>10.49 BAF (Risk Management module of DATIX)</b>  PD noted she had not had an opportunity to update the Business Case as a result of pressures of taking on additional responsibilities. She noted that PS has produced an Options Appraisal on the future investment on Datix which would be incorporated into the Business Case. AA queried whether the business case should be raised here as IRaGC cannot agree to funding, but it was agreed that it go through the Business Planning process. JF said if it is not passed, then a member of the executive team should report to this committee on why, in the light of this committee's view, it still has not been funded and how otherwise we are going to mitigate the risk.</p> <p><b>10.31.3 AAU Risks</b>  MH noted progress but also that CP had concerns about sustainability in the face of consistently high attendances and admissions. CP presented figures comparing this year with last:  December 2010 = 928 breaches of the 4 hour limit in A&amp;E  December 2011 = 163 breaches of the 4 hour limit in A&amp;E</p> <p>KM explained the procedural issue relating to planning permission for the additional capacity and CP felt confident this would be resolved. The Chair requested that CP return to the Committee if there were future concerns about assurance. Otherwise, this to be deleted from the tracker.</p> <p><b>10.33 CQC compliance - Medical Devices Training</b>  EF reviewed progress noting there were funding issues which had not been resolved to support training. The revenue shortfall was about £900 and AA noted this was a small amount. JF asked that the issue be resolved outside the meeting. The Chair agreed it was not the role of the Committee to broker management issues or give direction but to seek assurance that issues were dealt with appropriately.</p> <p>NE reminded the group that Medical Devices Training was not compliant at NHSLA level 2 and it was agreed progress would be closely monitored at the next report.</p> <p><b>11.14 Carbon Management and Sustainability Targets.</b>  Concern was expressed over the number of times this committee meeting had been cancelled. The Chair asked for an update, including minutes, to the March meeting.</p> <p><b>11.23 Board Assurance Framework (BAF)</b>  This report was combined with agenda item 12.04. PD presented the BAF report which was circulated with the Agenda and other papers and raised the following.</p> <p>2136 and associated risks, had been updated by EF reflecting issues about Compliance especially Asbestos and water management.</p>	<p><i>PD to complete Business Case</i></p> <p><i>Shortfall to be resolved outside IRaGC</i></p> <p><i>EPG minutes to March IRaGC</i></p>

	<p>PD noted not all risks had been updated because of Executive availability but a full update would be presented to the January Board. Overall maternity issues were updated by NF. DSG had reviewed the BAF where no risks were proposed for escalation.</p> <p>SC suggested the scoring was inconsistent with current provision, particularly relating to healthcare acquired infections. CJ and NF supported the current scores as both believed these targets were sensitive to change and the current season added further risks to maintaining the current below trajectory position.</p> <p>CJ noted the risk relating to Demand pressures remained high, despite the additional capacity for the reasons of consistently high admissions as discussed earlier in the meeting. NF added that the risk remains, but the articulation of the risks has changed and suggested to CP this should be changed.</p> <p>JF reflected on discussing noted that one is for external assessment and the other is internal and therefore at variance with each other. NF said if it is explicit in the words as to why we believe it is a risk to the organisation that was acceptable and suggested CP meet with PD to address the description.</p> <p>MH noted the purpose of bringing issues to IRaGC etc, was to create visibility on things that are of consequence to WHHT performance where there is a concern that either the risk or the consequences, or both are unacceptable. If done correctly that leads to the right visibility, the profile getting the right attention and people doing things with it and therefore bringing it to an acceptable level. Risks may not go away, but there needs to be assurance they are properly managed in changing circumstances.</p> <p>MH also noted the issue of ownership of the risk, where the actions required to mitigate might depend on different departments and divisions as with some estates risks. JF clarified that issues requiring shorter term management rather than strategic ones, are handled by the management forum, DSG and in terms of the line management responsibilities within the organisation. LG agreed they are pursued but some have deep impacts and for instance the reason the Estates Compliance Audit was withdrawn from this meeting is that a further report was being generated which has yet to be validated.</p> <p>MH congratulated PD on progress made in developing the BAF.</p> <p><b>11.36 Never Events</b></p> <p>NF updated on progress in relation to mitigating risks in maternity theatres following the never events. She noted that WHO checklist had been implemented and that progress was being made in reorganising management arrangements for maternity theatres so ensure they aligned with best practice.</p> <p>JF asked about progress and NF advised a business case was being developed to support the additional staff required under the new model and he was reassured that the concerns identified in the full review were being addressed. All actions raised in the review had been undertaken. JF noted this was RAG rated as AMBER and AA confirmed this was because of the cost implications of the changes but there were no safety or quality concerns.</p>	<p><i>CP and PD to discuss BAF</i></p>
<b>12.04</b>	<b>Board Assurance Framework (BAF)</b>	
	As discussed above.	

<b>12.05</b>	<b>SI Summary and Themes Report</b>	
	<p>PD reviewed the Serious Incident report on Open SIs – she noted 6 were declared in December and 8 were closed by the PCT in December, and 8 in November. The system was working well and reporting was generally in accordance with internal and external timescales. PD noted the Trust has further strengthened its processes for reviewing incidents which may not be seemed reportable externally but were considered to present a threat to safety or quality. PD clarified the incident reporting and investigation process mirrored the SI process except reports were not sent externally.</p> <p>PD noted that one of the issues raised following the Deanery visit was that junior doctors did not feel they were sufficiently informed about serious incidents and never events. PD noted there were Patient Safety Grand Rounds, and that the risk department seek to ensure communication using different media to disseminate learning. PD was pleased to note that a Junior Doctor has volunteered to help support this and had been invited to incident review panels and was invited to participate in the Global Trigger Review of notes that takes place every fortnight.</p>	
<b>12.06</b>	<b>Never Events Action Log – Key Findings and Response re Maternity Theatres Review</b>	
	<p>See notes of discussion on 12.03 Tracker item 11.36</p> <p>MS reiterated detail of the 3 Never Events relating to retained tampons and swabs. She confirmed each were subject to robust investigation and panel review. A number of issues were revealed through this process including individual issues, dealt with through HR processes. There were also culture and practice issues which also required a robust response. This led to the the decision to transfer management of the maternity theatres over to the surgical division. As AA and NF noted earlier, the surgical risk has been mitigated against and the financial risk is being worked through.</p>	
<b>12.07</b>	<b>Update on Asbestos Management</b>	
	<p>MV presented a review of progress in relation to the results of an external review of estates compliance (commissioned by the Trust), which revealed areas where asbestos was present and not appropriately encapsulated, presenting a potential risk to staff and contractors working the vicinity. Staff involved have been informed and immediate action taken to prevent access to affected areas.</p> <p>Staff have received update training on asbestos compliance and appropriate controls put in place to address the issues revealed. A full investigation is underway, both to understand the scale of the problem and its emergence and also to review estates risk and compliance assurance processes. EF noted a tender specification has been completed for the removal of material which will be conducted in a highly controlled process.</p> <p>All Trust properties will be surveyed and officially registered by the end of January with the registrations stored in Estates so any contractor working on site, whether IT, Switchboard etc, can check where the asbestos is and see the management plan in place. MV added the incident was reported to the HSE as a RIDDOR and we anticipate HSE will inspect.</p> <p>The Chair asked about the impact and MV noted that at WGH about 40 to 50 estate staff may have been working in affected areas, and also some contractors. Staff who may have worked in the affected areas were also</p>	

	<p>contacted. MV noted that the areas still have to be accessed but there were stringent processes in place, including stringent requirements for staff to wear protective clothing. Expert advisors were also available to support staff. Access is tightly controlled.</p> <p>Asked about financial impact to remedy, EF noted this will be in the region of £300K to £400K, but a more accurate figure would depend on the outcomes of the surveys planned. It is anticipated that some backlog maintenance funds will be used but this may affect the existing refurbishment programme.</p> <p>Wider risks were discussed and EF assured the Committee that there are no additional associated risks. EF noted the Estates team is working closely with the Trust's Health and Safety Manager and with the HSE and the situation is closely monitored.</p>	
<b>12.08</b>	<p>Progress Update on</p> <ul style="list-style-type: none"> <li>• Estates Priority List (Lift 9 ) (P)</li> <li>• Estates Compliance Audit (P) – withdrawn</li> <li>• Legionella Water Management (P)</li> <li>• Contractors Policy</li> </ul> <p>See above.</p>	
<b>12.09</b>	<p><b>CNST Update</b>  <b>Terms of Reference CNST Steering Group - January 2011</b></p>	
	<p>MS reviewed plans for the preparation required for the re-assessment of maternity services at Level 2 in March 2013. She noted there was a recent informal visit from the assessor who went through a very useful 'Hot Spots' presentation against this year's standards. MS noted there was reassurance that these were all areas that the service was in the process of addressing. She noted that new Standards for 2012/13 would be published shortly and reviewed for impact. MS noted the main risks were in relation to Obstetric staffing as NHSLA would want to see the action plans in place to achieve staffing levels that accord with the Safer Childbirth recommendations. Another change in the process was the need to gather a percentage of all cases of births in the year – about 2000 sets of notes. This year it has to be repeated, but they will also be gathering information on the wards before hand.</p> <p>Overall a positive visit and the assessor was impressed with our robust plans. The Terms of Reference were agreed at the CNST steering group and are attached. The Steering Group meet monthly and will escalate through DISE. The Maternity Risk Management Strategy has now been finalised and will go to the Board in the next couple of months.</p>	<p><i>MS and CJ to discuss actions against Business Case</i></p> <p><i>Attach TOR</i></p>
<b>12.10</b>	<b>BIG ASK 12 – standing item</b>	
	<p>As Sarah Wiles has left, AA and CP are now leading the Big Ask 2 for the current year and the Finance Committee would be reviewing it this afternoon. There is still some way to go with it but there were no risk issues that needed raising.</p>	
<b>12.11</b>	<b>Deanery Visit Progress Update</b>	
	<p>CJ confirmed the action plan was accepted by the Deanery in December and they were returning in April to review progress. He confirmed there is a Deanery Action Group that meets weekly to review and progress issues.</p> <p>HBG responded to the Chair's question about staffing ratios that one of the problems is the difficulty of back filling for staff who need to be away from their</p>	

	clinical responsibilities for study leave and the additional financial burden of providing locums. JF said there has to be a 'trade-off' and there is a difference of perceptions. HBJ noted there is a Junior Doctors' forum where issues can be raised by junior doctors and where there is an opportunity identify early issues that need to be addressed.	
<b>12.12</b>	<b>Reporting Committee Minutes</b>	
	<p>Business Integrated Standards Executive (BISE Risks)</p> <ul style="list-style-type: none"> <li>• 7<sup>th</sup> November 2011</li> <li>• 12<sup>th</sup> December 2011</li> </ul> <p>H&amp;S</p> <ul style="list-style-type: none"> <li>• 1<sup>st</sup> November 2011</li> </ul> <p>IIGG</p> <ul style="list-style-type: none"> <li>• 7<sup>th</sup> December 2011</li> </ul> <p>Carbon Reduction &amp; Emergency Preparedness Group</p> <ul style="list-style-type: none"> <li>• 8<sup>th</sup> December 2011 cancelled due to other commitments and next one is on 11<sup>th</sup> January 2012.</li> </ul> <p>The reporting committee minutes were noted and there were no issues that required escalation other than EF being asked to make sure the Emergency Preparedness Group gets established..</p>	
<b>12.13</b>	<b>AOB</b>	
	<p>MH and PD to discuss CQuaC and IRaGC ToR</p> <p>MS noted through PD that Maternity now has a DatixWeb system in place for addressing outstanding incidents.</p> <p>Medical Division has more incidents reported given their resources and this is being addressed. Report back to March IRaGC that this has been resolved.</p>	<i>MH &amp; PD</i>

**2011/2 meetings in Executive Meeting Room (Spice of Life) WGH**

Date	08:00	09:00
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