

# West Hertfordshire Hospitals

NHS Trust

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

Thursday 8<sup>th</sup> March 2012

9:00 – 10:30 am, Executive Meeting Room (Spice of Life)

**Present:**

Mahdi Hasan	Non-Executive Director (Chair)	MH
Colin Johnston	Medical Director	CJ
Patricia Duncan	Ass Director of Clinical Governance & Risk	PD
Natalie Forrest	Director of Nursing	NF
Sarah Connor	Non Executive Director	SC
Martin Keble	Chief Pharmacist	MK
Mark Vaughan	Director of Workforce	MV
Howard Borkett-Jones	Assoc Med Dir, Education & Training	HB
Tahir Bhatti	Divisional Director - Surgery & Anaesthetics	TB
Mark Jarvis	Associate Director of Patient Experience & Feedback	MJ
Pooja Sharma	Risk & Patient Safety Manager	PS
Louise Gaffney	Interim Director of Strategy & Infrastructure	LG
Anthony Divers	Divisional Director – Clinical Support	AD
Paul Jenkins	Director for Partnerships	PJ
Ade Sanusi	Clinical Director for Women Services	AS
Kyle McClelland	Head of Capital Planning	KM
Eric Fehily	Associate Director - Estates	EF

**In Attendance**

Pamela Mudie	PA Clinical Governance & Risk	PM
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Item	
<b>12.13</b>	<b>Apologies for Absence &amp; Opening remarks</b>
	Jan Filochowski, Nick Egginton, Chris Pocklington, Simon Green
<b>12.14</b>	<b>Minutes of the last meeting on 12<sup>th</sup> January 2012</b>
	The Minutes of the IRaGC meeting on 12 <sup>th</sup> January 2012 were approved.
	<b>Feedback and Summary of decisions made and actions agreed by the CQuAC</b>
	<ol style="list-style-type: none"> <li>1. Capacity and increased demand is clearly a particular quality issue and needs addressing</li> <li>2. We need to confirm the CQUIN targets and Quality Schedule for 2012/2013 and liase with the PCT where necessary on realistic targets.</li> <li>3. The overwhelming work carried out in decreasing avoidable pressure ulcers is to be commended.</li> <li>4. Acknowledgment of the NHS safety thermometer.</li> </ol>

12.15	<b>Matters Arising &amp; Tracker</b>
	<p><b>10.33 CQC compliance - Medical Devices Training</b>  EF updated that Baz Marie is leading on this and that we are purchasing the software which will be rolled out from 15<sup>th</sup> March 2012 to ensure records are up to date in order to demonstrate progress with this standard to the NHSLA assessors on their informal visit in May.</p> <p><b>11.14 Carbon Management and Sustainability Targets.</b>  EF highlighted that we have had the feedback on our sustainability plan and the sustainability group will meet on the 28<sup>th</sup> March 2012 which is NHS sustainability day.</p> <p><b>11.49 Board Assurance Framework (BAF) - Datix</b>  PD reported that the Business Case had been completed and that she has suggested that the funds set aside for upgrade (£10K for this year) should be used to contribute to costs of a new server to support DATIX. The current server will not support further modules or the upgrade to Version 11. PD has been advised that this would not be economic as the server virtualisation project is moving away from a system of one server supporting a specific system. However, the virtualisation project is now on hold pending the outcome of a scoping exercise led by the Director of Finance to determine future IT provision. PD noted that Datix is a corporate used also for for incident reporting, complaints, PALS, claims and risks. CJ suggested that PD obtain the timescales for the IT scoping work and seek mitigation for Datix by the end of the year and added that due to such significant delay this should be on the BAF and this is a multidisciplinary issue and potentially a big risk and ultimately the Board should decide. This was agreed.</p> <p><b>11.36 Never Events</b>  PD highlighted that concerns have been raised in relation to full implementation of lessons learnt in gynaecology and we need assurance for the May IRaGC.</p> <p><b>11.42.5 Mandatory Training</b>  MV updated that we have agreed a way forward and all areas and we have changed the frequency for some of the training modules our current compliance rates are 72% for statutory training and 68% for mandatory. Some training modules including VTE have a very low compliance rate currently and we are working on these.</p> <p><b>12.07 Update on Asbestos Management</b>  EF updated that all sites have been surveyed and areas at high risk have been closed off appropriately. Areas which have asbestos identified have all been labelled clearly. We have started the removal of asbestos in the admin block and pathology in WGH under the HSE licence and Vicarage Rd has been completed. LG updated that the final SI report has been submitted to the PCT. MV added that it is likely that there will be a HSE inspection with a possibility of a prosecution.</p>
	<b>Review and Discussion</b>
12.16	<p><b>BAF</b>  PD updated that the BAF presented is has not been fully updated including some IT and finance related risks but the board will receive an up to date version. SC added that updates for the BAF are not being received on time and the BAF received at the IRaGC should be the final version so we can escalate issues to the Board. PD highlighted that updates on the BAF have been dated as recommended by Liz Wright. The format was discussed and the Committee received examples of BAFs from two other organisations for review and comments. MH added that the group should bring to the May IRGC opinions on issues, good or bad, resource issues and reporting structure relating to the</p>

BAF however we don't want to lose the details. SC added we should also discuss how get the updates for the BAF as we need a fully updated BAF at each meeting.

**Escalated Divisional Risks for the BAF:**

1. 2755 Replacement of CT / MRI scanner – AD highlighted that that the CT scanner in HHGH is not sustainable as the equipment is breaking down up to 3 times a week and is now passes its sell by date and it posing an increased risk. AD added that there is a cost issue as a mobile scanner will be more expensive. LG added that the business case prepared by Sue Daniels has been shared with Anna Anderson and is going through process
2. 2210 ITU and Delayed Discharge – CJ highlighted that this is a direct consequence of our increased capacity and increased pressure on beds and if we were to fix the bed pressure issue it would improve the discharges automatically. IT was suggested that we raise this risk to the Board and for the BAF. NF highlighted that this risk should be cross linked to the BAF as this risk is a bigger issue due to our capacity. CJ added that Chris Pocklington needs to bring more detail identify the issues, risks to the board. TB questioned the penalties relating to discharge and NF clarified that the penalties relating to admittance within 4 hours and night moving, there are no penalties on discharge. A point to note is that on ICU there are no arrangements for same sex, privacy or dignity in place as we are under continuous pressure from this unit which is impacting the patient experience.
3. 2786 CRB checks – MV highlighted that whilst current arrangements for recruitment meet the requirements to identify and initiate appropriate checks, staff employed prior to 2002 have not had these checks. A 3 phased action plan has been produced; Phase 1 involves CRB checks on High Risk staff without a CRB inc Paediatricians & Children's outpatients which is nearing to completion, Phase 2 is to target the "lower risk" staff inc A&E, ITU etc and we are currently finalising the names of such staff and these will be under CRB soon. The last Phase 3 involves a rolling programme for all staff involving a 3 yr 're-check' policy to prevent substantial time lapses in CRB checks, the Trust does not currently re-check staff however every 3 years is recommended). We need to look at this in more detail in terms of a process point of view and resource required however this poses a risk in terms of something happening to a child by a staff who has not had a CRB and staff who have disclosed. The committee highlighted that MV should present this risk for the Boards awareness in relation to the issues and assurance for them to decide.

**Business Risk Register (BRR)**

**12.17** PD updated that this risk register is a good initiative and is currently in its early stages and we are encouraging departments to identify specific risks that are not for the BAF or divisional risk registers.

**12.18 Estates Compliance and Risk Report**

LG presented this report which focused on the review of estates management compliance and the development of a risk profile based on evidence of compliance and to identify gaps in systems and processes. LG highlighted that there were significant gaps and cost pressures. Four key outstanding items that have been identified are 1. Piped Medical Gas Systems 2. Water Services 3. Electrical Infrastructure and 4. Ventilation and surveys need also to be completed to ensure we are able to identify all risks and introduce preventive measures. LG highlighted a presentation relating to calibration of estates risk which used an alternative method to the 5x5 risk scoring matrix – she reiterated this was a methodology developed specifically for Estates related risks. LG noted there is an action plan covering all aspects of the report, and incorporating all

	<p>recommendations. She noted that progress updates would be presented to IRGC. MH noted the report provided more assurance about the cause, effect and consequence of estates challenges and thanked EF and LG. MH also confirmed that he will include this assurance in his IRGC report to Board. PD noted the Annual Governance Statement should include any significant control issues and the Chair advised this should be brought to the Audit Committee for consideration.</p>
<b>Information and Update</b>	
<b>12.19</b>	<p><b>Divisional Risk Management Internal Audit – Briefing</b>  PD highlighted the key findings from the audit which identified concerns around estates risk management which had brought the overall assurance level down to amber/red. PD noted divisions would be asked to develop an action plan to address recommendations, to be monitored at divisional ISE meetings and BISE. PD noted there was a review in train in relation to estates risk management arrangements which will be reported to the Estates ISE.</p>
<b>12.20</b>	<p><b>WACS Outstanding Incidents Position Statement</b>  CJ highlighted that there were 769 outstanding WACS incidents awaiting review and their severity not therefore fully appreciated. Whilst advised that the division have assured that incidents that are currently being reported are being approved in a timely manner there is a concern about the extent of the backlog. AS advised that following the appointment of senior midwives there would now be the resource to address this issue. However he noted there remained concerns with Gynaecology approval systems which were being addressed. The Chair asked that the Division ensures the current backlog is addressed as a matter of urgency and that there is a clearly understood process within the division to review incidents in a timely manner to prevent a recurrence.</p>
<b>12.21</b>	<p><b>Clinical Engagement with the Capital Planning Group</b>  LG highlighted recent changes to processes for capital planning noted there were two groups, the Capital Planning Forum (CPF) which meets quarterly and covers strategic issues including the review of associated risks. This forum requires clinical input but is otherwise well represented by divisional managers with cross references between the divisions and the use of a risk register. The second is the Capital Planning Board (CPB) which meets monthly to review operational/project issues. This group comprises mainly estates staff and includes a divisional manager, representing DGMs. This group focuses on project specific risks and budget management.</p> <p>KM highlighted that the £7.2 million budget is generated through depreciation of assets and is used to reinvest into capital assets but this leave no room for service improvement. Additionally there is no capital fund or asset for equipment such as surgical instruments, furniture or “near patient” medical equipment (syringe drivers etc) and thus these are purchased on a spot basis using revenue funding.</p>
<b>12.22</b>	<p><b>SI Investigations – Never Events &amp; Accountability</b>  CJ highlighted the recent proposal from the SHA which is subject to challenge from provider Trusts. PD clarified that the SI policy clearly references that appropriate action is taken where negligence or professional misconduct is identified and the policy includes a tool to support this, developed by the NPSA (incident decision tree).</p>

<b>12.23</b>	<b>Standing Item</b>
	<b>Big Ask 2</b> To be discussed at the May IRGC.
<b>12.24</b>	<b>Reporting Committee Minutes</b>
	<p><b>Business Integrated Standards Executive (BISE Risks)</b></p> <ul style="list-style-type: none"> <li>• 9<sup>th</sup> January 2012</li> <li>• 13<sup>th</sup> February 2012</li> </ul> <p><b>H&amp;S</b></p> <ul style="list-style-type: none"> <li>• 6th December 2011</li> </ul> <p><b>IIGG</b></p> <ul style="list-style-type: none"> <li>• 7th December 2011</li> </ul> <p><b>Sustainability Management Committee</b></p> <ul style="list-style-type: none"> <li>• Eric Fehily to re-convene</li> </ul> <p><b>Emergency Preparedness Group</b></p> <ul style="list-style-type: none"> <li>• 11th January 2012</li> </ul> <p>The reporting committee minutes were noted and there were no issues that required escalation.</p>
<b>12.25</b>	<b>AOB</b>
	<p><b>Annual Fire Safety Report 2011</b> LG highlighted this report to the committee which was reviewed and noted</p> <p><b>Terms of Reference - Workforce Governance Risk Committee Feb 2012</b> MV highlighted the ToR for the above named committee and they were agreed.</p> <p><b>IRaGC ToR for Review and Approval</b> PD highlighted the changes to the ToR for this committee and they were agreed.</p> <p><b>Review of Committee Effectiveness –</b> PD noted that in line with good governance the Committee should undertake an evaluation of its effectiveness and this will be planned for June 2012.</p> <p><b>Pamela Mudie’s Retirement –</b> Post meeting note: The Chair wished to signal his appreciation for the Clerk to the Committee, Pam Mudie who was retiring at the end of March. The Chair wished her well for her retirement.</p>

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

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