Integrated Governance Committee DRAFT Minutes

31st August 2010

(Meeting 19)

Present:	Roderick Knight (RK)	Chairman and NED
	Bill Boa (BB)	Director of Finance/Resources
	Jeffrey Ellwood (JE)	Chairman
	Julia Gerzon (JG)	Non-Executive Director
	Nick Hateboer (NH)	Medical Director
	Peter Knell (PK)	Non-Executive Director
	Jean O'Callaghan (JO)	Chief Executive
	Mark Power (MP)	HR Director
	Sue Sutherland (SSU)	Acting Chief Executive
	Alison Tong (AT)	Director of Nursing/Operations
	Peta Turnbull (PT)	Non-Executive Director
In attendance:	Suzanne Slight (SSL)	Head of Risk Management
	Vanessa Read (VR)	Deputy Director of Nursing
	Andy Hutchings (AH)	Council of Governors rep
	Sue Bruce-Payne (SP)	Council of Governors rep
	Colin Dann (CD)	Council of Governors rep
Minutes:	Rachel Lovett	Minute Taker

NO	ITEM	Action
84/10	**Apologies for Absence** There were no apologies received.	
85/10	**Minutes of the Meeting 8th July 2010** The opening paragraph should read "Due to the large agenda, the Chairman informed the Committee who were presenting reports, and at what time. Introductions …". Page 3 item 76.7 AH had not seen leaflets and posters as stated. AT stated that they were provided to the governors that were running the surgeries for display not to all governors. If required copies are available though John Yeoman. Page 4, item 77.1 to read "SSL stressed that the Trust does not always meet the deadlines for closing safety alert bulletins". The minutes were approved with the above amendments.	

86/10	**Action List and Matters Arising from 8th July 2010** **Action List**	
86.1	AL1 Dementia Lead Gail Volney, Matron is the current lead. This item will be an Agenda item for January 2011. **CLOSED UNTIL 1/1/11**	**AF**
86.2	AL2 Medical Input RK was assured that the new structure and Executive Director responsibilities on other Committees will ensure appropriate medical input at all levels within the Trust's committee structure. **CLOSED**	
86.3	AL3 Education Committee – Mandatory Training (generic v individual skills set) AT confirmed that there is a matrix available on the intranet but some staff find it difficult to understand. **MP will review this issue**.	**MP**
86.4	AL4 Resuscitation Committee – **Agenda item**	**AF**
86.5	AL5 Process for Dissemination and Implementation of Policies The new Committee Structure is going to TB next month and is attached as part of the Chief Executive's report. **CLOSED TB ISSUE**	
86.6	AL6 SUI's Timeframe The SUI format has been revised with new reports going to the Trust Board in the private part of the meeting every month. If a serious SUI is received urgent communication is vital between Board. SSL was pleased with initial attendance by medics at training sessions. **ITEM CLOSED**	
86.7	AL7 Delayed Transfers AT reiterated that a meeting is being planned with social services to escalate concerns. **Awaiting feedback**.	**AT**
86.8	AL8 RCA Action Plan **ITEM CLOSED**	
86.9	AL9 National Patient Safety Alerts Completed – **ITEM CLOSED**	
86.10	AL10 Essential Standards **VR reported that it has become apparent that a review needs to take place and re-allocation of standards before further meetings are planned**. The Trust Board will need to decide which Committee takes actions against the recommendations received with deadlines.	**VR/AT**

86.11	AL11 Late Papers and Non-Attendance JO will become involved if necessary, but proposed new structure should mean different reporting process (not to this Committee). **ITEM CLOSED**.	
86.12	AL12 Board Protocol Paper The Charities Committee is not part of this Trust and so has not been included. To be discussed at Trust Board. **ITEM CLOSED.**	
86.13	AL13 Re-Badging of IGC Part of new Committee Structure – **Feedback September Meeting.**	**AF**
86.14	AL14 Information Governance Committee - SIRO BB confirmed his role in SIRO. **CLOSED**	
86.15	AL15 Research Strategy Committee & Annual Report NH to action at Executive's meeting and advice on the recommendations made. **Feedback September Meeting**.	**NH**
86.16	AL16 Clinical Audit Report and Documents To be Agenda item - **September Agenda**	**AF**
86.17	AL17 Dorset Adult Safeguarding Board Report submitted. **CLOSED**	
86.18	AL 18 IGC Issues Raised to Trust Board Overtaken by events. **CLOSED**	
86.19	AL19 Risk Register Report Completed. **CLOSED**	
86.20	AL20 Date of Next Meeting Completed. **CLOSED**	
86.21	AL21 MHRA Action Plan AT confirmed this is reviewed monthly by the Executive Directors. An exception report will come to IGC and Audit Committee. **AT for action**.	**AT**
86.22	AL22 Mapping of SUI Process Dependent upon new Committee Structure. **To be confirmed**.	**AF**
86.23	AL23 Corporate Records Management & Information Lifecycle Strategy **BB to pick up and report back at September meeting**.	**BB**
86.24	**Matters Arising** In light of current climate VR recommended resurrecting "mixed	

	sex accommodation" for monitoring in conjunction with the Executive.	**AF**
86.25	AH expressed his difficulty in understanding all the abbreviations and jargon used in the meeting. **It was agreed to send out to each governor an abbreviations list with each Trust Agenda in hard copy.**	**AF**
87/10	**Draft Terms of Reference for Healthcare Assurance** SSU had drafted the Terms of Reference and stressed the need for the Board to have more than one committee for detailed scrutiny. It was suggested that the Healthcare Assurance Committee could include performance. There was debate about item 6.2 "Accountability" and the proposed role of "an advisory Committee with no Executive powers". BB suggested that this was only a wording ambiguity, but JE had similar ToR from Salisbury where they had some delegated authority. It was agreed that the main focus of this group was making sure that the organisation is safe. **JO will be reviewing the whole governance structure, making sure there are no gaps with internal control systems in place.** SSU suggested that there be implicit power of authority not explicit. Sub-Committees of the IGC were also discussed and proposals noted for these to cease, and be replaced with topic areas for scrutiny. It became apparent that due to past experience, the NED's felt it imperative that any problems should be brought to their attention and that the Executive Directors were open to this. It was agreed that with a new Executive Team in place both sides needed to work together as one Board. SSU reminded them that these ToR were an ideal opportunity for detail to be discussed and information shared in this forum rather than Trust Board. Finally RK asked that the name "quality" try to be incorporated into the new name of the Committee. AH was surprised at the number of Trust Committees. He was assured that they were all under review but were currently necessary. Alternative names may be given instead of "Committee" working group etc. ***Monitor and SUI's* – JE asked the Executives to ensure NEDs could answer questions about SUI's if asked at the next Monitor meeting.**	**JO** **Execs**

	Members were asked to reflect these issues and revisit this item after the October Board meeting. November IGC. If a Committee is not working within its ToR the matter should be reported to the Chief Executive.	**ALL**
88/10	**INTERNAL CONTROL, RISK MANAGEMENT & ASSURANCE** **Assurance Framework** SSU reported that she was happy with the framework but not the contents. **AF, BB and SSL will be meeting to populate, and then come back to the Board**.	**AF/BB/ SSL**
89/10	**Risk Register** A copy of SSL's report is attached at the end of these minutes. The Risk Register will formally go to the Board each quarter. AH asked about the complaints over the pain clinic and risk of patients falling in the shower due to no grab handles. Whilst a new consultant has been authorised for the pain service, **SSL agreed to pick up on the shower incident.** AT added that she had previously carried out visits to areas with the greatest number of falls and bathrooms and showers had not been highlighted as a problem area. Concern was expressed about several incidents which appeared to have been on the register since 2004 and were still red status. NH was keen to explain some issues are beyond our control, for example prescribing of drugs. However item 415 it was acknowledged that the wording on the progress action plan needed to be strengthened and that the Trust did need to do more. **RK asked that for those risks still open since 2004 that a comment be added stating current situation. The Executives agreed to revisit this and delegate names and timescales to risks**.	**SSL** **SSL Execs**
90/10	**SUI Report** SSL reported on the new style report, especially the graph which she hoped demonstrated clearly that not all initial SUI's meet the criteria following investigation. The report also showed where actions had been completed and the process which takes place before a matter is closed. It was noted that where other agencies are involved, these will	

	take longer to investigate. The report was noted.	
91/10	**CQC Update – Verbal Report** VR reported that CQC will be publishing a new risk profile in September. **This will be brought to a future meeting**.	**AF**
92/10	**EXTERNAL VALIDATION & ASSESSMENT** **Exception Reports from Sub- Committees**	
92.1	<u>Decontamination Committee</u> Claire Damen in attendance. She highlighted the following from her written report:- <u>SSD</u> The fact that the SSD is not currently accredited and the solution of a new build is no longer sustainable. She hoped that work would be able to start early next year on improvements. <u>Single Use Items</u> Eventually a full audit will need to be carried out to ensure the policy is being adhered to. <u>Endoscopy</u> The issue is lack of space, not poor service. A plans is underway by AT, Pauline Matthews and the Design Practice to extend the area utilised. Any costing with go to the Executive. <u>Risk Registers</u> Item 7 pressure relieving mattresses – trials are ongoing regarding hiring these so that they will come decontaminated. Claire was thanked for attending.	
92.2	<u>Education Committee</u> Will McConnell in attendance. He started off by highlighting the positive:- ➢ 90% of staff thought that mandatory training was good ➢ There is a new training programme for the Trauma team ➢ Resuscitation heart training is being offered for healthcare support workers ➢ Smart cards have been issued to junior doctors enabling better recording of their training.	

	The difficulties are:- o Financial implications due to reductions by the Wessex Deanery from August 2011 (this will be a Trust Board item) o Poor attendance for training in general o Monitoring training (ie who needs training etc). A recent request for a Band 2 post was turned down by the Executives. o Poor attendance at Education Committee *Questions* SSL supported the additional admin support as this was one element necessary for CNST compliance. NH also supported this bid. MP suggested it is re-visted at Executives Meeting. It was felt that this had a wider implication in that external resource for training was diminishing and the Trust should have a view on this. **MP and Will agreed to meet and discuss further with Tina. This item will come back to the September meeting**. Will was thanked for attending.	**MP** **AF**
92.3	Resuscitation Committee Dr Hough not in attendance. **Agenda item for September**.	**AF**
92.4	Safeguarding Children Report – Confidential Alison Ryder was present and tabled " Assurance Table for Contract Specification Schedule 11 part 4", Safeguarding Children Audit Report 2010" and DCHFT Action Plan Family S3 – 2010" to the Committee. A comprehensive report was given, and the following questions raised:- Why only certain areas are audited and what proactive work is being undertaken Why in Appendix 1 "surgeons completed basis paediatric life support" there was a category with no information 11 out of 24. Alison confirmed that resuscitation did not have this information. Whilst this was not considered a risk, as those not having training may not be 'front line' and that children were not at risk, but that fact that the answer to the question was unknown was unacceptable. SSU suggested writing to those consultants and asking them the question. VR added that now resuscitation offer a joint adult and paediatric life support course, that this would improve.	

	Why a NED was thought appropriate for the Committee An explanation was asked for regarding social history taking and why this was necessary as it was time consuming and duplicated by other agencies. Finally Alison was asked how long it took for a serious case review and the logistics. She agreed it was very resource intensive. Alison was thanked for attendance and the Committee felt reassured that children at risk issues are being carefully managed.	
92.5	<u>Stroke Report</u> SSU presented the South West Strategic Health Authority joint Trust and PCT review of Stroke Services. A presentation will be made to the Trust Board next month by Rob Williams. This was a harsh and critical report and there are a lot of recommendations to action. AT confirmed that there has been difficultly with the bed management and stroke team working together, but that a way forward has been found. She was disappointed to note that the stroke team and Executive Team had not engaged from the 2008 report. BB suggested that a formal reply to the report be prepared, and that this should come from the Trust Board. The reply will specify what action the Trust will take, with timescales. **JO will pick this up prior to the next Board meeting.**	**JO**
93/10	**NATIONAL GUIDANCE & POLICY** **NPSA Alerts – Verbal Feeback** SSL was unaware that this was required**. Agenda item for September.**	**AF**
94/10	**Exception Reporting** It was unclear as to why this was on the Agenda. **Check if necessary for September meeting.**	**AF**
95/10	**Referral of Items for Board of Directors** The single biggest item for Trust Board was the new committee/governance structure. This impacts upon the Terms of Reference for this Committee, it's role, responsibilities, topics (if not sub-committees) and even name.	

	Assurance Framework will be populated and referred to the Board. The Board will also give a formal response to the Stroke Report.	
96/10	**Any Other Business**	
96.1	*Future Agendas* Add the timings and names of people coming to present reports (although this should not need to happen once the new structure is in place). Also it should be made clear on the Agenda who is speaking on what items.	**AF**
96.2	*Tabling of Papers* Where possible this practice is not to happen for this Committee.	**AF**
96.3	RK took the opportunity to thank Sue Sutherland for everything she had done for the Trust. She had faced lots of challenges and her support had been very much appreciated.	
97/10	**Date and Time of Next Meeting** 28 September 2010	

Meeting ended at 4.15 pm

20 September 2010
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