WESTERN HEALTH AND SOCIAL CARE TRUST

CLINICAL & SOCIAL CARE GOVERNANCE COMMITTEE

Minutes of the Clinical & Social Care Governance Committee meeting held on Friday 14th December 2007, commencing at 2.00pm in the Denis Desmond Room, MDEC, Altnagelvin Hospital.

Present:

Mrs Sally O'Kane, Non-Executive Director (Chairperson)

Mr John Doherty, Director of Women & Children's Services (Executive

Director of Social Work)

Dr Anne Kilgallen, Medical Director (Executive Director)

Mr Trevor Millar, Director of Adult Mental Health & Disability Services Mr Alan Corry Finn, Director of Primary Care and Older People's

Services (Executive Director of Nursing)
Mrs Margaret Kelly, Director of Acute Services
Mr Brendan McCarthy, Non-Executive Director

Apologies:

Mrs Elaine Way, Chief Executive

Mr Joe Lusby, Deputy Chief Executive and Director of Planning and

Performance Management

Mr Colin Langford, Chief Internal Auditor

Mrs Nuala Sheerin, Director of Human Resources Ms Stella Cummings, Non-Executive Director Mr Ciaran Mulgrew, Non-Executive Director

In Attendance:

Dr Geoff Nesbitt, Associate Medical Director

Mrs Therese Brown, Head of Clinical Quality & Safety

Mrs Anne Witherow, Assistant Director of Nursing, Professional

Development & Performance.

Ms Deirdre Mahon, Assistant Director, Quality Development for

Women's & Children's Services.

Mrs Ursula Quinn, Risk Management Officer, Clinical Quality & Safety

1.0 WELCOME AND OPENING REMARKS

2.0 APOLOGIES

3.0 MINUTES OF THE PREVIOUS MEETING

4.0 MATTERS ARISING

4.1 Committee Structures Update (Draft)

Mrs Brown referred to the papers relating to the amended proposed Committee Structure and advised that she had worked with Mr Lusby to review the Structure. She advised that the amendments and suggestions made by the Committee have been taken into consideration.

Mrs Brown clarified that Professional Groups report to the Professional Directors and the assurance to the Committee will be given via that route. Mr Finn commented that he is pleased to see Professional Groups mentioned within the structure and suggested that it would be helpful if these could be named in full.

Mrs Brown noted that Quarterly Governance reports will only be sought from the Service Directors; however she suggested that it is important that Human Resources, Planning and Performance and the Medical Directorates have C&SCG meetings to enable them to appropriately manage governance arrangements within their Directorate.

Mrs Brown referred to the draft Terms of Reference for the two Sub Committees and the sample Terms of Reference for a Directorate Governance Committee included within the papers. She advised that it is important for the Sub Committees to be established to take forward the Governance Agenda. Mrs Brown stated that she has been requested by Mr Lusby to collate the draft Terms of Reference for all of the Working Groups identified on the structure.

Mrs Brown circulated the proposed membership of the Risk Management Sub-Committee and the Quality and Standards Sub-committee. Dr Kilgallen advised that she has agreed to chair the Risk Management Sub-committee and Mr Doherty will chair the Quality and Standards Sub-committee. Mr Finn noted that Directors will need to think carefully about their nominations to the Sub-committees to ensure there is a good cross section of staff chosen.

Mrs Brown suggested that the Sub Committee meetings should be timed to correlate with the dates of the C&SCG Committee meetings.

Discussion ensued on how best to ensure appropriate staff and user involvement in the various Committees. Dr Kilgallen suggested the C&SCG Committee should keep in mind the idea of establishing a Reference Group. Mr Millar agreed and informed the Committee that the Adult Mental Health and Learning Disability Directorate have some very good Referencing Groups in place.

Mrs O'Kane advised that we need to keep this under review and noted that as the committees develop we will be able to develop closer links with User Groups.

ACTION: Mrs Brown

4.2 Governance Action Plan

Mrs Brown referred to the updated Governance Action Plan, charting the progress made against the targets set by the Committee for 2007/08. She stressed that the key piece of work, which needs to be undertaken, is to communicate the arrangements to staff within the Organisation.

Mrs Brown advised hat once the structure is finally approved and the Sub Committees meet and agree their Terms of Reference, she and Dr Kilgallen plan to communicate the arrangements to staff in the form of road shows early in the New Year.

Mrs Brown concluded that it should now be possible to prepare a draft Clinical and Social Care Governance Strategy.

ACTION: Dr Kilgalien

Mrs Brown

4.3 Risk Governance Review

Mrs O'Kane advised that this item had been deferred from the previous meeting.

Dr Kilgallen informed the Committee that Directors would report against this item as part of their Directorate Governance Reports. Mrs O'Kane agreed that this is the correct route for reporting on this issue.

4.4 Fluid Management Policy

Dr Nesbitt referred to previous discussion on this subject and advised that the Policy for Prescribing Intravenous Fluids to Children together with the Trust Alogorithm "Paediatric Parenteral Fluid Therapy", and Daily Fluid Balance chart had been developed to reflect the agreement by the Trust to approve the use of Hartman's Solution with pre added glucose 3%. Dr Nesbitt directed the Committee's attention to some areas of importance within the drafts and gave a brief explanation of the reasoning behind each one. He noted that the sheets are in A3 size as this will allow all of the necessary information to be documented within this important chart.

The Committee commented on some aspects of the chart and requested clarity on the process. Mrs Witherow suggested some minor changes to improve recording within the prescribing section. Dr Nesbitt agreed to consider these suggestions but stated that the proposed charts are for a 24-hour period only. A new chart will be required for each 24-hour period.

Dr Kilgallen advised that it would also be beneficial if the Fluid charts could be piloted. Dr Nesbitt agreed that this would be a good way forward.

Mr McCarthy queried if this chart requires extra training for staff. Dr Nesbitt advised that, staff should be aware of the procedures of fluid management and the charts will be there to visually reinforce the obvious to them. Dr Nesbitt advised that he is not aware of any other hospital in Northern Ireland that is providing this type of guidance for staff regarding fluid management.

Mrs O'Kane thanked Dr Nesbitt for his presentation to the Committee and for all of his work in this area.

ACTION: Dr Nesbitt

4.5 New Procedures – Pulmonary Rehabilitation



5.0 QUARTERLY DIRECTORATE GOVERNANCE REPORTS

Mrs O'Kane thanked the Directors for the detailed quarterly reports provided. She advised the Directors when formally reporting to the Committee they should highlight the key governance issues for their respective Directorates.

Women & Children's Services

Mr Doherty informed the Committee that as stated previously the three key challenges for the Women & Children's Directorate remain the same: failure to meet the recommended 40 hours labour ward cover, the increasing number of unallocated referrals within Family Support and capacity issues within CAMHS services. Mr Doherty advised that all of these issues have been identified as red risks within the Directorate's Risk Register, and he informed the Committee of the steps being taken to try to reduce the risks. The lack of labour ward cover has been raised with the Western Board, there is ongoing work to develop and refine delegated statutory function reporting, and interim arrangements are in place to ensure that under 18's admitted to psychiatric wards are appropriately managed although he stressed there needs to be a regional solution to this issue.

Ms Mahon informed the Committee of the establishment of a Social Work Forum, which has had a positive response by staff.

Mr McCarthy expressed his concern that recent evidence from the NSPCC/Rape Crisis Centre, seems to suggest there is a lot of under reporting of child abuse incidents. Mr Doherty advised that in his view people are getting better at reporting incidents and coming forward to discuss problems; however he acknowledged that there are cases of sexual abuse that are not reported. Ms Mahon stated that the nature of the legal process can discourage victims from reporting.

Mr McCarthy also advised that as a professional working with young people it is not particularly clear who to report concerns to. Mr Doherty informed Mr McCarthy that action is being taken to resolve this matter with the introduction of a central point of contact within the WH&SCT area. Mr McCarthy agreed that a central telephone contact number will make reporting a lot easier and thanked Mr Doherty for this information.

Mrs O'Kane referred Mr Doherty to point 2.9 of his report under 'Competence and Supervision' and suggested that perhaps this should read 'all Social Workers have applied' rather than 'all Social Workers are registered'. Mr Doherty agreed this would be a more accurate statement and he agreed to amend his report accordingly.

ACTION: Mr Doherty

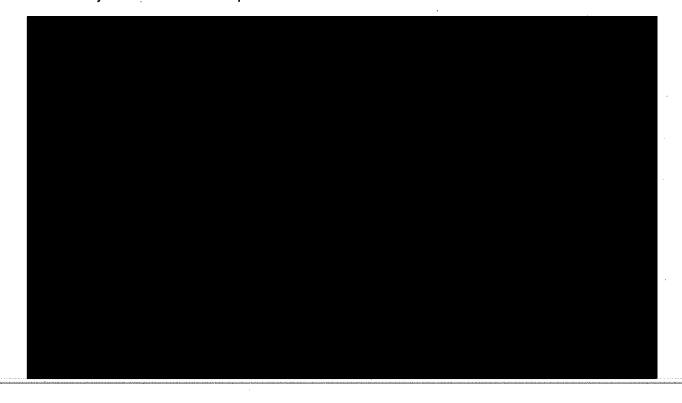
Mrs O'Kane also suggested that the Quarterly Directorate report should include commendations as well as recording complaints; she noted that a lot of good work is undertaken in the Directorate. Mrs O'Kane also sought clarification on abbreviations referred to in the report, and Mr Doherty provided clarity on these as follows: – ACPC is the Area Child Protection Committee and CDTU is the Children's Day Treatment Unit.

Ms Mahon advised the Committee of the recently published Social Care Governance Workbook which will be launched on the 16th January 2008, with the Western Trust launch being organised for the 22nd February 2008. Mrs Mahon commented that this is a very important training event and all staff will be required to attend.

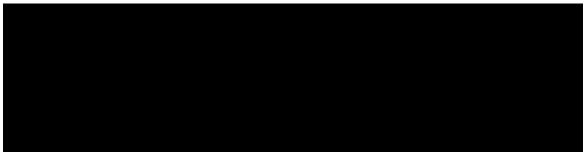
Mrs Brown queried if it would be possible to use this forum to include the content of the planned Clinical Governance Road shows for social work staff. Ms Mahon agreed that she would work with Mrs Brown to take this forward.

ACTION: Ms Mahon Mrs Brown

Primary Care and Older People's Directorate







Adult Mental Health & Learning Disability





Acute Services



6.0 PUBLIC INTEREST & DISCLOSURE POLICY (WHISTELBLOWING)

Dr Kilgallen advised that the policy has been developed to ensure consistency across the Trust and to ensure compliance with Department Circular HSS (Gen 1) 1/2000.

Mrs Brown informed the Committee that the proposed title reflects section 11 of the department circular which requires the Trust to comply with the provisions of the Public Interest Disclosure Order, generally known as 'whistle-blowing' by staff and advised that most Trusts include a reference to whistle blowing in the title in brackets as suggested.

Dr Kilgallen advised that section 11(i) also requires the designation of a senior manager with specific responsibility for addressing concerns. The Corporate Management Team has nominated the Head of Clinical Quality and Safety as the most appropriate person. Section 11 (ii) of the circular requires guidance to help staff to raise concerns about malpractice.

Dr Kilgallen also noted that Dr M O'Kane has advised that within the research controls assurance standard evidence is required for whistle blowing policies to identify 'fraud and misconduct in a research project', and the list has now been amended to reflect this at paragraph 7. She also advised that Section 11(v) requires the prohibiting of 'gagging clauses' in contracts, this was not included in previous policies. New paragraph 20 covers this issue.

Mr McCarthy suggested that there is a need to clarify throughout the policy that where employee is mentioned this includes staff and agents of the Trust.

It was suggested that section 10 should be softened to ensure that staff are encouraged to report. Mrs O'Kane advised that the name of the policy should be included on every page as either a header or a footnote.

ACTION: Dr Kilgallen

7.0 RQIA ACTION PLAN

Dr Kilgallen referred to the Clinical and Social Care Governance Meeting of 8th November 2007 which had approved the draft plan for approval and advised that the final action plan had been forwarded to RQIA as required and was included in the papers for information.

8.0 DEVELOPMENT OF GOVERNANCE ARRANGEMENTS

8.1 Professional Audit Workshop

Mrs Brown advised that a workshop was held on the 3rd December 2007 to help develop the multi-professional audit strategy for the trust. A total of 35 Professionals from all specialities attended the workshop and there was great enthusiasm from participants. Work is underway to summarise the views and comments of the participants. A paper on the proposals will be presented to the Committee.

8.2 Drugs & Therapeutic Workshop

9.0 PATIENT & CLIENT SAFETY PROGRAMME

Dr Kilgallen referred the Committee to the Draft Patient & Client Safety Programme Plan contained within the papers. She advised that the purpose of the document is to outline the objectives, key deliverables, programme governance and overall programme approach to the Patient/Client Safety Programme, within the WH&SCT. This programme is dependant on good team working and communication. A number of patient safety initiatives will be introduced such as leadership walkarounds and random sample viewing of patient charts to see if there is any safety breach. Dr Kilgallen said that record keeping is also a very important area and an associated project will also include record keeping within the Trust.

Dr Kilgallen continued that there are 4 key stages and activities: — Programme Initiation; Data Gathering Baseline Assessment; Ongoing Data Gathering and Analysis of Baseline and Monitoring of Ongoing Results. She advised that it is proposed that the interventions will be lead by 4 Evidence Based Intervention Teams. Corporate Management Team (CMT) will consider the Programme Plan for approval. Following approval by CMT, the Leadership Group will convene to formally agree the programme.

10.0 DATES OF NEXT MEETINGS IN 2008

The Committee agreed on the proposed dates for meetings in 2008.

The date for the next meeting of the Clinical and Social Care Governance Committee is **Tuesday 19th February 2008** at 2.00.p.m in the Denis Desmond Room, Trust Headquarters MDEC Altnagelvin.

Further dates of meetings - Year 2008.

Tuesday 20th May 2008 Tuesday 16th September 2008 Tuesday 16th December 2008

The meeting ended at 4.30pm