

## **WESTERN HEALTH AND SOCIAL CARE TRUST**

### **CLINICAL & SOCIAL CARE GOVERNANCE COMMITTEE**

Minutes of the Clinical & Social Care Governance Committee meeting held on Tuesday 16<sup>th</sup> October 2007, commencing at 2.00pm in the Denis Desmond Room, MDEC, Altnagelvin Hospital.

**Present:** Mrs Sally O'Kane, Non-Executive Director (Chairperson)  
Mrs Elaine Way, Chief Executive  
Mr Joe Lusby, Deputy Chief Executive and Director of Planning and Performance Management  
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 Nuala Sheerin, Director of Human Resources  
Mrs Margaret Kelly, Director of Acute Services  
Ms Stella Cummings, Non-Executive Director  
Mr Brendan McCarthy, Non-Executive Director  
Mr Ciaran Mulgrew, Non-Executive Director

**Apologies:** Mr Colin Langford, Chief Internal Auditor

**In Attendance:**  
Dr Geoff Nesbitt, Associate Medical Director  
Mrs Therese Brown, Head of Clinical Quality & Safety  
Mrs Mandy Gormley, Senior Manager, 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**

Mrs O'Kane welcomed everyone to the second meeting of the Clinical and Social Care Governance Committee, and in particular she welcomed Mr Ciaran Mulgrew and Mr Brendan McCarthy Non-executive Directors who were attending the meeting for the first time and she noted the important role that the Non-Executive Directors fulfil as members of the Committee in seeking assurance on behalf of Trust Board. Mrs O'Kane also welcomed Ms Deidre Mahon and Anne Witherow because of their Governance roles within the Trust and she extended the Committee's congratulations to Mrs Brown on her appointment as Head of Clinical Quality & Safety, since the last meeting.

#### **2.0 APOLOGIES**

### 3.0 MINUTES OF THE PREVIOUS MEETING

### 4.0 MATTERS ARISING

#### 4.1 Committee Membership

Referring to the previous minutes Mrs O'Kane advised that the Chief Executive's role in attending the Committee was the only outstanding issue regarding membership which required clarification. Mrs Way advised that she felt as Chief Executive she should continue as a full member of this Committee. Mrs O'Kane noted the Committee's agreement and also advised that staff with a governance remit would continue in attendance at future meetings to provide the necessary assurance to the Committee.

#### 4.2 Committee Structures Update (Draft)

Mrs Brown referred members to the Draft WH&SCT Clinical and Social Care Governance Structure, which was distributed to the Committee with their papers. At the last meeting it was agreed that the Governance Work Stream would continue to finalise proposals for an appropriate structure. Mrs Brown confirmed that she had made the recommended amendments to the titles of the two Sub-Committees of the Clinical and Social Care Governance Committee, which will be known as Quality and Standards Committee and Risk Management Committee. It was noted that the Chairs of these two Sub-Committees have not yet being decided. Mrs Brown advised that it is proposed that the sub-committees will have a range of sub groups, which will be aligned depending on the nature of the work undertaken.

Mrs Way advised that clarity would be required for Clinicians on the role of the Quality and Standards Committee which will replace the former Risk Management and Standards Committee, and will in future deal with requests for new clinical procedures. Mrs Brown advised that this information will be disseminated to all Clinicians and other staff throughout the Trust once the committee structure is agreed.

Mr Lusby noted that there is a need for clarity on the 'Terms of Reference' of the proposed Sub-Committees, and a review of the roles of the various Sub-groups in existence.

Dr Kilgallen advised that there were existing 'Terms of Reference' for similar committees within the legacy Trusts but that some work would need to be undertaken in this area and brought back to the Committee at a later date. Mrs Brown agreed to undertake further work on proposed 'Terms of Reference'.

**ACTION: Mrs Brown**

Ms Mahon advised that it is important to ensure the inclusion of Social Care Audit within the remit of the Quality and Standards Committee and queried where Social Care Audit will be included. Mr Lusby agreed and advised that the Audit covers a broader remit and the title should be multi-professional. It was agreed that Mr Lusby and Ms Mahon would liaise with Mrs Brown to develop final draft proposals.

**ACTION: Mrs Brown  
Mr Lusby  
Ms Mahon**

Mr Finn commented that there will be cross over of some of the groups' i.e. social care and nursing and stressed that it is essential to get Professional Governance right. Mrs O'Kane asked Mrs Brown to liaise with Mr Finn on this issue.

**ACTION: Mrs Brown**

#### **4.3 Draft Strategy/Action Plan**

Mrs Brown informed the Committee that she had met with Governance leads in other Trusts who advised that they do not propose to develop a Clinical and Social Care Governance Strategy in this first year, but will undertake to provide an action plan. Mrs Brown advised that she had discussed this matter with Dr Kilgallen who suggested that a draft Action Plan should be prepared for consideration by the Committee. Mrs Brown referred members to the proposed Action Plan contained within the Committees papers.

Mr Mulgrew commented that the Governance Agenda is so broad that may not be clearly understood. He suggested that it may need to be broken down by sites or functions. Mrs Way explained that it is important to consider the role of the Clinical and Social Care Governance Committee. It will have the same status and relationship to Trust Board as the Audit Committee. The evidence that the Committee will be provided with needs to reflect that the Organisation is meeting the standards outlined for Clinical and Social Care Governance. She added that we are moving away from reports concentrating on the buildings that house the services and are now more concerned with the grouping of the services themselves, in keeping with a multi-professional Team. Mrs Way suggested that careful scrutiny of the Directorates reports is what is required at the Clinical and Social Care Governance Committee meetings. Mr Mulgrew agreed with this.

Mrs O'Kane stated that Directorate reports will cover all key issues and will not omit anything of relevance.

Dr Kilgallen concluded discussion by stating that the Committee must focus on the high level Governance issues arising. The Committee will have an important function in deciding what information it requires to come to the Committee to provide an assurance and be satisfied that Directorates are conforming to the Clinical Governance agenda.

### **5.0 INDICATORS**

#### **5.1 PFA Targets**

The Chair noted that this item will be discussed within the section 8 on the Agenda 'Directorate Quarterly Governance Reports'.

### **6.0 PRIORITIES**

#### **6.1 Corporate Risk Register**

Mrs Brown referred to the draft Corporate Risk Register incorporating the major risks from the Legacy Trusts, which was tabled, at the previous meeting and advised that since then Mrs Gormley has commenced work with Directorates to assist them in compiling their individual Directorate Risk Registers. Mrs Brown stated that the

template being followed reflected best practice from the former Trusts. She added that to complete the process it is important that Trust Board agree the corporate objectives.

Mrs Way commented that the Chairman, Mr Guckian, is very keen to have the Corporate Risk Register compiled for endorsement by Trust Board. Mrs Brown advised the Committee that to enable the Trust to meet the risk management controls assurance standard a Corporate Risk Register needs to be in place by the end of January 2008. Directorate Workshops have been arranged for early December. Mrs Way proposed that we ask Mrs Hilary Merritt, Risk Management Consultant to work with Trust Board to take forward this vital work. The Committee agreed with this approach. Mrs Brown and Mrs Gormley were asked to make the necessary arrangements.

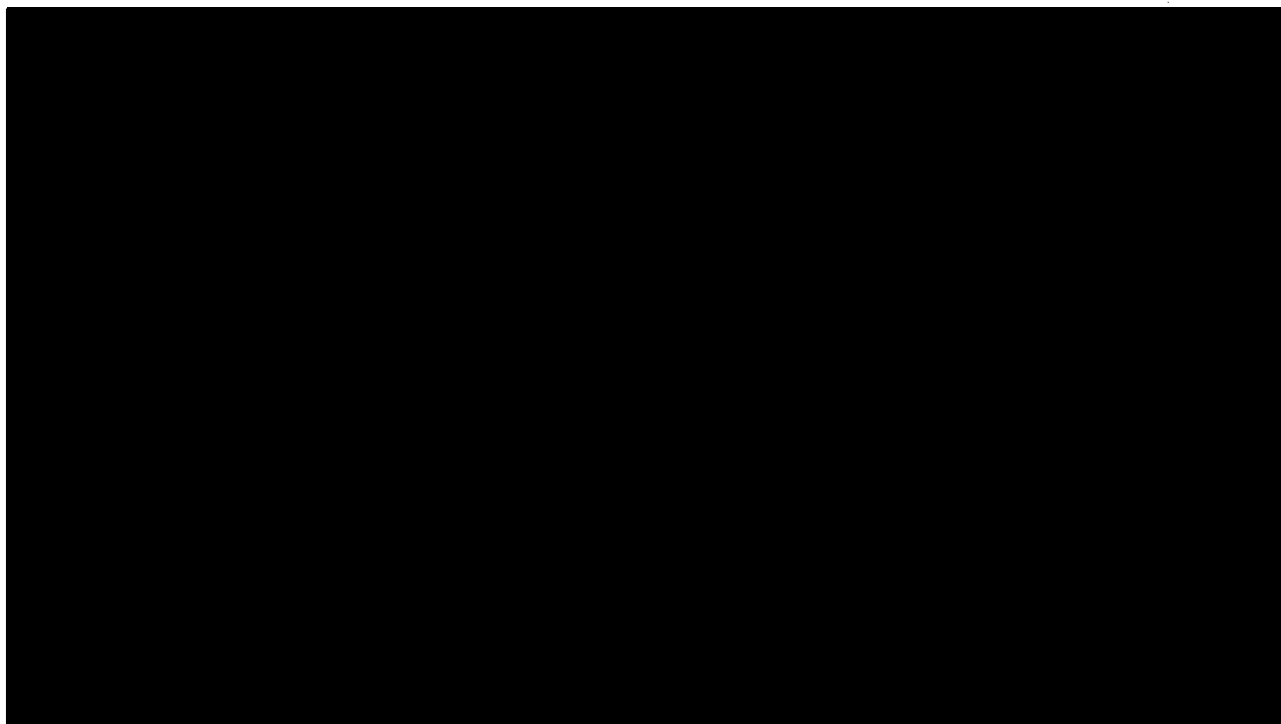
**ACTION: Mrs Brown  
Mrs Gormley**

## **6.2 Risk Governance Review**

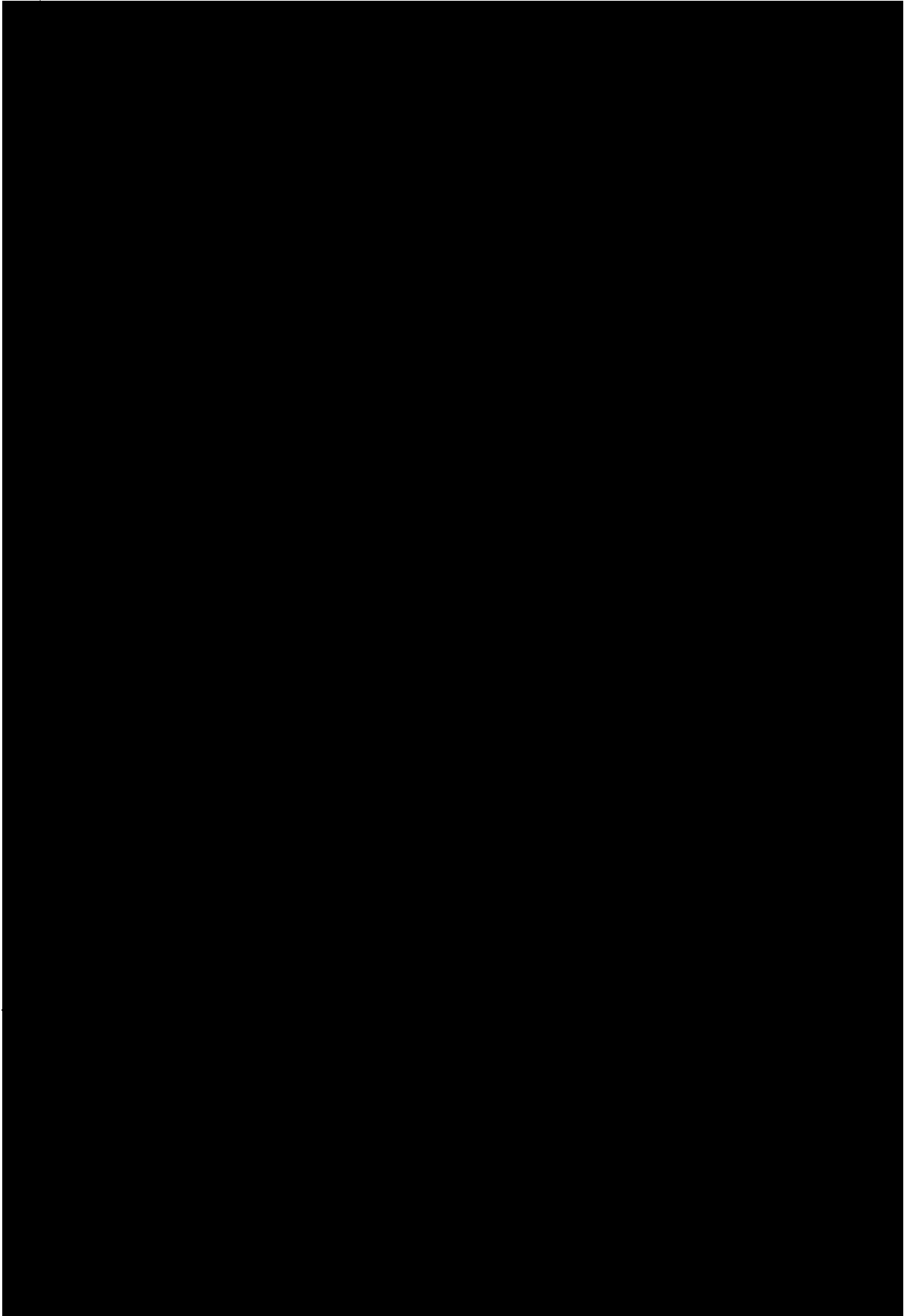
Dr Kilgallen referred to a workshop which had taken place on the 21<sup>st</sup> September 2007 to assess the actions required across the Trust area in taking forward the recommendations from the Risk Governance Review within the former Sperrin Lakeland Trust. She added that it had been proposed to discuss the outcomes from the Workshop at today's committee meeting however she advised that there was a need for more work to be undertaken in this respect to enable meaningful discussion to take place. Mrs O'Kane agreed to defer this item and for the matter to be placed on the Agenda of the next meeting.

**ACTION: Dr Kilgallen**

## **7.0 ACUTE MEDICAL SERVICES/TRANSITIONAL PLAN**



## 8.0 DIRECTORATE OF PRIMARY CARE AND OLDER PEOPLES' QUARTERLY GOVERNANCE REPORT



## **9.0 SAFETY FORUM UPDATE**

### **9.1 Safer Patient Initiative**

Dr Kilgallen highlighted the importance of this initiative which supports a greater focus on safety, learning and raising standards within the delivery of healthcare and is centred on the two specific areas of work namely Safer Patient Initiative and Indicators of Safe and Effective Care. Dr Kilgallen introduced Mrs Gormley who is leading on the Safer Patient Initiative within the Trust.

Mrs Gormley advised the Committee of the forthcoming regional training event on Safer Patient Initiative on the 15<sup>th</sup> November 2007. A number of Leads across the Trust have been identified and many of them will attend the training day. Mrs Gormley has been working closely with Mr Paedro Delgrado, Manager of the Regional Safety Group to develop a draft job description and an associated bid for funding for a Patient Safety Officer. Mrs Gormley also stated that she is keen to launch training within the WH&SCT on the new 'Leadership Walk Around' strategy and it is envisaged that the Learning Set Groups will meet to discuss arrangements on the launch of training once groups are established. Mrs O'Kane thanked Mrs Gormley for her update.

### **9.2 Indicators of Safe and Effective Care**

Dr Nesbitt referred members papers and advised the Committee that the performance indicators for safe and effective care encompass many aspects of Health and Social Care. Dr Nesbitt commented on the content of the document 'A Proposed Approach for Health & Social Care Northern Ireland' and noted that the main purpose of the indicators is improvement in care using indicators that are known to have been successful internationally. He advised that the methodology for review used by the Institution of Health Improvement differs slightly from audit in that only a small number of cases are used as samples to review progress and indicators.

Mrs Brown distributed the list of proposed indicators for Safe and Effective Care. The Committee was informed that it is expected that indicators would be implemented by all Trusts from April 2008 therefore forward planning must be undertaken now.

Dr Nesbitt offered a view that the Trust should not have difficulty in meeting the standards as it is already measuring practice/outcomes against many of the proposed indicators.

Dr Kilgallen advised that a range of high level indicators are out for consultation across the service.

### 9.3 Fluid Management Policy

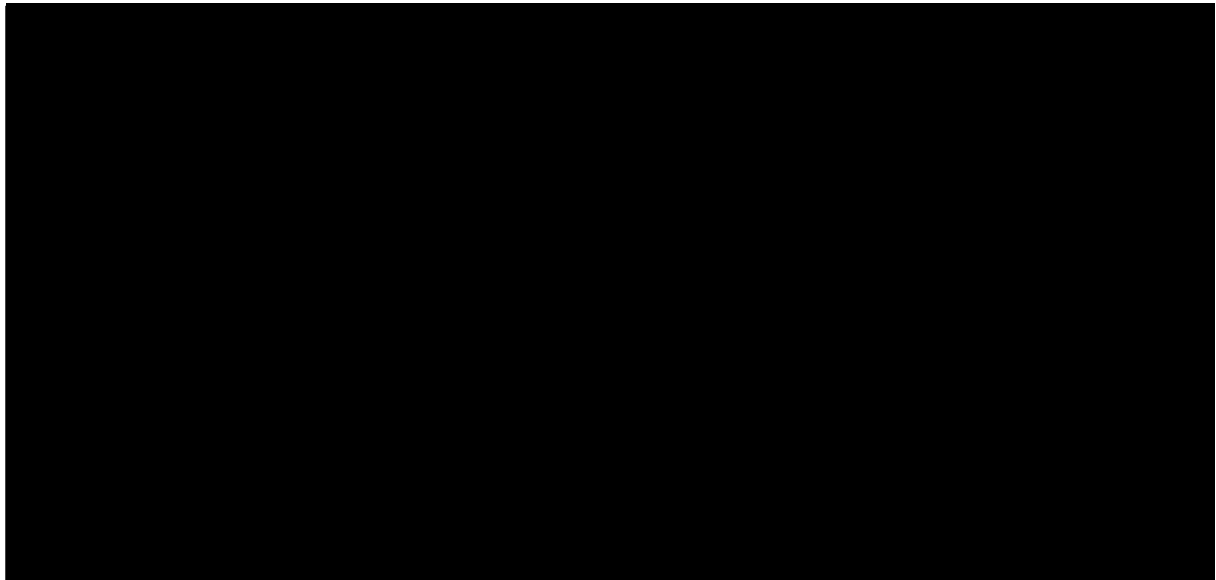
Dr Nesbitt provided a brief background to changes to the Fluid Management Policy to adhere to the National Patient Safety Agency Alert 22, in particular the removal of solution 18 that was deemed a risk. Dr Nesbitt advised that the actions from the NPSA Alert required each organisation to produce and disseminate local clinical guidelines for the fluid management of paediatric patients based on the suggested NPSA guidelines template. He also advised that in addition to the guidelines there was a requirement for a prescription sheet for use by clinicians which should remove the risk for error.

Dr Nesbitt then referred the Committee to the Regional Fluid Guidelines and in particular the reference to 'Solution Corporately Approved at Trust Level. He advised that Corporate Management Team had recently approved the use of Hartman's Solution with pre added glucose 3% based on clinical evidence provided by Dr Stewart, Consultant Anaesthetist. The Committee was being asked to endorse this decision. He advised that he will table the Policy again once the appropriate changes have been made to the last box in the guideline. Mrs Sheerin advised that there is need for an audit trail and suggested that the Department's original template is kept on file and the one that has been modified by the Trust is dated and put on record when proved.

Mrs O'Kane offered the committees congratulations to Dr Stewart and Dr Nesbitt for their work and stated that hopefully the audit information will be published soon so that other Trusts can benefit from this very important document.

**ACTION: Dr Nesbitt**

### 10.0 DIRECTORATE QUARTERLY GOVERNANCE REPORTS

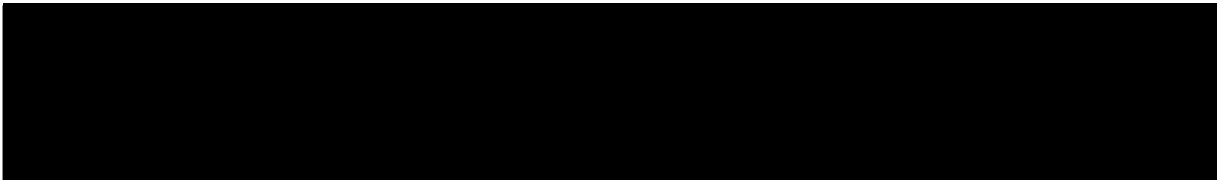
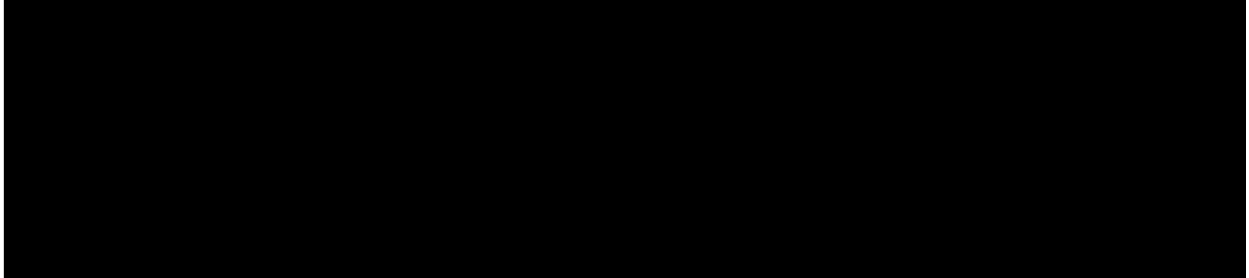


#### *Women and Children's Services*

Mr Doherty advised that the Trust is not meeting the Joint Standards from RCOG & RCM, of "Towards Safer Childbirth", which dictates a minimum of 40 hours consultant cover in a labour ward for a hospital with the number of deliveries Altnagelvin has, and advised that immediate steps are needed to address this matter. He also highlighted a concern regarding Children Mental Health Services, whereby children on occasions have been admitted to adult psychiatric wards and advised that the Directorate is liaising with the Department in reviewing all admissions to adult psychiatric wards of

under 18's. These incidents are reportable as Serious Adverse Incidents and each case is individually reviewed. Mr Doherty advised that this is not an acceptable situation and there is a need to move to an interim arrangement. Finally Mr Doherty advised that he wished to bring to the attention of the Committee the backlog of minutes relating to Child Protection cases and noted that this is a capacity issue which is under review within his Directorate.

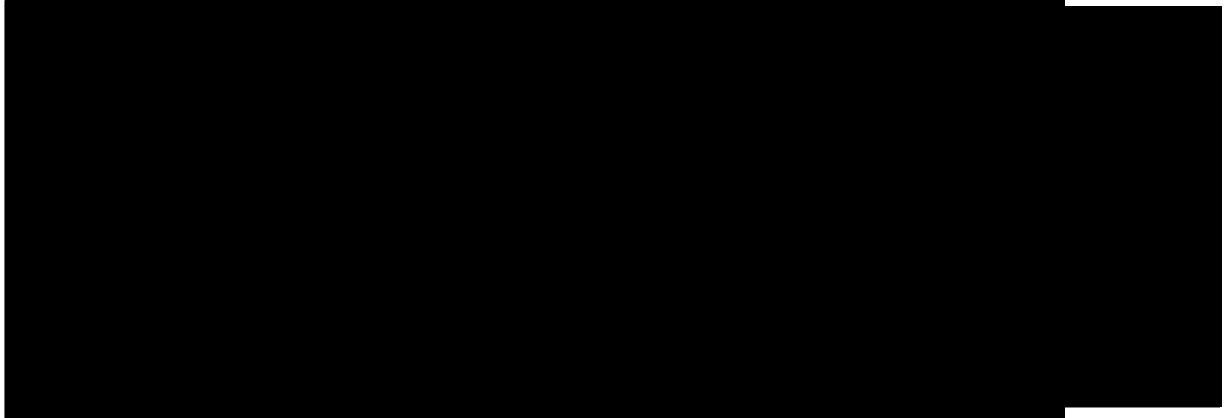
*Adult Mental Health and Disability Services*



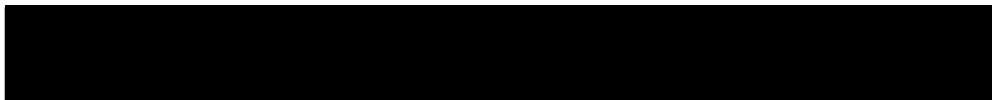
*Medical Directorate*

Dr Kilgallen advised that the RQIA report has now been received and will be considered by CMT. A Governance Lead has been nominated to take forward the recommendations and develop an action plan. Mrs Way confirmed that Report will be discussed at CMT she noted that there is a requirement to develop and sign off an action plan by the 16<sup>th</sup> November 2007.

*Human Resources*



**11.0 INQUIRIES / REVIEWS - DIRECTORS TO REPORT**



**12.0 GOVERNANCE ARRANGEMENTS**

Mrs Brown referred to the documents within the papers detailing the interim arrangements for managing key governance activities i.e. incidents and complaints. Mrs Brown stressed that it is essential that Assistant Directors are aware of, and manage, any Governance issues within their service area of responsibility. To support



that process Governance Leads have been identified to provide advice and support to Assistant Directors.

### **12.1 Complaints Management**

Mrs Brown informed the Committee that Complaints Management is currently under review. To ensure consistency of service across the Organisation the three former complaints teams have been transferred to the Medical Directorate. Mrs Brown noted that Assistant Directors are actively involved in reviewing responses prior to the Chief Executive's final signature and this should ensure that complaints within service areas are managed more effectively and learning implemented. Ms Mahon has been nominated as the 'Trust Nominated Officer' for Children Order related complaints.

Mr McCarthy raised an issue with regard to the management of a specific complaint. He proceeded to give an account of an incident involving an individual who had called in to the complaints department to make a formal verbal complaint however, the complainant received the response to their complaint yet they were not shown the transcript of the complaint prior to investigation. Mrs Brown assured Mr McCarthy that this should not have been the case. It is normal practice that transcripts of verbal complaints are shared with the individual. Mrs Brown will reinforce this issue with all staff concerned.

**ACTION: Mrs Brown**

### **12.2 Compliance with Ombudsman letter**

Mrs Brown referred to the correspondence from the Ombudsman contained within the papers and advised that the item was included for information. Mrs Brown also advised that the Ombudsman had requested a meeting set for 18<sup>th</sup> October, with the Chief Executive, Deputy Chief Executive and the Medical Director and she would also be attending. Ms Mahon stated that she would welcome some clarity from the Ombudsman on certain aspects of Children Order complaints. Mrs Way suggested Ms Mahon attend the meeting.

### **12.3 Claims/Incident Management**

Mrs Brown advised the Committee that the Litigation team will manage all Clinical claims and Coroners cases previously managed by the legacy Trusts, this has required some staff to be re-located. The arrangement will ensure a consistent standard and approach.

Mrs Brown also informed the Committee of work that is being undertaken by her team led by a Senior Manager, to project manage the development of a single incident policy and incident form for the Trust that will also ensure compatibility with the input of information onto the DATIX system. Mrs Brown distributed an implementation plan, and noted the proposed completion date of 1<sup>st</sup> April 2008.

## **13.0 APPROVAL OF NEW PROCEDURES**

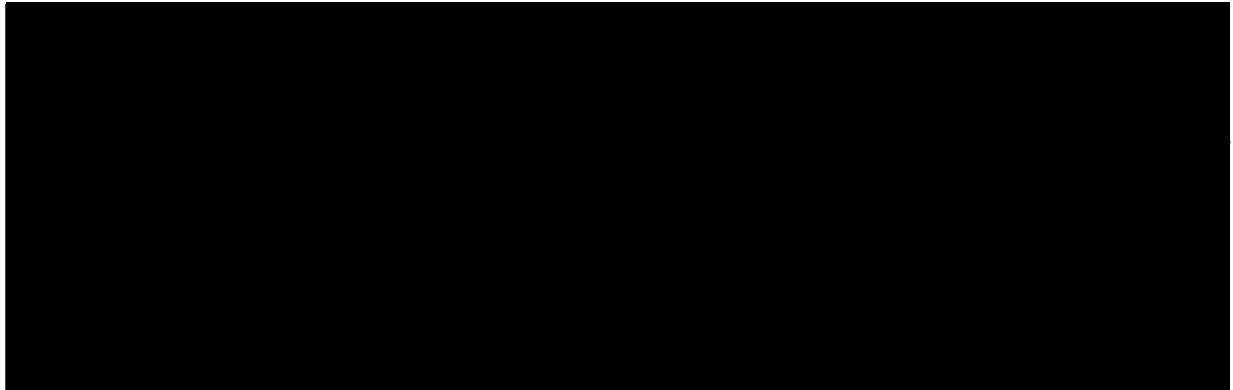
Dr Kilgallen advised that it is anticipated that the approval of new procedures will normally be considered by the Quality and Standards Committee when established. The Committee were asked to give consideration to the proposals considering any governance issues that might cause concern. Dr Kilgallen also noted that such proposals are not for consideration by the Committee as business cases. If agreement

is reached by the Committee the individual will need to support their application with a business case.

**13.1 Laparoscopic Colorectal Surgery (Mr Gilliland)**



**13.2 Pulmonary Rehabilitation (Dr Martin Kelly, Consultant Resp. Physician)**



**14.0 DATE OF NEXT MEETING**

The date for the next meeting of the Clinical and Social Care Governance Committee is Friday 14<sup>th</sup> December at 2.00.p.m in the Denis Desmond Room, Trust Headquarters MDEC Altnagelvin.

The meeting ended at 5.20pm