

UNRATIFIED
INAUGURAL MINUTES OF ASSURANCE
COMMITTEE MEETING OF 25 OCTOBER
2013,
SEMINAR ROOM 2 EDUCATION
CENTRE CIC

Present:	Michael Bonner (Chair) – Non Executive Director Ian Gordon - Chairman Ramona Duguid – Acting Director of Governance Andrew Pounds – Associate Director of HR Eric Gardiner – Associate Director of Finance Yvonne Fairbairn – General Manager Medicine Rachel Beck – Governance Facilitator Medicine Bill Glendinning – Chief Pharmacist	Stephanie Preston – Deputy Business Unit Director Clinical Services Lesley Carruthers – Assistant Director of Nursing Nadia Lucetti – Compliance Manager Cheryl McAdams – Internal Audit Will Pinkerton – Internal Audit Veronica Latham – Governance Facilitator Steve Holmes – Note taker – PA to Interim Medical Director and Acting Director of Governance
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Apologies:	Corinne Siddall – Director of Operations Louise Corlett - Deputy Business Unit Director Surgical Ian Smallman – General Manager - Medicine Debbie Reape – Deputy Business Unit Director Paediatrics	Isla Edgar – Deputy Director of Human Resources Steven Bannister - Director of Estates and Facilities
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AGENDA ITEM	Action
<p>1. WELCOME AND APOLOGIES FOR ABSENCE</p> <p>Michael Bonner welcomed all to the first meeting and apologies received were noted. Mr Bonner highlighted the importance of this committee as part of improving the organisations risk management arrangements.</p>	
<p>2. TERMS OF REFERENCE</p> <p>The terms of reference were discussed and it was agreed that an additional Executive Director should be added to the membership of the committee. Ramona Duguid agreed to speak with the Chief Executive regarding the membership.</p>	RD
<p>3. RISK ASSESSMENT POLICY</p> <p>Michael Bonner requested to discuss this item before the discussion on the risk registers. Ramona Duguid presented the updated policy and discussed the</p>	

<p>changes that had been made to the policy. These were identified below:</p> <p>The chart on page 10 now showed Strategic and Operational risks separately for which KPMG were satisfied that this was a better approach to take. Cheryl McAdam commented on the need to identify risks and Will Pinkerton said that Internal audit would be happy to help with the risk assessment process, particularly on assurance.</p> <p>The risk scoring and control chart on page 11 was now a 5x5 matrix chart still using the National Patient Safety Agency scoring system but distinguished between very high risks, which was approved.</p> <p>Under the risk assessment & escalation diagram on page 13 it was agreed that the Business unit and Corporate risk registers should be linked to the Board Assurance Framework. Ramona Duguid to amend diagram with double arrow joining the two together.</p> <p>On Appendix 3 the risk assessment proforma Michael Bonner said that comments from Governance facilitators are welcome. Rachel Beck suggested that basic training should be given to staff to educate them on completing the risk assessment form more accurately. Stephanie Preston commented that clarification is needed on target risk position. The Committee discussed in details the need to ensure the risk assessment policy adopted a proactive approach to risk management and allowed the organisations to assess the risks against delivery its key business objectives, as well as the risks which arise from general hazards.</p> <p>On Appendix 1 definitions used, Ian Gordon commented on the term 'risk' and asked what the hazards are that we need to identify.</p> <p>Ramona Duguid agreed to have the policy implemented by the next meeting and thanked colleagues for their contribution.</p>	<p style="text-align: right;">RD</p> <p style="text-align: right;">RD</p>
<p>3. TRUST WIDE RISK REGISTER UPDATES</p> <p>The Business unit presented their risk registers and highlighted their top 3 risks.</p> <p><u>Clinical Business Units.</u></p> <p>3.1 Medicine</p> <p>Rachel Beck communicated the top 3 risks for Medicine.</p> <ol style="list-style-type: none"> 1) The telemetry system is in support until the end of 2012 therefore from 2013 it will obsolete so if any fault occurs it will not be repaired. Dr Roger Moore has put in a bid for new equipment. It was noted that the impact on patient's needs to be identified and greater controls implemented for this risk. 2) A recruitment drive for Junior, Middle and Consultant posts across the medical division was well under way. It was noted that this is a clear strategic risk currently. 3) There is no formal emergency endoscopy service out of hours (OOH) on 	

<p>4. BOARD ASSURANCE FRAMEWORK (BAF)</p> <p>Ramona Duguid presented this paper. It was noted that KPMG have led this piece of work to update the BAF. It was noted that updates to the BAF are given through Directors meetings and EMT. Members of the Committee discussed the BAF and the suggestions from KPMG that some of the risks could be refined. Discussion regarding the Trust being placed in special measures took place and it was felt that this should be more clearly referenced in the BAF. It was also suggested that some of the risks could be more clearly defined in relation to the collective risk resulting from individual risks, for example the number of vacancies in specialties.</p>	
<p>5. DATE, TIME OF NEXT MEETING</p> <p>13 JANUARY 2014, 2pm – 5 pm at CIC BOARDROOM</p>	