

MINUTES**RISK MANAGEMENT COMMITTEE****Thursday, 29th July 2004**

Present:	Robin Douglas	Non-Executive Director (Chair)
	Rob Allan	Director of HR
	Nigel Coomber	Director of Operations
	Vince Doherty	Interim Director of Finance
	Louise Gaffney	Acting Director of Planning
	Nicola Moore	Risk Manager
	Celia Richards	Clinical Governance Manager
	Lisa Savage	Risk Co-ordinator

Action**1. Apologies**

Howard Borkett-Jones, Medical Director; Gary Etheridge, Director of Nursing, Midwifery, Quality & Risk; David Law, Chief Executive; Jane Wright, Non-Executive Director

2. Minutes of Last Meeting

Minutes of the meeting held on 1st April 2004 were agreed as correct.

3. Matters Arising**♦ Datix**

It was confirmed that training was available to the Executive Team to allow individual review of the risk register. It was agreed that the Risk Department would facilitate this training.

NM**♦ Quality & Risk Folders**

It was confirmed that these would be circulated in August 2004. The date for distribution had been put back to allow for ratification of key policies.

NM**♦ Incorporation of Risk Management into Job Descriptions**

In light of Job descriptions being reviewed as part of the Agenda for Change process, it was considered beneficial to incorporate the role of risk management into all Job Descriptions. It was agreed that Rob Allan and Nicola Moore would progress.

RA/NM**♦ Risk Assessments**

It was reported that the Trust's current Manual Handling Risk Assessment form did not conform to Health & Safety Executive requirements. It was confirmed that the design of a new HSE compliant form was currently being progressed.

RA

◆ **Divisional Annual Risk Management Reports 2003/04 & Divisional Risk Strategies**

Nicola Moore provided an update on the status of the Annual Divisional Risk Reports and Strategies, confirming that these had now been produced by all Divisions, with the exception of IM&T and Finance (Corporate). The purpose of these reports and strategies was discussed, with the Committee agreeing that in general the reports provided assurance that risk was being adequately managed within the Divisions. It was noted that the reports were clinically focused and that next year's reports should address the wider spectrum of risk management.

It was agreed that these reports should be published on the Intranet and Internet, with Nicola Moore agreeing to facilitate this process.

NM

4.

Amended Terms of Reference

The Committee were advised that the Risk Management Committee's Terms of Reference had been amended in order to conform with RPST requirements. These were agreed with minor amendments.

The possibility of appointing an independent lay person to sit on the Committee, in response to a CHI recommendation, was discussed. The Committee were not opposed to this in principle, suggesting the Patient's Panel could be approached to nominate a suitable individual.

NM/GE

5.

Statutory Responsibilities

◆ **Controls Assurance & Assurance Framework Timetable**

Nicola Moore outlined recent changes to the existing Controls Assurance reporting processes, currently under review by the DoH. The CASU team had been disbanded and the ROCA website, although still running, was no longer being supported. The Strategic Health Authority had been approached but were unable to offer any clarification on the direction these changes might take. This issue had been discussed at a recent Controls Assurance Forum where Leads had been requested to continue to monitor compliance against Standards until further advice was received.

It was reported that the Medical Devices Standard was the main area of concern in terms of compliance, with 62 actions carried over from last year. Celia Richards endorsed this concern as a major strategic issue, which would require firm directives from the Executive Team if these were to be managed and resolved.

HBJ

The controls Assurance timetable was agreed.

◆ **Health & Safety Update**

Rob Allan reported that notification from the Health & Safety Executive on whether or not a prosecution would be made against the Trust had still not been received.

It was confirmed the Trust's Health & Safety Adviser would be leaving in September '04 and that an active recruitment drive was in train in order to appoint a successor.

RA

◆ **RPST Update**

It was reported that the current RPST action plan was being progressed in order to achieve 100% compliance against outstanding Level 1 standards.

♦ **CNST (Maternity)**

The Committee were advised that Maternity had been benchmarked and were on target to achieve a level 1 pass in November 2004. The key area of non-compliance focused on training of all staff, particularly doctors, which was currently being addressed within the Division. Concern was expressed that there was no concrete evidence that this was being done effectively. The chair requested that Howard Borkett-Jones actively address this issue on his return from annual leave.

HBJ

♦ **CNST (Acute)**

Nicola Moore advised the Committee that the Trust needed to formally approach Willis requesting assessment at Level 2 in either February 2005 or February 2006. It was reported that compliance would need to be achieved 3 months before the formal assessment date. Outlining some of the key areas which would need to be addressed, and acknowledging the limited time available to put these measures in place, Nicola recommended that the Trust should request assessment at Level 2 in February 2006. The Chair requested a summary paper be produced for the next Executive Meeting, outlining key areas which would need to be actioned to achieve compliance in November 2004. An Executive decision would then be taken.

NM

6.

Policies and Procedures

♦ **Revised Risk Management Policy and Strategy**

It was requested that the Director of Capital Planning, Estates and Facilities was added under point 5. The policy was ratified subject to the one amendment.

♦ **Incident Reporting Policy**

Amendments to the Policy were highlighted and ratified by the Committee.

♦ **Datix System Specific Security Policy**

Amendments to the Policy were ratified.

7.

Risk Register Review

Nicola Moore tabled a paper detailing the top Ten Organisational risks which occurred within July 2004. The Committee discussed the specific items and categorisation. It was agreed that the summary description would need to be amended in some instances to ensure the specific risk was highlighted.

The Committee discussed five risks relating to Medical Devices which duplicate the concern around the outstanding action plan for Controls Assurance. Current initiatives in place to address key areas included progression of a Medical Equipment Inventory and Medical Management Review. Internal Audit have also been requested to audit this area.

8.

NPSA Seven Steps to Patient Safety Benchmarking Report

The Committee were provided with an update of the recent benchmarking exercise undertaken which would be re-evaluated when setting long-term objectives for Risk Management.

9.

CHI Risk Management Benchmarking Report

An action plan produced in conjunction with the CHI Benchmarking report, was tabled and briefly reviewed by the Committee. It was reported that responsibility for progressing specific items would need to be identified and consolidated into the overall Trust Action Plan. Nicola Moore was asked to incorporate target dates and re-present at the October 2004 meeting.

CR/NM

10.

Incident Decision Tree

Item deferred to the next Risk Management Committee meeting.

11.

Exception Reports

No Exception Reports were produced. The Committee were reminded of the purpose of exception reporting up to the Risk Management Committee from the Risk Sub-Committees of any issues that were not yet on the risk register.

12.

Items for Noting

- ◆ Risk Management Department Annual Report 2003/04
It was agreed that the Trust Risk Action Plan should be removed from the report. It was also agreed that the report should be published on the intranet and internet to ensure availability to internal/external stakeholders.
- ◆ Divisional Risk Leads Minutes ~ 25 May 2004
- ◆ Controls Assurance Forum Minutes ~ 26 May 2004
- ◆ Trust Risk Action Plan ~ July 2004
- ◆ Consent for Treatment Policy

NM

Date and Time of Next Meeting

21st October 2004, 09.30-12.30 hrs, Executive Meeting Room, Trust Offices, Normandy Court.