

#TEXT **Code A**

Corporate Risk Advisor, 7.1.02

#CODENC

Worked in Trust since 1994 - started as Assistant Business Manager - no previous NHS experience. Two year project looking at security/safety. 1.4.00 appointed as Corporate Risk Advisor. Manual Handling, COSHH, Management of systems / processes eg Incident reporting. Leads on major Incident and Emergency Planning. Managed by Lesley Humphrey. 1.8.01 started at E Hants PCT and seconded back to Portsmouth two days per week and as of 31.12.01 down to one day. **Code A** just appointed as replacement in this Trust. Directly manages one staff - data input.

#ENDCODE

#CODEA2

Role = advisory, support to line managers to perform. From writing RM strategy to visiting areas to review issues.

#ENDCODE

#CODEK1

Role = advisory, support to line managers to perform. From writing RM strategy to visiting areas to review issues.

#ENDCODE

#CODENC

Your own training? HNC in Public Administration whilst doing legal role - attended anything relevant.

#ENDCODE

#CODEK1ClinicalGovernanceK1Trust Arrangements

Taps into Trust seminars, ALARM - Trust is member, S + W Risk Managers Consortium - 18 Trusts - set up when bought insurance, offers Risk Profiling Course - wants to do.

#ENDCODE

#CODENC

In terms of identifying risk in the Trust - what areas of corporate risk affect the care of older people on the wards and how do you become aware of them? Two mechanisms:

#ENDCODE

#CODEK1

Risk Event Form - what happened and Managers contribution re: what done to prevent recurrence. Tends to be more urgent / reactive.

#ENDCODE

#CODEC6

Risk Event Form - what happened and Managers contribution re: what done to prevent recurrence. Tends to be more urgent / reactive.

#ENDCODE

#CODENC

Risk Assessment Process. Annual h + s developed to be more ongoing under RA process eg h + S and clinical risk

#ENDCODE

#CODEK1

She holds central register of Risk Assessors per area and she provides training and refresher courses.

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#CODENC

Any Communication to staff copied to Fiona Cameron.

#ENDCODE

#CODEK1

Clinical Incident Reporting. Low, Middle, High and Critical plus near miss options at all levels, includes drug error.

#ENDCODE

#CODEK2

When form completed - by any member of staff -> goes to manager responsible for that area who is responsible for completing action plan / taken and then -> service manager who validates severity and can take overview of trends. Forms then to Julie or Steve, not split bet non clinical and clinical risk - both involved in reviewing.

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#CODENC

Code A /w Service Manager - what do staff get back?

#ENDCODE

#CODEK2

Quarterly Reports (Code A and Code A produce) sent to Trust, Service Managers, should go to wards.

#ENDCODE

#CODENC

Whilst involved in handling Trust Insurance - she does not recall there being any issues on the three wards (check with Caroline Harrington)

#ENDCODE

#CODEK1

CNST level one when appointed. Retained 31.3.01. No dedicated Risk Manager for a year so had impact. No benefit to PCTs to achieve Level 2 so far. Did baseline still Level 1.

#ENDCODE

#CODEK3

CNST level one when appointed. Retained 31.3.01. No dedicated Risk Manager for a year so had impact. No benefit to PCTs to achieve Level 2 so far. Did baseline still Level 1.

#ENDCODE

#CODENC

Controls Assurance. Not an area of expertise of mine. Several services contracted from Portsmouth. 18/19 standards - L Officer identified for each standard. Steve carried out Baseline Audit - has worked with Jeff Worthing and Paula Diapar.

#ENDCODE

#CODEA1

Culture within the Trust? Have never worked anywhere quite like here - work closely to board. Such a high commitment / caring organisation.

#ENDCODE

#CODEJ1

Max takes personal action in complaints. Quite sad to see it go really.

#ENDCODE

#CODENC

Her choice of which PCT to move to influenced by number of Trust Senior Managers who have gone to E Hants.

#ENDCODE

#CODEA1

How invisible are the Board? Annual conferences; staff seminars to launch any new policy - Max always knows every staff members name.

#ENDCODE

#CODEK1

Whistleblowing policy. Any member of staff can go to any Manager to report. Wrote article in 'Communicate' that if not happy to report through reporting system could report to whistleblowing eg pregnant staff / change of duties concerns can be reported to non Executive.

#ENDCODE

#CODEF1

Drug errors out of 1500, wrong dose, medication or time.

#ENDCODE

#CODEF2

Drug errors out of 1500, wrong dose, medication or time.

#ENDCODE

#CODEK1

Database since Jan 1999. Falls / found on floor @ 50%. Lead to 3 falls GPs being established. EMI @ St James, Elderly Medicine, Community, but also raised awareness so number of incidents actually rose.

#ENDCODE

#CODENC

Community Nursing and Therapies are low reporters. About to launch the 'Home Workers Risk Assessment Guide'.

#ENDCODE