

**Portsmouth & South East Hampshire
Risk Managers Network Group**

Notes of a meeting held on Friday 31st January 2003 at Finchdean House.

Present:

Code A	East Hampshire PCT (meeting organiser/note taker)
Caroline Harrington	Fareham & Gosport PCT
Code A	Internal Audit (Numerica)
	IOW HealthCare Trust
	Portsmouth City PCT
	Portsmouth Hospitals Trust

Apologies:

Nicky Heyworth	Fareham & Gosport PCT
Code A	IOW PCT
Steve King	West Hampshire Mental Health Trust

ACTION

1 Notes of the meeting held on 19th December 2002

1.1 Received by all and agreed as a correct record.

2 Controls Assurance Update

2.1 The rumours about the CASU reporting deadline being brought forward from 31st July to 15th May were confirmed. Details were attached to last weeks CE Bulletin and are on the DOH website. The change is to tie-in with NHS performance ratings. The Group expressed concern about Trust/PCT ability to meet this deadline AND have scores and action plans internally verified by Risk & Audit Committees and Boards beforehand.

2.2 Internal Audit still plan to review the Core Standards in April and Health & Safety, Fire and Medical Devices over the course of the year.

2.3 Stephen confirmed other changes included the removal of criteria weightings, due date becoming review date, the impact/likelihood rating calculation has been amended and actions need to be linked to criterion. He also confirmed that Audit would be contacting each Trust to formalise their assessment process for the year and check on their progress in achieving Level II of the Risk & Maturity Matrix, in particular, development of Risk Management databases/software and Risk Registers.

2.4 The Managers Guide had been finalised and Code A was thanked for pulling together everyone's contributions. None of the Trusts present had distributed the Standards to their Lead Managers yet.

2.5 It was agreed that a meeting to discuss score outliers – highs and lows – should be arranged once scores have been collated.

2.6 Code A tabled a paper summarising a set of Key Performance

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Indicators (KPIs) developed by his Trust for each of the 21 Standards. A copy is attached to the minutes. The recent email from CASU requesting copies of KPIs developed locally seemed to indicate that national indicators may soon become available. Everyone thanked [Code A] for sharing the Indicators as it's one aspect of CA that few Trusts seem to have got to grips with and addressed.

3 Risk Assessment Tool

3.1 [Code A] talked through the risk assessment tool being rolled out in the IOW Trust. The Trust already runs basic training on controls assurance and risk management for staff and can now also attend a workshop where they are instructed in how to carry out a risk assessment and the tool is issued. This includes a step by step guide to the process and a series of checklists covering a range of potential clinical and non-clinical risk categories including infection control, health and safety, hospital ward, mental health unit, etc. The system used a 5-by-5 scoring system.

3.2 The PCTs reported they had a long-standing system almost identical – check-list based - and a well established training programme for nominated assessors. The PCT tool currently uses a 3-by-3 scoring system but was to be revised this year to 5-by-5.

3.3 [Code A] and [Code A] agreed to email/exchange RA tools for wider sharing.

Code A

4 NPSA/Incident Reporting

4.1 Little new to report regarding the timetable for national roll-out. It was thought the NPSA were revisiting their scoring matrix and that the data collection software needed further development.

4.2 Portsmouth Hospitals had re-written their incident reporting policy and proposed introduction of a new form last year prior to their CNST Level I assessment – both received CNST approval.

4.3 IOW Trust and mainland PCTs had been reluctant to change existing forms until NPSA requirements become clear.

4.4 However mainland PCTs agreed they could no longer justify using the PHCT form and policy as these were key risk management documents and needed to be updated as soon as possible. [Code A] agreed to arrange a meeting to resume review of the policy/form. As PHT had yet to launch their form and were still in principle in agreement about development of a district-wide reporting form, [Code A] asked to be invited to that meeting.

Code A

5 Investigating Officers (IO) Specification

5.1 The IO Spec was discussed and various comments/suggestions passed to [Code A]

5.2 PHT had their own skilled and experienced investigator ([Code A])

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Code A who reviewed all serious incidents therefore it was envisaged the IO pool would not extend to PHT staff.

5.3 It was agreed that Fraud & Corruption should be removed from the potential list of investigations as these were usually conducted by the Fraud team.

5.4 Code A proposed that draft IO Guidelines be produced and widely circulated for comment. They would contain a Core element which would cover the basics of carrying out any type of review e.g. interviewing skills, diary keeping, writing the report, root cause analysis techniques, taking witness statements, etc.

5.5 There would also be a number of appendices relating to the requirements of specific types of investigations such as complaints investigations, investigation into litigation claims, critical/serious incident reviews, disciplinary or grievance and whistle blowing investigations. Managers from relevant services such as Personnel, Litigation and Complaints would be asked to contribute to these sections to ensure they mirror existing policies and guidance.

5.6 A 1-2 day scenario-based training course was being developed and was on target to begin in June.

6 Risk Management Training Programmes

6.1 Each Trust/PCT had a different level of risk management input into their formal Induction 'Day':

- PHT : 10 minutes
- F&G : 20 minutes
- EH : 1 hour
- PC : currently in discussion with Personnel

6.2 IOW : mandatory as part of Induction Week. 2+ hours on Quality and Risk (Code A tabled a copy of the overheads and they are attached to the minutes) and a whole day devoted to Clinical Governance, Risk, Quality and Controls Assurance, including the 'Risky Room' – 20 actual/common risks.

6.3 Southampton UHT use a scenario-based session on their Induction Programme which Karen DeCosta from PHT had attended and thought very impressive. **Post meeting note: Southampton/**Code A **is making their training materials available on CD-ROM to South & West Consortium members.**

6.4 PCTs agreed there should be at least a half day risk awareness session that is mandatory for all new starters and could run-on from each PCTs Induction Day. Code A agreed to email this proposal to PCT Personnel Managers (EH-Sandra Grant / PC- Ros Jack / FG-Charlotte Oraf).

Code A

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ALL

6.5 All members of the Group agreed to review and share their Trusts Induction Checklist and supporting information.

6.6 It was agreed a training matrix identifying training needs – including mandatory training – by course and staff group should be developed.

Post meeting note: **Code A** has agreed to draft a matrix for PCT consideration.

7 First Aid Training

7.1 **Code A** queried requirements for trained First Aiders and Appointed Persons and availability of training. **Code A** reported that the First Aid checklist in the Risk Assessment Guidelines provided a summary of the First Aid Regulations and stated that the rules differ slightly on health care premises where Drs and Nurses are on duty or where there is a Minor Injuries Dept. Details of the Regulations were available on the HSE website. The hosted Training & Development Dept offer training courses at all levels.

8 PHT Patient Information Policy

8.1 **Code A** reported this Policy would be available at the end of March. It set out a standard format for providing information to patients (e.g. data protection, clinical conditions and treatment, hospital services, etc) and PHT thought it relevant that PCTs receive a stock for distribution to GPs so they can be issued prior to hospital appointments. To be discussed at next meeting.

ALL

9 Medical Devices Management

9.1 Portsmouth Hospitals have produced a Medical Devices Policy and a Medical Devices Training Policy; their Medical Devices Management Committee has met for the first time and the Medical Equipment Standards Group is being reconvened. PCTs have been invited to send representatives to both of these meetings.

9.2 **Code A** the PHT Health & Safety Adviser had arranged for **Code A** to carry out a review of both PHT sites and record all handling equipment on an inventory. The 'sweep' would include wards in Elderly Medicine wards at QAH and SMH and would take on 3rd and 4th February. The ultimate aim was to withdraw the maintenance contract from the in-house service and contract-out.

9.3 These measures should address the two main issues relating to medical devices highlighted in PHT's CNST Level I assessment last year – equipment inventories and training/training records.

9.4 **Code A** reported that on the IOW they have a Medical Equipment Training Policy and a dedicated electronics engineer responsible for all medical equipment management arrangements; it is not part of the risk management function.

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9.5 In PCTs medical equipment management has fallen under the risk umbrella.

9.6 [Code A] reported that in East Hants a Medical Equipment Group has been established and has met once; the next meeting is in March when the main focus will be agreeing priorities for the coming year, which are likely to be similar to PHT - equipment inventories and training. A Medical Equipment Management Policy has been approved.

9.7 [Code A] agreed this was also a priority for Portsmouth City and the three ME leads in PCTs ([Code A]) had already agreed to meet regularly to review progress and ensure a consistent approach was adopted across community services. **Post meeting note: First meeting arranged for the end of March.**

10 Date of next meeting

Thursday 27th March 2003
2.30pm – 4.30pm
Large Committee Room, St James Hospital

Mandy to organise agenda/take notes.

Distribution (by email):

Those present and apologies
Nigel McFetteridge, Strategic Health Authority

Attachments (by post):

IOW Key Performance Indicators
IOW Risk Management & Controls Assurance Induction Overheads