

Portsmouth & South East Hampshire
Risk Managers Network Group

Notes of a meeting held on Monday 8th April 2002 in the Conference Room at Finchdean House.

Present:

Code A Caroline Harrington, Code A

Apologies:

Steve King

1		ACTION
2	<p>Welcome & Intros</p> <p>Code A opened by welcoming everyone and it was agreed this would be a useful forum for raising concerns, sharing policies and good practice, working together to avoid duplication and to retain consistency across the health economy. Everyone agreed it was probably long overdue.</p>	
MATTERS ARISING		
3	<p>Tristel Multi-Stop</p> <p>PHT had moved completely from Nu-Cidex to Tristel – a safer and less expensive alternative. Code A had forwarded details of Tristel to Code A Occupational Health to assess whether the product was suitable for use in community services and was waiting for feedback.</p>	
4	<p>Enteral Feeding Policies</p> <p>It was noted that the two Policies/Procedures developed by the PHT Enteral Feeding Group (membership includes PCT clinicians) were currently being circulated in each PCT for comment.</p> <p>It was hoped that adoption of these policies would satisfy the MDA (from a single use perspective) and result in a uniform approach to enteral feeding in primary, community and hospital care settings.</p>	
5	<p>Single Use</p> <p>Code A was attending a meeting at PHT w/c 15 April to discuss single use and if appropriate, would feedback to the Group via email.</p>	
6	<p>Sharing Policies</p> <p>It was agreed it would make sense to have joint policies (particularly across the PCTs) in certain issues such as Incident Reporting, Risk Assessment and COSHH.</p> <p>Members agreed to send each other a list of their current policies and contact each other when development of a new policy was considered to ascertain whether one exists elsewhere.</p> <p>PHT have just re-passed Level I CNST and reported that some key policy issues highlighted were:</p> <ul style="list-style-type: none"> • There must be a clear statement advocating a no-blame culture in the Risk Management and Risk Event Reporting Policy 	All

	<ul style="list-style-type: none"> • Communications Policies were recommended which had specific references to Adverse Incidents and Major Incidents • A Medical Devices Training Policy was recommended <p>Code A agreed to forward Code A a copy of the new Strategic Health Authority Newsletter.</p>	Code A
7	<p>Adverse Incident Reporting (AIR)</p> <p>The scheme pilot ended on 31st March but nothing new to report from the NPSA, therefore further development of the new local form was on hold.</p> <p>The Pilot Report was expected in May/June, with national roll-out now scheduled for December 2002 (previously August 2002).</p> <p>National root cause analysis training was awaited.</p> <p>All members were still strongly in favour a single form for use in PHT and PCTs. Sheena would obtain a copy of the AIR book used in Basingstoke that was in a user-friendly fold-out format.</p> <p>The Group agreed that at a later date, it might be useful to share incident statistics and case studies.</p> <p>It was agreed that details of cross-boundary incidents should be sent by the Trust in which the incident is reported, to the Risk Manager/s of the other involved Trusts. This includes incidents involving GPs, details of which would be forwarded to the relevant PCT to forward on to the GP to review/follow up. PCTs to send Sheena a list of GP Practices if they haven't already done so.</p>	Code A Caroline
8	<p>Risk Assessments</p> <p>The same principles concerning cross-boundary risk assessments would apply – e.g. relevant risk managers should share details with one another.</p> <p>Code A to send Code A a copy of the PCT Risk Assessment Guidelines.</p> <p>Aligning the PCTs risk assessment cycle in with the business and financial planning cycle was discussed. This would mean beginning training and this years assessments in August/September rather than October/November. PCTs agreed to have a separate meeting on Friday 26th April in the Estates Meeting Room at St James to discuss this and training, updating checklists, scoring system, etc.</p> <p>Code A stated that the risk assessment tool was being rolled out in GP Practices in East Hants and training for Practice Risk Assessors was being provided.</p> <p>The Group debated the Risk Profile Training provided by the South & West Risk Consortium and concluded that whilst a very comprehensive and in-depth review, it was extremely time consuming for all involved and very quickly out of date.</p> <p>Code A suggested tracking the patient journey through an entire health</p>	

	care episode (GP-hospital-community-home) may provide a more useful and real risk assessment and this is being explored by PHT.	
9	<p>Memberships</p> <p>Code A are members of the South & West Risk Consortium and Julie would circulate minutes of the meeting to Code A and Caroline.</p> <p>Caroline is a member of ALARM and Code A is a member of the Institute of Risk Management and both would feed back anything of use at these meetings.</p>	
1	<p>Future Meetings</p> <p>The Group agreed that each member would take turns arranging, chairing and minuting the meetings and that the Group should meet every 2 months for the next few months, to be reviewed thereafter.</p> <p>Code A agreed to arrange/chair the next meeting. Please send agenda items to her at Governance Department, Education Centre, St Mary's Hospital</p> <p>Agenda items to be carried forward for discussion at the next meeting:</p> <ul style="list-style-type: none"> • Complaints • CNST/CHI Reviews • Medical Devices 	
1	<p>Date of next meeting</p> <p>Monday 1st July 2002, 3.00pm – 4.30pm, Conference Room, Finchdean House</p>	

Distribution (by email):

Those present and apologies