

## MINUTES OF THE RISK MANAGEMENT COMMITTEE HELD ON 26 JANUARY AT 4.30 PM IN THE MONSALL ROOM, NMGH

### PRESENT

Mr G Barclay	Head of Corporate Development
Mrs H Curtis	Governance Director
Ms C Guereca	Non Executive Director
Mrs B Herring	Acting Director of Finance & IM&T
Mr J Lindars	Divisional Director, Wm & Children
Ms S Lunt	Divisional Director, Surgery
Mr J Saxby	Chief Executive (Chair)
Mr C Sleight	Divisional Director, Diag & CI Support
Mr S Taylor	Divisional Director, Medicine
Mrs C Walters	Associate Director of IM&T
Mr J Wilkes	Director of Facilities

### APOLOGIES

Mr R Chadwick	Interim Director of Operations
Mr T Pickstone	Non Executive Director

### IN ATTENDANCE

Mrs L Freeman

### RM/01/10 MINUTES OF RISK MANAGEMENT COMMITTEE MEETING

The minute of the Risk Management Committee meeting held on 24 November 2009 was submitted and approved.

### MATTERS ARISING

#### RM/02/10 RM/97/09 – Objectives of Risk Management - Sickness/absence

Objectives of the matters arising objectives of the risk management – sickness/absence – Mr Saxby reminded the Divisional Directors that he wished them to have in place a system to record and monitor medical staff absence adopting either the system currently in place within Medicine or developing their own. This matter was closed as far as the Risk Management Committee is concerned but Divisions were advised that Mr Saxby would check the process they have in place.

**Closed**

**Action: Divisional Directors**

**RM/03/10 RM/100/09 – Fire Policy**

Mr Wilkes gave an assurance that the appendix of responsible people to be included within the Fire Policy had been prepared. Mrs Curtis was asked to seek final confirmation and the matter would then be closed.

**Closed**

**Action: Helen Curtis**

**RM/04/10 RM/98/09 – Violence & Aggression data**

Mrs Curtis submitted a report prepared by the Health & Safety Advisors which starts to break down the violence and aggression, incidents as requested at the previous meeting. Mrs Curtis explained that there was no national comparative data and that therefore the figures available through the Health & Safety Executive through the reporting of RIDDOR incidents had been used as a comparison with the figures available for the Trust. Mrs Curtis noted that in relation to the figures for 2008/9 the Trust had fewer manual handling incidents, more slips, trips and falls and considerably fewer violent incidents. In addition, the Trust had a high number of exposure/contact with harmful substances. This latter primarily related to issues now addressed regarding the use of chlorclean which had been investigated by the Trust in conjunction with the Health & Safety Executive following which there had been no further incidents.

Further analysis had then been undertaken of the violent incidents drawing a distinction between those of physical abuse and verbal abuse. Of 639 total incidents, 481 had been verbal abuse and 158 physical abuse. A comparison had also been undertaken by site which revealed that most significant of both verbal and physical abuse took place on the North Manchester site. A further breakdown of both physical and verbal incidents was included in relation to the top ten departments for the period 1 April – 31 March 2009. The highest number of incidents generally happened within the A & E Departments. There was some discussion regarding the relatively low number of incidents at Fairfield Hospital.

The second part of the report dealt with conflict resolution training provided by the local security management service specialists. Details of the numbers of staff completing training were given along with the numbers that required to be trained in the coming years. A number of recommendations and actions were included at the end of the report and include the development of the culture of incident reporting; increased conflict resolution training and meetings between Health and Safety Staff Advisors and the Top 10 departments.

Mr Saxby raised the issue of the signs around various locations in the hospital addressing what will happen to perpetrators of verbal and physical abuse in comparison to other NHS organisations. Mr Saxby also requested a further analysis of the incidents of physical abuse particularly in relation to those incidents where it was a consequence of the patient's medical condition. Mrs Curtis agreed to provide a more detailed analysis for the March meeting.

**Action: Mrs H Curtis**

**RM/05/10 RM/102/09 - NPSA Feedback Report**

At the November 2009 meeting of the Risk Management Committee a request had been made to ask the NPSA to carry out a retrospective review of Trust data over 2 – 4 years to identify areas of concern. Mrs Curtis reported that in relation to the work of the Risk Management Committee any report should focus on staff and patient accidents. Patient incidents are the remit of the Clinical Governance Committee. However Mrs Curtis advised that a review of the extranet reports was to be carried out internally and this would be reported to the Clinical Governance Committee.

**Action: Mrs H Curtis**

**RM/06/10 RM/103/09 – Assurance Framework**

Mr Barclay advised the Committee that himself and Mrs Curtis were meeting the following week to discuss ways in which Assurance Framework and the Risk Register could be linked to the Annual Business Plan. He noted that in addition Ernst Young had been tasked with reviewing the process as part of the follow up to their initial report on fitness for purpose for the Trust to achieve Foundation Trust status.

**Action: Mr G Barclay/Mrs H Curtis**

**RM/07/10 RM/105/09 – Health & Safety Action Plan**

Mrs Curtis confirmed that the Health & Safety action plan had been updated and it has now been submitted to the Trust Health & Safety Committee for comments and will be presented to the March meeting of the Risk Management committee.

**Action: Mrs H Curtis**

**RM/08/10 RM/106/09 – Governance Dashboard**

Mrs Curtis advised the Committee that the Governance Dashboard as a whole was being reviewed. To date the information provided had included all incidents when in practice the incidents presented to the Risk Management Committee should consist of staff and patient accidents, with patient safety incidents being directed to the Clinical Governance Committee. Information in a new format will be received by the Risk Management Committee at its March meeting.

**Action: Mrs H Curtis**

**RM/09/10 MANAGING RISK OF SELF HARM**

Mr Wilkes presented a position paper regarding accommodation for self harming patients. Attached to the report presented was an appendix detailing the various recommendations against the guidance issued in relation to anti ligature facilities. He advised the committee that expenditure in the area of £160,000 per ward would be required to bring a typical ward up to the standard of a mental health ward.

Mr Wilkes suggested that the way forward would be to identify those areas of the Trust that would see patients most at risk being accommodated, eg A & E Departments, Medical Assessment Units, etc.

Mrs Guereca asked how many patients suffered self harm of a serious nature and Mr Saxby advised that the numbers were very low. Mr Saxby suggested a view that in terms

of planning any new facilities or upgrading wards the guidance should be implemented but asked what issues over and above that need to be addressed. He required a strategy detailing new or refurbishment schemes and that there should be a survey of high risk areas conducted by the Divisional Directors and this information forwarded to Mr Wilkes.

**Action: Divisional Directors  
Mr John Wilkes**

Mrs Guereca asked a question in relation to the training of staff in relation to risk assessment for self harm. Mr Taylor responded that there was no specific training re self harm but staff were trained in the risk assessment of self harm regarding individual patient care.

Mr Wilkes is to provide a strategy for the May meeting of the RMC.

**Action: Mr J Wilkes  
The report was noted**

#### **RM/10/10 CCTV COVERAGE UPDATE**

Mt Wilkes introduced the paper which detailed the current situation regarding CCTV coverage on each of the sites both internal and external. The report also covered the monitoring of CCTV images and the training requirements of staff reviewing such images. The recommendation at the end of the report was for a comprehensive risk assessment and investment programme to be developed to meet the requirements of a CCTV strategy. Mr Wilkes added that he separately has a report on each site, the consequences of addressing all of the issues being in the order of £300,000, the bulk of which required to be spent on the NMGH site.

Mr Saxby responded that the paper was a statement of the current position and not really a strategy for CCTV provision in the future. He wished to see a paper detailing the options and that it needed to be a broader view than just security with Management input from the Divisions.

Mr Wilkes informed the Committee that the present paper did not take any account of locally controlled access to areas via eg ward entry to maternity departments and Mr Saxby stated that any strategy needed to be fully comprehensive and include such provision. Mr Saxby requested an interim update in May with a final strategy document being presented to the Risk Management Committee in September 2010.

**Action: Mr J Wilkes  
The report was noted**

#### **RM/11/10 RECORDS MANAGEMENT STRATEGY**

Mrs Freeman attended the Risk Management Committee to present the Records Management Strategy which had been amended to reflect the new requirements of the Information Governance Toolkit with which the Trust needed to be compliant. It also reflected the change in retention advice received from the Department of Health.

Mrs Freeman took the Committee through the various amendments to the policy which were highlighted and related to a need to specify links to the Assurance Framework and detail various policies and strategies in place; the requirements for a senior information risk owner which is the Director of Finance & IM&T for the Trust; the management of records being taken off site and training requirements for newly appointed staff.

Mrs Walters raised an issue regarding the destruction of electronic records which she felt needed to be approached on a system by system basis and that this would be looked at by the new Head of Information Governance Compliance. Another issue related to the storage of information on shared drives, these concerns were not addressed by consideration of the Information Governance Toolkit. Mrs Freeman advised that in terms of destruction she had worked on the premis that electronic records need be kept no longer than manual records and Mrs Walters responded that as we have the capability to retain them we might choose to do so if particular clinicians required them for research or audit purposes. Mr Saxby asked Mrs Walters and Mrs Freeman to identify a form of words that would satisfy the requirements of retention and storage of electronic information.

**Action: Mrs C Walters/Mrs L Freeman**

It was also recognised that once the Strategy was approved it would need to be publicised, eg by the Medical Director/Nurse Director Bulletin to ensure all clinicians are aware of the Strategy. The Strategy was then reviewed in some detail and a number of items clarified in response to questions from Committee members. It was noted that the records in transit section needed to link to the Information Governance Policy.

**Action: Mrs C Walters/Mrs L Freeman**

As regards Section 15.2 taking records off site – this needed to be reviewed in order that the particularly requirement not to take short listing papers home did not become problematic to the organisation and that clear responsibilities needed to be spelt out in the Strategy.

**Action: Mrs C Walters/Mrs L Freeman**

With response to a specific question regarding Freedom of Information Champions Mr Barclay confirmed that each Division and Corporate Directorate had a Champion. In addition there are local records managers for which there is a list held by Mrs Freeman.

Subject to the above actions identified the Strategy was approved on an interim basis with it to return in May to ensure all the issues have been resolved.

**Action: Mrs C Walters/Mrs L Freeman**  
**The Strategy was approved in the interim**

#### **RM/12/10 ELECTRIC PROFILING BEDS**

Mr Wilkes presented a brief paper regarding the current position on Electric Profiling Beds. However Mr Saxby pointed out that what was really needed was a plan to address staff and patient issues. Discussion took place regarding the funding via the capital programme of Electric Profiling Beds to a certain standard whereby there might be at Mrs Lunt's recommendation at least two electric profiling beds per ward.

Prior to any decision it was recognised that a standardisation strategy was required which would need to include the maintenance costs of implementation on an ongoing basis. Mr Saxby requested that Mr Wilkes work with the Divisional Directors to produce a strategy for the May meeting of the Risk Management Committee.

**Action: Mr J Wilkes/Divisional Directors**  
**The report was noted**

## **RM/13/10 DOCUMENT MANAGEMENT REPORT**

Mr Saxby thanked members for the improved situation regarding document management which had seen a considerable reduction in the Policies past their expiry date. Reviewing the four clinical documents still with a red status, three are now removed and only one in relation to respiratory care remains outstanding.

**Action: Mr S Taylor**

Mr Saxby asked for confirmation that a patient group directive in relation to administration of oxygen to patient s in an emergency had been addressed as it did not appear on the report.

**Action: Mrs H Curtis**  
**The report was noted**

## **RM/14/10 MINUTES OF MEETINGS**

The minute of the meeting of the Clinical Governance Committee held on 18 December 2009 was submitted and noted. The minute of the Medical & Scientific Committee held on 27 October 2009 was submitted and noted. Mrs Curtis commented on the attendance at the meeting which had been poor but added that the terms of reference wee being reviewed particularly in respect of Divisional representation.

Mr Saxby asked for clarification regarding the MRI scanner which was detailed as being for Rochdale Infirmary. This was an error and should read for the Royal Oldham Hospital. Mr Saxby asked if the flu equipment had been purchased.

The minute of the meeting of the IM&T Programme Committee held on 8 January 2010 was submitted and noted

Mr Saxby requested a family tree of the IM&T Department to include both the Committee Structure and the individuals in post.

**Action: Mrs C Walters**

## **ANY OTHER BUSINESS**

## **RM/15/10 TRUST SECURITY COMMITTEE**

Mr Saxby asked when the Trust Security Committee last met and when there would be any further minutes for information to the RMC. Mr Wilkes will check and provide these for March meeting.

**Action: Mr J Wilkes**

## **RM/16/10 RISK MANAGEMENT POLICY**

Mrs Curtis tabled the Risk Management Policy and identified minor amendments in relation to the accountabilities and responsibilities of Divisional Directors and Heads of Departments. This detailed their authority to action in relation to risks of a certain level. A minor amendment was suggested to this and the Policy was approved

**The Policy was approved**

## **RM/17/10 DATE OF NEXT MEETING – RISK MANAGEMENT COMMITTEE**

The next meeting will be held on 23 March 2010 at 10.30 am in the Monsall Room, NMGH.