

**Actions of Risk Management Executive  
Tuesday 12 June 2012**

<b>Present:</b>	Mr A Cairns (Chair)	Chief Executive
	Mrs J Clarke	Director of Compliance & Risk Management
	Ms C Jowett	Chief Compliance Officer
	Ms S Mashadi	Legal & Compliance Manager
	Mrs C Smith	Deputy Centre Chief / Head of Midwifery, Women & Children's – Representing W&C
	Dr S Awwad	Centre Chief, Oncology
	Dr J Jones	Centre Chief, Medicine
	Dr R Law	Centre Chief, Emergency & Critical Care
	Dr P O'Neill	Director of Infection Prevention Control
	Dr D Hinwood	Centre Chief, Diagnostics
	Dr D Warner	Value Stream, Tele Health Care
	Mr M Cheetham	Value Stream, Scheduled Care – Representing Surgery
	Ms V Maher	Workforce Director
<b>Secretary:</b>	Mrs S Matthey	PA to Chief Compliance Officer
<b>Apologies:</b>	Ms V Morris	Chief Nurse / Director of Quality & Safety
	Mr A Tapp	Centre Chief, Women & Children's
	Mr N Nisbet	Finance Director
	Mr C Beacock	Deputy Medical Director
	Dr A Fraser	Medical Director
	Mr M Prescott	Value Stream, Tele Health Care
	Mr A Stenton	Interim Director of Operations
	Mr T Fox	Centre Chief, Surgery
	Mr E Craig	Centre Chief, Ophthalmology
	Mr A Prichard	Centre Chief, Head & Neck
	Mr P Moreau	Centre Chief, Musculoskeletal

Minute	Original Minute	Action / Recommendation	Responsibility / Deadline
2012.45	2012.13	<i>Booking &amp; Scheduling</i> – To present 3 year action plan / strategy to July RME	<b>J Harrison July 2012</b>
2012.28	2012.19	To action suggestions made by A Cairns in relation to middle grade medical staffing: <ul style="list-style-type: none"> <li>• Document how and what is being undertaken to mitigate level of risk</li> <li>• Set out an alternative realistic pathway that can be followed</li> </ul> Look at medical workforce position at Month 10 and identify if risks are balanced	<b>A Tapp / C Smith July 2012</b>
2012.45	2012.33	<i>Medical Risk Register (Dermatology)</i> – To hold conversations with J Clarke & A Prichard re: direction of Dermatology	<b>J Jones July 2012</b>
2012.45	2012.35	<i>Oncology Risk Register (Chemotherapy Day Centre Nurse Staffing Levels)</i> – To provide an update regarding the work undertaken looking at income trends	<b>S Faulkner July 2012</b>
2012.45	2012.36	Surgical Risk Register: <i>(Relocation of Pre-Op Assessment at PRH)</i> – To liaise with V Morris to provide a clear way forward at July RME <i>(Limited flexi-cystoscopy capacity at SATH)</i> – To draw up a Working Party from the User Group and report back to July RME for solution	<b>M Cheetham July 2012</b>  <b>T Fox / L Gill July 2012</b>

2012.46	2012.35	<i>CRR530 Lead Cancer Nurse</i> – To investigate with Centres the aspect of contributing towards funding for this as a corporate role	<b>V Maher July 2012</b>
2012.47		<i>WHO Surgical Safety Checklist (main Theatres)</i> – To make agreed amendments and review in 12 months To check the above checklist with the one used for Obstetrics Bring bundle of checklists (main theatres, Obstetrics & Ophthalmology) back to July RME for final approval	<b>M Cheetham July 2012 C Smith July 2012  M Cheetham / C Smith / E Craig July 2012</b>
2012.48		SATH Intervention Checklist – To insert 'Time out' column between pre and post procedure columns To liaise with Patient Safety Team when devising set of procedures / policy statement to which the checklist may apply Implementation discussion at July RME	<b>M Cheetham July 2012 C Jowett July 2012  ALL</b>
2012.52		Liaise with Andrew Stenton to agree plan for blood sampling risk	<b>J Clarke July 2012</b>
2012.53		Discussion to resolve issue of orthodontic decontamination: CSSD staff	<b>A Prichard, T Fox, M Cheetham July 2012</b>
2012.53		Pharmacy risk register – presentation at July RME	<b>B McElroy July 2012</b>
2012.54		<b>Blood transfusion training:</b> Staff to be made aware of requirement to complete both parts of transfusion training (theory and competency assessment)	<b>Centre Cheifs July 2012</b>
2012.54		Investigate reporting issues relating to training database not reflecting true position in E&CC Centre	<b>V Maher July 2012</b>
2012.54		List of staff who have not completed training to be sent to Centres	<b>V Maher July 2012</b>
2012.54		Draft letter to non-compliant staff requiring them to undergo theory training within 6 weeks and complete training within 3 months. Failure to comply would be seen as a disciplinary matter	<b>V Maher July 2012</b>
2012.54		Provide independent assurance of progress	<b>K Cooper Sept 2012</b>
2012.54		Discuss issues around sampling competency; identify risks and roll out advice to centres	<b>V Maher / M Cheetham / J Jones / R Law / July 2012</b>
		Investigate electronic solution to mitigate risk	<b>V Maher July 2012</b>
2012.56		Serious incident report C/F to July	<b>V Morris July 2012</b>
2012.57		Produce centre-specific HCAI report	<b>P O'Neil July 2012</b>
2012.58		Invite Nonny Stockdate to discuss Health Assure at July meeting	<b>C Jowett July 2012</b>
2012.59		NHSLA Agree system for follow up of non-attenders at mandatory training	<b>V Maher July 2012</b>

2012.59		Amend timesheet for temporary staff so that required to note local induction	<b>C Jowett to discuss with V Maher July 2012</b>
2012.59		Senior nursing team to accompany NHSLA assessor on ward visit	<b>C Jowett to liaise with G Mitchell June 2012</b>
2012.60		Minute note keeping guidance to be developed	<b>S Mashadi July 2012</b>

**ACTIONS NOT YET DUE**

2012.22		<i>Risk Management Reports &amp; Rule 43 Letters</i> – To prepare reports for discussion at future RME meetings	<b>C Jowett Subsequent RME Meetings</b>
2012.60		Review of governance agenda template	<b>January 2013</b>