

The Shrewsbury & Telford Hospital NHS Trust
RISK MANAGEMENT EXECUTIVE
Tuesday 3 May 2011, Seminar Room 1, SECC, RSH

MINUTES

Present:	Mrs J Clarke	Director of Compliance & Risk Management
	Ms C Jowett	Chief Compliance Officer
	Mr C Beacock	Deputy Medical Director; Clinical Performance
	Dr S Awwad	Centre Chief, Oncology
	Mr M Prescott	Value Stream: Tele Health Care
	Mr P Moreau	Centre Chief, Musculoskeletal Centre
	Ms V Morris	Director of Quality and Safety/Chief Nurse
	Dr R Law	Centre Chief, Emergency and Critical Care Centre
	Dr N Tufft	Associate Medical Director; Information Management & Technology
	Mrs D Vogler	Director of Strategy
	Mr A Osborne	Head of Communications & Business Development
	Mr A Tapp	Centre Chief; Women & Children's Centre
	Dr R A Fraser	Acting Medical Director
	Mr W Wraith	Human Resources
	Mr B McElroy	Centre Chief; Pharmacy
	Mr T Fox	Centre Chief; Surgical
	Dr N Srihari	Value Stream: Cancer
Secretary:	Mrs S Matthey	PA to Chief Compliance Officer
Apologies:	Mr A Cairns	Chief Executive
	Mr N Nisbet	Finance Director

2011.01 Introduction

Julia Clarke advised that the meeting was being held to develop a shared understanding of the risk management process within the Trust.

2011.02 Risk Management Healthcheck

Julia circulated a Risk Management Healthcheck Proforma which assessed individual's perception of their current understanding of the effectiveness of the Trust's systems and processes. She asked the members to complete the Proforma. The results will be shared at the next RME meeting to provide a baseline assessment and any individual development needs. This will be repeated again in 6 – 9 months time to identify progress. **Action: J Clarke to repeat Risk Management Healthcheck by February 2012.**

2011.03 Risk Management Process / Structure

It was felt that previously there had generally been insufficient input from clinicians.

Julia presented an overview of the current processes within the Trust (presentation attached).

Julia reported that she and Clare Jowett would meet with each of the Centre and Value Stream Chiefs within the next month to confirm their Centre process and to validate current risk registers. This would inform the finalisation of the Board Assurance Framework (BAF); this is a high level document that encompasses strategic risks which could threaten achievement of the Trust's strategic objectives and is presented to the Trust Board. A draft Corporate Risk Register and BAF will be presented to the June Risk Management Executive (RME) prior to being presented to the June Trust Board. **Action: J Clarke / C Jowett to meet with Centre Chiefs during May 2011 and produce a draft CRR and BAF for discussion at June RME / TB**

Julia discussed the slides of the attached presentation individually; the Risk Structures slide identifies that the RME, the Quality & Safety Committee, the Finance & Performance Committee and the Audit Committee provides assurance to the Trust Board. The Centre's must collate and review all existing risks through their Governance meetings and risks with scores of 15+ will be discussed at RME.

Debbie Vogler highlighted that the process for 'clinical' risks was clear, but queried the route for the identification of 'business' risks. Julia reported that business cases now include a section relating to risks and it was the responsibility of the business case owner to identify whether the risk should be presented to RME. Julia and Clare Jowett confirmed that training has been provided to over 250 managers; they are therefore a rich source of awareness when the restructure is completed.

Dr Fraser highlighted concerns that some issues have been on the corporate risk register for around 4-5 years; Julia reported that each risk has a risk owner who may not have effectively managed their risks in the past. The validation exercise with the Centres should remove any extant risks. The new process would ensure that the RME would hold risk owners accountable for delivering agreed action plans to reduce risks to reasonable levels.

The meeting discussed the four ways to address risks:

TREAT – expected most risks will be mitigated to reasonable level

TERMINATE – e.g. new technology may completely remove the risk

TRANSFER – e.g. contracting out service

TOLERATE – any reduction action is considered disproportionate

Mr Tapp raised the 'Tolerate' issue, giving examples of equipment that are not replaced, although they are degrading and are therefore 'tolerated' year upon year. Julia confirmed that these types of issues are dealt with through the Capital Planning Group, but for equipment to feature on the replacement list it would normally have been identified through the risk process.

2011.04 Care Quality Commission (CQC)

The CQC has identified a number of essential standards for health and social care. Of these, 16 are reported monthly in the Quality & Risk Profile. The Trust registered without conditions in April 2010. Lead managers are identified for each of the relevant standards and the position is updated at least quarterly.

The CQC undertake a planned inspection of all Trusts every 2 – 3 years; however, if an issue triggers a review, the CQC attend the Trust to undertake a responsive review which has happened twice at SaTH. On the first occasion the CQC identified minor concerns in relation to pressure sores and staffing levels (Obstetrics). On the most recent visit in March, verbal concerns were raised about the care of vulnerable adults. The trial report is still outstanding.

The meeting was advised that a full day Workshop has been arranged on 1 July in relation to vulnerable adults' compliance.

The current position regarding compliance with the CQC standards is available on the shared drive. It was agreed that Chiefs would be given access to this information. However, this is not a live system and is cumbersome to administer. **Action: C Jowett to provide the RME members with access to the shared drive**

The Trust is currently looking into software solutions which provides ward to Board assurance in real time.

2011.05 Risk Matrix

Julia Clarke circulated the latest version of the Risk Matrix for discussion. It was noted this was based on the NHS standard. Potential risks would be discussed at Centre meetings in the first instance. Risks must first be quantified by deciding the Consequence should a risk occur, followed by the likelihood of it occurring, i.e. frequency or probability. The risk consequence score is split into nine different categories, e.g. Injury- impact on the safety of patients, staff or public, Financial loss, etc. Julia reported that the sections printed in italics were lifted from NPSA documentation.

All risks with a score of 16 or above would be classified as Red and reported to the Risk Management Executive. All strategic risks would be entered onto the Corporate Risk Register and reported to the Board.

The meeting then undertook an exercise to assess the effectiveness of the risk matrix using a non-clinical risk relating to substandard fire doors / fire detection systems and staff not being aware of the fire evacuation procedure. Following discussion, the meeting agreed that there were many factors to the risk assessment. All risks with a score of 15 or above would be discussed at RME but not necessarily at Trust Board. It was also agreed that any risk with an impact of 5 be reported to Trust Board for information. **Action: J Clarke to add to RME Terms of Reference**

The meeting was informed that risks with a score of 1-6 are Low risk (Green), 8-15 are Moderate risk (Amber) and 16-25 are High risk (Red).

Once a risk has been reported controls should be put in place to manage and reduce the risk so the residual risk score should reduce. If the residual score is not lower, then the controls are ineffective.

At the time risks are being identified and reported, sources of assurance must also be identified and an action plan with costs, timescales and responsibilities must be in place, which would be managed through the RME.

2011.06 Relevant Risk Management Policies

There are a number of Risk Management Policies / Procedures available on the Intranet; some are in the process of being updated and all will need to be updated following the completion of the organisational restructure.

2011.07 Draft Terms of Reference – RME

A draft of the RME Terms of Reference was distributed and, following discussion, Julia confirmed that she would amend and circulate for further discussion at the June RME. **Action: J Clarke to amend ToR and re-circulate to members. C/F: June 2011 RME**

2011.08 Any Other Business

Bruce McElroy asked what mechanisms would be in place for reporting moderated scores back to the Centres. It was advised that as Centre Chiefs/deputies would be in attendance at RME meetings to present their risk, they would be able to report back to their Centres if risk scores have been reduced by the RME.

2011.09 Date & Time of Next Meeting:

Tuesday 7 June 2011 at 9.00 am at **RSH – venue to be confirmed**

Actions of Risk Group

Tuesday 3 May 2011

Attendance

Present:	Mrs J Clarke	Director of Compliance & Risk Management
	Ms C Jowett	Chief Compliance Officer
	Mr C Beacock	Deputy Medical Director; Clinical Performance
	Dr S Awwad	Centre Chief, Oncology
	Mr M Prescott	Value Stream: Tele Health Care
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	Mr A Tapp	Centre Chief; Women & Children's Centre
	Dr R A Fraser	Acting Medical Director
	Mr W Wraith	
	Mr B McElroy	Centre Chief; Pharmacy
Mr T Fox	Centre Chief; Surgical	
Dr Srinivasan	Value Stream: Cancer	
Secretary:	Mrs S Matthey	PA to Chief Compliance Officer
Apologies:	Mr A Cairns	Chief Executive
	Mr N Nisbet	Finance Director

Minute	Original Minute	Action / Recommendation	Responsibility / Deadline
2011.02	2011.02	<i>Risk Management Healthcheck</i> ; To repeat Risk Management Healthcheck again in 6 – 9 months time	J Clarke / RME members Feb 2012
2011.03	2011.03	<i>Risk Management Process / Structure</i> ; To meet with Centre / Value Stream Chiefs to discuss the RM process and validate current risk registers	J Clarke / C Jowett May 2011
2011.03	2011.03	<i>Risk Management Process / Structure</i> ; To produce a draft CRR and BAF for discussion at June RME / TB	J Clarke / C Jowett May 2011
2011.04	2011.04	<i>CQC - Quality & Risk Profile</i> ; To provide RME members with access to the shared drive	C Jowett May 2011
2011.05	2011.05	<i>Risk Matrix</i> ; To add section to Terms of Reference regarding 'all risks with an impact of 5 to be presented to the Trust Board'	J Clarke May 2011
2011.07	2011.07	<i>Draft RME Terms of Reference</i> ; To amend and re-circulate to RME members prior to June RME	J Clarke May 2011