

DRAFT MINUTES
RISK MANAGEMENT COMMITTEE MEETING

SEMINAR ROOM 2, GROUND FLOOR
GLEDHOW WING
ST JAMES'S HOSPITAL
1 AUGUST 2019

Present:

Julian Hartley, Chief Executive (Chair)
Yvette Oade, Chief Medical Officer
Simon Worthington, Director of Finance
Jenny Lewis, Director of Human Resources and Organisational Development
Clare Smith, Chief Operating Officer
Craig Brigg, Director of Quality
John McElwaine, Associate Medical Director - Corporate Governance
Dawn Marshall, Deputy Chief Nurse/Nurse Director of Operations (In place of Lisa Grant, Chief Nurse)
James Goodyear, Director of Strategy

In Attendance:

Najmin Begum, PA to Director of Quality
Karen Armitage, Head of Health & Safety
Adam Bland, Resilience Manager
Peter Aldridge, Head Of Fire, Security & Corporate Affairs
David Gregory, Head of Internal Audit

CSU Attendance:

Steve Bush, Clinical Director, Emergency & Specialty Medicine CSU
Bev Brown, Deputy Head of Nursing, Emergency & Specialty Medicine CSU
Fiona Simons, Lead Nurse for Clinical Quality
Liz Mellor, Governance Lead Pharmacist, Medicines Management & Pharmacy Services
Andrew Lowey, Lead Clinician, Medicines Management & Pharmacy Services

Observing:

Linda Pollard, Trust Chair
Paul Jackson, NHS Graduate Trainee
Lucy Bonsall, NHS Graduate Trainee
Sajid Azeb, Director of Operations

1. Welcome and Apologies for Absence:

Mike Harrop, Risk Support Manager
Craig Richardson, Director of Estates and Facilities
Lisa Grant, Chief Nurse
David Berridge, Deputy Chief Medical Officer/Medical Director (Operations)
Jo Bray, Company Secretary
Phil Wood, Medical Director of Strategy & Planning
Joanna Regan, Head of Nursing, ESM CSU

	<p>Kate Smith, Head of Nursing Anne-Marie Walsh, Trust Risk Manager Jo Caldicott, Head Of Nursing, Medicines Management & Pharmacy Services</p> <p>JH welcomed Paul Jackson and Lucy Bonsall who were observing the committee.</p> <p>JH had invited Aidan Fowler, the new National Director of Patient Safety to RMC meeting today but Aidan had other prior engagements. Aiden had visited the Trust today to meet a number of people.</p> <p>JG has recently been appointed to the Director of Strategy role and will become a member of this Committee.</p>
2.	<p>Declarations of Interest</p> <p>There were no declarations of interest at the meeting.</p>
3.	<p>3.1 Draft Minutes of Meeting held 4 July 2019 The draft minutes from the previous meeting were reviewed and agreed to be correct. These will be presented to the Trust Board workshop in September 2019, for approval.</p> <p>3.2 Matters Arising</p> <p>3.2.1 Outpatients not on a waiting list CS provided an update to the committee on progress relating to validation of the patients who were identified not to be on a waiting list. CS commented that 80,000 of these had now been validated and no harm had been identified to patients through this process. CS added that a lot of work has been done by the Oncology and Head and Neck CSUs to help reduce the waiting list. It was noted that some patients had been identified to be waiting for long periods, some more than 52 weeks and some patients were not aware that they were on a waiting list for treatment. This work continued to be progressed and a number of issues had been identified through this, including how referrals were registered on the Patient Administration System (PAS), management of patients who did not attend for appointments, cash up process following a clinic consultation and the management of appointment letters.</p> <p>The committee were advised that the longer-term solution required an upgraded electronic patient administration system, possibly a replacement for the existing PAS. LP commented that she was concerned by the large number of patients involved. YO agreed that the numbers were large and that it would not be straightforward to replace PAS and some of the issues may not be eliminated in full by a new system, but reassured LP that this group of patients were assessed to be low risk of harm. JH asked if there was a project plan with timescales for implementation that could be monitored and tracked until the validation work had been completed. CS noted that a meeting had been arranged with the Chief Digital Information Officer in August, following which a plan would be agreed.</p> <p>Action: CB to add a note to the chairs report to the board to highlight the progress that had been made and assurance to be provided to Quality Assurance Committee (QAC) at its next meeting in October 2019.</p> <p>3.2.2 Infection Outbreak Neonates LGI</p>

	<p>YO briefed the committee on the recent infection outbreak on the neonatal unit at LGI. YO confirmed that 3 babies had been infected and a further 9 had been identified to colonise the bacteria identified through the associated swabbing exercise. The committee were advised that the neonatal unit at LGI and also at St James's had been closed as part of the management of the infection outbreak. This had been managed within the framework of the major infection outbreak, led by the Infection Prevention and Control Team. Commissioners had been briefed on this and the progress that had been made. Both neonatal units had re-opened week commencing 22 July 2019 and the index case was identified through the investigation. The significant disruption to the service was noted, including restricting staffing and visitor movement and diverting patients to neighbouring units. The deep cleaning of the units had now been completed and whilst the colonised babies remained on the unit the infection risk had been successfully contained. CB noted that the major outbreak had been reported on STEIS and declared a serious incident. This would be investigated through the major infection outbreak procedure and the root cause and actions to reduce the risk of reoccurrence would be identified through this and the report shared with commissioners.</p> <p>Action: CB to arrange for the findings of the investigation to be included in the quarterly report to Quality Assurance Committee at the October meeting.</p>
<p>4.</p>	<p>Review of Action Tracker</p> <p>The action tracker was reviewed, noting that all actions had been completed, with the exception of the following two actions:</p> <p>Action 321 - Risk 9841 DB to meet with Oncology CSU to discuss the risks relating to the laparoscopic imaging system in Thoracic Surgery and the plan re capital replacement. It was confirmed that this meeting would take place when DB returned to the Trust.</p> <p>Action 326 - Risk 9875 Staff movement (Left Shift)</p> <p>JL provided an update on this risk, noting that she had discussed this with the HR team and the specific areas affected by this had been identified and this would be picked up with the CSU's concerned and risks described on local risk registers. This would continue to be reviewed by the corporate HR team and Risk Management Committee would be updated on further developments, including the risk score if required.</p>
<p>5.</p>	<p>CSU Risks & Corporate Risk Register Report</p> <p>5.1 Emergency & Specialty Medicine CSU</p> <p>SB, BB and FS attended from the ESM CSU to provide an update on their high rated risks. SB began by summarising the 17 risks held on the CSU risk register, noting that there were 4 risks scoring 15 and above.</p> <p>Risk 8877 - Failure to deliver Emergency Care Standard</p> <p>SB noted that the committee had been briefed on a number of occasions on progress against this risk, which had been on the Trust Corporate Risk Register since May 2014. The committee were advised that the trajectory that had been agreed with NHSI for Q1 was 88%. Current performance was reported at 87.86%, which equated to a total number of 38 breaches. This was being validated to determine whether the local trajectory had been met for this period. SB noted that there had been increased attendances through the emergency department's week commencing 22 July 2019 and additional consultants had been provided to respond to this demand. The committee were also advised that an</p>

additional senior manager presence had been provided at the LGI location, which was subject to an improvement programme, Value Stream 7, focusing on the streaming processes at the LGI. SB noted that this was making good progress. The committee were also advised of the development of the frailty unit, including the establishment of the Ambulatory Frailty Unit (AMFU), highlighting the risks relating to the location as this was in the area where the minor injuries unit was previously located, which meant that staff had to travel some distance away from the emergency department down a flight of stairs. Plans were being considered to co-locate this with the emergency department. BB commented on target dates with GPs that had been agreed, to promote the use of AMFU, JH commented on the GP referral rates that were displayed in this area to incentivise referrals. CB commented on the recent visit by the CQC engagement inspector, which included visits to the Minor Injuries Unit, mental health assessment room, CDU, ED and top floor Acute Medicine. The progress that had been made since the inspection in August and September 2018 in these areas that were set out in the action plan was noted by the CQC inspector who provided positive feedback about the progress that had been made. **It was agreed that the risk score would remain 20.**

Action: SB/BB/FS to review risk controls and mitigating actions to ensure these were all captured on the risk register, including the establishment of AMFU and the objectives of Value Stream 7.

Risk 8894 - Excessive amounts of time patients with mental health conditions waited in ED.

SB provided an update on progress, noting that patients still experienced waits in ED, however the frequency had reduced and a number of interventions had been agreed in conjunction with LYPFT to facilitate earlier intervention. CB noted that this risk had been reviewed at a previous Risk Management Committee and the risk score had been reduced to 12, to be managed on the CSU local risk register. It was noted that this needed to be consistent with the corporate risk register and this would be reviewed in conjunction with the CSU once it had been checked.

Action: MH/FS to review risk score against minutes from the Risk Management Committee and amend CSU risk score to 12, for consistency.

Risk - 9069 - Violence & aggression towards patients, visitors or staff.

BB provided an update on this risk, noting that this remained a challenge for the CSU and a number of incidents had been reported that had been reviewed in conjunction with LYPFT. YO commented on the joint meeting with LYPFT in July and the decision to investigate an index case to identify improvements that could be made in the management of patients with persistent challenging behaviour that were difficult for staff to manage. BB commented that 70% of staff in ESM had completed their tier 3 personal training on how to manage violent and aggressive situations. BB also stated that the team were reviewing incidents relating to violence on a weekly basis so that they can act on incidents quicker and provide support to staff.

PA advised the committee that a report had been presented to the Quality Management Group (QMG) in July 2019, setting out the current position and plans to address the challenges, noting that the actions would help to address both those patients who displayed violence and aggressive behaviour due to their clinical condition and also those who demonstrated persistent antisocial behaviour. PA commented that a task and finish

group would be established, led by the Chief Nurse to agree the actions to address this risk, including the use of soft restraint and related interventions. PA also advised the committee of the recent convictions by the police involving 4 people who regularly behaved violently towards staff in the Trust and this intervention was welcomed by the committee. It was proposed that this was communicated to staff to demonstrate that the Trust was taking this seriously and that it was working in partnership with the West Yorkshire Police to manage these challenging situations. **It was agreed that the risk score would remain 16.**

Action: PA to liaise with the communications team to add a brief message to Start of the Week to highlight the actions the Trust was taking in conjunction with West Yorkshire Police to manage people with violent and antisocial behaviour.

Risk 9079 - Insufficient nurse staffing levels

BB provided an update on the current position relating to nurse staffing in the CSU, noting that this was a significant challenge at this time of the year before the new graduates started in October. Currently there were 200 shifts with one nurse and 6 shifts with no registered nurses on duty on the roster (before mitigation). A proposal had been presented to the corporate operations team in July that involved temporary closure of a ward to enable staff to be redeployed across the CSU to provide safe care to patients. It was acknowledged that this was a challenging situation to manage and the benefits risks were being carefully considered before a decision was made. DM noted that this would be presented to the Executive Directors Meeting on 5 August 2019 for a decision to be made based on the recommendations in the SBAR produced by the CSU. JH asked for this to be reflected in the minutes of the meeting and the summary to the Board.

Action: CB to add the outcome of the discussion at Executive Directors Meeting on 5 August 2019 to the RMC minutes and Chairs report to the Board.

BB commented that there were 66 nurses in the pipeline from the university due to start in October 2019, noting that there were currently 47% trained nurse vacancies in the inpatient wards in the CSU, 18% vacancies in ED. BB advised the committee that the majority of new nurses had expressed an interest in working in ED and the CSU were arranging rotational posts to distribute the resources to the appropriate areas. DM commented that mutual aid had also been provided by other CSU's, notably Oncology CSU. The particular challenge was in the 19 August to end of September roster period and it was expected that the situation would improve after this, acknowledging that this would continue to be a significant challenge to the ESM CSU. JH commented that he was pleased to hear that the CSU was doing everything they could to retain staff and asked the triumvirate team to thank the teams for going above and beyond to keep their wards safe.

Action: BB/JR to update controls and mitigating actions in the CSU risk register to capture the mitigating actions described at RMC.

Action: LG/DM to provide an update at the September RMC meeting and NB to add this to the agenda.

It was also noted that an external company was coming in to review staffing in the emergency departments.

*At the Executive Directors meeting on 5 August 2019 it was agreed to temporarily close 3 HOBs beds that will release 54 shifts. This will continue to be overseen by the Corporate

Operations team.

5.2 Villa Care

DM attended in place of KS, Head of Nursing for Oncology CSU to discuss Villa Care's significant risks. Apologies were received from Villa Care Matron Emma Wright.

Risk 9689 - Risk of patient deterioration & delays in treatment

DM provided an update on this risk to the committee, noting this had been reviewed with the Matron for Villa Care. DM described the escalation processes that were in place and the arrangements for medical support and review on the wards managed by Villa Care. Discussions had also been held with the Yorkshire Ambulance Service (YAS) regarding the safe transfer of patients who deteriorated at Villa Care Wards. DM advised the committee that in the last 6 months period a total of 12 patients had been readmitted to the acute bed base. A local level 1 investigation had been undertaken for all cases and these had been reviewed at the joint Villa Care governance meeting. CB noted the discussion at the Executive Management Group (EMG) on 31 July 2019, providing clinical directors with an update on the service provided by Villa Care and the importance of making a diagnosis and ensuring patients were medically fit for discharge before they were transferred to Villa Care. This reduced the risk of patients deteriorating and being readmitted to the acute bed base. The committee were assured by the governance arrangements in place and the actions that had been taken to manage patients who deteriorated at Villa Care and **it was proposed that the risk score was reduced from 12 to 8, reducing the likelihood from 3 to 2.**

Action: DM to reduce risk score from 12 to 8 and to discuss this with the matron for Villa Care, setting out the rationale for the decision made by the committee.

5.3 Medicines Management & Pharmacy Services

LM and AL attended the committee to describe the risks on the MMPS risk register. The committee were advised of the meeting that had taken place with Aidan Fowler, the new Nation Director for Patient Safety, before the committee meeting where opportunity was taken to discuss the specific risk that had emerged relating to the provision of Total Parenteral Nutrition (TPN), specifically the risk regarding the supply of TPN to hospitals.

Risk 8762 - Inability to deliver an Aseptic service

LM & AL provided an update on progress relating to the Aseptic Service noting the key risks involved: staffing, preparation error, contamination. This service provided high risk medicines, including chemotherapy and TPN and the growth in demand was noted, 11% increases in demand for chemotherapy. AL also drew the committee's attention to some new standards that had been introduced, which meant that the Aseptic Unit at both the LGI and St James's locations had been changed from low to significant risks. The LGI had undergone a further review and had been reduced to low risk again in response to the actions that had been taken, including employing additional staff to provide this service. AL advised the committee that the repeat audit at St James's had been postponed in light of the recent risk that had emerged regarding the provision of TPN by the main supplier Calea. The committee were advised that MHRA had visited Calea and taken action to reduce their capacity to provide TPN in response to failure to meet quality requirements that had been assessed over a 3-year period. The committee were advised that this affected a total of 120 adult patients and 20 children, a number of which needed to be repatriated and admitted to hospital for TPN treatment.

The medicines management team had responded by providing additional capacity, including weekend and evening working to make up the TPN for patients, noting that the acute response had been effective but was not sustainable in the medium to long term. The committee were advised that there was not yet a known time frame for resolving this by Calea so that TPN could be provided again to meet the demand required, AL commented that the information coming from the supplier had not been consistent, or helpful and therefore the duration of the risk was not clear. YO noted that this was now well known nationally and the response to this had been described at the earlier meeting with Aidan Fowler. The committee were also advised on the Lord Carter review of Aseptic Services across the NHS and the work that was being done by the Chief Pharmacists across the WYAAT region.

YO acknowledged the significant work and response by the Trusts medicine management team to mitigate the risks associated with the interruption of supply of TPN, also acknowledging the input from the dietetic and gastroenterology teams. YO commented that the early escalation of the risks had enabled mitigating actions to be put in place to keep patients safe and the medicines management team were commended for this. JH recognised the complexity and skills required by the team to keep up the production under extreme pressure during this period. YO commented that this would provide an opportunity to look at standardising bags of TPN, noting that other countries provided a greater range of standardised products, including Germany, as opposed to individual patient preparations made up by hospital Aseptic Units. This was also considered to be a more cost-effective approach and this will be subject to review by Lord Carter and his team. LP offered to raise this directly with Lord Carter and asked AL to send her a communication to assist her in briefing him on this. The committee reviewed the risk score (12). It was agreed that this was a significant risk in addition to the current risk relating to the wider Aseptic Service and it was agreed that this would be described on the corporate risk register as a separate risk whilst this remained subject to national scrutiny and local interventions. **It was agreed that the risk score would remain 15 (aseptic service).**

Action: LM/AL to produce a corporate risk relating to the provision of TPN, to be reported to Board in the chairs report. This will be supported by CB/MH.

Risk 8899 - Risk of patients not receiving parenteral nutrition within designated timeframes.

This was covered in the above discussion and will be incorporated into the corporate risk that had been agreed.

Risk 9816 - Risk of particles contaminating in Intrathecal products.

AL provided an update on this risk, noting that the reject rate was currently 15% due to particles remaining in products that had been made up. This had been subject to a MHRA investigation and had been escalated to the Intrathecal Steering Group (ISG) and the risk and mitigating actions agreed through this forum. Actions had been agreed to implement a 2-pharmacist check followed by a nurse and doctor check before the product was administered to patients to ensure that the particles had been removed. AL advised the committee that the supplier was set to change in September 2019 and the Trust would be moving to the new supplier to resolve this risk. **It was agreed that the risk score would remain 12.**

5.4 CNO

DM attended in place of LG, Chief Nurse to provide an update on the significant risks on the Chief Nursing Officer risk register.

Risk 9303 - Nurse Staffing

DM advised the committee on the series of meetings that are being held with heads of nursing and matrons to review establishments at ward level and the good progress that had been made. Plans were being developed to implement a live safer nursing staffing system using the safe care tool (Allocate), which was currently being piloted in Cardio Respiratory CSU and had received positive feedback. A process had also been implemented to report on nurse staffing three times daily to identify areas where action was required to mitigate risks relating to staffing. This was reviewed daily by the Deputy Chief Nurse/Nurse Director (Operations) and also head of nursing on call at the weekend. DM advised the committee on the plans to introduce a red flag system for staff to escalate concerns relating to nurse staffing and she also provided an update on the establishment of the nursing and midwifery workforce group that reported to the Resource Management Group (RMG). The Trust was also participating in the national collaborative focusing on the retention of nursing staff, which will provide opportunity share learning with other organisations nationally. JL commented on the need to understand the gap in staffing before the 5-year workforce plan was signed off. This was likely to impact on the mitigating actions that were agreed, including increasing the use of temporary bank and agency staff in the short medium term whilst a plan was agreed to address the shortfalls. **It was agreed that the risk score would remain 16.**

Risk 9892 - Violence & aggression towards staff

DM noted that this had already been covered in the discussion with ESM CSU, noting that a task and finish group would be established chaired by the Chief Nurse. **It was agreed that the risk score would remain 16**

5.5 Corporate Risk Register

Significant Risk Profile - Review of Corporate Risk Register

CRRS6 - Risk of an Influenza Pandemic

CS and AB provided an update on this risk, noting that the vaccine had been delayed for 2019/20 and would not be available until later in September. **It was agreed that the risk score would remain 15.**

It was noted that further mitigating action had been added to undertake an annual review of the plan and a new High Consequence Infectious Diseases Group had been established.

CRRS8 - Risks arising from Britain's withdrawal from the EU

The committee discussed the risks relating to the exit from the EU, noting the recent changes in the government and appointment of the New Prime Minister. This was subject to daily discussions by the cabinet and an update would be provided nationally at the end of August. The committee noted the continued uncertainty and concerns relating to Britain's withdrawal from the EU and the associated risks relating to supplies and workforce. AB commented that exercises continued to be held key CSU's to plan for the EU exit, focusing on the Trust response to mitigating risks associated with this. **It was agreed that the risk score would remain 16.**

CRRP8 - Patients waiting longer than 6 weeks following referral for diagnostics tests

	<p>CS provided an update on this risk, which related to the diagnostic standard, involving 15 different modalities. CS commented that the standard had not been met for the past 2 months and most likely would not be met for July 2019. The committee were advised that consideration had been given to reducing the risk score, however there remained significant challenges relating to MRI capacity in some specialties and this had been subject to discussion at the most recent finance and performance committee. It was agreed that this should remain on the corporate risk register and the risk score would remain 15.</p>
6.	<p>Emergency Preparedness Report</p> <p>AB submitted the report to the committee; however, this was not subject to discussion at the meeting. This would be circulated with the agenda for the September meeting and key points considered by the committee.</p> <p>Action: NB to add the Emergency Preparedness Report to the agenda for the September Risk Management Meeting.</p>
7.	<p>Quarterly Fire Safety Report</p> <p>PA provided a report to the committee and highlighted the key points, noting specifically the risks relating to a building owned by the University that contained cladding that had been identified as the same that had been fitted to the buildings involved in the Grenfell fire. A meeting had been held between LTHT and the University of Leeds to discuss the options for addressing this risk, which was still being appraised. PA advised the committee that 5 specific options had been considered, including installing sprinklers at all floors within the building and the complete removal and replacement of the cladding. PA commented that the latter option was the preferred one as this would successfully mitigate the risk in full. A table top exercise would be held to discuss the options further in conjunction with West Yorkshire Fire Service and the Executive Directors would be informed of the outcome once this was known. PA commented that there was a significant reputational risk to the Trust as a consequence of this, noting that whilst this was a building owned by the university the public would see it as being associated with the hospital. PA also commented on the joint work that had been undertaken with LYPFT following a recent fire incident caused by a patient at the Becklin Centre. The Trust fire safety team would continue to support our LYPFT with this, working in conjunction with the West Yorkshire Fire Service.</p>
8.	<p>Horizon Scan - New Risks</p> <p>CB advised the committee that it had been agreed to include a standard item on the agenda to consider emerging risks and threats to the achievement of the Trusts strategic objectives and the delivery of operational services. This would enable Executive Director leads to further consider the emerging risks with their teams so that these could be developed and brought to the risk management committee for consideration, where appropriate. MH had met with the Medical Director for Strategy and Planning (PW) to discuss this and identify potential emerging risks. An example was used relating to the increase in funding in primary care resulting in the potential migration of staff from acute providers (left shift). It was agreed that this would be included as a standing agenda item at future meetings and time would be taken at the end of the meeting to consider this.</p>
9.	<p>Review Committee's Effectiveness</p> <p>JH noted that important risks had been considered at the committee and that the CSU attendees had fully engaged in these discussions. BB and LM commented that it was really</p>

	useful to listen to risk presentations and share these.
10.	Any other Business
	There was no other business noted at the meeting.

Date and time of next meeting: 5 September 2019, 13.00-15.00, Seminar Room 2, Gledhow Wing, St James's hospital.

DRAFT