

Meeting of:
Lanarkshire NHS Board
24 March 2010

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SUBJECT: CLINICAL GOVERNANCE

1. PURPOSE

This purpose of this paper is to provide a progress report to Lanarkshire NHS Board on quality assurance, with a focus on Risk Management.

2. MONTHLY REPORT TO THE BOARD ON QUALITY ASSURANCE

2.1 NHS Scotland Quality Strategy

The Scottish Government has provided further guidance in relation to Stage 1 of the implementation of the National Quality Strategy. Health Boards are requested to support:

Board wide Engagement Programme

Boards are requested to undertake a local engagement programme to ensure that the key messages of Quality Strategy are shared and all staff can contribute their ideas and to provide an assurance by 9 April that this has been carried out.

New Individual and Board Level Commitments to Changes

Board Organisational Development departments, improvement leaders and Quality Champions are requested to work with individuals and teams to empower them to identify solutions to barriers to improving quality. Boards are asked to invite all of their staff to propose one new thing they could do now to support person centred, safe and effective health care and to identify one thing beyond their immediate control where they would like to see changes to support quality improvement.

Board are asked to feedback to the Scottish Government by 23 April a selection of quality actions and commitments (about 10-20 examples from each Board) from across the six dimensions of quality. During 2010/11, Board will be asked to evidence how they have taken the Quality Strategy approach forward and for feedback on the impact of quality actions at personal, team and system levels.

Exemplars of existing high quality healthcare service and quality improvement approaches

Boards are requested to identify and advise the Scottish Government of top ten exemplars of high quality healthcare and quality improvement by 23 April.

Developing Measure of Healthcare Quality – Quality Measurement Framework

The Scottish Government intends to develop a small basket of high level outcome measures. These will link to National outcomes, to Local outcomes as set out in Single Outcome Agreements, the Quality Dashboard and be underpinned by HEAT. Boards were requested to identify by 12 March for each the six dimensions of quality, up to five measures which they currently use or are under development. NHS Lanarkshire has

responded to this request with measures mainly taken from patient safety, patient experience and HEAT measures relating to access.

2.2 NHS Quality Improvement Scotland Activity

The following activity has taken place in relation to QIS peer visits, SIGN guidelines and NPSA alerts.

NHS QIS Peer Review Visits

Sexual Health Services

NHS QIS has advised that Sexual Health Services has been identified as a programme of work for 2010/11. QIS will be reviewing NHS Boards' compliance with the standards for Sexual Health Services, which were published in March 2008. QIS are currently considering the most appropriate methodology as they are committed to taking a proportionate and risk based approach to reviews. Further information on the review methodology will be sent to NHS Boards during the summer.

Standards and SIGN Guidelines

Neurological Health Services Clinical Standards – Implementation and Improvement Support Plan (Jan 2010)

QIS published the Neurology standards in October 2009 with an Implementation and Improvement Support Plan launched in January 2010. NHS QIS will shortly be writing to Boards to ask them to:

- identify a neurology improvement lead and establish a local improvement group to work with NHS QIS over the next two years
- self-evaluate against the first four standards in the first instance to help identify priority areas for support.

The following SIGN guideline is expected to be published:

Guideline No.	Guideline Name	Publication Date
116	Management of Diabetes	23 March 2010

National Patient Safety Agency (NPSA)

The following NPSA alerts have been received and circulated; these are advisory for NHS Scotland.

- NPSA/2010/RRR08 – Cold Vaccine Storage
- NPSA/2010/PSA001 – Safer use of intravenous gentamicin in neonates
- NPSA/2010/RRR009 – Reducing harm from omitted and delayed medicines.

3. UPDATE ON RISK MANAGEMENT

3.1 Risk Management Strategy

The Risk Management Steering Group has concluded the review of the Strategy, with particular focus on the roles and responsibilities to provide further clarity for the role of the Chief Executive, Medical Director, Executive Directors, Head of Clinical Governance and Risk Management, Corporate Risk Manager and Corporate Affairs Manager.

The Strategy is supported by a Risk Management workplan, which is monitored by the Risk Management Steering Group. The workplan has been subject to end of year review and revised to reflect a loss of 110 (expected further 10-20) working days due to sickness and

other absence. This has contributed to a significant delay in reporting on the full range of risk management structure and process KPI's.

3.2 Strategic Risk Register

The NHS Lanarkshire Strategic Risk Register is overseen by the Risk Management Steering Group, and is subject to monitoring and review by the responsible Executive Directors bi-annually. The register is currently under review and scheduled to be received by, and reported to the Risk Management Steering Group in April 2010. This will be reported to the Board at a future meeting.

Cash Releasing Efficiency Savings (CRES) Initial High Risk Identification

Through the Financial Savings Group, the process of risk identification and analysis was agreed. From the identified 120 schemes 85 service risk assessments have been completed and identified that there are 50 low risks, 30 within a medium range of risk and 5 high risks schemes (1 still to be validated).

As previously agreed, service impact risks identified as high or very high would be recorded on a high level Risk Register for discussion and review by the Financial Savings Group, Risk Management Steering Group and reported to the Board.

Additionally, it has been recognised that NHS Lanarkshire will face some risks that will not be solely scheme related and will have a corporate impact. Two such risks have been identified and recorded to reflect this position. The *corporate* risks are categorised as Financial and Reputation risks:

1. There is a risk that NHS Lanarkshire will not be able to realise the required £17m savings for 2010/2011 if high cost individual schemes, or a number of moderate cost schemes fail to deliver the predicted savings at the critical time periods throughout the year. This has the potential to impact adversely on subsequent years financial planning.

2. In setting out proposals, approving and implementing savings schemes to enable NHS Lanarkshire to realise a saving of £17m, there is a risk that NHS Lanarkshire will be subject to scrutiny from Scottish Government, concerns from MSP's, Local councillors, members of the public, staff and patients, resulting in local and / or national adverse publicity that has the potential to undermine public confidence in NHS Lanarkshire and staff morale.

From the scheme risks and the discussion regarding the corporate risks, there are currently four high risks recorded (potentially 5, 1 still to be validated).

The *scheme specific* risks are categorised principally as financial, reputation and legislative. They outline the material issues relating to:

- relocation of Beckford Street headquarter and Airbles Road headquarter and the impact on the expected financial savings;
- the potential that the full expected savings will not be realised from the Prescribing Action Plan (version 6a);
- the impact on Mental Health service developments resulting from incremental reduction in financial allocation;
- fewer opportunities for staff to be supported in their continued professional development.

It was noted by the Financial Savings Group that at this stage in the planning and implementation, there are no immediate high clinical risks identified, however, it was

further noted that there was the potential for both clinical and other high risks to emerge as the implementation of the schemes progressed.

3.3 Current Risk Update

The following current risk issues are being addressed:

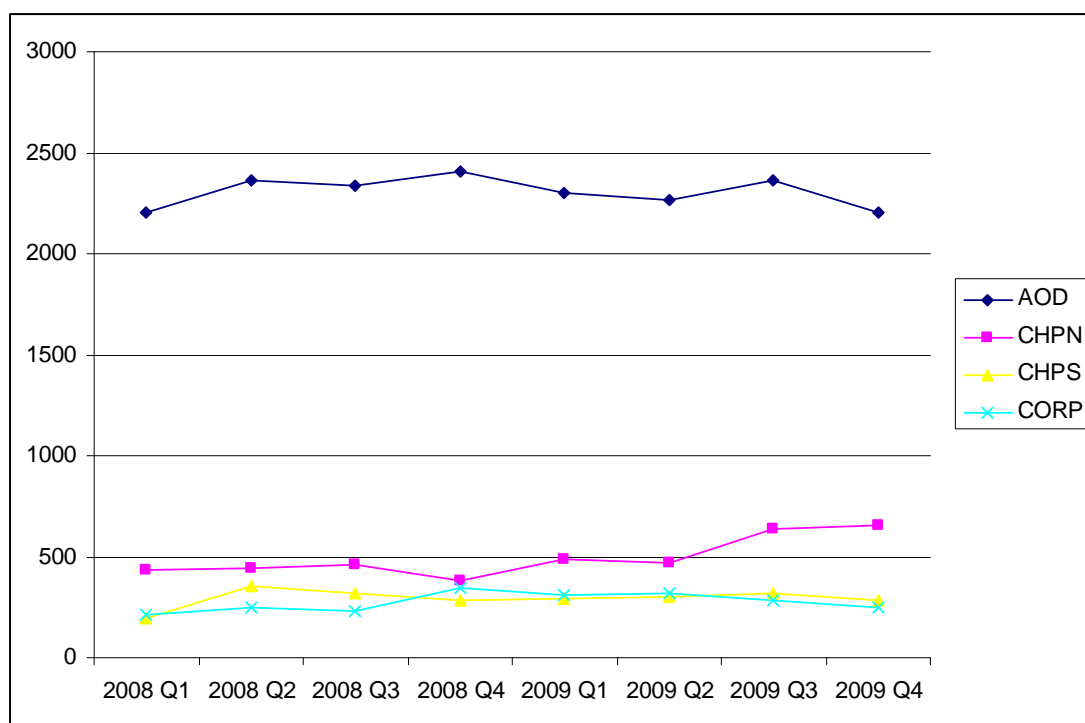
- Policies and Procedures – a review has been undertaken of the existing systems in place for development, implementation, monitoring and review of policies and significant work has been undertaken to develop a managed system, with implementation now agreed for the month of May 2010.
- Compliance Assurance – a review of how the Board receives assurance on legislative compliance (e. g. Health and Safety, SIGN) is being undertaken. Initial discussions have taken place through CMT and the Risk Management Steering Group. Work still in progress.
- Positive Patient Identification (PPI) – a group has been convened to address an identified need to bring together component parts of PPI (wristband compliance, electronic near patient testing, Community Health Index). Review of the objectives of this group will be required in light of the current financial position. No further work has been commenced at present.
- Medical Workforce - implications resulting from the implementation of Modernising Medical Careers and the impact on clinical services. Whilst there has been agreement for derogation, this risk remains.
- Hospital Acquired Infection (HAI) – risk of non-compliance with HAI policies and procedures to minimise risk of infection to patients, staff and the public. Overseen by the Lanarkshire Infection Control Committee.
- Review of the security arrangements/violence and aggression exposure for staff in Accident and Emergency has identified risks, resulting in some early interventions and the formation of an NHS Lanarkshire Security Group to address the risks and set out a mitigation workplan. Terms of Reference reviewed and this group will be time limited, with ultimate reporting through the Occupational Health and Safety Management Group.

3.4 Incident reporting Data.

The incident reporting data will enable the Board members to have an overview of the types of incidents being reported and will set out trends over the previous quarters identify risk areas and discussions on corrective actions. A more comprehensive report with actions is reviewed by the Risk Management Steering Group.

Reporting trends for the past 8 quarters are demonstrated in Figure 1.

Figure 1



The Risk Management Steering Group oversees development / improvements of the risk management systems to continuously improve reporting.

The type and occurrence of incidents reported for the quarter October - December 2009 are as set-out in Table 1.

Table 1

Operating Division	Patient Clinical	Patient Non-Clinical	Directly Employed Staff
Acute	626	1190	175
CHP North	105	352	91
CHP South	52	122	51
Corporate Services*	166**	1	50***
Totals	949	1665	367

*includes PSSD, IM&T

** relates to incidents directly related to Casenote availability at medical records

*** related to losses

The top 5 categories of incidents recorded (against last quarter data) are set-out in Table 2.

Table 2

	This quarter	Last quarter
Slips, Trips & Falls	1139	903
Others*	515	513
Violence/Abuse/ Harassment	422	323
Problem with Records	186	180
Medication Administration	79	32

*Others include bed management, staff shortages, trolley waits, transport, choking, alcohol/drug incidents, pharmacy and security

From the last quarter, medication administration has emerged as one of the top 5 recorded incidents (replacing investigation problems from last report) with a noted increase from 32 incidents for quarter July – September 09 to 79 incidents for quarter October – December 09. Within the sub-categories, the most common issue relates to failure to administer prescribed medication.

Whilst this information provides an NHS Lanarkshire overview, specific data is reviewed by Operational Management Teams to review, take appropriate actions and inform their risk registers.

3.5 Key Performance Indicators

Through the Risk Management Steering Group, a set of key performance indicators (KPI's) have been agreed. They relate to structure and process measures in measuring effectiveness of clinical risk committees, incident grading, closure and investigation, and closure for risk registers.

Monitoring of data within the 'holding' area has identified that there has been significantly high numbers of incidents not 'verified'. Work has commenced with the CHP and Acute Divisional Directors to ensure the operational systems reduce this risk. This forms the base for which the KPI specific to incident recording and management can be measured against.

This is the first report of the KPI performance and sets out to inform the Board of the effectiveness of a component part of incident management at operational level in relation to the grading, review and closure of recorded incidents.

<p>Performance Standard (ref – Risk Management Guidance Manual)</p> <p>To ensure that NHSL have a robust embedded risk management process with all staff aware of the appropriate procedures and these overseen by the appropriate committee. Failure to record incidents on a timely basis leaves NHSL open to unnecessary risks. The risk grading of incidents ensures that NHSL are aware of the severity of any incidents.</p>
<p>Key Targets</p> <p>Number of incidents rated as Low, recorded, verified, investigated and closed in Datix within 10 working days of the incident occurring expressed as a percentage of total low rated incidents.</p> <p>Number of Medium incidents recorded, verified, investigated be closed in Datix within 22 working days of the incident occurring as a percentage of total medium rated incidents.</p> <p>Number of High rated incidents recorded, verified, investigated and closed in Datix within 27 working days of the incident occurring as a percentage of total high rated incidents .</p> <p>Number of Very High incidents recorded, verified, investigated and closed in Datix within 40 working days of the incident occurring as a percentage of total very high rated incidents.</p>

The following performance expressed as a % compliance is based on data for the quarter October – December 09.

Incident Grade	NHSL Overview	Corporate Services	AOD	CHPN	CHPS
Low	52%	68%	52%	46%	60%
Medium	59%	68%	64%	36%	64%

High	61%	100%	59%	58%	71%
Very High	68%	86%	58%	88%	75%

4. FURTHER INFORMATION

For further information or clarification of any issues in this paper please contact:

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Carol McGhee (for update on Risk Management), Corporate Risk Manager, 01698 258784

Pam Milliken (for update on Clinical Governance Work Programme), Head of Clinical Governance and Risk Management, 01698 245034

17 March 2010
