



RISK MANAGEMENT

ANNUAL REPORT 2007/08

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CONTENTS

	Page
1. INTRODUCTION	4
2. THE RISK MANAGEMENT DEPARTMENT	5
3. PERFORMANCE FOR YEAR 2007-08	6
3.1 Risk Management Strategy review	6
3.2 Organisational Structure: Clinical Governance and Risk Management	7
3.3 Compliance with NHSQIS Standards	7
3.4 Electronic Risk Management System: Datix	8
3.5 Risk Management Guidance Manual	10
3.6 Risk Register Process and Development	10
3.7 Training, Education and Development	11
3.8 Internal and External Audit	12
3.9 Incident Reports	13
3.10 Number of Incidents Proportionate to the Operational Divisions	14
3.11 Scottish Patient Safety Programme (SPSP)	15
3.12 Committees and Groups	17
3.13 National and Local Developments	17
4. WORKPLAN FOR YEAR 2007-2008	19
4.1 Risk Management Strategy Implementation	19
4.2 Organisational Structure: Clinical Governance and Risk Management	19
4.3 Compliance with NHSQIS Standards	19
4.4 Risk Management System: Incident Reporting	19
4.5 Risk Management Guidance Manual	20
4.6 Risk Register Process and Development	20
4.7 Training	20
4.8 Internal and External Audit	20
5. NATIONAL AND LOCAL DEVELOPMENT	20
6. RECOMMENDATIONS TO THE RISK MANAGEMENT STEERING GROUP	20

Appendices:

Appendix 1 – Risk Management Internal Audit Actions	22- 24
Appendix 2 – Summary of Risk Management Work Plan 2008-09	25-27

1. INTRODUCTION

The duty of the NHSL Board is to deliver Healthcare both within the Law, and without causing harm or loss to the Organisation and all it represents. It does this by ensuring there is a robust Governance Framework, and operates a System of Internal Control & Risk Management.

Good Risk Management has the potential to impact on performance improvement, leading to:

- Improvement in service delivery
- More efficient and effective use of resources
- Improved safety of patients, staff and visitors
- Promotion of innovation within a risk management framework
- Reduction in management time spent 'fire fighting'
- Assurance that information is accurate and that controls and systems are robust and defensible.

The key objective in risk management is to eliminate or control significant risk to an acceptable level, by creating a culture of risk management founded upon assessment and prevention rather than reaction and remedy. Staff are empowered to use their professional judgement in deciding which risks are significant.

The complete elimination of risk will not always be a feasible goal for the Board, however in certain circumstances, calculated risk management will be required to achieve creative or innovative solutions that will help to improve the services to patients.

In seeking to deliver these objectives, the Board Risk Management Steering Group will advise on/oversee and/or support the :

- implementation of the Risk Management Strategy.
- management of risk within the Board.
- compliance with NHS QIS standards.
- Risk Register Process
- risks highlighted through the Organisation
- complaints and receive assurance on the implementation of corrective action.
- assessment of the impact of new legislation.

Integral to the management of risk, the Scottish Government launched the Scottish Patient Safety Programme (SPSP), setting out specific objectives and measures to enable the organisation to have a wider view of actual and potential clinical risk adversity for patients.

2. RISK MANAGEMENT DEPARTMENT

During this year, the Risk Management Department has worked within the philosophy of a single – system, whilst retaining designated areas of responsibility, as the overarching structure of Clinical Governance & Risk Management is under review.

At the start of the Financial Year (April 2007), there was 1.wte Risk Manager within Lanarkshire.

Additionally, the department was supported by:

1 wte System Administrator DATIX – Band 5

1 wte Secretarial Support – Band 4

Subsequent to agreement to appoint a Risk Management Co-ordinator, a job description was written, graded through the Agenda for Change Process, advertised internally and then externally with interviews planned to take place in April 08. Unforeseeable delays were met at each stage, and consequently led to a significant delay in appointment, which has now been successfully confirmed for 2nd June 08.

The Corporate Risk Manager was nominated as the interim Patient Safety Manager from October 07 – April 08. A substantive Project Manager was subsequently appointed in March, and will take up post in April 08.

3 PERFORMANCE FOR YEAR 2007-2008

3.1 Risk Management Strategy Review

The NHSL Risk Management Strategy was reviewed in September 2006, consulted on through the Organisation and endorsed by the Risk Management Steering Group in December 2006. It is due for interim review in September 2008 and full review in September 2009.

The Strategy sets out:

- Risk Management Guiding Principles
- Aims & Objectives
- Scheme of Delegation
- Implementation of the Strategy & Framework
- Communication of the Strategy & Framework
- Risk Management Steering Group Terms of Reference

3.1.1 Implementation

The Strategy has been communicated through Strategic, Divisional & Operational Groups/Committees and is also available on the NHSL Intranet Site & Risk Management Web Page, where comments and suggestions have been invited. To date, suggestions have been received from Operational Groups to extend the appendices to set out the Site/Directorate/Locality Reporting structure that supports the strategic Reporting Structure. There have been no comments or suggestions received via the web-page. This page is monitored by the Band 4 staff member every 2 weeks.

Whilst there has been Risk Management & SPSP information communicated in both the Staff Brief and the Pulse, the Communication Plan requires to be reviewed and refreshed as some of the timescales conflicted with the launch of the Scottish Patient Safety Programme (SPSP), which required a higher priority from the Risk Management resource.

The communication plan included the development of a dedicated NHSL Risk Management Webpage accessed via FirstPort. This was launched on May 2007. The department have monitored the 'hits' over a 4 month period (Nov/Dec 07 & Feb/March 08), and the average number of hits to the site per month is 230. We were unable to benchmark against any other similar site internally.

The web-page enables access to the Strategy, previous annual reports & workplans, RMSG minutes, Forthcoming Events, articles, a 'How To?' section and direct links to other associated internal & external web sites:

- National Patient Safety Agency (NPSA)
- Health & Safety Executive (HSE)
- Willis – Clinical Negligence & other Risks Indemnity Scheme (CNORIS)
- Occupational Health & Safety (SALUS)
- Scottish Patient Safety Alliance (SPSA)

- Internal Scottish Patient Safety Programme Page
- Institute for Health Improvement (IHI)
- NHS Quality Improvement Scotland
- DATIX
- Internal Medical Education
- Internal Clinical Governance

3.2 Organisational Structure : Clinical Governance & Risk Management

Resulting from changes within the Organisation and change of Personnel, the Organisational Structure for Clinical Governance & Risk Management has not been set out within this annual period, however, the reporting structure in terms of the statutory Committees is clearly defined. At Division level the Clinical Reporting Structure within the Acute Division has been retained through the Clinical Board Site & Directorate Risk Groups and Primary Care have a joint Clinical Governance & Risk Management Group with sub-groups relating to Speciality & localities. The Health & Safety Structure has also retained site/locality groups reporting to the NHSL Occupational Health & Safety Management Group.

The Audit Committee has overall responsibility to evaluate the System of Internal Control and Corporate Governance, including the Risk Management Strategy, Framework and Processes.

3.3 Compliance with NHS QIS Standards

The NHS QIS Peer Review was undertaken in September 2006. Prior to the visit, the Risk Management Standard (1a) was subject to internal self-assessment and agreed through the Risk Management Steering Group in July 2006.

The assessed level of compliance ranges from 1 – 4 (development through to review stage).

The Risk Management standard was assessed as level 1 in the 2005 Interim Review undertaken by NHS QIS. The self-assessed score was level 2 and this was substantiated by the peer review undertaken in September.

Within this year, a senior Clinical Effectiveness staff member (Mrs J Reid), undertook an independent review of the Risk Management Standard (1a), as requested by the Corporate Risk Manager, through the Workplan. The assessed *Strategic* Compliance was assessed as attaining Level 3.

This improvement contributes to the overall performance against the 07/08 HEAT target T.04 & Corporate Objectives, 2.1.1, 2.1.2, 4.1.1.

Within this annual period, the Risk Manager has been required to contribute to the most recent NHS QIS Service Reviews: Blood Transfusion & Childrens Services – Asthma and the pilot exercise for the HAI Standards.

3.4 Electronic Risk Management System : DATIX

3.4.1 Incident Reporting Module

The progression of the implementation of the web-based incident reporting system across NHSL continued across the Localities within this year. All but one locality, (Coatbridge) is fully live with the electronic reporting, however this locality has been rescheduled for completion around July 2008.

The Property & Support Services Directorate (PSSD) continues to function with the paper system, and will do so as there are some staff members who are not site based and/or staff members who do not have access to the electronic system. This process is well controlled and managed through the PSSD Department and does not detract from the aim of maintaining a NHSL single-system.

3.4.2 Training of 'Verifiers'

To enable ownership & verification of incident reports, the success of the web-based module is dependent on the role of the 'verifier'.

Originally there was 320 'verifiers' identified. They have all been trained in their role of checking the accuracy of the data & completeness of data fields for the incident/accident recorded. Tracking of verifiers is maintained and monitored by the Systems Administrator (Risk Management Department), which minimises the risk of loss of Verifiers and consequently, data remaining in a 'holding' system. This is undertaken on a quarterly basis.

Resulting from the quarterly monitoring, 25 have been removed from the managers list resulting from internal/external movement, and a further 168 have been added to replace the staff who have moved on and additional staff members identified by the managers.

Site User Groups have met their needs required at the time of implementation of the system and have since been disbanded. There are still 2 active user groups where the Systems Administrator has a key role:

- Acute Based Group
- Primary Care Group

These Groups discuss improvements, constraints and receive feedback from the National User Group through the Systems Administrator. Minutes/Notes are posted on the Risk Management web-page.

3.4.3 Incident Data Monitoring

To maintain confidence in the data, the Risk Management Department set-out a monitoring procedure which reduces the number of records 'in holding', and the accuracy of data within the fields, including Division, Directorate, Specialty, Type of Incident & Category of Incident. This procedure was implemented in January 2007.

Findings from this monitoring have identified:

- Incorrect demographic details (operating divisions & directorates)
- Incomplete data fields
 - Ad hoc process of grading severity of incidents
 - Ad hoc process of completion of category & sub-categories.
- Variable practice of verifiers in ensuring accuracy of data.
- Variable practice in reviewing of data by managers

This was further corroborated through the internal audit report and actions for improvement are included in Appendix A.

3.4.4 Claims & Complaints Module

All Claims & Complaints are now recorded on the DATIX system. A necessary requirement from the system was the ability to run statutory ISD complaints reports. The Systems Administrator with the Head of Patient Affairs & ISD colleagues tested the system for assurance of this function. Initially, the reports were not being received by ISD. Testing identified that the operators inputting of the data required strict adherence in completion of the relevant fields, or the report for ISD would not be generated. This function has now been successful since July 2007.

3.4.5 Developments

The Report Function has been demonstrated for Key Users:

- Health & Safety Advisors
- Fire Officer
- Senior Nurses
- Nominated Administrative Staff
- Property & Support Services Directorate Staff
- Clinical Governance/Effectiveness Staff
- Claims & Complaints Staff
- Laboratories
- Radiology
- Pharmacy

This is a process that is still evolving and improving year on year, and is supporting the role of Operational Managers in enabling the ability to view their risk profiles and take appropriate mitigating action to effectively manage and reduce adverse incidents across the Organisation.

In taking forward the National Pilot in recording of Endoscopy decontamination incidents, 3 pilot Health Board Areas (Glasgow & Clyde, Lanarkshire and Lothian) have agreed a specific data set and developed a bespoke Decontamination Incident Reporting web form.

NHS Lanarkshire purchased the web-based Risk Register module and the Standards module within this financial period, with a view to implementation in 2008/2009.

3.5 Risk Management Guidance Manual

The Risk Management Guidance Manual has been delayed significantly. The appointment of a Risk Management Co-ordinator will enable this to be completed as a high priority in year 2008-2009.

3.6 Risk Register Process & Development

3.6.1 Strategic & Divisional Risk Registers

NHSL have an established Strategic Risk Register around the core areas of Governance:

- Corporate Governance
- Staff Governance
- Financial Governance
- Health & Clinical Governance

The Risk Register has been monitored and reviewed throughout the year and overseen by the Risk Management Steering Group.

The Register identifies high level risks for NHS Lanarkshire that includes sustaining the NHSL workforce, recruitment, sustainability of clinical services, including the required infrastructure and financial sustainability.

The Strategic Risk Register has been transferred from paper format to the electronic DATIX system and is currently managed by the Risk Manager on behalf of the lead Executive Directors.

The 3 Operating Divisions presented their Risk Registers to the RMSG in April 2007. The Registers were developed to reflect the Strategic Register and identify risk areas specific to their areas of responsibility.

Throughout this year, the Operating Divisions have set out their risk register monitoring procedures through their respective Management & Partnership Forums and have established active monitoring & review of the Risk Registers. The monitoring & review process is now fully owned by the Divisional Management Team. This enables best practice in reviewing/amending/changing the Risk Register for the Management Team. These registers are presented to the RMSG on an annual basis to provide assurance of identification and management of Divisional Risk Profiles.

3.6.2 Picture of Health Risk Register

The NHSL Lanarkshire 'A Picture of Health' (PoH) Strategy 2006, set out a programme of wide-ranging changes, service redesign and substantial capital investment to improve the health of the people of Lanarkshire. Concurrent with consultation and review of the options, NHSL recognised the need to have a structured process of risk identification, risk assessment and risk monitoring to support the implementation of the proposed change.

'Offrisk' was awarded the contract to risk assess the previously identified high level risks inherent within the Organisation in taking forward the Strategy. This was completed by end of June 2007. All lead Executive Directors were involved in the assessment process and action planning. This Register was reviewed by NHSL Board and monitored through the Risk Management Steering Group. Resulting from the new administration elected to Scottish Government in 2007, the redesign of the NHSL Accident & Emergency services, within the Strategy, was subject to further review. This indicated the potential for change in the strategic direction and was consequently noted as a critical risk to the Organisation.

This register is fully managed on the DATIX system.

3.6.3 Cross-Boundary Risk Management

The North Lanarkshire Partnership Board recognised the need to have a shared approach to identifying the risks that would undermine the success of the implementation of the Community Plan that was dependent on many services, including Health. The NHSL Corporate Risk Manager and the Community Plan Manager (Ms K Niven) for North Lanarkshire Council facilitated 3 sessions with all partners to identify risks, assess the risks, agree who would own the risks and undertake actions to manage the risk. A Risk Register was developed and agreed by the partners, presented to the NLP Board, endorsed by the Board and a monitoring system set up to oversee the Risk Management Plans.

Additionally, the NLP Board have initiated a short-life Steering Group to advise on a joint approach to risk assessment and risk management planning for all within Lanarkshire receiving Community Care. This will be progressed during 2007-2008.

3.7 Training, Education & Development

- Risk Management, including incident/accident reporting, is core to the NHSL Corporate Induction programme, delivered via Organisational Development. This programme is delivered on Monday & Tuesday of every week for all new employees including bank staff.
- As part of a series of in-house training for the Property & Support Services Directorate Senior Management Teams, the Risk Manager delivered a session on Corporate Governance, Risk Registers and the Risk Assessment process, building on the work completed last year on Incident/Accident Reporting & Recording and the use of the electronic Risk Management System (DATIX).
- Integral to the further development and management of the Picture of Health Risk Register, the Medical Director arranged 2 key learning sessions on Risk Assessment & Risk Register Development. The first session was for the Corporate Management Team facilitated by Dr L A Smith. This session was based on the exploration of Clinical Risk and the application of the NHS QIS matrix. This was followed up by a verification exercise with the Area Clinical Forum and the Area Partnership Forum Group members, again the concept of

risk assessment introduced and explained by Dr L A Smith. This session involved around 44 staff members.

- A session on development and maintenance of locality Risk Registers was facilitated for the CHP Operational Service Managers, who have been nominated by the Locality managers to be the designated responsible person to manage the risk register on behalf of the management team. This involved a demonstration of the DATIX system: risk register module, with the expectation that all locality risk registers will be input by the end of December 2008.
- As part of the Nurse & AHP Leadership Agenda, the Risk Manager delivered a presentation on the Scottish Patient Safety Programme and the objectives, building on the co-dependency of the Corporate Objectives and the Strategic Risk Register.
- The Corporate Risk Manager is a member of the Institute of Risk Management and delivered a presentation on Healthcare Risk to a wide audience of Public Sector Risk Managers, contextualising health improvement, health protection & clinical intervention risk within finite resource & public expectation.
- As part of the implementation of the web-based module within the DATIX system there was a series of demonstrations of the system and re-iteration of the Incident & Accident Reporting Requirements. Additionally, senior staff groups were trained in the 'verification of incident/accident' reports.
- The Occupational Health & Safety Team deliver a variety of in-house Risk Training both accredited training (IOSHH) and in response to department/organisation needs.
- The DATIX system is linked to the DOTS medical staff training/induction programme, however, this is due for review/update.
- The Systems Administrator presented to the Scottish DATIX Users Group on the 'Implementation of a Web-Based Incident Reporting System across NHSL', identifying the success and the barriers.
- Through the Medical Education Department, the Systems Administrator delivered a demonstration on the DATIX system and an overview of clinical incident reporting for both junior medical staff and Consultants.
- The Systems Administrator presented at the Infection Control Team Away Day on the DATIX System, HAI Incident Reporting, Decontamination Reporting and Risk Profiles & Risk Registers.

3.8 Internal & External Audit

The Risk Management Internal Audit scheduled for this year focused on the overall management of adverse incidents and embedding of risk management processes,

based on the AS/NZ standards, at operational level. The Summary of Recommendations and the current Position as at April 2008 is attached in Appendix 1.

Following external review, the Price Waterhouse Coopers Management Letter of 2007/2008 identified that the identification and documentation processes for each of the Divisional Risk Registers should be consistent throughout the organisation with all Divisional risk registers on the Risk Management DATIX System.

This work has been in progress and developed to the extent that each Division has identified a designated person within/or providing support to, the management team to be responsible for managing the Register. This role involves facilitating a managed approach with the management team in undertaking review of actions, identification and recording of new risks as they emerge, reassessment of risk and closure when a risk has been successfully managed and re assessment of existing risk status. Additionally, this role involves ensuring the register is scheduled for review through the management performance structure.

To ensure full consistency, CHP South will require to input the risk register to the Risk Management System within this calendar year.

Assessments undertaken by both internal & external audit during this period provide assurance that the Risk Management processes are advancing within NHSL with some developments required to further improve the embedding of risk management principles and techniques. The development of the NHSL Risk Management Guidance Manual will be a critical development to support this.

3.9 Incident Reports

This is the second year that NHS Lanarkshire has had a global view of all incidents and/or accidents reported with quarterly trends. The report does not include data from South CHP : Cambuslang/Rutherglen locality as this is still held by Greater Glasgow Health Board area.

As at 22nd May 2008, there was 11,889 incidents/accidents recorded within the DATIX System for the period 1st April 07 – 31st March 08. Additionally, there are approx 700 maternity clinical incidents held locally (awaiting specific DATIX module).

There has been no real change in the distribution of incidents. The data for this year demonstrates that 76% are attributable to non-clinical incidents and 24% attributable to clinical incidents, including near-miss reports, as compared to 70% & 30% respectively for year 2006/07.

3.10 Figure 1 outlines the number of incidents proportionate to the Operational Divisions:

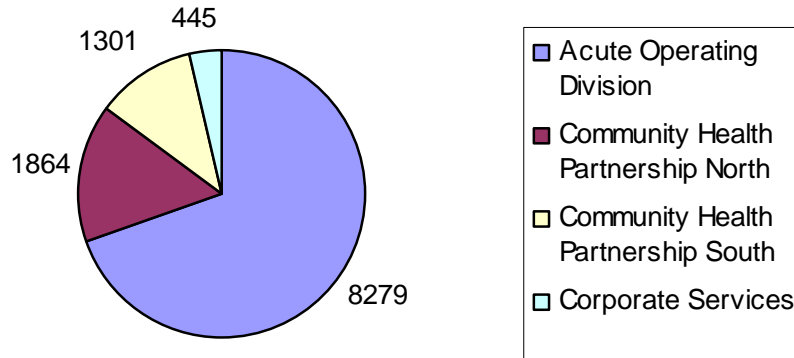
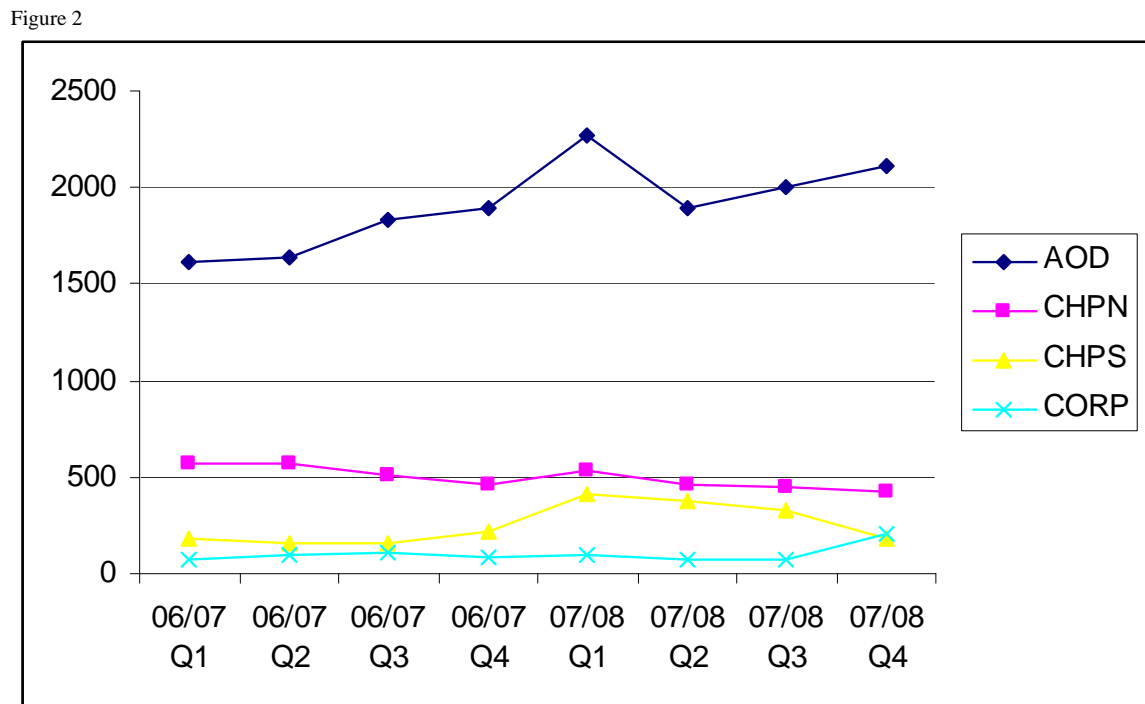


Figure 1
Fifty Five (55) incidents/accidents were RIDDOR reportable as compared to 36 last year.

Incident /Accident Reporting trends per quarter for the past 2 years are demonstrated in Figure 2.



*Corporate Services include IM&T, PSSD, Board, etc

The top ten reported category of incident/accident occurring across NHSL is set out in Table 1:

Table 1

Category	2006/07	Category	2007/08
Slips, Trips and Falls	4039	Slips, Trips and Falls	4937
Violence/Abuse/Harassment	1259	Violence/Abuse/Harassment	1823
Other	729	Other	531
Blood or Blood Products Transfusion	487	Blood or Blood Products Transfusion	346
Medication Errors: Prescribing (144) Dispensing/Preparation (102) Administration (198)	444	Medication Errors: Prescribing (156) Dispensing/Preparation (221) Administration (342)	719
Investigation	320	Problem with Records	311
Hit by/Against Object	266	Hit by/Against Object	287
-----	204	Investigation	242
Contact with Needle or Other Sharps	198	Contact with Needle or Other Sharps	219
Absconded	164	Accidental Damage/Loss to Belongings/Property	176

*Other includes, bed management, staff shortages, trolley waits etc.

There was a total of 8, 936 patient related incidents as follows:

Clinical Incidents ; 2,805 reports, of which 95 were 'near-miss' incidents

Non-Clinical Incidents: 6,131 reports, of which 156 were 'near-miss' incidents

The vast majority of non-clinical incidents relate to Slips, Trips & Falls. Medication Errors remain an area of Risk within the Acute Division and is monitored through the Clinical Board and Risk Groups.

There are also local hospital site risk areas that include, for example, trolley waits and issues regarding records management.

The total number of recorded incidents affecting staff is 2103, which is slightly higher than the past year, although comparable in trends. This data is monitored quarterly at the Occupational Health & Safety Management Group, reports prepared by the Health & Safety Advisor Team Leader.

Quarterly incidents reports are also prepared by the Risk Management Department for the Risk Management Steering Group. Additionally, quarterly incident reports are prepared for the Clinical Board for both the Acute and Primary Care Divisions, which are shared with local groups.

3.11 Scottish Patient Safety Programme (SPSP)

Following the launch of the Scottish Patient Safety Alliance (SPSA) in March 2007, the Scottish Patient Safety Programme (SPSP) became 'live' in Lanarkshire in October/November 2007.

The aim of the SPSP is to transform patient safety in acute care settings, by working on the implementation of strategy, structure and clinical interventions. These interventions will focus on four clinical areas: medicines management, care of critically ill patients, peri-operative care management and general ward. Additionally, there is a focus on Organisational Leadership. These five areas will be referred to as Workstreams.

The programme is designed to:

- reduce health care associated infection
- reduce adverse surgical incidents
- reduce adverse drug events
- improve critical care outcomes
- improve the organisational and leadership culture on safety.

In November 2007, the Medical Director convened a 'Brainstorming' Group to identify the Workstream Executive Sponsors, the Team Leaders, the Frontline Teams, the Travelling Teams and the Support Staff.

Additionally, 3 Hospital Self-Assessments had to be undertaken. This combination of measurement exercises provided the basis for using a data collection strategy enabling identification of problems and ability to track the impact of changes over time.

The initial assessment required designated staff to undertake and collate results on:

- Mortality Diagnostic Case Note Review
- Adverse Event Case Note Review
- Medication Safety Self Assessment
- Baseline Data Collection for Key Outcome Measures, for example, crash call rates, adverse event rates, bacteraemia

Data was required to be submitted to the Institute of Health Improvement by 17th December, which was partially met. By agreement, NHSL submitted full data sets by 9th January 2008.

This information was set-out as a Storyboard and displayed at the first Learning Session held in January 08, which was attended by 44 NHSL Staff (Clinicians & Managers). This learning set introduced the concept of PDSA testing, reliability & spread. Care Bundles & Change Driver Diagrams were introduced and following this learning set, the programme of change commenced.

The NHSL Health & Clinical Governance Steering Group will oversee implementation and receive progress & exception reports.

The implementation of the Programme is self-assessed monthly against criteria set out by the Scottish Government. As at March 2007, NHSL was making progress against the expected level of assessment, with recognition that improvements were required in routine data collection.

In recognising the value of this programme, a business case was supported to appoint a dedicated Patient Safety Manager, and this was progressed with an appointment being made in March 2008.

3.12 Committees & Groups

The role of the Corporate Risk Manager at key NHSL Committees/Groups has developed this year and is a member of:

- Risk Management Steering Group
- Health & Clinical Governance Committee
- Health & Clinical Governance Steering Group
- Audit Committee
- Infection Control Committee
- Occupational Health & Safety Management Group
- Fire Committee
- DATIX User Groups

Additionally, the Corporate Risk Manager attends:

- CHP North Divisional Partnership Group
- CHP South Divisional Partnership Group
- Acute Divisional Management Team
- Acute Clinical Board
- Acute Risk Groups
- CHP Joint Clinical Governance & Risk Management Committee
- CHP North Quarterly Locality Performance Reviews

The Corporate Risk Manager also attends many Divisional Groups and Short-life Working Groups to advise on Risk Issues and support the implementation of the Strategy and external assessments/audits.

This year, the Corporate Risk Manager became a core member of the NHSL Business Continuity Group.

Other key groups essential to the development and leadership for Risk Management include:

- National DATIX Group
- NHS QIS Joint Clinical Governance & Risk Management Network
- NHS QIS Risk Managers Network
- Institute of Risk Management

3.13 National & Local Developments

3.13.1 NHS QIS Endoscopy Decontamination Incident Reporting

NHS QIS through the Safer Today – Safer Tomorrow report 2006/07 identified the need to review and improve incident reporting across Scotland. They invited NHS Risk Managers to participate in 4 unique workgroups. NHSL supported the Corporate Risk Manager in participating in the group identifying data sets. The outcomes from this group identified that concurrent with the monitoring of decontamination incidents occurring across Scotland that there would be a focus on working with Health Protection Scotland to take this forward.

Three Health Board areas (Lanarkshire, Lothian & Glasgow and Clyde) are participating in piloting a dataset specific to incidents relating to decontamination within endoscopy units. This has commenced with a series of meetings through both the Risk Management Steering Group, the NHSL Endoscopy Steering Group and the Lanarkshire Infection Control Committee. Within this year, we have designed the incident reporting form and agreed the dataset across the three pilot Boards and with HPS. The recording commences 1st April 2008.

3.13.2 Developing a Model of Governance & Risk Management within GP Practice

The Corporate Risk Manager and 2 Practice Managers within CHP South have had early discussions to develop and implement a model of Risk Management within independent GP Practice. This work will continue over 2007-2008.

3.13.3 Publication of the NHSL Risk Assessment for Disclosure

Following the successful implementation of this bespoke Risk Assessment, NHSL is pursuing publication for this good practice. In applying the assessment tool, new category of offence emerged through disclosures that had not been accounted for within the tool. The tool is under review this year.

3.13.4 Application of the Risk Assessment Process

Whilst there is an established process of risk assessment in relation to Health & Safety, there is also an exponential improvement in the wider application of the risk assessment process based on the NHS QIS Matrix. Some examples apply to business cases, project management, Critical Incidents, change in service eg

- CIVA Business Case
- Podiatry Assessment
- Referral Management System

4. WORKPLAN FOR YEAR 2007-2008

The key developments for the forthcoming year are driven by, and/ or underpin:

- NHSL Annual Review – (Nov 07)
- Local delivery Plan
- Corporate Objectives
- NHS QIS Standards
- Internal & External Audit
- Risk Management Steering Group

The full achievement of the Work Plan will be supported by the appointment of the new Risk Management Co-ordinator post. A summary of the Workplan is outlined in Appendix 2.

4.1 Risk Management Strategy Implementation

This year, the main focus will be on implementation of Section 5 – Communication of the Risk Management Strategy & Framework, with the aim of sharing risk management information with Staff, the Public and other Stakeholders. The framework within the Strategy will be subject to internal monitoring & review.

4.2 Organisational Structure : Clinical Governance & Risk Management

It will be necessary to ensure the new Clinical Governance & Risk Management Structure is fully outlined, endorsed and implemented within this annual period to provide clear direction on roles, responsibilities, accountability & reporting mechanisms that merge Strategic & Operational Objectives.

This will influence and support the Hospital/Division/Locality infrastructures.

4.3 Compliance with NHS QIS Standards

The action plan and subsequent work streams will be set-out and agreed via the Health & Clinical Governance Steering Group & the Risk Management Steering Group to work towards achieving the NHSL trajectory score of 7 for the year ending March 2009..

4.4 Risk Management System : Incident Reporting

The electronic risk management system will continue to be developed, with a focus on monitoring the quality of data this year.

By the end of March 2009, the web-based risk register module will be live and enable a local development & ownership of risk registers.

4.5 Risk Management Guidance Manual

Whilst review of the manual has been partially undertaken, this will become a priority in this year to ensure there is an agreed NHSL Incident Reporting Policy & Procedure and ensures consistency with the Risk Assessment framework & Risk Register process.

4.6 Risk Register Process & Development

Development and overall monitoring of Risk Registers will be undertaken as the information is transferred to the DATIX system.

Additionally, the previous Picture of Health Risk Register will be integrated into the NHSL Strategic Risk Register and overseen through the RMSG & the Modernisation Board.

4.7 Training

Risk Management will continue to be delivered through the NHSL Induction Programme.

4.8 Internal & External Audit

Maintain progress against the action plan and participate in all levels of internal & external audit.

5. National & Local Developments

Maintain progress against the Decontamination Incident Reporting Pilot, application of the NHS QIS Matrix in the risk assessment process, work towards hosting an NHSL Risk & Patient Safety Event.

6. Recommendations to the Risk Management Steering Group.

6.1 The Risk Management Steering Group is asked to :

- Acknowledge the Achievements / Constraints for Year 2007-2008
- Consider and endorse the Workplan for Year 2008-2009
- Call for Progress Reports throughout the Annual Period

Ref	Recommendation(s)	Management Action(s)	Management Comment(s)	Responsible Officer(s)	Implementation Date
2.01	A. Management ensure that an up-to date documented reporting structure and escalation procedure is developed and that it is included as part of the Risk Management Guidance manual.	The NHSL Risk Management Guidance Manual will include procedures for reporting, & the escalation procedures.	In general, the audit has identified some areas for improvement at operational level whilst acknowledging the progress at Strategic & Divisional Level. In terms of incident recording & reporting, there is a demonstrable month on month increase in incident reporting.	Corporate Risk Manager on Behalf of the Divisional Directors.	Fully implemented by December 2008. (includes writing, consultation, testing, endorsement, printing, launching & refreshing of procedures). Completed Completed
	B. Management ensure that all approved groups/committees for the discussion of incidents, and implementation of planned action arising from incidents, meet at the agreed time period.	All partnership Groups are in place as per the agreed Locality Partnership Group.	----	----	
	C. Management should ensure that all incidents are recorded timeously and that contingency arrangements are put in place when the agreed imputer is not available.	<p>Within Localities, there has been a contingency plan effective since 2005. The Risk Management department fast – tracked the roll out of the web system within Hamilton locality and the CHPS Managers agreed to cross cover for any outstanding backlog.</p> <p>Within the Acute Division, all back logging was undertaken over a 3 month period by the RM Department Oct-Dec 06 with no known outstanding backlog.</p> <p>PSSD have an internal contingency plan to maintain inputting.</p>	Management accept that this was an exceptional situation at a point in time resulting from both organisation change and sick leave within the identified locality, not expected to recur, following full implementation of the web system.	CHP Directors PSSD General Manager	
2.02	A. Management ensure that all staff verify the incidents on Datix are made aware, and given the appropriate training, of the need to complete the risk grading section entry.	All verifiers are familiarised with the grading facility within DATIX during the training designed for verifiers only. NHSL requires to agree and set out the grading procedure and identify responsible persons within the Risk Management Guidance Manual.	-----	Corporate Risk Manager on Behalf of the Divisional Directors.	December 08
		Set –out the escalation criteria / procedure of risk to the Risk Register through the	-----	Corporate Risk	

	B. Management ensure that all incidents are risk graded and if appropriate are included in the operational, divisional or corporate risk register.	Risk Management Guidance Manual.		Manager on Behalf of the Divisional Directors.	December 08
	C. Management ensure that all departments maintain a local risk register. We do recognise that there could be no entries made for a considerable period of time. The risk register should also be reviewed on a regular basis, at least annually. If there are no entries then the risk register should be notated as such.	The Risk Management Workplan will outline developments in the Risk Register Process for 2008/2009, which will ensure all GM's for Acute, Localities & Corporate Services. As key risks emerge within services, the opportunity will be taken to set-up a risk register. Purchase of the Web-based Risk Register Module within DATIX to improve access across NHSL in development of their own risk registers.	Management have agreed that each division & directorate/locality will have a risk register in place reflecting their relevant activities and service areas. These registers will be actively maintained and updated at regular intervals. Partial completion with work in progress in all areas identified within the workplan.	Corporate Risk Manager on Behalf of the Divisional Directors.	March 09
2.03	Management reinforce to all users the necessity to fully complete the details on Datix. Management may also wish to consider if some of these aspects require further training of users or whether the updating of the Risk Management Guidance Manual may address this.	Will be met through the development and launch of the Risk Management Guidance Manual. Compliance will be audited by the Risk Management Department and reports issued to Divisional Directors for action.	----- -----	Corporate Risk Manager on Behalf of the Divisional Directors.	December 08 Commencing July 08
2.04	A. Management should review the number of locations still completing IR1 forms to ascertain if any further Datix access can be achieved thus achieving the objectives of an electronic recording system.	There has been an initial agreement that staff who are not site based and have no immediate electronic access to report will continue to report on paper format eg PSSD Within PSSD, there are cohorts where there is opportunity emerging to install electronic reporting. Review scheduled within the annual workplan 08/09	Management accept that this will be a continuing feature, however there is a protocol agreed within PSSD to maintain best reporting and management practice. -----	Corporate Risk Manager & GM PSSD Corporate risk Manager & GM PSSD.	Complete September 08
	B. Management investigate the possibility of limiting the number of subcategories that are available to users when an incident is being	The Systems Administrator has reviewed potential of duplicate codes. The sub-category is dependent on, and linked to, the main category of incident eg a clinical and non-clinical incident could have	Management accept that on rare occasions, there will be duplicate subcategories within the system.	Systems Administrator	July 2008 December 08

	recorded.	categories, but the same subcategory. A series of meetings with key users to review codes/categories to ensure "fit for purpose" is already progressing with review plans for radiology complete, laboratories & theatres work in progress and code management within Health & Safety Categories		Corporate Risk Manager, Systems Administrator	Continuous
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WORKPLAN – 2008/09

Driver	Objective	Action	Responsible Person	Timescale
Local Delivery Plan/ HEAT Target T2.KPM 1	Demonstrate continuous improvement by reaching the Trajectory Scoring Target (7) for compliance with the NHS QIS Standards by March 2009, working towards scoring of 9 for 09/10 & 10/11.	<p>From the NHS QIS January 2007 final report - influence & agree the work stream/ actions through the H&CG Steering Group.</p> <p>Participate in then recently formed NHSL Group to improve the performance against the national standards.</p> <p>Undertake a self-assessment for the Risk Management Standard 1a to measure improvements. Scoring currently level 3 – move to level 4</p> <p>Influence Performance Review Process against the Standards at Operational level.</p>	Medical Director & Corporate Risk Manager	December 2008
Corporate Objectives	Refer to 08/09 Corporate Objective 2.1, 2.2, 2.3 & 2.4	<p>As above</p> <p>Participate in the restructuring of the Health & Clinical Governance & Risk Management Directorate</p>	Medical Director & Corporate Risk Manager	March 09

		<p>Maintenance of an up-to-date NHS Lanarkshire Strategic Risk Register.</p> <p>Integrate Modernisation/Service Improvement Risk Register with the NHSL Strategic Risk Register</p> <p>Ensure monitoring procedures for Divisional Risk Registers is effective</p> <p>Full development of Locality & Division risk registers.</p>	<p>Medical Director & Corporate Risk Manager</p> <p>Director of Strategic Planning & Performance</p> <p>Corporate Risk Manager & Designated Divisional Managers</p> <p>Corporate Risk Manager & nominated Managers</p>	<p>Ongoing Review & Monitoring through the RMSG (schedule of reporting)</p> <p>December 2008</p>
NHS QIS Standards & Internal Audit & External Audit & RMSG Agenda	Development of the Use of the electronic Risk Management System (DATIX)	<p>Implementation of the 2 new modules:</p> <ul style="list-style-type: none"> • Web-based risk register • Standards module 	Corporate Risk Manager & Designated RM Staff	December 2008
		<p>Review of Current Practice</p> <ul style="list-style-type: none"> • System Codes • Audit & monitor the quality of data. 	Systems Administrator	December 2008
		<p>Harmonisation of Cam/Glen & Northern Corridor incident information with NSHL.</p>	Corporate Risk Manager, Systems Administrator & General Managers	March 2009
	<p>Review, Update, Cost & Launch NHSL Risk Management Guidance Manual (based on former PCT Manual) providing local guidance across NHSL on Risk Management Principles, techniques (based on AS/NZ Standards</p>	<p>Review all current sections & updated Section 4 & 5 to reflect QIS Matrix.</p> <p>Set-up short-life working group to write the NHSL Incident Reporting Policy & Procedure</p>	Corporate Risk Manager Co-Ordinator	Launch to be completed by September 2008
	<p>To have a fully function system of internal control</p>	<p>Follow-through recommendations from internal & external audit.</p>	Medical Director & Risk Manager	March 2009

	Monitor the RM Strategy Framework	Includes single reporting system Incident policy & procedures Scheme of Delegation, Risk Management Strategy & Communication of the RM Data	Corporate Risk Manager	March 2009
National & Local Developments	Decontamination of Endoscopes	Monitor the incident reporting of decontamination incidents within Endoscopy, reporting within the external & internal structure.	Corporate Risk Manager	On-going to March 2009
		Develop a Model of Governance & Risk Management within 2 voluntary GP Practices.	Corporate Risk Manager & Practice Managers from Volunteer Practices	December 2008
		Review the NHSL Risk Assessment for Disclosure	Corporate Risk Manager	July 2008
Scottish Patient Safety Programme (SPSP)	Identify strategic & operational risks in implementing this programme.	Develop a risk register	Corporate Risk Manager & Patient Safety Manager	September 2008