"A Survey of Risk Management in the HPSS Organisations"

Report by Healthcare Risk Resources International - February 1999

Methodology

1. The survey assessed the 26 HPSS bodies against 12 specific risk management areas. The consultants graded the level of compliance on a score of 1 to 10 for each area in each organisation. A mark of 7 or more was equated to achieving full compliance. An overall average mark for each area was awarded, but the consultants emphasised that the averages, in some cases, disguised wide variations between organisations.

Assessment of Issues and Ratings Awarded

<u>Issue 1 - Risk Management Strategy Document</u> - Rating: 5
"Almost all Trusts have produced a risk management strategy document. However, most are limited in their contents and a variety of models have been developed. It appears that greater efforts need to be made in order to ensure that the Strategy is endorsed fully by the Board of the Trust concerned and that **all** managers, clinicians and other professionals are fully aware of its contents. With regard to the four Boards and three Agencies, none of them has a contemporary, formal risk management strategy document."

<u>Issue 2 - Risk Profiling</u> - Rating: 6
"There is evidence of a reasonable amount of risk assessment activity with Health and Safety issues in all the organisations, but a limited amount of risk profiling of clinical and care services on a regular basis in Trusts. Where clinical risk assessments have been made, these have tended to be one-off focused risk reviews of particular, worrying clinical services (eg maternity) where there have already been indications of the need for investigation. The emphasis required is for a rolling programme of proactive risk assessments, as part of the organisation's normal business plan, covering every clinical, care and support service in a three-year cycle."

Issue 3 - Incident Reporting - Rating: 7

"There is generally a good level of reporting of incidents relating to Health and Safety issues, slips, trips and falls, with a great deal of data accumulated. Whilst in some of the organisations this is converted into meaningful management information, there is an inconsistent patchwork of manual and data processing systems in use for doing so. The major deficiency relates to the very limited and, therefore, probably significant under-reporting of clinical incidents and "near misses". A major effort is needed in almost all Trusts to improve in this area."

Issue 4 - Patient Records - Rating: 5

"There was a low level of compliance with this issue amongst the majority of Trusts. There is no doubt that inadequately prepared patient records, or records which are unavailable when needed, contribute to unsafe clinical care and indeed, can lead to claims of negligence being lost. Accordingly, there is a real need for most Trusts to develop an explicit policy document incorporating all of the elements shown, and for there to be a system in place for the routine audit of compliance with the policy."

Issue 5 - Clinical Audit - Rating: 5

"The consultants identified very few examples of multi-disciplinary clinical audit being used as a robust tool for risk reduction and risk control. However, there were many more instances of uni-disciplinary audit (for example, medical audit and nursing audit) and limited progress towards the development of integrated care management."

Issue 6 - Complaints - Rating: 7

"In almost all the HPSS organisations, there were excellent systems for managing complaints from patients, their relatives and the public. Furthermore, the consultants found a lot of evidence to show that the systems are used effectively. This is not considered to be a high priority for improvement. However, because of the widening management agenda generally, it is necessary for the organisations to take steps to avoid complacency in this crucial area of risk management."

Issue 7 - Policies and Procedures - Rating: 6

"In all the organisations visited, there were many examples of excellent policies and procedures. However, in some cases, these were noted to be out-dated and, in a few instances, related to the predecessor organisation…Whilst there is much good practice in this arena, the importance of up-to-date, easily understood, clinical and other policies, procedures, guidelines, treatment protocols and agreed standards cannot be over-emphasised in relation to risk reduction. Often, a major cause of risk is that members of staff are individually uncertain of what is expected of them, particularly in emergency

situations. This can be compounded when other members of the same team have different understandings about what actions should be taken in such situations."

<u>Issue 8 - Communications</u> - Rating: 6
"Generally, the HPSS organisations performed well under this heading. The majority visited had developed detailed communication strategies…Nearly all organisations visited had identified a senior manager to act as a focal point for overseeing external communications with relevant organisations and individuals. The approach…with combined healthcare and social service organisations, provides a significantly improved opportunity for interface between professionals engaged in clinical or social care input."

<u>Issue 9 - Supervision of Junior Staff</u> - Rating: 6
"In general, with regard to most non-clinical junior staff, there are effective systems in place for supervising their activities. However, consultants found few examples of formal, written procedures for ensuring that clinical staff have ready access to advice and support from their seniors. This does not imply that such processes are not in place, but these do need to be made more explicit. This is a particularly vulnerable arena in the context of clinical risk and needs more focused attention."

<u>Issue 10 - Assessing Competence</u> - Rating: 6
"This is an area which HPSS organisations are taking increasingly seriously and many areas are being addressed and reviewed. In addition, all organisations appear to have effective arrangements for individual performance review for staff. However, the consultants are concerned in particular about issues (dealing with procedures to verify the qualifications, references, police checks, health status and competence of all locum and agency staff to fulfil the duties required by the HPSS organisation, and the procedure for informing all staff of their responsibility to limit their actions to those for which they are competent), where they saw very limited evidence that the appropriate methodologies and procedures had been formulated. These are matters which need to be addressed urgently, as they can have a major impact on enhancing the risks to patients/clients in particular, but also to the organisation generally."

<u>Issue 11 - Health and Safety and Related Issues</u> - Rating: 8
"The consultants found examples of good work having been undertaken in all organisations regarding Health and Safety and related issues. Indeed, it is from these foundations that many of the risk management programmes have been built. The only point of concern with this issue is the possibility that some organisations may lose sight of the need to be continually vigilant in meeting on-going statutory and legislative requirements in this arena.

Organisations cannot afford to become complacent in their pursuit of the wider challenging agenda, and should build on and maintain their current successes with Health and Safety and related issues."

Issue 12 - Claims Management - Rating: 6

"The consultants found few examples of a claims management policy in accordance with the detailed and helpful framework set out in (the Department's circular). It is likely that, because of the generally under-developed claims management function in most organisations, there is an excessive reliance on solicitors to manage claims of negligence. This incurs many costs which could be avoided if claims managers were given suitable training and more status within their organisation to genuinely manage the claims and the solicitors too. It is also important to note that, because of the central funding mechanisms for claims, there appears to be little financial or other incentive for HPSS organisations to pay more attention to this function."

DHSSPS Consultation Papers

(A) "Confidence in the Future for Patients and for Doctors" (October 2000)

1. Weaknesses recognised by the Department within the current system:

*   processes may be initiated as a result of a single serious incident which itself may only be the culmination of a pattern of deficient or deteriorating practice;
*   the over reliance of the current system on disciplinary action, rather than prevention, early identification and remedy;
*   the legalistic nature of current procedures, which deter the taking of early action;
*   a lack of clarity between the roles of the General Medical Council and the HPSS in ensuring satisfactory performance;
*   poor processes for the identification and support of sick doctors;
*   a tendency to shift the problem by allowing problem doctors to change employer; and
*   the protracted timescale for dealing with the problem.

2. The consultation document suggested that these issues could be addressed by a compulsory and comprehensive annual appraisal of all aspects of every doctor's practice, supplemented by compulsory participation in clinical audit; and programmes of continuing medical education and continuing professional development.

(B) "Best Practice - Best Care" (April 2001)

3. Proposals made on:

*   **Setting Standards - Improving Services**, with three options offered:
    -   establishment of independent body to research and appraise the evidence of new drugs and technologies or existing procedures based on HPSS priorities;
    -   establishment of internal body within the Department for such appraisal; and

- making arrangements with other standard setting bodies such as NICE and filtering standards and guidelines from such bodies.

- **Delivering Services, and Ensuring Local Accountability**, through the introduction of a system of clinical and social care governance, backed by a statutory duty of quality and supported by continuous professional development.

- **Improving Monitoring and Regulation of Services**, with proposals for:
  - the introduction of an independent means of monitoring the delivery of services;
  - the extension and improvement of the range of social care services currently regulated; and
  - the improvement and extension of the current regulation of private and voluntary healthcare services.

List of NIAO Reports

Title	NIA No.	Date Published
2001		
National Agricultural Support: Fraud	NIA29/00	9 January 2001
A Review of Pathology Laboratories in NI	NIA31/00	8 February 2001
Road Openings by Utilities	NIA35/00	22 February 2001
Water Service: Leakage Management and Water Efficiency	NIA49/00	5 April 2001
The Management of Social Security Debt Collection	NIA71/00	28 June 2001
Belfast Action Teams: Investigations into Suspected Fraud within the Former Suffolk Action Team } Building Maintenance in the Education and Library Boards }	NIA72/00	2 July 2001
Brucellosis Outbreak at the Agricultural Research Institute	NIA02/01	27 September 2001
2002		
Northern Ireland Tourist Board Accounts 2000/01 } Travelling People: Monagh Wood Scheme }	NIA45/01	26 February 2002
Indicators of Educational Performance and Provision	NIA 48/01	21 February 2002
NIHE: Housing the Homeless	NIA55/01	21 March 2002
Repayment of Community Regeneration Loans	NIA 59/01	28 March 2002
Investing in Partnership: Government Grants to Voluntary and Community Bodies	NIA 78/01	16 May 2002
Northern Ireland Tourist Board: Grant to the Malone Lodge Hotel	NIA 83/01	20 May 2002
LEDU: The Export Start Scheme	NIA 105/01	2 July 2002