SURVEY & ASSESSMENT OF RISK MANAGEMENT IN THE HPSS

SUMMARY

The 1999 Survey: Terms of Reference

1.   In December 1998, the Department commissioned Healthcare Risk Resources International (HRRI) to undertake **a Survey of Risk Management in the HPSS Organisations** (ie 19 Trusts, 4 Boards and 3 Agencies). The terms of reference for the survey were ***"To determine the level of application of risk management methods and the implementation of best risk management practices within these organisations."***

Aims of the Survey

2.   The Department had already issued the manual "Risk management in the NHS" in 1994. This manual was prepared with the aim of giving guidance to health care organisations on the need for and methods of introducing the management of risk in health care.

3.   The primary aim of the survey was, as the terms of reference states, to determine the level of application of risk management methods and the implementation of best risk management practices within these organisations.

4.   As a secondary aim the Department wished to use the results of the survey to develop and issue an exemplar risk management strategy document and/or a risk management manual specifically for the HPSS.

5.   In seeking to determine the level of application of risk management methods and the implementation of best risk management practice within the HPSS organisations the

overall, or longer term, objectives of the study were to secure changes which would lead to:

- Improvements in the quality of treatment and care for patients/clients;
- A safer environment for patients/clients, staff and the public;
- Reductions in injuries to patients/clients;
- Financial savings from reduced risks;
- Increases in patient/client activity;
- Improved public image;
- Improved staff moral and productivity;
- Protection against criminal prosecution;
- Compliance with controls assurance statements;
- More effective management of future uncertainty.

6. A further motivation of the Department was to stem the tide of the increasing number and costs of clinical negligence and claims from staff. The Department had issued, in May 1998, Circular HSS (F) 20/98 which set out the requirements for each HPSS organisation to develop its own comprehensive claims management policy.

Methods and Scoring System Used in the Survey

7. A consultant visited each of the 26 organisations and met with senior officers of the organisation concerned and reviewed a range of risk management related documentation. In order to provide a consistent and structured approach to the review of each organisation the consultants used a set of specially developed checklists covering the following issues:

1. Risk Management Strategy Document
2. Risk Profiling
3. Incident reporting
4. Patient/Client Records *

5. Clinical Audit

6. Complaints

7. Policies and procedures

8. Communications

9. Supervision of Junior Staff

10. Assessing Competence

11. Health & Safety and related issues

12. Claims Management

* This issue is not relevant to the 4 Boards, or the CSA and the NIRMPA.

8.   Within each checklist there were particular "areas of assessment", against which the consultants were able to assess the level of compliance by the organisation concerned. In all cases, the ratings were based on a scoring system of 0 – 10, using the following criteria:

0. No Compliance

1. Partial – evidence there is awareness of the issues

2. Partial – documents are available, but are over 3 years old

3. Partial – documents are available, but are over 3 years old and there is evidence of dissemination

4. Partial – documentation has been produced in the last 2 years, but is centralised, not endorsed or shared

5. Partial – documents have been produced within the last year, but are inadequate and not approved by the Board of the organisation

6. Partial – supporting documents are biased to clinical or non-clinical issues, but not full coverage

7. Full   – there is evidence of good documentation, and a Board minute endorsing the documents, but no dissemination

8. Full   – there is evidence of good documentation, risk awareness, Board approval and information sharing

9. Full   – there is evidence of fully meeting all the checklist areas of assessment, with good supporting documentation and full dissemination

10. Full – there is evidence of fully meeting all the checklist areas of assessment, with good supporting documentation, full dissemination and full review/evaluation of compliance and closure of the audit loop.

Results of the Survey

9. It is important to note that the exercise undertaken was an overall survey of the risk management methods in use and not a detailed audit. There was no desire on the part of the Department to create league tables or to name individual organisations which were performing less well than others in certain areas. The survey therefore was carried out as a positive process, with a view to highlighting particular areas for general improvement.

10. The average ratings in terms of the 12 Risk Management Issues and the HPSS Organisations are shown below in the two tables.

No.	ISSUE DESCRIPTION	HPSS AVE.	RANGE
1.	Risk Management Strategy Document	**5**	1 - 10
2.	Risk Profiling	**6**	2 - 9
3.	Incident Reporting	**7**	3 - 9
4.	Patient/Client Records	**5**	2 - 9
5.	Clinical Audit	**5**	1 - 9
6.	Complaints	**7**	4 - 10
7.	Policies and Procedures	**6**	3 - 9
8.	Communications	**6**	2 - 9
9.	Supervision of Junior Staff	**6**	0 - 9
10.	Assessing Competence	**6**	0 - 9
11.	Health & Safety and Related Issues	**8**	5 - 10
12.	Claims Management	**6**	4 - 9
	OVERALL	**6**	

HPSS ORGANISATION	OVERALL AVE.
TRUSTS	
Altnagelvin Hospitals	7
Armagh & Dungannon	6
Belfast City Hospital	8
Causeway	7

Craigavon & Banbridge Community	6
Craigavon Area Hospitals	7
Down Lisburn	6
Foyle	4
Green Park Healthcare	5
Homefirst	5
Mater Hospital	7
Newry & Mourne	3
North & West Belfast	7
Northern Ireland Ambulance Service	7
Royal Group of Hospitals	9
South & East Belfast	6
Sperrin Lakeland	6
Ulster Community & Hospitals	5
United Hospitals	9

BOARDS

Eastern	7
Northern	4
Southern	4
Western	5

AGENCIES

Central Services	5
NI Blood Transfusion Service	8
NI Regional Medical Physics	6

OVERALL	**6**

11.   While individual organisation results, either by risk management issue or the overall, were not disseminated these were provided, on a confidential basis, to the Department. The Department subsequently advised each organisation of their own scores, against the HPSS average and range, as they related to each of the 12 risk management issues surveyed.

General Impressions of the Survey

12.   It was clear from the survey that there was a good level of awareness by all the HPSS organisations, of the need for them to take positive action to develop rigorous systems for risk management. It was acknowledged that this was no longer an optional extra, but

a fundamental part of an organisation's drive to achieve effective corporate governance. There was also a growing awareness that risk management should not be a stand-alone function within the organisation, but should relate to the agenda for continuous quality improvement, to the systems for business planning, and to the actions to secure effective organisational development.

13.   The survey showed that there was a good level of compliance in most HPSS organisations in the fields of non-clinical/care risk management. This applies in particular to issues involved in the Health and Safety at Work area. However, there were concerns that with few exceptions, risk management in the clinical and social care services has been largely under-developed in the HSS Trusts not least because clinical/care risk management is a fundamental system supporting the pursuit of clinical governance.

14.   As regards risk management information, the report highlighted a problem relating to a lack of information in respect of risks in direct patient/client care.   Although there were pockets of good practice, in general there was a very limited amount of risk management information available to the Boards of the respective organisations. There were two factors of concern in this respect. Firstly, there was a general perception that there may be a significant level of under-reporting of "accidents", "incidents" and "near misses" across the Province, again in particular with patient/client-related incidents.   Secondly, there was a patchwork of different systems for collection, collation and analysis of the huge amounts of data."

15.   The report accepted that throughout the HPSS there was a growing acknowledgement, by the organisations themselves, of the need for more robust and focused co-ordination of the risk management activity and in many cases there is the need for a fundamental review of the approach to and integration of risk management in their organisations. Fundamentally, risk management can only be truly effective if all managers, clinicians and professionals acknowledge and accept the identification and modification of risk as a key operational responsibility.

2002 Internal Assessment

16. The 2002 internal assessment, updating the 1999 survey, was carried out using the same methodology, checklists and scoring system as the 1999 consultants survey. For any particular rating to be achieved then the necessary evidence (including documentation; records; actions initiated; etc) had to be available. It is also worthy of note that there were instances of the internal assessment not marking up some issues where further progress had been made but the HPSS body taking a conservative approach to the marking. There were also instances of some issues being marked down, for example where review dates were delayed or renewed systems/controls were not yet finalised.

17. The average ratings in terms of the 12 Risk Management Issues and the HPSS Organisations are shown below in the two tables.

No.	ISSUE DESCRIPTION	HPSS AVE.	RANGE
1.	Risk Management Strategy Document	**7**	4 - 9
2.	Risk Profiling	**7**	4 - 9
3.	Incident Reporting	**8**	5 - 10
4.	Patient/Client Records	**7**	2 - 9
5.	Clinical Audit	**7**	3 - 9
6.	Complaints	**9**	4 - 10
7.	Policies and Procedures	**8**	3 - 10
8.	Communications	**7**	2 - 9
9.	Supervision of Junior Staff	**7**	4 - 9
10.	Assessing Competence	**7**	5 - 9
11.	Health & Safety and Related Issues	**8**	6 - 10
12.	Claims Management	**8**	4 - 10
	OVERALL	**8**	

HPSS ORGANISATION	OVERALL AVE.
TRUSTS	
Altnagelvin Hospitals	7
Armagh & Dungannon	8
Belfast City Hospital	8
Causeway	9
Craigavon & Banbridge Community	8
Craigavon Area Hospitals	7
Down Lisburn	7
Foyle	8
Green Park Healthcare	8
Homefirst	7
Mater Hospital	8

Newry & Mourne	4
North & West Belfast	7
Northern Ireland Ambulance Service	8
Royal Group of Hospitals	9
South & East Belfast	8
Sperrin Lakeland	7
Ulster Community & Hospitals	9
United Hospitals	8

BOARDS

Eastern	8
Northern	6
Southern	7
Western	7

AGENCIES

Central Services	7
NI Blood Transfusion Service	9
NI Regional Medical Physics	7

OVERALL	**8**

NOTE: Separate Tables showing the 1999 and the 2002 ratings, side by side, have been compiled for ease of comparison.

No.	ISSUE DESCRIPTION	1999 HPSS AVE.	RANGE	2002* HPSS AVE.	RANGE
1.	Risk Management Strategy Document	5	1 - 10	7	4 - 9
2.	Risk Profiling	6	2 - 9	7	4 - 9
3.	Incident Reporting	7	3 - 9	8	5 - 10
4.	Patient/Client Records	5	2 - 9	7	2 - 9
5.	Clinical Audit	5	1 - 9	7	3 - 9
6.	Complaints	7	4 - 10	9	4 - 10
7.	Policies and Procedures	6	3 - 9	8	3 - 10
8.	Communications	6	2 - 9	7	2 - 9
9.	Supervision of Junior Staff	6	0 - 9	7	4 - 9
10.	Assessing Competence	6	0 - 9	7	5 - 9
11.	Health & Safety and Related Issues	8	5 - 10	8	6 - 10
12.	Claims Management	6	4 - 9	8	4 - 10
	OVERALL	**6**		**8**	

* Based on all 26 returns

MARKING	DESCRIPTION
0.	NO COMPLIANCE
1.	PARTIAL - evidence there is awareness of the issues
2.	PARTIAL - documents are available, but are over 3 years old
3.	PARTIAL - documents are available , but are over 3 years old and there is evidence of dissemination
4.	PARTIAL - documentation has been produced in the last 2 years, but is centralised, not endorsed or shared
5.	PARTIAL - documents have been produced within the last year, but are inadequate and not approved by the Board of the organisation
6.	PARTIAL - supporting documents are biased to clinical or non-clinical issues, but not full coverage
7.	FULL - there is evidence of good documentation, and a Board minute endorsing the documents, but no dissemination
8.	FULL – there is evidence of good documentation, risk awareness, board approval and information sharing
9.	FULL – there is evidence of fully meeting all the checklist areas for assessment, with good supporting documentation and full dissemination
10.	FULL – there is evidence of fully meeting all the checklist areas for assessment, with good supporting documentation, full dissemination and full review/evaluation of compliance and closure of the audit loop.

HPSS ORGANISATION	1999 OVERALL AVE.	2002 OVERALL AVE.
TRUSTS		
Altnagelvin Hospitals	7	7
Armagh & Dungannon	6	8
Belfast City Hospital	8	8
Causeway	7	9
Craigavon & Banbridge Community	6	8
Craigavon Area Hospitals	7	7
Down Lisburn	6	7
Foyle	4	8
Green Park Healthcare	5	8
Homefirst	5	7
Mater Hospital	7	8
Newry & Mourne	3	4
North & West Belfast	7	7
Northern Ireland Ambulance Service	7	8
Royal Group of Hospitals	9	9
South & East Belfast	6	8
Sperrin Lakeland	6	7
Ulster Community & Hospitals	5	9
United Hospitals	9	8
BOARDS		
Eastern	7	8
Northern	4	6
Southern	4	7
Western	5	7
AGENCIES		
Central Services	5	7
NI Blood Transfusion Service	8	9
NI Regional Medical Physics	6	7
OVERALL	6	8