

Meeting of:
Lanarkshire NHS Board
23 June 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 NHS Scotland Event "Making Quality Count" on 7-8 June 2010 included a major focus on the Healthcare Quality Strategy for Scotland. The Strategy sets out a number of improvement interventions, however most of these do not have timescales. Those which do have timescales are:

- Implementation of the Patient Rights (Scotland) Bill in 2011
- Action in response to the first results of the Better Together Patient Experience surveys
- Develop a programme of action to ensure that peoples' equality needs are gathered, shared and responded to across health services by Summer 2011
- Leading Better Care implemented across all Boards by December 2010
- 2011/12 HEAT targets aligned with Quality Strategy by October 2010
- Quality Measurement Framework underpinning Quality Ambitions with related high-level outcome indicators agreed by October 2010 – this is complemented by a separate 'early alert' Quality scorecard
- Develop the Quality Improvement Hub, reflecting a new partnership for improvement between NHS National Services Scotland (NSS), NHS Quality Improvement Scotland (QIS), NHS Health Scotland, NHS National Education for Scotland (NES), and the Scottish Government Health Directorates Improvement and Support Team (IST)

NHS Lanarkshire has and will continue to support this implementation with representatives attending an event on the development of the Quality Improvement Hub on 29 June 2010.

NHS Lanarkshire has also submitted a response to the Scottish Government in relation to a provisional Quality Scorecard. The purpose of the Quality Scorecard is to provide early warning of potential governance and assurance concerns within and across organisations.

2.2 NHS Lanarkshire Clinical Governance Annual Report and Work Plan

NHS Lanarkshire's Strengthening Quality Annual Report 2009/10 on clinical governance was provided to the Clinical Governance Committee for ratification on 21 June 2010.

NHS Lanarkshire's draft Clinical Governance Work Plan was considered at the Clinical Governance Committee meeting on 21 June 2010. The Clinical Governance Work Plan is

made up of the Strengthening Quality Work Programme 2010/11, a schedule of reporting for the Committee and priorities for the Clinical Quality service.

2.3 NHS Quality Improvement Scotland Activity

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

NHS QIS Peer Review Visits

Anaesthesia Follow-up Review

NHS QIS carried out a table-top follow-up review of the Anaesthesia Services on 16 February. The final report was published on 21 June 2010 on the NHS QIS website.

National Patient Safety Programme (NPSA)

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

- NPSA/2010/RRR012 - Reducing the risk of retained swabs after vaginal birth and perineal suturing.

3. UPDATE ON RISK MANAGEMENT

3.1 NHS Lanarkshire Strategic Risk Register

The NHSL Strategic Risk Register is overseen by the Risk Management Steering Group (RMSG), and is subject to bi-annual monitoring and review by the responsible Executive Directors. In April 2010, the RMSG reviewed the updated Risk Register noting significant changes within each component governance area. The key changes are outlined below:

- Corporate Register – No significant change to existing risks, with two new risks relating to Pandemic Influenza both rated as medium risks
- Clinical Register – New risk added around ability to sustain viable Clinical Services across the three level 3 hospitals and the impact on Mental Health, resulting from the outcome of the medical workforce plan. This risk has been rated as high
- Financial Register – There are three new risks regarding:
 - clarity on the capital / revenue split of estate schemes until some way into the financial year that will impact on the initial budget assumptions – rated high
 - timing of the property disposals not matching the capital planning assumptions leading to shortfall or surplus in funds – rated high
 - appreciation of the technical definition of 'capital' when bidding for funding, leading to unplanned demands against CRL or AME which cannot be accommodated in the last third of the year – rated medium
- Staff / HR Register – No significant change or new risks identified within this review period
- Organisation Development Register – Rating for risk relating to impact from CRES savings on the ability to deliver corporate priorities and obligations under the staff governance standard has been increased from medium to high risk.

3.2 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 delayed resulting from systems error. Launch now expected mid June 2010

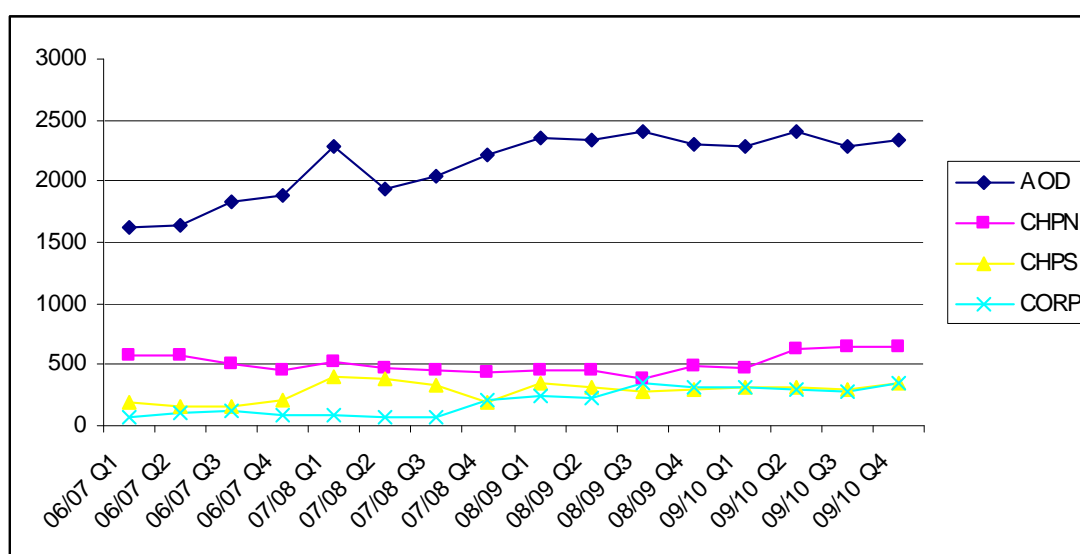
- Review of the security arrangements / violence and aggression exposure for staff in Accident and Emergency has identified risks, resulting in some early interventions and the formation of an NHSL Security Group to address the risks and set out a mitigation work plan. Terms of reference for this group have been reviewed and this group will be time limited, with ultimate reporting through the Occupational Health and Safety Management Group.

3.3 Incident Data

The incident data will enable the Board members to have an overview of the types of incidents being reported and recorded, and will set out trends over the previous quarters.

Recording trends for the past 4 years are demonstrated in Figure 1.

Figure 1



The RMSG oversees developments and improvements to the risk management systems to continuously improve reporting and recording of incidents that will contribute to the overall framework and the implementation of the NHS Scotland Quality Strategy.

The type and occurrence of incidents recorded for the quarter January – March 2010 are as set-out in Table 1.

Table 1

Operational Division	Patient Clinical	Patient Non-Clinical	Directly Employed Staff
Acute	738	1181	181
CHP North	116	331	106
CHP South	85	155	50
Corporate Services*	210**	5	41***
Totals	1149	1672	378

* includes Property and Support Services and Information, Management and Technology

** relates to incidents directly related to Case note availability at medical records

*** related to losses

The top 5 categories of incidents recorded for January 2010 – March 2010 (against last quarter data) are set-out in Table 2.

Table 2

Categories of incidents	This quarter	Last quarter
Slips, Trips & Falls	1119	1139
Others*	632	515
Violence/Abuse/ Harassment	409	422
Problem with Records	249	186
Medication Administration	90	79

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

From the last quarter, there has been an increase in the number of incidents reported with availability of medical records at point of care, or records not available at medical records department.

Medication administration errors have increased again this quarter with 29 incidents recorded as failure to administer prescribed medication and 11 incidents related to incorrect dose administered.

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

3.4 Key Performance Indicators

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

This report of the KPI performance sets out to inform the Board of the effectiveness of a component part of incident management at operational level in relation to incidents graded 'high' and 'very 'high' being verified, investigated and closed in Datix within 27 and 40 working days respectively for the period 1 February – 28 February 2010.

Number of High incidents recorded, verified, investigated and closed in Datix within 27 working days of the incident occurring as a percentage of total high rated incidents shown in Table 3.

Table 3

Incidents	Total	Closed within 27 working days
High Incidents	6	50%
Total:	6	

Of the six incidents recorded and rated as high three were closed within the 27 working day timescale. These incidents related to:

- Medication Prescribing Incident / Drug Omitted from Medication Prescribing Form
- Suspected fall – Older Peoples Service
- Loss of Utilities / water

There was immediate management of all three incidents.

The incidents which remained open beyond the 27 working day timescale related to:

- Invasive devices
- Environmental / clinical waste
- Self harm / Suicide

There was immediate management of all three incidents.

Details of Critical Incident Review (CIR) commissioning are outlined in Table 4.

Table 4

Incident	CIR commissioning details
Medication Prescribing	No response to request for information re CIR commissioning
Suspected fall	Decision taken not to commission CIR
Loss of utilities	SBAR completed. Decision taken not to commission CIR
Invasive devices	Decision to commission CIR still to be taken
Environmental / clinical waste	Investigation in progress
Self harm / Suicide	CIR being conducted

There were no 'very high' incidents recorded on the DATIX system during this period to report on.

3.5 Risk Management Corporate Objective

On behalf of NHSL, the RMSG members proposed and agreed a recommendation to include a strategic statement of intent within the Corporate Objectives, reflecting the commitment to further embedding risk management within the organisation. Following discussion with the responsible Directors the following was agreed to be effective from 1 April 2010:

'Maintain an up-to-date NHS Lanarkshire Clinical and Non-Clinical Risk Register and ensure the meaningful cascade of a comprehensive Risk Management process into the Operating Divisions and Corporate Directorates'.

3.6 Risk Management Annual Report 2009/10

The Risk Management Annual Report was presented to the Audit Committee on 8 June 2010.

3.7 Business Continuity Risk Register : Monklands Site

The Board have previously received reports on the position of the investment required for Monklands Hospital and requested an update to be received in June 2010. This report aims to confirm the strengthened planning with overseeing arrangements and provide an update on the advancement of investment of the high risks set out within the site risk register.

Effective from November 2009, a Monklands Investment Programme Board, chaired by the Director of Strategic Implementation, Planning and Performance, has been convened to direct the proposed investment of £15m in the Monklands site over the three years 2010/11 to 2010/13. This Programme Board is accountable to the Capital Investment Group and is supported by a Project Team. This

investment is on top of the £2.2m investment in 2009/10 replacing electrical infrastructure.

Following the development of the Monklands Risk Register, based on the earlier work undertaken to prepare the site condition survey. An event was held in 2008 to share the details and explore the challenges to reduce the high (red) Risk elements.

This event was attended by a wide range of stakeholders including Managers and Clinical Staff from the clinical divisions and supported by NHSL's Professionals Advisors.

NHSL have adopted current best practice in monitoring performance against benefits in delivering this challenging programme of works.

Concurrently, a focus has been maintained on the high (red) risks identified within the Monklands Site Risk Register and the appointment of a Principle Supply Chain Partner (PSCP), Interserve, has already advanced work to reduce and mitigate against the risks. As the work is progressing, other risks and constraints affecting completion have emerged and are consistently controlled and managed.

A financial allocation of £5,000,000 has been approved for 2010/11. This will be expended as summarised below.

- Monklands Haematology Project & red & amber risks within wards 14, 15, 16 (adjoining areas) £2,600,000.
- Remainder on the undernoted high (red) red risks.

It should be noted that not all high (red) risks will be fully reduced by this allocation within 2010/11.

Summarised progress on the high (red) risks is outlined in Table 1.

Table 1

High Risk Area	Current Position	Planned Works	Comments
Monklands Electrical Switchboard and Generator Replacement	Installation of electrical switchboard, generators and associated work complete.	All works completed March 2010.	Resulting from this completed work, 7 related high risks have been reduced to low risk.
	Decommissioning of existing installation with reinstatement of building fabric and grounds complete.	All works completed May 2010	

Clinical Wash Hand Basins – replacement and additional.	Schedule of requirements in place. Prioritisation for phased installation underway. Compliant basin and tap selected and approved.	Phase 1 – Wards 14, 15,16 and part of OPD.	Access requires decant of areas.
Sewerage Works	Design work for external and internal remedial works at an advanced stage.	Sequence of works being developed to commence July 2010	Access may require decant of areas.
Nurse Call System	Selection of system approved. Prioritised phasing complete.	Phase 1 – Wards 14, 15, 16. Individual room decant required	
Façade Monitoring and Repair	Annual inspection of external rendering on both tower blocks in place. Completion of removal of all loose material.	Review of further work required - summer 2010.	
A&E Calorifier upgrade	Design approved	Works to commence August 2010	
Electrical load centres	Scope of works developed to measure electrical loading on each distribution board.	Measurement commenced June 2010	Further works will be required after this review
Site Traffic Management for pedestrian and vehicle safety	Professional report with recommendations in place. Design development to be advanced in consultation with Statutory Bodies, NHS Management and Partnership	Planned works require to be incorporated within site Masterplan	
Emergency Lighting	Work programme in place for	Works of improvement	

	phased improvements.	to be undertaken 2010/11	
Periodic testing of electrical installations	Scope of works devised.	Review of methodology to be based on the experience of undertaking works in wards 14,15,16	Decant of areas required to undertake a full test programme
High Risk Area	Current Position	Planned Works	Comments
Central water filtration works	Design approved	Works will commence July 2010	
High voltage electrical ring	Scope of works developed	Design to be produced	
Medical gases upgrade and replacement	Scope of works developed	Design to be produced	

The Programme Board are overseeing all current and planned programmes of work, variance, constraints, emerging risks and reviewing the overarching site risk register. The RMSG receive a quarterly report from the Director of Strategic Implementation, Planning and Performance highlighting the risk status, mitigating controls and emerging risk.

4. FURTHER INFORMATION

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

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Ian Ross (for update on Business Continuity), Director of Strategic Implementation Performance & Planning, 01698 206391

Carol McGhee (for update on Risk Management), Corporate Risk Manager, 01698 258785

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

14 June 2010
