

An Overview of the NHSLA Risk Management Standards & What is Good Practice?

ALARM - Healthcare Risk Management Workshop

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Litigation Authority

MANAGING RISK 
DNV



Aims and objectives

To provide an introduction and overview of:

- The NHSLA Risk Management Standards
- NHSLA assessment process
- Discuss policy development and good practice
- Explore how to engage staff
- Discuss level 3 monitoring

The NHSLA Risk Management Standards

- There are standards for each type of NHS health care organisation

NHSLA Risk Management Standards for Acute Trusts, Primary Care Trusts and Independent Sector Providers of NHS Care

NHSLA Risk Management Standards for Mental Health & Learning Disability Trusts

NHSLA Risk Management Standards for Ambulance Trusts

CNST Maternity Clinical Risk Management Standards

- The standards address:
 - Organisational risks
 - Clinical risks
 - Non-clinical health and safety risks
- Separate clinical standards for maternity services

NHSLA Acute Standards 2010-11

Standard ↔	1	2	3	4	5
Criterion ↓	Governance	Competent & Capable Workforce	Safe Environment	Clinical Care	Learning from Experience
1	Risk Management Strategy	Corporate Induction	Secure Environment	Patient Identification	Clinical Audit
2	Policy on Procedural Documents	Local Induction of Permanent Staff	Sickness Absence	Patient Information	Incident Reporting
3	Risk Management Committee(s)	Local Induction of Temporary Staff	Safeguarding Adults	Consent	Concerns/Complaints
4	Risk Awareness Training for Senior Management	Supervision of Medical Staff in Training *	Moving & Handling	Health Record-Keeping Standards	Claims
5	Risk Management Process	Risk Management Training	Slips, Trips & Falls	Transfer of Patients	Investigations
6	Risk Register	Training Needs Analysis	Inoculation Incidents	Medicines Management	Analysis
7	Responding to External Recommendations Specific to the Organisation	Medical Devices Training	Maintenance of Medical Devices & Equipment	Blood Transfusion	Improvement
8	Health Records Management	Hand Hygiene Training	Harassment & Bullying	Resuscitation	Best Practice - NICE
9	Professional Clinical Registration	Moving & Handling Training	Violence & Aggression	Infection Control	Best Practice - National Confidential Enquiries/Inquiries
10	Employment Checks	Supporting Staff involved in an Incident, Complaint or Claim	Stress	Discharge of Patients	Being Open
Pilot criteria are denoted with grey shading. * Not applicable to independent sector providers of NHS care.				Venous Thromboembolism	



Aims of the NHSLA schemes

Reduce the number and cost of claims

Reduce the number and severity of incidents

Structured framework for risk management systems and processes

Proactive approach to improvement in patient safety and well-being of staff

Empower organisations to manage their own risks

Embed risk management in organisational culture

Provide assurance to organisation and stakeholders

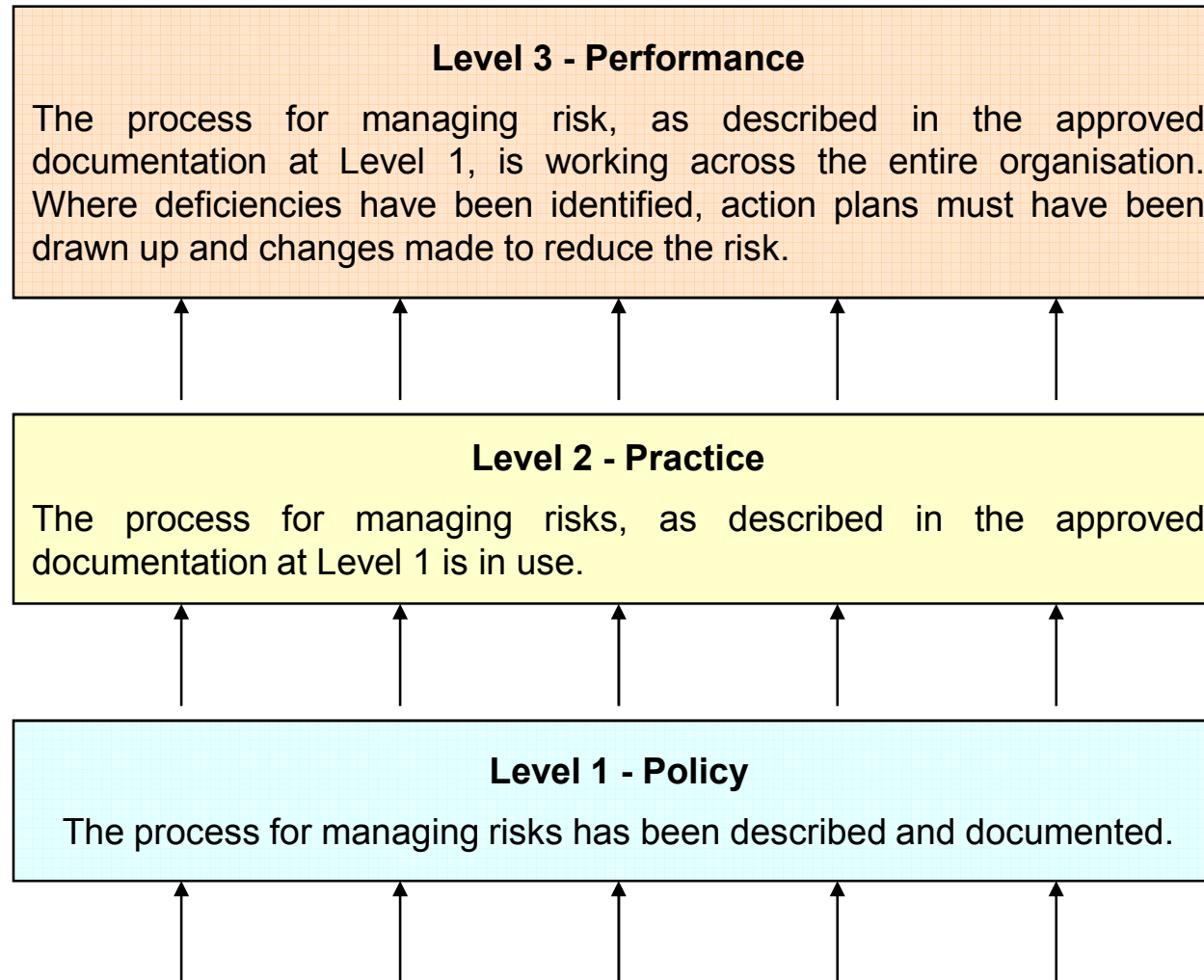
The assessment process

- Three levels of assessment

	Frequency of assessment	Discount
Level 0	Every year	0%
Level 1	Every two years	10%
Level 2	Every three years	20%
Level 3	Every three years	30%

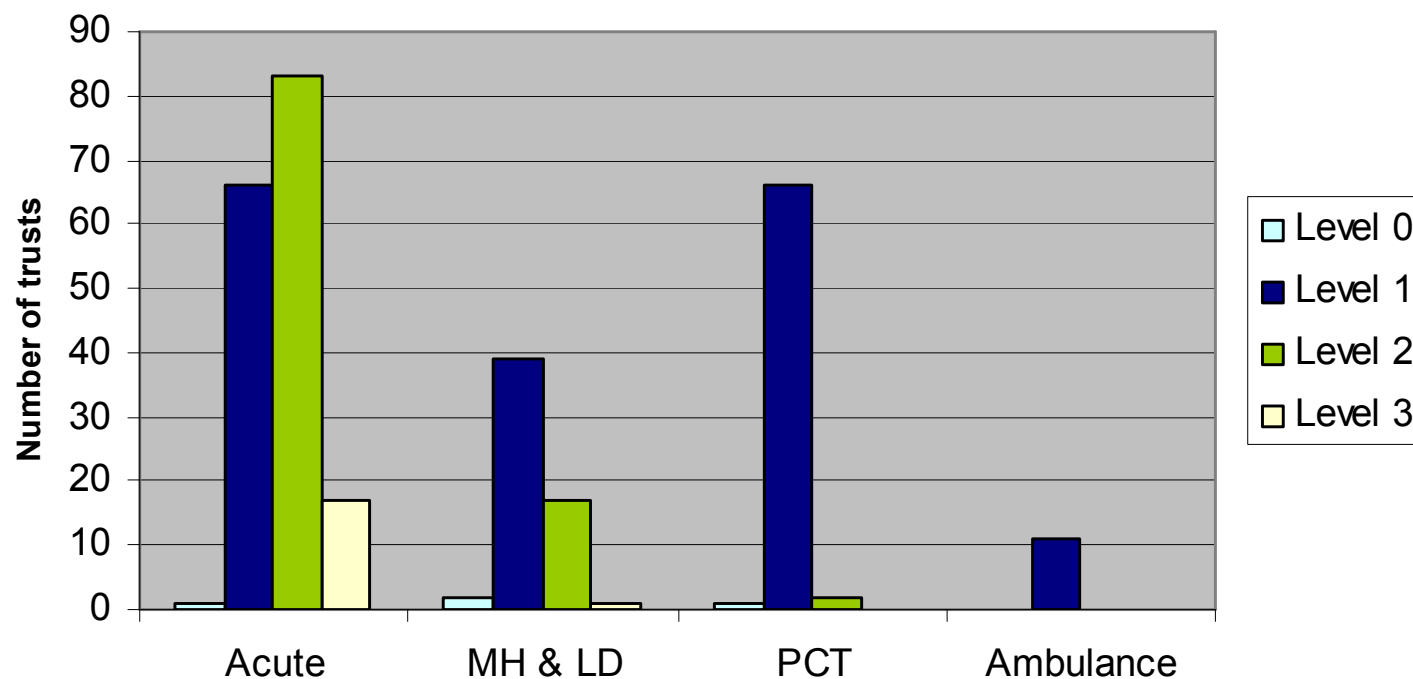
- All assessments are two days on site
- Two or three assessors for higher level assessments
- The pass mark at each level is 40 out of 50 criteria with no fewer than seven criteria passed in any one standard

Progression through the levels



Overview of organisational performance

**2009/10 Year End
Assessment Levels Held (Provisional)**



Policy development and good practice

Why is the policy necessary? (*rationale*)

To whom it applies and where and when it should be applied (*scope*)

The underlying beliefs upon which the policy is based (*principles*)

The standards to be achieved (*policy*)

How the policy standards will be met through working practices



Good practice in relation to policy

It describes the process in an ordered manner

Roles and responsibilities are clearly defined at all levels

Processes are mapped out, e.g. who, what, when, how; reporting arrangements, including exception reporting

Does it truly reflect practice or is it a wish list?

It contains measurable standards

Links to other policies



MANAGING RISK

Engaging staff

- Increase awareness
- Maintain awareness
- Project Mangement Plan
- Standard leads/ project group
- Consult with key players
- Honest gap analysis
- Monthly updates
- Board level buy in
- Get something back

What is monitoring?

Monitoring is checking

Monitoring means...

- To be aware of the state of a system/process
- Observe and check each system/process for any problems which may occur over time
- Use a consistent measure to test
- Continuous record to control any necessary change(s) as a result

Monitoring forms all the major underpinning work from which assurance can be taken (or not) by an organisation that its systems and processes are working well

What does monitoring do?

- Demonstrate whether or not the process for managing risk, as described in the approved documentation, is working across the entire service
- Where deficiencies have been identified actions plans must have been drawn up and changes made to reduce the risks
- Monitoring is normally proactive - designed to highlight issues before an incident occurs
- Should consider both positive and negative aspects of a process



Monitoring at Level 1

The approved document...

- Must be **explicit** about what is being monitored
- Identify the **best tool** to measure each process or system to ensure that the **complete process or system is monitored**
- Identify **how often** each process or system should be monitored
- Identify **where** the findings from monitoring and action plans will be **reported** to
- Identify **who** will **undertake any actions** required as a result of the findings from monitoring
- Identify **how** any required process or system **changes** will be **implemented**
- Identify **how lessons learned** will be **shared locally** and if necessary **externally**

Types of monitoring

Continuous Audit

- Testing is continuous
- Controls are monitored
- Changes noted as they happen

One off Audit

- A fixed timeframe
- Fixed sample size
- Chosen within the rolling programme/cycle/continuum of audit

Types of monitoring

Other Types of Monitoring

- This is dependent on what is to be monitored
- Will still require the same parameters such as sample size and timeframe
- Monitoring here can be continuous or one off

Clinical Audit

- Provides a method for systematically reflecting on and reviewing practice
- *“Audit involves improving the quality of patient care by looking at current practice and modifying it where necessary”*

Assessing Level 3

Audit sample size

- The sample sizes are listed within the 'method of assessment' section at the start of each standard
- When maternity services are monitoring the processes in health records one of the following sample sizes must be utilised:
 - 100% of cases from the 12 months preceding the assessment
 - 1% or 10 sets (whichever is the greater) of health records
- Photocopies of records or the presentation of sections of health records will not be acceptable - full sets of health records only
- Monitoring must reflect all care settings (including home births), all staff groups and all patient groups

Assessing Level 3

Spot check at assessment

- For the actual assessment the maternity service will be required to preselect a number of health records for review by the assessors:
 - Records selected using the same principles as for a Level 2 assessment, i.e. 8 or 4 sets of health records
 - On each set of health records, clearly identify where the relevant evidence for that criterion is located
 - On each set of health records **ALSO** identify where the relevant evidence for other criteria are located

Assessing Level 3

Spot check at assessment

- The assessors will conduct a random spot check on these preselected health records along with those on the clinical areas visited
 - Criterion 1.7 and a further 16 criteria, four criteria from Standards 2, 3, 4 and 5, will be spot checked using a sample of eight sets of health records per criteria
 - If the sample of the spot checked health records fails to demonstrate a minimum of 75% compliance with the criterion these findings will override the monitoring evidence provided by the maternity service and will result in no score being awarded for that criterion

Any questions?



Safeguarding life, property and the environment

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