

**NHS Greater Glasgow and Clyde  
Risk Management Steering Group  
Annual Report and Assurance Statement 2008/09**

**Introduction**

The Risk Management Steering Group (RMSG) is responsible for developing a single system of risk management for NHS Greater Glasgow and Clyde. This includes overseeing the development of strategy and infrastructure, the monitoring of implementation of improvement plans and supporting the assurance that the management of risk across the NHS Board is rigorous and applied using a consistent methodology and set of standards. This role acknowledges that the general management arrangements carry the lead role to co-ordinate, integrate, oversee and support the effective management of organisational risk and to provide assurances to the Board (and its Committees) that all significant risks are adequately managed and the risk management principles are embedded across NHS Greater Glasgow & Clyde.

This annual report outlines the developments within the reporting period and contributes to the NHS Greater Glasgow and Clyde Audit Committee review of the system of internal control.

**Background**

The NHS GG&C Risk Management approach is based on the national Clinical Governance and Risk Management Standards (NHS QIS 2005). This also utilises the Joint Australian/New Zealand Risk Management Standard 4360:2004, endorsed for NHS Scotland by NHS QIS.

**Risk Management Steering Group**

During 2008/09, the RMSG has continued to fulfil its remit of overseeing the maintenance of risk management arrangements with NHS Greater Glasgow and Clyde on behalf of the Chief Executive. The RMSG is chaired by the Director of Finance, and met four times during the year. The group reports to the Performance Planning and Policy Group. The Risk Management Systems Corporate Development Plan and Update 2008- 09 is attached as an annexe to this statement.

Membership of the RMSG has remained unchanged during the past year, and provides strategic leadership and expertise to support the development maintenance of the risk management system and infrastructure. Acknowledging that the key risk decisions are made within the spine of general management arrangements, close communication and engagement with Directors and services was maintained.

**Risk Management Strategy**

The NHSGGC Risk Management Strategy was in place throughout the year, and a slightly revised version has been consulted upon and will be endorsed again by the NHS Board in the summer of 2009.

## **Risk Register Policy**

As with the Risk management Strategy, the NHSGGC Risk Register Policy was also in place throughout the year. This policy sets out required practice across the organisation, defines the principles of escalation and complies with the NHS Quality Improvement Scotland Standards on Clinical Governance and Risk Management. It, too, has been amended slightly, has been consulted on, and will be endorsed by the NHS Board in summer 2009.

## **Corporate Risk Register**

The Corporate Risk Register was updated following a major exercise of engagement with operational services and corporate functions to review major risks, and was presented to the Audit Committee in January 2009. The register summarises the main risks identified within each of the organisational elements of NHSGGC and the processes by which these risks were managed. In addition, the risk register mechanisms and policy compliance were reviewed by Internal Audit.

## **Adverse Incident Surveillance**

Surveillance of adverse incidents is the systematic ongoing collection, collation, and analysis of data relating to events that may be deemed harmful to patients, staff or the organisation, and the timely dissemination of information to those who need to know so that preventative action can be taken. It is a key element of the risk management system, required by both mandatory and statutory obligations.

Information arising from adverse incidents is locally generated through spontaneous reporting arrangements, intensive investigation of most critical adverse incidents and targeted audit. The generated information is processed through various management teams or subject specific groups e.g. Hospital Falls Group, with aggregated reports informing senior managers across Acute Services Division and Partnerships. These reviews also incorporate monitoring of action plans intended to reduce harm or improve safety.

The new web-based single system incident reporting database was established during the year. This also involved the review and development of new incident reporting forms and addressed reporting backlogs which had built up in some areas.

A review of Incident Reporting Policy and guidance to update practice in line with single system working was approved during the year.

## **Risk Assessment**

Risk assessment is the structured identification and evaluation of threat from a variety of hazards, normally a precursor to risk treatment. Across NHSGGC there are a variety of generic and specific risk assessment tools that support clinical teams and managers. These are evident in use within NHSGGC from case records at individual patient level to the corporate risk register.

## **Risk Communication & Education**

Communication and education form a key role in creating a positive safety culture within the organisation; there are two particular programmes in this area, relating to both the extensive training programme available across the organisation, and the revised system in place to deal with Safety Action Notices and other national alerts that are received by the organisation.

The training programme available to all staff includes training on risk assessment, hazardous substances, general awareness of safety and display screen equipment risks. Practical training

sessions provided by the organisation include a range of moving and handling training modules for staff primarily involved in patient handling, and also de-escalation and breakaway training for staff that may be exposed to violence and aggression. Both moving and handling and violence and aggression training courses are based on a robust training needs analysis and the concept of risk assessment is a fundamental component of the training.

### **Risk Management System Monitoring**

The RMSG has continued to monitor a range of information indicating the robustness of the risk management system and progress in its ongoing development. During the year this activity was formally reviewed and further enhancements to monitoring will be implemented for the following reporting period.

### **Conclusion and Statement of Assurance**

The Group is satisfied that, as far as it can ascertain, it has properly discharged its responsibilities, and that there are no significant or material weaknesses or matters of concern that require to be reported to the Chief Executive as part of his review of the effectiveness of the system of risk management and controls within NHS Greater Glasgow and Clyde.

Signed

A handwritten signature in black ink, appearing to read 'D Griffin', is written over a faint circular stamp.

D Griffin (Chair)

## **RMSG: Risk Management Systems Corporate Development Plan and Update 2008- 09**

### **1 Strategy and policy development**

- 1.1 Review NHS GG&C Risk Management Strategy (AC)  
Review initiated February 2009 awaiting approval from RMSG to complete mid-2009
- 1.2 Review NHS GG&C Risk Register Policy (AC)  
Review initiated February 2009 awaiting approval from RMSG to complete mid-2009
- 1.3 Publish revised NHS GG&C Incident Reporting Policy/Guidelines (KF)  
Completed and published the Incident Management Policy in Sept 2008
- 1.4 Publish revised NHS GG&C Guidance on risk assessment (KF)  
Complete and published risk assessment guidance as part of Health & Safety Manual from November 2008

### **2 Improve the scope and quality of data collection for adverse events**

- 2.1 Improve rates of reporting through spontaneous adverse event reporting system (AC/KF)  
The Health & Safety Strategy and Action Plan for 2008/09 have Key Performance Indicators as a specific section. The strategy statement indicates the following; 'The organisation will agree annual key performance indicators and devise a mechanism to progress each area of risk to a satisfactory level.' In terms of data collection related to incident reporting the strategy has indicated that the following are agreed KPIs:

- IR1 Incident reporting data
- Moving & handling data
- Violence & aggression data
- Needlestick data
- Slips, trips & falls data

This data is now collated and analysed. The single Datix database was initiated on 1st April 2008 and so the organisation will soon have 12 months data available for analysis and review.

Impact of web based system easing access and accompanying education/awareness has seen an initial increase in reporting rates for adverse clinical incidents. RMSG anticipate that further increase in reporting rates should occur during 2009 as factors that deter staff from reporting continue to be resolved.

- 2.2 Progress Datix phase two implementation i.e. web-based functionality (AC)  
Implementation project remains on course with only three weeks slippage overall across the year due to underestimate of scale of training needs in two largest ASD Directorates.
- 2.3 Improve risk profiling, assessment and control (AC/KF)  
As the new Health & Safety Manual is re-implemented throughout the organisation with further awareness and ongoing education it will improve all aspects of risk assessment. The system will also be audited during 2009/10 which will increase the profile and compliance with the risk assessment methodology. All line managers will attend a half day training course on the Health & Safety Manual and this will cover dealing with non-clinical risks and will provide the methodology for risk assessment. The risk assessment data will serve to feed into service, directorate or partnership risk registers.

Similar support on clinical risk assessment and profiling has seen expected improvements. As Datix has been deployed greater use of incident reporting data and trend analysis is evident in Directorates, resulting in improved evaluation of local clinical risk profile. A range of specialist risk clinical assessments have been reviewed and updated with specialist staff undertaking a number of supported risk assessment around emerging risk areas such as service commissioning in the new Victoria Hospital.

The means to prepare the corporate risk register is designed to include a review of all major services, which again improves corporate awareness of the operational risk profile. Evaluation of risk control is predominantly by exception with only one serious service concern emerging that has been fully reviewed and responded to.

- 2.4 Support ongoing application of Risk Register Policy ensuring maintenance of corporate risk reporting arrangements (AC)

Completed as corporate risk register has been maintained across reporting period

- 2.5 Electronic risk register module to be implemented during 2009 as part of Datix web roll out (AC)

Initial scoping work complete, early implementers identified and finalisation of module design being secured. RMSAG is expecting that we meet the target of implementation to all areas linked directly to Corporate Risk Register by end of 2009

### **3 Develop programme for risk management training and education across NHS GG&C**

- 3.1 Agree and establish core risk training packages (AC/KF)

In the core risk areas e.g. assessment, investigation, incident reporting managing adverse events, risk register there are agreed arrangements and leadership to ensure appropriate training provision across services. In addition there are several tailored risk training packages have been developed for areas of 'significant risk' within the organisation, such as within the Estates department and would include Working with Electricity and the Construction Design and Management Regulations. Risk assessment and management techniques are vital components of such courses.

- 3.2 Design and deliver risk education input to NHS GG&C induction process (AC/KF)

The generic risk training is underpinned by the new on-line induction programme available for all staff which contains 7 modules related to health & safety including violence, incident reporting, lone working and moving & handling. Risk management is an integral component of these training modules.

- 3.3 Identify and establish specialist risk training modules for key target groups (AC/KF)

Other specialised areas which include risk assessment as fundamental components of the training include one and two day courses on violence, moving and handling and specific courses for Estates related staff such as Legionella and Asbestos Management.

### **4 Improve risk communication**

- 4.1 Sustain NHS GG&C procedures for dealing with alerts or notices (KF)

Completed as a revised policy is in place for the distribution and action related to Safety Action and Hazard Notices received from Health Facilities Scotland. The system has recently been reviewed in terms of recipients and those tasked with responding for their

service. The system is also used for 'internal' hazard notices which require to be alerted to managers across the organisation.

- 4.2 Ensure scheme includes addresses manufacturers other alert arrangements (KF/AC)

Complete as the system SAN/HAZ system has also been extended to be used for manufacturers alerts, where these are deemed appropriate for wide distribution.

- 4.3 Establish formal communication plan to improve effectiveness when communicate alerts and bulletins that generate awareness of preventative actions (AC)

The distributed safety action and hazard notices are all available on Staffnet. These are in the Information Centre section, on the Health & Safety Pages. These notices can be accessed at any time from any site in the organisation. There are also other communications on non-clinical risk issues provided to support services. Clinical risk communications being revised following evaluation that identified services perceived weaknesses in immediate communication of transferable learning across services and more emphasis on transferable learning.

## 5 Identify and apply monitoring/evaluation requirements for system

- 5.1 Complete and publish descriptive study of existing risk information flows to be considered by RMSG with view to further actions (AC/KF)

The organisation will produce a full 12 month period of incident data from the new Datix database. This data will be channelled through the Health & Safety Forum and will also be sent to Directors for further analysis within their area of responsibility. Customised analysis reports will also be able to be created from Partnership or Directorate data. A review of clinical information flows in Directorates has been completed by Clinical Risk Managers.

An independent check is being completed by internal auditors that will be available in the following reporting period.

- 5.2 Explore the creation of key performance indicators for incorporation into performance management arrangements and RMSG evaluation reporting (AC/KF)

There is no validated set of KPIs for risk management systems that we have been able to uncover. Indicators do exist for specific risk issues but no reliable indicator of risk system performance has been identified. The KPI's for the organisation in terms of specific non-clinical risk issues, will be reviewed as part of the development of the 2009/10 Health & Safety Action Plan.

- 5.3 Complete an assessment of system compliance with NHS QIS CG&RM standards (AC)

Initial scoping was set up and provisional picture reviewed but due to the changes in the national assessment scale this was not fully progressed. At the time when the new scale became clear the Board was already into the timescale for completion of self-assessment so this was incomplete.

- 5.4 Explore benchmarking system performance within NHS GG&C and with other NHS Boards through PwC support and risk networks (AC)

Information on adverse events reporting levels was accessed but the inability to create a useful denominator to limited application. No other options were identified during the course of review.

- 5.5 Consider how issue of emerging risk is attended to within existing framework (AC) (*note added at Aug 08 following request from CGC*)

It is apparent through the corporate risk register process that areas of emerging or new risk such as those associated with the new hospitals at Stobhill, Victoria or the Southern General, have been considered within project Boards and then linked into the appropriate risk registers e.g. for Capital Planning, Facilities and ASD clinical directorates.

All such risks will require to be assessed in accordance with the agreed methodology and considered through the escalation process associated with the risk register policy.

## **6 Publish overview report on risk management system**

- 6.1 Annual report to Chief Executive for reporting period 2007/08 (AC)  
[Complete](#)
- 6.2 Assurance statement as part of SIC in accounts for period 2007/08 (AC)  
[Complete](#)
- 6.3 Ensure preparations for Annual Report and Assurance statement for period 2008/2009 (AC)  
[Complete](#)