



# Risk E - News



## Standards and Assessment Updates

### Assessments for Hybrid Organisations

With increasing numbers of NHS health bodies moving away from the traditional structures as a consequence of the Transforming Community Services (TCS) programme, the NHSLA is looking to ensure that its risk management standards and assessments remain relevant. The most likely approach for 2012/13 is set out below:

All organisations will continue to be assessed against a total of 50 criteria. Few changes to the specific requirements are anticipated but the criteria will be re-structured within the matrix of risk areas to accommodate the organisational changes resulting from TCS. All organisations will be assessed against 40 "core" criteria, with the remaining 10

criteria determined by the clinical services provided by the organisation.

Organisations providing acute or community services only will be assessed against 10 specified criteria. Similarly, those providing mental health & learning disability services only will be assessed against 10 criteria specific to their risk profile. For organisations providing a mix of services e.g. community & mental health, the 10 criteria will be selected from the 20 criteria relevant to their service, in conjunction with the assessor, during the informal visit which takes place before the assessment.

These outline proposals have been discussed with the NHSLA Acute and

Partnership Forums and were supported in principle. (The Partnership Forum was established to enable representatives of mental health, learning disability, and community organisations assessed against the risk management standards to provide the NHSLA with advice and guidance on the strategic direction and future development of its risk management programme. More information about the Forum, and how those working in relevant organisations can apply to be members can be found on the NHSLA website.)

The NHSLA risk management standards manuals for assessments in 2012/13 are due to be published at the end of December 2011 or early in January 2012.

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### DNV Contract Extension

The NHSLA has exercised an option in its contract with DNV and extended the term for one year. DNV will now be working with the NHSLA to support improvements in risk management practices in the NHS, with the aim of contribution to safer patient care and the safety of staff, until 31 March 2013.

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## Standards and Assessment Updates

### NHSLA General Standards - The Focus on Standard 5

This month HQIP have taken over responsibility for the management and commissioning of the Clinical Outcome Review Programme (also known as Confidential Enquiries), from the National Patient Safety Agency (NPSA). They have also launched a benchmarking platform for clinical audit - CAKE (Clinical Audit Knowledge Exchange) and have announced that the National Clinical Audits will be included within 2011/12 Quality Accounts. This is a busy

time for audit departments. The DNV standard 5 lead has been in close contact with HQIP during this time to inform any changes that are proposed for the update of the standards.

Updated NICE guidelines have been published on Obesity: [Obesity](#). Whilst this area is not currently covered by the general standards, the ambulance services will be piloting a criterion for Bariatric Patients in the 2012/13 manual. It is probably only a matter of time before claims start appearing from this area, so make sure you have managed the risk before this happens.

### Using the Evidence Template

We've had a few enquiries from trusts recently regarding evidence templates and the correct version of Excel to use. If possible, trusts should use Excel 2003. The ET was designed for use with 2003 as that was the version we were all using at the start of the year and is still the version most commonly used by NHS trusts. If a trust does not have access to Excel 2003, they should contact [nhsia@dnv.com](mailto:nhsia@dnv.com) directly. We will provide the trust with an amended version of the ET, suitable for their version of Excel. Can we also remind you that guidance on using the ET is available on the NHSLA [website](#).

Standard	Organisation	Assessor	Standard	Organisation	Assessor	Standard	Organisation	Assessor	Standard	Organisation	Assessor	Standard	Organisation	Assessor	Total	Organisation	Assessor
11			21			31			41			51			0	0	
12			22			32			42			52			0	0	
13			23			33			43			53			0	0	
14			24			34			44			54			0	0	
15			25			35			45			55			0	0	
16			26			36			46			56			0	0	
17			27			37			47			57			0	0	
18			28			38			48			58			0	0	
19			29			39			49			59			0	0	
20			30			40			50			60			0	0	
<b>Total</b>	0	0	<b>Total</b>	0	0	<b>Total</b>	0	0	<b>Total</b>	0	0	<b>Total</b>	0	0	0	0	

## CNST Maternity Clinical Risk Management Standards

There are two new frequently asked questions (FAQs) proposed for the next quarterly publication due for release at the end of December 2011. These will cover criterion 2.3 Continuous Electronic Fetal Monitoring minimum requirements (b: iv) *any intrapartum events; which should be recorded at the time of the event, signed and the time noted*, and minimum requirement (d)

*hourly systematic assessment of the trace\**. Don't forget to look out for these. They can be found on the NHSLA website within the Risk Management Publications folder in the Standards folder. FAQs are regularly updated so check them out – they may have the answer to your question. Comprehensive feedback has been received from the majority of

maternity stakeholders on the existing CNST Risk Management Standards. All comments are gratefully received and will help to inform the changes that are proposed for next year. If you were one of those that took the time to reply – thank you.

## Fitness to Practise

Can we remind PCTs that they should be notifying the NHSLA's FHS Appeal Unit of any decisions made under the Performers Lists Regulations, and that where a decision is changed on review or appeal, or a suspension lapses, PCTs notify the Authority accordingly. All notifications must be compliant with Regulation 16(4). In addition, PCTs should be completing fitness to practise checks using the Authority's web service.

This is located at <http://www.nhsla.com/FHSAU/>.

The screenshot shows the NHS Litigation Authority website. The main navigation bar includes 'EVENTS', 'JOB VACANCIES', and 'NEWS'. A search bar is located on the right. The left sidebar contains a menu with items: 'Claims', 'Risk Management', 'Human Rights', 'Equal Pay', 'Age Discrimination', 'FHS Appeal Unit', 'Finance & IT', 'Publications', 'About Us', 'Advice for Clinicians', 'Info for Patients', 'Cover for Volunteers', 'Cover for Social Enterprises', and 'Links'. The main content area is titled 'FHS Appeal Unit' and contains the following text:

The NHSLA is responsible for ensuring a prompt and fair resolution of disputes between primary care practitioners and their local Primary Care Trusts (PCTs). Primary care practitioners include GPs, dentists, opticians and pharmacists. This area of work is handled by our Family Health Services Appeal Unit (FHSAU) which encompasses the following services:

- Determining appeals against PCT decisions in accordance with the NHS (Pharmaceutical Services) Regulations 2005 concerning the provision of NHS pharmaceutical services. Such appeals generally relate to: the proposed opening of a new pharmacy, relocation of an existing pharmacy, or the provision of dispensing services by GPs;
- Determining contractual disputes between GPs/dentists/opticians and their local PCTs under the new contractual arrangements for GPs/dentists/opticians;
- Determining disputes over the assessment of GP Registrars' allowances under the Directions to Strategic Health Authorities concerning GP Registrars, which came into force in November 2003;
- Determining other occasional appeals and applications under various regulations governing primary care;

Determinations are made by either the Pharmacy Appeal Committee, an Oral Hearing Panel appointed by the NHSLA or an Officer of the NHSLA dependent upon which Regulations apply. For those who wish to refer to them, decision letters issued following consideration of the above are available on this website.

The NHSLA also has certain obligations with regards to Fitness to Practise procedures which are also handled by the FHSAU these are:

- Maintaining a database of Primary Care practitioners who have had restrictions placed upon their inclusion on Primary Care Performer Lists by PCTs; and
- Carrying out Fitness to Practise checks against the Restrictions database, following requests by PCTs.

For more information about the work of the FHSAU see [NHSLA Factsheet 6](#)

## Solicitors' Risk Management Reports on Claims Update

Analysis of the Solicitors' Risk Management Reports on Claims from 2010/11 has been completed, and we hope to publish the results shortly.

## Team Spotlight

Karol Edge qualified as a general nurse in Cheshire in April 1997. Since then Karol has worked at an Acute District General Hospital in various specialties including gastroenterology, diabetes and endocrinology and respiratory medicine. Other roles that Karol has undertaken have included those of bed manager, which gave her an exceptional insight into the complexities of

managing different specialties in a hospital setting and lead nurse for discharge planning in emergency care.

From the clinical setting Karol then moved into a governance role where she became familiar with the importance of hospital governance, risk management and working with the wider health community in providing quality outcomes for patients. Prior to completing her nursing

diploma, Karol worked as a Dental Nurse in both the UK and Australia. Karol has recently completed a Diploma in Healthcare Emergency Planning and is currently undertaking a Masters in Healthcare Governance.

Karol has three children and enjoys spending time with them, especially reliving her youth when they visit theme parks.



Karol Edge, DNV Senior Risk Assessor, NHSLA Schemes