



*Litigation Authority*

# NHSLA Risk Management Standards 2012-13

for NHS Trusts providing  
Community and Mental Health & Learning  
Disability Services

**Southern Health NHS Foundation  
Trust**

**Level 1**

**September 2012**



MANAGING RISK

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The comments and findings of the assessment recorded in this report reflect the opinions of the assessor(s) based on the evidence provided by the organisation in relation to the requirements contained in the relevant standards manual. They should not be read as approval or comment in any other context.

# Executive Summary

## Assessment Outcome

<b>Reference number</b>	T606
<b>Organisation assessed</b>	Southern Health NHS Foundation Trust
<b>Services assessed</b>	All services
<b>Date of last assessment</b>	Friday, 01 April 2011 (Date of restructuring)
<b>Assessment date</b>	Tuesday, 11 September 2012
<b>Date next assessment due</b>	Monday, 08 September 2014
<b>Standards assessed</b>	<i>NHSLA Risk Management Standards for NHS Trusts 2012-13 Providing Community and Mental Health &amp; Learning Disability Services</i>
<b>Level prior to assessment</b>	Level 1
<b>Level applied for</b>	Level 1
<b>Level achieved</b>	Level 1

Organisations providing a mix of mental health & learning disability and community services are assessed against Standards 1 to 6. Standards 1 to 4 are assessed in full. In addition, ten criteria reflecting the organisation's service and risk profile are selected from Standards 5 and 6 and the organisation is assessed against these. The overview of risk areas in this report shows which criteria were assessed.

In order to gain compliance at Level 1 the organisation was required to pass at least 40 of these criteria, with a minimum of seven criteria being passed in each individual standard. The organisation scored as follows:

<b>Governance</b>	10/10	Compliant
<b>Learning from Experience</b>	10/10	Compliant
<b>Competent &amp; Capable Workforce</b>	10/10	Compliant
<b>Safe Environment</b>	10/10	Compliant

**Acute, Community and Non-NHS Providers** 4/4 Compliant

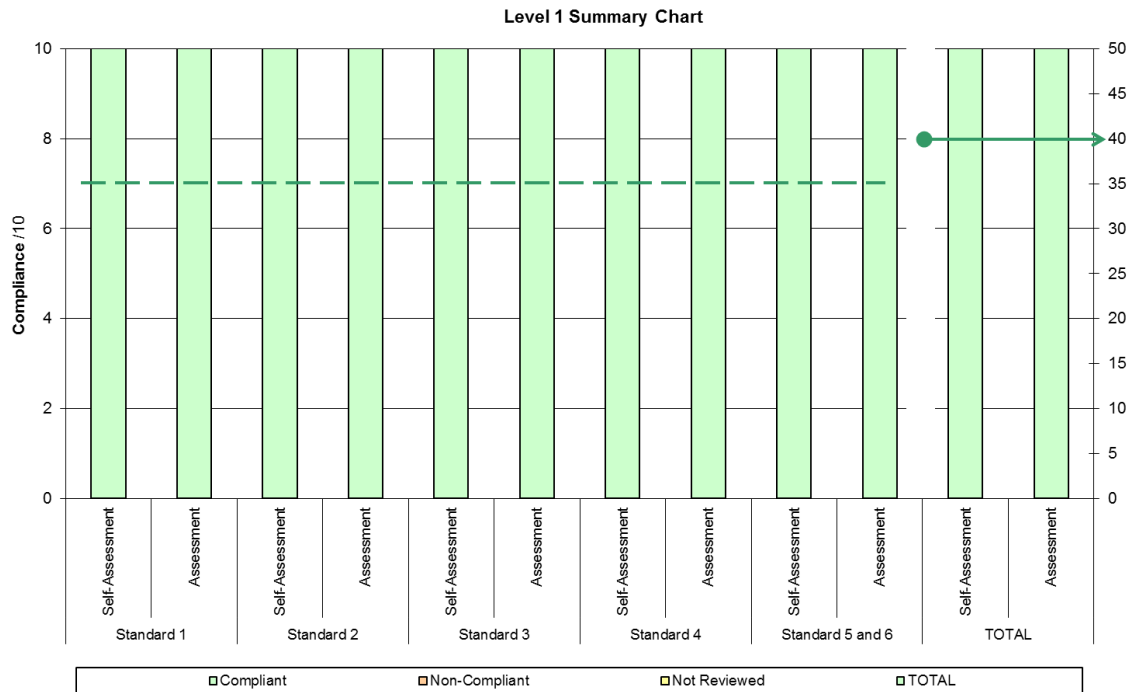
**Mental Health & Learning Disability** 6/6 Compliant

**OVERALL COMPLIANCE** 50/50 **Compliant**

Detailed scores can be found in the organisation’s evidence template which is a separate document that records the evidence reviewed and the compliance awarded at the assessment.

An overview of the risk areas covered by the assessment is provided within this report. Those criteria highlighted in green indicate the areas where compliance was awarded during the assessment. Those criteria highlighted in orange indicate the areas of non-compliance and those criteria that were not reviewed are highlighted in yellow.

Prior to formal assessment the organisation was encouraged to conduct a self-assessment. The organisation’s self-assessment results are depicted below and plotted against the actual assessment results.



**Chart 1:** Comparison of the organisation’s self-assessment to actual assessment outcome

## Key findings

Southern Health NHS Foundation is to be congratulated on achieving full compliance at Level 1 with the *NHSLA Risk Management Standards for Community and Mental Health & Learning Disability Services 2012/13*. The organisation, formed on the 1st April 2011 following the merger of Hampshire Partnership NHS Trust and Hampshire Community Health Care, the provider services of Hampshire PCT, have demonstrated a commitment to the newly formed service through a well presented portfolio of approved documents encompassing the range of services provided.

The evidence template assessment tool was well populated with clear and precise links to the supporting evidence within the approved documentation. This allowed the assessment to be completed within one day. Whilst the organisation has received a score of 50 out of 50 they are reminded that this score is based solely on a review of documents and is no guarantee that the policies reflect practice or that they will achieve success at the higher levels of assessment.

A sample of ten approved documents from across the six standards was chosen randomly by the assessor, evidence of approval and availability on the intranet was demonstrated and all ten were compliant.

At Level 1 the organisation is expected to describe how it intends to monitor compliance with each of the minimum requirements within a criterion. The organisation has opted to describe this within a table, in most instances. The organisation should consider using this format consistently within the documents as a consistent approach will help the organisation to monitor its processes and ultimately achieve compliance at Level 3.

The NHSLA do not plan to carry out a full schedule of assessments in the 2013/14 assessment year, however should the organisation wish to come forward for a higher level assessment in this year please inform the NHSLA or your assessor by the 31<sup>st</sup> May 2013 assessment year.

## Overview of assessment outcome



Compliant



Non-compliant



Not reviewed



Not applicable

Standard ⇒	1	2	3	4	5	6
Criterion ↓	Governance	Learning from Experience	Competent & Capable Workforce	Safe Environment	Acute & Community	MH&LD
1	Risk Management Strategy	Clinical Audit	Corporate Induction	Secure Environment	Supervision of Medical Staff in Training	Clinical Supervision
2	Policy on Procedural Documents	Incident Reporting	Local Induction of Permanent Staff	Violence & Aggression	Patient Information & Consent	Patient Information
3	High Level Risk Committee(s)	Concerns & Complaints	Local Induction of Temporary Staff	Slips, Trips & Falls (Staff & Others)	Consent Training	Clinical Risk Assessment
4	Risk Management Process	Claims Management	Risk Management Training	Slips, Trips & Falls (Patients)	Maintenance of Medical Devices & Equipment	Physical Assessment & Examination of Patients
5	Risk Register	Investigations	Training Needs Analysis	Moving & Handling	Medical Devices Training	Observation of Patients
6	Dealing with External Recommendations	Analysis & Improvement	Risk Awareness Training for Senior Management	Hand Hygiene Training	Screening Procedures	Dual Diagnosis
7	Health Records Management	Learning Lessons from Claims	Moving & Handling Training	Inoculation Incidents	Diagnostic Testing Procedures	Rapid Tranquillisation
8	Health Record-Keeping Standards	Best Practice - NICE	Harassment & Bullying	The Deteriorating Patient	Transfusion	Absent Without Leave (AWOL)
9	Professional Clinical Registration	Best Practice - National Confidential Enquiries & Inquiries	Supporting Staff Involved in an Incident, Complaint or Claim	Clinical Handover of Care	Venous Thromboembolism	Medicines Management Training
10	Employment Checks	Being Open	Stress	Discharge	Medicines Management	Medicines Management

# Assessment Results

## Standard 1: Governance

### Overview

Effective functioning of the board, managerial leadership and accountability, and the organisation's systems and working practices will ensure that quality assurance, quality improvement and patient safety are central to the activities of the healthcare organisation. Organisations should apply the principles of sound corporate governance. Board level responsibility for risk management should be clearly defined and there should also be clear lines of individual accountability for managing risk throughout the organisation leading to the board. Organisations should undertake systematic risk assessment and risk management. Risk management should be fully embedded in the organisation's management and operational processes. Information governance principles will support the management of risk associated with health records and clinical record keeping. All relevant employees, whether permanent or temporary, should be registered with the appropriate professional body and have undergone the required employment checks relevant to the area of practice prior to working within the organisation.

A score of ten out of ten was awarded in this standard.

### Findings and recommendations

The organisation is to be congratulated on achieving full compliance with this standard.

## **Standard 2: Learning from Experience**

### **Overview**

All organisations should have in place robust systems for the reporting, management and investigation of adverse events, including those that result in no harm, to help facilitate organisational learning. Organisations should apologise and explain what happened to patients who have been harmed as a result of their healthcare. When all reported adverse events, concerns, complaints and claims are examined in conjunction, trends may be identified at both a local and strategic level and changes implemented to reduce the risk of recurrence. The sharing of lessons learned between organisational service areas and the wider healthcare community helps to ensure that system failures are addressed by the organisation as a whole and good practice is shared. Organisations should consider and implement appropriate external guidance to operate as safely as possible.

A score of ten out of ten was awarded in this standard.

### **Key findings and recommendations**

The organisation is to be congratulated in achieving full compliance with this standard.



## Standard 3: Competent & Capable Workforce

### Overview

The organisation has a responsibility to deliver a safe service to patients by ensuring all staff are appropriately skilled. To ensure that both temporary and permanent staff are adequately equipped to work in a healthcare environment and provide care to patients they must receive training and support, both on initial appointment and on an ongoing basis. By ensuring effective, ongoing training and support, the organisation is promoting the delivery of high quality focused care as well as facilitating staff safety and wellbeing.

A score of ten out of ten was awarded in this standard.

### Key findings and recommendations

Criterion		Findings and recommendations
<p><b>3.1 Corporate Induction</b></p> <p>All organisations must have an approved documented corporate induction process for all new permanent staff.</p>	Compliant	<p>c) process for booking all new permanent staff onto corporate induction</p> <p>Compliance was awarded for this requirement; however the organisation should consider the following comment.</p> <p>Within the document provided, the <i>Organisational Induction Policy</i> Version 1 (August 2012), on page 21, in appendix E, a flow diagram outlines the process for the management of corporate induction.</p> <p>The organisation should ensure that where flow diagrams are utilised to demonstrate a process that the component steps are described more fully within the body of the document to include responsibilities, guidance on implementation and a mechanism for monitoring the process.</p>
<p><b>3.9 Supporting Staff Involved in an Incident, Complaint or Claim</b></p>	Compliant	<p>f) how the organisation monitors compliance with all of the above</p> <p>Compliance was awarded for this requirement; however the</p>

Criterion		Findings and recommendations
<p>All organisations must have an approved documented process for making sure that all staff involved in traumatic or stressful incidents, complaints or claims are adequately supported.</p>		<p>organisation should consider the following comment.</p> <p>A document was provided for review, the <i>Claims Management Policy</i> Version 1 (August 2012).</p> <p>A monitoring process related to the internal and external support offered to staff is not explicitly defined within the monitoring section of the document at section 13. On discussion with the team there is a section in 13.2 of the document which states '<i>Staff involved will be consulted with to determine whether they were offered the appropriate support</i>'.</p> <p>The organisation should ensure that this is expanded to reflect the processes described within the body of the document within section 10.3.</p>

## **Standard 4: Safe Environment**

### **Overview**

It is essential to provide a safe and secure environment in order to facilitate high quality clinical care. The environment should be safe for staff, patients and their visitors in order to prevent accidents, injury and disease. Accurate information must be shared between all professionals in all care environments, both internally and externally, to ensure that there is a safe and seamless transition of an individual's care.

A score of ten out of ten was awarded in this standard.

### **Key findings and recommendations**

The organisation is to be congratulated on achieving full compliance with this standard

## **Standard 5: Acute, Community and Non-NHS Providers of NHS Care**

### **Overview**

The care provided to patients across all care environments should be of the highest quality and delivered in such a way as to minimise the risk to patients. It is particularly important to ensure patients have clear information to prepare them for treatment and that accurate information is shared between all professionals in all care environments. To underpin these principles, a systematic approach must be in place to ensure there are clear lines of responsibility, appropriately trained staff, safe systems of work and effective communication across the organisation and between staff, patients and others. The organisation must be able to define and demonstrate the achievement of quality and safety through high standards of record-keeping that are consistent across the organisation.

Based on the organisation's service and risk profile, four criteria were chosen from this standard for review at assessment. Please refer to the overview of assessment outcome in this report for a full list of the criteria in this standard which were selected.

A score of four out of four was awarded in this standard.

### **Key findings and recommendations**

The organisation is to be congratulated on achieving full compliance with the four criteria selected for assessment on this occasion.

## **Standard 6: Mental Health & Learning Disability Services**

### **Overview**

The care provided within the NHS environment should be of the highest quality and practiced to the safest level. To support this, robust guidance should be in place for all clinical care processes. Some of the higher volume and higher risk areas have been selected for assessment by the NHSLA to determine if systems and processes are clearly defined. To underpin the care processes, systematic approaches must be in place to ensure there is effective communication between staff, patients and others throughout the continuum of care planning. It is important for patients to receive clear information in relation to the care and treatment that is provided for them and that high standards of record-keeping are consistent across the organisation.

Based on the organisation's service and risk profile, six criteria were chosen from this standard for review at assessment. Please refer to the overview of assessment outcome in this report for a full list of criteria in this standard and which were selected.

A score of six out of six was awarded in this standard.

### **Key findings and recommendations**

The organisation is to be congratulated on achieving full compliance with the six criteria selected for assessment on this occasion.

# Document Check

At all levels the evidence presented at assessment must be in use and reflective of day to day practice within the organisation.

To test this, the assessor(s) randomly selected ten documents from the organisation’s evidence portfolio and asked to see evidence of their approval. Additionally, the assessor(s) reviewed the organisation’s intranet and/or policy folders to ensure that the ten documents are readily available for use by staff.

If the organisation was unable to evidence that a document has been approved and is in use, compliance was not given for the criterion that it relates to.

	Name of approved document	Criterion	Format	Approval	Availability	Compliant
1	Responding to Recommendations from External Agency Visits, Inspections and Accreditations v1 Aug 2012	1.6	Elec	Sign off sheet	Yes	Yes
2	CRB and Employment Checks Policy v1 August 2012	1.1	Elec	Sign off sheet	Yes	Yes
3	Claims Management Policy v1 August 2012	2.4	Elec	Sign off sheet	Yes	Yes
4	How to put National Guidance into Practice Policy v1 August 2012	2.9	Elec	Sign off sheet	Yes	Yes
5	Being Open Procedure v1 August 2012	2.1	Elec	Sign off sheet	Yes	Yes
6	Organisational Induction Policy v1 September 2012	3.1	Elec	Sign off sheet	Yes	Yes
7	Education and Development Policy v1 August 2012	3.5	Elec	Sign off sheet	Yes	Yes
8	Moving & Handling Policy v1 August 2012	4.5	Elec	Sign off sheet	Yes	Yes
9	Medical Devices Management Policy v1 August 2012	5.5	Elec	Sign off sheet	Yes	Yes
10	Rapid Tranquillisation: Policy and Guidance for use in Mentally Ill Patients Displaying Acutely Disturbed or Violent Behaviour v1 August 2012	6.7	Elec	Sign off sheet	Yes	Yes
				TOTAL compliant		10

# Appendix

## Contacts

### Assessment/Report enquiries

This report was prepared by Det Norske Veritas on behalf of the NHS Litigation Authority. Any queries regarding this report should be directed to:

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