Northern Health and Social Care Trust

Governance and Patient Safety Department

Annual Risk Management Report 2011/2012

1.   **Executive Summary**

The Risk Management Controls Assurance Standard requires Trust Board to be provided with an Annual Report that gives an overview of:

- risk management activity; and

- how the Trust performed against key risk management objectives.

This is the second annual report prepared since establishment of the Trust on 1 April 2007 with figures from 2009/10 and 2010/11 also being included where considered helpful in allowing activity and performance to be reviewed.

The Risk Management functions which form the basis of this report are:

- Incident, including Serious Adverse and Untoward Incident reporting

- Management of litigation, principally but not exclusively Medical and Professional Negligence, Employers and Occupiers liability

- Inquests

- Administration of Medical Device Alerts

- Risk Registers

Health and Safety along with Emergency and Business Continuity Management Planning are also Risk Management functions with each being the subject of separate annual reports to Trust Board. All Risk Management reports should be considered together to give a corporate overview of Risk Management in the Trust.

The current organisational and staffing structure for the Risk Management function is included for information at **Appendix 1.**

2.   **Policy Context**

The relevant, over-arching Trust policies pertaining to the subject matter of this report are the:

- Integrated Governance Strategy

- Corporate Risk Management Strategy & Supplement 1: Procedure for Production of Risk Registers

- Corporate Incident Management Policy and Procedure

- Policy and Procedure for the Management of Clinical, Professional and General Litigation Claims

- Referring A Patient/Client's Death To the Coroner procedure

- Medical Device Alerts from Northern Ireland Adverse Incident Centre

- Major Incident Plan

3. Adverse Incident Reporting

3.1 The reporting range for the following reports covers the three financial years 2009/10, 2010/2011 and 2011/12.

3.2 **Table 1: Total Number of Reported Incident & Top Five Most Reported Incident Types**

Year	Total Incidents Reported	Slips / Trips / Falls	Violence & Aggression	Contact with Objects	Absconding	Service Capacity
2009/ 2010	10,701	4,255 (40%)	2,080 (19%)	646 (6%)	528 (5%)	255 (2%)
2010 / 2011	10,291	4,013 (39%)	2,105 (20%)	509 (5%)	496 (5%)	284 (3%)
2011/ 2012	10,772	3,846 (36%)	2,386 (22%)	558 (5%)	568 (5%)	162 (2%)

3.3 **General Comments**

A total approaching 11,000 incidents were reported in 2011/12. This is a slightly increased number than reported in the previous year and is similar to that number reported in 2009/10 but is still lower (11,159) than was reported in 2008/09.

The profile of the causes of these incidents continues to remain practically unchanged as evidenced by the five headings noted in Table 1. Whilst slightly (3%) reduced in number 'Slips, Trips & Falls' remains the most common incident type reported in the Trust.

Of the incidents of 'Violence & Aggression' incidents those against staff have similarly remained relatively consistent at 1,314, 1,218 and in 2011/12, 1,338 respectively.

3.4 **Table 2: RIDDOR Reported Incidents By Directorate**

	09/10	10/11	11/12	Total
Acute Hospital Services	**26**	**17**	**21**	**64**
Contact with -	5	2	1	8
Medical Device/Equipment	0	1	0	1
Handling	4	5	5	14
Other	1	0	0	1
Slip/Trip/Fall	9	5	13	27
Unwell	0	1	0	1
Violence/Aggression	7	3	2	12
Children's Services	**2**	**8**	**3**	**13**
Contact with -	0	1	0	1
Medical Device/Equipment	0	1	0	1
Handling	0	1	1	2
Other	0	0	0	0
Slip/Trip/Fall	2	4	1	7
Violence/Aggression	0	1	1	2
Director of Nursing	**0**	**0**	**0**	**0**
Contact with -	0	0	0	0
Medical & Governance	**0**	**2**	**0**	**2**
Handling	0	0	0	0
Slip/Trip/Fall	0	2	0	2
Mental Health & Disability Services	**24**	**19**	**22**	**65**
Contact with -	4	0	1	5
Handling	4	6	7	17
Slip/Trip/Fall	6	6	3	15
Unwell	0	0	0	0
Violence/Aggression	10	7	11	28
Primary Care & Community Care for Older People's Services	**37**	**38**	**19**	**94**
Contact with Animal	1	1	0	2
Contact with -	3	1	3	7
Medical Device/Equipment	0	1	0	1
Handling	15	16	7	38
Other	2	0	0	2
Slip/Trip/Fall	13	19	8	40
Unwell	0	0	0	0
Violence/Aggression	3	0	1	4
Planning, Performance Management & Support Services	**3**	**8**	**10**	**21**
Contact with -	2	3	4	9
Handling	1	1	2	4
Other	0	1	0	1
Slip/Trip/Fall	0	3	4	7
Totals:	**92**	**92**	**75**	**259**

The 'Reporting of Injuries, Diseases & Dangerous Occurrence Regulations' requires that certain categories of incidents are reported to the Health and Safety Executive, or in respect of properties used for administrative purposes only ,to the relevant Local Council. Examples of such incidents are those which have caused an employee to be absent for three working days or more, certain serious injuries such as fractures to the hip to service users, staff or visitors, and designated dangerous occurrences such as an explosion.

RIDDOR reporting provides an indicator of the relative seriousness of the total incidents reported and their origins. The three main causes of RIDDOR incidents are 'Slips, Trips & Falls', followed by 'Violence & Aggression' and 'Manual Handling', this mirrors the overall incident profile.

3.5 *Serious Adverse Incidents (SAIs)*

Adverse incidents are classified as SAIs and will be reported to the HSC Board when they meet any of the following criteria:

- Warrant regional action to improve safety or care within the broader HPSS; and/or
- is of public concern; and/or
- requires an independent review

3.6 **Internal System for Managing SAIs**

All SAIs are investigated using a RCA methodology. Each investigation generates recommendations, seeks to identify learning and produces an action plan. The Trust, since 2010/11, seeking to disseminate that learning by means of its 'Shared Learning Model' as a means of communicating within and across directorates and also Regionally as appropriate. GMB and Governance Committee receive performance reports on SAI reporting and investigation and the organisational learning from the most serious SAI investigations. In 2011/12 the Trust also established an SAI Review Group which reports directly to GMB.

In October/ November 2011 a total of 44 staff drawn from all Directorates completed a two-day training course in the use of Root Cause Analysis as a a technique for completing investigations of SAIs or other incidents. Provision of this training has significantly increased the 'pool' of Trust staff available to participate in investigations and should therefore reduce the average length of time currently taken to complete reports and which is significantly in excess of the 12 week period required by the Board.

Similarly it would be expected that the rigour and thoroughness of those reports will also be improved and by so doing further enhance the identification of potential learning and improvement for the Trust.

3.7 Table 3: Serious Adverse Incidents Reported

Acute Hospital Services	09/10	10/11	11/12	Total
Capacity	0	1	0	1
Death	6	4	1	11
Delay	0	1	1	2
Medical Device/Equipment	1	0	1	2
Infectious Diseases	2	0	0	2
Information Governance	0	1	0	1
Violence/Aggression	4	1	0	5
Other	1	2	2	5
Sub Total	**14**	**10**	**5**	**29**
Children's Services				
Absconded	7	1	0	8
Capacity	0	1	0	1
Death	1	0	0	1
Information Governance	1	4	1	6
Practice	0	0	1	1
Security	2	0	0	2
Slip/Trip/Fall	1	0	0	1
Violence/Aggression	25	4	5	34
Other	1	1	1	3
Sub Total	**38**	**11**	**8**	**57**
Finance				
Information Governance	1	0	0	1
Sub Total	**1**	**0**	**0**	**1**
Mental Health & Disability Services				
Absconded	0	0	1	1
Death	4*	19*	29	52
Security	0	1	0	1
Violence/Aggression	9	4	1	14
Other	0	1	0	0
Sub Total	**13**	**25**	**31**	**68**
Primary Care & Community Care for Older People's Services				
Death	2	3	0	5
Fire	1	0	0	1
Information Governance	1	0	1	2
Medication	0	0	2	2
Violence/Aggression	2	4	3	9
Sub Total	**6**	**7**	**6**	**19**
Planning, Performance Management & Support Services				
Medical Device/Equipment	1	0	0	1
Violence/Aggression	0	1	0	1
Sub Total	**1**	**1**	**0**	**2**
Totals	**73**	**54**	**50**	**177**

Capacity - Bed Availability
Delay - Referrals
Practice - Service issues
Violence/Aggression - Self Harm (None Death), Alleged Abuse, V&A Towards Staff
Other - Behaviour, Communication

3.8 General Comments

During the overall three year reporting period a total of 177 SAIs (230 in previous period) were reported by the Trust to, initially the Department and then, from May 2010 to the Regional HSC Board. Accurate comment on numerical tracking is difficult in that definitions of what constitutes an SAI have changed over the total comparative period.

For example, in 2009/10 the DHSSPS directed that suicides would be regarded as untoward events so Table 3 shows a marked reduction in deaths in Mental Health in 2009/10 * with a rise in the number of untoward events resulting in death. (Table 4).The decision was reversed the following year.

3.9 **Untoward Events**

Untoward Events reported to the HSC Board are incidents related to the discharge of the Trust's statutory functions under the Children (NI) Order 1995, most typically:

- admission of an under 18 to an adult mental health or learning disability facility;
- admission of a 'Looked After' child to the Juvenile Justice System;
- placements outside the regulated provision for 16-17 year olds; and
- absconding.

3.10 **Table 4: Untoward Events Reported**

Untoward Events Reported by Trust

01 April 2009 - 31 March 2012

Children's Services				
Absconded	30	33	39	102
Contact with	0	1	0	1
Contraband-prohibited items	2	2	0	4
Death	1	0	0	1
Information Governance	0	1	0	1
Medication Adverse Event	0	1	0	1
Security	3	3	0	6
Slip/Trip/Fall	0	0	1	1
Under 18 Admissions	17	10	17	44
Unwell	4	2	0	6
Violence/Aggression	29	31	13	73
Other	3	13	12	28
Sub Total	**89**	**97**	**82**	**268**
Mental Health & Disability Services				
Death	17*	2*	0	19
Fire	1	0	0	1
Violence/Aggression	2	1	0	3
Sub Total	**20**	**3**	**0**	**23**
Totals				

Contact with - Hot Water
Contraband-prohibited items - Drugs/Alcohol etc
Unwell - Children taken to Hospital
Violence & Agression - Against Residents & Staff, Self Harm
Other - Behaviour

3.11 **_General Comments_**

A total of 468 SAIs & UEs, averaging 13 each month (15 per month in the previous three years) were reported during this reporting period. However, whilst this total number appears relatively constant it masks a continuing decrease in numbers of SAIs being reported during each of those years. The Trust, in 2011/12 reporting less (50) that 50% of the number (103) reported in 2008/09. Whilst that reduction can be explained to some degree by the changes in definitions as referred to at 3.8 above, those changes mainly affected incidents relating to children and young people and were largely balanced by a commensurate increase in Untoward Incidents reported. Of particular note in considering this reduced SAI reporting is the 50% reduction (from 10 to 5) in reporting from Acute Hospital Services and which is an issue which will be given further consideration.

Of the 177 SAIs reported 63 (or 36%) related to 'Deaths', the significant majority of which being of patients known to the Trust's Mental Health & Learning Disability Service (52 or 29%). The same number of SAIs being reported following incidents of 'Violence & Aggression', overwhelmingly against staff.

After allowing for the changes in definition noted above the majority of SAIs in 2011/12 were reported from MH& LD (31 or 62%), a near 25% increase from the 2010/11 number. That increase being wholly due to the increase in the reported number (53%) of sudden unexpected deaths of service users known to that Service, overwhelmingly in the community (from 21 to 29).

Of the 291 UEs reported by virtue of their definition the vast majority (268 or 92%) have arisen from provision of Children's Services. Instances of young people 'Absconding' (in 2011/12, 39 or 48%) are the most common cause. The next most common incident is the admission of under 18's to an adult mental health or learning disability unit (17 or 21%) due to the continued Regional unavailability of age-appropriate beds. Also worthy of note is that whilst reported incidents of 'Violence & Aggression' (13 or 31%) remains a continuing issue, the number of such incidents reported decreased significantly (by 58%) in 2011/12 from that in 2010/11 and previous years.

4. Management of Litigation

4.1 Table 5: Total Number of Medical Negligence, Public Liability, Employer's Liability and Occupier's Liability Claims against Trust & Number Outstanding At End of Each Year

Directorate	2009/10			2010/11			2011/12		
	MN/PL	EL	OL	MN/PL	EL	OL	MN/PL	EL	OL
Acute Hospital Services	75	17	3	80	12	3	67	6	2
Primary Care Community Care for Older Peoples Services	1	6	2	6	8	4	6	5	1
Children's Services	3	1	2	4	1	1	3	3	-
Mental Health & Disability Services	-	7	3	2	6	2	4	7	-
Planning Performance Management and Support Services	-	15	2	-	11	6	-	4	4
Medical & Governance	-	2	-	-	-	-	-	-	-
Finance	-	-	-	-	1	-	-	-	-
Director of Nursing & User Experience	-	-	-	-	-	-	-	4	-
Not yet Known	1	-	-	1	-	-	-	-	-
Total New Claims Received	**80**	**48**	**12**	**93**	**39**	**16**	**80**	**29**	**7**
Total Outstanding	**421**	**96**	**26**	**421**	**87**	**32**	**377**	**82**	**36**

4.2 **Table 6: Number of Settled Medical Negligence, Public Liability, Employer's Liability and Occupier's Liability Claims & Value of Payments (including Damages where applicable)**

Directorate	2009/10			2010/11			2011/12		
	MN/PL	EL	OL	MN/PL	EL	OL	MN/PL	EL	OL
Acute Hospital Services	26 £3,361,482 (£4,444,933)	8 £45,250 (£69,653)	-	29 £998,931 (£1,656,924)	17 £64,126 (£124,024)	3 £15,000 (£18,113)	20 £1,884,018 (£2,697,536)	7 £26,000 (£43,449)	1 £15,000 (£25,893)
Primary Care Community Care for Older Peoples Services	-	3 £22,500 (£51,071)	1 £2,625 (£7,008)	-	4 £34,000 (£52,785)	1 £7,500 (£14,127)	-	7 £18,000 (£37,070)	-
Children's Services	1 £7,500 (£27,935)	-	-	-	3 £56,010 (£105,905)	-	-	2 £22,512 (£31,421)	-
Mental Health & Disability Services	1 £12,500 (£17,048)	6 £25,500 (£53,319)	2 £24,500 (£36,600)	1 £13,750 (£33,799)	1 £3,000 (£4,887)	2 £32,500 (£43,528)	-	3 £25,500 (£46,309)	1 £6,500 (£12,466)
Planning Performance Management and Support Services	-	3 £7,750 (£11,984)	4 £82,750 (£141,611)	-	8 £33,000 (£53,889)	1 £6,000 (7,987)	-	7 £20,500 (£38,730)	-
Medical & Governance	-	1 £19,500 (£31,477)	-	-		-	-	1 £3,500 (£5,128)	-
Total No. Claims Total Damages (Total Costs incl. Damages)	**28 £3,381,482 (£4,489,916)**	**21 £120,500 (£217,504)**	**7 £109,875 (£185,219)**	**30 £1,012,681 (£1,690,723)**	**33 £190,136 (£341,490)**	**7 £61,000 (£83,755)**	**20 £1,884,018 (£2,697,536)**	**27 £116,012 (£202,107)**	**2 £21,500 (£38,359)**

4.3   **General Comments**

4.3.1   **Medical & Professional Negligence**

Whilst the number (20) of claims under this heading fell (by 10) from the 2010/11 figure, the total cost of settlements, eg damages, legal and professional fees etc paid actually increased by over £1M during 2011/12. This increase is attributable to several relatively high-value claims which concluded during the year; with increased legal costs and fees for involving several experts in some cases.

Predictably medical and professional settlements concluded during 2011/12 related to patients attending Acute Hospital Services with claims relating to Obstetrics and Gynaecology (six totalling £833K) and Accident and Emergency (nine totalling £181K) accounting for the largest numbers.

4.3.2   **Employer's Liability**

Total settlement costs (£202K) in 2011/12 decreased very significantly from that paid in 2010/11 (£341K) thus reversing an upward trend which had prevailed for several previous years. This reduction, at least in part, is due to a smaller number of claims settled during the past year but more so by the fact that the average value of each of those 27 settled claims was nearly £3K (or 38%) lower than the equivalent value in 2010/11.

The four main areas which incurred the highest levels of Employer's Liability expenditure in 2011/12, were 'Slips, Trips & Falls' (nine claims totalling £53K), 'Manual Handling (five claims totalling £44K), 'Violence and Aggression (four claims totalling £37K) and 'Needlestick' injuries (four claims totalling £24K).

4.3.3   **Occupier's Liability**

The major reduction in settlement costs commented upon in 2010/11 was continued during 2011/12 (from £84K to £38K). Whilst there were only two claims settled during 2011/12 as compared to seven in the previous year an indication as to the relative seriousness of those incidents is that their average cost was over £19K as opposed to under £12K each in 2010/11. 'Slips, Trips and Falls' involving visitors continue to be most common source of litigation expenditure in this area of law.

4.3.4   In considering litigation figures in general it must be noted that the number of new claims received in any one year has little or no bearing on settlement costs paid in that same year given that it may take several years, or frequently much longer in respect of children to be resolved. What, however, is evident is the consistency in the number of new claims for compensation being made across all three areas of law referred to, and in the number of claims being managed at any one time by the Trust.

5.   Inquests

Table 7: Number of Referrals by Trust to HM Coroner & Number of Inquest Hearings Held

Directorate	2009/2010		2010/2011		2011/2012	
	No of referrals	No of Inquests held	No of referrals	No of Inquests held	No of referrals	No of Inquests held
Acute Hospital Services	40	8	40	6	30	12
Primary Care and Community Care for Older People's Services	1	1	2	1	1	1
Mental Health and Disability Services	22	9	12	2	23	7
Children's Services	1	1	2	1	1	1
Total	**64**	**19**	**56**	**10**	**55**	**21**

Deaths occurring in the following circumstances must be referred to the Coroner;

- suicides;
- following a recent anaesthetic or an act of violence; or
- where there are concerns regarding medical or other care

The Coroner then, in discussion with the referring clinician, where appropriate, decides whether or not in the first instance a post mortem might be required to confirm cause of death in preparation for a future Inquest.

 When considered necessary an Inquest is convened not to apportion any culpability but rather to establish (i) who the deceased person was; (ii) how, when and where the person died; and (iii) any particulars required to allow the death to be registered.

The Coroner will also use these recordings of 'Findings' to note, for example, whether death was due to natural causes or as a result of an accident and similarly, where there might be issues relating to the deceased person's care or treatment which are of concern to him after hearing evidence during the Inquest.

A large number of the referrals listed in the table arise from event or accidents occurring outside the hospital, but death occurs following admission through A&E. Even when these referrals do not proceed to inquest they generate a significant volume of work for both Risk Management and other staff who are involved in, providing statements and preparing for Inquests. The media attention given to Inquests increases the need to support and prepare staff and to ensure that initial investigations are carried out to the highest possible standard.

6.   NIAIC Medical Devices Alerts

6.1   Safety Alerts are issued on behalf of the Department of Health, Social Services & Public Safety to provide safety specific guidance on the safe use of medical devices and equipment.

6.2   There are four categories of Alerts:

- Immediate Action: Used in cases where there is a risk of death or serious injury and where the recipient is expected to take immediate action on the advice.

- Action: Used where the recipient is expected to take action on the advice, where it is necessary to repeat warnings or long standing problems, or to support or follow-up manufacturers' field modifications.

- Update: Used to update the recipient about previously reported incidents or series of incidents, possibly on a topical or device group basis, and where further follow-up safety information is judged to be beneficial.

- Information Request: Used to alert users about a specific issue that may become a problem and where NIAIC are requesting feedback. These alerts will be sent out with additional questions to be completed.

6.3   The Trust's process for administering a Safety Alert communication when received from NIAIC by Risk Management Department is:

- receipt acknowledged to NIAIC

- Alert issued to nominated Trust 'lead's in Pharmacy, Estates & Community Equipment Service for advice within two working days of applicability to Trust and, if yes, to which Directorates it should be sent

- Alert sent electronically using Trust Safety Alert Management System to nominated 'lead's in each relevant Directorate for acknowledgement of receipt and dissemination within Directorate for required action as directed in Alert

- response from Directorate to Risk Management within timescale noted in Alert (can vary from three weeks to several months) confirming that required action has been completed

- confirmation issued to NIAIC that required action completed.

6.4   The number of Alerts received and administered on behalf of the Trust were as follows (calendar years):

- 2009 -   85

- 2010 -   98

- 2011 - 132

During the period January to July 2012 to date 55 Alerts have already been received and the final figure for 2012 is likely to be in excess of 100. It is a major challenge to have these processed within available resources and within required timescales.

7.   Sources of Assurance

7.1   Risk Registers

Alongside Risk Registers maintained at Directorate, departmental and other levels the Trust maintains two Risk Registers at corporate level: a Trust Risk Register (prepared on a quarterly basis) populated by all risks having a scoring of 16, 20 and 25; and: a Register of Top Risks (prepared on a bi-monthly basis) populated by those risks identified and agreed by Governance Management Board as representing the most immediate and significant threat to achievement of the Trust's corporate objectives. The Register of Top Risks in turn informs the Board Assurance Framework.

Since the establishment of the Trust there have been 16 Trust Risk Registers and 21 Trust Registers of Top Risks prepared.

7.1.1 **Table 8: Trust Risk Registers – Summary of Risk Ratings**

Version Number	Date Prepared	Total Number Of Risks	Number @		
			25	20	16
1	July 2007	91	15	40	26
2	August 2007	92	16	35	31
3	November 2007	55	6	25	18
4	28 November 2007	57	8	27	22
5	29 February 2008	83	19	36	28
6	30 June 2008	92	22	42	28
7	03 October 2008	83	18	36	29
8	27 January 2009	89	6	43	40
9	17 June 2009	100	9	47	44
10	07 October 2009	111	6	60	45
11	04 March 2010	110	7	54	49
12	22 July 2010	111	6	58	47
13	23 November 2010	111	4	56	51
14	05 April 2011	99	2	49	49
15	22 September 2011	85	3	41	41
16	31 March 2012	72	2	35	35

As will be noted from Table 8 the number of risks included in the Trust Risk Register has remained relatively similar with an average population of 90. In parallel there has been a progressive and significant reduction in the number of highest (25) rated risks included in Registers (peaking at 22 in June 2008), to 2 including in the most recent version prepared in March 2012. However, the actual level of risk represented by the risks in those registers has remained remarkably consistent at circa 150 based on the usual 3,2, & 1 formula for risks having a scoring of 25, 20 & 16 respectively.

Table 9: Trust Registers of Top Risks - Summary of Risk Ratings

Version Number	Date Prepared	Total Number Of Risks	Number @	
			25	20
1	December 2008	13	5	8
2	February 2009	14	5	9
3	February 2009	14	5	9
4	February 2009	13	5	8
5	March 2009	14	5	9
6	April 2009	13	5	8
7	April 2009	13	5	8
8	08 June 2009	13	5	8
9	18 August 2009	15	6	9
10	14 October 2009	13	5	8
11	10 December 2009	12	4	8
12	10 February 2010	12	4	8
13	22 April 2010	12	5	7
14	22 June 2010	12	5	7
15	29 September 2010	12	5	7
16	17 November 2010	13	4	8
17	21 March 2011	10	2	8
18	03 June 2011	12	3	9
19	09 September 2011	13*	2	10
20	30 November 2011	12**	2	8
21	06 March 2012	11***	1	7

*1 risk rated 16
**1 risk rated 16 and 1 rated 15
***1 risk rated 16, 1 rated 15 and 1 rated 8

The pattern noted above also broadly applies to the composition of the 21 Trust Registers of Top Risks prepared with the total number of risks included

remaining consistent at an average of 13. Similarly the ratio of risks having a rating of 25 to those with 20 holding steady at 1:2.

7.1.3 With the recent approval of a revised Trust Risk Management Strategy, including a revised Procedure for Production of Risk, a more streamlined and less bureaucratic process for preparation and maintenance of Directorate and a Corporate Risk Register will be introduced during 2012/12.

7.2 Internal Audit Reports

Summarised below are the findings from the following reviews of the Trust's arrangements for the management of risk as completed during, or in respect of 2010/11 year.

7.2.1 *Risk Management (Report dated 2/4/12)*

Level of Assurance: Satisfactory

'Weaknesses':

Priority 1 -   None identified

Priority 2 (x 8) - Review date for Risk Mgt Strategy (30/11/10) passed with current version not setting out roles and responsibilities of Governance or of Audit Committees, or of Governance Management Board
Inconsistency in having all 'Extreme' graded risks included in Trust Risk Register
Inconsistency in format of Risk Registers across the Trust
Absence of Service-level Risk Registers in two of six departments sampled with one not including risk scoring
Templates for communicating risks to Governance
 Department not considered 'user friendly'
 Inconsistencies between risks as recorded on two
 Directorate Risk Registers and the Trust Risk Register
 Inconsistency in communications being used to update and record risks
 Board Assurance Framework does not include clear actions to address some identified gaps in control and in related issues with not all updates being recorded.

7.2.2 *Incidents & Complaints Management (Follow-up Report dated 17/2/12)*

Level of Assurance: Satisfactory

'Weaknesses' (Risk Mgt only):

Priority 1 -   None identified

Priority 2 (x 3) - From a sample of six, one Serious Adverse Incident was not reported to the Governance Committee until four days post incident (Trust policy – immediate reporting). Also two incidents not initially identified as being SAIs and, of sample group none reported to HSC Board within required 72 hours
Delay in agreeing Regional Risk Grading Matrix with resultant
Delay in review and revision of Trust Incident Mgt Policy
Continued grading of incidents by Governance rather than by line managers pending approval and implementation of on-line DATIXWEB system

An action plan is developed for each audit report and progress against the actions is monitored by GMB and the appropriate Governance Committee.

7.3 **Controls Assurance Standards**

7.3.1 **Table 10: Controls Assurance Standards – Compliance Levels 2009/10 to 2011/12**

Standard	09/10 %	10/11 %	11/12
Buildings, Land, Plant & Equipment	81	84	85
Decontamination of Medical Devices	80	83	85
Emergency Planning	74	65	82
Environmental Cleanliness	81	77.5	80
Environmental Management	78	70	85
Financial Management	86	88	90
Fire Safety	85	87	80
Fleet and Transport Management	79	77	86
Food Hygiene	92	84	87
Governance	81	85	87
Health and Safety Management	76	73	76
Human Resources	86	85	87
Information and Communication Technology	73	76	79
Infection Control	95	81	85
Management of Medical Devices	72	79	80
Medicines Management	81	77	79
Purchasing and Supply Management	93	93	91

Standard	09/10 %	10/11 %	11/12
Records Management	73	78	80
Research Governance	92	92	92
Risk Management	80	81	82
Security Management	94	75	77
Waste Management	73	82	89

Of the 66 checks on compliance levels completed during the reporting period noted in Table 10 the Trust has only failed to achieve the required 'Substantive' (ie 70%) level on two occasions. During that period an average compliance level of 84% being achieved, an increase of 4% from the comparable 2010/11 average.

7.3.2   In 2011/12 the Trust achieved the required and increased 'Substantive' (ie 75%), level of compliance in all Standards with there being an increased level of compliance assessed in 19 of the 22 Standards.

7.3.3   In respect of Risk Management a level of compliance of 82% was reported representing an increase of 1% from that reported for 2010/11.

7.4   **Board Assurance Framework**

7.4.1   All Trusts are required to maintain an effective assurance framework, the purpose of which is to provide the Trust Board with a tool which facilitates effective and focussed management of the risks which threaten delivery of the corporate objectives. The framework encompasses the system of internal control and assurances across the Trust's clinical and non-clinical activities. This structured process provides evidence to support the Statement on Internal Control.

7.4.2.   During 2011/12 the assurance framework identified a number of control issues of varying significance and which have, or are continuing to be addressed so as to ensure continued achievement of the Trust's objectives.

7.5   **Statement on Internal Control**

The Chief Executive, as Accounting Officer, is required to make an annual statement on internal control (SIC) alongside the accounts of the Trust and in accordance with Departmental requirements. The SIC is a high level summary of the system of internal control and requires disclosure of any significant control or risk issue. The SIC for 2011/12 confirmed that there is a satisfactory system of Internal control designed to meet the Trust's objectives with there being an agreed plan to address weaknesses being implemented to ensure continuous improvements in this system.

8.   Key Performance Indicators

It is recommended that the following key indicators are formally adopted as a means of assessing improvements in the Trust's Risk Management arrangements. These indicators will also provide a means of alerting the Trust of possible problems with the operation or adequacy of risk management arrangements:
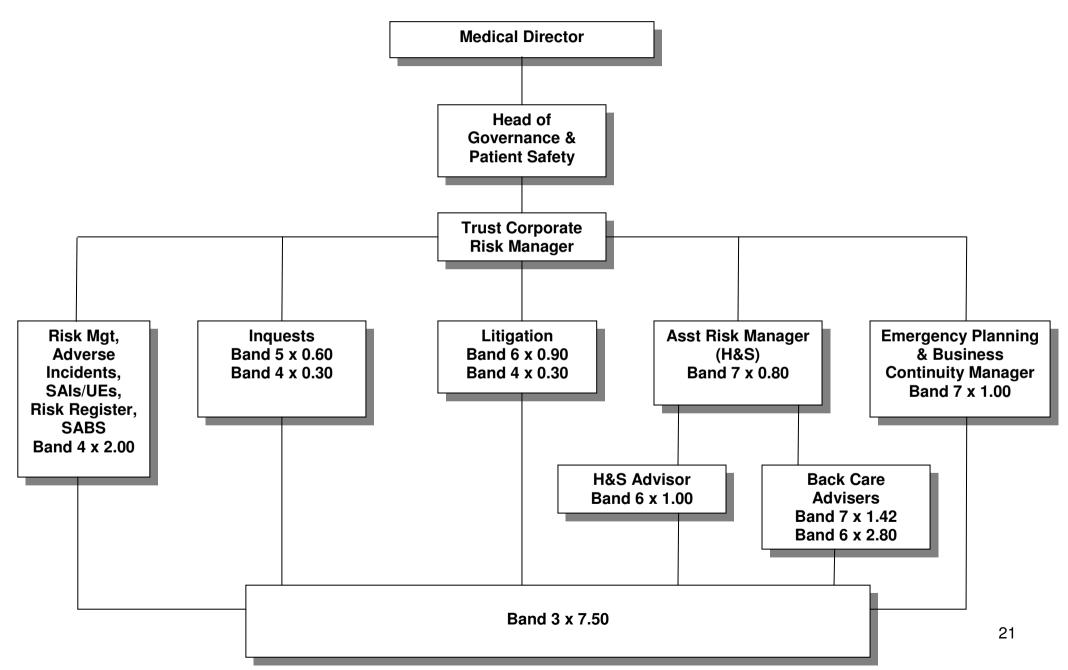
The Trust's performance against those indicators is reported (in blue) below:

8.1   **Serious Adverse Incidents**

8.1.1   Performance against Regional standards for the –

- issue of notification to HSC Board from date of incident (standard is within 72 hours of incident occurring or being discovered) -11 working days

- completion of investigation report (standard is 12 weeks/60 working days from date of notification) – 107 working days

8.1.2   Implementation of recommendations for learning and improvement Identified in investigation reports – The Trust SAI Review Group has recently begun reviewing assessments of performance in implementing recommendations.

8.2   Findings re Trust performance from investigations, reviews, audit reports etc - not currently being collated

8.2.1   Controls Assurance Standards - comparison of Trust's annual levels of compliance and against those reported Regionally on a year-on-year basis - Compliance levels from other HPSS Trusts etc not yet available from 2011/12 assessments – Exceeded, or within +/-1 of Regional average in 14 of the 22 Standards. Exceeded or equalled regional average in 173 (53%) of the 328 criterion making-up those Standards.

8.4   Presentation of Board Assurance Framework to Trust Board /Governance Committee on a quarterly basis – presented and reviewed at four meetings

8.5   Consideration of Trust Risk Register by Governance Management Board on a bi-monthly basis and by Governance Committee on at least a quarterly basis – Presented and reviewed at four meetings

8.6   Consideration of a Risk Management Report including aggregated figures summarising reported incidents, claims, Inquests etc on a bi-monthly basis by Governance Management Board and by Governance Committee – Quarterly and other Risk Management Reports presented and reviewed at five meetings.

8.7   Consideration of NIAIC Safety Alerts Performance Report by Governance Management Board and by Governance Committee at least bi-annually -

These indicators will be continue to be subject to review and evaluation and performance, particularly where not currently meeting agreed standard, will again be reported on in 2012/13.

Corporate Risk Management Organisational Structure
(All grades are WTE)

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                        ┌─────────────────────┐
                        │   Medical Director   │
                        └─────────────────────┘
                                  │
                        ┌─────────────────────┐
                        │      Head of         │
                        │   Governance &       │
                        │   Patient Safety     │
                        └─────────────────────┘
                                  │
                        ┌─────────────────────┐
                        │  Trust Corporate     │
                        │   Risk Manager       │
                        └─────────────────────┘
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Risk Mgt, Adverse Incidents, SAIs/UEs, Risk Register, SABS	Inquests	Litigation	Asst Risk Manager (H&S)	Emergency Planning & Business Continuity Manager
Band 4 x 2.00	Band 5 x 0.60 Band 4 x 0.30	Band 6 x 0.90 Band 4 x 0.30	Band 7 x 0.80	Band 7 x 1.00

H&S Advisor	Back Care Advisers
Band 6 x 1.00	Band 7 x 1.42 Band 6 x 2.80

Band 3 x 7.50