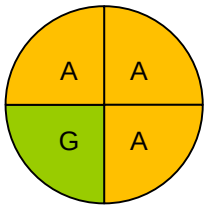
Internal Audit

Royal Edinburgh Hospital – Change in Specification Anti-Ligature

May 2017

Report Assessment



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Introduction

NHS Lothian is redeveloping the Royal Edinburgh Campus (REH) in a number of phases over the next 10 years. The existing redevelopment programme will replace inpatient facilities at the REH with modern, fit for purpose healthcare buildings. The programme builds on work agreed in the Mental Health and Wellbeing Strategy 2011 to 2016. Phase 1 of the project is focused on providing a safe, comfortable and therapeutic environment for mental health services. The estimated cost of phase 1 is £48 million and it is being delivered as a revenue funded project though the hub South East Scotland ltd.

NHS Lothian are due to take possession of phase 1 in December 2016. However, an issue emerged around anti-ligature specifications following the Health and Safety Executive interventions relating to existing REH facilities. Originally the building specification was signed off following clinical engagement as part of the wider project governance and controls. However, a subsequent change to the specification has been requested by the Operational Management Team. The Chief Executive and Corporate Management team have asked internal audit to consider the arrangements in place, and in particular focus on particular lessons learnt which can be considered in the future.

Scope

As requested by the Acting Chief Executive we will review the key end to end controls in place over the project, focusing on Governance; decision making and approvals, focused specifically on the decisions around anti-ligature.

Control objectives

The audit will consider the extent to which, focused on anti-ligature decisions:

- The governance arrangements set out at the start of the project were followed, including involvement of key stakeholders and decision makers; and agreed approvals
- Clinical engagement was undertaken, signed off and approved
- The requested change – when this was identified; the reasoning behind the changes; the approval sought and the relevant timeline
- there are suitable, robust processes in place over specification changes and these are subject to appropriate governance and risk assessments

Acknowledgements

We would like to thank all staff consulted during this review, for their assistance and cooperation.

Executive Summary

Conclusion

Overall our audit identified scope for greater clarity over anti-ligature arrangements in particular: whether anti-ligature requirements are assessed for risk per patient grouping and/or location and nature of facilities; who in particular during a new project/development is responsible for anti-ligature and clarity over ownership and decision making lines; and wider communication of relevant health and safety findings associated with anti-ligature. There is a good opportunity for management to take a step back when updating the anti-ligature policies, and to ensure this is effectively linked to the NHS Lothian approach to risk management in particular tolerance/acceptance of risk.

Summary of Findings

The table below summarises our assessment of the adequacy and effectiveness of the controls in place to meet each of the objectives agreed for this audit. Definitions of the ratings applied to each action are set out in Appendix 1.

No.	Control Objective	Control objective assessment	Number of actions by action rating			
			Critical	Significant	Important	Minor
1	The governance arrangements set out at the start of the project were followed, including involvement of key stakeholders and decision makers; and agreed approvals	**Amber**	-	2	-	-
2	Clinical engagement was undertaken, signed off and approved	**Amber**	-	1	1	-
3	The requested change – when this was identified; the reasoning behind the changes; the approval sought and the relevant timeline	**Green**	-	-	1	-
4	There are suitable, robust processes in place over specification changes and these are subject to appropriate governance and risk assessments	**Amber**	-	1	1	-

Control Objective Ratings

Action Ratings	Definition
Red	Fundamental absence or failure of controls requiring immediate attention (60 points and above).
Amber	Control objective not achieved - controls in place are inadequate or ineffective (21 – 59 points).
Green	Control objective achieved – no major weaknesses in controls but may be scope for improvement (20 points or less).

Main Findings

During the course of the review we identified four significant findings. The key finding is in relation to ensuring that the Anti-Ligature policy in place at NHS Lothian is clear and understandable, in particular clarity of ownership and accountability for Anti-Ligature arrangements and that this clarity leads to a consistent assessment of anti-ligature risks across NHS Lothian. An improved policy will then lead to clarity over anti-ligature arrangements within new projects, particularly those that span a longer period of time and how to assess the impact of anti-ligature on specific higher risk patient groups. In addition, it is important that any lessons learned from HSE notifications and/or visits are widely circulated and used to assess future practices.

Further details of each of these points and three important issues are set out in the Management Action Plan.

Management Action Plan

Control objective 1: The governance arrangements set out at the start of the project were followed, including involvement of key stakeholders and decision makers; and agreed approvals

Environmental Ligature Risk Policy	**Significant**

Observation and risk

The Environmental Ligature risk policy was last reviewed in October 2016 and supports the NHS Lothian Health and Safety Policy. The Anti-Ligature policy is 24 pages and based on our review difficult to follow and subject to interpretation. Examples include:

Purpose of policy 3.0 – "A suitable and sufficient risk assessment must be undertaken in all NHS Lothian environments where vulnerable patients are cared for. The protective and preventative measures (controls) that must be taken following such assessments will depend on the level of risk posed and must take account of the vulnerability of the service users"

4.0 Suggested vulnerable areas within in-patient services – This risk assessed based on "Site" high, medium and lower risk but doesn't link into the risk assessment of patient groups.

5.0 Definitions – Does not reflect the role of the Health and Safety executive and potential impacts subject to their review and notifications. It also cross refers to a number of other relevant policies and procedures which relate to this Anti-ligature policy and should be complied with.

6.1 Estates and capital planning projects – "Project managers should ensure that where any new buildings… that the clinical management teams responsible for the service provision in those areas are consulted in relation to any requirement for anti-ligature furniture or fittings at the design stage". This implies ownership for Anti-Ligature rests with the project manager but should this be in reality the clinical teams to drive and own.

Project managers are required to ensure that Project Directors are aware of residual risk as a result of not installing all the anti-ligature fixtures and fittings. There is a lack of clarity around what is interpreted as residual risks and also is the policy not comply or don't comply.

6.2 Responsibilities. This section sets out a range of responsibilities for the implementation of the policy from the Chief Executive through to all employees. Design project managers are to "engage with clinical management teams to ensure that consultation takes place in relation to any requirements for anti-ligature" which seems to contradict the earlier statement. Also, it is noted the list of requirements in this section is detailed and it is unclear from reading through how these responsibilities are discharged in practice.

7.0 Procedures – This talks about "vulnerable service users" but this definition is undefined

7.2 Managing the risk – This section recognises that it will be impossible to completely eliminate all environmental ligature hazards and that risks will be required to be managed

through for example individual patient teams and responsibility for determining controls lies with the senior clinical staff, informed by clinical risk assessments of the client group who use the area and by individual patient assessments. There is a risk that the policy contradicts itself in places around anti-ligature requirements and it is then unclear how and in what circumstances the policy is applied in full. There is also scope in the policy for judgement and this may result in inconsistencies. Lastly there may be a lack of clarity over whether the policy is driven by patient group only; hospital site or both which could result in differing outcomes.	
Recommendation The Anti-Ligature policy should be re-reviewed with a view to making it as clear and concise as possible eliminating any risk of confusion and clarifying respective responsibilities.	
Management Response and Action Agreed. The Executive Nurse Director has set up a working group to review the policy with regard to the Procedure on Developing NHS Lothian Policies & Procedures (January 2017). The revised policy will address all issues raised in this report. The revised NHS Lothian Environmental Ligature Risk Policy and Procedures will be redrafted by the end of August 2017 for consideration by the Risk Management Steering Group at its September 2017 meeting. Updates will be given to the June and July meetings of RMSG.	
Responsibility: Services Director, REAS	Target date: 30 September 2017

Control Objective 1: The governance arrangements set out at the start of the project were followed, including involvement of key stakeholders and decision makers; and agreed approvals	
Patient group risk assessment	**Significant**
Observation and risk Reflecting on the Anti-ligature policy; review of project documentation and discussions the NHS Lothian Senior Management Team and Board should re-look at the underlying risk assessment for Anti-Ligature to determine if all Anti-ligature fixtures and fittings should be installed and operated across all NHS Lothian sites or whether there could/should be some discretion applied recognising the different nature of the patient groups at each site/location and therefore the differing degree of risk associated with Anti-Ligature. Risk: That Anti-ligature fixtures and fittings are put in place regardless of patient group and identified risk. This may then have an impact on the "environment" NHS Lothian are intending to create for certain patient groups and may also result increased financial cost/or delivery timescales which may not have been built into the project specifications.	
Recommendation As a Senior Management Team and NHS Board there should be a clear view on anti-ligature and whether applied in all instances or aligned to risk and patient groups. This view should then be appropriately cascaded and reflected in the Anti-Ligature policy and assessments. The resultant view should also be linked back into NHS Lothian's risk management framework and appetite for risk.	
Management Response and Action The Board's Risk Appetite Statement already includes the following: "*NHS Lothian operates within a low overall risk appetite range. The Board's lowest risk appetite relates to patient and staff safety, experience and delivery of effective care."* The Board's corporate risk register already contains several risks that are pertinent to this subject, such as "facilities fit for purpose", "healthcare associated infection", "management of violence and aggression" as well as the very high risk associated with responding to the general financial challenge. The revised Environmental Ligature Risk Policy and Procedures will include a clear statement of the Board's policy on the subject, which reflects a proper holistic understanding and response to risk. This will in turn frame the measures (e.g. procedures, guidance, systems) that are put in place to implement that policy.	
Responsibility: Services Director, REAS	Target date: 30 September 2017

Control Objective 2: Clinical engagement was undertaken, signed off and approved	
Clarity of overall responsibility for Anti-Ligature compliance	**Significant**

Observation and Risk

The Anti-Ligature policy sets out responsibilities in Section 6.2. Those with responsibilities in connection with Anti-Ligature are listed as:

- Chief Executive
- Director of HR and OD (as policy owner)
- Site Directors, General Managers and Chief Nurse or equivalent
- Line/ward/departmental managers
- Design project managers
- Employees

It is unclear from reading through this section who has ultimate ownership and therefore accountability for making Anti-Ligature decisions, particularly where the decision relates to a project rather than ongoing ward assessments.

There is a risk that people have differing views of their responsibilities in relation to Anti-Ligature which may impact on decision making and/or differing interpretations of the Anti-Ligature policies.

Recommendation

Management should determine, particularly for design projects, who has overall responsibility for Anti-Ligature and the decision making process – including sign off that arrangements are in compliance with the risk assessment and policy. Once determined, suitable support and training should be established for the individual as it will vary depending on project. Once considered, this can then be reflected in the overall review and update of the Anti-ligature policy.

Management Response and Action

The Executive Nurse Director will take a corporate lead for making anti ligature decisions on behalf of the corporate management team but will, where required seek support from other Directors in any final decision making

The Procedure on Developing NHS Lothian Policies & Procedures (January 2017) requires the lead to prepare an implementation plan to accompany a draft policy, to provide assurance to the group approving the policy that it can and will be implemented. This will be done for the revised policy.

Responsibility: Services Director, REAS	Target date: 30 September 2017

Control Objective 2: Clinical engagement was undertaken, signed off and approved	
Project design specification	**Important**
Observation and Risk The various design reports in place for REH Phase 1 reference within the key factors: Anti-Ligature requirements. However on review of the interim design report and final report other than the brief reference there are no further references. In addition from review of the design specifications the clinical groups consulted talk about the project wanting to : • Be welcoming and therapeutic for patients • Serene setting • Non-clinical atmosphere • Bedrooms “non-clinical feel” These statements could be seen at odds with the requirements to address “Anti-ligature” specifications. There is a risk that the project team focus more on the design of the project and that this then could contradict with any anti-ligature requirements.	
Recommendation Management should ensure that any future design specification and amendments to current specifications are carried out in line the requirements of the Anti-Ligature policy.	
Management Response and Action It is accepted that the design for REH Phase 1 did not take into account the required anti ligature specification for such facilities following the HSE improvement notice and that the design brief may have been contradictory in meeting required anti ligature requirements. The revised Environmental Ligature Risk Policy and Procedures will ensure there is clarity.	
Responsibility: Services Director, REAS	Target date: 30 September 2017

Control Objective 3: The requested change – when this was identified; the reasoning behind the changes; the approval sought and the relevant timeline	
Determining the project design team and involvement	**Important**
Observation and Risk In the project design specification key stakeholders are listed as: Chief Nurse; Clinical Director; Head of patient environment and monitoring; Director of operations and project director; Project Manager; Capital planning manager; patient Council representation. From a look at various other project documentation differing groups were involved at differing times. However, none of the Stakeholders at design stage would necessarily focus on anti-ligature requirements, or at least not necessarily as one of their first considerations. There is a risk that anti-ligature may not form an active part of the discussion at the project design stage and once decisions are taken at design stage it is very difficult to them change a specification without additional cost and/or impacts on timelines.	
Recommendation Individual project groups identified at the design stage and then the further project stages should always include someone whose role is solely to advice and consider Anti-ligature arrangements and assessment of risks in respect of anti-ligature.	
Management Response and Action The revised Environmental Ligature Risk Policy and Procedures will ensure this recommendation can be met and at which level responsibilities lie within any project regarding environmental ligature risks.	
Responsibility: Services Director, REAS	Target date: 30 September 2017

Control Objective 4: There are suitable, robust processes in place over specification changes and these are subject to appropriate governance and risk assessments	
Communication of HSE Observations and findings	**Significant**
Observation and Risk The REH Phase 1 project started in 2013 and was completed in December 2016. Over that time period the Health and Safety Executive (HSE) undertook a number of visits to other NHS Lothian properties and this resulted in letters with informal observations and more formal notifications being issued. This included one in December 2014 and subsequent HSE formal notification follow up in February 2015. These HSE observations and formal notifications do not appear to have been formally shared with the REH Phase 1 project team at the time. Therefore there is a risk that any lessons learnt from these visits/notification were not identified and the potential for a change in specification for REH Phase 1 was not identified until much later in the project. If they had been more widely shared and communicated action may have been taken earlier in 2015 to change the specification albeit it is noted additional costs would still have been incurred.	
Recommendation Management should re-look at how HSE visits; notifications; and formal correspondence is more widely shared and the implications considered for future projects at the time. This will ensure clarity over any recommendations and implications (design and cost) at an earlier stage.	
Management Response and Action The Executive Nurse Director will agree with the Medical Director and Director of Occupational Health and Safety Services how this will be achieved and communicate appropriately utilising the Risk Management Steering Group and Health and Safety Committee.	
Responsibility: Director of Strategic Planning, Performance Reporting and Information	Target date: 30 September 2017

Control Objective 4: There are suitable, robust processes in place over specification changes and these are subject to appropriate governance and risk assessments	
Recognising longer project timetables	**Important**
Observation and Risk The REH phase 1 project lasted a period of circa 3 years. Over this time period it is recognised that if building standards changed, the specification of the project build would not change as it would still comply with the standard regulations that were enforced at the time the specification was formally signed off and approved. There could be a lack of clarity over whether for projects of the nature and scale of the REH should there be a change to the planned approach to anti-ligature, if guidelines or requirements are amended in that time period.	
Recommendation Clarity should be sought as to NHS Lothian's approach to adopting changes or additional guidance in respect of anti-ligature during a lifespan of a project, and at what point in time (if any) NHS Lothian accept the risks and that the action and decisions they have taken are reflective of the guidance and requirements in place at the time. Once this is determined this should be communicated to all relevant stakeholders and included in the revised policy.	
Management Response and Action The revised Environmental Ligature Risk Policy and Procedures will ensure this recommendation can be met and at which level responsibilities lie within any project regarding environmental ligature risks. The Director of Capital Planning and Projects and Director of Facilities will ensure project management arrangements can accommodate this recommendation.	
Responsibility: Director of Capital Planning & Projects Director of Operations - Facilities	Target date: 30 September 2017

Appendix 1 - Definition of Ratings

Management Action Ratings

Action Ratings	Definition
Critical	The issue has a material effect upon the wider organisation – 60 points
Significant	The issue is material for the subject under review – 20 points
Important	The issue is relevant for the subject under review – 10 points
Minor	This issue is a housekeeping point for the subject under review – 5 points

Control Objective Ratings

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