

EXECUTIVE SUMMARY
REPORT TO THE BOARD OF DIRECTORS
18 MAY 2011

Subject:	Progress report on STH Action Plan following Moore, Carter & Associates Review of Risk Management
Supporting Director:	Neil Riley, Trust Secretary
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PURPOSE OF THE REPORT:

To update the Board of Directors on progress against the Trust's action plan following the Moore, Carter & Associates Review of Risk Management.

KEY POINTS:

- In 2010, Moore, Carter and Associates undertook a review of the effectiveness of the Trust's arrangements for the management of risk. The findings and recommendations of the review were presented to the Board of Directors on 21 July 2010.
- There was general concern by Board members that both the presentation and the briefing pack were weak but that the underlying messages from the review gave valuable insight into the key issues around the management of risk and that opportunities for improvement should not be lost.
- The Trust Secretary led a piece of work to develop a deliverable action plan which was approved by the Board of Directors in September 2010.
- This paper is an update on progress against the action plan. It was reviewed by TEG at their April meeting.

IMPLICATIONS:

Achieve Clinical Excellence	Nil
Be Patient Focussed	Nil
Engaged Staff	Nil

RECOMMENDATION(S):

The Board of Directors is asked to **NOTE** the report.

KEY PERFORMANCE INDICATORS:

Key Performance Indicator	Desired Performance	STH Performance (specify reporting period)

MOORE, CARTER & ASSOCIATES REVIEW OF RISK MANAGEMENT PROGRESS REPORT ON STH ACTION PLAN

1 Background

- 1.1 In 2010, the Board of Directors commissioned Moore, Carter and Associates, external consultants, to undertake a review of the effectiveness of the Trust's arrangements for the management of risk.
- 1.2 The findings and recommendations of the review were presented to the Board of Directors on 21 July 2010.
- 1.3 There was general concern by Board members that both the presentation and the briefing pack were weak but that the underlying messages from the review gave valuable insight into the key issues around the management of risk and that opportunities for improvement should not be lost.
- 1.4 The Trust Secretary, the Assurance Manager and the Head of Patient and Healthcare Governance met to discuss how to take the project forward and to develop a deliverable action plan.
- 1.5 A paper summarising the main findings of the review and outlining the Trust's response to each recommendations with planned action including responsible staff and timescales for implementation was approved by the Board in September 2010
- 1.6 This paper is an update on progress against the action plan.

2 Recommendations

Moore & Carter made a number of recommendations:

- 2.1 Organise a full board discussion / workshop to ensure understanding of all key elements of excellent management of risk using detailed input from this report.

STH response: Trust Secretary to utilise part of one of the scheduled time-out sessions for the Board of Directors to debate the management of risk and future direction of travel.

Responsible person:	Trust Secretary
Timescale:	Board of Directors Strategic Session 09/12/10
Progress	Progress disrupted by need to reschedule session to Board Timeout. Session delivered on 25/03/11. Completed.

- 2.2 Appoint / nominate a Principal Risk Adviser and nominate a Board Director to whom this person reports. The PRA also needs a reporting line to the Chairman and non-executive.

STH response: This role is within the work of the Trust Secretary who is responsible for providing the Board with a quarterly top risks report and six monthly review of the assurance framework. The post holder is accountable to the Board as a whole thus ensuring that the recommendation above regarding reporting lines can be enacted through the existing arrangements.

No action required

2.3 Develop a compelling Board-owned vision & strategy using all standard consultation and change management techniques.

STH response: To be developed following the time-out session and approved by the Board of Directors in readiness for the annual review of the Risk Management Strategy and Policy, (scheduled for ratification by the Board of Directors December 2010).

Responsible persons:	Trust Secretary, Head of Patient and Healthcare Governance and Assurance Manager
Timescale:	January 2011
Comment:	Need to reschedule the review and Board ratification of the Risk Management Strategy and Policy to the Board meeting in January 2011
Progress	Progress disrupted by need to reschedule time-out session. Within rescheduled timetable, ensure Risk Management vision and strategy is informed by Corporate Strategy review. Completion by May 2011.

2.4 Set up a formal project to drive forward required changes in the management of risk, including the following work-streams:

- a. Underline where the responsibility for managing risk lies by changing the job title “Risk/Governance Lead” to “Risk Governance Adviser”

STH response: To consider as part of the review of Governance Arrangements led by the Head of Patient and Healthcare Governance, currently underway. Consideration to be given to the standardisation of core elements of the Risk Lead’s job description and formal input from Patient and Healthcare Governance / Assurance in the recruitment, induction and ongoing professional development of the Risk Leads to ensure consistency across the organisation.

Responsible person:	Head of Patient and Healthcare Governance
Timescale:	February 2011
Progress	Extend timescale to complete by September 2011 to reflect changing Patient and Healthcare Governance priorities, specifically NHSLA Level 2 assessment. Completion by September 2011.

- b. Change the organisational structure to give Risk/Governance Leads a professional/functional reporting line to the centre

STH response: As above. Consideration to be given to whether the Safety and Risk Management Board can be strengthened to provide the leadership and support required without the need for structural change.

Responsible person:	Head of Patient and Healthcare Governance
Timescale:	February 2011
Progress	<ul style="list-style-type: none"> ▪ Minutes of Safety and Risk Management Board circulated to Healthcare Governance Committee and TEG. Completed. ▪ Review of arrangements considered as part of review and approval of SRMB Terms of Reference. Completion by May 2011

- c. Define the role of risk adviser and competence framework and then design and deliver skills development programme for risk advisers.

STH response: The Head of Patient and Healthcare Governance and Assurance Manager to undertake a Training Needs Analysis and develop a professional development programme for all new Risk Leads and a series of “master classes” to raise the bar for existing Risk Leads. This will include a review of mandatory and job-specific risk management training provision for all staff with particular regard to medical staff.

Responsible persons:	Head of Patient and Healthcare Governance and Assurance Manager
Timescale:	February 2011
Progress	Progress delayed by major review and re-launch of Mandatory and Job Specific Training Policy and supporting intranet site. Trust Secretary to run initial masterclass on NASA case study.

- d. Define the “management of risk” role of the “risk takers” and include management of risk knowledge /skills development programme for CDs (and others) as part of the overall leadership development programme.

STH response: Trust Secretary to consider how to integrate appropriately within the Trust’s leadership development programme.

Responsible person:	Trust Secretary
Timescale:	May 2011
Progress	Launch of Senior Leaders Development Programme in partnership with Sheffield Hallam University Modules to including Risk Management. Start April 2011.

- e. Launch ‘Work Out’ programme to redesign and simplify the framework and all key policies and processes for managing risk, and remove completely where possible. This covers (RAMMPP) - “reports, authorisations, meetings, measure, polices and processes”.

STH response: To undertake as part of the strategy development phase and to ensure the new strategy is properly launched and appropriately embedded within the organisation.

Comment: As Moore & Carter Associates are relatively unfamiliar with the NHS, they may not have fully appreciated the constraints of the statutory and regulatory framework that the Trust operates within in and thus overestimated the flexibility to act independently e.g. the requirement to use an Assurance Framework. As a consequence of this misinterpretation, the review unfortunately understates some of the core procedural issues facing the management of risk, particularly the use of the Trust’s risk register and risk reporting and escalation.

Responsible persons:	Head of Patient and Healthcare Governance and Assurance Manager
Timescale:	February 2011
Progress	Dependent on development of the strategy – see 3 above

- f. Design comprehensive and integrated annual assurance programme and base committee reporting on this.

STH response: To be undertaken as part of the review of the Assurance Framework which will draw on good practice identified within the Audit Commission's *Taking it on Trust* and incorporate the recommendations from Internal Audit.

Responsible persons:	Trust Secretary and Assurance Manager
Timescale:	January 2011
Progress	Review completed and proposals on rebuilding the AF approved by TEG in November. Completed.

g. Review complaints handling.

STH response: This will be taken forward by the Chief Nurse/Chief Operating Officer as part of an existing work stream.

Responsible persons:	Chief Nurse/Chief Operating Officer, Deputy Chief Nurse and Head of Patient Partnership
Timescale:	Review underway
Comment:	Awaiting outcome of <i>Increasing democratic legitimacy</i> consultation due at end of 2010
Progress	As part of ongoing work, a number of developments have been introduced to incrementally improve complaints management e.g. training in complaints investigation, improved complaints recording on DATIX to facilitate better trend analysis, additional support available to care groups from the central team etc. Work is also being undertaken to intervene early to prevent or proactively manage complaints; such as writing to patients known to have a long delay in A & E or arrange meetings with complainants early in the process. The Trust will respond positively to any national initiatives as they arise.

h. Review potential culture risks raised by Staff Survey.

STH response: To be considered as part of *Let's Talk* staff engagement programme.

Responsible persons:	Director of Human Resources and Staff Engagement Coordinator
Timescale:	Ongoing
Progress	2010 Staff Survey to be reviewed and analysed. Findings to inform Staff Engagement programme under direction of Staff Engagement Steering Group. Issues raised via <i>Lets Talk</i> exercise to be addressed by three new staff engagement workstreams: Health and Wellbeing, Staff Journey and Staff Involvement. Work ongoing.

Neil Riley
Trust Secretary
March 2011