

TRUST BOARD

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| <p>Date of Meeting: 08/02/2011</p> | <p>Enclosure: 9</p> |
| | <p>Agenda Item No: 10.2</p> |
| <p>Title of Report: Governance, Risk Management and Quality Strategy Update</p> | |
| <p>Aims: This document provides the Trust Board with updates relating to the Governance, Risk Management and Quality Strategy.</p> | |
| <p>Summary: In July 2010 the Trust Board approved a new Governance, Risk and Quality Strategy, which joined together the previous separate Risk Management, Quality Improvement and Governance Strategies. The Trust Board will be aware of the significant developments which have been made during 2010 to strengthen the Trust's governance arrangements which have been centred on the Trust's six core pillars of governance. Specific updates to the Governance, Risk Management and Quality Strategy have been made to incorporate:</p> <ul style="list-style-type: none"> • The legal requirement to meet the essential standards of Safety and Quality set out by the Care Quality Commission. • Update on NHSLA standards for 2011/12 and risk assessment process. • Current status of the organisations committee structure. <p>The report outlines to the Board the specific updates which have been made to the strategy which is attached at appendix 1 of the report.</p> | |
| <p>Specific implications for consideration (Financial/Workforce/Risk/Legal/Race Equality etc):</p> | |
| <p>Financial</p> | <p>Ensures that financial governance is embedded and included in the organisation's holistic approach to governance, risk and quality.</p> |
| <p>Workforce</p> | <p>Ensures our workforce has a framework to follow for governance, risk and quality management.</p> |
| <p>Other</p> | <p>Develops our governance arrangements as an organisation.</p> |

Recommendations:

The Trust Board is asked to approve the updated Governance, Risk management and Quality Strategy.

Document previously approved by:

The Director of Nursing, Quality and Governance & Medical Director

Prepared by:

Ramona Duguid, Company Secretary

Presented by:

Chris Platton, Acting Director of Nursing, Quality and Governance

**TRUST BOARD
INTEGRATED GOVERNANCE, RISK
& QUALITY STRATEGY
FEBRUARY 2011**

1. INTRODUCTION

In July 2010 the Trust Board approved a new Governance, Risk and Quality Strategy, which joined together the previous separate Risk Management, Quality Improvement and Governance Strategies.

During quarter two and three of the current financial year, the new framework has started to be embedded across the organisation. This has resulted in refinements being required to the strategy due to the evolution of the overall development of governance as well as specific national drivers that have occurred during this time, namely the essential standards of safety and quality published by the Care Quality Commission in October 2010.

This report summarises the key changes which have been made to the strategy which is attached at appendix 1 of the report.

2. KEY UPDATES TO THE STRATEGY

2.1 Governance in practice

Section 7.3 in the strategy has been updated to provide greater clarity on how governance in practice works across the organisation and how the role of the governance delivery group supports this on a daily basis.

2.2 Quality of Care

In October 2010 the essential standards of safety and quality as set out by the Care Quality Commission became legally enforceable. A new section has been specifically added to the strategy to ensure the essential standards are integral to the Trust's strategy for ensuring safe, quality care is delivered across the organisation.

2.3 The risk management process

The Trust has reviewed the overall risk assessment and register process, which has resulted in further refinements being made to the assessment and escalation process. A key driver for this has been all risks within the organisation being entered onto one system, Ulysses. This has been a

significant step forward in the Trust's risk management arrangements to ensure we do not have individual/stand alone registers for the management of risk. The next work planned for the Ulysses system includes:

- Reviewing and updating the operational risks
- Ensuring the corporate departments are linked into the Ulysses system
- Ensuring project risk registers are entered onto the system

A new flow chart has been developed in the strategy (section 9.4.1) which describes the core steps in the risk assessment and escalation process. The flow chart also defines how operational risks and strategic risks are reviewed across the organisation.

Further detail on the risk assessment process will be outlined in a new risk assessment procedure for all staff to use, which will replace the current risk assessment policy. The main aim for the risk assessment procedure is to ensure all staff have an easy to use process for the management and escalation of risks that clearly reflects the organisations overall strategy for governance and risk management.

2.4 Supporting committee structure

In July 2010, the Trust Board also approved a new committee structure for the organisation to reflect the changes set out in the new strategy. Good progress has been made in setting up the new committee structure and supporting terms of reference for the following committees:

- Finance, Performance and Workforce Committee
- Governance and Quality Committee
- Clinical Standards Sub Committee

It is important to highlight to the Board that a significant amount of consideration has been given to the timing of setting up the new organisational capability steering group. Following discussion with the Director of Human Resources and Organisational Development, Director of Nursing, Quality and Governance and Medical Director it has been agreed that this steering group will not be progressed at this stage due to the greater organisational need of ensuring robust clinical engagement is in place given the strategic agenda the organisation faces both currently and in the future.

The Trust Partnership Forum have also started to discuss governance issues, which is also an area that should be developed to ensure links with staff side colleagues on key workforce governance issues is strengthened to contribute to the overall development of governance across the organisation.

In addition, it was agreed that the work of the Education and Training Committee and Health and Safety Committee still require direct reporting into the Governance and Quality Committee at this time.

3. **RECOMMENDATION**

The Trust Board is asked to approve the updated Governance, Risk Management and Quality Strategy.

Chris Platton

ACTING DIRECTOR OF NURSING, QUALITY & GOVERNANCE