1. **Purpose of Report (Including link to objectives)**

To update the Trust Board on the Trust’s position in meeting the higher levels of the NHSLA Risk Management Standards

2. **Summary of Key Issues for Discussion**

- The trust achieved 100% at Level 1 in February 2013
- The assessor’s report makes a small number of minor recommendations
- Lessons learned include:
  - Escalate non-performance sooner
  - There would be benefit from having a longer gap between the assessor’s informal visit, the internal assessment and the formal assessment
- A plan has been developed to achieve Level 3 in 15-18 months’ time. This will help pull through the information needed for Level 2, which will be scheduled for approximately 12 months’ time
- The high pass rate is in contrast to previous assessments. This is attributed to the use of a project manager leading up to the assessment

3. **Recommendations (Note, Approve, Discuss etc)**

The Committee is asked to note the report and support the approach proposed to Levels 2 and 3

4. **Care Quality Commission Outcomes (which apply)**

Not applicable

5. **Legal / Regulatory Implications (NHSLA / Value for Money Conclusion etc)**

There are no legal implications identified directly with the assessment.
6. **NHS Constitution**

Assurance of delivery of the Guiding Principle:
The NHS aspires to the highest standards of excellence and professionalism to provide high quality care that is safe, effective and focused on the patient experience.

NHSLA standards also encompass
- Quality of care and environment
- An organisation that meets required levels of safety
- Informed Choice
- Complaint and redress

7. **Risk (Threats or opportunities link to risk on register etc)**

Opportunity: Securing higher levels is a comparatively “quick win” to accruing savings while improving the quality and safety of care.

8. **Resources Implications (Financial / staffing)**

The achievement of the different levels of the risk management standards translates into progressive discounts in the Trust’s annual premiums. All figures are at 2012/13 prices.

At current rates the discount equates to £330,000 per annum for each level.

The investment in the interim project manager was £10,500 (including on costs)

Advice and a mock assessment are available from the assessor at £795 plus VAT for a 6 hour day. Three days at this rate will be required to achieve Levels 2 and 3 (£2,862)

9. **Equality and Diversity**

No equality or diversity implications have been identified.

10. **Communication**

When the project plan for higher levels has been approved this will be communicated to the 30 criterion leads by the NHSLA interim project manager.

11. **References to previous reports**

This report is an update on the report in July 2012

12. **Freedom of Information**

Public
1. Background

1.1. This paper describes the Trust’s progress in achieving successive levels of compliance against the NHSLA Risk Management Standards.

1.2. The NHS Litigation Authority is a not-for-profit part of the NHS. It manages negligence and other claims against the NHS in England on behalf of member organisations. The causes of claims and litigation are identified and this learning is shared with trusts to improve patient safety.

1.3. The NHSLA publishes a set of standards covering 50 criteria each year. A sample page, with the standards for Violence and Aggression, is at appendix 1. Trusts can apply to be assessed at Level 0, 1, 2 or 3 against the criteria and need to meet the standard in at least 40 of the 50 criteria. The level that can be applied for is determined by performance in the most recent assessment.

1.4. The levels apply to the same 50 criteria
   - Level 1 – Process
     Documented processes are in place that address risks to safety and quality
   - Level 2- Practice
     The requirements for Level 1 are met
     There is good evidence over a 12 month period that the documented processes for reporting and monitoring are followed and embedded in the organisation
   - Level 3 – Performance
     The requirements of Levels 1 and 2 are met
     The organisation can demonstrate learning from its monitoring and review of policies and procedures

1.5. For each Level above 0 the trust is awarded a reduction of 10% of its contribution. This currently equates to £330,000 per annum.

1.6. The trust was awarded Level 1 in February 2010, after a one month improvement period, scoring 41/50. The trust applied for Level 2 in February 2012 but scored 34/50 and was awarded Level 1. We could only apply for Level 1 for February 2013 and scored 50/50.

1.7. The Trust can apply to be assessed at Level 2 in the new financial year (2013/14) and, if successful, be assessed at Level 3 in the following financial year (2014/15). The trust could therefore achieve Level 3 within 15-18 months.

2. Assessor’s Report February 2013

2.1. The Assessor’s report is congratulatory in tone and makes a small number of minor observations and suggestions. The summary outcome table is in appendix 2.
3. Lessons Learned

3.1. The success in the recent assessment is attributed to:
   - Improvements made to the policy authorisation process following a LEAN event
   - Effective project planning, management and ownership. There was a focus on delivery and an ambition to achieve 100%
   - Having a dedicated project manager complemented by effective escalation
   - Readily available support for the project manager from Qulturum colleagues and NHSLA leads in other trusts

3.2. Challenges encountered include:
   - Several policies overlap the same areas – each needed to be updated and consistent
   - Overloaded Subject Matter Experts (SMEs)
   - Short timescale between
     o assessor’s informal visit in December 2012
     o internal assessment in January 2013
     o formal assessment in February 2013
   - The eight weeks before the assessment included Christmas, snow, changes to the executive team, preparation for Foundation Trust board-to-board, and a CQC visit; the assessment took place during half term
   - Areas that had met the standards (green) were subsequently found to have moved back into non-compliance (amber/red)
   - Late completion of documentation by SMEs prior to the assessment squeezed the time available for collation and preparation.

3.3. Other learning:
   - Directors could have been kept better informed about project progress by the project manager
   - Escalation for non-delivery could take place sooner; delay kept the project as a whole at risk of non-delivery for longer than necessary
   - Engagement with clinical staff is higher when focussed on potential benefits to patients as opposed to the collation of evidence of what has already happened

4. Strategy for Levels 2 and 3

4.1. Assuming a dedicated project manager is in place, there are two possible approaches:

   A Collate the evidence from reporting and monitoring identified in Level 1 as necessary for Level 2. Plan for assessment at Level 2 for when sufficient reporting has been accumulated. If successful, start working towards Level 3
B Engage leads in aspiring to achieving Level 3 within 15-18 months. The desire to demonstrate improvements in practice will then act to pull through the evidence required for Level 2. The changes implemented will then be ready for assessment at Level 3.

Approach A has previously been followed by the trust. It is proposed that approach B will be adopted.

4.2. Level 2 Assessment in Financial Year 2013/2014
Compliance at Level 2 is by assessment of 12 months of evidence of the policies identified at Level 1. It will be difficult to demonstrate processes are embedded much before December 2013. Current NHSLA guidance is to wait 18 months before being assessed at a higher level; this is not mandatory.

4.3. Level 3 Assessment in Financial Year 2014/2015
Level 3 requires demonstration that the evidence that policies are being implemented is reviewed and that these reviews prompt
- Changes to practice
- Changes to the policy
There also has to be demonstrable
- Learning from incidents, claims and complaints.

4.4. The processes for achieving Level 3 have been built into updated policies. Almost all criterion leads have an understanding of what would be required in their area. An assessment at Level 3 will rapidly follow successful achievement of Level 2.

5. Outline plan for achieving Levels 2 and 3

5.1. A high level implementation plan is set out in a diagram in appendix 3.

5.2. Implementing the plan will deliver Level 3 in 15-18 months (Jun-Sept 2014). The Level 2 assessment will take place next financial year following an internal assessment, at a time the trust is confident a strong result will be achieved. This could be as early as November 2013 or as late as March 2014. This will not, however, impact on the timing of the Level 3 assessment as the nature of evidence to be collated is different and will be undertaken in parallel.

5.3. The outline project has eight stages. Stage one has three parts. The first is the engagement of criterion leads and their line managers. This is to secure
- Commitment to achieving higher levels
- Clarity on what is required for Levels 2 and 3
- Agreement on the detail of what this will involve
- Agreement on the basis for escalation.
5.4. Reporting: Directors will be met individually to agree their preferred reporting format and how non-delivery should be escalated to them. This reporting will be delivered throughout the project. Updates will be provided to the Non-Clinical Governance Committee and Management Board as requested.

5.5. The second part of Stage 1, undertaken at the same time, is that the necessary evidence to be collated for Level 2 will be mapped. This will then be cross-checked with CQC requirements and reporting simplified to avoid duplication. Where evidence includes the minutes of meetings there will be engagement with chairs to
- Clarify the reasons for reports coming to the meeting
- The questions to be asked of the report
- Standards for ensuring action plans are implemented through to completion
- Ensure minutes are clear.

5.6. The third part of Stage 1 is to ensure action is in place to implement the changes identified
- From the assessor’s report of February 2013
- From the informal meeting with the assessor on early December 2012
- Throughout the preparation for the Level 1 assessment

5.7. The second stage is to support the adequate generation and collation of evidence. This will be through observing meetings and providing support and mentoring to chairs and criterion leads.

5.8. The third stage will be an informal visit by the assessor. This will provide
- Clarity on the areas where there is uncertainty in interpreting the standards
- An informal assessment for a range of areas. This will enable the trust to undertake its own internal assessment.

5.9. The fourth stage is to continue to observe groups and support criterion leads, escalating performance as necessary. This will be ongoing to the end of the project. Stage 5 is the collation of evidence and undertaking an internal Level 2 assessment. This will be followed by the implementation of changes identified during the assessment.

5.10. Stage 6 is the final collation of evidence and the formal Level 2 assessment. Assuming this is successful, Stage 7 is an internal assessment for Level 3. This will be followed by the implementation of changes identified during the assessment. Stage 8 is the final collation of evidence and the formal Level 3 assessment.

6. Risks to Delivery

6.1. The high level risks to achieving levels 2 and 3 within 15-18 months are
- Timely appointment of project manager
- Significant changes to governance structure during the life of the project
- Failure to escalate non-delivery successfully

6.2. There are more detailed risks arising from each of the criteria. From undertaking level 1 those that are already apparent and apply across more than one criterion are:
- Resources to train staff in maintaining high quality health records
- Learning from incidents, complaints and claims
- Management of health and safety
- Recording training and non-attendance of training that is not delivered by Learning and Development

6.3. Risks arising within individual criteria will be reviewed with criterion leads before being added to the project risk register if necessary.
Appendix 1

Sample page from NHSLA Risk Management Standards 2012-13

4.2 Violence & Aggression

All organisations must have an approved documented process for the prevention and management of violence and aggression.

Level 1

Your documented process must include:

a) duties

b) how the organisation carries out risk assessments for the prevention and management of violence and aggression

c) timescales for review of risk assessments

d) how action plans are developed as a result of risk assessments

e) how action plans are followed up

f) arrangements for making sure lone workers are safe

g) how the organisation trains staff, in line with the training needs analysis

h) how the organisation monitors compliance with all of the above.

Level 2

You must evidence implementation of your documented process in relation to:

— how the organisation carries out risk assessments for the prevention and management of violence and aggression

— arrangements for making sure lone workers are safe.

Level 3

You must evidence monitoring of your documented process in relation to:

— how the organisation carries out risk assessments for the prevention and management of violence and aggression

— arrangements for making sure lone workers are safe.

Where your monitoring has identified shortfalls, you must evidence that changes have been made to address them.
## Appendix 2  Summary Outcome Table from NHSLA Assessor’s Report February 2013

<table>
<thead>
<tr>
<th>Standard</th>
<th>Governance</th>
<th>Learning from Experience</th>
<th>Competent &amp; Capable Workforce</th>
<th>Safe Environment</th>
<th>Acute &amp; Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Risk Management Strategy</td>
<td>Clinical Audit</td>
<td>Corporate Induction</td>
<td>Secure Environment</td>
<td>Supervision of Medical Staff in Training</td>
</tr>
<tr>
<td>2</td>
<td>Policy on Procedural Documents</td>
<td>Incident Reporting</td>
<td>Local Induction of Permanent Staff</td>
<td>Violence &amp; Aggression</td>
<td>Patient Information &amp; Consent</td>
</tr>
<tr>
<td>3</td>
<td>High Level Risk Committee(s)</td>
<td>Concerns &amp; Complaints</td>
<td>Local Induction of Temporary Staff</td>
<td>Slips, Trips &amp; Falls (Staff &amp; Others)</td>
<td>Consent Training</td>
</tr>
<tr>
<td>5</td>
<td>Risk Register</td>
<td>Investigations</td>
<td>Training Needs Analysis</td>
<td>Moving &amp; Handling</td>
<td>Medical Devices Training</td>
</tr>
<tr>
<td>6</td>
<td>Dealing with External Recommendations</td>
<td>Analysis &amp; Improvement</td>
<td>Risk Awareness Training for Senior Management</td>
<td>Hand Hygiene Training</td>
<td>Screening Procedures</td>
</tr>
<tr>
<td>7</td>
<td>Health Records Management</td>
<td>Learning Lessons from Claims</td>
<td>Moving &amp; Handling Training</td>
<td>Inoculation Incidents</td>
<td>Diagnostic Testing Procedures</td>
</tr>
<tr>
<td>8</td>
<td>Health Record-Keeping Standards</td>
<td>Best Practice - NICE</td>
<td>Harassment &amp; Bullying</td>
<td>The Deteriorating Patient</td>
<td>Transfusion</td>
</tr>
<tr>
<td>9</td>
<td>Professional Clinical Registration</td>
<td>Best Practice - National Confidential Enquiries &amp; Inquiries</td>
<td>Supporting Staff Involved in an Incident, Complaint or Claim</td>
<td>Clinical Handover of Care</td>
<td>Venous Thromboembolism</td>
</tr>
<tr>
<td>10</td>
<td>Employment Checks</td>
<td>Being Open</td>
<td>Stress</td>
<td>Discharge</td>
<td>Medicines Management</td>
</tr>
</tbody>
</table>
# Appendix 3

## Outline Project Plan to Achieve NHSLA Levels 2 and 3

<table>
<thead>
<tr>
<th>Stage 1 Apr-Jun 2013</th>
<th>Stage 3 Jul 2013 – to end of project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engagement and commitment</td>
<td>Level 3 into practice</td>
</tr>
<tr>
<td>Criterion leads</td>
<td>Observe groups and committees</td>
</tr>
<tr>
<td>Leads’ line managers</td>
<td>Escalate</td>
</tr>
<tr>
<td>Directors</td>
<td></td>
</tr>
<tr>
<td>Chairs of groups and committees</td>
<td></td>
</tr>
<tr>
<td>Mapping Evidence</td>
<td></td>
</tr>
<tr>
<td>Standards</td>
<td></td>
</tr>
<tr>
<td>Groups</td>
<td></td>
</tr>
<tr>
<td>Committees</td>
<td></td>
</tr>
<tr>
<td>Implement details from Level 1</td>
<td></td>
</tr>
<tr>
<td>Formal assessment February 2013</td>
<td></td>
</tr>
<tr>
<td>Notes collated along the way</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stage 2 Apr-Jun 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 3 into practice</td>
</tr>
<tr>
<td>Observe groups and committees</td>
</tr>
<tr>
<td>Support, mentor</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stage 4 Aug/Sept 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Progress check</td>
</tr>
<tr>
<td>Two day informal visit by assessor</td>
</tr>
<tr>
<td>Schedule Level 2 and Level 3 assessments</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stage 5 Oct-Dec 2013</th>
<th>Stage 7 Jan - Jun 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Level 2 assessment</td>
<td>Internal Level 3 assessment</td>
</tr>
<tr>
<td>Collation of evidence</td>
<td>Collation of evidence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stage 6 Nov 2013 - Mar 2014</th>
<th>Stage 8 Jun - Jul 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 2 assessment</td>
<td>Level 3 assessment</td>
</tr>
<tr>
<td>Level 2 scheduled to ensure a high level of success</td>
<td>Level 3 no later than mid-2014</td>
</tr>
</tbody>
</table>

### Reporting

- Reporting to Management Board and Non Clinical Governance Committee as requested
- Director-focused reports or 1-2-1s as agreed (1-3 monthly)