

RWT and WHT Joint Governance and Risk Management Assurance Enabling Strategy 2024 - 2027

1. Where we are now:

Organisational failures over several years within both the public and private sectors have been attributed to poor governance or failings in risk management. The response to this has been heightened control in these areas via legislation, regulation and publications of governance codes and guidance.

Within this environment assurance has become an increasingly important concept which requires a clear description that is well understood and applied by the organisation. Accountability is further strengthened by an Annual Report and annual Governance Statement requiring public organisations to demonstrate effective and efficient controls and organisational stewardship.

The Governance and Risk Management Assurance Enabling Strategy (referred to as ‘The Strategy’) will outline key deliverables, internal arrangements and structures established to deliver sound assurance; whilst seeking to reduce the burden of bureaucracy, duplication of effort and provide a central point of expertise in relation to governance and risk management assurance.

2. Where we want to get to:

The Strategy will support delivery of the Trust objectives:

| | | |
|----------------------|--|---|
| Care | Excel in the delivery of Care |  |
| Colleagues | Support our Colleagues |  |
| Collaboration | Effective Collaboration |  |
| Communities | Improve the health and wellbeing of our Communities |  |

The Strategy is designed to deliver the following high-level aims:

- Strengthen and challenge evidence-based assurance
- Clear accountability for Risk Management demonstrated in practice
- Continuous Quality and Safety improvements through sound systems, processes and outcomes
- Strengthen governance arrangements across Trust corporate and divisional areas
- Maintain regulatory, performance and contractual standards (e.g. Care Quality Commission (CQC), Integrated Care Board, NHS Resolution (NHSR), NHS England, Department of Health etc.)
- Effective aggregation and reporting of Risk Management and Compliance information to inform quality improvement
- Provide adequate and accurate Risk Management reporting to the respective Board and senior management teams
- Enable a supportive and open culture to share learning, best practice and continuously improve the patient experience
- Continuously improve safety culture and outcomes, including reduced adverse incidents causing patient harm, litigation claims and the redress of recurring quality and safety themes.

The Governance and Risk Management Assurance Enabling Strategy will inform reporting on internal controls supporting the Board in signing off the Annual Governance Statement. The strategy will be supported by a delivery plan (Appendix 2) and a Governance and Risk Management Assurance Handbook (Appendix 3) outlining details on implementation, roles and responsibilities and structures.

3. How we will get there:

Integrated Risk Management (a prerequisite of integrated Assurance) is described as ‘the systems, processes and behaviours by which the Trust leads, directs and controls its functions in order to achieve organisational objectives, safety and quality of service’.

(Integrated Governance Handbook (2006)).

The Trusts seek to apply the coordinating principle of Integrated Governance and Risk Management to inform its intelligence and assurance of overall risk (clinical and non clinical) and to direct proactive management action.

In practice this means:

- Developing standard governance and risk management systems and processes to inform overall assurance
- Analysing Risk Management intelligence (reactive - from incident reporting, complaint and PALs feedback, claims, inquests, inspections etc.)
- Assessing Trust performance against national standards, best practice, benchmarks and regulation (proactive – risk assessment, prospective audit, compliance measurement etc)
- Identifying sources and assessing strength of assurance
- Triangulating internal and external intelligence to inform decisions, judgements and Trust assurance
- Validation and quality assurance checks on data.
- Implementing a consistent approach to data collation
- Identifying and addressing all risks/gaps within the process

At Corporate level:

The respective Trust Boards will identify the strategic risks and threats to achieving Trust objectives, as well as controls and actions to manage risks. The cascade of strategic objectives to Divisions and Directorates/Care Groups will coincide with the delegation of risks where it is relevant for local management.

The Trust Boards have set in place committee structures ([Appendix 1](#)) to oversee and manage internal controls relating to the quality, safety and compliance risks to the Trust. It is principally important that this Enabling Strategy (and supporting delivery plan [Appendix 2](#) and handbook [Appendix 3](#)) makes clear the collective responsibility of committees and their reporting groups and the individual responsibility of managers and staff for ensuring the safety of patients, staff and visitors.

The Strategy will utilise policies, systems, processes and structures to oversee operational activity and inform its decision making, evidence and assurance. Some key processes include those below (non-exhaustive):

- Incident and Risk management
- Clinical audit/National benchmarks
- National Standards and regulatory compliance
- Quality and Safety Improvement indicators
- Policy Governance.

- Internal/External/Peer review assessments and visits;
- Mortality review;
- Medical Governance;
- Management/Governance Committee reporting structures.

At operational and service levels:

Local Governance structures are key components to the Trust risk assurance framework and internal controls. They must function with a consistent discipline and formality to deliver the required assurance to the Board. Their function must be action-oriented providing effective oversight of quality and safety performance, with a real focus on process inputs and outcomes, providing challenge, triangulation and a drive for continuous improvement and assurance. Divisional governance meeting and reporting arrangements must comply with the standard structure, meeting terms of reference and reporting approved by the organisation. Divisional meeting structures will report into the Trust meeting structure outlined below. Divisional structures are responsible for providing the good governance overview and assurance in relation to local procedures and guidelines.

4. What we will do:

In addition to robust internal controls, this strategy identifies several development priorities for the coming 1- 3 years (see below). These are based on various drivers including local risk intelligence, Integrated Care Board (ICB)/system (ICS), provider collaborative objectives and national drivers/directives. Priority objectives are:

1. Governance, Assurance and Risk Management
 - Integrate and align key policies and processes for quality governance, risk and assurance across RWT/WHT.
 - Standardise Quality Governance reporting structures (where appropriate).
 - Develop and embed an Integrated Assurance team across the Trusts.
2. Patient Safety
 - Transition to the Patient Safety Incident Response Framework (PSIRF).
 - Transition to Learn from Patient Safety Events (LfpSE).
 - Increase uptake of Level 2 syllabus training.
3. CQC Single Assessment Framework (SAF)

- Establish a CQC self-assessment framework for ongoing compliance monitoring that aligns with the new SAF and enables a seamless approach to evidence enquiries, inspections, and rating reviews.
- Develop performance indicators in line with the CQC standards, quality statements and evidence criteria set by the CQC under the new Single Assessment Framework.
- Implement an internal Quality visit programme to monitor quality and safety of patient care in line with the CQC standards and new CQC quality statements.
- The Trust will further develop an IT solution to record CQC compliance/performance monitoring at different levels of the organisation.

4. Reporting Intelligence

- Align and standardise reporting (templates, systems, data sets etc)
- Information Technology (IT) System alignment
- Strengthen risk detection through timely, appropriate, and quality assured reporting through its sub-committees and groups.

It is anticipated that the strategy will be delivered within existing resources. Where new business priorities and additional resource need is identified, the Trusts' business planning process will be applied.

5. How we will know we have succeeded:

Delivery of the Enabling Strategy will be monitored and evaluated via multiple means including:

- the Trust and Divisional reporting structures – meetings evaluations
- Annual Governance Statement of internal controls
- Internal Audit opinion
- Policy Audits

Each Trust Policy underpinning this strategy identifies audit and monitoring requirements and key deliverables to inform assurance. Where policy audit and monitoring identify quality/ compliance gaps or risks, this must follow the standard process for risk assessment and escalation.

All risks to the strategy (whether strategic, corporate, and clinical/operational) will be managed on risk registers in accordance with the Risk Management Reporting policy at each Trust.

The Trusts will use hard and soft evidence as pointers to monitor the operation of the strategy and quality and safety performance. Measures include:

- Performance indicators (i.e. Nurse/Quality metrics, clinical accreditation, national performance targets, CQC surveillance data etc)
- Incidents, complaints, claims management – trends analysis

- CQC domains and Fundamental Standards assessment
- NHS Resolution claims profile
- Health and Safety compliance
- Information Governance compliance
- Patient/staff feedback
- External assessment/Inspection/Review outcomes
- Internal Quality visit programme
- Mortality and Clinical Outcomes
- National benchmarks, Independent and external assurance used for triangulation.

Responsibility for the review of quality and compliance measures and risks is assigned across the Trusts' committee and group structures and within their terms of reference.

The strategy will be reviewed every 3 years (or sooner where required to incorporate regulatory and risk development) to continually improve risk management assurance.