

CabinetOffice



Making a Difference

Review of Controls Assurance

'Making a Difference'

Review of Controls Assurance

This report is for information for all NHS Trusts, including Foundation Trusts.

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Contents

Summary of Measures	6
Executive Summary	17
Background	17
Aims of the project	18
What is Controls Assurance: The position as at 1st July 2004	18
Methodology	19
Issues, outcomes and impacts	20
Too Many Standards – Single Integrated Set of Standards	20
Central Reporting Requirements	22
Duplication of Reporting – Single Inspection Framework	23
Coherent, Streamlined Model – Single Assurance Framework	25
Duplication of Standards	26
Inappropriate and Inflexible Standards	27
Assurance Guidance	28
Continued Reduction in Bureaucracy	29
Conclusions and Next Steps	30
ANNEX A – Advisory Panel	32
ANNEX B – Background and Methodology	34

Already some of the early outcomes from this project have been implemented and below are some of the comments we received in response to the update circulated to the NHS at the beginning of August.

"I can only congratulate you and your department on such a bold decision that will benefit Health organisations massively! Thank you for your co-ordination of a very valuable piece of work." Matthew Davies, Risk Manager South Leicestershire PCT.

"When I completed the questionnaire on the Controls Assurance Standards I did not think for one minute that several months down the line, my workload would be less burdensome as a result. To be 'listened to' and feel the difference at work, even though my time has been reallocated to developing risk management processes, gives me a real feeling of satisfaction. Thank you, we can make a difference." Jacquie Grove, Head of Risk Management, Ealing PCT.

"This has turned out to be a rare occasion when it was worthwhile to take the time to express a point of view because someone listened to the concerns and comments and acted upon them. Thank you for sharing the outcome, and well done for reducing our bureaucratic burden." Vivienne Carmichael, Head of Governance Bassetlaw PCT.

"May I congratulate you and your team for the information contained within the August Update. At last a refreshing wind of common sense and I look forward to the September report." David Hewer, Head of Risk Management and Governance James Paget NHS Trust.

Summary of Measures

Outcomes	Date Action Effective
Controls Assurance Standards	
1. Controls Assurance Standards will no longer exist as a separate set of standards. Key elements of the Controls Assurance Standards will be incorporated into the new <i>Standards for Better Health</i> .	August 2004
Central Reporting Requirements	
2. DH will no longer require Trusts to report centrally on Controls Assurance.	August 2004
Duplication of Reporting – Single Inspection Framework	
3. A single inspection framework will be implemented by the Healthcare Commission to work alongside the single, integrated set of Standards for Better Health. All inspecting bodies, including the Healthcare Commission will use the Information Centre when gathering data from the NHS.	April 2005
4. The Inspection Concordat will deliver smarter, more joined up inspection programmes and streamlined information gathering that reduces the burden of inspection on healthcare staff. Some of the changes arising from the Concordat will be effective from the next full annual inspection cycle.	April 2005
5. ALBs have in place Gateway arrangements and are required to demonstrate to DH that the introduction of new requirements/ guidelines will not lead to duplication for Trust.	July 2004
6. DH will work with Arms Length Bodies to reduce duplicate information requests. Where appropriate, this will be through a system of "passporting" information.	April 2005
7. ALBs will be required to perform Regulatory Impact Assessments to assess the burden on front line staff of any potential new requirements/ guidelines to ensure that the benefit outweighs the burden, before they are agreed with DH.	December 2004
8. NHS Litigation Authority will have in place a single risk management tool for each type of trusts and with the DH and Healthcare Commission will ensure a fit with the Standards for Better Health.	April 2005

Outcomes	Date Action Effective
Coherent, Streamlined Model – Single Assurance Framework	
9. DH is developing a brief but focussed guidance note for the NHS to explain how the different governance and risk management workstreams fit together, which will be circulated in Autumn 2004.	November 2004
Standards For Better Health	
10. The Healthcare Commission will consult relevant stakeholders on the criteria underpinning the new Standards for Better Health in autumn 2004. The lessons learned from Controls Assurance, in particular the need to minimise the burden, will feed into the development of the inspection framework for the Standards for Better Health.	April 2005
11. The Healthcare Commission will ensure that any new assessment process will take account of the need to reduce burdens, and is consistent with the five principles for better regulation (proportionality, accountability, consistency, transparency and targeted).	April 2005
Assurance Guidance	
12. DH has commissioned the Health Care Standards Unit ¹ to develop some short guidance in the form of "Assurance Markers" to help the NHS ensure it has effective internal control processes in relation to the Standards for Better Health.	November 2004
Continued Reduction in Bureaucracy	
13. DH and PST will undertake some initial scoping to identify if the number of policy and legislative requirements can be reduced and assess the value it would have for front line staff.	November 2004
14. DH will have a system in place that will ensure that wherever possible 'for action' communications to the NHS which become out of date or irrelevant are cancelled.	April 2005

¹ <http://www.hcsu.org.uk/index.htm>

The following Case Studies from NHS Trusts identify what the burdens associated with Controls Assurance have meant in practical terms to the NHS and how they feel the outcomes in this report will enable improved patient care.

Coventry and Warwickshire Ambulance Trust

Coventry & Warwickshire Ambulance Service NHS Trust is a medium size ambulance trust employing approximately 650 staff.

Inappropriate Standards

The Trust found that the Controls Assurance Standards could be implemented quickly and the procedures required were already included in their Operational/Clinical, Administrative/HR, and Financial procedures, which were updated regularly. However, Malcolm Hazell, the Trust's Chief Executive explained that the Transport Standard, which should have been one of the most important and relevant to Ambulance Trusts "bore little relation to fleet



arrangements and was more of a green standard. Equally, the split between Standards was sometimes illogical, for example, the Infection Control Standard could have easily been merged with the Decontamination Standard, as both standards were, to a large extent, about preventing infections. An awful lot of Standards simply didn't fit an Ambulance Trust. For example, we perpetually had to argue with various auditing bodies, that the Catering Standard wasn't applicable."

Controls Assurance Standards were designated to responsible individuals in the Trust. There were eight people across the Trust who had responsibility for the 22 Standards and it would take them roughly a month a year to collate all of the information required for the Controls Assurance Standards. The burden wasn't

caused by having to have the procedures in place, as they were already in the Administrative/HR Financial and Operational/Clinical procedures. The problem was that audit would require evidence of procedures for each Standard. This involved stripping out the relevant bits of each Standard from existing procedures and photocopying large files of physical evidence for the internal auditors on a yearly basis and that took up roughly eight person months a year.

"There was a major focus on it at submission time", explained Malcolm, "all of the evidence had to go through the Risk Management Group, which was a full executive board meeting including the senior management team. Our key risk is not responding to 999 calls on time and Controls Assurance diverted our attention away from that."

Embedding Risk in the Organisation

Malcolm outlined that now that Controls Assurance is gone, "We'll be able to better focus on ensuring our procedures are appropriate, in date, and accurate. It will enable us to focus more on carrying out driver checks and eyesight tests – two things that weren't included in the Controls Assurance Standards. We can prioritise on our key areas of risks, without having to photocopy reams of paper as evidence. For a start, the eight people who each had to take a month out a year from their jobs to collate evidence will be able to focus on managing the risks rather than reporting on them. The risks need to be owned and understood by everyone, not a specialised job and this will give us the opportunity to be relevant and succinct in communicating the risks to staff. The paper chase that was Controls Assurance was not a true reflection of our ability to monitor risk safely. Risk Management needs to be focussed on day to day practical ways of working, not just how we think things should be done."

Greenwich Teaching Primary Care Trust

Greenwich Teaching Primary Care Trust employs over 750 people, represents 102 GPs in 47 practices and their staff and serves over 250,000 people. Richard Moss, the Head of Risk Management could spend up to three hours a week throughout the year, working on the Controls Assurance process, and around fifty people across the Trust would spend at least a day a year collating information for the reporting process and in discussion in meetings.



Boxes of Evidence

"I found myself trying to prevent the Trust becoming embroiled in work that didn't focus on the Trust's local strategic objectives", explained

Richard. "Controls Assurance had become process rather than outcome orientated, and too prescriptive, with all of the detailed policies and action plans requiring Board approval. Every year it took from January to July to get the required documentation past the board. If the requirements were adhered to by the letter the result would be boxes and boxes of evidence documents being provided for the purposes of internal audit."

The Standards were rigid and sometimes inappropriate. "I had to explain to auditors why we shouldn't have to complete all of the Standards annually; for example, the Fleet and Transport Management Standard simply wasn't relevant to us, as we only have a handful of lease cars. But we were still supposed to draft policy documents, strategies and action plans – it would take the same amount of time whether you had a fleet of ambulances or a couple of cars."

Focus on Local Strategic Objectives

Now that the Controls Assurance Standards have gone, Richard will continue to advise the Trust on managing risk, but it will enable the focus to be more on local strategic objectives and priorities. "This will ensure we can develop the right sort of assurances for our board, rather than a generic focus on the results of a subjective scoring system. In risk management terms, our locally identified risks often fell outside the Controls Assurance remit. We'll now have more time to devote to really important issues, like working to improve inter-agency communications to reduce child protection risks, for example. In the past, time I should have spent working with our teams on these things was being taken up by Controls Assurance reporting and collating of information. "

North Cumbria PCTs and Mental Health Trust

Mandy Wright, Head of Risk Management for Shared Services for three Primary Care Trusts and one Mental Health Trust in North Cumbria Non-Acute NHS Shared Services, welcomed the end of reporting on the twenty two Controls Assurance Standards. The four trusts have a staff of 3140.

Prescriptive Standards

Mandy explained that she “would spend up to four weeks a year collecting and collating data for the Controls Assurance Standards and there were ten leads at each trust spending roughly one week a year doing the same for their trust”.

Mandy found that the standards were too prescriptive and the criterion too rigid for the services it had to assess, particularly for the specialist areas such as a Mental Health. ‘Many of the standards had been designed to assess acute trust services such as for fleet and transport, where we had no vehicles’. Another example of this was the Product Liability standard where the Trusts did not produce ‘products’ but still had to comply with the standard’s criteria, to the point of writing an irrelevant policy that would not be used in practice.



Duplicate Evidence

Much of the evidence needed to demonstrate compliance for the Controls Assurance Standards duplicated that required for other inspections. For example, the NHS Litigation Authority and the Health and Safety Executive, required similar information to that provided for the Controls Assurance process, but in a slightly different format. As a result, this demanded even more hours of staffs' valuable time to prepare.

"We currently share certain services such as estates and risk management processes and work to joint policies and practices across all the Trusts. Despite this well planned, joined-up way of working, each Trusts had to produce separate copies of those policies or agreements to be inspected and reviewed by the internal auditors and other Arms Length Bodies and in effect were forced to become disjointed for inspection".

Improved Patient Experience

The time freed up from work on the Controls Assurance Standards and yearly reporting could now be applied more effectively managing and monitoring local risk issues instead of working to externally set restrictive criteria. The trusts could for example, focus on lessons learned from the adverse incident reporting analysis and apply practices to address key problems and by doing so improve the patients' healthcare experience. The key leads and risk workers who were involved in the Controls Assurance process will now be able to apply their time to specific clinical issues/services such as the clinical effectiveness of services. For example, podiatry, family planning or patient safety specifically in mental health units, this will have a real impact on the patients' experience.

James Paget Acute Trust

James Paget Acute Trust employs approximately 3000 staff who offer convenient and compassionate care within the Great Yarmouth and Lowestoft area.

Burden of Collating Data

As an Acute Trust, Controls Assurance work was focussed on the months of September and October when the standards were updated. The Risk Management team would have to react to those changes for reporting in January, which would involve collating masses of documentation.

As a result of the time taken to collate this information, the Trust found this impinged on the time required to educate staff about risk management, nurses had limited time for training and the risk management team had limited time to train staff because of the reporting.



Embedding Risk Management in the Trust

David Hwer, Head of Risk Management and Governance, said that now the key elements of Controls Assurance have been incorporated into the Standards for Better Health, “we will be better able to train the nurses and other staff and target those who would normally be missed on the rounds. We are also developing an online training package to ensure all staff have access.”

James Paget Trust's online training system will provide staff with 24 hour access, which will enable nurses who work through the night to ensure they are effectively managing risk. The programme of proactive management of risk will also enable the Trust to electronically store information, data for inspection which can then be transferred onto CD with limited fuss. This linked to a programme of proactive management of risks, actions plans and learning will ensure the effective management of risk throughout the year rather than at peak times.

David, new in post, felt that his work load would be eased in terms of being able to develop internal processes to educate staff of their responsibility to manage risk, the best risk manager being the risk taker. He explained that now that "controls assurance is dead, Trusts' now have an even greater responsibility to ensure a change to the management of risk within the culture of Trusts."

Review of Controls Assurance

Executive Summary

1. The *Making a Difference: Review of Controls Assurance*, project aims to deliver practical changes (actions) that reduce or remove unnecessary bureaucratic burdens in the NHS caused by the Controls Assurance process. This report outlines actions identified by NHS staff and agreed outcomes to reduce unnecessary bureaucracy associated with the Controls Assurance process.
2. Issues identified included duplication across standards, duplicate information requests by different organisations, inproportionality, a lack of flexibility and inappropriate standards.
3. Agreed actions will result in the end of a separate set of Controls Assurance Standards, removal of central reporting requirements, reduction in duplicate information requests and a coherent streamlined Assurance Framework that will support risk management in the NHS.

Background

4. This report features changes that will, in the short to medium term, make the most difference to the working lives of front line staff and in turn further support patient care.
5. Building on the changes presented in previous joint Department of Health (DH)/Public Sector Team (PST) *Making a Difference* projects, the DH invited PST to review the Controls Assurance Standards and the process that has developed around them. This latest project is founded upon the vision of '*Shifting the Balance of Power*' and the considerable cultural changes that have arisen from it.
6. DH commissioned a survey of front line staff and stakeholders earlier this year that identified key problem areas. The combined DH/PST project team then

held three workshops in Leeds and London with front line staff and developed practical proposals to reduce unnecessary bureaucracy. The team worked with DH to negotiate and agree changes to current processes and paperwork rather than simply proposing recommendations for change.

Aims of the project

7. The project sought to reduce the collation and reporting burden on front line staff caused by the Controls Assurance process and areas of duplication with other risk management processes.

What is Controls Assurance: The position as at 1st July 2004

8. Controls Assurance is a process that aims to provide evidence that NHS organisations are doing their reasonable best to manage themselves in meeting their objectives to protect patients, staff, the public and other stakeholders against risks of all kinds. It should not encourage Trusts to be risk averse, but to take managed risks from an informed position. It is widely regarded by front line staff as a good idea that has got out of control.
9. Twenty-two Controls Assurance Standards exist, three mandatory core Standards (Risk Management, Finance Management and Governance) and nineteen organisational standards covering many of the significant areas of risk to which NHS organisations are exposed. Each Standard brings together all of the statutory and mandatory requirements for NHS organisations for that particular subject area.
10. Standards consist of between 12 and 31 criteria and can have over five auditable examples of compliance known as examples of verification. The Controls Assurance Standards have helped the NHS to successfully embed good risk management practice into its everyday work.

11. However, NHS staff felt that the Standards lacked flexibility and were focussed on Acute Trusts. This has meant that they are sometimes inappropriate and disproportionate to the size and nature of some NHS organisations.
12. In addition, there are some areas of overlap within the standards and also with some standards and guidance developed by Arms Length Bodies (ALBs). NHS organisations initially welcomed Controls Assurance standards as guidance, but the many criteria underpinning the standards, central reporting requirements, verification procedures have meant that the NHS now consider them unnecessary and burdensome.

An Ambulance Trust Chief Executive explained that, "The burden wasn't caused by having to have the procedures in place, as they were already in the Administrative/HR Financial and Operational/Clinical procedures. The problem was that audit would require evidence of procedures for each Standard."

Methodology

13. To identify the existing burdens associated with the Controls Assurance process, in April 2004, consultants Ernst & Young developed a questionnaire for front line staff with the DH and PST. A link to the on-line questionnaire was circulated to front line NHS staff via the Chief Executives Bulletin. The responses were evenly spread across all types of Trust.
14. A series of Workshops were held, with 82 front line stakeholders from a range of Trusts across England. The Workshops aimed to test the findings of the questionnaire and to identify practical solutions to the issues identified.

15. A summary of the Workshops was circulated to front line staff to ensure that the correct issues and solutions had been captured and stakeholders were kept informed of progress and invited to contribute throughout the project. An Advisory Panel was established to ensure that the Team had consistent specialist advice throughout the project, membership of the Advisory Panel can be found in Annex A. In addition to this qualitative work, an experienced NHS Risk Manager was seconded on a part-time basis to work with the project team.

Issues, outcomes and impacts

16. Staff identified areas where they considered unnecessary paperwork and processes were burdensome and prevented staff from focussing on improved patient care.
17. Each of the outcomes is presented in the following way:
 - An overview of the issues raised by front line staff
 - A description of the outcome that has been agreed and the timetable for implementation
 - An outline of the benefits expected
18. We have chosen to illustrate the impact of the changes in the words of front line staff. By streamlining burdens, staff will be freed up to concentrate on what they do best – caring for patients. Quotations have been provided for each of the categories. These illustrate the burdens faced and provide a view on the benefits that will flow from one or more of the outcomes described in the report.

Too Many Standards – Single Integrated Set of Standards

Issues Raised by Front Line Staff

19. The key elements of the Controls Assurance Standards will be incorporated into the *Standards for Better Health*. This will enable NHS organisations to bring together good risk management practice and link it directly to strategic management and the assurance framework, to support continuous quality improvement and improved patient care.
20. NHS staff identified overlaps between the many Standards, and felt that they had too many criteria. NHS staff felt that the number of Standards forced them to focus on the process of risk management rather than actively managing risk.
21. Success against most Standards did not contribute to Trusts externally assessed performance assessments; nor was it intended to. It was clear during the consultation period that there was significant cross-over with the *Standards for Better Health*, yet the link between the two sets of standards was not always perceived by Trusts.

Agreed Outcome

22. 1st August 2004 – The Controls Assurance Standards as separate set of standards have been abolished. There will be a single integrated set of Standards for the NHS. Key elements of the Controls Assurance Standards will be incorporated into the new *Standards for Better Health*.

Benefit

23. Front line staff were spending a considerable amount of time collating information for the twenty-two Controls Assurance Standards. The abolition of the Controls Assurance Standards as a separate set of standards will significantly reduce the amount of time front line staff spend on collating information for Controls Assurance. The incorporation of Controls Assurance Standards into the Standards for Better Healthcare will prevent duplication between the two sets of standards and ensure that the assurance on controls is directly linked to the NHS objectives.

A PCT Head of Risk Management suggests that this action will mean Trusts “can stop collecting irrelevant data to keep auditors happy. Trusts will now be able to focus on an integrated approach to risk management and assurance.”

Central Reporting Requirements

Issues Raised by Front Line Staff

24. As a result of the introduction of a single integrated set of standards, the central reporting for Controls Assurance has to be rationalised. Trusts had to report on the three core Standards but only had to do those of the 19 non-core Standards relevant to their organisation. The incorrect perception of many Trusts and internal auditors were that they should work to all twenty-two Standards, even though in some instances they were inappropriate.
25. The external reporting process was of no benefit to Trusts, although the reporting tool (Reporting On Controls Assurance – ROCA) was popular. At key reporting times, significant resources were used to make central returns. The process led to a focus on completing forms and meeting deadlines rather than embedding continuous improvement into organisations.

Agreed Outcome

26. From 1st August 2004, the DH has removed the requirement for Trusts to report centrally on Controls Assurance. Boards will still need to continue to assure themselves that risks are managed effectively and this will be evidenced by the Assurance Framework that, along with the *Standards for Better Health*, will ensure that the necessary checks, controls and balances are in place locally.

Benefit

27. Front line staff across the NHS were spending a significant amount of time annually reporting centrally on Controls Assurance. The time that has been freed will enable front line staff to focus on managing risk, rather than reporting on the Controls Assurance process.

A PCT Risk Manager expects this will enable him to “stop spending so much time establishing ‘where we are’ and consequently spend more time on implementing action plans.”

Duplication of Reporting – Single Inspection Framework

Issues Raised by Front Line Staff

28. Some ALBs issued standards to the NHS. Many of these standards duplicated Controls Assurance Standards. In the case of the NHS Litigation Authority (NHSLA), the Risk Pooling Scheme for Trusts was almost identical to the Controls Assurance Risk Management Standard. Trusts were still required to input similar information at different levels of detail for DH and NHSLA.
29. The Counter Fraud and Security Management Service, the National Programme for IT and the NHS Information Authority Information Governance Toolkit, mirrored elements of the Controls Assurance Security, Information Management and Technology and Record Management standards. Again, front line staff often had to provide similar information to different organisations in different formats. The burden of reporting to ALBs duplicated the information provided for the Controls Assurance Standards and imposed a significant additional and unnecessary burden on the NHS.

One risk manager said that, “I wish that I could spend more time working with managers and clinicians to actively improve systems and give them clear messages about what they need to be doing instead of a variation of different language meaning virtually the same but not identical.”

Agreed Outcome

30. A single inspection framework will be implemented by the Healthcare Commission to work alongside the single, integrated set of Standards for Better Health. All inspecting bodies, including the Healthcare Commission will use the Information Centre when gathering data from the NHS.

31. The Inspection Concordat², published on 24th June 2004 provides a code of objectives and practices for Government and independent inspectorates to deliver smarter, more joined up inspection programmes that reduce the burden of inspection on healthcare staff. Some of the changes arising from the Concordat will be effective from the next full annual inspection cycle. A delivery plan with a timetable for implementation can be found on the Healthcare Commission website. The Healthcare Commission is leading on the implementation of the Concordat and ALBs, including the NHSLA, are signatories to the Concordat. The Concordat will lead to less inspections, fewer requests for data and information and less duplication and overlap through improved planning of inspections.
32. ALBs have in place Gateway arrangements and are required to demonstrate to DH that the introduction of requirements/guidelines will not lead to duplication for Trusts.
33. In June 2004, the findings from front line staff fed into the *Review of Arms Length Bodies*. DH will work with the ALBs to reduce duplication. Where appropriate, this will be through a system of "passporting" information. This will mean that when an organisation has provided information once, the ALB will have the responsibility of sharing that information with other interested parties.
34. ALBs are required to perform Regulatory Impact Assessments³ to assess the burden on front line staff of any potential new requirements/guidelines to ensure that the benefit outweighs the burden, before they are agreed with DH.
35. NHSLA will have in place a single risk management assessment tool for each type of Trust and with the DH and Healthcare Commission will ensure a fit with the Standards for Better Health.

² <http://www.healthcarecommission.org.uk/aboutus/whodoweworkwith/fs/en>

³ <http://www.cabinetoffice.gov.uk/regulation/ria-guidance>

Benefit

36. Duplication caused by similar information requests from different organisations will be minimised. This will free up time for front line staff, as they will have the freedom to focus on their own local priorities.

An Acute Trust Risk Manager said that this “should save staff time and allow them to concentrate on other areas as so much time is spent preparing for assessments. Staff could spend more time monitoring and progressing action plans, therefore making improvements, instead of information gathering.”

Coherent, Streamlined Model – Single Assurance Framework

Issues Raised by Front Line Staff

37. Trust Boards and NHS staff were concerned that Controls Assurance did not fit in with other related areas. For example, Integrated Governance, the Assurance Framework, the Statement of Internal Control and the *Standards for Better Health*. This caused confusion in Trusts.

Agreed Outcome

38. Trusts are expected to work to the existing Assurance Framework. The Assurance Framework should ensure the bureaucratic burden is kept to a minimum whilst maintaining an appropriate level of risk management. DH is developing a brief but focussed guidance note for the NHS to explain how the different governance and risk management workstreams fit together, which will be circulated in November 2004.

Benefit

39. Internal auditors complement the work of the risk managers to provide effective risk management and assurance in trusts, which leads to improved patient care. The related strands of DH policy are brought together into a coherent message for front line staff and the public. The focus will move away from being driven by the Controls Assurance process, towards an

understanding of how an organisation achieves its outcomes, based on board involvement and appropriate devolution to the front line, autonomy and flexibility.

40. This will give Trusts the freedom to prioritise based on the needs of local population, reduce duplication and provide better ownership leading to improved quality outcomes.

Duplication of Standards

Issues Raised by Front Line Staff

41. There was duplication of criteria within the Controls Assurance Standards. In many instances front line staff were providing the same information for a number of different Standards. This was unnecessary and burdensome. The duplication across the Standards made Controls Assurance appear to be more concerned with the process of putting information in the right boxes, rather than providing assurance that controls were in place to manage risk.

Agreed Outcome

42. The Healthcare Commission will consult relevant stakeholders on the criteria underpinning the new Standards for Better Health in autumn 2004. The lessons learned from Controls Assurance, in particular the need to minimise the burden, will feed into the development of the inspection framework for the Standards for Better Health.

Benefit

43. Front line staff no longer have to repeatedly provide the same information across the Standards. The Standards are streamlined, easier to use and less burdensome.

An Acute Trust Risk Manager – “Abolition of duplication is very important. It would be beneficial to have some sort of streamlined process but it should link to the risk register and assurance framework and help Trusts manage risk rather than just gather information.”

Inappropriate and Inflexible Standards

Issues Raised by Front Line Staff

44. Controls Assurance Standards adopted a “one size fits all” approach. Some of the Standards were inappropriate for some Trusts. For example, the Fleet Management and Transport Standard whilst invaluable for an Ambulance Trust to help them manage the risks associated with a large fleet of ambulances was of little benefit to Primary Care Trusts, which have few, if any vehicles. Similarly, the Catering Standard may have been of use to an Acute Trust, catering to large numbers of in-patients, but was not relevant to Primary Care Trusts.
45. Front line staff said the Standards had a strong Acute Trusts bias and were often inappropriate for other Trusts. There was no leadership from Departments to emphasise the flexibility to pick and choose relevant criteria within Standards, or prioritise Standards to enable Trusts to focus on key areas of risk. This had led to Trusts attempting to address issues that were not a high local priority or of little relevance to the Trust. The Controls Assurance process had become a paper chase exercise, as it was not flexible enough to make it relevant and appropriate for many Trusts.
46. The examples of verification in each Standard should have been a list from which the most appropriate and proportionate examples were used to provide evidence that controls were in place. Front line stakeholders felt that internal auditors often used the examples of verification in the Controls Assurance Standards as a checklist. This further limited the flexibility, proportionality and appropriateness of the Standards.

Agreed Outcomes

47. The Healthcare Commission will ensure that any new assessment process will take account of the need to reduce burdens, and is consistent with the five principles for better regulation (proportionality, accountability, consistency, transparency and targeted).

Benefit

48. Trusts work to the *Standards for Better Health*, which contribute directly to the Trust's objectives and improved patient care. Front line staff spend less time on inappropriate Standards and are able to focus on their local priorities, rather than a centrally imposed paper chase.

A Risk Manager in a PCT – “This would mean freedom to identify priorities according to the needs of the local population and freedom from what is increasingly seen as irrelevant and burdensome imposition of work with no clear idea as to why it is being done.”

Assurance Guidance

Issues Raised by Front Line Staff

49. Front line staff were concerned that there would be a lack of clarity about the assurances required following the introduction of the *Standards for Better Health*.

Agreed Outcome

50. DH has commissioned the Health Care Standards Unit⁴ to develop some short guidance in the form of “Assurance Markers” to help the NHS ensure it has effective internal control processes in relation to the *Standards for Better Health*.

⁴ <http://www.hcsu.org.uk/index.htm>

Benefit

51. Trusts will be clear about what they should be working towards and will be able to prepare and plan for the implementation of the new *Standards for Better Health*.
52. Assurance Markers are tools to help individual board members to ask questions about the management systems for internal control around the areas covered by the *Standards for Better Health*. Board members are required to be assured that they are satisfied with the effectiveness of their internal control processes and they need to be able to demonstrate that they have asked for appropriate assurance from their relevant managers and staff.
53. The Assurance Markers are based upon the model of internal control devised by the DH that previously underpinned controls assurance. The Assurance Markers are intended to be a starting point for promoting Board discussion of internal control within their own organisations. They are not intended for audit purposes or for any purpose of external assessment of organisational activity.

Continued Reduction in Bureaucracy

Issues Raised by Front Line Staff

54. Each Controls Assurance Standard brought together all of the legislative and policy requirements relevant to the field. There were 540 policy and legislative requirements underpinning the Controls Assurance Standards. Some of the policy and legislative requirements may no longer be extant or relevant. The process around Controls Assurance has been addressed in previous agreed outcomes. However, in order to ensure a continued reduction in bureaucracy those policy and legislative requirements that were outdated and caused unnecessary burdens on front line staff needed to be identified and removed.

Agreed Outcome

55. By November 2004 DH and PST will undertake some initial scoping to identify if the number of policy and legislative requirements can be reduced and assess the value it would have for front line staff.
56. By April 2005 DH will have a system in place that will ensure that wherever possible 'for action' communications to the NHS which become out of date or irrelevant are cancelled. This will prevent the incremental accumulation of policy guidance applicable to the service.

Benefit

57. The underlying bureaucracy caused by unnecessary policy and legislative requirements will be removed. This will ensure there is clarity in the NHS about which policy requirements are relevant and up to date. To prevent the incremental accumulation of irrelevant policy guidance NHS frontline staff may contact the DH reducing bureaucracy team to challenge any existing policy requirements which they feel are unnecessary, and the Department will investigate and if possible, respond positively to such suggestions.

Conclusions and Next Steps

58. The Government is dedicated to the reduction of the unnecessary bureaucracy burdening many areas of the public sector. This has been demonstrated over the last five years through the publication of thirteen *Making a Difference* reports. The practical actions and timetable for implementation identified in this report is just the beginning. Ensuring that they are effectively implemented is a much longer and harder task. This will be achieved through continued stakeholder support and involvement in the dissemination of these solutions back to the front line.

59. Responsibility for delivering the changes outlined in this report remains with DH and the Healthcare Commission. However, over the next year, the PST will continue to work in partnership with the key stakeholders to ensure that the solutions identified by front line staff, policy owners and the project team are delivered successfully and on time.
60. Post-implementation monitoring will be achieved through continued collaborative working with DH and the Healthcare commission and visits carried out by the PST, so that evidence from the front line is collected and progress reported periodically to Ministers.

Annex A – Advisory Panel

The project team wishes to acknowledge the valuable contribution made to this project by all members of the Project Advisory Panel. Membership of the Panel comprised a cross section of the Health Service and included both front-line staff and representatives from relevant stakeholder groups, professional bodies, government departments and patients' organisations. The members and the organisations represented are detailed below.

- DH Policy Impact and Assessment Team
- Cabinet Office Public Sector Team
- DH Healthcare Standards Team
- Health Care Standards Unit
- Head of NHS Internal Audit Development
- Head of DH Internal Audit
- NHS Confederation
- Healthcare Commission
- Richard Moss – Greenwich Primary Care Trust
- Jacquie Grove – Ealing Primary Care Trust

The role of the Advisory Panel can be defined as follows:

- Identify senior organisational leads to work collaboratively with the project team to deliver changes.
- Provide advice and support on resolving complex issues, removing obstacles to delivery and scoping alternative solutions to problem areas.
- Help the project team to specify the extent of any burdens and the benefits of changes, including the development of case studies, where appropriate.
- Contribute to communicating all actions effectively to all beneficiaries and relevant stakeholders.

ANNEX B – Background and Methodology

Public Sector Team and methodology

Unnecessary processes, paperwork and requirements erode the time front-line staff have to deliver good quality, responsive public services. The Public Sector Team (PST) is part of the Cabinet Office's Regulatory Impact Unit; its work is targeted towards removing unnecessary and bureaucratic burdens and freeing up the time of staff in the public sector.

The Public Sector Team:

- Works with front-line staff to identify bureaucratic and regulatory burdens
- Develops and implements solutions in partnership with departments and stakeholders to reduce these burdens
- Achieves tangible results that free up staff to deliver more efficient and higher quality public services

The Project team

The project team consists of civil servants (both permanent members of Cabinet Office and DH and staff on loan) and a front line stakeholder from the NHS. As a result, the team was able to draw on a diverse range of skills, knowledge and experience.

PST Contact Details

If you require any further information or clarification on the points raised in this report, please contact us at: psinfo@cabinet-office.x.gsi.gov.uk.

Alternatively please telephone us: 020-7276-2194.
Our fax number is 020-7276- 2577

Our address is: Public Sector Team, Regulatory Impact Unit, Cabinet Office,
22 Whitehall, London SW1A 2WH

DH Contact Details

The Department of Health has set up a website with information on this work:

<http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/Modernisation/BureaucracyAndGateway/fs/en>.

Previous Reports:

The RIU has completed '*Making a Difference*' projects in the following areas:

- **Reducing Post Sentencing Burdens on Front Line Staff – Prisons and Probation Paperwork (July 2004)** – was a collaborative project between the Cabinet Office's Public Sector Team, Her Majesty's Prison Service, the National Probation Service, the Home Office and the newly formed National Offender Management Service. This report outlines 103 tangible and time bound solutions agreed between Her Majesty's Prison Service, the National Probation Service, the Home Office and the Cabinet Office that will reduce or remove burdens from prison and probation staff.
- **The Healthcare Inspection Concordat (June 2004)** – Action 1 in the 'Making a Difference' Reducing Burdens in Healthcare Inspection Monitoring report concerned the development of a Healthcare Inspection

Concordat to improve co-operation between reviewing bodies. Following an agreement with the Department for Health and the Cabinet Office, the Healthcare Commission has worked closely with front line staff and managers in the NHS and key stakeholders across health services in developing the Concordat. It provides a code of objectives and practices for both Government and independent inspectorates to deliver smarter, more joined up inspection programmes that reduce the burdens of inspection on healthcare staff.

- **Reducing Burdens on Network Rail (April 2004)** – This latest report was a collaborative project with the Department for Transport. It delivers 15 practical changes to reduce or remove unnecessary bureaucratic or administrative burdens relating to data and information requirements placed on Network Rail's front line staff by a range of key rail stakeholders. These changes will free up staff time to concentrate on the important role of delivering a better rail service.
- **Reducing Bureaucracy in Central Civil Government Procurement (December 2003)** – This report aimed to drive improvements in Central Civil Government procurement processes thereby achieving better outcomes. The report delivers 24 actions in the following five broad areas; speeding up procurement processes and reducing costs, improving leadership and client capability, improving communication with the market and in government, focussing on project outcomes, and more consistent use of best practice. These actions will in the long-term speed up the process for front line staff and save businesses time and money when bidding for government work.
- **Reducing Burdens in Healthcare Inspection & Monitoring (July 2003)** – This report delivers 54 new outcomes to ensure that inspection supports improvement and reduces the burdens on healthcare professionals. The areas covered were: joining up inspections, Data and Information Flows, Healthcare Systems and Clinical Education and Training.

- **Reducing Bureaucracy and Red Tape in the Criminal Justice System (May 2003)** – This report aimed to re-balance the system in favour of victims, witnesses and communities, to deliver justice for all by building greater trust and credibility. The actions will free up front line staff, giving them more time to deliver swift, high quality justice. The report delivers 31 new outcomes in the following areas: Encounters Involving Police, Preparing For Courts, Prosecution, and Post Verdict Processes. They complement and integrate with the work of the Policing Bureaucracy Task Force.
- **Reducing Red Tape and Bureaucracy in Schools – Second report (March 2003)** – This report delivers 125 new outcomes in the following areas: Pupil Management Issues, Special Education Needs (SEN), Assessment and Examinations, Raising Standards, Communicating with Schools, Statistics and Information Management, interface with other Departments and Agencies, and Staffing Issues.
- **Reducing Burdens in Hospitals (July 2002)** – This report identifies 40 changes to reduce or remove burdens affecting a range of hospital professionals. These changes are presented as three key themes: the patient journey, information flows and quality.
- **Reducing Burdens on General Practitioners – Second report (June 2002)** – Outlines fifteen new outcomes; savings are estimated as being a further 3.2 million GP appointments, an additional 2.7 million hours and the removal of up to 80,000 requests for medical information.
- **Reducing Red Tape and Bureaucracy in Local Government (February 2002)** – This report includes greater freedoms for local administrations on statutory planning, legal consents from central government, children's services, and wider flexibility in the ways services are provided and paid for.

- **Reducing General Practitioner (GP) Paperwork (March 2001)** – 36 actions freeing up approximately 750,000 hours of GPs time, as well as eliminating 7.2 million GP unnecessary appointments.
- **Reducing School Paperwork (December 2000)** – Reporting on measures to save an estimated 4.5 million hours for primary school head teachers per year.
- **Reducing Police Paperwork (April 2000)** – Reporting on measures to save an estimated 166,000 hours of police time, equivalent to 90 police officers.

All of these reports can be downloaded free of charge from the RIU web-site, at the following web address:

<http://www.cabinet-office.gov.uk/regulation/PublicSector/reports.htm>

Current Projects:

In addition to previous reports, work is being undertaken on a further four 'Making a Difference' projects to tackle other topics where bureaucratic burdens exist:

- **Children, Young People and Families (CYPF)** – is a new project with the CYPF Directorate within the Department for Education and Skills (DfES). This collaborative *Making a Difference* project will be conducted as a three-stage study, supplementing the work currently undertaken by the Children, Young People and Families Directorate to prepare for the implementation of reforms that have been proposed by the recent Green Paper "*Every Child Matters*".

- In addition an internal consultancy project on **Special Education Needs (SEN)** has recently been undertaken with the SEN Directorate within the Department for Education and Skills (DfES). The project focuses on streamlining the paperwork and procedures surrounding the implementation of SEN requirements at the front line.
- We are currently exploring the scope for a project to reduce bureaucratic burdens for front line staff who provide 'grass-roots', **community based sports and public recreation services**. Our early work suggests that issues will include the complex organisational structure and a wide range of different funding paperwork.
- This collaborative *Making a Difference* project on the **bereavement journey** followed an independent scoping study by PST to assess the concerns raised by the Parliamentary Commissioner for Administration (PCA) last April that the number of transactions and form-filling faced by a member of the public was numerous and bureaucratic. 550,000 deaths occur each year in England and Wales. NHS doctors and GPs, Civil Registrars, Probate, Inland Revenue, DWP and Local Government Departments are the main public sector interface with bereaved relatives or representatives.

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