



Risk Management Strategy – Implementation Slides
Head of Quality & Risk
June 2016

What's Changed?

- Refresh undertaken February & June 2016
- Roles & responsibilities updated
- Risk Assessment Review Frequencies
- Risk Management Reporting Structure (Primary Care)
- Confidential Risks
- Acceptable/unacceptable/significant unacceptable risks
- Risk Register
- Board Assurance Framework
- Monitoring & Review
- Training & New Strategy
- Quick Guide to Risk Management



Roles & Responsibilities

- Now includes reference to Associate Director of Operations
- All staff responsibilities should be noted
- Ownership at departmental level has been a weakness previously
- Use of Datix as a management system



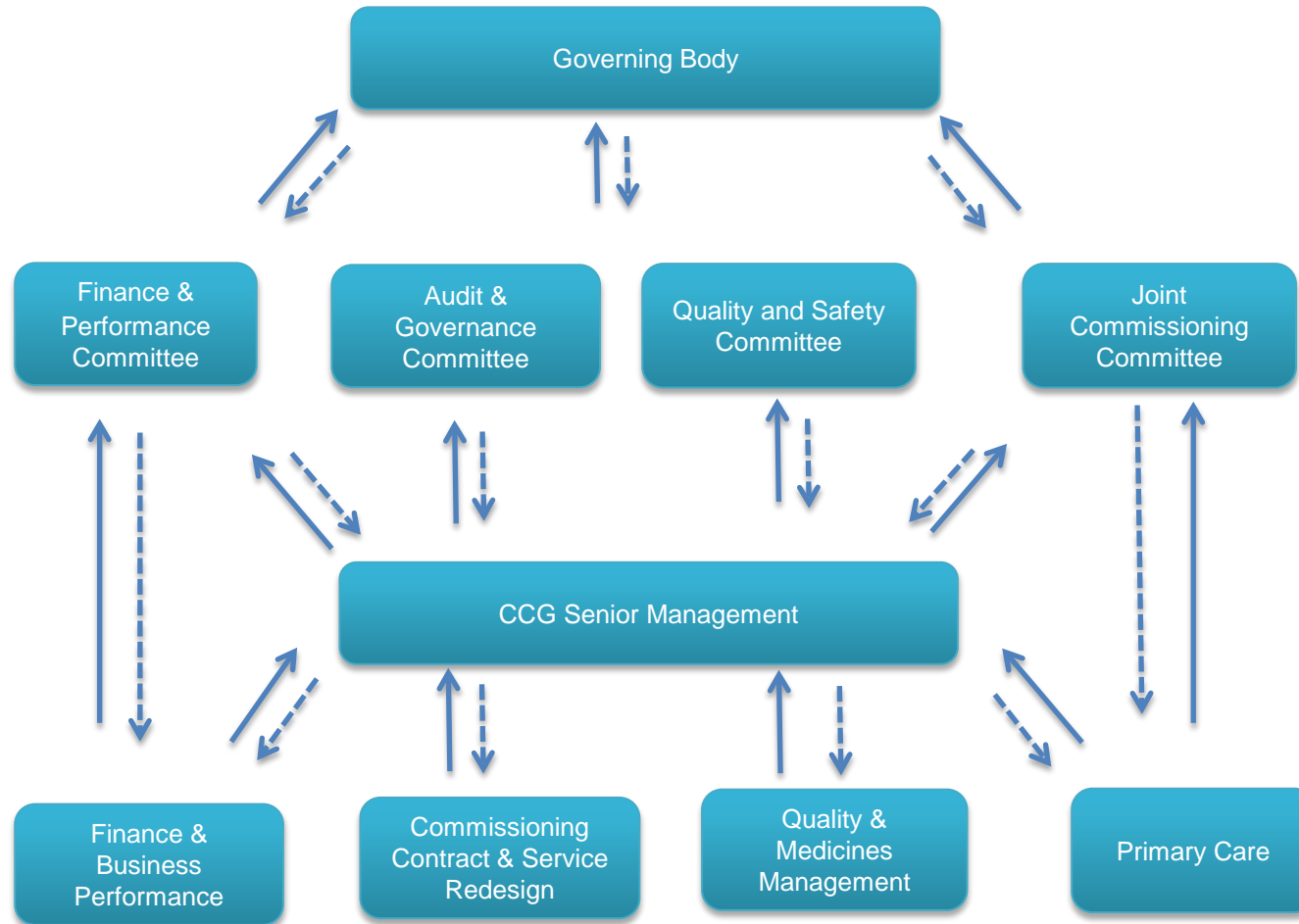
Risk Assessment Review

Frequencies have changed to:-

- Red Risk (Score 15-25) <3 months
- Amber Risk 3-6 months (8-12)
- Green Risk 6-12 months (1-6)



Risk Management Reporting Structure



Confidential Risks

- New section following learning from incident in 2015
- Select in Datix if content is confidential & shouldn't be shared in reports or content is sensitive
- Detail will be excluded from reports to committee's and groups to maintain confidentiality/sensitivity of content



Risk Levels

- Acceptable Risks – Risks in the low (green) category are considered acceptable and require less frequent review.
- Unacceptable Risks – Risks in the medium (amber) category will be considered unacceptable if there are efforts required to reduce the risk further.
- Significant Unacceptable Risks – Risks in the extreme (red) category that require immediate action to manage the risk.



Risk Registers

- Risk Register Template is different
- Implemented April 2016

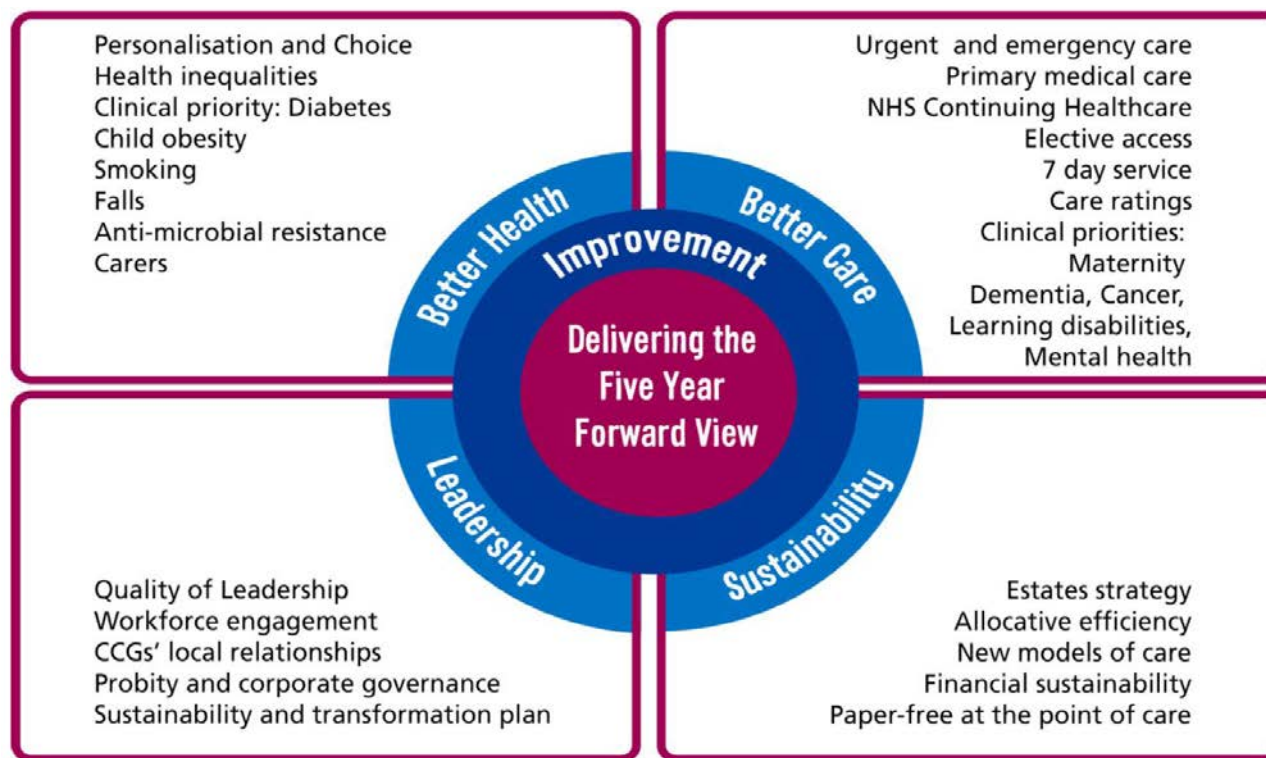
ID	Title	Open ed	Description	Delivery Board	H arm	Risk level (initial)	Ratin g (initial)	Mitigating	Residu al Risk Level	Rating (current)	Risk Review Summar y	Acceptable Risk Level	Rating (Target)	Target Score - Achieved Date	B - Gaps	Handle r	*Director	Close d date	Confidential Data
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ID	Title	Open ed	Description	Harm	Risk level (initial)	Rating (initial)	Controls in place	Risk level (current)	Rating (current)	Risk Review Summary	Rating (Target)	Target Score - Achieved Date	B - Gaps
345	Children who display sexually harmful behaviour.	06/12/2014	The Commissioner (5 Fellows) made aware by colleagues in local authority and RWT that a potential gap exists regarding referral and treatment of children who display sexual harmful behaviour.	Children who have displayed or who are at risk of displaying this behaviour to other children including siblings may not have access to the appropriate levels of specialist clinical intervention and risk management. SFellows looking into this as matter of urgency.	High	15	The Inspire service (bcpft) currently provides this service to children with a learning disability. Gap appears to be around children who have mental health difficulties. SF has asked for necessary details regarding this. These are children that to best of SF's knowledge are in looked after children patients or supported by youth offending team.	High	15	<p>9.12.15 - reviewed by Mai Gibbons/Dawn Bowden on behalf of 5 Fellows. Commissioning are in the process of procuring AIMS training for staff employed by BCPFT to enable them to accept referrals for SHB. The YOT have already completed this training and can provide a service for those young people known to the YOT. Until BCPFT have completed AIMS training, this remains a high risk.</p> <p>27.01.16 Referrals managed on a spot purchase basis. Training being sourced by commissioner for BCPFT staff to be paid for from CAMHS TRANSFORMATION funds.</p> <p>4.11.15 - Support provided by BCPFT as below. Training to be scoped and procured. Care pathway to be described. Commissioner to be made aware of any actual gaps so that services can be specifically procured.</p> <p>3.09.15 BCPFT continue to provide support via INSPIRE. Individual cases with additional needs addressed via con...</p>	Moderate	12	Gap appears to be around children who have mental health difficulties.

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Board Assurance Framework



BAF Reporting Template now changed



Monitoring & Review

- Quarterly Reporting to:-
 - Quality & Safety Committee
 - Audit & Governance Committee
 - Governing Body (Executive Nurse Report)
- Scorecard of indicators taken from key areas of the strategy to provide assurance that the strategy is being actively applied and it's effectiveness (see handout)



Part 1 : Strategy		
Indicator Description	What this will tell us	Assurance
Meet suggested NHSLA Risk Management and ISO 31000 standards as defined within the strategy.	The CCG does/does not have a suitably embedded risk management framework in line with ISO 3100.	
Implement Wolverhampton CCG strategy (ie Risk Management Structure, Framework & Process) as per ISO 3100	The CCG has a robust procedure in place for identification and management of risk that is included in the implementation plan.	
Completed risk assessments/datix risk entries are fully completed including the provision of assurance information.	Risks are being recorded correctly & the information in reports is timely & accurate for the audience(s).	
Risk Registers utilising Datix software are fully in place including a range of types of risk in each department and at corporate level.	There is evidence of effective management of risk within the CCG.	
Applicable staff attend a Team Briefing using the strategy training presentation as a form of information and instruction on Risk Management Training.	That heads of department and their staff have been well-informed of their role and responsibility for risk management. Specifically each are/function that are being maintained to the expected standard.	
A Board Assurance Framework exists in line with the requirements of the strategy and is approved by the Governing Body at the beginning of each financial year and they received regular updates on performance & advocate action required to address gaps in assurance.	The Board Assurance Framework is in place and endorsed by the Governing Body who are clear on where the gaps in assurance are for the organization & the actions being taken to address them.	
Risk register reporting to responsible forums and persons	Risk register is challenged at SMT by a deep dive into specific risks to ensure risk entries are scored and accurately reflect the latest position.	



Part 2 : Training & Monitoring

Requirement	Assurance	Action Required for Improvement
Strategy Implementation Training Presentation <ul style="list-style-type: none"> • GPs • All CCG Staff • Board Members 	Groups/forums receiving this information include..... Induction of new staff.....	
Risk Profiling <ul style="list-style-type: none"> • Heads of Service, Directors & PDB Chairs 	Risk profiles have been reviewed forthis has attended byand identified.....	
Use of Datix System <ul style="list-style-type: none"> • Nominated Team Members • Heads of Service • Directors 	Our monthly review of Datix has identified use by and the following issues.....	
Risk Assessment <ul style="list-style-type: none"> • New Risks • Suitability of Updates/Reviews 	There have been new risks captured on the register as follows:- <ul style="list-style-type: none"> • • Risk reviews are/are not taking place etc etc include numbers and issues	
Risk Registers <ul style="list-style-type: none"> • Produced & Utilised by which forums • Numbers of Red/Amber/Green Risks • Overdue Risks • Escalations to Heads of Service/Director(s) 	The following forums routinely receive Risk Register Reports and are included on their meeting agendas (please list) There are ... red etc etc on the register There are overdue risks Teams have been reminded, escalations during this period have been to..... due to	
Board Assurance Framework <ul style="list-style-type: none"> • Senior Management Team • Quality & Safety Committee • Board Members 	Reporting Challenge Guidance/Changes to Content Audit	



Training

Area	Staff Group	Method	Contact	Frequency
Strategy Implementation Training Presentation	GPs All CCG staff and Board Members	Strategy Implementation Presentation slides, Team meetings, staff briefings, presentation on internet.	Head of Service, Quality and Risk Team	Annual
Risk Profiling	Heads of Service Directors and PDB Chairs	1:1 or Group Exercise	Quality Assurance Officer (DB)	Annual
Use of Datix System	Nominated Team Members Heads of Service Directors	Group Demonstration	Quality Assurance Officer (DB)	Annual Refresher (as required)
Risk Assessment		Documented Guidance (via intranet)		
Risk Registers		1:1/Group Demonstration for Heads of Service/Directors		
Board Assurance Framework	Senior Management Team Quality & Safety Committee Audit & Governance Committee Board Members	Report or Presentation	Head of Quality & Risk	Annual



Risk Profile Review

- Review team/service/portfolio profile
- Existing Risk Register as a starting point
- Use risk profile template
- Arrange review with support from Quality Assurance Co-ordinator
- Update Datix
- Monitor & Review



Questions??

**If you have any queries please contact the
Quality & Risk Team who will be happy to help😊**

