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NHS Dorset Clinical Commissioning Group Governing Body Dorset CCG Risk Management Processes

Date of the meeting	17/07/2013
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Purpose of report	To provide an overview of the proposed changes to the risk management reporting processes for Dorset CCG.
Recommendation	The Governing Body is asked to Approve the report.
Resource implications	Within current resources of organisation
Link to strategic objectives	<ul style="list-style-type: none">• Services designed around patients• Preventing ill health and inequalities• Sustainable healthcare services• Care closer to home
Risk assurance Impact on high level risks	Relates to the whole of risk management
Privacy impact assessment	N/A
Outcome of equality impact assessment process	N/A
Actions to address impact	N/A
Legal implications	None.
Freedom of information	unrestricted
Public and patient involvement	None.
Current status	GREEN
Trend	

1. Introduction

- 1.1 This paper sets out the revisions to the risk management processes and reporting for NHS Dorset Clinical Commissioning Group. Following discussion with the Governing Body Secretary and General Counsel the patient safety team were asked to review the level and types of risks that are reported to the Governing Body, Audit and Quality Committee, Directors Meetings and Quality Group whilst maintaining compliance with the Department of Health's guidance on Assurance Frameworks.
- 1.2 At the highest level the Board Assurance Framework should provide a structured process that enables the CCG to focus on those risks that could compromise the achievement of its annual aims and objectives. The role of the Governing Body is to satisfy itself that there are sufficient controls in place to mitigate against these risks.

2. Responsibilities

Governing Body

- 2.1 It is proposed that the Governing Body review the full Organisational Assurance Framework once a year in April to approve the opening position of the framework and a mid-year review in October. The mid-year review in October will not include those risks that have been mitigated as fully as possible but remain risks (these will still be viewable monthly via the Board portal). At all meetings it is proposed that the Governing Body will review those risks identified that could, if not mitigated, impact on the delivery of the strategic aims of the organisation. This will be facilitated by the development of a high level Governing Body Assurance Framework filter to the current Assurance Framework. The report submitted to the Governing Body will also summarise new risks and risks that have closed since the previous meeting and those that are scored above 15 (i.e. the highest risks to the organisation – scored as red). In addition the full organisational Assurance Framework will be published on a monthly basis via the Board Portal and it will be member's responsibility to review it and question any gaps that they feel there are in relation to Assurance.

Audit and Quality Committee

- 2.2 It is proposed that the Audit and Quality Committee review the full organisational Assurance Framework on a quarterly basis. This Committee takes on the delegated responsibility from the Governing Body to fulfil this function. The report submitted to the Audit and Quality Committee will also summarise new risks and risks that have closed since the previous meeting and those that are scored above 15 (i.e. all risks that are classified as red risks).

Directors Meetings

- 2.3 It is proposed that Directors will receive a monthly report on those risks that have been created since they last met, those risks that are closed, those that are scored above 15 (i.e. all risks that are classified as red risks) and a report summarising those risks that have not been updated in two consecutive months. It is proposed that every third meeting the Directors will receive the full Assurance Framework. In addition the full organisational Assurance Framework will be published on a monthly basis via the Board Portal and it will be member's responsibility to review it and question any gaps that they feel there are in relation to Assurance.

Quality Group

- 2.4 It is proposed that the Quality Group will review the full organisational Assurance Framework on a quarterly basis as part of the Patient Safety report. The Patient Safety report will also summarise new risks and risks that have closed since the previous meeting and those that are scored above 15 (i.e. all risks that are classified as high risk). This report will also contain a summary of Serious Incidents and adverse incidents.

The Patient Safety and Risk Team

- 2.5 It is proposed that members of the Patient Safety and Risk team will meet with identified risk leads on a monthly basis to review current risks, identify new risks and identify risks for closure. These updates will then be confirmed by the lead Director for each risk (sign-off form to confirm). The lead Director will also assess which risks should be escalated to the new Governing Body Assurance Framework as described above. Templates and standard reports have been devised to report to the meetings as described above. The Patient Safety and Risk Team will also be responsible for ensuring that a monthly report on the full organisational Assurance Framework is submitted for uploading to the Board portal.

3. Conclusion

- 3.1 The Governing Body is asked to approve this process for managing risk and assurance in Dorset Clinical Commissioning Group.

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