

Policy Library Pro Forma

This information will be used to add a policy, procedure, guidance or strategy to the Policy Library.

Title: Quality and Risk Management Policy to support Health Contracts.

Aim / Summary: Sets out the policy for the promotion and management of quality and identification, mitigation of risk associated with health contracts commissioned by Nottinghamshire County Council.

Document type (please choose one)

Policy	<input checked="" type="checkbox"/>	Guidance	<input type="checkbox"/>
Strategy	<input type="checkbox"/>	Procedure	<input type="checkbox"/>

Approved by:

Version number: 1

Date approved:

Proposed review date: March 2015

Subject Areas (choose all relevant)

About the Council	<input checked="" type="checkbox"/>	Older people	<input checked="" type="checkbox"/>
Births, Deaths, Marriages	<input type="checkbox"/>	Parking	<input type="checkbox"/>
Business	<input type="checkbox"/>	Recycling and Waste	<input type="checkbox"/>
Children and Families	<input checked="" type="checkbox"/>	Roads	<input type="checkbox"/>
Countryside & Environment	<input type="checkbox"/>	Schools	<input type="checkbox"/>
History and Heritage	<input type="checkbox"/>	Social Care	<input type="checkbox"/>
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Leisure	<input type="checkbox"/>	Travel and Transport	<input type="checkbox"/>
libraries	<input type="checkbox"/>	Public Health	<input checked="" type="checkbox"/>

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Please include any supporting documents	
1. Public Health Governance (currently draft)	
2. Risk Management Strategy.	
3. Policy for reporting and management of incidents & near misses including Serious Incidents (SIs).	
4. Procedure for reporting incidents near misses and SIs.	
5. Complaints Policy.	
6. Links to NCC Corporate Risk Management Strategy	
7. Procedure for the Management of Claims.	
8. Health and Safety Policy	
9. Performance and Quality Framework to support commissioning of Health Contracts	
Review date	Amendments

Quality and Risk Management Policy to support Health Contracts

Context

1. Following the implementation of the Health and Social Care Act 2012 (H&SCA 2012) and the new duty of upper tier and unitary local authorities to take steps to improve the health of their populations, Nottinghamshire County Council has taken forward a number of steps to commission services locally to meet the responsibilities and functions to secure delivery of a range of health services, supported by a ring fenced budget for public health.
2. The H&SCA 2012 required the transfer of some Public Health (PH) NHS contracts to Local Authorities. A number of these contracts include clinical commissioned services for the provision of clinical procedures for example substance misuse i.e. GP prescribing and pharmacy dispensing of controlled drugs and sexual health services that include clinical procedures. Assurance is required that any procedure undertaken by a provider is managed with due regard to appropriate clinical competencies. Assurance can be sought through adherence to the Care Quality Commission (CQC) guidance nonetheless, Nottinghamshire County Council (NCC) must have an internal assurance process to protect citizens and manage clinical risk accordingly.
3. There are three dimensions of quality, all of which must be present in order to provide a high quality services:
 - a. Clinical effectiveness- high quality care which is delivered according to the best evidence as to what is clinically effective in improving an individual's health outcomes
 - b. Safety –high quality care is care which is delivered so as to prevent all avoidable harm and risk to the individual's safety
 - c. Patient experience – high quality care is care which looks to give the individual as positive an experience of receiving and recovering from the care possible, including being treated according to what that individual wants or needs, and with compassion, dignity and respect.
4. The terms patient/service user or citizen are used interchangeable throughout the policy and refer to all residents in the County of Nottinghamshire or registered with a Nottinghamshire County General Practitioner. Resident and registered populations are both covered within this policy.
5. This policy is aligned to the Nottinghamshire County Council Corporate Risk Management Strategy and is an appendix to draft Public Health Governance Framework(*file path Q:\Corporate, Governance & Assurance\PH Governance*) and should be read alongside that document.
6. All health services commissioned by Nottinghamshire County Council as part of the PH function require robust quality and risk management processes to ensure that quality standards and service user/patient safety are continually improved and that risks are proactively anticipated and appropriately managed through the application of clear risk reduction measures.
7. The policy outlines the quality and risk structure and processes that enable the organisation

to commission and improve the quality and safety of health services that are directly commissioned by the NCC. The policy outlines internal and system wide mechanisms that provide assurance in relation to delivery of quality services, the review of quality and safety standards, processes for monitoring, reporting and escalating concerns and breeches in relation to the quality of care, quality standards and safeguards and associated risks management and mitigation. The policy explains how lessons learnt are shared and actions implemented, alongside national lessons learnt (for example Francis Report 2012).

8. The policy also outlines the risk management process relating to health contracts, how risks are managed, mitigated against, the likelihood of occurrence and their potential impact on the successful achievement of PH and NCC objectives, NCC Strategic Plan and the Health and Wellbeing Board Strategy.

Scope of this policy

9. The policy applies to all health services contracted by Nottinghamshire County Council as part of PH responsibilities.

Principles and Commitments

10. The purpose of this Quality and Risk Management Policy (to support PH Contracts) is:

- To ensure structures and processes are in place to support a culture of high quality service delivery and safety, embedding of quality standards, with a focus on continual improvement, with the assessment and management of associated risks
- To promote and support a culture of accountability for quality, safety and risk management
- To state principles of openness, transparency and candour in relation to the promotion of quality, safety and risk reduction, where lessons learnt are shared and acted upon in a timely way
- To assure the public, patients, staff and partner organisations that NCC is committed to ensuring that there is a culture of continual improvement of quality and quality standards within commissioned Public Health services, with the appropriate identification and management of associated risks

Key actions to meet the commitments set out in the policy

ACCOUNTABILITIES FOR QUALITY AND RISK

The Chief Executive

11. The Chief Executive has overall accountability for the management of risk and is responsible for:

- Continually promoting quality, safety and risk management and demonstrating leadership, involvement and support
- Ensuring an appropriate committee structure is in place, with regular reports to the Nottinghamshire County Council Policy Committee, through the Risk, Safety and Emergency Response Board (RSEB)

- Ensuring that Lead Officers with managerial responsibility for quality and risk management are clearly identified
- Ensuring appropriate policies, procedures and guidelines are in place

The Health and Wellbeing Board

11. The core functions of the Health and Wellbeing Board are set out in legislation and cover the following areas:

- The production of a Joint Strategic Needs Assessment including Pharmaceutical Needs Assessment
- The development of a Health and Wellbeing Strategy for the county that improves health outcomes
- Promotion of integrated working between the NHS, local government, the criminal justice system, as well as commissioners and providers of services
- Provision of support and advice to encourage close working relationships between the Board and commissioners and providers of health or social care services

Nottinghamshire County Council Policy Committee

12. In relation to this policy the Policy Committee is responsible for:

- The Nottinghamshire County Council Risk Management Strategy and has responsibility for monitoring and reviewing the overall performance of the Council
- Remaining statutory overview and scrutiny powers except those delegated to a health scrutiny committee
- The discharge of all functions and exercise of all powers of Nottinghamshire County Council not expressly reserved to the Full Council or to any other part of Nottinghamshire County Council by statute or by this Constitution

The Director of Public Health

13. The Director of Public Health (DPH) is one of three sponsoring Directors for Health and Wellbeing and is the lead director for quality and risk management relating to the PH contracts and is responsible for:

- Emergency Accountable Officer in relation to all PH contracts including associate contracts with the NHS and is the Medical Lead relating to these contracts
- Ensuring quality standards, safety and risk management systems relating to PH contracts are in place
- Ensuring that Serious Incidents (SIs) are reported by Care Quality Commission (CQC) registered providers to the NHS Commissioning Board (NHS CB) via the National Reporting and Learning System (NRLS)
- Ensuring that SIs from providers who are not CQC registered trigger a locally agreed

investigative process detailed in the policy

- Overseeing the management of risks as determined by the NCC Policy Committee, through the Risk, Safety and Emergency Response Board (RSERB)
- Ensuring risk action plans are put in place, regularly monitored and implemented
- Ensuring that the Public Health Directorate is a member of, RSERB and, if nominated by Nottinghamshire County Council the local Quality Surveillance Groups (QSGs)
- Providing assurance reports to the Nottinghamshire County Council RSERB
- Working with NHS CB Area Teams to provide at least an annual summary to the Policy Committee outlining NCC progress (as a commissioner of clinical services) to implement recommendations from the Francis Report (DH 2012) Mid Staffordshire NHS Foundation Trust Public Enquiry
- Ensuring the Quality and Risk Management Policy is regularly reviewed on a quarterly basis and updated accordingly

14. There are a number of specific roles and responsibilities assigned to members of PH department in relation to quality, safety and risk management. Refer **Appendix 6**

ORGANISATIONAL FRAMEWORK FOR QUALITY AND RISK MANAGEMENT ASSOCIATED WITH HEALTH CONTRACTS

15. The structure relating to the management of quality and risks is illustrated at **Appendix 1**. The following describes the roles of committees and boards within the context of managing quality

The Health and Wellbeing Board

16. The Health and Wellbeing Board provides local leadership for quality improvement, with local health and care commissioners coming together with the local community to jointly assess needs, determine a joint health and wellbeing strategy to improve outcomes. The Health and Wellbeing Board will want to be informed of any risk to quality with respect to integrated commissioning.

17. The terms of reference for the Health and Wellbeing Board are in **Appendix 2**

NCC Policy Committee

18. The NCC Policy Committee exercises powers and functions delegated by the Full Council and as set out in **Appendix 3**.

19. Corporate risks arising from PH contracts will be escalated to the Policy Committee via the Corporate Leadership Team. The Policy Committee will exercise its responsibilities relating to performance management responsibilities of Nottinghamshire County Council.

20. Corporate risks may arise from complaints or concerns relating to quality standards and safety from a Direct Award provider and from the investigation of SIs (investigated by CQC for registered CQC providers or locally for non CQC registered providers), from Patient and Public Involvement (PPI), Healthwatch and politicians (**Appendix 1**).

The Nottinghamshire County Council Risk, Safety and Emergency Response Board (RSEMB)

21. The RSEMB is responsible for risk management, health and safety, emergency planning and business continuity within the department.
22. The RSEMB acts as the departmental forum through which risk, safety and emergency management related issues are communicated and implemented and maintains an overview of corporate and legislative standards, policies and guidance.
23. In relation to **Risk Management** (the RSEMB is responsible for)
 - Implement, review and maintain a departmental risk register
 - Ensure coherence with the corporate risk register
 - Maintain a programme of risk assessment across the department
24. In relation to **Health and Safety** (the RSEMB is responsible for)
 - Instigate and review departmental health and safety improvement plans
 - Ensure staff training needs are identified to enable them to carry out health and safety functions to the required levels of competence
25. Corporate risk relating to PH contracts will be escalated to the RSEMB via the Corporate Leadership Team
26. The terms of reference for the NCC RSEMB are in **Appendix 4**

Corporate Leadership Team (CLT)

27. CLT has responsibility for making informed decisions that ensure that NCC obligations in relation to quality standards, safety and risk mitigation are carried out in an effective, robust and timely way. In relation to PH contracts, corporate risks and risks that may have broader impact across health and social care are escalated to the Policy Committee.

The Public Health Senior Leadership Team (SLT)

28. The Public Health SLT undertakes the department Risk, Safety and Emergency Management function and regularly reviews quality standards, safety and risks and concerns arising from Public Health Contracts from the following sources:
 - Public Health Risk Register – section for PH contracts
 - Performance and Quality Summary Reports
 - Investigation of SIs
 - Audit and review of services to provide assurance of quality standards, safety and to clarify risk within the system

- Summary of complaints, serious incidents, audits and PPI intelligence relating to PH contracts

29. The Public Health SLT reports high impact (red) risks, serious incidents, concerns or trends and mitigation to the Public Health Sub Committee and the RSEMB.

30. The terms of reference for the Public Health Subcommittee are in **Appendix 5**

Nottinghamshire County Council Risk, Safety and Emergency Management Function

31. Each department within Nottinghamshire County Council undertakes the Risk, Safety and Emergency Management function, and has a responsibility to report any intelligence relating to quality, safety and risks associated with the Public Health Contracts to the RSEMB. Refer to **Appendix 1**.

Quality Surveillance Groups

32. There are regional and local Quality Surveillance Groups (QSG). The local QSGs act as a virtual team across the health economy, bringing together organisations and their respective information and intelligence gathered through performance monitoring, commissioning and regular activities. There are two local QSGs South Yorkshire Area Team and Notts/Derby Area Team.

33. NCC has elected the DPH to be the named member of the QSGs on behalf of Nottinghamshire county Council.

Patient and Public Involvement (PPI) System Intelligence

34. As part of the broader health system intelligence and scrutiny, feedback from PPI, Healthwatch, Scrutiny Committees, complaints and relevant intelligence received through politicians and Freedom of Information (FOI) enquiries and formal questions about quality standards, safety and risk will be captured and summarised quarterly by PH Consultants as portfolio leads. High impact (red) risks and concerning trends will be shared with the Policy Committee via CLT and will be summarised within directorate Risk, Safety and Emergency Management reports.

SYSTEMS FOR MANAGING QUALITY AND RISK

Commissioning for Quality

35. A PH Performance and Quality Framework will support the commissioning of services and clearly define the requirements for quality standards, patient safety, risk management and quality and performance requirements and will include:

36. Upholding the rights of citizens and patients with due regard to the NHS Constitution, mechanisms for meaningful PPI feedback, including Picker Institute Surveys

37. A clear focus on commissioning for quality and outcomes, applying the Public Health Outcomes Framework, the Local Outcomes Framework and supporting partners to deliver against the NHS and Social Care Outcomes Framework. The partners will need assurance of delivery against the HWB Board Local Outcomes Framework and recommendations from the national Children and Young Peoples work

40. Supporting delivery to the NHS CB quality and outcomes objectives which support the health system's collective objectives in relation to quality
41. Supporting the NHS through the core offer of public health advice to secure quality and improvement against all 60 indicators included in the NHS Outcomes Framework. This core offer of advice is detailed in a Memorandum of Understanding with the NHS CB and Clinical Commissioning Groups (*file path Q:\Transition\MOU*)
42. Supporting the NHS to deliver a stretching level of ambition for each domain of the NHS Outcomes Framework
43. Supporting the NHS to address the recommendations from the Francis Report (February 2013)
44. Ensuring that requirements for CQC registered providers to report serious incidents to the NHS CB via the NRLS are upheld and monitored
45. Requirements for non CQC registered providers to report and trigger investigations into SIs

Quality and Performance Reports

46. Quality and performance schedules outline the quality and performance reporting requirements and frequency of reporting. The schedules form part of the Service Specification for all commissioned services.
47. The development of performance and quality reports will be supported by the Public Health Performance and Quality Framework for health contracts. The contracts set out the requirements for providers to deliver performance and quality data/reports to the Public Health Performance Team on a monthly, quarterly, six monthly and annual basis, as set out in the contract schedules and service specifications. A summary Performance and Quality Report will be provided to Public Health Subcommittee for all health contracts on a quarterly basis.

PH Risk Register - Health Contracts

48. The PH Risk Register includes a section for PH contracts and is maintained and updated by the Public Health Consultants for their lead areas and reviewed quarterly at the Public Health Sub Committee. High impact (red) risks and any concerning trends are identified and escalated to the Nottinghamshire County Council RSEMB.

Nottinghamshire County Council Risk, Safety and Emergency Response Board (RSEMB)

49. The RSEMB agrees corporate concerns escalated from each department and records these on the Corporate Risk Register which is shared with the Policy Committee and CLT.

National Reporting and Learning System (NRLS) - NHS CB Serious Incident Reporting Framework

50. Reporting to CQC of patient safety incidents involving severe harm or death as well as reporting to CQC of other incidents that indicate, or may indicate, risks to on-going compliance with the registration requirements, or that lead, or may lead, to changes in the details about the organisation in the regulator's register, is a requirement on all CQC-

registered providers. NHS providers can fulfil this requirement by reporting such incidents to the NRLS which shares relevant information with CQC. For other providers, such incidents should be reported directly to CQC.

51. The NHS CB has published a framework for the management of serious incidents in the NHS. This serious incident management framework ensures consistency in relation to definitions, roles and responsibilities and clarifies legal and regulatory requirements across the NHS and wherever possible the management of serious incidents in NCC commissioned public health care should be consistent with this framework.
52. Investigations of serious incidents under the NHS contract will follow the national guidance. Where incidents or complaints cross organisational boundaries the principle of management should any primary care element be included the investigation will be led by the NHS CB Area Team who will be responsible for the coordination of the response. If there is no primary care element but the serious incident or complaint crosses organisational boundaries, the organisation where the complaint / serious incident was reported will lead the investigation and be responsible for the coordination of the response.
53. The systems-improvement approach to safety acknowledges that causes of incidents cannot simply be linked to the actions of individual people. The framework uses a system wide perspective for notification, management and learning from serious incidents. It supports openness, trust and continuous learning and service improvement. Where relevant, it highlights where engagement with relevant bodies for full investigation and identification of learning from a serious incident is needed. **Refer Appendix 7** and web link: <http://www.NRLS.npsa.nhs.uk/resources/?entryid45=75173>

Local Investigations of Serious Incidents (SIs)

54. Local processes will be established to investigate SIs arising from PH contracts. The Senior PH Manager for Quality will coordinate the investigations drawing on experts within PH and other directorates and the NHS CB Area Teams. A summary report of serious incidents investigated will be provided to the Public Health Sub Committee on a quarterly basis. (**Appendix 1 and 6**).

Other bodies with a remit for serious incidents

55. The NHS CB is the primary NHS organisation responsible for the collation of, and learning from serious patient safety incidents occurring in healthcare. Other bodies such as the Medicines and Healthcare Products Regulatory Agency (MHRA), Public Health England - Health Protection function, Serious Hazards of Transfusion (SHOT), National Screening Programmes, Health and Safety Executive (HSE), Monitor or Local Safeguarding Boards should be notified about incidents relevant to their remit in accordance with their reporting guidance.
56. In circumstances where several bodies are notified, these will liaise with each other, the relevant commissioning organisation and the provider organisation(s) in formulating an appropriate national response (if one is needed). Healthcare provider organisations should support investigations by other bodies as required, to facilitate national learning.
57. Local safeguarding procedures for adults and children will be followed and safeguarding alerts made whenever necessary and appropriate.

Management of complaints relating to contracted Public Health Services

58. Complaints that are received via the Nottinghamshire County Council complaints system will be investigated by PH Directorate and a summary of complaints and outcome of the investigation will be provided quarterly to the Public Health Subcommittee. Please refer to **Appendix 6**.

Patient and Public Involvement and Local Scrutiny mechanisms

59. Health system intelligence and scrutiny including feedback from PPI engagement, Healthwatch, Scrutiny Committees and relevant intelligence received through politicians and FOI enquiries and formal questions about quality standards, safety and risk. This will include feedback from provider staff surveys and patient surveys including Picker Institute Surveys.

Joint Nottingham and Nottinghamshire Health Scrutiny Committee

60. Representative Councillors from Nottinghamshire County Council and Nottingham City Council ensures accountability and a wider community engagement in health issues across the conurbation. The joint committee scrutinises developments in local NHS services and helps to ensure the delivery of local health services. The Chair alternates between the City and County each year.

RISK ASSESSMENT PROCESS

61. The Nottinghamshire County Council Risk Assessment Procedure (**Appendix 10**) is summarised as:

Risk Identification

62. Risks associated with PH contracts are identified by PH Consultants for their lead areas and recorded in the Public Health Risk Register in the section for Public Health Contract. The risks identified are those risks which may impact on citizen or patient safety, service quality /standards risks that could negatively impact on the achievement of outcomes from the:

- Public Health Outcomes Framework
- NHS Outcomes Framework
- Social Care Outcomes Framework
- Local Outcomes Framework
- Recommendations from the Children and Young People's Outcomes Group

Quantifying Risk

63. Once a risk is identified it is important to establish the likelihood of it occurring and the potential impact if it did occur. This is measured by using a risk assessment matrix and assessment of the impact of risk – shown in **Appendix 10**.
64. The risk score is determined by multiplying the score for the likelihood of an event occurring with the impact score

Reporting and Evaluation of Risk

65. Risks are escalated to the Public Health Subcommittee and in turn high impact (red) risks

and mitigation and any concerning trends from SIs, reviews and PPI intelligence are escalated appropriately including to the CLT and RSEMB who agree new strategic risks to be reported to the Policy Committee.

Recording of actions

66. Actions identified to minimise a potential risk are recorded in the Public Health Risk Register and include a time scale for expected completion of that action. When actions are complete and now form part of the controls within the system the key controls column should be updated.

Residual Risk

67. After identifying any action/plan to minimise a risk, the risk should be re assessed taking in to account the effect of implementing any action / plan.

MONITORING THE EFFECTIVENESS OF THE POLICY

68. Nottinghamshire County Council will monitor and review performance in relation to the management of quality and risk, and the continuing suitability and effectiveness of the systems and processes in place to manage risk through a programme of internal and external audit work, and through the oversight of the RSEMB

CONSULTATION AND COMMUNICATION WITH STAKEHOLDERS

69. Systems of communication with external stakeholders are in place to contribute to the minimisation of reputational risk to the organisation. These include a public website, Health and Wellbeing Board Strategy and Strategic Objectives.

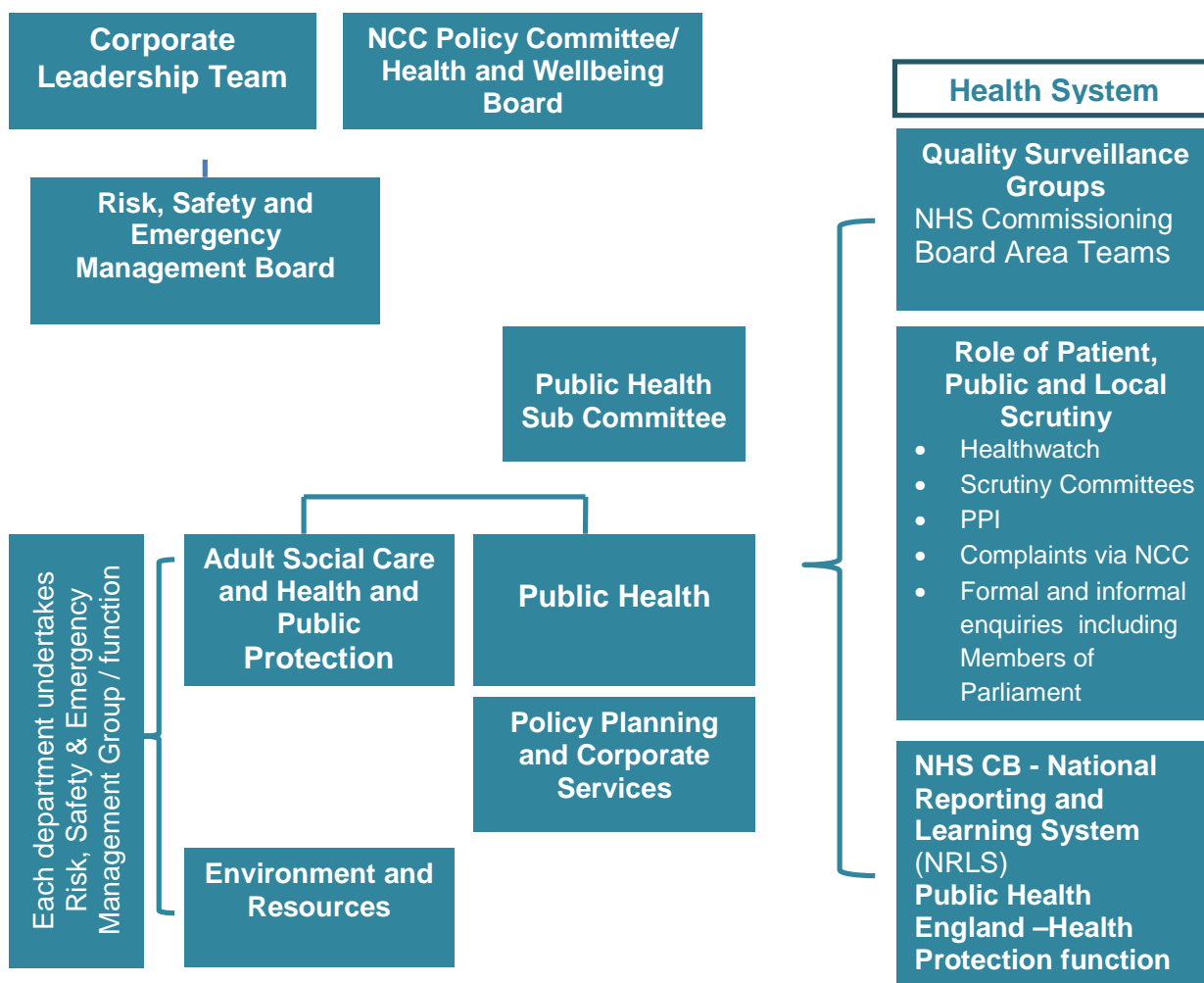
REVIEW AND REVISION OF THE DOCUMENT

70. The Quality and Risk Management Policy to support PH contracts is a working document and will be reviewed by the Public Health Department, Public Health Sub Committee and RSEMB.

DISSEMINATION AND IMPLEMENTATION

71. This document will be made available to all directorates within NCC contributing to delivery of the policy and the wider health community (NHS CB Area Teams, Clinical Commissioning Groups and Healthwatch). Public Health staff involved in PH contracts will be supported by a programme of risk management training to support the implementation of this policy.

Reporting structure for management of quality and risks associated with Health Contracts



Public Health functions /processes to promote quality, safety and risk mitigation in respect of Health Contracts

Public Health SLT

Assure robust quality and performance metrics applied to health contracts. Relating to health contracts:

- Investigate complaints and serious incidents
- Advise and recommend audit and review of provider services
- Review Quality and Performance Reports quarterly
- Review and assess associated risks and mitigation
- Summary of complaints, FOI and other requests quarterly
- Report to PH Sub Committee

Summary of Complaints

A complaints log and outcome is kept for complaints relating to Health Contracts and reported via the NCC Complaints System and investigated by PH Directorate. Shared quarterly with PH SLT and PH Sub Committee.

Public Health Risk Register for Health Contracts

Completed by PH Consultants – summary reported quarterly to PH Sub Committee

Health Contracts Quality and Performance Report

- Reviewed Monthly by PH Quality and Performance Team
- Shared with PH SLT

Public Health interface with NHS CB Area Teams

- Senior PH manager interface with NHS CB Director of Nursing (DoN)

Public Health interface with Public Health England - Health Protection Function

Develop PPI - utilising NCC systems

APPENDIX 2

Health and Wellbeing Board Terms of Reference

1. Preparing and publishing a Joint Strategic Needs Assessment of the population of Nottinghamshire.
2. Preparing a Health and Wellbeing Strategy based on the needs identified in the Joint Strategic Needs Assessment and overseeing the implementation of the strategy.
3. Ensuring that commissioning plans have due regard to the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy.
4. Promoting integrated working including joint commissioning in order to deliver cost effective services and appropriate choice. This will also include joint working with services that impact on wider health determinants.

NOTE: This Committee is in shadow form until the Health and Social Care Act's statutory powers are in place from April 2013.

Nottinghamshire County Council Policy Committee Terms of Reference

Refer to link in the Nottinghamshire County Constitution

<http://www.nottinghamshire.gov.uk/dms/Constitution/tabid/105/FolderID/5/Constitution-2012-13-Current-Version.aspx>

Nottinghamshire County Council Risk, Safety and Emergency Management Group Terms of reference

Refer to link in the Nottinghamshire County Constitution

<http://www.nottinghamshire.gov.uk/dms/Constitution/tabid/105/FolderID/5/Constitution-2012-13-Current-Version.aspx>

APPENDIX 5

Public Health Subcommittee Terms of Reference

Refer to link in the Nottinghamshire County Constitution

<http://www.nottinghamshire.gov.uk/dms/Constitution/tabid/105/FolderID/5/Constitution-2012-13-Current-Version.aspx>

Quality Surveillance Groups

There are regional and local Quality Surveillance Groups (QSG). The local QSG (based on the footprint of the NHS Commissioning Board Area teams) will act as a virtual team across the health economy, bringing together organisations and their respective information and intelligence gathered through performance monitoring, commissioning and regular activities. By collectively considering and triangulating information and intelligence, the local QSGs will work to safeguard the quality of care that people receive. There are two local QSGs South Yorkshire Area Team and Notts/Derby Area Team.

The local QSGs will engage in surveillance of quality at a local level and consider information and intelligence, working together to take coordinated action to mitigate quality failure.

Regional QSGs provide an escalation mechanism for local QSGs, assimilating risks and concerns from local QSGs, identifying common or reoccurring issues that would merit a regional or national response.

How to Establish a Quality Surveillance Group –Guidance to the new health system January 2013 refer to web link:

<https://www.wp.dh.gov.uk/publications/files/2013/01/Establishing-Quality-Surveillance-Groups.pdf>

Flow diagram for reporting and investigating clinical risk and complaints

Clinical Risk or Complaint Identified through...

Service user/other alert to County Council via complaints process or other NCC department

Provider or other professional
e.g. commissioner alert to Public Health Contract Team (including CQC where required)

All complaints are assessed by NCC Complaints Team as low, medium or high risk and recorded on the NCC complaints register - RESPOND.

NCC Complaints Team makes initial contact with the complainant and forwards the complaint to the Senior PH Manager Quality, who:

1. Records on the internal Public Health Complaints log
2. Commences urgent action/investigation if indicated
3. Alerts Associate Director and PH Consultant for policy lead area of complaint and the initial assessment of level of risk

Low Risk

The Senior PH Manager Quality:

1. Prepares report for Associate Director who confirms response /correspondence which is sent from PH Consultant to the service user or complainant within agreed timeframe
2. Informs provider and/or other of action plan to reduce risk and any contract penalty
3. Service user notified of outcome as appropriate
4. Source of notification informed of outcome /actions
5. Collate trends and share with QSGs as appropriate

Medium or High Risk

1. PH Consultant for policy area completes investigation and provides information /report to Senior PH Manager Quality within agreed timeframe
2. Senior PH Manager Quality links with NRLS and reports to CQC and NHS CB as appropriate

Senior PH Manager Quality submits report to Associate Director within agreed timeframe

Associate Director agrees response /correspondence which is sent from either PH Consultant or DPH to service user or complainant within agreed timeframe

Senior PH Manager Quality:

1. Records high impact (red) risks on risk log, updates internal complaints log of outcome and signs off action plan agreed by policy lead
2. Discusses contract penalties to be applied with Procurement Lead as appropriate
3. Liaises with NHS CB and CCG as appropriate

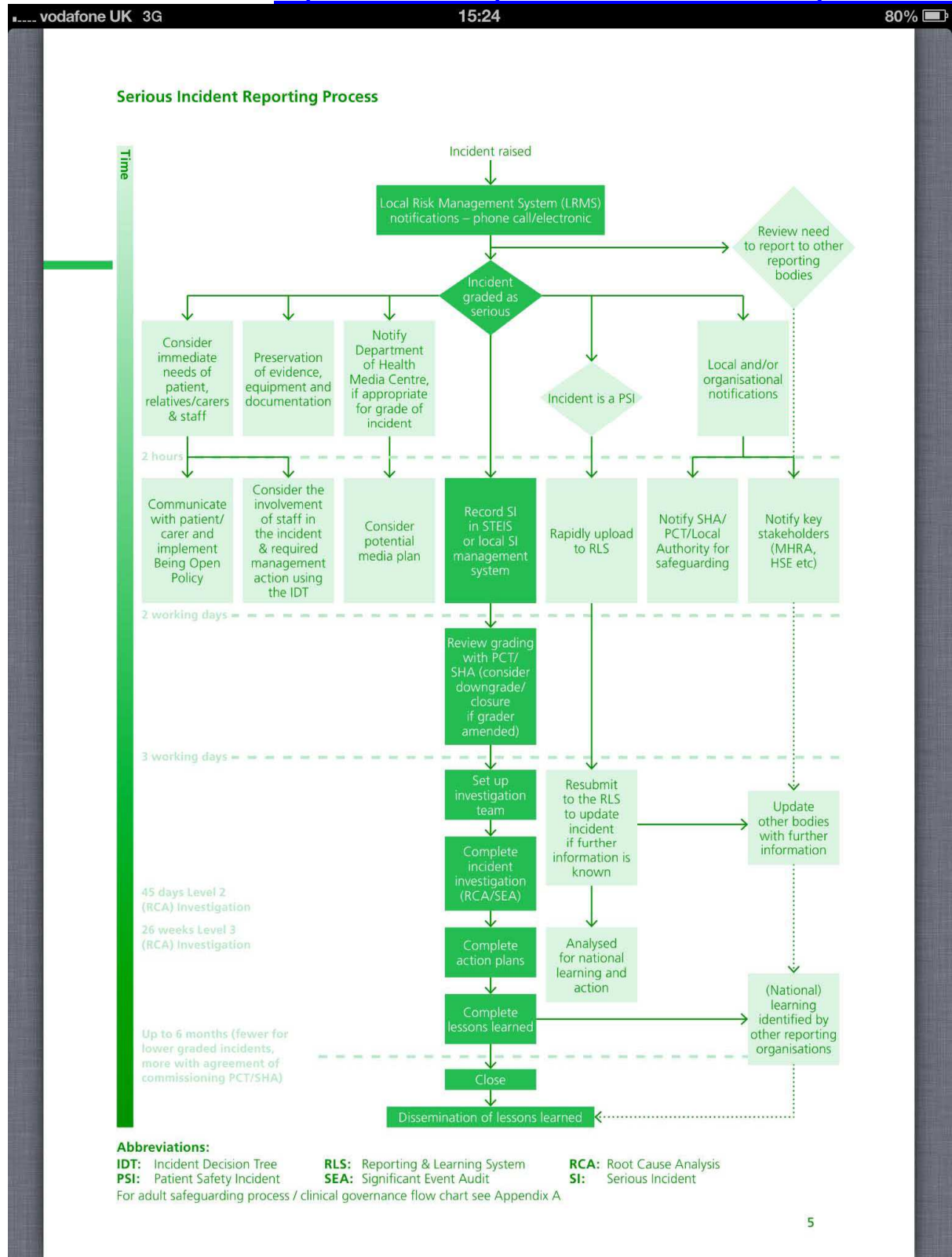
DPH reports high impact (red) risk and mitigation to CLT, which are in turn reported to Policy Committee and HWB Board as appropriate. DPH or PH representative shares high impact risks / risk that may require system wide intelligence and triangulation to the local QSGs

Associate Director reports high impact (red) risks to Risk, Safety and Emergency Management Group

Date: XX.XX.2015

APPENDIX 9 Serious Incident Reporting via NHS CB NRLS

Available on Web link: <http://www.NRLS.npsa.nhs.uk/resources/?entryid45=75173>



Nottinghamshire County Council

Risk Management

Risk Assessment Procedure

This version: November 2011

The following guidance is designed to help managers to identify, evaluate and respond appropriately to service risks of all kinds

Risk Assessments

Introduction

Risk is an inherent feature of decision making at any time, and many managers will already be aware of the benefits of using risk management techniques in their day-to-day work. The key to successful risk management is to be in a position where you are able to take risks knowingly, not unwittingly.

The purpose of this brief paper is to offer a simple general-purpose process for assessing risks and feeding these into the County Council's risk management structure. It does not replace or preclude the use of more elaborate techniques that may be employed for complex project planning.

Objective

The objective of the Risk Assessment is to identify **key risks**, and to assess these in terms of their **likelihood** and the potential **impact** were they to occur. This process can highlight any potentially significant risks which require additional control actions.

The Overall Risk Assessment Process:

- | | |
|---------|--------------------------------|
| Step 1: | Identify Risks |
| Step 2: | Assess Risks |
| Step 3: | Manage and Control Risks |
| Step 4: | Report any high priority risks |
| Step 5: | Review Risks |

These steps are described in the following sections.

Step 1: Identify Risks

Consider services' key activities, and ask yourself "**what if?**" questions, and imagine scenarios. The following headings may be helpful:

- **People** – Failure to deliver services as a result of the lack of a sufficient, suitably qualified and/or skilled, valued, healthy and motivated managers and workforce
- **Property** – Failure to provide accommodation / tools / equipment that is fit for purpose
- **Pounds** – Failure to provide safe and sufficient levels of service due to financial constraints / inability to provide correct and timely payments to staff / contractors
- **Performance** – Inability to deliver effective standards of services and meet statutory requirements and effectively monitor performance
- **Partners** – Inability to maximise the benefits of partnership working.
- **Policy & Procedures** – Failure to establish and adhere to policies and procedures
- **Political** – Failure to provide timely and accurate information to Elected Members
- **Profile** – Failure to maintain the good reputation of services and/or communicate effectively with the media.

List the risks you have identified and then evaluate each one individually as follows:

Step 2: Assess Risks

It is important that the same basic process is used for assessing risks across all Council activities so that risks can be compared across services and across departments in a consistent manner.

Use a separate copy of the attached Risk Assessment Form for each identified risk.

Quality and Risk Management Policy to support Health Contracts

In each case, include separate assessments of:

- the **LIKELIHOOD** of the risk materializing; and
- the severity of the **IMPACT / potential consequences** if it does occur

This is your own expert opinion, as a manager. It is subjective. There are no right or wrong answers, but it will be a useful tool to highlight topics of potential concern.

Each factor is evaluated on a sliding scale of 1-5; with 5 being the highest value i.e. highest likelihood / most severe impact / consequences. **Use the following guide** to assess these. This will also introduce a measure of consistency and comparability into the overall risk assessment process.

LIKELIHOOD:

1	Rare	0 to 5% chance
2	Unlikely	6 to 20% chance
3	Possible	21 to 50% chance
4	Likely	51 to 80% chance
5	Almost certain	81%+ chance

IMPACT: (e.g. on project costs and/or schedule)

1	Insignificant	0 to 5% effect
2	Minor	6 to 20% effect
3	Moderate	21 to 50% effect
4	Significant	51 to 80% effect
5	Catastrophic	81%+ effect

Having scored each risk for likelihood and impact, next plot the coordinates onto the following matrix and follow the guidance as appropriate. This enables risks to be categorised into Low, Medium, High and Very High Risk, which in turn can trigger different levels of response. A 5x5 matrix is used across the Council to measure risk.

Relative Impact	Catastrophic (5)	M	H	VH	VH	VH
	Significant (4)	M	H	VH	VH	VH
	Moderate (3)	M	M	H	H	H
	Minor (2)	L	L	M	M	M
	Limited (1)	L	L	L	L	L

Quality and Risk Management Policy to support Health Contracts

Low (1)	Medium Low (2)	Medium (3)	Medium High (4)	High (5)
Relative Likelihood				

Red = Very High Priority

Take urgent action to mitigate the risk.

Orange = High Priority

Take action to mitigate the risk.

Yellow = Medium Priority

Check current controls and consider if others are required.

Green = Low Priority

No immediate action other than to set a review date to re-consider your assessment.

Step 3: Manage and Control Risks

Next consider the following headings and record your findings on the attached Risk Assessment form:

- **Current Controls / Mitigation** – existing measures that will (or can be used to) alleviate any possible problems. Ask yourself what contingency plans are in place already that can be brought into action.
- **Additional Controls / Mitigation required** – new measures that can be introduced to alleviate possible problems (e.g. Business Continuity planning helps to manage risk).

It may be helpful to consider the four T's:

Risks can be – *tolerated, transferred terminated, or treated.*

Identify a person to take ownership of the risk and who will be responsible for managing the risk (the Responsible Officer). Also consider relevant timescale and line of reporting. Record all this information on the Risk Assessment form.

Step 4: Report any high priority risks

For the **RED** (Very High Priority) risks, please notify your own manager and departmental representative on the Corporate "Risk, Safety and Emergency Management Board". Send them each a copy of the relevant Risk Assessment form.

Department

Adult Social Care, Health & Public Protection
Children, Families & Cultural Services
Environment & Resources
Policy, Planning & Corporate Services

Current representative

Sue Storey
Gill Thackrey
Tim Gregory
Deborah Hinde

Step 5: Review Risks

Keep your risk assessments under continual review, especially if you feel circumstances have changed.

Any queries:

Contact Rob Fisher,
Head of Emergency Management & Registration

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Tel. 0115 977 3681

Nottinghamshire County Council

Risk Management

Individual Risk Assessment Form

Risk (give the topic a title)					
Responsible Officer (include contact details)					
Date of risk assessment					
Next review date					
Nature of the threat (narrative description)					
Likelihood (score 1 – 5)		Impact (score 1 – 5)		Risk Rating (Multiply Likelihood x Impact)	
Current Controls / Mitigation					
Additional Controls / Actions / Mitigation required					
					Action Taken (record progress)
Reported to (e.g. Risk, Safety & Emergency Management Board / Service Director / Group Manager)					
Review Comments / Outcomes					