

*Kerry
Parents &
Friends
Association*

POLICY/ PROCEDURE DETAILS	Title:	Risk Assessments and Management including developing a Risk Register
ORIGINAL VERSION DETAILS	Date Released:	February 2014
CURRENT VERSION DETAILS	Written by:	
	Reviewed by:	Elizabeth Lernihan
	Approved by:	Board of Directors - April 2014
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	Monitoring Process:	Review every three years
	Date Due for Review:	November 2019

**RISK ASSESSMENTS AND MANAGEMENT INCLUDING
DEVELOPING A RISK REGISTER POLICY**

1 Introduction

- 1.1 Kerry Parents and Parents Association is committed to the protection of the health and safety of people who access its services. In order to ensure that the best practices are in place the organisation has identified a process, which is designed to promote a proactive approach to the assessment and management of risk, which complies with current Safety and Health at Work Legislation (1989-2005), whilst promoting independence, opportunities and skill acquirement for the people we support.
- 1.2 This document will be updated and revised in line with changes in legislation and National policy.

2 Aims of the policy

- 2.1 Kerry Parents and Friends Association aims to identify ways to support the people who attend our services to ensure that issues relating to risk and protection are addressed proactively.
- 2.1.1. This document aims to ensure that staff are aware of the process for risk assessment and their responsibilities with regard to the continued management of risk.
- 2.1.2. The policy will include procedures for the following:
Hazard identification and assessment of risks throughout the centre;
- a) The measures and actions in place to control the risks identified;
 - b) The measures and actions in place to control the following specified risks:
 - i) The unexpected absence of any resident,
 - ii) Accidental injury to residents, visitors or staff,
 - iii) Aggression and Violence and
 - iv) Self harm
 - c) Arrangements for the identification, recording and investigation of and learning from serious incidents or adverse events involving the people we support.
 - d) Arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the person's quality of life have been considered.

- e) KPFA shall ensure that there are systems in place in the centre for the assessment, management and ongoing review of risk, including a system in place for responding to emergencies.

3 Scope of the Policy

- 3.1 This document applies to the people we support and staff, volunteers and planned visitors to the organisation, including contractors and service consultants.

4 Definitions

- 4.1 Hazard - something with the potential to cause harm
Risk can be defined as: - The likelihood of the harm occurring.
- 4.1.2. A risk assessment is a careful examination of what, could cause harm to people, with a view to identifying what precautions should be taken.

5 Responsibilities

5.1 Organisational

- 5.1.1 KPFA will ensure that this document is made available to all staff and the people we support at the start of their employment / placement in the organisation.
- 5.1.2 It is the responsibility of KPFA to ensure there is a safety statement for the organisation, which is based on a risk assessment of activities in the workplace, and the relevant legislation.
- 5.1.3 KPFA is responsible for the appointment and training of safety representatives in its Centres
- 5.1.4 KPFA is responsible for putting in place a consultation process for employees. Health and Safety should be an agenda item for every staff meeting.
- 5.1.5 The organisation is responsible for ensuring that a clear risk assessment and management system exists within the organisation and is made known to all relevant staff members.
- 5.1.6 The Association has a legal responsibility for ensuring that the premises under their control incorporate a safe working environment.
- 5.1.7 KPFA must ensure that all that is reasonably practicable will be done to reduce and minimise risk.
- 5.1.8 KPFA must ensure that there is a system in place for safe procedures/working for each piece of equipment/activity.

5.2 Line Managers

- 5.2.1 It is the responsibility of all line managers to ensure that staff have access to this document during their induction to the service, and at all times afterwards.
- 5.2.2 Ongoing training for the people we support is the responsibility of all line managers.
- 5.2.3 Line managers must ensure that staff and the people we support are notified of the availability of training in the skills of risk assessment and management.
- 5.2.4 The line manager will ensure that staff are aware of the promotion of effective risk management, as identified in the organisation's other policies, procedures and guidelines, including, but not restricted to:
 - All Health and Safety policies
 - Each Centre's Safety Statement
 - The document on the Delivery of Personal and Intimate Care.
 - The document on the Management of Behaviour that Challenges.
 - The document on the Medication Management policy and procedures.
 - The document on Absconding.

5.3 Staff

- 5.3.1 Staff are responsible for ensuring that they are familiar with the contents of this document.
- 5.3.2 Staff must avail of the training in the skills of documentation and record keeping, when it is offered.
- 5.3.3 Staff must follow the procedures outlined in this document; staff found to be in breach of the procedures will be subject to Kerry Parents and Friends Association's disciplinary procedure.
- 5.3.4 Staff must ensure that they document all relevant information, incidents and events by following Kerry Parents and Parents Association's procedure on record keeping and risk assessment guidelines.

5.4 People we support

- 5.4.1 People we support/or advocate will discuss with staff, any exposure to risks which affect their well being / safety.
- 5.4.2 People we support/or advocate will discuss with staff, any episodes or events that affect their wellbeing / safety.

6 Incident Management

6.1 Incident Reporting

An incident form on the Xyea system must be completed for all incidents. Incident reporting shall include the identification, reporting, investigation, immediate corrective action and long term preventative action of all incidents.

Each member of staff has a duty to notify their line manager through the Xyea system of any Incidents or “Near Misses” they are involved in.

6.2 Incident Identification

All staff are responsible for the identification of incidents as defined in this document. The categories to which an incident may relate are:

- Absence without leave, whereabouts unknown.
- Implementation of care and treatment and ongoing monitoring/review.
- Medication error.
- Restrictive Practices.
- Disruptive, aggressive behaviour.
- Resident abuse (by staff/third party).
- Self-harming behaviour.
- Death.
- Slips, trips and falls.
- Infection control incident (including sharps injury).
- Medical device / equipment.
- Infrastructure (including staffing, facilities, environment).
- Fire related (including arson).
- Accidental injury to visitors, residents or staff.

6.3 Corrective Action

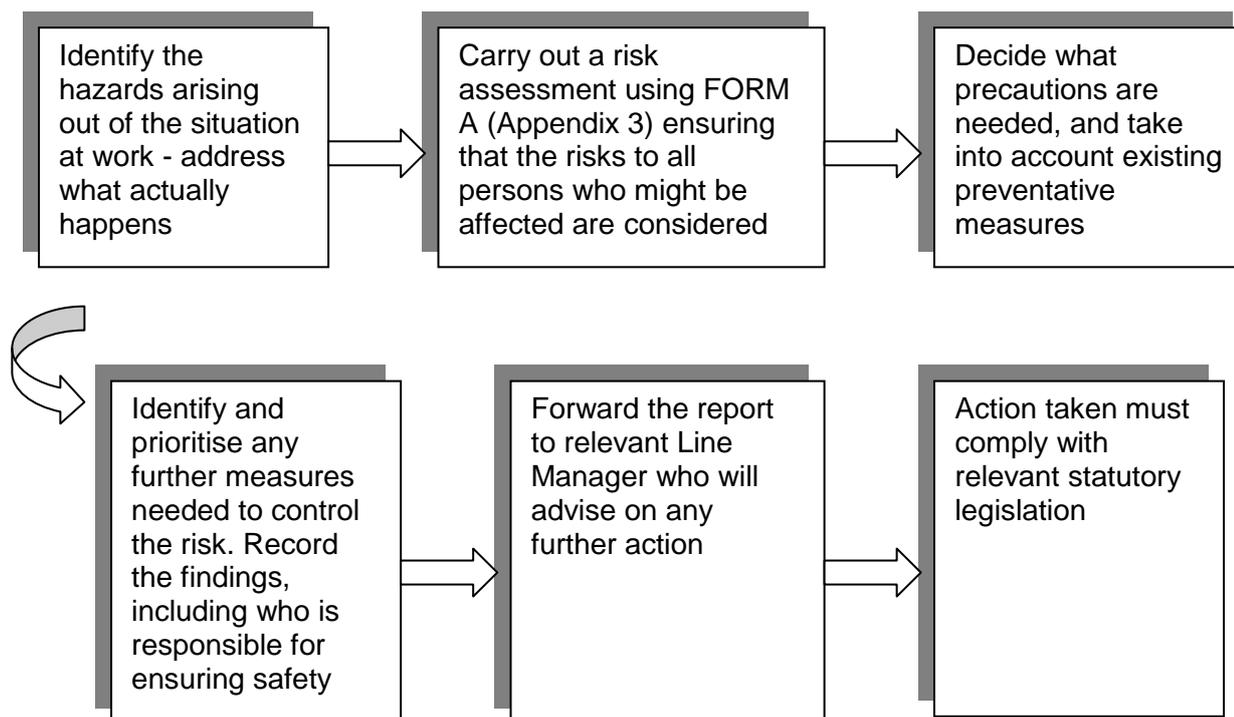
All staff involved in the identification of an incident have the responsibility to determine whether corrective action is required immediately to minimise the effect of the incident or rectify the incident.

7 Risk Assessment

7.1 Any risk assessment process should not: -

- Be used to inhibit people.
- Be used to the detriment of the person’s quality of life.
- Be a tool designed to limit activities inherent in every day lives.
- Stop at identifying risk. The challenge only begins when the risk has been identified.

7.2 The steps for carrying out risk assessments are as follows



7.3 The assessment of hazards should identify how an accident could occur.

7.4 If a hazard is deemed to be present the next step is to determine the likelihood of causing an accident and the consequences of this happening.

7.5 Some hazards are obvious such as those relating to machinery or chemical preparations. Other hazards may not be as obvious, but could be the cause of many accidents, e.g. untidy work areas, poorly maintained areas.

7.6 Hazards can include but are not necessarily limited to the following: (Page 7)

Physical Hazards

Health Hazards

Human Factors

Physical Hazards

- Mishandling goods
- Falling objects
- Fire
- Hand tools
- Introduction of new machinery
- Handling loads
- Faulty equipment
- People tripping, slipping or falling
- Hot substances or surfaces
- Collisions
- Electricity and electrical goods
- Poor housekeeping

Health Hazards

- Noise
- Unsuitable light levels
- Radiation
- Injury due to poor design of tasks or machinery
- Biological agents – virus, hepatitis, tuberculosis
- Dust levels
- Vibration
- Extremes of temperature
- Chemicals – flammability, exposure to skin or lungs

Human Factors

Some groups are particularly vulnerable, such as

- Young workers
- Pregnant women
- New or inexperienced workers
- Older workers

- 7.7 The risk assessment may be carried out by any staff who has received training in this area. All Staff will receive appropriate training.
- 7.8 The staff member must complete the Risk Assessment Form and forward it to the relevant Line Manager who will sign off on the assessment, ensure implementation of actions and review. The Risk Register is also updated accordingly.- specify frequency and identify process of escalation of the risk as itemised in Figure 1
- 7.9 Reasonably practicable measures are required to either prevent accident occurrence or to limit the consequences. These measures need to be permanent in nature to achieve an ongoing reduction of risk.
- 7.10 The Line Manager will assist in making recommendations for the staff member to follow in circumstances where there are a range of issues under consideration.
- 7.11 Where risk has been identified which may prevent the individual from undertaking an activity or outing, the staff and Line Manager should ensure that all possible solutions have been explored to best manage the situation, so as not to limit the individual's independence or access to opportunity.
- 7.12 A regular review process should be in place for individuals who have been assessed as being at risk to themselves or others, the review should take into account changes in the individual's circumstances including but not necessarily limited to: -

- Improved staff ratio.
- Improved behaviour.
- Improved resources / building access.
- Improved financial opportunities.

7.13 The Risk Assessment of people we support is to be stored in their file or on the Xyea system until all individual risks have been inputted on the Xyea system.

8.0 Management of Specific Risks:

The following details Statements of Intent for key policies in relation to Risk Management.

- 8.1 **Unexpected Absence of a Person Supported:** KPFA shall follow missing person's procedure for person supported to define roles and responsibilities in the event of a person supported missing. Incident form will be completed on the Xyea system to evaluate risk.
- 8.2 **Accidental Injury to persons supported, visitors or staff:** All person's supported and staff at KPFA shall be provided with immediate assistance by the manager in the event of any injury or sudden illness. KPFA Incident policy will be followed to record follow up and conduct risk assessment on the Xyea system.
- 8.3 **Self Harm:** KPFA shall endeavour to protect each person supported from self harm through completing ongoing risk assessments to determine whether the person supported is at risk. Sufficient control measures will be implemented on the basis of these assessments which will be recorded in the person supported individual file for any person who engages in self harm. KPFA will ensure they are assessed and under the care of a psychiatrist. Any person who engages in self harm will be appropriately assessed and their behaviour support plan will set out their specific support needs.
- 8.4 **Aggression and Violence:** KPFA is committed to providing a safe environment for all people's supported. KPFA has policies on the Management of Behaviour that Challenges and Safeguarding Vulnerable Adults at Risk from Abuse to deal with aggression and violence. Where a person supported is subject to aggression and violence this will be considered abuse under KPFA Safeguarding Policy regardless of who is the perpetrator of that abuse. KPFA will deal with all safeguarding issues as they arise and put in whatever measures to ensure the safety and welfare of the person supported

There are many policies to support this Risk Management Policy.

- Missing Person/ Absconding
- Incident Reporting
- Complaints
- Management of Behaviour that Challenges.
- Medication Policy
- Safeguarding Vulnerable Adults at Risk from Abuse
- Emergency Plan
- Restrictive Practices
- Person Centred Planning

9.0 How KPFA ensures that there are systems in place for the assessment, management and ongoing review of risk.

9.1 Extra additional individual risk assessments on a needs basis, Pregnancy risk assessments, accident/incident forms, building risk assessments completed annually.

9.2 Fire extinguishers are serviced each year

9.3 Alarms are serviced each year

9.4 All boilers are serviced each year

9.5 Vehicles are serviced and maintained on a regular basis

9.6 At team meetings, management meetings and quality and standard meetings reviews of risk assessments and hazards are an agenda item.

9.7 An Emergency contact list is in each house detailing relevant emergency numbers

9.8 Emergency Plan in place.

Appendix 1 References

Hart, S. 1999. "Managing Risk in the care of people with Learning Disability". *Mental Care Journal*, Volume 21, Number 11, 389-392.

Matheson Ormsby Prentice 2003. "Accidents and Claims Part 1". *Shelflife Magazine*.
National Patient Safety Agency Guidance Contributory Factors Classification System
Version 1.

NHS Quality Improvement Scotland (2005) Core Risk Assessment Matrices

The Safety Health and Welfare at Work Act, 1989 ("the 1989 Act"), Irish Government
Publications, Dublin.

The Safety Health and Welfare at Work (General Application) Regulations, 1993
("the 1993 regulations"). Irish Government Publications, Dublin.

The Safety Health and Welfare at Work (Miscellaneous Welfare Provisions)
Regulations, 1995. ("the 1995 regulations"). Irish Government Publications, Dublin.

The Health and Safety Authority "Guideline on Safety Statements" published 1996
updated 2002, reference 4/4. The Health and Safety Authority, Dublin.

Risk Register Development / Policy

Introduction

It is the policy of KPFA to operate an integrated process for the management of risk and the development of a risk register is a logical starting point in this regard. Using the process outlined in this guidance document, the service will take stock of the context of its operating environment, identify key risks, assess the risks and review the service capacity to deal with the risks.

The outcome of this process is the development of a risk register which helps a service to establish a direction for managing its risks. The risk register consequently provides managers with a high level overview of the services' risk status at a particular point in time and becomes a dynamic tool for the monitoring of actions to be taken to mitigate risk. This guidance is in line with the AS/NZS 4360:2004

Standard and is consistent with best practice

The risk register is a key example of evidence required in Criterion 9 of the Quality & Risk Management Standard.

1.1 Scope

This document has been developed primarily to provide all Centres with guidance in relation to the development of their first risk registers and applies to all services within KPFA

1.2 Responsibilities

Risk management is a line management responsibility and consequently the line manager is responsible, in consultation with his/her staff, for the development of a risk register in their area of responsibility.

The risk register when complete should be brought to the attention of all employees working in the service in a clear and understandable manner taking into account their level of training, knowledge and experience. A critical part of the risk register is an action plan to address the additional controls identified as required to reduce the risk to an acceptable level.

Additional controls (actions) with a rating of 15 or higher identified as being required that cannot be managed at the service level at which they have been identified should be referred to the next level of management in order that decisions can be taken to manage them. Such decisions may involve the allocation of required resources, the provision of required authority or to escalate the action to a higher level of management.

At any stage in the process it may be decided to 'live with' or accept a certain level of risk as it is acknowledged by KPFA that not every risk can be eliminated, for practical or other reasons. A risk that cannot be completely eliminated must, nevertheless, be recorded in the relevant risk register along with a list of controls to be in place to reduce the risk to an acceptable level. These accepted risks will be monitored by the relevant service on a regular basis.

Risk Registers will capture risk information from within each Service Area. The risk register will be a primary tool for risk tracking, and will contain the overall system of risks, and the status of any risk mitigation actions. (See Figure 1)

Figure 1

The Risk Register Process

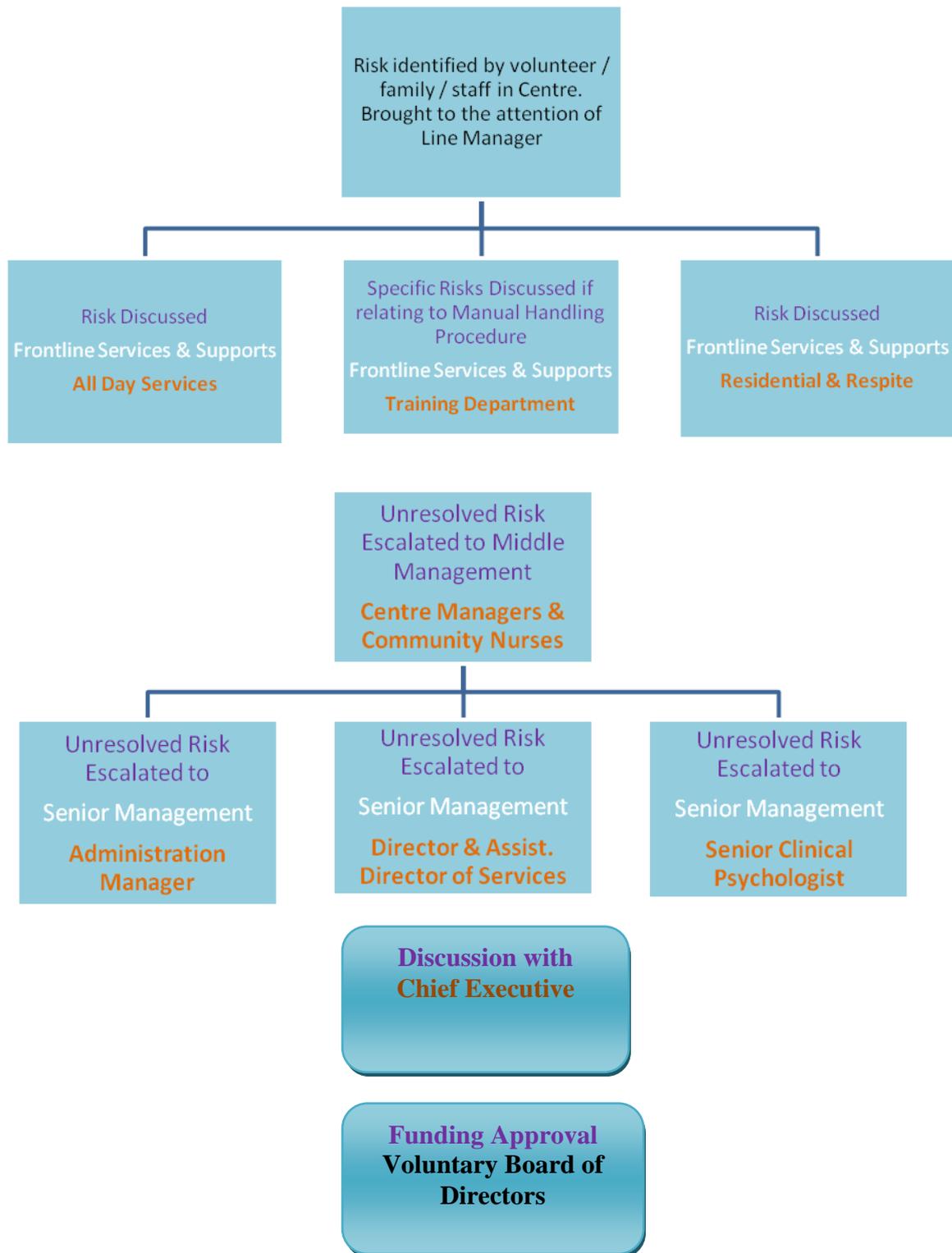


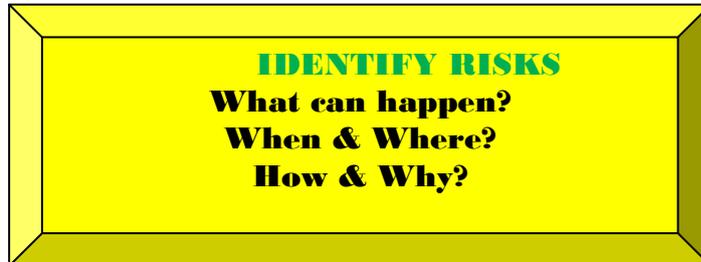
Figure 2

Risk Register Development Process

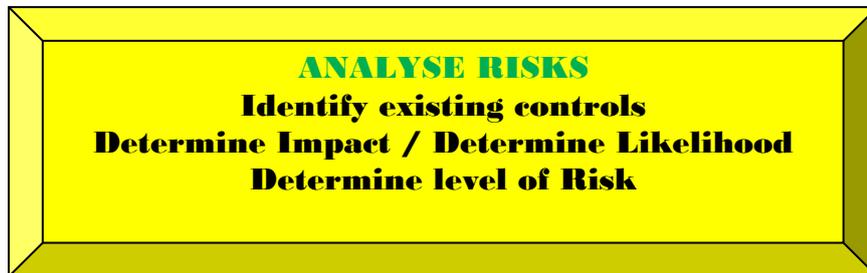
Step 1



Step 2



Step 3



Step 4



Step 5



N.B.

It is important to communicate and consult and monitor and review throughout the development process. Identify & assess options, prepare & implement treatment plans and analyse and evaluate residual risk.

Availability of Risk Expertise

It is accepted that the extent of the risk expertise required to support the process is variable throughout KPFA. The profile of available risk expertise essentially falls into three broad categories.

- 1) Establishment of Safety Representatives in each Centre across all frontline services countywide. Training will be developed and provided. Awareness of risk management across all staff teams with communication and consultation regularly evident. All risk must be reported.
- 2) Establish a supporting role within frontline services through the Assistant Director of Services to assist with risk assessments in the absence of local line management.
- 3) Upskilling all levels of line management in the operation of safe services in preparation for supporting development of the risk register and recourse to expertise in the form of coaching throughout the process. Access to HSE Risk Manager Kerry

Undertaking the process will therefore provide an opportunity to develop risk management capacity as an outcome in those sites where a register is being developed, as staff supporting the process will receive education, training and coaching. The quantum of support provided being proportional to the needs of staff. (see points 1 - 3 above).

Commitment and Ownership

This is critical to the success of the process. All levels of local line management will be involved in the process and they will support participation of all staff locally. Senior management will also liaise with local line management through overseeing the progress on the Xyea system by the Assistant Director of Services. As the management of the completed register(s) will lie with the local line manager, it is essential that they take ownership of the development process from the outset.

It is important to ensure that high quality information/data is used in identifying risks. The line manager of the service in which the risk register is being developed should ensure that a process is undertaken to identify risks from any information source available. Such sources of information include but are not confined to:

- Health & Safety Risk Assessments
- Clinical Risk Assessments
- Activity Information (e.g. throughput, readmissions, waiting lists)
- Alerts received relevant to the service
- Analysis of Consumer Feedback – i.e. complaints, client satisfaction surveys, Compliments
- Incident/accident Reports and Investigation/review (internal and external)
- Research/Literature Reviews
- Audit Reports
- Supervision Meetings
- Claims Data
- Media Reports
- Minutes of Team Meetings

- Occupational Health Surveillance
- Review of External Inspection Reports e.g. Mental Health Commission reports Accreditation reports, Health & Safety Authority reports, Registration and Inspection reports/notices, Professional Body Inspectorates, Irish Medicines Board alerts, Ombudsman reports/appeals
- National Reviews of Major Incidents • Sickness Absence/Employee Turnover
- Visual Inspection

Describing the Risks Identified using the Impact, Causal Factors and Context (ICC) approach

It is important that a brief description of each risk is provided that accurately and comprehensively ensures that the exact nature and magnitude of the risk is captured. This applies whether the risks have been identified from a relevant information source or from a risk assessment workshop.

The 'ICC approach' to risk description

- Risk is inherently negative, implying the possibility of adverse impacts.
- Describe the potential primary area of **Impact** if the risk were to materialise.
- Describe the **Causal Factors** that could result in the risk materialising. Ensure that the **Context** of the risk is clear, e.g. is the risk 'target' well defined (e.g. employees, person we support, centre, community house, etc.) and is the 'nature' of the risk clear (e.g. financial, safety, physical loss, perception, etc.)

Example:

- Failure to adequately protect vulnerable adults identified as 'at risk' from harm due to delays for medical assessment.
- Medication error resulting in death or serious harm to a person we support
- Malfunctioning of medical equipment due to lack of maintenance
- Risk of injury to people we support arising from falls when unwell

Other risk descriptions may include

- Risk of occupational blood exposure to staff due to needle stick injuries
- Financial loss due to payments to fictitious vendors
- Harm to employees due to violent behaviour
- Computer virus on service/area/department network causing lengthy system shutdown

Likelihood and Impact Guidance for Risk Rating - Updated

I M P A C T	IMPACT RATINGS	Guidance on Impact:					
	Extreme/ Catastrophic (5)	Incident leading to death or major permanent incapacity. Event which impacts on large number of patients or member of the public. Permanent psychosocial functioning incapacity.	5	10	15	20	25
	Major (4)	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling. Impaired psychosocial functioning greater than six months.	4	8	12	16	20
	Moderate (3)	Significant injury requiring medical treatment e.g. fracture and/or counselling. Agency reportable, e.g. HSA, Gardai (violent and aggressive acts). >3 Days absence 3-8 Days extended hospital stay. Impaired psychosocial functioning greater than one month less than six months.	3	6	9	12	15
	Minor (2)	Minor injury or illness, first aid treatment required <3 days absence < 3 days extended hospital stay Impaired psychosocial functioning greater than 3 days less than one month.	2	4	6	8	10
Insignificant/ Negligible (1)	Adverse event leading to minor injury not requiring first aid. No impaired Psychosocial functioning.	1	2	3	4	5	
LIKELIHOOD RATINGS			Rare (1)	Unlikely (2)	Possible (3)	Likely (4)	Almost Certain(5)
Actual Frequency:			Occurs every 5 years or more	Occurs every 2-5 years	Occurs every 1-2 years	Bimonthly	At least monthly
Probability:			1%	10%	50%	75%	99%
LIKELIHOOD							

Risk Review Frequency:

- Risks rated 1-3: 6 mths to 1 yr reviews
- Risks rated 4-6: Reviewed monthly/quarterly
- Risks rated 15-25: Reviewed weekly/monthly

Xyea

KPFA RISK ASSESSMENT TOOL

This tool is accessible on the Xyea system by clicking on the question mark located in the rating and residual rating boxes

Completing the Assessment Form and Populating the Electronic Risk Register.



Kerry Parents & Friends Association

User Name : Liz Lernihan

[Logout](#)

Govern	Audit	Risk	Control	Incident	Action
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CREATE RISK

DETAILS			
Location/Unit: <Choose From> ▼	ID: <input type="text"/>		
Title: <input type="text"/>			
Owner: <Choose From> ▼			
Status: Active ▼	Status Change Date: <input type="text"/>		
DESCRIPTION			
<input type="text"/>			
CONSEQUENCE			
<input type="text"/>			
RATIONALE			
<input type="text"/>			
CATEGORY			
Primary category: <Choose From> ▼	Secondary category: <Choose From> ▼		
RATING			
? Likelihood: <Choose From> ▼	Impact: <Choose From> ▼	Score: <input type="text"/>	<input type="text"/>
FINANCIAL IMPACT			
Yearly occurrences: <input type="text"/>	Occurrence cost: <input type="text"/>	Annualised financial impact: <input type="text"/>	

CONTROL MEASURES
[Choose an existing Control](#) [Add a new Control](#)

RESIDUAL RISK
 ? Likelihood: <Choose From> Impact: <Choose From> Score:
 See rating history:

RESIDUAL FINANCIAL IMPACT
 Yearly occurrences: Occurrences cost: Annualised financial impact:

RISK REVIEW
 Risk Review:

 Last Review Date: Review Date:

DOCUMENTS ATTACHED
[Attach](#)

SIGNOFF
 Executive risk Signoff: <Choose From> Signoff status: <Choose From> Date:
 Corporate risk Signoff: <Choose From> Signoff status: <Choose From> Date:

Location Enter Name of Centre / Community House eg. The Haven

Title: Enter the title of risk e.g. risk of falling due to decreased mobility

Owner: Identify the owner of the risk

Status: Identify the status of the risk i.e.

Active if the risk is still current;

Dormant if the risk is not current at present

Eliminated if the risk has been eliminated

ID: This is generated automatically by the xyea system

Status change date: This generated automatically when the status is changed

Description: Record the description of the risk this is similar to the Title

Consequences: Record the known or possible consequences of the risk

Rationale: Input any rationale that explains the circumstance of the risk

Category Select one option from the primary category and one option from the secondary category from the drop down box indicated with an arrow

Rating: Identify the likelihood and the severity of the risk *if there were no controls in place* by using the matrix which can be accessed by clicking on the question mark beside the likelihood box. The score for the risk is automatically generated by the system.

Financial Impact: if known any financial impact associated with the risk can be inputted here.

Control measures: there are two options for adding controls

Option 1: Add a new control. Click on “add a new control” and complete the information in the box that will come on screen this is where you outline any controls that are in place

Option 2: Click on choose an existing control. To use this facility a control must already be generated from the control section of the task bar of the Xyea system. If this has been done input the key word and click attach when correct control appears on screen

Residual risk: Identify the likelihood and the severity of the risk *taking into consideration the controls that have been put in place* by using the matrix which can be accessed by clicking on the question mark beside the likelihood box. The score for the risk is automatically generated by the system.

Residual financial impact Enter any residual financial impact that may be known

Risk review: Review risk within relevant timeframe. Record any change to risk score or any controls. Record the date of next risk review.

Documents attached: Attach any documentation relevant to the risk e.g. OT reports, maintenance requests

Control Measures

What is a Control Measure?

A control measure is any process, policy, device, practice or other action that acts to minimise negative risk or enhance positive opportunities. It is essential consequently, when seeking to minimise the risk posed by any hazard to have in place sufficient controls.

Classification of Internal Controls

There are two main ways of classifying the nature of internal controls available

1. By function i.e. what are they attempting to do
2. By robustness i.e. their level of effectiveness in preventing risks occurring

Classification by Function

• **Preventative:**

These focus on preventing errors or exceptions, examples include:

- Standards, policies and procedures are the most basic type of preventive control.
- Segregation of duties also acts as a preventive control against fraud.
- Authorization / Approval levels also prevent the risk of an illegal act and are thus preventive in nature.

• **Detective:**

These are designed to detect errors or irregularities that may have occurred, examples include:

- Reviews
- Reconciliation
- Variance Analysis
- Audit

• **Directive:**

These are designed to tell employees what to do, examples include:

- Written Policies
- Reporting lines
- Supervision
- Training

• **Corrective:**

These are designed to correct errors or irregularities that have been detected, examples include:

- Continuity Plans e.g. major incident plans, business continuity plans
- Insurance
- Contract terms

Risk Management Escalation Pathway

Stage 1

Stage 1

Local Line Manager to support proactive identification of risks through Dept. profiling exercise

Complete Risk Assessment

Discuss identified risks at Team Meeting

Are additional controls identified within control of Centre to implement?

If YES, assign responsibility for actions to a named person

If NO, refer to Stage 2

Stage 2

Stage 2

Line Manager discusses actions identified as requiring escalation to Administration Manager regarding Maintenance & Equipment and To Assistant Director of Services regarding Service Provision

Actions resolved through discussion are de-escalated to Line Manager

Unresolved actions are assessed for further escalation to Director of Services

Stage 3-4

Stage 3

Administration Manager discusses actions identified as requiring escalation to the CEO regarding Maintenance & Equipment.

The Assistant Director of Services consults with the Director of Services / CEO regarding actions identified under Service provision

Are additional controls identified within control of Snr. Management to implement?

If YES, assign responsibility for actions to a named person

If NO, refer to Stage 4

Stage 4

The CEO consults with the Board of Directors and the HSE (Funder) regarding the actions identified as requiring immediate attention and approval to resolve

Resulting approvals will be delegated to the appropriate manager for implementation

The CEO will report on the finalisation of implementation to the relevant bodies

FOCUS P-D-C-A

Performance Improvement Model to Identify & Solve Problems & Processes

The FOCUS Phase

Helps to narrow the teams attention to a discrete opportunity for improvement

F FIND	Find a process that needs improvement. Define the process and its customers. Decide who will benefit from the improvement. Understanding how the process fits within KPFA's system and priorities.
O ORGANISE	Select a team that is knowledgeable in the process. Determine Team size, members who represent various levels within the organisation, select members and prepare to document their progress.
C CLARIFY	Clarify the current knowledge of the process. Define the process <u>as it is</u> and <u>as it should be</u> . Team reviews current knowledge and then must understand the process to be able to analyse it and differentiate the way it actually works and the way it is meant to work.
U UNDERSTAND	Understand the causes of variation. Team will measure the process and learn the causes of variation. They will then formulate a plan to data collection, collecting the data, using the information to establish specific, measurable and controllable variations.
S SELECT	Select the potential process improvement. Determine the action that needs to be taken to improve the process (must be supported by documented evidence)

THE P-D-C-A PHASE Allows the Team to pursue that opportunity and review its outcome

P PLAN	Plan the improvement / data collection. Plan the change by studying the process, deciding what could improve it and identifying data to help.
D DO	Do the improvement / data collection / data analysis. Execute the plan on a smaller scale or by simulation.
C CHECK	Check the data for process improvement. Observe the results of the change. Document the results of the change. Modify the change if necessary and possible.
A ACT	Act to hold the gain / continue improvement. Implement the change if it is working. If it fails, abandon the plan and repeat the cycle.