

RISK MANAGEMENT PRACTICE AT STATISTICS LITHUANIA



Laura Lukšaitė-Balakauskienė
Statistics Lithuania

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- Quality Management System – as preventive tool
- ISO 9001 and risk conception
- Identification and management of risky activities
 - Risk management responsibilities
 - Management of non-conformities
 - Management of IT incidents
 - Monitoring of performance assessment criteria (implementation of strategic objectives)
- Staff involvement in risk management activities
- Conclusions (lessons learnt and future plans)

QUALITY MANAGEMENT SYSTEM – AS PREVENTIVE TOOL

- QMS conforming to the ISO 9001 implemented in 2007
 - *Scope: organisation of statistical surveys, production and dissemination of statistical information*
- QMS acts as a preventive tool – identification and management of activities risky for the process are an integral part of the system.



ISO 9001 AND RISK CONCEPTION

- **Main objectives of the implementation of the ISO 9001:**
 - *to demonstrate institution's ability to consistently provide statistical products and services that meet defined requirements, and*
 - *to enhance user satisfaction*

- **Risk conception in the frame of the ISO 9001 is related to the uncertainty in the achievement of these objectives**

WHERE RISK IS ADDRESSED IN ISO 9001?

ISO 9001:2008

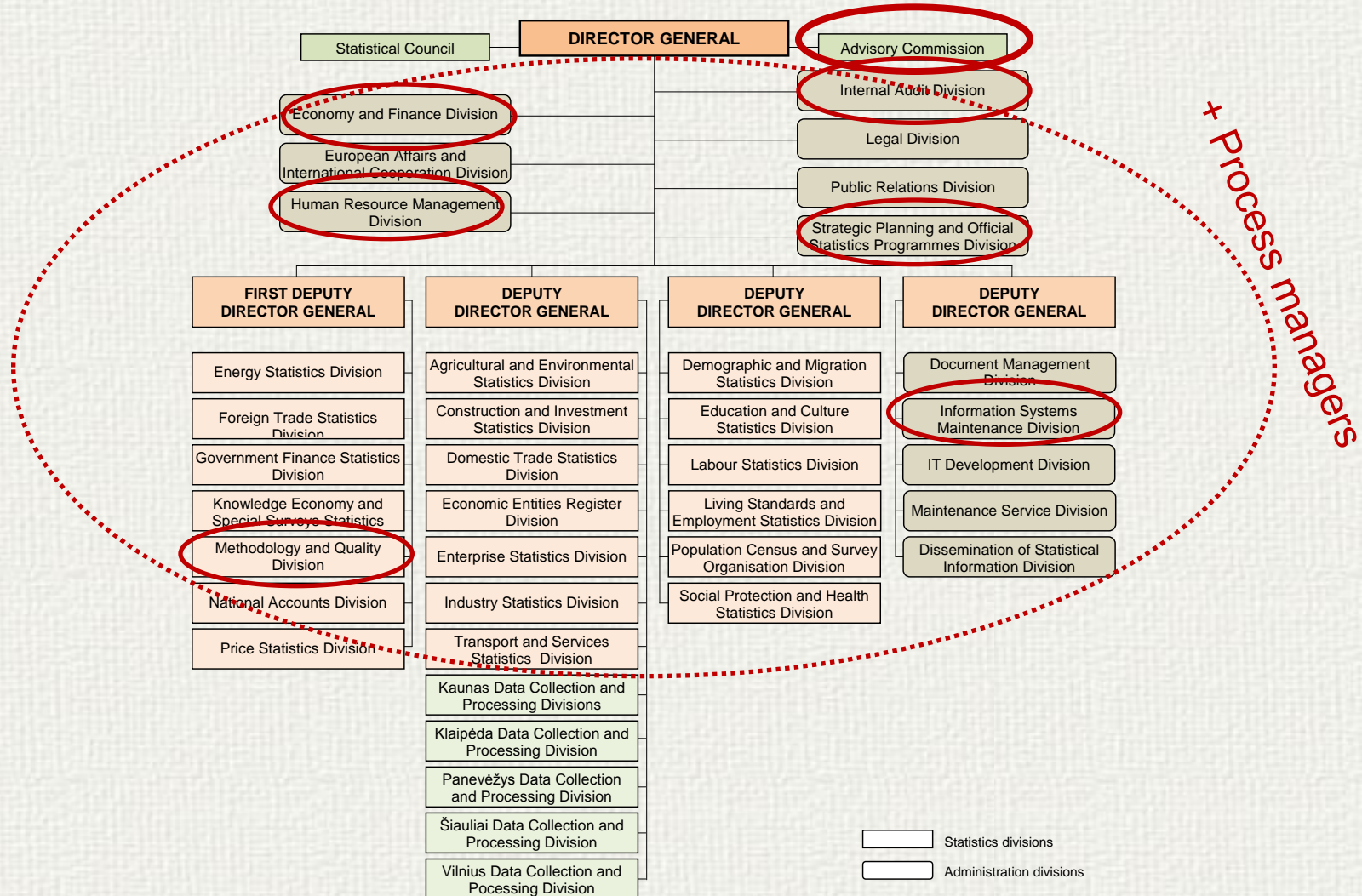
- **8.5.2 Corrective action**
- **8.5.3 Preventive action**

ISO 9001:2015

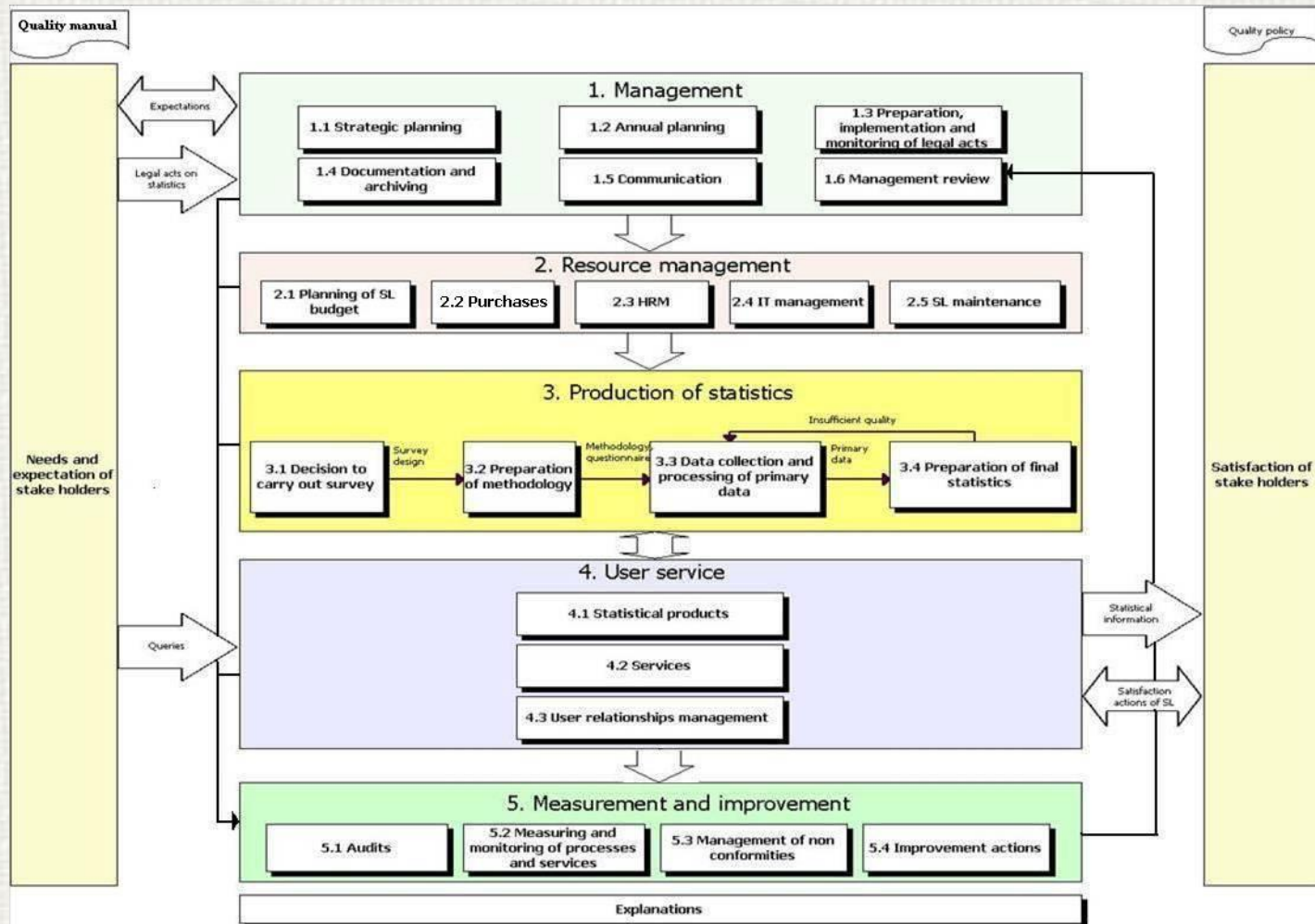
- **Introduction**
- **4.4 Quality management system and its processes**
- **5.1 Leadership and commitment**
- **6.1 Actions to address risks and opportunities**
- **7.1 Resources** (*risk is implicit whenever “suitable” or “appropriate” is mentioned*)
- **8.1 Operational planning and control** (*risk is implicit whenever “suitable” or “appropriate” is mentioned*)
- **9.1 Monitoring, measurement, analysis and evaluation and 9.3 Management review**
- **10.2 Non-conformity and corrective action**

IDENTIFICATION AND MANAGEMENT OF RISKY ACTIVITIES

RISK MANAGEMENT RESPONSIBILITIES



PROCESSES OF STATISTICS LITHUANIA



PROCESS MANAGERS – RISK OWNERS

- Assigned to each process by order of the Director General of Statistics Lithuania
- Responsible for:
 - organisation, monitoring and preventive control of the process
 - setting quality objectives for the process and their implementation actions
 - analysis and elimination of non-conformities (risky activities) and/or their causes
 - setting and implementation of improvement actions, assessment of their efficiency

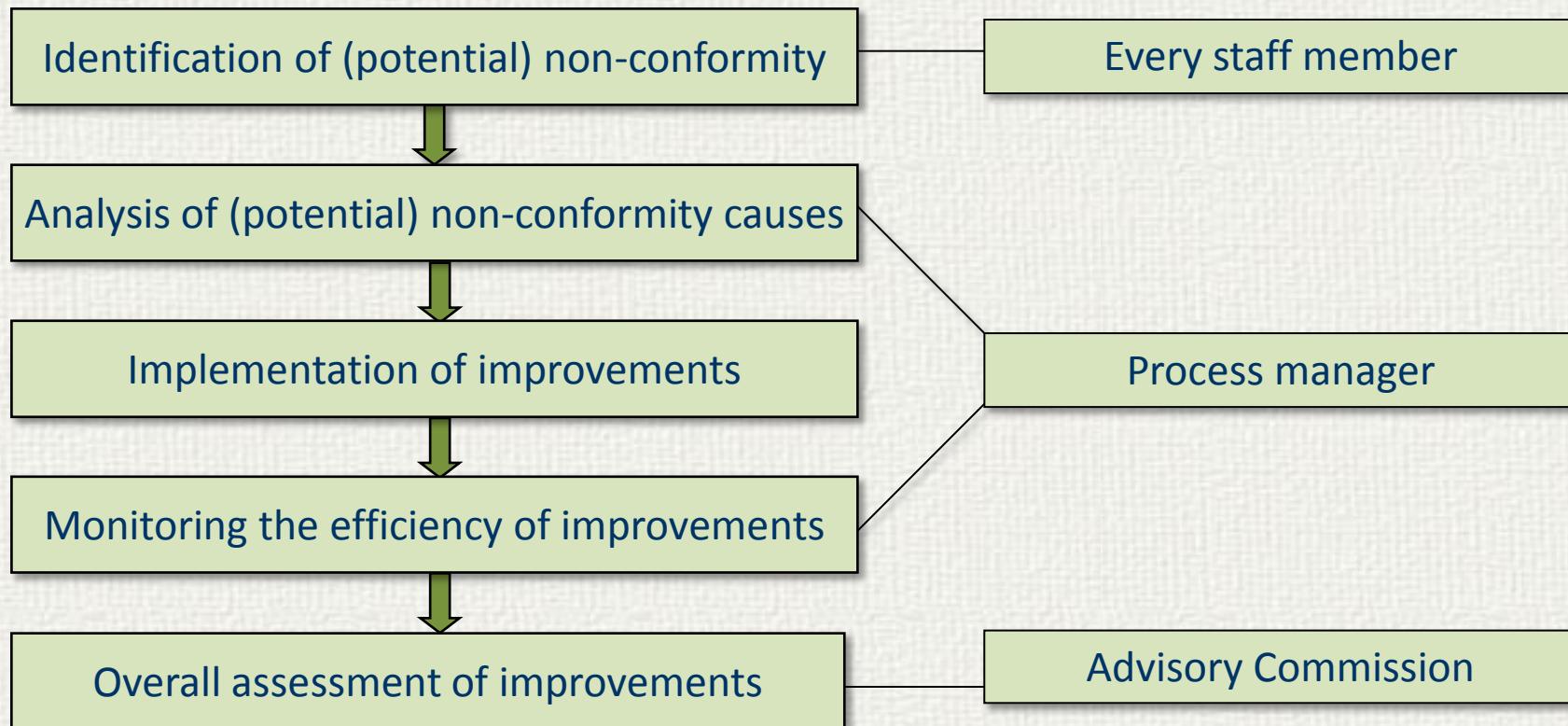
Statistical production process managers

- Head of the Methodology and Quality Division
- General requirements for the process, monitoring of their implementation
- Survey/product managers
- Survey organisation, supervision and control

ADVISORY COMMISSION – BOARD ENTITY FOR RISK GOVERNANCE

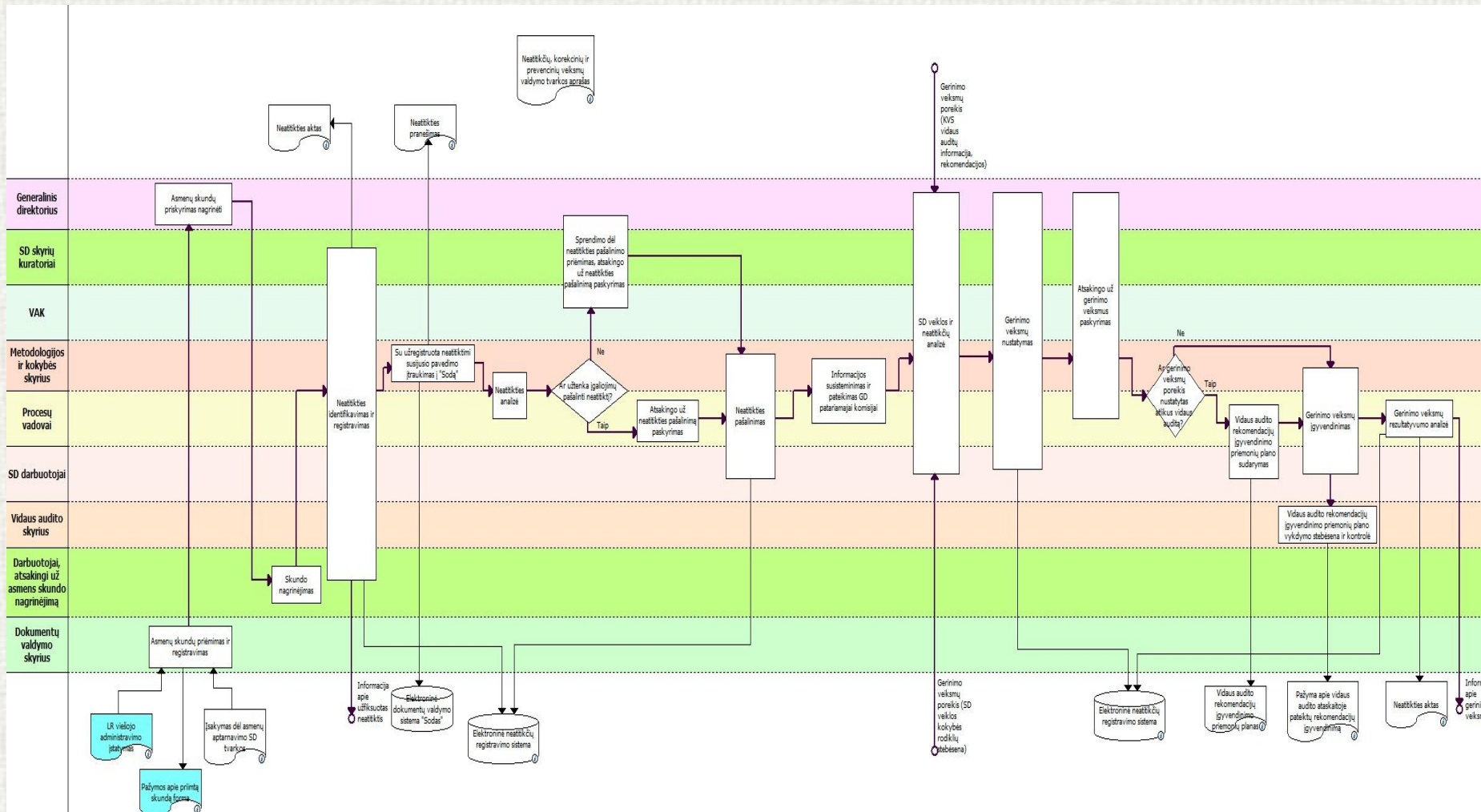
- The Advisory Commission is an internal advisory body of the Director General of Statistics Lithuania
- 13 members, representing Director General, Deputies Director General and heads of some structural units
- Main topics regularly considered at Advisory Commission meetings:
 - Strategy (work plans) implementation
 - Budget
 - Response burden reduction issues
 - Results of the monitoring of performance indicators, self-assessments, audits
 - IT incidents
 - Results of user satisfaction surveys
 - Work time cost analysis

MANAGEMENT OF NON-CONFORMITIES



- Non-conformities are also considered, improvement actions and responsibilities are defined during weekly management meetings.
- An electronic system for recording non-conformities and documentation of improvement actions is used.

PROCESS OF MANAGEMENT OF NON-CONFORMITIES



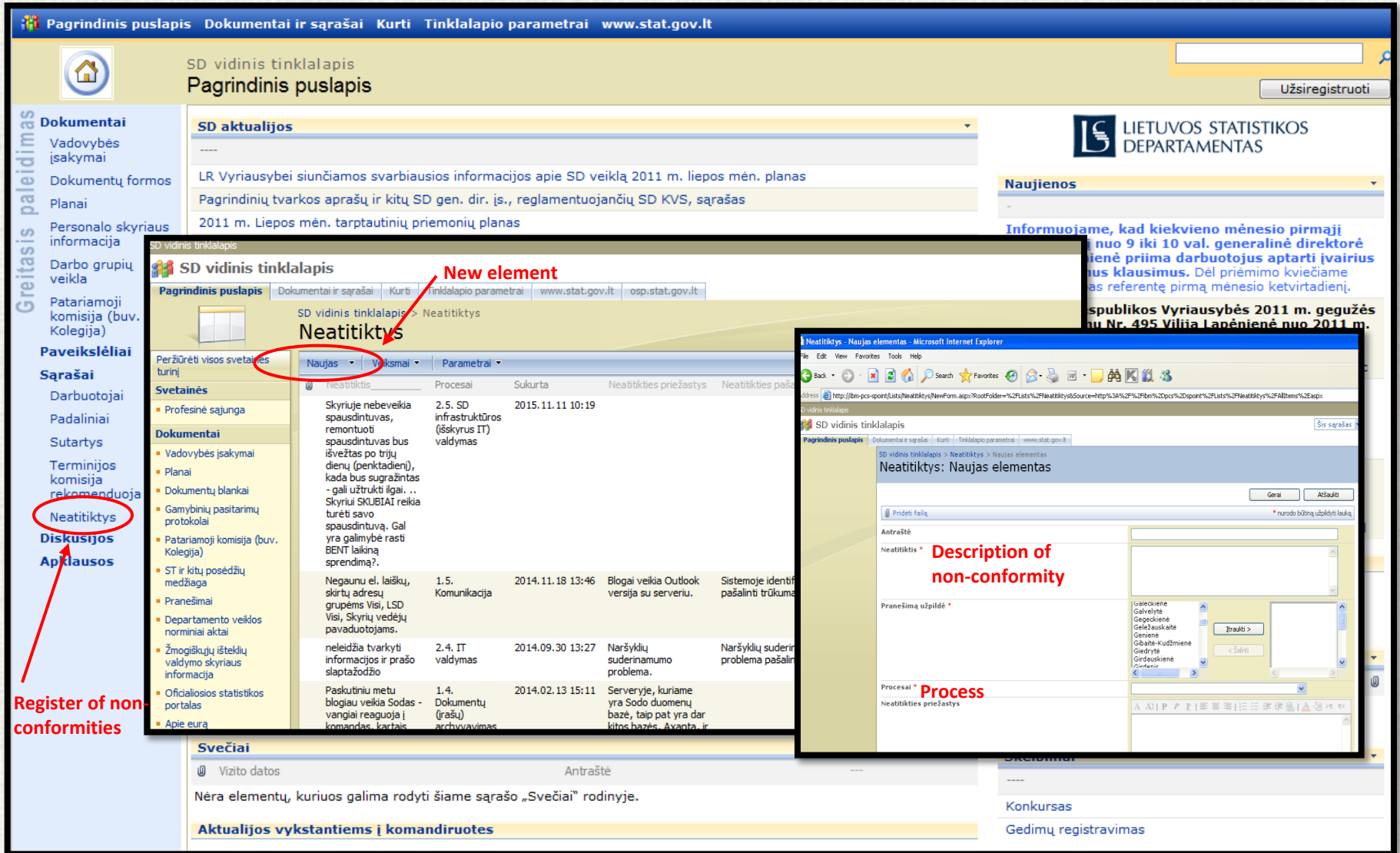
25–26 April 2016, Geneva

IDENTIFICATION OF NON-CONFORMITIES OR RISKS IN STATISTICAL PROCESSES

Non-conformities or risks can be identified during:

- Monitoring of performance indicators (including time costs)
- Appraisal of staff performance, analysis of staff competence survey results
- Self-assessment of survey managers
- Inspections of statistical surveys
- Analysis of user satisfaction survey results, user requests and complaints
- Audits
- Analysis of registered IT incidents
- Accidentally, performing daily activities

REGISTER OF NON-CONFORMITIES



SD vidinis tinklalapis
Pagrindinis puslapis

SD aktualijos

LR Vyriausybei siunčiamos svarbiausios informacijos apie SD veiklą 2011 m. liepos mėn. planas
Pagrindinių tvarkos aprašų ir kitų SD gen. dir. įs., reglamentuojančių SD KVS, sąrašas
2011 m. Liepos mėn. tarptautinių priemonių planas

SD vidinis tinklalapis

Neatitiktys

New element

Neatitiktis	Procesai	Sukurta	Neatitikties priežastys	Neatitikties pašalinimas
Skyriuje nebeveikia spausdintuvas, remontuoti spausdintuvas bus išvežtas bus išvežtas po trijų dienų (penktadienį), kada bus sugražintas - gali užtrukti ilgiai... Skyriui SKLUBIAI reikia turėti savo spausdintuvą. Gal yra galimybė rasti BENT laikina sprendimą?.	2.5. SD infrastruktūros (išskyrus IT) valdymas	2015.11.11 10:19		
Negauau el. laiškų, skirtų adresu grupėms Visi, LSD Visi, Skyrių vedėjų pavaiduotojams.	1.5. Komunikacija	2014.11.18 13:46	Blogai veikia Outlook versija su serveriu.	Sistemoje identifi pašalinti trūkum
neleidžia tvarkyti informacijos ir prašo slaptažodžio	2.4. IT valdymas	2014.09.30 13:27	Naršyklių suderinamumo problema.	Naršyklių suderinamumo problema pašal
Paskutiniu metu blogiau veikia Sodus - vangiai reaguoja į komandas, kartais	1.4. Dokumentų (rašų) archyavimas	2014.02.13 15:11	Serveryje, kuriame yra Sodo duomenų bazė, taip pat yra dar kitos bazės. Ayanta ir	

Description of non-conformity

Process

Register of non-conformities

REGISTER OF NON-CONFORMITIES (2)

Non-conformity	Process	Date of detection of non-conformity	Causes of non-conformity	Actions to eliminate detected non-conformity	Date of elimination of detected non-conformity	Actions to eliminate the causes of non-conformity	Date of elimination of causes of non-conformity	Were the actions to eliminate the non-conformity and its causes effective?	Additional treatment actions
Average time spent on secondary data editing in quarterly statistical surveys exceeded the defined critical value.	3.4 Preparation of final statistical information	20.04.2015	1. Insufficient primary editing. 2. Insufficiently automated secondary editing procedures.	<i>See Actions to eliminate the causes of non-conformity.</i>	<i>See Date of elimination of causes of non-conformity.</i>	1. To revise statistical data editing rules/algorithms used in data entry programs. 2. To analyse editing procedures applied in specific statistical areas and to provide recommendations for the improvement and automation of editing methods.	31.12.2015	Yes	Methodological recommendations for data editing and imputation prepared and approved.
Statistical data were not updated on time (according to the Calendar) on the Official Statistics Portal (OSP).	4.2 User services	10.05.2013	Interference in the functioning of the OSP. During the database update process, a systemic SQL server error occurred.	To eliminate the error and re-publish data in the database.	11.05.2013	1. To inform the company responsible for the treatment of OSP errors. 2. To introduce corrections in the database server operating system.	10.05.2013	Yes	
Primary statistical database was not prepared on time (according to the agreed timetable).	3.3 Data collection & processing of primary data	19.07.2010	Computerised system for data collection from households (KRAS) incorrectly exports data from questionnaires to database. For this reason, the primary statistical database was shaped manually, and it took more time than expected.	To improve software.	19.07.2010	<i>See Actions to eliminate detected non-conformity.</i>	<i>See Date of elimination of detected non-conformity.</i>	Yes	Continuous improvement of KRAS software, taking into account updates of related software products.

MANAGEMENT OF IT INCIDENTS

➤ Incident types

- Hardware failures
- Software errors

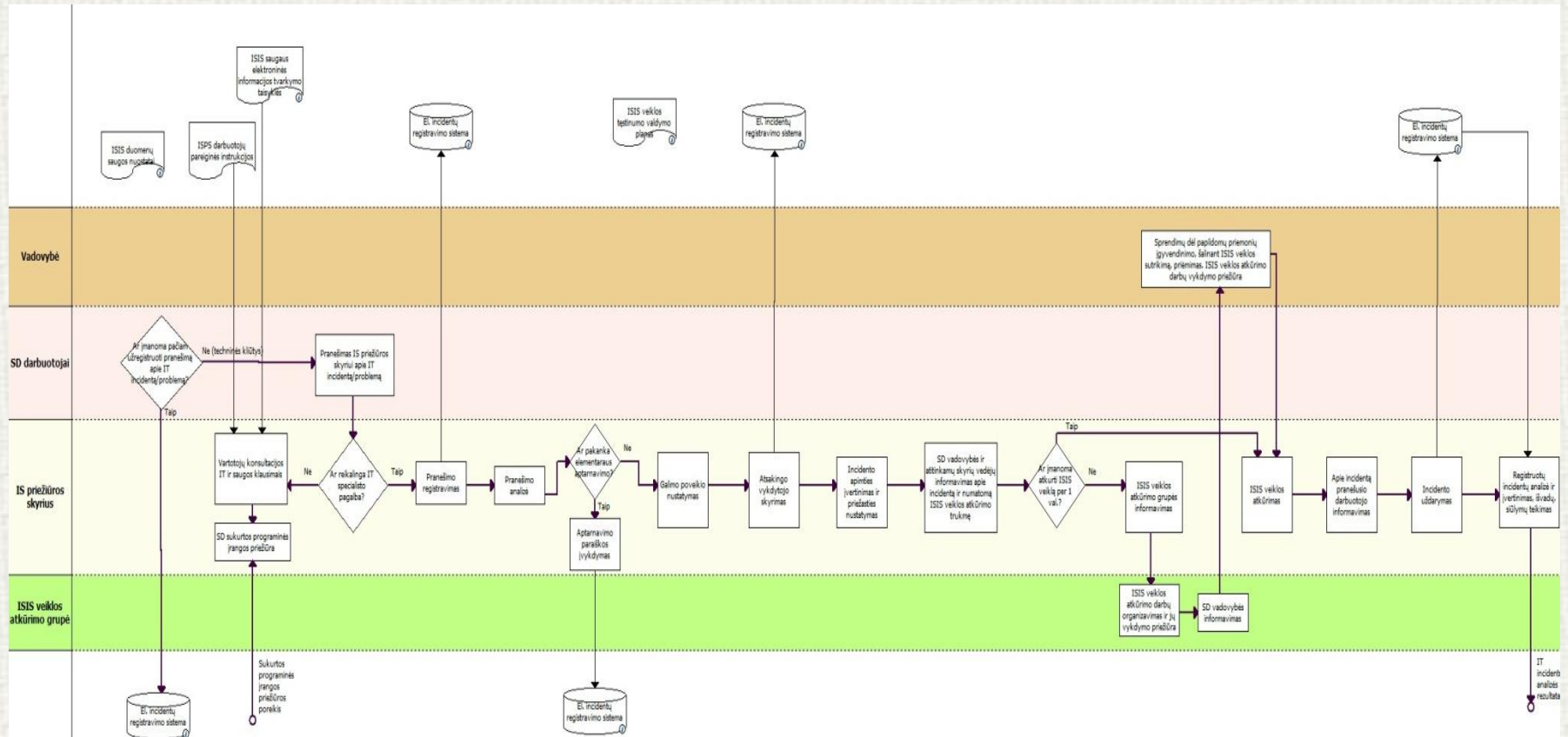
➤ Registration

- Special online IT incident registration system, based on ITIL

➤ Analysis and improvement

- Immediately when incidents are registered; quarterly
- Classification of incidents, evaluation of potential risk factors for ISIS data integrity, confidentiality, and availability are performed; treatment actions are defined
- Related performance indicators and their compliance with Service Level Agreements are monitored
- Results are discussed at Advisory Commission meetings and used to improve the IT service management

PROCESS OF MANAGEMENT OF IT INCIDENTS



MONITORING OF PERFORMANCE INDICATORS

PERFORMANCE ASSESSMENT CRITERIA

- **Objectives:**
 - Impartial assessment of the progress made towards implementation of strategic objectives and review strategic priorities
 - Timely reaction to possible risks and treats for reaching strategic goals
- **Types of criteria**
 - Effect
 - Result
 - Product
- **Critical values are defined for all criteria**
- **Monitoring**
 - Quarterly, annually
 - Results are discussed at Advisory Commission meetings and published in the National Monitoring Information System

PERFORMANCE ASSESSMENT CRITERIA *RESULTS*

Statistical information release, days after the reporting period

	Monthly	Quarterly	Annual
2014	19	53	170
2015	19	53	165
2016	19	52	160
2017	19	52	160

Number of press releases

2014	2015	2016	2017
288	290	292	292

Share of legal entities providing statistical reports electronically

2014	2015	2016	2017
82	84	85	86

STAFF INVOLVEMENT IN RISK MANAGEMENT ACTIVITIES

- Clear communication of risk management goals within the organisation
- Possibility to inform about non-conformities and to contribute to quality improvement
- Possibility to inform about IT incidents
- Opportunity to express personal opinion and participate in the decision-making process

Full staff involvement and support are essential for the implementation and improvement of risk management.

CONCLUSIONS

- Risk management is effective when it is systematic
- Definition and documentation of risk management procedures facilitate risk management in many aspects
- Staff involvement and active participation in the process are essential
- Initiative and support of the top management play a very important role in risk management

Our goal for the nearest future – to move from the ISO 9001:2008 to the ISO 9001:2015 and to improve risk management in the institution accordingly.

THANK YOU!