



Risk Management Policy

KARE POLICY DOCUMENT				
<i>Policy Owner: CEO</i>				
<i>Rev. No.</i>	<i>Approved by OMT</i>	<i>Approved by KARE Board</i>	<i>Launched Heads of Units</i>	<i>Operational Period</i>
Rev 1	July 2014	June 2014	Sept 2014	Sept 2014 – Nov 2014
Rev 1.1	Dec 2014	N/a	Dec 2014	Dec 2014 – April 2015
Rev 1.2	Not Applicable (amended to update reference re Safeguarding and Protected Disclosure policies)		Informed of change by email	April 2015 – Feb 2016
Rev 1.3	Not Applicable (Appendix 5. Individual Risk Assessment Form updated)		Informed of change by email	Feb 2016 – Feb 2018
Rev 2	November 2017	March 2018	March 2018	Mar 2018 – June 2018
Rev 2.1	Appendix 1 Risk Rating Table updated to reflect table in HSE Policy			July 2018 -

Section 1: Policy

1.1 Background to this Policy

This policy has been developed to provide a guidance on the management of risk in KARE and to support compliance with all relevant national legislation, regulation and guidelines.

This policy is underpinned by national guidelines, policies and regulations:

- HSE Integrated Risk Management Policy 2017
- Code of Governance for State Bodies
- Safety Health and Welfare at Work Act 2005
- Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (children and adults) with Disabilities Regulations 2013. Reg. No. 26)
- HIQA Guidelines for Designated Centres – Risk Management

Other KARE policies, guidelines and processes related to this policy are:

- KARE's Safety Statement
- Fire Safety Policy
- Managing Complaints
- Safeguarding of Vulnerable Adults at Risk of Abuse
- Child Protection and Welfare
- Trust in Care
- Dignity at Work
- Protected Disclosures /Good Faith Reporting
- Individualised Planning
- Falls Management Guidelines
- Operational and Team planning process

1.2 Aim of this Policy

The aim of this policy is to support staff to manage risks associated with the activities of KARE in a way that maximises the opportunities to provide quality services and supports and minimises the potential for adversity.

1.3 Scope of this Policy

This policy applies to all KARE staff, Community Employment (CE) and Local Training Initiative (LTI) participants, volunteers, students on placement and all others working on behalf of KARE including the Board of Directors.

The policy applies to all activities undertaken as part of KARE's business.

1.4 Policy Statements

1.4.1 General Statements

- 1.4.1.1 KARE recognises that risk cannot be eliminated but that it can be minimised through good management

- 1.4.1.2 KARE recognises the importance of adopting a proactive approach to the management of risk to support the achievement of objectives and compliance with governance requirements
- 1.4.1.3 KARE is committed to ensuring that risk management is seen as the concern of everyone, is embedded in normal day to day practices and informs planning at strategic, operational, team and individual level.
- 1.4.1.4 KARE will comply with all relevant legislation and regulations relating to governance and to the safety, health, welfare and protection of the people who use its service, staff and others working on behalf of the organisation.
- 1.4.1.5 KARE will ensure that its policies, processes and procedures support a proactive approach to the management of risk at all levels throughout the organisation.
- 1.4.1.6 KARE will ensure that the potential for reoccurrence of specific adverse events, i.e. health and safety incidents, complaints or safeguarding issues, is reduced by using the learning from such events to inform and guide improvement.
- 1.4.1.7 The CEO, on behalf of the Board of Directors will ensure that KARE maintains an Organisational Risk Register which supports the management of corporate risk. This Risk Register will be approved by KARE's Board of Directors.
- 1.4.1.8 Line Managers will ensure that a Unit/Department Risk Register is developed and maintained which includes risk assessments in relation to the welfare, health and safety of people in their Unit/Department.

1.4.2 Identification and Assessment of Risk

- 1.4.2.1 The CEO will ensure that corporate risks i.e. those might impact on the achievement of KARE's strategic priorities and the effective operation of the organisation are identified and risk assessments are carried out as appropriate. including risks in the following categories:
 - Financial
 - Governance and Management
 - Operational and Clinical
 - Reputation and Compliance
 - Strategic
- 1.4.2.2 Line Managers will ensure that risks in relation to the welfare, health and safety of the people in their department/unit are identified and Risk Assessments are carried out in relation to all relevant risks including:
 - Access and Egress i.e. Entering/Exiting building
 - Accidental injury to people who use the service, staff and visitors
 - Dignity at Work
 - Electricity and Electrical Equipment
 - Fire
 - Lone Worker
 - Manual Handling and People Moving and Handling
 - Security of building
 - Specific Equipment and Activities
 - Work Stations including Use of Computers

- Working at heights

1.4.2.3 Line Managers in departments/units which deliver services and supports to people with intellectual disability will ensure that risks associated with the delivery of the services and supports are identified and Risk Assessments are carried out in relation to all relevant risks including:

- Abuse and Non Accidental Injury
- Challenging Behaviour, Self-Harm, Aggression, Violence and Assault
- Managing monies of people using the service
- Safe Administration of Medication
- Unexpected/Unexplained absence of a person using the Service
- Vehicles and Transport

1.4.2.4 Line Managers will ensure that specific risks related to the safety and welfare of a person using the service are identified as part of the Individualised Planning process e.g. Assessment of Need/Wishes and Dreams, and where there is a concern a risk assessment is carried out. The individual and/or a family member/representative should be involved in carrying out the risk assessment as appropriate.

1.4.2.5 KARE recognises that risk is a normal part of life, in this regard it is not necessary to carry out a risk assessment of a person using the service where the risk is minimal and is no greater for that individual than it would be for someone who is not using the service.

1.4.3 Managing Identified Risks

1.4.3.1 Line Managers will ensure that staff and relevant others are familiar with the Risk Assessments in their area and implement the control measures as appropriate.

1.4.3.2 Line Managers will ensure that where relevant an Action Plan is developed to address any shortfall in the Control measures and that the Action Plan is implemented.

1.4.3.3 Line Managers will ensure that control measures are in place for each risk to ensure the likelihood of the risk occurring is as low as possible and that the impact of the risk is as minimal as possible.

1.4.3.4 Where a risk rating remains moderate or high even with control measures in place a staff member should consult with their Line Manager and relevant others to agree how to proceed ~~e.g. can additional control measures be put in place.~~ Risks rated as Moderate (amber) may be tolerable however they should be monitored on a regular basis. Risks rated as High (red) should generally be considered intolerable and should be discussed with the relevant Management Team who may make a decision to accept the risk but keep it under review.

1.4.3.5 Line Managers will ensure that the management of risk in relation to individuals who use the service is proportional to the risk identified and:

- is person centred

- supports them to manage the risks themselves to the greatest extent possible.
- focuses on their strengths and abilities
- balances their rights, dignity and autonomy with their vulnerability, safety and welfare
- supports them to pursue their choices and preferences in as independent a way as possible
- promotes independence, social inclusion and the best quality of life possible
- avoids the use of restraint/restrictions where possible

1.4.3.6 Line Managers will ensure that where a control measure is a restrictive practice that a Restraint/Restrictive Practice assessment is carried out and a Restraint Management Plan put in place as appropriate.

1.4.3.7 Line Managers will ensure that risks are managed on an ongoing basis and that risk assessments are reviewed in line with changes in circumstances e.g. an increase/decrease in adverse events or a change in the status of a control measure. All Risk Assessments should be reviewed at least once a year.

1.4.3.7 Staff will ensure that they implement control measures identified in risk assessments in accordance with related procedures, guidelines and plans.

1.4.3.8 Staff will ensure that they only share information in relation to risks for an individual on a need to know basis and that they respect the individual's right to privacy.

1.4.4 Monitoring of Risks and Learning from Adverse Events.

1.4.4.1 Staff will report all health and safety incidents, drug errors, complaints and safeguarding issues in accordance with the relevant procedures.

1.4.4.2 Staff will take the necessary action in their immediate response to an adverse event to ensure the health, safety, welfare and protection of all individuals involved.

1.4.4.3 Line Managers will ensure that they respond to and investigate all reported health and safety incidents, drug errors, complaints and safeguarding issues in a timely way and in line with the relevant policies, process and procedures.

1.4.4.4 Line Managers responding to the aftermath of a major emergency outside normal working hours will take whatever steps they deem necessary to manage the immediate situation and will identify decisions that can be deferred until normal working hours resume when relevant others can be consulted.

1.4.4.5 Line Managers will ensure that adverse events e.g. health and safety incidents, complaints and safeguarding issues are reported to the relevant authorities as required by statutory regulations including incidents notifiable to:

- the Safety Health and Welfare Authority
- Health Service Executive (HSE)
- Health Information and Quality Authority (HIQA)

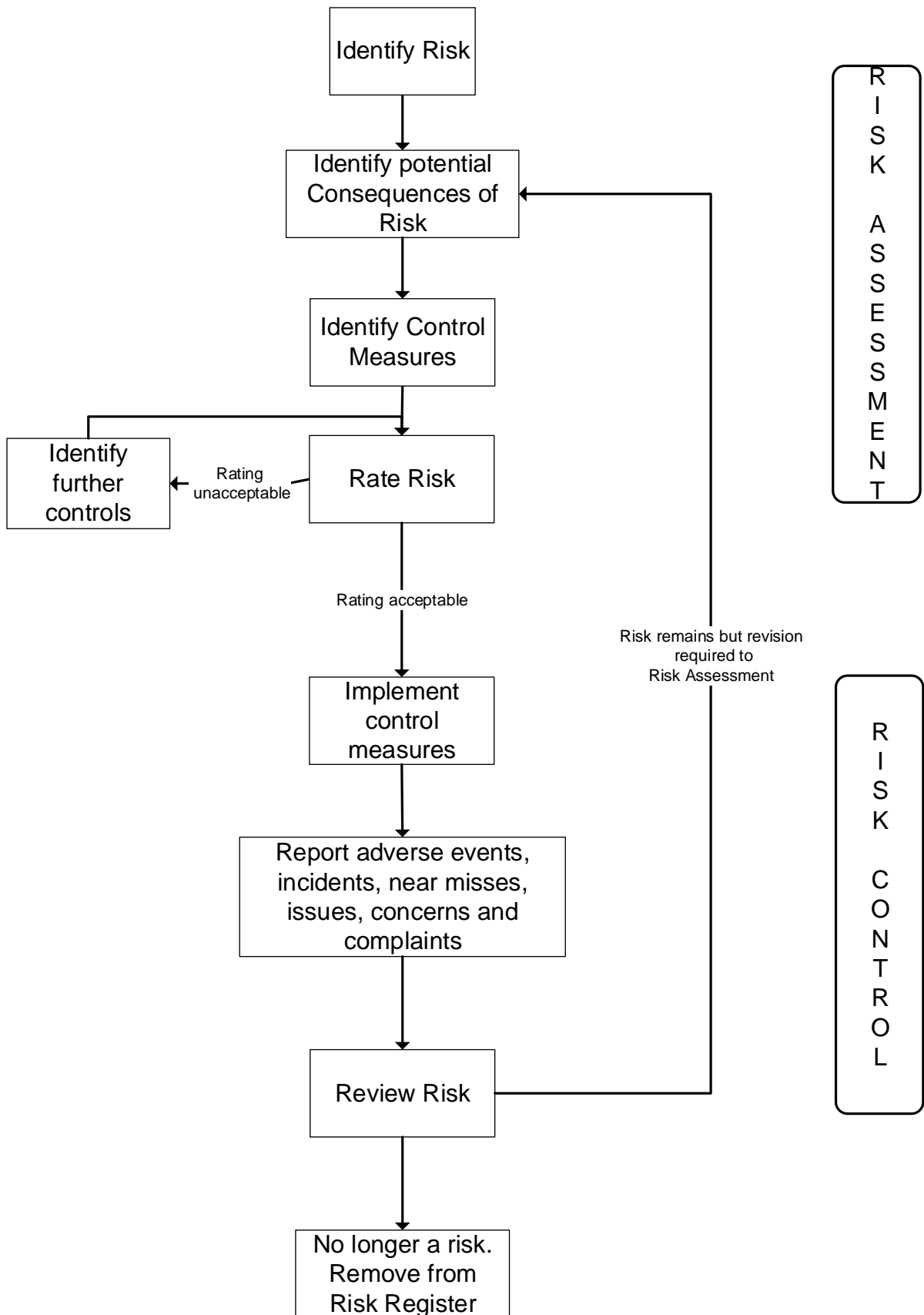
- State Claims Agency

- 1.4.4.6 Line Managers will monitor the type and frequency of adverse events e.g. health and safety incidents, drug errors complaints and safeguarding issues, in their area and implement improvements as appropriate to prevent reoccurrence.
- 1.4.4.7 Line Managers will support staff to learn from adverse events by discussing such events as appropriate, at staff meetings.
- 1.4.4.8 The Health and Safety Committee will monitor trends in relation to health and safety incidents and make recommendations, where relevant, for organisational improvements.
- 1.4.4.9 The Issues and Concerns Group will monitor the results of the Complaints / Safeguarding measures on a quarterly basis and make recommendations where relevant for organisational improvements.
- 1.4.4.10 The CEO will present an annual report on Health and Safety, Complaints and Safeguarding incidents to KARE's Audit and Risk Committee.

1.4.5 Communication, Information and Training

- 1.4.5.1 Line Managers will ensure that people working on behalf of KARE in their area are familiar with this policy.
- 1.4.5.2 Line Managers will ensure that people working in their area have the required training in health and safety, welfare and protection matters.
- 1.4.5.3 Line Managers will ensure that people who use the service in their area have access to information and education on matters related to their health, safety and welfare.
- 1.4.5.4 Staff members will ensure that they are familiar with and adhere to this policy
- 1.4.5.5 Staff members will attend training as requested to ensure they have the knowledge and skills they require to carry out their role in line with KARE's policies, processes and procedures

Section 2: Process for Managing Risk



Section 3: Procedures

3.1 Identifying, assessing and managing organisational risks

3.1.1 The Strategic Planning Group (SPG) will identify corporate risk in the following areas:

- i. Financial:
 - Risk to existing finances
 - Risks related to the accounting procedures/systems/records used to manage KARE's finance
 - Risks to assets
- ii. Governance and Management:
 - Risks related to the governance and management of the organisation including structure, culture, planning and decision-making
 - Risks related to the management of employees
 - Risks related to information and data
 - Risks related to compliance with legislation, regulation, standards and codes of practice
 - Risks related to meeting the organisation's contractual requirements
- iii. Operational and Clinical:
 - Risks related to the processes/procedures/technologies used to achieve particular objectives
 - Risks related to the health and safety of people associated with KARE including service users and staff
 - Risks related to supporting individuals and their families
 - Risks related to the maintenance and security of buildings
 - Risks related to the effective use and maintenance of technology
- iv. Reputation:
 - Risks to the public perception/reputation of the organization
 - Risks related to the perception service users and families have of the organisation
- v. Strategic:
 - Risks external to the organization e.g. economic climate, interest rates, inflation

3.1.2 The SPG will assess each identified risk using the Organisation Risk Assessment Form (see Appendix 4) to:

- I. List the potential consequences of the risk
- II. List the vulnerabilities associated with the risk by identifying weaknesses in work practices, processes, systems, people etc.
- III. Identify the controls currently in place to mitigate the risk

3.1.4 The SPG will rate each risk using the Risk Rating Table (see Appendix 1) and record its rating on the Organisation Risk Assessment Form.

3.1.5 Where relevant the SPG will agree actions to improve the control measures and record these on the risk assessment form. The appropriate Process Owner i.e. the person

responsible for the particular Key Activity, will take responsibility for each action or in the case of new initiatives this may be a Project Leader.

3.1.6 The SPG will collate the organisational risk assessments to form the Organisation Risk Register

3.1.7 The CEO will present the Organisation Risk Register to the Audit and Risk Committee for approval in quarter one of each year

3.1.8 The Process Owner/Project Leader identified to carry out actions required to mitigate against risk will ensure these actions are completed in the specified timescale.

3.1.9 The SPG will review the Organisation Risk Register at least once a year or more often if relevant e.g. in response to specific adverse events, serious incidents or findings from audit, assessments or inspections

3.2 Identifying, assessing and managing risks in specific KARE locations /Departments/Units

3.2.1 The Leader/Department Manger will work with members of their team to identify risks which require management and therefore should be included in the Department/Unit Risk Register. They will use information from adverse events, audits, inspections and assessments to inform this.

3.2.2 The Leader/Department Manger will work with the staff team to prepare a risk assessment for each identified risk and document it on the Department/Unit Risk Assessment Form (see Appendix 3) as follows

- Describing the Risk
- Identifying and listing the Persons at Risk
- Describing the potential Consequences should the risk occur
- Identifying and listing each Control Measures and the date it is operational from (note if a control measure ceases to be operational the date it ceased is entered making that control invalid from that date)
- Reflecting on the Risk and recording the detail by:
 - Entering the date/Developed/Reviewed
 - Selecting the Likelihood and Impact of the risk occurring given the control measures that are in place, using Risk Rating Table in Appendix 1 as a reference
 - Reflecting on the Risk Rating (this is automatically calculated from the Likelihood and Impact) and deciding if any action is required
 - Selecting the Outcome of the review
 - Recording the names of People involved in review
 - Agreeing and recording the date the risk should be next reviewed

3.2.3 The Leader/Department Manager will ensure that any actions that are required to improve the control measures are recorded in their Team Action Plan, referencing the Risk as the category of action.

3.2.4 The Leader/Department Manager will ensure the Risk Assessment including the Risk Rating is updated to reflect any change in Control measures i.e. improved/reduced effectiveness or additional controls in place.

3.2.5 The Leader/Department Manager will ensure the Location Risk Register is stored in the designated place on KARE connect i.e. Managing the Organisation/Managing Risk/Open Documents/Health and Safety Framework

3.3 Identifying, assessing and managing risks in relation to specific individuals

3.3.1 Staff will work with the individual, and relevant members of their circle of support to identify any risks associated with activities the individual intends to engage in. Risks may be identified in a number of ways including:

- through an individual's Assessment of Need or Wishes and Dreams
- undertaking a new activity
- as a result of an adverse event/incident

3.3.2 Staff will work with the person and relevant members of their circle of support to prepare a risk assessment for each identified risk and document it on the Individual Risk Assessment Form (see Appendix 2) by:

- Describing the Risk
- Identifying and listing the Persons at Risk
- Describing the potential Consequences should the risk occur
- Identifying and listing each Control Measures and the date it is operational from (note if a control measure ceases to be operational the date it ceased is entered making that control invalid from that date)
- Reflecting on the Risk and recording the detail by:
 - Entering the date/Developed/Reviewed
 - Selecting the Likelihood and Impact of the risk occurring given the control measures that are in place, using Risk Rating Table in Appendix 1 as a reference
 - Reflecting on the Risk Rating
 - Deciding if any additional controls are required to further reduce the rating
 - Selecting the Outcome of the review
 - Recording the names of People involved in review
 - Agreeing and recording the date the risk should be next reviewed

3.3.3 The Line Manager will ensure relevant plans/guidelines/protocols are in place to support the implementation of control measures

3.3.4 Staff will implement the control measures identified in individual risk assessments in accordance with the associated support plans, guidelines and protocols in the person's Individual Support Plan.

3.3.5 Key Workers will ensure that each risk assessment in relation to an individual is reviewed by the agreed date or sooner if necessary to ensure it reflects any changes in circumstances

Appendix 1

RISK RATING TABLE

1. IMPACT TABLE	Negligible	Minor	Moderate	Major	Extreme
Harm to a Person	Adverse event leading to minor injury not requiring first aid. No Impaired Psychosocial functioning.	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	Significant injury requiring medical treatment e.g. Fracture and/or counselling, Agency reportable, e.g. HSA, Gardaí (violent and aggressive acts). >3 Days absence 3-8 Days extended hospital Stay Impaired psychosocial functioning greater than one month less than six months	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling Impaired psychosocial functioning greater than six months.	Incident leading to death or major permanent incapacity. Event which impacts on large number of service users or member of the public Permanent psychosocial functioning incapacity.
Service User Experience	Reduced quality of service user experience related to inadequate provision of information	Unsatisfactory service user experience related to less than optimal treatment and/or inadequate information, not being talked to & treated as an equal; or not being treated with honesty, dignity & respect - readily resolvable	Unsatisfactory service user experience related to less than optimal treatment resulting in short term effects (less than 1 week)	Unsatisfactory service user experience related to poor treatment resulting in long term effects	Totally unsatisfactory service user outcome resulting in long term effects, or extremely poor experience of care provision
Compliance (Statutory, Clinical, Professional & Management)	Minor non-compliance with Internal PPPG's. Small number of minor issues requiring improvement	Single failure to meet internal PPPG's. Minor recommendations which can be easily addressed by local management	Repeated failure to meet internal PPPG's. Important recommendations that can be addressed with an appropriate management action plan.	Repeated failure to meet external standards. Failure to meet national norms and standards / Regulations (e.g. Mental Health, Child Care Act etc). Critical report or substantial number of significant findings and/or lack of adherence to regulations.	Gross failure to meet external standards Repeated failure to meet national norms and standards / regulations. Severely critical report with possible major reputational or financial implications.
Objectives/Projects	Barely noticeable reduction in scope, quality or schedule.	Minor reduction in scope, quality or schedule.	Reduction in scope or quality of project; project objectives or schedule.	Significant project over – run.	Inability to meet project objectives. Reputation of the organisation seriously damaged.
Business Continuity	Interruption in a service which does not impact on the delivery of service user care or the ability to continue to provide service.	Short term disruption to service with minor impact on service user care.	Some disruption in service with unacceptable impact on service user care. Temporary loss of ability to provide service	Sustained loss of service which has serious impact on delivery of service user care or service resulting in major contingency plans being involved	Permanent loss of core service or facility. Disruption to facility leading to significant 'knock on' effect
Adverse Publicity/ Reputation	Rumours, no media coverage. No public concerns voiced. Little effect on staff morale. No review/investigation necessary.	Local media coverage – short term. Some public concern. Minor effect on staff morale / public attitudes. Internal review necessary.	Local media – adverse publicity. Significant effect on staff morale & public perception of the organisation. Public calls (at local level) for specific remedial actions. Comprehensive review/investigation necessary.	National media/ adverse publicity, less than 3 days. News stories & features in national papers. Local media – long term adverse publicity. Public confidence in the organisation undermined. HSE use of resources questioned. Minister may make comment. Possible questions in Dail. Public calls (at national level) for specific remedial actions to be taken possible HSE review/investigation	National/International media/ adverse publicity, > than 3 days. Editorial follows days of news stories & features in National papers. Public confidence in the organisation undermined. HSE use of resources questioned. CEO's performance questioned. Calls for individual HSE officials to be sanctioned. Taoiseach/Minister forced to comment or intervene. Questions in the Dail. Public calls (at national level) for specific remedial actions to be taken. Court action. Public (independent) inquiry.
Financial	0.33% of budget deficit	0.33 – 0.5% of budget deficit	0.5 – 1.0% budget deficit	1.0 – 2.0% of budget deficit	> 2.0% of budget deficit
Environment	Nuisance Release.	On site release contained by organisation.	On site release contained by organisation.	Release affecting minimal off-site area requiring external assistance (fire brigade, radiation, protection service etc.)	Toxic release affecting off-site with detrimental effect requiring outside assistance.

2. LIKELIHOOD SCORING

Rare/Remote (1)		Unlikely (2)		Possible (3)		Likely (4)		Almost Certain (5)	
Actual Frequency	Probability	Actual Frequency	Probability	Actual Frequency	Probability	Actual Frequency	Probability	Actual Frequency	Probability
Occurs every 5 years or more	1%	Occurs every 2-5 years	10%	Occurs every 1-2 years	50%	Bimonthly	75%	At least monthly	99%

3. RISK MATRIX

	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Almost Certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare/Remote (1)	1	2	3	4	5

Appendix 2 Individual Risk Assessment Form

Name:	PIN No.	KARE ID No:
Risk (clearly describe the risk)		
Persons at Risk (who might be affected by this risk)		
Consequences of Risk (What are the potential consequences of this risk)		
Control Measures (What controls are in place to manage this risk)		Date Started
		Date Ceased

Review Record								
Date developed/ reviewed	Risk Rating (=Likelihood x Impact)			Outcome of Review (Tick as appropriate)			Names of people involved in review	Next Review Date
	Likelihood Score	Impact score	Risk Rating	Continue with no change	Continue with change	Discontinue <small>- No longer a risk</small>		

Appendix 3 Department/Unit Risk Assessment Form

Risk (clearly describe the risk)																																									
Persons at Risk (who might be affected by this risk)																																									
Consequences of Risk (What are the potential consequences of this risk)																																									
Control Measures (What controls are in place to manage this risk)					Date Started	Date Ceased																																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date developed/ reviewed</th> <th style="width: 10%;">Likelihood</th> <th style="width: 10%;">Impact</th> <th style="width: 10%;">Risk Rating</th> <th style="width: 15%;">Outcome of Review</th> <th style="width: 20%;">Names of people involved in Review</th> <th style="width: 10%;">Next review date</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>							Date developed/ reviewed	Likelihood	Impact	Risk Rating	Outcome of Review	Names of people involved in Review	Next review date																												
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Appendix 4

KARE ORGANISATIONAL RISK ASSESSMENT

Risk No:

Risk Category

Risk:

Date of Assessment:

Risk Rating		
Likelihood	Impact	Risk Rating

Risk Assessment

Consequences of Risk <i>Potential positive and negative consequences of risk.</i>	Vulnerability <i>Weaknesses in processes, work practices, systems, people etc.</i>	Existing Controls <i>Controls in place to mitigate risk</i>	Actions Required <i>Actions required to further strengthen controls</i>

Action Plan

Action	Person Responsible	Time Frame	Measure / Indicator of success	Status