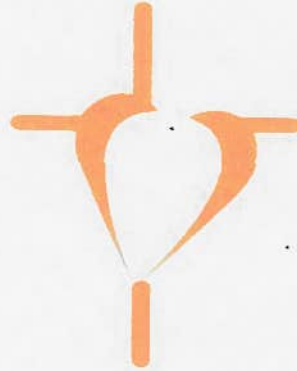
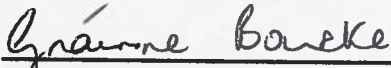



# Daughters of Charity Service

## For Persons with Intellectual Disability



### Risk Management Policy

<b>Revision:</b> A	<b>Centre:</b> Central Management	<b>No:</b> DOCS052
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## **1.0 Purpose of Policy**

Risk Management is the systematic process to positively identify, assess, treat and manage risks. The purpose of this policy is to provide a framework for staff to identify, assess and rate risks and to develop strategies to deal with risks. This policy should be read in conjunction with Complaints Policy DOCS003, Safety Statement DOCS0005, Accident Incident Policy DOCS010, Guidelines to Support Persons with Behaviours that Challenge DOCS011, Medication Policy DOCS015, Procedures for the protection of Children & Vulnerable Adults and the Management of Abuse DOCS020, Missing Persons Policy DOCS049, Lone Worker Policy (DOCS051) Major Emergency Plan DOCS052, Restrictive Practice Policy DOCS053 (Please note this policy is not live yet) and Guidelines on Risk Assessment.

## **2.0 Scope**

This policy applies to all employees in the service who are involved in Risk Management. Risk Management is not solely about managing risks, it is also about identifying and taking opportunities. This policy is designed to ensure:

- That risk management principles are integrated into all aspects of service delivery
- That all hazards/risks are identified and managed proactively
- That all incidents, complaints and near misses are effectively managed

## **3.0 Responsibilities**

3.1 Overall responsibility for the management of risk rests with the Chief Executive Officer (CEO).

3.2 Risk Management responsibility rests with the Chief Executive Officer who has overall responsibility for ensuring that procedures and processes are in place to enable adherence to this Management Policy. Additionally the Director of Logistics in consultation with Quality & Risk Officers will:

- Ensure the provision of adequate training and awareness of Risk Management.
- Ensure the communication of the key elements of Risk Management Policy.
- Maintain Service Risk Registrar including its reviews.

3.3 Administrators and Heads of Department are responsible for the following in relation to Risk Management:

- That they and all their staff within their responsibility are familiar with the contents of this Risk Management Policy and are working to adhere to this policy to proactively manage risk.

- Ensure that all policies, procedures, protocols and guidelines designed to manage risk are implemented as appropriate
- The identification, assessment, management and ownership of risks within their area of control.
- The identification of new and emerging risks that cannot be managed locally which can be forwarded to the Director of Logistics, Director of Finance or Quality & Risk Officers as appropriate.
- Supporting the embedding of Risk Management in their area and the development of a risk aware culture.

#### 3.4 The Quality and Risk Officers should:

- Be aware of and promptly advise the Director of Logistics or Director of Finance of any significant risks within their remit.
- Report systematically and promptly to senior management about risk management issues – ensure employees understand their responsibility in relation to risks.
- Ensure employees report systematically and promptly to senior management on any perceived new risks or failures of existing controls.

3.5 It is the responsibility of all employees to be familiar with this policy and report any hazards, near misses and incidents not in compliance with this policy (See DOCS010).

#### 3.6 Line managers should:

- Ensure that staff within their responsibility is aware of the contents of the risk management policy.
- Ensure that all policies, procedures, protocols and guidelines designed to manage risk are implemented as appropriate
- Ensure that all hazards are managed proactively i.e. development of risk assessments, safety statements and risk registers for their department/unit/house in co-operation with line managers.
- Ensure that all incidents/complaints/near misses are reported, effectively managed including action, review, monitoring, learning and escalation.

## 4.0 Definitions

**4.1 Risk Management:** The culture, processes and structures that are directed towards, realising potential opportunities whilst managing adverse effects.

**4.2 Integrated Risk Management:** A continuous, proactive and systematic process to understand, manage and communicate risk from an organisation-wide perspective. It is about contributing to strategic decision making in the achievement of an organisation's overall corporate objectives.

**4.3 Risk Management Process:** The systematic application of management policies, procedures and practices to the tasks of communicating, establishing the

context, identifying, analysing, evaluating, treating, monitoring and reviewing risk.

**4.4 Risk Assessment:** The overall process of risk identification, risk analysis and risk evaluation.

**4.5 Risk Register:** A risk register is a database of risks that face an organisation at any one time. Always changing to reflect the dynamic nature of risks and the organisation's management of them, its purpose is to help managers prioritise available resources to minimise risk and target improvements to best effect.

**4.6 Monitor:** To check, supervise, observe critically or measure the progress of an activity, action or system on a regular basis in order to identify change from the performance level required or expected.

**4.7 Safety:** The state of being safe, the condition of being protected against physical, social, spiritual, financial, political, emotional, occupational, psychological or other types or consequences of failure, damage, error, accidents, harm or any other event which could be considered not desirable.

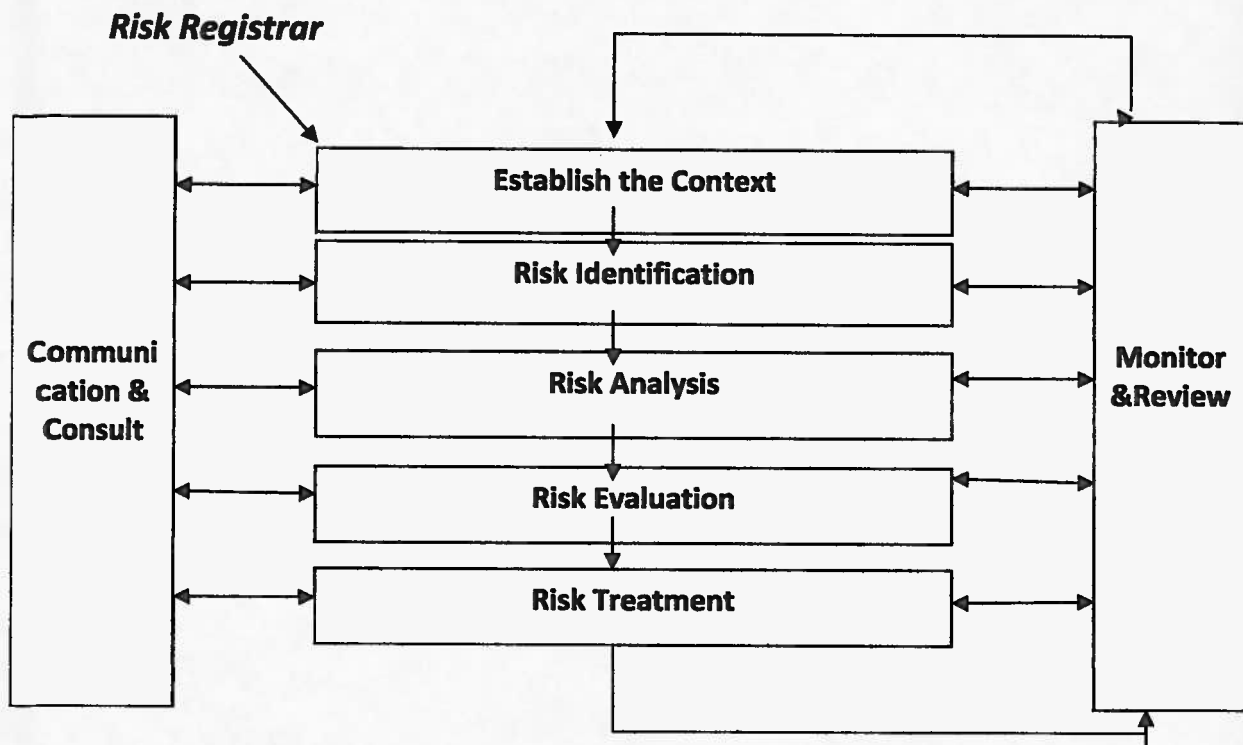
**4.8 Quality:** Doing the right thing consistently to ensure the best outcomes for patients, satisfaction for all customers, retention of staff and good financial performance.

## **5.0 Categories of Risk**

Risks maybe categorised as: clinical, public liability and employee liability. The following are the risk areas identified (See Guidelines on Risk Assessment): Risk of Injury to Service User/Staff/Public, Professional Standards Risks, Objective and Project Risks, Business Continuity Risks, Financial Risks, Reputational Risks, Environmental Risks and Audit/Inspection/Accreditation/Standards/Legislative Risks.

## **6.0 The Risk Management Process**

The risk management process to be effective must be an integral part of management, embedded in the culture and practice of the service and tailored to the business processes of the organisation. This Risk Management Policy is guided by Risk Management Standards AS/NZS 4360:2004. The main elements of the risk management process are shown below:



REF: AS /NZS Standard 4360:2004

**Risk Management comprises of the following activities:**

#### 6.1 Communicate & Consult

Communicate and consult with internal and external stakeholders as appropriate at each stage of the risk management process. These include but are not limited to:

- The Department of Health
- Health Service Executive (HSE)
- The Health & Safety Authority (HSA)
- The Clinical Indemnity Scheme (CIS)
- The Health Information and Quality Authority (HIQA)
- Service Subcontractors
- Office of the Ombudsman
- Staff representative bodies
- Professional bodies

#### 6.2 Establish the context

Establish the external, internal and risk management context in which the rest of the process will take place e.g. HIQA requirements, The Health Act 2004, HSA, the need to improve Service User safety and to learn from reported accidents and complaints.

### **6.3 Identify the Risks**

Identify where, when, why and how events could prevent, degrade, delay or enhance the achievement of the Service's objectives. Approaches used to identify risks include checklist, judgement based on experience and records, flow charts, brainstorming, systems analysis, scenario analysis and systems engineering techniques.

### **6.4 Analyse the Risks**

Each identified risk should be analysed in terms of:

- The existing controls in place to manage the risk
- Likelihood of an incident occurring
- Impact to determine the level of risk posed

The impact and likelihood should be assessed using the Risk Assessment Matrix (see Guidelines on Risk Assessment). In analysing risk it is important to consider not only the issue of minimising risk but also maximising opportunity. The resultant analysis should be documented in the risk register.

### **6.5 Evaluate the Risks**

The purpose of risk evaluation is to make decisions, based on the outcomes of risk analysis, about which risks need treatment and the treatment priorities. This requires comparing estimated levels of risk against the pre-established criteria and then to consider the balance between potential benefits and adverse outcomes for the service.

This enables decisions to be made about the extent and nature of the treatments required and the priorities for the health service.

### **6.6 Treat the Risks**

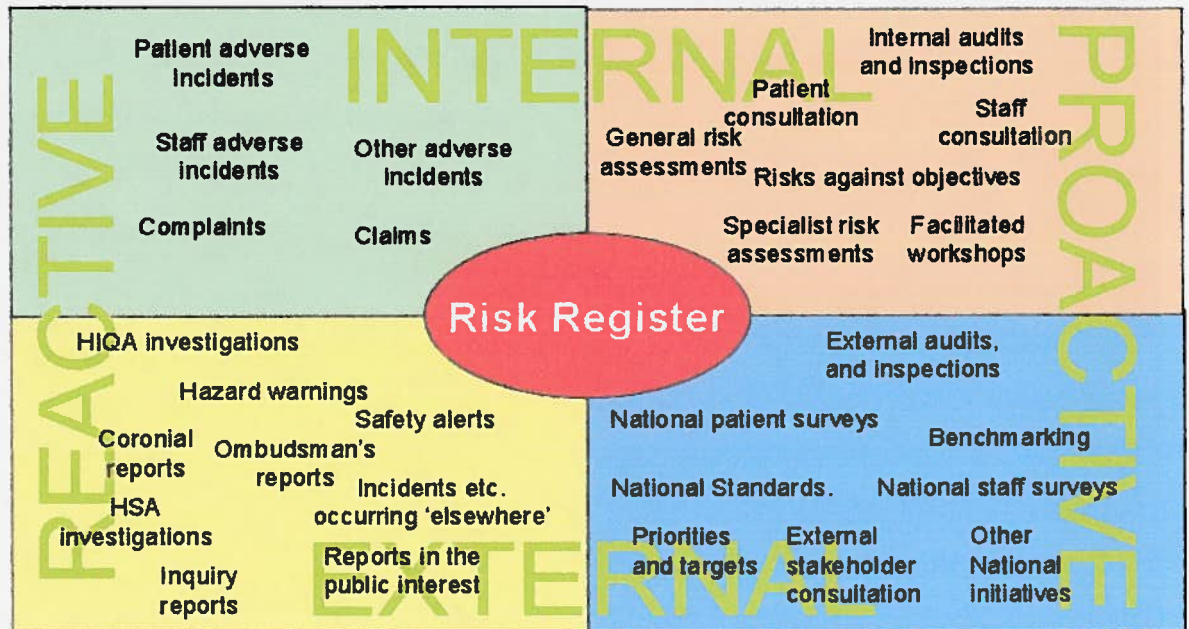
Where risks require further treatment (action) a treatment (action) plan is developed to address it. This plan should outline the specific cost effective actions to be taken, the person responsible and the timeframe for action. The plan should aim to reduce the level of risk. If possible risks should be eliminated. Where this is not possible, the risk should be reduced to as low a level as is reasonably practical.

### **6.7 Monitor and Review**

It is necessary to monitor and review the effectiveness of all steps of the risk management process. This is best achieved through existing management fora. For each stage of the process records should be kept to enable evidenced based decisions to be documented as part of the process of continual improvement and learning.

## 7.0 Links to Quality

Risk should be managed as an integrated part of the Service overall approach to quality improvement. Not to do so would result in fragmentation and missed opportunities. The risk management process intertwines with the quality cycle, which includes the stage of risk identification i.e. identifying areas for improvement, risk treatment and monitoring and evaluation and secondly at the stage of risk treatment i.e. putting in place improvement programmes. It is essential to ensure that the quality cycle includes the identification of risks from the widest range of information sources (See below).



Action planning to treat risks identified form part of the continuous quality improvement cycle. The treating of risks through a structured quality improvement process is a very powerful mechanism and one which is capable of targeting the quality programmes to areas of need in a prioritised way. To maximise the opportunity for an integrated approach to the management of quality and risk, the Daughters of Charity Service will establish specialist quality and risk staff e.g. risk, quality, health & safety, infection control committee's etc work in multidisciplinary teams and to an agreed work plan.

## 8.0 Specific Risk Management Procedures

### 8.1 Identification, Assessment and Control of Risks

Risk Management processes must be in line with "Guidelines of Risk Assessment" situated under Guidance Documents in the Public Folders. Risks must be rated according to the Risk Matrix available in this document also. Departmental/unit/house risk assessments must be kept up to date in site specific



safety statements. Individual care plans for each Service User's must include findings of risk assessments for each Service User and updated yearly or sooner if required.

There are in existence many policies to support this Risk Management Policy. They are available in the Public Folders section of the intranet. They are:

- Missing Persons Policy (DOCS049)
- Incident Policy (DOCS010)
- Complaints Policy (DOCS003)
- Guidelines to Support Persons with Behaviours that Challenge (DOCS011)
- Medication Policy (DOCS015)
- Procedures for the protection of Children & Vulnerable Adults and the Management of Abuse (DOCS020)
- Major Emergency Plan Policy (DOCS052)
- Restrictive Practice Policy (DOCS053)
- Lone Worker Policy (DOCS053)

## **9.0 References**

- Standards Australia and Standards New Zealand (2004) AS/NZS 4360:2004, Risk Management Sydney, NSW. ISBN 07337 5904 1.2. Standards Australia and Standards New Zealand (2004) HB 436:2004,
- Risk Management Guidelines: Companion to AS/NZS 4360:2004, Sydney, NSW. ISBN 07337 5960 2.13. Standards Australia International and Standards New Zealand (2001).

## **10.0 Acknowledgements**

The following documents were considered when compiling this policy

- BHP (1996) Risk Management Guidelines for BHP. The Broken Hill Proprietary Company Ltd. Melbourne.
- Commonwealth of Australia (1996) Guidelines for Managing Risks in the Australian Public Service. MAP/MIAC Report 22, AGPS, Canberra.
- Commonwealth of Australia (1996) Managing Risk in Procurement – a Handbook. AGPS, Canberra. ISBN 0 644 36295 2.
- Cooper, DF (1997) Applying Risk Management Techniques to Complex Procurement. Purchasing Australia, AGPS, Canberra. ISBN 0 642 26803 7.
- Cooper, DF, SJ Grey, GA Raymond and PR Walker, Project Risk Management Guidelines: Managing Risk in Large Projects and Complex Procurements, John Wiley & Sons, Chichester, 2004. ISBN 0 470 02281 7.

- HSE (2005) Risk Assessment Tool & Guidance (Including guidance on application).
- HSE (2008) Integrated Risk Management Policy
- HSE (2007) Risk Management in the HSE: An Information Handbook
- HSE (2007) Quality & Risk Management Standards
- New South Wales Government (1993) risk Management Guidelines. NSW Public Works Department, Sydney, November. ISBN 07310 2704 3.

**11.0 References Tools:** The following were considered when compiling this policy

OQR009 20080221 v3 Quality & Risk Management Standard  
 OQR023 20071130 v2 HSE Integrated Risk Management Standard  
 OQR011 20081210 v4 Risk Management in the HSE; An Information Handbook  
 OQR010 20090422 v11 Developing and populating a Risk Register BPG  
 OQR012 20081210 v4 Risk Assessment Tool and Guidance (guidance on application)  
 OQR006 20081210 v12 Incident Management Policy  
 OQR00820090330v7 HSE Toolkit of Documentation to support Incident Management  
 OQR014(1) 20080806 v1 Healthcare Audit Criteria  
 OQR014(2) 20080806 v1 Healthcare Audit Criteria and Guidance  
 OQR029 2008102206 v6 HSE procedure for developing policies procedures protocols and guidelines (approved for evaluation).

**Disclaimer:**

Each situation must be judged on its own merits and it is unreasonable for readers to follow instruction the procedure without proper assessment of individual circumstances. The information contained within the policy is accurate and up to date, at date of approval.