

TITLE: Risk Management Policy and Procedure	REFERENCE NO: 003
AUTHOR (OWNER): Gráinne Sexton, Quality and Safety Manager	REVISION NO: 1
APPROVED BY (LEAD): Siobhan Bryan, Director of Services	EFFECTIVE FROM: 01/09/2017
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TITLE: **Risk Management Policy and Procedure**

SCOPE: Residential, All Areas

REVIEWED BY: Services Team

AUTHOR(S)/(OWNER): Gráinne Sexton, Quality and Safety Manager

SIGNATURE(S):

DATE:

APPROVED BY/(LEAD): Siobhan Bryan, Provider Nominee

SIGNATURE(S):

DATE:

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1.0 Policy

Gheel shall undertake the development, implementation and continuous improvement of an effective Risk Management process that shall be integrated throughout the organisation to provide safe, effective, high quality care services. The risk management process shall be both proactive and responsive in its applications and will incorporate the identification, assessment, management and ongoing review of risks on an organisational and individual level. The risk management process shall respect the rights of the service user throughout its application.

The risk management processes of Gheel follows the "HIQA, 2013b" model and is illustrated in section 5 of this document:

The outputs of the application of the current policy and procedure shall be:

- A Risk Management Register that will assist the Management Team in identifying and prioritizing the inherent risks associated with the provision of the services from an organisational perspective.
- A Service and Care Provision Risk Management Register that will identify, assess and manage via effective controls the general risks associated with providing the current services to service users and detail the required controls to reduce that risk.

The following Policies and Procedures shall carry the remaining risk management processes and outputs, those being:

- The Individual Risk Management Plan Policy and Procedure. This procedure provides details of how Gheel implements person centred, effective care that supports service user rights and choices with due consideration for the risks associated. The output from the Individual Risk Management Plan Policy and Procedure shall include:
 - Individual Risk Management Plans for all service users.
- The Health and Safety Management Policy and Procedure that details the health and safety roles and responsibilities and controls within the organisation. The output from the Health and Safety Policy shall include:
 - The Safety, Health and Welfare Statement (Doc 001)
 - The Health and Safety Risk Management Register (Doc 004)
- The Risk Management process shall work in conjunction with the Incident Reporting process (Doc 005 Incident Reporting - Identification, Documentation, Rectification, Review and Communication). Incidents and trends shall be considered as risk identification methods and shall be incorporated into the relevant Risk Management documentation as deemed appropriate to address ongoing risks.

These Policies and Procedures shall operate in conjunction with the Risk Management Policy and Procedure, however the responsibilities and requirements shall be detailed within the stand alone policies and procedures.

Definitions

Control: The measure that is modifying risk (ISO Guide 73:2009).

Impact: The outcome of an event (ISO Guide 73:2009).

Likelihood: The chance of something occurring (ISO Guide 73:2009).

Proactive: Preventative – uses information to prevent harm or loss (HIQA, 2013b)

Risk: the likelihood of an adverse event or outcome (HIQA, 2013b).

Risk Analysis: The process to comprehend the nature of the risk and to determine the level of risk (ISO Guide 73:2009).

Risk Evaluation: The process of comparing the results of the risk analysis with risk criteria to determine whether the risk and/or its magnitude is acceptable or tolerable (ISO Guide 73:2009).

Risk Identification: The process of finding, recognizing and describing risks (ISO Guide 73:2009).

Risk Level: The magnitude of a risk or combination of risks, expressed in terms of the combination of consequences and their likelihood (ISO Guide 73:2009).

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Risk Management: the systematic identification, evaluation and management of risk. It is a continuous process with the aim of reducing risk to an organisation and individuals (HIQA, 2013b).

Risk Management Policy and Procedure: The statement of the overall intentions and direction of an organisation related to Risk Management (ISO Guide 73:2009).

Risk Management Register: A Risk Register is a register of risks. It is a tool commonly used to manage the risks throughout a service. It is a means of identifying, assessing, managing and monitoring all significant risks coherently. For each risk, it includes:

- a description of the risk
- the person responsible for the risk
- the likelihood, impact and rating for the risk
- a summary of the controls (the arrangements in place to reduce the likelihood and/or impact of the event)
- a summary of the planned actions to further reduce the risk.
(HIQA, 2013b)

Residual Risk: The risk remaining after the controls have been implemented (ISO Guide 73:2009).

Responsive: Reactive –action is taken following an adverse event, incident or near miss (HIQA, 2013b)

3.0 Responsibilities

3.1 All Staff

- Identification of risks in their area of work and involvement in the development and update of the Service and Care Provision Risk Register where required.
- Effective reporting on variations that may impact on the risk management outcomes.

3.2 Management Team

- Development and review of the Corporate Risk Management Register including risk identification, risk assessment and risk treatment.
- The Management Team shall be aware of their responsibilities in relation to Risk Management process and to their required commitment for its implementation. This may be detailed as part of their job descriptions.

3.3 Multidisciplinary Risk Management Team:

- Development and review of the Service and Care Provision Risk Management Register including risk identification, risk assessment and risk treatment.
- The Multidisciplinary Risk Management Team shall be aware of their responsibilities in relation to Risk Management process and to their required commitment for its implementation. This may be detailed as part of their job descriptions.
- Suggested representatives for the Multidisciplinary Risk Management Team may include:
 - Support Staff Representatives from the Designated Centre
 - Person in Charge
 - Psychology Representative
 - Health and Safety Representatives
 - Others as deemed required by the Registered Providers e.g. Facility/Maintenance representatives if appropriate; Clinical representatives / Allied Health Professionals.

3.4 Persons in Charge:

- Development and Implementation of the Risk Management process.
- Ensure systems are in place to effectively manage risks, from an organisational and individual basis (HIQA 2013, 5.2.14).
- Ensure there is a designated senior staff member to contact in the event of an emergency (HIQA 2013, 5.2.14).
- Ongoing review, approval and evaluation of Individual Risk Management Plans and Service and Care Provision Risk Management Register.
- Approval of Individual Risk Management Plans (see policy and procedure).

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- Ensure that service users, staff in the designated centres and any other involved external parties involved in the process have an understanding of the risk management process and the associated legislative requirements.
- Ensure that all relevant staff read and understand all relevant risk management policies and have the necessary information, skill and experience to implement the requirements and/or controls.
- To ensure that all incidents/near misses are reported in a timely manner to facilitate follow up and incorporation, where required, into the risk management systems.

3.5 Registered Providers

- Overall responsibility for Risk Management Process.
- Commitment to the Risk Management process through involvement and allocation of sufficient resources.
- Approval of Risk Management Policy and Procedure (Provider Nominee)
- Corporate Risk Management Register development and approval (Provider Nominee)
- Approval of Service and Care Provision Risk Management Register (Services Manager).

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4.0 Risk Registers

4.1 The Corporate Risk Management Register and the Service and Care Provision Risk Management Register are databases of potential risks to the organisation as a whole and during the provision of services.

4.2 The Teams allocated to the development of the Corporate Risk Management Register and the Service and Care Provision Risk Management Register will be as follows:

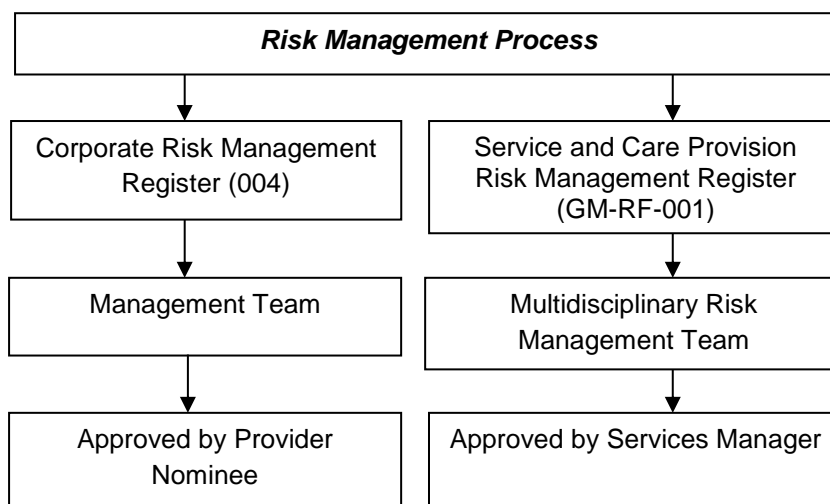


Figure 2.0 Teams for development of Corporate Risk Management Register and the Service and Care Provision Risk Management Register

The process for completion of the Corporate Risk Management Register and the Service and Care Provision Risk Management Register is the same for both Registers. Responsibilities shall therefore be allocated to “the Team” within the procedure.

4.3 The Corporate Risk Management Register and the Service and Care Provision Risk Management Register shall include a cover page detailing the following:

- Next scheduled review date
- Initial Development date / Date Review completed
- Created by (must list all individuals that were involved in the risk management process)
- Signature (of all those listed above)
- Approval by:
 - the Provider Nominee for the Corporate Risk Management Register.
 - the Services Manager for the Services and Care Provision Risk Register

4.4 The Service and Care Provision Risk Management Register Index is detailed in Appendix 1 of this document.

4.5 The Corporate Risk Management Register Index is detailed in Appendix 2 of this document.

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5.0 Risk Management Framework for implementation

Figure 3.0 illustrates the Risk Management Process to be implemented within the organisation:

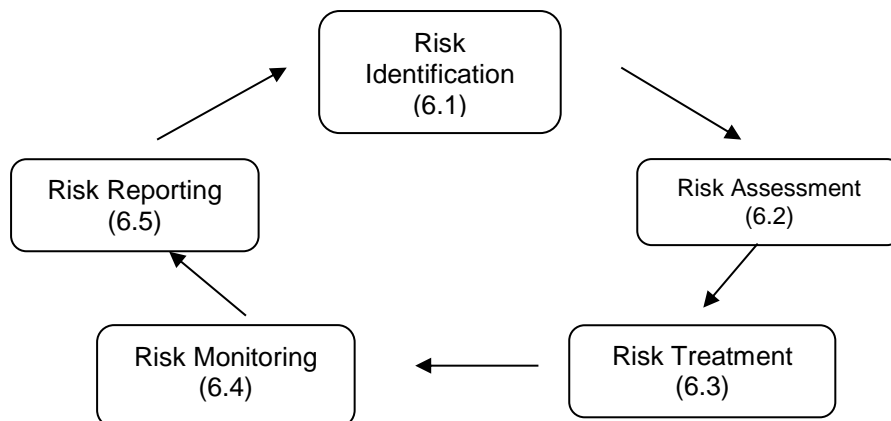


Figure 3.0: Risk Management Process (HIQA, 2013b).

6.0 Procedure

6.1 Risk Identification

- 6.1.1 Risk identification determines what might happen that could affect the organisation as a whole, or a service user during the provision of services and care and how those things might happen. The identification of risk carries a duty to do something about it, namely risk management (HIQA, 2013b).
- 6.1.2 Identification of potential risk involves a balanced approach, which looks at what is and is not an acceptable corporate or service provision risk. Not every possible risk requires risk management. Depending on the situations involved, the risk may be minimal and no greater than that of any other organisation or individual outside of the service (HIQA, 2013b).
- 6.1.3 To identify the potential corporate and service provision risks, the Team members shall ensure that the views of those who use services, their families, carers and/or advocates are all taken into account in identifying risk while also applying their own expertise and experience.
- 6.1.4 Information gathering and sharing is the key to identifying a risk in the first place. The use and sharing of information must respect the principles of information governance. Privacy is a right, and in general, personal information may only be shared with that person's consent. However, information may be shared without prior consent when people are deemed to be at serious risk of harm or it is in the public interest, and only where the benefits of sharing this information, supported by meaningful safeguards, clearly outweigh the risks of negative effects (HIQA, 2013b).
- 6.1.5 The Team may also utilise brainstorming techniques to broaden the groups focus and may also review the following to identify additional risks:
- Elements to consider for identification of **service and care provision risks** may include:
 - Protection and Safeguarding of Service Users: - as per SS-001 Protection and Safeguarding from Abuse Policy and Procedure, SS-002 Responding to Allegations of Abuse Policy and Procedure and within the Risk Register under the Abuse section.
 - Absconson of a Service User: – as per SS-006 Absconson Policy and Procedure, PC-019 Security and Business Access including the Use of CCTV Policy and Procedure and within the Risk Register under the Absconson section.

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- Safety of Service Users and Staff:– as per SS-004 Behaviour Management and Emotional Wellbeing Policy and Procedure, SS-005 Use of Restrictive Procedures Policy and Procedure, and as detailed within the Risk Register under the Behaviour and Assault and Restrictive Procedure sections.
- Self-harm by a Service User:– as per SS-015 Meeting the Needs of Residents at Risk of Self Harm Policy and Procedure and as detailed within the Risk Register under the General Welfare section.
- Service and Care provision risks identified by:
 - Trends identified within clinical risk assessments
 - Analysis of Customer feedback, i.e. complaints, client satisfaction surveys)
 - Audit Reports
 - Incident Reports
 - Complaints
 - Peer review meetings
 - Review of external Inspection Reports, e.g. HIQA reports.
 - Observation
 - Staff workshops
 - QIP's
 - Staff comments

(see Appendix 1 of this document for proposed elements and sub-elements for consideration during identification of possible service and care provision issues).

- Elements to consider for identification of **corporate risk** may include:

- Economic conditions / Competition in the market
- Regulatory changes
- Activity information (throughput, waiting lists)
- Infrastructure requirements
- Technological advancements / changes
- Adequacy of resources
- Staff Retention/Absence/Use of Agency Staff
- Partnership dependencies
- Strength of Leadership
- Human resource skills
- Organisational Costs
- Quality and Safety Management System
- New findings from Research and Literature reviews
- External Inspection Report findings, e.g. HIQA reports.

(see Appendix 2 of this document for proposed elements and sub-elements for consideration during identification of possible Corporate issues).

- 6.1.6 Once the potential risk is identified this should be detailed in the “Potential Risk” column of the Risk Management Register template for evaluation.

6.2 Risk Assessment: Analysis & Evaluation

- 6.2.1 Risk assessment is the overall process of risk analysis and risk evaluation. Its purpose is to develop agreed priorities for the identified risks. It involves collecting information through observation, communication and investigation and making a judgement on any potential harm and measures to reduce this. The assessment of risk highlights both the negative and positive aspects of any situation (HIQA, 2013b).

- 6.2.2 Once a potential risk has been identified, the Team shall attempt to understand the risk through detailing the control measures that **currently** exist. These measures may include:

- Current processes / current controls in place
- Procedures

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- Contracts/Service Level Agreements
- Current Skills / Training provided
- Observations

The information used and recorded must be as comprehensive and accurate as possible (HIQA, 2013b).

6.2.3 Once the existing controls have been identified these should be detailed in the “Current Controls” column of the Risk Management Register.

6.2.4 To evaluate the risk, the Team must consider the risk level of a scenario based on the current controls. They must consider whether the current controls are deemed sufficient, including whether they have been effective to date.

As part of this process, the Team should consider:

- Who is exposed to the potential risk?
- Is the potential risk likely to cause injury/impact on the organisation, the service users, the employees or others?
- How serious would the impact/ injury be?
- Is the potential risk well controlled currently?
- Is the level of supervision adequate?
- What are the exposure levels?
- Who needs to be considered in relation to the potential risk?
(HSA, 2006)

The risk is then evaluated based on the **Impact** and the **Likelihood** of the risk occurring. By combining the levels allocated to these elements, an overall **Risk Level** can be allocated. This is the Teams’ opinion on the potential of the risk actually occurring. A sensible balance shall be made available regarding everyday events and activities, between the choices people make and reasonable risks they want to take and their safety (HIQA 2013, 1.3.2).

6.2.5 Impact Scoring

Impacts shall be rated from Negligible (1) to Catastrophic (5) depending on the possible impact on the service user/organisation should the potential risk identified actually occur – see Table 1.0 below.

Table 1.0 Impact Scoring Table

1: Negligible	2: Minor	3: Moderate	4: Major	5: Catastrophic
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(HSE, 2014)

See Appendix 3 for Impact Table with examples of impacts associated to a potential risk.

Once the Impact level has been identified, this should be detailed in the “I” column of the Risk Management Register / the Individual Risk Management Plan.

6.2.6 Likelihood Scoring

The likelihood scoring is allocated from Rare (1) to Almost Certain (5), see Table 2.0 below. Likelihood scoring is based on the actual frequency or probability of the risk occurring, bearing in mind the current controls that are in place. Scoring by the Team shall be based on their expertise, knowledge and actual experience.

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Table 2.0 Likelihood or Occurrence Scoring Table

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%

(HSE, 2008; HSE, 2013)

Once the likelihood level has been identified, this should be detailed in the “L” column of the Risk Management Register and the Individual Risk Management Plan.

6.2.7 Identification of Risk Level

Once the Team have allocated the Impact and Likelihood scores, the Risk Level can be allocated using the Risk Level Matrix detailed in Table 3.0 below. The Risk Level = Likelihood x Occurrence.

Table 3.0 Risk Level Matrix

Likelihood score	1	2	3	4	5
	<i>Rare</i>	<i>Unlikely</i>	<i>Possible</i>	<i>Likely</i>	<i>Almost Certain</i>
5 <i>Catastrophic</i>	5 Medium	10 High	15 Very High	20 Very High	25 Very high
4 <i>Major</i>	4 Medium	8 High	12 High	16 Very high	20 Very high
3 <i>Moderate</i>	3 Low	6 Medium	9 High	12 High	15 Very high
2 <i>Minor</i>	2 Low	4 Medium	6 Medium	8 High	10 High
1 <i>Neglible</i>	1 Low	2 Low	3 Low	4 Medium	5 Medium

(Dougherty and Lister, 2011)

The Risk Levels are colour coded for visual impact, but the numerical values shall dictate the level of action required. Table 4.0 details the required responses.

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Table 4.0 Risk Level Responses

Colour	Numeric rating	Risk Level	Required response
Green	1-3	Low	As Low as Reasonably Practical. Accept the potential risk. Ensure continued monitoring of the risks.
Yellow	4-6	Medium	Implement Corrective/Preventive Controls to reduce likelihood of occurrence based on cost to benefit ratio and severity of risk to the service user/organisation.
Amber	8-12	High	Implement additional Corrective/Preventive Controls to reduce likelihood of occurrence based on cost to benefit ratio and severity of risk to the service user/organisation.
Red	15-25	Very High	Intolerable level of risk, requires urgent action. Activity must cease immediately until likelihood of risk is reduced. Escalation to Senior Management.

(Dougherty and Lister, 2011)

The Risk Level of each potential risk shall be detailed in the "Risk Level" column in the Risk Management Register. Should conflict arise in relation to the impact, likelihood or Risk Level, the Provider Nominee/Services Manager (as appropriate) shall carry the final decision.

6.3 Risk Treatment

6.3.1 Following identification of the risk level the Team must take steps to implement any controls or improvements considered. Controls may be preventive, responsive, or supportive to promote the potential benefits of taking appropriate risks and to reduce the potential negative consequences of risk (HIQA, 2013b).

Medium or high risks must be treated by implementing one or more controls, examples include:

- Avoiding the potential risk by deciding not to initiate or continue with the activity that gives rise to the risk.
- Removing the potential risk source.
- Changing the likelihood of the risk occurring.
- Changing the consequences should the risk occur.
- Sharing the potential risk with an external party (including contractors).
- Retaining the potential risk occurring by informed decision.

6.3.2 The selection of one control over another may be based on cost / benefit analysis, particularly in relation to corporate risks. The Team will consider whether the control will be sufficiently effective in addressing the risk while ensuring continued services. The needs of the service users shall be given primary consideration during this process.

6.3.3 Once the control details have been identified these shall be detailed in the "Required Controls" column of the Risk Management Register. A person responsible and a timeline for completion shall also be documented against the "Required Controls" to assist in follow up and review.

6.3.4 Status Updates and Residual Risks

As the required controls are implemented, their status should be updated in the "Status" column of the Risk Management Register. Once the control has been implemented, the organisation shall reassess the Impact and Likelihood based on the Residual Risk remaining, i.e. the potential of the risk occurring once the additional controls has been implemented.

NOTE: In the majority of cases, the impact of a potential risk will remain the same; however, the likelihood should be reduced following implementation of the additional controls.

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6.4 Risk Monitoring

- 6.4.1 The occurrence of a notifiable incident or an incident with a high risk rating shall initiate an immediate review of the relevant Risk Management Register. Both registers must also be reviewed in line with all Incident Trending Reports to ensure continued accuracy. Incident reporting shall be completed in accordance to SS-007 Incident Reporting - Identification, Documentation, Rectification, Review and Communication.
- 6.4.2 The Risk Management Policy and Procedure and both Corporate and Service and Care Provision Registers shall be reviewed immediately in the following instances:
- Should a significant change occur in the matters to which it refers;
 - If there is reason to believe aspects are no longer valid.
- 6.4.3 The Risk Management Policy and Procedure, the Corporate Risk Management Register and the Service and Care Provision Risk Management Register shall be monitored, reviewed and updated as deemed required by the Individual responsible for approval of the document, but annually at a minimum. This review shall incorporate a review of how effective the risk management process has been to date and to ensure that all proposed changes have been incorporated. The review process shall consider the following:
- Were the aims in the Risk Management documents relevant and appropriate?
 - Did they identify the significant potential risks, assess their risks and set out the necessary preventive and protective safety measures?
 - Were Risk Management outputs proactive in identifying potential issues well as responsive to issues that occurred?
 - Was the Service and Care Provision Risk Management Register reflective of the actual risks that a service user was exposed to?
 - Were the identified required controls implemented within their timeframe?
 - Were new work practices or processes introduced since the last review and if so were they risk-assessed?
 - Were appropriate measures put in place to comply with the relevant statutory provisions?
 - Did the organisation comply fully with the regulatory requirements?
 - Are there areas where the organisation and the service provided are deemed inadequate?
 - Has the data been analysed to find out the immediate and underlying causes of any injuries, illness or incidents? Have any trends and common features been identified?
 - Were adequate financial, physical, human and organisational resources committed to the quality and safety of the service provided?
 - What improvements in organisational and service performance need to be made?
(HSA, 2006)
- 6.4.4 A scheduled review date shall be detailed on the Risk Management Register cover page. Reviews shall consider how the process can be improved.
- 6.4.5 Where updates to the risk management documents are required, the documents must be updated and approved by a team with a skill base reflective of the original approvers.

6.5 Risk Reporting

- 6.5.1 On completion of the Corporate Risk Management Register or the Service and Care Provision Risk Management Register, the document shall be signed by all those who participated in the activity. If anyone involved in the process does not agree with the outcomes they shall be requested to document their concerns and reasons for same.

Following sign off, the Service and Care Provision Risk Management Register receives final approval from the Services Manager.

The Corporate Risk Management Register must be approved by the Provider Nominee.

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6.5.2 All incidents relating to service and care provision and corporate management shall be reported as per SS-007 Incident Reporting – Identification, Documentation, Rectification, Review and Communication. All serious incidents or adverse events involving the provision of services and care shall be identified, recorded and investigated and learned from (S.I. No. 367 of 2013). Learning from incidents and implementing improvements is an essential element in risk management (HIQA, 2013b).

6.5.3 All reportable incidents and adverse events, shall be notified to the relevant authorities as detailed within GM-003 Internal and External Communication Processes Policy and Procedure.

6.6 Communication of Risk Management Policy and Procedure and Risk Management Registers

6.6.1 The Risk Management Policy and Procedure and Risk Management Registers shall be:

- Communicated to all relevant staff, including temporary staff, in a language that is reasonably likely to be understood.
- Brought to the attention of all relevant staff, including temporary staff, on an annual basis at a minimum and following any amendments.
- Communicated to all newly recruited relevant staff, including temporary staff, upon commencement of their employment.
- Communicated to any other persons who may be exposed to any specific risks identified within the risk management documentation. This may include any contracted service provider.
- Communicated to the individual service users, and their families, where deemed appropriate by the Person in Charge/ Services Manager/Provider Nominee.
(Safety, Health and Welfare at Work Act, 2005)

6.6.2 The Person in Charge shall ensure that there is an effective and supportive mechanism in place for reporting of any current or perceived risk in relation to service users.

6.6.3 An up to date copy of the Risk Management Policy and Procedure and the Risk Management Registers (or relevant extract of it) shall be available for inspection or review by employees near every place of work to which it relates.

6.6.4 The development, implementation and review of the Risk Management process shall act as a performance measure and shall be presented as part of the organisational overall performance management.

6.7 Escalation of risk

Where it is identified that there has been a failure by the allocated responsible person to implement required controls within the timescale agreed within a Risk Management Register, this shall be immediately brought to the attention of the Services Manager/Provider Nominee by the identifier. The Services Manager/Provider Nominee shall take action to address the process failure. In each designated centre, the Person in Charge is responsible for the overall necessary action to be taken and/or produce progress reports as required (HIQA, 2013b).

7.0 Records

- Service and Care Provision Risk Management Register (*GM-RF-001*)
- Corporate Risk Management Register (*004*)

8.0 Audit and Evaluation

An annual audit shall be undertaken to determine compliance to this procedure. This shall be carried out by the Provider Nominee (Corporate processes) and Services Manager in conjunction with the Persons in Charge (Service and Care Provision processes) via a review of records. The evaluation shall aim to determine adherence to this procedure including:

- The continued suitability of the Risk Management Policy and Procedure.

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- The adequacy of the Corporate Risk Management Register and the Service and Care Provision Risk Management Register in relation to the potential risks.
- The accuracy of the Impact, Likelihood and Risk Levels allocated to the risks identified.
- The implementation of the required controls identified within the Risk Management Registers.
- The monitoring, review and update activities completed on the Risk Management documents.

9.0 References

Dougherty, L. and Lister, S (2011). *The Royal Marsden Hospital Manual of Clinical Nursing Procedures* Eighth Edition Wiley-Blackwell.

Health Act 2007 (01st Nov, 2013). *Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations Act* (2013. S.I. NO. 367 of 2013). Iris Oifigiúil.

Health Service Executive (HSE, 2014). *Safety Incident Management Policy*. QPSD-D-060-1.1 Rev 1. Dublin.

Health Information and Quality Authority (HIQA, 2013). *National Standards for Residential Services for Children and Adults with Disabilities*. Dublin: Health Information and Quality Authority.

Health Information and Quality Authority (HIQA, 2013b). *Guidance for Designated Centres Risk Management*. November 2013. Dublin: Health Information and Quality Authority.

Health and Safety Authority (2006) Guidelines on Risk Assessments and Safety Statements. Published by the Health and Safety Authority, Dublin 2.

Health and Safety Authority (2012). Health and Safety at Work in Residential Care Facilities. Published by the Health and Safety Authority, Dublin 2.

Health Service Executive (2008) *Risk Assessment Tool and Guidance (Including guidance on application)*. Dublin.

Health Service Executive (2013), Risk Assessment Tool and Guidance (Including guidance on application). OQR012. Quality and Patient Safety Directorate.

Safety, Health and Welfare at Work Act 2005.

I.S. ISO 31000:2009 Risk Management – Principles and Guidelines.

ISO Guide 73:2009 Risk Management – Vocabulary.

10.0 Appendices

- 10.1 Appendix 1: Index for Service and Care Provision Risk Management Register
- 10.2 Appendix 2: Index for Corporate Risk Management Register
- 10.3 Appendix 3: Impact Scoring for Potential Risks with Examples

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10.1 Appendix 1: Index for Service and Care Provision Risk Management Register:

<i>Element</i>	<i>Sub-element</i>
1. <i>General Service User Welfare</i>	<ul style="list-style-type: none"> • <i>Self-Harm</i> • <i>Restrictive procedures</i> • <i>Abscension</i> • <i>Abuse</i> • <i>Rights</i> • <i>Relationship Development</i> • <i>Autonomy</i> • <i>Visiting</i> • <i>Personal Belongings</i> • <i>Behaviour Management</i> • <i>Service User Welfare</i> <ul style="list-style-type: none"> • <i>Support plans & Healthcare</i> • <i>Smoking</i> • <i>Resuscitation</i> • <i>Injury and Pain Management</i> • <i>Nutrition</i> • <i>Resident Mobility: Falls</i>
2. <i>Medication Management</i>	<ul style="list-style-type: none"> • <i>Administration of Medications</i> • <i>Controlled Drugs</i> • <i>Self-Administration, Complementary Therapies and Over-The-Counter Medications</i> • <i>Prescribing, Ordering, Storage and Disposal of Medications</i> • <i>Crushing of Medications</i>
3. <i>Resident Record Management</i>	<ul style="list-style-type: none"> • <i>Information transfer following temporary absence or discharge</i>

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10.2 Appendix 2 Corporate Risk Management Register

Element	Sub-element
1. <i>Management of Operations</i>	<ul style="list-style-type: none"> • <i>Governance and Leadership</i> • <i>Regulatory Requirements</i> • <i>Competition in the Market</i> • <i>Economic Conditions</i> • <i>Statement of Purpose</i> • <i>Insurance Cover</i> • <i>Accounting and Finance Management</i> • <i>Infrastructure requirements</i> • <i>Technological advancements / changes</i> • <i>Emergency Planning</i>
2. <i>Quality Management System</i>	<ul style="list-style-type: none"> • <i>Operating Policies and Procedures Implemented</i> • <i>Risk Management Activities</i> • <i>Incident Reporting</i> • <i>Quality and Safety of Care</i> • <i>Change Management</i> • <i>Resident Communications</i>
3. <i>Supplier & Contractor Management</i>	<ul style="list-style-type: none"> • <i>Supplier Management</i> • <i>Contractors / Subcontractors / Partners</i>
4. <i>Record Management</i>	<ul style="list-style-type: none"> • <i>Information Governance</i> • <i>Directory of Service Users</i> • <i>Service User Records</i> • <i>Staff Records</i> • <i>General Record Maintenance</i>
5. <i>Staff Recruitment and Induction</i>	<ul style="list-style-type: none"> • <i>Recruitment</i> • <i>Induction Training</i> • <i>Required Qualifications</i> • <i>PIC Qualifications</i>
6. <i>Training & Staff Development</i>	<ul style="list-style-type: none"> • <i>Training and Staff Development</i>
7. <i>Staffing Levels</i>	<ul style="list-style-type: none"> • <i>Staffing Levels</i> • <i>Health Surveillance of Staff</i> • <i>Medical Fitness to Work</i>
8. <i>Staff Confidentiality</i>	<ul style="list-style-type: none"> • <i>Staff Confidentiality</i>
9. <i>Agency Staff and Volunteers</i>	<ul style="list-style-type: none"> • <i>Management of Agency Staff</i> • <i>Management of Volunteers</i>

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10.3 Appendix 3: Impact Scoring for Potential Risks with Examples

	Negligible	Minor	Moderate	Major	Extreme
Injury	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 patients 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 to 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 with Standards (Statutory, Clinical, Professional & Management)	Minor non compliance with internal standards. Small number of minor issues requiring improvement	Single failure to meet internal standards or follow protocol. Minor recommendations which can be easily addressed by local management	Repeated failure to meet internal standards or follow protocols. 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.
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

Negligible	Minor	Moderate	Major	Extreme
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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 Loss	<€1k	€1k – €10k	€10k – €100k	€100k – €1m	>€1m
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.

(HSE, 2014)