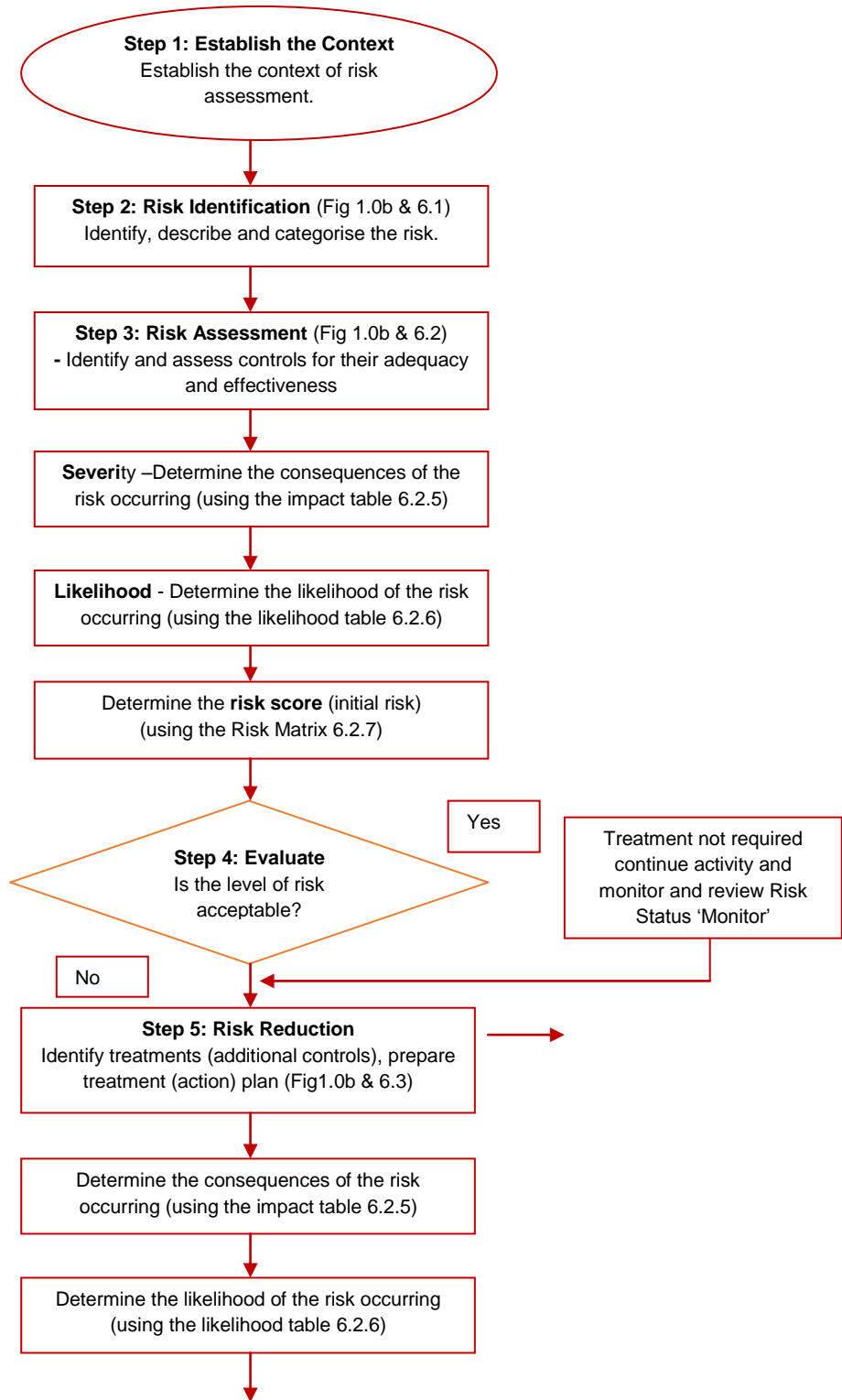


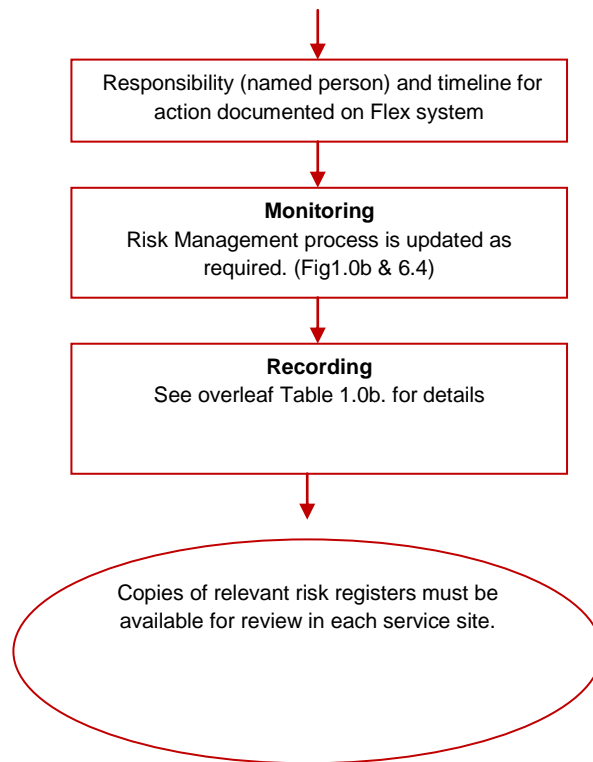


<b>Policy / Procedure Details</b>	Title:	<b>Western Care Risk Management Policy and Procedure</b>		
	Type:	<b>Supporting Procedure</b>		
	Related Personal Outcome Measure:	<b>I Feel Safe</b>		
	Code:	<b>2A.18/2020</b>		
<b>Original Version Details</b>	Date Released:	<b>20/01/2017</b>		
<b>Previous Version(s) Details</b>	Date/s Released:	<b>20/01/2017</b>	<b>03/10/2019</b>	
<b>Current Version Details</b>	Written By:	<b>Quality and Risk  External Support from Healthcare Informed</b>		
	Reviewed By:	<b>Procedural Review Committee</b>		
	Approved By:	<b>Procedural Review Committee</b>		
	Date Released:	<b>20/01/2020</b>		
	Monitoring Process:	<b>Procedural Review Process</b>		
	Date Due for Review:	<b>20/01/2023</b>		

**Part A: Summary Flow Chart**  
**Western Care Risk Management Policy and Procedure**

**Figure 1.0 Overall Process Flow for Risk Management in Western Care** – This is in conjunction with section 6.0 of this document.





*Figure 1.0a Overall Process Flow for Risk Management in Western Care*

Figure 1.0b Detailed Summary of Risk Register Workflows for Western Care in conjunction with Figure 1.0a

Risk Stage	Health and Safety Risk Register	Service Provision Risk Register	Corporate Risk Register
<p>Risk Identification</p> <p>In conjunction with Section 6.1</p>	<p>Safety and Transport Manager identifies core set of health and safety risks.</p>	<p>A project team made up of senior managers, line managers and support staff, thereafter, referred to as the Service Risk Group identifies core set of service provision risks. This group is convened by the Quality and Risk Manager.</p>	<p>A project team made up of senior managers, line managers and support staff, thereafter, referred to as the Corporate Risk Group identifies core set of corporate risks. This group is convened by the Quality and Risk Manager.</p>
<p>Risk Assessment</p> <p>In conjunction with Section 6.2</p>	<p>The controls are identified, and the risks are assessed based on the controls being in place. The output is a Health and Safety Risk Register comprising of a set of generalised risk assessments, with controls and scores attached released to all sites, attached to the safety statement. These are also listed in the Flex system for each site. The listing includes fire, electrical appliances, hoists (including minimal handling), contact with waste, driving vehicles, and housekeeping. Following release to line managers, there is facility for each site to complete a site-specific risk assessment for a health/safety risk in that site (e.g. storage of oxygen). The Safety and Transport Manager is available to support line managers to complete these and upload them to their FLEX account as a site-specific risk assessment.</p>	<p>The output is a Service Provision Risk Register, released to all sites electronically. These are also listed in the Flex system for each site. The listing is set out in the Service Provision Index in the Risk Policy and based on the HIQA Standards and covers the following themes - Individualised Care, Effective Services, Safe Services, Health &amp; Development, Governance and Management, Staffing and Information.</p>	<p>The controls are identified, and the risks are assessed based on the controls being in place. The output is a Corporate Risk Register, with controls and actions attached and entered into the HSE Excel Template. The risk listing is based on relevant risks from corporate risk index the organisations risk policy. The Quality and Risk Manager coordinates this process and once completed; the Risk Register Section of the Corporate Risk Register is circulated electronically to all line managers. The Corporate Risk Register and associated Action Plan is circulated to the Board of Directors and the Quality/Safety Subcommittee.</p>

Risk Stage	Health and Safety Risk Register	Service Provision Risk Register	Corporate Risk Register
<p>Risk Reduction In conjunction with Section 6.3</p>	<p>The line manager reviews the Health and Safety Risk Register with their team and checks that the risk rating and controls listed are operational. An additional control can also be added if relevant to the specific site. If a concern is identified that a control is not operational, then the line manager raises this as a corrective action through flex to their line manager. Relevant supports are notified in turn by the more senior line manager and the task is tracked on the Flex system as open, until addressed.</p>	<p>The line manager reviews the Service Provision Risk Register and confirms the presence of controls. The line manager scores the level of the risk for their setting. Where necessary, the line manager identifies an additional control for their service through FLEX. Line managers can also raise a risk action as required through flex to their line manager. This action is recorded by them through the FLEX system and forwarded to their line manager. Relevant supports are notified in turn by the manager and the task is tracked on the Flex system as open, until addressed.</p>	<p>The Quality and Risk Manager maintains the Action Log throughout the year, seeking updates from Action Owners each quarter.</p>
<p>Risk monitoring In conjunction with Section 6.4</p>	<p>Line managers are responsible to review the Health and Safety Risk Register with their team once per year/as issues arise.</p>	<p>Line managers are responsible to review the Service Provision Risk Register quarterly/as issues arise. The line manager ensures that the staff team are familiar with the Service Provision Risk Register and regularly review same at staff meetings.</p>	<p>The Corporate Risk Register and associated Action Plan is reviewed at set intervals by the Management Team. It is also reviewed with the Board of Directors and the Quality/Safety Subcommittee, at a minimum annually.</p>

Risk Stage	Health and Safety Risk Register	Service Provision Risk Register	Corporate Risk Register
<p>Risk reporting In conjunction with Section 6.5</p>	<p>The Safety and Transport Manager tracks corrective action reports from the FLEX system and together with trends arising from reported incidents, reviews and updates the Health and Safety Risk Register annually and arrange for re-issue of same electronically to all sites.</p>	<p>The Quality and Risk Manager tracks additional control and risk action reports from the FLEX system and together with trends arising from reported incidents, arranges for the Service Risk Group to review and update the Service Provision Risk Register annually and arranges for re-issue of same electronically to all sites.</p>	<p>The Quality and Risk Manager arranges for the Corporate Risk Group to review and update the Corporate Risk Register annually. Risk Actions as Tracked through the FLEX system(Health/Safety Corrective Actions, Service Provision Additional Controls and the EXCEL Sheet (Corporate Risk Actions) are utilised as data sources for this annual review. Key additional data sources to support this review are Incident Reports, Complaints, HIQA Reports, External Audit Reports. Once updated the Corporate Risk Register is re-issued electronically to all line managers. The Corporate Risk Register and associated Action Plan is circulated to the Management Team. It is also circulated to the Board of Directors and the Quality/Safety Subcommittee</p>
<p>Recording</p>	<p>The authorship and sign off of the Health and Safety Risk Register is completed annually by the Safety and Transport Manager, when the register is reviewed and released to all sites electronically attached to the Department Safety Statement. The line manager maintains a sign off of each review of this register with the team locally. The Flex system automatically tracks actions by person and date as corrective actions are raised and completed.</p>	<p>The line manager maintains a sign off of each review of this register locally. The Flex system automatically tracks actions by person and date as risk actions are raised and completed.</p>	<p>The authorship and sign off of the Corporate Risk Register are completed annually by the CEO, when the register is reviewed. Each quarter the excel action plan is updated and a version is saved to reflect the completed work of that quarter.</p>

**Part B: Full Policy and Procedure Text**  
**Western Care Risk Management Policy and Procedure**

**1.0 Policy**

Western Care undertakes the development, implementation and continuous improvement of an effective proactive and reactive Risk Management framework that is integrated throughout the organisation to provide safe, effective, high quality care services. The risk management framework is both proactive and responsive in its applications and incorporates the identification, assessment, management and ongoing review of risks on an organisational and individual level. The risk management framework respects the rights of the person throughout its application.

The risk management process of Western Care is illustrated in Figure 2.0 below:

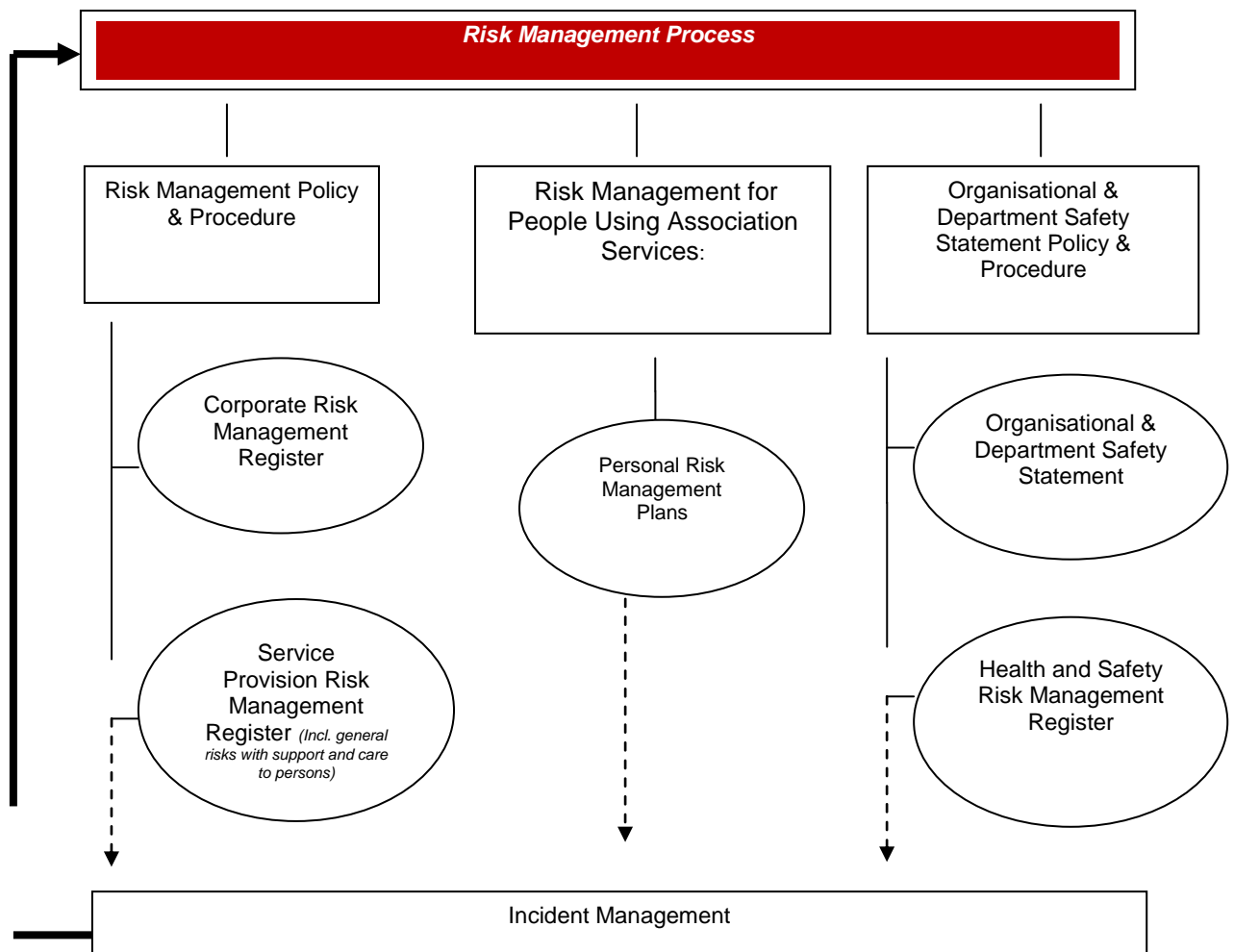


Figure 2.0 Risk Management Process

The model to be followed regarding identification, assessment and management of risks is detailed within this procedure, however, due to the expansiveness of the risk management processes the specific applications within Western Care is clarified under a number of policies and procedures which are included in Appendix 1.

The outputs of the application of this procedure are:

- A Corporate Risk Management Register that assists the Quality and Safety Committee and Management Team in identifying and prioritising the inherent risks associated with the provision of services from an organisational perspective.
- A Service Provision Risk Management Register that identifies, assesses and manages general risks associated with providing the current services to persons via effective controls to reduce that risk.

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

- Risk Management for People Using Association Services:). This procedure provides details of how Western Care implements person-centred, effective care that supports person's rights and choices with due consideration for the risks associated. Where applicable, the output from the Risk Management for People Using Association Services: shall include:
  - Personal Risk Management Plan (PRMP).
- Referrals, Admissions, Transfers and Discharges) details the process on how Western Care reduces risks associated with the initial admission of a person to the service. Where relevant for individuals moving into group living arrangements, a specific output from this policy shall include:
  - A compatibility assessment
- Organisation and Department Safety Statement Policies detail the health and safety roles and responsibilities within the organisation. The policies provide a clear guide on the current control measures detailed within Western Care policies which are further set in the following related policies;
  - Dignity at Work
  - Guidelines on Manual Handling
  - Smoke Free Policy
  - Incident/Injury Reporting
  - Fire Safety Guidelines
  - Emergency Procedure
  - Missing Persons/Absconion
  - Guidance on Listening and Responding to People
  - Policy on Violence and Aggression in the Workplace as described in Section 11 of the Department Safety Statement
  - Driving for Work and Transport Policy
  - Infection Control Guidelines
  - Lone Workers Policy

The output from the Department Safety Statement shall include:

- The Safety, Statement
- The Risk Management process works in conjunction with the Incident Reporting process. Incidents and trends are considered as risk identification methods and are incorporated into the relevant Risk Management documentation as deemed appropriate to address ongoing risks.



The risk management policies and procedures listed above are utilised to manage risk within Western Care. Western Care is committed to utilise all information available to the organisation proactively to prevent harm to the person (HIQA, 2013).

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

## **2.0 Definitions**

*Control Measures:* What steps are being taken to remove or reduce the risk of them causing harm to as low a level as possible (HSA, 2016).

*Hazard:* Anything with the potential to cause injury or ill health, for example, chemical substances, dangerous moving machinery, or threats of violence from others (HSA, 2016).

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

*Likelihood:* The chance that something could happen (HSA, 2016).

*Proactive:* Preventive – uses information to prevent harm or loss (HIQA, 2014)

*Risk:* The probability/likelihood of an adverse event, outcome, danger, loss or injury within the healthcare system (HIQA, 2016b; HIQA, 2018). It takes account of how severe the harm or ill health could be and how many people/patients/persons could be affected (HSA, 2016).

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

*Risk Assessment:* Refers to 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 (HIQA, 2018). A written document that records a three-step process:

1. Identifying the hazards in the workplace(s).
  2. Assessing the risks presented by these hazards.
  3. Putting control measures in place to reduce the risk of these hazards causing harm.
- (HSA, 2016)

*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).

*Risk Management:* the systematic identification, evaluation and management of risk. It is a continuous process with the aim of reducing risk of injury to persons, staff, a visitor and the risk of loss to the organisation itself (HIQA, 2016; HIQA, 2016b; HIQA, 2018).

*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, 2014)

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

*Severity:* Is a measure of how serious an injury or health effect could be, as consequences of unsafe working or of an accident. The severity can be influenced by the following:

- The environment
- The number of people/persons at risk, and
- The steps already taken to control the hazard.  
(HSA, 2016)

### **3.0 Responsibilities**

#### **3.1 All Staff**

- Identification of risks in their area of work and work within agreed policies and procedures.
- Report risk to their line manager.
- Participation and involvement in Personal Risk Management Plans (PRMP) Activities.
- Effective reporting on variations that may impact on the Risk Management outcomes.
- Attend all training and sign off on relevant policies and procedures.
- Report all Safeguarding concerns to their line manager

#### **3.2 Line Managers**

- Ensure that effective Personal Risk Management Plans (PRMP) are in place for individuals using service as required.
- Keep the Health and Safety Risk Register for their site under active review
- Keep the Service Provision Risk Register under active review
- Ensure that scores provided are applicable to their service site and that assigned controls are in place.
- Where additional controls are required, these are put in place and recorded appropriate on the Flex System
- Where necessary escalate corrective risk actions to their line manager as required using the Flex system.
- Track the completion of work raised and seek support from their line manager in ensure work is completed in a timely manner
- Rescore the relevant risk in the Service Provision Risk Register once the corrective risk action is in place
- Review both the Health and Safety Risk Register and the Service Provision Risk Register with staff at Team meetings and identify any additional risks through stakeholder feedback. (HIQA, 2016).
- Arrange briefing on risk management for staff and ensure sign off on these policies and registers is retained at staff members place of employment as per Data Protection Guidelines

### 3.3 Regional Service Manager/Head of Department

- Ensure systems are in place to effectively manage risks, from an organisational and individual basis (HIQA, 2016).
- In practice, they need to ensure there is a site-specific established risk management framework in place in each local service within Western Care (HIQA, 2016) that addresses risks for individuals using service, health/safety risks and service provision risks.
- Ensure there is a designated senior staff member to contact in the event of an emergency (HIQA, 2016)
- Support their line managers in the escalation of corrective risk actions as raised by them on the Health & Safety Risk Register through the FLEX System
- Support their line managers in the escalation of corrective risk actions as raised by them on the Service Provision Risk Register through the FLEX System
- Seek more senior line management support in responding to raised concerns where applicable.
- Participate as required in the ongoing review and evaluation of Risk Management Policy, Corporate Risk Management Register and Service Provision Risk Management Register.
- Communication of Corporate Risk Management and Service Provision Risk Management Registers, as required.
- Ensure that persons, staff and external parties involved in the process have an understanding of the risk management process and the associated legislative requirements. Ensure all staff have been briefed on the process. Arrange briefing for staff.
- 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.
- 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. Conduct onsite visit to site of risk where required.
- Ensure appropriate learning is applied to staff in relation to risk findings.
- Ensure risks are reviewed at meetings ensuring staff and local management and staff are involved in the review processes (HIQA, 2016).

### 3.4 Executive Management

Consists of the senior line management staff across Human Resources, Head of Finance, Heads of Operations and the CEO.

- 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.
- Agree control measures for new and emerging risks with staff and service managers with their areas of line management.
- Support the line managers regarding implementation of controls and the management of escalated corrective actions and additional controls.
- Communicate issues relating to risk within staff meetings based on new and emerging trends in the sector.
- Review the Corporate Risk Register and share corporate responsibility for implementing agreed controls and addressing actions where they are assigned to areas within their authority
- The work of the Senior Operational Management Team, chaired by the Director of Operations complements and supports the work of the Executive Management Team in relation to the Risk Management Process across all areas of service provision in keeping with member's roles and responsibilities.

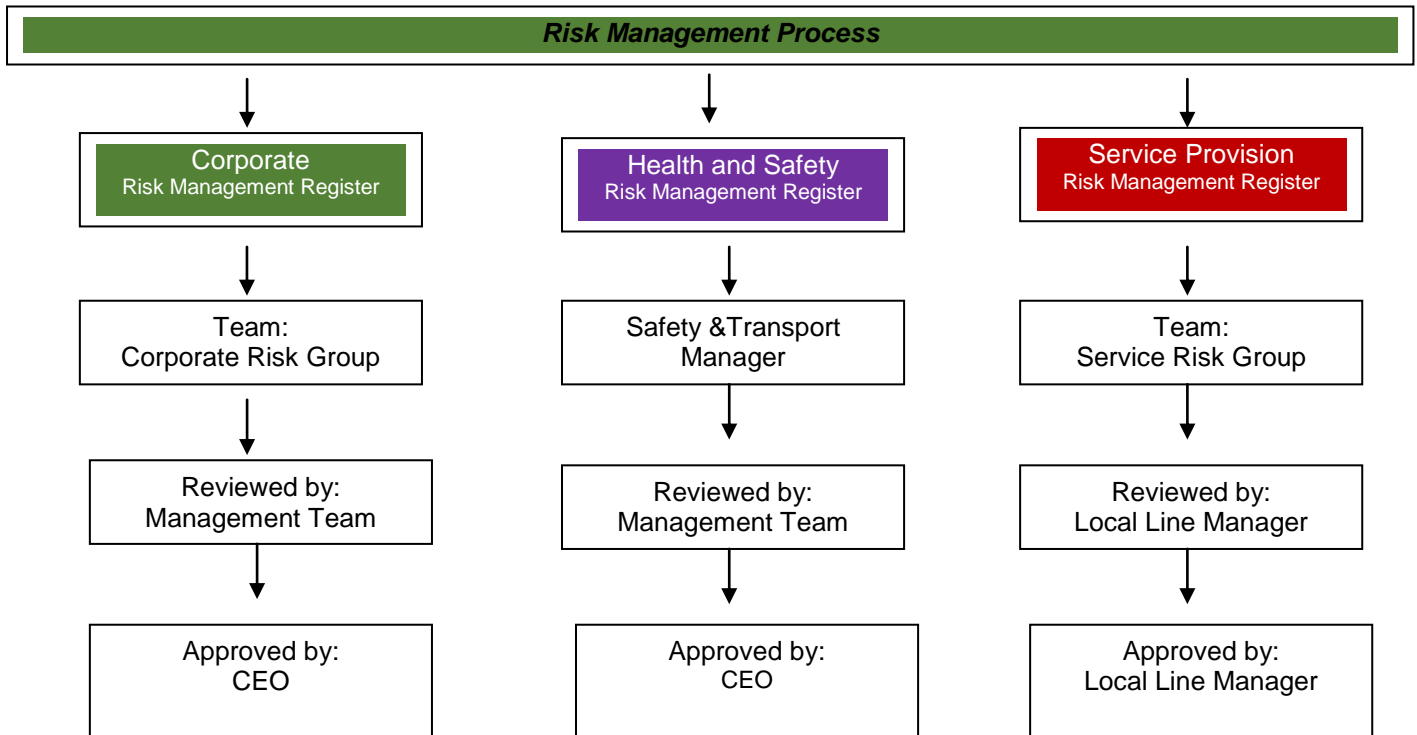
- 3.5 Quality and Risk Manager
- Support the Implementation of effective risk management framework.
  - Ensuring systems are in place to effectively manage risks from an organisational basis.
  - Convenes the Corporate Risk Group
  - Convenes the Service Risk Group
  - Ensures circulation of the Corporate Risk Register annually as required
  - Ensure circulation of the Service Provision Risk Register annually as required.
  - Oversees the maintenance at organisational level of the Corporate Risk Register and the Service Provision Risk Register
  - Assessing the level of compliance with regulation and legislation.
  - Provide aggregated reports on data to the Quality and Safety Committee to demonstrate the response times which shall include trending on the risk category/type of risk, open, closed actions and deviances from the original agreed closure date for the identified risk.
- 3.6 Safety and Transport Manager
- Review risks through day to day support and feedback with frontline staff and managers
  - Regularly updates the Health and Safety Risk Management Register (HIQA, 2016) and risks associated with people handling and manual handling.
  - Engages with line managers to address correction actions as identified locally and as notified through the Flex system
  - Review open risks and control measures and identifies any additional risks through stakeholder feedback. (HIQA, 2016)
  - External reporting for staff related Health and Safety incidents to Health and Safety Authority.
- 3.7 Corporate Risk Group
- Consists of a representative group of the management team, support staff such as Quality and Risk Manager, Safety and Transport Manager, Designated Person, Finance Department, IT, Data Protection and other interested parties.
- Meets annually to review the Corporate Risk Register
  - Uses a range of data sources to ensure effective governance of the corporate risk register progress. This will include but is not limited to a review actions completed on the corporate risk register, data from incident reports, HIQA visits, complaints, and other sources of feedback,
  - Implements agreed actions arising for this to further reduce and control risks arising.
  - Participates in quarterly updates of action plans as required
- 3.8 Service Risk Group
- Consists of a representative group of the management team, regional managers and frontline managers, support staff such as Quality and Risk Manager, Training Manager and other interested parties.
- Meets annually to review the Service Provision Risk Register
  - Uses a range of data sources to ensure effective governance of the service provision risk register progress. This will include but is not limited to a review of additional controls, raised by service sites, data from incident reports, HIQA visits, complaints, and other sources of feedback.

- 3.9 Safety Supports Group  
Consists of a complement of staff from support services such as Training and Development Manager, Occupational Therapy, Physiotherapy and Safety and Transport Manager.
- Review specific open action status regarding service care risks for individual people and provide input into risk reduction strategies in relation to Falls Risks, Handling Risk Assessments and accessing of equipment
  - Identify and communicate new best practice and risks occurring in their speciality sector to the organisation.
- 3.10 Quality and Safety Committee of the Board  
Consists of a complement of members of the Board of Directors and senior staff. In relation to risk management, the committee should
- Be aware of their responsibilities in relation to Risk Management process and to their required commitment for its implementation.
  - Review reports from Quality Risk on trending on the risk category/type of risk, open, closed actions and. Investigate delays in timeframes and risk reduction where applicable.
- 3.11 Chief Executive Officer (CEO)
- Overall responsibility for Risk Management Process.
  - Approval of Corporate and Service Provision Risk Register.
  - Ensure that the risk management process implemented by Western Care systematically identifies aspects of the service delivery that may be associated with a risk of harm to persons and puts in place structured arrangements to minimise risks (HIQA, 2016).
  - External reporting of Risks to HIQA and funders where applicable and in line with Service Level Arrangements.
- 3.12 Board of Directors (BOD) Oversight of Risks Management Process.
- Commitment to the Risk Management process through involvement and allocation of resources.
  - Providing active leadership of Western Care within a framework of prudent and effective controls which enable risk to be assessed and managed.

## Risk Registers

4.1 The Corporate Risk Management Register and the Service Provision Risk Management Register are databases of potential risks to the organisation and during the provision of services. The Risk Registers detail the measures and actions in place to control each of the risks identified.

4.2 The Teams allocated to the Corporate Risk Management Registers and the Service Provision Risk Management Registers will be as follows:



*Figure 3.0: Team Allocations for Corporate Risk Registers, Health and Safety and the Service Provision Risk Registers*

The process for completion of the Risk Management Register is described below and adhered to by the Corporate Risk Group, Health and Safety and the Service Risk Group.

- 4.3 The Corporate 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 and staff that were involved in the risk management process)
  - Signature (of all those listed above)
  - Approval by CEO
- 4.4 The Service Provision Risk Management Register Index is detailed in Appendix 1 of this document. The risks are categorised by the Themes set forth in the National Standards for Residential Services for Children and Adults with Disabilities. (HIQA 2013) This is not a prescriptive list but serves as guide to be used by the Service Risk Group in developing and reviewing the Service Provision Risk Register annually
- 4.5 The Corporate Risk Management Register Index is detailed in Appendix 2 of this document. This is not a prescriptive list but serves as guide to be used by the Corporate Risk Group in developing and reviewing the Corporate Risk Register annually

4.6 The Health and Safety Risk Management Register Index is detailed in the Health and Safety Risk Register. The below elements are covered externally to this policy. This is not a prescriptive list but serves as guide to be used by the Safety and Transport Manager in completion of the Risk Register and Department Safety Statement

- Fire
- Electrical appliances
- Hoists
- Contact waster
- Driving vehicles
- Housekeeping
- Lone Working
- Manual Handling

**5.0 Risk Management Framework for implementation**

Western Care shall implement an effective risk management framework that identifies, assesses, reduces, monitors and reports all risks to the safety of person (HIQA, 2016). This is illustrated in Figure 4.0.

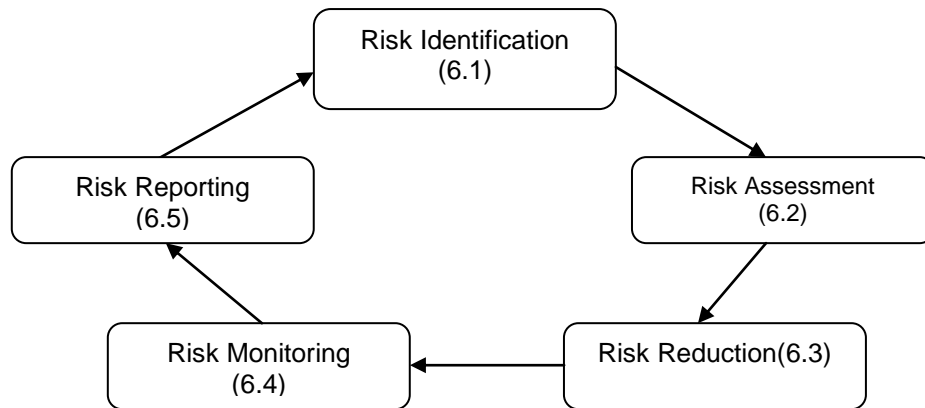


Figure 4.0: Risk Management Process (HIQA, 2014; HIQA, 2016).

## 6.0 Procedure for Identification, Assessment, Reduction, Monitoring Reporting and Recording of Risk

### 6.1 Risk Identification

6.1.1 Risk identification determines what might happen that could affect the organisation as a whole, or a person 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, 2014). The allocated teams for formal risk identification are outlined in figure 1.0b. The workflows are separated out per discipline (as per Figure 3.0)



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, 2014).

6.1.3 To identify the potential corporate and service provision risks, the allocated Team members outlined in Figure 1.0b shall ensure that the views of staff, stakeholders, the persons in receipt of the service, their family members 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 and this may include the use and analysis of person and staff personal data, including outcomes. The processing and sharing of information must respect the principles of data protection. All personal data utilised shall be managed, controlled and processed in accordance to the relevant regulatory requirements. Western Care shall implement appropriate data protection measures.

6.1.5 Risks to the Service may be identified through the following:

- Trends identified within personal plans and individual risk assessments;
- Analysis of person and representative feedback, i.e. complaints, person satisfaction surveys;
- Internal Audit Reports;
- Incident Reports;
- Complaints;
- Area team meetings and feedback during support and supervision;
- External Inspection Reports, e.g. HIQA reports and updates or releases of new evidenced based practices
- Debriefing sessions with staff following incidents;
- HSE Service Level requirements;
- Observation;
- Staff Training Evaluations;
- Staff comments and surveys
- Annual Quality and Safety Review's and reports.

6.1.6 The Team may also utilise brainstorming techniques to broaden the groups focus and may also review the following to identify additional risks.



6.1.7 As part of the Service Provision Risk Management process, key areas will be focused on to outline the measures and actions in place to control the following specified risks;

- a) Abuse;
- b) Accidental injury to persons, visitors or staff;
- c) The unexplained absence of any person;
- d) Self- Harm
- e) Aggression and violence;

See Appendix 4 for specific measures and actions in place to control the risks detailed above and requirements detailed in S.I. No. 366 of 2013 and S.I. No. 367 of 2013.

6.1.8 All the risks identified by the Team will be detailed as “Potential Risks” within the Risk Register.

- Appendix 1 of this document details the proposed elements and sub-elements for consideration during identification of service provision risks.
- Appendix 2 details the proposed elements and sub-elements for consideration during the identification of corporate risks.

## **6.2 Risk Assessment: Analysis & Evaluation (Investigation)**

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, 2014).

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

The information used and recorded must be as comprehensive and accurate as possible (HIQA, 2014).

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, consider direct employees, contract staff, and visitors?
- How likely it is that the hazard will cause harm?
- How serious the harm is likely to be?
- How often and how many employees are exposed to the hazard?
- Is the potential risk likely to cause injury/impact on the organisation, the person, the employees or others?
- 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 such as vulnerable groups, pregnant individuals, night workers, lone workers, people with language difficulties or whom English is not their first language?  
(HSA, 2016)

The risk is then evaluated based on the **Likelihood** and the **Severity** of the risk occurring. By combining the levels allocated to these elements, an overall **Risk Score** can be allocated. This is the Teams' opinion on the potential of the risk actually occurring. A balanced approach shall be available when managing risk-taking and promoting independence, taking the persons' preferences into account (HIQA, 2016).

### 6.2.5 Severity Score

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

*Table 1.0 Impact Scoring Table (HSE, 2017)*

Consequence category	Impact: Harm to a person
1 Negligible	Adverse event leading to minor injury not requiring first aid. No impaired Psychosocial functioning.
2 Minor	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.
3 Moderate	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.
4 Major	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/ or counselling. Impaired psychosocial functioning greater than six months.
5 Extreme	Incident leading to death or major permanent incapacity. Event which impacts on large number of residents or member of the public. Permanent psychosocial functioning incapacity

(see Appendix 3 for further examples of potential impacts)

Once the Severity 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 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.

*Table 2.0 Likelihood (Probability) of Occurrence Scoring Table (HSE, 2017)*

Likelihood Score	Descriptor	Frequency
1	Rare/Remote	Occurs every 5 years or more
2	Unlikely	Occurs every 2-5 years
3	Possible	Occurs every 1-2 years
4	Likely	Bimonthly
5	Almost certain	At least monthly

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

6.2.7 Identification of Risk Score

Once the Team have allocated the Severity 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 Severity

*Table 3.0 Risk Matrix (HSE, 2017)*

Likelihood ↓	Severity →				
	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

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 Severity, Likelihood or Risk score, the CEO shall carry the final decision.

### 6.3 Risk Reduction

6.3.1 Following identification of the risk level the Team must check the current controls in place and if a concern is identified that a control is not operational, then the line manager raise this as a corrective action through the flex to their line manager who will ensure that steps to reduce the risk and implement any controls or improvements are 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, 2014).

Moderate to 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 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 persons 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. The approved open actions for additional controls will be tracked on the Flex system as open until addressed.

#### 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 manager 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.*

### 6.4 Risk Monitoring

The occurrence of a notifiable incident or an incident with a high-risk rating (risk score of greater than 15) shall initiate an immediate review of the relevant Risk Management Register. Risk registers must also be reviewed in line with all Incident Trending Reports to ensure continued accuracy. Incident reporting shall be completed.

6.4.1 The Risk Management Policy and Procedure and both Risk Management 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.

6.4.2 The Risk Management Policy and Procedure, the Corporate Risk Management Register and the Service Provision Risk Management Register shall be monitored, reviewed and updated as deemed required, but annually at a minimum. (see Figure 1.0 b for responsibility and timeframes) 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 Provision Risk Management Register reflective of the actual risks that a person 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; HSA, 2012; HSA,2016)

6.4.3 A scheduled review date shall be detailed on the Risk Management Register cover page. This review is an overall review of the Risk Register and is separate to the ongoing risk review processes detailed within section 6.6.3. 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 Recording, Reporting and Learning**

6.5.1 On completion of the Corporate 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 Corporate Risk Management Register receives final approval from the CEO. The sign off for the Service Provision Risk Register shall be maintained locally by the manager. The Flex system automatically tracks actions by persons and the date the corrective actions are raised and completed.

6.5.2 All incidents relating to service and provision and corporate management shall be reported. 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 recognised as an essential element in risk management (HIQA, 2014) and shall be implemented by the Regional Managers.

6.5.3 All reportable incidents and adverse events shall be notified to the relevant authorities as required.

## **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 a quick reference guide is provided at the front of the policy for staff. (See Figure 1.0 Part A, Overall Process for Risk Management in Western Care)
- 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 persons, and their family members, where deemed appropriate by the Service Managers.

(Safety, Health and Welfare at Work Act, 2005)

6.6.2 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.

6.6.3 Risks shall be reviewed and updated regularly within the following forums:

- Management Team Meetings
- Quality Committee Meetings
- Staff meetings

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 Unaddressed Actions/Unimplemented Controls**

6.7.1 Where it is identified that there has been a failure by the allocated responsible person to implement required controls or respond to escalated actions within the timescale agreed, this shall be immediately escalated through the below process flow.

6.7.2 Initially the identifier shall notify their line manager regarding the issue using the FLEX system who shall identify if the risk has been actioned or is in the process of being actioned.

6.7.3 If unresolved, that line manager will in turn further escalate the issue to their line manager, ultimately if required to their Head of Department through the FLEX system, All unaddressed risks of this type must be notified by the Head of Department to the CEO. The CEO is then responsible for the necessary action to be taken and/or produce progress reports as required (HIQA, 2014).

## **7.0 Records**

7.1 The following records shall be maintained by Western Care:

- Service Provision Risk Management Register
- Corporate Risk Management Register
- Health and Safety Risk Management Register
- Personal Risk Management Plans
- Individual Plans
- Staff sign off registers

## 8.0 Audit and Evaluation

Regular audits shall be undertaken to determine compliance to this procedure. These shall be carried out by Quality and Risk 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.
- The adequacy of the Service Provision Risk Management Register and the Corporate 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 document

## 9.0 References

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

Health information and Quality Authority (2019) Guidance on promoting a care environment that is free from restrictive practice *Disability Services*.

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Health and Safety Authority (2006), *Safety Representatives and Safety Consultation Guidelines*. Health and Safety Authority, Dublin.

Health and Safety Authority (2016), *A guide to Maintaining Best practices in Safety and Health*. Health and Safety Authority, Dublin.

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

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

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

Health Service Executive (HSE, 2018a). *Incident Management Framework*. Quality and Patient Safety Directorate, Health Service Executive: Dublin.

Health Service Executive (HSE, 2017). *HSE Integrated Risk Management Policy Incorporating an overview of the Risk Management process*. Quality and Patient Safety Directorate, Health Service Executive: Dublin.



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**10.0 Appendices**

10.1 Appendix 1: Index for Service Provision Risk Management Register

10.2 Appendix 2: Index for Corporate Risk Management Register

10.3 Appendix 3: Impact Table with Examples

10.4 Appendix 4: Measures and actions in place for risks specified in S.I. No. 366 of 2013 and No. 367 of 2013

## 10.1 Appendix 1 Index for Service Provision Risk Management Register

Element	Sub-element based on themes from National Standards for Residential Services for Children and Adults with Disabilities and S.I. No. 367 and 366 of 2013
<b>Theme 1: Individualised Supports and Care</b>	<ul style="list-style-type: none"> <li>• Standard 1.1: Rights and Diversity are Respected</li> <li>• Standard 1.2: Privacy and Dignity are respected</li> <li>• Standard 1.3: Each person exercises choice and control</li> <li>• Standard 1.4 Each person develops and maintains personal relationships</li> <li>• Standard 1.5: Each person has access to information</li> <li>• Standard 1.6: Each person makes decisions and has access to an advocate and consent is obtained in accordance with legislation and current best practice guidelines</li> <li>• Standard 1.7: Each person’s complaints and concerns are listened to and acted upon in a timely, supportive and effective manner</li> </ul>
<b>Theme 2: Effective Services</b>	<ul style="list-style-type: none"> <li>• Standard 2.1: Each person has a personal plan which details their needs and outlines supports required to maximise their personal development and quality of life in accordance with their wishes</li> <li>• Standard 2.2: The service setting is accessible and promotes the privacy, dignity and welfare of each person</li> <li>• Standard 2.3: Each person’s access to service is determined on the basis of fair and transparent criteria</li> </ul>
<b>Theme 3: Safe Services</b>	<ul style="list-style-type: none"> <li>• Standard 3.1: Each person is protected from abuse, neglect, and their safety, welfare is promoted. Specific provision is made for the potential risks of abuse, self-harm, missing person and behaviours of concern.</li> <li>• Standard 3.2: Each person experiences care that supports positive behaviour and emotional wellbeing</li> <li>• Standard 3.3: People are not subjected to a restrictive procedure unless there is evidence that it has been assessed as being required due to a serious risk to their safety and welfare</li> <li>• Standard 3.4: Adverse events and incidents are managed and reviewed in a timely manner and outcomes informs practice at all levels</li> </ul> <p>• <b>Note: Within this section, the risk of aggression and violence is addressed under behaviours of concern. This is to acknowledge that where this is initiated by individuals using service towards support staff it is not an intentional act of violence but a feature of a disordered method of communication.</b></p>
<b>Theme 4: Effective Services</b>	<ul style="list-style-type: none"> <li>• Standard 4.1 &amp; 4.2: The health and development of each person is promoted, including through effective assessment and support planning in response to any identified health need. Provisions are set out in the Register for any Potential Risks that Arise due to <ul style="list-style-type: none"> <li>- Falls Reduction</li> <li>- Resuscitation</li> <li>- Supporting People with Epilepsy</li> <li>- Supporting People with Enteral Feeding</li> </ul> </li> <li>• Standard 4.3: Each person’s health and wellbeing are supported by effective policies and procedures for medication management</li> <li>• Standard 4.4: Educational, Training and Employment opportunities are made available to each person that promotes their strengths, abilities and individual preferences.</li> </ul>

<b>Theme 5: Leadership</b>	<ul style="list-style-type: none"> <li>• Standard 5.2: The service has an effective leadership, governance and management arrangements in place and clear lines of accountability</li> </ul>
<b>Theme 6: Use of Resources</b>	<ul style="list-style-type: none"> <li>• Standard 6.1: The use of resources is planned and management to provide person centred effective and safe services and supports</li> </ul>
<b>Theme 7 Responsive Workforce</b>	<ul style="list-style-type: none"> <li>• Standard 7.1 &amp; 7.2 : Safe and effective recruitment processes are in place; Staff have the required competencies to manage and deliver person centred, effective and safe services</li> <li>• Standard 7.3 &amp; 7.4: Staff are support and supervised to carry out their duties to promote the care and welfare of people supported; Training is provided to staff to improve outcomes for people supported</li> </ul>
<b>Theme 8: Information</b>	<ul style="list-style-type: none"> <li>• Standard 8.2: Information governance ensure secure record-keeping and file management systems are in place to deliver a person-centred, safe and effective service</li> </ul>

## 10.2 Appendix 2: Index for Corporate Risk Management Register

<b>Theme 5: Leadership</b>	<ul style="list-style-type: none"> <li>• Standard 5.2: The service has an effective leadership, governance and management arrangements in place and clear lines of accountability</li> <li>• Includes processes for; <ul style="list-style-type: none"> <li>○ Governance and Leadership</li> <li>○ Regulatory Requirements including Health and Safety and Fire</li> <li>○ Competition in the Market</li> <li>○ Economic Conditions</li> <li>○ Statement of Purpose</li> <li>○ Insurance Cover</li> <li>○ Accounting and Finance Management</li> <li>○ Infrastructure requirements</li> <li>○ Technological advancements / changes</li> <li>○ Emergency Planning</li> <li>○ Operating Policies and Procedures Implemented</li> <li>○ Risk Management Activities</li> <li>○ Incident Reporting (also covered in Theme 3 Safe Services)</li> <li>○ Quality and Safety of Care</li> <li>○ Complaint Management (also covered in Theme 3 Safe Services)</li> <li>○ Change Management</li> </ul> </li> </ul>
<b>Theme 6: Use of Resources</b>	<ul style="list-style-type: none"> <li>• Standard 6.1: The use of resources is planned and management to provide person centred effective and safe services and supports</li> <li>• Includes processes for; <ul style="list-style-type: none"> <li>○ Supplier Management</li> <li>○ Contractors / Subcontractors / Partners</li> </ul> </li> </ul>
<b>Theme 7 Responsive Workforce</b>	<ul style="list-style-type: none"> <li>• Standard 7.1: Safe and effective recruitment processes are in place</li> <li>• Standard 7.2: Staff have the required competencies to manage and deliver person centred, effective and safe services</li> <li>• Standard 7.3: Staff are support and supervised to carry out their duties to promote the care and welfare of people supported</li> <li>• Standard 7.4: Training is provided to staff to improve outcomes for people supported</li> <li>• Includes processes for; <ul style="list-style-type: none"> <li>○ Recruitment</li> <li>○ Induction Training</li> <li>○ PIC Qualifications</li> <li>○ Training and Staff Development</li> <li>○ Competencies</li> <li>○ Staff Support and Supervision</li> <li>○ Staff Development</li> <li>○ Staffing Levels</li> <li>○ Health Surveillance of Staff</li> <li>○ Medical Fitness to Work</li> <li>○ Confidentiality</li> </ul> </li> </ul>
<b>Theme 8: Information</b>	<ul style="list-style-type: none"> <li>• Standard 8.2: Information governance arrangements ensure secure record keeping and file management systems are in place to deliver a person centred safe and effective service.</li> <li>• Includes processes for; <ul style="list-style-type: none"> <li>○ Data Protection (for all Data Subjects)</li> <li>○ Information Governance</li> <li>○ Directory of Persons</li> <li>○ General Record Maintenance (Incl Person Records &amp; Staff Records)</li> </ul> </li> </ul>

10.3 Appendix 3: Severity Table (Examples of Negligible, Minor, Moderate, Major & Extreme Impacts) (HSE, 2017)

	Negligible	Minor	Moderate	Major	Extreme
<b>Harm to a Person</b>	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 residents or member of the public. Permanent psychosocial functioning incapacity.
<b>Resident Experience</b>	Reduced quality of resident experience related to inadequate provision of information.	Unsatisfactory resident 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 resident experience related to less than optimal treatment resulting in short term effects (less than 1 week)	Unsatisfactory resident experience related to poor treatment resulting in long term effects	Totally unsatisfactory resident outcome resulting in long term effects, or extremely poor experience of care provision

<b>Compliance (Statutory, Clinical, Professional &amp; Management)</b>	Minor noncompliance with internal PPPGs. Small number of minor issues requiring improvement.	Single failure to meet internal PPPGs. Minor recommendations which can be easily addressed by local management.	Repeated failure to meet internal PPPGs. 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.
<b>Objectives/ Projects</b>	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.
<b>Business Continuity</b>	Interruption in a service which does not impact on the delivery of resident care or the ability to continue to provide service.	Short term disruption to service with minor impact on resident care	Some disruption in service with unacceptable impact on resident care. Temporary loss of ability to provide service	Sustained loss of service which has serious impact on delivery of resident 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

<b>Adverse publicity/ Reputation</b>	<p>Rumours, no media coverage. No public concerns voiced.</p> <p>Little effect on staff morale. No review/investigation necessary.</p>	<p>Local media coverage – short term.</p> <p>Some public concern.</p> <p>Minor effect on staff morale /public attitudes. Internal review necessary.</p>	<p>Local media – adverse publicity.</p> <p>Significant effect on staff morale &amp; public perception of the organisation.</p> <p>Public calls (at local level) for specific remedial actions.</p> <p>Comprehensive review/investigation necessary.</p>	<p>National media/ adverse publicity, less than 3 days. News stories &amp; features in national papers. Local media – long term adverse publicity. Public confidence in the organisation undermined.</p> <p>HSE use of resources questioned. Minister may make comment. Possible questions in the Dáil. Public calls (at national level) for specific remedial actions to be taken possible HSE review/investigation</p>	<p>National/International media/ adverse publicity, &gt; than 3 days. Editorial follows days of news stories &amp; features in National papers. Public confidence in the organisation undermined.</p> <p>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</p>
<b>Financial Loss</b>	<p>0.33% budget deficit</p>	<p>0.33-0.5% budget deficit</p>	<p>0.5-1.0% budget deficit.</p>	<p>1.0-2.0% budget deficit</p>	<p>&gt;2.0% budget deficit</p>
<b>Environment</b>	<p>Nuisance Release</p>	<p>On site release contained by organisation.</p>	<p>On site release contained by organisation.</p>	<p>Release affecting minimal off-site area requiring external assistance (fire brigade, radiation, protection service etc.)</p>	<p>Toxic release affecting off-site with detrimental effect requiring outside assistance</p>

10.4 Appendix 4 Measures and actions in place for risks specified in S.I. No. 366 of 2013 & 367 of 2013

Theme 3: Safe Services (A: Abuse)		
Identify		Analysis
<p><b>Standard 3.1</b> Each person is protected from abuse and neglect and their safety and welfare is promoted</p>	<p>Vulnerable Individuals are at risk of harm if their safety and welfare is not promoted, or if they are not free from abuse and neglect</p>	<p><b>Policies:</b></p> <ul style="list-style-type: none"> <li>- Child Protection Procedure</li> <li>- Adult Safeguarding Policy</li> <li>- Protective Disclosure Policy</li> <li>- Confidential Recipient Information</li> <li>- Garda Vetting</li> <li>- Designated Officer</li> <li>- Incident Management Policy</li> </ul> <p><b>Staff Training:</b></p> <ul style="list-style-type: none"> <li>- Mandatory Safeguarding Training</li> <li>- Three-year refresher cycle</li> </ul> <p><b>Line Manager Oversight:</b></p> <ul style="list-style-type: none"> <li>- Quarterly Incident Analysis</li> </ul> <p><b>Person/Family involvement:</b></p> <ul style="list-style-type: none"> <li>- Accessible Safeguarding Policy</li> <li>- Accessible Anti-bullying Statement</li> <li>- House/advocacy meetings</li> </ul> <p><b>Audit:</b></p> <ul style="list-style-type: none"> <li>- Incident Analysis</li> <li>- Review by Designated Person</li> <li>- Unannounced visits where applicable</li> </ul>
Theme 3: Safe Services (B: accidental injury to persons, visitors or staff)		
Identify		Analysis
<p><b>Standard 3.1</b> Individuals, staff, members of the public and visitors are supported from accidental injury</p>	<p>Individuals may be at risk of harm if the required health and safety safeguards are not in place</p>	<ul style="list-style-type: none"> <li>- Accidental injury to individuals, visitors, members of the public and staff is managed under the Health and Safety Risk Management Policy and Procedure, and specifically under the Health and Safety Risk Register under the following sections/activities:</li> <li>- Electrical Appliances</li> <li>- Fire</li> <li>- Housekeeping Internal and External</li> <li>- Use of Hoists, including Minimal Handling</li> <li>- Contact with Waste Products</li> <li>- Driving Vehicles</li> </ul>



Theme 3: Safe Services (C: The unexplained absence of any person)		
Identify		Analysis
<p><b>Standard 3.1</b> Each person is protected in a situation where they may leave a service setting unattended</p>	<p>Vulnerable Individuals may be at risk of harm if they leave a service setting unattended</p>	<p><b>Policies:</b></p> <ul style="list-style-type: none"> <li>- Missing Person's Profile</li> <li>- Emergency Procedure</li> <li>- Incident Management Procedure</li> </ul> <p><b>Line Manager Responsibility :</b></p> <ul style="list-style-type: none"> <li>- Quarterly Incident Review</li> <li>- Maintenance of up to date emergency documentation</li> <li>- Liaising with line management to problem solve where an ongoing risk remains with due reference to the requirement to provide service and support in the least restrictive manner.</li> </ul> <p><b>Audit:</b></p> <ul style="list-style-type: none"> <li>- Incident Analysis</li> <li>- Unannounced visits where applicable</li> </ul>
Theme 3: Safe Services (D: Self Harm)		
Identify		Analysis
<p><b>Standard 3.1</b> Each person is protected in a situation where they may self-harm</p>	<p><b>Vulnerable Individuals may be at risk of harm if not effectively supported in this area</b></p>	<p><b>Policies:</b></p> <ul style="list-style-type: none"> <li>- Practice of Maintaining a Calm Environment</li> <li>- Listening and Responding</li> <li>- Incident Management Policy</li> <li>- Risk Management for People Using Association Services)</li> <li>- Personal Risk Management Plan (PRMP)</li> <li>- Best Possible Health Policy</li> <li>- Support plans/guidance documents</li> </ul> <p><b>Staff Training/Support:</b></p> <ul style="list-style-type: none"> <li>- Managing Behaviours of Concern</li> <li>- Three-year refresher cycle</li> <li>- Employee Assistance Programme</li> <li>- Critical Illness Cover</li> </ul> <p><b>Line Manager Responsibility:</b></p> <ul style="list-style-type: none"> <li>- Quarterly Incident Analysis</li> <li>- Staff support and supervision</li> </ul> <p><b>Sources of Support/Oversight</b></p> <ul style="list-style-type: none"> <li>- Multi-Disciplinary Support</li> <li>- Internal and External Behaviour advice and support</li> <li>- ID/Mental Health Team</li> </ul>

**Theme 3: Safe Services (E: Behaviours of Concern)**

**Note on Wording:** The requirement under the legislation is to use the term “**Aggression and Violence**”, Western Care fulfils this legal requirement but does so while using the term “**Behaviour of Concern**”. This is to avoid inferring intent to a vulnerable person displaying a behaviour which while may manifest itself physically it is not designed to hurt or harm another. It is often a symptom of a disorder communication system.

**The organisation does have a policy statement on “Aggression and Violence” as required in the Department Safety Statements,**

<i>Identify</i>		<i>Analysis</i>
<p><b>Standard 3.1</b> Each person is protected in a situation where they may become injured due behaviours of concern</p>	<p>Individuals may injure themselves, other service users, visitors or staff through behaviours of concern</p>	<p><b>Policies:</b></p> <ul style="list-style-type: none"> <li>- Practice of Maintaining a Calm Environment</li> <li>- Listening and Responding</li> <li>- Incident Management Policy</li> <li>- Rights Policy</li> <li>- Risk Management for People Using Association Services</li> <li>- Personal Risk Management Plan (PRMP)</li> <li>- Best Possible Health Policy</li> <li>- Dignity at Work Policy</li> <li>- Support plans/guidance documents</li> </ul> <p><b>Staff Training/Support:</b></p> <ul style="list-style-type: none"> <li>- Managing Behaviours of Concern</li> <li>- Three-year refresher cycle</li> <li>- Autism Informed Approach where applicable</li> <li>- Employee Assistance Programme</li> <li>- Critical Illness Cover</li> </ul> <p><b>Line Manager Responsibility:</b></p> <ul style="list-style-type: none"> <li>- Quarterly Incident Analysis</li> <li>- Review by Designated Person</li> <li>- Maintain active review of staffing levels</li> <li>- Staff Induction</li> <li>- Staff Debriefing</li> <li>- Staff support and supervision</li> </ul>

		<p><b>Sources of Support/Oversight</b></p> <ul style="list-style-type: none"><li>- Designated Person</li><li>- Multi-Disciplinary Support</li><li>- Internal and External Behaviour advice and support</li><li>- ID/Mental Health Team</li><li>- Critical Incident Meeting</li></ul> <p><b>Audit:</b></p> <ul style="list-style-type: none"><li>- Incident Analysis</li><li>- Unannounced visits where applicable</li></ul>
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