

## Risk Management Policy.

### KARE Policy Document.

Policy Owner: HR Manager.

Rev. No.	Approved by the OMT	Approved by KARE Board	Launched at Heads of Units	Operational Period
Rev.1	July 2014	June 2014	September 2014	Sept 2014 – Nov 2014
Rev 1.1	Dec 2014	N/a	Dec 2014	Dec 2014 – April 2015
Rev 1.2	Not Applicable (amended to update reference re Safeguarding and Protected Disclosure policies)		Informed of change by email	April 2015 – Feb 2016
Rev 1.3	Not Applicable (Appendix 5. Individual Risk Assessment Form updated)		Informed of change by email	Feb 2016 – Feb 2018
Rev 2	November 2017	March 2018	March 2018	Mar 2018 – June 2018
Rev 2.1	Appendix 1 Risk Rating Table updated to reflect table in HSE Policy			July 2018 -
Rev 2.2	Amendments to make accommodations for COVID Crisis to points 1.4.2.3 and 1.4.3.7 Approved by SPG April 8 <sup>th</sup> 2020			
Rev 2.3	Amendment to 1.4.3.7. re COVID crisis removed as agreed by OMT June 23 <sup>rd</sup> 2020			
Rev. No.	Approved by the Policy Management Committee	Approved by KARE Board/Sub-Committee	Launched at Heads of Units	Operational Period
Rev 3	March 2022	May 2022	June 2022	June 2022 – July 2022
Rev 3.1	August 2022	August 2022	September 2022	September 2022

## **Section 1: Policy**

### **1.1 Background**

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

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

- HSE Integrated Risk Management Policy 2017
- Code of Governance for State Bodies
- Safety Health and Welfare at Work Act 2005
- Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (children and adults) with Disabilities Regulations 2013. Reg. No. 26)
- HIQA Guidelines for Designated Centres – Risk Management
- Assisted Decision Making Capacity Act (2015)

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

- KARE's Safety Statement
- Fire Safety Policy
- Managing Complaints
- Safeguarding of Vulnerable Adults at Risk of Abuse
- Child Protection and Welfare
- Trust in Care
- Dignity at Work
- Protected Disclosures /Good Faith Reporting
- Individualised Planning
- Falls Management Guidelines
- Operational and Team planning process
- Infection Prevention and Control Policy
- Smoke-Free Workplace Policy
- Moving and Handling Policy
- Policy and Procedure for when person who uses KARE services goes missing
- Managing Complaints Policy

KARE understand that the management of risk is an integral part of good management. It is an iterative process of continuous improvement that is best embedded into existing practices or business processes. It emphasises potential gains as well as potential losses.

The first stage in creating a quality service is making that service safe and managing risk appropriately. Effective risk management, an integral component of good organisational management, minimises negative outcomes and identifies opportunities for quality improvement.

Through the systematic application of risk management, KARE will demonstrate its commitment to the vision and mission of the organisation thus providing assurance to all stakeholders.

The Board in KARE have overall responsibility for the effective implementation of the Risk management policy. They delegate responsibilities to the CEO to oversee the operational risks.

## **1.2 Aim**

The overall aim of the policy of the policy is to have a clear documented process for management of risks at all levels throughout the organisation.

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

The aim is to ensure that risks in KARE are properly managed to achieve:

- Improved quality and safety of services delivered to people supported and enhanced quality of working environment for staff.
- A more confident and rigorous basis for decision-making and planning.
- Better identification of opportunities and threats to the organisation.
- Gaining value from uncertainty and variability.
- Pro-active rather than re-active risk management .
- More effective allocation and use of resources within KARE.
- Improved incident management and reduction in loss and the cost of risk, including insurance premiums.
- Improved stakeholder confidence and trust.
- Improved compliance with relevant legislation.
- Better corporate governance

### **1.3 Scope of this Policy**

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

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

### **1.4 Definitions**

**Risk:** Risk can be defined as “the chance of something happening that will have an impact on the achievement of organisational stated objectives” (HSE 2008) or “the effect of uncertainty on objectives” (ISO 31000:2009)

**Risk analysis:** is about developing an understanding of the risks identified. In subjecting a risk to analysis it is essential that account is taken of the existing control measures.

**Risk register:** A risk register is a document used as a risk management tool and to fulfill regulatory compliance acting as a repository for all risks identified and includes additional information about each risk, e.g. nature of the risk, reference and owner, mitigation measures.

**Risk assessment:** A systematic process of evaluating the potential risks that may be involved in a projected activity or undertaking.

**Control:** A control measure is any process, policy, device, practice or other action that acts to minimise negative risk or enhance positive opportunities. It is essential consequently, when seeking to minimise the risk posed by any hazard to have in place sufficient controls.

**Risk appetite:** Risk appetite denotes the amount, rate or percentage of risk an individual, or organization (foreseen by the Board of Directors or management) is willing to accept in return of its plan, objectives and innovation.

**Risk tolerance:** Risk tolerance is the degree of tolerance an organisation can withstand prior to further additional controls being put in place in pursuit of its objectives.

**Identification of risks:** This step in the risk assessment process seeks to identify the risks to be managed.

**Escalation:** To pass a risk of an agreed rating or over on to a higher level in an organizational hierarchy for management.

## **1.4 Policy Statements**

### **1.4.1 General Statements**

- 1.4.1.1 KARE recognises that risk cannot be eliminated but that the impact of the risk-it can be minimised through good management
- 1.4.1.2 KARE recognises the importance of adopting a proactive approach to the management of risk to support the achievement of objectives and compliance with governance requirements
- 1.4.1.3 KARE is committed to ensuring that risk management is seen as the concern of everyone, is embedded in normal day to day practices and informs planning at strategic, operational, team and individual level.
- 1.4.1.4 KARE will comply with all relevant legislation and regulations relating to governance and to the safety, health, welfare and protection of the people who use its service, staff and others working on behalf of the organisation.
- 1.4.1.5 KARE will ensure that its policies, processes and procedures support a proactive approach to the management of risk at all levels throughout the organisation.
- 1.4.1.6 KARE will ensure that the potential for reoccurrence of specific adverse events, i.e. health and safety incidents, complaints or safeguarding issues, is reduced by using the learning from such events to inform and guide improvement.
- 1.4.1.7 The CEO, on behalf of the Board of Directors will ensure that KARE maintains an Organisational Risk Register which supports the management of corporate risk. This Risk Register will be approved by KARE's Board of Directors.
- 1.4.1.8 Line Managers will ensure that a Unit/Department Risk Register is developed and maintained which includes risk assessments in relation to the welfare, health and safety of people in their Unit/Department.

1.4.1.9 The board of directors of KARE will agree a risk appetite and tolerance that lies within the vision and mission of the organisation and aligns to the organisational values. The risk appetite will be reviewed on a regular basis. The risk appetite will be made available to all stakeholders when required. The Board delegates the management of Risk and Risk performance to KAREs management team to oversee.

All staff responsible for managing risk will ensure the risks under their responsibility marry with the risk appetite and tolerance of the organisation.

1.4.1.10 The organisation will develop structures to support the oversight of effective risk management activities within the organisation.

1.4.1.11 The organisation will ensure all risks are escalated to the appropriate forum.

#### **1.4.2 Identification and Assessment of Risk**

1.4.2.1 The CEO will ensure that corporate risks i.e. those might impact on the achievement of KARE's strategic priorities and the effective operation of the organisation are identified and risk assessments are carried out as appropriate.  
including risks in the following categories:

- Financial
- Governance and Management
- Operational and Clinical
- Reputation and Compliance
- Strategic

1.4.2.2 Risks relevant for assessment and management include those risks to high quality care and support - risks that can be immediately mitigated (e.g., a spilt drink) do not require a risk assessment and a management plan

1.4.2.3 Line Managers will ensure that risks in relation to the welfare, health and safety of the people in their department/unit are identified and Risk Assessments are carried out in relation to all relevant risks including but not limited to:

- Access and Egress i.e. Entering/Exiting building
- Accidental injury to people who use the service, staff and visitors
- Dignity at Work
- Electricity and Electrical Equipment
- Fire
- Lone Worker
- Manual Handling and People Moving and Handling
- Security of building
- Specific Equipment and Activities
- Work Stations including Use of Computers
- Working at heights
- the unexpected absence of any resident,
- aggression and violence, and
- self-harm;

1.4.2.4 Line Managers in departments/units which deliver services and supports to people with intellectual disability will ensure that risks associated with the delivery of the services and supports are identified and Risk Assessments are carried out in relation to all relevant risks including but not limited to::

- Abuse and Non Accidental Injury
- Challenging Behaviour, Self-Harm, Aggression, Violence and Assault
- Managing monies of people using the service
- Safe Administration of Medication
- Unexpected/Unexplained absence of a person using the Service
- Vehicles and Transport
- Infection Control - COVID 19



- 1.4.2.5 Line Managers will ensure that specific risks related to the safety and welfare of a person using the service are identified as part of the Individualised Planning process e.g. Assessment of Need/Wishes and Dreams, and where there is a concern a risk assessment is carried out. The individual and/or a family member/representative should be involved in carrying out the risk assessment as appropriate.
- 1.4.2.6 KARE recognises that risk is a normal part of life, in this regard it is not necessary to carry out a risk assessment of a person using the service where the risk is minimal and is no greater for that individual than it would be for someone who is not using the service.
- 1.4.2.7 KARE promotes positive and considered risk taking which promotes independence and improves quality of life.

### **1.4.3 Managing Identified Risks**

- 1.4.3.1 Line Managers will ensure that staff and relevant others are familiar with the Risk Assessments in their area and implement the control measures as appropriate.
- Line managers will ensure that the risk rating is appropriate for the level of risk identified.
- 1.4.3.2 Line Managers will ensure that where relevant an Action Plan is developed to address any shortfall in the Control measures and that the Action Plan is implemented.
- 1.4.3.3 Line Managers will ensure that control measures are in place for each risk to ensure the likelihood of the risk occurring is as low as possible and that the impact of the risk is as minimal as possible.
- 1.4.3.4 Where a risk rating remains moderate or high even with control measures in place a staff member should consult with their Line Manager and relevant others to agree how to proceed.

Risks rated as Moderate (amber) may be tolerable however they should be monitored on a regular basis in line with the Framework review periods.

Risks rated as High (red) should generally be considered intolerable and should be discussed with the relevant Management Team who will make a decision to accept the risk but keep it under review in line with the Framework review periods.

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

- is person centred
- supports them to manage the risks themselves to the greatest extent possible.
- focuses on their strengths and abilities
- balances their rights, dignity and autonomy with their vulnerability, safety and welfare
- supports them to pursue their choices and preferences in as independent a way as possible
- promotes independence, social inclusion and the best quality of life possible
- avoids the use of restraint/restrictions
- Where restraint/restrictions are included the appropriate restriction register and log must be in situ and kept updated.

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

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

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

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

#### **1.4.4 Monitoring of Risks and Learning from Adverse Events.**

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

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

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

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

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

- The Safety Health and Welfare Authority
- Health Service Executive (HSE)
- Health Information and Quality Authority (HIQA)
- State Claims Agency
- NIMS
- TUSLA

- 1.4.4.6 Line Managers will monitor the type and frequency of adverse events e.g. health and safety incidents, drug errors complaints and safeguarding issues, in their area and implement improvements as appropriate to prevent reoccurrence.
- 1.4.4.7 Line Managers will support staff to learn from adverse events by discussing such events as appropriate, at staff meetings. Risk will be discussed as a standing agenda item at all team meetings.
- 1.4.4.8 Following adverse event reporting the relevant location/ department risk will be reviewed and the risk rating will be amended to match the level of risk identified and appropriate control measures will be agreed and implemented. A review date will be set to review the risk and the effectiveness of the controls and the risk rating will be amended to match the level of risk.
- 1.4.4.9 Location / Department risk registers will be reviewed on at least a bi-annual basis the quality department will support an annual review of the risk register with relevant managers.
- 1.4.4.10 The Health and Safety Committee will monitor trends in relation to health and safety incidents and make recommendations, where relevant, for organisational improvements.
- 1.4.4.11 The Issues and Concerns Group will monitor the results of the Complaints / Safeguarding measures on a quarterly basis and make recommendations where relevant for organisational improvements.
- 1.4.4.12 The CEO will present an annual report on Health and Safety, Complaints and Safeguarding incidents to KARE's Quality, Risk and Safety Subcommittee to the board.

1.4.4.13 The Quality, Safety and Risk department will conduct periodic audits to ensure compliance with this policy and to support the risk management framework

## **1.4.5 Communication, Information and Training**

1.4.5.1 Line Managers will ensure that people working on behalf of KARE in their area are familiar with this policy.

1.4.5.2 Line Managers will ensure that people working in their area have the required training in health and safety, welfare and protection matters.

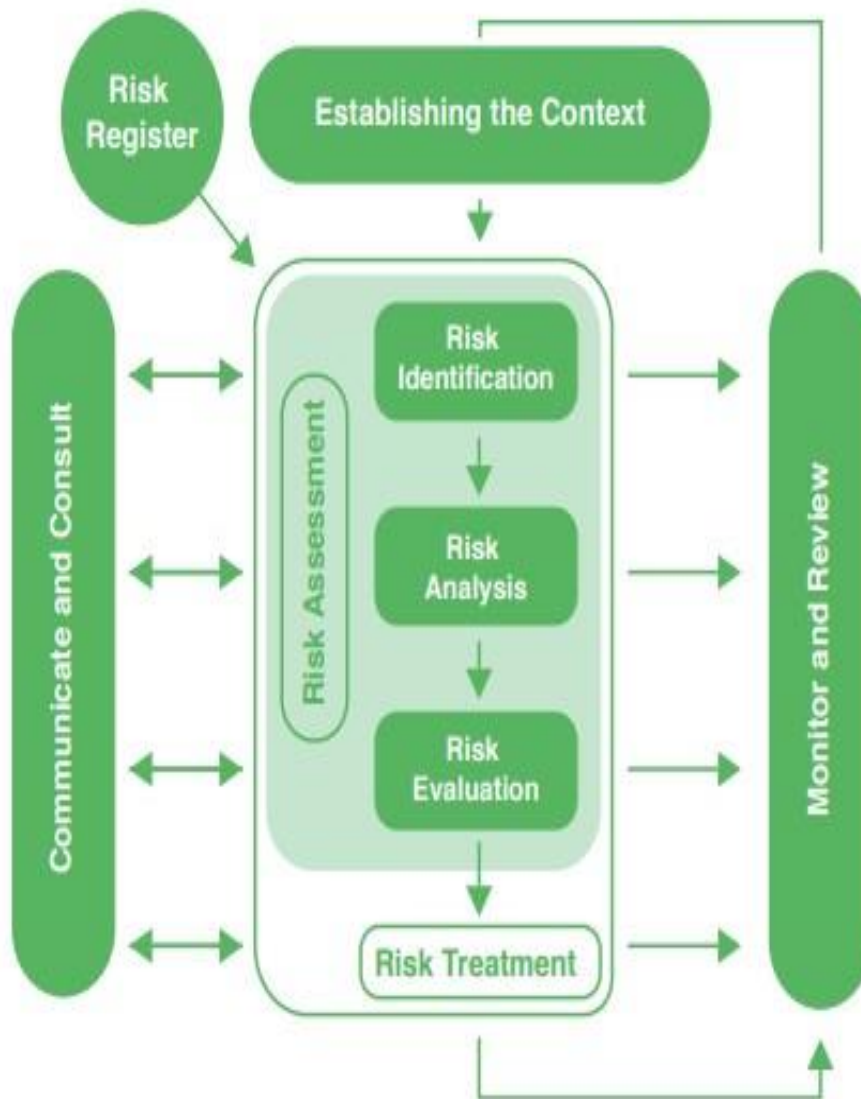
1.4.5.3 Line Managers will ensure that people who use the service in their area have access to accessible information and education on matters related to their health, safety and welfare.

1.4.5.4. Line managers will attend training as requested to ensure they have the knowledge and skills they require to carry out their role in line with KARE's policies, processes and procedures.

1.4.5.4 Staff members will ensure that they are familiar with and adhere to this policy

1.4.5.5 Staff members will attend training as requested to ensure they have the knowledge and skills they require to carry out their role in line with KARE's policies, processes and procedures

## Section 2: Process for Managing Risk



## **Section 3: Procedures**

### **3.1 Identifying, assessing and managing organisational risks**

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

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

**v. Strategic:**

- Risks external to the organization e.g. economic climate, interest rates, inflation

3.1.2 The SPG will assess each identified risk using the Organisation Risk Assessment Form (Available on KARE connect) to:

- I. List the potential consequences of the risk
- II. List the vulnerabilities associated with the risk by identifying weaknesses in work practices, processes, systems, people etc.
- III. Identify the controls currently in place to mitigate the risk
- IV. Reassess the Impact and Likelihood based on the residual risk remaining

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

3.1.5 Where relevant the SPG will agree actions to improve the control measures and record these on the risk assessment form. The appropriate Process Owner i.e. the person responsible for the particular Key Activity, will take responsibility for each action or in the case of new initiatives this may be a Project Leader.

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

3.1.7 The CEO will present the Organisation Risk Register to the Quality, Risk and Safety Subcommittee to the board for approval in quarter one of each year

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

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



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

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

3.2.2 A critical part of the risk register is an action plan to address the additional controls identified as required to reduce the risk to an acceptable level.

Additional controls (actions) identified as being required that cannot be managed at the service level at which they have been identified should be referred to the next level of management in order that decisions can be taken to manage them.

Such decisions may involve the allocation of required resources, the provision of required authority or to escalate the action to a higher level of management.

3.2.3 At any stage in the process it may be decided to 'live with' or accept a certain level of risk as it is acknowledged by KARE that not every risk can be eliminated, for practical or other reasons.

3.2.4 A risk that cannot be completely eliminated must, nevertheless, be recorded in the relevant risk register along with a list of controls to be in place to reduce the risk to an acceptable level. These accepted risks will be monitored by the relevant service on a regular basis.

3.2.5 The Leader/Department Manger will work with the staff team to-prepare a risk assessment for each identified risk and document it on the Department/Unit Risk Assessment Form ([See Appendix 3](#)) as follows:

- Describing the Risk
- Identifying and listing the Persons at Risk
- Describing the potential Consequences should the risk occur

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

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

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

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

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

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

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

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

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

3.3.3 Risk management is a line management responsibility and consequently the line manager is responsible, in consultation with the staff team, for the development of a risk register in their area of responsibility. The risk register when complete should be brought to the attention of all employees working in the service in a

clear and understandable manner taking into account their level of training, knowledge and experience. The Line Manager will ensure relevant plans/guidelines/protocols are in place to support the implementation of control measures.

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

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

### **3.4 Risk Appetite and Tolerance:**

3.4.1 In KARE the overall Organisation has a risk appetite statement. This is a working statement that changes when required. It identifies the amount of Risk the organisation will take with the right balance of satisfaction for all stakeholders.

3.4.2 Risk appetite: Risk appetite denotes in words the amount of risk an individual, or organization (foreseen by the Board of Directors or management) is willing to accept in return of its plan, objectives and innovation.

3.4.3 Risk tolerance: Risk tolerance is the **degree of tolerance in numbers an organisation can withstand** prior to further additional controls being put in place in pursuit of its objectives.

3.4.4 In 2021 the risk appetite and tolerance statement is:

#### **KARE's Risk appetite and tolerance statement:**

In support of KARE'S mission, vision and strategic plan the risk appetite for the organisation aligns to five overarching risk management objectives, namely;

- Maintaining a high quality of life for people supported ensuring the opportunity for positive risk taking, balanced with the safety of the person and others.
- Upholding the highest ethical standards of conduct; in a transparent manner.
- Preserving the long-term financial resilience of the organisation; High levels of financial accountability at all levels, while avoiding losses when spending public money;
- Ensuring compliance with legal and regulatory obligations;
- Maintaining a robust internal control environment while safeguarding operational continuity.

KARE review risks in the high level for:

- Compliance (e.g. CRA, HIQA, TUSLA) - Financial (e.g.
- Operational
- Performance
- Reputational
- Strategic

When KARE reviews its department risk registers, Risk related to these areas will have a documented tolerance levels which has taken the organisation tolerance levels and appetite statement into account.

3.4.5 Each location will ensure that their risk tolerance does not exceed the Overall risk appetite and tolerance statement for KARE.

3.4.6 Each risk will be rated for what the organisation can tolerate. Any risks close to or exceeding this rating will be escalated immediately to the Quality, Risk and Safety manager as well as the locations line manager. The Early warning indicator will support staff teams to identify this concern.

3.4.7 A meeting may be scheduled to review the risk and identify what options are available to reduce the risk rating or eliminate the risk. This may involve linking

with the clinical team in KARE, the HSE disability manager for the CHO area, the HSE safeguarding team, families, other organisations or the guards.

### **3.5 Risk escalation**

3.5.1 Risk Registers will capture risk information from the “bottom up” within each Service Area. The risk register will be a primary tool for risk tracking, and will contain the overall system of risks, and the status of any risk mitigation actions.

3.5.2 When the risk tolerance for any risk is exceeded it must be reported to the Quality, Risk and Safety manager.

They will ensure the necessary onward reporting and escalation occurs.

### **3.6 Risk reporting**

3.6.1 Each location will complete their location risk register reviews on an annual basis. Risks that are rated at different levels will be reviewed in that defined period and recorded as reviewed.

3.6.2 The Information in each locations risk register will be incorporated into an overall organisation tracking excel sheet. This will be created by the quality department and reviewed on a quarterly basis by the Internal Risk Oversight group in KARE.

3.6.3 They will conduct a review in line with their terms of reference and provide a report to the board Subcommittee on Quality, Risk and Safety each quarter.

### **3.7 Risk Register reviews:**

3.7.1 The following may necessitate a risk register review outside of the scheduled reviews:

- Change of people using the service
- Change in circumstance
- Incident review
- Safeguarding plan
- Changes to legislation
- Changes to National guidance
- Training updates
- Audit action plan
- External inspection

3.7.2 A robust risk register review will ensure that all necessary stakeholders are involved in reviewing the risks and all relevant people are informed of any additional controls in place.

3.7.3 Risk should form part of a standing order item for each team meeting to develop a culture of effective risk management and practice.

3.7.4 Risk reviews for the various rating categories are to be scheduled and conducted in the timelines identified below:

Green (1-5): 6 months

Amber (6-14): 3 months

Red (15/16): 1 month

Red (20/25): 1 week

**Appendix 1**

**RISK RATING TABLE**

1. IMPACT TABLE	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, Gardai (violent and aggressive acts). >3 Days absence 3-6 Days extended hospital Stay  Impaired psychosocial functioning greater than one month less than six months	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling  Impaired psychosocial functioning greater than six months.	Incident leading to death or major permanent incapacity.  Event which impacts on large number of service users or member of the public  Permanent psychosocial functioning incapacity.
<b>Service User Experience</b>	Reduced quality of service user experience related to inadequate provision of information	Unsatisfactory service user experience related to less than optimal treatment and/or inadequate information, not being talked to & treated as an equal; or not being treated with honesty, dignity & respect - readily resolvable	Unsatisfactory service user experience related to less than optimal treatment resulting in short term effects (less than 1 week)	Unsatisfactory service user experience related to poor treatment resulting in long term effects	Totally unsatisfactory service user outcome resulting in long term effects, or extremely poor experience of care provision
<b>Compliance (Statutory, Clinical, Professional &amp; Management)</b>	Minor non-compliance with Internal PPPG's. Small number of minor issues requiring improvement	Single failure to meet internal PPPG's. Minor recommendations which can be easily addressed by local management	Repeated failure to meet internal PPPG's. Important recommendations that can be addressed with an appropriate management action plan.	Repeated failure to meet external standards. Failure to meet national norms and standards / Regulations (e.g. Mental Health, Child Care Act etc). Critical report or substantial number of significant findings and/or lack of adherence to regulations.	Gross failure to meet external standards Repeated failure to meet national norms and standards / regulations.  Severely critical report with possible major reputational or financial implications.
<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 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
<b>Adverse Publicity/ Reputation</b>	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.
<b>Financial</b>	0.33% of budget deficit	0.33 – 0.5% of budget deficit	0.5 – 1.0% budget deficit	1.0 – 2.0% of budget deficit	> 2.0% of budget deficit
<b>Environment</b>	Nuisance Release.	On site release contained by organisation.	On site release contained by organisation.	Release affecting minimal off-site area requiring external assistance (fire brigade, radiation, protection service etc.)	Toxic release affecting off-site with detrimental effect requiring outside assistance.

**2. LIKELIHOOD SCORING**

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

**3. RISK MATRIX**

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



**Appendix 2**                      **Individual Risk Assessment Form**

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

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

**Appendix 3**            **Department/Unit Risk Assessment Form**

<b>Risk</b> (clearly describe the risk)		
<b>Persons at Risk</b> (who might be affected by this risk)		
<b>Consequences of Risk</b> (What are the potential consequences of this risk)		
<b>Control Measures</b> (What controls are in place to manage this risk)	<b>Date Started</b>	<b>Date Ceased</b>

Date developed/ reviewed	Likelihood	Impact	Risk Rating	Outcome of Review	Names of people involved in Review	Next review date

## **Appendix 4**

### **Additional useful information**

When areas of risk have been identified it is important that these are described in a manner that accurately and comprehensively ensure that the exact nature and magnitude of the risk is captured. To assist with this the following approach should be used:

#### **The 'ICC approach' to risk description (Impact, Cause, Context)**

- Risk is inherently negative, implying the possibility of adverse impacts. Describe the potential Impact if the risk were to materialise.
- Describe the Causal Factors that could result in the risk materialising.
- Ensure that the Context of the risk is clear, e.g. is the risk 'target' well defined (e.g. staff, person supported, department, location etc.) and is the 'nature' of the risk clear (e.g. financial, safety, physical loss, perception, etc.)

#### **Describe existing control measures'**

These include all measures put in place to eliminate or reduce the risk and include processes, policies, procedures, guidelines and engineering controls, training, emergency arrangements, preventative maintenance controls, protocols, team working, etc.

Make a judgement on the adequacy of the existing control measures.

When examining the existing control measures, consideration should be given to their adequacy, method of implementation and level of effectiveness in minimising risk to the lowest reasonably practicable level.

The most effective methods of risk control are those which redesign the systems and processes so that the potential for an adverse outcome is reduced.

- If practicable, eliminate the risks altogether, or combat the risks at the source, e.g. use a safe substance instead of a dangerous one
- If elimination of the risk is not practicable, try to reduce the risk at the source by substituting the material or process with a less hazardous one or installing or using additional equipment, e.g. by use of a low voltage electrical appliance, changing the drug packaging
- Finally, reduce the risk via administrative controls and safe systems of work e.g. policies, procedures and guidelines or by, use of personal protective equipment (PPE). Use of PPE is the weakest control measure on the hierarchy and should, if being employed, be used in conjunction with other control measures.

**Rate the risk in terms of determining the likelihood and the impact of the risk occurring.**

Risk is measured in terms of likelihood and impact i.e. the likelihood of an event occurring combined with its impact (consequence). The methodology for measuring risk in this way plots a single ascribed value of likelihood against a single ascribed value of impact and therefore reduces risk to a single, easily comparable value.

[Refer to Appendix 1](#)

Rare/Remote (1)

Unlikely (2)

Possible (3)

Likely (4)

Almost Certain (5)

Two elements are determined when assessing the level of risk posed by the risk that has been identified;

- (i) The likelihood that a risk may occur or reoccur.
- (ii) The impact of harm to people we support, staff, services, environment or the organisation should the potential risk identified actually occur.

[Refer to Appendix 1](#)

## **How to use the Impact scoring table.**

### **Step 1**

Choose the most appropriate Risk Category(s) into which the risk identified falls e.g. Injury to service user, staff or public. In many instances, you will be able to score the risk under a number of categories. All areas should be considered when scoring.

### **Step 2**

Assess the impact of that risk being realised for each risk area. Working along the table, select the Impact that most closely matches each e.g. minor. In instances where several of the risk categories are appropriate, all of these risks should be scored separately and the highest impact category score is the score given to that risk e.g. if it scored moderate for injury and minor for compliance with standards, the overall impact assigned should be moderate (being the higher of the two)

### **Step 3**

Assign an impact score. This is the number assigned to the impact chosen and appears at the top of the selected column i.e. in the case of a moderate impact the scoring is 3.

## **Guidance on the Initial Risk Rating**

Having established the likelihood and impact scores, the scores should be plotted on the Risk Matrix (see appendix) and to determine the rating of the risk being assessed in terms of a colour and a numerical score for the risk (e.g. a moderate impact 3 and a possible likelihood 3 will result in a rating of an amber 9).

- The high risks are scored between 15 and 25 and are coloured Red.
- Medium risk are scored between 6 and 12 and are coloured Amber.
- Low risks are scored between 1 and 5 and are coloured Green.

## **Evaluate the Risks**

The purpose of risk evaluation is to make decisions based on the outcome of the risk analysis regarding which risks require treatment and the priorities of that treatment.

Depending on the risk rating and the adequacy of the current controls in place an evaluation is made whether to:

- accept the risk or
- treat the risk by:
  - i) Avoiding the risk
  - ii) Transferring the risk.
  - iii) Controlling the risk.

Criteria used to make decisions regarding accepting or treating the risk should be consistent with the defined internal, external and risk management contexts and taking account of the service objectives and goals.

## **Accepting the risk**

A risk is called acceptable if it is not going to be treated. Accepting a risk does not imply that the risk is insignificant. Risks in a service may be accepted for a number of reasons,

- The level of the risk is so low that specific treatment is not appropriate within available resources (based on, for example, a cost benefit analysis)
- The risk is such that no treatment option is available. For example, the risk that a project might be terminated following a change of government is not within the control of KARE.
- The opportunities presented outweigh the threats to such a degree that the risk is justified.

## **Treat the Risks**

There are three basic methods of treating (actioning) the risk, these are:

### **Avoid the Risk**

This is achieved by either deciding not to proceed with the activity that contains an unacceptable risk, choosing an alternate more acceptable activity, which meets the objectives and goals of the organisation, or choosing an alternative and less risky methodology or process within the activity.

### **Transfer the Risk**

Risk transfer transmits the organisation's risk to an outside party. The most common method of risk transfer is the purchase of insurance or indemnity. The cost and conditions of such a transfer will be dependant on the level of assurance the organisation can provide to the insurer in terms of the likelihood of a claim occurring. The insurer would require information on type of risk, the robustness of the systems that the organisation has in place and the claims history to date. An example of this is clinical, public and employee liability coverage.

### **Control the risk**

In order to ensure that treatment plans are implemented the following should be documented and subjected to ongoing monitoring and review as part of the normal business process of the service/area in which the risks are to be treated.

#### **The treatment plans should include:**

- Proposed actions
- Resource requirements
- Person responsible for action
- Timeframes (date for review and dates for actions to be completed)