

SOS Kilkenny clg



Risk Management Policy

Revision:	Department: Service Provision	
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Approved by CEO on behalf of the Board of Directors:	 Mr Francis Coughlan	Date: 11/03/2014
Policy Number: 049a Version Number: 5		

Document Review History:			
Review Date:	Reviewed by:	New Revision Date:	Approved by:
11/03/2016	S Downes M Larkin	11/03/2018	 Mr. Francis Coughlan Chief Executive Officer (CEO)
11/03/2018	S Downes I Davitt	11/03/2020	 Mr. Francis Coughlan Chief Executive Officer (CEO)
23/05/2019	I Davitt	23/05/2022	 Mr. Francis Coughlan Chief Executive Officer (CEO)
06.07.2022	P Murray D O'Shaughnessy Michelle Weldon	06.07.2025	 Mr. Francis Coughlan Chief Executive Officer (CEO)

Document Change History:		
Change to Document:	Date:	Reason for Change:
Whole Document	11/03/2016	Removal of additional control measures. Introduction of Risk Assessment Review Process & Form
Whole Document	11/03/2018	Management Structural Changes
Page 10 – Step 4/Page 11 – Point 8.8, 8.15. Page 32 Review Form	23/05/2019	A new Risk Assessment Form is required to be completed Annually, Quarterly Review Form updated
Page 3. Introduction and aim added. Page 18, COO added to person notified.	06.07.2022	Required as part of review

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1.0 Introduction

1.1 SOS Kilkenny CKG are committed to maintaining the health, safety and well-being of the people we support, employees, visitors and families. To that end SOS Kilkenny recognises that suitable risk assessment is an essential tool in helping to identify and manage significant risks associated with a diverse range of activities and operations.

2.0 Purpose of Policy

2.0 Health, Safety & Risk Management is the systematic process to positively identify, assess, treat and manage health, safety and risk. The purpose of this policy is to provide a framework for staff to identify, assess and rate health, safety and risks and to develop strategies. This policy should be read in conjunction with:

- Safeguarding Vulnerable Persons at Risk of Abuse Policy
- Complaints Policy
- Fire Safety Policy
- Behaviours that Challenge Policy
- Missing Persons Policy
- Major Emergency Plan Policy
- Visitor Policy
- Health and Safety Policy

3.0 Aims

3.0 The aim of this policy is to set out the systematic approach for suitable and sufficient risk assessment along with appropriate and proportional management of those risks within SOS Kilkenny clg.

4.0 Scope of the Policy

- 4.0 The Policy applies to all employees of SOS Kilkenny clg. Health, Safety & Risk Management is not solely about managing risks, it is also about identifying and taking opportunities.

- 4.1 This policy is designed to ensure:
 - 4.1.1 That Health, Safety & Risk Management principles are integrated into all aspects of service delivery.
 - 4.1.2 That all hazards/risks are identified and managed proactively.
 - 4.1.3 That all accidents, incidents, complaints and near misses are effectively managed.
 - 4.1.4 That all notifiable incidents are reported to the relevant authority on time and in line with protocol (i.e. An Garda Siochana, HIQA, HSE, Board of Management).

5.0 Definitions

5.0 Risk:

Risk can be defined at “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)

5.1 Risk Management:

The culture, processes and structures that are directed towards, realising potential opportunities whilst managing adverse effects.

5.2 Integrated Risk Management:

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

5.3 Risk Management Process:

The systematic application of management policies, procedures and practices to the task of communicating, establishing the context, identifying, analysing, evaluating, treating, monitoring and reviewing risk.

5.4 Risk Assessment:

The overall process of risk identification, risk analysis and risk evaluation.

5.5 Risk Register:

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

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

5.7 Safety:

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

5.8 Quality:

Doing the right thing consistently to ensure the best outcomes for the people we support, satisfaction for all the people we support, retention of staff and facilitation of excellent financial performance.

6.0 Responsibilities

The Chief Executive Officer

6.0 Risk Management responsibility rests with the Chief Executive Officer who has overall responsibility for ensuring that procedures and processes are in place to enable adherence to this Policy.

- 6.1** Under the Health Act 2007 (CARE AND SUPPORT OF RESIDENTS IN DESIGNATED CENTRES FOR PERSONS (CHILDREN AND ADULTS) WITH DISABILITIES) REGULATIONS 2013, the CEO must ensure the following risk management procedures are in place:
- 6.1.1 Hazard identification and assessment of risks throughout each department and house is assessed, acted upon and review dates set to reduce the risk within each service area.
 - 6.1.2 That measures and actions are in place to control the risks identified, where additional resources are required, the CEO must make the required resources available to the service manager.
 - 6.1.3 That measures and actions are in place to control the following specified risks:
 - i the unexpected absence of any person we support
 - ii accidental injury to the people we support, visitors or staff
 - iii aggression and violence, and
 - iv self-harm
 - 6.1.4 That arrangements for the identification, recording and investigation of, and learning from serious incidents or adverse events involving the people we support are in place and followed through.
 - 6.1.5 Arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the quality of life of the people we support, have been considered.
- 6.2 The CEO will ensure that there are systems in place for the assessment, management and ongoing review of risk, including a system for responding to emergencies.
- 6.3 The CEO will ensure there is provision of adequate training and awareness of Health, Safety & Risk Management.

- 6.4 The CEO will ensure the Service Risk Register is maintained including its reviews.

Management

- 6.5 All Managers are responsible for the following in relation to Risk Management:

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

6.5.2 Ensure that all policies, procedures, protocols and guidelines designed to manage risk are implemented as appropriate.

6.5.3 The identification, assessment, management and ownership of risk within their area of control.

6.5.4 Ensure that all hazards are managed proactively i.e. development of risk assessments, safety statements and risk registers for their department/unit/house in co-operation with line managers.

6.5.5 Ensure that all incidents/complaints/near misses are reported, effectively managed, including action, review, monitoring, learning and escalation.

6.5.6 The identification of new and merging health, safety and risks that cannot be managed locally which can be forwarded to the Health, Safety & Risk Committee.

6.5.7 It is the responsibility of all managers to ensure that all staff are familiar with the SOS Kilkenny clg Emergency Planning Policy.

Staff

- 6.6 All front line staff are responsible for the following in relation to Risk Management;

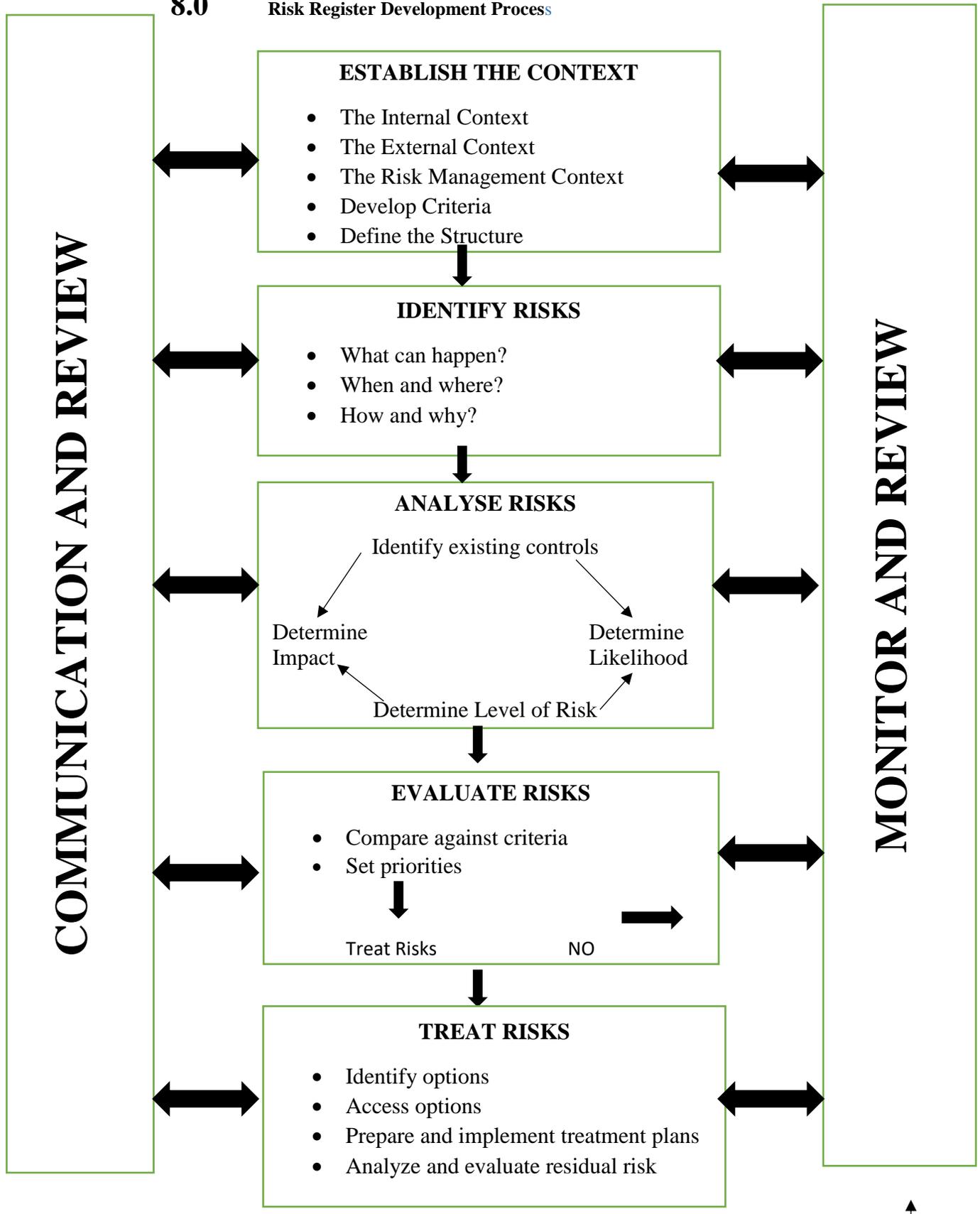
- 6.6.1 It is the responsibility of all employees to be familiar with this policy, and the SOS Kilkenny clg Emergency Planning Policy
- 6.6.2 Report any hazards, near misses and incidents not in compliance with this policy.

7.0 Hazard Identification and Categories of Risk

- 7.0 Risk/Hazards may be categorised as: clinical, public liability and employee liability. The following are the risk areas identified (see guidelines on Risk Assessment):
 - 7.0.1 Risk of injury to the people we support/staff/public,
 - 7.0.2 Professional Standards Risks,
 - 7.0.3 Objective and Project Risks,
 - 7.0.4 Business Continuity Risks,
 - 7.0.5 Financial Risks,
 - 7.0.6 Reputational Risks,
 - 7.0.7 Environmental Risks and
 - 7.0.8 Audit/Inspection/Accreditation/Standards/Legislative Risks.
- 7.1 Not all hazards/risks can be listed within a service; appendix 1 “SOS Risk Assessment and Management Plan” contains a list of areas considered as areas of risk within SOS Kilkenny clg. This is not an exhaustive list and can be added to as required.

8.0

Risk Register Development Process

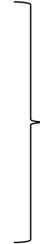


8.0 Risk Management comprises of the following activities:

8.0.1 Communicate and Consult:

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

Health Service Executive (HSE)
The Health and Safety Authority (HSA)
The Health Information and Quality Authority (HIQA)
External
Office of the Ombudsman An Garda Siochana



Board of Management
CEO and Senior Managers
Health, Safety & Risk Management Committee
Managers
Front line staff
People we support
Internal
Quality Assurance
Restrictive Practice Committee



8.0.2 Establish the Context:

Establish the external, internal and risk management context in which the rest of the process will take place incorporating The Health Act 2004 & 2007, the need to improve safety of the people we support and to learn from reported accidents and complaints.

8.0.3 Identify the Risks:

Identify where, when, why and how events could prevent, degrade, delay or enhance the achievement of the service's objectives. Approaches used to identify risk include:

- Checklists
- Brainstorming
- Judgement based on experience and records
- Systems Analysis
- Scenario Analysis

SOS Kilkenny clg has adopted the ICC Approach: (Impact, Cause and Context)

- Impact – describe the potential impact if the risk were materialise
- Cause – describe the casual factor that could result if the materialised
- Context – ensure that the context of the risk is clear

SEE IMPACT SCORING TABLE

8.1 Analysis the Risks:

Each identified risk should be analysed in terms of:

8.1.1 The existing controls in place to manage the risk

8.1.2 Likelihood of an incident occurring

8.1.3 Impact to determine the level of risk posed

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

8.2 Evaluate the Risks:

The purpose of risk evaluation is to make decisions, based on the outcomes of risk analysis, about which risks need treatment and the treatment priorities. This requires comparing estimated levels of risk against the pre-established criteria and then to consider the balance between potential benefits and adverse outcomes for the service. This enables decisions to be made about the extent and nature of the treatments required and the priorities for the department/designated centre.

8.3 Treat the Risks:

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

8.4 Monitor and Review:

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

9.0 Specific Risk Management Procedures

9.0 Identification, Assessment and Control of Risks

Risk Management processes must be in line with HSE “Guidelines for Risk Assessment”.

Risk must be rated according to the Risk Matrix (appendix 2)

9.1 SOS Kilkenny clg policy on Emergency Planning outlines to staff and managers the procedures to be followed in the event of a major emergency.

OVERVIEW OF SOS KILKENNY CLG RISK MANAGEMENT PROCESS

STEP 1	Hazard Identification & Control Sheet (HICS) (located in Health & Safety Policy). The HICS process should be completed in each dept/centre on a regular basis. Once a hazard is identified, the risk of injury or illness needs to be established by completing a Risk Assessment which will quantify the hazard which in turn indicates its significance and the attention level the hazard deserves.
STEP 2	Any staff member of SOS Kilkenny clg can carry out a Risk Assessment. This may be prompted by the observation of a risk, or a perceived risk, as identified in Step 1 above. It can follow information received from a family member of the person we support or member of the public. Discuss the risk identified with the Line Manager and complete the risk assessment and management plan form.
STEP 3	Depending on the seriousness of the risk identified and the control measures and or resources that need to be put in place to address the risk, the Risk Management plan may be discussed with the Residential Manager for advice and direction.
STEP 4	All risk assessments to be reviewed quarterly at department/house team meetings. All risk assessments are required to be reviewed and rewritten annually.

10.0 SOS Kilkenny clg Risk Management Process

- 10.0 All hazards identified during the HICS process must have a “Risk Assessment” conducted in conjunction with the person we support (where applicable) staff and management of the individual department and/or house. Appendix 3 “Risk Assessment Form”
- 10.1 Risk assessments carried out for an individual person we support must be filed in the individual’s personal file, risk assessments carried out pertaining to the environment, and/or generic items must be filed in the department/house Risk Register folder.
- 10.2 All Risk Assessments must be signed by staff, front line manager and senior manager for the particular area.
- 10.3 It is the responsibility of the programme/department manager to determine the level of risk present and ensure that the risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the quality of the life of the people we support have been considered.
- 10.4 It is the responsibility of the programme/department manager to determine the time frame for each risk assessment based on the level of risk outlined in the risk assessment, i.e. twelve months/six months/three months or a shorter period depending on the circumstances.
- 10.5 Action plans within the Risk Assessment that cannot be managed at local level must be referred to the appropriate senior manager in order for decisions to be taken to manage the risk identified (i.e it may require additional resources). See appendix 4 “*Risk Assessment Escalation Pathway*”.
- 10.6 The completed risk assessment must be brought to the attention of all staff working in the area in a clear and understandable manner taking account of the level of training, knowledge and experience by the line manager.

- 10.7 Review to take place **quarterly** on all risk assessments. See Quarterly review form attached. All Risk assessments are required to be reviewed and rewritten annually.

Re-assessment of Existing Risks

- 10.8 It is good practice to review the risk assessment quarterly taking account of any new controls that have been put in place since the original assessment. This will allow reprioritisation of the risk list thereby focusing the efforts of the service to address those risks that are most pertinent to the service.
- 10.9 When re-assessing existing risks, the manager should consider whether the risk presented is higher or lower than the risk rating of the original assessment. If the reduction of risk levels is not as anticipated in the original assessment, then the manager will need to check why? i.e have the additional controls been effectively implemented? If they have why are they not reducing the rating? Are they the right controls and if not is there a need to revisit and enhance the control measures?

Review and Updating Risk Assessments/Registers

- 10.10 All risk assessments to be reviewed on a quarterly basis (March/June/September/December).
- 10.11 The manager or staff team will complete the “Quarterly Risk Assessment Review” form, see appendix 5.
- 10.12 The relevant manager will then attach the updated form to the appropriate risk assessment form; this will reduce the need to carry out a full risk assessment when not required.
- 10.13 This process should be repeated quarterly as noted above.
- 10.14 All risk assessments are required to be reviewed and rewritten annually.

11.0 The Identification, Recording and Investigation of and Learning from, Serious Incidents or Adverse Events Involving Residents

- 11.0 Following a serious incident or adverse event the appropriate Person in Charge/Senior Manager will convene a meeting with multi-disciplinary team, health and safety committee and management within 72 hours to review incident and agree action plan.

- 11.1 Action Plan will be implemented by appropriate staff.

- 11.2 The Person in Charge/Senior Manager will inform HIQA as required within the specified time frames as set out by the Health Information & Quality Authority.

- 11.3 Review of the incident to be conducted by the senior management team within ten days to ascertain learning from the incident, implement appropriate actions and inform all staff, people we support of actions across the service.

- 11.4 Relevant Senior Manager to convene a review within three months or sooner if deemed necessary with all staff involved to determine if the action plan has reduced and/or eliminated the risk of a reoccurrence of incident.

Protocol for the Identification, Recording and Investigation of and Learning from Serious Incidents or Adverse Events Involving Residents

Staff Contacts, On-Call or Front Line Manager

On-Call may contact Senior Manager if required

Accident/Incident form follows immediately, (no later than 24 hours)

A copy of the accidents/incidents form is sent to the appropriate multi-disciplinary personnel, 48 hours post event

Family issue	—————>	Social Worker
Health issue		Nurse
Behavioural	—————>	Behaviour Therapist

Plus the appropriate Person in Charge, CEO, COO and Senior Manager

The appropriate Person in Charge/Senior Manager will sign off the accidents and incidents form and agree an action plan, within 72 hours of the event.

The Person in Charge may convene a meeting with all staff, multi-disciplinary team and health and safety committee within 72 hours of incident if deemed to be a serious incident to debrief staff, review incident and determine action plan.

The Person in Charge will agree a review date for actions.

A copy of the accident and incident form is kept by the Person in Charge/Senior Manager, and in the personal file of the person we support.

The Person in Charge/Senior Manager will inform HIQA as required within the specified time frames as set out by the Health Information & Quality Authority.

Review of a major incident to be conducted by senior management team within ten days to ascertain learning from incident, implement appropriated actions and inform all staff, the people we support of actions across the service.

References

- Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.
- Health Service Executive/Risk Assessment and Tool Guidance. Ref: OQR01

This Policy should be read in conjunction with the following policies:

- The SOS Kilkenny clg Data Protection Policy
- The SOS Kilkenny clg Data Breach Policy

Appendix 1



Risk Register:

Designated Centre/ Location:			
Who is supporting the assessment? Staff/Manager:			
Please tick:	Initial meeting?	Review Meeting?	Today's date:

Regulatory Requirements	Current Control Measures – Strategies to reduce / manage Risk and what residual risk is left.	Final Risk Rating Likelihood x Impact	Colour Code	Date Completed	Review Date
1. The unexpected absence of any resident	Potential for unscheduled absence of resident, policy on Missing Persons and protocols to be used when resident is missing.				
2. Accidental injury to residents, visitors or staff	Good Housekeeping, presence of First Aider, First Aid Box available in the location, referral to Dr & A&E, On call management support. Health & Safety Audits complete in location.				

3. Aggression and violence	Behaviour Support Plan in place where required. All staff and management are trained in Behaviour Support Management (Studio III)				
4. Self-harm	Input from GP and MDT. Behavioural Support Available. All staff are trained in Stdio III. Individual care plans available for all people supported. SIB outlined within.				
Centre Specific Environmental Risks					
5.					
6.					
7.					

Appendix 2

RISK RATING TABLE (RISK MATRIX)

1. IMPACT TABLE

	Negligible 1	Minor 2	Moderate 3	Major 4	Extreme 5
Injury	Adverse event leading to minor injury not requiring first aid	Minor injury or illness, first aid treatment required <3 days absence <3 days extended hospital stay Emotional distress	Significant injury requiring medical treatment eg fracture and/or counselling. Agency reportable eg HAS, Gardai (violent & aggressive acts)	Major injuries/term incapacity or disability (loss of limb) requiring medical treatment and/or counseling Physical/emotional disability	Incident leading to death or major permanent incapacity. Event which impacts on large number of patients or member of the public (Emotional/Physical trauma)
Experience Satisfaction of people supported	Reduced to quality of the person supported's experience related to inadequate provision of information	Unsatisfactory experience of the people we support related to less than optimal support and/or inadequate information, not being too talked to and treated as an equal or not treated with honesty, dignity and respect – readily resolvable	Unsatisfactory experience of the person supported related to less than optimal support/service resulting in short term effects (less than 1 week)	Unsatisfactory service user experience related to poor support/service resulting in long term effects	Totally unsatisfactory service user outcome resulting in long term effects, or extremely poor experience of care provision.
Legal/Regulatory Compliance with Standards Policy/Procedure/Structures	Minor non compliance with internal standards. Small number of minor issues requiring improvement	Single failure to meet internal standards or follow protocol. Minor recommendations which can be easily addressed by local management.	Repeated failure to meet internal standards or follow protocols. Important recommendations that can be addressed with an appropriate management action plan	Repeated failure to meet external standards. Failure to meet national norms and standards/Regulations (e.g. Mental Health, Child Care Act etc) Critical report or substantial number of significant findings and/or lack of adherence to regulations	Gross failure to meet external standards. Repeated failure to meet national norms and standards / regulations. Severely critical report with possible major reputational or financial implementations
Objective/Projects Operational Plan	Barely noticeable reduction in scope, quality or schedule	Minor reduction in scope, quality or schedule	Reduction in scope or quality of project, project objectives or schedule	Significant project over – run.	Inability to meet project objectives. Reputation of the organisation seriously damaged
Business Continuity/Service Delivery	Interruption in a service which does not impact on the delivery of/ability to continue to provide service	Short term disruption to supports/service with minor impact on the people we support	Some disruption in service with unacceptable impact on the people we support. Temporary loss of ability to provide supports/service	Sustained loss of service which has serious impact on delivery of supports/service resulting in major contingency plans being involved	Permanent loss of core supports and services. Disruption to supports/services leading to significant 'knock on' effect.
Publicity/Reputation/Media	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 levels) 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. Use of resources questioned. Public calls (at national level) for specific remedial actions to be taken possible HSE review/investigation.	National/International media/adverse publicity, > than 3 days. Public confidence in the organisation undermined. Use of resources questioned, Performance questioned, calls for individual's to be sanctioned. Public calls (at national level) for specific remedial actions to be taken. Court action. Public (Independent) Inquiry.
Financial Loss (per Local Contact)	<€1k	€1k - €10 k	€10 - €100k	€100k - €1m	>€1m
Environment	Nuisance Release	On site release contained by organisation	On site release contained by organisation	Release affecting minimal off-site area requiring external assistance (fire brigade, radiation, protection service etc)	Toxic release affecting off-site with detrimental effect requiring outside assistance

2. LIKELIHOOD SCORING (what is the likelihood of this risk occurring in the next year given the current vulnerabilities and controls)

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 yrs or more	1 %	Occurs every 2-5 years	10%	Occurs every 1 -2 yrs	50%	Bimonthly	75%	At least monthly	99%

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

Appendix 3

Appendix 3 Policy 049a		Risk Assessment & Management Plan	
Section 1			
Date of Assessment & Planning Meeting:			
Name of Person Supported:			
Address:			
Meeting attended by:		Name:	Role:

Section 2/Identify The Risk	
Detail reason for concern and rational for carrying out a risk assessment:	
<i>Using the “ICC Approach” – (Impact – Cause – Context) identify the risks involved:</i>	
<i>Example:</i>	
Injury to the person we support (Impact) due to refusal to wear seat belt (Casual Factor) on bus (Context)	
Impact:	
Cause:	
Context:	

Section 3/Risk Analysis

Describe the existing control measures put in place to reduce the risk: i.e.

Policy & Procedures:

Training:

Emergency Arrangements:

Protocols:

Preventative Measures Taken:

Review:

Are the existing control measures effective in minimising the risk to the lowest reasonable level

Section 4/Rate the Risk

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 the people we support, staff, services, environment or the organisation.

Section 4/Rate the Risk/Likelihood Scoring

Table 1: Likelihood Scoring

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

When assessing the likelihood or a risk occurring:

- 1. Consider the probability of future occurrence,**
- 2. How likely is the risk to occur,**
- 3. How frequently has it occurred in the past**

Assign a number from 1-5 with 1 indicating that there is a remote possibility of its occurrence and 5 indicating that it is almost certain to occur.

What likelihood score have you assigned to the risk you have identified:

Rational:

-

Section 4/Rate the Risk/Impact Scoring

Table 2: Impact Scoring

In developing a single risk matrix SOS Kilkenny clg considered a range of types of harm that can occur across the organisation (see Table 3). The areas of risk must be managed to prevent or minimise harm occurring.

To determine the impact of this harm should it occur, each risk area has been assigned descriptors over 5 levels ranging from negligible to extreme harm. In scoring impact, the anticipated outcome of the risk is grade from 1-5, with 5 indicating a more serious Impact, as defined in the table 2 below.

Score	Impact
1	Negligible
2	Minor
3	Moderate
4	Major
5	Extreme

How to use the Impact Scoring Table:

Step 1:

Using Table 3 (Impact Table) choose the most appropriate Risk Category to which the risk identified falls e.g. Injury to the person we support.

Step 2:

Using Table 3 (Impact Table) Assess the impact of that risk being realised for each risk area e.g. Minor.

Step 3:

Assign an impact score e.g. Injury – Minor = a score of

What Impact Score have you assigned to the risk you have identified:

Rational:

Section 6/Evaluate The Risk

Evaluate the Risk:

Make a decision based on the outcome of the risk analysis regarding which risks require treatment and the priority of the treatment.

Score/colour you have assigned the risk identified: **Score:** _____ **Colour:** _____

Depending on the risk rating and the adequacy of the control measures in place decide whether to:

1. **Accept the Risk** Please tick

Accepting a risk does not imply that the risk is insignificant. Risk may be accepted for the following reasons:

- The level of risk is so low
- The risk is such that no treatment or option is available
- The opportunities presented outweigh the threats to such a degree that the risk is justified

Or

2. **Treat the Risk by:** Please tick

Avoiding the Risk: Decide not to proceed with the activity that contains an unacceptable risk, choose an alternative activity etc.	
Transferring the Risk: By transferring the organisations risk to an outside party, i.e. the purchase of insurance or indemnity.	
Controlling the Risk: <ul style="list-style-type: none"> • If practicable, eliminate the risks altogether, or combat the risks at the source, e.g. repair damaged equipment etc. • Try to reduce the risk at the source by substituting the activity or process with a less hazardous one. • 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. 	

Rational:

Proposed Actions:

Resources Required:

Person Responsible for Action:

Timeframes: (dates for review and dates for actions to be completed)

Review Date: _____

Signed: _____

Signature of person supported: _____

Front Line Staff: _____

Manager: _____

Senior Manager: _____