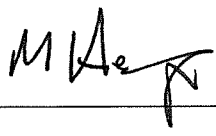


**Brothers of Charity Services Ireland**  
**National Risk Management Policy & Procedure**

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## **Ethos**

*'We are committed to working with people with an intellectual disability to claim their rightful place as valued citizens. Inclusion is a fundamental principle that underlies all aspects of our work. We believe in the intrinsic value of every person and we aim to further the dignity of all associated with our services.'*

*'We continue the Brothers of Charity Services' tradition of being open to the best contemporary influences. We want to be inspired by the most creative ideas ...and to ask how we give them concrete expression.'*

**The Brothers of Charity Services Ireland Ethos (2001), Going Forward Together.**

## **1.0 Introduction**

- 1.1 The Brothers of Charity Services Ireland (BOCSI) endeavour to offer services/supports in local communities. This enables each person who is supported by our services to positively engage in the social and economic life of their local towns and villages and in doing so, develop a range of relationships that enhance their quality of life. Our responses are based on the recognition of each person (who is supported by our service) as an individual, an equal citizen with equal rights and an absolute respect of that status. We, therefore, support each person to live their lives based on their own personal visions and choices, to identify and select their personal goals in life and to develop their personal plan to achieve those goals.

## **2.0 Policy Statement**

- 2.1 The policies of the BOCSI are designed to support individuals using our services to have the best possible experience in Services and to develop their personal and skills potential to participate as fully as possible in their own community. To this end the Services will adopt best practices in the identification, analysis and cost-effective control of risks which are within the remit of the BOCSI to mitigate against to ensure that they are reduced to an acceptable level. It is acknowledged that some risks will always exist and will never be eliminated. It is also acknowledged that people supported by the services have a right to make their own decisions, even when these decisions result in a level of risk that may be considered unwise. The role of the BOCSI in regards to risk management in these situations is to support the person to mitigate against the risks associated with their choices to the greatest extent possible and to provide the person with education and support around choice making as well as information on safer alternatives to high risk choices. All employees must understand the nature of risk and accept responsibility for their role in mitigating against the risks associated with their area of service. The necessary support, assistance and commitment of senior management will be provided.

- 2.2 The Organisation is committed to the delivery of high quality effective services and to ensure, as far as possible, the safety of the people who use our Services, our employees, assets, and the public, and to ensure that the Services are not financially or operationally disrupted. It will meet this duty by ensuring that risk management plays an integral part in the governance of the organisation at a strategic and operational level.

### **3.0 Purpose**

- 3.1 The purpose of this procedure is to set out the process to be followed in the management of risk within the BOCSI. In relation to our particular services we need to be able to take informed and calculated risks to ensure people continue to develop life skills and learn to live as valued citizens who work toward fulfilling their own dreams. Risk is an integral and unavoidable part of life, the purpose of risk management is not to eliminate all risk but to manage foreseeable risk that is likely to have a negative impact on objectives.
- 3.2 Standard 3.1.3 of The National Quality Standards for Residential Services for Children and Adults with Disabilities (HIQA, 2013) states that 'the approach to risk management supports responsible risk taking and capacity, as a means of enhancing the quality of life, competence and social skills of people with disabilities'. In its guidance document on risk management HIQA (2013) further asserts that 'It is important to be aware that not every situation or activity entails a risk that needs to be assessed or managed. The risk may be minimal and no greater for the person who uses the service than it would be for someone who is not using a service.' Where a preferred activity entails a high level of risk even after efforts have been made to mitigate against the risk, the BOCSI will provide information on safer alternatives, education on the risks associated with the activity and support to minimise risks if the person supported chooses to proceed with the activity, while recognising the individual's right to self-determination in line with the Assisted Decision Making (Capacity) Act, 2015 and the Decision Support Service's Codes of Practice for Decision Making and Assessing Capacity
- 3.3 Every employer is required to manage safety and health at work so as to prevent accidents and ill-health. The Safety, Health and Welfare at Work Act 2005 requires employers to identify the hazards, carry out a Risk Assessment, and prepare a written Safety Statement.
- 3.4 Where risks are identified which have significant potential to impact on objectives or the quality of service provision they should be populated onto the risk register and appropriate risk management actions should be implemented. In maintaining a risk register, management are able to identify and prioritise major risks. The information collated through the risk register informs decision making on the management and monitoring of high level risks.
- 3.5 The BOCSI recognises the interdependencies of risk e.g. developing safety of individuals that use the services and staff is dependent on the safety of the environment in which that support is delivered, consequently there are many

categories and areas of risk to be considered. In order to manage risk on an integrated basis i.e. inclusive of all risk whether to do with the management of services or the service delivery processes, risk will be managed under a number of categories (See Risk Categories at Appendix 1 (page 21)).

- 3.6 Audit findings, consultation with key stakeholders, national standards etc. can be used to identify and proactively manage risk. Adverse incidents, accidents, complaints etc. should be used as a learning opportunity and should trigger a reactive risk management process.
- 3.7 This risk management policy and procedure outlines a standardised approach to the identification, analysis, evaluation, treatment, communication, monitoring and escalation of risk. As part of the requirements for Corporate Governance an organisation must 'embed' risk management into its culture. All areas across the BOCSI will use this standardised approach to the recording and management of risk. (See risk categories/hazard list at Appendix 1).

### **3.8 Aims and Objectives**

- 3.8.1 It is essential that risks are effectively managed to enhance quality and safety for both those we support and for the staff who deliver those supports. The risk management objectives of the BOCSI are to:

- Develop and maintain a structured risk management culture where risk is considered in the decision making process and the everyday working situations of all personnel.
- Manage risk in accordance with best practice.
- Use the recommended and appropriate identification and analysis techniques to identify risks to the organisation and determine the long and short-term impact.
- Anticipate and respond to changing social, environmental and legislative requirements.
- Minimise injury and damage and reduce the cost of risk.
- Raise awareness of the need for risk management.
- Improve compliance with relevant legislation and standards set by Statutory Bodies such as HIQA and the HSA.
- Maintain a system for recording and providing accurate, relevant and timely risk management information.

- 3.8.2 These objectives will be achieved by:

- The implementation of this policy.
- Education and training, each Region is responsible for implementing the national training pack with the support of the relevant Departments including, Training & Development, Health & Safety, Multidisciplinary Staff, Human Resource Management, and Quality.
- Establishing a risk management organisational structure to act in an advisory and guiding capacity which is accessible to all employees.
- Including risk management as an agenda item at staff meetings.
- The continuous and ongoing application of risk management principles.

- Ensure proactive and reactive strategies are in place for risk management. Areas to consider are analysis of AIRS, Results of Inspection Reports including CQL and Quality analysis, and Complaints.
- Maintaining the risk register.
- Preparing contingency plans in areas where there is a potential for an occurrence having a catastrophic effect on the organisation and its capabilities e.g. emergency plans, fire and natural disasters.
- Maintaining effective communication channels and the active involvement of all employees.
- Monitoring arrangements on an ongoing basis.

## **4.0 Scope**

- 4.1 This procedure is for use by all management and staff in the BOCSI in the assessment and management of risk. It is not intended that this tool replaces the risk assessment process used in specific clinical care situations (e.g. specific clinical risk assessment tools e.g. for falls, dysphagia etc.) The BOCSI requires that each service area implement this policy.
- 4.2 It also requires an annual statement of assurance to be produced to reflect how each service area is complying with this policy. The statement summarises how the service area has complied with these requirements and satisfied itself that it is both adequate and effective. It also identifies any areas where change is required in the subsequent period.

## **5.0 Legislation /Related Policies**

- 5.1 There are many external and internal factors that must be considered when managing risk. In terms of the BOCSI the external factors which inform risk management include:
- Health Act 2007 (Care and Support of Residents in Designated Centres (Children and Adults) with Disabilities) Regulations 2013, S.I. No. 367 of 2013
  - Health Information and Quality Authority (HIQA) National Quality Standards: Residential Services for People with Disabilities
  - The HSE and Service Level Agreement
  - The Health and Safety Authority –
  - Health and Safety Act 2005 Safety Health and Welfare at Work Act, 2005
  - Council for Quality & Leadership (CQL)
  - Companies Act 2014
  - Stakeholder groups (individuals who use the services, families, staff etc.)
  - Assisted Decision Making (Capacity) Act 2015
  - DSS Codes of Practice on Decision Making and Assessing Capacity
- 5.2 Data Protection and GDPR
- In order to fulfil its obligations as a Service Provider the BOCSI is required to create and process records which hold both personal and sensitive data.

These records are kept 'in confidence' and processed in strict accordance with the privacy and data protection rights of the individual. The BOCSI shares records only for the purpose of compliance with service delivery, health, and regulatory requirements. Data will be disclosed where required or authorised by law and in line with the General Data Protection Regulations.

- 5.3 The internal factors which inform risk management include:
- Service objectives
  - Service Structure
  - Key processes and operations
  - Physical Infrastructure
  - Resources and staffing
  - BOCSI Health & Safety Statement
- 5.4 An awareness of context is critical as the process of risk identification, assessment and management will be informed by this context.

## **6.0 Glossary of Terms and Definitions**

- 6.1 The terms and definitions we use are definitions from the International Risk Management Standard ISO 31000:2009 and the HSE and are attached at Appendix 7.

## **7.0 Roles and Responsibilities**

### **7.1 Corporate Governance**

- 7.1.1 Corporate Governance is the system by which the Organisation directs and controls its functions and relates to its community. A key aspect of corporate governance is the requirement to put into place "effective risk management systems, including systems of internal control". (See **Appendix 2** for Governance Structure).
- 7.1.2 The BOCSI is committed to the highest standards of corporate governance. To demonstrate this commitment, the Organisation has taken the underlying principles of corporate governance – openness and inclusivity, integrity and accountability – and has reflected these with the establishment of a Risk Management Committee reporting directly to the National Board that has overall responsibility for Risk Management including: -
- The National Policy and Procedure on Risk Management
  - The National Risk Register (held in the National Office)
- 7.1.3 The concept of leadership is enshrined within the principles of Corporate Governance and needs to be demonstrated by:
- The Organisation providing an appropriate vision that allows local input and transparency in its decision making processes and actions furthering the ideology of subsidiarity.

- Members and officers conducting themselves in accordance with the highest standards of conduct.

7.1.4 Whereas every staff member is responsible for identifying risk within the context of their work, risk management is a line management responsibility and is a core management process.

7.1.5 The role of the risk management leads is to support, facilitate and advise Line Managers on the technical aspects of the risk management procedure. The BOCSI will implement the integrated quality and risk management strategy. Each member of staff and volunteer will be made aware of the risk management strategy and their role in managing and reporting risk. Each Service Area has this policy and procedure in place and the Director of Service will report in January annually to the National Board via the Chief Executive.

## **7.2 Role of Every Staff Member**

The Role of every staff member is to:

- Identify a hazard/potential loss.
- Report the risk to the Line Manager who is responsible for the management of risks and will ensure that the risk is placed on the risk register.
- Participate in the risk management process as required as part of the team.
- Implement the risk intervention as required by the Line Manager.

## **7.3 Role of Multi - Disciplinary Team**

The Role of the Multi-disciplinary Team is to:

- Advise/provide therapeutic supports and interventions
- Assist with risk management and providing information to the person supported around this.

## **7.4 Role of Line Manager**

The Role of the Line Manager is to:

- Receive the identified risk from staff member.
- Assess the risk and identify a risk management strategy including existing and additional mitigations required.
- Take appropriate action to address the risk to the greatest extent possible, mindful of the right of people supported to make choices that may include levels of risk that the BOCSI would not advise.
- Record actions taken to mitigate against the risk
- If the risk remedy is outside the capacity/brief of the Line Manager, then it must be elevated to the next Senior Manager or discussed with the person supported making the choice to engage in a particular activity. In the latter case, the risk assessment template used (Appendix 3b) will reflect that while risk mitigation is being supported by the BOCSI the risk is owned by the person supported as a result of their right to choose to engage in the activity resulting in the risk being assessed. A record should be made of



any support, education, information and alternatives to the activity made available to the individual.

- Ensure that the risk intervention is carried out in full, and reported to the appropriate level.
- Ensure the local service area has its own risk register with associated detailed risk assessments which is compatible with the overall services risk register.

#### **7.4 Role of Service Area/Sector Manager/Head of Department**

The Role of the Service Area/Sector Manager/Head of Department is to:

- Receive the identified escalated risk and risk management strategy from the Manager.
- Review the assessed risk and identify any additional mitigations required.
- Take appropriate action to address the risk and record the action.
- Ensure that the risk intervention is carried out in full, and reported to the appropriate level.
- If the risk remedy is outside the capacity/ brief of the Area/Sector Manager, then it must be elevated to the Director of Service or discussed with the person supported making the choice to engage in a particular activity as set out in 7.3 above.

#### **7.5 Role of the Director of Service / National Heads of Function**

The Role of Director of Services/National Heads of Function is to:

- Review and explore strategies to address risks escalated to them from within their own Service Region.
- Determine what risks to escalate to the Chief Executive and what risks to escalate to the HSE.
- Make returns to the National Head of Risk & Regulation to ensure that all major risks are recorded on the Corporate Risk Register.

#### **7.6 Role of the Chief Executive**

The Chief Executive will

- Review the risk and explore strategies to address risks escalated to them from the Directors of Service.
- Determine what risks to escalated to the Board for decision and will record and implement the decision of the Board.
- Review the Corporate Risk Register quarterly to ensure that all risks and associated actions are recorded and reported to the Board.
- Respond to each Service in relation to the work undertaken to reduce the levels of risk in particular areas and share this information at the National Leadership Team Forum as appropriate.

#### **7.7 Role of Head of Risk & Regulation**

The National Head of Risk & Regulation on behalf of the Board will  
Develop a corporate risk register using the titles and risk areas:

- **Operational** – (Health & Safety / Injury /Experience of the Person Supported by the Service/ Business Continuity /Employment Issues/ Objectives / Projects/ICT/Policies & Procedures/Quality (CQL)/Safeguarding/Advocacy/)
- **Compliance** – (Legislation & Regulatory Compliance/Legal/HIQA/HSA/SEAI/ CRO/Ombudsman/Information Commissioner/Data Protection Commissioner)
- **Environmental & External** (Property Management/ /Demographic issues/Weather)
- **Financial** – (Reserves/Cash Flow/ Budgets & Financial Reporting)
- **Governance & Management** - (Strategy/Trustees/Structure/Reputation/ Relationship with Funders/key staff retention/risk management including clinical risk)
- Monitor the returns from each Service in January annually and analyse and submit a report to the Board through the Board Risk Management Committee.

## 8.0 The Corporate Risk Management Process

### 8.1 What is Risk Management?

- 8.1.1 In order to understand risk management, it is first important to understand how to define risk. Risk can be defined as the combination of the probability of an event and its consequence. In all types of undertaking, there is the potential for events and consequences that constitute opportunities for benefit (upside) or threats to success (downside).
- 8.1.2 Risk management is not about being 'risk averse'. It is about an organisation being 'risk aware' in its business decision making processes to ensure that the taking of risk is managed effectively.
- 8.1.3 Risk Management is the term applied to a logical and systematic method of establishing the context, identifying, analysing, evaluating, treating, monitoring and communicating risks associated with any activity, function or process in a way that will enable organisations to minimise losses and maximise opportunities.
- 8.1.4 Risk management is a fundamental part of any organisation's strategic management. It is the way in which an organisation systematically deals with the risks it faces across all of its activities. The focus of good risk management is the identification and treatment of these risks in order to add maximum sustainable value to all of the organisation's activities. It increases the probability of success, and reduces both the probability of failure and the uncertainty of achieving the organisation's overall objectives.
- 8.1.5 Risk management must be integrated into the culture of the organisation using effective training and a policy supported and led by senior management. It must communicate the strategy in terms of tactical and operational objectives, assigning responsibilities for risk throughout the process. This supports accountability and performance measurement. Risk management

covers all the processes involved in identifying, assessing and prioritising risks and developing treatment options to mitigate and control risks. Risk Treatment is the process of selecting and implementing measures to modify risk as follows the treatment options are:

- **Avoiding** the risk (This is where the activity which causes the risk is unacceptable and we therefore decide the activity cannot continue.)
- **Controlling** the risk (This is where we put in place actions to minimise or mitigate against the risk.)
- **Escalate** the risk (This is where the risk is escalated to the next line manager.)

8.1.6 Other essential parts of the risk management process include risk reporting, monitoring and reviewing which are explained in more detail later in this document. A structured risk management approach also enhances and encourages the identification of greater opportunities for continuous improvement through innovation.

8.1.7 Risk management is not seen as a “bolt on”; it is integral to policy planning and operational management within the organisation. Applying the corporate risk management process helps managers make informed decisions about the appropriateness of adopting policy or service delivery options. The Corporate Risk Register is populated by those risks escalated from each Director of Service, Head of Finance, Head of Human Resource, Head of ICT, and the Head of Quality to the Head of Risk and Regulation who will place them on the Corporate Risk Register for review by the Chief Executive and the Board.

8.1.8 The risk management process generates information that will help to ensure risks can be avoided or minimised in the future. It also enlightens judgements on the type and degree of insurance cover and the balance to be reached between self-insurance and external protection.

8.1.9 As part of the Organisation’s Risk-Based Corporate Planning Process, The BOCSI corporate objectives are reviewed on an annual basis to ensure they accurately reflect the environment in which we operate and that they are fit for purpose. The objectives are split into five overarching headings:

**Legal** – Compliance with all criminal and civil laws including Health, Safety 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 , S.I. No. 367 of 2013, Health Information Standards (HIQA) National Quality Standards: Residential Services for People with Disabilities, Assisted Decision Making (Capacity) Act 2015.

**Community** - Issues related to improving the safety of the people we support, improving the environment in which we live and work, and engaging with the community.

**People** - Issues relating to the fair and equitable treatment of both the people we support, our staff, and the training and safety of our staff.

**Finance** - Issues relating to the economic use of resources, meeting budgetary pressures, and maximising funding opportunities.

**Process** - Systems and procedures to improve efficiency and effectiveness, mitigate risks, and to review, monitor, and measure our performance.

## 8.2 Risk Assessment and Management and Procedure.

### Step 1: Risk Identification

8.2.1 A risk is 'the effect of uncertainty on objectives' (ISO 31000,2009) so the process starts with an awareness of the objectives. Within social services the core objective is to provide high quality care and support. Risks relevant for assessment and management therefore include those risks to high quality care and support.

8.2.2 Risks that can be immediately mitigated (e.g. bag obstructing fire door) do not required risk assessment and a management plan. All staff are responsible for eliminating such risks where they are encountered.

There are numerous sources of information for identifying risk.

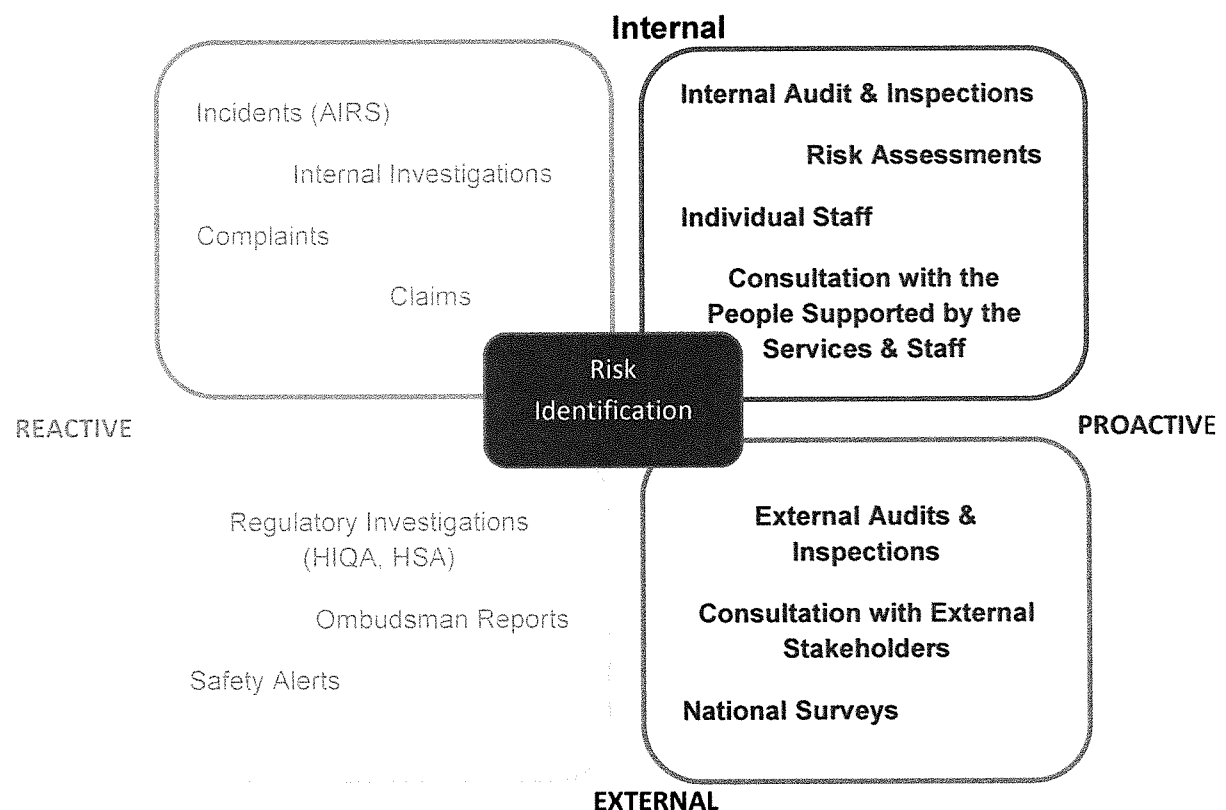


Fig 1: Source of information for identifying Risk (HSE, 2017)

8.2.3 Risk identification workshops can also be useful in facilitating the risk identification process.

## **Step 2: Describing the Risk**

- 8.2.4 In preparing to carry out a risk assessment the starting point is to make sure to describe accurately the risk. Failure to describe accurately the risk is often a key reason why people have difficulty in conducting the rest of the assessment process. An accurate and specific description will assist in identifying what needs to be in place to manage the risk. Take time and consider 'What is the risk?'
- 8.2.5 In order to ensure that risks are appropriately described, risk metalanguage (Hilson2005) will be used to describe all risks identified across the BOCSI.
- 8.2.6 Risk metalanguage involves a formal description of the risk in a structured 'risk statement' which includes 3 required elements:
- **Cause**
  - **Uncertain Event (Risk)**
  - **Effect on Objectives / Impact.**

### **Examples**

- As a result of individuals living in the home having some mobility concerns (cause), slips, trips or falls may occur (uncertain event), leading to injury (effect on objective).
  - As a result of some staff not receiving vulnerable adults training (cause), they may not know how to ensure appropriate safeguards are in place to protect the people they work with (uncertain event), leading to increased vulnerability to abuse (effect on objective).
  - As a result of some staff not receiving manual handling refresher training on time (cause), an individual using the services could be lifted incorrectly, leading to injury to the individual and/or to staff (effect on objective).
  - As a result of mobility issues (cause), emergency evacuation may be delayed (uncertain event), leading to injury or death (effect on objective).
  - As a result of behaviours that challenge (cause) staff safety could be at risk (uncertain event) leading to injury to staff (effect on objective).
- 8.2.7 When a risk is identified that requires a risk management plan, it is the responsibility of the relevant line manager (or designate) to document the risk on the Risk Assessment Form (**See Appendix 3a**) using risk metalanguage.

**Note:** Risk Assessment using Metalanguage includes the 3 elements of the HSE's ICC approach (Impact, Cause /Risk and Context (Stated in terms of Area on the Risk Assessment Form)). It also includes a 4<sup>th</sup> element – Cause /Reason for risk. Metalanguage is suitable for use in the BOCSI as it encourages a mindset consistent with a presumption of capacity and ensures that risks are only assessed where there is a specific cause /reason for concern. This is critical in the context of a Human Rights based approach to risk management in line with the ADMA.

### **Step 3: Assessing the Risk**

8.2.8 In order to ensure that the time spent on managing risk is proportionate to the risk itself, an efficient assessment process covering all areas of risk is required (HSE, 2017). It is the responsibility of the Line Manager (or designate) to ensure that:

- Relevant people (e.g. MDT, DSS, the individual for whom an activity / situation is being risk assessed etc.) participate in the risk assessment process as required.
- The risk assessment process takes place in a timely fashion after the risk has been identified.

8.2.9 Assessing the risk is about developing an understanding of the risk identified. This involves a number of steps:

- a) **Identification of existing mitigations:** These include all measures already in place to eliminate or reduce the risk and include processes, policies, procedures, guidelines, training, emergency arrangements, preventative maintenance etc. These should be listed in the first column of the risk assessment form (**See Appendix 3a / 3b**).

In rating the risk, account must be taken of the adequacy of the existing **mitigations** that are already in place.

- b) **Rating the risk:** Risk is measured in terms of two dimensions, impact and likelihood. The process for rating a risk starts by ascribing a single score to each of these dimensions. The product of these two scores provides the risk rating.

**Likelihood x Impact = Risk Rating.**

Save in exceptional cases, for example where statistical data are available, the process for assignment of scores for likelihood and impact uses informed but subjective judgement. In order to minimise variation in judgement the HSE (2017) Risk Assessment Rating Tool is used to guide rating (**See Appendix 4**).

- c) **Risk evaluation:** The purpose of risk evaluation is to make decisions based on the outcome of the risk rating, whether the risk requires further management action that is the treatment of the risk. As a rule of thumb the following applies:

- **Red risks** are intolerable and require significant management focus.
- **Amber risks** require consideration by the management team, and it may be that a decision is taken to accept the risk and keep it under review. All reasonable efforts should be taken to reduce the risk to an acceptable rating but this may not be possible given constraints within the overall system.
- **Green risks** are acceptable risks, such risks will be monitored to ensure the existing **mitigations** remain adequate. In some cases, green risk may also require additional **mitigations**.

#### **Step 4: Managing the Risk**

**8.2.10 Risk Management:** If a decision is taken that further **mitigations** are required this may take the form of:

- a) **Controlling the risk** – for example putting in place actions to mitigate or minimise the risk. After additional **mitigations** required have been agreed the line manager should identify and assign a person who has responsibility for ensuring that these additional **mitigations** are implemented. It is the responsibility of the line manager to inform the identified person of their responsibility. Additional **mitigations** should be reviewed on an annual basis or more frequently as deemed necessary by the line manager. In some cases, following review of the additional **mitigations**, the residual risk rating will not be acceptable and additional **mitigations** may be required. These should be recorded in the Risk assessment monitoring / action update log (Appendix 3b).
- b) **Monitoring the risk** - For those risks deemed acceptable the monitoring process must be implemented. These are risks where existing **mitigations** are considered acceptable to mitigate against the risk. The review date and the risk status of 'monitoring' needs to be documented on the risk assessment form and reflected on the risk register. Monitoring should be reviewed every six months or more frequently if deemed necessary by the line manager (See **Appendix 3c**).
- c) **Transferring the risk** - for example outsourcing the activity to another agency that will be responsible for the activity and the attending risks.
- d) **Avoiding the risk** – for example stopping the activity associated with the risk. This is not always an option or desirable in the context of positive risk taking.

Every person has their own values, beliefs, will and preferences, and a person must not be assumed to lack capacity to make a decision just because other people think that their decision is unwise. In the case of a person supported who is exercising their right to act in a manner that results in a high level of risk and who chooses not to accept support offered to manage the risk or who accepts only some of the supports offered, the rights of the person must be recognised in the first instance. The BOCSI cannot implement risk management strategies against the will and preference of the person supported. Where a risk management strategy includes a restrictive practice this should be clearly explained to the person, their consent should be sought and the restriction should be the lowest level of restriction possible for the shortest duration possible in line with best practice (See also regional restrictive practice procedures/ Human Rights Committee procedures as relevant). The risk assessment template should be used to outline supports offered and not accepted or not consistently implemented based on the choices of the individual.

Risk management agreed is recorded under the 'additional **mitigations** required' column of the risk assessment form (**See Appendix 3a/ 3b**).

### **Step 5: Risk Escalation**

- 8.2.11 Where there is a significant risk ranking and where additional **mitigations** are not within the span of control of the line manager (or designate) to implement the risk should be escalated to the next level of management. The name of the relevant manager to whom the risk is being escalated should be captured on the risk assessment form under the required actions (i.e. required actions should note that 'risk to be escalated to and name the person). It is the responsibility of the line manager to notify the next level of management of any risk that requires escalation within an appropriate timeframe, relevant to the level of risk, and to provide them with a copy of the risk assessment form. The next level manager will sign the risk assessment form (or send an e-mail confirming receipt) to evidence that they are aware of the risk.
- 8.2.12 Where the next level of manager is on leave, unavailable or does not respond as per procedure to the escalated risk, it is the responsibility of the line manager to notify the person who is covering or in the absence of same the next level manager on duty.
- 8.2.13 Some risks may require a combination of escalated and locally managed additional **mitigations** (for example a more senior manager may own the risk but the local manager may be responsible for implementing some of the **mitigations**).
- 8.2.14 Escalated risks still remain on the local risk register and it is the responsibility of the line manager to link with the next level manager in order to complete the Risk assessment monitoring / action update log (Appendix 3c) on an annual basis or more frequently if indicated by the relevant next level of management.

### **Management of Escalated Risks**

- 8.2.15 When a risk is escalated the next level manager will:
- Review the risk and associated action plan
  - Determine if the risk required escalation
- 8.2.16 If escalation is not required the Senior Manager will:
- Transfer the documentation back to line manager with feedback and guidance as appropriate. The line manager may be instructed to submit further information, make some amendments to the action plan and report on progress within a specified time – frame.
- 8.2.17 If escalation is required the Senior Manager will:
- Inform the line manager, accept the risk and associated action plan and assume management responsibility.
  - Modify or add additional **mitigations** and accept responsibility for this or assign it to a relevant manager on their management team.
  - Escalate the risk to the next level of management (e.g. Senior Management Team; Director of Service) if the additional **mitigations** are outside of the control of this manager.



- Risks escalated to and accepted by the Director of Service will become part of the Regional risk register.
- The Director of Services will review and explore strategies to address risks escalated to them from within their own Service Region. The Director of Services will determine what risks to escalate to the Chief Executive.
- Where warranted the Director of Service or the appropriate delegated person within the Region may elevate the risk to their Local HSE Office (CHO) as well as the Chief Executive.
- The Directors of Service, the National Head of Finance, the National Head of ICT, the National Head of Quality, the National Head of HRM, and the National Head of Procurement, will make quarterly returns to the National Head of Risk & Regulation to ensure that all major risks are recorded on the Corporate Risk Register which is reviewed by the Board Risk Committee quarterly.
- The Chief Executive will review those risks escalated to him/her from the Directors of Service and from the Corporate Risk Register to determine strategies to address the risks. The CE will determine which risks to escalate to the Board along with a suggested plan of mitigation or escalation and the Board will determine whether to escalate a risk to the National HSE or other relevant Statutory Authority.

The Chief Executive will implement the Boards decision directly or through the relevant Region and share these decisions with the National Leadership Team as appropriate.

### **8.3 Health Act 2007, Regulations 2013 Y S.I. No. 367 of 2013.**

- 8.3.1 Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, S.I. No. 367 of 2013 identifies 4 key risks which must be addressed in the risk management policy.
- 8.3.2 It states that the policy must include 'the measures and actions in place' to control these risks. The organisational level measures in place to control each of these risks are outlined below. Where any of these risks are of concern in a particular area or for a particular person then a full risk assessment should be completed based on the specific context.

Risk	Measures and actions in place at organisational level to mitigation against risk
The unexpected absence of any resident	<ul style="list-style-type: none"> <li>• Missing person policy</li> <li>• Missing person plan</li> <li>• Accident / Incident Reporting</li> <li>• Procedure around the use of restrictive practice where required</li> <li>• Access to MDT supports including behaviour support</li> </ul>
Accidental injury to residents, visitors or staff,	<ul style="list-style-type: none"> <li>• Manual and People Handling Policy</li> <li>• Health and Safety Statement</li> <li>• Accident / Incident Reporting</li> <li>• Access to MDT supports</li> <li>• Routine Safety Inspections</li> </ul>
Aggression and violence	<ul style="list-style-type: none"> <li>• Staff training (MAPA or Studio 3)</li> <li>• Policies on Positive Behaviour Support</li> <li>• Person Centered Planning</li> <li>• Accident / Incident Reporting</li> <li>• Procedure around the use of restrictive practice where required</li> <li>• Access to MDT supports including behaviour support</li> <li>• Access to Employee Assistance Services</li> </ul>
Self-harm	<ul style="list-style-type: none"> <li>• Staff training (MAPA or Studio 3)</li> <li>• Policies on Positive Behaviour Support</li> <li>• Person Centered Planning</li> <li>• Accident / Incident Reporting</li> <li>• Procedure around the use of restrictive practice where required</li> <li>• Access to MDT supports including behaviour support</li> </ul>
Infectious Diseases	<ul style="list-style-type: none"> <li>• Infection Prevention and Control Policy in place</li> <li>• Infection Prevention and Control Lead appointed</li> <li>• Staff Training</li> <li>• Infection Control audits undertaken in designated centres</li> </ul>

## 8.4 Risk Register

8.4.1 The risk register is a log of risk management activities in the area and should be held by the line manager. This includes the risk assessment forms as well as any monitoring documents. Monitoring documents should be attached to the original risk assessment form to which they relate. The register should include sections for open risks and monitoring risks. Open risks are those that are being actively managed by the team while monitoring risks should be reviewed at regular intervals to consider if the identified **mitigations** are

working as intended. Where a risk is no longer relevant it should be closed and removed from the live register and filed in line with the Records Management Policy.

- 8.4.2 For services there is a requirement that staff working in each area are familiar with the risk register specifically as it relates to the **mitigations** which they are required to implement.
- 8.4.3 Risk management should be an agenda item on all team meetings.
- 8.4.4 Risks of a confidential nature relating to a staff member's practice should not be held on the local risk register but maintained in confidence by the line manager and the relevant Human Resource Management Section.
- 8.4.5 The risk register should be made available by the line manager in the event of internal or external inspection.

## **9.0 Revision and Audit**

- 9.1 A review of this policy will be carried out every 3 years unless for example, an audit, serious incident, organisational structural change, scope of practice change, advances in technology, significant changes in international best practice or legislation identifies the need to update it earlier.

## **10.0 References**

- BOCSI National Risk Management Policy & Procedure (2014)
- HSE Integrated Risk Management Policy Part 1 and Part 2. (2017)
- HIQA Guidance for Designated Centres – Risk Management (2014)
- National Quality Standards for Residential Services for Children & Adults with Disabilities (2013)
- Health & Safety Authority, Managing the Risk of Work-related Violence and Aggression in Healthcare, Information Sheet (Nov 2014).
- International Risk Management Standard ISO 31000:2009
- BOCSI Policy for Developing Policies, Procedures, Protocols & Guidelines Rev. 2.

## **Appendix 1      Risk Categories Hazard List**

### **1. Harm to Person**

The prevention of injury to people who use the services is of paramount importance. This is due to the complex and constantly changing environment in which social care is delivered and the inherent vulnerabilities of people who use the services to have incidents that cause harm. It is essential that the service is organised and delivered in a manner that prevents harm occurring, and in the event that it does, that the system responds to support people who use the services and improves the service to prevent recurrence.

The safety, health and welfare of staff that work in the BOCSI is also of critical importance. It is essential that the BOCSI seeks to promote staff wellbeing and that every effort is made to ensure that the work environment contributes to the health, safety and welfare of the staff.

### **2. Experience of the Person Supported by the Service**

Factors which threaten the delivery of service provision to people supported by the service are e.g. a right to obtain quality care in a comfortable, caring and safe environment; being supported in a calm and reassuring way; having information to make choices, to feel confident and to feel in control; being talked to and listened to as an equal; and being treated with honesty, respect and dignity.

### **3. Compliance**

As a publically funded organisation the BOCSI needs to be in compliance with the service arrangement with the HSE as well as compliance requirements set out by the board which include all legislative requirements pertaining to delivery of services.

This includes all factors which threaten the achievement of compliance with requirements established to ensure the safety and quality of services.

Analysis of the service against the HIQA standards and Health Act 2007 regulations 2013 will identify compliance with the standard and gaps where performance can be improved.

Health Act 2007, regulations 2013, regulation 26 (See Section 8.3) specifically notes that the risk management process must include measures and actions in place to control the following specified risks:

- The unexpected absence of any resident
- Accidental injury to residents, visitors or staff
- Aggression and Violence
- Self-Harm

#### **4. Risks to objectives and projects**

Factors relating to the procedures / technologies etc. employed to achieve particular objectives and projects.

Given that risk management by definition is focused on managing those things that threaten the achievement of objectives, it is essential that the risk management process is integral to managing achievement of objectives or the outcomes of projects.

#### **5. Risks to Business Continuity**

Factors which threaten the Organisations ability to deliver its services and serve the community.

The BOCSI has property assets which must be protected from loss against fire, floods and other risks. In addition information management systems which are essential for ongoing operations must be protected from damage, destruction and loss. Areas should have in place contingency plans for the most common business continuity risks that they are likely to experience.

#### **6. Risks to Reputation:**

(Including risks to public confidence, the public reputation of the organisation and their effects).

The reputation of individual services impacts on the level of confidence the people we support, our funders, and the public, place in the ability and professionalism of the BOCSI to provide the required services to a high standard. The management of reputation leads to increased confidence and trust in the services and has consequential effects on those we support and their families, the recruitment and retention of staff, and increased public confidence.

#### **7. Financial**

Factors relating to the procedures / systems / accounting records in place to ensure that the organisation is not exposed to avoidable financial (loss) risks, including risks to assets. The System of Internal Financial Control is designed to reduce rather than eliminate risk. Such a system can provide only a reasonable and not an absolute assurance that the assets are safeguarded, transactions authorised, and properly recorded, and that material errors or irregularities are either prevented, or would be detected, in a timely manner.

Financial risks are managed through the availability of robust internal financial procedures, with compliance monitored by management, and must be understood and acted on by management. Where no other treatment options are available or appropriate, opportunities to transfer unacceptable risks through policies for insurance and other methods must be understood and

acted upon. Such action is necessary to protect adequately the assets of the BOCSI.

The risk management process provides a method for making financial decisions with uncertain outcomes, for seeking financial benefits and for minimising financial losses.

## **8. Environment**

This includes:

- the releases of substances that would have a detrimental environmental
- the effect of working in adverse weather conditions such as a storm or snow and ice. (Cost of extra staffing and heating, or repairs to buildings damaged by storms).
- Contamination of water supply.

## **Appendix 2            GOVERNANCE & REPORTING STRUCTURE**

### **Board, Risk Management Committee of the Board, & Chief Executive.**

- Overall responsibility for effective governance arrangements including risk management and internal control systems.
- Responsibility for approving the risk management framework and monitoring its effectiveness.
- Responsibility for approving the risk management policy, identifying acceptable corporate risks, reviewing management reporting on risk, and approving the national risk register on an annual basis.
- Appoint a sub-committee to the Board on Risk Management that will provide independent and timely advice to the Board on areas within its remit;
- ensure that a clear and effective National Risk Management System is in place;
- Ensure that the safety of those who are supported by the Services and of those working/volunteering within the BOCSI is safeguarded.

### **National Leadership Team<sup>1</sup> & National Risk Management Team<sup>2</sup>.**

- Support the Chief Executive in meeting the governance obligations including the implementation of an effective risk management system.
- Responsibility for implementation of the risk management policy.
- Responsibility for communicating the risk management policies and procedures to area managers/sector leaders.
- Responsible for leading and contributing to the risk management process.
- Ensuring clarity of roles and responsibilities throughout the service. Ensuring and undertaking, as appropriate, a formal review of the services risks on a quarterly basis and the updating of the risk register.
- Assessing the effectiveness of risk treatment arrangements including effective risk mitigation strategies.
- Providing assurance on the adequacy and appropriateness of risk mitigation and risk treatment arrangements.
- Contribution to the risk management process including, identification, evaluation, elevation, and management of risks and the updating of risk registers.
- Operating and monitoring of the effectiveness of risk management arrangements consistent with agreed framework and policy.

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<sup>1</sup> National Leadership Team: Chaired by the Chief Executive this team consists of: Directors of Service, National Heads of: Finance, Risk & Regulation, HRM, Quality & Safeguarding, ICT, and Procurement.

<sup>2</sup> National Risk Management Team: Chaired by the National Head of Risk & Regulation this team consists of a representative from each Region

### **Sector/Area & Line Manager, Heads of Department.**

- Responsibility for effective implementation of the Risk Management Policy within their service area.
- Responsibility for communication of risk policies and procedures to all staff.
- Leading and undertaking a formal review of risks, including identification and evaluation, within their service area on a periodic basis and/or at the request of the Senior Management Team<sup>3</sup>.
- Ensuring adequate risk treatment mechanisms are in place to manage and mitigate identified risks within the service area.
- Ensuring an up to date risk register is maintained at local level and risks are elevated to the Director of Services as appropriate.
- Providing relevant information upon request to the appropriate person for risk oversight and auditing purposes.
- Receive identified risks and take appropriate action.
- Elevate the risk to the next senior manager if the remedy is outside your capacity/brief.

### **Every Staff Member**

- Ensure awareness of all organisational policies and procedures including risk management policies and contribute to the effective implementation of agreed processes and procedures.
- Contributing to the periodic risk management workshops, meetings and discussions.
- Identifying a hazard, potential loss and reporting the risk to the line manager who is responsible for the management of risks and will ensure that the risk is placed on the risk register.
- Implementing the risk intervention as required by the line manager.
- Providing relevant information upon request to the appropriate person for oversight and auditing purposes.
- Being part of and actively contributing to the risk assessment team within the service area.

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<sup>3</sup> Senior Management Team: Chaired by the Director of Service this team is made up of the Heads of each Function within the Region



Appendix 3 (a) Risk Assessment Form: Risk mitigated by the BOCSI

Risk Assessment Form Regarding \_\_\_\_\_

Area: \_\_\_\_\_ Date of Risk Assessment: \_\_\_\_\_ Signature of Risk Owner/Manager: \_\_\_\_\_

Others involved in this risk assessment: \_\_\_\_\_

Primary Risk Category (tick one)

Harm to Person	Experience of the person supported	Compliance	Objectives & Projects	Business Continuity	Adverse Publicity / Reputational	Financial Loss	Environment		
Risk Description (Use Metalanguage) e.g. As a result of xxx(cause) xxx may happen (uncertain event) leading to xxx (effect on objective / impact)		Existing mitigations		Additional mitigations Required (for risk status open) Or Monitoring Process (for risk status monitoring)				Person Responsible	Due date for action (review date)

Initial Risk Rating	
Likelihood	Impact

Risk Status	
Open	Close

Does risk require escalation? Yes / No

If Yes, Name of manager to whom the risk is escalated: \_\_\_\_\_ Signature: \_\_\_\_\_

( copy of e-mail confirming date of receipt of risk can be attached instead of managers signature)

**Appendix 3 (b) Risk Assessment Form: Self-directed decision making associated with a high risk situation / activity**

**Risk Assessment Form Regarding:** \_\_\_\_\_ **Area:** \_\_\_\_\_ **Date of Risk Assessment:** \_\_\_\_\_

This risk relates to add the name of the person / ID number of the person and a brief outline of the activity / situation which involves a high level of risk. Add name of person has been offered support, education, information and alternatives to this activity as set out in the existing mitigations below. The risks associated with the activity/ situation remain in the context of the right to self-direction in decision making in line with the Assisted Decision Making (Capacity) Act 2015.

While the BOCSI cannot eliminate the high level of risk identified, the BOCSI will offer ongoing support to add name of person, as a person supported by the services, to mitigate against the risk as set out below.

Manager responsible monitoring risk and coordinating agreed mitigations (that are within the remit of the BOCSI to progress): \_\_\_\_\_

Others involved in this risk assessment: \_\_\_\_\_

Primary Risk Category (tick one)

Harm to Person	Experience of the person supported	Compliance	Objectives & Projects	Business Continuity	Adverse Publicity / Reputational	Financial Loss	Environment
Risk Description (Use Metalanguage) e.g. As a result of xxx(cause) xxx may happen (uncertain event) leading to xxx (effect on objective / impact)	Existing Mitigations	Additional Mitigations Required (for risk status open) Or Monitoring Process (for risk status monitoring)		Person Responsible		Due date for action (review date)	

Initial Risk Rating	
Likelihood	Impact

Risk Status	
Open	Monitor

Does risk require escalation? Yes / No

If Yes, Name of manager to whom the risk is escalated: \_\_\_\_\_

Signature: \_\_\_\_\_

( copy of e-mail confirming date of receipt of risk can be attached instead of managers signature)

### Appendix 3(c) Risk assessment monitoring / action update log

This document should be attached to each risk assessment form in order to track the implementation of additional mitigations for open risks and ongoing monitoring for risks that require periodic review. Once a risk has been closed it can be removed from the active risk register and filed with archived risks.

**Original Risk Description:** \_\_\_\_\_

**Initial Risk Assessment Date:** \_\_\_\_\_

Date of Review	Signature of person conducting review (Manager or designate)	Monitoring of Mitigations or Actions since last review	Risk rating following actions?			Risk Status (Tick one)			Monitoring Process or Additional Mitigations Required (where residual risk is deemed unacceptable).	Person Responsible	Next review date
			Likelihood	Impact	Residual Risk	Open	Monitor	Closed			

## Appendix 4 HSE Risk Assessment Rating Tool, 2017

### Impact Table

Type of Risk	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
<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 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, Garda (violent and aggressive acts). >3 Days absence Impaired psychosocial functioning greater than one month less than six months	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling. Impaired psychosocial functioning greater than six months	Incident leading to death or major permanent incapacity. Event which impacts on large number of patients or member of the public. Permanent psychosocial functioning incapacity.
<b>Person Supported Experience</b>	Reduced quality of person supported experience related to inadequate provision of information	Unsatisfactory person supported 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 person supported experience related to less than optimal treatment resulting in short term effects (less than 1 week)	Unsatisfactory person supported experience related to poor treatment resulting in long term effects	Totally unsatisfactory person supported outcome resulting in long term effects, or extremely poor experience of care provision
<b>Compliance</b>	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	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 Significant project over – run.	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. Plan.		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 person supported care or the ability to continue to provide service.	Short term disruption with minor impact on person supported care.	Some disruption in service with unacceptable impact on person supported care. Temporary loss of ability to provide service.	Sustained loss of service which has serious impact on delivery of person supported 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 employees' 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>Finance</b>	0.33% Budget Deficit	0.33% - 0.5% Budget Deficit	0.5% - 1% Budget Deficit	1% - 2% Budget Deficit	>2% Budget Deficit
<b>Environment</b>	Nuisance Release	Onsite release contained by organisation	Onsite release contained by organisation	Release effecting minimal offsite area requiring external assistance (fire brigade, radiation, protection services etc.)	Toxic release effecting offsite 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%	Bi-monthly	75%	At least monthly	99%

## 3. Risk Matrix

LIKELIHOOD	IMPACT				
	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 5      Glossary of Terms & Definitions

**Mitigations (Controls)** A mechanism, process, procedure or action which can be verified, which seeks to reduce the likelihood and/or consequence of a risk.

Mitigations include any process, policy, device, practice, or other actions which modify risk. They can exist or be required as additional in order to mitigate further the risk.

**Establishing the Context** Defining the external and internal parameters to be taken into account when managing risk, and setting the scope and risk criteria for the risk management policy.

**Hazard** A potential source of harm or adverse health effect on a person or persons.

**Impact** The outcome or consequence of an event affecting objectives. It can be expressed either qualitatively or quantitatively, being a loss, disadvantage or gain. There may be a range of possible outcomes associated with an event.

**Likelihood** The chance of something happening (also described as the probability or frequency of an event occurring).

**Line Manager** A person with responsibility for directly managing individual employees or teams. In turn, they report to a higher level of management on the performance and well-being of the employees or teams they manage.

**MetaLanguage (Risk)** In order to understand a risk fully it is helpful to identify its causes as well as its effects. Risk metalanguage can help by separating cause-risk-effect in a three-part description, such as "Because of X, Y might occur, which would lead to Z." This structured description not only ensures clear definition of the risk, but can also be useful when developing responses.

**Monitor** To check, supervise, observe critically or record the progress of an activity, action or system on a regular basis in order to identify change.

**Operational Risk** Operational risks relate to the day-to-day delivery of activities, operational business plans and objectives. Operational risks typically have a short-term focus. Whilst they may impact on a number of areas of the service, this does not necessarily make them a strategic risk. Operational risks may have the ability to impact strategic and other operational risks.

**Project Risk** Project risks related to the achievement and delivery of the project objectives and outcomes. The majority of project risks are short term in nature and exist for the term of the project, whilst some will be on-going and re-classified at the end of the project. Projects can be defined as temporary, with the aim of delivering outcomes within a specified timeframe.

**Policy** A policy is a written statement that clearly indicates the position and values of the organisation on a given subject (HIQA 2006).

**Procedure** A procedure is a written set of instructions that describe the approved and recommended steps for a particular act or sequence of events (HIQA 2006).

**Residual Risk Rating** The remaining level of risk after all treatment plans have been implemented.

**Risk** Risk is the effect of uncertainty on objectives. It is measured in terms of consequences and likelihood. In the context of BOCSI and its services, it is any condition or circumstance which may impact negatively on individuals we support, the staff who supply this support, or on the achievement of objectives and/or have a significant impact on the day –to-day operations.

**Risk Acceptance** Informed decision to take a particular risk

**Risk Appetite** Amount and type of risk that an organisation is willing to pursue or retain.

**Risk Assessment** Overall process of risk identification, risk analysis and risk evaluation.

**Risk Avoidance** Informed decision not to be involved in, or to withdraw from, an activity in order not to be exposed to a particular risk. Risk avoidance may increase the significance of other risks or may lead to the loss of opportunities to gain.

**Risk Categories** The categories used by the organisation to group similar opportunities or risks for the purposes of reporting and assigning responsibility.

**Risk Criteria** Terms of reference against which the significance of a risk is evaluated.

**Risk Description** Structured statement of risk usually containing three elements: impact, cause, and context.

**Risk Evaluation** Process of comparing the results of risk analysis with risk criteria to determine whether the risk and/or its magnitude is acceptable or tolerable.

**Risk Identification** A systematic process applied to the organisation's objectives and activities to identify possible risk sources and causes and potential consequences or impacts should a risk occur.

**Risk Management** Coordinated activities to direct and control an organisation with regard to risk.

**Risk Management Process** The systematic application of management policies, procedures and practices to the activities of communicating, consulting, establishing

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

**Risk Matrix** Tool for ranking and displaying risks by defining ranges for consequence and likelihood.

**Risk Owner** Person with the accountability and authority to manage a risk.

**Risk Profile** A risk profile is a written description of a set of risks and set out in the risk register. A risk profile can include the risks that the entire organisation must manage or only those that a particular function or part of a service must address.

**Risk Rating** The estimated level of risk taking into consideration the existing mitigations in place.

**Risk Source** The source from which the risk was identified e.g. incident management, audit, health & safety risk assessment, inspection report, complaint.

**Risk Register** A risk register is a record, database, or excel spread sheet of assessed risks that face any organisation at any one time. The Risk Register is always changing to reflect the dynamic nature of risks and the organisation's management of them. Its purpose is to help Manager's prioritise available resources to minimise risk and target improvements to best effect.

**Risk Tolerance** An organisation's or stakeholder's readiness to bear the risk after risk treatment in order to achieve its objectives.

**Scope** This refers to the target audience of the policy, procedure, protocol or guideline. It identifies to whom the policy, procedure, protocol or guideline applies.

**Staff** Staff is defined as any person who works directly for the BOCSI including employees, volunteers, interns, employment scheme participants etc.

**Strategic Risk** A strategic risk (we call it **Corporate Risk**) has the ability to impact on the achievements/delivery of the BOCSIs strategic objectives/directions. Strategic risks relate to the highest level of objectives for the BOCSI, which typically have a long-term focus and are linked to the BOCSI Strategic Plan.

**Treatment** Additional mechanisms, processes, procedures or actions to be implemented, which seek to reduce the current likelihood and/or consequence and reach the residual risk rating.